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Valerie K. Sabol, PhD, ACNP-BC,  
GNP-BC, CCNS  
Department Editor

## **Postgraduate Fellowships: What Is in It for New Acute Care Nurse Practitioners?**

Nadia Andrade, RN, MSN, AGACNP-BC

**G**raduation from your nurse practitioner program is quickly approaching and you find yourself in a similar situation to your undergraduate nursing student days—volleying between studying for boards and searching for a job. Suddenly you are dealing with those fears and doubts you had as a novice registered nurse, even though today, most of us have achieved expertise in our respective nursing fields. If you were to ask your nursing professor from your 100-level courses, he or she would be quick to point out that you are about to navigate through Benner's Novice to Expert transition model once again, now, in a new role.<sup>1</sup> As this transition takes place, you may wonder what you can do to move through all 4 stages, from novice to expert, successfully and efficiently as a nurse practitioner. Postgraduate fellowships can help graduate acute care nurse practitioners (ACNPs) transition into their new roles by providing formal, mentored, and specialized training over the course of a year, preparing ACNPs to step up to the challenge and achieve expertise in specialized critical care fields.<sup>2</sup>

### **More Demand, Less Time**

As the need for hospital staffing increases and resident hours decrease, the demand increases for well-trained ACNPs who can quickly embody their new role and provide safe, evidence-based care to complex patients.<sup>2</sup> Current ACNP programs do not provide training within specialties such as cardiology, neuroscience, or trauma; rather, they cover multiple acute processes in the adult-gero population.<sup>2</sup> Standard new graduate orientations focus on preparing newly hired team members for independent job performance to be completed in 3 to 6 months. Postgraduate fellowships provide additional training that focuses on combining didactic and clinical hands-on experience in specific areas for periods of up to 12 months.

### **ACNP Transition Experiences**

Nursing researchers have inquired about the registered nurse to ACNP role transition and personal accounts of this time period. Fleming and Carberry,<sup>3</sup> in an article published in the *British Association of Critical Care Nurses' journal*, developed a conceptual model based on narratives of the role transition from expert critical care nurses to advanced nurse practitioners. The authors were able to identify common themes among the narratives told about that transition time. Those themes were grouped into 4 related major categories that captured reported unique experiences during this transition time: finding a niche, coping with pressure, feeling competent "to do," and internalizing the role.<sup>3</sup>

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Nadia Andrade is Acute Care Nurse Practitioner, Cardiothoracic Intensive Care Unit, Duke University Hospital, DUMC Box 3458, Durham, NC 27710 (nadia.andrade@duke.edu).

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Finding a niche category included feelings of doubting the ability to perform the job, role uncertainty, and trying to fit in.<sup>3</sup> Subjects expressed how taking on a new role in an unfamiliar clinical setting challenged their nursing expertise, which significantly affected their confidence and competence; some even doubted their decision to take on an advanced role and, as such, contemplated returning to their previous jobs.<sup>3</sup>

Coping with pressure involved issues with resolving conflict, sharing experiences, and feeling supported.<sup>3</sup> The main concerns surrounding conflict seemed to be rooted in the notion that the new ACNPs were challenging the traditional roles carried out by junior physicians.<sup>3</sup> Peer support, as well as assistance from clinical supervisors, was pointed out to be key in resolution of those feelings.<sup>3</sup>

Coming to terms with their role came with an increasing sense of professional identity and being able to articulate the components of the advanced practice role.<sup>3</sup> Workshops were seen as valuable by both new ACNPs and supervisors because of the opportunity to tailor module learning to the ACNP clinical area.<sup>3</sup> With their growing advanced knowledge and skills, the new ACNPs were able to function as part of the intensive care unit team.<sup>3</sup>

Finally, the theme of internalizing the role found that, as the ACNPs' educational and clinical experience progressed, so did their input in patient care, leading to a sense of "actually doing the job."<sup>3</sup> A recurring theme raised by the new providers was the concept of integrating previous expert nursing knowledge with a medically oriented curriculum that leads to a notion of uniqueness in the care they provided, merging both nursing and medical sciences.<sup>3</sup>

## First Year

Chang et al<sup>4</sup> described the ACNP role transition and how the first year of professional practice represents an important period during which new professionals develop their competency to provide high-quality care to hospitalized patients. According to Chang et al, even experienced nursing experts may perform as novices as they transition to the provider role, resulting in a loss of confidence in knowledge and exhibition of high levels of anxiety.<sup>4</sup> They studied and categorized the experiences of ACNPs during their first year of role transition under the collaborative practice model. By using a qualitative design, they interviewed 10 new ACNPs and were able to identify 3 phases through which new providers

passed during that first year: role ambiguity, role acquisition, and role implementation.<sup>4</sup>

In the role ambiguity phase, participants, still uncertain of the new role expectations, found their new jobs to be very different from their previous nursing positions.<sup>4</sup> In this phase, they expressed how they realized that, contrary to initial beliefs, their new role was very different from their bedside role.<sup>4</sup> In this phase, the boundaries of professional practice were not clear and issues persisted with nursing staff recognizing the ACNP authority.<sup>4</sup>

In the role acquisition phase, subjects started to recognize how the new role demanded greater responsibility compared with their previous jobs.<sup>4</sup> They were expected to not only present problems to the physicians but also be able to, collaboratively, solve those problems.<sup>4</sup> In their opinions, their ability to work through issues was how respect was earned from their peers.<sup>4</sup>

The role implementation phase was characterized by improvement in communication with physicians and other members of the health care team.<sup>4</sup> It was in this phase as well that ACNPs were able to take notice of their patients' perspective in the care they provided.<sup>4</sup>

## Role of Postgraduate Fellowships: Possible Catalyst?

Postgraduate fellowships for ACNPs could help facilitate the role transition described by Fleming and Carberry<sup>3</sup> and Chang et al<sup>4</sup> by assisting novice ACNPs to navigate these issues in their new environment. When starting their careers as fellows, new graduate ACNPs will encounter an environment where their roles are well defined, which will help with issues expressed in "finding a niche"<sup>1</sup> such as doubting their ability "to do," role uncertainty and trying to fit in.

Supervisors and preceptors have experience in assisting novice personnel to cope with pressures such as resolving conflict, sharing experiences, and feeling supported. As the fellow starts to feel part of the intensive care unit team, issues of "feeling competent to do"<sup>1</sup> and "internalizing the role"<sup>1</sup> could come to resolution.

Fellowships typically offer structured didactic and clinical rotations through different specialties, relieving the burden of self-directed learning and making the duty boundaries clear. Issues with role acquisition and role implementation can be assessed and addressed in an environment where clinical supervisors are acquainted with the challenges faced by new graduates.

**Options: Existing Programs**

Several fellowship programs are offered in the United States by high-quality health care systems, all providing a structured program with both didactic and clinical hours in a variety of specialty settings.

Table 1 lists current acute care fellowship programs throughout the country. Programs are generally 12 months in duration, and fellows rotate through a variety of specialties. They all offer both didactic and clinical components, including lectures, journal clubs, and interdisciplinary conferences. One should expect to work up to 60 hours per week (both clinical and classroom time) as well as having 24-hour weekend calls. Most of these programs have an established curriculum and preceptors who understand and implement a collaborative model targeted to acclimating new graduates. Acute care nurse practitioners should expect to work with other nurse practitioners, physician assistants, fellows, and attending physicians. Performance evaluations and processes vary from institution to institution, but you should expect examinations and research projects as well as case presentations.

Most programs offer a stipend and full-time employee benefits are also provided. The amount of compensation for some programs will vary on the basis of experience, whereas others have a set stipend amount (\$45 000-\$55 000). These hospitals have great interest in retaining fellowship graduates and may offer a bonus for continued employment at those institutions, and fellows can expect a higher starting salary than a new graduate ACNP.

**Conclusion**

A recent article<sup>2</sup> expands on the need for postgraduate residency programs for ACNPs and how these programs offer an opportunity to increase workforce numbers with well-trained, high-quality providers on an inpatient clinical setting. According to Harris,<sup>2</sup> it is invaluable to note that the Institute of Medicine and the American Association of Colleges of Nursing have called for a more highly educated nursing workforce in the interest of improving patient safety and providing better care for patients. Postgraduate fellowship programs not only address these concerns but also support new ACNPs in their role transition.

**Table 1: Current Acute Care Nurse Practitioner Fellowship Programs**

Program	Specialty/Rotations	Length	Compensation
Capital Health, <sup>5</sup> Trenton, New Jersey	Neuroscience	12 mo	Not disclosed
Carilion Clinic, <sup>6</sup> Roanoke, Virginia	Emergency medicine	12 mo	Not disclosed
Carolinas HealthCare System, <sup>7</sup> Charlotte, North Carolina	Surgical, trauma intensive care, general surgery, emergency	12 mo	Stipend: \$55 000 plus benefits
Emory Critical Care Center, <sup>8</sup> Atlanta, Georgia	Surgical, medical, and neurocritical care	12 mo	Not disclosed
Houston Methodist Hospital, <sup>9</sup> Houston, Texas	Neuroscience and transplant critical care	12 mo	Not disclosed
Hurley Medical Center, <sup>10</sup> Flint, Michigan	Trauma	10 wk	Cost: \$3500
Mayo Clinic, <sup>11</sup> Rochester, Minnesota	Critical care	12 mo	Stipend: \$45 453 plus benefits
St. Luke’s University Health Network, <sup>12</sup> Bethlehem, Pennsylvania	Trauma and critical care	15 mo	Stipend: \$55 000 plus benefits
University of Maryland Medical System, <sup>13</sup> Baltimore, Maryland	Trauma and critical care	9 mo	Not disclosed
University of Pittsburgh Medical Center, <sup>14</sup> Pittsburgh, Pennsylvania	Medical, cardiac, surgical trauma, solid organ transplant, and neurocritical care	12 mo	Stipend: \$51 000 plus benefits
Vanderbilt University Hospital, <sup>15</sup> Nashville, Tennessee	Critical care combines fellowship with 2-yr postmaster’s DNP curriculum	2 yr	Not disclosed

Abbreviation: DNP, Doctor of Nursing Practice.

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