




Role of Advanced Practice Providers in Cases of Suspected Maltreatment

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 Judy Walczak MSN, RN, CPNP
 Heather Marschall MSN, RN CPNP-AC





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 Judy Walczak, Heather Marschall
 Role of Advanced Practice Providers in Cases of Suspected Maltreatment

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What's in a name?

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Objectives for today

- Introduce the audience to the different advanced practice roles.
- Discuss the preparation required for these different roles.
- Review the source of their credentials.
- Explore the different services provided by these professionals



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Child Abuse Pediatrician

- **Board Certified Pediatrician**
 - Graduation from medical school
 - Medical license issued by the state
 - 3 year residency in pediatrics
 - Successful completion of one day exam issued by the American Board of Pediatrics
- **Child Abuse Pediatrics**
 - Considered a subspecialty
 - Requires completion of an accredited 3 year fellowship
 - Successful completion of the subspecialty board exam in Child abuse Pediatrics

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Child Abuse Pediatrician

- Nationwide, there is a shortage of Child Abuse Pediatricians
- Among those who practice now, many are due to retire in the next few years.
- Fellowships exist but the number graduating does not match the openings that exist not to mention those created by retirement.
- CAPS are in high demand.
 - Committees, research, teaching, advocacy, expert testimony
- How do we address that gap

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Advanced Practice Nurse

Nurse Practitioner (NP)
 Doctor of Nursing Practice DNP
 Clinical Nurse Specialist

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History of the Nurse Practitioner Role

- In 1965, Medicare and Medicaid coverage expanded to include low income women, children, the elderly and people with disabilities.
- This increase in care led to a shortage of physicians
- The need was particularly great for children in urban and rural areas of the united states
- The need increased again in 2003 when ACGME implemented rules that limited work hours for all residents.

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Certified Nurse Practitioner



- The first NP program was established by Dr. Loretta Ford and Dr. Henry Silver at the University of Colorado in 1965
- Boston College initiates a master's program in 1967
- By 1973, there are more than 65 NP programs in the US and the National Association of Pediatric Nurse Practitioners (NAPNAP) is established.
- In 1974, the ANA develops the Council of Primary Care Nurse Practitioners. This helps legitimize the role

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History of the NP role

- In 1974, the Burlington Randomized Trial Study demonstrates NPs make appropriate referrals when medical intervention is necessary. Practicing within their scope.
- By 1979, there are approximately 15,000 NPs in the U.S. (Pulcini and Wagner). In 1983, this number grows to between 22,00 and 24,00 NPs in the US
- In 1985, the American Academy of Nurse Practitioners is established.
- In the years that follow the AANP advocates for involvement in healthcare reform, Medicare payments, and access.

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History of the NP role

- In 1994 there was a review of research by Munding in the New England Journal of Medicine. He concluded: "When measures of diagnostic certainty, management competence, or comprehensiveness, quality, and cost are used, virtually every study indicates that the primary care provided by nurse practitioners is equivalent or superior to that provided by physicians."

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Nurse Practitioners today

- In 2019, there were more than 270,000 NPs in the US.
- NPs are now certified in many specialties including Women's Health, Neonatology, Gerontology, and Psychiatric/Mental Health.
- The credentials you are likely to see working in child maltreatment are Pediatric Nurse Practitioners (acute and primary care) and Family Nurse Practitioners

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What do Nurse Practitioners do?

- Bring a comprehensive, whole-patient perspective to health care
- Assess patients
- Order and interpret diagnostic tests
- Make diagnosis and initiate treatment plans including prescribing medications



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Scope of Practice as defined by the state of WI Board of Nursing

- The advanced practice nurse prescribers may order treatments, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training or experience to provide care management.
- Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an APNP is working with a physician, in each other's presence when necessary, to deliver health care...The APNP will document this relationship.



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What preparation do Nurse Practitioners have?

- Requires a BSN (Bachelor of Science) in Nursing degree
- Must be licensed as a Registered Nurse
 - (requires passing the NCLEX exam and ongoing CEUs)
- Master's degree in Nursing Science
 - Usually and nurse practitioner program within that degree
- Certification through a national certifying body
- Ongoing education and other requirements to maintain the certification.
- Advanced Nurse Prescriber license
 - Pharmacology credits and CEUs



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Doctor of Nursing Practice (DNP)

- Terminal degree in Nursing practice
- Offers an alternative to research focused doctoral program (PhD)
- Programs include content in evidence-based practice, quality improvement and leadership.
- Moving in the direction of other health professions that offer practice doctorates.
 - MD, DDS, PharmD, PsyD, DPT, AudD



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Clinical Nurse Specialist

- Has completed a Master's degree in Nursing
- Advanced knowledge and experience in a subspecialty
- Focus is on teaching other nurses and improving outcomes.

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Certified Physician's Assistant

PA-C



Physician's Assistant

- Role was begun at Duke University
- Due to a shortage of nursing and allied health personnel, Dr. Eugene Stead, the Chairman Duke's Department of Medicine tried 3 different times to get a clinical nursing program accredited.
- Inspired by the military medical corps, Dr. Stead suggested a mid-level class of health care providers who could perform the tasks of the nurse or physician and be trained in far less time than the physician

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Physician's assistant

- Program was an intense 2 year version of medical school
- Worked under a licensed physician's direction
- Early graduates were former military corps veterans
- Early programs were bachelor's level degree
- In mid-1980s the Master of Health Science (MSH) was created for physician's assistants

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Physician Assistant Licensure

- Graduation from an accredited physician assistant program (MSH)
- Passing the Physician Assistant National Certifying Examination (PANCE). PA-C
- Wisconsin Licensure
 - Signature regarding current supervising physician.
- Must complete 100 hours of CMEs every 2 years
- Must take a recertification exam every 10 years.

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What do PA-Cs do?

- Round on patients
- Patient exams
- Assist in Surgery
- Diagnose illness
- Order medications
- Create and manage treatment plans
- Offer advice regarding prevention and healthy life style.

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Forensic Nurse

Sexual Assault Nurse Examiner



Forensic Nurse

- Subspecialty of Nursing practice
- Wanted to capture those who practice nursing where the healthcare system and the legal system intersect.
- Nurses who apply concepts, strategies and interventions to victims of violent crime and perpetrators of criminal acts.
- Roles are diverse
 - Death investigators, correctional nurse specialists, forensic psychiatric nurses, legal nurse consultants, forensic geriatric specialists, nurse attorneys, forensic clinical nurse specialists, and forensic gynecology nurses. SANE nurses are in this category.

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International Association of Forensic Nurses

- One of the roles of this organization is to provide education guidelines
- These **standardize** the body of knowledge for a specific area of nursing practice
- Goal is to ensure competent practice
- Sexual Assault Nurse Examiner Education Guidelines, Adult and Pediatric (updated 2018)
- Forensic Nurse Death Investigator Education Guidelines (developed 2009; published 2013)
- Intimate Partner Violence Nurse Examiner Education Guidelines (updated 2020)
- Core Competencies for Advanced Practice Forensic Nursing (2004)

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Sexual Assault Nurse Examiner

- A registered nurse who completed additional education and training to provide comprehensive health care to survivors of sexual assault.
- Requires certification and ongoing education.
- Currently, SANEs can be trained to serve pediatric victims as well as adult. (SANE-A, SANE-P)
- Gather a culturally and developmentally appropriate medical history and a history of the assault with an understanding of the medical and legal implications of both.
- Comprehensive, trauma informed evaluation and treatment
- Prepared to testify in criminal or civil trial as a fact or expert witness

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History of the SANE model

- Began slowly in the early 1970's after nurses recognized that victims of sexual assault were receiving care that didn't match the high level care that other patients were receiving.
- The first programs with in Memphis, TN in 1976, Minneapolis, MN in 1977, and Amarillo, TX in 1979.
- Grew to 20 programs in 1991
 - Required additional education beyond the standard nursing education
 - Professionals including prosecutors were accustomed to working with physicians and were reluctant to embrace this new role.

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So what changed?

- In 1992, the International Association of Forensic Nurses was formed at the University of Minnesota
 - This formal organization led to improved communication and collaboration among multidisciplinary team.
 - This lead to the ANA recognizing forensic nursing as a subspecialty in 1995
- In 1997, the OVC recognized the initial research showed SANE programs provided better care and supported better forensic evidence collection.
 - As a result, the OVC supported the first SANE Development and Operation Guide

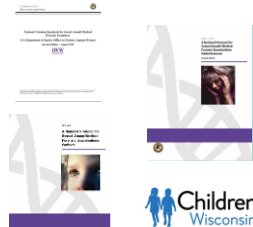
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Standardized practice and training

- Training is offered through the DOJ, IAFN, and Tribal Forensic Health Care Organization
- National Training Standards for Sexual Assault Medical Forensic Examiners (2018)
- National Protocol for Sexual Assault Medical Forensic Examination (Adult and Peds)



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SANEs in United States

- Total Current SANES 2136
- SANE-A 1512 SANE-P 624
- Dual certified 471

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Child Sexual Assault Nurse Examinations and Prosecutorial Decisions to Accept or Reject Cases of Child Sexual Abuse

- Authors looked at 533 cases of reported CSA with 304 of those cases having a sexual abuse evaluation by a certified sexual assault nurse examiner done between 2010 and 2013 in Texas
- CSA case had a 73% higher odds of being accepted for prosecution if the victim had a SANE evaluation
 - SANE's who conduct evaluations as testify to the child's disclosure adding credibility
- Prosecutorial decisions to accept cases were not correlated to SANE evaluation findings
 - Education by the SANE that the likelihood of having physical findings on evaluation was low.

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Medical evaluations for victims of child sexual abuse

	Midwest Region	National
Percentage of Child Sexual Abuse Victims Receiving Medical Exams in 2019	N = 162	N = 720
Mean	32.2%	32.9%
Median	20.5%	23.5%
Range	0% to 100%	0% to 100%
Medical Provider Performing Evaluations for Child Sexual Abuse Victims	N = 183	N = 791
<i>N/A - CAC does not provide medical evaluations</i>		
Registered nurse (RN)	3.8% (7)	3.7% (29)
Advanced practice nurse	★ 33.9% (62)	★ 38.6% (305)
Nurse practitioner	★ 19.7% (36)	★ 20.5% (162)
Physician assistant (PA)	★ 29.0% (53)	★ 35.5% (281)
Family medicine physician	7.1% (13)	6.1% (48)
Emergency medicine physician	8.2% (15)	6.4% (51)
General pediatrician (not specialist)	8.2% (15)	7.1% (56)
Child abuse pediatrician (specialist)	★ 10.9% (20)	★ 10.9% (86)
Other provider	★ 51.9% (95)	★ 42.7% (338)
	14.8% (27)	14.7% (116)

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Medical evaluations for victims of physical abuse

	Midwest Region N = 148	National N = 615
Medical Provider Performing Medical Evaluations for Physical Abuse, If Offered		
Registered nurse (RN)	★ 18.2% (27)	26.0% (160)★
Advanced practice nurse	★ 12.2% (18)	17.9% (110)★
Nurse practitioner	★ 23.6% (35)	33.8% (209)★
Physician assistant (PA)	★ 4.7% (7)	7.0% (43)★
Family medicine physician	8.8% (13)	7.3% (45)
Emergency medicine physician	10.8% (16)	11.2% (69)
General pediatrician (not specialist)	11.5% (17)	14.0% (86)
Child abuse pediatrician (specialist)	★ 50.7% (75)	47.8% (294)★
Other provider	★ 4.7% (7)	6.1% (38)★

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Advanced Practice Provider Services in Child Maltreatment

- Comprehensive Medical Evaluations
 - Physical Abuse
 - Abdominal trauma labs, Bleeding labs, bone labs, skeletal surveys, and additional head imaging
 - Sexual Abuse
 - Collect evidence if acute, sexually transmitted infection testing
 - Provide prophylactic medications

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APP Services in Child Maltreatment Continued...

- Neglect
 - Drug Endangered Child
 - Urine drug investigation testing
- Care 4 Kids Foster Exam
 - Immunizations, Dental fluoride
- Practice inpatient and outpatient based
- Make necessary referrals to specialists
 - Human Trafficking Coordinator, Mental Health
- Collaborate with Child Abuse Pediatricians
- Collaborate with investigators to provide clear understanding of medical findings
- Provide expert testimony

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APP Services in Child Maltreatment Continued...

- Involved in education, research, and publishing
 - Hug Don't Hit
 - Period of Purple Crying DVD and Phone App
 - Abusive Head Trauma teaching sheet
 - Triple P Parenting Program Resources
 - Sexual Abuse Guidelines Pocket Tool
 - HIV PEP Guidelines
 - Human Trafficking education and guidelines

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Why Advanced Practice Providers?

- Per NCANDS 2019 report
 - Referrals for Child Maltreatment
 - 81,435 in Wisconsin
 - 3,994,016 Nationally
 - Child Abuse Pediatricians
 - 5 in Wisconsin
 - 334 Nationally
 - Child Abuse Advanced Practice Providers
 - 9 APP's at Children's Wisconsin
 - Nationally, the number of Child Abuse APPs is unknown

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Integration of the APP into the Child Maltreatment Team

- Nationwide shortage of Child Abuse Pediatricians (CAPs)
- The number of future CAPs currently in fellowship training will not meet the current shortage nor provide replacements for the retiring CAPs in the next 5 to 10 years
- Advanced Practice Providers are a good fiscal value

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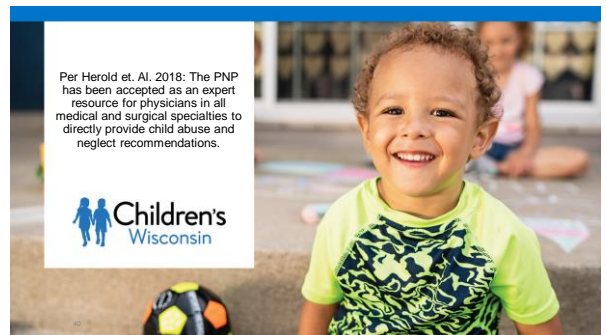


Integration of APP's

- Decrease Physician Burnout
- Improve access to timely evaluations
- Timely completion/ distribution of medical reports
- More frequent follow up for consultations
- Increase capacity for community and scholarly activities
- Brings a different perspective to the team

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Conclusion

- Advanced Practice Providers are highly educated professionals who have extensive training that is regulated and ongoing
- Addition of APP's to the team not only provides immediate relief to the CAP shortage but also significantly augments the diverse clinical skills and expertise available
- Using APPs is a practice that is well accepted throughout the region and the United States.

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Resources

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Thank you!

Questions?



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