Advanced Practice Provider Privileging Tool within a Transition to Practice Program: A

Quality Improvement Project

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8207: Clinical Project III

The College of St. Scholastica

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April 26th, 2022

Abstract

Objective and scope: Evaluate the use of a privileging tool in a formal program designed to support advanced practice providers in transitioning from academia to clinical practice.

Setting: This project took place in a northern Minnesota based hospital system. The program was established to help advanced practice providers such as nurse practitioners and physician assistants bridge education and practice at entry level and also when orienting to a new specialty area. The program was seeking a tool that would help the process of granting provider privileges so that they may practice to the full extent of their training and education. The tool was created in coordination with the lead director of the program.

Synthesis and analysis of literature: A quality improvement project design. This project aligned with the Healthy People 2020 topic area "Access to Health Services" and its goal to improve access to comprehensive, quality health services" (Healthy People 2020, 2019, para. 1). This project specifically aligns with the objective under this topic area, AHS-4 *"(Developmental) Increase the number of practicing primary care providers."* (Healthy People 2020, 2019, AHS-4). The theoretical framework utilized within this project was developed by Patricia Benner as it recognized the developmental stages of nursing practice, from novice nurse to expert nurse. It also implied that competency of a provider should be assessed on a continuum, and not by a one time, list- based, competency framework.

Participants: Program director, three leads of the program, and privileging board members.

Evaluation criteria: The privileging tool and its perceived usefulness in the program was evaluated. An educational presentation on the privileging tool was conducted. Five key participants completed a Likert scale survey to determine the usefulness of the portfolio tool. The Likert scale also included subjective feedback that was taken into consideration.

Outcomes: The four point Likert scale had four questions rated from strongly agree to strongly disagree. Five questionnaires were sent out and five were received back, with all questions being answered. The majority of participants answered either "strongly agreed" or "agreed" to each question. The perceived usefulness of the tool was calculated using the Pearson correlation coefficient which revealed a positive correlation of ($r > 0.5$).

Recommendations: A newly designed APP skill competency assessment tool supported the goal of a health care organization, and the APP, to track and use for privileging during a Transition to Practice program for new APP graduates. It would have been ideal to implement the tool, however, it is recommended going forward that the tool be piloted in a subspecialty such as urgent care.

Assessment Tool to Privilege Advanced Practice Providers: A Quality Improvement Project

When evaluating privileging assessments among advanced practice providers (APPs), which includes nurse practitioners (NPs) and physician assistants (PAs), it has been found that a particular healthcare organization does not have a tool that demonstrates and displays competence and qualifications. When an APP graduates and passes state board exams for licensure they are granted core skills, which are skills they should have from formal education. But when an APP wants to perform an extended privilege, or becomes part of a specialty, this goes beyond their core privileges, and they must obtain permission from a medical board to be deemed competent in performing that extended privilege in their practice (McMullen et al., 2020) .

A northern Minnesota healthcare organization has a formal Transition to Practice Program that works with newly hired APPs and helps to advance and support APPs in their role. The director of the program was looking for a tool that could be used to display and evaluate an APPs requested privilege. This tool would then be sent to the medical board to help determine if the APP should be granted that requested privilege.

The document that was proposed was a criterion-based assessment tool that was to be used by an expert observer to assess extended skill achievement by the APP and by the APP in support of their application for extended privileges. Once a certain skill, considered an extended privilege, was assessed, the observer, would fill out the first part of the tool, which contained questions regarding how well the extended privilege was performed. The scale involved a five-point Likert scale ranging from acceptable to not acceptable. The APP who performed the advanced privilege would have a space below the portfolio tool to provide additional documentation of the clinical skill. They would provide evidence as to why they should be

privileged in that skill, which could include a brief narrative piece of direct observation, brief

narrative piece of past or recent performance of a procedure, a case study piece, a reflective

practice entry, proof of continuing medical education document, etc. The completed tool, with

the requested privilege, would then be sent to the medical board to be reviewed. The purpose of

this quality improvement project was to design a clear, comprehensive, and inclusive assessment

tool for expert observers to use when APPs apply for extended skills. The Transition to Practice

Program would effectively support new practitioners in their transition to a demanding practice

by helping APPs gain more skills through privileging.

Available Knowledge

With the complexity of today's patients and an aging population, there is an increased use

of APPs. Of those providers in the clinician labor force, 20% of them are either an NP or a PA

(Hooker et al., 2015). Management of complex, multiple comorbidities, and chronic diseases has

left many new APPs facing substantial practice challenges (Institute of Medicine [IOM], 2010).

Due to the increased challenge, health care organizations have begun to recognize that there is

an increased need for APPs. Transition to Practice programs, Fellowships, Residencies and

Training Programs are increasing in numbers to assist APP's as they transition to face

challenging practices. The number of these programs being offered is increasing each year

(Sciacca & Reville, 2016). However, when discussing privileging for new APPs, many

healthcare organizations do not have a well-established or standardized assessment or tool.

Insufficient privileging assessments have led to gaps within healthcare organizations and

particularly transitional programs (McMullen et al., 2020). The authors go on to include gaps

such as: (a) lack of clinical privileges, (b) feeling unsupported within a new practice, and (c)

leaving the job/ program or specialty. A tool that appropriately displays the knowledge,

qualifications, and competencies of APPs is needed so that they may practice to the extent of their licenses and education. The privileging assessment tool would help with the success of transitional programs, professional growth of APPs, and managing complex practice challenges that are being seen in today's healthcare. It would help by guiding the new APP to better understand the additional skills needed to become fully efficient in their scope of practice.

Literature Review and Matrix Development

Narrative Description of Search Process

A systematic search of literature was conducted on the topic of nurse practitioner residency programs and privileging methods. The following computerized databases that were utilized were limited to the years 2003- 2019. Databases that were utilized include: CINAHL Complete, MEDLINE, and SOLAR. SOLAR was utilized to identify usable references to identify other sources of literature that were related to the topic. In the initial search, 1,285 article abstracts containing the following keyword search terms were presented within SOLAR: *Nurse practitioner, NP residency program, fellowship programs, competency assessment, competency tools, evaluation, APRN, portfolio, capability framework, privileging, privileging tools.* A more focused search was conducted in the CINAHL and MEDLINE databases using the following search terms: *Nurse practitioner residency, programs, evaluation methods, tools, competency standards, assessments, transition programs, portfolios, electronic portfolios, outcomes.* AND and OR criteria were utilized to combine the search terms. A total of 435 abstracts were presented and reviewed from CINAHL and MEDLINE.

Articles were excluded if they did not have some connection with information related to the evaluation process of residencies, fellowships, or Transition to Practice Programs. Strict

inclusion criteria resulted in literature pertaining specifically to advance practice clinician residency, fellowship, or Transition to Practice Program evaluation.

After the review of 435 abstracts, 50 articles were considered to be of relevance to the topic of research.   Of these, 7 articles were determined to be relevant and met the inclusion criteria. The 7 final articles were sorted and utilized as evidence to determine the usefulness of a privileging tool within the privileging process in a Transition to Practice Program. See Appendix A for Matrix chart.

Literature Review

This project aligned with the Healthy People 2020 topic area "Access to Health Services" and its goal to improve access to comprehensive, quality health services" (Healthy People 2020, 2019, para. 1). This project specifically aligns with the objective under this topic area, AHS-4 *"(Developmental) Increase the number of practicing primary care providers."* (Healthy People 2020, 2019, AHS-4). Making privileging more accessible for APPs, would increase their skill level and services available to communities. This would not only increase the number of providers, but it would ultimately help utilize APPs to their full skill which may decrease the need for more providers.

Furthermore, in 2010, the IOM released a report called *The Future of Nursing: Leading Change, Advancing Health.* The purpose of this report was to make recommendations for advancing the future of nursing. Within this report, the committee developed four key points:

1) Nurses should practice to the full extent of their education and training 2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression 3) Nurses should be

full partners, with physicians and other health care professionals, in redesigning

health care in the United States 4) Effective workforce planning and policy making

require better data collection and information infrastructure (IOM, 2010, p. 1).

Within this report the IOM states, "The ways in which nurses were educated in the 20th century

are no longer adequate for dealing with the realities of healthcare in the 21st century" (IOM,

2010, p.1). The reason for this is due to the complexity and aging population that present with

many comorbidities.

Utilizing a specific criterion-based tool, would create a way for the privileging board to
analyze and assess APPs extended skills going forward. By improving the Transition to Practice

program, we are improving the clinician workforce and increasing access to healthcare. An

improved clinician workforce has the potential to help meet the project site mission statement,

"*we are called to make a healthy difference in people's lives*." By utilizing and improving the

Transition to Practice Program, providers have the opportunity to improve their practice, become

better educated, and better serve their community. Helping providers become privileged is

helping the transition to practice program to meet the Healthy People 2020 initiative as well as

the IOM 2010 report the goal to improve access. This will advance the future of healthcare and

healthcare providers.

There was an abundance of literature supporting medical doctors on the assessments of

how they become privileged however very little literature related to advanced practice providers.

Literature did support the use of a portfolio tool to help privilege providers, but this was too large

to implement. A criterion-based assessment tool was then created from the foundations of a

portfolio tool by the project leader and Transition to Practice Director. Ultimately, the key

theme found in researching the literature was that advanced practice providers were expected to

work at the top of their scope however, were not ready to do so at the start of their clinical

practice. A common theme found among the research was there needs to be more opportunities

and resources for advanced practice providers to be assessed on skills as they were gaining

experience early in their clinical practice. This would allow them to practice to their full scope

following supportive mentorship and assessment.

Gap Analysis

The current privileging assessment process within the Transition to Practice Program is

not sufficient enough in providing information, documentation, and proof of competence to grant

APP privileges. APPs do not have a tool that helps them display their competence in a skill to

become privileged by the medical board. The current privileging process does not provide the

needed documentation or information that is requested by the medical board in order to

confidently and properly privilege APPs. A needs assessment was discussed with the Director of

the Transition to Practice Program and resulted in discussing the need to "develop a privileging

tool that would facilitate a streamline process for gathering and assessing APP competencies"

(Christie Erickson, DNP, APRN, CNP).

Additional literature review has shown that the implementation of a criterion- based

privileging tool "provides the means through which NPs and PAs are able to record and show

evidence of skills, achievements, experiences, professional development, and ongoing learning,

not only for themselves, but for the scrutiny of registration boards, employers, managers, and

peers" (Green et al., 2014). Components of e-portfolios would satisfy the healthcare

organizations desire to create an evaluation method that inter-mingles APP competencies and

organizational objectives.

Theoretical framework

A theoretical framework has been identified to provide evidence that the use of a privileging tool would be proficient in the Transition to Practice Program. Due to the complexity and scope of an APP in practice, it is exceptionally difficult to determine one's competency level with certain skills or privileges. According to Sciacca & Reville (2015), there needs to be implementation of an assessment tool or documentation where APPs can display skills, knowledge, and attitudes on a continuum throughout their careers. The theoretical framework, developed by Patricia Benner is a theory that recognizes the developmental stages of nursing practice, from novice nurse to expert nurse. This theoretical framework can be used as a guide as to what to expect from postgraduate training programs, as well as support the use of a privileging tool as an evaluation to becoming privileged in a skill. In a study by Gardner et al. (2006), research findings suggested that a capability framework design be implemented and that a competency framework not be used. A competency framework is described as a linear process to assess one's knowledge in a stable environment, whereas a capability framework follows Benner's Theory in that nursing competencies and capabilities are assessed on a continuum and not a list-based process. The capability framework objective is to engage learners in creating their own goals, obtaining feedback, receiving reflection, and to be creative and flexible. The capability framework allows for the continuous expansion of professional work rather than completing a one-time task. Benner's Theoretical framework is being applied as it implies that competency of an APP should be assessed on a continuum, and not by a one time, list- based, competency framework. Benner's framework also provides support that such a tool exemplifies development along a continuum.

Goals

The primary goal of this quality improvement project was to improve the privileging process by creating a more concise and inclusive assessment tool. It was important to create an assessment tool that would contain evidence as to why an APP should become privileged. The second goal of this project was to ensure the tools usefulness according to the medical board and all of those involved in the privileging process. By achieving this goal, it would substantially help the medical board of the organization in determining whether or not to grant, limit, or deny privileges to the requesting APP. This tool also includes the date that certain privilege was evaluated, and this would help with re-privileging, which is required no less than every 3 years.

Measures used to study the first goal of this quality improvement project included a included a survey using a four-point Likert scale evaluating the perceived usefulness of the tool. In order to evaluate the privileging tool a Likert scale was created and emailed to five personnel including: the director of the transition to practice program, the leads of the program, urgent care director, and a medical board director who are part of the privileging process and medical board.

The second goal of the project was to prove the effectiveness of the criterion based assessment tool within the Transition to Practice program to allow the program to utilize the tool in all settings and not just urgent care. By utilizing the tool, it would become the standardized way of privileging all APPs. The goal would ultimately be that providers in a clinic subspecialty or needing extended privileges would eventually be completely privileged in all the services and skills that they and the hospital could provide. This would allow the hospital to utilize each provider (NP, PA, and MD) to their full extent of practice. Measuring the effectiveness of the tool occurred through feedback from vital members of the Transition to Practice Program and privileging process. Feedback was measured through a 4-point Likert scale survey and then

further compared with a Pearson correlation test. The project leader wanted to compare a hypothesis that if there was positive feedback from vital members involved with the privileging process then there would be a percentage increase in providers becoming privileged. This would give the project numerical data and subjective data from the feedback received.

Methods

Context

This program took place in a Transition to Practice program in the upper Midwest part of the United States in Minnesota. This selected healthcare network includes a total of 17 hospitals, 66 clinics, 8 long term care facilities, 2 assisted living facilities, 4 independent living facilities, and 1 research institute. Locations include Minnesota, Wisconsin, North Dakota, and Idaho. Within this large integrated system, more than 12,000 people are employed, which includes a growing number of 1,500 physicians and APPs.

At this healthcare organization, there was not a credentialed residency or fellowship program in place for APPs. However, the healthcare organization had a current Transition to Practice Program, which is similar and more cost efficient to a residency or fellowship. It is a 6-month to one-year long program that is in place for all newly hired APPs and or those going into clinic subspecialties. The current Director of the program recognized that APPs were not getting adequate support, proper interprofessional training, nor continued education that was needed to adequately onboard newly hired APPs.

The Transition to Practice Program began in 2016 and is continuously being improved and remodeled. The program Director identified that there is a need for a more robust system of assisting new APPs in becoming privileged. In particular, it was felt that there was a need for a better way to appropriately display the knowledge, competence and skills that the APPs gained

throughout the program, which would result in a more specific privileging process (C. E. Erickson, personal communication, January 22, 2019). Furthermore, the director had discussed that the lack of this process has led to a poor understanding of how competent providers were with privileges.

Population

The population included leaders who were involved in the Transition to Practice Program and process: the west lead, east lead director, and the medical board personnel. This was an important group of people to include in the population because they were involved in the survey of whether or not the tool would be useful to help privilege APPS.

Inclusion and exclusion criteria

Inclusion requirements for this program included all APPs who are hired within the Transition to Practice Program. Those who were involved within the program and privileging process in any way were educated on the privileging tool and how it is used. Exclusion criteria was APPs who were not in the Transition to Practice Program. For future research, it would be helpful to narrow down implementation to a specific specialty such as urgent care providers. Since the tool was not implemented but rather evaluated the cohort consisted of five key members involved with the privileging process. This was the Director of the Transition to Practice Program, three leads of the program, and one privileging board member. Their input on the usefulness of the tool was gathered through an objective and subjective Likert survey.

Interventions

The interventions of the project changed throughout the project and with the implications of Covid-19 Pandemic. The initiation of this project was started in 2019. A PowerPoint presentation was created for all of the leads of the Program to ensure they understood the aim of

the privileging tool. During this time a privileging tool was created as a Microsoft document in conjunction with the Transition to Practice Program Director. This tool was made and revised several times to meet the requirements of the medical board members who privileged APPs within the healthcare organization.

Once the director approved of the privileging tool, emails from the new cohort of urgent care providers were obtained with the goal that they would utilize the privileging tool. This did not occur due to a spike in the Covid-19 cases and caseloads that the new providers were dealing with. The director thought that it would be beneficial to evaluate the tool's usefulness by having her, the leads of the Program, and medical board privileging committee members evaluate the tool on a Likert scale instead. This was then implemented to gain results. The completed questionnaire regarding the privileging tool was then completed by five people who were involved in the privileging process for APPs to gain data.

Interdisciplinary team

The interdisciplinary team needed to carry out this privileging tool ultimately consisted of the Transition to Practice Program Director, a nurse practitioner, team leads of the Transition to Practice Program, and medical board directors for the privileging process. This team worked together to help the project leader create a privileging tool and evaluate it with hopes in the future to utilize it with new cohorts of providers needing to become privileged.

Stakeholders

Stakeholders included in this quality improvement project were: NPs and PAs who were in the Transition to Practice Program, the Director, leads of the Transition to Practice program, and medical board privileging members.

Analysis

Analysis of data was completed by the project leader. Initially a privileging assessment tool was created by the project leader and the Transition to Practice Program director. This was based off of a portfolio tool and multiple other research projects (i.e., Butler, 2006; Chamblee et al.,2015; Cochran, 2017; Cook et al., 2003; Gadbuy et al., 2014). The tool was revised several times with input from the program Director to get the final product. The project was directed toward evaluating the success of the tool by creating a Likert scale questionnaire. This was implanted over a two-week course of time. Five of the questionnaires were received back and an analysis of the effectiveness of the project was completed via an Excel spreadsheet and calculating the total percentages of responses on a scale from strongly agree to strongly disagree. This was then taken a step further with completing a Pearson Correlation Coefficient. There was a moderate correlation ($R > 0.5$) between the perceived usefulness of the tool and an increase of granted privileges ($R = 0.84$). The use of the privileging assessment tool would help APPs gain more privileges.

IRB approval

The Federal Policy for the Protections of Human Subjects, 45 CFR 46, required this project to be reviewed by the College of St. Scholastica Independent Review Board (CSS IRB). The IRB is responsible for ensuring that all research and quality improvement projects are ethically appropriate (CSS, 2019). The IRB ensures that the safety, rights, and dignity of all participants is protected (CSS, 2019, para. 1). To confirm that this project complied with agency policies, the project was proposed to the IRB for approval prior to the implementation.

Implementation

Results from Data Collection

The primary goal of this quality improvement project was to evaluate the usefulness of a tool that would be used to assist advanced practice providers in becoming privileged so that they may practice to their full extent of their licenses and education. Ultimately the privileging tool was evaluated by five key stakeholders that are vital members in the privileging process. Four questions using a Likert scale were disseminated (Appendix C) and results are as follows: Question number 1: 60% of the stakeholders *strongly agreed*, 40% *agreed,* 0% *disagreed* or *strongly disagreed* that the tool would be helpful in producing information required by the privileging committee for evaluation of current competence, and other qualifications and for resolving any doubts. Comments on this first question included: "The current document structure provides opportunity for detailed evaluation information. It provides space to identify dates the procedure was performed." An additional comment on the first question states, "I really like the idea of this tool and think there is potential for it to be helpful". Question number two: 20% *strongly agreed*, 40% *agreed,* 20% *disagreed*, and 0% *strongly disagreed* that the tool would help clarify what is expected of the new provider in performing a procedure. Question number three 60% *strongly agreed,* 40% *agreed,* and 0% *disagreed or strongly disagreed* that the tool would help providers keep up to date on their granted privileges and on their continuing education requirements. Question number four: 40% *strongly agreed*, 60% *agreed* and 0% *disagreed* or *strongly disagreed* the observer's signature with the credentials provides appropriate substantiation that the skill was performed correctly.

The results were interpreted, and additional comments were taken into account for further improvement of the tool.

Interpretation of Data

Overall, the project was supported by the key stakeholders that were involved with the Transition to Practice Program and privileging process. All respondents *strongly agreed* or *agreed* that the newly designed Privileging Assessment Tool would support the prevailing information and process. Due to limitations, implementation of the tool at this point did not occur, thus the projects second goal was not attained. The next best opportunity for the assessment of this project was to look at the value of the tool through the Pearson correlation coefficient with an associative hypothesis based on the questionnaire results about the tools usefulness. Utilizing the Pearson correlation coefficient and associative hypothesis, results can be interpreted as being potentially significant wi*th (r = 0.84).* Positive feedback correlates with respondents' feedback that the tool would be helpful in assessing certain APP skills during the Transition to Practice Program. It would also clarify the skill development that was expected of new APP's, and help APP's keep up to date on their granted privileges, their continuing education requirements, and provide assurance that the APP was qualified for a skill via verification of the expert's signature.

Limitations

Ultimately a successful privileging tool was developed, however, it could not be employed due to many constraints caused by the Covid-19 pandemic. The leader of this project also took one year off of academics due to Covid-19, which delayed the project for one year. The project was initially started in 2019. The time lapse that occurred over the 3-year period was also a barrier for the project leader as well as the project sponsor as many things changed in the 3-year time frame. The leader of the Transition to Practice Program faced challenges during the pandemic that led to a hiring freeze of new providers within the program and funds were also

dispersed in other directions of need. The survey was originally intended for the providers of the urgent care specialty to utilize but this did not occur due to the Covid-19 pandemic and the lack of time from new providers. Ultimately, the project became more of an evaluation of the tool and its perceived usefulness rather than an implementation. Future goals for this project include implementation of the tool and evaluation of its effectiveness in provider privileging.

The approach to success was a challenge throughout the entire project, as the implementation was not mandatory, and many limitations occurred. Ultimately, the implementation of the project did not occur, but an analysis of the usefulness of the criterion based tool was analyzed utilizing a Likert survey among those who are involved with the Transition to Practice program and privileging process. The project did not incur any costs from the organization and the evaluation of the project's success was limited to those who completed the survey.

Conclusion

Evaluation of the privileging tool did result in positive feedback about the incorporation of a criterion-based assessment tool. In addition the data resulted in a "perceived usefulness" for the tool. The results that were provided through this analysis had many limitations as mentioned above, although now provide an opportunity for implementation of the tool in a subspecialty department such as Urgent Care. Recommendations for future research include implementation of the tool among a large cohort of APPs, and receiving a larger amount of feedback post-implementation.

Overall, it is a known fact that APPs are being used as primary and specialty providers, more-so now than ever in the past. It is vital that they have the opportunity to practice at the top of their scope. There is a need to provide evidence-based practice research findings to help

regulatory bodies at the hospital level, state level, and beyond so that providers are becoming

privileged in a way that is effective and safe.

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Appendix A

Reference Matrix Table

Reference	Purpose/Question	Design	Sample	Intervention	Results / Primary content area	Notes
Brown et al. (2015)	The purpose is to explore and identify the <mark>critical aspects needed to design an NP residency program</mark>	Descriptive study	Total participants included n=53	Written questionnaire and focus group	Evidence from this study reveal that there is a need to adopt residency programs and standards for these programs across sites.	Authors identified a lack of consensus in the literature regarding crucial elements. Their data includes several recommendations related to essential components of residency programs. Also included is the feasibility and impact of the interventions (identified as either High or Low)
Corcoran J, & Nicholson C. (2004)	Due to minimal literature on the use of portfolios it remains unclear how useful they are. <mark>A survey was completed to evaluate the value of portfolios within nursing</mark>	Statistical analysis of survey data	A sample of 22 students was evaluated with a survey	Descriptive survey	Over a 5-year period, tutors on the Specialist **Practitioner** Qualification in Critical Care found that there was a wide variety of practice in **portfolio** use. There is comparatively little known about how the students perceive the use of **portfolios.** Therefore, a small descriptive survey took place in 2001/2002 involving 22 previous students, to identify the value of **portfolios** from the student perspective. Recommendations from this study are given on how to improve **portfolio** use.	Will be useful to evaluate the perceptions from students on portfolio usage Recommendations from this study are given to improve portfolio use
Crathern et al., (2017).	This article reflects on the findings of a three-year evaluative project within the School of Nursing and Midwifery, University of Sheffield, on the Royal College of Paediatrics and Child Health	A 3 year evaluative study	4 cohorts of students	Written testimonial statements	This evaluative study confirms that the RCPCH e-portfolio provides trainee and qualified ANNPs with a robust means of evidencing and verifying clinical practice using the neonatal ST1-2 skills and knowledge competencies. The use of the e-portfolio provides the clinical evidence	The key premise for integrating the e-portfolio into the neonatal curriculum was that evidence of knowledge, skills and attitudes must be measurable to ensure safe practice at the ANNP level to protect vulnerable

	(RCPCH) electronic portfolio's functionality as an online ==assessment tool for trainee advanced neonatal nurse practitioners== (ANNPs				demanded by the NMC for revalidation purposes.	newborn infants and their families.
Gadbury-Amyot, C. C., Krust Bray, K., & Austin, K. J. (2014).	To determine the reliability and ==validity of using a portfolio system to assess competency==	Statistical/ correlational analysis	n= consists of 312 fulltime dental hygiene students	Messicks's unified framework	There was a significant correlation (r = 0.70; P < .01) between the portfolios and grade point average, as well as empirical evidence for Messicks's external aspect of construct validity for portfolios as a means of assessing students' competency.	A method for determining the external validity of an assessment is to determine if students who score high on the test also score high on other presumed indicators of the construct being measured. To help support the external validity of portfolio assessment, correlational analyses were conducted between student portfolios and traditional assessment measures of dental hygiene student competency including the NBDHE, GPA and the regional clinical examination scores
Rees, C. E., Sheard, C., Sheard. (2004)	The purpose of this study is to assess the ==reliability and validity of using a portfolio tool==	Intraclass correlation coefficient	Sample collected from Medical students (n=195)	Survey completed With a correlation coefficient	Describes how portfolios can be used among medical students to increase communications skills and be used as a personal reflection for professional development	96% of students (n=195) stated that the method of portfolio use enhanced reflection in professional development. 0.771 (95% confidence interval, 0.678-0.840
Sciaaca, K., Reville, B. (2016)	Due to a large increase in ==postgraduate education opportunities== such	Expert opinion/ review of literature	x	x	Theoretical framework (theory of development)	Explores the theoretical framework created by Patricia Benner- which is

	as residencies and fellowships there is a need to identify what are the appropriate evaluation methods to assess competency of fellows and residents					the developmental stages of nursing from novice to expert Discusses Capability framework and the use of e portfolios
Tiwari, A., & Tang, C. (2003).	To determine reliability and validity of using a <mark>portfolio system</mark>	The study involved the use of a nonequivalent control group design, namely the untreated control Group Design with Pretest and Posttest	n= Seventy nursing students in the Department of Nursing Studies in The University of Hong Kong were included in the study	Pre test/ post test	Three themes emerged from the students' accounts: (1) the students favoured the use of portfolio assessment; (2) the process of preparing portfolios yielded positive academic and affective outcomes; and (3) unexpected findings in the form of spontaneous collaborative learning and apparent increased interest in learning during the process of preparing portfolios for those students who lacked motivation	The researchers developed an interview and questionnaire guide to evaluate the students' assessment of the value of using portfolios to enhance their learning. They reported that the students favored the portfolio development system over traditional testing. In addition, the portfolios produced broader academic achievements, enhanced collaboration and teamwork, and enhanced the learning process in poorly motivated students.
Scarpa, Raymond DNP, AOCN; Connelly, Patricia E. PhD, CCC-A, ABA. (2016).	Utilizing a <mark>criterion based tool</mark> to evaluate advanced practice providers	A needs analysis and a review of literature	9 advanced practice nurses, 2 nurse executives, 1 PhD nurse educator, and 1 physician	A criterion-based performance assessment	Peer review, a concept contributing to this process is explored as a means to monitor and improve practice	Included this in final paper as this was exactly the aim of the project- to create a criterion based privileging portfolio tool to improve the practice of APPs

Appendix B

Privileging Portfolio Tool

Trial Implementation of a Privileging Portfolio Tool for Urgent Care NPs/PAs

What is the purpose of this tool and why is it being implemented?

The idea is that this gives new hires something to complete with whomever observes them doing new skills to validate why they should be privileged to do independently. This document can then be sent to the privileging committee/ chair as evidence to why you should be privileged with the skill observed.

What is the setting?

The cohort that this is being piloted on is new hires (Urgent Care NPs/PAs)
Timeline: Implement this October – December 2021 and re -evaluate its effectiveness in aiding with the privileging process.

How do you complete the tool?

It is up to you to seek out what skill you want to become privileged in. On the last page is a list of skills that are pertinent to you as an urgent care provider that you should seek to become privileged in. An observer should be someone who is already privileged and proficient in that skill. You, the new provider, will perform the skill while being observed and after will have the observer mark the document as either acceptable, marginal or non-acceptable. The evaluation success is dependent on the opinion of how well the observer thinks you completed the skill.

If any aspect of this evaluation and treatment with which you are uneasy or uncomfortable (marginal or unacceptable evaluations) the observer will state the reason on the backside of the document and should explain to you why they do not think you should become privileged in that skill and the tool will then not be sent for privileging. Another attempt could be made at another time once the reason for marking this skill non-acceptable is talked about and resolved with the observer and performer.

There is space below to provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested: (Proof to why you should be privileged in this procedure (Examples may include: brief narrative piece of the direct observation, brief narrative piece of past or recent performance of procedure, case study, reflective practice entry, proof of continuing medical education document, etc.)

*Once the tool is successfully completed and signed by the observer it can then be sent to the privileging board

Contact information for questions or concerns:

Emily Jelen, St. Scholastica DNP student Email: ejelen@css.edu   or
Christie Erickson DNP APRN CNP FAANP
Director APRN/PA Services East and NP/PA Transition to Practice Program

Individual monitored: _____   Privilege evaluated: _____

Monitor: _____   Condition/ Procedure: _____

Date took place: _____   Date to be reevaluated: _____

Urgent Care Privileging Tool

Type of review: O Direct/Concurrent review   O Retrospective review

You have been asked to mentor this advanced practice provider to evaluate the quality of procedure provided. As such, it is your responsibility to report any significant substandard performance made by the physician to the Chair of the Department.

Evaluate in terms of completeness and accuracy	Acceptable	Marginal (explain)	Not acceptable (explain)	N/A
1. H & P complete, accurate, and on the chart: Comments:	O	O	O	O
2. The diagnosis is consistent with the H&P: Comments:	O	O	O	O
3. The orders and procedure are appropriate: Comments:	O	O	O	O
4. Informed consent is obtained: Comments:	O	O	O	O
5. Ancillary Services and consultation are used appropriately: Comments:	O	O	O	O
6. Abnormal lab/x-ray results recognized/followed up: Comments:	O	O	O	O
7. Complication managed appropriately: Comments:	O	O	O	O
8. Followed proper clinical procedure: Comments:	O	O	O	O
9. Drug and therapeutic regimens meet accepted standards: Comments:	O	O	O	O
10. Follow-up, after care, & patient education are inquired: Comments:	O	O	O	O
11. Intended outcome was successful: Comments:	O	O	O	O
12. Interaction with patients and colleagues is appropriate: Comments:	O	O	O	O

Is there any aspect of this evaluation and treatment with which you are uneasy or uncomfortable (marginal or unacceptable evaluations)?   ○ No   ○ Yes (If yes, please explain on the reverse side of this form.)

Dates observed performing

_____

Monitor's signature & credentials   Date

***Please use this space to provide documentation of provision of clinical services representative of the scope and

complexity of the privileges requested: (Proof to why you should be privileged in this procedure (May include: brief narrative piece of direct observation, brief narrative piece of past or recent performance of procedure, case study, reflective practice entry, proof of continuing medical education document, etc.)

Urgent Care Services Needing the above Documentation

(To be sent to chief/ chair for approval)

For: Urgent Care NPs/PAs

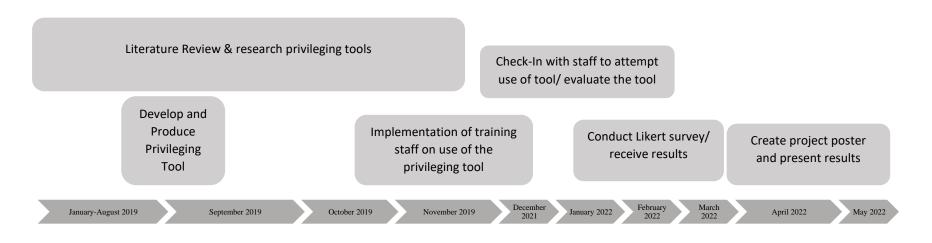| PROCEDURES/TRAUMA |
|---|
| Foreign Body Removal Eye |
| Chest X-Ray Interpretation |
| Abdomen X-Ray Interpretation |
| Extremity X-Ray Interpretation |
| EKG Interpretation |
| Abscess: Incision & Drainage |
| Simple Laceration Repair |
| Complex Laceration Repair |
| Adhesive Laceration Repair |
| Burn Care |
| Splinting |

Appendix C

Likert Scale

Please respond to the following statements using this scale:

1 – strongly disagree
2 – disagree
3 – agree
4 – strongly agree

1. This tool is helpful in producing information required by the privileging committee for evaluation of current competence, and other qualifications and for resolving any doubts. If not please explain.	**1**	**2**	**3**	**4**
2. This tool would help clarify what is expected of the new provider in performing a procedure. If not please explain.	**1**	**2**	**3**	**4**
3. This tool would help providers keep up to date on their granted privileges and on their continuing education requirements. If not please explain.	**1**	**2**	**3**	**4**
4. The observer's signature with the credentials provides appropriate substantiation that the skill was performed correctly. If not please explain.	**1**	**2**	**3**	**4**

Please provide any additional comments or thoughts:

Timeline of Project

Literature Review & research privileging tools

Check-In with staff to attempt use of tool/ evaluate the tool

Develop and Produce Privileging Tool

Implementation of training staff on use of the privileging tool

Conduct Likert survey/ receive results

Create project poster and present results

| January-August 2019 | September 2019 | October 2019 | November 2019 | December 2021 | January 2022 | February 2022 | March 2022 | April 2022 | May 2022 |

IRB & Project Proposal Approval

Analyze data regarding usefulness of privileging tool