Summer 8-12-2024

Evaluation of an Advanced Practice Clinician Onboarding Program

Sophia Robinson
University of St. Augustine for Health Sciences

DOI: https://doi.org/10.46409/sr.XGAL6065

Follow this and additional works at: https://soar.usa.edu/scholprojects

Part of the Family Practice Nursing Commons, Other Nursing Commons, and the Preventive Medicine Commons

Evaluation of an Advanced Practice Clinician Onboarding Program

Sophia Alejandra Robinson DNP FNP RN

University of St. Augustine for Health Sciences

School of Nursing

This Manuscript Partially Fulfills the Requirements for the

Doctor of Nursing Practice Program and is Approved by:

Ginger Hawkins, DNP, RN, CPHP. Kathleen Bonaventura, DNP, RN

August 12, 2024

University of St. Augustine for Health Sciences
DNP Scholarly Project
Signature Form

Student Last Name:	First Name:	Middle Initial:
Robinson	Sophia	A

E-mail:

S.Robinson1@usa.edu

Title of DNP Project:

Evaluation of an Advanced Practice Clinician Onboarding Program

My signature confirms I have reviewed and approved this final written DNP Scholarly Project.
DocuSign electronic signature or wet signature required.

Type Name in Blue Box Below	Signature	Date
DNP Project Primary Faculty: Dr. Ginger Hawkins, DNP, RN	CPHP *Virginic Hawk*	8/12/24
DNP Project Preceptor: Dr. Kathleen Bonaventura, DNP, RN		
DNP Project Preceptor: *K Bonaventura*		7/29

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

Abstract

Practice Problem: This project aimed to evaluate the effectiveness of a mentorship-based onboarding program versus a standard program without mentorship.

PICOT: The PICOT question that guided this project was (P), In newly hired APCs did the inclusion of mentorship in the onboarding process (I) lead to higher levels of general self-efficacy compared to standard orientation practices lacking mentorship (C), within an 8-week timeframe (T)?

Evidence: Nine articles were reviewed, revealing that standardized mentorship, structured orientation, and tailored support for professional development are critical strategies to boost confidence and retention among healthcare professionals.

Intervention: A standardized onboarding program that incorporated mentorship was implemented to boost the self-efficacy of APCs.

Outcome: The survey revealed that compared to those in the standard program, participants in the mentorship-based onboarding program showed significantly higher confidence levels. Despite a low response rate, the results suggested that the mentorship-based program enhanced confidence in various areas.

Conclusion: The project demonstrated that a standardized onboarding program with mentorship significantly improved the role performance and confidence of APCs, aligning with Evidence-Based Practice (EBP) principles.

Evaluation of an Advanced Practice Clinician Onboarding Program

How does mentorship, as a transformative force, shape Advanced Practice Clinicians (APCs) into not just skilled practitioners but catalysts of innovation and excellence in the complex realm of contemporary healthcare? Mentoring connections represent a mutually advantageous partnership, from which both mentors and mentees derive benefits. In this dynamic relationship, mentors embrace many roles, including coaching, advising, teaching, counseling, and sponsorship (Hill et al., 2022). For mentees, effective navigation of the onboarding journey sets the stage for career development and improved engagement, which are critical for employee satisfaction and overall job performance (Gregory & Clark, 2019).

In Connecticut, Nurse Practitioners (NPs), Physician Assistants (PAs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Midwives (CNMs) are the APCs hired by the nonprofit healthcare system in which this project resides to serve in ambulatory clinics, hospitals, or both. In recent years, the large health care system has experienced an increased demand for APCs to help meet critical patient care needs (K. Bonaventura, personal communication, September 8, 2023). Hence, the region aimed to recruit new APCs and ensure a seamless transition into clinical practice. This evidence-based project aimed to assess the efficacy of a mentorship-based onboarding program in contrast to a standard program lacking mentorship. The evaluation focused on the general self-efficacy levels of recently hired Nurse Practitioners (NPs) and Physician Assistants (PAs) with the goal of gauging the viability and durability of implementing a comprehensive onboarding strategy for both NPs and PAs employed in the ambulatory setting throughout the entire system. A carefully designed and well-structured onboarding process can significantly enhance job satisfaction and reduce employee

turnover (McGrath et al., 2022). The project's primary focus was to introduce an APC

Mentorship program aimed at enhancing the self-efficacy of newly recruited APCs in the region.

Significance of the Practice Problem

By the year 2032, it is estimated that there could be a shortfall of up to 122,000 primary

care physicians and specialists in the United States (Hoffmann & Schatman, 2023).With

Hoffmann & Schatman (2023) underscoring the significance of these clinicians in expanding

access to care and bridging healthcare gaps, this project had sought to address the physician

shortage and enhance overall healthcare system efficiency by increasing the utilization of APCs

on a broader scale. Advanced Practice Clinicians, such as NPs and PAs, bring specialized skills

to the healthcare team, improving patient care efficiency, addressing workforce shortages, and

increasing the capacity to serve a growing patient population (Hoffmann & Schatman, 2023).

Effective onboarding for healthcare clinicians is vital as it directly impacts patient well-

being, healthcare system efficiency, and the financial and ethical aspects of healthcare (McGrath

et al., 2022). Studies have shown that effective onboarding and mentorship can result in

increased self-efficacy, enhanced job satisfaction, and higher retention rates (Barnes, 2015a,

Barnes, 2015b; Harrington, 2011; Hill & Sawatzky, 2011, as cited in Faraz & Barnes, 2023). The

growing autonomy of NPs and PAs in diverse clinical roles is essential for healthcare system

effectiveness as studies emphasize their significant contributions to patient care, continuity,

quality improvement, and overall satisfaction (McGrath et al., 2022). Hence, a well-designed

onboarding process strategically aimed to minimize turnover among APCs, foster self-efficacy,

and ultimately elevate the overall effectiveness of the healthcare unit or department.

Transitioning into a new role as a recently graduated NP or PA within an organization

can be stressful if onboarding is subpar, affecting the initial impression and potentially causing

healthcare professionals to feel ill-prepared and dissatisfied, leading to contemplation of leaving

their positions (Faraz & Barnes, 2023; Scott et al., 2022). Similarly, new graduate nurses have

expressed a need for mentorship and support, citing concerns about potential errors in patient

care (Faraz & Barnes, 2023, as cited in Smith et al., 2021).

The setting for this project was a non-profit organization that faced challenges which

included a shortage of healthcare clinicians, issues with patient access, and the need for

improvements in onboarding processes. Highlighting the critical significance of effective

onboarding and mentorship, these elements play a pivotal role by influencing the individual

confidence and job satisfaction of new APCs, potentially enhancing job performance and

retention, as emphasized in the research by Faraz and Barnes (2023). Improved role confidence

better equips APCs to provide care, make decisions, and handle challenges in their roles

effectively (Lamb et al., 2018).

At the micro level, evaluating the onboarding program for advanced practice clinicians

affects both those participating and the overseeing staff, considering clinician adaptation,

satisfaction, and staff challenges. On a broader scale, the program impacts the healthcare system

by affecting patient care quality, delivery efficiency, and clinician retention and satisfaction. The

interplay between micro and macro levels highlights the connection between clinician efficiency

and organizational health. Assessment of the program's impact at these levels was vital to

improve the onboarding process and reach goals such as better care, lower turnover, and higher

productivity (Faraz and Barnes, 2023).

PICOT Question

A PICOT question was developed to guide the search for supporting evidence: In newly hired APCs (P), does the inclusion of mentorship in the onboarding process (I) lead to higher levels of general self-efficacy compared to standard orientation practices lacking mentorship (C), within an 8-week timeframe (T)?

In Connecticut, recently hired APCs designated for ambulatory clinics were chosen to be part of the updated onboarding program. The existing onboarding program comprises clinical orientation sessions held once a month for six months, with no mentorship component included. The new onboarding process incorporated both orientation and mentorship components, spanning a duration of 8 weeks. The new onboarding program included monthly feedback sessions and comprehensive orientation to the clinical site, in addition to being paired with a mentor one-on-one.

Evidence-Based Practice Framework & Change Theory

Integrating mentorship into a standardized onboarding program to enhance the self-efficacy among APCs in this project was supported by several studies (McGrath et al., 2022, Faraz & Barnes, 2023 & Scott et al., 2022). These studies recommended the implementation of a formal review, ongoing assessment, a competency checklist, and clarification of role expectations, to improve performance and safety for newly practicing APCs in healthcare settings. Mentors and clinical progress tools are essential for guiding new nurse practitioners, providing valuable guidance, and deepening their understanding of competency standards.

Evidence-Based Practice Framework

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

Within the healthcare organization, there's a pressing question: How can new APCs be supported in acclimating to their roles? To answer this, the Johns Hopkins evidence-based practice model (PET framework) was used as our guide, and shaped the project (Dang et al., 2022). The project development and implementation benefited from the John's Hopkins evidence-based practice framework, which outlined task timelines and completion dates (Dang et al., 2022). A checklist, as detailed by Dang et al. (2022), facilitated the necessary tasks and supplied a timeline to follow throughout the project, ensuring that tasks were completed within the designated timeframe. The core component of the model, referred to as the Practice Question, Evidence, Translation (PET) Guide, delineated 20 specific steps that proved instrumental in shaping research questions, gathering evidence, and applying it in a practical manner.

Change Theory

The selected change theory for this project was Prosci's ADKAR change management model, which focused on individual change stages: Awareness, Desire, Knowledge, Ability, and Reinforcement (Balluck et al., 2020). The PICOT question aligned with the ADKAR model by identifying an issue, proposing a potential training intervention, and ultimately paved the way for implementation of an improved onboarding process for newly hired APCs. The question fosters interest by highlighting the importance of onboarding in influencing role efficacy, thus generating curiosity and motivation for change. The structured onboarding process was implemented as a form of training to address the identified challenges. The approach was tailored to enhance role effectiveness for newly employed APCs. By reinforcing positive outcomes, the model ensures that participants are well-informed, ultimately contributing a the positive impact on the role confidence of newly hired APCs.

<div align="center">

Evidence Search Strategy

</div>

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

The following is a literature review of several resources that discuss the importance onboarding has on supporting the new APC. These factors include onboarding for the newly hired APC and impact of the onboarding process. The articles were retrieved from the Shapiro Library, using the R2Library database, PubMed, and the CINAHL database. The keywords used for the search were "advanced practice providers AND orientation" and "onboarding AND advanced practice providers." The search was refined by limiting period of publication to within the last five years. The article criteria included peer reviewed, primary articles, electronic, full text, English language, and academic journals. The search excluded literature reviews, non-English articles, articles published before 2018, and articles not pertaining to the PICOT question. The final sample of research reports was determined by pertinence to PICOT question, quality, and trustworthiness of the resource. Articles were given an overall quality rating following the John Hopkins Nursing Evidence-Based Practice Tool (Dang et al., 2022).

Evidence Search Results

A total of 8,317 articles were identified through online searches in PubMed, CINAHL, and other sources in R2Library. Following the removal of duplicates and the screening process to exclude ineligible articles, 9 studies were identified and included in the project, as detailed in Appendix A. Articles that were excluded included literature reviews, non-English articles, articles published before 2018, and articles not pertaining to the PICOT question. The evidence research findings includes a discussion on ratings, as Johns Hopkins employs a grading system represented by letters A, B, or C to assess the quality of evidence in research studies, with A indicating high-quality evidence, B indicating moderate-quality evidence, and C indicating low-

quality evidence (Dang et al., 2022). The final sample of research reports was determined by

pertinence to PICOT question, quality, and trustworthiness of the resource.

Arnold et al.'s (2023) study, rated Level III with a quality grade of A in the Johns

Hopkins EBP Model, presented an exploratory evaluation of a nurse practitioner onboarding

program at Veterans Affairs Pittsburgh Healthcare System, involving 20 participants and

revealing improved satisfaction and retention among nurse practitioners, albeit with

compromised internal validity due to the lack of pre-program attrition rate tracking (Dang et al.,

2022). A study by Barnes and colleagues (2021), rated Level III with a quality grade of A,

showcased the highly reliable (Cronbach's alpha = 0.96) and valid Novice Nurse Practitioner

Role Transition (NNPRT) Scale in their exploratory research, underlining the significance of

standardized mentorship or onboarding programs for newly recruited APPs (Dang et al., 2022).

Dumphy et al., (2019) research, rated Level II with a quality grade of B, employed cross-

sectional surveys and interviews to investigate family nurse practitioner students' readiness and

transition into advanced practice, acknowledging potential limitations in reliability and validity

due to a modest sample size (Dang et al., 2022).

Erickson and colleagues et al. (2023) study, rated A, demonstrated significant

improvements in workforce engagement, standardized knowledge, and reduced attrition among

129 nurse practitioners and physician assistants involved in a structured onboarding program,

highlighting its positive impact despite its modest investment (Dang et al., 2022). Ortiz Pate et

al.'s (2023) study received a B rating, signifying a moderate level of quality; while specific

validity and reliability details were lacking, the study's structured approach, involving interviews

and systematic data analysis, indicates efforts to ensure accurate representation of data,

emphasizing the importance of structured onboarding programs for successful transitions of newly recruited APPs (Dang et al., 2022). The study by Klein et al. (2021) received a quality rating of A due to its meticulous cross-sectional survey design, which utilized web-based questionnaires to thoroughly investigate the experiences of APCs and physicians during their transition into practice, emphasizing the need for customized onboarding programs and indicating high methodological quality and reliability in the research outcomes (Dang et al., 2022).

The study by Langley et al. (2018) received a quality rating of B because it employed a rigorous Level II cross-sectional survey design to investigate the comprehensive 3-phase onboarding process for neurocritical care APPs over six months (Dang et al., 2022). The study demonstrated an 83% retention rate among 12 APPs, indicating the effectiveness of the onboarding initiative. The research emphasized the importance of implementing standardized mentorship programs for newly hired APCs, contributing to its high-quality rating.

McQuilkin et al.'s (2020) systematic review received a quality rating of B because it focused on effective mentorship, structured orientation, positive workplace environments, and training to facilitate the transition from clinician to nurse practitioner clinical faculty (Dang et al., 2022). The study highlighted the significance of standardized mentorship programs for enhancing organizational team building, satisfaction, and retention among newly recruited APCs, contributing to its moderate-quality rating.

Themes with Practice Recommendations

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

The studies underscore the critical need for investments in their services, considering

aspects like care models, implementation strategies, and the identification of advocates and

critics, particularly considering the physician shortage. The literature discusses the difficulties

that new graduate PAs and NPs encounter. It highlights the importance of onboarding programs

in improving their skills, ensuring patient safety, and helping them adjust to their professional

roles smoothly. Following a comprehensive evaluation of the studies in the evidence table,

several themes emerged that directly related to the intervention statement in the PICOT question.

These themes have provided valuable insights into effective mentorship and structured

orientation programs for the transition from clinician to nurse practitioner clinical faculty.

**Theme 1: Structured Onboarding Programs Enhance NP and PA Satisfaction and
Retention**

Studies by Arnold et al. (2023) and Langley et al. (2018) emphasize the significant

impact of structured onboarding programs NP and PA satisfaction and retention rates. Arnold et

al. (2023) reported improved satisfaction and retention among nurse practitioners in a structured

onboarding program at Veterans Affairs Pittsburgh Healthcare System. Langley et al. (2018)

demonstrated an impressive 83% retention rate among APCs highlighting the success of a

comprehensive onboarding process. These consistent findings have underscored the positive

influence of structured onboarding initiatives on satisfaction and retention, making this

recommendation highly robust.

Theme 2: Importance of Standardized Mentorship and Structured Orientation

Barnes et al., (2021) study and McQuilkin et al.'s (2020) systematic review highlight the

critical role of standardized mentorship and structured orientation in successful onboarding.

Barnes et al., (2021) stressed the significance of standardized mentorship or onboarding

programs for newly recruited APCs, emphasizing the need for structured mentorship. McQuilkin et al.'s (2020) review reinforced this theme, emphasizing the importance of effective mentorship and structured orientation in facilitating the transition from clinician to nurse practitioner clinical faculty. These studies provide strong evidence supporting the incorporation of standardized mentorship and structured orientation components into onboarding programs.

Theme 3: Tailored Onboarding Initiatives for Advanced Practice Clinician

Klein et al.'s (2021) research underscores the necessity of customized onboarding programs tailored to the unique experiences of APCs. Their study emphasized the importance of addressing the distinct needs of APCs during their transition into practice, suggesting the implementation of personalized onboarding initiatives. Ortiz Pate et al.'s (2023) study also accentuated the need for structured onboarding programs for the successful transition of newly recruited APPs. These findings highlight the importance of personalized onboarding support to ensure a seamless transition for APPs, making this recommendation of moderate strength, supported by specific evidence in the studies.

Theme 4: Integration of Continuous Learning and Skill Development

Erickson, Yee, Krauter, and Hoffmann's (2023) study revealed the positive impact of continuous learning and skill development opportunities within structured onboarding programs. The study demonstrated significant improvements in workforce engagement and standardized knowledge among NPs and PAs involved in a structured onboarding program. This finding emphasizes the importance of integrating continuous learning initiatives, such as workshops and professional development sessions, into onboarding programs. Continuous skill enhancement contributes significantly to the effectiveness of newly recruited APCs, enhancing their confidence and competence in their roles.

Theme 5: Emphasis on Organizational Support and Communication

Dumphy, DeSandre, and Thompson's (2019) research highlighted the significance of

organizational support and effective communication during the onboarding process. Their study,

focusing on family nurse practitioner students, emphasized the importance of clear

communication channels and organizational support mechanisms. Adequate support from the

organization and transparent communication regarding roles, expectations, and resources are

crucial components in successful onboarding initiatives. This theme stresses the need for

healthcare institutions to establish robust support systems and open communication channels to

ensure a successful transition for new APCs.

In summary, the literature synthesis emphasized the imperative for further research to

thoroughly assess the influence of mentoring programs on nurse practitioners' competence, job

satisfaction, and quality of care. The evidence from the selected studies supports the need to

implement structured onboarding programs that encompass standardized mentorship, structured

orientation, tailored support for APCs, continuous learning opportunities, and strong

organizational support. The implementation of structured onboarding programs significantly

enhances satisfaction, retention, and successful transition experiences for nurse practitioners and

physician assistants. The body of evidence is of moderate to high quality, demonstrating

consistent findings across studies.

Setting, Stakeholders, and Systems Change

The DNP scholarly project was situated in the New Haven Region, located in the

Northeastern United States, focused on ambulatory settings that provided walk-in and primary

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

care services. Participants in this project were newly hired APCs. The region emphasized

interprofessional collaboration and creating a supportive environment for professional growth.

The culture encourages continuous learning, facilitating the implementation of the DNP

evidence-based project. The need for this project arose from evaluating gaps in skills and

confidence levels among healthcare professionals in ambulatory settings. The organization's

commitment to innovation and excellence perfectly matched the project's aim of instituting

mentorship and education initiatives to boost participants' abilities and confidence, thereby

enhancing patient care and professional fulfillment. Various stakeholders, including the APC

Clinical Lead, Chief Nursing Officer (CNO), management, medical staff office staff, APC

educators, and myself as the project lead, worked together to support the necessary resources for

implementation and ensure that project objectives align with the organization's mission.

Discussions with the CNO resulted in confirming organizational support for the DNP

scholarly project in the south-central Connecticut ambulatory settings, focusing on structured

mentorship, interprofessional collaboration, and continuous learning, and leading to the

allocation of resources for mentorship programs and educational sessions. These initiatives were

integrated into the organization's ongoing professional development programs, ensuring

continuity beyond the project's duration. Interprofessional collaboration involving healthcare

professionals, educators, and administrators was pivotal. These collaborative efforts created a

cohesive learning environment, enhancing participant skills and confidence and improving

patient care outcomes (Hookmani et al., 2021).

The SWOT analysis, detailed in Appendix C, informed the organizational assessment,

and highlighted strengths, weaknesses, opportunities, and threats. The project operated at the

micro level, focusing on individual healthcare professionals in ambulatory settings. The

structured mentorship program aimed to enhance participants' skills and confidence, ultimately improving patient care and professional satisfaction. To ensure the project's continuity after its completion, a robust framework was established. The organization utilized this framework, which incorporated clear documentation, succession planning, and regular evaluations.

Implementation Plan with Timeline

Following Prosci's ADKAR model, the project targeted specific stages of individual change with clear goals (Balluck et al., 2020). This model shaped the project's design and execution, incorporating evidence from the developed PICOT question that highlights the positive impact of structured orientation on role confidence and competency. The project involved collaboration among educators to create a unified environment. The project unfolded over 8 weeks, following the ADKAR model stages: raising awareness, fostering interest, providing training, implementing.

In accordance with Prosci's ADKAR change management model, the implementation of the Phases of Change Theory was strategically aligned with distinct stages of individual change, each seamlessly corresponding with specific steps (Balluck et al., 2020). The first stage involved "increasing awareness," aligning with the initial step of comprehensive problem diagnosis through discussions with relevant stakeholders. This ensured a clear understanding of the problem, such as high turnover due to burnout. Moving to the second stage, "fostering a desire to engage," the approach parallels the second step of assessing change capacity. Mentors in the present study utilized the Readiness for Change tool, in which the organization's readiness for change was systematically evaluated. Transitioning to the third stage, "imparting comprehensive knowledge," mirrors the third step of resource and motivation assessment. Conducting a SWOT analysis identified challenges and strengths, which provided the groundwork for informed

decision-making. Advancing to the fourth stage, "enhancing the ability to participate," aligned

with the fourth step of establishment of objectives and strategies. Collaborative efforts with key

stakeholders resulted in a well-defined plan, including a timeline and delineation of short-term

and long-term objectives. The final stage, "reinforcing positive outcomes," resonates with the

fifth step of role definition of the intervention. A literature review and analysis were conducted

and identified common themes, which translated evidence into actionable recommendations for a

comprehensive plan. Additionally, steps six and seven, involved change maintenance and

termination of the helping relationship, were seamlessly integrated during the initial

implementation of the project. Standardizing mentor and mentee pairing within new graduate

schedule planning, adopted by the designated unit, was endorsed by the unit's manager and

clinical nurse coordinators, ensuring continuity with each new cohort.

The evaluation of competency in newly appointed APRNs incorporated the utilization of

the 10-item general self-efficacy (GSE) scale, a rigorously validated instrument (Schwarzer &

Jerusalem, 1995). Cross-cultural studies have found that the GSE Scale is unidimensional, and

has high reliability, stability, and validity (Hennein et al., 2022, as cited in Scholz et al., 2002).

Newly hired APCs, especially recent graduates, need mentorship and guidance

(Hoffmann & Schatman, 2023). Mentors were enlisted and subsequently matched with a single

mentee. Following the assignment, mentors engaged in individual meetings with the APRN

clinical lead mentee. To assess the effectiveness of the program, a self-made survey (found in

Appendix H), was administered to the mentees after the 8-week onboarding program.

The DNP project leader fulfilled a pivotal role by overseeing all project activities,

ensuring adherence to timelines, and facilitating effective communication between stakeholders.

Essential leadership qualities for successful project completion included strong communication

skills, the ability to motivate and inspire, and effective problem-solving. All steps within this

model placed an emphasis on those who were impacted by the change. By focusing on the

individuals affected, the project aimed to understand and address their needs, concerns, and

motivations throughout the intervention of the APC onboarding program. Recognizing and

accommodating the needs of those undergoing the change process enhances the likelihood of

successful adoption for future use in clinical practice. The appendices contain detailed timelines

for each step, seamlessly integrating the comprehensive approach led by the DNP project leader.

Results

A structured onboarding process to improve the role confidence of APCs was evaluated.

The projected adhered to EBP principles and outlines key components, including participant

recruitment, data collection, integrity assurance, evaluation design, and analysis. Approval

processes at USAHS and the participating facility were adhered to, including obtaining IRB

approval and ensuring ethical considerations were met throughout the project. Participants were

recruited based on inclusion criteria that targeted APCs undergoing orientation and onboarding

during the specified timeframe. Exclusion criteria included medical providers. The data

collection instrument employed was the General Self-Efficacy Tool, which is a 10-questionnaire

survey utilized to measure the impact of the intervention on role confidence (Appendix D). An

additional self-made survey was created to gauge a better understanding of the outcome

measures of the mentorship program (Appendix H).

Out of sixteen participants surveyed, only four responded, resulting in a lower-than-

anticipated response rate. The survey compared levels of general self-efficacy between two

groups: one undergoing standard orientation practices without mentorship (8 participants) and

the other receiving mentorship (8 participants). Participants from the standard program rated

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

their self-efficacy higher across various aspects compared to those in the mentorship-based

program. Detailed results can be found in Appendix G.

An analysis was conducted on the self-made survey to gather further insight between the

two groups. The results of the self-made survey can be found in Appendix H. The mentorship-

based program participants showed a significantly higher confidence level (4.67) in

documentation in Epic compared to the standard program (3). The mentorship-based program

participants rate their confidence in documentation for billing and coding higher (4.33) compared

to the standard program. (3). The Mentorship-based program participants have higher

confidence (3.67) in Focused Professional Practice Evaluations (FPPE) than the standard

program (2). Lastly it was found that higher confidence in the mentorship-based program (4.33)

in locating NP/PA policies compared to the standard program (2). Overall, the mentorship-based

onboarding program appears to significantly improve confidence levels across various areas

compared to the standard program without mentorship.

The DNP project lead ensured strict adherence to data integrity principles to minimize

biases and errors during data collection. Data was collected through confidential and secure

methods, including self-assessment surveys. Security measures for the project involved sending

surveys to mentees professional email databases with secure logins, and maintained privacy for

participants by ensuring gathered information was locked in a safe environment. Additionally,

data retention and disposal practices were in line with regulatory standards, alleviating any

HIPAA concerns as patient information was not involved.

Promising outcomes were identified for a standardized onboarding program that includes

mentorship. After completion of the intervention, the organization has worked toward

implementing a standardized onboarding program that includes mentorship and will be offered

within the organization and across all specialties. This project supported the organization's

decision to invest time and allocate resources to sustain a standardized onboarding program that

includes mentorship (K. Bonaventura, personal communication, May 25, 2024). The project

significantly enhanced APCs' role performance, aligning with Evidence-Based Practice (EBP)

principles and providing valuable insights to advance clinical practice. The mentorship program

improved APC's confidence, capability in handling unforeseen situations, better performance in

their roles, and leading to overall job satisfaction.

Impact

The high rate of confidence levels across various areas in the mentorship-based

onboarding program supports the intervention of a standardized formal onboarding program that

includes mentorship. The project successfully met its objective of enhancing confidence among

newly licensed Advanced Practice Clinicians (APCs). Improved competency was achieved by

pairing novice APCs with experienced counterparts to facilitate skill development, professional

growth, and increased self-assurance. The clinical significance of these achievements was noted,

aiding the organization's decision to implement a standardized onboarding program that includes

mentorship, across all specialties and throughout the organization.

Mentorship significantly benefits newly hired APCs across various metrics that were

collected during the duration of the project. Those who received mentorship completed an

average of 177 more patient visits annually, indicating improved workload management. They

also billed 0.11 higher wRVUs per office visit, which points to enhanced billing accuracy and

documentation practices. Achieving a 5% higher fill rate underscores better scheduling

efficiency and patient management. Moreover, they produced 570 more annualized wRVUs per

FTE, highlighting increased overall productivity. Additionally, their MGMA percentile was 18%

higher compared to non-mentored peers, indicating superior practice performance relative to

national benchmarks. Furthermore, they billed a higher percentage of advanced E&M codes

(204/5 and 214/5), suggesting improved coding expertise and potentially greater revenue

generation. These findings collectively emphasize the role of mentorship in enhancing clinical

efficiency, maximizing revenue potential, and improving overall practice effectiveness for newly

hired APCs.

  The sustainability of the project was due to the APC Clinical Lead's acceptance of the

interventions. To elevate the competency of newly licensed APCs, a competency tool that

emphasizes enhancing proficiency with detailed management strategies for commonly

encountered clinical conditions should be implemented. This would foster confidence in

effectively managing these cases. Practices can tailor this tool to meet their unique requirements.

Feedback from APCs has indicated a need for the project to enhance its clinical focus to better

align with clinical needs and expectations. Challenges in sustaining the project include

identifying qualified individuals for effective mentorship roles, implementing monitoring

systems to track the progress of newly hired APCs, and securing dedicated time and space for the

mentorship onboarding program amidst healthcare setting demands. Regular evaluations of the

mentorship program's effectiveness are crucial to identify areas for improvement.

  Discussing the limitations of the project, assessing general self-efficacy through online

surveys for mentored individuals presented challenges. Firstly, the small sample size limits the

generalizability of findings, potentially restricting their relevance to the broader population of

NP/PAs. Moreover, the constrained sample may overlook the diverse range of experiences found

in the larger population, possibly skewing the results. Moreover, the low response rate, with only

four out of sixteen evaluated students responding, introduces bias and diminishes the credibility

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

of the results. The use of online surveys, which tend to have highly variable response rates

ranging from 25% to 30%, further complicates the reliability and representativeness of the data

(Menon and Muraleedharan, 2020). To improve response rates and mitigate these limitations,

conducting in-person surveys could be recommended, as they typically yield higher participation

rates and more robust data.

Dissemination

The dissemination for the project's outcomes encompassed targeted communication

within the facility and broader dissemination in the professional community. Internally, vital

stakeholders including those directly engaged in APC onboarding convened through face-to-face

online meetings. Information was disseminated within the organization through email. An initial

introductory and description of the project was sent to individuals involved in the project, which

offered clarity and purpose of the project. This cultivated a thorough comprehension of the

project's outcomes and implications among individuals who have an impact on policies related to

APC onboarding. Externally, an online poster will be presented at a conference hosted by the

University of St. Augustine for Health Sciences, targeting a broader audience and facilitating

discussions. Additionally, a manuscript will be submitted to The University of St. Augustine's

SOAR@USA publication platform, known for its focus on advanced practice and commitment to

publishing rigorous and relevant research. The findings were disseminated to the CNO,

preceptor, and nurse leaders through a PowerPoint presentation covering evidence-based

interventions, methodology, results, strengths, and barriers. To secure acceptance and a presenter

position, a virtual submission of an abstract and a poster was made. The University of St.

Augustine's SOAR@USA publication platform was leveraged for sharing project details. In

addition, an application will be submitted to the university's Sigma Theta Tau chapter meeting

for consideration of project presentation. A manuscript is also set for submission to MEDSURG

Nursing, a reputable nursing journal. This comprehensive approach aimed to effectively

communicate the project's findings within and beyond the facility while contributing

substantively to the ongoing discourse in the field.

Conclusion

In summary, the Doctor of Nursing Practice (DNP) project aimed to confront the pressing

challenges faced by the healthcare organization by implementing a mentorship program tailored

for APCs. The project's overarching goal was to boost the confidence levels of newly hired

APCs, thereby enhancing the overall efficacy of the healthcare services. This paper has

highlighted the critical role of effective onboarding and mentorship in healthcare, stressing their

direct influence on patient well-being, system efficiency, and the overall success of the

organization. The key insights articulated in this document underscore the significance of

dedicating time and resources to a purposeful onboarding process, integrating formal orientation

activities with personalized mentorship to provide a comprehensive and supportive introduction

for new employees.

The success of this project was not only pivotal for addressing the immediate challenges

faced by the organization, including clinician shortages, high recruitment costs, and suboptimal

performance metrics, but it also promises long-term benefits by fostering improved employee

retention, heightened job satisfaction, and the delivery of high-quality healthcare services.

Overall, the holistic approach outlined in this DNP project has yielded positive and enduring

effects on the organization's ability to uphold standards and provide efficient, top-tier healthcare

services.

References

Balluck, J., Asturi, E., & Brockman, V. (2020). Use of the ADKAR® and CLARC ® change

models to navigate staffing model changes during the COVID-19 pandemic. *Nurse

Leader*, *18*(6), 539–546. https://doi.org/10.1016/j.mnl.2020.08.006

Dang, D., Dearholt, S., Bissett, K., Ascenzi, J., & Whalen, M. (2022). *Johns Hopkins evidence-

based practice for nurses and healthcare professionals: Model and guidelines* (4th ed).

Sigma Theta Tau International.

Faraz Covelli, A., & Barnes, H. (2023). Novice nurse practitioners' employment decisions and

role transition experiences during COVID-19. *Journal of Professional Nursing*, *47*, 81–

87. https://doi.org/10.1016/j.profnurs.2023.05.009

Gregory, L., & Clark, D. (2019). Making a good hire. *Seminars in Hearing*, *40*(3), 220–231.

https://doi.org/10.1055/s-0039-1693446

Hennein, R., Nanziri, L. M., Musinguzi, J., Ggita, J. M., Turimumahoro, P., Ochom, E., Gupta,

A. J., Halder, A., Katamba, A., White, M. A., Pietrzak, R. H., Armstrong-Hough, M., &

Davis, J. L. (2022). Cultural adaptation and validation of the general self-efficacy scale in

Ugandan community health workers. *Global Implementation Research and

Applications*, *2*(4), 371–383. https://doi.org/10.1007/s43477-022-00064-1

Hill, S. E. M., Ward, W. L., Seay, A., & Buzenski, J. (2022). The Nature and Evolution of the

Mentoring Relationship in Academic Health Centers. *Journal of clinical psychology in

medical settings*, *29*(3), 557–569. https://doi.org/10.1007/s10880-022-09893-6

Hoffmann, C., & Schatman, M. E. (2023). Advanced practice providers - Effectively bridging

the gap in interventional pain management. *Journal of Pain Research*, *16*, 527–528.

https://doi.org/10.2147/JPR.S405404

Hookmani, A. A., Lalani, N., Sultan, N., Zubairi, A., Hussain, A., Hasan, B. S., & Rasheed, M.

A. (2021). Development of an on-job mentorship programme to improve nursing

experience for enhanced patient experience of compassionate care. *BMC Nursing*, *20*(1),

175. https://doi.org/10.1186/s12912-021-00682-4

Lamb, A., Martin-Misener, R., Bryant-Lukosius, D., & Latimer, M. (2018). Describing the

leadership capabilities of advanced practice nurses using a qualitative descriptive

study. *Nursing Open*, *5*(3), 400–413. https://doi.org/10.1002/nop2.150

Menon, V., & Muraleedharan, A. (2020). Internet-based surveys: relevance, methodological

considerations and troubleshooting strategies. *General Psychiatry*, *33*(5), e100264.

https://doi.org/10.1136/gpsych-2020-100264

McGrath, B. A., Jacobs, M. L., Watts, R. M., & Callender, B. C. (2022). Developing and

sustaining advanced practice provider services: A decade of lessons learned. *Journal of

Hospital Medicine*, *17*(12), 1014–1020. https://doi.org/10.1002/jhm.12932

Miles, M. C., Richardson, K. M., Wolfe, R., Hairston, K., Cleveland, M., Kelly, C., Lippert, J.,

Mastandrea, N., & Pruitt, Z. (2023). Using Kotter's change management framework to

redesign departmental GME recruitment. *Journal of Graduate Medical Education*, *15*(1),

98–104. https://doi.org/10.4300/JGME-D-22-00191.1

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S.

Wright, & M. Johnston (Eds.) , Measures in health psychology: A user's portfolio. (pp.

35-37). NFER-NELSON.

Scott, C. P. R., Dieguez, T. A., Deepak, P., Gu, S., & Wildman, J. L. (2022). Onboarding during

COVID-19: Create structure, connect people, and continue adapting. *Organizational

Dynamics*, *51*(2), 100828. https://doi.org/10.1016/j.orgdyn.2021.100828

Appendix A

Literature

Citation	Study Design, Level JH Level of Evidence JH Quality Rating	Sample Sample size	Intervention Comparison (Definitions should include any specific research tools used along with reliability & validity)	Theoretical Foundation	Outcome Definition	Usefulness Results Key Findings
Arnold, S. A., Meyer, N. L., Tonaus, S., Shaffer, B. L., & Baniak, L. M. (2023). Implementation and Evaluation of a Nurse Practitioner Onboarding Program at a Large Healthcare Facility. *The Journal of nursing administration*, *53*(10), 515–519. https://doi.org/10.1097/NNA.0000000000001327 https://prx-usa.lirn.net/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=37747174&site=eds-live	Level III Exploratory Study QR=A	The onboarding program was implemented in spring 2020, with 20 NPs participating by fall 2021. Among them, six were new graduates, while the other 14 had varying experience levels from 1.5 to 21 years. Thirteen of the participants were newcomers to the VHA system, while seven were already VHA employees. Unfortunately, two new graduate NPs who were new to the VHA resigned before completing the onboarding program.	Setting: The Veterans Affairs Pittsburgh Healthcare System (VAPHS). The study focused on enhancing the onboarding process for nurse practitioners (NPs) at the Veterans Affairs Pittsburgh Healthcare System (VAPHS). Before the intervention, new NPs had a basic 2-day orientation lacking consistency and evidence-based methods, leading to deficiencies highlighted by existing NPs. In	Analyzing APPs' perceptions on an onboarding program in Pittsburgh, PA, United States.	New nurse practitioner (NP) trainees expressed a sense of support and inclusion within the team.	1. The program led to higher levels of satisfaction and retention among NPs. 2. The success of the program was ensured through continuous improvement strategies, the presence of lead NPs managing the program, regular meetings for updates and troubleshooting, and fostering effective communication between lead NPs and nursing leadership, thus ensuring the sustainability of the initiative. Useful: Yes The study underscores the importance of introducing a standardized mentorship program to improve satisfaction and retention among newly recruited APCs.

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING PROGRAM

			response, the advanced practice RN council developed a comprehensive onboarding program addressing essential practice components, aligning with a 2017 policy change granting NPs at VAPHS full practice authority within the Veterans Health Administration. The study's objectives were to establish and implement a standardized, evidence-based onboarding program and assess its impact on NP satisfaction and retention. The study employed specific research tools for competency validation, dividing competencies into core and specialized areas based on AANP and NONPF			Limitation: Limitation: There was no tracking of attrition rates before the introduction of the program. which may affect internal validity of the results

			guidelines. Preceptors and Lead NPs were responsible for ensuring the completion of both core and specialized competencies during the onboarding process.			
Barnes, H., Faraz Covelli, A., & Rubright, J. D. (2021). Development of the novice nurse practitioner role transition scale: An exploratory factor analysis. *Journal of the American Association of Nurse Practitioners*, *34*(1), 79–88. https://doi.org/10.1097/JXX.0000000000000566	Level III Exploratory Study QR= A	Sample Demographics (N = 89): 93.2% female 69.3% White Average age: 38 years (range: 25–57 years) 88.8% held national NP certification in primary care 83.2% had a Master's degree as their highest reported degree for initial NP education 47.2% completed didactic NP coursework primarily online 36.0% completed a program with a combination of online and face-to-face delivery methods for didactic content 97.8% had prior RN experience, with 87.2% working as an RN for more than 5 years 8% participated in a NP residency or fellowship program; 62.2% received	NNPRT Scale Overview: 40 items measure individual's role transition experience perception Five-factor structure identified: organizational alignment, mentorship, sense of purpose, perceived competence and self-confidence, and compensation Exploratory Factor Analysis (EFA) Details: KMO test indicated suitable data (KMO = 0.80) Eigenvalue criteria suggested 11 factors, but scree plot, parallel analysis, and MAP indicated	Conceptual Framework Development: Based on NP role transition concept analysis Incorporates personal, environmental, and contemporary workforce factors Informed the development of NNPRT Scale Challenges in Care Delivery: Evolving care delivery, increased workloads, complex patient needs, and global pandemics Pose risks for provider well-being and poor workforce outcomes	NPs face difficult job transitions.	1. NPs shift from expert RNs to novices can lead to transition challenges such as decreased confidence, job satisfaction, and intent to leave 2. NPs shift from expert RNs to novices effects employment and patient care continuity 3. Promotion of clinician well-being is crucial in evolving healthcare landscape 4. A NNPRT Scale aids understanding and interventions 5. A NNPRT Scale Enables large-scale examinations of NP transitions Useful: Yes The research supports the need to implement a standardized mentorship or obboarding program to improve confidence, job satisfaction, and retention of newly hired APPs.

			formal orientation in their first position Comparison with Previous Studies: Characteristics of novice NPs in this sample were similar to those in recent studies on the novice NP workforce.	five factors aligning with NNPRT framework Iterative removal of items eliminated 14, resulting in 40-item scale Scale's reliability: 0.96; Factors' correlations: 0.18 to 0.65			
Clisby, T., Webber-Ritchey, K. J., Lattner, C., Spurlark, R. S., & Soco, C. (2023). Onboarding and Orientation Programs for Advanced Practice Providers (APPs) in Metropolitan Academic Medical Center Emergency Departments. ABNFF Journal, 2(1), 7–14. https://prx-usa.lirn.net/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=163651881&site=eds-live	Level III: Qualitative study QR= B The ABNFF Journal (Association of Black Nursing Faculty Foundation)	Male 80% Female 20% Participants were APP leaders, individually responsible for oversight of APPs in AMC EDs in the US in the Midwestern region.	Participants were interviewed via Zoom for 20 to 30 minutes each, using open-ended questions from a guide approved by the research team; characteristics of their employers were collected, and data saturation was discussed in six interviews without formal field notes. Semi-structured one-on-one interviews were conducted by the primary investigator (PI), an APP and graduate student. The PI checked interview	Analyzing APPs' perceptions on an onboarding program in AMC EDs in the US in the Midwestern region.	APP leaders stress need for onboarding	1. The retention of highly skilled and licensed employees, such as APPs, is significantly impacted by the effectiveness of the onboarding and orientation process. 2. A comprehensive onboarding process should begin before employment and continue regularly during the first, second, and third months of employment. Useful: Yes The study's findings underscore the importance of optimizing the crucial APP workforce and emphasize the necessity for formal onboarding and orientation programs. Effective orientation and onboarding can facilitate the integration of newly hired APPs into healthcare organizations.

			transcripts, the study team discussed themes, one participant was excluded due to eligibility criteria, and the paper includes interviews with five participants.			Limitations: The study identifies lack of HR and organization support as a barrier to successful formal onboarding and retention of employees, well beyond the first year of employment. The study cannot be generalized to other geographic regions.
Dumphy, D., DeSandre, C., & Thompson, J. (2019). Family nurse practitioner students' perceptions of readiness and transition into advanced practice. *Nursing forum*, *54*(3), 352–357. https://doi.org/10.1111/nuf.12336 https://0b30ann4z-mp02-y-https-onlinelibrary-wiley-com.prx-usa.lirn.net/doi/10.1111/nuf.12336	Level II Mixed method study: Cross sectional survey & interviews QR=B	A total of 23 students were invited, with 14 completing pre-course and 10 post-course surveys.	A mixed methods approach was employed, using a survey featuring a five-point Likert scale and three open-ended questions to assess the readiness and acquisition of twenty-two advanced practice skills; participants self-reported their preparedness levels on a scale from 1 (very unprepared) to 5 (very well prepared) before and after completing the final semester practicum course. The reliability and validity of the study's results might be influenced by the small sample size,	Examine Family Nurse Practitioner Students perceptions on skill competency and preparedness to practice clinically in a rural setting in the Southern region of the United States.	Graduate nurse practitioner perceptions of readiness for practice	1. Clinical practicum increases the Graduate nurse practitioner perceptions of readiness for clinical practice. 2. Additional research is needed to determine which models of education programs create a better-prepared graduate 3. Significant improvements in skills were observed, such as office procedures, suturing, and coding. 4. The study emphasizes the importance of a smooth transition with mentoring and training begins in school. Results: Pre-participants expressed uncertainty, needing support transitioning to FNP practice; post-participants showed confidence and awareness, sharing similar thematic concerns. Limitations: Limited sample, demographics, tests, and institution focus constrained data collection.

			consisting of 14 pre-participation and 10 post-participation students.			Useful: Yes The study underscores the importance of introducing a standardized mentorship program to enhance retention rates, boost task proficiency, and foster positive working relationships, particularly in collaboration with physicians, for newly recruited APPs.
Erickson, M., Yee, A. M., Krauter, R., & Hoffmann, T. (2023). The impact of a structured onboarding program for newly hired nurse practitioners and physician assistants. *Journal of the American Association of Nurse Practitioners*, *35*(4), 265–271. https://doi.org/10.1097/JXX.0000000000000847	Level III: Qualitative study QR =A	Included: 129 eligible NPs and PAs	July 2017-June 2019. These individuals were divided into six quarterly cohorts, each of which attended five in-person onboarding sessions, each lasting for two hours, spread over a span of 12 months. Eligible NPs and PAs participated in an anonymous pre/post Qualtrics survey. Aggregate responses showed significant improvement based on the Fisher exact test. The assessed onboarding value remained unchanged.	A Plan-Do-Study-Act approach	A structured onboarding program for newly hired nurse practitioners and physicians has a positive impact, leading to reduced attrition rates.	1. Study findings indicate a positive trend in workforce engagement, standardized knowledge, and reduced participant attrition with the implementation of this structured onboarding program. The investment made to formalize the onboarding process for newly hired NPs and PAs was relatively small. 2. A structured onboarding program not only has financial benefits but also enhances engagement among participants.

			Before onboarding, the average attrition rate was 10.3%, whereas it reduced to 4.5% among onboarding participants.			
Ortiz Pate, N., Barnes, H., Batchelder, H. R., Anglin, L., Sanchez, M., Everett, C., & Morgan, P. (2023). PA and NP onboarding in primary care: The participant perspective. *JAAPA : official journal of the American Academy of Physician Assistants*, *36*(2), 1–9. https://doi.org/10.1097/01.JAA.0000911232.13242.13	Level III: Qualitative study QR= B Journal of the American Academy of Physician Assistants	Setting: 13 clinics and healthcare systems during the summer of 2018. 7 PAs and 6 NPs, majority female participants (76.92%) All participants worked in primary care, with almost 70% in non-CHC settings Most participants were new graduates; 77% graduated in 2018 or 2019 Over 50% attended onboarding programs lasting 12 months or longer, 31% attended programs lasting 2 to 6 months	The intervention of the study was conducting interviews with administrators of onboarding programs for Physician Assistants (PAs) and Nurse Practitioners (NPs) Research tools: Data analysis involved recording, transcribing, and deidentifying interviews, which were coded inductively using a three-phase approach in NVivo 12 Pro. Two authors developed a codebook, ensuring intercoder reliability, and discussions with a third coder	Structured Onboarding Boosts Clinician Retention Rates	The study revealed the importance of improving working relationships, fostering a cohesive team culture, aligning new hires with the organization's mission, enhancing communication skills (including cultural competency and managing challenging patient discussions), offering comprehensive Electronic Health Record (EHR) training, emphasizing inbox management, and expanding medical knowledge for newly hired Physician Assistants (PAs) and Nurse Practitioners (NPs).	1. Structured onboarding that includes the following components: ways to improve competence, EHR training, promoting mentorship, orienting to organizational dynamics, tailoring patient scheduling, clarifying role expectations, and demonstration of organizational support is essential for the successful transition of new APPs to clinical practice. 2. A structured onboarding process that creates, comfort and builds self-confidence will be beneficial for the success of APPS Limitations: One limitation of the study was that none of the onboarding administrators interviewed were Nurse Practitioners (NPs)

			resolved coding differences. The codes were refined collaboratively by all authors, enhancing the credibility and trustworthiness of the analysis.			However, all administrators stated that they covered the same content areas for both NPs and PAs during onboarding. Useful: Yes The study underscores the importance of introducing a standardized mentorship program to enhance retention rates, boost task proficiency, and foster positive working relationships, particularly in collaboration with physicians, for newly recruited APPs.
Klein, C. J., Pierce, L., Cooling, M., Che, W., & Lizer, S. (2021). Perceptions of Role Transition into Practice among Advanced Practice Providers and Physicians. Western Journal of Nursing Research, 43(2), 105–114. https://doi.org/10.1177/0193945920935430 https://prx-usa.lirn.net/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=32613909&site=ehost-live	Level II Cross-sectional survey QR=A	This study sought to examine the experiences of APPs as an approach to inform the development of formalized programs for transition into practice and to compare APP (N = 122) and physician (N = 84) perceptions of the novice practitioners' acclimation into a provider role within the first year of practice. Using a cross-sectional survey design, two separate web-based questionnaires were distributed to APPs and physicians. In 16 of 23 paired items, physicians and APPs had similar perspectives about confidence/competence	The study examined the experiences of APPs and physicians using web-based questionnaires to understand their perceptions of novice practitioners' acclimation into a provider role within the first year of practice, identifying similarities and differences to enhance APP preparation for evolving healthcare demands.	Exploring, analyzing, and comparing APPs' experiences for transitions into the provider role within the first year of practice.	The survey revealed that a standardized orientation program for new graduates that incorporated differences in perceptions about support, time management, and independence, can optimize the onboarding process, as understanding these differences can enhance APP preparation for diverse healthcare needs.	1. APPs express concerns about their confidence, anxiety, and feelings of inadequacy during the transition to practice. Useful: Yes The research highlights the significance of implementing a standardized mentorship program that focuses on understanding the perspectives of both APPs and physicians, enhancing the program's effectiveness for newly hired APPs.

		after orientation. Significant differences in their perceptions included amount of physician support, time management, length of time to become a fully functional APP, and independence. Better understanding of the perceptions of APPs and physicians can augment APP preparation for a shifting workforce composition and team-based, interprofessional practice designed to meet the population's health care needs				
Langley, T. M., Dority, J., Fraser, J. F., & Hatton, K. W. (2018). A comprehensive onboarding and orientation plan for neurocritical care advanced practice providers. *The Journal of Neuroscience Nursing, 50*(3), 157–160. https://doi.org/10.1097/JN N.0000000000000359	Level II Cross-sectional survey QR=B	Candidate Selection Criteria: Registered nurse with 3+ years of bedside intensive care nursing experience (preferably in a level 1 hospital). .	The 3-phase orientation process guides new APPs through increasing levels of knowledge, clinical exposure, and assessments over 6 months, including readings, exams, and oral evaluations by physicians, ensuring comprehensive training.	The onboarding process for APPs in the neurocritical care service addresses the expanding educational needs accompanying their role in complex patient care within intensive care units.	Improved retention with effective onboarding program	1. Implementation of an onboarding process in results in a significant improvement in retaining APPs. 2. Since the program's introduction, 12 APPs completed it, with an impressive 83% retention rate, demonstrating the effectiveness of the onboarding initiative. Useful: Yes The research highlights the significance of implementing a standardized mentorship program to retain newly hired APPs

Legend:

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING PROGRAM

Nurse Practitioner: NP

Advanced Practice Clinicians: APCs

Advanced Practice Providers: APPs

Novice nurse practitioner role transition: NNPRT

Table 2

Evidence Summaries

Appendix B

Summary of Systematic Reviews (SR)

Citation	Quality Grade	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Usefulness/Recommendation/ Implications
McQuilkin, M. A., Gatewood, E., Gramkowski, B., Hunter, J. M., Kuster, A., Melino, K., & Mihaly, L. K. (2020). Transitioning from clinician to nurse practitioner clinical faculty: A systematic review. *Journal of the American Association of Nurse Practitioners*, *32*(10), 652–659. https://doi.org/10.1097/JXX.0000000000000295	Level III Systemic Review QR= B	What are successful strategies that universities can use to enhance faculty retention and ease the transition from clinician to NP clinical faculty?	Clinician, practitioner, advance practice, graduate AND educator, professor, faculty, clinical faculty. Role, transition, change, retention, departure, attrition Support, program, strategy, factors, orientation, onboarding, mentor, acculturation The literature review, conducted in March 2019, encompassed English-language peer-reviewed articles published from 2009 to 2019.	Included: Nursing clinical faculty in general or advanced practice nursing faculty, with a specific focus on part-time or adjunct nursing clinical faculty. Excluded Articles: Articles were excluded if they pertained to specific registered nurse roles such as medical-surgical nurse educators, preceptors not engaged in didactic education, associate degree	Job satisfaction and organizational commitment can be influenced by orientation, culture shock, mentoring, peer support, and apprehensions about maintaining clinical practice.	In general, studies demonstrated that new faculty members benefit from mentoring, peer support, and structured orientation programs. Institutions should also offer fair pay, positive workplaces, and training to retain faculty.	1.) Effective mentorship and preceptorship programs include mentoring, orientation, and continuous assistance 2.) Teaching/training important to reduce new faculty members from feeling overwhelmed and worrying about maintaining their clinical skills. 3.) Effective mentors and supportive environments help new APPs adjust. Useful: Yes The study underscores the importance of implementing a standardized mentorship program to enhance organization team building, satisfaction, and retention for newly recruited APPs.

Citation	Quality Grade	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Usefulness/Recommendation/ Implications
				nursing instructors, non-nurse education staff, nursing research faculty, or nurses who had not yet transitioned into faculty roles. Additionally, if they concentrated on faculty characteristics like self-efficacy or competence to teach, rather than the attributes and efforts of the educational institution.			

Legend:

Advanced Practice Providers: APPs

Advanced Practice Clinicians: APC

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

Appendix C

SWOT Analysis

Internal Forces (Project)	External Forces (Organizational/Environment)
Strengths	**Opportunities**
*Clear recognition of the need for a structured onboarding program. *Support from the APC Clinical Lead and the healthcare organization. *Access to relevant research indicating the positive impact of mentorship programs. *Well-defined elements in the onboarding protocol, including role orientation and mentorship impact surveys. *Evidence-Based Intervention *Short Time-Frame: Attainable Goal to Improve Retention and Enhance Competency and Confidence. * Full Administrative Support including Chief, Nursing Officer, Chief Medical Officer, Medical Staff Office *Educator Provided. Consistent Education *Administrative leaders' willingness to embrace change in clinical practices.	*Improving APC retention rates and job satisfaction leading to enhanced patient care. *Increase recruitment. *Establishing a standardized onboarding process for future APC hires. *Building a positive organizational culture through structured mentorship.
Weaknesses	**Threats**
*Potential resistance or lack of participation from some APCs. *Limited resources or staffing for the implementation of the mentorship program. *Challenges in coordinating schedules and availability for mentorship sessions. *Small ambulatory offices	*Resistance to change from existing staff members or organizational stakeholders. *Limited time frame for implementation and evaluation *Possible budget constraints affecting the execution of the program *Many newly hired APCs with less than one year of experience- need Education

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING
PROGRAM

Appendix D

General Self-Efficacy Scale

General Self-Efficacy Scale (GSE)

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

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston,

Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, England:

NFER-NELSON.

Verified as freely available for public use as confirmed by email correspondence

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING PROGRAM

Appendix E

Project Schedule

Activity	NUR7801								NUR7802								NUR7803							
	Week 1	Week 3	Week 5	Week 7	Week 9	Week 11	Week 13	Week 15	Week 1	Week 3	Week 5	Week 7	Week 9	Week 11	Week 13	Week 15	Week 1	Week 3	Week 5	Week 7	Week 9	Week 11	Week 13	Week 15
Meeting with director of quality	■																							
Develop Project Proposal		■	■	■	■	■																		
Meet with educators							■																	
Seek admin approval									■	■	■													
Seek EPRC approval								■		■	■													
Present to Admin Council and unit leadership								■				■												■
Implement Onboarding program													■	■	■	■								
Check-ins with Mentors													■	■	■	■								
Check-In with preceptor									■	■		■				■								
Survey (Appen. G,H)																■	■							
Survey (Appen. G,H)															■		■	■						
Collect Data												■					■	■						
Compare Outcomes																	■	■	■					
Evaluation and Dissemination																	■	■	■	■	■			

Appendix F

GANTT Chart Timeline

ONBOARDING ADVANCED PRACTICE CLINICIANS

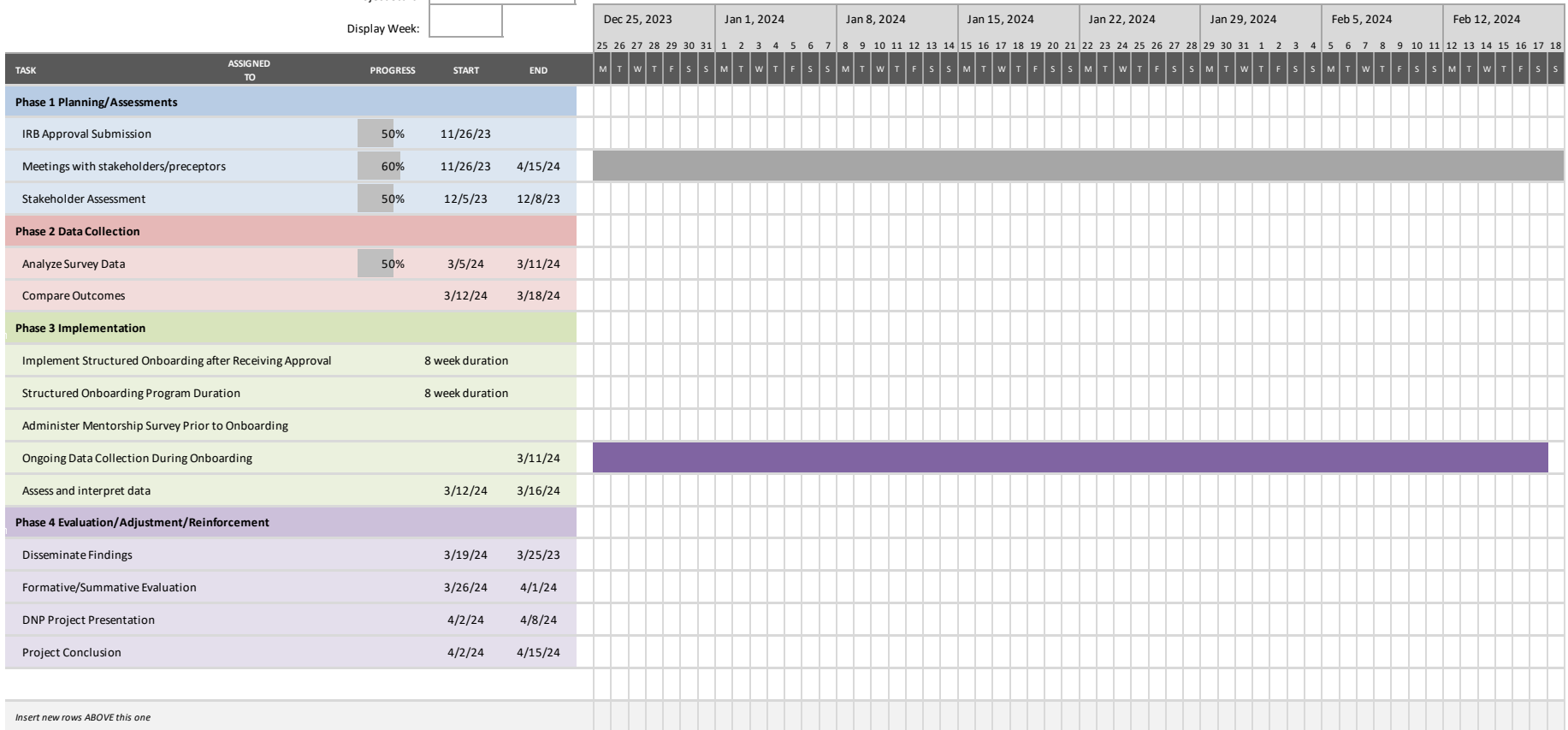The University of St. Augustine for Health Sciences
Sophia Robinson

Project Start: Mon, 1/1/2024

Display Week:

SIMPLE GANTT CHART by Vertex42.com
https://www.vertex42.com/ExcelTemplates/simple-gantt-chart.html

TASK	ASSIGNED TO	PROGRESS	START	END
Phase 1 Planning/Assessments				
IRB Approval Submission		50%	11/26/23	
Meetings with stakeholders/preceptors		60%	11/26/23	4/15/24
Stakeholder Assessment		50%	12/5/23	12/8/23
Phase 2 Data Collection				
Analyze Survey Data		50%	3/5/24	3/11/24
Compare Outcomes			3/12/24	3/18/24
Phase 3 Implementation				
Implement Structured Onboarding after Receiving Approval			8 week duration	
Structured Onboarding Program Duration			8 week duration	
Administer Mentorship Survey Prior to Onboarding				
Ongoing Data Collection During Onboarding			3/11/24	
Assess and interpret data			3/12/24	3/16/24
Phase 4 Evaluation/Adjustment/Reinforcement				
Disseminate Findings			3/19/24	3/25/23
Formative/Summative Evaluation			3/26/24	4/1/24
DNP Project Presentation			4/2/24	4/8/24
Project Conclusion			4/2/24	4/15/24
Insert new rows ABOVE this one				

Timeline columns: Dec 25, 2023 | Jan 1, 2024 | Jan 8, 2024 | Jan 15, 2024 | Jan 22, 2024 | Jan 29, 2024 | Feb 5, 2024 | Feb 12, 2024

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING PROGRAM

Appendix G

General Self-Efficacy Survey

Question	Standard program without mentorship Respondent 1	Mentorship-based onboarding program Respondent 1	Mentorship-based onboarding program Respondent 2	Mentorship-based onboarding program Respondent 3
Q1 I can always manage to solve difficult problems if I try hard enough	Exactly true (4)	Moderately true (3)	Exactly true (4)	Moderately true (3)
Q2 If someone opposes me, I can find the means and ways to get what I want	Moderately true (3)	Hardly true (2)	Moderately true (3)	Moderately true (3)
Q3 It is easy for me to stick to my aims and accomplish my goals	Exactly true (4)	Exactly true (4)	Moderately true (3)	Exactly true (4)
Q4 I am confident that I could deal efficiently with unexpected events	Exactly true (4)	Exactly true (4)	Moderately true (3)	Exactly true (4)
Q5 Thanks to my resourcefulness, I know how to handle unforeseen situations	Exactly true (4)	Moderately true (3)	Moderately true (3)	Exactly true (4)
Q6 I can solve most problems if I invest the necessary effort	Exactly true (4)	Exactly true (4)	Moderately true (3)	Exactly true (4)
Q7 I can remain calm when facing difficulties because I can rely on my coping abilities	Moderately true (3)	Exactly true (4)	Moderately true (3)	Exactly true (4)
Q8 When I am confronted with a problem, I can usually find several solutions	Exactly true (4)	Moderately true (3)	Moderately true (3)	Exactly true (4)
Q9 If I am in trouble, I can usually think of a solution	Exactly true (4)	Moderately true (3)	Moderately true (3)	Moderately true (3)
Q10 I can usually handle whatever comes my way	Exactly true (4)	Moderately true (3)	Moderately true (3)	Exactly true (4)

EVALUATION OF AN ADVANCED PRACTICE CLINICIAN ONBOARDING PROGRAM

Appendix H

Self-created Survey

Question	Standard program without mentorship	Mentorship-based onboarding program	Mentorship-based onboarding program	Mentorship-based onboarding program
	Respondent 1	Respondent 1	Respondent 2	Respondent 3
Q1 How many years of NP/PA experience did you have prior to entering your current role?	More than 15 years	2-5 years	Less than 2 years	Less than 2 years
Q2 Currently how many years of NP/PA experience do you have?	More than 15 years	2-5 years	Less than 2 years	Less than 2 years
Q3 What was the length of your orientation?	Less than one month	Less than one month	8 weeks	8 weeks
Q4 Did you feel that was enough time?	No	Yes	Yes	Yes
Q5 Were you assigned a mentor?	No	Yes	Yes	Yes
Q6 Rate your current level of confidence: Documentation in Epic	Neutral (3)	Excellent (5)	Good (4)	Excellent (5)
Q7 Rate your current level of confidence: Prioritizing diagnosis codes	Good (4)	Good (4)	Good (4)	Good (4)
Q8 Rate your current level of confidence: Appropriate documentation for billing and coding	Neutral (3)	Good (4)	Good (4)	Excellent (5)
Q9 Rate your current level of confidence: Awareness of required Focused Professional Practice Evaluations (FPPE) from the Medical Staff Office	Poor (2)	Neutral (3)	Good (4)	Good (4)
Q10 Rate your current level of confidence: Locating NP/PA related policies or standardized procedures	Poor (2)	Excellent (5)	Good (4)	Good (4)