Advanced Practice Nursing Orientation: Tailoring orientation to meet the needs of advanced practice nurses at UMHS.

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Purpose

To implement an Advanced Practice Registered Nurse (APRN) specific orientation across UMHS that meets the needs of the APN’s, including Nurse Practitioners (NP), Certified Nurse Midwife (CNM), and Certified Registered Nurse Anesthetist (CRNA). There are currently 415 APRNs with clinical privileges and there are 38 Clinical Nurse Specialists (CNS). Total APRNs is 453 across UMHS.

Background

- Since the 1960’s, the role of the APRN has evolved and the number of APRN’s has increased dramatically. The issues impacting this include decreasing resident hours per week, adoption of the affordable care act, which has increased the number of insured accessing care, aging population and the shortage of physicians in general. (1,2) (CCNA) There are approximately 700,000 APRNs in the U.S.
- On review of the literature, there is a paucity of information related to integrating the APRN into a new clinical setting.
- There is however, evidence demonstrating the importance of a formal organized orientation for the APRN. Without a formal orientation APRN’s can feel isolated, insecure and struggle with role ambiguity (3,4)
- Traditionally, within UMHS, RN’s and APRN’s have attended the same Central Nursing Orientation (CNO).
- Feedback from APRN’s included:
  - Topics not applicable to APRN work i.e., medication safety, hand off communication.
  - Length of orientation was several weeks causing disruption in patient care.
  - No ability to network or establish APRN mentor
  - APRN topics not included , i.e., legal issues, UMPNC, billing ordering, advanced practice nursing @ UMHS
  - Inadequate computer training for APRN specific role.

Methods

- A gap analysis was performed to evaluate the current CNO content; this identified those topics and speakers which were applicable to APRNs.
- Vital APRN content was identified
- To optimize UMHS resources, the APRN orientation was restructured into a single 8 hour day format.
- Two orientation checklists were created: one which is generalizable for UMHS as well as a checklist specific for Cancer Center Orientation, as two of the authors are working in the Cancer Center.
- Meeting with CNO stakeholders was held to discuss the proposed changes and garner program approval.

Results

- Implementation:
  - Starting in October, 2011, six successful APRN orientation sessions, have been held bi-monthly.
  - The average attendance has been between 5-10 APRN’s, total number of attendee was 40, these were NPs and CRNAs.
  - The single day focuses on APRN specific issues is more productive for the APRN and more efficient. This allowed for the APRN’s to have orientation in the clinical setting with patient care sooner.
  - Content includes: APRN director overview of Advanced Practice Nursing at UMHS, Risk management, Legal/liability, blood product ordering, Employee Assistance Program. Palliative care overview, UMPNC. Provider specific computer training was also included as part of the orientation plan, but not included in the one day session.

Evaluations:

- Qualitative feedback was collected from 100% of participants and overall, has been extremely positive. The attendees rated the program overall very good to excellent.
- Positive comments include: “Good overview of fitness to work policy which was thought provoking” “I am aware of employee assistance program and services provided” “Good explanation of palliative care services”
- Reviews from the CRNA attendees identified content gap as well as content that is not applicable to that role. “CRNAs need glucometer training” “do no include palliative care for CRNAs attendees” “UMPN presentation was not applicable to CRNA role”

Conclusion / Implications

- APRNs require an orientation program tailored to their clinical practice needs that are distinct from the bedside nurse.
- UMHS new-hire volume supports the delivery of APRN orientation day on a bi-monthly schedule.
- Orientation content needs to be modified to better meet the needs of the NP’s and CRNAs which may be slightly different, i.e.: CRNA need glucometer training, palliative care presentation will be altered to apply to all APRN roles.
- We will have new CNM’s participate in this program and will perform a needs assessment for CNM’s to identify specific orientation requirements.
- The next steps include
  - Establish a mentorship program within UMHS for APRN’s.
  - Complete development of competencies specific to the APRN roles within UMHS, which will be the basis for job specific orientation.

References

1. Association of American Medical Colleges, workforce projections.
2. Patient Protection and Affordable Care Act (H.R. 3590) as amended by P.L. 111-152 (H.R. 4872).