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Advanced Practice Clinician (APC) Fellowships:

A Strategic Approach to a High-Quality, Stable APC Workforce

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Background

Advanced Practice Clinicians (APCs), which include nurse practitioners and physician assistants, are valuable members of health care teams across all clinical care settings and particularly in primary care. Maintaining an engaged workforce of highly collaborative physicians and APCs is important to the success of health care systems. An engaged workforce is dependent on many factors, one of which is successful onboarding into new clinical environments. Onboarding newly graduated clinicians entering the workforce for the first time poses additional challenges. Successful transitions into practice can be directly correlated with the clinical training one receives as a learner before becoming certified as a clinician. The total time of clinical training required to become a certified APC can vary between 500 and 2000 hours. The required clinical training is vastly greater for physicians. For example, the required clinical training time for primary care physicians is 15,000 – 16,000 hours, and considerably higher for specialties outside of primary care.[1]

The stark difference in clinical training hours between APCs and physicians is largely due to post-graduate medical education (residency and fellowship training) required for certification and licensure of physicians. Residencies and fellowships are not required for APCs following graduation from school. APCs rely on clinical rotations while in school to adequately prepare them for practice. There is wide variability in the quality and rigor of clinical rotations. As a result, some APCs do not feel adequately prepared for clinical work and have expressed interest in more structured and rigorous experiences resembling residencies and fellowships.[2]

As the need for APCs continues to rise, health systems need to design structured programming that facilitates the transition of newly trained nurse practitioners and physician assistants into practice. In 2010, the Institute of Medicine (IOM) called for the development and implementation of advanced practice registered nurse residency programs, inclusive of NP residency programs.[3] Several post-graduate NP programs have been established and have demonstrated success.[4–8]

Development of APC Fellowships at ChristianaCare

ChristianaCare is an independent academic medical center in Delaware with over 1600 members of the Medical-Dental Staff, which includes over 400 APCs. As ChristianaCare increased its APC workforce, pockets of the organization, such as primary care, began experiencing some APC turnover and job dissatisfaction. In primary care, exit interviews implied that some nurse practitioners left these positions because they felt overwhelmed and underprepared for the pace, breadth, and complexity of the clinical environment they encountered. In other areas of the health system, they were experiencing APC vacancies that were understood to be vacant because of difficulty finding APCs with adequate experience or comfort in a particular specialty, for example, inability to recruit physician assistants in the Neonatal Intensive Care Unit (NICU).

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In Fiscal Year (FY) 2017, leadership in ChristianaCare's Institute for Learning, Leadership and Development (iLEAD) embarked on a journey to explore the feasibility of starting APC fellowships to better support the transition of APCs into clinical practice and ultimately serve as a model for a high-quality, highly confident, and sustainable workforce pipeline. The authors have previously described the organizational development and foundational curricular elements of ChristianaCare's first NP residency program.[9]

Recruitment and Retention

The business case supporting the development of fellowship programs at ChristianaCare involved three financial assumptions:

1. The fellows will work clinically 50% of the time with supervision by a preceptor. The remaining 50% will be protected for education and learning through a combination of lectures, didactics, mentoring and specialty rotations. Like the model of physician residencies, the APC fellows receive a reduced salary compared to a full time APC. Because the APCs are fully licensed and credentialed before starting the fellowship, they can bill for services provided. The revenue for billed services will effectively cover the cost of their salary, justifying a considerable portion of the expenses of the program.
2. Hiring fellows into permanent positions upon completion of the program will avoid the recruitment costs normally incurred when APC positions are open. Successful recruiting from a pipeline training program would also result in avoidance of the typical costs associated with onboarding and ramp-up of a new provider because the new hires will already be well-versed in the culture, processes, policies and Electronic Medical Record (EMR) of ChristianaCare.
3. Training that supports transition to practice will result in a more prepared and confident APC workforce that will result in decreased turnover.

The potential of cost-avoidance associated with decreased recruitment costs and decreased turnover were the strongest drivers in the decision to pilot APC fellowships. To date, ChristianaCare has trained three cohorts of primary care APC fellows for a total of 15 trainees. Of the 15 trainees to complete the program, 14 were successfully recruited and hired into the system, resulting in a retention rate of 93%. While all 14 remain employed, more time is needed to make any conclusions regarding improvement in turnover rate. Currently, there is a fourth cohort of six primary care fellows as well as the first cohort of two NICU fellows.

Lessons Learned

Over the last three years, ChristianaCare has learned many lessons that can benefit other health systems considering APC fellowship development. Some of the most important lessons learned can be grouped into the following themes:

Partnering with clinical practices / departments

The central element of the curriculum is continuity of clinical practice. Fellows in primary care are assigned to a single practice over the course of their training. It is critical that the practice chosen for continuity care be extremely engaged and supportive of the model because having

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learners can complicate the usual operational flow of a practice. Some of the important points of negotiation include agreement of clinical ramp-up time for the fellows, scheduling standards and procedures, ensuring adequate physical space, preparing for additional clinical support staff, and messaging to the staff and patients about the existence of a teaching program in the practice.

Faculty and Curriculum

Graduates of the program indicate that it was critical to have an APC fellowship coordinator who regularly met with the fellows for case reviews, didactic learning, evaluation, mentoring, and bi-directional feedback. The coordinator also plays a large role in connecting with human resources and recruiting efforts upon graduation. In addition to the coordinator, fellows benefit from a local practice preceptor committed to the clinical oversight and teaching in the practices. Without direct clinical oversight and teaching, the full value of the fellowship would never be realized. Lastly, the length of training is dependent on the specialty area and needs to be iterated with time. ChristianaCare has varied the length of its primary care residency from one year, to six months and it now currently stands as a nine-month program.

Structured Human Resource (HR) Process

Although the goal is to retain the APC trainees, fellows of the program are not obligated to continue as permanent employees and, likewise, the system is not obligated to permanently hire fellows. Therefore, the fellows must enter a recruitment process with HR to evaluate the employment fit between the fellow and the open positions within the system. ChristianaCare learned quickly that a thoughtful, transparent recruitment process was necessary. The process needs to include forecasting of open positions (often many months ahead of time), proper timing of interviewing and offering, arrangements to spend clinical time in practices with potential openings, and the consideration around optimal start dates and schedules that allow for seamless transition into permanent positions.

Conclusion

ChristianaCare has identified this fellowship program as a strategic approach to a high-quality, stable APC workforce. Partnering with clinical practices, creating a dynamic curriculum with multiple check points of feedback, and structuring the process and relationship with HR are vital keys to success. ChristianaCare has dedicated time and resources to demonstrate the value that the APC workforce can bring to the organization and has implemented a program to ensure smooth, successful transition not only to their practice environment but to the overall changing environment and landscape of healthcare.

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