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Supporting Advanced Practice Providers' Professional Advancement: The Implementation of a Professional Advancement Model at an Academic Medical Center

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A B S T R A C T

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Organizational commitment to a structured professional advancement model (PAM) is critical for advanced practice provider (APP) development to promote and reward excellence, enhance job satisfaction, and improve retention and recruitment. A PAM may also serve as a motivational tool for personal and professional growth by developing and promoting a professional, evidence-based, collaborative practice environment. A voluntary PAM was implemented at a large Midwestern academic medical center to recognize experienced APPs, including certified nurse practitioners, certified nurse-midwives, and physician assistants. This report describes the case for creating a PAM and implementation and evaluation.

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Introduction

The advanced practice provider (APP) workforce has grown in recent years in response to the aging, increasingly insured United States population and a concurrent physician shortage.¹⁻³ Additionally, since resident duty hour restrictions were implemented in 2003, academic medical centers have experienced an increased demand for nurse practitioners (NPs) and physician assistants (PAs) to help meet critical patient care needs.⁴ All of these factors have resulted in our Ohio State University Wexner Medical Center and Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute experiencing a 53% growth in APPs, including NPs, certified nurse-midwives (CNMs), and PAs, from 2014 to 2019. As our APP workforce increased and a reporting structure was created for APPs, our organization became more focused on methods to retain APPs and decrease turnover. One strategy was the creation of a professional advancement model (PAM). In this report, we describe the creation of our PAM and share early outcomes from the first 3 years of the program.

Background

APPs manage a variety of primary care and specialty patient populations across the care continuum from ambulatory clinics to around-the-clock hospital coverage. Job performance of APPs has primarily been based on their ability to meet patient management needs. For the most part, however, APPs have not been incentivized to perform beyond these clinical responsibilities, including activities such as education, research, evidence-based practice projects,

or community wellness. In addition, NPs have been found to be least satisfied with opportunities for professional growth^{5,6} and opportunities to advance.⁷ Recently, reports are emerging on the interest for PAMs for APPs.⁷⁻⁹

Implementing advancement models is not a new concept within professional nursing, as clinical ladders for staff nurses have been in existence since the early 1970s to recognize and reward excellent registered nursing practice. Among staff nurses, clinical progression of nurses to expert has the ability to impact (1) staff, patient, and physician satisfaction, (2) professional development, and (3) institution cost savings.¹⁰⁻¹⁴ Therefore, implementing a PAM for APPs is anticipated to yield similar benefits. At this time, reports on advancement programs for APPs are in the initial stages, and more research is warranted to understand the impact of PAM programs on job satisfaction, retention, and turnover of APPs.

Early Evidence to Support PAMs for APPs

In 2012, the APP Council at Akron Children's Hospital set out to create a PAM for APPs. In preparation, they reviewed the literature and developed a national survey to examine the importance of PAM variables. A 9-question survey was distributed to APPs at 15 hospitals throughout the country. The 201 respondents gave highest ratings to clinical practice and leadership as the most important factors on an advancement model. A repeat survey of 561 respondents at an APP leadership summit validated the initial survey findings. On the basis of the survey results, Akron Children's Hospital implemented a 3-tier PAM in Spring 2013. Although no outcome data were reported, the authors suggested that a PAM

could be used as an effective tool to measure institutional accomplishments and contributions to allow for role definition and ongoing growth.⁸

In a survey of NPs at New York University Hospitals Center, Paplanus et al⁷ found support for the development of a 3-level professional NP clinical ladder to support professional role development and provide financial compensation and enhanced job satisfaction. Similar to Stratton et al,⁸ Paplanus et al⁷ reported the development and implementation of a model but did not provide a formal evaluation of their program.

University of Maryland Medical Center, Baltimore, also developed a PAM based on survey data of 300 APPs, including NPs, certified registered nurse anesthetists, clinical nurse specialists, and PAs, which demonstrated a lack of professional advancement opportunities.⁹ Within 2 years of the survey, the organization developed and implemented a 4-tier PAM that included 4 domains: clinical expertise, leadership and policy, research/evidence-based practice, and education. At 1 year after implementation, APPs were largely supportive of the PAM. Additionally, APP turnover decreased from 13.8% at year 1 to 5% at year 3.⁹

In addition, Paul et al¹⁵ implemented a PAM at Boston Children's Hospital based on Benner and the American Association of Critical Care Nurses Synergy Model. The 3-level PAM implemented in 2017 identified practice domains (clinical practice and outcomes, impact, and leadership) and required skills and competencies. Applicants were required to submit documentation through an advancement portfolio. Approximately 12% of eligible advanced practice registered nurses were promoted to level II and received a 3% increase in their base salary. There was a positive impact on applicants seeking professional and leadership opportunities. The authors report successful implementation of the first phase and will be tracking outcomes related to recruitment and retention.¹⁵

The Case for a PAM

Estimates of APP turnover range from 12.6 to 20%,¹⁶ and the Advisory Board estimates that for each day an APP position is vacant, it costs the health care organization \$1500.¹⁷ In 2014, our health system's APP turnover rate was 22%. In addition, 40% of our NPs reported they were unsure about staying or did not intend to stay in their current position. They were least satisfied with intra-practice partnership/collegiality and professional growth, consistent with the APP literature.¹⁸⁻²⁰

Together, this spurred our APP leadership to examine opportunities to improve APP retention. One such opportunity was a PAM that supports the professional development and career advancement of APPs. We envisioned that a PAM would eliminate lost revenue from turnover and training, incentivize retention of more seasoned APPs, and offer a competitive edge for recruiting new and experienced APPs.

Program Development and Implementation

A PAM was proposed by our APP Shared Governance Council to reward high-performing APPs for their clinical expertise as well as their achievements in other professional development activities. Senior leadership collaborated with the APP Directors to develop an annual bonus structure that the APP would receive upon completion of an approved professional advancement plan. Concurrently, APP Shared Governance leaders reviewed the literature and contacted other institutions with PAMs to formulate the structure of our PAM.

Once the business plan was approved, a committee of APP leaders formed to put the program into operation, which was based on Benner's adaptation of the Dreyfus Model of Skill Acquisition.²¹ Our model sought to promote professional practice by rewarding clinicians who excel in clinical practice, education, leadership, research/evidence-based practice, and community service. Based on Benner's novice-to-expert framework, we created 3 APP levels: entry, proficient, and expert (Table 1). The PAM is a voluntary program in which the APP demonstrates and maintains expertise in the following exemplar areas: (1) leadership, (2) clinical education, (3) clinical practice, (4) research/evidence-based practice, and (5) community service and wellness. The PAM Committee envisioned the following goals of the PAM:

1. promoting excellence in the 5 PAM exemplar areas,
2. enhancing job satisfaction, increasing APP retention and recruitment,
3. providing a motivational tool for professional APP growth,
4. promoting a professional, evidence-based, collaborative practice environment, and
5. providing a role development tool and mentorship process.

The committee outlined the qualifications for "proficient" and "expert" and created a timeline for submission. Applicants must be NPs, PAs, or CNMs employed at least 60% for 12 months before the application and demonstrate membership in a professional specialty organization. The criteria for advancement, including education, practice, leadership, and evidence-based practice, among others, are major components of the clinical nurse specialist job description, and therefore, clinical nurse specialists have their own advancement program under development at our institution.

Applicants are required to submit an intent-to-advance form and an advancement goal and plan for each of the 5 category exemplars. The goal statements are to be written as SMART goals (specific, measurable, attainable, relevant and time-bound) with detailed action plans. Examples of proficient and expert goals can be found in Table 2.

To manage and oversee the PAM process, a new APP Shared Governance Committee was established. The Professional

Table 1
Professional Advancement Model Levels

APP Category ^a	Description and Qualifications
APP (entry)	<ul style="list-style-type: none"> • An entry level position held by all newly hired APPs • Must apply for promotion beyond this level, though not required
APP proficient	<ul style="list-style-type: none"> • Possesses in-depth knowledge, skills and abilities • Well-rounded in the aspects of leadership, clinical education, clinical practice, research/evidence-based practice, and community service and wellness
APP expert	<ul style="list-style-type: none"> • At least 2 years from completing the professional education and certification required for state licensure as a NP, CNM, or PA • Achieved APP proficient for 2 years • Manages complex patient care situations and demonstrates excellence as a professional • Has specialty certification • At least 4 years from completing the professional education and certification required for state licensure as a NP, CNM, or PA

APP = advanced practice provider; CNM = certified nurse-midwife; NP = nurse practitioner; PA = physician assistant.

^a Includes NPs, CNMs, and PAs.

Table 2
Professional Advancement Model Proficient and Expert Goal Category Examples^a

Proficient	Expert
	Leadership Exemplar
<ul style="list-style-type: none"> Participate on hospital committee or quality improvement team Participate on planning committee for hospital APP conference 	<ul style="list-style-type: none"> Become a board member of a local, state, or national professional organization Serve as hospital council/chair or cochair
	Clinical Education Exemplar
<ul style="list-style-type: none"> Create patient education materials Obtain secondary specialty certification Serve as a preceptor or mentor (120 hours minimum) 	<ul style="list-style-type: none"> Publish in peer reviewed journals articles or book chapters Develop national guidelines
	Clinical Practice Exemplar
<ul style="list-style-type: none"> Review/update a policy/plan of care Integrate evidence-based knowledge into practice. Must be able to describe implementation 	<ul style="list-style-type: none"> Develop policy/plan of care Present a podium presentation at a conference Complete an academic graduate degree
	Research/Evidence-Based Practice (EBP) Exemplar
<ul style="list-style-type: none"> Complete a portion of a research or EBP study Submit a manuscript to a professional journal 	<ul style="list-style-type: none"> Write/submit a grant for research/EBP study Submit an IRB research proposal Publish in a professional journal
	Community Service Wellness Exemplar
<ul style="list-style-type: none"> Facilitate/cofacilitate a patient or patient/caregiver support group Participate in a community organization that is healthcare related (minimum of 15 hours) 	<ul style="list-style-type: none"> Develop, organize and implement a free clinic Mission trip providing APP care to the underserved

IRB = institutional review board.

^a This is not an exhaustive list of goals. Each goal must be submitted in SMART format (specific, measurable, attainable, relevant, and time-bound) and requires evidence of completion that can be submitted electronically.

Advancement Program Committee consists of 2 directors of APPs, 2 cochairs, and members at large. Committee members are recruited from program candidates who have successfully attained proficient or expert status. The Professional Advancement Program Committee completes an initial review of each APP's proposed plan to determine whether a revised plan is necessary. Mentors are made available to assist applicants in the process. In the first year of the program, APP managers served as the mentors, and subsequently, committee members have fulfilled this role.

Final electronic submission of plan completion includes supporting evidence of how each exemplar was met and an abstract of 300 words or less that summarizes the process. Figure 1 displays the PAM timeline. Successful candidates are awarded a bonus at the end of the year, 5% of annual salary for proficient and 7% for expert. The PAM requires annual resubmission to maintain or advance the proficient and expert levels.

Results and Evaluation

Our institution employed 406 APPs in year 1, 460 APPs in year 2, and 543 APPs in year 3. Of eligible APPs, 150 (37%), 109 (24%), and 94 (17%) applied for advancement in years 1, 2, and 3, respectively. Table 3 summarizes the program results for the first 3 years. Year 2

was the first time applicants could apply for expert, and many APPs who initially applied for expert completed the proficient level instead due to the high expectations for expert level. Program completion was attained by 71 (47%), 60 (55%), and 48 (51%) of applicants in each of the first 3 years, respectively.

Reflecting our institution's population of APPs, NPs comprised most of those completing the program each year. Those completing the program included 62 NPs (87%) and 9 PAs (13%) in year 1, 50 NPs (83%) and 10 PAs (17%) in year 2, and 37 NPs (77%) and 11 PAs (23%) in year 3. Common reasons for noncompletion were that the applicant's initial advancement plan did not meet the outlined criteria or the applicant chose not to complete the program after initial plan acceptance. Less commonly, the applicants' final program completion materials did not meet criteria for proficient or expert level.

To assess barriers to PAM application and completion and to gather feedback for program evaluation and improvement, all APPs in the institution were asked to complete a survey approximately 5 months after each program year completion, regardless of whether they participated in the APP PAM. Annual survey response rates ranged from 30% to 60%. Results from survey respondents who also participated in the PAM are presented in Table 4.

Most APPs applied for advancement for the financial compensation and because they already met the criteria for



Figure 1. Professional advancement model timeline.

Table 3
Professional Advancement Model Numbers of Applicants and Completions in the First Three Years

Year	Applied, No.			Successful Completion, No.		
	Proficient	Expert	Total	Proficient	Expert	Total
1	150	... ^a	150	71	... ^a	71
2	73	36	109	48	12	60
3	78	16	94	38	10	48

^a Applicants only eligible for proficient year 1.

advancement with their current work and projects. In the first 2 years, among the most difficult parts of the process were submitting the final evidence electronically and writing SMART goal statements. In addition, APPs found completing the plan/goals also to be difficult, which might reflect the high level of performance expected for plan completion. Some applicants reported getting conflicting feedback, often between their assigned mentor and the plan reviewers.

Survey respondents offered several areas of constructive feedback. Some found the timing of the program difficult with the initial plan submission due date of December 31. Others found the process of evaluation was subjective. The need for community service was also of concern regarding its value as professional advancement and difficulty finding opportunities. Some did not agree with the compensation amount and felt the program activities had to be completed outside of regular work hours. However, despite this feedback, more than half of APPs responded that they would apply again, and this percentage has increased each year to 67% at the end of year 3.

Table 4
Results of Annual Survey Regarding Advanced Practice Practitioners' Perceptions of the Professional Advancement Model

Variable	Year 1 (n = 78)	Year 2 (n = 120)	Year 3 (n = 66)
	No. (%) ^a	No. (%) ^a	No. (%) ^a
Reason applied			
Compensation	54 (76)	80 (68)	42 (76)
Already meeting level criteria	42 (59)	73 (62)	44 (80)
Recognition	35 (49)	27 (23)	22 (40)
Build resume	34 (48)	33 (28)	23 (42)
Professional growth	...	66 (56)	34 (62)
Most difficult part of the process			
Electronic submission	29 (41)	35 (32)	13 (27)
Writing goal statement	29 (41)	31 (28)	16 (33)
Coming up with plan	21 (30)	26 (24)	9 (18)
Writing final abstracts	19 (27)	6 (5)	16 (34)
Completing the plan/goals	15 (21)	9 (8)	7 (14)
Conflicting feedback	...	58 (53)	20 (41)
Finding time to complete goals	...	52 (47)	30 (61)
Meeting program expectations	17 (24)	41 (37)	...
Meeting the deadlines	...	14 (13)	4 (8)
Finding a community service project	...	23 (21)	...
Completing initial plan worksheets ^b	15 (31)
Most time-consuming aspect ^c			
Writing final abstract	35 (49)	33 (30)	...
Writing goal statement	28 (39)	33 (30)	...
Coming up with plan	21 (30)	20 (18)	...
Electronic submission	20 (28)	25 (23)	...
Completing the plan/goals	...	52 (47)	...
Collecting evidence of completion	...	37 (34)	...
Instructions were clear ^d	47 (66)	80 (68)	27 (49)
Compensation was worth the effort ^d	25 (48)	51 (55)	20 (67)
Would apply again ^d	42 (59)	63 (57)	33 (67)

^a Totals do not equal 100% because these were multiple response items. Due to missingness, percentages are calculated from the number of respondents who answered each item.

^b Worksheets intended to facilitate writing goal statements and plan activities were initiated in year 3 based on feedback from previous years.

^c This question was omitted in year 3.

^d Percentage of respondents who answered yes; nonmultiple response items.

Outcomes of the PAM

Despite initial challenges with implementing the PAM, our organization has seen some immediate gains, such as increased APP visibility within the organization as well as externally. More APPs are presenting at APP grand rounds, they are publishing more in peer reviewed journals, and are presenting at conferences locally and nationally. For example, abstract submission to our regional APP conference doubled from 20 in year 1 to 45 in year 3 of the PAM. Our APPs represent us locally, nationally, and internationally, serving on committees, boards, and dissemination of their clinical and scholarly work. While the professional advancement program is likely not the sole contributor, there has been a decreasing turnover rate in APPs from 22% before implementation of the PAM to a current turnover rate of 5%. This decrease in turnover has had a significant positive financial impact for our institution, which supports the cost of the APP PAM.

Future Directions

We continue to survey PAM participants annually to evaluate and improve the program. When we saw a decline in the number of applicants after year 3, we implemented several changes. Starting in year 4, the committee and APP leadership moved the maintenance process to align with the annual professional review process, created a goal/plan worksheet to improve submission quality, and revised the standardized scoring system to make the process more objective. This increased the APP success rate from 47% in year 1 to 69% in year 4. We plan to replicate the 2013 survey to examine APP job satisfaction and intent to stay.²⁰ These survey findings will be

used to evaluate the PAM program and aspects of the APP workforce at our institution.

Conclusion

Implementing a PAM for APPs recognizes their multifaceted contributions to professional practice, rewards expertise, and adds value to the organization. Improved APP job satisfaction and retention have the ability to positively impact the quality and safety of patient care. Proficient and expert APPs contribute to successful hospital Magnet and Beacon accreditations—both indications of high-quality patient care. As health care systems increasingly rely on APPs to deliver high-quality care, they should consider the mechanisms that support them to advance, such as PAMs, as a means for improved patient and APP workforce outcomes.

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