



# Enhancing Patient and Provider Safety Through Onboarding and Mentoring

AAPA Research in Action  
5/23/23

Vickie Belay, DMSc, PA-C; Patrick Freeman, PA-C; Madeline McGee, NP;  
Matthew Thibdeau, PA-C; Christopher Awtrey, MD, MHCDS, MBA

# Advantages of Onboarding

- Recruitment advantage<sup>1</sup>
- Increase retention<sup>1</sup>
  - Reduced patient risk by increasing continuity of care<sup>2</sup>
- Provide a consistent training model that establishes expectations for new providers<sup>1</sup>
  - Improve provider education and increase safe practice through identifying areas of growth with competency assessment<sup>2</sup>

1. Morgan P, Sanchez M, Anglin L, Rana R, Butterfield R, Everett CM. Emerging practices in onboarding programs for PAs and NPs. *JAAPA*: 2020;33(3):40–46. doi:10.1097/01.JAA.0000654016.94204.2e.

2. Chaney A, Martin A, Cardona K, Presutti RJ. Nurse practitioner and physician assistant onboarding in a family medicine practice. *J Am Assoc Nurse Pract*. 2021. doi:10.1097/JXX.0000000000000611

# Patient and Provider Safety

- Safety-specific competencies that have been identified for healthcare professionals<sup>3</sup>
  - Working in teams
  - Communicating effectively
  - Managing and identifying safety risks
  - Addressing adverse events

3. Hwang JI, Yoon TY, Jin HJ, Park Y, Park JY, Lee BJ. Patient safety competence for final-year health professional students: Perceptions of effectiveness of an interprofessional education course. *J Interpr of Care*. 2016;30(6):732-738. doi:10.1080/13561820.2016.1218446

# Competency-Based Program

- Allows for individualization of onboarding
  - PA/APRNs start with different skill levels coming out of training
- Even a skilled provider can become dyscompetent in a new environment, change in patient demographic, or time removed from initial training<sup>4</sup>
- Measurable consistent goals for each position<sup>5</sup>
- Promotes optimal team practices
  - Entrustable Professional Activity Progression<sup>5</sup>
  - Introspective and onboarding team feedback on skills<sup>6,7</sup>

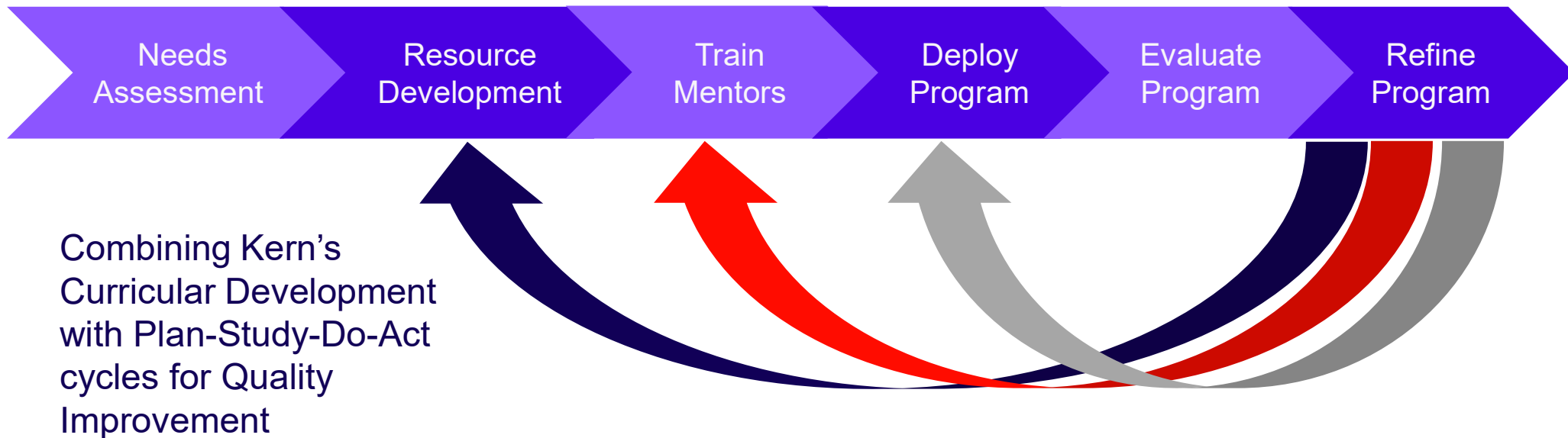
4. Frank FR, Snell LS, Cate OT, et.al. Competency-based medical education: theory to practice. *Med Teach*. 2010;32:638-645. doi:10.3109/0142159X.2010.501190

5. Lohenry KC, Brenneman A, Goldgar C, et al. Entrustable Professional Activities: A New Direction for PA Education?. *J Physician Assist Educ*. 2017;28(1):33-40. doi:10.1097/JPA.000000000000105

6. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA*. 2002;287(2):226-235. doi:10.1001/jama.287.2.226

7. Dent J, Harden RM, Hunt D. *A Practical Guide for Medical Teachers*. 5th ed. Elsevier; 2017.

# Competency-Based Onboarding Program Development



Thomas PA, Kern DE, Hughes MT, Chen BY, eds. *Curriculum Development for Medical Education: A Six-Step Approach*. 3rd ed. Johns Hopkins University Press; 2016

# Plan-Do-Study-Act Cycles

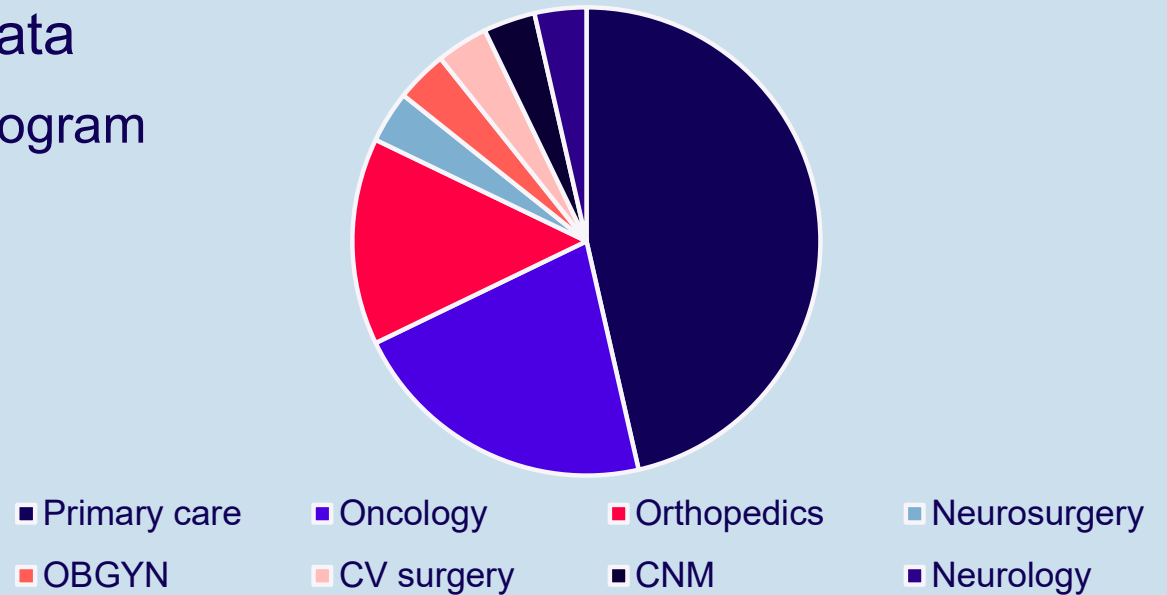
- Quarter 1
  - Enhanced and validated evaluations
- **Quarter 2**
  - Increased mentor leadership training and enhanced skills training components
- Quarter 3
  - Adjusting program deployment and encouraged goal development and teaming across clinical sites

# PA/APRN OBM Pilot Demographics

## Pilot Program Included Data

- 18 fully completed the program
- 15 PA/APRN mentors
- 17 clinical sites

Specialties



# PA/APRN OBM Pilot Goals





# Program Elements

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## **Pairing with an experienced mentor**

PA/APRN Peer



## **Designing opportunities to sharpen skill set and medical knowledge**

Prior Knowledge Inventory

Program Competency Progress Evaluations

Targeted Medical Themes and Skill Training

Case-based Discussions

# Program Details

## Setting expectations

- Communications with the entire onboarding team
- Growth goal is pivotal for program participants
- Prior Knowledge Inventory (initial assessment)
  - List of medical knowledge, skills and behaviors for that position
- Mentor training
  - Motivational and coaching leadership style essential

# Program Details

## Enhancing skill sets

- Set up medical themes/target education
- Encourage engagement with onboarding team

## Formal check-ins

- Mentor meetings
- Competency-based progress evaluation
- Case-based discussions

# Program Details

## Benefits Case-Based Discussions<sup>7,8,9</sup>

- Studied mainly in physician training
- Identify opportunities for finding themes among new providers
  - Can target CME
- Uncovers opportunities for enhancing safe practice and can evaluate critical thinking
- Benefit to both the mentor and the mentee

7. Dent J, Harden RM, Hunt D. *A Practical Guide for Medical Teachers*. 5th ed. Elsevier; 2017.

8. Yousuf Guraya S. Workplace-based Assessment; Applications and Educational Impact. *Malays J Med Sci*. 2015;22(6):5-10.

9. Rauf L. Case-Based Discussion in United Kingdom General Practice Training: A Critical Analysis. *Cureus*. 2021;13(2):e13166. doi:10.7759/cureus.13166

# Program Results

## Provide PA/APRN hires with increased support and resources for transition to practice

- 100% of new hires felt like the program increased their medical knowledge
- 92% felt more competent in their medical practice after completing the program
- Increased psychological safety
  - Numerous qualitative feedback comments

# Program Results

## Identify areas for educational and professional growth

Average PKI score 72%

- Case-based discussions
- Identified skills of experienced PA/APRNs to utilize in their clinics
- Goal setting
  - Identified quality improvement projects

# Program Results

## Create an opportunity for meaningful engagement and collaboration with providers

- 100% of new hires felt the program increased interprofessional collaboration and team communications
- 100% of mentors felt more invested in the organization
- 86% of new hires felt invested in the Medical Group
- Reducing silos and building teams

# Program Results

## Provider retention

- 89% of PA/APRN new hires in the program are still currently employed
- Increased engagement of PA/APRN mentors
  - Provided leadership opportunities and increased their medical knowledge and skills



# Program Results

## Increased patient safety

- 97% agree the program increases patient safety
- Case-based discussions
  - Safe narcotic/scheduled medication prescribing
  - Under/over diagnostic test ordering
  - New differentials and diagnosis to consider
- Competency evaluation scores improved an average of 10.8%

# Ongoing Challenges

- Every clinical site and specialty has nuances
  - How do we accommodate for these?
  - Continue to reduce silos
- Physician and PA/APRN balance in mentoring
  - Need to promote teaming
- We are not an academic institution
  - Creating resources and training for knowledge gaps
  - Balance of education, growth, and productivity

# Next steps

Expanding the scope of the program across the organization

How can we utilize PAs and APRNs to function at top of scope and increase patient access?

What competency-based assessment tools work best for PAs and APRNs?

# Questions?