

Primary Care Nurse Practitioner Fellowships: Evaluating Program Outcomes

Gillian Connolly, MSN, APRN, FNP-C;
Demetrius Marcoulides, MSN, APRN, AGNP-PC; Natasha McClure, DNP, APRN, CPNP

INTRODUCTION

- The experience of transition from Registered Nurse to Nurse Practitioner (NP) affects job satisfaction, job turnover, and patient outcomes (Barnes, 2015; Faraz, 2019; Hoff et al., 2017)
- Postgraduate training programs have been demonstrated to improve job satisfaction and clinical competency (Bush & Lowery, 2016; Rugen et al., 2018)
- Fellowship outcome evaluation is not yet standardized (Sciacca & Reville, 2016)
- This project focused on the NP Fellowship at Esperanza Health Centers, a federally qualified health center in Chicago, Illinois

PROBLEM

- No formal program evaluation completed to date after three cohorts → unable to determine if program is meeting goals of high job satisfaction and advanced clinical competency and skills.

AIM

- Design and implement an annual program evaluation process by the end of Cohort 3
- Determine if the program is meeting goals of
 - 100% retention at 12 months post-fellowship
 - high job satisfaction
 - advanced clinical competency

OBJECTIVES

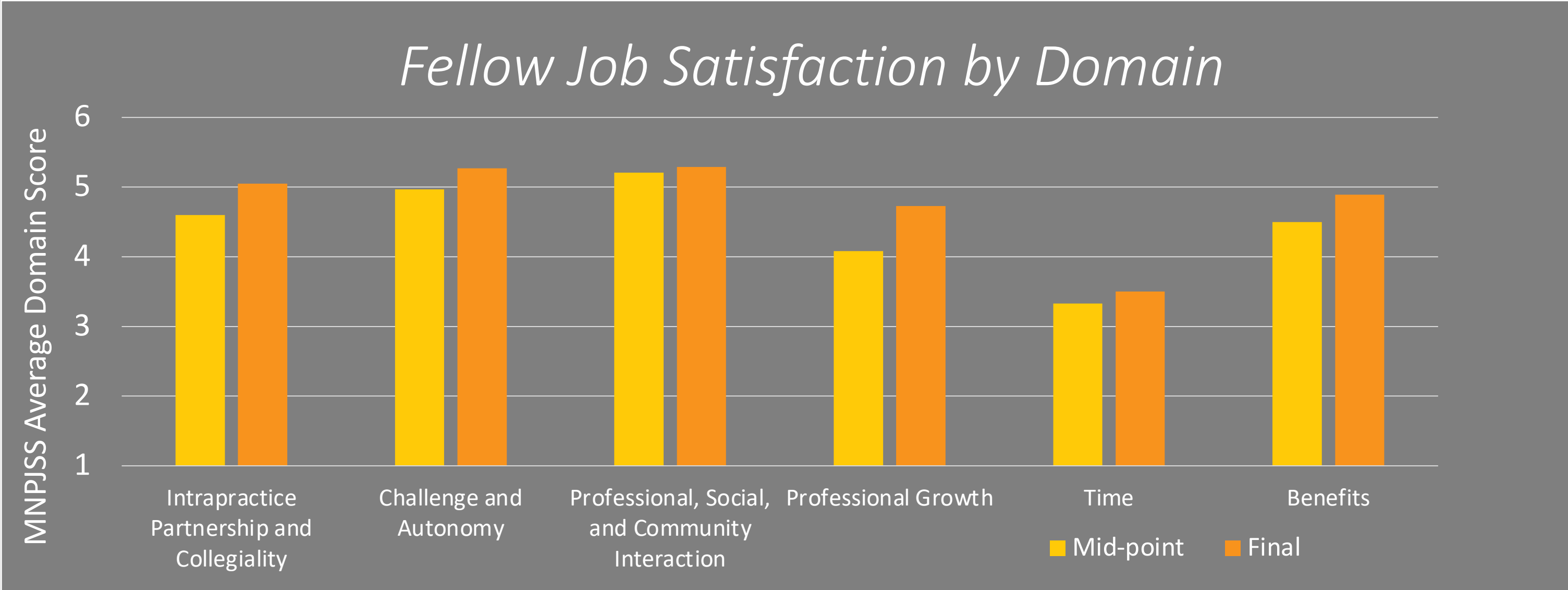
- Measure job satisfaction using the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) at mid-point and upon completion of fellowship
- Identify clinical areas where Fellows are/are not performing as expected
- Update clinical competencies assessment tool
- Design an annual program evaluation process
- Update program for Cohort 4 based on identified needs for change related to retention, job satisfaction and clinical competency

One primary care nurse practitioner fellowship program is creating high job satisfaction, increased clinical skills and over time, improving new NP retention.

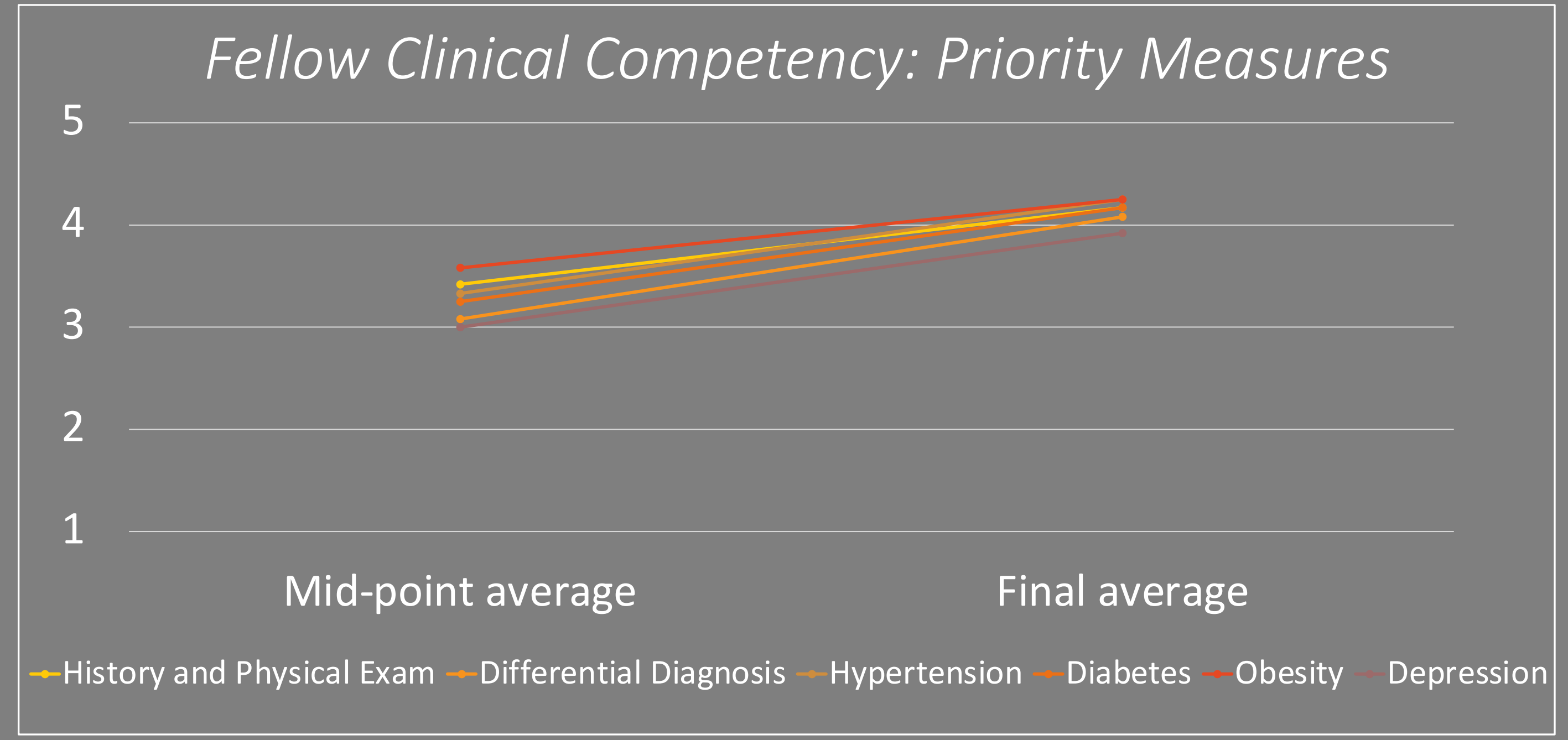
Fellow Retention By Cohort

Cohort	Retention at End of Fellowship	Retention at 6 Months Post-Fellowship	Retention at 12 Months Post-Fellowship
1	100% (n=2)	50% (n=1)	0% (n=0)
2	100% (n=3)	33% (n=1)	0% (n=0)
3	100% (n=3)	100% (n=3)	To Be Determined

Fellow Job Satisfaction by Domain



Fellow Clinical Competency: Priority Measures



METHODS

- Project design was the Plan-Do-Study-Act cycle
- Plan:** highlight post-fellowship year during recruitment and onboarding; begin collecting job satisfaction data using the MNPJSS at 6 and 12 months; and collect preceptor clinical evaluations at 6 and 12 months
- Do:** Collect retention data from HR; MNPJSS via e-form at 6 and 12 months; analyze preceptor evaluations
- Study:** Analyze retention findings by cohort; calculate MNPJSS domain averages and highlight domains not meeting target of 4.0 or higher; highlight clinical measures not meeting 3/5 by mid-point or 4/5 by end of program
- Act:** present findings to program leadership and adjust program for Cohort 4 based on identified areas of success and needs for improvement

RESULTS

Retention Across Cohorts:

- 100% retention at end of Fellowship across cohorts
- Previous cohorts had low retention at 12 months post-fellowship

Cohort 3 Job Satisfaction:

- Meeting target in 5/6 domains.
- Time is only domain not meeting goal though did see improvement over the course of the program.

Cohort 3 Clinical Competency:

- Of the 6 priority measures, clinical competency outcomes are all at goal by mid-point, 5/6 at goal by end and all improve over time.
- Of non-priority measures, several topics are not meeting mid-point and/or final targets.

LIMITATIONS

- Findings are from a single-site program and may not be generalizable to other practice sites.
- Program is small, including 2-3 Fellows per cohort which may skew findings in both directions.

IMPLICATIONS FOR PRACTICE

- For current program, retention has improved with each cohort, and with increased flexibility and offering part-time options.
- MNPJSS provides helpful feedback for program leadership and Fellows' job satisfaction is high overall.
- For current program, expectations around time with patients will be discussed more throughout the program and ramp-up schedule will be re-evaluated.
- Clinical competency is improving and largely meeting targets for clinical priority areas.
- Use of clinical evaluation tools should be used to determine ongoing clinical and didactic training needs.
- For current program, an updated assessment tool will provide more useful feedback to Fellows and preceptors about clinical competency.

