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Onboarding and orientation of advanced practice providers in metropolitan

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Onboarding and Orientation Programs for Advanced Practice Providers in Metropolitan Academic Medical Center Emergency Departments

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N600 Scholarly Project

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Abstract

Background: Advanced Practice Providers (APPs) are imperative in the provision of care within emergency departments. The employment of APPs requires an onboarding and orientation process to their respective facility. Employees undergoing onboarding and orientation to a new job have shown increased employee satisfaction and retention thereby reducing turnover and financial and non-financial costs associated with turnover.

Purpose: To describe the formal orientation and onboarding programs of APPs working in academic medical center emergency departments (EDs) of United States metropolitan cities.

Method: A qualitative descriptive design was utilized for this study using open-ended questions. Individual semi-structured interviews were conducted with APP leaders working in EDs from September 2021 to November 2021. Recorded interviews were conducted, one-on-one with the person responsible for oversight of APPs in the EDs at a facility or health system.

Results: The study had participants *(n=5*) from across Midwestern academic center EDs and all participants were APP leaders. All facilities, but one had informal onboarding and orientation programs with one newly structured formal onboarding and orientation program launched in 2020. Many participants described the current onboarding and orientation of new employees as customized to the employee, with timeframes ranging from a few shifts to a new graduates timeframe averaging 12 weeks to year-long fellowships. Despite the lack of formality in orientation and onboarding, all felt employees were productive and efficient in line with expected provider performance at the end of the orientation and onboarding timeframe.

Keywords: Advanced Practice Provider, Onboarding, Orientation, Emergency Department

Introduction

Many emergency departments (EDs) employ Advanced Practice Providers (APPs) to care for more and more complex and acutely ill patients. Part of employing new employees and providers is the onboarding and orientation process to a new job. Onboarding and orientation programs can increase the likelihood of employee satisfaction and retention beyond the first year of employment. A review of relevant literature provided limited publications to address the orientation and onboarding of specialized roles similar to APPs in the ED. For this qualitative descriptive study the researcher is an APP in an academic medical center (AMC) ED with more than ten years as a provider thus, providing some influence on the data analyzed. When focusing on the onboarding of key team members in an ED setting, particularly the APP, in an ED setting, the participants have a stake in the observations made, even in taking a closer look at their own onboarding and orientation programs. In this qualitative descriptive study, the goal is to explore the existence and the structure of formal onboarding and orientation practices of APPs working in academic medical center (AMC) EDs across metropolitan United States (US) cities.

Background

Historically, many EDs including academic EDs in the Chicago area have not had a formal onboarding and orientation program for on-boarding newly hired APPs. Recruitment of staff is only part of the battle, if not on-boarded and orientated properly staff will not stay. In an mixed-methods study, by Kumar and Padney (2017) found if employees don't get a sense of feeling welcomed, as soon as day one, the chances of an employee leaving during the first year increases.

In regards to the use of the word "orientation" in this study, definition by Wallace (2009) was used to focus on the big picture of why and how organizations complete this task of

orientation. Orientation serves to help employees understand organizational fundamentals, including where new employees fit into the organizational goals and mission (Wallace, 2009). Onboarding has been defined as the process for integrating employees into an organization with the goal of quickly making them effective and productive team members (Bauer, 2013). Onboarding allows new hires to get acclimated to their jobs quickly, and easily begin to function effectively in an organization (Kumar & Padney, 2017).

According to Journal of the American Association of Nurse Practitioners, higher provider job satisfaction increases the retention of APPs and decreases intent to leave current positions (De Milt et al., 2010). Many EDs, both academic medical centers and community hospitals employ APPs as providers of patient care for the most acutely ill. In a 2020 study, completed by Pines et al., a secondary analysis of 2014 to 2018 ED data from a national emergency medicine group was used. Data from 2016 showed one in six patients and one in eight ED patients were cared for by a Physician Assistant (PA) or Nurse Practitioner/Advance Practice Nurse (NP/APN) respectively with over 20,500 APPs practicing emergency medicine in 2018. Despite the growing numbers of APPs practicing in emergency medicine and caring for patients, many APPs have not identified undergoing formal orientation and onboarding for their role in the ED.

A literature review was conducted for this project focusing on role transition, onboarding and orientation in more traditional hospitalist-based APP roles across a variety of specialties, and a review of onboarding from a human resource perspective. There were limited publications that addressed orientation and onboarding of specialized out-patient roles such as in the EDs. During the literature review, several key themes emerged about the need for formalized onboarding and orientation programs including: lack of support/mentoring, role definition, and how to structure

onboarding and orientation programs. The purpose of this qualitative study is to contribute knowledge to the area of APP onboarding and orientation in the EDs.

Studies looking at the practice of APNs working in the EDs identified challenges with defining capabilities and competency of the APN role in the EDs, making it difficult to discuss onboarding when discrepancies exist in how to define the role and its elements (Wolf et al., 2017). Additionally, participants in the Wolf et al. (2017) study expressed concern with the transition from student to practitioner and noted the guidelines from the American College of Emergency Physicians (ACEP) call for supervised orientation programs with return demonstration for APPs practicing in the EDs. Given the call by ACEP for all APPs to have a supervised orientation, a systematic study of onboarding and orientation programs should be conducted. This current study will advance nursing practice by focusing on how to define the role of APPs in the provision of care in the EDs through the life span with use and implementation of onboarding and orientation practices.

Problem Statement

Over the years the use of APPs in the delivery of health care has increased in response to the increased demand for health providers, that emergency advanced practice is now a recognized provider specialty (Wolf et al., 2017). With the call for more and more healthcare providers, it is essential that those providers answering the call have the training and education required for their specialty. If organizations are hiring specialty and highly-trained licensed employees it makes good business sense to keep them employed in the organization over time. Effectively integrating APPs into practice through orientation and onboarding can address the care needed for high-acuity patients (Wolf et al., 2017). We know from prior research that formal onboarding is an integral step to helping organizations to retain employee, especially beyond the

first year of employment (Kumar & Padney, 2017). Specifically, the goal is to identify if formal orientation onboarding programs exist and the "how" of academic centers integrating new hire APPs into practice in the ED through formal onboarding.

Theoretical Framework

When focusing on onboarding of key team members, particularly the APP, in an ED setting, the participants have a stake in the observations made, even in taking a closer look at their own onboarding and orientation programs. Qualitative descriptive studies can provide comprehensive summaries of events with a straight forward descriptions of experiences and perceptions when little is known about the subject (Doyle et al., 2019). For this study no theoretical framework effectively conveyed the topic of interest, but is best served by the descriptive study approach.

Literature Review

With an analysis of the key studies identified in the literature research, several themes began emerging and were repeated in multiple instances across the review. Themes in the literature emerged surrounding the lack of established formal onboarding and orientation programs, lack of support/mentoring, role definition, and limited information on how to structure onboarding programs emerged. Themes for orientation program goals centered around: role definition, competence, integration into the facility culture and retention. Multiple times in the literature review, provider satisfaction, retention and reducing turnover were mentioned as motivators to establish formal onboarding and orientation programs.

Methods

Study Design

A descriptive qualitative study was used. From September 2021 to November 2021 semi-structured, one-on-one interviews using an online platform (Zoom.us) were conducted and recorded using this platform to provide a web-based recording of the interview. By using a qualitative study, by design, the study can easily adjust to new information, and is aimed at an understanding of the whole situation (Polit, 2016). Study participants were the person responsible for supervision and oversight of the APPs in the respective academic medical center ED, which were interviewed by the primary researcher. The primary researcher is an APP in an AMC ED with more than ten years as a provider. Each interview lasted approximately 20 to 30 minutes. The primary researcher analyzed the transcripts of the interview and reviewed the transcript for accuracy. A total of six interviews were conducted. Using a qualitative descriptive research approach for this study, study interviews were conducted using recorded semi-structed interviews. One study was excluded for not meeting study criteria, resulting in five quality interviews for this paper.

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Instruments

The study was conducted using open-ended questions with a recording of the one-on-one interview. For this study research questions were based on researcher experience, and reviewed by committee members with expertise as an APP in the ED. There were no prior survey tools, prior questionnaires, or previous studies to directly assess areas of study in this qualitative research.

Sample

A purposive sample of participants was chosen from US academic medical centers and health systems. The selected participants were APP leaders responsible for supervision, training, and oversight of the APPs at a particular AMC ED or health system. Participants from all regions

of the United States including: Northwest, Southwest, Southeast, Northeast and Midwest were invited to participate, with resulting participants from the Midwest.

Recruitment Procedures

Study participants were initially sourced from a list of the academic medical centers that are member hospitals and health systems of the American Association of Medical Colleges (AAMC). Facilities and personnel were contacted from each region of the US to get a representative sample willing to participate in the research. Initial contact of identified individuals was conducted via email. No incentives were paid for participation. Consent was implied and established with participation in the interview meeting. All participants were emailed a study information sheet, and read a brief statement at the start of each interview reviewing the elements of the consent and study.

Descriptive Analysis

Data analysis in descriptive qualitative studies often is done concurrently when collecting data, as themes begin being collected once data starts being collected (Polit, 2016). Data analysis for this study involved reviewing the recordings of the interview participants to identify and derive themes in the amount of data collected. Often using a combination of thematic and content analysis allows data to be qualitatively analyzed and quantifying data as needed while providing the rich detail of a thematic analysis of qualitative data (Doyle et al., 2019). Once data was categorized it was reconstructed into meaningful patterns among the categories to identify the ideas and generalized concepts, using initial coding and focused coding (Polit, 2016). Initial coding allowed for large pieces of data to be studied and learn what was viewed as a problem by the participants and focused coding identified the more significant codes with input from researchers (Polit, 2016).

Ethical Considerations

Participation in this study was voluntary and implied consent was obtained prior to any data gathering or interviews. Interviews will focus on the person managing or overseeing the APPs, therefore there is a small risk to the APPs of disclosure because they are subject to the information given by the supervisor without consenting to the study themselves. The interview tools and demographic gathering tool, collected limited identifying information for participants beyond clinical role and credentials, and all information remained anonymous, and stored securely with a password protected file. The file maintained data recordings and was only accessible by those directly involved in the study, including: the primary researcher, and those on the research committee. The study underwent Institutional Review Board (IRB) review and approval from DePaul University prior to beginning data collection and the investigator of this project completed Collaborative Institutional Training Initiative (CITI) human subjects training prior to beginning this study.

Results

The study participants ($n=5$) consisted of four male and one female participants, all with master's degrees in nursing, physician assistant studies or business administration. Participants were individually responsible for oversight of APPs in academic EDs across the US with responses centered from institutions in the Midwestern region. Participants held various titles for their roles, including lead APP, practice manager, advanced practice clinician (APC), adult specialties Director for an APP's, and all participants currently practice at an academic hospital. Participants licensed titles included Physician Assistant (PA), Acute Care Nurse practitioner (ACNP), Adult Nurse Practitioner (ANP) and one credentialed as a Family Nurse Practitioner (FNP), and Emergency Nurse Practitioner (ENP). Hospital demographics had a total bed range

of 175 to 700, and ED beds of 36 to 121 with one facility not reporting ED beds. The average number of total beds consisted of 405 where the average total ED beds were 48 across the five institutions.

Participants were employed with facilities that utilize a wide range of total providers from residents, to attending physicians and APPs consisting of NPs and PAs.. Some facilities where participants were employed only employed one type of APP (NP or PA) with most facilities having a mix of APPs. Across all interviews, facilities employed 47 NPs and 52 PAs in the care of ED patients. Participants interviewed work with APPs that primarily cover one main academic hospital site and one facility that requires their APPs to rotate to the community ED within the health system.

The majority of metropolitan academic facilities with ED APPs do not have formal onboarding and orientation programs for newly hired employees. Only one respondent reported a formal structure for onboarding and orientation. Most institutions have informal ED programs that evolve and are adjusted to individual practitioner needs. The solitary Midwestern ED formal program created in 2020 continues to be an evolving program. Many EDs had variations of informal structures with training requirements based on each practitioner. Use of hospital privilege credentialing checklists were used to shape orientation and working with experienced providers allowed for learning as they go along. All facilities had written evaluations at some time-point during the orientation and onboarding period. Evaluations used were based on input from colleagues with whom they have worked shifts or shadowed.

Orientation and onboarding time frames varied greatly among the participants. Duration of programs were influenced by the level of APP experience. The shortest time frames were “a few shifts” with the number four to five reported. The longest timeframe expressed of 12-weeks

and one-year fellowships in one program. The facility considered those in the fellowship as having participated in a form of onboarding and orientation over the one year fellowship, because almost all employees hired participated in their fellowship program. Many programs broke down the time frames differently between experienced providers, new to ED APPs, and newly graduated APPs. Some orientation programs also included one to two weeks of general hospital and advanced practice service orientation. An ED APP leader described their institutions joint fellowship program with a local university, which was this institutions primary source of provider recruitment and was considered part of their onboarding and orientation as they transitioned to full-provider status and represented the only formal program. Those not participating in the fellowship of this hospital were placed into "tracks" based on prior APP and/or ED experience with orientation supervision until they receive MD and APP leader evaluations indicating readiness to progress to next level of independent practice. Non-fellowship programs often discussed 12-week onboarding and orientation time frames for newly graduated APPs.

Facilities considered their orientation and onboarding programs effective when the employee could perform at the same level of current employees for complexity of patients seen, ability to independently see patients, and some facilities also measured volume of patients seen independently after orientation, expressed in number of patient visits. All facilities interviewed placed the most emphasis on positive colleague feedback as a key indicator for conclusion of orientation and onboarding with time on orientation being a secondary indicator, and thirdly, new employee self-input regarding readiness to conclude orientation.

All participants affirmed their programs were effective in being able to bring on productive and functioning ED APPs in the majority of new hires with very infrequent "letting

an employee go". All participants acknowledged that changes could be made to their respective onboarding and orientation structure to be more formal in nature. Some participants stated "yeah, we've been doing this for few years" however, they felt despite onboarding and orientation informality, the methods currently being utilized were effective. A participant indicated when a attempt to implement a binder was introduced as a way to keep track of orientation and onboarding, it was declined and expressed "it's a good guide but we don't need it" to help guide onboarding of APP providers. Half of participants did indicate they would like more hospital orientation or involvement in hospital onboarding activities. Participants at two facilities identified that tailoring of the orientation onboarding process to the new graduate was needed. Attention to ED procedural information and completing a number of the main credentialed ED procedures during orientation and onboarding were needed by the majority of participants.

Discussion

The prevalence of informal onboarding and orientation programs for APPs among interviewers is not uncommon among academic and community EDs. Participants reported not having formal onboarding or orientation at other points in their own careers as an APP. Personal experience of finding little mention of formal onboarding and orientation programs for advanced ED providers coupled with limited evidence led to examining this construct. The need for support in transitions to practice for APPs has led to organizations working to implement formal onboarding programs and fellowships (Morgan et al., 2020). Much of the difficulty in establishing formal onboarding and orientation programs extend from the differences in training and roles of the APPs across the US. Additionally, an experimental study by Lackner et al., 2019, which reviewed clinical fellowships for APPs noted lack of structured support for the NP role has negatively affected transition to practice in the first year. Often PAs have emergency

medicine rotations as part of the standard PA curriculum whereas NP licensure and training vary and may not include emergency medicine rotations unless in a formal Emergency Nurse Practitioner program (ENP) or chosen as a specialty rotation in the family nurse practitioner (FNP) or acute care nurse practitioner (ACNP) program. A qualitative study by Barrett and Wright (2019) discusses the challenges of integrating APPs into the healthcare team due to confusion. This confusion is centered around APP skills, training, and knowledge of expected role. Additionally APP isolation and lack of team preparation for new APPs to start is a concerning issue. Barrett and Wright (2019), study presents the reality of APP leaders verbalizing the want for formal onboarding and orientation programs but recognizing the informality of their program has continued to produce what is felt to be a productive employee in almost all situations. APP leaders expressed training and licensure as drivers to their choice of provider because of the ability to integrate and "train" employees to be effective and productive in their system. The choice of APP providers for employment at a particular facility was often in reflective of the APP leadership, in this study, with a predilection towards those of the same licensure type NP or PA. The preference of APP would likely make it easier to assess and evaluate if a new provider had successfully been onboarded as an effective and efficient provider in that setting.

The more immediate and executable want was for programs to have a better connection with general employee orientation to the various hospital facilities. Participants in our study wanted to have a more involvement for employees in structured hospital orientation to introduce other aspects of the hospitals system beyond the ED. Literature has shown that starting with hospital orientation and onboarding can help, as the literature has shown, to integrate new employees into a culture and system. Barnes (2015) study found an association between formal

orientation and easier and efficient transitions to practice, yet only 33% of participants in the study received formal orientation. When followed by unit and role specific orientation, onboarded new APP employees, may be better able to integrate into a system and more likely to stay in a role, especially a highly specialized role. It has been estimated the cost of APP turnover is often one to two time the average APP salary, in the range of $103,000 to $320,000 in a 2019 study looking at APP integration (Barrett & Wright, 2019).

Participants in this study described the desire of a more formalized program to establish a common base of ED skills for APPs "be credentialed in", and be competent in performing at various timeframes through the onboarding process. As APP scope-of-practice is changing, APPs are now practicing with more autonomy and increased productivity expectations than the past which has increased the need for effective and efficient onboarding (Morgan et al., 2020). Often credentialing skills checklists provide a source commonality among various APPs in an ED regardless of educational training, prior and current experience and depending on prior experience. Credentialing checklists and the skills on them remain consistent for new hires, and ongoing professional reviews with APPs sometimes adding additional "credentialed" skills as time and experience of the APPs allow. Depending on training and experience, APPs may not be competent in the required skills for transitioning to practice in the ED. The downside to using credentialing checklist at the start of employment is, APPs often don't receive procedural training on-the-job until during onboarding and within the first two years under supervision or with some APPs choosing to attend conferences and procedure boot camps (Katz et al., 2021).

Future Implications on Nursing Science and Clinical Practice

The implications of this study on physician assistants and advanced nursing practice are to help expand and solidify the role of APPs in care of the ED patient across the life span

through identification of formalized onboarding and orientation structures. Looking to the future of APPs in the ED, a more in-depth look at the development, knowledge content and learning objectives of formal orientation and onboarding programs should be conducted. The current study took an initial look at if, and how formal onboarding programs are being used and the structure of orientation and onboarding for APPs working in AMC EDs. Specifically looking at AMC EDs successfully integrating new hire APPS into practice in the ED through orientation and onboarding to retain highly trained and satisfied staff. We know from prior research that formal onboarding is an integral step to helping organizations to retain employee, especially beyond the first year of employment (Kumar & Padney, 2017). Proper onboarding is not a HR function alone and should be considered a comprehensive procedure that extends from the pre-joining phase through often 30-60-90 days into employment (Kumar & Padney, 2017).

Conclusion

The path to integrating new employees into academic EDs for APPs is not a straightforward scripted path, but one that is individualized to the employee based on prior training, experience, and facility practice among current providers. All but one participant in this study noted engaging in informal orientation and onboarding programs for new employee, and the one formal program being relatively new, at less than 2 years in use. An average time frame for newly graduated APPs to complete onboarding and orientation was 12 -weeks, with new providers at times being provided a “few” shifts before being expected to function similar to other team members in patient care. Participants in the study in leadership roles described the need to examine their programs, and implement more structure, yet many have not begun the work to define what the programs would look like if more formalized, although a common

approach was to identify skill competencies that need to be addressed during the orientation and onboarding.

Retention of highly skilled and licensed employees is heavily influenced by the onboarding and orientation process, and directly impacts if a employees choose to remain in their position in the coming years. Healthcare facilities face costs of $84,000 to $200,000 when APPs resign resulting in lost revenue each year (Dean Martin, 2020). Establishing an onboarding program also says to new employees that they are worth the investment. It sends a message that they are valuable to the team, department, and institution. When APPs feel vested, heard and communicated with, it builds a reciprocal commitment from the new hire to the institution.

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