

Orientation and Mentorship Transition to Practice for Nurse Practitioners

Karen Treasure

College of Nursing, East Carolina University

Doctor of Nursing Practice

Dr. Jan Tillman

4/27/2021

**Notes from the Author**

I would like to dedicate this paper in loving memory of my sister Adriane. She has always pushed me to work and study hard. Obtaining her PHD was her lifelong dream. I strived to earn and complete my DNP for her.

A special thank you needs to be expressed to Dr. Jan Tillman, whose encouragement and support helped me to bring this idea into achievement.

### **Abstract**

Nurse practitioners (NPs) will perform an increasingly pivotal role in the delivery of healthcare services in the United States. Newly hired NPs require a depth of knowledge and skills to effectively transition into their new roles. While their educational curriculum prepares them to provide high-quality, cost-effective care, difficulties have been reported when transitioning to practice. When healthcare organizations anticipate and diminish these challenges, the probability of a successful transition is improved. With the increasing numbers of NPs employed to expand access to care, organizational support for NP transition is vital. Literature has identified that proper training, mentorship, and a supportive work environment can help to guide the transition process. The purpose of this project was to develop a structured orientation and mentorship process to foster nurse practitioner role transition. The orientation program incorporated Benner's Novice to Expert framework to identify skill and knowledge progression. Three nurse practitioners participated in the orientation program. Survey questions were used to determine the nurse practitioners' perception of their practice readiness for the SBY-VH HCS before and after program participation. Findings revealed nurse practitioners reported favorable opinions to the impact of a structured orientation toward their role transition. Thus, the importance of developing and implementing a well-designed and structured orientation is paramount to foster NP role transition.

*Keywords:* orientation, nurse practitioner, role transition

**Table of Contents**

Notes from the Author .....	2
Abstract .....	3
Section I: Introduction .....	6
Background .....	6
Organizational Needs Statement .....	7
Problem Statement .....	9
Purpose Statement .....	9
Section II: Evidence .....	11
Literature Review .....	11
Evidence-Based Practice Framework .....	13
Ethical Consideration of Protection of Human Subjects .....	15
Section III: Project Design .....	17
Project site and Population .....	17
Project Team .....	18
Project Goals and Outcome Measures .....	18
Implementation Plan .....	23
Timeline .....	23
Section IV: Results and Findings .....	26
Results .....	26
Discussion of Major Findings .....	28
Section V: Interpretation and Implications .....	29
Cost-Benefit Analysis .....	29

NP ORIENTATION AND MENTORSHIP .....	5
Resource Management .....	30
Implications and Findings .....	31
Sustainability .....	33
Dissemination Plan .....	33
Section VI: Conclusion .....	35
Limitations .....	35
Recommendations for Others .....	35
Recommendations Further Study .....	36
References .....	38
Appendices .....	42
Appendix A: Flow Chart .....	42
Appendix B: SWOT Assessment .....	43
Appendix C: NP Questionnaire .....	44
Appendix D: Readiness to Practice Survey .....	45
Appendix E: NP Orientation Evaluation .....	46
Appendix F: Orientation Agenda Tool .....	47
Appendix G: Gantt Chart .....	49
Appendix H: DNP Project Timeline .....	50
DNP Essentials Mapping .....	51

## Section I. Introduction

### Background

The Veteran Health Administration (VHA), a collaboration of a multitude of hospitals and community clinics, is the most extensive integrated health system in the United States (U.S. Department of Veterans Affairs, 2008). A form of nationalized healthcare created to consolidate services for veterans, the VHA provides healthcare to over 9 million veterans (U.S. Department of Veterans Affairs, 2008). With an ever-growing population of veterans, the VHA needs to have many experienced providers on staff to deliver the care access and support required to service the veterans.

Nurse practitioners (NPs) deliver reputable, profitable care while improving access to healthcare (Alencar et al., 2018). The NP role was conceptualized to provide care to patient's that would potentially be underserved (Fletcher, et al., 2011). Having been implemented over 50 years ago and grown tremendously within the past 15 years, the NP role has demonstrated successful contributions to patient outcomes and reduced healthcare expenses. Throughout various healthcare settings, hiring nurse practitioners has helped alleviate access challenges as NPs increase the capability to provide efficient, timely, effective, and safe medical care (American Association of Nurse Practitioners [AANP], 2019). NPs are projected to play an increasingly substantial part in the VHA.

Through education and clinical practice, NPs are equipped to offer a wide scope of health care services (Liu et al., 2020). Additional competency trainings and healthcare experiences prepare the NP for specialized practice settings. While their educational preparation trains NPs to take on the provider role, difficulties have been identified and reported by many NPs when transitioning to their roles at various healthcare systems, including the VHA. This difficulty in

transition can be detrimental for both the NP and the healthcare systems. Thus, effective incorporation of NPs into health care organizations is an emergent precedence.

Solutions are being implemented to promote NP role transition. To best support NPs to function at their highest skill level, the Institute of Medicine (IOM) recommends healthcare organizations devise residency and/or development programs to aid with initiating and/or moving into new clinical practice areas (Institute of Medicine [IOM], 2010, p. 59). NPs new to the practice or transitioning to a new role need to be ensured a consistent orientation and supportive mentorship program to continue to provide quality healthcare patient outcomes; however, orientation and transition experiences may be nonexistent in some practice settings. Barnes (2015) supports that formalized or structured orientations are endorsed as valuable to role transition for NPs.

### **Organizational Needs Statement**

Improving population health outcomes is one of the three dimensions outlined in The Institute for Healthcare Improvement (IHI) Triple Aim framework. Aligning with the initiatives established by the Office of Disease Prevention and Health Promotion (Office of Disease Prevention and Health Promotion [ODPHP], 2020), the VHA is committed to making health services accessible to the veteran population. NPs will play a pivotal role in this goal delivery.

During this time of healthcare restructuring, population health concentration, provider insufficiencies, and patient care challenges, it is paramount to recognize the valuable role of the NPs (Barrett & Wright, 2019). Knowing NPs' value and their role in providing access to care, Full Practice Authority (FPA) has been granted to all NPs inside the VHA system (Lambert-Kerzner et al., 2016). With this granted conversion, NPs will be able to expand their capabilities

to deliver care access vastly. To best prepare and support their ability, the organization must enhance its efforts.

Increasing numbers of NPs will be employed to provide care access to the veterans of the Salisbury Health Care System (SBY-HCS), a subsidiary hospital of the VHA. Assisting NPs' transition to practice more effortlessly and effectually can enhance NP fulfillment with the position in addition to boost retention of exceedingly competent NPs (Barnes, 2015). The SBY-HCS needs to offer a positive intervention to aid in this transition. There are currently 48 NPs employed in the system. As our health care system continues to employ more NPs, promoting engagement and integration is vital.

According to Ragsdale and Mueller (2005), an organization needs to have an official orientation program to retain and encourage employees, decrease turnover, increase productivity, and support knowledge growth of new employees. Orientations have been recognized to relieve anxiety and sponsor feelings of satisfaction, aptitude, and assurance. New hire orientation provides new employees with the chance to become familiar with the organization's structure, values, and ideals. Specifically, nurse practitioner orientation ensures the NP understands and retains the policies and procedures for patient safety and facilitates role transition (Bahouth & Esposito-Herr, 2009).

Mentoring is the main component of orientation and internship programs and is especially critical during the orientation period to ensure new NPs receive support and guidance. Mentoring has been established to aid in the acquisition of skills and knowledge yielding improved role transition, job satisfaction, and retention (Horner, 2017). Mentoring provides a key influence on NP decisions to remain within a workplace (Robeano et al.,2019). A focused,



in-depth orientation and mentorship offers a positive environment that can lead to improved patient outcomes.

The NP role will help effectively meet the increased demand for access to care for veterans. Professional development and mentorship will be essential to NP practice to continue to provide high-quality care. Structured new-hire orientation and mentoring programs will aid and equip VHA nurse practitioners to deliver best practice outcomes to veterans.

### **Problem Statement**

Based on discussions with the chief medical officer at the SBY HCS, a well-structured and comprehensive orientation and mentoring program for NPs does not exist at their organization. All NPs go through the generalized new-hire orientation. However, after completing that orientation, the organization does not provide any specialized training or additional support for NPs to help them navigate the transition to deliver best practice outcomes. Due to this lack of NP orientation, many practitioners express great frustration and anxiety regarding their healthcare role within SBY HCS. These frustrations influence job satisfaction and NP retention, subsequently reducing access to care and potentially impairing individual and population outcomes for Veterans. To best enhance and expand Veterans' access to quality healthcare services, NP role acquisition should have a planned, purposefully designed orientation program and mentoring program.

### **Purpose Statement**

The Salisbury Healthcare System (SBY- HCS) has established NPs as critical components to expanding their pool of qualified healthcare professionals to broaden access to care for veterans. To maximize patient outcomes, training of NPs is optimal for this care delivery model. The purpose of the project is to implement a new-hire orientation and mentoring program

for NPs employed at the SBY-HCS mental health service line to support their readiness to practice.

## Section II. Evidence

### Literature Review

A comprehensive electronic database search was completed to examine NP's orientation and mentorship programs. Google Scholar, Ovid, PubMed, ProQuest, and CINAHL were utilized. An abundance of knowledge was acquired pertaining to the topic. Warranting information as the most current and up-to-date, vast amounts of resources published before 2015 were excluded. Articles published before 2015 were kept only when they reported relevant guidance. Pertinent search terms were selected due to their direct relation to the problem identified. In the initial search, over 700 article abstracts containing the key terms *nurse practitioner*, *role transition*, *new-hire orientation*, and *mentorship* resulted among the databases. The search strategy and the assessment of the quality of the studies were based on literature dates, evidence strength, and topic application relevance. Literature with Levels of Evidence 3 and 4 were used. The reference lists of the included articles were also examined to identify additional studies. Inclusion and exclusion were determined by reading abstracts. Lastly, materials that were notated as thesis papers were reviewed for guidance only but subsequently disregarded. Finally, eleven articles were chosen for detailed review. Further articles were considered for study and reference as the quality improvement project progressed.

### *Current State of Knowledge*

NPs will be instrumental to successfully meet care access shortages in diverse healthcare systems, including the Veterans Health Administration (VHA). There are ongoing discussions around the current and future state of healthcare, but literature has established that NPs can adequately provide quality health care. There is much literature that documents positive

outcomes provided to patients by this group of advanced clinicians (American Association of Nurse Practitioners [AANP], 2019); Liu et al., (2020).

In contrast, other literature describes NP challenges that can subsequently lead to unfavorable outcomes. (Hoff, et al. (2019), discuss NP satisfaction, burnout, and turnover in relation to its impact on patient care outcomes. Faraz (2016) identified additional challenges to include role ambiguity and insufficient preparation for the evolving complex health care settings.

However, the challenges of NPs transitioning to practice are more frequently discussed. Barnes (2015) documented that unsuccessful NP role transition negatively impacts the NPs emotions, and confidence, thereby directly impacting patient outcomes. Despite the abundance of literature citing the need to provide supportive solutions to address this identified challenge, limited guidance has been offered for the best practice recommendations.

### ***Current Approaches to Solving Population Problem(s)***

Nurse practitioner orientation has been well documented to promote smoother role transition (Barnes 2015; Horner 2017). Structured orientation is vital for engaging newly hired employees (Garcia et al., 2017). For the NP to provide the best healthcare outcomes, researchers agree on the importance of developing adequate support for NP practice within the healthcare organization (Chouinard et al., 2017). Acclimating into the organization and transitions into practice can be an intimidating challenge for both novice and experienced NPs. A well-designed orientation process and mentorship is critical for NP transition into the healthcare system's organization to provide quality health outcomes (Garcia et al., 2017). An absence of structured support has been found to affect NP role transition undesirably (Barnes, 2015). According to Barnes (2015), studies support that NPs who receive formal orientations and support have more natural and faster adaptations and are satisfied further with the position.

### *Evidence to Support the Intervention*

The development of nurse practitioner orientation and mentoring programs in healthcare organizations has been explored. These strategies offer an effective solution to provide NPs the recommended structured support needed to deliver evidence-based health care and resultant optimal outcomes. When newly hired NPs are supported during the early stages of role transition, they become empowered and better equipped to develop as expert care providers (Pop, 2012).

Mentoring is an essential component in educating nurse practitioners and developing confidence. Well-acknowledged nationwide and universally, mentoring is seen as a respected means of supporting the personal and professional growth of the healthcare member, particularly during the transitional phase (Hill & Sawatzky, 2011). Mentoring has repeatedly shown to be a necessary element of successful professional leadership growth support to facilitate role transition in various disciplines. (Runyan et al, 2017). In healthcare organizations, mentorship provides the NP with needed collegial connections and support to supply evidence-based health care.

Hospital systems recognize their responsibility to support NP learning and adaption to the clinical environment and workplace condition. Orientation is sometimes offered; however, it is generally limited or incomplete. Orientation programs should include educational content, effective collaboration with team members, and mentorship, as these components are essential to promote competency outcomes. Horner (2017) provides that NPs who finish an orientation program and are embraced by mentors are characteristically happier in their positions, and continue employment for a more extended period, which then strengthens patient outcomes.

### **Evidence-Based Practice Framework**

### *Identification of the Framework*

The goal of this DNP project is to develop and implement a structured orientation and mentoring program to assist and support novice and experienced NP's transitioning to practice at the Salisbury HealthCare System (SBY HCS). The use of Benner's Novice to Expert theory (Benner, 1982) will serve as the project framework as it identifies individual growth from a beginning level to expert level on a progressive continuum. Benner's model advises that professional socialization and identity are achieved by progressing through a 5-stage process that is hallmarked by attainment of knowledge and skill through experience (Benner, 1982). These five levels of nursing experience are described as Novice, Advanced Beginner, Competent, Proficient, and Expert. (Benner, 1982). Growth through these phases is influenced by clinical skill and working duration in the profession (Ozdemir, 2019).

Structured orientation and mentoring programs are intended to ease and support the growth of skills to reach the NP's personalized needs. Formal orientation upon hire facilitates the NP to navigate the organization's system, decreasing the initial stress at transition. Many nurse practitioners transitioning into their roles, both novice and experienced, go through familiar and predictable stages. Both new graduate and experienced nurse practitioners are novice providers upon starting their roles as new hires. As newly hired NPs are novel to the organization, they are not familiar with the rules and protocols of the group. Experienced NPs will transition quickly to the advanced beginner stage as they have already gained prior experience from previous clinical environments. Mentoring facilitates expediting this transition as guidance and feedback are supplied. In contrast to the experienced NP, new graduate nurse practitioners will spend more time in the novice stage. In addition to acquiring the knowledge regarding the organization's

structure, they must gain the skills required to function in their role. Over time, they gain the skills required to transition to advanced beginners.

Benner (1984) supports that it is the guidance and education provided by mentors that aids in facilitating the NP to progress to the advanced beginner stage. During the advanced beginner stage, the NP embraces their new role through trial and error. Individualized practices have yet to be developed. The NP still requires the assistance of experienced providers to manage complex conditions or heavy workloads. Orientation and mentorship assist in the development of the critical skills to build confidence and competence in the job.

In the competent stage, NPs develop new clinical knowledge and have little anxiety regarding performing care as they have gained perspective from the previous day-to-day experiences. Mentoring helps the NP to maintain those competencies through evaluations. As the NP transitions to the proficient stage, they have the mastery to respond effectively to various clinical or system crises. Proficient NPs can orient and mentor the novice, advanced beginners, and competent NPs by demonstrating leadership behaviors (Ozdemir, 2019).

Hospital orientation and mentoring guide the NP to continue to develop the critical skills and judgment for their professional role, facilitating the NP to transition to the expert phase. Expertise influences and promotes the development of guidelines and protocols that will build and strengthen the NP to practice. Expertise enables the NP to practice competently and provide the best healthcare delivery.

### **Ethical Consideration & Protection of Human Subjects**

The development and implementation of a new-hire orientation and mentorship program will be a quality improvement (QI) project. Quality improvement projects in the healthcare setting are defined as methodical, data-guided activities planned to bring enhancements to

healthcare delivery. Although there are no intentions to defy the doctrines of ethics within this QI project, ethical principles are considered. Ethical considerations, such as protection from harm, rights to respect and privacy, and voluntary informed consent apply to all QI projects. While all projects that create knowledge can generate risk to the participants involved, this healthcare QI project posed minimal risk.

The development and implementation of a new-hire orientation and mentorship program will be equal for all NPs participating in the project program. Opportunity for voluntary participation in the program will be offered to all new-hire nurse practitioners (NPs) and nurse mentors. To eliminate the risk for inequities, every participant will engage in the same structured format. Risk and benefits were analyzed and, though there are many benefits to the QI project, including education, skill development, and training opportunities, the risk for harm is null. There is currently no identified potential that anyone in the target population will be taken advantage of during the project implementation.

To prepare for the QI project, the Collaborative Institutional Training Initiative (CITI) modules were completed to gain detailed knowledge surrounding ethical considerations and rules regarding research. The study was reviewed by the local Salisbury HealthCare System's (SBY HCS) Institutional Review Board (IRB), who determined that the project is not research. Identified as a quality improvement project, approval was granted by the QI executive committee and chief of mental health services. This QI project followed strategic planning and activities designed to improve outcomes.



### **Section III. Project Design**

#### **Project Site and Population**

##### *Description of the Setting*

The Veterans Health Administration (VA), the largest integrated healthcare system in the United States, serves over 9 million enrolled veterans yearly. As one of the VA's 170 medical centers, Salisbury Veterans Health Care Hospital (SBY-VA HCS) has been providing health care to veterans in the central piedmont area of North Carolina since 1953. Operating as one of the largest healthcare systems in the world, the VA provides training to a vast majority of the country's medical, nursing, and allied professionals (U.S. Department of Veteran Affairs, 2018).

As a community healthcare leader, the SBY-VA HCS is a strong facilitator of the implementation of evidence-based interventions through research and quality improvement projects. Though the SBY-VA HCS project site facilitates plentiful opportunities for quality improvement, some barriers exist. At times, due to strict federal regulations, quality improvement changes can be delayed.

##### *Description of the Population*

The term nurse practitioner has been given a variety of definitions. According to the American Association of Nurse Practitioners (AANP), nurse practitioners (NPs) are licensed, autonomous clinicians well prepared through advanced graduate education and clinical training to provide a range of health services, including the diagnosis and management of common and complex medical conditions of all ages (American Association of Nurse Practitioners [AANP], 2016). NPs are employed in a variety of settings. The SBY-VA HCS has been able to utilize NPs more to best meet the growing demand for needed services. With the uptake in hiring, the population has become increasingly broad and diverse, hiring equal parts novice and

experienced NPs. A thorough orientation and training are essential to optimizing nurse practitioners' transition to practice at their organization.

### **Project Team**

After obtaining approval from Institutional Review Board (IRB) organization to design and develop a structured NP orientation and mentorship program, a project team was assembled. Team associates included members of the New Employee Orientation (NEO) committee, Mental Health and Behavioral Sciences Human Resources (HR) department, the facility's lead nurse practitioner, DNP project advisor, and the project site coordinator. In addition, agreeing to participate as team members, newly hired and currently employed nurse practitioners were included under the condition of anonymity. Team associates engaged routinely throughout the planning and implementation of the project via frequent electronic and telephonic communication. The project proposal was discussed with the organization's stakeholders in a face-to-face meeting.

### **Project Goals and Outcome Measures**

The primary goals of the Doctor of Nursing Project were to review SBY-VA HCS's current NP orientation program and to perform a literature review concerning NP orientation best practices. The purpose for the Doctor of Nursing Practice (DNP) quality improvement project was to improve the current NP orientation by replacing and expanding the orientation with a structured new-hire orientation and mentorship program to support NP readiness to practice within the SBY-VA HCS.

Traditionally, orientation at the SBYVA- HCS has been provided by the New-Hire Orientation Department (NEO) to all incoming employees in a large group setting. Over a three-day span, a broad but brief overview of the organization's values, culture, and services delivered

are conveyed to all new hires, including nurse practitioners. After completing the organizational orientation, healthcare providers are given an additional provider-specific computerized training. This four-day process concluded NEO orientation. Employees are then to present to their departments where supplemental training can be provided.

While NEO orientation provides a broad overview of the organization's expectations to all healthcare providers, NP specific education does not occur. Additional comprehensive orientation and training are expected to be provided within the department. Although this is recommended, it is not done. This has been identified as a gap in the orientation process. Informal conversations with currently employed nurse practitioners identified variations in the orientation process as negatively impacting nurse practitioners' readiness to practice. These concerns were discussed with the key organizational stakeholders as an area in great need of change. All stakeholders agreed and were supportive of the opportunity to a structured NP orientation and mentorship.

A gap analysis was performed to review the existing organizational practice, policy, and procedures regarding the current NP orientation and mentorship. A survey (Appendix C) was sent to the 48 NP's to obtain information about their experience with the organization's orientation process. Thirty NPs responded to the specific survey questions. Supplementary information and comments were provided through free text opportunities. Upon survey review, the orientation period was determined to have been different for everyone. Of the 30 respondents, 25 NPs reported that they never had any formalized orientation process. Respondents further reported variances to what information they were provided. More, of those reporting to have had a formalized orientation, they expressed the essential for a mentor to offer

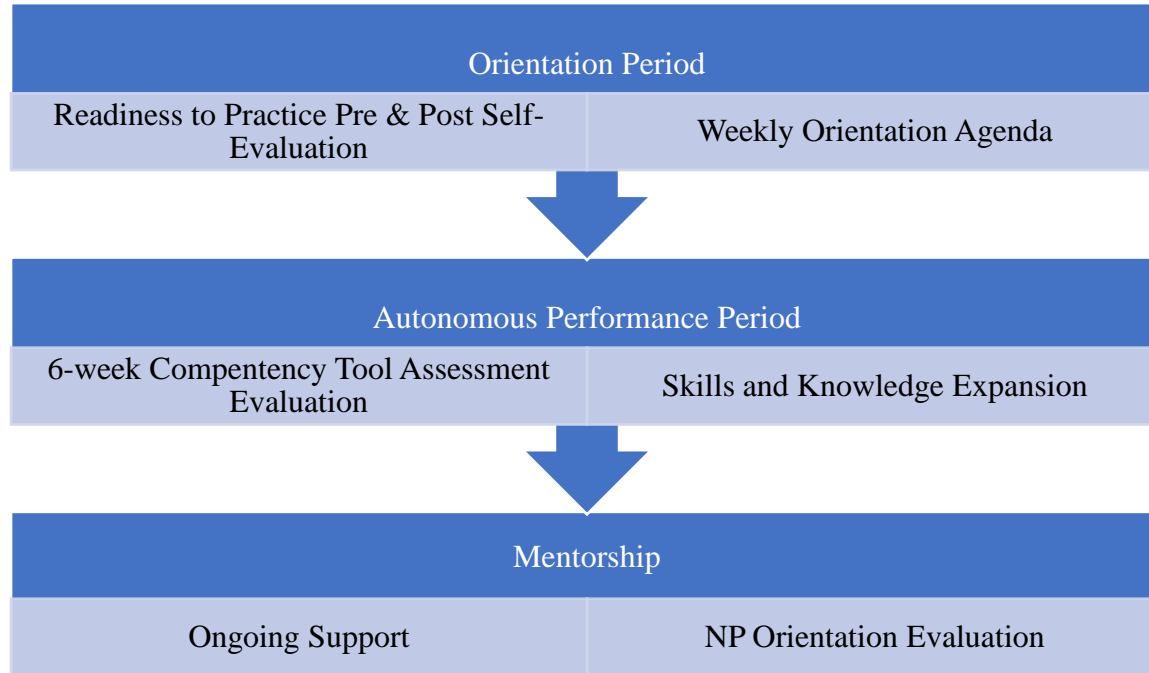
additional support after their orientation period. With these identified inconsistencies and shortfalls, the need to improve the NP orientation process was recognized.

The Plan-Do-Study-Act (PDSA) model was used to guide the improvement process. In selecting this model, this writer asked the guiding questions aligned with the Model for Improvement:

1. What am I trying to improve?
2. How will I know a change is an improvement?
3. What changes can be I implement that will result in improvements?

### ***Description of the Methods and Measurement***

In designing the NP orientation and mentorship program, outlines from other VA and community hospitals were considered for model and comparison. Surveys to evaluate important competencies for NPs to practice within the mental health service line were developed following a comprehensive review of the organization's policy, the gap assessment, and extensive literature review. As suggested by Urbanowicz, (2016) focus group discussions with project team members, nurse educators, and NPs were used to determined priorities. As depicted in Appendix A, a flow chart was applied to demonstrate the step-by-step process approach needed to identify problems, obtain solutions, and improve the design of the NP orientation and mentorship program. Revisions and planning were fluid throughout the project development. The process was finalized and summarized as noted below:



A SWOT analysis was performed to identify the strengths, weaknesses, opportunities, and threats identified within the organization. (Appendix B). Valued strengths within the current structure were studied and continued. Documented weaknesses to the current structure were revised or eliminated. Noted strengths included the support from the Mental Health Service Line senior staff, newly incorporated FPA for NPs, knowledge that numerous other healthcare organizations were undertaking similar orientation programs, and the presence of competent willing preceptors and mentors. The primary weakness identified was that since no previous orientation guideline was available within the organization, evidence-based tools assessment was not readily available to use as an aid for support and feedback. There were several elements for opportunities recognized within the project. Opportunities noted were the project's ability to increase the Veteran's knowledge of the role of NPs as well as the capacity to create a standardized program to be disseminated VHA wide. However, the greatest opportunity provided

is the prospect to increase retention, job satisfaction and competence within the SBY-VA HCS NP staff was utmost. Lastly, all threats were considered. The challenges related to the organizations lengthy and complex onboarding processes, as well as competition from community hospitals that offered higher pay, posed large challenges to obtaining NPs for employment within the organization. Additionally, the most notable threat identified was that of the physician's reservations with accepting the NP scope and role. Thoroughly assessing these threats against the opportunities to be gained by creating the NP orientation was significant for best preparing stockholders' engagement.

### ***Discussion of the Data Collection Process***

Investigator-developed surveys and checklist were created and utilized to collect data for examination and evaluation. The NP Questionnaire was created to perform an assessment of the gaps in the organization's orientation process. Survey questions assessing years of work experience, NP task confidence level, and specific orientation and mentorship timeline were emailed to NPs currently employed by the organization to obtain baseline data (Appendix C). In addition, the survey offered the opportunity for participants to use free text comments. Though the surveys were not anonymous, participants were informed that their names would not be used.

The investigator-developed Readiness to Practice (Appendix D) and *NP Orientation Evaluation* surveys (Appendix E) were designed to evaluate outcome measurements. The Readiness to Practice survey obtained the following NP participants demographics: gender, age, years of nursing and years as a nurse practitioner. A 5-point Likert-type scale was used to assess participants' level of confidence related to six identified competencies and general readiness to practice. NP preceptors used the same survey to evaluate the NP participants. The NP

Orientation Evaluation used a 5-point Likert-type scale to evaluate the participants' experience following orientation completion.

### **Implementation Plan**

Project implementation was a multi-faceted process that transpired over a 2-month period, succeeding in rigorous project planning and design. Continuous oversight and review of the program process were provided throughout implementation by leadership and project team members. The first step was to survey currently employed NPs to elicit areas for process improvement. The subsequent step included developing the new hire orientation and mentorship program outline. The third step was implementing the new hire orientation and mentorship program. The fourth step was to survey the newly hired NPs after completion of the program and to evaluate the success of the program.

To assure adequate sampling of nurse practitioners in the PDSA cycle, coordination between HR and NEO was completed. All nurse practitioners accepting positions were scheduled for NEO with dates that were congruent with the preceptor's schedule. Newly hired NPs were provided the structured orientation with mentorship. The NP orientation and mentorship program was proposed for a four-week cycle plus additional weeks devoted to ongoing mentorship.

### **Timeline/Structured Orientation Process**

Executing the orientation process required the collaboration between HR, NEO, and the participating preceptors. This collaboration was important to best ensure that the NP participant had the same preceptor throughout the orientation process. In addition, an alternate preceptor was identified.

During new hire orientation Week 1, the NP attended the 4- day NEO orientation. Week 1 concluded with the NP completing mandatory computer trainings. Week 2 shifted to the NP-specific orientation program. NPs presented to their clinical areas and met with their assigned preceptors. The NP participant was provided the Readiness to Practice (pre-) survey for completion. NP participants were informed that they would be given the survey again at completion of the orientation. During Week 2, focus was placed on the preceptor discussing and explaining NP-specific tasks, assignments, and documentation processes. Collaborative roles of the interdisciplinary teams are detailed and defined regarding specific roles within the organization. Additionally, during Week 2, the preceptor pre-planned the patient caseload to ensure exposure to a variety of diagnoses.

Week 3 began with the NP shadowing the preceptor and ended with the NP assuming care of a small patient caseload. Week 4 and 5 continued to have increases in NP caseload accompanied by preceptor availability via Skype or telephone when needed. Debriefing and supervision were supplied daily to allow for feedback and questions. Week 6 concluded the orientation phase of the program. At completion, the NP transitioned to the mentorship phase in which they were assigned a mentor who supplied support for the new employee. During the mentorship phase, the NP was expected to acquire a full caseload and perform all NP tasks effectively. The expectation is that most NPs can transition to the mentorship phase before or by the end of Week 6, however, individualized orientation timelines are adjusted to best support NP readiness to practice. The Readiness to Practice (post-) survey was completed by the NP participants and preceptors at the end of Week 6. The orientation program phase is concluded through reciprocated agreement between the NP, preceptor, and established mentor. Following the completion of the orientation program, a post-orientation survey was provided. Data analysis



and evaluation was compared for areas of improvement. The data collected from the newly hired NPs included participants' preceptor experience, clinical orientation, and perception of transition preparedness. See (Appendix F) for the orientation agenda outline tool.

## **Section IV. Results and Findings**

### **Results**

The goal of the DNP project was to implement a structured outline program process to best improve newly hired Nurse Practitioners practice readiness for the SBY-VA medical hospital. To effectively guide the method, implementation tracking tools were created. Tools utilized included a flow chart (Appendix A), project timeline (Appendix H), and a Gantt chart (Appendix G).

The DNP project was designed to measure perceived practice readiness for nurse practitioners starting their employment at the Salisbury VA Medical Center (SBY-VA). Benner's Novice to Expert Theory was used to guide the process. Upon implementation and design of the program, my original expectation was that all NPs enrolled in the orientation structure would gain the knowledge provided during their orientation with the expectation that each NP would advance at the same speed. My results revealed that time frames for advancement varied widely among NPs participating in the orientation process, despite the participants having notable background and population similarities.

### ***Outcomes Data***

Various types of information were gathered to analyze and evaluate the outcomes of the DNP project. Data collection tools allowed recording of demographic information, questionnaires, as well as face-to-face interviews. A seven-question survey was developed and provided to measure NP perceived confidence levels pre- and post-participation in the orientation process. Both the confidence levels and readiness to practice were recorded using a 5- point Likert-type scale (Appendix D). The same questionnaire was utilized by the preceptors and mentors to evaluate the NPs at the conclusion of the orientation process. Demographics were

recorded, including participants' gender, years of nursing, age, and years as a nurse practitioner. Participants and preceptors responded to seven items that documented their perceived levels of confidence related to readiness to practice. The questions evaluated perceived knowledge of charting system, documentation guidelines, NP specific policies/licensure, FPPE/OPPE evaluation, department specific privileges, and knowledge of the role of collaborating healthcare team disciplines. The final question queried the participant's and preceptor's perceptions of the NP's practice readiness. Face-to-face interviews were used during the orientation to obtain qualitative feedback from the participating NPs and mentors. Lastly, a separate 7-question survey utilizing the 5-point Likert-type scale program evaluation (Appendix F) was provided to participating NPs to evaluate the program as effective or ineffective in improving the NP's transition to practice with the SBY-HCS.

The orientation process measured favorable outcomes for the NP participants. The Readiness to Practice survey was the tool utilized to directly assess outcome measures. NP participants completed the survey before and after the orientation process. The sample size was not large enough to make any statistical conclusions. However, looking at the 3 participants' survey responses prior to and after completion of the orientation program, one can draw inferences from the responses in the pre- and post-orientation surveys. Based on the results of the survey, a comfortable inference that may be made is that the orientation was beneficial to change the views of the participants from a less favorable to a more favorable perception of their knowledge of the charting system, documentation guidelines, NP specific policies and licensures, FPPE/OPPE, department specific privileges, role of healthcare team disciplines, and general practice readiness. The survey contained seven 5-point Likert-type items. Perceived confidence was rated from lowest (1) to highest (5) with the Likert-type scale. Evaluation of the pre-

orientation responses concluded that the three participants answered a maximum of 2 on the seven items. The post-orientation survey results identified a minimum response of 4 on the 5-point Likert-type survey. The results of the pre- and post- orientation surveys support the conclusion that the orientation was beneficial to the NP's readiness to practice. Additionally, other qualitative data acquired through the weekly debriefings provided further insight to assess perceived knowledge and process measures. While the orientation was noted to have areas of weakness, all participating NPs still reported favorable opinions on their NP Orientation Evaluation to the orientation process.

### **Discussion of Major Findings**

The DNP project directly impacted the perceptions of participating NPs. Positive impact will translate into improved quality of care as outlined by the Institute of Medicine (IOM, 2010). Though the project did not provide opportunity to measure patient outcome, it will indirectly impact the patient's health and wellbeing by increasing access to well-trained NPs.

The achieved outcomes were expected. Each participating NP progressed through stages of Brenner's Model as demonstrated by their advancements in clinical competence advancements. NPs with comparable backgrounds and experience, rated their practice readiness similarly on the pre- and post- orientation survey.

Though the overall project goal was met, a gap was identified. Participants reported that the content of the orientation program was not inclusive of all sub-departmental tasks and competencies within the mental health service line. This shortfall affected practice readiness perception for the NPs assigned to that sub-departmental area. This deficit will be corrected by changing the Orientation Agenda Outline to incorporate sub-departmental specific training within the orientation program.

## Section V. Interpretation and Implications

### Costs and Benefits

Development and implementation of a structured NP orientation for practice transition to the SBY-HCS is a cost-effective quality improvement project that will be beneficial for the organization. Costs can be associated with people, time, and money. As the project was developed and implemented by a student, the organization was able to eliminate the heavy cost burden.

Time can be the primary cost of project development. The cost associated with time was itemized and outlined according to training, hiring, and detailed project development. Extensive hours were required for the project to be developed and implemented. Additional time would need to be allotted for the NP orientation administrator to review program results. This administrative time is directly related to lost revenues as it decreases patient care time for the NP involved in orientation management.

Approximately 80 dedicated hours of time would have been needed for a nurse practitioner to assess, study, and develop the most comprehensive orientation agenda. This equates to two weeks of work. On average an experienced NP salary is \$110,000 annually. Two weeks of work equates to \$4200.00 pre-tax.

NPs can generate sizable revenues for their hospital (Buppert, 2017). While revenues generated by NPs can fluctuate daily during a two-week time frame, on average \$10,000 can be generated for the hospital. As the NP managing the orientation program would not be able see patients and generate revenue during the two weeks required to plan and create the orientation program, there would be an approximate \$10,000 net loss would accrue to the organization at the time. Additional deficits will occur while the NP preceptors are providing orientation to the new

NPs, as a caseload reduction will be necessary. This loss will be further extended as the NP preceptors and newly hired NPs full salaries will not be offset through generated revenue.

While there are costs associated with all improvement projects and implementations, the benefits of this project widely outweighed associated cost to the organization. One expected benefit of this project is staff retention. High turnover directly effects organizational costs, thus retaining staff is a desirable fiscal outcome for the organization. Another anticipated benefit is improved patient care quality. All avenues of quality improvement are of vital importance for the organization as it corresponds to outcomes measures and reimbursement. Well-trained providers improve patient care outcomes. The third expected project benefit is employee satisfaction, which might correlate to the previously discussed expected outcomes.

Development and implementation of a structured NP orientation for transition to practice at the SBY-HCS is a cost-effective quality improvement project that proved beneficial for the organization. The positives were identified clearly. Negative costs for the project were identified, yet minimal overall. In general, the organization had a good return on investment for the DNP project as it fostered education for newly hired providers and likely improved quality patient care.

### **Resource Management**

While money is a primary resource to consider regarding project planning and implementation, other resources can contribute to successful outcomes. The successful outcome was primarily attributed to having mentors who were eager and readily available to participate in the project implementation. As the organization was using mentors, and preceptors who were scheduled to see patients, *time* was a primarily irreplaceable resource. Thus, challenges were

noted as mentors and preceptors had to balance time for teaching without compromising quality care to the veterans.

Although the project yielded successful outcomes with the resources available, additional preceptors and mentors to provide teaching and clinical expertise would have been valuable. To increase the opportunity to provide the most comprehensive orientation structure, an expansive pool of preceptors is paramount. Expanding the preceptor and mentor pool should be considered as important, however the staffing shortages and safety stipulations impacted by the ongoing COVID-19 crisis limited the feasibility of additional preceptors.

### **Implications of the Findings**

Development and implementation of a structured orientation program is needed to better prepare NPs transition to practice at the SBY-VA medical center. Preparing the NP for transition can decrease turnover and improve adjustments to the NP role. Creating a standard mentorship and orientation structure for all NPs newly hired at the SBY-VA medical system will yield positive implications for patients, nursing practice, and the overall healthcare system.

### ***Implications for Patients***

The veteran population is unique. Many health disparities have been identified within this population. Education that is veteran-specific can positively affect veteran health outcomes. Ensuring NPs have had a standardized training that promotes competency is critical to improve and customize healthcare delivery for this population.

### ***Implications for nursing practice.***

NPs provide cost-effective high-quality care that consistently results in positive patient outcomes (American Association of Nurse Practitioners [AANP], 2019). In research from Institute of Medicine at the Institute of Medicine Committee on the Robert Wood Johnson

Foundation Initiative on the Future of Nursing (2011), exceptional and effective nurses are the best means for developing other exceptional and effective nurses. A uniformed orientation structure for nurse practitioners working at the SBY-VA impacts nursing practice by increasing and enhancing NPs' knowledge, skills, and behaviors needed to perform and achieve best nursing practice standards.

A uniformed orientation helps to implement opportunities for nursing practice success and evidence-based practice engagement. In addition to advancing the nurse individually, a uniformed structure benefits the entire healthcare team. When NPs have been exposed to the same information through a uniformed orientation, staff is ensured that all team members are equally aware of the organization's policies, and practice model. Additionally, this aids to ensure that standards of care are being rendered congruently among the providers.

### *Impact for Healthcare System(s)*

High-quality care is one fundamental effect of nurse practitioners on health care. NP providers greatly impact patient outcomes, directly affecting the organization by reducing preventable hospitalizations, decreasing patient's length-of-stay, and reducing hospital readmissions (Buerhaus et al, 2018). Most significant, research has found patients report higher satisfactions of care delivery by nurse practitioners (Kippenbrock et al, 2019). As healthcare has progressed to a value-based system, the organization will positively benefit and potentially yield greater profit margins due to standardized organizational orientation for providers.

According to the (AANP, 2019), NPs offers a full range of healthcare services that are safe, effective, patient-centered, timely, efficient, equitable, and evidenced-based. When well-prepared to practice to the full extent of their training, they can significantly improve health care



quality. As patient outcomes improve, the entire community benefits as healthier patients can contribute to increased productivity within the community.

### **Sustainability**

The project demonstrated a positive influence on the newly hired nurse practitioners. NP participants reported feeling competent to practice upon completion of the orientation, indicating that the project was impactful in preparing NPs for transition to practice. With the success of the project, the organization stakeholders have committed to continuing and building on its accomplishment.

While training is paramount, there are associated costs. Preceptors and mentors must be readily available and eager to participate. To incentivize nurse practitioners to volunteer, those that engage with the training program will be recognized through their annual performance evaluations. Although training and orientation takes time, effort, money, and patience from all stakeholders, it is fundamental for positive patient outcomes (Price & Reichert, 2017).

### **Dissemination Plan**

After project completion, the DNP project will be disseminated in accordance to university guidelines. First, the project will be presented on April 6, 2021 for the East Carolina University College of Nursing faculty and students using a virtual format. The final DNP paper will be made available for all to read as a scholarly report via the university's virtual repository. This process would complete my DNP practice requirement.

Additionally, the project will be shared and presented to the SBY-VA APRN Council. Disseminating to the council will provide the opportunity to share the project's outcomes and implications for NPs employed within the SBY-VA system. Upon sharing with the council, the floor will open for fellow NP colleagues to contribute suggestions and recommendations.

Finally, the project will be presented to the SBY-VA leadership team to aid in validating the need and importance of intentional, organized, and uniform NP orientation to best standardize throughout the hospital system.

It is this student's intention to continue the project to be used and evaluated. The orientation process will be updated and optimized to align with evidence-based guidelines, SBY-VA needs and expectations, and nurse practitioner competencies. Once the orientation process has been repeated, refined, and found to be effective, a professional manuscript will be submitted for publication to the *Journal for Nurse Practitioners*.

## **Section VI. Conclusion**

### **Limitations**

Limitations and several barriers were identified during the planning, implementation, and evaluation of the DNP project. The prominent limitation was the relatively small sample size as the orientation pilot allowed for only three NPs and two preceptors to participate. Another noteworthy limitation was a potential for bias. As the participants had a personal and professional relationship with the project team member, the authenticity of the participants' feedback should be considered. The inability to access a validated tool to measure NP readiness to practice was considered a barrier. A significant barrier to the project was the impact of COVID-19. Because of safety precautions and other restrictions associated with the virus, face-to-face interactions were limited. As for COVID-19, the hospital census was reduced, which limited diverse patient care learning opportunities.

### **Recommendations for Others**

The development and implementation of an orientation program and mentorship for newly hired NPs can be duplicated and modeled by others. Other students and paid staff members can mirror this DNP project within the organization or more broadly, such as healthcare systems outside the VA system. To warrant project success, the following outline of steps should be reflected.

Obtaining buy-in from all stakeholders is principle. To best do this, project team members should initiate and coordinate with department administrators and HR team members to evaluate and identify if there is a need for this project. If the need is verified, research and review of agency-specific policies is vital to successful launch of a facility-specific training format. Once this is established, project timelines, implementation plans, and project tools will facilitate

process tracking and promote data-driven change. Each organization is diverse and has its own unique challenges. Identifying these key differences early and adjusting the orientation program accordingly will further ensure improved knowledge, skills, and behaviors for newly hired NPs. Responding to needs for program improvements in real-time will increase the likelihood for sustained success.

The most important factor of this project implementation is to ensure comprehensive, ongoing support from all levels of organizational leadership. In addition, there must be experienced NPs who are willing to precept. In conclusion, having all parties actively supporting this orientation process will facilitate a successful transition to practice for the NP.

### **Recommendations for Further Study**

Because the prediction is that NPs will play increasing roles within the VHA healthcare organization, a structured orientation process is critical to the transition process. Not only is it essential that they are prepared to practice but that they are continued to be provided the learning opportunities to remain clinically proficient. Further study should explore the development of continuing education structures, NP competencies, and processes that promote and sustain continuous development of NP practice domains and proficiencies.

### **Conclusion**

Successful transitions to practice for NPs must not be undervalued or disregarded. Creating and implementing a structured and standardized orientation program supplies effective transition, enhances competency, and improves NP satisfaction. Mentorship is particularly important during the orientation period to ensure new NPs receive support and guidance in their learning. Standardized orientation and mentorship provide clearly identifiable and measurable goals that fosters NPs to practice with confidence and competence. Organizational commitment

to ensuring this process results in improved outcomes across the board, for the patients, the NPs, and the VHA system of care.

### References

- Alencar, M.C., Butler, E., Macintyre, J., & Wempe, E. (2018) Fellowship: Developing a program to address gaps in practice. *Clinical Journal of Oncology Nursing*, 22 (2), 142-145.  
<https://doi.org/10.1188/18.CJON.142-145>
- American Association of Nurse Practitioners (2019). *National nurse practitioner week: NPs increase access, provide choice for better patient outcomes*. (2019).  
<https://www.aanp.org/news-feed/national-nurse-practitioner-week-nps-increase-access-provide-choice-for-better-patient-outcomes>
- Bahouth, M. N., & Esposito-Herr, M. B. (2009). Orientation program for hospital-based nurse practitioners. *AACN Advanced Critical Care*, 20(1), 82-90.  
<https://doi.org/10.1097/NCI.0b013e3181945422>
- Barrett, N., & Wright, M. E. (2019). Key elements of advanced practice provider integration. *The Journal for Nurse Practitioners*, 15(5), 370-373.  
<https://doi.org/10.1016/j.nurpra.2018.12.004>
- Barnes, H. (2015). Exploring the factors that influence nurse practitioner role transition. *The Journal for Nurse Practitioners*, 11(2), 178-183.  
<https://doi.org/10.1016/j.nurpra2014.11.004>
- Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(3), 402-407
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.
- Buerhaus, P., Perloff, J., Clarke, S., O'Reilly-Jacob, M., Zolotusky, G., & DesRoches, C. M. (2018). Quality of primary care provided to Medicare beneficiaries by nurse practitioners and physicians. *Medical care*, 56(6), 484-490.  
<https://doi.org/10.1097/MLR.0000000000000908>

- Buppert, C. (2017). *Nurse practitioner's business practice and legal guide*. Jones & Bartlett Learning.
- Chouinard, V., Contandriopoulos, D., Perroux, M., & Larouche, C. (2017). Supporting nurse practitioners' practice in primary healthcare settings: a three-level qualitative model. *BMC Health Service Research* 17(1), 437.  
<https://doi.org/10.1186/s12913-017-2363-4>
- Faraz, A. (2017). Novice nurse practitioner workforce transition and turnover intention in primary care. *Journal of the American Association of Nurse Practitioners*, 29(1), 26–34.  
<https://doi.org/10.1002/2327-6924.12381>
- Fletcher, C. E., Copeland L. A., Lowery, J. C., & Reeves, P. J. (2011). Nurse practitioners as primary care providers within the VA. *Military Medicine*, 176(7), 791-797.  
<https://doi.org/10.7205/MILMED-D-10-00329>
- Garcia, M. G., Watt, J. L., Falder-Saeed, K., Lewis, B., & Patton, L. (2017). Orienting and onboarding clinical nurse specialists: A process improvement project. *Clinical Nurse Specialist*, 31(3), 163-168. <https://doi.org/10.1097/NUR.0000000000000294>
- Hill, L. A., & Sawatzky, J. A. V. (2011). Transitioning into the nurse practitioner role through mentorship. *Journal of Professional Nursing*, 27(3), 161-167.  
<https://doi.org/10.1016/j.profnurs.2011.02.004>
- Hoff, T., Carabetta, S., & Collinson, G. E. (2019). Satisfaction, burnout, and turnover among nurse practitioners and physician assistants: a review of the empirical literature. *Medical Care Research and Review*, 76(1), 3-31. <https://doi.org/10.1177/1077558717730157>
- Horner, D. K. (2017). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. *Plastic Surgical Nursing*, 37(1), 7-22.

<https://doi.org/10.1097/PSN.0000000000000169>

Institute of Medicine (2010). *The future of nursing: leading change, advancing health*

[http://www.iom.edu/Reports/2010/The -Future-of-Nursing-Leading-Change-Advancing-Health/Recommendations.aspx](http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Recommendations.aspx) Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington (DC): National Academies Press (US); 2011. PMID: 24983041.

Kippenbrock, T., Emory, J., Lee, P., Odell, E., Buron, B., & Morrison, B. (2019). A national survey of nurse practitioners' patient satisfaction outcomes. *Nursing outlook*, 67(6), 707-712. <https://doi.org/10.1016/j.outlook.2019.04.010>

Lambert-Kerzner, A., Lucatorto, M., McCreight, M., Williams, K. M., Fehling, K. B., Peterson, J., Hess, E., Plumley, R., Ladebue, A., & Battaglia, C. (2016). The Veterans Health Administration's proposal for APRN full-practice authority. *The Nurse Practitioner*, 41(11), 16-24. <https://doi.org/10.1097/01.NPR.0000502792.43113.73>

Liu, C., Herbert, P. L., Douglas, J. H., Neely, E. L., Sulc, C. A., Reddy, A., Sales, A. E., & Wong, E. S. (2020). Outcomes of primary care delivery by nurse practitioners: Utilization, cost, and quality of care. *Health Services Research*. 55(2), 178-189. <https://doi.org/10.1111/1475-6773.13246>

Ozdemir, N. G. (2019). The development of nurses' individualized care perceptions and practices: Benner's Novice to Expert Model perspective. *International Journal of Caring Sciences*, 12(2), 1-7. <https://search.proquest.com/scholarly-journals/development-nurses-individualized-care/docview/2303666905/se-2?accounttid=10639>



Office of Disease Prevention and Health Promotion (2020). *Treatment expansion*.

<https://www.healthypeople.gov/2020/topics-objectives/objective/mhmd-111>

Pop, R. S. (2017). Mentoring nurse practitioners in a hospital setting. *Journal of Nursing Research*, 25(4), 304-309. <https://doi.org/10.1097/jnr.000000000000161>

Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences*, 7(2), 17.

<https://doi.org/10.3390/admsci7020017>

Ragsdale, M.A., & Mueller, J. (2005). Plan, do, study, act model to improve an orientation program. *Journal of Nursing Care Quality*, 20, 268–272.

<https://doi.org/10.1097/00001786-200507000-00013>

Robeano, K., Delong, D., & Taylor, H. A. (2019). Optimizing transitional support for novice nurse practitioners. *Nurse Leader*, 17(4), 303-307.

<https://doi.org/10.1016/j.mnl.2019.03.020>

Runyan, C., Austen, J. M., & Gildenblatt, L. (2017). Mentorship during transitions. *Families, Systems, & Health*, 35 (4), 508-510. <https://doi.org/10.1037/fsh0000284>

Urbanowicz, J. (2019). APRN transition to practice. *The Nurse Practitioner*, 44(12), 50–55.

<https://doi.org/10.1097/01.npr.0000605520.88939.d1>

US Department of Veterans Affairs. (2018). Expanding GME resident positions.

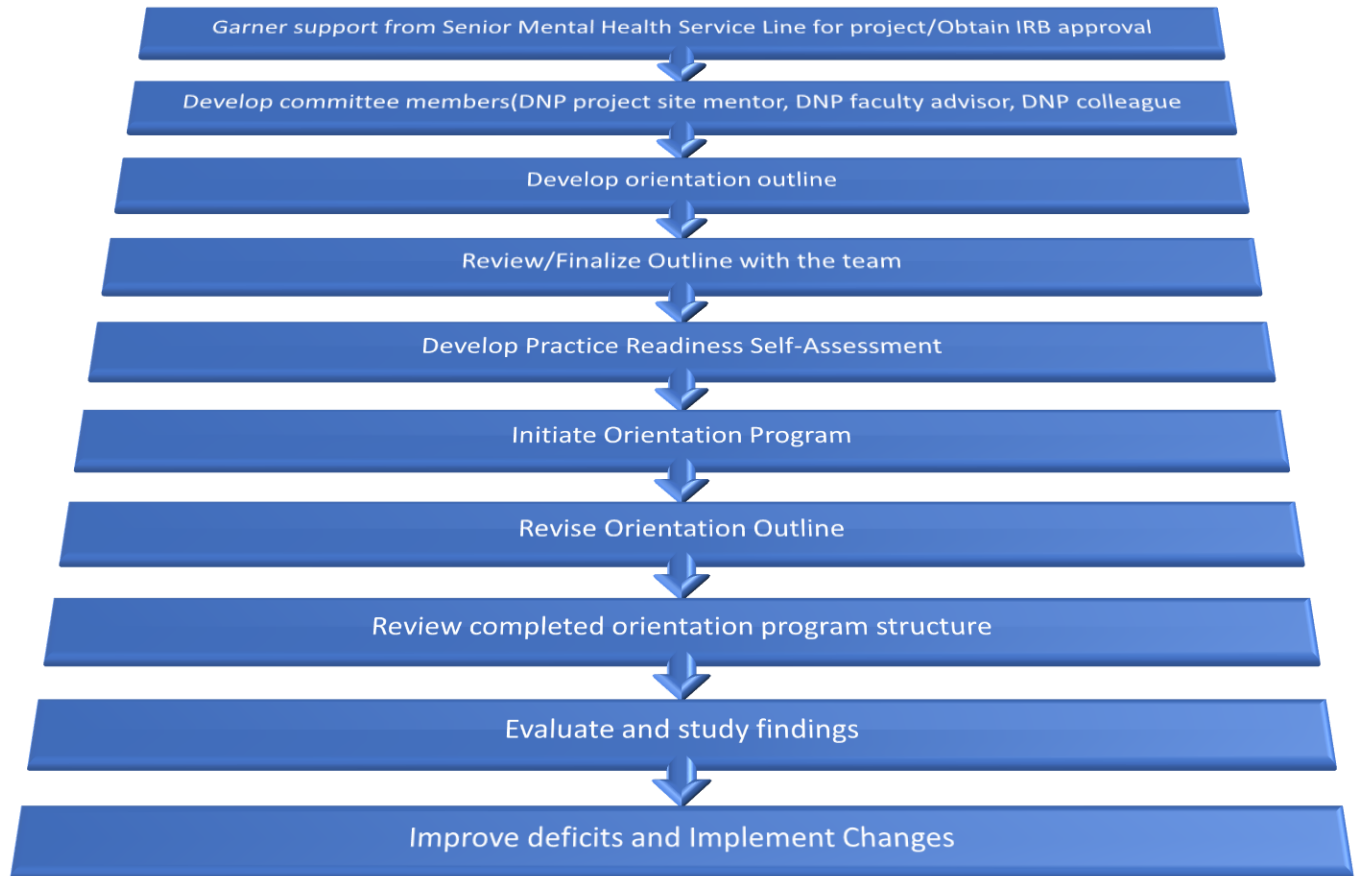
[https://www.va.gov/OAA/Expanding\\_GME.asp](https://www.va.gov/OAA/Expanding_GME.asp)

US Department of Veterans Affairs (2016). VA grants full practice authority to advanced practice registered nurses. [www.va.gov/opa/pressrel/pressrelease](http://www.va.gov/opa/pressrel/pressrelease)

US Department of Veterans Affairs (2008). About VHA. [www.va.gov/health/aboutvha.asp#](http://www.va.gov/health/aboutvha.asp#):

**Appendix A**

**FLOW Chart**



Appendix B

SWOT ASSESSMENT







**Appendix E****NP Orientation Evaluation**

*Please evaluate the NP orientation using the 5-point Likert Scale.*

1. I feel prepared to do my job after my orientation.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

2. My preceptor provided the guidance I needed during my orientation.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

3. I feel satisfied with the orientation.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

4. I will most likely stay in this role knowing I have an assigned mentor after the six-week orientation.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

5. The preceptor used relevant materials and information during orientation.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

6. The preceptor communicated in a clear way that was easy for me to understand.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

7. I will most likely use the information I learned during the six-week orientation in my practice as an NP.

Strongly agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

Comment: \_\_\_\_\_

## Appendix F

### Nurse Practitioner Orientation and Mentorship Program Overview

Week 1	<p>Orientation Period</p> <ul style="list-style-type: none"> <li>• NEO orientation</li> <li>• TMS training/ Compliance Modules</li> <li>• Receive Department Handbook</li> <li>• Meet Preceptor</li> <li>• Benner’s Model of Novice to Expert—explaining the philosophy</li> <li>• Practice Readiness (SBY-VA) Self-Assessment</li> </ul>
Week 2	<p>Orientation Period/ Welcome to the Mental Health Department (with preceptor)</p> <ul style="list-style-type: none"> <li>• Meet colleagues/Tour the department</li> <li>• Morning Huddle/ Team Meeting</li> <li>• Set up computer/voicemail/workspace</li> <li>• CPRS/computer training</li> <li>• Mental Health Suite/ computer training</li> <li>• Vista Imaging/Remote Data/ computer training</li> <li>• Prescription Drug Database</li> <li>• Joint Legacy Viewer</li> <li>• Review Billing and Coding</li> <li>• Clinical Documentation Policy</li> <li>• Template development</li> <li>• Introduction to APRN Council/ Procedures and Policies</li> <li>• Department norms/ Call Cascade (schedules, vacations, sick call etc.)</li> </ul>
Week 3	<p>Orientation Period/ Provider Engagement (with preceptor)</p> <ul style="list-style-type: none"> <li>• Develop Patient Assignment Plan</li> <li>• Gather essential and accurate information about patients and their conditions through review of records, physical examination, history-taking, and assessment and review of laboratory and image testing data</li> <li>• History and Physical examination</li> </ul>

	<ul style="list-style-type: none"> <li>• Perform all screening, diagnostic assessments, and procedures that are essential for practice and patient population</li> <li>• Manage and Modify Patient Caseload</li> <li>• Daily debriefing</li> </ul>
Week 4	<p>Orientation Period (caseload split with preceptor)</p> <ul style="list-style-type: none"> <li>• Increase Provider Caseload</li> <li>• Daily debriefing</li> <li>• Coordinate a diversified caseload to advance exposure</li> <li>• Present in Prescriber's Weekly Case Management Meeting</li> </ul>
Week 5	<p>Autonomous Performance Period</p> <ul style="list-style-type: none"> <li>• Maximize Provider Caseload</li> <li>• Review Ongoing Professional Practice Evaluation (OPPE) measures</li> <li>• Review Focused Professional Practice Evaluation (FPPE) measures</li> <li>• Observe and participate in Mental Health Court Proceedings</li> <li>• End of week debriefing</li> <li>• Introduction to Shared Governance</li> <li>• Chart Reviews</li> </ul>
Week 6	<p>Autonomous Performance Period /End of Orientation</p> <ul style="list-style-type: none"> <li>• Caseload expansion/maximized</li> <li>• Point of Contact/Admission Criteria</li> <li>• On call essentials</li> <li>• Practice Readiness (SBY-VA) Self-Assessment</li> <li>• Ongoing Professional Practice Evaluation (OPPE) measures self-appraisal/preceptor feedback</li> <li>• Focused Professional Practice Evaluation (FPPE) measures self-appraisal/preceptor feedback</li> <li>• Review Benner Model – If Novice/Advanced Beginner level status remains—extend week 5; If at Competent level Mentorship begins</li> </ul>



## Appendix G

### Gantt Chart of Project Schedule

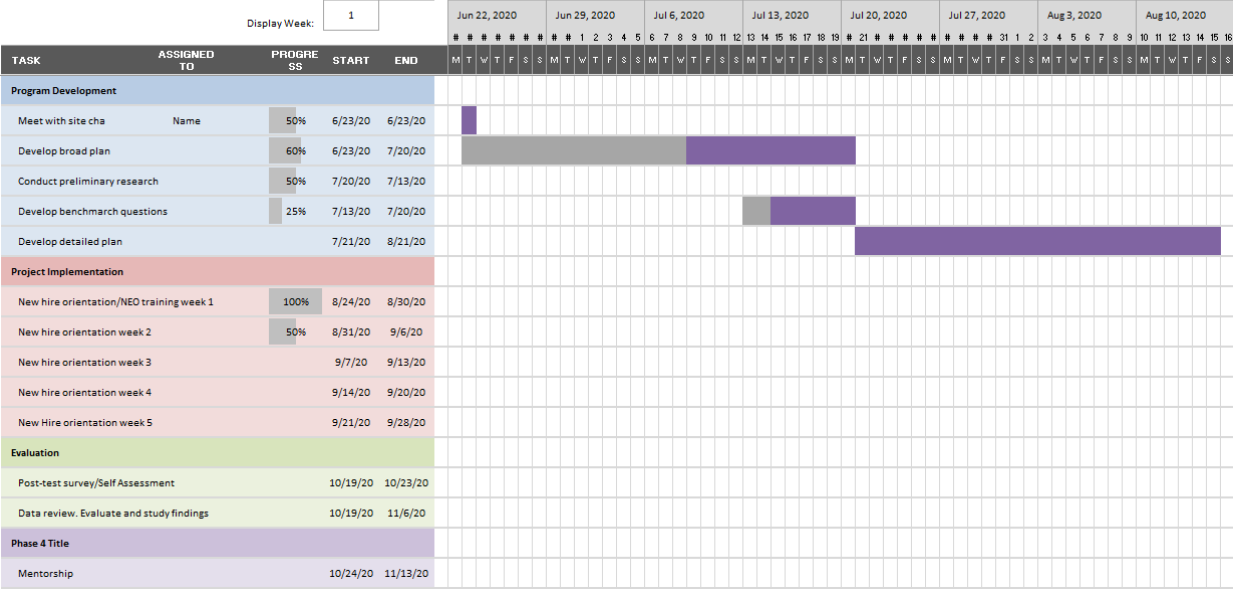
#### Appendix G

##### Nurse Practitioner Orientation Guidelines

Salisbury VA Medical Center  
 Karen Treasure, NP

Project Start:

Display Week:



## Project Timeline

### NEW HIRE ORIENTATION TIMELINE

- 7/2020 Coordinate with preceptor, HR, and NEO to schedule all upcoming NP's. Dates should not conflict with the Preceptor's vacation time to assure continuity of training.
- 8/17/20- 8/21/20 New hire orientation week 1:
- 8/24/20- 8/28/20 New hire orientation week 2
- 8/31/20- 9/5/20 New hire orientation week 3
- 9/7/20- 9/25/20 Mentorship
- 9/28/20- 9/30/20 Post-orientation survey
- 10/1/20- 10/9/20 Data analysis and evaluation
- 1/1/21-2/15/21 Revise DNP paper
- 2/16/21-3/22/21 Create and revise DNP poster
- 4/6/21 Present DNP poster
- 4/25/21 Submit DNP paper to "The Scholarship"

*Mapping of Doctor of Nursing Practice Essentials—not completed***DNP Essentials Mapping Template**

	<b>Description</b>	<b>Demonstration of Knowledge</b>
<b>Essential I Scientific Underpinnin g for Practice</b>	<p><b>Competency</b> – Analyzes and uses information to develop practice</p> <p><b>Competency</b> -Integrates knowledge from humanities and science into context of nursing</p> <p><b>Competency</b> -Translates research to improve practice</p> <p><b>Competency</b> -Integrates research, theory, and practice to develop new approaches toward improved practice and outcomes</p>	<p>A need was assessed to best assist nurse practitioners to transition to practice within the hospital system. A thorough review of the available research and knowledge was conducted on the topic followed by a project proposal to affect change.</p>
<b>Essential II Organization &amp; Systems Leadership for Quality Improvement &amp; Systems Thinking</b>	<p><b>Competency</b> –Develops and evaluates practice based on science and integrates policy and humanities</p> <p><b>Competency</b> –Assumes and ensures accountability for quality care and patient safety</p> <p><b>Competency</b> -Demonstrates critical and reflective thinking</p> <p><b>Competency</b> -Advocates for improved quality, access, and cost of health care; monitors costs and budgets</p> <p><b>Competency</b> -Develops and implements innovations incorporating principles of change</p> <p><b>Competency</b> - Effectively communicates practice knowledge in writing and orally to improve quality</p> <p><b>Competency</b> - Develops and evaluates strategies to manage ethical dilemmas in patient care and within health care delivery systems</p>	<p>The PDSA cycle was utilized to develop and incorporate a change process and culture. Research, ethics, and compliance training modules were completed to ensure IRB standards were met. The project was evaluated for the overall costs benefits to the organization as well as implications for nursing, patients, and the healthcare delivery system.</p>
<b>Essential III Clinical Scholarship &amp; Analytical Methods for Evidence- Based Practice</b>	<p><b>Competency</b> - Critically analyzes literature to determine best practices</p> <p><b>Competency</b> - Implements evaluation processes to measure process and patient outcomes</p> <p><b>Competency</b> - Designs and implements quality improvement strategies to promote safety, efficiency, and equitable quality care for patients</p> <p><b>Competency</b> - Applies knowledge to develop practice guidelines</p> <p><b>Competency</b> - Uses informatics to identify, analyze, and predict best practice and patient outcomes</p>	<p>A FLOW chart was created to design and implement the quality improvement changes. A GAP assessment was done to recognize the need for the process improvement. Project implementation to include sharing within the hospital system and submission for scholarly dissertation.</p>

**Competency** - Collaborate in research and disseminate findings

<p><b>Essential IV Information Systems – Technology &amp; Patient Care Technology for the Improvement &amp; Transformati on of Health Care</b></p>	<p><b>Competency</b> - Design/select and utilize software to analyze practice and consumer information systems that can improve the delivery &amp; quality of care <b>Competency</b> - Analyze and operationalize patient care technologies <b>Competency</b> - Evaluate technology regarding ethics, efficiency, and accuracy <b>Competency</b> - Evaluates systems of care using health information technologies</p>	<p>CPRS was used as the Health information Technology to document care and medication management for the patients seen. This technology has been identified for use within the federal government system for providers and medical staff to communicate current and past patient health information.</p>
<p><b>Essential V Health Care Policy of Advocacy in Health Care</b></p>	<p><b>Competency</b>- Analyzes health policy from the perspective of patients, nursing, and other stakeholders <b>Competency</b> – Provides leadership in developing and implementing health policy <b>Competency</b> –Influences policymakers, formally and informally, in local and global settings <b>Competency</b> – Educates stakeholders regarding policy <b>Competency</b> – Advocates for nursing within the policy arena <b>Competency</b>- Participates in policy agendas that assist with finance, regulation, and health care delivery <b>Competency</b> – Advocates for equitable and ethical health care</p>	<p>The IOM has advocated for Transition-to-practice residency programs for new graduate nurse practitioners. Creating an intentional, organized, and uniform NP orientation that is standardized throughout the hospital system best fosters transition for NP’s both new to practice and the organization.</p>
<p><b>Essential VI Interprofessi onal Collaboratio n for Improving Patient &amp; Population Health Outcomes</b></p>	<p><b>Competency</b>- Uses effective collaboration and communication to develop and implement practice, policy, standards of care, and scholarship <b>Competency</b> – Provide leadership to interprofessional care teams <b>Competency</b> – Consult interprofessional and interprofessional to develop systems of care in complex settings</p>	<p>The DNP project was designed and implemented via an effective collaboration with organizational stakeholders, and university faculty members. The project was led by the DNP student with the support from the site partner and project faculty.</p>

<b>Essential VII Clinical Prevention &amp; Population Health for Improving the Nation's Health</b>	<p><b>Competency-</b> Integrates epidemiology, biostatistics, and data to facilitate individual and population health care delivery</p> <p><b>Competency</b> – Synthesizes information &amp; cultural competency to develop &amp; use health promotion/disease prevention strategies to address gaps in care</p> <p><b>Competency</b> – Evaluates and implements change strategies of models of health care delivery to improve quality and address diversity</p>	The DNP project focused on best preparing the NP provider to transition to practice within a hospital system that provided care for a specific population that has been identified within the Healthy People Initiative.
<b>Essential VIII Advanced Nursing Practice</b>	<p><b>Competency-</b> Melds diversity &amp; cultural sensitivity to conduct systematic assessment of health parameters in varied settings</p> <p><b>Competency</b> – Design, implement &amp; evaluate nursing interventions to promote quality</p> <p><b>Competency</b> – Develop &amp; maintain patient relationships</p> <p><b>Competency</b> –Demonstrate advanced clinical judgment and systematic thoughts to improve patient outcomes</p> <p><b>Competency</b> – Mentor and support fellow nurses</p> <p><b>Competency-</b> Provide support for individuals and systems experiencing change and transitions</p> <p><b>Competency</b> –Use systems analysis to evaluate practice efficiency, care delivery, fiscal responsibility, ethical responsibility, and quality outcomes measures</p>	The DNP project student advocated and affected change for NPs to best improve transition to practice to the healthcare organization by effectively planning, developing, and implementing a program to best improve patient outcomes, and nursing practice

*Note.* DNP essentials with exemplars from the DNP Project.