

Improving New Graduate APRN Transition to Practice Outcomes:

Workflow, Retention, and Readiness to Practice

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In partial fulfillment of the requirements for the Doctor of Nursing Practice

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Date of Submission: February 13, 2020

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Abstract

This Doctor of Nursing Practice (DNP) project centers around an advanced practice registered nurse (APRN) transition to practice (TTP) program. The project site TTP program grew from a need to assist and guide new graduate APRNs through their time of transition into the new role. The purpose of this project is to develop a tool to assess TTP participant readiness to practice and intent to stay through utilization of the modified Casey-Fink survey, with the focus being on the project site nurse educators. Additionally, an educational module for workflow improvement was integrated into the program after a need for additional education was identified. This project was guided by the Stetler model, utilizing a quality improvement design. Project outcomes were measured through a modified Casey-Fink survey. Given the small sample size, a descriptive analysis of the data revealed overall positive program outcomes, with a few areas in need of further investigation. Overall, the APRN TTP improved readiness to practice and intent to stay. Therefore, the APRN TTP is a positive organizational asset to create better-prepared new graduate APRNs.

Keywords: advanced practice registered nurse, new graduate, transition to practice

Improving New Graduate APRN Transition to Practice Outcomes: Workflow, Retention, and Readiness to Practice

Retention is an important factor for organizations to consider as the United States (US) is facing a significant primary care provider shortage. Nevada is at the heart of this crisis, ranking 47th in the nation for physician access (Bowen, 2018). While this news is alarming, the Health Resources and Services Administration (2016) reports that by increasing utilization of the advanced practice registered nurse (APRN) in primary care, the strain on the healthcare system could be alleviated as access to care would increase significantly. Therefore, it is clear that nurse leaders must aim to recruit and retain new graduate nurse practitioners in order to better meet the nationwide demand for primary care providers.

Furthermore, retention is another major issue facing healthcare organizations across the US. In fact, the cost of recruiting and training one new employee often exceeds the annual salary of the employee being trained (Hagan & Curtis, 2018). Thus, retention of APRNs is a high priority for organizations to address. The research conducted regarding turnover highlights the severity of the issue. Han, Carter, and Champion (2018) report that the turnover rate for APRNs was more than double that of the adjusted physician turnover rate. The significant turnover rate has created an organizational need to focus on retaining APRNs. One way that organizations have determined to promote retention is through transition to practice (TTP) programs.

Poghosyan, Liu, Shang, and D'Aunno (2017) identified that APRNs are more likely to stay in their roles if they receive organizational support, maintain positive relationships with physicians and leadership, and have clear role definitions through productive practice environments. New graduate APRNs often have difficulty meeting the demands of the profession within their first year out of school. TTP programs are designed to provide additional

education and support to new graduates within that timeframe. These programs are important for organizations to consider as career outcomes and intent to stay occurs at an increased rate for those who are mentored (Harrington, 2009).

At the site for this project, a TTP program has been newly implemented. TTP programs are important for the new graduate as the first year out of school can be a difficult transitional time. Research reveals that TTP programs have positive impact on proficiency, skills, teamwork, safety, quality and confidence, increasing APRN readiness to practice (Harper, McGuinness, & Johnson, 2017). The goal of this project will aim to assess the new graduate APRNs readiness to practice and intent to stay with the organization upon completion of the TTP program. Additionally, the overarching goal of the project will be to determine the potential impact on turnover rates for the organization.

Background

In 2010, the Institute of Medicine (IOM) published a series of recommendations for nursing practice (Institute of Medicine [IOM], 2010). Within these recommendations, the IOM advised that healthcare entities implement TTP programs for new graduates of an APRN program to further develop competency (IOM, 2010). While APRN degree programs provide adequate education and preparation to enter into practice, APRN TTP programs offer the new graduate ample opportunity for a smoother transition into clinical care. These programs also help to equip the new graduate to meet the demands and rigors of care and productivity (Kopf, Watts, Meyer, & Moss, 2018). Through education and clinical mentorship, a comprehensive, well-constructed transition to practice program has the potential to attract exceptional candidates, increase readiness to practice, and promote retention of APRNs (Bush, 2014). These are important considerations for organizational nurse leaders as TTP programs need to be executed

with thoughtful planning. Bush (2014) advises that nurse executive leadership work together to form the foundation of these programs through development of content, determination of objectives and expectations to support improved outcomes, and methods to increase retention for APRNs new to the profession.

Problem Statement

Given the continued large impact APRNs will have within our healthcare systems, it is essential for nurse leaders to ensure new graduate APRNs feel prepared to meet the demands of their new roles to promote readiness to practice and increase retention.

Currently, the practice site's TTP program curriculum focuses on five areas: safety and quality, patient and family centered care, informatics and technology, communication and conflict, and management of the changing patient condition. Within the current curriculum there is a need to address methods that will make executing workflows a more straightforward process. This project will contribute to the TTPs overall goal of increasing APRN readiness to practice and retention through the addition of a learning module to the curriculum.

New graduate APRNs are routinely engaged in clinical workflows that could be handled with ease; however, the new graduate is often unequipped with the tools to make those workflows more navigable. Faraz (2019) found that uncertainty and lack of support were major barriers for new graduate successful transition to practice. For these reasons, prioritization, collaboration, and efficiency are the foci of the learning module, offering the new graduate tools to carry out workflow processes with success.

Purpose Statement

The purpose of this project is to improve and evaluate new graduate APRN readiness to practice through the TTP. Overall, the leadership purpose of this project is to assess the impact

of the TTP on new graduate APRN retention rates to decrease turnover costs. This is essential for nurse leaders to consider as turnover costs are detrimental to organizational success. A key factor in job satisfaction for APRNs is rooted in recognition and accomplishment (Hagan & Curtis, 2018). This is imperative for healthcare organizations to address as APRNs provide almost 20% of the total primary care delivered in the US and are indispensable in solving the healthcare access problems facing the country (MacKay, Glynn, McVay, & Rissmiller, 2018). Thus, the new graduate APRN must be supported through a successful transition into practice. Project purpose achievement will be measured through modified Casey-Fink surveys assessing intent to stay and readiness for practice at the conclusion of the course.

Project Question

Will the TTP program increase program participant readiness to practice and intent to stay with the organization, impacting organizational retention?

Population: APRN TTP educators; New graduate APRNs in the TTP

Intervention: Implementation of the TTP and evaluation through the modified Casey-Fink survey

Comparison: No TTP pre-implementation

Outcomes: Increased readiness to practice, increased retention, decreased turnover

Timeframe: Within the timeframe of the Doctor of Nursing Practice (DNP) project

Project Objectives

1. Develop a valid and reliable tool to assess TTP program participant readiness to practice.
2. Assess TTP program participant intent to stay with the organization through the modified Casey-Fink Nurse Retention Survey.

3. Develop and implement a workflow improvement module to integrate into the TTP program.
4. Provide education to the project site education department staff regarding the workflow improvement module and evaluation tools.

Significance

Workflow, retention, and readiness to practice are issues facing new graduate APRNs and healthcare organizations nationwide. This project is important for several reasons. Estimates show that by 2025, the supply of APRNs will be 20% less than demand (Sargen, Hooker, & Cooper, 2011). By 2020, the shortage of primary care providers is expected to surpass 20,000 (Han et al., 2018). Additionally, APRN turnover rates are over double that of physicians at 12.6% (Han et al., 2018). It is imperative that organizations focus on retaining APRNs to decrease turnover. An important component of retention strategy is ensuring that new graduate APRNs stay with the organization. The IOM has recommended a nurse residency program to transition new graduates into practice, which supports the necessity to ensure new graduates are ready to practice (Abel, 2018). One component of ensuring readiness to practice is through workflow improvement strategy. Workflow is of high importance in the medical field and must be consistently reanalyzed and improved upon (Schlesinger et al., 2018).

Search Terms

This project comprised a search of the digital research databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, Ovid, Elton B. Stephens Company (EBSCOhost), and PubMed using keywords: new graduate APRN, readiness to practice, intent to stay, APRN turnover, APRN residency, Casey-Fink survey, APRN transition to practice, workflow improvement, efficiency, prioritization, and collaboration. The search was initially

focused to articles published within the last five years, which was subsequently expanded to articles published in the US from January 2009 to April 2019 due to limited publications surrounding APRN TTP programs. Studies performed outside of the US, and articles older than 10 years were excluded. Inclusion criteria consisted of English language, full-text, scholarly articles. Over 75 articles yielded from the search. Articles were chosen based upon relationship to the APRN role and depth of exploration of the subject. Several articles yielded with limited in-depth discussion of the topics, which were excluded from the search. Additionally, a review of the current TTP program curriculum was conducted which guided development of this project's proposal.

Review of Literature

The literature review conducted for this project provides evidence of the organizational need to retain APRNs and ensure readiness to practice through TTP programs. Additionally, the literature supports strategies necessary to improve workflow in healthcare.

Workflow

Workflow in healthcare is a broad topic that requires continual assessment for improvement (Schlesinger et al., 2018). However, due to the broadness of the topic, the search for workflow yielded hundreds of results. The search was subsequently narrowed to focus on select factors that are known to influence workflow: prioritization, collaboration, and efficiency. Collaboration and efficiency are essential to workflow success for the APRN (Dubree, Jones, Kapu, & Parmley, 2015). Additionally, prioritization is of considerable importance in healthcare to best recognize and manage conditions (Moore et al., 2015). Within these narrowed topics, a wide-variety of articles resulted. A commonality amongst the articles revealed that a multitude of factors influence each component. Design, ergonomics, idealized processes, communication,

information processing, management, systems view, and time are some of the factors that are important to consider (Unertl, Novak, Johnson, & Lorenzi, 2010). Furthermore, these factors must be continually reassessed as workflow in healthcare is especially complex, requiring routine optimization (Schlesinger et al., 2018).

According to Ozkaynak et al. (2015), individual workflow can be defined as a compilation of physical and mental activities by a single person that influence workflow. In a multi-study review, Dubree, Jones, Kapu, and Parmley (2015) found that optimization of APRN efficiency and fostering positive relationships for collaborative efforts improve workflow outcomes. Review of the literature pertaining to workflow emphasizes the need for future evaluation of factors impacting workflow specific to the APRN role in the clinic setting.

Prioritization. Prioritization can be a difficult skill to master for new graduate APRNs. Parke, Weinhardt, Brodsky, Tangirala, and DeVoe (2018) explored time management planning through prioritization and found that prioritizing tasks and contingent planning improved workflow. However, it is important to recognize that prioritization is multi-faceted. Moore et al. (2015) surveyed 179 providers and concluded that APRNs prioritize care issues differently than physicians, placing a higher priority on managing chronic conditions. Consequently, the authors concluded that a collaborative approach is best for patients to ensure provider strengths are best utilized in varying methods of prioritization (Moore et al., 2015). Analysis of methods to prioritize tasks and patient care issues is a critical component of discussion within the TTP program.

Collaboration. Farrell, Payne, and Heye (2015) demonstrated a need for interprofessional education within APRN programs in order to provide patient-centered care. Analysis of charts by Titzer, Swenty, and Mustata-Wilson (2015) showed fragmented

communication and care related to poor interprofessional collaboration. The authors concluded that collaboration is vital for safe, quality patient care. As new graduates, it is imperative for TTP program participants to form relationships with members of the healthcare team in order to foster positive relationships and improve patient outcomes.

Efficiency. Kadish et al. (2018) aimed to assess provider efficiency in practice through confidence in electronic medical record (EMR) use. The authors found that training on EMR use increased both confidence and efficiency. Additionally, Kargul, Wright, and Knight (2012) evaluated template use within the EMR and found that provider utilization increased efficiency and workflow by saving time. This is important to consider within the TTP as new graduates and participants should receive thorough training on EMR use and template use to improve efficiency.

Retention of APRNs

Retention of APRNs is an essential focus for healthcare organizations. Within the literature review focusing on APRN retention and TTP programs, 15 articles yielded. A common theme amongst the articles in promoting retention of APRNs emphasized ensuring APRN autonomy. Notably, Hagan and Curtis (2018) found a link between years of experience and intent to leave after surveying 315 APRNs through a job satisfaction scale survey. The authors found that more experience led to less turnover. Hagan and Curtis (2018) noted the job satisfaction survey should be more widely studied as varying laws from state to state pertaining to APRN practice may influence the outcomes. Han, Carter, and Champion (2018) performed a systematic review of 10 studies evaluating APRN job satisfaction and intent to leave. The authors concluded that efforts to promote APRN job satisfaction through collaboration, support, compensation, and recognition were necessary to reduce turnover. Thus, many studies found

that APRNs who were provided with support and had more job experience led to less turnover and organizational longevity. This underscored the importance of focusing on retaining new graduate APRNs to stay within the organization through support and training. Additionally, several articles discussed the role of TTP programs in promoting retention of APRNs. However, a number of authors called for the need to evaluate outcomes of TTP programs in practice (Faraz, 2019; MacKay et al., 2018). These articles support the organizational need to retain APRNs as turnover costs can be substantial for an organization (Hagan & Curtis, 2018). Furthermore, this supports a goal of ensuring long-term retention of new graduates of the TTP program.

Transition to Practice Programs

The literature review supports the foundation of TTP programs, the need to focus on APRN readiness to practice, and the overarching organizational goal of APRN retention. This project is necessary to further investigate these issues. In order to assess readiness to practice and intent to stay, there is currently no valid, reliable tool that has been widely studied within the APRN role. Several articles propose the need for TTP programs and recommend the likelihood of their success in practice (Abel, 2018; Harrington, 2011). However, little research has been performed on the outcomes of TTP programs for APRNs. Review of the literature revealed TTP program evaluations performed at Veterans Affairs facilities by Rugen et al. (2018). The authors found success in the TTP program, however, this was noted through development of their own competency evaluation tool. Additionally, Rugen et al. (2018) limited their survey to clinical proficiencies and did not assess for organizational outcomes related to the program. For this project, the Casey-Fink survey is utilized for evaluation and is modified from the registered nurse evaluation to better fit the APRN role which is supported by a need to ensure program

success. The Casey-Fink survey was initially developed in 1999 and has since been used to evaluate over 10,000 nurses (Casey & Fink, 2015a). Casey and Fink (2015a) have developed two surveys, one focusing on nurse retention, and the other on readiness to practice. A literature review pertaining to the Casey-Fink survey revealed nine major studies within the last five years utilizing the survey in evaluation of readiness to practice and intent to stay, solidifying the reliability of the tool in evaluation of the TTP program.

Readiness to Practice

Readiness to practice is a significant hurdle for new graduate APRNs to overcome. The literature search was broadened to a 10-year time span as data is limited for TTP programs. As discussed previously, TTP programs are relatively new to the profession and several organizations are working to implement programs into practice. Amongst the articles discussing TTP programs, a collective argument regarding the importance of support and education during the first year in practice was stressed (Abel, 2018; Bush, 2014). While there is an absolute call for TTP programs, several authors discussed the need to further clarify TTP curriculum and standards (Brown & Crabtree, 2013; Harper, McGuinness, & Johnson, 2017; MacKay et al., 2018). Supported by a need to clarify TTP curriculum, this project is focused on ensuring APRN readiness to practice through the TTP.

Theoretical Framework

Implementation science (IS) arose from a need to improve the translation of research and evidence-based measures into practice within the nursing profession (Nilsen, 2015). Many models exist to provide a guide for nurses striving to implement research findings into practice. For this project, the Stetler Model is utilized to guide project planning and application (see Appendix A for Stetler Model diagram).

Historical Development of the Model

When created in 1976, the framework was named the Stetler-Marram Model. Now known solely as the Stetler Model, it was further developed in 1994, and revised again in 2001 (Stetler, 2001). Cheryl Stetler created the model centered on utilizing research findings in practice (White, 2016). The model was formed from Stetler's own experiences as a nurse and supported by research as well as expert opinion (Nilsen, 2015). The Stetler Model remains relevant today in guiding the translation of evidence into practice. It is imperative for nursing professionals to use models and frameworks in guiding implementation of best practices in order to positively impact the health and outcomes of organizations and populations (White, 2016).

Applicability of Theory to Current Practice

In practice, the use of an IS framework provides an expeditious method to translating research into practice. Additionally, an IS framework offers theoretical and philosophical foundation to support the process (Casey, O'Leary, & Coghlan, 2018). Using components that promote critical-thinking and decision-making, the Stetler Model provides the nurse with a step-by-step guide to ensure plans are well constructed (Stetler, 2001). Guiding the foci of this project, these steps ensure the nurse considers a multitude of variables and factors that can influence implementation outcomes.

As a comparative guide for this project, Romp and Kiehl (2009) applied the Stetler Model to evaluate a nurse preceptor program at a large metropolitan medical center. By applying the Stetler Model the authors found that increased nurse preceptor education led to improved nurse satisfaction and decreased turnover (Romp & Kiehl, 2009). The Stetler Model was used as a framework to guide the study and apply evidence-based research to practice.

Romp and Kiehl (2009) concluded that the Stetler Model is an effective framework when the Model's major tenets are utilized.

Another more recent study by Severine, Thanavaro, Lorenz, and Taylor (2016) used the Stetler Model as a framework for evaluation of risk for obstructive sleep apnea (OSA) in adults hospitalized with a diagnosis of transient ischemic attack (TIA) or stroke. Through the Stetler Model, the authors validated the concern for OSA in patients with TIA or stroke. The study confirmed that practice change is vital and supported recommendations for implementation of a routine screening tool for OSA in this patient population (Severine et al., 2016). Furthermore, the Stetler Model solidified the need for ongoing evaluation of OSA in stroke and TIA patients.

Major Tenets

The Stetler Model has five phases: preparation, validation, comparative evaluation/decision making, translation/application, and evaluation (White, 2016).

Preparation

The preparation phase requires significant planning and groundwork. Considering external and internal influences, the nurse must choose a problem and research supporting evidence (White, 2016). Additionally, the nurse must define key stakeholders and determine goal outcomes (Stetler, 2001). This project has identified new graduate APRNs as the project focus. Problems requiring intervention within this project are an organizational need to evaluate the new graduate APRN TTP, ensuring APRN retention, and education regarding workflow methods. The Stetler Model also advises consideration of project timeline and resources in this phase. For this project, the timeline is over the course of one year and is supported by the project site funding a TTP program for new graduate APRNs.

Validation

In this phase, literature-review data is summarized, critiqued, and is either accepted or rejected (Stetler, 2001). In the validation phase Stetler (2001) advises to stop all further work if no supporting evidence can be found through analysis of the literature. This project's literature review revealed a multitude of evidence supporting the recommended interventions for successful project implementation. Stetler (2001) provides an extensive discussion of research utilization in evidence-based practice. Additionally, the Stetler model supports the use of theoretical, experiential, and research findings together to form the research basis of the project. As discussed in the literature review, workflow, retention, collaboration, efficiency, transition to practice, readiness to practice, and retention are supported not only by scientific criteria, but also by the environment of the project site as leadership strives to promote improved outcomes for new graduate APRNs.

Comparative Evaluation/Decision-making

After validating literature to support the project, the comparative evaluation/decision-making phase determines whether or not a practice change can be made. To complete this, four criteria must be considered: substantiating evidence, the project environment, project feasibility, and evaluation of current practice within the project environment (White, 2016). The literature review provided robust support for this project. Additionally, the project site supports the implementation of this project as there is currently no evaluation method to assess readiness to practice in place for the TTP program. There is also an organizational need to ensure APRN retention and a TTP educational need for workflow improvement methods. There is no practice in place at the project site to provide comparison to this project's proposals. However, the

literature shows substantial evidence that this project's goals will provide positive outcomes and impact to the organization.

Translation/Application

Within the translation/application phase, the project is put into action, and implemented into practice. In this project, learning modules, surveys, and evaluations are utilized to meet the project objectives and goals at the project site. The audience will consist of TTP program participants. The Stetler Model will provide the framework to support the action phase, through a formal evaluation aimed at individual participants to assess the impact of the project on the organization. The goal of the translation/application phase will be to have direct instrumental use for formal dissemination and change to ensure TTP program success and new graduate retention within the organization.

Evaluation

Finally, the last phase requires evaluation of the project. According to Stetler (2001), this can be formal, informal, individualized, or organizational. However, both formative and summative information must be included in the evaluation. To evaluate this project, a written modified Casey-Fink Graduate Experience Nurse survey and a modified Casey-Fink Nurse Retention survey will be used to assess this project's objectives by the TTP program participants as these are validated tools to assess outcomes. Use of the Stetler Model is supported by the 2009 study conducted by Romp and Kiehl which concluded that nurse retention was increased through implementing the Model as the framework for change.

Theory Application to the DNP Project

The Stetler Model was constructed with the intent to use both internal and external data, critical-thinking, and decision-making to aid in the implementation of evidence-based practice

measures (White, 2016). As discussed previously, the five phases of the model are used as a framework to support this project. Known as a process model, the Stetler Model is intended to provide support for an implementation project (Nilsen, 2015). Therefore, the Stetler Model was chosen for this project as a relevant component of implementation science to support the process of designing this project and enacting it into practice.

Project Design

A project design provides structure, supporting project aims. This DNP project will use a quality improvement (QI) design to improve quality and outcomes at the DNP project site. The purpose of a QI design is to improve or innovate workflow processes or healthcare outcomes, both of which are the foci of this project (Rouen, 2017). To achieve this, a learning module for workflow improvement will be completed in a learning session with APRN TTP program coordinators using a PowerPoint presentation in order to ensure the module is consistently presented to future cohorts. The learning module will be presented in a one-hour session. This will occur over allotted time within the daily work schedule so as not to incur additional cost for the organization. Evaluation of program participant readiness to practice and intent to stay will be evaluated through modified Casey-Fink surveys given to participants at program start and end at a routine monthly meeting with program participants. This will prevent any interruptions within the set schedule for program participants. This design will allow for the objectives of this QI project to be met as workflow processes and healthcare outcomes will be improved through the implementation of a learning module and survey evaluation.

Population of Interest

The direct population of interest for this project is the site's nurse educators. The nurse educators are current employees of the project site, who hold the responsibility of educating

current TTP program participants. The educators must hold a master's or a doctorate degree in nursing for their role and a current active registered nurse license. Currently, two nurse educators have met the above inclusion criteria. One of the educators holds a doctorate in nursing with a leadership focus, and a master's degree in nursing education. The second educator is a board certified APRN with a master's degree. Therefore, those excluded from this role are registered nurses employed outside of the project site's education department.

The indirect population of interest for this project is the new graduate APRNs transitioning from bedside nursing to a new role as a provider through the APRN TTP program. The new graduates come from various nursing backgrounds in the acute care setting (intensive care, medical, and surgical inpatient units).

While the primary population of interest is the APRN TTP educators, the secondary, indirect, population of interest is the APRN TTP program participants. APRN TTP program participants have already been selected for this cohort. Future cohorts will have to maintain the same application and interview process as this cohort. In order to participate in the APRN TTP program, the new graduate APRN must have graduated from an accredited program focusing on primary care, women's health, or acute gerontologic care within the last six months. The APRN must already be an employee of the organization, and they must pass APRN board examinations. If the above criteria are met, or are in process, the APRN must complete an application for the APRN TTP program and complete an extensive interview for the position. If the applicant is selected, he/she must then sign a contract with the organization to participate in the APRN TTP program. Therefore, exclusion criteria includes those who have not been accepted into the TTP program and have not gained employment with the project practice site.

Setting

The project site is a multi-tiered health system in Southern Nevada with a network of primary care clinics, specialty care clinics, as well as an inpatient hospital and emergency room. The project site has six primary care clinics in the metropolitan area, and two rural clinics. The healthcare system values education and quality care which is evidenced by the commitment to offer internships. Additionally, the hospital was recently designated for pathway designation. Permission from the site administrator has been obtained (see Appendix D).

Stakeholders

The stakeholders of this project will include preceptors training the APRN TTP program participants, the clinic team members, APRN TTP program educators and the patients as their care is ultimately impacted by the new graduate APRN's knowledge, skills, and abilities. Organization administrators have a stake in this project as organizational values aim to empower their employees through continued educational efforts.

Recruitment Methods

The current nurse educators coordinating the TTP program were recruited for this project after discussion of project goals and objectives. Buy-in was achieved after initial project discussion, and support maintained throughout this project as this project and the site nurse educators aim to improve the TTP program. Their participation is essential for project success as implementation will need to occur through the educators now, and in the future. Implementation of this project is not a condition of employment, but was determined to be mandatory for implementation after educator buy-in and consensus was achieved. No incentives were given for educator support, other than the potential for positive impact on the TTP program.

Tools/Instrumentation

It is imperative for medical centers and supervisors to evaluate role perception, job satisfaction, stress, and intent to stay in order to maintain a stable, satisfied workforce (Brom, Melnyk, Szalacha, & Graham, 2016). The modified Casey-Fink surveys will be used to determine program participant outcomes and intent to stay (Appendix B). The Casey-Fink Graduate Nurse Experience Survey has been validated by more than 10,000 graduate nurse residents national and internationally (Casey & Fink, 2015a). Additionally, the Casey-Fink Graduate Experience Survey was subjected to Principal Axis Factoring to decrease the possibility of overestimating variance (Casey & Fink, 2015a). Furthermore, the Casey-Fink Nurse Retention Survey has undergone psychometric analysis and has been content-analyzed by an expert panel (Casey & Fink, 2015b). Permission has been obtained from the authors of Casey-Fink for modification and implementation of their surveys within the scope of this project (Appendix C).

As part of the effort to increase intent to stay and retention, a learning module for workflow improvement will be presented to TPP program educators with the PowerPoint presentation (see Appendix E) created for program participants. This will ensure continuity of the presentation over time. The PowerPoint will be complete with notes for the educators to utilize for future presentations. Validation of the presentation will occur after discussion and review with the educators, as well as their approval for future use in the APRN TTP program.

Data Collection Procedures

Data collection will be obtained from program participant survey responses. The surveys are completed by program participants at the beginning stages of the TTP and at the conclusion of the TTP. These surveys will analyze readiness to practice and intent to stay with the

organization. Data and insights from these survey responses will influence future cohorts and may alter curriculum to enhance APRN TTP participant experiences and outcomes.

Demographics sections will be separated from the surveys to ensure anonymity with answer choices. The surveys will be anonymous and data responses will be compiled for analysis.

Therefore, survey results will ensure privacy and confidentiality of individual applicants.

Intervention/Project Timeline

The timeframe for this project is ten months. This timeframe accounts for project approval, recruitment and buy-in of participants, composition of project survey materials and the learning module, implementation, data collection, and evaluation. This project began in March. From March to June, a project site was secured, the problem identified, and the foundation was laid for successful project implementation. From July to October, approval was obtained to use project tools, which were subsequently modified and/or developed. Furthermore, a learning module was formulated and a plan for statistical analysis and evaluation completed. It should be noted that the APRN TTP program participants were already recruited by the project site prior to project start. Approval for project implementation was obtained in November, at which time the project was reviewed by the Institutional Review Board and was approved for implementation as a QI project (Appendix F). In November and December, project implementation occurred. The table below outlines the process for project implementation.

Project Implementation Timeline (November 2019-January 2020)	
Weeks	Activities
Week 1 November 7-13	<ul style="list-style-type: none"> • Finalize IRB paperwork

<p style="text-align: center;">Week 2 November 14-20</p>	<ul style="list-style-type: none"> • Email to nurse educators a reminder of the date, time, and location of the educational session • Confirmation of room arrangement for educational session, checked AV equipment • Collection of pre-implementation data
<p style="text-align: center;">Week 3 November 21-November 27</p>	<ul style="list-style-type: none"> • Perform educational sessions • Administer post-implementation surveys • Implementation of new module in the APRN TTP
<p style="text-align: center;">Week 4 November 28-December 4</p>	<ul style="list-style-type: none"> • Data collection and analysis for the pre and post surveys • Analysis of pre- and post-implementation surveys
<p style="text-align: center;">Week 5 December 4-11</p>	<ul style="list-style-type: none"> • Evaluation of survey results and implications for project site/nursing
<p style="text-align: center;">Week 6 December 12-18</p>	<ul style="list-style-type: none"> • Formulation of recommendations for future modifications to TTP/educational module based upon findings
<p style="text-align: center;">Weeks 7-8 December 19-January 1</p>	<ul style="list-style-type: none"> • Discussion and dissemination of findings and recommendations with TTP educators, project team, colleagues, and instructors

Ethics/Human Subjects Protection

QI initiatives in nursing are formed from systematic actions that result in a measurable improvement within an organization for healthcare services (United States Department of Health and Human Services, 2011). As a quality improvement initiative, this project does not increase patient risk or potential harm by design and is not considered a human subjects research study (University of Missouri, 2018). Furthermore, QI projects do not impede upon patient care, nor

do QI projects impose an increased risk to patients (University of Missouri, 2018). This project is focused on project site employees and does not have any implications impacting clinical care of patients. The project site Institutional Review Board (IRB) form has a subcategory of QI, which this project meets criteria for. It also does not fall into the categories of research, a publication, or a case report outlined on the project site IRB form. This project has completed IRB review at the project site, and was determined to be exempt from further IRB review due to the QI initiative of the project. IRB forms were submitted to the project site for review per Touro University Nevada (TUN) policy. Additionally, the TUN project determination form was submitted for TUN review. It is also anticipated that this project will fall under the TUN category of QI project which would not require IRB review.

Benefits of this project include improved understanding of TTP participant readiness to practice and intent to stay upon program completion with a goal of increasing retention. Additionally, program educators will have increased knowledge of workflow improvement practices to assist in day to day workflow processes in the clinic environment for TTP program participants. The TTP program educators and the program participants will not receive any additional compensation for this project other than their regular wages. There are no risks to the participants of this project. Data collected for this project will be completed in a manner that keeps any identifiable information about the participant (e.g. gender, age) separate from survey responses in order to keep all data anonymous. Additionally, survey responses will only be viewed by the project lead, project mentors, and TTP program educators. Once data has been reviewed and is no longer needed, it will be disposed of in secure site document destroy bins.

Plan for Analysis/Evaluation

Assessment of readiness to practice and intent to stay with the organization will be completed utilizing the Statistical Package for the Social Sciences (SPSS). A TUN statistician has been consulted for this project to ensure appropriate tests are completed and thorough analysis of the data occurs. Given the small sample size, a descriptive statistical analysis using a bar graph will compare survey data pre and post project implementation. Additionally, qualitative analysis of qualitative results of the modified Casey-Fink survey will occur. It should be noted that the reliability and validity of the Casey-Fink survey has already been thoroughly evaluated by the originating authors. Analysis of the data will reveal if the TTP program has improved readiness to practice and intent to stay with the organization since program start, thus revealing the efficacy of the TTP program and its contribution to retention of new graduate APRNs for the project site.

Significance/Implications for Nursing

There are three very important concepts within this project: retention, readiness to practice and workflow improvement. Readiness to practice has an inextricable link to retention. This is imperative for organizations to consider as those who are mentored are more likely to stay with an organization which decreases long-term costs related to turnover, and improves quality outcomes for the organization (Harrington, 2009). Multiple studies have shown that retention of APRNs is increased if organizational support, clear role definitions, and productive practice environments are present (Poghosyan et al., 2017). Therefore, the goal of improving workflow is an integral component of this project to improve the productivity within the clinic environment. Through the APRN TTP program and the workflow improvement learning module, program participants will be better prepared to perform successfully within their new

roles. Future cohorts of the APRN TTP program will be able to build upon and continue the concepts and discoveries derived from this project.

Analysis of Results

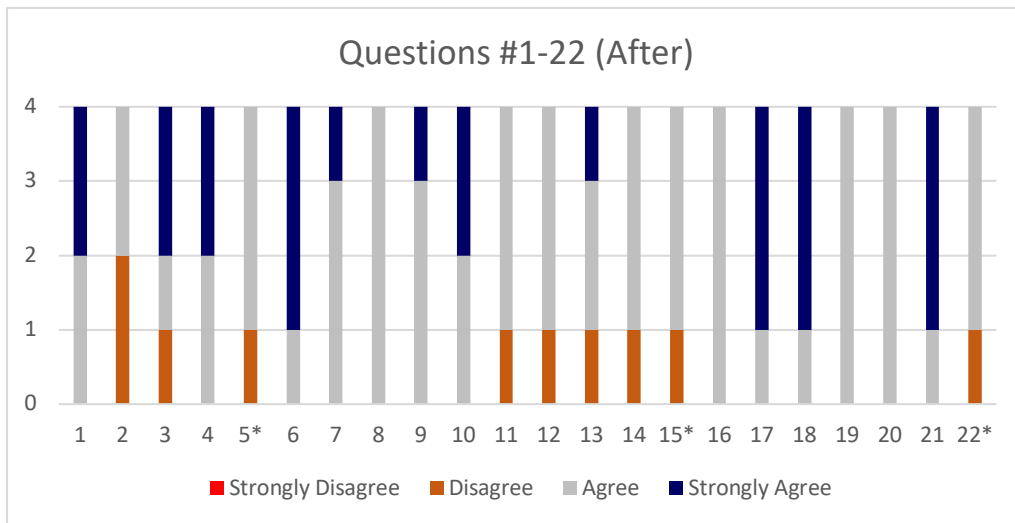
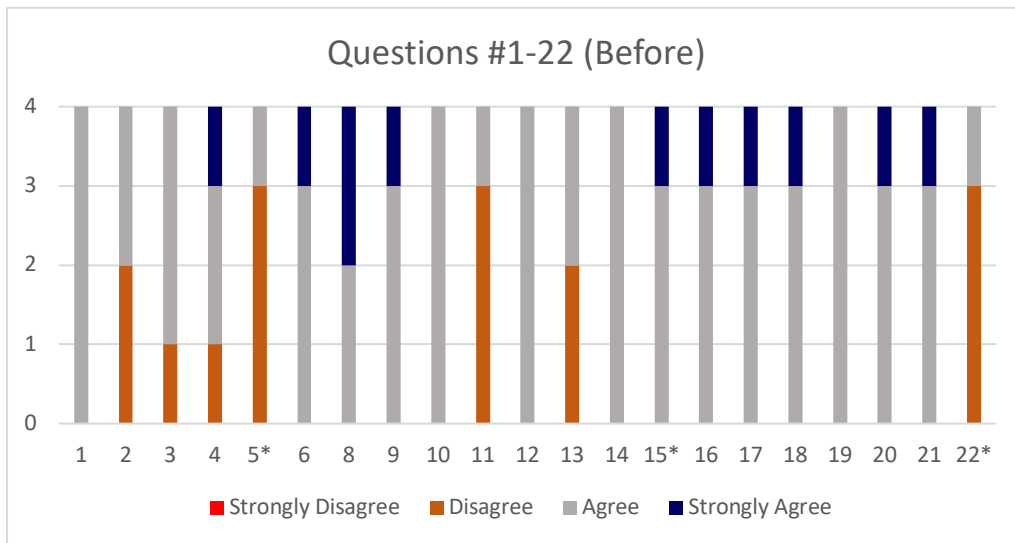
The goal of every DNP program is to create an environment that best prepares the DNP to translate, apply, and integrate knowledge into practice (Waldrop, Caruso, Fuchs, & Hypes, 2014). As such, a component of this project is the evaluation of the data that has resulted from the implementation of this project. This data is limited to the APRN TTP's small class size due to the program's infancy. Therefore, participant responses will be reviewed in a manner of descriptive statistics. The surveys conducted for this project have varying output types, which will be reviewed in separate sections for clarity, corresponding with the flow of the survey. All four of the program participants completed the surveys.

Modified Casey-Fink APRN Experience Survey

Section I. Section I of the survey allowed for open-ended responses regarding skills that the participants felt least comfortable completing. Pre-implementation responses were as follows: post-traumatic stress disorder (PTSD), dermatology, gastroenterology, ear, nose and throat disorders, neuropathy, arthritis, back pain, atrial fibrillation, asthma, and migraines. Two participants responded with PTSD, migraines, and dermatologic issues as their top concerns. All other responses were limited to individual participants.

Post-implementation responses were as follows: electrocardiogram (ECG) interpretation, atrial fibrillation, spirometry interpretation, PTSD, prostate exams, asthma, migraines, and substance abuse. Three participants responded with PTSD, prostate exams, and spirometry interpretation. All other responses were limited to one individual.

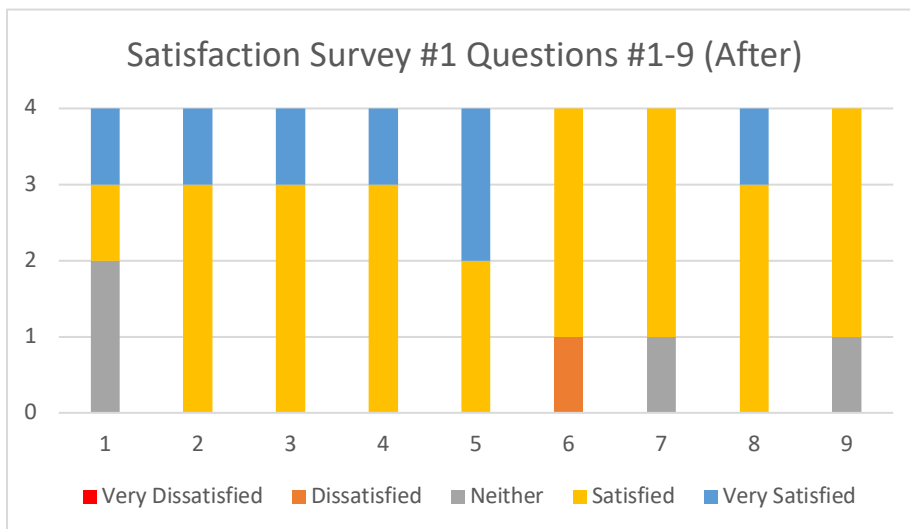
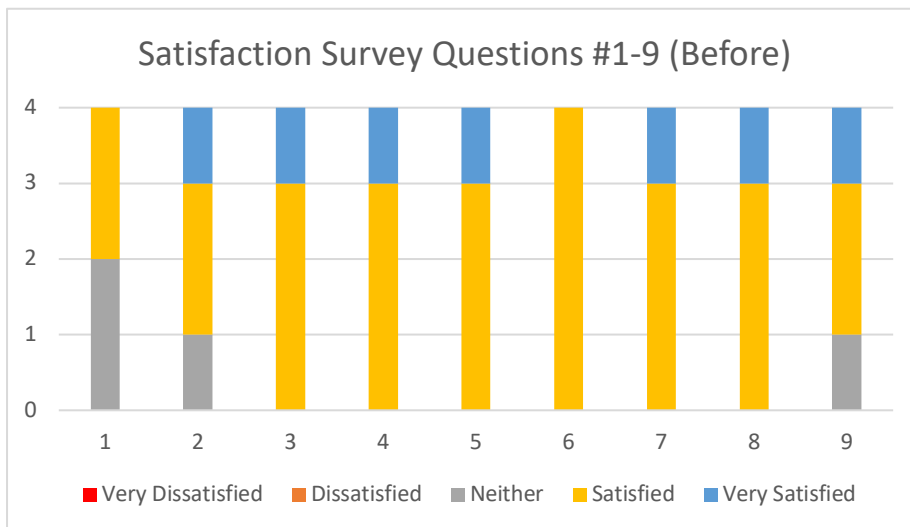
Section II. Section II of the survey consists of 23 questions. Question 1-22 responses varying from strongly disagree, disagree, agree to strongly agree. Question 23 is multiple choice and optional to complete. Below are graphs depicting responses pre- and post-implementation. The x-axis corresponds with the question number on the survey, and the y-axis with the number of respondents.



*These statements on the questionnaire were worded such that agreement with the statements indicated either feelings of unpreparedness or negative sentiments. To ensure that graphical depictions of improvement are consistent, this study negated the corresponding answers to those questions (an answer of "strongly disagree" is annotated in these graphs as "strongly agree," etc.).

On the pre-implementation survey, two participants responded to question 23, citing job performance, post-graduate schooling, and child care as their main concerns. Only one participant responded to question 23 post-implementation with child care and job performance being reported as chief contributors to stress.

Section III. Section III consists of nine questions regarding satisfaction with varying aspects of the position. The graphs below display the pre- and post-implementation responses for comparison. The x-axis corresponds with the question number on the survey, and the y-axis with the number of respondents.



Section IV. Section IV is a five-question survey regarding various aspects of the role transition. Questions 1-4 are multiple choice, while question 5 is open-ended. The tables below depict pre- and post-implementation responses to questions 1-4.

Survey Results (Before)

	a	b	c	d	e	f	g
Question #1	4	2	3	2	1	1	0
Question #2	0	1	2	1	N/A	N/A	N/A
Question #3	2	1	4	2	1	N/A	N/A
Question #4	0	3	2	0	N/A	N/A	N/A

Survey Results (After)

	a	b	c	d	e	f	g
Question #1	3	2	3	2	1	0	0
Question #2	3	2	2	1	N/A	N/A	N/A
Question #3	2	2	2	1	1	N/A	N/A
Question #4	0	0	1	0	N/A	N/A	N/A

*Note: One participant did not respond to post-survey questions

Survey Results (Net Difference)

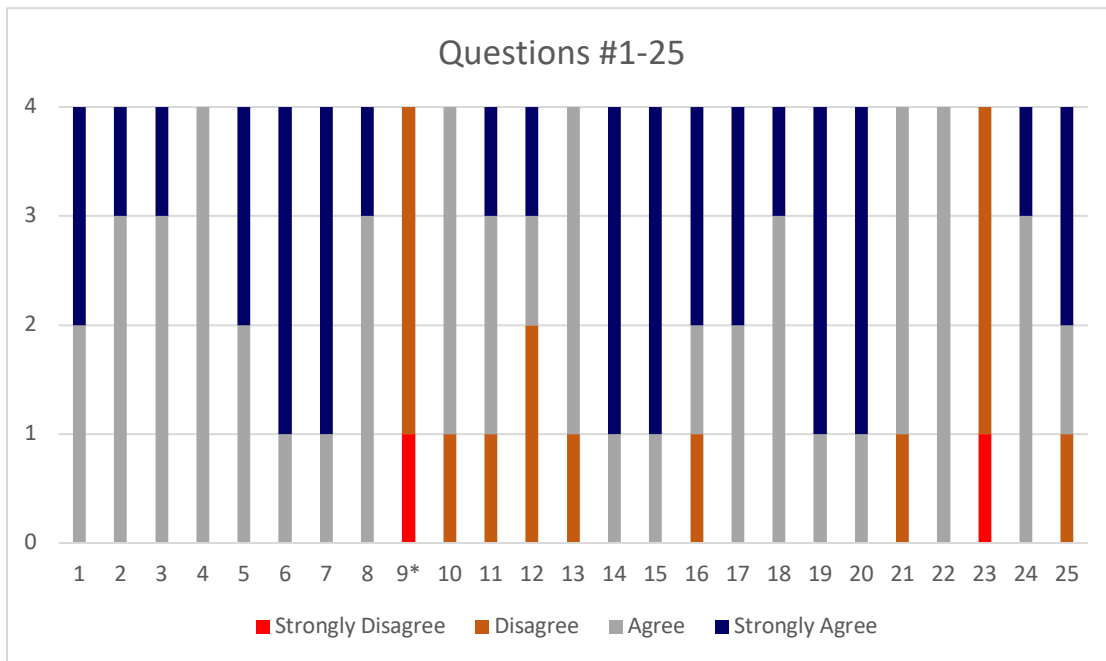
	a	b	c	d	e	f	g
Question #1	-1	0	0	0	0	-1	0
Question #2	3	1	0	0	N/A	N/A	N/A
Question #3	0	1	-2	-1	0	N/A	N/A
Question #4	0	-3	-1	0	N/A	N/A	N/A

As discussed previously, question five is open-ended for comments or concerns regarding the residency program. These pre- and post-implementation responses are presented in Appendix G.

Modified Casey-Fink APRN Retention Survey

The modified Casey-Fink retention survey consists of three sections. This was completed at the conclusion of the program.

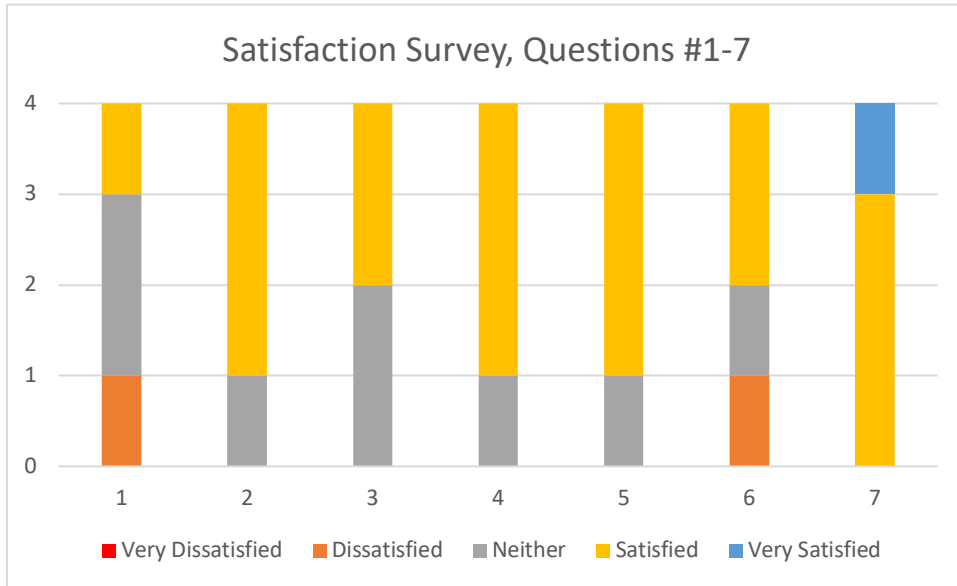
Section I. Section I is comprised of 26 questions, with the 26th question being optional to complete. Questions 1-25 are depicted in the graph below. The x-axis corresponds with the question number on the survey, and the y-axis with the number of respondents.



*These statements on the questionnaire were worded such that agreement with the statements indicated either feelings of unpreparedness or negative sentiments. To ensure that graphical depictions of improvement are consistent, this study negated the corresponding answers to those questions (an answer of "strongly disagree" is annotated in these graphs as "strongly agree," etc.).

Question 26 received responses from three participants, with all of them choosing ten-hour workdays as their schedule of choice.

Section II. Section II consists of seven questions regarding satisfaction with various aspects of the position. This is depicted in the graph below. The x-axis corresponds with the question number on the survey, and the y-axis with the number of respondents.



Section III. The final section of the retention survey consists of six questions focusing on professional development. These questions will be reviewed individually due to the varying output types. Question one addresses individual one- and five-year goals. All participants responded with the same answer to question one. They all stated they wanted to become comfortable in their new role as an APRN. Responses to five-year goals varied. Participants reported: obtaining a DNP degree, involvement in research or studies, and committee membership as their top goals. Question two asks if anyone is supporting/mentoring the participant to achieve these goals. All participants responded with a “yes” answer. Question three asks what activities the participants have been involved with for professional development within the last two years. Participants responded with: continuing education, becoming a member of a professional organization, subscribing to a medical journal, and involvement in organizational committee. When asked what keeps the participant working in their current role,

the responses were as follows: opportunity for advancement, continuing education opportunities, patient care/making a difference, APRN/providers you work with, and autonomy. Question five asks what might cause the participant to leave the organization. Responses were as follows: lack of opportunity for advancement, schedule inflexibility, shift/hours change, and leadership. Lastly, participants reported that more staff, institutional support, respect, and increased APRN TTP program length would likely improve APRN retention.

Discussion

This project was successfully implemented and completed with a total of four APRN TTP participants completing the Casey-Fink survey. Given the small size of the cohort, data has been analyzed in a descriptive manner.

Modified Casey-Fink APRN Experience Survey

Section I. Section I of the modified Casey-Fink APRN Experience Survey revealed that some of the participant's concerns for skills they felt uncomfortable completing did change over time. However, one topic that did not change over the course was PTSD, which appears would require the most focus for APRN training. Other skills that remained unchanged throughout the course were asthma, migraines, and atrial fibrillation. Therefore, recommendations for future cohort training suggest these topics may require further attention and training.

Section II. Section II of the modified Casey-Fink APRN Experience Survey showed overall improvement in most questions, or neutral responses, to questions 1-22. However, questions 4, 5, 12, 14, and 15 revealed a negative shift in responses. This revealed that participants felt less at ease asking for help from other providers, experienced more difficulty prioritizing patient care needs, less comfortable communicating with patients and their families, less prepared to complete job responsibilities, and a decrease in comfortability changing

treatment plans. These results do not reflect each individual's experiences, but do show an overall shift in the group's experience from program start to end for these questions. However, the post-implementation survey as a whole reflects a largely positive improvement after APRN TTP implementation. These outcomes support recommendations to integrate more focus on prioritization, communication, job responsibility, and adjustment of treatment plans.

Furthermore, this also reveals that further clarification within the learning module occur to investigate the gaps in knowledge of methods to prioritize patient care needs.

Section III. Section III focuses on satisfaction with various aspects of the position. Overall, there was no change, or a positive shift in each question, except for question six. Question six asks about the level of participant satisfaction with the amount of responsibility they are given in their new role. In the post-implementation survey, one response changed from satisfied to very dissatisfied. No responses for this question changed to very satisfied. This suggests further attention to role responsibility should occur in the future.

Section IV. Section IV, focusing on various aspects of the role transition showed an overall positive improvement in responses when comparing pre- and post-implementation data. There was a net negative change to question four in relation to decreased satisfaction with system issues within the working environment (e.g. facilities, equipment, charting, and paperwork). Further investigation with future cohorts is recommended to navigate and improve upon system issues when feasible. Question five of section IV was open-ended, with an overarching theme of more time and training to allow for more comfort within the new role.

Modified Casey-Fink APRN Retention Survey

Participants also completed the three-section modified Casey-Fink APRN Retention Survey at the time of the APRN TTP program conclusion.

Section I. Section I of this survey revealed several areas of positivity or neutrality. However, there were a number of questions with negative responses that require further attention and investigation. Questions 9, 10, 11, 12, 13, 16, 21, 23, and 25 had negative responses. Review of these questions and responses reveals a need to focus on job responsibilities and expectations, support, praise, team-environment, reward system, and scheduling. Focus and improvement upon these aspects of the job would improve factors that can contribute to retention of new graduate APRNs.

Section II. Section II is comprised of seven questions that focus on aspects of satisfaction within the APRN role. Five of the seven responses were neutral or positive. Questions one and six had negative responses showing opportunity for advancement within the field, and quality of care are factors negatively contributing to retention.

Section III. Lastly, section III, revealed that participants had similar goals and participation in professional development. However, lack of opportunity for advancement, schedule inflexibility, shift/hours change, and leadership were listed as negative factors influencing retention. Though, participants also reported that more staff, institutional support, respect, and increased APRN TTP program length would most likely improve retention.

Significance

This project consisted of several objectives rooted within the APRN TTP program. These objectives, outcomes, and supporting evidence solidify the need for organizations to implement APRN TTP programs as recommended by the IOM (2010). This is echoed by Urbanowicz (2019) who argues that while the need for these programs is strong, organizational progress in implementing these programs into practice has been sluggish.

The goal of this project was to evaluate the impact of the APRN TTP on participant readiness to practice and intent to stay with the organization. It is imperative to promote the efficacy of these APRN TTP programs given their relative scarcity. Despite this scarcity, the research reveals that TTP programs positively impact the new graduate and organizational outcomes positively (Harper, McGuinness, & Johnson, 2017). These claims were well-supported by the outcomes of this project when comparing pre- and post-implementation data.

Retention is impacted by the success of the APRN TTP program as the TTP programs have potential to promote retention (Bush, 2014). The results of the retention survey were significant as it highlighted strengths and weaknesses to focus future efforts within the APRN TTP program.

Limitations

This DNP project was not without limitations. These limitations were encountered within the project design, data recruitment, data collection methods, and the analysis of data.

Project Design

Centered around a QI design, this project faced limitations within the design itself. A major limitation within the QI design of the interventions for this project is the limited data supporting the most efficacious QI strategy to employ. For example, there was contemplation whether a direct educational session versus an audit and feedback approach should be utilized.

Another limitation within the design was due to a slight overlap in the modified Casey-Fink survey questions. This occurred for a couple of reasons. First, there is not a single Casey-Fink survey dedicated to both retention and APRN experiences. However, this was deliberately preserved in two different surveys in order to maintain the integrity of each survey.

Additionally, the project timeline was short. A longer project timeframe would allow for more in-depth educational sessions for the learning module. Furthermore, the short timeframe did not allow for the evaluation of retention, only intent to stay. Continued analysis of this cohort for rates of attrition would provide valuable information with comparison to intent to stay.

Sample Size and Analysis Methods

This project sampled the first organizational cohort of APRN TTP participants. There were four program participants in this cohort. The class size was small due to a limited number of slots available within the project site's program. This provided a limitation as resulting project data was from a sample too small to determine statistical significance, and as such, required qualitative analysis with descriptive statistics.

Another limitation is regarding the nurse educators who were taught the learning module, and will continue to teach the APRN TTP and learning module going forward. If there is any change in presentation of information from person to person, or a new hire, the information may potentially be presented to APRN TTP participants in a varied manner. The PowerPoint presentation aimed to counteract this possibility. However, there may be differences in each educator's teaching style.

Dissemination

The findings of the project will be disseminated via PowerPoint presentation with stakeholders. Through dissemination of the presentation, the target population will be impacted directly as APRN TTP educators will receive findings and recommendations for review. Project results will also be shared with Touro University Nevada colleagues and instructors via PowerPoint presentation and discussion. This project has also been submitted for poster presentation at the National Conference for Nurse Practitioners for the Spring 2020 session.

Project Sustainability

The APRN TTP program will continue as the project site aims to prepare and retain new graduate APRNs as they transition into practice. Therefore, program sustainability is ensured as long as program success, and funding continue. The APRN TTP educators support continued evaluation with the modified Casey-Fink survey, as well as educational intervention for workflow improvement via PowerPoint presentation for future cohorts. Original copies of these documents have been provided to APRN TTP educators for future use. APRN TTP educators are motivated and willing to continue to use these tools in the program.

Long-term retention is an important focus for the APRN TTP educators. The educators are committed to utilizing the modified Casey-Fink surveys with all future cohorts to analyze intent to stay. Additionally, the educators will be monitoring the retention rates of the APRN TTP participants.

Conclusion

This project was multi-faceted, with the purpose, design, and implementation rooted in a QI focus, guided by the Stetler Model. The outcomes of this project revealed that overall, the APRN TTP is providing the organization with improved outcomes related to readiness to practice and intent to stay. Additionally, the workflow improvement module added value to the program's curriculum. Through the APRN TTP, and analysis with the Casey-Fink survey, APRN TTP program strengths and weaknesses were identified. This has allowed for further assessment to shape a robust program, focused on continued efforts to train, retain, and grow competent new graduate APRNs. Continued implementation of the APRN TTP is imperative for the project site as APRNs are more likely to stay in a role with support from the organization,

clear roles, and positive relationships with members of the healthcare team and leadership (Poghosyan, Liu, Shang, & D'Aunno, 2017).

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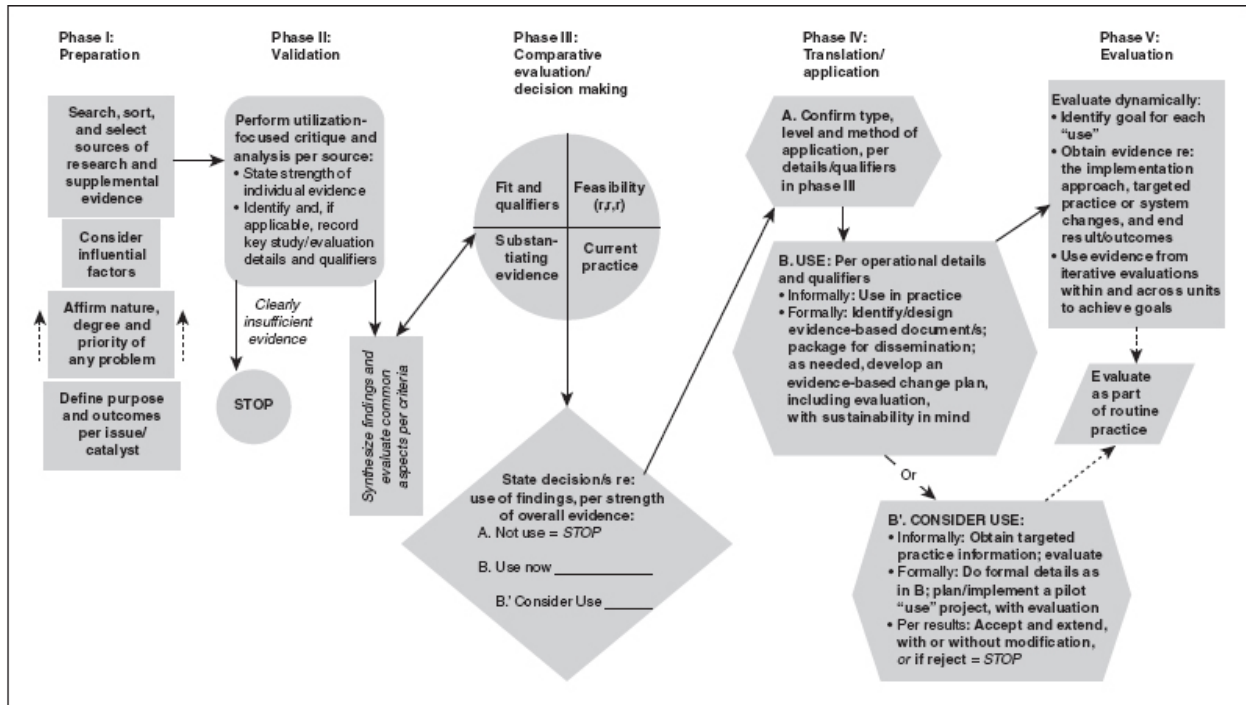
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Appendix A
Stetler Model



The Stetler Model (White, 2016, p. 9).

Appendix B

Modified Casey-Fink APRN Experience Survey

I. List the top three skills or diagnoses that you are uncomfortable assessing/performing independently at the time? List is at the end of this document.

1. _____
2. _____
3. _____
4. _____ I am independent in all skills/diagnoses listed.

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians, APRNs, PAs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable delegating tasks to members of my team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel at ease asking for help from other providers in my work area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel staff is available to me during new situations/procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. I feel supported by members of my team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I have opportunities to improve my practice skills and procedures more than once. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel comfortable communicating with patients and their families. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I am able to complete my patient care assignment on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I feel the expectation of me in this job are realistic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I feel prepared to complete my job responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I feel comfortable making adjustments to the patients' treatment plan including medications, therapies, education, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I feel I may harm a patient due to my lack of knowledge and experience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. There are positive role models to consult with about patient care needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. My preceptor is helping me to develop confidence in my practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I am supported by my friends/family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I am satisfied with my advanced practice role. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. I feel my work is exciting and challenging.
21. I feel my APRN Residency Coordinator provides encouragement and feedback about my work.
22. I am experiencing stress in my personal life.

23. If you chose **Agree** or **Strongly Agree** on #22, please indicate what is causing your stress. (You may circle more than one choice).

- a. Finances
- b. Child Care
- c. Living Situation
- d. Personal relationships
- e. Job performance
- f. Student loans
- g. Other

III. How *satisfied* are you with the following aspects of your position?

	VERY DISSATISFI ED	MODERATE LY DISSATISFI ED	NEITHER SATISFIED NOR DISSATISFI ED	MODERATE LY SATISFIED	VERY SATISFI ED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits Package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibilit y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to work days of choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. Transition (Please circle any or all that apply)

1. **What difficulties, if any, are you currently experiencing with the transition from the “student” role to the “APRN” role?**
 - a. Role expectations (e.g. autonomy, more responsibility, or independent practice).
 - b. Lack of confidence (e.g. communication skills, delegation, knowledge deficit, critical thinking).
 - c. Workload (e.g. organizing, prioritizing, feeling overwhelmed, patient acuity).
 - d. Fears (e.g. patient safety).
 - e. Orientation Issues (e.g. unit familiarization, learning technology, relationship with preceptors, information overload).
2. **What could be done to help you feel more supported or integrated into your advanced role position?**
 - a. Improved orientation (e.g. preceptor support and consistency, orientation extension, skills practice)
 - b. Increased support (e.g. APRN Residency Coordinator, APRN/Provider, educator feedback).
 - c. Unit socialization (e.g. being introduced to staff & opportunities for staff socialization)
 - d. Improved work environment (e.g. gradual ratio changes, more assistance from team members, satisfaction with schedule and committee work).
3. **What aspects of your work environment are most satisfying?**
 - a. Peer support (e.g. belonging, team approach, helpful and friendly staff)
 - b. Patients and families (making a difference, positive feedback, patient satisfaction, patient interaction).
 - c. Ongoing learning (e.g. preceptors, role models, mentorship).
 - d. Professional Nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment).
 - e. Positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology).

- 4. What aspects of your work environment are least satisfying?**
- Work environment (e.g. unrealistic ratios, tough schedule, futility of care).
 - System (e.g. outdated facilities and equipment, small workspace, charting, paperwork).
 - Interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics).
 - Orientation (inconsistent preceptors, lack of feedback)
- 5. Please share any comments or concerns you have about your residency program:**
-
-

****List of Skills/Diagnoses to Choose From:**

- Hypertension
- Diabetes
- Hyperlipidemia
- Back Pain
- Anxiety
- Obesity
- Allergic rhinitis
- GERD
- Respiratory Problems (COPD, Asthma, RAD)
- Osteoarthritis/myositis/joint pain
- Fatigue/malaise
- URI/Sinusitis/Bronchitis
- PTSD/Depression
- Coronary Artery Disease
- Neuropathy
- Tobacco/Alcohol Abuse
- Nail fungus
- UTI
- Migraines, H/A
- Atrial Fibrillation
- EKG interpretation
- Cervical/vaginal cultures, PAP smears
- Pelvic exam with bimanual
- Breast exam
- Prostate exam
- Interpreting spirometry results

Modified Casey-Fink APRN Retention Survey

I. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My work challenges me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that my talents are appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel that I make a difference with patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that I am a respected member of the healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel supported by my team in the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel supported by my preceptor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel supported by my APRN Residency Coordinator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I enjoy socializing with other team members outside of working hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel overwhelmed by my patient care responsibilities and workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel supported by the physicians I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If the economy were better, I would think about finding another job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel that my contributions to this organization are acknowledged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel that my preceptor is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel that my APRN Residency Coordinator is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel that the physicians, APRNs and PAs I work with are approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. I feel that my APRN Residency Coordinator follows through with my concerns. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. There are positive role models for me to observe in the workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. My preceptor is helping me build confidence in my skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. My training has provided me with a sound foundation to begin practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I am satisfied with my chosen APRN specialty. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I would encourage others to work at this organization. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I believe APRNs should be rewarded based on seniority rather than clinical performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I would like to be working here 5 years from now. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I would consider staying here if offered the option of working a different schedule. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. If you agree with question #25, what is your preference for shift length? | | | | |
| a. 8 hour workdays (3, 8-hour days) | | | | |
| b. 10 hour workdays (4, 10-hour days) | | | | |
| c. 12 hour workdays (3, 12-hour days + 1, 8-hour day) | | | | |
| d. Other: _____ | | | | |

II. How *satisfied* are you with the following aspects of your position?

	VERY DISSATISFI ED	MODERATE LY DISSATISFIE D	NEITHER SATISFIED NOR DISSATISFI ED	MODERATE LY SATISFIED	VERY SATISFI ED
Getting out of work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient ratios (How many patients you see per day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of your work schedule becoming available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation time was adequate for my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of care that I am able to provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Please list ways in which you have received praise or recognition for a job well done:

2. How would you like to receive recognition for a job well done?

III. Professional Development

1. What are your professional goals for the next:

One

year? _____

Five

years? _____

2. Is there someone assisting (mentoring) you to achieve these goals?

a. Yes

b. No

3. What activities have you participated in during the past two years to enhance your professional development and/or support achievement of your career goals? Please check all that apply.

a. Organizational committee(s)

b. Member of a professional organization

c. Subscribe to a nursing/medical journal

d. Enrolled in a continuing education course

e. Other: _____

4. What keeps you working in your current role? (choose the most important reason)

a. APRNs/providers you work with

b. Patient care or making a difference

c. Autonomy

d. Manager

e. Educator

f. Other APRNs/providers outside of your workplace

g. Salary

h. Time off

i. Benefits

j. Opportunities for career advancement

k. Types of patients I see

l. Continuing education opportunities

m. Other: _____

5. What might cause you to leave this organization? _____

6. What do you think this organization can do to improve APRN retention?

Appendix C

Hi Alyssa- Thanks for your interest in using the Graduate Nurse Experience survey to evaluate your APRN transition program. Yes, you reference the survey in your paper. Are you planning to use the survey in your project? I recall there was a discussion that the questions needed to be modified based on the skills of an APRN and re-wording of the questions.

We would welcome your suggestions on what specific questions need to be modified. I hope I answered your question.

Thanks.

Kathy Casey, MSN, RN-BC

Professional Development Specialist

Nurse Residency Program Coordinator

Nursing Education and Research

Denver Health

Appendix D

Site Approval

LETTER OF AGREEMENT to the ASSOCIATED HEALTH
AFFILIATION AGREEMENT between the VETERANS AFFAIRS
SOUTHERN NEVADA HEALTHCARE SYSTEM
and the
DOCTOR OF NURSING PRACTICE
PROGRAM on behalf of TOURO
UNIVERSITY, HENDERSON, NEVADA
concerning
CLINICAL TRAINING OF
DOCTOR OF NURSING PRACTICE (DNP) LEADERSHIP STUDENTS
FOR THE PERIOD DECEMBER 1, 2018 TO JUNE 30, 2023

Appendix E

Workflow Improvement Module PowerPoint Presentation



Objectives

- Define workflow
- Define prioritization, collaboration, & efficiency within the APRN role
- Discuss current organizational workflow practices
- Review barriers and challenges for new graduate APRNs
- Discuss methods to improve workflow within prioritization, collaboration, & efficiency

A photograph showing a top-down view of a person's hands working at a desk. One hand is pointing at a clipboard with a checklist, while the other is near a laptop. The person's hands are clasped together at the bottom of the frame.

page 2

What is it?


- A progression of steps (tasks, events, interactions) that comprise a work process, and create or add value to the organization's activities.
- In a sequential workflow, each step is dependent on occurrence of the previous step.
- In a parallel workflow, two or more steps can occur concurrently.

(Business Dictionary, n.d.)




Workflow

page 3




Prioritization

As a principle, it means doing 'first things first,' as a process, it means evaluating a group of items and ranking them in their order of importance or urgency.



Collaboration


Cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common goal.



Efficiency

The comparison of what is actually produced or performed with what can be achieved with the same consumption of resources (money, time, labor, etc.). It is an important factor in determination of productivity.

(Business Dictionary, n.d.)



APRN

How is your role impacted?

page 4

The Process

What practices are currently in place?

Prioritization

- Appointments
- Alerts
- Patient inquiries
- Laboratory/diagnostic results
- Chief complaints
- Office visits

▶

Collaboration

- MCM PS-16-04
- Care providers within the clinic
- Community care providers
- Support staff
- Specialists

▶

Efficiency

- Templates
- Documentation practices
- Clinic flow
- Scheduling
- Contingency policies

page 5

The Problem

How does workflow affect your role as an APRN?

Collaboration

- Who can I collaborate with?
- Is there a mentor in my area?
- How do I form relationships with providers outside of my clinic?
- Should I become involved in a club or organization?

Prioritization

- What is important to me? The patient?
- How quickly do we need to reassess?
- Did we address everything?
- What should I try to complete by the end of each day?
- Is this lab result emergent, urgent, relevant?

Efficiency

- What is important to document?
- Did I say too much, or not enough?
- Am I using templates?
- Am I using the right templates?
- Is there a better process for this?

page 6

The Solutions

What can we do to improve workflow in the clinic environment?




The slide features three icons arranged horizontally. From left to right: a teal icon of a person sitting at a desk with a computer monitor; a gold icon of two hands shaking in a handshake; and a red icon of a bar chart with four bars of varying heights.

page 7

Prioritization

- Chronic disease management
- Acute illness
- Preventive measures
- Patient inquiries
- Urgent findings
- Non-urgent findings




The slide features a large teal icon of a person sitting at a desk, pointing at a computer monitor. The person is on the left, and the monitor is on the right.

page 8

Collaboration


- Leadership
- Support staff
- Specialists
- Primary Care Providers
- Social Work
- Physical Therapy
- Occupational Therapy
- Pharmacists
- Management



page 9

Efficiency

- Documentation criteria
- Computer skills
- Resource utilization
- Support staff utilization



page 10

"My transition to being an independent provider has been smooth. I have a certain level of confidence that enables me to keep my head above water. A list of twelve complaints in one visit no longer paralyzes me; instead I prioritize almost instinctively. I ask better questions. I put the pieces together just a little bit faster. And when I feel like I'm about to crumble from the demands of community health, I remember that there are thousands of primary care providers out there with varying levels of training and experience all facing similar challenges." - Monica O'Reilly, Capitol Hill Briefing, Washington, D.C.

(Flintner, 2012)

page 11

Questions?



page 12



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Appendix F



DEPARTMENT OF VETERANS AFFAIRS

VA Southern Nevada Healthcare System
6900 North Pecos Road
North Las Vegas, Nevada 89086
(702) 791-9000

November 14, 2019
Dr. Denise Zabriskie
Touro University Nevada

Ms. Alyssa Sturm has permission to perform her DNP project with the VA Southern Nevada Healthcare System in partial fulfillment of her requirements for the Doctor of Nursing Practice at Touro University Nevada. Her project has been approved to move forward to implement at the VA Medical Center.

Please contact me if you have any questions.

A handwritten signature in black ink, appearing to be "K. Falco".

Sincerely,
Dr. Kimberly Falco
Nursing Professional Services

Appendix G

Pre-implementation responses:

- “allow 1-2 weeks of shadowing with each specialty, including radiology and community services”
- “allow 1 month rotation to each primary care clinic and give preceptors less of a workload to allow time to teach students”
- “allow time to build confidence in the new role”
- “I appreciate all of the support and encouragement from the APRN residency coordinator and preceptors”
- “I’m concerned about role expectations due to the overwhelming amount of responsibility as a new APRN”

Post-implementation responses:

- “the program gave me a strong foundation as a novice APRN”
- “I was able to develop more confidence in diagnosing and treating primary care disease conditions”
- “I feel this program has helped me become more comfortable and self-aware”
- “I would suggest developing a clinic panel for APRN residents exclusively and a designated preceptor without their own panel so the focus isn’t on volume, but more towards learning”