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Implementation of an Advanced Practice Provider Fellowship to Improve Transition to Practice

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Implementation of an Advanced Practice Provider Fellowship to Improve Transition to Practice

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By

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Table of Contents

Executive Summary

Problem

Retention of advanced practice providers (APPs) is needed for ongoing high quality comprehensive care. Administrators at a large urban pediatric institute in the Midwest identified turnover and retention as an issue for APPs in the first one to two years of service. Even in years when turnover rates were not as high, the greatest number of APPs leaving the institution where those in their first five years of tenure. Without strategies aimed at improving transition to practice, new hire APPs will continue to be unprepared for their new role, therefore endangering job satisfaction, leading to continued turnover, and threatening quality of and access to care.

Setting

The setting of implementation was a large urban free standing pediatric institution in the Midwest.

Rationale

Brown and Olshansky's (1997) model titled From Limbo to Legitimacy provided the theoretical guidance for this project. Transition to practice is a difficult time for new graduate APPs. There is a need to bridge the gap between the academic setting and the clinical setting for this population. Literature suggests that formal fellowship programs and mentorship can be utilized to bridge this gap.

Specific Aim

The aim of the Doctor of Nursing Practice (DNP) scholarly project was to implement a formal APP transition to practice fellowship. This fellowship includes organizational orientation, didactic sessions, preceptor guided practice-based learning and mentorship. This will aid in developing and retaining a well prepared, supported APP workforce with improved clinical competence and confidence.

Project Outcomes

There were nine outcomes of the DNP scholarly project. Outcomes were both process and change outcomes. These included participation in the fellowship, attendance of the didactic session, increase in self-efficacy, engagement with mentor and creation of SMART goals with mentor, and tracking of competencies by new hire APP and APP preceptors.

Implementation and Evaluation

Eight new hire APPs were enrolled into the APP transition to practice fellowship during the project implementation timeframe of May 2023-July 2023. During the first week of hire, APPs were notified of enrollment by the APP educator and didactic day dates were provided. The APP educator administered the pretest General Self Efficacy Scale (GSES) at this time. Within the first two weeks of hire, the APPs were introduced to their mentor via email. The email outlined the expectation of monthly meetings for a minimum of six months, the need to create SMART goals with their mentor, and the expectation of using a link to a Forms document to track the goals and meetings. The APP educator met with the preceptors in the various divisions to educate them on the tracking of competencies in the Kahuna platform. The posttest GSES was administered by the DNP student and APP educator during the didactic day.

Results

The primary aim of the project was to create a formal APP transition to practice fellowship. This was achieved with 100% participation of the new hire APPs in some aspect of the fellowship. The didactic session was attended by 88% of the new hire APPs. 87% were paired with a mentor within two weeks of hire. 100% of the new hire and mentor pairs created SMART goals. 50%

achieved the established SMART goals. 50% of new hires and mentors met monthly and used the check in link to document their meetings and progress towards goals. 50% of preceptors tracked the competencies of the new hires in the Kahuna platform. The one outcome that was not achieved was the goal of a 5% increase in self-efficacy based on the GSES pre and post implementation.

Interpretation

Overall the implementation of the APP transition to practice fellowship was successful with eight out of nine outcomes achieved. This program has the potential to engage and provide support for new hire APPs.

Conclusion

APPs have a significant role in healthcare delivery. Recruitment and retention efforts focused on APPs is necessary to maintain a workforce that provides high quality care. The first year of practice for new graduate APPs is a time of uncertainty and rapid growth. This transition to practice fellowship supported new APPS and was impactful. The outcomes and evaluation plan for this implementation can be used for ongoing iterations of the APP transition to practice fellowship.

Keywords: Advanced Practice Provider, transition to practice, fellowship, mentorship

Implementation of an Advanced Practice Provider Fellowship to Improve Transition to Practice

Health care organizations utilize Advanced Practice Providers (APPs) to provide cost effective, high quality, comprehensive care across practice settings. Use of APPs occurs both inpatient and outpatient, spanning primary care to specialty care in hospitals and clinics. They exist as an integral part of the healthcare system. Hoff (2019) reported "nurse practitioner numbers have grown from approximately 106,000 in 2004 to 234,000 as of 2017. Physician Assistants numbers are expected to increase 30% by 2024, up from 94,000 in 2014" (p. 4). Despite the growth in the numbers of APPs entering the workforce, there is institutional concern surrounding turnover and retention, especially in the current setting of the COVID-19 pandemic.

Problem Description

Retention of APPs is necessary for ongoing, high quality, comprehensive care. Researchers presented data from 2019 that found the nurse practitioner turnover rate to be 11.3%, almost double that of physicians at 6% (Auffermann et al. 2021). However, retention and resignation has become an even greater issue in healthcare during the COVID 19 pandemic with resignations in the health care industry being some of the highest. Cook (2021) reported 3.6% more health care employees quit their jobs this year than in the previous year.

There is an association between anticipated turnover and job satisfaction with those who are not satisfied with their jobs having a greater intention of leaving. Autonomy, appropriate pay and benefits, administrative support, and opportunity for professional development were factors found to effect job satisfaction. (Auffermann et al., 2020; De Milt et al., 2010; Han et al., 2018).

Turnover is costly to an institution. Based on the cost of replacing an existing APP, focusing on turnover and retention is also a fiscally responsible maneuver. Hartsell and Noecker (2020) report "based on SullivanCotter's survey research and industry insights, the total direct cost for a single APP ranges between $85,832 and $114,919" (p. 3). The direct cost encompasses

recruiting time, advertising, orientation time of preceptor, orientation time of new hire, and the cost of background checks and licensure validation. This is a gross underestimate because it only considers direct costs. It does not include indirect costs such as loss of productivity, potential for closed/cancelled clinics, bed closures, use of moonlighting or overtime pay to cover vacancy, and disengagement of remaining staff. Gilliland (2019) suggests the estimated cost of replacement for a single APP is closer to $250,000 - $300,000 when taking indirect costs into consideration.

Nature and Background of the Local Problem

There are currently around 320 APPs employed by the institution that are comprised of nurse practitioners, certified nurse anesthetists and physician assistants. Since 2010 APP turnover rates have ranged from 4-12% with fiscal year (FY) 21 being the highest at 12%. Even during years when the overall turnover rate was not of concern, the greatest number of APPs who leave the institution are those within their first 1-2 years of tenure. Since 2017, of the APPs who have left 50-80% have done so in their first 5 years of tenure.

This leads to the local problem of the current transition to practice program for APPs. Competencies, precepting, and mentoring for new hire APPs are not consistent. Outcomes of these interventions are not being consistently measured if they are even measured at all.

Problem Statement

Administrators at a large urban pediatric institution in the Midwest identified turnover and retention as an issue for APPs, especially within the first 5 years of tenure. The institution currently has a transition to practice program. This program is lacking. Without strategies aimed at improving transition to practice for newly hired APPS, this population will continue to be unprepared for transition into their new role, threatening job satisfaction, and ultimately will lead to continued turnover.

Available Knowledge

A review of the literature (see Appendix A) related to evidence of the problem suggests there is an association between job satisfaction and intent to leave (Han, 2018). There is also evidence that those who report higher job satisfaction have intent to stay and decreased anticipated turnover (De Milt, 2010). Most studies use the Misener Nurse Practitioner Job Satisfaction Scale to measure job satisfaction. Evidence suggests there are both intrinsic and extrinsic factors that contribute to job satisfaction (Hoff, 2017; De Milt, 2010).

Transition to practice for new APPs can be a difficult time. There is a need to bridge the gap between APP education and practice in the first year as a provider (Cartwright, 2021). APPs entering the workforce have a lack of confidence which can lead to distress and lower job satisfaction lending itself to higher rates of turnover (Faraz, 2019).

A review of the literature focusing on strategies to support new hire APP transition to practice revealed that APP fellowship programs and mentorship improve transition to practice. There is level III evidence that suggests an APP fellowship and a formal orientation program improve job satisfaction (Aufferman, 2021; Park, 2020) and support transition (Bryant, 2020; Speight, 2019). The use of a mentor improves transition to practice (Speight, 2019). There is level V evidence that supports APP fellowships improve job satisfaction (Cartwright, 2021) and the use of mentors improves transition (Horner, 2020; Moss, 2019).

Based on the synthesis of evidence, recommendation for an APP fellowship program is reasonable. Evidence suggests APP fellowship programs and mentorship for new hire APPs aids in transition and improves job satisfaction and retention. There should be consideration for the implementation of an APP transition to practice fellowship that includes mentorship for new hire APPs.

Rationale

The theoretical model used as a framework for project development was titled From Limbo to Legitimacy: a Theoretical Model of the Transition to the Primary Care Nurse Practitioner Role (Brown & Olshansky, 1997). A detailed depiction of the model is found in Appendix B. The basic assumptions and key concepts of this theory are that there are four stages that new graduate nurse practitioners go through when transitioning into a new role. The four stages are laying the foundation, launching, meeting the challenge and broadening the perspective. This theory was written specifically for nurse practitioners transitioning after graduation into primary care; however the theory can be applied more globally to all APPs entering the workforce after graduation.

The Logic Model (Appendix C) provided the project framework to guide the outcome planning, implementation, and education for the project. An outcomes approach using the W. K. Kellogg Foundation Logic Model Development Guide (2004) was utilized. The process began with identifying the long term outcomes and then working backwards and establishing the short and intermediate outcomes that would aid in achieving the long term outcomes.

Specific Aims

The purpose of this project was to implement a formal APP transition to practice fellowship for new hire APPs at a large pediatric institution in the Midwest in order to aid in the transition to practice. The specific aims of the project include implementing a developed APP immersion that includes organizational orientation, precepted practice based learning with standardized competencies, mentorship and the promotion of professional development. The vision of the program is to deliver a well prepared APP workforce with clinical competency and confidence lending itself to ongoing job satisfaction and retention.

Context

The project will be implemented at a large urban pediatric institution in the Midwest. The institution is a nonprofit organization that is dedicated to the health and wellbeing of all children (Lurie Children's, 2022a). The institution is the pediatric teaching facility of a nearby school of medicine. As a teaching facility, the institution is committed to pediatric healthcare delivery, research into the prevention, cause, and treatment of pediatric disease, education of physicians, nurses and allied health professionals, and advocacy for the well-being of children (Lurie Children's, 2022a).

The population includes greater than 300 APPs at the institution comprised of NPs, CRNAs, and PAs caring for patients in 26 specialties and subspecialties. The institution's APPs provide care both in the inpatient and outpatient setting both independently and as part of a greater multidisciplinary team. 49% of the APPs have less than 5 years of experience. 20% have between six and ten years of experience and there are 31% with greater than eleven years of experience.

As part of the local care environment, the institution has 360 pediatric beds in 1.25-million-square-feet of space in the Streeterville neighborhood of Chicago. There are 23 floors with a roof top helipad. It serves pediatric patients from birth to young adulthood in 70 specialties and subspecialties. More than 220,000 children receive care at the institution each year (Lurie Children's, 2022b).

The institution is the top ranked pediatric hospital in Illinois. It was ranked in all ten specialties that are tracked by U.S. News and World Report (USNWR) in 2021-2022. It has also been ranked ninth in Newsweek's list of World's Best Specialized Hospitals in 2022 (Lurie Children's, 2021a).

Relevant Elements of Project Setting

Nursing plays a critical role in the institution and is the backbone of its functioning. There is a nursing professional governance board (NPGB) which provides the structure for nursing governance at the institution. It consists of twelve councils and committees, including the APP council. The NPGB is comprised of Registered Nurses (RNs), APPs, and Nursing Professional Development Practitioners (NPD). It serves as the communication mechanism from the frontline to the Chief Nursing Officer (CNO) (Lurie Children's, 2022c).

The institution has an American Nurses Credentialing Center (ANCC) Practice Transition Accredited Program (PTAP) RN residency program to assist new hire RNs in their transition to practice. This program recently received its second accreditation (Lurie Children's, 2022d). Due to this program already being established at the institution, nursing leadership felt it had paved the way for the pursuit of achieving a PTAP accredited fellowship for APPs.

Organizational Culture and Readiness for Change

The organization recognized the need to address retention, especially in the first five years of employment. The lack of standardization in the transition to practice process was the focus in addressing job satisfaction and engagement during this timeframe. The leadership team including the CNO, ACNO, and Director of APP Practice and Professional Development are committed to supporting the project.

A SWOT analysis (see Appendix D) was performed to understand the strengths, weaknesses, opportunities, and threats of the project after an organizational assessment was performed. The organizational assessment was completed in tandem with the director of APP professional development who was serving as the interim ACNO. Major threats to the project include potential loss of financial and organizational resources especially in the setting of the

global pandemic as well as turnover within nursing leadership. However, the project is in alignment with the organization's mission and vision. The project will provide the organization the potential for improved job satisfaction, improved transition to practice, and increased recruitment and retention of APPs.

The memorandum of understanding (MOU) serves as an agreement between the DNP student and the organization. It outlines the terms and understanding between the student at Boise State University and organization. The MOU was reviewed, approved, and signed by the PI and the institution on July 13, 2022. The MOU appears in Appendix E.

Project Outcomes and Interventions

The Kellogg Logic Model was used to guide project planning. It helped to create a visual depiction of how the project resources, activities, and outputs were aligned with the short, intermediate, and long term outcomes. The details of the Logic Model can be found in Appendix C. Nine short term, four intermediate and three long term outcomes were identified.

Short-Term Outcomes

Nine short-term outcomes were identified and included the following:

1. 75% of new hire APPs took part in the APP fellowship by the end of the project implementation phase.
2. 75% of new hires attended the didactic session by the end of the project implementation phase.
3. New hire APPs will have an increase by 5% on the Self Efficacy Scale by the end of the project implementation phase.
4. 75% of new hires were paired with a mentor within two weeks of employment as an APP.

5. 50% of mentors developed SMART goals with their new hire APP for the mentor/protégé relationship by the end of their initial meeting.
6. 50% of new hires achieved their SMART goals created with their mentor by then end of the project implementation phase.
7. 50% of mentor/protégé pairs met monthly by the end of the project implementation phase.
8. Post meeting electronic check in was completed monthly by new hire 50% of the time by the end of the project implementation phase.
9. 50% of preceptors tracked new hire competency progress in Kahuna by the end of the project implementation phase.

Project Interventions

The primary project intervention will be implementing an APP fellowship for new hire APPs. This intervention can be further broken down into three distinct components which consist of didactic sessions, mentorship and completing competencies aided by preceptors.

Didactic sessions will be held quarterly. Each didactic session will include curriculum needed for clinical practice but will also include curriculum on professional development, institutional awareness, time management, and resilience. These sessions will be presented by content experts in these areas. Each didactic session will include a transition session guided by a facilitator to discuss difficult situations and aid in socialization.

For mentorship, the project oversight committee, consisting of the DNP student, APP educator and director of APP practice, will educate the faculty that pairs new hires with their mentor on the importance of timeliness in that pairing. Mentors and new hires will be educated on the expectation of the mentor/mentee relationship including meeting monthly during the project

implementation phase and monthly up to 6 months after. Mentors will undergo education on the development of SMART goals and will be advised to develop SMART goals with their mentee at their first meeting. New hires will be educated on the electronic check in system to document their monthly meetings.

Preceptors and new hire APPs will be educated on the electronic platform that is used by the institution for tracking competencies. Preceptors will be educated on how to track completed competencies of the new hire APPs as they progress. New hires will be able to access the platform to have visibility of the expected competencies and view their personal progression.

Correlation of interventions with Theoretical Model

From Limbo to Legitimacy (Appendix B) is a theoretical model that focuses on the transition of new graduate NPs entering the primary care workforce. The theory consists of four categories each with its own set of subcategories (Brown & Olshansky, 1997). The interventions of this project align with the stages of this theory: laying the foundation, launching, meeting the challenge, and broadening the perspective. These interventions help support new graduate APPs in their transition to practice.

Timeline

A Gantt chart is used as a project management tool. The timeline (Appendix F) provides a means to visually identify the key stages of the project including planning, implementation, data collection, data analysis, and dissemination. Planning for the project included identifying the problem and a review of literature that began in the fall of 2021. In the spring of 2022 the project oversight committee was established and work to build the program for the project began. The project will be implemented in the summer of 2023 and will conclude by the end of the summer at

which time data analysis will begin. The final analysis of outcomes will be presented to stakeholders via presentations and in writing in the spring of 2024.

Implementation and Evaluation Plan

The implementation plan will be carried out by the DNP student and the project oversight committee. All new graduate APPs hired into the organization will be enrolled into the APP transition to practice fellowship. The DNP student and project oversight committee will be responsible for tracking the outcomes of the project. The outcomes of the project are numbered in the outcomes evaluation table, Appendix H. This table summarizes the outcomes, instruments used, data collected, and data analysis techniques.

Methods

Outcome one data will be collected through use of a new hire recruitment report in excel. The DNP student and project oversight committee will work together to maintain this spreadsheet. Nominal count and percentage will be used to analyze the data.

Outcome two involves ensuing that new hire APPs are attending the didactic sessions. A forms document will be created by the DNP student and use of a QR code will be implemented. New hires will scan the QR code at the didactic session to log their attendance. Any technology concern will be mitigated by using a paper sign in sheet for those who are not able to use their phones to scan the QR code. This paper form will then be transcribed into the database by the DNP student or a member of the project oversight committee.

The third outcome utilizes the General Self Efficacy Scale (GSES) pre and post implementation. The GSES is a tool that was developed to measure an individual's beliefs in their own abilities (Schwarzer & Jerusalem, 1995). A self-efficacy tool is a way to measure an individual's change in confidence before and after an intervention. It will be administered at the

beginning and end of the project implementation by the DNP student or member of the project oversight committee.

The GSES is a 10 item tool scored on a four point Likert scale ranging from not at all true to exactly true. The items are summed to give a total score. The higher the points, the greater level of perceived self-efficacy. It is a widely utilized reliable tool with Cronbach's alpha ranging from .76-.90 (Schwarzer & Jerusalem, 1995).

The GSES is also a valid tool. It has been validated in 31 countries and languages. It has concurrent validity with Sherer's general self-efficacy measure and Chen's New general self-efficacy measure. The tool shows to be a useful instrument in health care education showing the change of self-efficacy with interventions (Kursurkar, 2013).

This tool will be administered at defined timeframes during the project implementation phase. It will be administered by a member of the project oversight committee who has been trained in the proper process and procedure for administering the tool. This method will aid in interrater reliability between data collectors (Hickey, 2021).

For evaluating the goal of a 5% increase on the GSES, central tendencies will be utilized. The mean and median data from the GSES will be compared pre and post implementation. Mode is not used to compare two sets of data as it is possible to have multiple modes within a data set (Mishra, 2019).

Outcome four utilizes a new hire/mentor pairing worksheet that will be created in excel by the DNP student. This will track the name of the new hire, the start date, the department in which the new hire is employed, the name of the mentor, the date the two were paired, and the dates of the meetings between the pair. This information will be entered into the worksheet by a member of the project oversight committee. One potential data collection issue could be the amount of time

that is required to pair the dyad and then enter the information into the excel sheet. This can be mitigated by delegating and utilizing more than one member of the project oversight committee in this data collection.

Outcomes five, six, seven, and eight will utilize the same new hire/mentor check in and SMART goal report. A forms document will be created by the DNP student that includes the names of the new hire and mentor, date of their initial meeting, SMART goals that are created, dates of subsequent meetings, topics discussed, and progress towards goals. A link to this form will be sent to the pair by a member of the project oversight committee. Nominal counts and percentages will be used to analyze the data. A factor that could hinder data collection for these outcomes is that the new hires/mentors may forget to enter this data in with each meeting. This will be mitigated by reminder emails from the project oversight committee.

The final outcome, nine, addresses tracking new hire competencies. An excel spreadsheet will be created by the DNP student based of the report pulled from Kahuna. This is a propriety tool of the organization. The spreadsheet will consist of the name of the new hire, name of preceptor(s), competencies assigned, and competencies completed. Nominal count and percentage will be utilized to analyze the data. As Kahuna is a new program to the organization, it is unclear what the report will look like thus this could cause an issue in data collection of this information. This will be mitigated by members of the Project Oversight Committee being trained on Kahuna.

Sustainability

All members of the project oversight committee will have knowledge of all outcomes, data collection instruments, and analytic techniques to aid in maintaining sustainability. The excel and forms documents created by the DNP student and members of the project oversight committee will be shared with all members of the committee to allow for long term access. The project oversight

committee will regularly assess processes and outcomes for the need of revising based on feasibility. Ultimately there will be organizational enculturation of the APP fellowship.

Ethical Considerations

Ethical Considerations and Protection of Participants

Per hospital policy the project will be submitted to the IRB where it is anticipated to be deemed an exempt project. The project will also be submitted to the Nursing Research Council. The institutions Nursing Project Tracker will be utilized for submission and approval of the project.

Citi training on human subjects was completed by the DNP student. (Appendix G) Raw data from the project will be limited to visibility by the Project Oversight Committee, DNP student, and faculty mentor. All new graduate APPs will be enrolled to participate in the fellowship but participation will be voluntary, meaning an APP can opt out if so desired.

Conflicts of Interest

A potential conflict of interest is that the DNP student is currently a member of the TIP committee. The DNP student is also an APP manager of the neurosciences. Both of these positions have the potential to impact participation and outcomes.

Biases and Threats to Quality

Selection bias will be mitigated by the DNP student by offering the fellowship to all new hire APPs and not just to a select group of APPs. A potential threat to quality is the number of new hire APPs who will participate. The individual participation of the new hires as well as participation by mentors and preceptors could impact quality. There may not be enough data to replicate the outcomes of the project.

Project Budget

The expenses and revenue directly associated with developing, implementing, and sustaining the project are captured within the scholarly project financial reports for year 1, the statement of operations, and year 2-3 budget plan, which can be found in appendixes I, J, and K respectively. Expenses for year one include personnel, materials and supplies, IT, marketing, and training and development. Expenses for the first year total $305,932 with nearly 90% of that attributed to personnel. Expenses for year two are slightly lower accounting for the fact that IT, marketing, and training will be less of an investment after the first year. However, year three expenses are slightly higher than year one which is attributed to estimated inflation of 3% (CPI Inflation Calculator, 2022) per year as well as an increase in personnel pay of 3% per year consistent with organizational HR data. The project will not generate revenue. Wages for personnel, materials, space, IT, marketing, and training will be absorbed through in-kind donations from the organization.

Results

Project implementation occurred from May 2023-July 2023 and consisted of enrolling new graduate APPs into the transition to practice fellowship. Eight APPs were enrolled into the fellowship during the implementation phase. During the first week of hire the new APPs met with the APP educator who advised that they were being enrolled in the fellowship and provided an educational overview of the fellowship (see Appendix P). The pretest GSES was administered at this time as well. As new APPs were on boarded into their divisions the APP educator met with preceptors to train on how to track competencies in the Kahuna platform. Kahuna is a skills and competency management software platform utilized by the organization for initial and ongoing assessment (Kahuna, 2022). At the beginning of the project implementation period four mentor

training sessions were held and delivered by the DNP student. The training sessions were to inform mentors on the fellowship, discuss expectations of the mentor relationship, and educate them on the creation of SMART goals. For any mentors that were not able to attend one of the four training sessions, the PowerPoint presentation used for the training sessions was provided to them via email. Attendance was taken on the didactic day by the DNP student. The posttest GSES was administered by the DNP student and APP educator during the didactic day.

Process Measures and Outcomes

The nine short-term outcomes were evaluated using methods outlined in the logic model. All outcomes were not met given the contextual elements that will be later discussed.

Outcome 1 was met. 100% of new hire APPs participated in the transition to practice fellowship during the implementation phase. This was counted as participation in any part of the fellowship. Details of participation can be found in Appendix Q.

Outcome 2 was met. Seven out of eight (88%) new graduate APPs attended the day long didactic session. The one APP that did not attend was on FMLA. See Appendix R.

Outcome 3 was not met. There was a decrease in the mean score from pretest to post test for the General Self Efficacy Scale. See Appendix S.

Outcome 4 was met. Seven out of eight, 87%, of new hire APPs were paired with a mentor within two weeks of the start date. The new hire APP that was not paired within 14 days was paired within 30 days of their start date (see Appendix T).

Outcome 5 was met. Eight out of eight, 100%, of the mentor and new hire pairs created SMART goals as part of their mentor relationship. Of the eight mentors that aided in creating SMART goals with their mentees, five attended the training sessions on SMART goal creation. Three of the mentors did not attend the training sessions and were educated via the Powerpoint.

Outcome 6 was met. Four out of eight (50%) of the new hires achieved the SMART goals they created with their mentor during the project implementation period. One of the APPs that did not achieve their SMART goals was the APP on FMLA. It is unknown whether she would have achieved them or not had she not been out.

Outcome 7 was met. Four out of eight (50%) of mentors met with their new hire more than once during the project implementation period. Again, the APP on FMLA was not able to meet monthly due to being out.

Outcome 8 was met. Eight out of eight of the mentors that created SMART goals with their new hires used the Microsoft Forms link to track the meeting and document the SMART goals. However, only four out of the eight mentors (50%) used the link more than once to track subsequent meetings.

Outcome 9 was met. Four out of eight, 50% of preceptors tracked new hire competencies in Kahuna (see Appendix U).

Contextual Elements

A few contextual elements interacted with the intervention and effected some of the outcomes of the scholarly project. These were primarily organization specific characteristics. The number of participants in the implementation being one of them. This number was limited to the number of new graduate APPs that were hired during the implementation timeframe. As more APPs are enrolled into the fellowship, ongoing data collection to involve greater numbers will be of utility.

Only four out of the eight mentors used the check in link more than once to track ongoing meetings with the new hires and progress towards goals. It is unclear if these pairs continued to meet and just did not use the check in link, if the check in link was found to be cumbersome, or if

goals had already been met and the pair was uncertain how to further proceed. Ongoing exploration as to why the link was not used will be performed in subsequent iterations of the fellowship.

Experienced APPs in each division were responsible for creating the competencies that were to be tracked in Kahuna. The amount of time needed to create these competencies was unexpected. In addition to the time to create the competencies was the time to load them into Kahuna. During implementation only three employees in the entire organization had access to load competencies into Kahuna. The divisions in which the preceptor did not track competencies in Kahuna was due to the competencies not yet being loaded into the system at the time of project implementation. Individual competencies within these divisions were tracked on paper.

Missing data

Missing data only impacted the GSES analysis. One of the new hire APPs was on FMLA at the time of the post test. Thus, that participants pretest data was excluded from the analysis.

Actual cost

The actual project expenses did not vary greatly from the detailed projected expenses outlined in Appendix L. However, there was omission of the personnel that were part of the didactic creation team. This was a team of four additional APPs who met twice a month for one to two hours to plan and create the content for the didactic session. This resulted in an additional $2,268 cost.

Interpretation

Association Between Interventions and Outcomes

The literature review for this SP project continually found that formal fellowships and mentorship aided in the transition period for new APPs. To address the concern of retention for

this population an APP transition to practice fellowship was successfully implemented. The implemented interventions resulted in eight out of nine outcomes being met.

Comparison of Results with Previous Findings

The literature suggests an APP fellowship and a formal orientation program improve job satisfaction (Aufferman, 2021; Park, 2020) and support transition to practice for new graduate APPs (Bryant, 2020; Speight, 2019). The use of a mentor improves transition to practice (Speight, 2019). These prior studies were the motivation for the creation of an APP fellowship program that included mentorship.

One difference between prior finding and the SP was in regards to job satisfaction. Previous findings often used the Misener Nurse Practitioner Job Satisfaction Scale to show improved job satisfaction, confidence, and retention. However, the survey was used in cases where there was a comparison group of APPs who were not in a fellowship. A comparison group was not available for this project as all new graduate APPs were enrolled in the fellowship. The Misener Nurse Practitioner Job Satisfaction Scale could not have been used for this implementation project as some of the questions asked are based on prior practice experience. Given this project was focused on new graduate APPs who have not had exposure to practice a pre and post survey could not have been utilized.

Another difference was the lack of improvement in self-efficacy in using the General Self Efficacy Scale. Although this specific scale is not reported to have been used in the literature, prior studies have reported improved confidence when other scales have been utilized. One reason for this difference could be that the General Self Efficacy Scale may not be specific enough to use for this specific population. Another difference could be that at the onset of a new position after having just graduated the APPs in the fellowship did have a great deal of confidence. However,

after being in the role for a period of time they have realized what they actually did not know and thus had a decrease in self-efficacy. The lack of an increase in self-efficacy can also potentially be explained by the constraints of time for the implementation. If the same GSES were to be used after six months as opposed to the three months allotted for the implementation phase, perhaps enough time in practice would have elapsed to show an increase in self-efficacy.

Impact of Project on People and Systems

The implementation of the fellowship did not meet all of its outcome goals; however, there was still an impact on how the organization supports new APPs. The infrastructure has been put into place to support these APPs through mentorship, didactics, and preceptor guided competencies. The impact of the fellowship directly on APPs was not evident from the self-efficacy scores.

One of the intermediate outcomes is an increase on the novice nurse practitioner role transition scale. This scale was provided to the new graduate APPs at the beginning of the fellowship and will be administered again after a year. Utilization of these results will help to better understand the impact of the fellowship and its influence on role transition.

The long-term goal of a reduction in turnover will also be utilized to determine the impact of the fellowship. This will be assessed on an ongoing basis. Turnover expenses from recruiting to training can be costly for an organization and impact of the fellowship can be further evaluated if the turnover rates are reduced for those who partake in the fellowship.

Limitations

There were several identified limitations to this SP. The first of which was time. Time had the most significant impact on the SP. The implementation period took place over a timeframe of twelve weeks. This is not likely a long enough time period to really assess a change in self-

efficacy. In addition to this, only half of the APPs achieved the SMART goals that they established with their mentors. This is likely that the goals created were not attainable within such a short timeframe.

Another limitation was the number of APPs enrolled in the fellowship. This was limited to the number of new graduate APPs that started during that timeframe. The one APP going out on FMLA during the implementation phase further impacted the numbers.

Policy implications

The American Association of Nurse Practitioners (2022) have a policy statement against mandating nurse practitioner residencies and fellowships; stating that nurse practitioners who graduate from an accredited program are ready to practice. Mandating fellowships and residency may not be warranted but it does not mean that such programs do not provide support in transition, supplemental education in sub specialty areas of practice, and addresses inconsistencies between education and practice.

Conclusions

Usefulness

APPs are an integral part of the healthcare workforce. Retention of well-trained APPs is necessary for ongoing quality and access to care. The first one to two years of practice for APPs can be tumultuous as these new providers transition from the education setting to practice.

This scholarly project outlines the interventions needed to implement an APP transition to practice fellowship. This fellowship was inclusive of didactic, mentorship, and preceptor guided clinical competencies. Although an increase in self-efficacy was not seen, all other outcomes of the scholarly project were met.

Sustainability

Sustainability for the fellowship was of consideration from the onset of the SP. Creation of a fellowship was supported by the CNO and ACNO. The APP leadership team was supportive of the dedicated time needed for the APPs in the fellowship to attend the didactic session as well as meet with their mentors. For ongoing maintenance of the program a director of the fellowship will need to be established.

Potential for Spread

The initial implementation of this APP fellowship was aimed at new graduate APPs; however, elements of the fellowship could conceivably be relevant to other populations of APPs. The potential for spread to other new hire APPs in the organization with less than 2-3 years of APP experience could be included.

The implications and next steps include continuation of enrollment of new APPs into the fellowship on a rolling basis. Ongoing iterations and improvements will be integrated based on feedback from the project oversight committee and the first cohort of APPs in the fellowship. One such modification is the prolongation of the fellowship into a yearlong program. The yearlong program will include quarterly didactic sessions with additional content provided at each session.

Another next step is accreditation. As indicated in the logic model a long term goal is accreditation of the APP fellowship. Accreditation of APP fellowships is needed to validate quality standards (Marcoux, et al., 2019).

Dissemination of the SP to key stakeholders within the organization will take place. This is needed to obtain ongoing resources to support the fellowship. This DNP student in conjunction with the APP educator will continue to direct the program, but eventually a program director will need to be hired for ongoing operations and management of the fellowship.

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Appendix A

Literature Review

TITLE OF ARTICLE	AUTHORS	RESEARCH QUESTION OR AIM OF THE ARTICLE	TYPE OF STUDY (DESIGN)	LEVEL OF EVIDENCE	DESCRIPTION OF SAMPLE (IF APPLICABLE)	OUTCOME MEASURES	RESULTS/KEY FINDINGS
Predictors of Nurse Practitioner Retention	Hagen, J. and Curtis, D. (2018)	To examine the relationship of the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) factors and nurse demographic characteristics with NP retention,, as defined by the number	Cross sectional descriptive study using survey methodology		315 NPs with valid Texas address and on file with the Texas Board of Nursing and employed in Texas. There was a response rate of 15.9%. Mean age was 52 +/- 11.2 years. Years of experience was 11.7 +/- 8.9. Years of employment at current position 6.0 +/- 6.4.	Respondents characteristics (age, years of experience, salary) and the 6 subscale scores of the MNPJSS.	More years of experience, higher salary, and better benefits were the strongest predictors of duration of employment. Lower autonomy/challenge and lower salary were strongest predictors of intention to leave.

		of years at current position and intention to leave current position in 5 years.					
The Millennial Engagement, Resiliency and Retention Study: What Does Your Millennial Advanced Practice Registered Nurse Workforce Really Want	Harris, M. et al. (2020)	To assess what job satisfaction factors impact APRN intention to stay, and explore how variables such as resiliency style and age affect retention.	Cross-sectional descriptive study		165 NPs from a large urban 894-bed academic medical center in the Midwest working in inpatient, ambulatory and surgical specialties employed 6 months of longer. 93.3% female. 33.3% (26-35yo), 37% (36-45yo), 29.7% older	Connor-Davidson Resilience Scale by age. Anticipated turnover scale by age.	No significant difference in CD-RISC measures by age. No higher intention to leave by Anticipated Turnover Scale by age. Significant difference found in job satisfaction by age using the Misener Nurse Practitioner Job Satisfaction Scale, with millennials being less satisfied.
Relationships Among Factors Affecting	Han, R. et al. (2018)	To explore the relationship between	Systematic review. All studies were descriptive,		Review of literature the included three research databases	Assessment of job satisfaction in all of the studies.	There is an association between nurse practitioner job

Advanced Practice Registered Nurses Job Satisfaction and Intent to Leave: a Systematic Review		advanced practice registered nurse job satisfaction and intent to leave.	nonexperimental, and used convenience samples for administration of surveys.		including CINAHL, PubMED, and PsycINFO. Resulting in 10 studies that met criteria. All included NPs, one include clinical nurse specialists.	Exploration of intent to leave in 2 studies.	satisfaction and intent to leave. Both intrinsic and extrinsic factors contribute to job satisfaction.
Satisfaction, Burnout, and Turnover Among Nurse Practitioners and Physician Assistants: a Review of the Empirical Literature	Hoff, T. et al. (2017)		Systematic review. Most studies were cross sectional and descriptive using univariate or bivariate analysis.		PRISMA guided review of literature from 2000-2016. Resulting in 32 articles that examined satisfaction, burnout, stress, and turnover.	Examination of job satisfaction, job related stress, job burnout, and intent to stay. 14/20 NP articles used Misener or Cox NP job satisfaction scale.	Literature is somewhat limited for well designed studies. There is a disproportionate focus on satisfaction versus burnout and turnover.
Nurse Practitioner' Job Satisfaction and Intent to Leave Current Positions, the Nursing Profession,	De Milt, D. et al. (2010)	To describe job satisfaction of NPs. To examine differences of NP job satisfaction based on intent to	Cross sectional descriptive study		254 nurse practitioners currently licensed as NPs who were employed for at least 6 months actively treating patients. Mean age of 47.2. 97% female. Average	Examination of job satisfaction using the Misener NP Job Satisfaction Scale. The Anticipated Turnover Scale to assess perception of voluntary termination.	NPs were satisfied with benefits, challenge and autonomy. NPs were minimally satisfied with professional growth, intrapractice

and the Nurse Practitioner Role as a Direct Care Provider		leave, the profession, and role as direct care provider. To describe the relationship between job satisfaction and anticipated turnover.			of 8 years NP experience.	Intent to leave questionnaire.	partnership and collegiality. 27% indicated intent to leave current position. Higher job satisfaction was link significantly with intent not to leave as well as anticipated turnover.
Nurse Practitioner Job Satisfaction: Looking for Successful Outcomes	Pasaron, R. (2013)	Examine job satisfaction. Identify relevant retention an recruitment strategies.	Descriptive-correlation design using survey methodology		NPs from one organization, total of 40 NPs. N of 17. 43% response rate. Mean age of 44 years old. Average length of employment as NP was 9.5 years.	The Misener Nurse Practitioner Job Satisfaction Scale and two investigator-developed surveys	NPs in study were minimally satisfied with their jobs. Challenge/autonomy was identified as the most satisfying. The respondents were least satisfied with professional and monetary recognition, assertive influence, administrative support, and

							collegial relationships.
Differences in Turnover Intentions of Nurse Practitioners by Practice Area in the United States	Mahoney, C. et al. (2018)	To understand the determinants of nurse practitioner turnover intentions.	Sample survey		NP survey data from 7,944 participants. 3,843 in primary care, 1, 345 in internal medicine subspecialties, 724 in surgical positions and 2,032 in other.	Job dissatisfaction and turnover intention.	Higher NP turnover intentions were associated with higher levels of dissatisfaction with organizational administration, professional treatment, patient workload, and pay and benefits.
Potential Solutions							
Effects of completing a postgraduate residency or fellowship program on primary care nurse practitioners transition to practice	Park, J. et al. (2021)	Effects of completing a postgraduate residency or fellowship program on role perception, practice autonomy, team collaboration	Convenience sample survey	Level III with good quality	NPs licensed in the U.S. with active license currently practicing in primary care comparing those who completed postgraduate residency/fellowships to those who did not	Survey with five domains; role perception, practice autonomy, team collaboration, job satisfaction and intent to leave	Role perception and practice autonomy were not significantly different between those that had completed residency/fellowship and those that had not. NPs with post grad training were

		, job satisfaction, and intent to leave					more satisfied with their jobs and less likely to have intent to leave although not statistically significant.
Strategies to promote the professional transition of new graduate nurse practitioners: a systematic review?	Speight, C., et al. (2019)	Synthesize available evidence on the effectiveness of interventions to promote professional transition of new grad NPs.	Systematic review, Lit search	Level III with good quality	Research based studies or program evaluations published between 2007 and 2019.	Competency, job satisfaction, role transition, retention, and patient outcomes	Residency or fellowship was most frequently cited encompassing mentorship, experiential learning, interprofessional training, and professional socialization
Participation in a nurse practitioner fellowship to instill greater confidence, job satisfaction, and increased job retention	Bryant, S. & Parker, K. (2020)	The purpose of this study was to evaluate NP job satisfaction, confidence, and retention utilizing Misener Nurse	Non-experimental, convenience sample, survey	Level III with good quality	258 NPs from several sites who did not complete a fellowship (n=209) compared to NPs who completed a fellowship (n=49)	Job satisfaction using the Misener Nurse Practitioner Scale	Those who completed a fellowship had higher scores (Levene's test) on sense of value (9.314), monetary bonuses (0.188) and compensation

		Practitioner Job Satisfaction Scale and to compare between NPs who had completed a fellowship and those who had not.					(2.581). Those participating in NP fellowships noted increased preparedness for practice, confidence, and increased job satisfaction.
Job Satisfaction and Retention of an Advance Practice Registered Nurse Fellowship Program	Cartwright, C. C. (2021)	To determine if an APRN fellowship program affects job satisfaction and retention after the first year of practice.	Convenience sample, survey	Level V with good quality	9 newly hired APRNs in two cohorts of APRN fellowship	Job satisfaction and retention using the Misener Nurse Practitioner Job Satisfaction Scale	Transition to practice programs (didactic, mindfulness, scope of practice, professional development, preceptor) has a positive effect on job satisfaction (mean factor scores: intrapractice practice partnership, 4.58, autonomy, 4.92, professional growth, 5.07, benefits, 5.25,

							professional social interaction, 5.18) and retention (retention rate decreased from 95.84% to 88.47%)
Mentoring: Positively influencing job satisfaction and retention of new hire Nurse Practitioners	Horner, D. K. (2020)	Does mentoring positively influence NPs job satisfaction	Non experimental Mixed methods using survey	Level V with good quality	Convenience sample of 37 NPs licensed to practice in the state of Indiana	Job satisfaction as measured by the Misener Nurse Practitioner Job Satisfaction Scale	Based on MNPJSS intrinsic factors (job achievement, recognition, responsibility, advancement and growth) were most correlated with job satisfaction. Extrinsic factors (conditions, relationships, salary, policy, administration, supervision) accounted for the highest level of dissatisfaction. Mentoring positively

							influences job satisfaction
Mentoring new graduate nurse practitioners	Moss, C. & Jackson, J. (2019)	What evidence exists regarding mentoring on APNs and role transition, satisfaction and retention	Literature search	Level V with high quality	Literature search using CINAHL, PubMed, ABI/Inform, ProQuest Central, PyschInfo and Google Scholar with search terms, nurse practitioner, new graduate, mentor, role transition, job satisfaction, retention, and intent to stay, over the last 10 years, narrowed down to 17 articles	Mentoring impact on role transition, job satisfaction and retention.	Mentorship significantly and positively effects role transition, job satisfaction and retention.
Communication, leadership, and organizational support facilitate successful transition into practice for	Soco, C. et al. (2020)	To examine the factors associated with successful transition to practice for NPs in the ED.	Descriptive, correlation, comparative study	Level V with high quality	119 NPs practicing in EDs across 11 institutions with 6 months to 5 years of experience	Personal (stressors, years of experience in ICU/ED, years of experience as NP) and Community (organizational support and communication/leaders	There was no statistical difference in transition associated with those who had prior ICU/ED RN experience or other specialty RN roles.

nurse practitioners in the emergency department						hip) as related to a successful transition	Personal stressors had a negative impact on patient safety and job satisfaction.
Facilitators and barriers to the novice nurse practitioner workforce transition in primary care	Faraz, A. (2019)	To identify facilitators and barriers to nurse practitioner transition to practice	Convenience sample, Descriptive statistics, qualitative analysis	Level V with high quality	177 newly hired NPs from all regions of the U.S. between 3 months and 12 months of being hired.	Facilitators and barriers of transition	Facilitators: support (mentor and social), autonomy, professional development and work life balance. Barriers: role ambiguity, lack of support, work load, compensation
Nurse practitioner and physician assistant onboarding in a family medicine practice	Chaney, A., et al. (2021)	A program evaluation of an institutions development and implementation of a successful NP/PA	Convenience sample, survey	Level V with low quality	7 NPs and PAs who had completed on boarding at this single site	Length of onboarding, feeling prepared for practice, retention	NPs/PAs felt a 6 month onboarding was sufficient, through the onboarding (included job expectations, training, mentor, competencies)

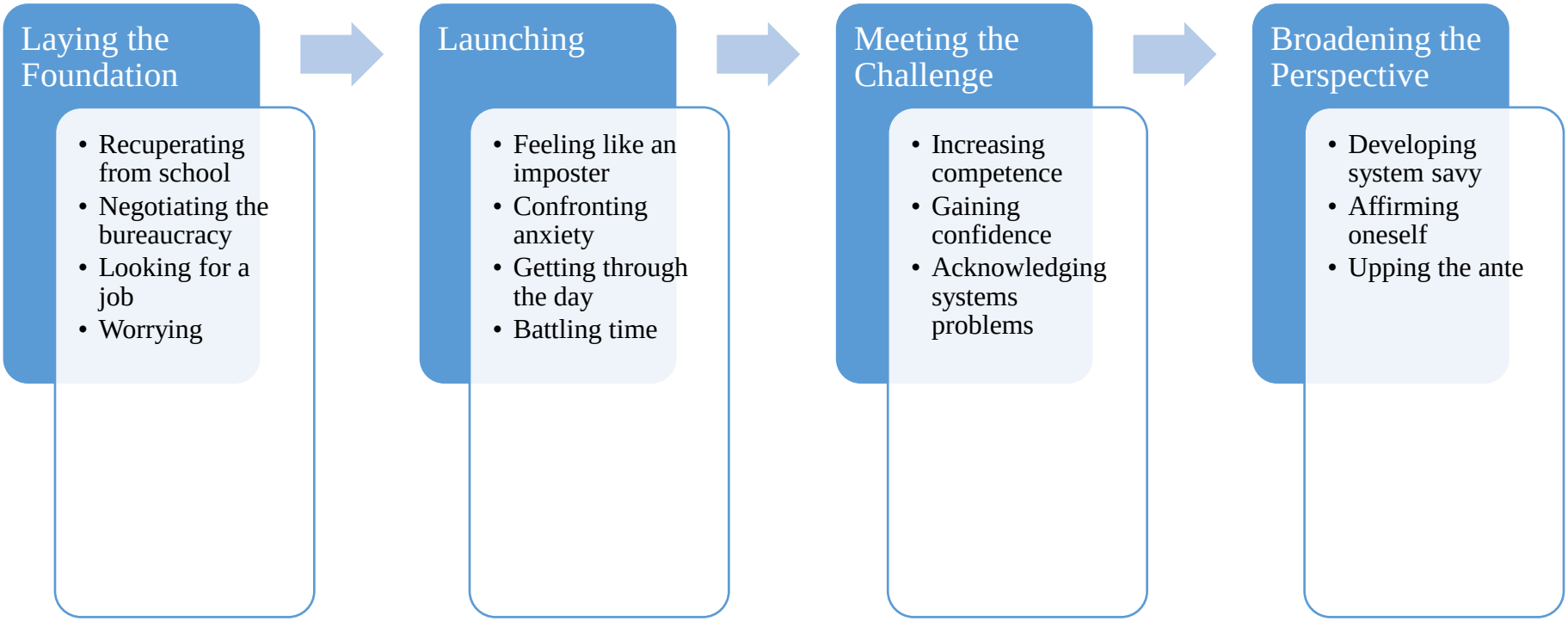
		onboarding program					felt prepared for practice. Within the past 3 years, 90% retention rate.
Exploring Novice Nurse Practitioner Job Satisfaction	Aufferman, K. et al. (2020)	To contribute to the understanding of the transition period of new nurse practitioners by exploring demographics and job satisfaction.	Non experimental quantitative study with convenience sample with survey methodology	Level III with good quality	116 licensed NP participants in the first 6 months to 2 years of experience as NPs.	The Misener Nurse Practitioner Job Satisfaction Scale	New NPs working in community/private setting had higher job satisfaction during this transition time than their hospital counterparts. NP job satisfaction was lower among those who intended to leave in next 6 months to 1 year. Turnover intention was indicated by 1/3 of respondents. NPs reported higher job satisfaction during transition when they had a

							formal orientation program (u=18.84, SD=3.08 compared to u=11.53, SD=4.44, t(114), p=.00)).
Novice nurse practitioner workforce transition and turnover intention in primary care	Faraz, A. (2017)	Describe the individual characteristics, role acquisition and job satisfaction of novice NPs, and identify factors associated with their successful transition and turnover intention in the first year of PC practice	Descriptive cross sectional design, convenience sample, online survey	Level V with high quality	National sample of 177 NPs who graduated from an accredited NP program with 3-12 months experience in primary care	Individual characteristics (educational background, prior work experience, mentorship, social support, sense of meaning), role acquisition (ambiguity, self confidence), job satisfaction (autonomy, interprofessional relationships, time) and turnover intention	Greater sense of autonomy (p=.001) was associated with reduced turnover intention. Role ambiguity (p=.03) was also associated with turnover intention.

Appendix B

Theoretical Model

From Limbo to Legitimacy (Brown, M.A. & Olshansky, E. F., 1997)



Appendix C

Logic Model

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
APP fellowship oversight committee Time, oversight committee, new hires, faculty Printed materials Electronic marketing of program Electronic storage of scale data	All new hires are introduced to program at time of hire All new hires are reintroduced to program during first week of employment Administration of the Novice Nurse Practitioner Role Transition Scale (NNPRT scale)	All new hire APPs are aware of fellowship, its mission, vision, and goals Data from NNRPT scale	New hire APPs	1.75% of new hire APPs took part in the APP fellowship by the end of the project implementation phase (PO)	10. New hire APPs will have improved transition to practice by 5% based on the NNRPT Scale at 1 year post employment. (CO)	14. The institution has a PTAP accredited transition program
Time: transition oversight committee, faculty running didactic sessions, new hires Printed material	Didactic curriculum created Quarterly didactic sessions are planned Creation of printed material for didactic sessions	Consistent, organized, comprehensive didactic sessions Post didactic survey responses for ongoing improvement	New hire APPs	2. 75% of new hires attended didactic session including transition session by the end of the project implementation phase. (PO)	11. 75% of new hires will attend 100% of the quarterly didactic sessions by the end of the first year of employment. (PO)	15. New hires who went through the APP fellowship had an increase in professional development activities.

Facilities for planning and holding sessions Electronic storage of data (surveys, sing in sheets)	Creation of PowerPoint for didactic sessions Creation of post didactic sessions survey for evaluation of faculty Creation of sign in sheet for attendance					
Time: transition oversight committee, new hires Electronic storage of data	Obtain permission to use Self Efficacy Scale Creation of electronic version of Self Efficacy Scale	Pre and Post project implementation data on self-efficacy of new hires	New hire APPs	3. New hire APPs will have an increase by 5% on the Self Efficacy Scale by the end of the project implementation phase. (CO)		
Time: pairing, sending emails, documenting pair electronically Electronic database	Committee member sends email within 2 weeks of starting to introduce mentor/protégé pair	Consistent approach to pairing new hire with mentor Data from MNPJSS	New hire APPs and mentors	4. 75% of new hires were paired with a mentor within 2 weeks of employment as an APP. (PO)	12. New hire APPs and mentors will have a 5% increase of the total score for job satisfaction based on the MNPJSS at the end of one year participation in the fellowship. (CO)	16. Reduced APP turnover rate for new hires and mentors.

	Creation of electronic database to track pairing Use of already created electronic Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS)					
Time: transition oversight committee, mentors, new hires Printed education materials Electronic database	Mentors are educated on the creation of SMART goals New hires educated on documentation of SMART goals in electronic database Survey creation for pre and post education	Pre and post survey for technology and SMART goal creation knowledge	New hire APPs and mentors	5. 50% of mentors developed SMART goals with their new hire APP for the mentor/protégé relationship by the end of their initial meeting. (PO)		
Time: transition oversight committee, mentors, new hires Electronic database	Mentors meet with new hires to work towards goals.	New hires achieve their transition to practice goals.	New hire APPs and mentors	6. 50% of new hires achieved their SMART goals created with their mentor by the end of the project implementation phase. (PO)		

Time: mentors and protégés Printed materials Electronic database	Education to mentors and protégé on expectation of mentor/protégé relationship Creation of an electronic check in system New hire education on use of electronic check in system	New hire able to show return demonstration of electronic check in system New hire educated on necessity to check in digitally after each meeting with mentor	New hire APPs and mentors	7. 50% of mentor/protégé pairs met monthly by the end of the project implementation phase. (PO)	13. 50% of mentor/protégé pairs met monthly at the end of the one year of participation in the APP fellowship. (PO)	
Time Electronic database	Creation of an electronic check in system New hire education on use of electronic check in system	New hire able to show return demonstration of electronic check in system New hire educated on necessity to check in digitally after each meeting with mentor	New hire APPs	8. Post meeting electronic check in was completed monthly by new hire 50% of the time by the end of the project implementation phase. (PO)		
Time: preceptors and new hires Kahuna (electronic platform)	Core competencies for APPs are created in Kahuna Preceptors are educated on use of	Preceptor and new hires are able to demonstrate with return demonstration ability to use and record	Preceptors and new hires	9. 50% of preceptors tracked new hire competency progress in Kahuna by the end of the project		

Written education materials on using Kahuna	Kahuna for tracking competencies New hires are educated on use of Kahuna	competencies in Kahuna		implementation phase. (PO)		

Appendix D

SWOT Analysis

Strengths	**Weaknesses**
• Stakeholder buy in • Alignment with organizational mission and vision • APP senior leadership stability • Technology – Kahuna platform, PowerBI	• Competing organizational resources • Time of process – evaluate, plan, create • Time of people – preceptors, mentors, new hires, committee members • Unknown ownership – Clinical and Organizational Development versus Center for Advanced Practice • Leadership changes (interim ACNO) • 1 NPD for all APPs
Opportunities	**Threats**
• Improved job satisfaction • Improved transition to practice • Consistent approach • Standardized competencies • Seek accreditation • Improved retention • Improved employee engagement	• Economy • COVID • Loss of key stakeholders • Loss of financial organizational resources

Appendix E

Memorandum of Understanding

MEMORADUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING
BETWEEN
Breanne Hosford, Doctor of Nursing Practice (DNP) student
Boise State University
AND
Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's)

This Memorandum of Understanding (MOU) outlines the terms and understanding between *Breanne Hosford,* a DNP student at Boise State University, and *Lurie Children's,* to Implement an Advanced Practice Provider Fellowship to Improve Transition to Practice For New Hire APPs.

Background

Health care organizations utilize Advanced Practice Providers (APPs) to provide cost effective high quality comprehensive care across practice settings. APPs exist as an integral part of the healthcare system. Hoff (2019) reported "nurse practitioner numbers have grown from approximately 106,000 in 2004 to 234,000 as of 2017. Despite the growth in the numbers of APPs entering the workforce, there is concern surrounding turnover and retention, especially in the current setting of the COVID-19 pandemic.

Transition to practice for new APPs can be a difficult time. There is a need to bridge the gap between APP education and practice in the first year as a provider (Cartwright, 2021). APPs entering the workforce have a lack of confidence which can lead to distress and lower job satisfaction lending itself to higher rates of turnover (Faraz, 2019). A review of the literature focusing on strategies to support new hire APP transition to practice revealed that APP fellowship programs and mentorship improve transition to practice.

There are currently around 320 APPs employed by the institution. Since 2010 APP turnover rates have ranged from 4-12% with fiscal year (FY) 21 being the highest at 12%. Even during years when the overall turnover rate was not of concern, the greatest number of APPs who leave the institution are those within their first 1-2 years of tenure. Since 2017, of the APPs who have left 50-80% have done so in their first 5 years of tenure.

The current transition to practice program for APPs is lacking. Competencies, precepting, and mentoring for new hire APPs are not consistent. Outcomes of these interventions are not being consistently measured if they are even measured at all. Without strategies aimed at improving transition to practice for newly hired APPS, this population will continue to be unprepared for

transition into their new role, threatening job satisfaction, and ultimately will lead to continued turnover.

Purpose

The primary goal of the DNP Scholarly Project (SP) is to implement an APP fellowship for new hire APPs. This intervention can be further broken down into three distinct components. The components consist of didactic sessions, mentorship and completing competencies aided by preceptors

Intended Project Outcomes

- Improved transition to practice for new hire APPs
- Improved Self Efficacy of new hire APPs
- Increased job satisfaction of new hire APPs and mentors
- Decreaed turnover for new hire APPs and mentors
- PTAP accredidated Transition to Practice Program for APPs

Duration

The course of the project will consist of planning, implementation, evaluation, and disseninitation. The Implementation Phase of the DNP Scholararly Project will begin in May 2023 and will conclude in August 2023.

Reporting

The DNP Scholaryl Project will include a final report, an abstract, an otal presentation of the report in March 2023 and potential publication. The DNP student will sumit a Final Project Report for publication in ScholarWorks. ScholarWorks is a collection of services designed to capture and showcase all scholarly output by the Boise State Unniversity community, indulging doctoral disserations and doctoral project reports.

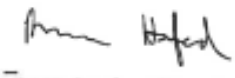
No personal identifiers will be included and all data will be reportd in aggregate form. The author welcomes any comments or suggestions from Lurie Children's, but reserves the right to publish findings and analysis according to professional standards and principles of academic freedom. For any work of a scholarly nature, the author agrees to follow the organizations(s) preference in how it is to be names (or not) in the work.

Agency preference for referral within the students's work:

In the student's Final Report?	No restrictions, as deemd appropriate by student
In an Abstract?	No restrictions, as deemd appropriate by student
In professional presentations?	No restrictions, as deemd appropriate by student
In professional publications?	No restrictions, as deemd appropriate by student
Any restrictions in the discussion of project details?	No restrictions

Student Contact Information

Breanne Hosford



Date: 7/12/2022

(DNP Student Signature)
Breanne Hosford, Boise State Unniversity DNP student

Date: 7/13/2022

(Organiational Contact Signature)
Brian M. Stahulak, Chief Nursing Officer, Ann and Robert H.Lurie Children's Hospital of Chicago)

Appendix F

Timeline

Project: Implementation of an Advanced Practice Provider Fellowship to Improve Transition to Practice																								
Month/Year																								
Activity	**Fall-21/Sp-22**	**Summer 22**				**Fall 22**				**Spring 23**				**Summer 23**				**Fall 23**				**Spring 22**			
		May-22	**Jun-22**	**July-22**	**Aug-22**	**Sept-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-22**	**Jun-22**	**July-22**	**Aug-22**	**Sept-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**
Planning																								
Problem Statement																								
Organizational Assessment																								
SWOT																								
Literature Review																								
Theoretical Framework																								
Form Advisory Committee																								
Advisory Committee meets																								
CITI training																								

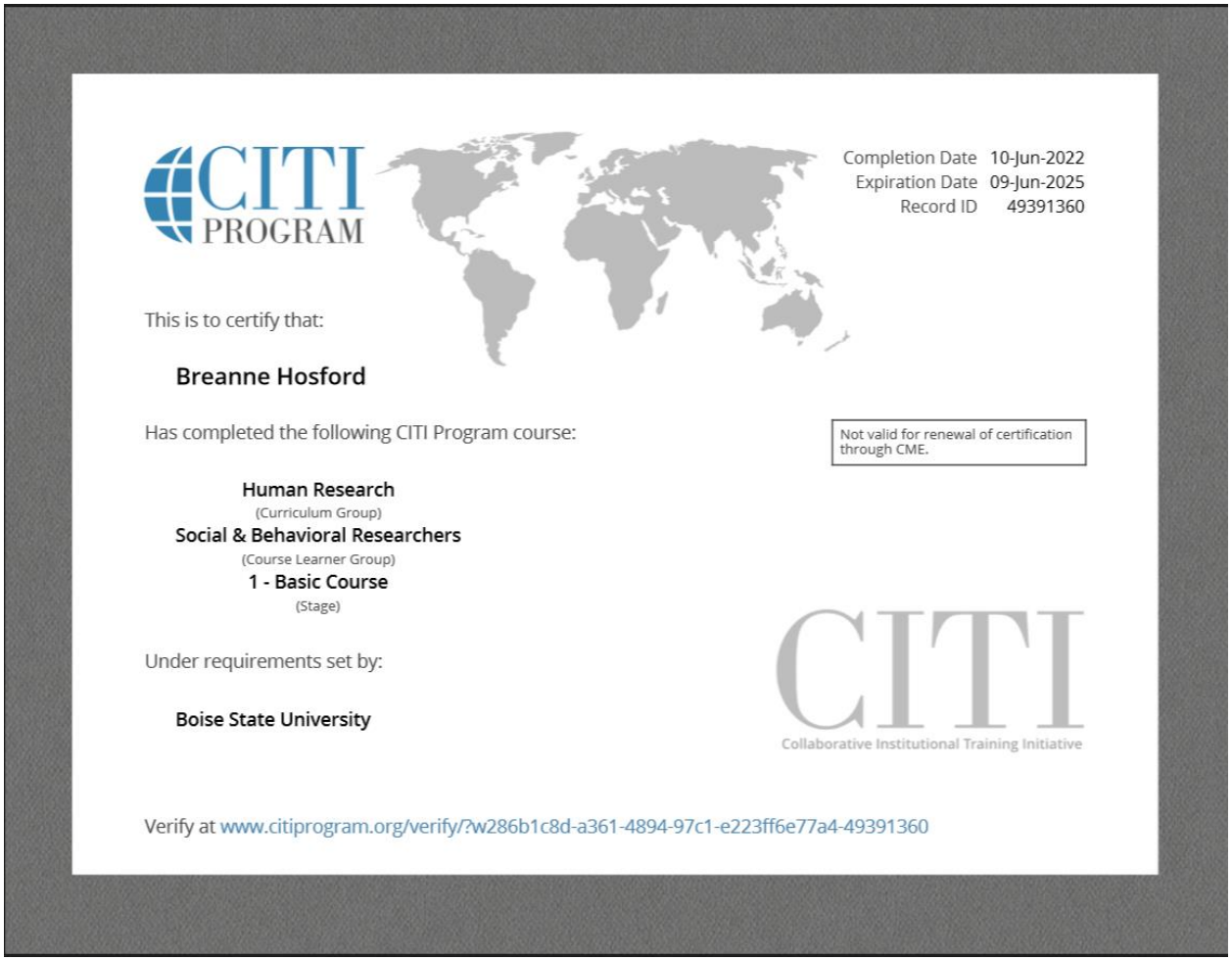
Logic Model																								
Develop APP competencies																								
Develop monthly didactic																								
Develop budget plan																								
Build data collecting/reporting																								
Mentor education																								
Preceptor education																								
Implementation																								
New hire attends quarterly didactic																								
New hire is assigned mentor																								
Mentor develops SMART phrase w new hire																								
Mentor meets with nee hire monthly																								

Electronic check in completed by new hire																								
Preceptor tracked competency in Kahuna																								
Data Collection																								
# of new hires																								
Attendance at didactic session																								
Post didactic faculty feedback survey																								
Time from new hire start to mentor pairing																								
# of new hires with SMART goal creation																								
# of new hires who completed post meeting check in																								
# of preceptors who tracked competencies in Kahuna																								

Data Analysis																								
Dissemination																								
Executive Report																								

Appendix G

Citi Training



CITI PROGRAM

Completion Date 10-Jun-2022
Expiration Date 09-Jun-2025
Record ID 49391360

This is to certify that:

Breanne Hosford

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Research
(Curriculum Group)
Social & Behavioral Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Boise State University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w286b1c8d-a361-4894-97c1-e223ff6e77a4-49391360

Outcome	Data Collection Instrument / Data	Analysis Goal	Analytic Technique
1. 75% of new hire APPs took part in all aspects of the APP fellowship by the end of the project implementation phase.	**Instrument:** New hire recruitment report Data collection excel spreadsheet created by DNP project lead **Data:** Excel spreadsheet with the names of all new hire APPs that started employment during the project implementation phase with date of hire. Count of number of participants that participate in the various aspects of the fellowship.	To quantify the number and percentage of new hire APPs that participated in the fellowship during the project implementation period.	Count of total number of new hire APPs. Nominal count and percentage of new hire APP participants Allows comparison of actual number to goal.
2. 75% of new hires attended the didactic session by the end of the project implementation phase.	**Instrument:** Didactic session sign in sheet Use of QR code for the sing in roster recorded into a forms document	To quantify number and percentage of new hire APPs that attended and participated in didactic session.	Count of total number of new hire APPs. Nominal count and percentage of new

	Data: Name of new hire APP Date of didactic session		hire APPs that attended didactic session. Allows comparison of actual number with goal.
3. New hire APPs will have an increase by 5% on the Self Efficacy Scale by the end of the project implementation phase.	**Instrument:** General Self Efficacy Scale (GSES) GSES is a 10 item tool scored on a four point Likert scale ranging from not at all true to exactly true. The items are summed to give a total score. The higher the points, the greater level of perceived self-efficacy. It is a widely utilized reliable tool with Cronbach's alpha ranging from .76-.90 (Schwarzer & Jerusalem, 1995). **Data:** GSES will be created in electronic format and delivered to new hire APPs within first two weeks of employment and again at end of project implementation period. Data is quantitative and summarized to give a total level of perceived self-confidence.	To determine a difference in perceived self-efficacy from baseline to the end of the project implementation period.	Descriptive statistics: n, mean, median, standard deviation Compare individual pre and pose test scores. Compare aggregate mean scores using pretest and posttest design.

	Name of new hire Pre project implementation GSES score Post project implementation GSES score		
4. 75% of new hires were paired with a mentor within 2 weeks of employment as an APP.	**Instrument:** New hire/mentor pairing worksheet Data collection excel spreadsheet **Data:** Name of new hire APP Start date of new hire APP Department of new hire APP Name of mentor Date pairing email was sent Date of meetings of meetings between pair Manager of new hire APP	To quantify number and percentage of new hire APPs that started and were paired with mentor within two weeks during the project implementation period.	Count of total number of new hire APPs. Nominal count and percentage of new hire APPs that were paired with mentor within first two weeks of hire date. Allows comparison of actual number with goal.
5. 50% of mentors developed SMART goals with their new hire APP for the	**Instrument:** New hire/mentor SMART goal report	To quantify the number and percentage of new hire APPs that created SMART goals with	Count of total number of new hire APPs.

mentor/protégé relationship by the end of their initial meeting.	New hire/mentor pairing dyads will be sent a link to an electronic forms to enter SMART goals **Data:** Name of new hire APP Name of mentor Date of initial meeting SMART goals of new hire Date goals were created	mentors at the initial meeting.	Nominal count and percentage of new hire APPs that created SMART goals with mentor at initial dyad meeting Allows comparison of actual number with goal.
6. 50% of new hires achieved their SMART goals created with their mentor by the end of the project implementation phase.	**Instrument:** New hire/mentor SMART goal report New hire/mentor pairing dyads will be sent a link to an electronic forms to enter SMART goals **Data:** Name of new hire APP Name of mentor	To quantify the number and percentage of new hire APPs who achieved created SMART goals but the end of the project implementation period.	Count of total number of new hire APPs. Nominal count and percentage of new hire APPs that achieved created SMART goals by the end of the project

	Documentation of whether new hire APP achieved, did not achieve goal.		implementation period. Allows comparison of actual number with goal.
7. 50% of mentor/protégé pairs met monthly by the end of the project implementation phase.	**Instrument:** New hire/mentor monthly check in report Dyads will be provided forms link for electronic check in. Check in form will allow documentation of when they met, what was discussed and progress towards goals. **Data:** Name of new hire APP Name of mentor Dates of meetings Topics of discussion Progress towards goals	To quantify the number and percentage of new hire APPs and mentors that met monthly during the project implementation phase.	Count of total number of new hire APPs. Nominal count and percentage of new hire APPs that met monthly during project implementation phase. Allows comparison of actual number with goal.

8. Post meeting electronic check in was completed by the new hire 50% of the time by the end of the project implementation phase.	**Instrument:** New hire/mentor monthly check in report Dyads will be provided forms link for electronic check in. Check in form will allow documentation of when they met, what was discussed and progress towards goals. **Data:** Name of new hire APP Name of mentor Dates of meetings Topics of discussion Progress towards goals	To quantify the number of times and percentage that the electronic check in was utilized during the project implementation phase.	Count of total number of new hire APPs. Nominal count and percentage of new hire/mentor dyads that completed the electronic check in. Allows comparison of actual number with goal.
9. 50% of preceptors tracked new hire competency progress in Kahuna by the end of the project implementation phase.	**Instrument:** Kahuna competency report Excel spreadsheet created based off of report pulled from Kahuna.	To quantify the number and percentage of new hire APPs and preceptors that utilized Kahuna for tracking competencies	Count of total number of new hire APPs and preceptors.

	Kahuna is a proprietary tool of the organization **Data:** Name of new hire APP Name of preceptor(s) Competencies assigned Competencies completed	during the project implementation phase.	Nominal count and percentage of new hires and preceptors that tracked competencies in Kahuna during the project implementation phase. Allows comparison of actual number with goal.

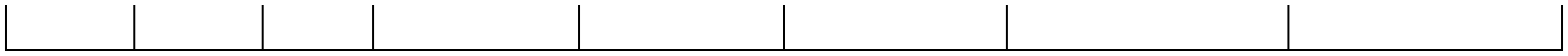
Appendix H

Outcome Evaluation Table

Appendix I

New Hire Recruitment Report

COHORT 1							
Last Name	First Name	Start Date	Pre GSES Completed	Post GSES Completed	Date Paired With Mentor	Preceptor Kahuna Check In	Didactic Session Attendance



Appendix J

General Self Efficacy Scale

General Self-Efficacy Scale (GSE)

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	☐	☐	☐	☐
2. If someone opposes me, I can find the means and ways to get what I want.	☐	☐	☐	☐
3. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐
4. I am confident that I could deal efficiently with unexpected events.	☐	☐	☐	☐
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	☐	☐	☐	☐
6. I can solve most problems if I invest the necessary effort.	☐	☐	☐	☐
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	☐	☐	☐	☐
8. When I am confronted with a problem, I can usually find several solutions.	☐	☐	☐	☐
9. If I am in trouble, I can usually think of a solution	☐	☐	☐	☐
10. I can usually handle whatever comes my way.	☐	☐	☐	☐

Appendix K

New Hire and Mentor SMART Goal Report

ID	Name of Protégé	Name of Mentor	Date of Meeting	SMART Goals of New Hire	Progress Towards SMART Goals	Other topics discussed during meeting

Appendix L

Scholarly Project Expense Report

Personnel	APP Educator	1 educator that will aid the director in running the program, .5 FTE dedicated, building of competencies/pathways in Kahuna. Hourly rate obtained from educator.	Variable	1,040 hrs X 1 NPD = 1,040	1040	$50.75	$52,780.00
Personnel	Didactic faculty	Faculty who will teach the didactic sessions; 1 hour sessions quarterly	Variable	4 hrs X 16 APPs = 64	64	$63.00	$4,032.00
Personnel	New Hire APPs	New hires in cohort, approx. 10 new hires per cohort, 4 times per year, 4 quarterly didactic, monthly mentor meetings	Variable	16 hrs X 40 new hire APPs = 640	640	$50.50	$32,320.00
Personnel	Mentors	Mentor meets monthly with new hire APP	Variable	12 hrs X 40 mentors = 480	480	$63.00	$30,240.00
Personnel	Didactic Team	Team of 4 APPs, met 2 times per month an average of 1.5 hrs for 3 months	Variable	9 hrs X 4 APPs =36	36	$63.00	$2,268
Materials & Supplies	Office supplies: Paper, pens, printer, ink	Printed materials: information handout, NNPRT scale, printed copy of didactic, pre and post didactic survey, sign in sheets	Fixed	50 x 1 time = 50	1	$50.00	$50.00
Space	Meetings, training, didactic sessions	Reservations required for rooms but no charge, in kind	Fixed	20 rooms x 1 = 20	20	$50.00	$1,000.00
IT	Microsoft 365 Business	Microsoft Powerpoint for presentations, Word for printed materials, Forms for survey creation	Fixed	12.50/mo X 12 mo = 150	12	$12.50	$150.00

IT	Kahuna	Platform for tracking competencies, access needed by project oversight committee, new hires and preceptors	Fixed	38 per seat X 90 seats = 3,420	90	$38.00	$3,420.00
Marketing/Advertising	Electronic marketing of the program	Member of marketing to be a development coordinator for website development to advertise program	Variable	200 hrs X 1 marketing team member = 200	200	$68.67	$13,734.00
Training and Development	APPFA conference registration	APP program director and educator to attend APPFA conference to learn accreditation standards of APP fellowships	Fixed	1 Registration fee X 2 attendees = 2	2	$350.00	$700.00
Training and Development	Mentors receive SMART goal education	30 minute session to review SMART goals with APP mentors	Variable	.5 hrs X 40 mentors = 20	20	$63.00	$1,260.00
Training and Development	New hires receive SMART goal and electronic check in education	30 min session to review	Variable	.5 hrs X 40 new hires = 20	20	$50.50	$1,010.00
Training and Development	Preceptors receive electronic competency education	1 hour session to review use of Kahuna	Variable	1 hrs X 40 APP preceptors = 40	40	$63.00	$2,520.00
Training and Development	New hires receive electronic competency education	1 hour session to review use of Kahuna	Variable	1 hrs X 40 new hires = 40	40	$50.50	$2,020.00

Appendix M

Scholarly Project Statement of Operations

Statement of Operations		
Operating Income		**$-**
	Revenue Total	**$ 308,000.00**
Source	**Description**	**Amount**
This is a subsidized project with no associated revenue. In-kind contributions by the sponsoring organization and DNP student.	In-kind wages for all personnel, including the DNP student	$ 282,336.00
	In-kind materials & supplies	$ 50.00
	In-kind space	$ 1,000.00
	In-kind IT	$ 3,570.00
	In-kind marketing/advertising	$ 13,734.00
	In-kind training and development	$ 7,510.00
	Expenses Total	**$ 308,000.00**
Expenses	**Description**	**Amount**
Personnel		$ 282,336.00
Materials & Supplies		$ 50.00
Space		$ 1,000.00
IT		$ 3,570.00
Marketing/Advertising		$ 13,734.00
Training and Development		$ 7,510.00

Appendix N

Scholarly Project 2-3 Year Budget Plan

Yearly Totals:	$ 305,932.00	$ 297,221.74	$ 306,138.32	
Expense Category	**Year 1**	**Year 2**	**Year 3**	**Rationale**
Personnel	$ 282,336.00	$ 288,470.04	$ 297,124.14	After pilot year project oversight committee hours and didactic team no longer needed, all other hours remain the same each year with 3% pay increase calculated in per year consistent with organizational HR data
Materials & Supplies	$ 50.00	$ 51.50	$ 53.05	Assumes 3% increase per year for inflation (CPI Inflation Calculator, 2022)
Space	$ 1,000.00	$ 1,030.00	$ 1,060.90	Space needs remain the same for years 2 and 3; assumes 3% increase per year for inflation (CPI Inflation Calculator, 2023).
IT	$ 3,570.00	$ 1,720.10	$ 1,771.70	Microsoft 12.50/mo X 12 mo = 150 + 3% each year for inflation; Kahuna after first year will only need additional 40 seats/year for new hires with added 3% per year for inflation (Kahuna, 2021)
Marketing/Advertising	$ 13,734.00	$ 2,829.20	$ 2,914.00	Assumes marketing website is built first year, 40 hours each subsequent year for website updating/maintenance with 3% pay increase calculated in per year (CPI Inflation Calculator, 2022)
Training and Development	$ 7,510.00	$ 3,120.90	$ 3,214.53	After first year attendance at conference not needed and training no longer needed for mentors and preceptors, training for new hires on SMART goals, electronic check in, and Kahuna still required with 3%

				pay increase calculated in per year (CPI Inflation Calculator, 2022)

Appendix O

IRB Letter of Determination

Ann & Robert H. Lurie Children's Hospital of Chicago

Non-Human Subjects Research Determination

Breanne Fisher
Epilepsy

PROJECT TITLE: APP transition to practice fellowship

IRB 2023-5972

Acknowledgment Date: February 8, 2023

The Office of Research Integrity and Compliance (ORIC) has reviewed the project referenced above. Based on the information provided, it has been determined that this project does not meet the definition of human subjects research as defined in 45 CFR 46.102, as it: 1) does not involve human subjects (data through intervention or interaction with the individual or identifiable private information), and/or 2) it is not a systematic investigation designed to develop or contribute to generalizable knowledge. Therefore, it does not require review by the Institutional Review Board. If changes to this project occur in the future that require review of this determination, contact the Office of Research Integrity and Compliance.

Sincerely,

Institutional Review Board
Ann & Robert H. Lurie Children's Hospital of Chicago

Appendix P

Introduction to the Transition to Practice Fellowship

APP Transition to Practice Fellowship

Welcome to Lurie Children's Center for Advanced Practice! As part of your role transition, you are formally enrolled into our APP Transition to Practice Fellowship. This is a one year post graduate program designed to provide you support in your new role. This innovative program is inclusive of Nurse Practitioners and Physician Assistants to aid in building confidence and competence in pediatric care. Please review for further information about our program.

Mission

The mission of the Lurie Children's APP transition to practice fellowship is to provide a structure and strategies to facilitate the transition from academic to clinical setting for newly hired Advanced Practice Providers (APP). This program is grounded in organizational orientation, clinical practice, mentorship, and the promotion of professional development and wellness.

Vision

Development of a well prepared, supported APP workforce with improved clinical competency, confidence, and promotion of independent collaborative practice.

Components of the APP Transition to Practice Fellowship

- **Clinical Excellence**: Core APP and division specific preceptor guided competencies have been developed and will be utilized to guide the clinical progress within each subspecialty and strengthen critical thinking.
- **Mentorship**: Fellows will be assigned a mentor outside of their hired division. Mentors and fellows will meet monthly for a minimum of 6 months to provide peer support and guidance during this timeframe.
- **Didactic**: Quarterly didactic sessions have been developed to provide fellows with organizational knowledge, professional development, communication skills, wellness strategies, resources, and networking.
- **Transition Sessions**: Facilitator led transition sessions offer the fellow the opportunity to have open and honest discussions with peers in a safe and confidential environment.

Expectations:

- Attend quarterly education sessions within your first year of practice. Outlook invites and agendas will be sent to you. You are required to attend all sessions.
- You will be paired with a mentor within your first two weeks of hire. You should meet with your mentor monthly for a minimum of six months. You and your mentor will work together to create goals for your transition period/fellowship. If you were not paired with a mentor, or having issues connecting with your mentor, please reach out.

Questions:

For any questions or concerns, please reach out to Melissa Hurley at mehurley@luriechildrens.org and Breanne Fisher at bfisher@luriechildrens.org.

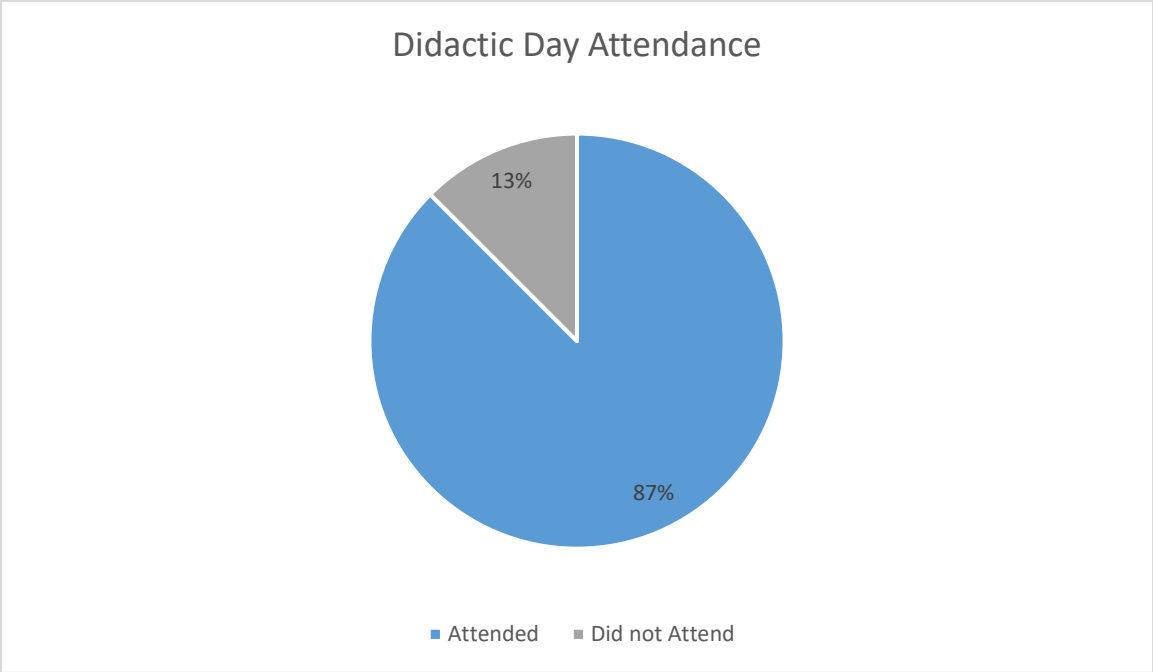
Appendix Q

New Hire APP Participation in Transition to Practice Fellowship

Participant	Met with Mentor	Used Kahuna to Track Competencies	Attended Didactic Session	Participation in Any Aspect of Fellowship
1	Yes	No	No	Yes
2	Yes	Yes	Yes	Yes
3	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes
6	Yes	No	Yes	Yes
7	Yes	Yes	Yes	Yes
8	Yes	No	Yes	Yes
Totals	Yes = 8/8 (100%)	Yes = 4/8 (50%)	Yes= 7/8 (88%)	Yes = 8/8 (100%)

Appendix R

Didactic Day Attendance



APP 1 included in data. APP 1 on FMLA.

Appendix S

Pre Post General Self Efficacy Scale Data

New Hire APPs Responses to General Self Efficacy Scale

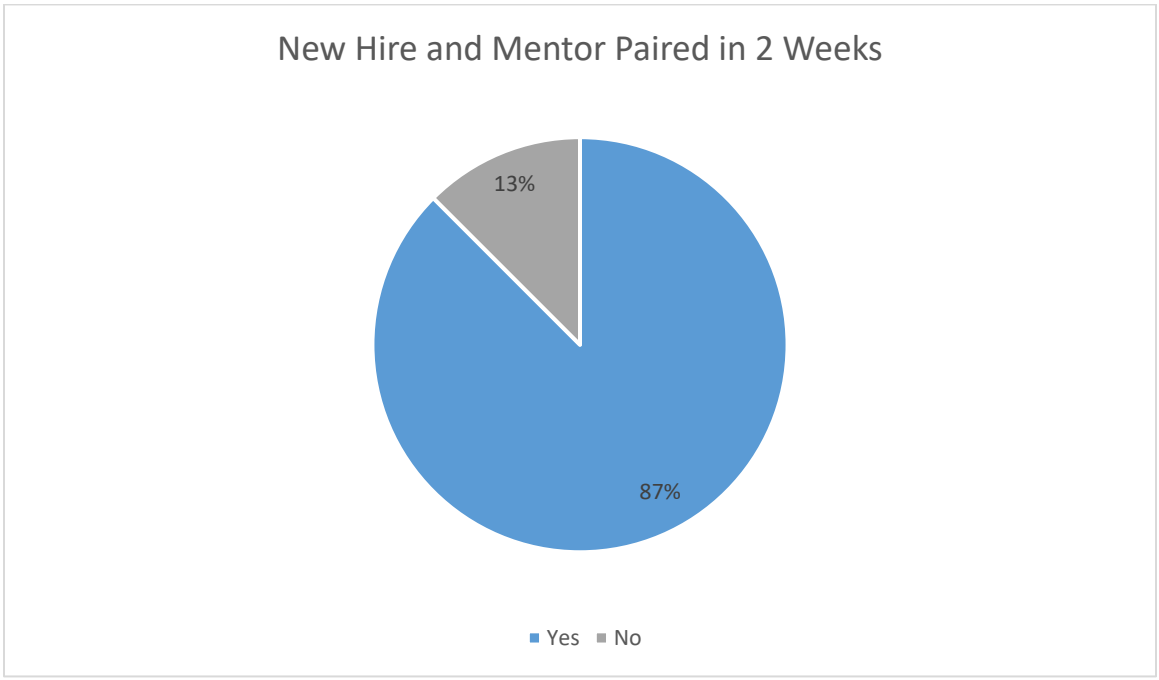
1 = Not at all true, 2 =Hardly true, 3 = Moderately true, 4 = Exactly true

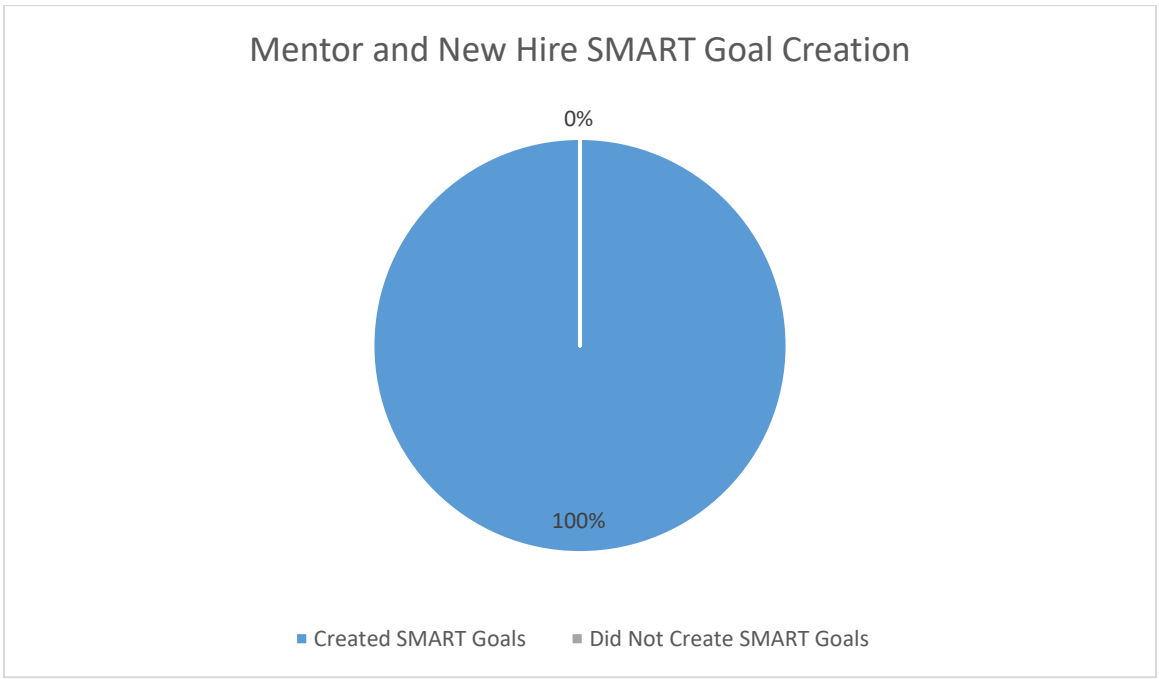
	APP 1*		APP 2		APP 3		APP 4		APP 5		APP 6		APP 7		APP 8		Group	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre Mean	Post Mean
																	% Difference	
1. I can always manage to solve difficult problems if I try hard enough	3	X	2	3	3	4	4	3	4	3	3	2	3	3	3	3	**3.14**	**3**
																	-4.45%	
2. If someone opposes me, I can find the means and ways to get what I want	3	X	2	3	2	3	3	3	3	2	4	1	2	3	2	3	**2.6**	**2.6**
																	0%	
3. It is easy for me to stick to my aims and accomplish my goals	4	X	3	3	4	3	4	3	4	3	3	3	3	3	3	3	**3.4**	**3**
																	-11.8%	
4. I am confident that I could deal efficiently with unexpected events	4	X	2	3	4	3	3	3	4	2	3	3	3	3	3	3	**3.14**	**2.9**
																	-7.6%	
5. Thanks to my resourcefulness, I know how to handle unforeseen situations	4	X	3	3	4	3	4	3	4	3	3	3	3	3	3	3	**3.4**	**3**
																	-11.8%	
6. I can solve most problems if I invest the necessary effort	4	X	2	3	4	3	4	3	4	3	3	3	3	3	3	3	**3.3**	**3**
																	-9%	

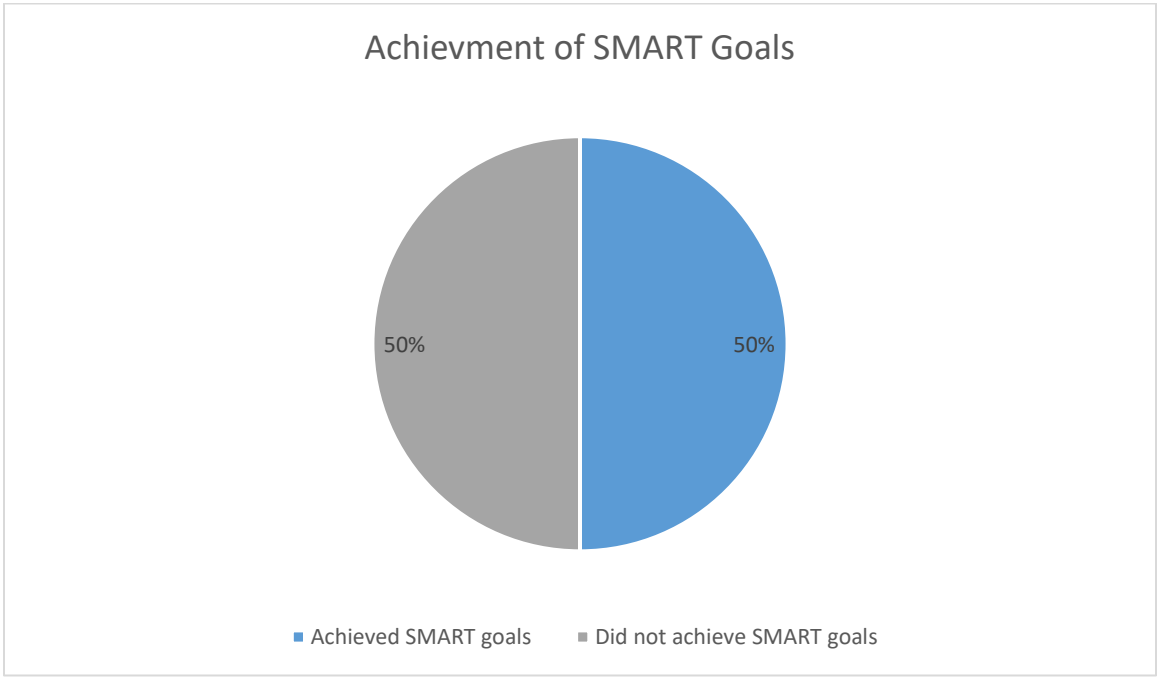
7. I can remain calm when facing difficulties because I can rely on my coping abilities	4	X	3	3	3	3	4	3	3	4	3	3	3	3	3	3	**3.14**	**3.14**
																	0%	
8. When I am confronted with a problem, I can usually find several solutions	4	X	2	2	4	3	3	3	4	4	3	3	3	3	3	3	**3.14**	**3**
																	-4.45%	
9. If I am in trouble, I can usually think of a solution	4	X	3	3	3	3	4	3	4	3	3	2	3	3	3	3	**3.3**	**2.86**
																	-13.3%	
10. I can usually handle whatever comes my way	4	X	2	3	4	4	4	3	4	3	3	3	3	3	3	3	**3.3**	**3.14**
																	-4.85%	
Sum	38	X	24	29	35	32	37	30	38	30	31	26	29	30	29	30	**223/207**	
																	31.8/29.6	
Pre/Post Test % Difference	**X (excluded)**		**18.8%**		**-8.6%**		**-18.9%**		**-21%**		**-17.5**		**3.3%**		**3.3%**		**- 7.1%**	
**APP1 data excluded due to no post test due to FMLA*																		

Appendix T

New Hire/Mentor Monthly Check in Report







APP 1 included in data. APP1 on FMLA.

Appendix U

Kahuna Competency Report