

## **Supporting Advanced Practice Transitions (SNAPT) Fellowship**

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### **Abstract**

The National Center for Health Workforce Analysis predicts the shortage of primary care physicians to be 23,640 by 2025 (AAMC, 2019), making it necessary for well-prepared nurse practitioners (NP) to assume the roles of primary care providers. Currently, with little funding for graduate nursing education, new NPs are expected to emerge as fully functioning clinicians upon graduation. In 2010, the Institute of Medicine advocated for the development of transition-to-practice programs for all nurses to improve retention, expand competencies, and improve patient outcomes across all settings and levels. The financial commitment of the hiring organization has proven to be an obstacle to the development of these vital programs, and our research identified gaps in preparation for real-world practice as well as effective models of curricular and clinical support to promote positive patient outcomes.

In 2019, the Johns Hopkins School of Nursing received NSP II funding to plan a Nurse Practitioner Fellowship program to seamlessly transition students into the workforce to increase primary care providers in Maryland. The resulting Supporting Advanced Practice Transitions (SNAPT) Fellowship established partnerships between academic and community practice sites to collaborate in a curriculum-to-career transition program. A task force was assembled to plan the 12-month SNAPT fellowship program, targeting dynamic elements of primary care practice that new nurse practitioners may find challenging. SNAPT was designed to commence during the last six months of the NP program and follow new NPs through their first six months of practice in the community.

During planning, survey groups determined a substantial demand for graduate NP support. All respondents cited the need for more structure for transition to practice. A subset of the group had participated in a formalized fellowship. They indicated that dedicated mentors, practical education sessions, rotations in specialty care sites, and peer support provided the foundation needed to transition to independent practice. Those without a formalized orientation indicated the following needs: dedicated mentorship, additional education concerning complex patients, billing and business practices, and management of patients with specialist. The insights from the surveys were used to plan structure and content for the residency program.

Core competencies based on accreditation requirements for graduate NP curricular and clinical education were embedded in online and on-site training, and off-site mentors were identified. In

addition, competency, resilience, preceptor productivity, and retention were determined as crucial factors to be addressed during the fellowship program, and key faculty and community members joined in building supportive structures for the educational and practice settings.

The SNAPT program transitioning new nurse practitioners into primary care provides a model for other practice settings. Outcomes include strengthening academic–community partnerships and understanding the crossover between school and practice. Evaluation metrics from the program determine how building the pipeline of highly prepared NPs is effective and sustainable.