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I am writing this note to strongly oppose LD 295, that would allow nurse practitioners to see patients independently immediately upon graduation without any additional training or supervision.

I have been a practicing physician in the state of Maine for almost 25 years, working out of St Mary's Regional Medical Center. Over the years I have worked with a vast number of talented Nurse Practitioners. We work together as an integrated group. These are very dedicated individuals and I have great respect for their calling.

The role of a nurse practitioner is vastly different from that of a nurse, as the role changes dramatically as the practitioner takes over the sole responsibility for the patient, taking on the role of making the diagnosis, initiating treatment, and following the course of the illness with its complications, medication reactions, side effects, the medication interactions and all the other possibilities. The skills required to handle all eventualities is grown over time, and some NP programs may only have 600 hours of clinical work, or about 15 weeks. The first few years of any providers life is about getting experience, supported learning, and building well rounded skills. That can not be accomplished in a vacuum without support and structured supervision.

Medical providers may spend 3-5 years of supervised internships and residencies, and that is after their 2 years of clinical rotations. Social workers also have periods of individual and group supervision as they build capabilities and skills. This time of supervision is necessary as training programs can not teach the full art and skill of patient care.

I believe eliminating the requirement for this period of learning, growth and supervision would be a disservice to both the Nurse Practitioner as well as the patient. Our rules are meant to ensure that those who are medically vulnerable in Maine receive the very best care available. I do not believe any of us would want to turn the care of our suicidal teen, ailing grandmother, or asthmatic child over to a provider who has 4 months of clinical experience, typically garnered through observation, and who has no backup when eventually a case goes awry. I also worry for this newly dedicated and trained professional when a case goes bad, as they eventually do for all of us. This experience can be traumatic at the best of times, but for a new and possibly solo provider it could be devastating. Formal lines of supervision are meant to protect both the provider as well as the patient.