SUNA Responds to AUA Survey on Outreach to APPs, Nurses, and Associates

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We read with great interest the “Reaching Nonmember Advanced Practice Providers and Allied Health Care Professionals” article by Michael N. Ferrandino, Melissa R. Kaufman, Kelvin A. Moses, and Raja Thomas (2020) and published in the March 2020 issue of Urology Practice. It has been a recent and sustained trend that both medical and nursing organizations alike have seen challenges in attracting and retaining members; this has been true in urology as well. Both the Society of Urologic Nurses and Associates (SUNA) and the American Urological Association (AUA) agree that as the U.S. population continues to age, the need for health care staff of all training and disciplines who are dedicated to the care of aging men and women will rise, and we need to provide avenues for education and professional resources. It is also a contemporary trend that health care staff may not have the resources or employer support for membership in any professional organization, be it a nursing or medical organization.

Results Review

As Ferrandino and colleagues (2020) discuss the results of their survey, they make several statements and conclusions based on a very small sample size. We acknowledge that only the results of respondents can be reported. However, the language of the paper is imprecise with indistinct reporting on the classification of respondents (nurse practitioners [NPs] vs physician assistants [PAs]). This may lead the reader to conclude that many of the statements are directed to NP members, and that the authors are directing their comments to NP members and non-members.

The overall methodology and reporting of this paper limits the authors’ ability to generalize results back to AUA advanced practice provider (APP) members, and much less to the entire population of APPs working in urology. Context for data discussed would have enhanced the meaning and interpretation of the results. For example, the authors report there were “172 APP respondents” (p. 98) but did not include the number of APP members in 2017 to place this number in its proper context. This same issue was repeated when discussing the 2018 survey with “54 members” (p. 99) who responded. This was repeated a third time with the APP educational needs assessment and the “66 respondents” to gauge the engagement of its own APP members, this should have been reported in the context of the actual number of APP members at the time of the survey. These results are further complicated by the fact that Ferrandino and colleagues (2020) did not report job classifications (NP, RN, PA) of respondents.

SUNA and the AUA have a long history of working collaboratively on White papers, position statements, guidelines, research, and education. As the urology specialty has grown, both organizations have effectively collaborated on educational offerings for all urology health care personnel, with the defining goal to improve patient care and outcomes. However, this collaborative nature may be in jeopardy without the mutual understanding that both organizations have much to offer each other. The leaders of SUNA are certainly eager to foster greater efforts of understanding and collaboration.

It is a misconception to believe all NPs caring for urology patients are SUNA members; traditionally, this has been a group that has not been easily counted. Unfortunately, this document was prepared with acknowledgement given to an NP who is not a current member of SUNA, complicating the tone of the paper and the apparent confusion toward NPs and SUNA. Several SUNA members on the local level have attempted to partner with their local AUA sections to promote APP involvement and attendance at sectional meetings. While these collaborative efforts have been met with limited success, efforts to develop mutually beneficial offerings continue.

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Discussion of Paper

SUNA agrees there appears to be an evident divide between APPs and urologists. This stems, in part, from the fact that other disciplines have been eager to embrace the APP role and have recognized a role in recommending educational content for APPs as the need for subspecialty care increases (for example, American Urogynecologic Society [AUGS], American College of Rheumatology [ACR], American College of Cardiology [ACC]). Many urologists have lagged behind; although, there are numerous anecdotal reports of APPs with quite expansive practices within their specific place of employment. We agree with the authors’ statement regarding “general perception of distrust in terms of procedural abilities” (p. 101) on the part of urologists toward APP skills. We also note with interest that Ferrandino and colleagues (2020) failed to note or reference the AUA White Paper on APPs (2014), a document that included MD, NP, and PA authors and served as formal acknowledgment of the need for APPs in urology clinical environments.

No physician organization should seek to override the role of the individual professional autonomy of APPs for its own gain; individual NP or PA organizations remain responsible for certifying and recertifying APPs in their disciplines. A physician group cannot mandate or determine the necessary education for any non-physician group; each professional group is responsible for its own certification and licensing.

Increase Engagement

We agree with the authors’ recommendation to include APP involvement at sectional meetings. This has the advantage of decreasing the travel burden for APPs and possibly increase participation among non-urologist provider groups. SUNA leadership wishes to explore options for offering attendance at its annual conference in conjunction with the relevant AUA section as a possible form of collaboration moving forward.

We also support the authors’ suggestion for APP fellowships, but add the caveat that these must be created with direct input and management of APPs because role and training of NPs and PAs are not identical, and to avoid disservice to patients, all perspectives must be included.

Incentivize Urologists

While the AUA can decide its path regarding incentives offered to urologists, SUNA sees the larger issue as a responsibility to offer SUNA and AUA members alike the highest quality education, and we believe this goal can be furthered by combining resources and utilizing our expert members.

While we appreciate the suggestion by Ferrandino and colleagues (2020) that an APP be invited as an ad hoc member of AUA section or national Board of Directors, we feel this signifies a lack of commitment to collaboration; ad hoc, by definition, is not permanent and rarely includes important voting privileges. We feel that alternative arrangements may be more meaningful.

Increase Value

Educational opportunities are a driver of most professional group memberships. There is significant cost difference between membership in SUNA and membership in AUA, and this may prevent additional APPs from joining both groups. Discounted membership in both groups should be considered.

An online curricula may be of value, especially because urology content is typically lacking in NP and PA programs alike. It is also important to note that the majority of professional organizations make their best practice guidelines available free of charge, and to begin to require membership for access to these important documents potentially jeopardizes the ability of providers of all disciplines (especially primary care providers in areas with limited access to urologists) to offer patients the standard of urologic care and evaluation.

However, SUNA wishes to clarify the suggestion that AUA could offer “certification” to APP members (see Table 1). The Certification Board for Urologic Nurses and Associates (CBUNA) has offered independent nursing certification in urology since 1997. The AUA could offer a certificate of completion for a designated set of online modules or other educational offering; although, we urge careful consideration of this as a gateway to employment. Such a certificate program would certainly would have value to many APP providers in more rural areas who might wish to gain additional education in the management of urology conditions.

Conclusions

Although the methodology of this paper was limited with conclusions made from small numbers, Ferrandino and colleagues (2020) have created an opportunity for additional discussion and collaboration between SUNA and the AUA. Both groups are invested in providing high-quality education to members, and this can be enhanced by creating additional pathways for collaborating and understanding the needs of each other’s members moving forward.

References

Table 1.
Certification vs. Certificate

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certificate</th>
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<tbody>
<tr>
<td>Results after an assessment process.</td>
<td>Results from an educational process.</td>
</tr>
<tr>
<td>For individuals.</td>
<td>For individuals.</td>
</tr>
<tr>
<td>Typically requires some amount of professional experience.</td>
<td>For both newcomers and experienced professionals alike.</td>
</tr>
<tr>
<td>Awarded by a third-party, standard-setting organization.</td>
<td>Awarded by an educational program or institution.</td>
</tr>
<tr>
<td>Indicates mastery/competency as measured against a defensible set of standards, usually by application or examination.</td>
<td>Indicates completion of a course or series of courses with specific focus; not a degree-granting program.</td>
</tr>
<tr>
<td>Standards set through a defensible, industry-wide process (job analysis/role delineation) that results in an outline of required knowledge and skills.</td>
<td>Course content set a variety of ways (e.g., committee, educational needs assessment).</td>
</tr>
<tr>
<td>Typically results in a designated credential to use after one’s name (CURN, CUA, PNP, ANP-BC) may result in a document and/or wallet card.</td>
<td>Usually listed on a resume detailing additional education; may issue a completion document for personal records.</td>
</tr>
<tr>
<td>Has on-going requirements to maintain; holder must demonstrate he/she continues to meet requirements.</td>
<td>Is the end result in and of itself; demonstrates knowledge of course content.</td>
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Source: Courtesy of Susanne Quallich.