APRN Fellowships: Benefits, Limitations, and Future Directions

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Background

The Problem
- APRN role transition is overwhelmingly described as difficult and stressful[1-9]

The Gap
- New graduate APRN (NG-APRN) fellowships were developed to help, but rigorous evidence on individual outcomes remains limited
- 40% of fellowship/residency articles report no outcomes data at all[10]

Purpose:
- Synthesize individual-level NG-APRN fellowship outcomes and examine limitations of the existing evidence

Methods

Design: Integrative review[11]
Search: PRISMA-guided search Dec 2025
Inclusion:
- Peer-reviewed articles reporting individual-level outcomes
- NG-APRN-only fellowships >9 months
- Open to all APRN roles (NP, CNM, CNS, CRNA).

Exclusion:
- Articles evaluating only one fellowship component
- Non-APRN learners (e.g., PAs)
- Non-data-driven reports, or unpublished manuscripts.

Yield: 773 unique records → 7 articles included (N = 99 unique NG-APRN participants)
Articles: 2 qualitative[12,13] and 5 program evaluation/QI[14-18]

Fellowship Outcomes

Fellowships are needed
- At entry, majority of NG-APRNs lacked confidence[12-14,16]
- At entry, NG-APRNs were rated by self and mentors as not yet competent across most clinical domains[16]

Increased Competency:
- All 7 articles reported increased competency; 5 reported increased clinical knowledge[12–14,16,18]
- In one VA cohort, self- and mentor-rated competency improved significantly across all domains ($p < .0001$) by fellowship completion[16]

Social & Emotional Benefits:
- Decreased anxiety[12,13,15] and improved confidence[12-15,17,18]
- High compassion satisfaction, low burnout[18]
- Strong sense of connection, belonging, support, and camaraderie within cohorts and learning teams[12,13,15,17]
- Driven by dedicated mentorship, interdisciplinary team-based learning, and exposure to varied rotations/preceptors[17]

Methodological Limitations

No Universal Outcome Measurement
- Multiple proprietary tools used; most not tested for reliability/validity

Paucity of High-Quality Research
- Only 2 of 7 articles were research studies[12,13]
- No power analyses, small samples, missing data
- Qualitative work lacked thick description, audit trails, rigorous methodology, and reflexivity[12,13]

Limitations in research design:
- No comparison group - confounding variables offer competing explanations
- No standardized assessment techniques across programs
- Selection bias: Can't separate fellowship effect from pre-existing differences in who self-selects in

Self-report:
- All articles relied on self-report; limited outsider assessment of competency
- Not anonymous - risk of impression management and social desirability bias

Conclusions

- APRN role transition is distressing
- NG-APRN fellowships may
  - Improve confidence
  - Increase competency
  - Offer unique social and emotional benefits
- Methodological limitations are substantial and limit outcomes understanding:
  - Need objective, universal outcome measures
  - Need high-quality research with inferential statistical analysis
  - Need information on who self-selects for APRN fellowships

Help Close this Gap!

Without knowing who self-selects into fellowships, outcomes are vulnerable selection bias. Improvement may reflect pre-existing differences in APRNs who self-select into fellowships

This study examines the internal and external factors t differentiate NG-APRNs who pursue optional fellowsh from those who don't

About:
- De-identified, confidential survey (~10-15 min)
- APRN students and NG-APRNs with ≤3 years of experience.
- First 200 participants can enter drawing for one of five $200 gift cards

Full Survey **Brief Version**

COMIRB #: 26-0940

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