

## Professional Advancement Models for Advanced Providers: Has the Time Come for National Implementation?



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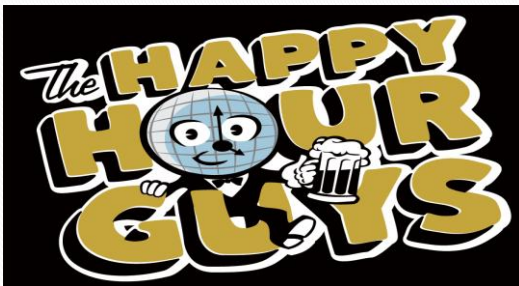
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One.....More.....Hour!!!!!!!!!!!!!!

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### Career Ladders: Fixing Something Not Broken?

- ▶ NPs and PAs already practice at the “highest level”.
- ▶ An agenda to advance more education into already overloaded programs?
- ▶ Is it all about money?
- ▶ Are we “nursifying” the Advanced Providers?

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## Considerations for the skeptics




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## Foundations of a Career Ladder

- ▶ Emerged during 1960's as part of the Johnson Administration's "war on poverty".
- ▶ No dead end careers via education.
- ▶ Community Colleges are a direct result of this concept.
- ▶ "Ladder" metaphor - steps, non-repetitive, new knowledge.
- ▶ Professional Advancement Models (PAMs)—emerged for clinicians in the late 1960's—experientially grounded.

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## Foundations of a Career Ladder in the Health Professions

- ▶ Multi-entry career ladders—"designed in heaven".
- ▶ These have evolved into well articulated ladders in practice and education---
- ▶ Adopted by Magnet ( ANCC) program.
- ▶ What remains---how much clinical practice prior to an advanced degree?
- ▶ How much education to practice?

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### What's the evidence for the career ladder in Advanced Practice?

- ▶ Advanced Providers are more highly educated in the 21st Century.
- ▶ Advanced Providers are recruited to care for critically ill patients in more complex health systems.
- ▶ Advanced Providers are visionaries for and leaders of clinical programs.
- ▶ We contribute to research/publication efforts and hold positions on interdisciplinary oversight committees.

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### Evidence for Advanced Provider Career Ladders

- ▶ All of these facts.....lend themselves to new, research focused on effectiveness and satisfaction associated with the role of Advanced Providers .
- ▶ Recent data on role dissatisfiers for this critical group of providers.
- ▶ Attempts also to "quantify" what we do.
- ▶ Discovery in terms of what motivates us, as a group, to stay in positions.

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### The Evidence: How we feel about our roles

- ▶ Newest "trend" in qualitative and quantitative outcomes research focusing on Advanced providers.
- ▶ Much of the earlier research is not authored by us! We are not involved in large, systematic attempts to define, quantify and document these aspects our practice!

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## NP Satisfaction: National Perspective

- ▶ 254 NPs at AANP Conference—convenience
- ▶ Purpose: Examine differences in NP job satisfaction based on their intent to leave current positions, the nursing profession, and the NP role as a direct care provider; and to describe the relationship between job satisfaction and anticipated turnover.

(DeMilt et al, 2010)

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## National NP Perspective: Conclusions

- ▶ Satisfied with benefits, challenge, and autonomy.
- ▶ Minimally satisfied with *professional growth, intrapractice partnership, and collegiality*.
- ▶ 27% percent of NPs indicated intent to leave current positions.
- ▶ 5% intend to leave NP role!
- ▶ Higher job satisfaction scores were significantly related to intent not to leave current positions.
- ▶ There was a significant negative relationship between job satisfaction and anticipated turnover.

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## PA satisfaction in a large HMO

- ▶ Survey of 5,000 PAs via questionnaire.
- ▶ Focused on aspects of job: workload, respect, advancement options, pace of work.
- ▶ 88% response rate!
- ▶ Least satisfied: Workload, opportunities for advancement and control of pace of work.
- ▶ Most satisfied: Responsibilities, job security, job tasks and work support.
- ▶ (Freeborn & Hooker, 1995)

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## AAPA National Survey

- Random survey of 2,323 PAs from this registry.
- 50% response rate.
- Focus on vocational satisfiers.
- Least satisfied: Advancement opportunities, workload, inter-collegial rapport.
- Most satisfied: Support, job security.

(LaBarbera, 2004)

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## NP Satisfaction= Retention Further recent studies

- 1,983 APNs (VHA)=61% response rate
- Most satisfied with their benefits and least satisfied with *professional growth and intrapractice collegiality*.

(Faris et al, 2009)

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## California NP Satisfaction Study

- 200 California NPs with active licensure
- NPs were least satisfied with not having professional opportunities such as *participation in nursing research, writing/publishing, and belonging to a department/nursing committee*.

(Wild et al., 2006)

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## “Facing the Feedback” at UMMC

- ▶ Purpose: Analyze and summarize Gallup data on NP satisfaction collected in 2009, for strategic planning.
- ▶ Focus: Job satisfaction, workplace satisfaction.
- ▶ Methods: Survey with 12 Gallup questions and 5 additional questions.
- ▶ Response: 46.4% ( 51) NPs.

(McComiskey, 2010)

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## “Facing the Feedback” at UMMC

### Results:

- ▶ “Best aspects”: Coworkers, hours/salary, opportunity for growth, collaboration, autonomy.
- ▶ “Challenging aspects”: Need for education/support, communication, workload, MD collaboration, role delineation.
- ▶ ***Only 59% reported “praise” for doing good work.***

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## Did you HEAR US?

- ▶ Advanced Providers want to be better supported to pursue further academic/clinical initiatives, desire to be visible, respected members of the healthcare team and have meaningful work roles!

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"And for those of us still waiting for our big break, let us pray."

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## Meaningful Work

- ▶ Capitalization of our passions
  - To help others
  - To define our contribution
  - What percentage of people who are capable of achieving something actually end up doing it.
  - Making work more meaningful is a way to keep and inspire your best employees.

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## The PAM Process= Toward Meaningful Work

- ▶ Preserving Role Integrity
  - To remove economic and attitudinal barriers to achieving fulfillment in **all** aspects of our capabilities.
- ▶ Advancing the profession via education, science, evidence-based practice changes.
- ▶ Increasing satisfaction= increasing retention.
- ▶ Measurement of our impact via productivity.
- ▶ **Recruitment**

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## PAM: Considerations for the Process

- The TEAM– all of the stakeholders
- The GOALS– in part, gleaned from feedback
- The FEEDBACK– essential--
- The MODEL– can be a hybrid
- The PILOT– team agreement on timeframe
- The ANALYSIS– can we project the “curve”?
- The IMPLEMENTATION– broad publication

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## The PAM Elements

- Variability among programs for basic eligibility for promotion:
  - Years of clinical experience
  - Average or above average performance rating
  - Absence of any corrective actions!
  - Letters of recommendation
  - Portfolios for advancement

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## PAM: Domains for advancement

Some variability among programs which implemented PAMs as to domains (practice, education and research).

- All implemented these competency domains:
- **Clinical Practice and Outcomes:**
  - documentation of achieved outcomes via peer review, patient driven outcome data, quality/performance improvement processes, certifications.

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## The PAM Elements

### ► Publication/Presentation/Research:

- Incorporation of evidence-based care guidelines into practice, patient care programs, clinical settings.
- Actual participation in research endeavors.
- Involvement and authorship of publications for promotion.

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## The PAM Elements

### ► Recognition, leadership and community service.

- AP leadership ( leadership skills)
- Participation in governance of professional development for APs.
- Leadership in professional organizations or within the community.

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## PAM Model Considerations

- The APP Model- ( Case Medical Center, Ohio)
- The Strong Model- ( Strong Memorial Hospital, University of Rochester Medical Center).
- The Boyer Model- University of Maryland School of Nursing.

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## Advanced Providers and Meaningful Work Environments



IT'S IN OUR HANDS

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Go Ravens! Beat  
Pittsburgh!!!!!!!!!!!!




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