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Defining the Role of the Urogynecology Nurse Practitioner: A Call to Contemporary Distinction through Subspecialty Certification

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Research

NCPD **1.4 contact hours**

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This is the first survey conducted to examine the role of the urogynecology nurse practitioner (NP) and highlights the need for the development of a current, distinct description of the sub-specialty role. Descriptive statistics were used to report the characteristics of the sample group (*N* = 55). This article reports on the urogynecology subspecialty NP role, creates a basis that can be used when negotiating a new position or promotion, and provides insight into whether NPs who practice in this subspecialty are interested in a national certification examination to distinguish their expertise. Proposing a new designation that aligns with current female pelvic medicine and reconstructive surgery (FPMRS) physicians to replace urogynecology NP is discussed as a possible natural progression to define the specific knowledge, clinical competence, and aptitude needed to practice in this field.

Key Words

Clinical competence, advanced practice provider, workforce, specialty practice, urology, women's health, urodynamics, ambulatory care, urogynecology.

Urogynecology is emerging as a subspecialty role for nurse practitioners (NPs) whose focus is on prevention and treatment of female urinary and fecal incontinence (also known as dual incontinence) and pelvic floor disorders (PFDs). An increased demand for NPs with knowledge and expertise in this subspecialty is projected to grow considering the prevalence of these conditions, the aging population, and the current shortage of physicians who provide care for this population. According to the U.S. Census Bureau, by 2030, there will be a 35% increased demand in care for women with incontinence and PFD, which is only expected to rise (Kirby et al., 2013). Physician specialists, such as urologists, gynecologists, and female pelvic medicine and reconstructive surgeons (FPMRS), provide most of the care for these conditions. However, there is a

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Deadline for submission: **June 30, 2023**

Research Summary

Introduction

There is little discussion of nurse practitioner (NP) subspecialty roles in the literature and very minimal specific to urogynecology. This article presents data relative to the urogynecology NP position, including interest in a national certification to define and clarify its unique role.

Methods

A convenience sample was obtained via five online platforms, along with encouraging respondents to forward the survey link to colleagues (snowball sampling), to attempt to access as wide a sample as possible.

Sample

Only NPs working in urogynecology environments were eligible, regardless of years of experience.

Results

A total of 55 NPs completed the survey, representing a range of states and practice experience, as well as experienced and recent graduate NPs. Sample demographics were similar to national and women's health NP results, although our sample was slightly younger. The majority of participants (79.9%) support subspecialized certification, and the importance of a national certification examination was deemed as moderately, very, or extremely important by 70% of respondents. Most respondents work collaboratively with physician colleagues. Results also detail an initial overview of general women's health and role-specific urogynecology responsibilities and procedures needed to provide competent, comprehensive care.

Conclusion

This is the first survey to be completed that reports exclusively on the subspecialty role of the urogynecology NP. This provides additional support for the ongoing evolution and viability of a national certification examination that can provide an avenue for a contemporary distinction and title. An additional study with a larger, more representative sample is warranted to develop curricula and move toward implementing a national certification examination.

Level of Evidence: III-A

Source: Johns Hopkins Hospital/Johns Hopkins University, 2016.

deficit of urologists (American Urological Association [AUA], 2018) and gynecologists (Vetter et al., 2019) in the United States. Even though the projection of FPMRS physicians is anticipated to increase, the physician/patient ratio will remain steady at its current level (Brueseke et al., 2016).

A hallmark of the NP profession is health promotion and disease prevention, along with serving as primary care providers in the assessment, diagnosis, and management of health care conditions. Recent research in urogynecology emphasizes the need for prevention. Numerous medical entities, such as the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) initiation of the Prevention of Lower Urinary Tract Symptoms (PLUS) network in 2015 (Harlow et al., 2018), the National Institutes of Health (NIH) in 2011, the 5th International Consultation on Incontinence in 2012 (Dumoulin et al., 2016), and the Agency for Healthcare Research and Quality (AHRQ) (2013) recommend pelvic floor health promotion by addressing modifiable risk factors to prevent the onset of urinary incontinence.

Background: History of Urogynecology and Female Pelvic Medicine

The creation of urogynecology began in the field of medicine with a few founding surgeons who believed strongly that treatment of female incontinence and PFDs become a subspecialty of obstetrics and gynecology. A small gathering of founders at first, they formed a non-profit organization that over the years changed names as the subspecialty evolved into what is now known as the American Urogynecologic Society (AUGS). Expertise within this field has grown exponentially over 50-plus years, and several other organizations have originated for the common goal to promote education, research, and collaboration within this subspecialty, such as the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU); the International Continence Society (ICS); and the International Urogynecological Association (IUGA), to name a few. The establishment of these organizations only validates the significance of this niche of medical exigence and expertise. Finally, a collaboration between the Board of Obstetrics and Gynecology and the Board of Urology enabled the development of a physician certification examination; competency in this subspecialty now requires a fellowship and board certification in FPMRS.

Advanced practice registered nurses (APRNs), which include NPs, have long held a pivotal role in providing health care within the urogynecology subspecialty; however, to date, a certification examination that ascertains the advanced didactic and clinical expertise has not been developed. Instead, NP core curriculum requirements and standardization have been used as a springboard for the subspecialty education that the urogynecology NP has had to seek independently and informally.

Nurse practitioners begin with a Bachelor of Science in Nursing (BSN) degree that provides a foundation of patient care assessment, pathophysiology, and pharmacology, and focuses on the art of

the nurse-patient relationship. Clinical work experience and exposure within the field, whether at the bedside or within clinics, provide opportunities to develop expertise in patient care. Bachelor's prepared nurses who desire further education have opportunities to seek either a Master of Science in Nursing degree or Doctor of Nursing Practice degree. Nurse practitioners receive advanced nursing education that encompasses specialized clinical curriculum to assess, diagnose, and manage patients' acute and chronic health care conditions. A Master's prepared nurse (MSN) focuses on a specific population foci (e.g., women's, family, adult, adult gerontology) with concentrated, dedicated specialty clinical exposure and experiences to develop competent and proficient expertise in direct clinical care (American Association of Colleges of Nursing [AACN], 2011). A terminal degree, the Doctor of Nursing Practice (DNP) includes the core curriculum needed for a specialty population focus; and integrates translation of research into practice, with refined clinical competence by broadening the lens in which practitioners implement health care delivery. The DNP advances their scope and knowledge to focus on improving population health and health care outcomes (AACN, 2006). The DNP graduate is expected to develop, implement, and disseminate their research findings.

Most often, NPs from women's health, family, or adult-gerontology practice in urogynecology. Curriculum and clinical exposure is unique among programs because each has distinct clinical competencies and outcomes.

The Women's Health NP (WHNP) curriculum extends the depth and breadth of knowledge and skills necessary to provide primary care that meets the distinct needs of women (Nurse Practitioners in Women's Health [NPWH], 2020). The National Certification Corporation (NCC) certifies WHNPs, and the examination includes content that encompasses normal and complicated obstetrical care (prenatal, intrapartum, postpartum), fetal well-being, and normal and complicated gynecological conditions, with an emphasis on contraception, fertility, and reproductive and sexual health of men and women. Core content of the WHNP specialty includes primary care and health promotion of common health care needs of the woman throughout her lifespan, including genitourinary complaints, menopause, heart disease, and osteoporosis as exemplars.

Family nurse practitioners (FNPs) and adult gerontology nurse practitioners (AGNPs) are certified through the American Academy of Nurse Practitioners Certification Board (AANPCB) and the American Nurses Credentialing Center (ANCC). FNPs specialize in primary care of the family and individuals across the life span and include pediatric, adolescent, adult, elderly, and frail elderly primary care (AACN, 2013), emphasizing health promotion and primary prevention of common health care issues. The core curriculum for AGNP emphasizes screening, assessment, diagnosis, and management of everyday health care needs of adolescents aged 13 years and older, adults, elderly, and frail elderly (AACN, 2016). This specialty focuses on abnormal and normal changes in the aging process and the physical and psychosocial determinants of healthy aging.

All NP specialty programs overlap female health and urology content, with the greatest amount of female genitourinary health provided in the women's health NP program. Even with this in mind, no specialty program has a central focus related to the urogynecology subspecialty, and a post-Master's certificate is not offered. The NP programs complement each other's knowledge base and are essential contributors of female pelvic health and urology. Nurse practitioners, whether women's

Abbreviations

AACN – American Association of Colleges of Nursing
AANP – American Association of American Nurse Practitioners
AANPCB – American Academy of Nurse Practitioners Certification Board
AGACNP- BC – Adult Gerontology Acute Care Nurse Practitioner Board Certified
AGPNP – Association of General Private Nursing Practitioners
ANCC – American Nurses Credentialing Center
AUA – American Urological Association
AUGS – American Urogynecologic Society
CBUNA – Certification Board for Urologic Nurses and Associates
CCCN-AP – Certified Continence Care Nurse – Advanced Practice
CNS – Clinical Nurse Specialist
CUNP – Certified Urologic Nurse Practitioner
FNP-BC – Family Nurse Practitioner-Board Certified
FPMRS – Female Pelvic Medicine and Reconstructive Surgery
ICS – International Continence Society
IUGA – International Urogynecological Association
NCC – National Certification Corporation
NPWH – Nurse Practitioners of Women's Health
PA – Physician assistants
SUFU – Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
SUNA – Society of Urologic Nurses and Associates
WHNP -BC – Women's Health Nurse Practitioner Board Certified
WOCNCB – Wound, Ostomy and Continence Nursing Certification Board

Table 1.
Demographics of the Sample (*N* = 55)

Variable	Survey Participants	Average U.S. NP**	WHNP sample*
Age	44.23	47	48.9
Years working as a nurse practitioner*	10.28	10	13.9
Years working in urogynecology as a nurse practitioner*	8.38	NA	NA
Highest degree			
Non-degree certificate program	NA	NA	23%
MSN other than nursing	1.82%	NA	77%
MSN	74.55%	83%	0
DNP	23.64%	7%	0
PhD in nursing	0	0	NA
PhD other than nursing	0	0	NA
Certified as Urology NP			
Yes	14.55%	NA	NA
No	85.45%	NA	NA
Gender			
Female	98.18%	87.8%	Not reported
Male	1.82%	12.2%	
Race/ethnicity			
American Indian or Alaska native	0	NA	0.3%
Asian/Pacific Islander	0	9.9%	2.4%
African-American	1.82%	12.2%	6.1%
Hispanic	0	2.6%	18.5%
White/Caucasian	98.18%	76.6%	76.9%
Multiple ethnicity/other	0	NA	13.2%
Primary NP certification			
Adult gerontology primary care	1.82%	7.8%	0.4% (*n* = 106 dual certified)
Adult gerontology acute care	0	3.4%	
Family	45.45%	65.4%	0.3% (*n* = 80 dual certified)
Adult	1.82%	12.6%	0
Geriatric	1.82%	1.7%	0
Women's health	49.09%	2.8%	100%

Notes. If respondents answered with a number less than 1 year, it was rounded up to 1.
*2018 NPWH Women's Health Nurse Practitioner Workforce Demographics and Compensation Survey: *N* = 2374.
**AANP, 2020: *N* = 5770.

Table 2.
Worksites of Respondents (*N* = 55)

Worksite	Primary (Most Hours)
Academic medical center-outpatient clinic	27.27%
Multispecialty group	25.45%
Single urogynecologist practice	18.18%
Independent NP practice	10.91%
Other public hospital	9.09%
Inpatient urogynecology service	3.64%
Private hospital	1.82%
Community health hospital	1.82%
Other federal/government facility	1.82%
Hospital inpatient consults	0.00%

health, family, or adult-gerontology, have a shared level of core advanced practice nursing education. However, didactic and clinical hours devoted to women's health vary widely among specialty programs, highlighting the need for a baseline standardized curriculum to be developed for a national certification examination to distinguish and differentiate the additional expertise inherent in this role.

In 2008, a consensus model entitled "Consensus Model for APRN and Licensure Accreditation Certification Education (LACE)" (APRN Consensus Workgroup & the National Council of State Boards of Nursing [NCSBN] APRN Advisory Committee, 2008) offered guidance for states adopting uniform regulation for the APRN roles. In this model, subspecialties, in addition to the core NP accreditations, are promoted, and certifications are endorsed in the United States because they include "standardization, rigor, and legal defensibility through certification testing" (Quallich & Lajiness, 2021, p. 2). This recommendation for an advanced curriculum has not transpired for the urogynecology NP. Developing a certification examination that validates competence and aptitude in this subspecialty NP role supports proficiency and dedication for whom they provide care and with whom they practice (Van Wicklin et al., 2020).

As it stands now, without a formalized urogynecology NP sub-specialization certification examination, expectations and training for the role tend to be employer, facility, and state dependent. There are a few urology fellowship programs that educate NPs, but the history has been that NPs achieve expertise in caring for patients via on-the-job training, conferences, independent study, and mentoring from NP, physician assistants (PAs), or physician colleagues. While there is a formal certification for NPs in urology (CUNP) offered by the Certification Board for Urologic Nurses and Associates (CBUNA) and a Continence Nurse Practitioner (CCCN-AP) certification offered by the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB), to date, there is no certification for NPs who subspecialize in urogynecology.

Purpose

The primary purpose of this pilot study was to gauge interest in a urogynecology subspecialty certification to provide distinction and dedication of those who practice in this unique role. A secondary goal was to collect data from NPs currently practicing in urogynecology or those who self-describe as a subspecialist urogynecology NP, including descriptive data on education, specific role functions, and practice settings.

Methods

A convenience sample was obtained for this study, and data were obtained via five Internet members-only platforms. No personalized links were utilized; therefore, a response rate could not be calculated. Participants were also invited via snowball sampling; participants were asked to send the survey link to other urogynecology NPs, to generate as robust a sample as possible. The survey was open for 5.5 weeks, beginning January 26, 2021, and ending March 5, 2021. Participants were directed to a survey administered via the SurveyMonkey (San Mateo, CA) online platform; surveys were anonymous, and IP addresses of respondents were not collected as part of the survey. No Institutional Review Board (IRB) was obtained because completion of the study was considered consent, and no identifying data were collected.

Survey Development

The survey was based on consensus of the authors and general demographic data questions previously used by Quallich and Lajiness (2021). Role-specific questions were developed by review of the women's health NP role, the AUGS advance practice provider (APP) curricula, and comments from urogynecology NP online forums. The final survey was composed of 24 questions and one open-ended question to permit comments.

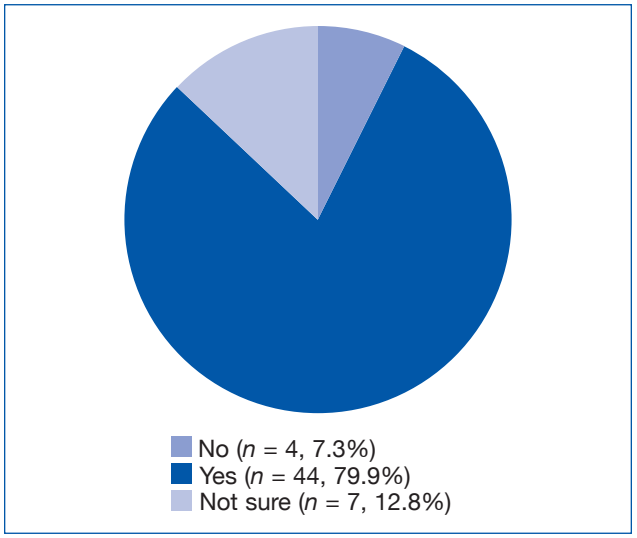
Sample

Criteria for participation in this study included certification as an NP presently working full-time in a urogynecology clinical setting. Of the four APRN groups (NPs, certified nurse-midwives, certified registered nurse anesthetists, and clinical nurse specialists), this study focused exclusively on the NP. However, the authors acknowledge there are states in which the NP and clinical nurse specialist (CNS) roles share many of the same scope of practice privileges, despite differences in training and curricula.

Data Analysis

Demographic data were analyzed with simple frequency statistics and averaged via use of Microsoft Excel (Denver, CO). Additional results were calculated via the SurveyMonkey (San Mateo, CA) platform. Survey questions were forced-answer questions, meaning that a participant had to provide an answer before progression to the next question.

Figure 1.
Interest in Subspecialty Urogynecology Certification (*N* = 55)



Results

A total of 55 surveys were available for analysis and are reported here. The survey was open from January 26, 2021, to March 5, 2021. Participant demographics are reported in Table 1 and compared with data for NPs in the United States and the most recent WHNP data. Most participants had completed an MSN degree and reported an average of 6.38 years working in urogynecology as an NP (range < 1 year to 24 years), including some whose only experience as an NP was in urogynecology (*n* = 17; 30.9%). Only three participants reported a second NP certification (*n* = 1 each for FNP, AGPNP, AGACNP). Participants represented a wide regional distribution with 23 states represented in the survey, despite overall modest sample size. Primary worksites for the sample are shown in Table 2. Most respondents identified they were employed by an academic institution, outpatient clinic, or multispecialty group.

Figure 2.
Perceived Importance for Certification to Define Urogynecology Nurse Practitioner Subspecialization

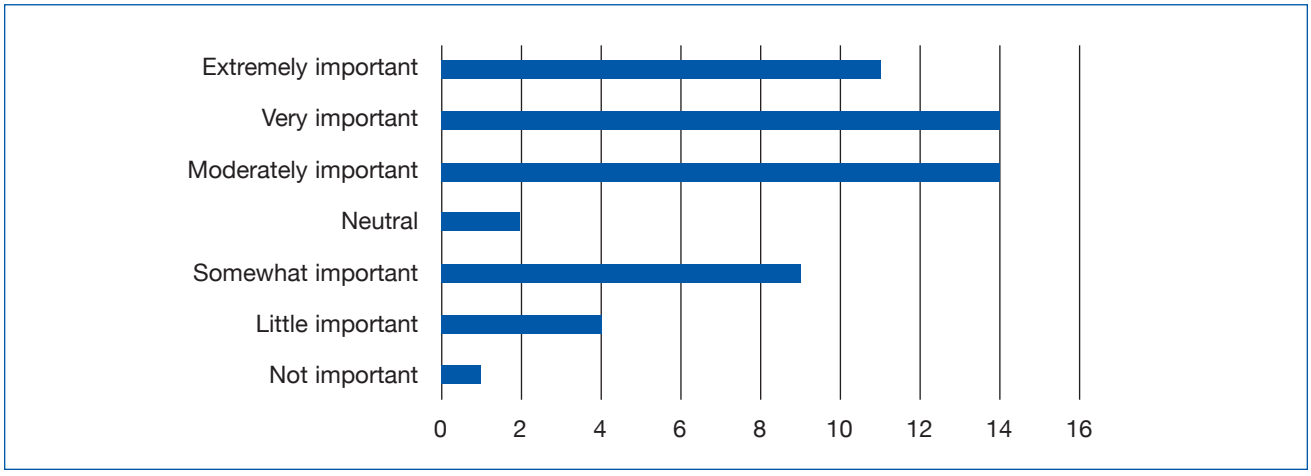


Figure 3.
Suggested Time to Re-Certification

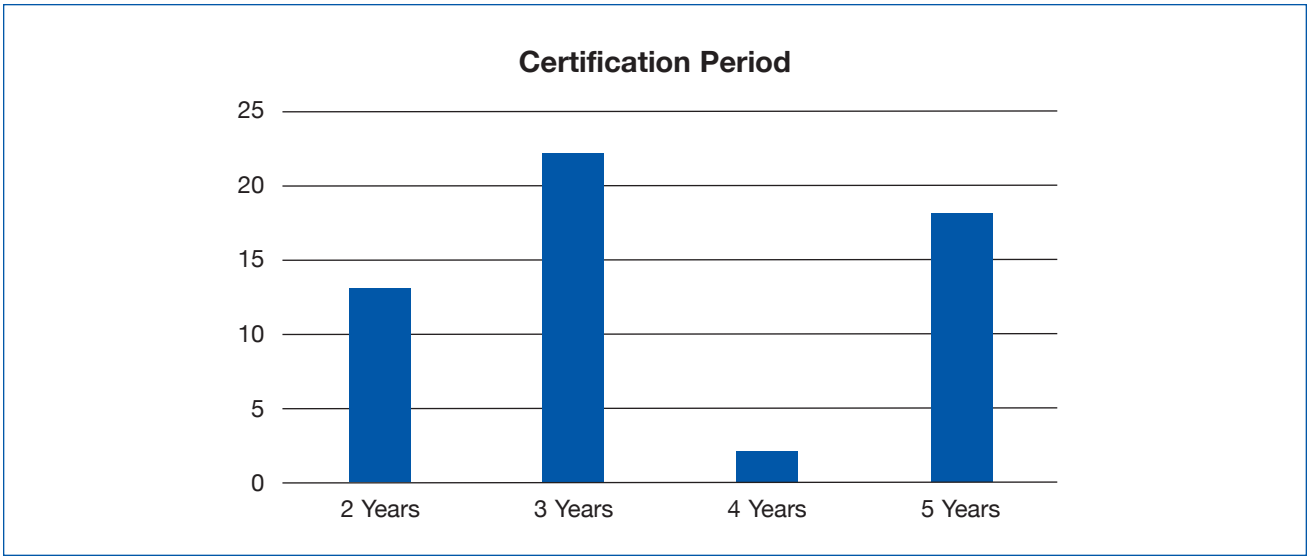


Table 3.
Urogynecology Nurse Practitioner Survey

As part of your urogynecology NP practice, do you:	No	Yes
Manage patients with pelvic pain?	12.73%	87.27%
Manage patients with bladder pain?	14.55%	85.45%
Manage patients with complicated/recurrent UTI?	14.55%	85.45%
Evaluate and manage postoperative patients?	23.64%	76.36%
Evaluate new consults?	27.27%	72.73%
Provide pessary fitting/maintenance for POP and UI?	34.55%	65.45%
Manage patients with high-tone pelvic floor?	36.36%	63.64%
Manage women who have fecal incontinence?	40.00%	60.00%
Manage patients with PTNS?	40.00%	60.00%
Round inpatient on postoperative patients?	76.36%	23.64%
Perform as first assist in the OR?	83.67%	16.36%

Notes: POP = pelvic organ prolapse, UTI = urinary tract infection, UI = urinary incontinence, PTNS = percutaneous tibial nerve stimulation.

Figure 1 shows that 79.9% of respondents were interested in and desired a subspecialized urogynecology NP certification examination. Certification was viewed as important to defining the urogynecology NP role by 70.9% of the sample (n = 39) (Figure 2). Most participants felt that initial certification as a urogynecology NP should cost $200 to $300 ($n$ = 40), and opinion regarding the time to recertify was varied, with most respondents listing time to recertification as 3 or 5 years (Figure 3).

Table 3 presents a sample of clinical care provided by the urogynecology NP, but this is not an exhaustive list. Table 4 provides a small sample of procedures that can be part of the urogynecology NP role, while Table 5 outlines well-woman care that is part of the urogynecology NP practice.

Practice patterns in the sample are shown in Figure 4 and demonstrate that 67% (n = 37) practice collaboratively with a physician or with physician oversight. Compensation models are shown in Figure 5, with 69% (n = 38) receiving a straight salary. Table 6 details billing practice in the sample; participants selected the one option that best described their practice. Results demonstrated that 63.64% of respon-

Table 4.
Urogynecology Nurse Practitioner Survey

As part of your NP role, which procedures pertinent to urogynecology do you perform?	No	Yes
Interpret urodynamics	45.45%	54.55%
Manage neuromodulation patients (Interstim™ or Axonics®)	50.91%	49.09%
Perform urodynamics	61.82%	38.18%
Perform pelvic floor rehabilitation with biofeedback and/or stimulation	72.73%	27.27%
Perform office-based cystoscopy	85.45%	14.55%
Inject Botox via cystoscopy	96.36%	3.64%

Table 5.
Urogynecology Nurse Practitioner Survey

As part of your NP role relative to general women's health care, do you:	No	Yes
Manage genitourinary syndrome of menopause (GSM)?	18.18%	81.82%
Provide preventive urogynecology patient education to all patients?	20.00%	80.00%
Manage female sexual dysfunction as part of your role?	30.91%	69.09%
Provide urogynecologic evaluation for your yearly annual patients?	32.73%	67.27%
Manage hormone replacement therapy?	36.36%	63.64%
Perform vulvar biopsy?	45.45%	54.55%
Perform endometrial biopsy for post-menopausal bleeding?	52.73%	47.27%
Have access to pelvic floor physical therapists in-house?	54.55%	45.45%
Manage post-partum patients?	58.18%	41.82%
Provide community outreach programs as part of your role?	65.45%	34.55%
Manage obstetrical patients?	67.27%	23.73%

Box 1.
Comments from Participants

- I've never really considered urogyn certification before, but I think it's a great idea.
- Love my practice in urogyn and would love the opportunity for a certification. It would boost my practice so much to market myself as urogyn certified.
- It was very exciting to be contacted about completing this survey… My role, at this time, is somewhat limited, but with a growing need for Pelvic Floor services, I do hope that my role will expand.
- Great idea!
- My reason for not certifying is mainly my age. If I were younger, I probably would consider.

Note: In 2018, the National Organization of Nurse Practitioner Faculties (NONPF) issued a statement making a commitment to move all entry-level NP education to the DNP degree by 2025.

dents billed independently. Figure 6 reports on-call data for the sample. The majority (n = 44) do not take call. The majority of respondents (n = 49) had education funds, license renewal, and/or association memberships covered by their employer.

Several participants reported being SUNA members of the Society of Urologic Nurses and Associates (SUNA) (n = 19, 34.55%). There was wide membership in other professional organizations: AANP (n = 26, 47.27%), AUA (n = 10, 18.18%), AUGS (n = 18, 32.73%), NPWH (n = 21, 38.18%), and SUFU (n = 2, 3.64%).

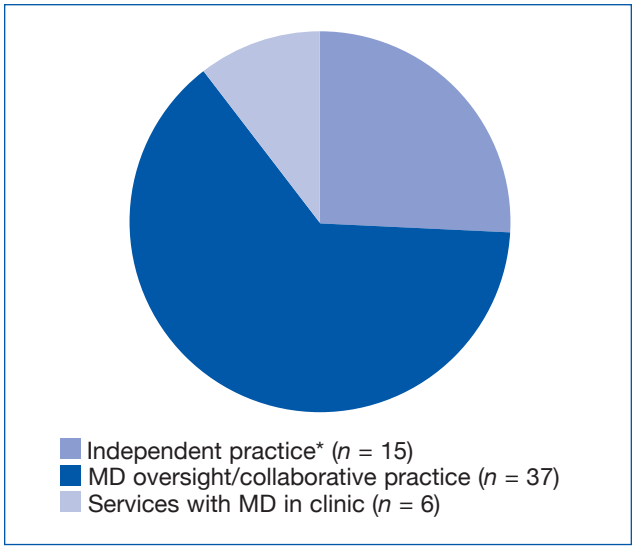
Comments from participants are summarized in Box 1. All comments were positive and reflected a desire to obtain a urogynecology NP certification.

Discussion

The primary purpose of this pilot study was to explore the interest in a national subspecialty certification examination for NPs who practice in urogynecology, and the response to this question was overwhelmingly positive, with 79.9% of the respondents

expressing interest in a certification (Figure 1). Furthermore, the importance of obtaining subspecialty certification was deemed either moderately, very, or extremely important by 70% of the respondents as a way to represent additional knowledge, clinical competence, expertise, passion, and dedication of the urogynecology NP to patients, colleagues, and stakeholders. NP curricula require a specialty focus for a particular patient population. However, whether an NP is specialized as a WHNP, FNP, or AGNP, those who practice in urogynecology have acquired an additional level of subspecialty expertise exceeding that of core NP education.

Figure 4.
Practice Patterns of the Sample

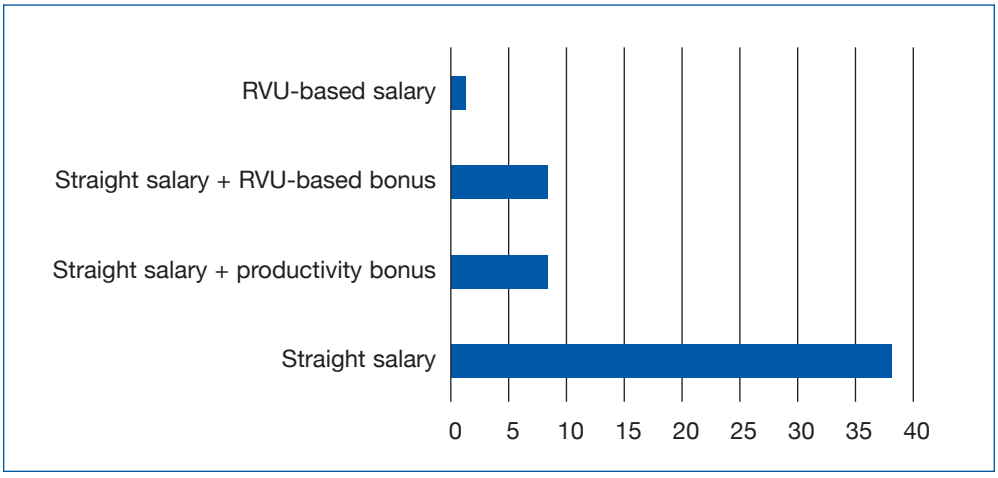


*Full practice states. Total responses *N* = 58, respondents could choose more than one.

This is the first article that offers an initial insight into the specifics of the role of the urogynecology NP. Further studies are warranted to adequately describe and define the full depth and breadth of the knowledge, expertise, and skillsets required for the urogynecology NP subspecialty role. This would include a practice analysis that further delineates the exact scope of practice, and competencies needed to adequately provide competent urogynecological health care and is a natural next step in defining this role to serve as the basis for the development of a national urogynecology NP or APP certification examination. The eventual development of a set of core competencies will further standardize the role. A practice statement and acknowledgment of standards and competencies for the urogynecology NP would ensue and shape the education, clinical practice, research, and policy for this subspecialty. Next steps will also include a salary survey to assist NPs when negotiating a new role or promotion.

This pilot study sought to establish common role functions of the urogynecology NP, including specific conditions treated, unique procedures performed, and primary women's health care, as this is fundamental in providing comprehensive women's health care. Results captured the highest prevalence of the urogynecology NP's therapies in this sample and are directed toward urinary and fecal incontinence, pelvic organ prolapse, urinary tract infections, genitourinary symptoms of menopause, pelvic and bladder pain conditions, and sexual dysfunction. The survey represents an initial description of the role, but it is not an exhaustive list. A more comprehensive and robust survey that further explores a complete description of the advanced subspecialty knowledge base, clinical competencies, specific procedures, and skills required of the urogynecology NP is needed.

Figure 5.
Compensation Models Reported by Participants



When evaluating data regarding procedures performed that are pertinent to the urogynecology NP role, 54.5% of respondents reported they interpret urodynamic studies; however, only 38.2% report performing urodynamics. Approximately half (49.1%) reported managing patients with sacral neuromodulation. Of all clinical responsibilities, surgical assistance and cystoscopy were performed the least by this sample. The most notable data regarding procedures pertinent to urogynecology demonstrated that pelvic floor biofeedback and neuromuscular electrical stimulation were performed by only 27.3% of respondents. Both biofeedback and pelvic floor stimulation have demonstrated decreased incontinence in conjunction with a prescription plan for home pelvic muscle exercises (Baessler et al., 2008; Bent et al., 2003; Bo et al., 2007; Gonzales et al., 2021; Sand & Ostergard, 1995). This gives rise to a significant opportunity for practicing urogynecology NPs to incorporate this intervention into their practice. Comprehensive non-surgical therapy of dual incontinence and pelvic floor disorders is well within the scope of the NP, and provision of this therapy would prove valuable for both the patient and practice.

Table 6.
How do you bill for you service?

Billing	Results	*n*
Independent visits	63.64%	35
Physician-directed visits	10.91%	6
Shared visits	7.27%	4
Incident-to billing	12.73%	7
Not sure, billing/coding done by practice	29.09%	16
Cash or credit only	1.82%	1

Current research within the field of female pelvic health and urology emphasizes the need for health promotion and preventive care (Cera & Twiss, 2018; Harlow et al. 2018; Palmer et al., 2019). Findings from this study demonstrated that most respondents currently provide health promotion and preventive care as part of their role, whether during problem visits or annual well woman examinations, emphasizing the NP's role in holistic and comprehensive women's health care. Of note, the pilot study also demonstrated that 41.8% of respondents reported managing post-partum patients, highlighting an opportune time to provide needed pelvic floor health promotion and education.

Urogynecology environments blend aspects of urology, gynecology women's health, pelvic floor physical therapy, and primary care. Many subspecialty NP roles have suffered from the paucity of published work that describes the desired skills and training needed to fill specific functions across NP practice domains, contributing to confusion related to role delineation and qualifications for these subspecialty roles.

Findings from this pilot study provide a contemporary framework for beginning to understand the practicing urogynecology NP workforce. The number of NPs working in urogynecology clinical environments continues to be a challenging number to assess, and there are no recent estimates. There were 561 NP members of SUNA at the time of the survey (C. Page, personal communication, 5/25/2021), indicating 3.4% (n = 19) of current members completed the survey, despite the fact it was posted on *UroConnect*, the organization's online discussion forum. Although there were 198 CUNPs with current certification at the time of this survey (R. DeAngelo, personal communication, 5/25/2021), only 14.55% (n = 8) of this present sample was certified in urology. The sample also

Figure 6.
On-Call Data

demonstrated far less racial and ethnic diversity than was reported in the national WHNP sample (Table 1), although this may be a result of our small sample size. Our study population showed underrepresentation of males, similar to that of the national data of NPs. To ascertain a more robust sample size, consideration of alternative survey distribution methods should be explored, such as membership email lists and professional conferences.

Results suggest that NPs in urogynecology are represented in various work settings and need to be prepared for diverse situations, including clinic visits, surgery, and hospital rounds in accordance with their State Board of Nursing. The majority of participants identified themselves as clinicians working collaboratively with a physician. Despite various state restrictions and even in the most restrictive states, urogynecology NPs bill independently within this sample (Table 6).

Primary board certification in a patient population (e.g., family, women's, adult gerontology), along with state licensure, is required to provide patient care as an NP; however, achieving certification within a subspecialty is not a pre-requisite despite its association with a higher level of professionalism, improved retention of employment, and fewer medical errors. To date, insurance reimbursement does not require specialist or subspecialist designation for reimbursement for the more focused care that may be provided by NPs working in any specialty clinical environment (American Board of Nursing Specialties [ABNS], 2005). These survey results suggest that self-designated urogynecology NPs recognize the value of certification because most respondents expressed interest in a certification opportunity.

With the anticipation that future iterations of this study will have more participants, we may be able to analyze practice patterns across geographical areas to increase the utility of this data further when evaluating the urogynecology subspecialty role. This initial pilot study included only NPs; however, a broader, more inclusive investigation of the APP role in urogynecology sample could include PAs and NPs who divide their time between urogynecology and other practice areas.

As this NP subspecialty continues to evolve toward a formal definition, competency level, and certification examination, so should its recognition and distinction. For example, designation as a FPMRS is now established among physicians with the advancement of a joint Board of Obstetrics/Gynecology and Board of Urology certification examination. Developing a core competency certification examination for NPs (or APPs) will serve to distinguish non-physician providers who hold this advanced subspecialty knowledge and clinical competence to fulfill both current and future health care population needs. A national certification examination would promote interprofessional collaboration with disciplines who provide care for women with incontinence and pelvic floor disorders, including physicians, PAs, and physical therapists. Following a comprehensive overview, including interprofessional and stakeholder viewpoints, redefining the urogynecology NP to become more closely aligned to the FPMRS designation could allow for a contemporary title for this NP subspecialty. The authors support this future project and acknowledge an opportunity for collaboration and alignment between SUNA, AUGS, SUFU and other NP and PA organizations.

Limitations

Survey participation criteria limited NPs to full-time status within urogynecology, which may have limited participation from NPs who do not work full time or may have a shared role with urogynecology and another clinic. Those NPs who consider themselves urogynecology NPs but whose primary role is as nursing school faculty may also have chosen not to participate. Participants were self-described as being employed in urogynecology, and the sample itself was non-random. Despite its presence online, 5.5 weeks may not have been sufficient time for a robust sample to have generated.

Conclusions

This pilot study took an important first step in demonstrating interest in a national urogynecology certification examination, which was overwhelmingly positive in this sample. A contemporary designation that distinguishes NPs who have acquired and mastered the additional knowledge, clinical competence, and aptitude should be recognized. As future projections of the incidence and prevalence of incontinence and pelvic floor disorders increase, the demand for health care providers from all disciplines who provide this subspecialty care is projected to rise. It is becoming increasingly important to define this subspecialty role to substantiate the unique knowledge and clinical competence needed to provide proficient and expert health care to women with these conditions. ◉

References

Agency for Healthcare Research and Quality (AHRQ). (2013). *AHRQ annual highlights, 2012.* https://www.ahrq.gov/sites/default/files/publications/files/highlt12.pdf

American Association of Colleges of Nursing (AACN). (2006). *The essentials of doctoral education for advanced nursing practice.* https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf

American Association of Colleges of Nursing (AACN). (2011). *The essentials of master's education in nursing.* https://www.aacnnursing.org/portals/42/publications/masters-essentials11.pdf

American Association of Colleges of Nursing (AACN). (2016) *Adult-gerontology acute care and primary care NP competencies.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Adult-Gero-NP-Comp-2016.pdf

American Association of Colleges of Nursing (AACN). (2013). *Population-focused nurse practitioner competencies.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Population-Focused-NP-Competencies-2013.pdf

American Association of Nurse Practitioners (AANP). (2020). *AANP fact sheet.* https://www.aanp.org/about/all-about-nps/np-fact-sheet

American Board of Nursing Specialists (ABNS). (2005). *Promoting excellence in nursing certification: A position statement on the value of specialty nursing certification.* https://www.aaacn.org/sites/default/files/images/ABNS-certstat.pdf

American Urological Association (AUA). (2018). *Physician workforce planning and graduate medical education.* https://www.auanet.org//guidelines/guidelines/physician-workforce-planning-and-graduate-medical-education

APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification & education.* https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

Baessler, K., Schussler, B., Burgio, K.L., Moore, K.H., Norton, P.A., Stanton, S.L. (2008). *Pelvic floor re-education: Principles and practice* (2nd ed.). Springer-Verlag London Limited. https://doi.org/10.1007/978-1-84628-505-9

Bent, A.E., Ostergard, D.R., Cundiff, G.W., & Swift, S.E. (2003). *Ostergard's urogynecology and pelvic floor dysfunction* (5th ed.). Lippincott Williams & Wilkins.

Bo, K., Berghmans, B., Morkved, S. & Van Kampen, M. (2007). *Evidence-based physical therapy for the pelvic floor: Bridging science and clinical practice.* Elsevier.

Brueseke, T., Muffly, T., Rayburn, W., Connolly, A., Nieto, M., De La Cruz, J., & Wu, J. (2016). Workforce analysis of female pelvic medicine and reconstructive surgery, 2015 to 2045. *Female Pelvic Medicine & Reconstructive Surgery, 22*(5), 385-389.

Cera, J.L., & Twiss, J.J. (2018). Focused integrative review of current continence care and prevention strategies: Expanding the role of the nurse practitioner. *Urologic Nursing, 38*(4), 169-176, 193. https://doi.org/10.7257/1053-816X.2018.38.4.169

Dumoulin, C., Hunter, K.F., Moore, K., Bradley, C.S., Burgio, K.L., Hagen, S., Imamura, M., Thakar, R., Williams, K., & Chambers, T. (2016). Conservative management for female urinary incontinence and pelvic organ prolapse review 2013: Summary of the 5th International Consultation on Incontinence. *Neurourology and Urodynamics, 35*(1), 15-20.

Gonzales, A.L., Barnes, K.L., Qualls, C.R., & Jeppson, P.C. (2021). Prevalence and treatment of postpartum stress urinary incontinence: A systematic review. *Female Pelvic Medicine & Reconstructive Surgery, 27*(1), e139-e145.

Harlow, B.L., Bavendam, T.G., Palmer, M.H., Brubaker, L., Burgio, K.L., Lukacz, E.S., Miller, J.M., Mueller, E.R., Newman, D.K., Rickey, L.M., Sutcliffe, S., & Simons-Morton, D. (2018). The Prevention of Lower Urinary Tract Symptoms (PLUS) Research Consortium: A transdisciplinary approach toward promoting bladder health and preventing lower urinary tract symptoms in women across the life course. *Journal of Women's Health, 27*(3), 283-289.

Johns Hopkins Hospital/Johns Hopkins University. (2016). *Johns Hopkins Nursing Evidence-Based Practice Model-Appendix C. Evidence level and quality guide.* Retrieved from http://www.hopkinsmedicine.org/evidence-based-practice/jhn_ebp.html

Kirby, A.C., Luber, K.M., & Menefee, S.A. (2013). An update on the current and future demand for care of pelvic floor disorders in the United States. *American Journal of Obstetrics & Gynecology, 209*(6), 584.e1-584.e5.

Nurse Practitioners in Women's Health (NPWH). (2020). *National Association of Nurse Practitioners in Women's Health white paper: The essential role of women's health nurse practitioners.* https://www.npwh.org/lms/filebrowser/file?fileName=NPWH%20White%20Paper%20The%20Essential%20Role%20of%20WHNPs%20final%207.13.2020.pdf

Palmer, M.H., Cockerall, R., Griebling, T.L., Rantell, A., van Houten, P., & Newman, D.K. (2019). Review of the 6th International consultation on incontinence: Primary prevention of urinary incontinence. *Neurourology and Urodynamics, 39*(1), 66-72.

Quallich, S., & Lajiness, M. (2021). Defining the urology nurse practitioner role in the United States: A delphi study [Epub ahead of print]. *Journal of the American Association of Nurse Practitioners.* https://doi.org/10.1097/JXX.0000000000000548

Sand, P.K., & Ostergard, D.R. (1995*). Urodynamics and the evaluation of female incontinence: Practical guide.* Springer-Verlag London Limited.

Society of Urologic Nurses and Associates (SUNA). (2020). *Urologic nursing: Scope and standards of practice* (2nd ed.). Author.

Van Wicklin, S.A., Leveling, M.E., & Stobinski, J.X. (2020). What is the perceived value of certification among registered nurses? A systematic review. *Journal of Nursing Scholarship, 52*(5), 536-543. https://doi.org/10.1111/jnu.12579

Vetter, M.H., Salani, R., Williams, T.E., Jr., Ellison, C., & Satiani, B. (2019). The impact of burnout on the obstetrics and gynecology workforce. *Clinical Obstetrics and Gynecology, 62*(3), 444-454. https://doi.org/10.1097/GRF.0000000000000452