

# Leadership in Transition to Practice



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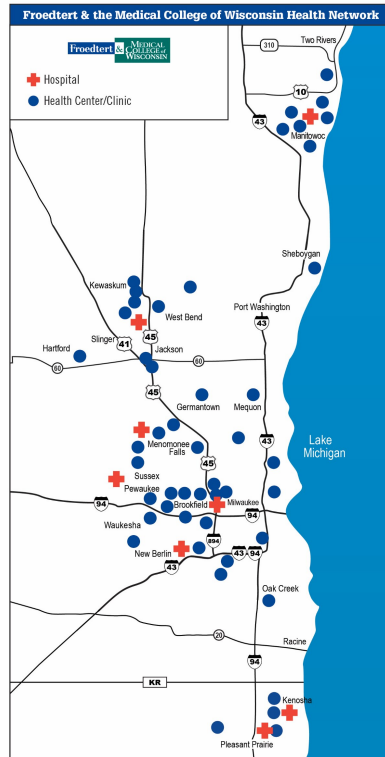
# Disclosures

- None

# Objectives

1. Describe PA/NP transition to practice leadership roles in context of the structural alignment.
2. Identify value and metrics to support PA/NP transition to practice leadership roles.
3. Recognize the opportunity and methods to integrate diverse and innovative leadership and professional skill development during transition to practice.

# Who We Are



The **Froedtert & the Medical College of Wisconsin** health network provides care for patients at 8 hospitals and 45+ locations in Eastern Wisconsin



The **Medical College of Wisconsin** is located on the Milwaukee Regional Medical Center Campus and has two regional campuses in Wausau and Green

**TOP 5%**  
 NATIONALLY IN NUMBER OF RESIDENTS TRAINED >900 residents and fellows in training each year

**3<sup>RD</sup>**  
 LARGEST PRIVATE MEDICAL SCHOOL IN THE NATION  
**7<sup>TH</sup>** LARGEST US MEDICAL SCHOOL

**TOP 5%**  
 worldwide in publishing new knowledge

**1,650** PHYSICIANS  
**725** ADVANCED PRACTICE PROVIDERS

PHYSICIAN PRACTICE GROUP CONDUCTS  
**4.0 MILLION** PATIENT VISITS ANNUALLY

MCW PRACTICING PHYSICIANS ACCOUNT FOR  
**67%** OF SE WISCONSIN DOCTORS LISTED IN **BEST DOCTORS IN AMERICA®**



# Advanced Practice Providers

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- Certified Anesthesia Assistant (CAA)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Physician Assistants (PA)

# APP Workforce & Organizational Structure

## Advanced Practice Providers (APPs)

### APRN & PAs

- Employed in the adult specialty practices
- Hired & managed in clinical Departments
- Formal and informal APP Department leaders

CRNAs and CNSs employed by the hospital

## Centralized Office of Advanced Practice

Advanced Practice Director

3 Advanced Practice Associate Directors

Medical Education Coordinator

# What is Transition to Practice (TTP)?

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- Orientation, onboarding, & on-the-job training
- Intentional, role-sensitive education at the right time
- Socialization & professional modeling
- Standard and formal in other healthcare professions



# Why is Transition to Practice Important?



**Patients**



**PA/NP**



**Organization**



**Teams**

# Advanced Practice Transition to Practice



**Structure and Resources**



**Competencies & Skills**



**Experiences**



**Education**



**Assessment**



**Growth mindset & Engagement**



**Coaching & Mentorship**

# Advanced Practice Transition to Practice



**Structure and Resources**



**Competencies & Skills**



**Experiences**



**Education**



**Assessment**



**Growth mindset & Engagement**



**Coaching & Mentorship**


# Where do APPs fit in the organization?



Where do APPs align in the organization?



What is the reporting structure?



Who are the APP leaders?

# APP TTP Organizational Connection

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Where do leaders connect in the organization?

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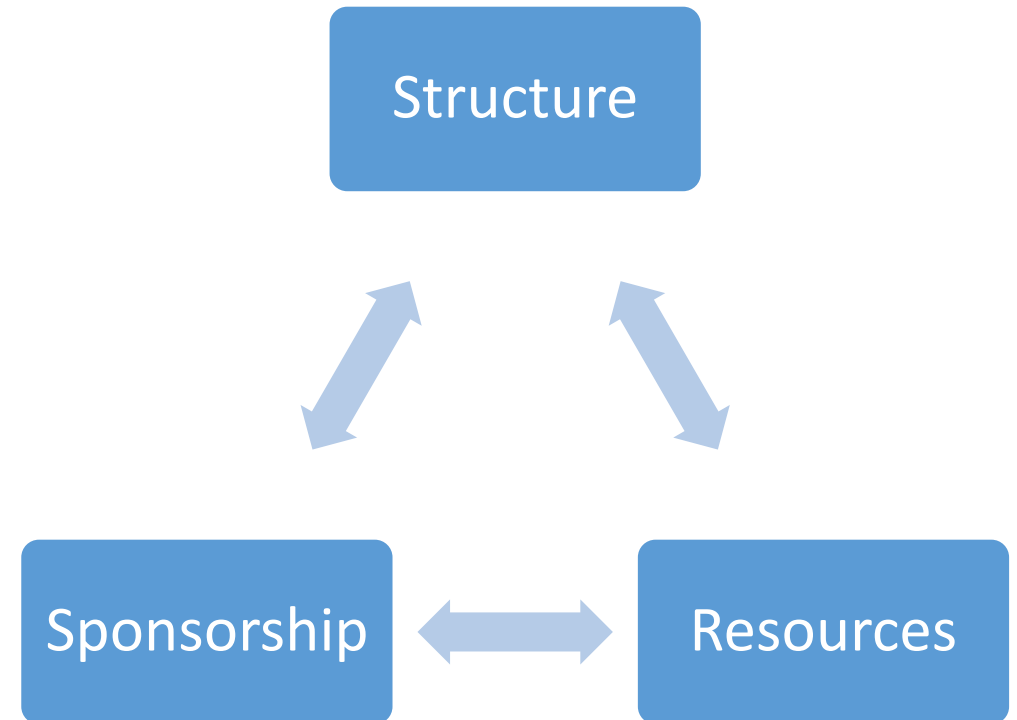
Who is accountable for APP TTP?

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Who are the sponsors?

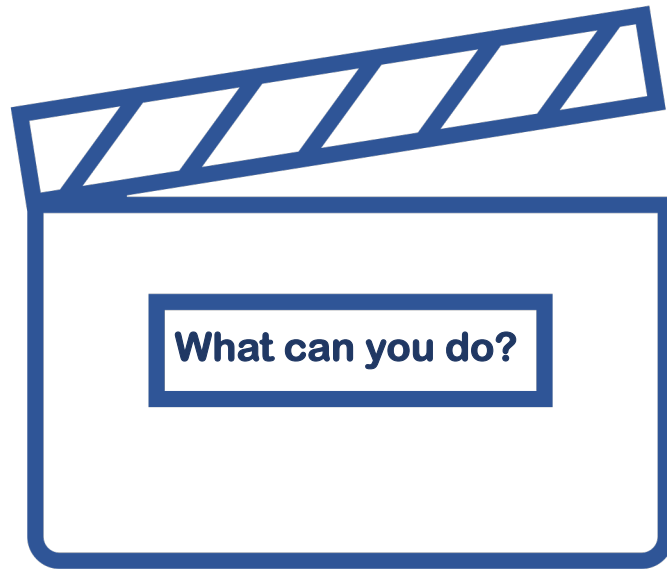
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Who are the stakeholders?



# Your organization....

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- Do an assessment
- Your TTP needs may be different than another organization
- This process is not static and will grow and adapt over time
- Go with the pull of the organization culture, structure, and resources

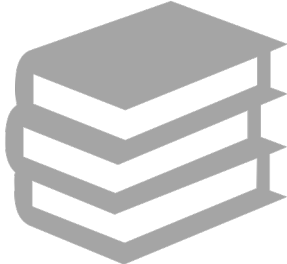
What are the roles for APP  
Leadership in Transition to  
Practice?



# Leadership Roles in Transition to Practice



Local or Direct



Resource or Education



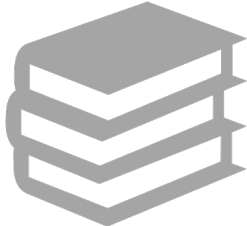
Organizational



# Leadership Roles in Transition to Practice



Local or Direct



Resource or Education



Organizational



Clinical preceptor or mentor

Coach

Mentor

Peer groups

APP manager

Advisor

Administration

APP education leader

APP onboarding leader

Fellowship directors

# Which TTP Role do you Need?





# What is the Goal?

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- Teaching a task or specific skill?
- Resource for questions?
- Growth mindset?
- Self-direction and self-reflection?
- Advice?
- Management?
- Shared resources?
- Intense role training?
- Structured program?
- Career pathways?

# 1:1 Leadership Roles

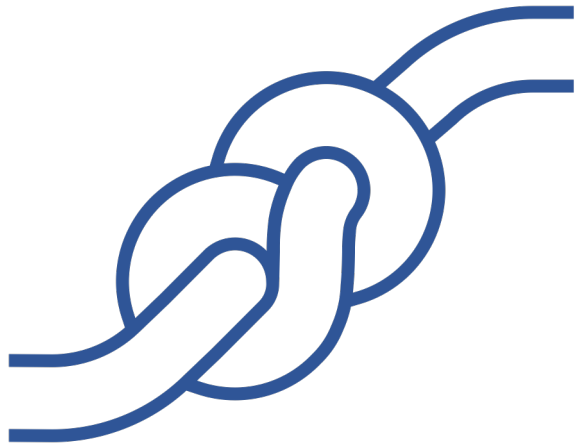
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- Preceptor
- Coach
- Mentor

# Clinical Preceptor or Mentor

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## Showing the “ropes”

- Most common form of onboarding role
- A professional in a similar role
- Education in the role

# Comparison of 1:1 Leadership Roles

- Local > Organizational
- Clinical and socialization focus during TTP

	Clinical Preceptor	Coach	Mentor
<b>Education Goal</b>	Learner Centric	Learner Centric	Bidirectional
<b>Purpose</b>	Task education	Reflective growth; self-directed	Guide Motivate & support
<b>Structure</b>	Structured Time-limited	Structured Time-limited	Formal or informal Long-term?
<b>Assignment</b>	Assigned	Assigned or Selected	Bidirectional choice
<b>Expertise</b>	Expert	Expert in guidance; direction	Experienced & Expert
<b>Oversight</b>	Supervision	Guide	Collaborative; relationship
<b>Accountability</b>	Preceptor Accountability	Learner Accountability	Supportive

# Comparison of 1:1 Leadership Roles

- Start here with early TTP

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# Comparison of 1:1 Leadership Roles

- Transition to coach
- Different skill set for both the learner and leader

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# Coaching vs Coach with Wisdom vs Mentorship?

TABLE

Comparing and Contrasting 4 Forms of Guidance

Item	Advisor	Coach	Coach With Wisdom	Mentor
Focus	Specific event	Task/skill	Task/skill with long-term view in the field	Career; focus on character development, socialization into field
Expert	In target area	Global/not specific	In specific performance target	In same field, “been there” and shares
Control	Advisor directed	Learner directed	Mostly learner directed	Mentor directed with repeated interchanges
Strategy	Give advice or answer	Help learner find a strategy through asking clarifying questions	Combines coaching and mentoring on specific topic; when mentor, explicitly states he/she is doing so	After discussion with learner, mentor transmits information intentionally based on his/her own experience and expertise; networks learner with others in field
Benefits	None for advisor	No direct benefit for coach	No direct benefit for coach	Mutual benefit with mentor often involved in learner products
Time	Single session	Time limited, current	Time limited, current	Long-term, future oriented

# Manager

Goal	Role support and growth
Purpose	Role and employment oversight and professional growth
Structure	Formal with direct oversight
Assignment	Hiring and structural
Expertise	May or may not have expertise
Oversight	Management and employment; assessment and performance reviews
Accountability	Role performance; Resources for growth

# Group or System Leadership Roles

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- System or local
- Peer or leader
- Resource development
- Programmatic

# Peer Groups

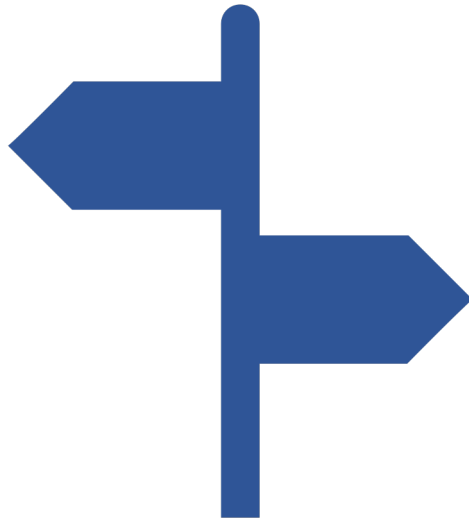
Goal	Socialization; Professional growth & support
Purpose	Socialization; Connection to peers
Structure	Formal or informal; Coaching vs Social
Assignment	Assigned or spontaneous
Expertise	Similar level; May have an experienced leader
Oversight	None
Accountability	Social or professional accountability

**Value:**

- Peer & community learning
- Shared experiences
- Support self-directed learning & teaching others

# Advisor or Coordinator

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- Position or role to support multiple individuals
- Organization or local group
- Answer questions
- Connect to resources
- Coordinator for scheduling

# Comparison of Formal\* Leadership Roles

	APP Onboarding Leader	APP Education Leader	APP Fellowship Program Director
<b>Education Goal</b>	Develop and Operationalize TTP	Create education and resources for TTP	Develop a structured, long-term program to transition APPs to practice with a specific goal or training expertise.
<b>Purpose</b>	Effective and Efficient TTP for new APP	Resource and education creation	Provide programmatic oversight, management, and direction of the TTP program
<b>Structure</b>	Formal, Integrated Organizational or Local	Formal, Integrated Organizational or Local	Formal; Hired role Organizational or Local
<b>Assignment</b>	Formal or informal	Formal or informal	Formal position
<b>Expertise</b>	Expertise in APP practice, clinical skill Education knowledge	Expertise in APP practice, clinical skill Education knowledge	Expertise in APP practice, clinical skill Education knowledge
<b>Oversight</b>	Assessment of TTP progress and provides feedback Involved in reviews	Educator	Manager, educator, coach
<b>Accountability</b>	Progress in TTP; accountable to employer and learner	Assessment of skills Education development	Formative and summative assessment; Competency

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# What is the right role for onboarding?



Organizational  
Assessment



Goal



Sponsorship



Prioritize



Create the  
Role



# Challenge to APP Leaders

## Develop

Develop a common terms and definitions

## Identify

Identify best practices for the TTP roles

## Lead

Build the case, resources, and structure for the roles

How do you build the case  
for a transition to practice  
leader?

# Organizational Connection



## People

Local buy-in

Stakeholders

Executive sponsorship



## Collaboration

Teams

Multi-professional

APPs



## Visibility

Goals

Metrics

Strategic alignment

# What's in it for me?

## Stakeholders

Patients  
Employer  
Hospital  
Departments/Clinics  
Provider Teams  
Physicians  
APPs  
All learners  
Multi-professional team

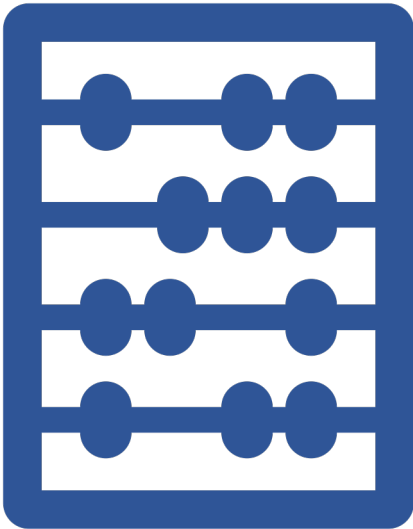


## Value

- Team-based, multi-professional patient care
- Missions, brand & strategic plans
- Diversified APP recruitment and education
- Flexible staffing opportunity
- APP professional development and engagement
- APP TTP best practices and resources
- Clinical learning environment

# The Business Case Structure

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# TTP Costs and Return on Investment



Reward

Investment

Outcomes

Costs

# Visibility of the TTP Leader and Recruitment Costs

## Patient Access Costs

- Contribution of the APP to the team
- Time to ramp
- Access

## APP Position Costs

- Salary
- Replacement vs new position
- Recruitment

## TTP Leader Role Costs

- Role dependent
- Shared cost?
- Volume of recruitment



# Identifying & Measuring TTP Outcome Metrics



## Recruitment and retention metrics

- Time to fill
- Open Positions
- Turn over
- Application volume & quality

## Patient & Team outcomes

- Quality
- Access & Throughput
- Satisfaction

## People

- Retention
- Diversity
- Engagement
- Job satisfaction
- Professional growth

## Education Value

- Measure the outcome
- Confidence
- Translation to quality



# TTP Investments

Resource  
Development

Role  
Development

Adoption &  
Spread



# Reward



Professional and  
Leadership Growth

Collaboration &  
Mentorship

Culture &  
Engagement

Professional  
Identity

Improved Wellness  
& Burnout  
Reduction

And more...

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Plan Do Study Act

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Stakeholder feedback

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Metrics

---

Dashboards

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Program look backs

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Find ways to visualize the unmeasurable

**Evaluation**

# Adopt and Spread



Share  
resources

Reproduce  
successful  
models

Collaborate  
to expand

# Business Case Examples for TTP APP Leaders



# Fellowship Business Case Example



- Strategically identify programs
- Not intended for all onboarding
- Define program goals, metrics, targets
- Understand cost and ROI
- Investment balanced with sustainability

# Fellowship Case Example

## Roles

- Program Director
- Program Educator/Administrator
- Education Collaborator
- Fellows

## Costs

- Program administration and education leadership
- Fellow salary (\$50,000-80,000 + fringe)
- Resources & structure

## Investment

- Higher initial costs for development
- Fellow billing off-sets reduced salary
- Program costs off-set by outcomes & recruitment value
- Fellows are highly skilled & enculturated



# Comparing ROI

## New Grad Traditional

### Hire

#### Cost of traditional hire training

- Ramp at full salary & ramp billing
- New grad hire is less likely to cover salary and cost with ramp in the first year

#### Cost of traditional hire turn over

- Cost of new recruitment, ramp & training
- Turnover is not anticipated resulting in loss of patient access
- Understand average recruitment and retention rates
- Time to fill results in
  - Loss of patient revenue
  - Reduced patient access
  - Down stream impact

## APP Fellow

#### Cost Savings from reduced cost of training

- Reduced direct costs of fellow during TTP and ramp

#### Cost Savings from turn over

- Anticipated completion
- No loss of patient access
- If fellows bill, their first-year cost is projected as neutral

#### Retention savings

- No ramp with full productivity at full salary
- Stem cell that can go to multiple clinical areas

#### Better fit (vs traditional)

- Informed retention by fellow and by hiring Department



# Fellowship Program Metrics and Outcomes

## APP Fellow Billing & Patient Impact

- Net neutral fellow salary
- Increased access

## Recruitment Goals

- Recruitment event attendance with diverse demographics
- Application volume
- Impact to organizational recruitment & visibility

## Retention

- Set retention goal
- Analyze data on fellow recruitment and retention statistics for prediction modeling and informing recruitment
- Measure long-term retention for APP fellows & career paths

## APP Educators

- Adoption and spread
- Engagement
- Professional growth & leadership

## Program Outcomes

- Goals
- Outcomes

# The Cherry on Top

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- Culture & Engagement
- Enculturation of patient centered & team-based care
- Cross department and multi-professional collaboration
- Local APP leadership and engagement
- APP professional development
- Improves onboarding and education for all hired APPs as it informs APP transitions to practice
- Recruitment diversity, visibility, differentiator
- Strategic alignment
- Scholarly contributions



How does Transition to  
Practice Connect to  
Leadership Development?

# Leadership skills in TTP

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## Why?

- Foundational competencies
- PA/NP enter practice into a leadership role
- Intentionally develop leadership skills across the spectrum

## How?

- Intentional education at the right time
- Time
- Support

## What?

- Education
- "Hands on experience"
- Support

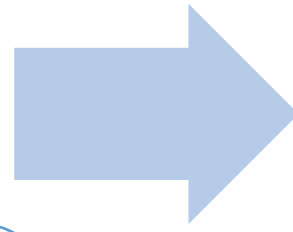
# PAEA 2018 Core Competencies for New Graduate PAs



*Figure 2. The six building block domains and two cross-cutting domains*

## PA Core Competencies

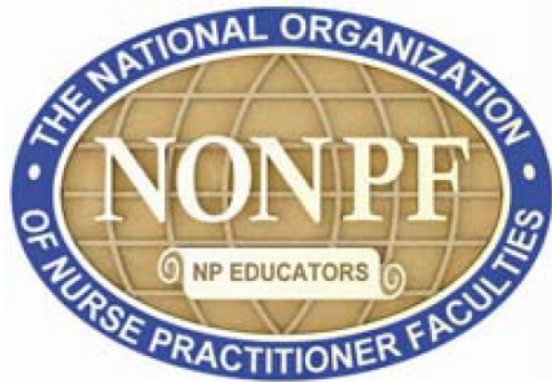
1. Patient-Centered Practice Knowledge
2. Society and Population Health
3. Health Literacy and Communication
4. Interprofessional Collaborative Practice and Leadership
5. Professional and Legal Aspects of Healthcare
6. Health Care Finance and Systems



## Essential Skills

- Evidence Based Medicine
- Relationship Building
- Empathetic listening
- Interpersonal Skills
- Self Advocacy
- Self Awareness & Emotional Intelligence
- Bias Awareness
- Trust Building
- Teamwork
- Professional Role Awareness
- Accountability, Responsibility, Integrity
- System Thinking
- Safety
- Stewardship
- Quality Improvement & Problem Solving
- Leadership
- And more....

# NP Competencies



## **NURSE PRACTITIONER CORE COMPETENCIES**

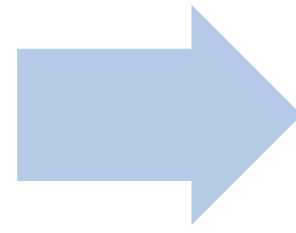
**April 2011**

***Amended 2012\****

- Scientific Foundation
- Leadership
- Quality
- Practice Inquiry
- Technology and Information Literacy
- Policy
- Health Delivery System
- Ethics
- Independent Practice

## PA Core Competencies

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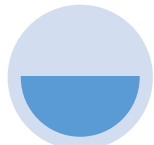
How do we intentionally develop these skills?



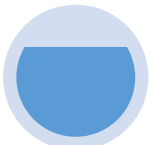
# Is Competent the Goal?



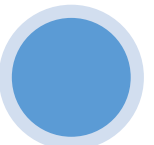
Competent



Growth Mindset



Personal goals



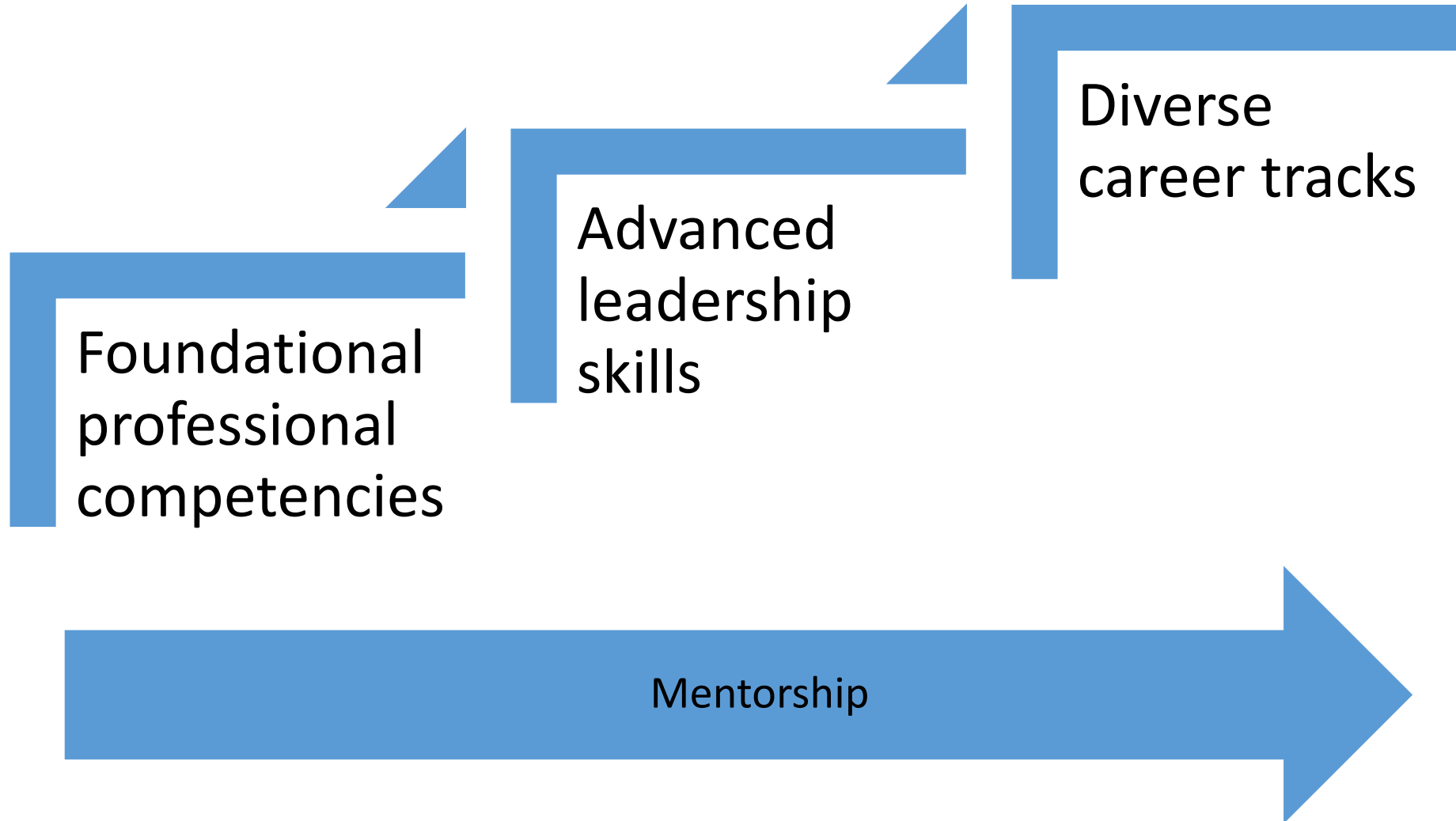
Career Goals

# Why is professional development important?

- Burnout Prevention
  - Role ambiguity
  - Culture & team dynamics
  - Career flexibility
  - Career development
- Improves Job Satisfaction
- Attrition Reduction
  - First job change on average of 3 years
  - Cost of turnover



# Building the Professional Foundation



How do we encourage and assess professional growth beyond competency?



# Character Development



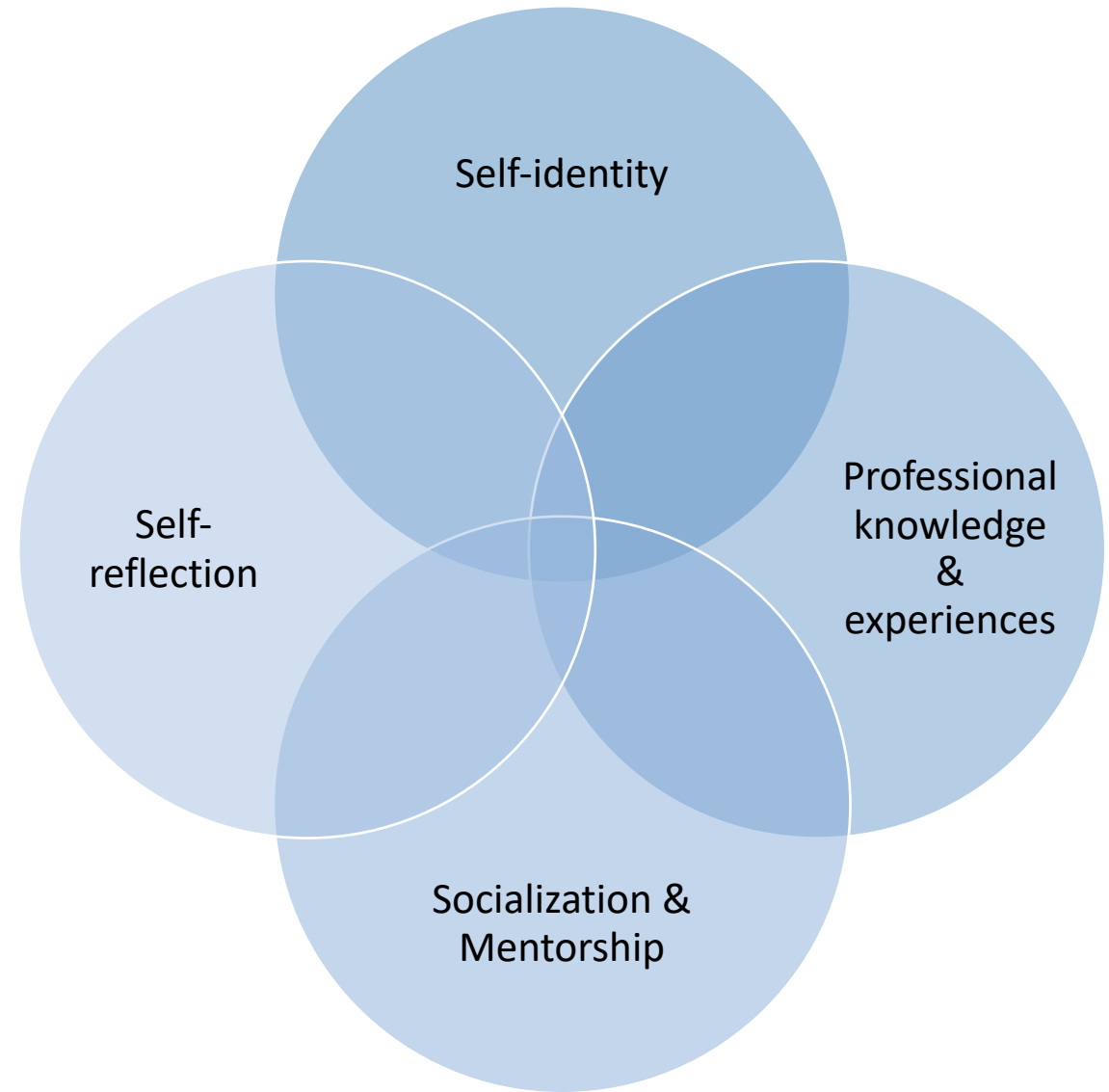
- Promote growth of character
- Enhancing ethics, caring, community
- Education model in early through higher education
- Targets
  - Relationships
  - Happiness
  - Performance
  - Motivation
  - Confidence
  - Mindfulness
  - Community
  - Career growth & leadership
  - Social & emotional intelligence
  - More....

## Character Strengths

- Wisdom
- Courage
- Humanity
- Justice
- Temperance
- Transcendence
- Respect
- Responsibility
- Trustworthiness
- Fairness
- Curiosity
- Citizenship

# Professional Identify Formation

- Transitional & ongoing growth of what it means to be a profession
- Social construct of the profession
- Linked to professionalism, ethics, citizenship



# Role of Professional Identify Formation

Holden and colleagues ~

“[PIF] is the transformative journey through which one integrates the knowledge, skills, values, and behaviors of a competent, humanistic physician with one’s own unique identity and core values. This continuous process fosters personal and professional growth through mentorship, self-reflection, and experiences that affirm the best practices, traditions, and ethics of the medical profession. The education of all medical students is founded on PIF.”

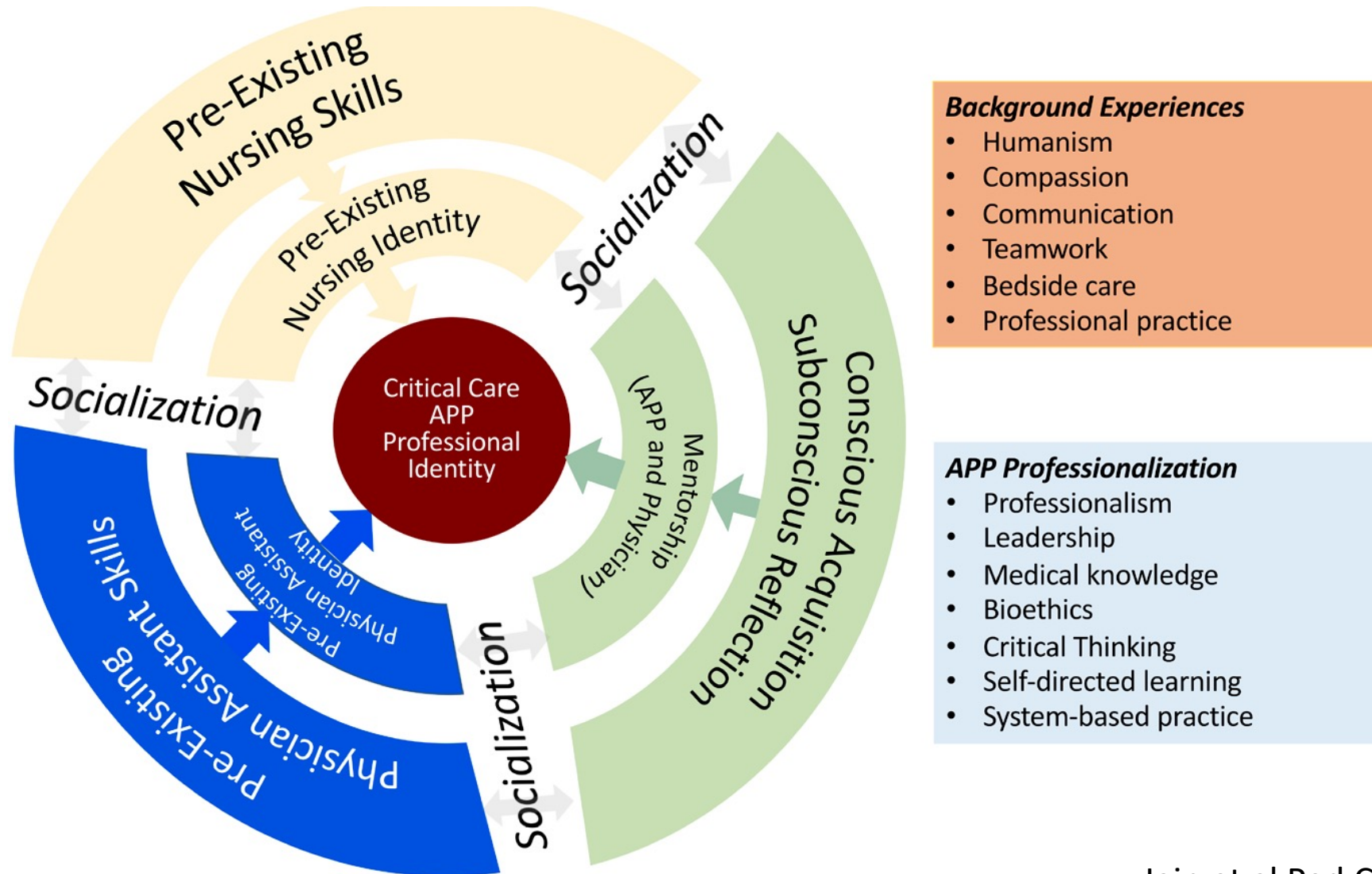
Cruess and colleagues ~

“A physician’s identity is a representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician.”

**Literature on PIF for physicians, pharmacists, nurses....What does it mean for PAs and NPs?**

# Envisioning Distinctive Professional Identity for Critical Care Advanced Practice Providers: Fostering Integrative Transformation Beyond Orientation

Parag N. Jain, MD<sup>1</sup>; Melissa B. Jones, MSN, APRN, CPNP-AC<sup>2</sup>; Satid Thammasitboon, MD, MHPE<sup>3,4</sup>





A white computer keyboard is visible in the upper right corner, with keys like 'shift', 'control', 'option', 'command', 'Z', 'X', 'C', 'V', 'B', 'N', 'M', 'J', 'K', 'L', 'P', and 'O' clearly visible. A black stethoscope is positioned diagonally across the center of the image, with its chest piece resting on the text. The background is a plain, light-colored surface.

# Pilot of APP Professional Curriculum

# APP Professional Curriculum

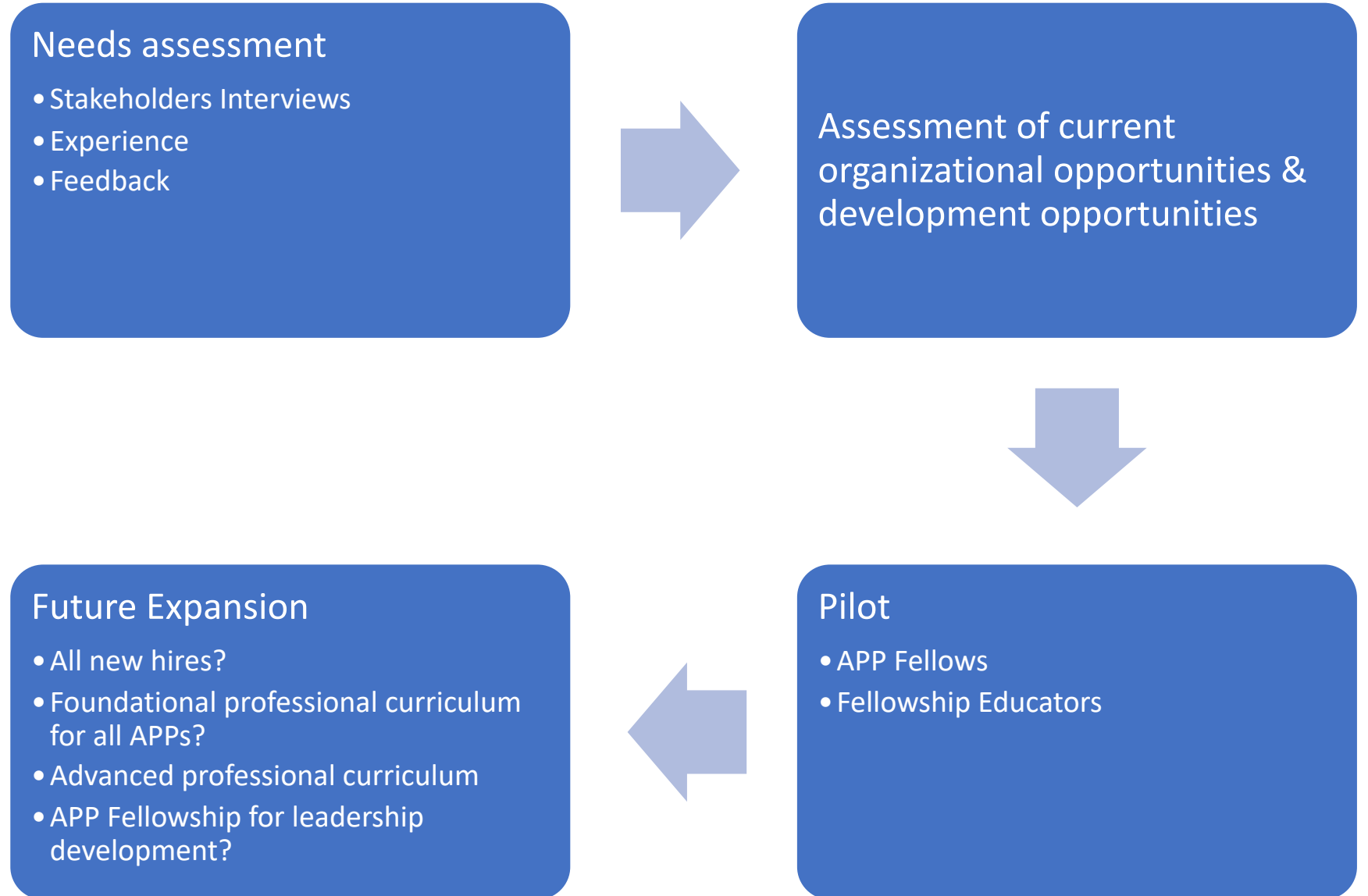
## **Aim:**

Create an innovative early-career advanced practice professional development curriculum integrating multi-modal education and a professional learning community to support advanced practice professional identity formation, develop leadership skills, and promote resiliency and well-being.

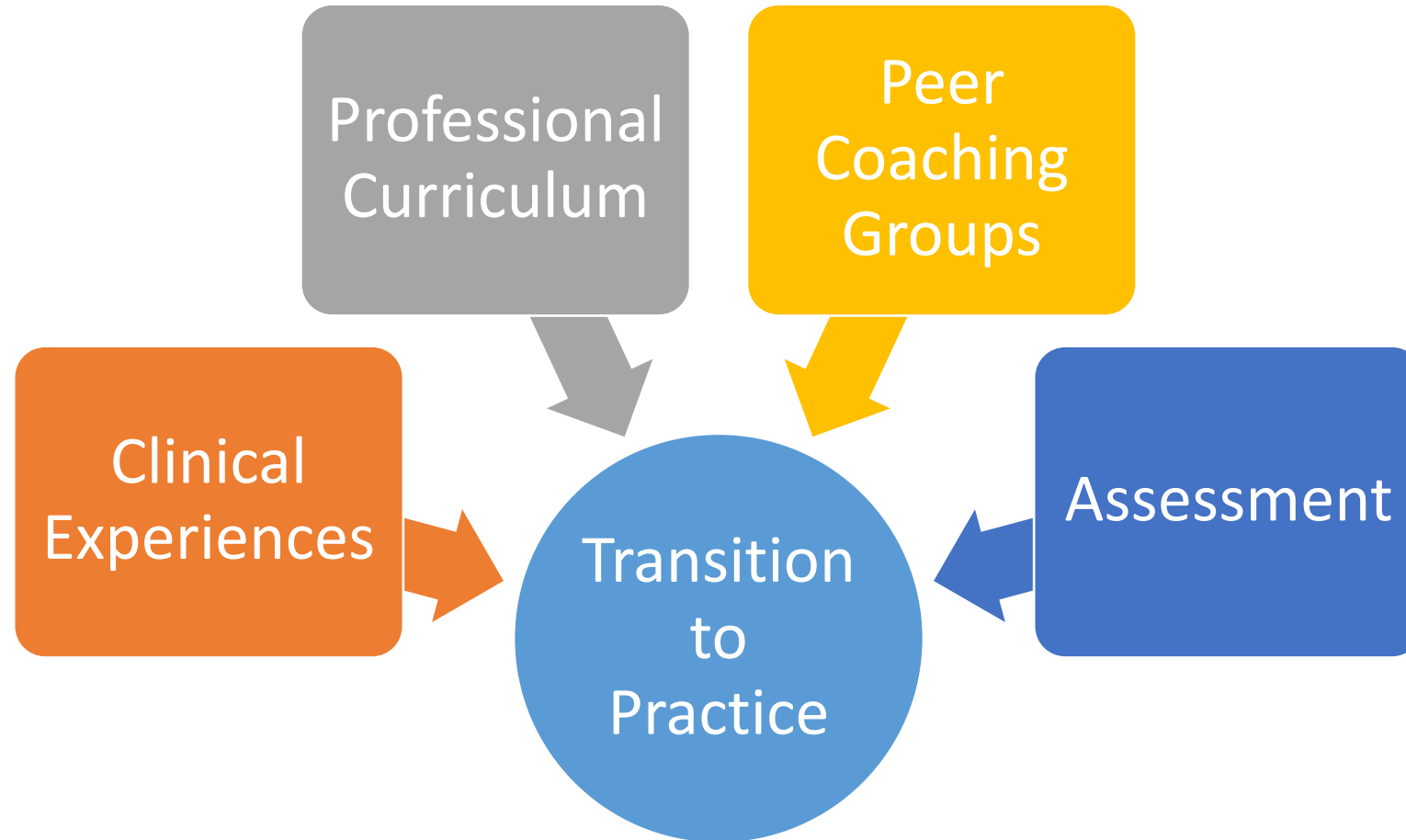
## **Goal:**

- Promote APP growth mindset, self-reflection, and goal setting fostering long-term professional growth.
- Develop APP fellow and their educator's knowledge and confidence in essential professional skills including knowledge of their APP role, enhancement of communication and interpersonal skills, leadership development, and character development.
- Create community and connection of APPs across the institution, including development of coaching skills in APPs to foster professional growth and mentorship.
- Enhance visibility and demonstrate benefits of intentional APP professional skill and identity development including skill acquisition, well-being, and job satisfaction.

# Our Process



# Professional Curriculum Framework



# Professional Curriculum

## PA & NP Practice and Role

- Introduction to Professional Curriculum
- Preparing for success: Real-life as an APP
- Professional and Team communication
- Foundational Education, Practice, Regulations, Advocacy
- Team and system-based care; APP roles, Practice models
- Introduction to leadership and career development

## Professional, Leadership skills, Interpersonal Communication

- Introduction to professional development
- Increasing your emotional intelligence
- Crucial conversations & accountability light
- Influencing without authority
- Leading through change
- Customer service excellence
- Trust and relationship building

## Problem Solving

- Introduction to problem solving
- Change management in problem solving
- Focus PDSA

# Professional Curriculum

## Transition from Fellowship to Career

- Identifying and applying for jobs
- CV/resume workshop
- Professional job transition

## Diversity & Inclusion

- Welcoming diversity workshop
- Unconscious Bias: From Acknowledgement to Action
- Mitigating the sting of Microaggression: How?

## Resiliency, Empathy, Wellness

- Reviving the heart
- APP wellness index & resources
- Additional organizational resources
- Peer Support

## System, Technology, & Healthcare Improvement

- Library and research orientation
- IHI Open School
- Additional system, communication, and EBM resources

# Small Group Coaching Sessions

## Goal

- Connection & community experience learning
- Socialization
- Professional growth

## Coaching Sessions

- Experienced APP – peer leaders
- 5-8 fellows

## Outline

- Topic-based sessions
- Discussion-based
- Coach & question guided

## Coaching Session Topics

- Wellness Strategies
- Communication and Inclusion
- Team Collaboration & APP Role
- Character
- Professional Identity
- Professional Growth & Goal Setting

# Assessment

## Professional Identity Evaluation (PIE) Assessment

- Validated in multiple professions
- Stages growth
- Tool for framing professional growth, feedback, and remediation

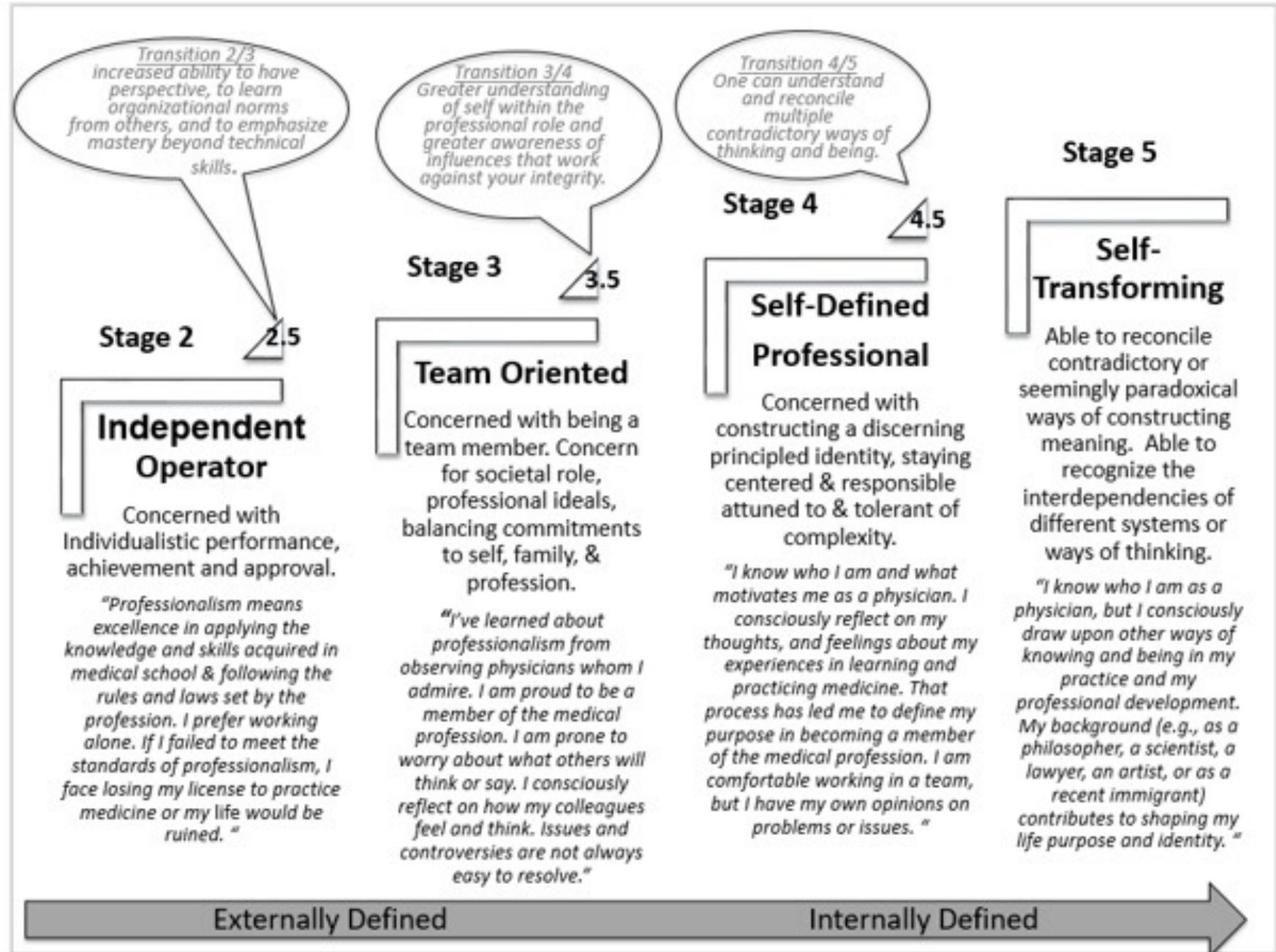
Interpreted by experts

## Adapted PIE Assessment for NP/PA

1. What does being a member of the nurse practitioner or physician assistant healthcare professions mean to you? How did you come to this understanding?
2. What do you expect of yourself in your day-to-day work as a member of the healthcare professions?
3. What will your profession expect of you?
4. What conflicts do you experience or expect to experience between your responsibility to yourself and others - patients, family, and your profession? How do you resolve them?
5. What would be the worst thing for you if you failed to live up to the expectations you have set for yourself?
6. What would be the worst thing for you if you failed to live up to the expectations of patients?
7. What would be the worst thing for you if you failed to live up to what the society expects of members of your profession? How did you come to this understanding?
8. Think of a *healthcare professions* you look up to whom you consider to be an exemplar of professionalism. Describe why you chose this person, illustrating with an incident or pattern of decisions or actions that supports your choice.
9. Reflect on your experiences in your work or training that have been critical in fostering change in your understanding of what it means to be a *healthcare professional*.



# PIE Assessment Results



# Other Assessment

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- Skill Development & Confidence Assessment
- Character Development
- Tools
  - Wellness
  - Job Satisfaction
  - Leadership competency & development
- **We have opportunity to identify and standardize assessment methods!**

# Program Evaluation



Topic Evaluation



Track and Curriculum  
Evaluation



Discussion &  
Feedback



Engagement &  
Responses

# APP Leader Action Steps

- Define TTP leadership roles & best practices
- Advocate for the right TTP leadership roles
- Increase visibility of TTP leadership ROI
- Integrate professional curriculum from the start
- What is the role of professional identity for PAs and NPs?
- How are we going to assess and share?

# Questions



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# References

- Anglin, L., Sanchez, M., Butterfield, R., Rana, R., Everett, C. M., & Morgan, P. (2021b). Emerging practices in onboarding programs for PAs: Strategies for onboarding. *JAAPA : Official Journal of the American Academy of Physician Assistants*, 34(1), 32–38. <https://doi.org/10.1097/01.JAA.0000723932.21395.74>
- Core Competencies for New Physician Assistant Graduates Background. (2018).
- Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2014). Reframing medical education to support professional identity formation. In *Academic Medicine* (Vol. 89, Issue 11, pp. 1446–1451). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ACM.0000000000000427>
- Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2015). A schematic representation of the professional identity formation and socialization of medical students and residents: A guide for medical educators. In *Academic Medicine* (Vol. 90, Issue 6, pp. 718–725). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ACM.0000000000000700>
- Cruess, R. L., Cruess, S. R., & Steinert, Y. (2016). Amending Miller’s Pyramid to Include Professional Identity Formation. In *Academic Medicine* (Vol. 91, Issue 2, pp. 180–185). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ACM.0000000000000913>
- Deiorio, N. M., Carney, P. A., Kahl, L. E., Bonura, E. M., & Juve, A. M. (2016). Coaching: A new model for academic and career achievement. *Medical Education Online*, 21(1). <https://doi.org/10.3402/meo.v21.33480>
- Essary, A. C. (2018). *Burnout and Job and Career Satisfaction in the Physician Assistant Profession: A Review of the Literature*. <https://doi.org/10.31478/201812b>
- Faraz, A. (2017). Novice nurse practitioner workforce transition and turnover intention in primary care. *Journal of the American Association of Nurse Practitioners*, 29(1), 26–34. <https://doi.org/10.1002/2327-6924.12381>
- Hicks, K. E., Rico, J., & Beauchesne, M. (2018). Core curriculum and competencies: A multisite analysis of postgraduate training programs for primary care nurse practitioners. *Journal of Professional Nursing*, 34(6), 454–462. <https://doi.org/10.1016/j.profnurs.2017.12.012>
- Holden, M. D., Buck, E., Luk, J., Ambriz, F., Boisubin, E. v., Clark, M. A., Mihalic, A. P., Sadler, J. Z., Sapire, K. J., Spike, J. P., Vince, A., & Dalrymple, J. L. (2015). Professional identity formation: creating a longitudinal framework through TIME (Transformation in Medical Education). *Academic Medicine*, 90(6), 761–767. <https://doi.org/10.1097/ACM.0000000000000719>
- Horner, D. K. (2017). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. In *Plastic Surgical Nursing* (Vol. 37, Issue 1, pp. 7–22). Lippincott Williams and Wilkins. <https://doi.org/10.1097/PSN.0000000000000169>
- Irby, D. M., & Hamstra, S. J. (2016). Parting the Clouds: Three Professionalism Frameworks in Medical Education. In *Academic Medicine* (Vol. 91, Issue 12, pp. 1606–1611). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ACM.0000000000001190>
- Jain, P. N., Jones, M. B., & Thammasitboon, S. (2020). Envisioning Distinctive Professional Identity for Critical Care Advanced Practice Providers: Fostering Integrative Transformation beyond Orientation. *Pediatric Critical Care Medicine*, 21(8), E581–E583. <https://doi.org/10.1097/PCC.0000000000002342>
- Kalet, A., Buckvar-Keltz, L., Monson, V., Harnik, V., Hubbard, S., Crowe, R., Ark, T. K., Song, H. S., Tewksbury, L., & Yingling, S. (2018). Professional Identity Formation in medical school: One measure reflects changes during pre-clerkship training. *MedEdPublish*, 7(1). <https://doi.org/10.15694/mep.2018.0000041.1>

# References

- Kidd, V. D., Vanderlinden, S., & Hooker, R. S. (2021). A National Survey of postgraduate physician assistant fellowship and residency programs. *BMC Medical Education*, 21(1). <https://doi.org/10.1186/s12909-021-02613-y>
- Klein, H. J., Polin, B., & Sutton, K. L. (n.d.). *Specific Onboarding Practices for the Socialization of New Employees*.
- Kleinpell, R., Cynthia Logsdon, F. M., Julie Marfell, F., & Donna Nativio, F. G. (2011). *NURSE PRACTITIONER CORE COMPETENCIES*.
- Lee, T. Y., Tzeng, W. C., Lin, C. H., & Yeh, M. L. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing*, 18(8), 1217–1225. <https://doi.org/10.1111/j.1365-2702.2008.02662.x>
- Marcdante, K., & Simpson, D. (2018). Choosing When to Advise, Coach, or Mentor. *Journal of Graduate Medical Education*, 10(2), 227–228. <https://doi.org/10.4300/JGME-D-18-00111.1>
- Morgan, P., Sanchez, M., Anglin, L., Rana, R., Butterfield, R., & Everett, C. M. (2020). Emerging practices in onboarding programs for PAs and NPs. *JAAPA : Official Journal of the American Academy of Physician Assistants*, 33(3), 40–46. <https://doi.org/10.1097/01.JAA.0000654016.94204.2e>
- PA and NP Workplace Experiences National Summary Report*. (2019). [www.chlm.org](http://www.chlm.org)
- Quella, A. K., Hooker, R. S., & Zobitz, J. M. (2021). Retention and change in PAs' first years of employment. *JAAPA : Official Journal of the American Academy of Physician Assistants*, 34(6), 40–43. <https://doi.org/10.1097/01.JAA.0000750972.64581.b0>
- Sanchez, M., Anglin, L., Rana, R., Butterfield, R., Everett, C. M., & Morgan, P. (2020). Emerging practices in onboarding programs for PAs: Program content. *JAAPA : Official Journal of the American Academy of Physician Assistants*, 33(9), 38–42. <https://doi.org/10.1097/01.JAA.0000694968.61482.e6>
- Speight, C., Firnhaber, G., Scott, E. S., & Wei, H. (2019a). Strategies to promote the professional transition of new graduate nurse practitioners: A systematic review. *Nursing Forum*, 54(4), 557–564. <https://doi.org/10.1111/nuf.12370>
- Speight, C., Firnhaber, G., Scott, E. S., & Wei, H. (2019b). Strategies to promote the professional transition of new graduate nurse practitioners: A systematic review. *Nursing Forum*, 54(4), 557–564. <https://doi.org/10.1111/nuf.12370>
- Taylor, D. A., Broyhill, B. S., Burris, A. M., & Wilcox, M. A. (2017). A strategic approach for developing an advanced practice workforce from postgraduate transition-to-practice fellowship programs and beyond. *Nursing Administration Quarterly*, 41(1), 11–19. <https://doi.org/10.1097/NAQ.0000000000000198>
- Wald, H. S. (2015). Professional identity (Trans)formation in medical education: Reflection, relationship, resilience. In *Academic Medicine* (Vol. 90, Issue 6, pp. 701–706). Lippincott Williams and Wilkins. <https://doi.org/10.1097/ACM.0000000000000731>
- Wald, H. S. (2020). Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises—Practical tips for an 'integrative resilience' approach. *Medical Teacher*, 42(7), 744–755. <https://doi.org/10.1080/0142159X.2020.1768230>
- Wild, P., Parsons, V., & Dietz, E. (2006). Nurse practitioner's characteristics and job satisfaction. *Journal of the American Academy of Nurse Practitioners*, 18(11), 544–549. <https://doi.org/10.1111/j.1745-7599.2006.00173.x>
- Williams, D. (2019, December 2). *Experts Discuss Impacts of PA/NP Onboarding on Organizational Finances*. American Academy of PAs. VIA Institute on Character. <https://www.viacharacter.org>