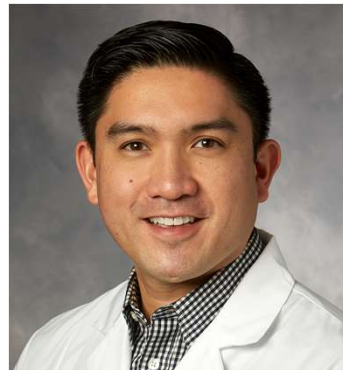# Stepping Up and Sharing the Load:

Advanced Practice Provider Shared Leadership and Career Ladder Advancement

AAPA Executive Leadership Conference
Hilton La Jolla Torrey Pines
February 20, 2024

Amy Milliken, CNP
Manager of Advanced Practice Solid Organ Transplant

Jesus (Jay) Navoa, PA-C
APP Director of Inpatient Services and Strategy

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Disclosures: None

We have no relevant relationships with ineligible companies to disclose within the past 24 months.

Educational Objectives

- Objective 1: Describe the development, growth, and structure of an APP Shared Leadership Council

- Objective 2: Explain the advantages and outcomes of APP Shared Leadership/Inclusive Leadership

- Objective 3: Identify the characteristics of a successful APP Shared Leadership Career Ladder Committee

- Objective 4: Review the benefits of a career ladder program led by a shared leadership committee
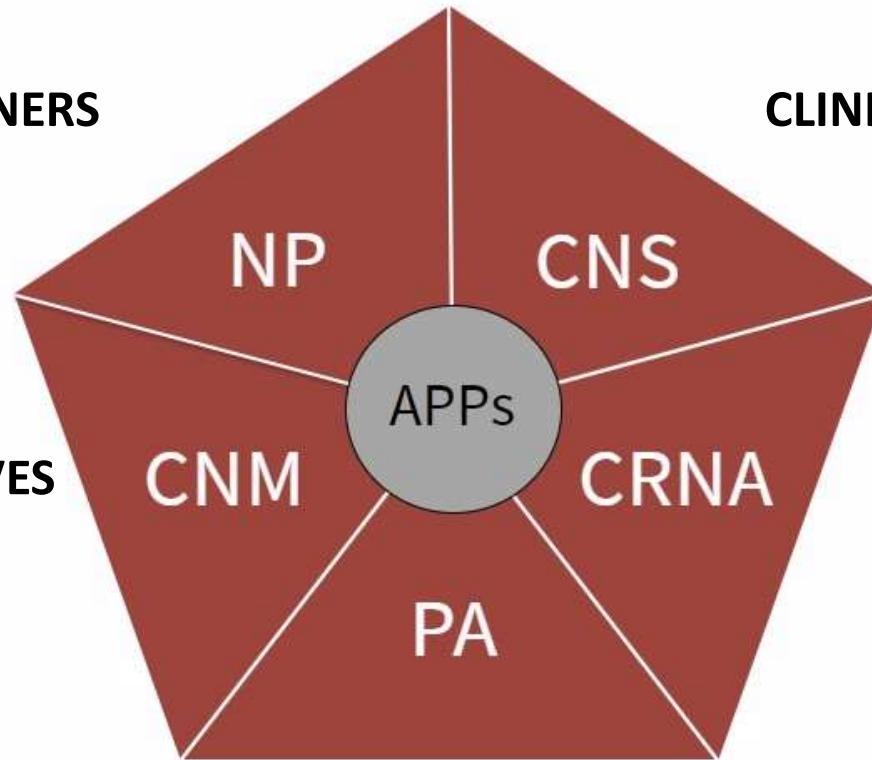
What is Shared Leadership?

Advanced Practice Providers (APPs)

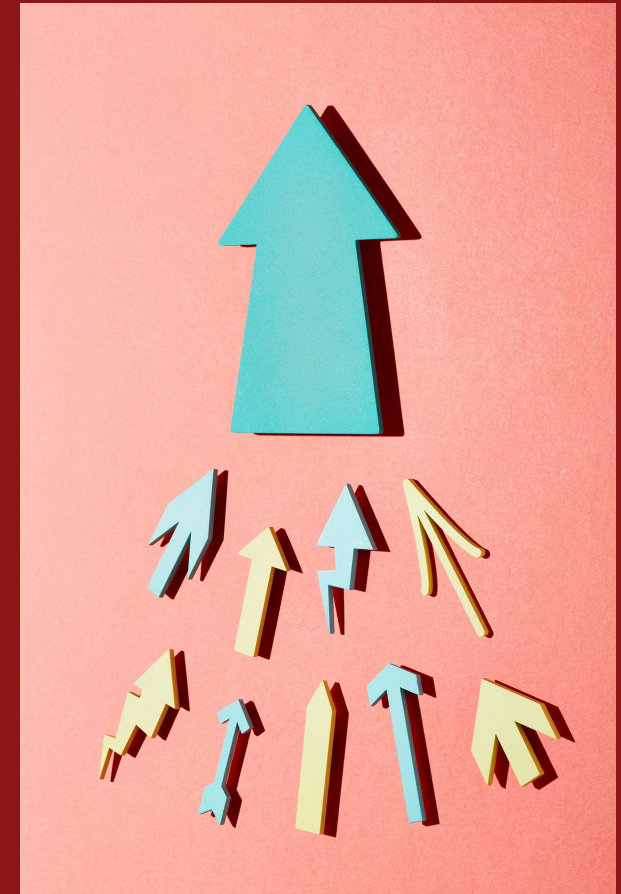**NURSE PRACTITIONERS**

CLINICAL NURSE SPECIALISTS

CERTIFIED NURSE MIDWIVES

CERTIFIED REGISTERED NURSE ANESTHETISTS

PHYSICIAN ASSOCIATES/ASSISTANTS

NP CNS APPs CNM CRNA PA

Why APP Shared Leadership?

➢ Engage Advanced Practice Providers

➢ Networking opportunities and collaboration

➢ Opportunity to discuss professional and clinical practice issues
  - Education
  - Mentorship
  - Orientation
  - Billing

➢ Potential long-term effects
  - Improved job satisfaction
  - Increased retention
  - Organizational cost savings

APP Shared Leadership Council

Advising and Coordinating Body

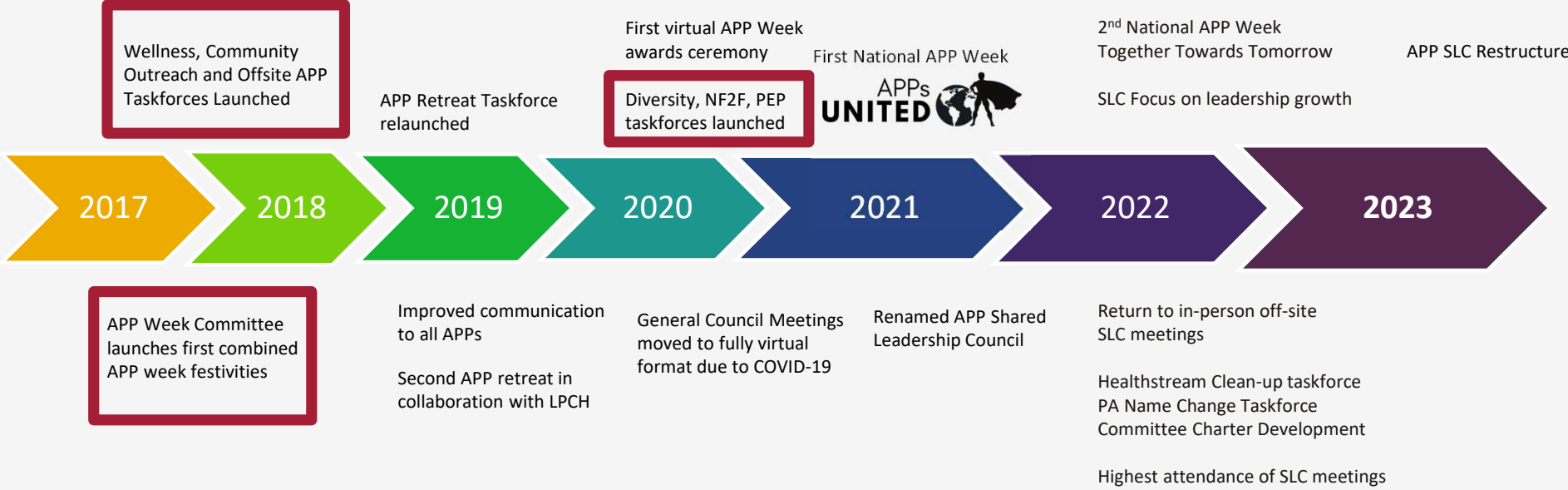Partnership with the Center for Advanced Practice
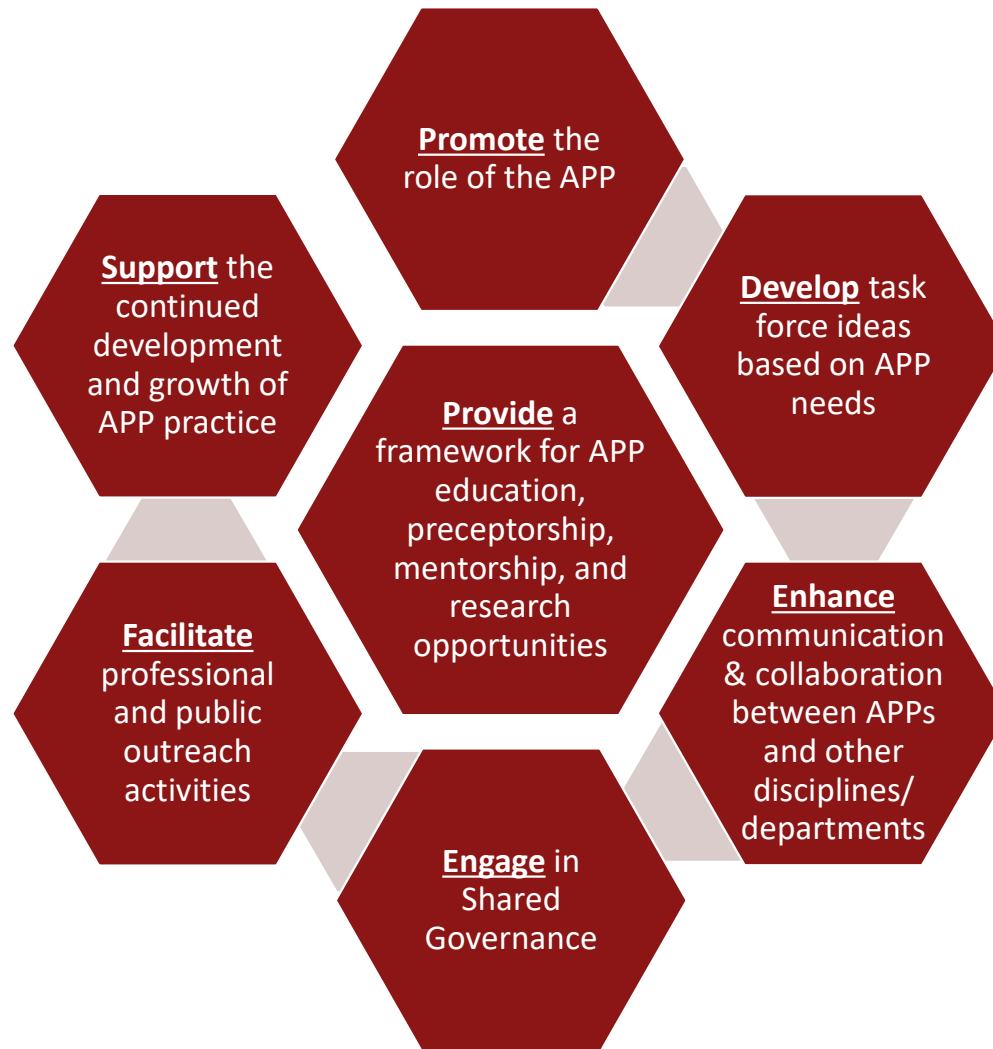

Forum for facilitation

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Evolution of the APP Shared Leadership Council

Task forces created:
- Communication
- Orientation
- Billing

First Topics in Acute and Ambulatory Care for APPs Conference

CRNAs hired and included in the Council

Task forces led to creation of committees

First cohort of APP Career Ladder promotions

| 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |

AHP (Allied Health Professional) Council created – renamed to NP/PA Practice Council

Membership with 10 NPs and 10 PAs

Center for Advanced Practice created with a Director of Advanced Practice

APP General Council name established

90-day Rapid Process Improvement methodology for task forces

First Controlled Substances Course for APPs

First APP retreat in collaboration with LPCH

Evolution of the APP Shared Leadership Council

Wellness, Community Outreach and Offsite APP Taskforces Launched

APP Retreat Taskforce relaunched

First virtual APP Week awards ceremony

First National APP Week

APPs UNITED

Diversity, NF2F, PEP taskforces launched

2nd National APP Week Together Towards Tomorrow

SLC Focus on leadership growth

APP SLC Restructure

| 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | **2023** |

APP Week Committee launches first combined APP week festivities

Improved communication to all APPs

Second APP retreat in collaboration with LPCH

General Council Meetings moved to fully virtual format due to COVID-19

Renamed APP Shared Leadership Council

Return to in-person off-site SLC meetings

Healthstream Clean-up taskforce
PA Name Change Taskforce
Committee Charter Development

Highest attendance of SLC meetings

Responsibility and Scope of APP SLC

Promote the role of the APP

Develop task force ideas based on APP needs

Support the continued development and growth of APP practice

Provide a framework for APP education, preceptorship, mentorship, and research opportunities

Enhance communication & collaboration between APPs and other disciplines/ departments

Facilitate professional and public outreach activities

Engage in Shared Governance

Shared Leadership Council Structure

➤ Council Led by APPs

- Monthly Meetings
- Membership open to ALL APPs (PAs and APRNs)
- Annual evaluation conducted to review achievements/feedback

➤ Leadership

- Designation by majority vote
- Effective for one fiscal year (September to August)
- APP SLC Co-chairs: 1 PA and 1 APRN
- APP SLC Chair-elects: 1 PA and 1 APRN

Task Forces

- 90-day Rapid Improvement Projects
- Developed based on needs identified by APPs
- Participation open to all APPs
- Six-month commitment
- Collaboration with CAP leadership
- May serve as blueprint for ongoing projects that transition into committee

Task Forces

2014-2016	• Onboarding & Orientation • Annual Competency Evaluation
2015-2016	• Recruitment • Out-of-state onboarding
2016-2017	• Hiring • Wellness
2017-2018	• Community Outreach • Offsite Engagement • Wellness
2018-2019	• APP Retreat
2020-2021	• Diversity & Inclusion • Billing • Professional Excellence Program
2021-2022	• PA Title Change • CAP Accessibility & Optimization
2022-2023	• Healthstream Cleanup

Committee Guidelines

- Long-term and recurring projects

- Each committee has own charter

- Timeline of committees are variable

- One-year term of commitment

- Existing members may volunteer for a lead position after 1-year

- Members must attend 75% of meetings

- Collaboration with CAP leadership

Committees

APP Promotion & Engagement

- APP Awards
- APP Week
- Wellness
- APP Ambassadors
- Community Outreach
- Newsletter
- APP'RECIATE Diversity

APP Education/Conferences

- Controlled Substances & Beyond Course
- APP Grand Rounds
- APP EXCEL Conference
- Oncology Updates

APP Professional Development

- Professional Excellence Program
- Mentorship & Coaching
- Student Preceptor
- EPIC Super User
- SHINE Scholarship
- **Career Ladder**

Professional Advancement Programs

➤ Referred to as career or clinical ladders

➤ Identified in literature as early as 1970-1980s.

➤ Outcomes:
- Improve job satisfaction

- Reward professional engagement

- Support professional development

- Demonstrate a strong return on investment

- Improve retention of talented staff

Stanford Health Care APP Career Ladder Philosophy and Objectives

➢ First cohort at Stanford Healthcare 2016

- ▪ Voluntary clinical leadership and career advancement program designed to recognize and reward professional excellence.

➢ Acknowledge clinician accomplishments in three areas:

- ▪ Clinical Expertise
- ▪ Institutional Citizenship & Leadership
- ▪ Contributions to the Profession

➢ Attract and maintain high-quality APPs for the organization

➢ Two application periods per year

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Eligibility

➢ Nurse Practitioner, Physician Assistant/Associate, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetist in a regular, benefited position for at least 6 months.

➢ Hiring manager required to verify that applicant meets the following criteria:

- Medical licensure up to date

- Department specific licensure/certification up to date (DEA, BLS, ACLS, PALS, etc)

- Annual competency training completion

- Credentialing and Privileges up to date with Medical Staff Services

- Acceptable/Fully Competent on last annual evaluation

- Under no discipline or corrective action

Level Definitions

APP I:
- All current or new hires with < 2 years APP experience.

APP II:
- Completed 2 or more full years of practice as an APP.

APP III:
- Completed 4 or more full years of practice as an APP.

APP IV:
- Completed 8 or more full years of practice as an APP.

Clinical Exemplar

- Demonstrate clinical expertise at proficient and expert levels

- Length of 800-1000 words

- Information HIPAA-compliant with no protected health information (PHI)

Benner (Novice to Expert model)	Equivalent in APP Career Ladder
Novice	None
Advanced Beginner	APP I
Competent	APP II
Proficient	APP III
Expert	APP IV

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Institutional Citizenship & Leadership

Activity (*Must* include your name, activity name, and activity dates)	Appropriate Documentation*
Serve as a member for a task force, APP General Council committee, hospital-based committee, Epic Provider SuperUser Network, or other SHC leadership examples (May get 2 points in this category for separate projects)	• Agenda • Meeting minutes • Newsletter • A3 • Email correspondence
Facilitates/participates in quality performance improvement project (May get 2 points in this category for separate projects)	• Agenda • Meeting minutes • Newsletter • A3 • Email correspondence
Serve as clinical preceptor for new hire APPs, APP students, APP peers, fellows, and residents (May only get 1 point in this category)	• Letter from preceptee • Letter from school/faculty • *For APP new hire/peer precepting:* letter from direct supervisor or APP
Develop and teach educational offerings, in-services, or handbook chapter for patients and staff (May get 2 points in this category for separate projects)	• Copy of the presentation (with your name and date) • Email correspondence • Agenda • Sign-in sheet • Copy of first page of handbook chapter, include handbook date page • Flyer • Letter from supervisor or manager
Serve as an official APP Wellness Champion and organize a minimum of 1 event in the last two years (May only get 1 point in this category)	• Letter from Wellness Committee attesting APP Wellness Champion is in good standing and has conducted a minimum of 1 event.

- Completion of a post-licensure degree or qualification

- DNP for APRNs; DMSc for PAs

- Non-clinical graduate degree (MBA, MS, PhD., etc.)

- Subspecialty postgraduate certificate/residency program

- Certificate of Added Qualification, or Certification in a Clinical Specialty (Ex:Palliative Medicine, Critical Care, etc.)

- Additional Healthcare related certification (Six Sigma, EMS, etc.)

Professional Contributions

Item	Evidence of Support
Mentoring or coaching activities of healthcare professionals (May only get 1 point in this category)	-External relationship- Letter from mentee or coachee describing relationship, including dates and activities -Internal- Letter of confirmation from the Mentorship Committee or Coaching Program on the involvement with a minimum of 12 hours documented
Healthcare-related organization or community leadership role (May only get 1 point in this category)	Letter or email attesting to effort, including dates
Submitted manuscripts (May get 2 points in this category for separate projects)	Copy of proof of submission, including dates.
Poster presentations (May get 2 points in this category for separate projects)	Copy of the poster AND a copy of proof of acceptance, including dates.
Abstract/Podium presentations (May get 2 points in this category for separate projects)	Copy of the abstract AND proof of acceptance, including dates.
Invited lecturer/ guest presenter at organized local, statewide, or national events (May only get 1 point in this category)	-Proof of acceptance -Flyer -Agenda -Copy of conference program -Email or letter acknowledging presentation -Speaker feedback form
Published journal articles (May get 2 points in this category for separate projects)	-Copy of journal article, first page -PubMed search results
Book chapter publication (May get 2 points in this category for separate projects)	-Copy of first page of book chapter AND copy of the Edition / Copyright date -Publisher announcement / advertisement
Evidence of ongoing research or being a sub-investigator (May only get 1 point in this category)	-Email or letter with signature from PI, Investigator, or Study Coordinator including list of studies -Copy of 1572

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Item	Evidence of Support
Lecturer, clinical instructor, or adjunct faculty in an RN or APP program (May only get 1 point in this category)	Letter or email from School or program director
Teach course reviews for certification programs (May only get 1 point in this category)	-Flyer -Agenda -Copy of conference program -Email or letter acknowledging presentation -Speaker feedback form
Volunteering in 2 or more healthcare-related events (May only get 1 point in this category)	Letter or email from organization confirming dates and participation
Volunteering in 2 or more community-related events (May only get 1 point in this category)	-Letter or email from organization OR -APP Outreach Committee confirming dates and participation OR -Flyer with your name and date
Active member of National Guard or Military Reserves (May only get 1 point in this category)	Copy of military orders
Participation in humanitarian relief missions	Letter/email from organization stating participation and date.

Application Form

➤ Approval signature from manager and department director

➤ Curriculum Vitae (CV)

➤ Documentation (exemplar, evaluations, supporting documents).

Level III:
➤ Clinical Exemplar

➤ Clinical Excellence Evaluations
  ▪ One (1) supervising physician
  ▪ One (1) APP peer in immediate team *

➤ Institutional Citizenship & Leadership -2 points

➤ Professional Contributions- 2 points

Level IV:
➤ Clinical Exemplar

➤ Clinical Excellence Evaluations
  ▪ Two (2) physicians (1 supervising)
  ▪ Two (2) APP peers **

➤ Institutional Citizenship & Leadership -3 points

➤ Professional Contributions- 3 points

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M E D I C I N E

Maintenance of Career Ladder

APP III and APP IV

- Submit reappointment application every four years to maintain promotion level

- The reappointment application does NOT require an exemplar submission.

- Consequences of not submitting maintenance application results in a demotion and a salary decrease back to APP II level.

Review Panel

➢ The Review Panel is comprised of six members: four staff APPs who are level IV along with two administrative APPs.

➢ The administrative APP is in a formal APP leadership role as a Lead APP, APP Manager, or Director of Advanced Practice to represent the health system administration.

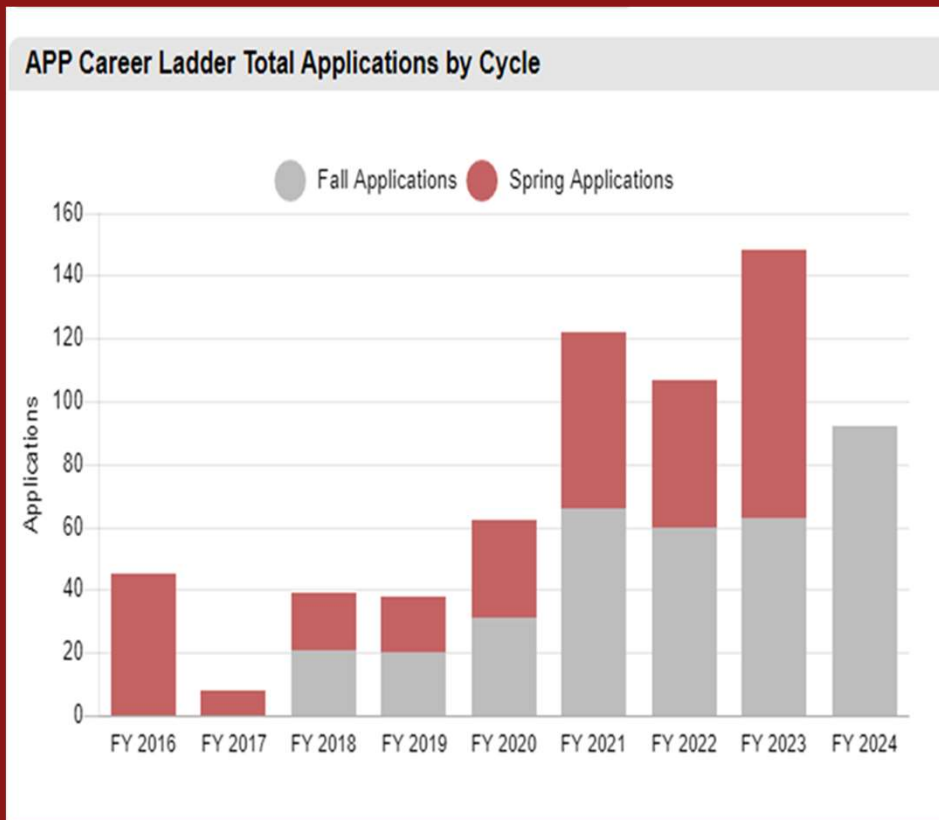➢ A minimum of a two-thirds affirmative vote on the applicant is required for promotion.

Enhancements

➢ Electronic Application
  ▪ Survey Monkey Apply

➢ Creation of role specific clinical excellence evaluations (CNS, CRNA)

Outcomes

APP Career Ladder Total Applications by Cycle

APP Career Ladder Percent Promoted (Goal=80%)
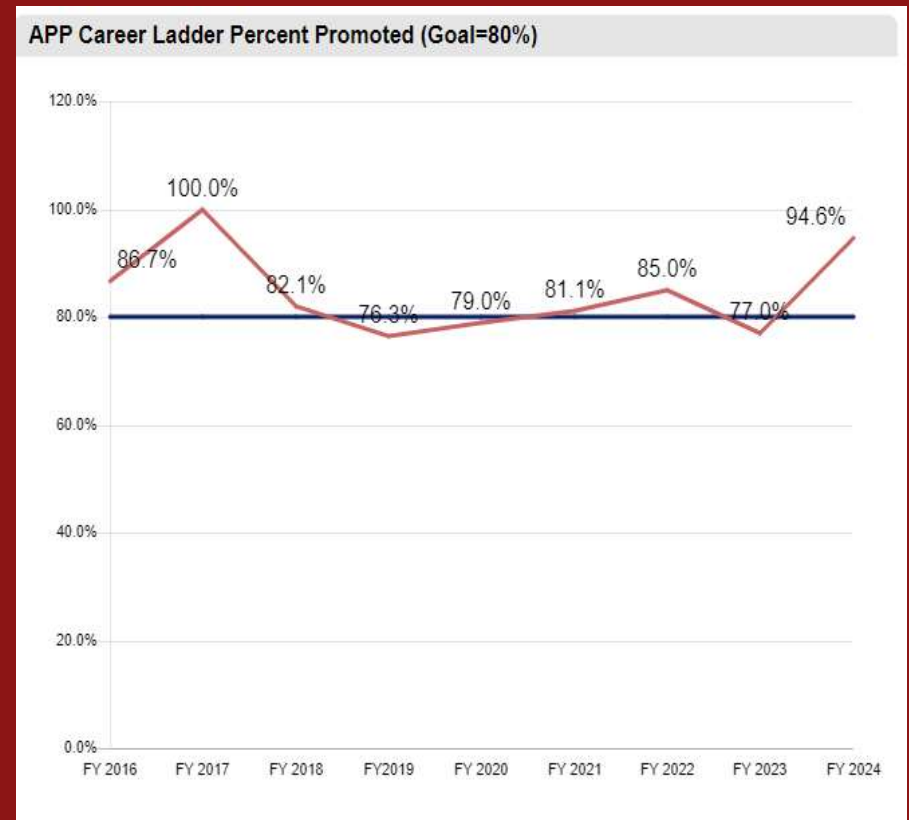
Table 1. Categories and accomplishments based on role

| Accomplishment Category Letter	Key of Accomplishments	Total
Institutional citizenship and leadership		
A	Serve as a member for a task force, APP General Council committee, hospital-based committee, Epic provider SuperUser Network, or other SHC leadership examples	302
B	Facilitates/participates in quality performance improvement project	273
C	Serve as clinical preceptor for new hire APPs, APP students, APP peers, fellows, and residents	266
D	Develop and teach educational offerings, in-services, or handbook chapter for patients and staff	246
E	Completion of a postlicensure degree or qualification—DNP for APRNs	16
F	Completion of a postlicensure degree or qualification—Nonclinical graduate degree (MBA, MS, PhD, etc.)	16
G	Completion of a postlicensure degree or qualification—subspecialty postgraduate certificate/ residency program, certificate of added qualification or certification in a clinical specialty (e.g., palliative medicine, critical care, etc.)	83
H	Completion of a postlicensure degree or qualification—additional health care–related certification (Six Sigma, EMS, etc.)	12
Professional contributions		
I	Engage in local, regional, or national professional organization	107
J	Evidence of mentoring or coaching activities of health care professionals	152
K	Health care–related organization or community leadership role	70
L	Submitted manuscripts	34
M	Poster presentations	61
N	Abstract presentation	45
O	Invited lecturer/guest presenter at organized local, state-wide or national event	160
P	Journal publication	71
Q	Book chapter publication	30
R	Evidence of ongoing research or being a subinvestigator	140
S	Teach educational offerings, in-services for patients and staff	56
T	Lecturer/clinical instructor/or adjunct faculty in RN or APP program	111
U	Teach course reviews for certification programs	26
V	Volunteering in 2 or more health care–related events	96
W	Volunteering in 2 or more community-related events including APP community outreach committee events	144
X	Active member of National Guard or Military Reserves	8
Y	Participation in Humanitarian Relief Mission	19
Z	Other SHC leadership examples as documented by additional evidence in your portfolio[a]	29
Total		2,573

Once again... Why APP Shared Leadership?

Measuring Outcomes
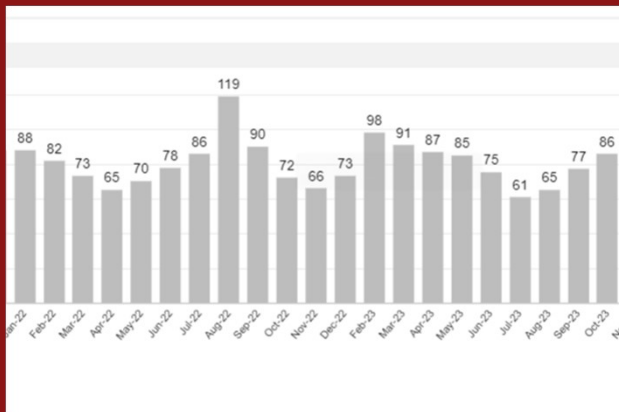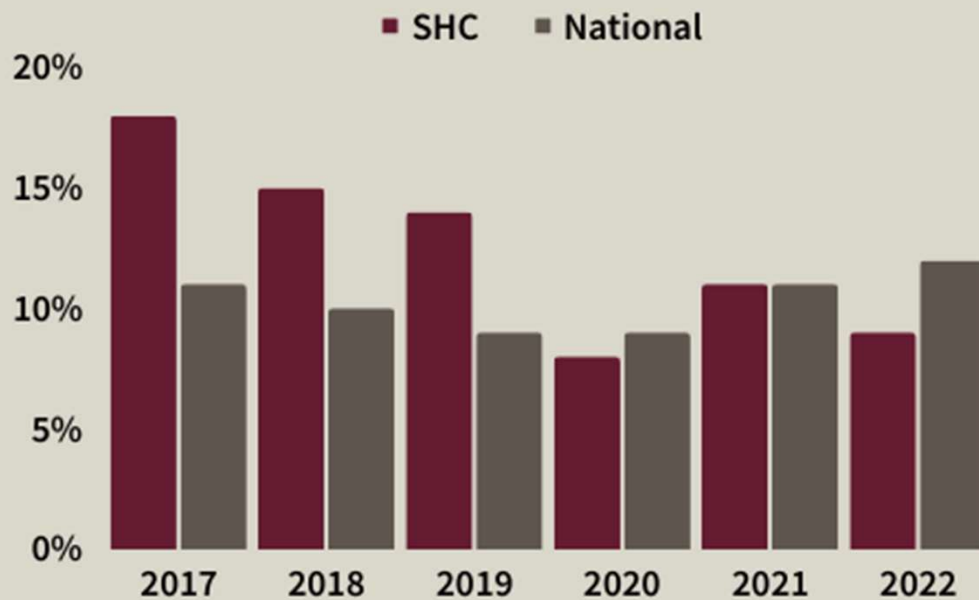

MONTHLY APP SLC MEETING ATTENDANCE
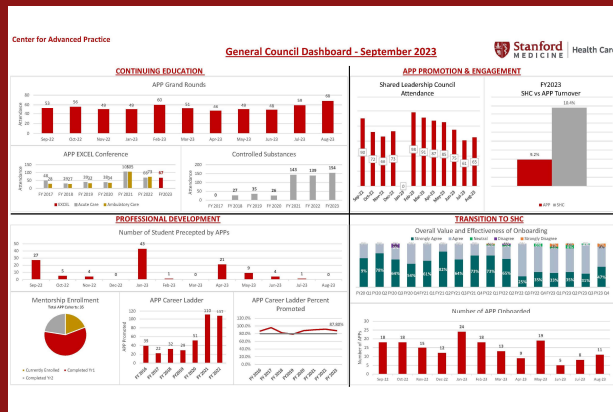
APP SHARED LEADERSHIP COUNCIL
ANNUAL DASHBOARD REPORT
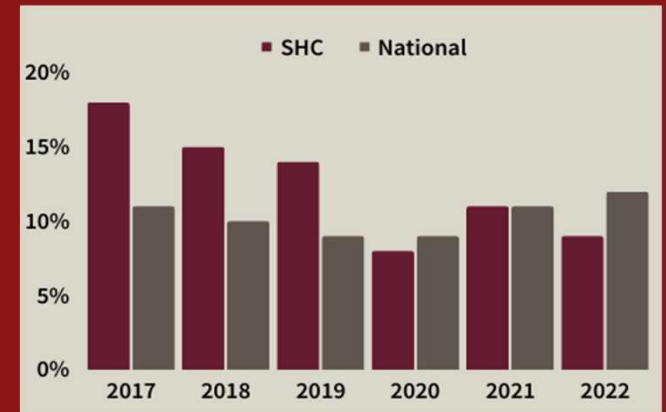
APP TURNOVER RATES

% of APP Turnover

We spearheaded APP retention strategies leading to a decrease in turnover from 18% in 2017 to 9% in 2022.

- ➢ 2016: First Career Ladder Cycle

- ➢ 2016-2018: Launch of additional SLC Task forces

Benefits of an APP Shared Leadership Council

Engaged and Empowered APPs

APP turnover decreased from 18.1% in 2017 to 9% in 2022

Professional Fulfillment and Growth

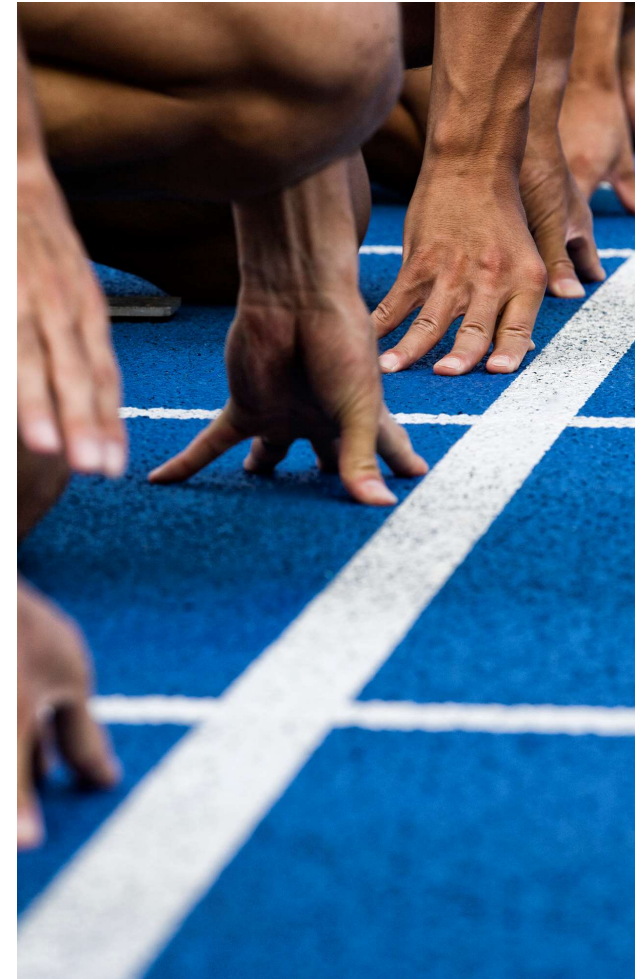From 2017 to 2020, 25% increase in professional fulfillment

Leadership Training

47% of APP SLC Chairs have been promoted to formal leadership roles

How to get started…

➤ Build your team

➤ Develop goals and objectives

➤ Discuss issues and concerns

➤ Formalize structure

➤ Identify key stakeholders and support

➤ Be patient!

Take Home Points…

✓ Implementing an APP career advancement program not only enhances retention but also fosters increased productivity and commitment, ultimately benefiting the organization

✓ Recognizing the pivotal role of professional development, SHC has initiated a center wide improvement endeavor through APP shared leadership to enhance the work environment, aiming to elevate professional fulfillment and reduce burnout and turnover among APRNs and PAs

✓ APP shared leadership can provide a platform for APP engagement in decision-making for clinical practice, education, orientation, and mentorship

✓ APP shared leadership allows APPs to gain valuable experience and training to move into formal leadership roles

Confidential

Questions

Thank you

Amy Milliken, CNP
AMilliken@stanfordhealthcare.org

Jesus (Jay) Navoa, PA-C
Jnavoa@stanfordhealthcare.org

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