

Nurse practitioner residency programs and transition to practice

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1 | PROBLEM STATEMENT

The role of a nurse practitioner (NP) is evolving and continues to change with the evolution of health care and increasing complexity of the patient population. With NPs now providing approximately 20% of primary care in the United States, it is evident that the role is expanding and has a vital position in health care.² With an increase in the number of NPs and demand for their expertise, it is important to explore whether NPs feel prepared for the demanding expectations and increasing complexities of role responsibilities. One strategy to address the question about role transition for novice NPs is the creation of NP residency programs. NP residencies offer an extra post-graduate experience to newly licensed NPs to include hands on training and mentorship in order to ease the transition from graduate school into professional practice.

As NP residencies gain momentum and popularity in the United States, it has become clear that there is no standardized framework for these programs. Challenges related to such programs include title, content, funding, preceptors, and perceptions of readiness to practice. The development of NP residencies has sparked controversy as well. Educational programs as well as some experienced NPs feel that residency programs undermine the rigorous educational preparation required to become a certified NP, and requiring additional training implies that NPs are not prepared to practice.²

With a lack of NP residency program research related to need, structure, curriculum, and patient outcomes, it is apparent that these programs need further investigation. The goal of this study is to explore the perceptions of practicing NPs who have already experienced transition into practice regarding the need and necessary content for an NP residency program. The data collected may also help clarifying what components practicing NPs identify as necessary for a residency curriculum in order to ensure successful transition, improve retention, and

continue to provide high-quality patient-centered care. The research questions for this study are “What are the perceptions of practicing NPs regarding NP residency programs as a strategy for transitioning to practice?” and “What content do practicing NPs identify as important in a successful NP residency program?” The purpose of this article is to describe the perceptions of need for additional training for novice NPs and what content should be included in a program to ensure successful transition to practice.

2 | LITERATURE REVIEW

A literature review was conducted utilizing the databases CINAHL Complete, Academic OneFile, as well as MEDLINE. The search terms used within these databases include NP residency, NP fellowship, NP perception, nurse residency programs, and transition into practice. These search terms yielded a limited number of peer-reviewed journal articles, all within the last decade, which may be attributed to the newness and limited research on this topic.

The idea of residencies in nursing gained national attention with the release of the Institute of Medicine's¹ 2010 report entitled “The Future of Nursing: Leading Change, Advancing Health.” The report recommended the implementation of residency programs in response to the Affordable Care Act and the revamping of health care nationwide.² The IOM's proposed goals for implementing residency programs include to “improve nurse retention, expand nursing competencies, and to improve patient outcomes across all settings and levels of practicing nurses” (p. 707).² The creation of residency programs for new bachelor prepared nurses transitioning into practice has revealed success in the identified goals of the IOM, including reduced job turnover, cost-effectiveness, and positive patient care outcomes.² This success is only a beginning to be reflected in the initial research that

has been conducted on NP residency programs, yet more research is required.

Margaret Flinter, a pioneer of NP residency programs, founded the first program in 2007 at the Community Health Center in Connecticut. After years of observing novice NPs, Flinter identified that new NPs often have a difficult transition from school to practice and proposed the development of an NP residency program. These challenges included assumption of responsibilities, assigning mentors, and intense orientations. Flinter found that the challenges were reduced with a structured NP residency training program.³ Flinter proposes that the key components of an NP residency program include preceptorships in clinics and specialty rotations, educational classroom sessions, workgroups for organization initiatives, along with independent clinical hours.³

Since 2007, there has been a slow emergence of NP residency programs in the United States. The number of NP residency programs is not currently centrally tracked and it is unknown exactly how many there are nationwide.⁴ After a thorough review of the literature, 25 NP fellowship/residency programs were identified. The structure of each program differs in applicant requirements, class size, program lengths, curricula, institution and academic affiliations, interdisciplinary components, and funding. In response to such variation, the Commission on Collegiate Nursing Education (CCNE) through the American Association of Colleges of Nursing (AACN) has created a task force to evaluate the current state of NP residencies. The goal of this task force is to compile information on various program types, structure, and content in order to review commonalities and determine a need for accreditation.⁵ To date, this project is in the preliminary stage of surveying and collecting data.

The examples of an NP residency model that has proven successful are those in retail health clinics. Retail health clinics are an expanding and beneficial addition to the healthcare delivery system with over 1,500 clinics nationwide since their debut in 2000.⁶ These NP-staffed clinics provide a positive, convenient, and cost-effective option for patients to meet their healthcare needs. MinuteClinic[®] is the largest retail health provider, currently employing over 2,000 family NPs, many of whom are new graduates.⁶ The first retail clinic NP residency program included an academic partnership with a major university, as well as a collaborative process involving new and experienced NPs, managers, MinuteClinic[®] leaders, human resource professionals, physicians, and experts in finance and marketing.⁶ The main objectives were to support novice NPs' transition into practice, incorporate a doctoral level learning opportunity for the new NP as well as the preceptor, improve NP job retention, and promote the goals for successful MinuteClinics[®].⁶ The feedback revealed that NP residency programs can provide the necessary clinical, business, and preceptor support needed to transition into a successful NP while reducing turnover and improving retention.⁶

A survey of NPs working in primary care reported the need for more clinical experience to ensure effective transition to practice.⁷ Although this study was not related to a residency experience, participants' comments on the need for more clinical experience support a residency program. NP residency programs aim to provide greater confidence

in patient care skills, which may result in improved recruitment and retention.⁸

Several obstacles to the implementation of NP residency programs have been identified in the literature. These obstacles include the label "resident," credentialing, funding, and implementation.^{2,9,10} Additional challenging include expansion of expectations of NPs, increasing NP autonomy, variation of practice settings, lack of current NP input, and limited data regarding NP residency benefits.² Lastly, the idea of mandating an NP residency has sparked much controversy. Although there is research indicating the safety and efficiency of current practicing NPs, recent research has also revealed that the increased demands and complexity of the role has left new graduate NPs with a desire for additional postgraduate training prior to entering the workforce.²

NPs are essential members of the healthcare team and can anticipate expanding as an independent profession in the future. With the growing demands, volume, and complexity of patients, the implementation of NP residency programs has emerged as one strategy to ease the transition for novice NPs from academia into practice. Preliminary research on existing NP residency programs seems promising in their overall goal of bridging the gap from graduate school to novice NP. Yet the limited data also indicate that there is a lack of consistency among programs, areas for curriculum improvement and change, as well as little data about NPs' perceptions of the need and desire for these programs. This study was an attempt to identify the perceptions of practicing NPs regarding NP residency programs as a strategy for transitioning to practice and determine necessary content for a successful NP residency program.

3 | METHODS

This study used an exploratory descriptive mixed qualitative and quantitative research design. The target population for this research was practicing NPs that are members of the Massachusetts Coalition of Nurse Practitioners (MCNP). The MCNP is a nonprofit organization that represents NPs in Massachusetts. All members of the organization were invited to participate. After review of the literature revealed a lack of a valid tool, an author-created Qualtrics[®] survey was developed and utilized.

The survey included demographic questions regarding the participants' age, NP and RN experience, as well as the type and setting in which the NP practiced. The quantitative component of the survey incorporates a 12-question Likert scale evaluating the NPs' perspective on their own experience as a novice NP as well as their perception of the need for a residency program. The last three questions are open-ended, which contribute to the qualitative content of this research. The participants were asked to identify their own clinical knowledge gaps as a novice NP as well as to offer suggestions on content for future NP residency programs. Because this was an author-created tool, pilot testing for face and content validity was completed prior to the distribution of the survey. A panel of practicing NPs affiliated with an academic institution reviewed the scale items for relevance and the

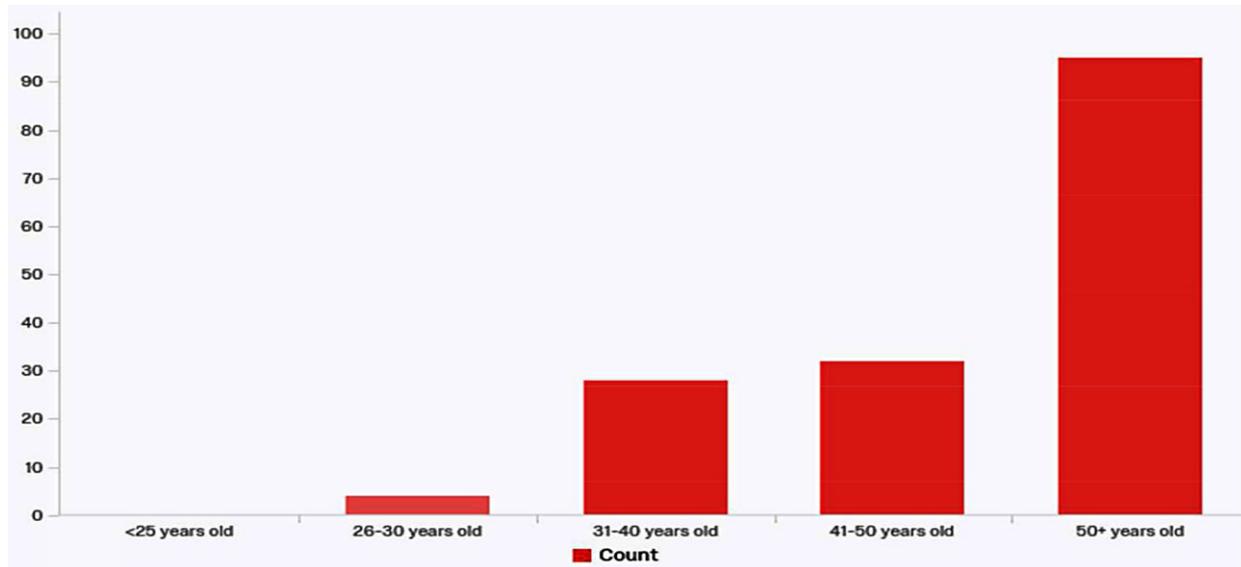


FIGURE 1 Age of NP participants

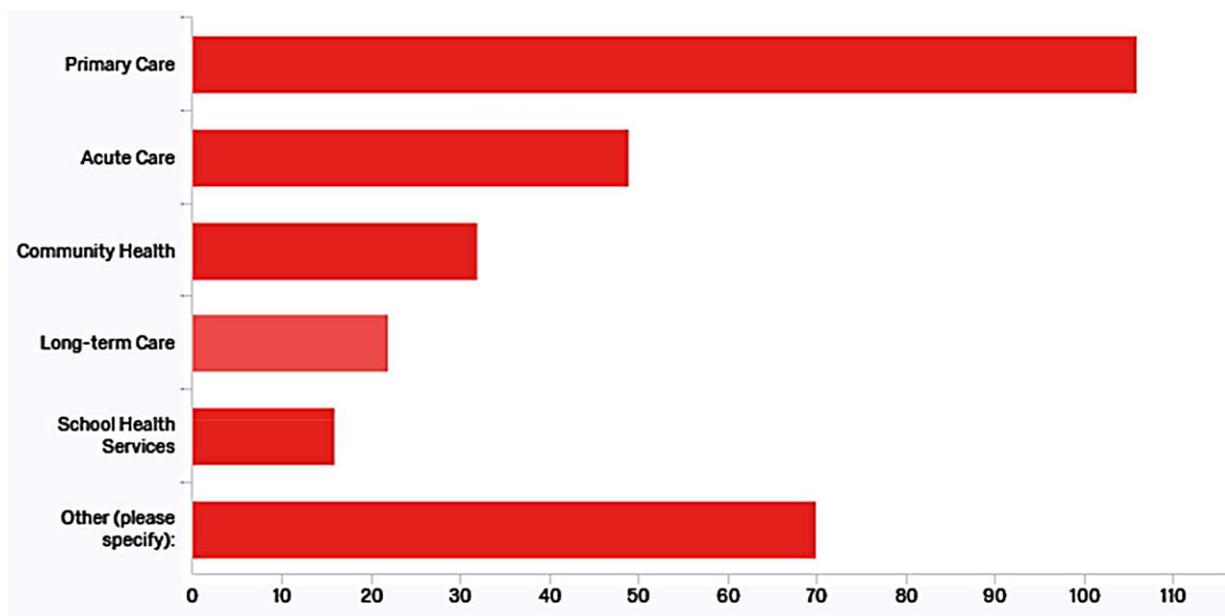


FIGURE 2 Areas of NP participants practice (other included specialty clinics, i.e., cardiology, rheumatology, dermatology)

likelihood of achieving the measurement objectives. The tool was edited based on their feedback.

After IRB approval and review by the MCNP, an introductory letter explaining the nature and objectives of the research as well as clarifying their voluntary and confidential participation was sent to all members with a link to the survey. The survey was available for a total of 3 weeks with weekly reminders sent to improve response rates.

4 | RESULTS

The survey yielded a response of 159 NP members of the MCNP. The characteristics of the population reveal that approximately 80% of the respondents were over 40 years (Fig. 1), with a range of experience as

an NP. The majority of participants were certified as family NPs (36%) or adult NPs (37%). Of those surveyed, 154 were currently practicing as NPs, and two-thirds were working in primary care (Fig. 2). Great variability was observed in regards to prior RN experience (Fig. 3). The limited availability and knowledge regarding NP residency programs is evident in the results, as only six of the NPs were personally involved in an NP residency program. Over 50% of participants reported that the first year of practice was difficult and a feeling of unpreparedness (Fig. 4). The data from this study revealed that 13% of NPs believed that an NP residency program would indicate that NPs are not prepared to practice, and 86% saw value and benefit to an NP residency program for future practitioners. In regards to gaps in knowledge and clinical skills, 66% of respondents was a knowledge gap (Fig. 5) and 60% reports a clinical skills gap (Fig. 6). In fact, 80% of those surveyed

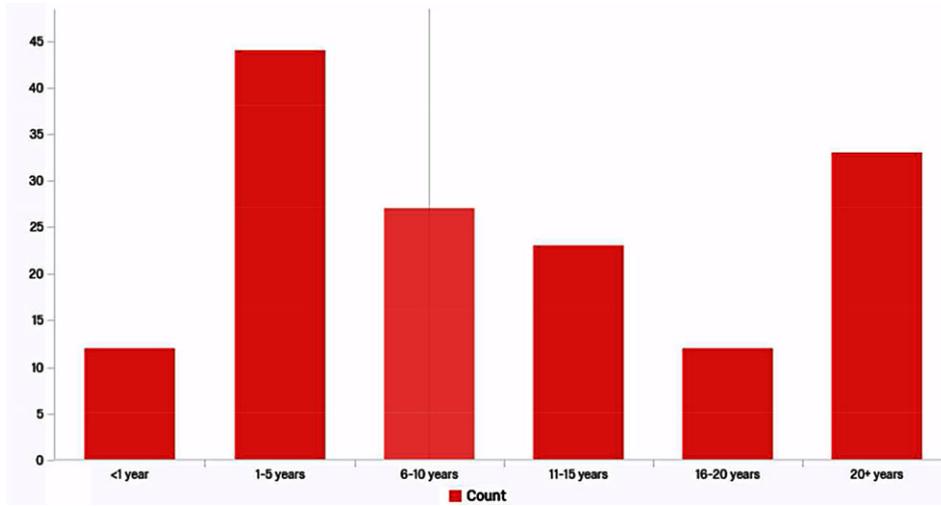


FIGURE 3 How many years of prior RN experience do you have (if applicable)?

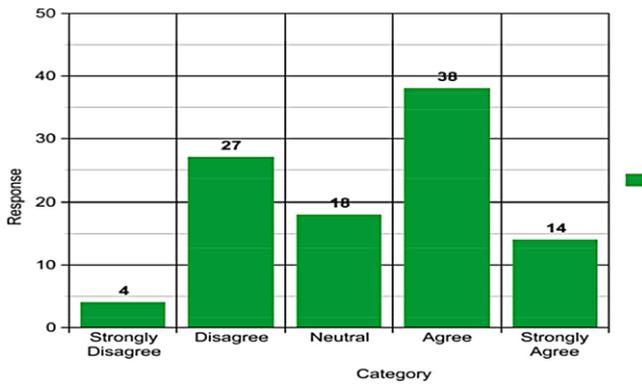


FIGURE 4 The first year as an NP was difficult and I felt unprepared to practice

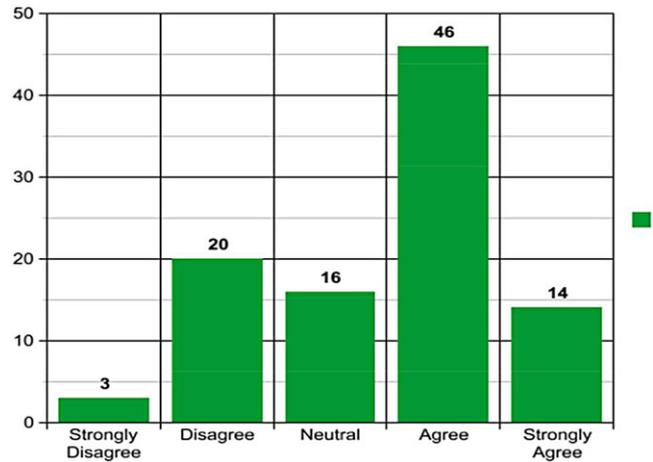


FIGURE 6 Clinical skills gap from NP school to practice

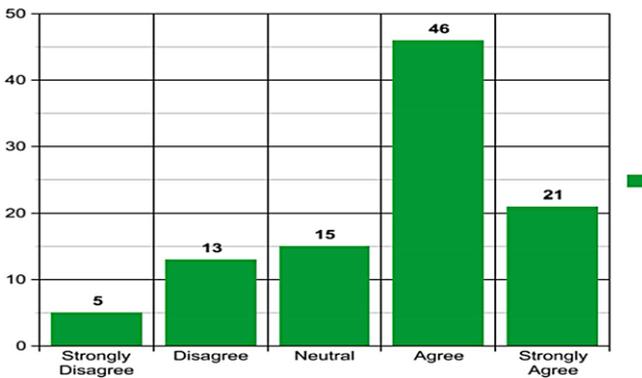


FIGURE 5 Knowledge gap from NP school to practice

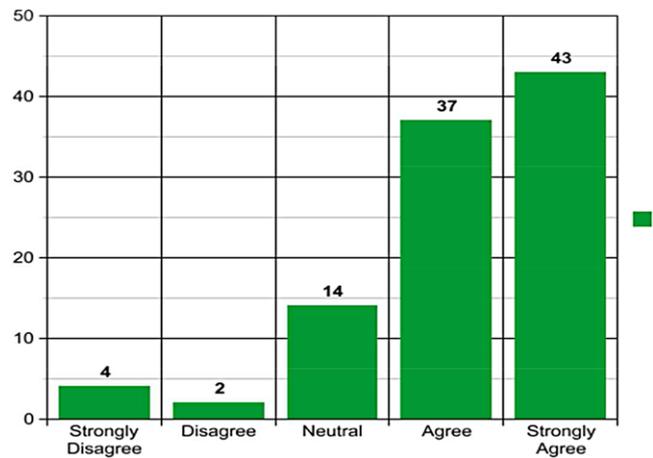


FIGURE 7 Interest in a residency program as a novice NP

agreed that they would have been interested in an NP residency program had it been available (Fig. 7).

The results of the study provided insight to curricular development for an NP residency program. When asked which areas NPs felt least prepared during their transition to practice, independent decision making, time management, complex care, prescribing, interdisciplinary communication, minor office procedures, and billing/coding were identified. Respondents reported that a lack of mentoring was challenging due to critical decision making with complex patients. The

majority of participants stated that their NP programs were rigorous, the programs could not adequately prepare the NPs for the challenges of primary care. The complexities of patients with multiple comorbidities and determination of differential diagnosis in a limited time frame was identified. A lack of communication with the

interdisciplinary team and specialists was also frequently identified as a challenge by respondents. The basics of prescribing, billing, and coding were recognized as a necessary content in a residency program. In addition, minor office procedures (suturing and I&D) were included as an area for additional focus.

5 | LIMITATIONS

The limitations of the study include only one professional NP organization that was invited to participate. This organization is located in a state with strong academic NP programs and in a state without independent NP practice. Expanding the study to include additional geographical locations and states with independent practice will strengthen the results. Another limitation is found in the demographic data. The researchers did not explore MSN-prepared NPs to DNP-prepared NPs and the benefits of a residency program related to transition to practice. Finally, the survey tool was created by the authors and needs to be repeated to assess content validity and reliability.

6 | DISCUSSIONS AND RECOMMENDATIONS

The results of this study support the need for the development and implementation of NP residency programs to support transition to advanced practice. The results are consistent with the IOM¹ recommendations and the current movement for increased BSN residency programs. However, many challenges exist to the proliferation of NP residency programs. First is a lack of nursing faculty resources to administer an NP residency program. Another challenge is the lack of federal funding for NPs and the associated costs related to the program. These costs include salary, benefits, potential decreased productivity of preceptor, and faculty costs associated with the program. As NPs continue to expand practice and provide high-quality, patient-centered care, legislative initiatives to fund NP residency programs need to be explored.

The results of this study serve as an initial assessment of NPs' perceptions of the need and content for residency programs. Further research needs to be completed in a variety of states with particular attention to diverse patient populations. By expanding this research, the goal is to ensure that novice advanced practice nurses have the necessary knowledge, skills, and cultural competency to provide care to our patient population.

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