

Primary Care Nurse Practitioner Transition to Practice Initiative



OVERVIEW

The transition to practice experience of the novice practitioner entering practice in rural primary care settings within North Carolina is a challenging journey with great inconsistencies in resource support noted across the state. Through the generosity of the Kate B. Reynolds Charitable Trust, North Carolina's Primary Care Nurse Practitioner Transition to Practice Task Force, coordinated by the Foundation for Nursing Excellence, (FFNE) demonstrated the compelling need for a transition to practice framework unique to the needs of North Carolina's novice nurse practitioner transitioning to practice in rural primary care settings. In addition, evidence based curriculum components coupled with framework recommendations were established in conjunction with the recommendation to pilot and test the constructs in a rural primary care setting preferably with 2-3 sites. Evaluative outcomes of the pilot will inform refinement and broader implementation statewide. The Foundation for Nursing Excellence (FFNE), on behalf of North Carolina's Primary Care Nurse Practitioner Transition to Practice Task Force, is poised to share study results and recommendations with an entity possessing the leadership, passion and capacity to further the work.



BACKGROUND

As more people gain health insurance coverage under the Affordable Care Act (ACA), North Carolina is experiencing a growing need for additional primary care practitioners. Even without our legislature's approval of Medicaid expansion to more low-income adults and those with certain disabilities, NC is feeling the pressure to provide care to the projected

500,000 children and nonelderly adults

who are gaining insurance coverage in the first five years of the ACA. (NCIOM 2013). In addition to newly insured North Carolinians, population growth and population aging are contributors toward substantial increases in demand for primary care. Nurse practitioners will play an increasingly important role as part of the primary care team if we hope to achieve the simultaneous triple aim of improved health for individuals and populations at decreased cost as put forth by the Institute for Healthcare Improvement (IHI 2008).



STRENGTHENING THE COMPETENCE OF NURSE PRACTITIONERS ENTERING PRIMARY CARE

Adequately prepared and competent nurse practitioners are essential to meeting today's challenges of increasing access to care, and improving health and health outcomes for individuals and populations at lower costs. As a less experienced NP workforce grows, the departure of highly experienced and effective clinicians from the workforce is occurring. North Carolina 2011 data reflect the mean age of practicing NPs was 44.9; 37% of those practicing in 2011 approaching retirement age within the next 5 years or sooner; and greater than 1 in 3 (36%) in practice (combination of practice years as RN and NP) for 5 or fewer years. (UNC Sheps 2013). Data reported since 2011 reflects an upward trajectory of practicing NPs (18% increase from 2011-2013) addressing workforce demands while practice experience decreases with a noted 41% in practice (combination of practice years as RN and NP) for 6 or fewer years. (UNC Sheps 2015) With retirements and a robust pipeline of novice nurse practitioners entering the workplace, it becomes critical to address the transition needs of these new practitioners, particularly in the rural primary care settings of our state where resources to support the novice practitioner are limited. The complexity, trends and projections of practice in North Carolina primary care settings must be understood as well as those factors which contribute to the successful recruitment and transition of the novice nurse practitioner which will inform the creation of a transition to practice framework to strengthen the competence development of newly educated nurse practitioners to deliver safe, effective care as they enter practice in primary care settings across North Carolina.



[VIEW THE 2010 INSTITUTE OF MEDICINE FUTURE OF NURSING REPORT](#)

[VIEW THE 2015 INSTITUTE OF MEDICINE REPORT](#)

41%
OF NPS HAVE
6 OR LESS YEARS
OF PRACTICE EXPERIENCE

[VIEW THE COMMUNITY HEALTH CENTER NURSE PRACTITIONER RESIDENCY PROGRAM](#)

Many extoll the value of the post graduate residency as a transition to practice strategy including the landmark 2010 Institute of Medicine Future of Nursing report (IOM 2010). The recently released 2015 Institute of Medicine report, *Assessing Progress on the Institute of Medicine Report The Future of Nursing*, reaffirms and expands the original 2010 Transition to Practice recommendation stating “. . .lead efforts to explore ways of creating and funding transition-to practice residency programs at both the registered nurse and advanced practice registered nurse levels. Such programs are needed in all practice settings, including community-based practices and long-term care.” (National Academies 2015)

Research reveals a growing trend of practice/employer sponsored post graduate residencies are available across the nation providing a limited number of slots which support competency development as well as internal recruitment and retention. North Carolina is no exception as select primary care settings, most often large primary care multisite centers or primary care settings within larger health systems are identifying the value of post graduate residency programs with a model which replicates in part, the Flinter Community Health Center Nurse Practitioner Residency Program in Connecticut.



Orientation time frames vary significantly between 1 week and 6 months...

FINDINGS

Novice nurse practitioners, their supervisors and primary care medical and administrative leaders completed a needs assessment electronically. In addition, a broader group of seasoned nurse practitioners participated in the needs assessment through an audience response survey. The full report is available at <http://www.ffne.org/library/library/documents/2013-2014ffne-novice-np-transition-to-practice-survey-summaries.pdf> and common themes emerged and included:

- Orientation time frames vary significantly between 1 week and 6 months across the state with few participating in any formal transition to practice program beyond general orientation.
- The prevailing majority of novices reported feeling “not competent” or “neither competent nor confident” upon beginning their employment as a NP.
- Seasoned NPs, supervisors, and administrators indicate most novice NPs today fail to possess the clinical decision-making competence and confidence to provide efficient and effective quality care for the complexity of patients seen.
- Many novice NP respondents indicate a willingness to have considered a formal transition to practice program with learning opportunities even if the salary was at the training level.

Unfortunately for NC, the need for an evidence based post graduate residency program, unique to the needs of NC’s novice practitioners including broad-based availability and accessibility statewide regardless of primary care practice setting, has not been addressed.

DEVELOPING A NURSE PRACTITIONER TRANSITION TO PRACTICE FRAMEWORK FOR NORTH CAROLINA

The Foundation for Nursing Excellence (FFNE) with a planning grant from the Kate B. Reynolds (KBR) Foundation convened a task force in 2013 to explore those factors which contribute to the competency development of the novice nurse practitioner through a needs assessment and establish the demand for a transition to practice framework for those entering practice in primary care settings. The multi-disciplinary task force of key stakeholders represented the delivery of primary care in our state and included educators, consultants, regulators, nurse practitioners, physicians, and primary care employers ranging from those in large healthcare systems to safety net providers, patient advocates and insurers. The findings and recommendations of the first studies prompted further consensus building and a second planning grant from KBR in 2014 where evidence based curriculum components were identified and framework recommendations resulted.



- Novice NPs' greatest asset is ability to connect with the populations being served while their greatest learning needs related to diagnostic abilities, pharmacological management and managing today's complex patient population.
- Novice NPs must have readily available preceptors.
- A structured transition of practice experience is desirable and recommended.

Analysis of the first study findings lead to the recommendation for the development and pilot of an economically feasible transition to practice framework to strengthen the competence development of newly educated nurse practitioners to deliver safe, effective care as they enter practice in any primary care setting, regardless of size, across North Carolina.

Study recommendations, fueled by the NC Rural Health Action Plan's (NCIOM 2014) recommendation "... cultivate, recruit, and retain health professionals to rural and under served areas of the state," prompted a second KBR grant and further study which identified evidence based curriculum content and provided framework recommendations. While the full quantitative and qualitative study findings can be found at the [FFNE Reference Library](#) the abbreviated findings include:

- NPs possess electronic capacity for access to education and training opportunities.
- Many NPs have employer support for education and training.
- The majority of NPs indicate a willingness to pursue education and training opportunities outside of worked hours.
- Many novice NPs lack confidence and competence to manage patients autonomously.
- Areas in which novice NPs note lack of confidence to manage include polypharmacy, complex multi-diagnoses, home health referral and billing & coding.
- NPs report lack of comfort in treating an array of chronic clinical diagnoses and performing common outpatient procedures.
- Available & accessible mentors and preceptors are critical.

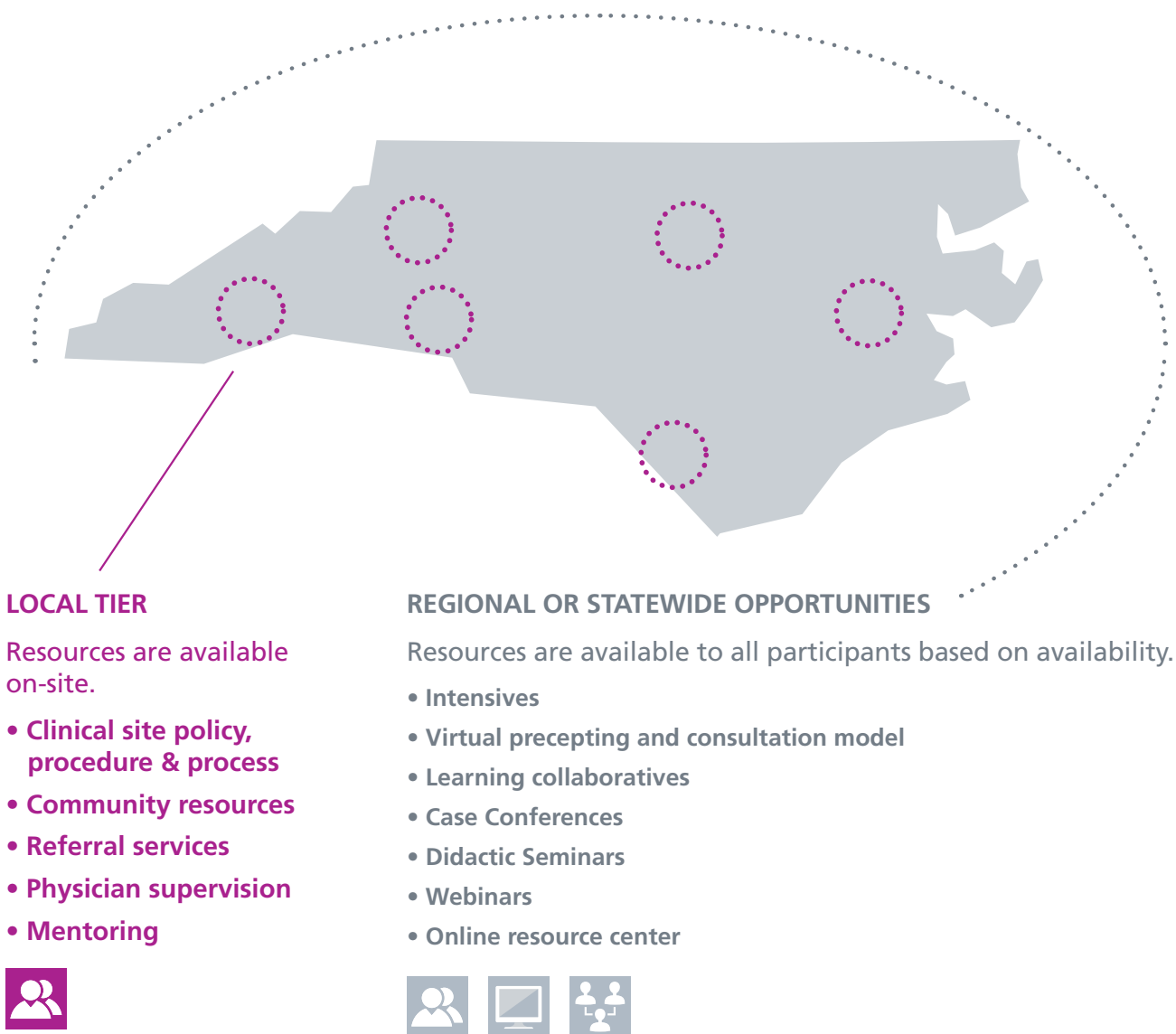


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RECOMMENDATIONS

Based upon study evidence and the geographical realities of NC, the task force recommends maximizing the use of limited resources through the development of a broader framework that leverages technology to expand beyond the often limited on-site transition to practice approach. A tiered approach that includes learning and support activities at local, regional and statewide levels would expand access to a broader variety of learning opportunities and resources to address the evidenced-based learning and support needs of the novice NP. Pilot implementation in a rural center with 2-3 clinical sites, preferably in Tier One counties is recommended. Testing of constructs within the pilot should inform framework refinement for broader implementation statewide. See conceptual framework depicted in the diagram below.

CONCEPTUAL FRAMEWORK for Implementing an Evidence-based Transition to Practice Model



NEXT STEPS

The pursuit of grant funding to support framework development, pilot implementation and outcomes evaluation is the likely next step and will inform and elevate the need for a more robust statewide implementation of the transition to practice model which supports the transition to practice learning needs of the novice nurse practitioner entering practice in any North Carolina primary care setting. The Nurse Practitioner Transition to Practice Task Force seeks an entity or coalition of interested parties to leverage the collaborative strength, resources and expertise of university nurse practitioner programs, the NC AHEC Program, health care systems, the NC Community Health Center Association, other professional and trade organizations as well as direct providers, to create this learning network. Interested parties may contact Nettie Evans or Polly Johnson by clicking below.

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CITED REFERENCES

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