

NP/PA Onboarding Case Studies

These case studies of four facilities, gathered from a survey of more than 100 NP/PA programs, represent common practices and key considerations for Nurse Practitioner and Physician Assistant (NP/PA) onboarding and orientation programs.

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Onboarding Program Key Consideration Highlights

- NP/PA leadership role to provide guidance and expertise for program
- NP/PA led orientation process and collaboration with physician colleagues
- Tailor onboarding and orientation process to the experience of the individual NP/PA (new graduate, new to hospital medicine, experienced in hospital medicine)
- Importance of official, documented progress with meaningful feedback throughout and at completion of orientation
- Defined expectations: clarify increasing responsibilities of care delivery over the course of the orientation including an anticipated date to perform full job description as it relates to clinical acuity, volumes, and task management
- Support orientee with scheduled check-ins at least midway and just prior to completion of orientation
- Proactive planning for potential remediation or specific tailoring of orientation to meet individual new hire needs
- Support new hires with consistent onboarding champion and/or shift partner
- Incorporation of clinical specialty component experiences (ex: cardiology, pulmonology, neurology)
- Formalized didactic component (ex: **SHM Core Competencies in Hospital Medicine**, **Adult Hospital Medicine Boot Camp**, faculty delivered content)

400-600 Bed Academic Hospital

Program Schedule

- **Weeks 1-10:** New hire works Monday - Friday during intensive onboarding practice
- **Week 1:** Administrative/EMR/shadowing
- **Weeks 2-4:** Increase patient census responsibility, up to 25% of expected autonomous daily census (admitting and rounding) supervised by experienced provider
- **Weeks 5-10:** Increase patient census responsibility, up to 50% of expected autonomous daily census with decreasing supervision as clinically appropriate
- **Week 6:** Start cross-coverage
- **Week 7:** On observation unit focusing on rounding/admitting/discharging, with goal of 5-8 patients/day
- **Week 8:** Night shift admitting and cross-coverage admitter
- **Weeks 9-10:** Only complex patients seen by supervising provider; remaining patients billed for by new hire
- **Week 11:** New hire is off to transition to traditional 7-on/7-off schedule
- **Weeks 11-12:** Incorporate into full team schedule (7-on/7-off) with goal of 100% daily census by end of six month time frame

Program Summary

Onboarding at this large academic hospital begins several weeks in advance of a new hire's expectation for full patient load. NP/PAs within this program work a 7-on/7-off schedule; however, during the initial 12 weeks of onboarding the new hire is scheduled Monday to Friday with exposure and training for rounding, admitting, discharging, cross-cover, and nights. During this time, the new hire is given an onboarding handbook with common diagnoses and is required to keep track of patient encounters. Feedback is intentional, transparent, and bidirectional with the new hire and onboarding team meeting at weeks 6, 12, and 16 to proactively identify areas for improvement and growth. The program includes additional didactic training including four multi-hour 'skill' days covering diagnostic interpretation and management for inpatient care.

Key Required Components

Clinical documentation
Billing/Coding
Clinical progression
EMR training

Key Personnel

Number of NP/PAs within section: 40

Number of physicians within section: 43

NP/PA Hospital Medicine program leader:
Lead NP/PA

Onboarding team: NP/PA lead, practice manager, senior NP/PA/onboarding champion (delivers feedback to and from the orientee regarding the orientation process), managing physician

Administrative team member: Coordinates onboarding, helps with computer access, credentialing, and privileging

Supervising provider: NP/PA with at least two years of experience or physician with at least six months with the group who directly observes orientee's progress

Costs and Funding

If new hire works over on traditional schedule days during M-F period, he or she is compensated.

Important Takeaways

Do not forget the impact of developing a purposeful onboarding process. An onboarding handbook and intentional skills development sessions to bridge competency gaps paired with bidirectional feedback are components to include in your program that foster transparency and cohesiveness among the section and will develop strong NP/PA additions to your team.

150-400 Bed Academic Hospital

Program Schedule

- **Week 1:** Hospital orientation and shadowing
- **Weeks 2-8:** Focus on clinical work with gradual increase of one patient per week until seeing 100% of expected autonomous daily census. During this time, oversight of direct patient care is done by both a senior NP/PA and attending.
- **Weeks 9-12:** Senior NP/PA oversight and patient caps are removed. New hire transitions to seeing approximately half of full census patients with oversight of an attending. The new hire has gradual increase of one patient per week until new hire is seeing 100% of expected autonomous daily census.
- **Weeks 12+:** Extension of onboarding is evaluated at 12 weeks and tailored to specific new hire needs.

Program Summary

This onboarding program is geared towards new hires entering hospital medicine with a focus on individualization as the new hire transitions to full patient load over the course of 12+ weeks. The new hire is paired with a senior NP/PA provider and attending during the first nine weeks until a transition period when the new hire is then overseen solely by an attending. Patient census is decreased for this onboarding team to accommodate for the time on task to train a new hire effectively. At the conclusion of 12 weeks, the senior NP/PA reviews the new hire's progress and determines if onboarding is extended.

Key Required Components

Clinical documentation
Clinical progression
EMR training

Key Personnel

Number of NP/PAs within section: 13

Number of physicians within section: 16

NP/PA Hospital Medicine program leader:
Senior NP/PA

Administrative team member: Coordinates onboarding

Experienced physicians: Paired with new hires as mentors and shift partners to promote well-being and assist during the informal ramp-up phase

Costs and Funding

Costs include a decrease in patient census to accommodate onboarding.

Important Takeaways

This onboarding program highlights the importance of striking a balance between structure and individualization to meet a new hire's needs as he or she transitions into hospital medicine. It also emphasizes that proper training is time intensive and decreasing a patient census cap can allow for meaningful and safe training and mentorship by more senior members on the team. Additionally, this onboarding program promotes strong physician and NP/PA collaboration and mentorship which helps build a foundation of interprofessional collegiality.

50-150 Bed Community Hospital

Program Schedule

- **Week 1:** Administrative orientation and shadowing
- **Weeks 2- 12:** Gradual increase in patient load to maximum patient census with direct MD supervision. Six didactic sessions
- **Week 12:** Pass final exam prior to being cleared to assume full patient census

Program Summary

This onboarding program combines clinical onboarding with direct attending oversight with bi-weekly didactic sessions focusing on most common conditions seen in hospital medicine such as STEMI, NSTEMI, CVA, CHF, PNA, UTI, etc. The new hires are required to pass an onboarding exam at the conclusion of the 12-week onboarding period prior to being cleared to practice independently.

Key Required Components

Clinical documentation

Billing/Coding

Clinical progression

Competency assessment and validation

EMR training

Key Personnel

Number of NP/PAs: 7

Number of physicians: 8

NP/PA Hospital Medicine program leader: Yes

Administrative team member: Coordinates onboarding

IT colleagues

Costs and Funding

Costs include a decreased patient census to accommodate onboarding. New hire has a reduced salary during orientation/onboarding period and there is no productivity tracking or bonuses during this time.

Important Takeaways

Onboarding must address both clinical and didactic competencies. This can be addressed by didactic sessions that focus on specific hospital medicine topics. Programs can consider leveraging the SHM onboarding tool kit and core competencies to build up these programs. Consider having a formal test to assess competencies at the completion of the onboarding process.

25 Bed Critical Access Hospital

Program Schedule

- **Week 1:** Combination of administrative and clinical observation, working with an experienced provider in the Critical Access Hospital (CAH)
- **Week 2:** Work with the hospital service at the main center
- **Week 3:** Attend the Adult Hospital Medicine Boot Camp
- **Weeks 4-14:** Work alternating weeks with either an experienced NP/PA hospitalist in the CAH while gradually increasing responsibilities, or work integrated with one of the hospitalist teams at the main tertiary care center
- **Weeks 15-16:** Work in the CAH as the primary NP/PA hospitalist with on-site support as needed from the experienced NP/PA hospitalist including starting to take night calls
- **Week 17:** Begin “regular” practice with essentially only remote support from the tele-hospitalist

Program Summary

This onboarding process was utilized by group of CAHs to help prepare new graduates for the role as hospitalists in rural CAHs with typical census of 7-10 patients. These hospitals are 50-80 miles from their associated tertiary care hospital where their internal medicine hospitalist services include multiple teams including one designated tele-hospitalist service to support inpatient care and the local providers in several CAHs.

This program includes clinical progression with regular informal mentor assessments and identification of skill development opportunities. Additionally, “formal” meetings over coffee about every three weeks occur to check in with the NP/PA regarding perceptions of developing skills and needed experiences. Based on subjective assessments completed by precepting NPs and PAs, experiences are modified to address identified needs.

Key Required Components

Clinical progression

Scheduled formal and informal check-in meetings

Identification of skill development opportunities

Subjective assessments

Based on these subjective assessments, modify upcoming experiences to address identified needs

Key Personnel

Number of NPs/PAs: 2 per CAH

Number of physicians: Rotating group of 12 hospitalists who provide daytime support to CAH via telemedicine and phone consultation. The additional physicians and NP/PAs staffing the tertiary care hospitalist services also provide night-time support for CAH inpatient care.

NP/PA Hospital Medicine program leader: Yes, informal position

Administrative support: The usual credentialing staff, EMR support staff, and CEO/HR administrative staff provide support to onboarding providers as they do for all associate and medical staff.

Costs and Funding

There was duplicate staffing of the CAH hospital NP/PAs during the onboarding time to allow more direct, on-site mentoring. For weeks when the onboarding NP/PA was integrated with the tertiary care hospitalist teams there was no reduction in the staffing for those teams and they were not provided additional compensation. Rather, the onboarding NP/PA was generally assigned to busier times and services, enhancing the volume of their experience. The Boot Camp was funded in addition to regular CME funding.

Important Takeaways

This onboarding process highlights the importance of leveraging external resources to augment your onboarding process. The Critical Access Hospital onboarding included partnering with its larger sister tertiary care institution to increase exposure to cases and specialists during the onboarding process. It also incorporated the SHM/AAPA **Adult Hospital Medicine Boot Camp** which is geared towards supporting early-career NP/PA hospitalists.