Sunday, May 1, 2021

Clyde Wood, CEO

Lake Normal Regional Medical Center

171 Fairview Road

Mooresville, NC 28117

Dear Mr. Wood,

I am greatly concerned over Lake Norman Regional Medical Center‘s recent policy to replace board certified Pediatricians and Neonatologists with nurse practitioners.

When a baby is born, the first few hours and days can be some of the most exciting and scary times in a person’s life. The newborn cannot speak for itself, and it takes attuned and well-trained eyes to spot subtle differences in exam and presentation that can signify a problem with the infant’s health. In addition, a critical medical issue can arise quickly and without warning, especially after a difficult vaginal delivery or an emergency C-section. A trained physician with years of clinical experience can be the difference between life and death in these situations.

The rigorous U.S. educational experience and testing standards ensure a physician is prepared for these emergency situations. A board-certified pediatrician must complete four years of medical school, two of which are dedicated to intense classroom education. The other two years are spent completing clinical rotations in multiple different specialties while being taught one-on-one by other physicians. To become a physician, there are three separate full-day board exams that a student must pass to obtain a medical degree. After medical school, a future pediatrician must complete an intense three-year residency program where he or she rounds in the inpatient and outpatient settings working directly under the supervision of a trained physician. It is during this dedicated, monitored clinical training that a physician accumulates over 15,000 hours of experience in the hospital and the office, learning the difference between sick and well, seeing common presentations of rare diseases, and most importantly, witnessing rare presentations of common diseases. The value of this dedicated, monitored teaching environment cannot be overstated.

A physician who has fulfilled the lengthy obligations of a pediatric residency program must then sit for a strenuous board exam lasting seven hours where he or she will answer 330-350 questions to prove that he or she is competent and prepared to take care of infants, children, and adolescents (1).  A board-certified pediatrician must then complete 150 hours of CME every three years as well as sit for another rigorous board exam every ten years to maintain board certification status. The standards set by the American Board of Pediatrics ensures that a pediatrician has kept up with the ever-changing medical environment and that he or she has met the vigorous standards necessary to care for our children.

In addition to the standard pediatric training, a neonatologist must pursue and complete additional clinical training which includes a three-year subspecialty fellowship where pediatricians accumulate thousands of additional supervised hours caring for critically ill infants. The expertise and knowledge accumulated over the mandatory 7-10 years of intense post-graduate medical training cannot be replicated by any other learning experience. No one is better prepared to care for our most vulnerable population than a Board-Certified Pediatrician or Neonatologist.

Contrast this rigorous physician training with that required to become a nurse practitioner. In the ideal educational setting, a student must complete nursing school and then enroll in a nurse practitioner training program which typically lasts between two to three years. During this time students are only required to obtain 500 clinical hours of primary care and 500 clinical hours of acute care to complete their certification. In light of the current physician residency work hour limitations, the total nurse practitioner clinical training required to obtain certification is equivalent to less than two months of residency physician training. In addition, most if not all, nurse practitioner training can be fulfilled online, which is a far cry from the bedside where the most valuable and real-life experience is obtained. The official Pediatric Nursing Certification Board is compiled of 150 questions, only 100 of which include questions on diagnosis and management of pediatric patients (2).

In addition to the traditional nurse practitioner pathway I have outlined above, there are now “direct to DNP (Doctor of Nursing)” programs which have even fewer quality standards with 100 percent acceptance rates. These programs allow nurses to apply their personal work hours towards credit for nurse practitioner training with zero physician oversite or teaching. There are also multiple [accelerated](https://urldefense.com/v3/__https%3A/www.nursepractitionerschools.com/online/msn/accelerated__;!!Kv7QgGdTlhIaqSqT!cmu-efNU6uNxKssp6VxkkwaV4-CYDOeg6U_PM5gdreyyop5MZ0PtiQdRDxFaclAcccW5Ag$) programs available that allow students who have never worked a single hour as a nurse to become a nurse practitioner, including [direct entry](https://urldefense.com/v3/__https%3A/www.nursepractitionerschools.com/online/msn/accelerated__;!!Kv7QgGdTlhIaqSqT!cmu-efNU6uNxKssp6VxkkwaV4-CYDOeg6U_PM5gdreyyop5MZ0PtiQdRDxFaclAcccW5Ag$) programs where students with a non-nursing bachelor’s degree become a registered nurse and a nurse practitioner all online (3, 4).

The contrast in educational background, fundamental knowledge, hands-on bedside experience and hospital clinical training cannot be overlooked. In addition to these differences, it has also been well documented in several medical journals that mid-levels providers, including nurse practitioners, lead to increased hospital length of stay, excessive diagnostic testing, and an over-utilization of medical resources (5, 6).

When a family brings a newborn into this world, they should have confidence in the people tasked with taking care of their child and should have no doubt that the most qualified individual will be available to oversee the care of this new life. Without question, the most qualified individual regardless of circumstances is a board-certified pediatrician or neonatologist.

As a Mooresville native, I drove over one hour each way to obtain perinatal care with Lakeshore Women’s Specialist. One reason I traveled this distance, away from my own hospital where I work every single day, is because I had confidence in both the maternity care as well as the 24/7 neonatology physician care available to my infant if needed. Both of my experiences were excellent, and I had a board-certified pediatrician taking care of my babies from the time of delivery until we were discharged home to the care of our pediatrician. I am thankful that there were no emergencies, but had there been one, there was a staff neonatologist available 24/7 to see and care for my newborn. This access to care, to the best medically trained professional, was one of the most important factors in my choosing to deliver at Lake Norman.

When I recently learned about Lake Norman Regional Medical Center replacing pediatricians and two board-certified neonatologists with nurse practitioners, I was shocked and frightened. I was even more alarmed to hear that when a nurse practitioner does not know what to do, the plan is to consult a telemedicine doctor who will be making decisions from a computer screen without ever laying hands or a stethoscope on the infant. The nurse practitioner role in your hospital has even expanded to include the Neonatal Intensive Care Unit, despite the fact that nurse practitioners have zero formal, dedicated training taking care of this population. My frustration and amazement at the lack of insight was further intensified when an administrator at your hospital informed me that the primary driver to this change was that the two neonatologist salaries were cost prohibitive. In other words, *it was costing the hospital too much money to provide quality and competent care to its patients.*

As a mother I am urging you to reconsider your decision to replace board-certified pediatricians and neonatologists with nurse practitioners. I am asking you to understand the vast differences in clinical and educational experiences and to put quality above cost. I am pleading with you as a medical professional to reconsider the health and life of an innocent newborn above the bottom line.

One of the most important lessons in the medical field is that the practitioner has to know enough to know what he or she does not know. Part of knowing enough is accumulating a wealth of knowledge from a dedicated, rigorous, intense training institutionalized by our medical standards in the United States. As a physician, I am telling you that there are many things that nurse practitioners simply do not know because their training did not require it as a pre-requisite for the job.

Parents have the right to demand appropriate care for their newborn babies. Parents should be given the option to have a board-certified physician and the fact that this option is not available should be made readily available to each and every mother contemplating delivering at your hospital. If the vast differences in training and education were made available to the general public, there is no doubt in my mind that many, like me, would refuse to deliver in a hospital that puts cost above life and safety.

While there is a valuable role for nurse practitioners in healthcare, due to all of the reasons I have outlined above, I do not believe that this role includes working independently without direct physician oversight, especially with new born infants or unstable babies in the Neonatal Intensive Care Unit.

My opinion is not unique. The names attached to this letter include other board-certified physicians and members of the community who believe that your decision to replace pediatricians and neonatologists with nurse practitioners is dangerous and purposefully jeopardizes the care and well-being of our most vulnerable and most valuable asset—newborns.

Please reconsider your decision and bring pediatricians back to Lake Norman Regional Medical Center.

Sincerely,

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Citations:

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