

2013-2014 APRN Transition to Practice Surveys Summary Results

Objective

The Foundation for Nursing Excellence seeks to understand the experiences and needs of the novice Advanced Practice Registered Nurse in North Carolina in regards to the transition to practice experience.

Fall 2013

Novice Nurse Practitioners Licensed in North Carolina (September 2011-2013) Survey

Methodology

FFNE obtained from the North Carolina Board of Nursing (NCBON) a database of Advanced Practice Registered Nurses (APRNs) who had completed programs of study and obtained initial licensure to practice in NC between September 2011 and September 2013. After excluding all certified nurse midwives, clinical nurse specialists and nurse anesthetists, there were 607 nurse practitioners (NPs) and defined as “novice nurse practitioners” for the purpose of this survey. This group of 607 was surveyed with a 22% response rate or 134 responses.

Abbreviated Findings

- The majority (52%) of those surveyed are family nurse practitioners (FNPs), followed by 19% adult nurse practitioners (ANPs); 9% pediatric nurse practitioners (PNPs), 1% gerontology nurse practitioner (GNP), and 19% “other.”
- The NC sample, when compared to the 2010 national sample of NP main practice settings (Goolsby 2011), reflects NC NP’s are underrepresented in primary care practice settings (38.4% to 53.8%) and over represented in secondary (40.4% to 16%) and tertiary care settings (21.2% to 26.2%).
- Novice NP’s, when asked to “check all that apply”, identified the priorities when choosing employment as patient population (56%),availability of providers for collaboration (51%), salary (48%), orientation/transition to practice model (47%) and location (44%).
- The majority of NP’s surveyed work in small practices with 1-3 other NPs and/or physicians. Five NP’s reported working without a physician or NP on site.
- Orientation timeframes vary significantly with 40.7% experiencing an orientation of less than 4 weeks and 20.7 % 1 week or less. Six percent, or 8 respondents, identified a 6 month orientation experience.
- Novice NPs, when asked to “check all that apply” identified on their first day of orientation that they felt confident (14.7%), competent (32.6%), both confident and competent (23.3%), and neither confident nor competent (39.5%).”
- Only 19.5% (26) indicate participation in a formal transition to practice program apart from orientation; 23 of those 26 (88%) with formal transition to practice programs indicated the transition program was sufficient to allow the development of confidence and competence to care for the complexity of patients in their practice.
- A compelling 93.9% of APRN’s indicate a willingness to have considered a formal transition to practice program with learning opportunities even if the salary was at the training level.

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Winter 2014

Novice Nurse Practitioner Supervisor Survey

Methodology

The 607 novice Advance Practice Registered nurses surveyed as described above were also sent a survey link with instructions to forward the link to their supervising physician. Findings were limited with only 12 physicians responding.

Abbreviated Findings

- Orientation periods are variable with 9 respondents indicating the time period is one month or less. One setting offers a formal transition to practice program.
- When asked to “check all that apply”, supervisors indicated on the first day of orientation the NP was confident (1), competent (4), both confident and competent (1) and neither confident or competent (6).
- When asked to select the most pressing learning need of the novice nurse practitioner, the 6 supervisors identified “the ability to manage complex patients” and 5 identified “diagnostic ability”.
- The supervising physicians indicated their practice would be open to extended orientations (6), scheduled didactic sessions (6) and graduated increases in patient case load (9).

Spring 2014

NCNA Nurse Practitioner Spring Symposium Survey

Methodology

A general session presentation on the FFNE Nurse Practitioner Transition to Practice project was conducted at the 2014 NCNA Nurse Practitioner Spring Symposium. The Audience Response System (ARS) and open discussion was utilized to capture information and inform the work of the project. Attendance approximated 150 and those without personal or anecdotal information regarding the transition of novice nurse practitioners into primary care settings in North Carolina within the last two years were asked to refrain from participating.

ARS Summary Results

- Seventy-five percent of 56 respondents selected “false” when asked if “today’s novice NP who enters practice in primary care settings possesses the clinical decision-making competence and confidence to provide efficient and effective quality care for the complexity of patients seen”.
- “Diagnostic ability” (40), “pharmacological knowledge” (39) and “ability to manage complex clinical situations” (22) were identified as the top 3 most important assets for a novice NP to possess as represented by the respective number selected in the multiple response option question.
- “Ability to connect with patient population” was identified by 36 or 65% of the respondents as the novice NP’s strongest asset. “Diagnostic ability” was selected by 10 or 18% of respondents.
- When asked to select novice NP’s 3 greatest areas of learning need when entering practice, 27 selected “ability to manage complex clinical situations”, 12 selected “diagnostic ability” and 10 selected “ability to perform procedures”.
- Given the option to select the top 3 recommendations based upon the learning needs of novice NPs, respondents selected “provide a structured *transition to practice* experience including didactic and clinical learning experiences” (55), “provide additional training in specific areas such as diagnostics, pharmacology, procedures, management of behavioral health, etc.” (51) and “provide readily available preceptors in the employment setting” (45).

- When asked to select the “best” recommendation, 54% identified the *transition to practice* option while 32% selected the additional training option.
- When asked to select the top two concerns experienced in primary care practices today that employ novice NPs, “high novice NP turnover” and “patient safety concerns” were selected by 29 and 17 respectively. Eleven selected “none of the above”.

Verbal Feedback Summary

- Progression straight from BSN to MSN/DNP is an evolving trend.
- Extensive experience as a RN does not necessarily equate with a more competent NP.
- Novice NP’s are “terrified” of making decisions when they begin but demonstrate confidence at the end of year one.
- A decrease in required FNP clinical hours has been detrimental to student learning in regards to continuity of care and follow-up; UNC CH now requires a “residency” of 240 hours over 5 days/week; ECU is incorporating additional clinical hours into the DNP program.
- Private practices and rural/community health centers do not have resources to provide residencies.
- Research indicates safe, effective high quality care is rendered by NP’s hence there is not a problem with current system.
- Preceptors request more contact with faculty to better understand faculty expectations for student and preceptor.
- Criticism of survey tool: questions fail to offer “not applicable” or “not a problem” choices if participant feels there is not a problem.

Winter 2014

Community Health Center Medical Director and Administrator Survey

Methodology

Survey links were sent to medical directors and administrators in the 27 NC Federally Qualified Health Center organizations which were determined to serve counties with a HPSA score of 15 or higher. Email addresses were found on center websites or via Google. Eleven physicians responded while 5 administrators (3 CEO, 1 COO & 1 CFO) responded for a total of 16 responses.

Abbreviated Findings

- Nine physician and 3 administrator respondents indicated their organization hires novice NPs.
- Eight physicians currently supervise novice nurse practitioners.
- Medical directors report novice NP’s are expected to carry a full patient load at “1-3 months” (5) and “4-6 months” (3). Administrators indicate expectations to carry a full patient load at “1-3 months” (1) and “4-6 months” (4).
- When the physicians were asked to identify the greatest observed area of learning need for the novice NP, 7 identified “ability to manage complex situations”, 2 selected “diagnostic ability” while 1 selected “ability to manage behavioral health issues”. Administrators agree with physicians on the two top learning needs.
- Four medical directors and 1 administrator indicate a formal transition to practice program beyond organizational orientation is available while 6 medical directors and 4 administrators indicate lack of availability.
- Four physicians and 3 administrators identified “readily available preceptors in the employment setting” as essential.