

Supporting Nursing Advanced Practice Transition (SNAPT) Fellowship Development

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Background

Recruitment and retention of advanced nurse practitioners (NPs) is critical to building a robust and sustainable workforce, especially in underserved communities where inequities, especially in preventative care, are significant (Buerhaus, 2018). Although Medicare spends over \$15 billion annually on graduate medical education after completion of medical school, NP fellowships are not federally funded (Aiken, 2018) and there are no requirements for post graduate training for advanced practice nurses. Yet, advanced practice nurses are expected to be fully functioning practitioners upon graduation, often taking the same workload as their physician colleagues, especially in underserved areas, while adjusting to a new role, scope of practice and business model (Poghosyan, 2017).

The turnover rate for new primary care NP (PCNPs) is twice that of physicians (Barnes, 2015). This is salient because NPs who are prepared to practice at the top of their education and license are recognized as critical to addressing the challenges and demands of primary care, especially in the areas of diversity and inclusion.

We assessed trends in fellowship programs for primary care advanced practice nurses, reviewed evidence for efficacy and determined barriers and facilitators to implementation of such programs (Matlick, 2020). From this, we created the SNAPT program linking education and clinical immersion for new NPs entering primary care.

Objectives

- Explore the benefits of establishing a curriculum-to-career transitional fellowship for nurse practitioners
- Describe an innovative model (SNAPT) designed to support learning while transitioning into practice
- Demonstrate how the SNAPT Fellowship model can lessen the financial burden on employers.

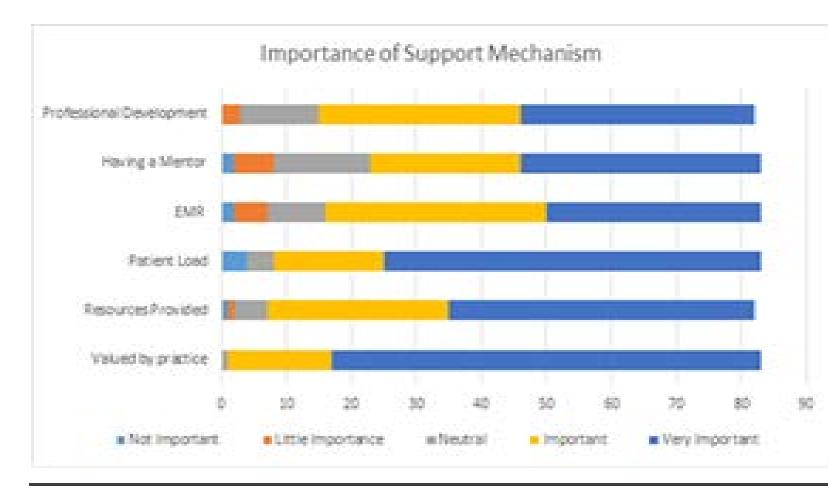
Development

In January 2019 a task force comprised of faculty and administrators from the school of nursing and community clinical practice partners was convened to gather information about transitioning graduating NPs into primary care practice. Representative physicians and nurse practitioners who have been involved in graduate medical education as well as NP preceptorships were involved. The insight of these members concluded in the development of a comprehensive survey that was sent to Nurse Practitioners in a large primary care group and upcoming primary care NP graduates from the School of Nursing.

Methods

Email surveys were sent to all practicing NPs (N = 204, 41.6% return) in a large community practice group with offices in Maryland, the District of Columbia, and Northern Virginia. From September 1st through November 1st, 2019, 2 focus groups and 7 interviews were conducted with current NP students based on the survey responses to anticipate and understand the student perspective concerning transitioning to the primary care NP role. The survey and interviews addressed transition to practice, specifically in areas of education, support and adjusting to a new role. Data from the surveys was collected electronically and focus groups and interview results were synthesized from recorded conversations.







Results

The practicing NPs had a range of less than two years to over 25 years' experience. Nearly 60% of those surveyed were in practice 4 years or less with 73% having less than 10 years' experience. Most recent entrants into the workforce aligned more closely with the students interviewed. Many entered their NP programs after less than 2 years of nursing experience, some directly from their BSN. Their insight into the transition process matched the concerns that the graduating students voiced in their interviews.

All subjects noted "feeling valued by their practice" as being of key importance. In addition, they identified the necessity for resources and equipment as well as support from other providers in the office. Having control of the number of patients and productivity was also an area that newer providers felt they needed support. The importance of having a mentor was very important to newer providers and students, whereas of less relevance to seasoned providers. All groups felt that continuing education from school to practice was essential to their practice.

The importance of mentoring while maintaining adequate patient encounters to maintain financial viability was also a challenge that was addressed in the building of the Fellowship structure. Due to a decreased Fellow's salary, predictive productivity exceeds the financial investment by month 5, suggesting this model should be sustainable over time.

Conclusions

Shifts in training NPs began about 10 years ago, with many entering their NP programs after less than 2 years nursing experience. This, and increasing demands for primary care practitioners has placed pressure on developing high functioning, practice-ready NPs. Aided by the results, we were able to design SNAPT: a 12-month curriculum-to-career fellowship program for new primary care NPs, which commences in the students' last 6 months of school and follows them through their first 6 months of practice. The program includes structured didactic sessions and focused clinical training at their new site of employment. It incorporates major themes identified in the results, as well as aspects of transition and resiliency, mental health, business acumen, population health, complex care, functional medicine, reproductive health and collaborative care. Mentorship is built in to the program. Implementation of the SNAPT program begins in Fall 2020 and will increase support for new NPs in primary care in Maryland.

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Notes

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- The institution's IRB reviewed this study and determined it qualified as exempt.
- Thanks to project coordinator Alex Nava for his assistance in data collection and assisting with planning the future SNAPT program.