

Use of a Competency-Based Framework to Transition New Graduate Advanced Practice Registered Nurses into Practice

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With a growing shortage of primary care services, the nurse practitioner role is of increasing importance. The transition of advanced practice registered nurses (APRNs) into practice must adequately address gaps in education while providing a structured process for enculturation and competency assessment. This article shares results of data collected from new graduate APRNs who participated in the Versant APRN Fellowship in 2020 and 2021. Results revealed that while the new graduate APRNs are still developing in their new role, participating in a structured transition-to-practice program provides the support and processes necessary for a successful transition.

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The U.S. health care industry consists of 22 million workers, accounting for 14% of the workforce (United States Census Bureau, 2019); of those, more than 355,000 are licensed nurse practitioners (NPs) (American Association of Nurse Practitioners [AANP], 2022). The growing shortage of primary care services due to the lack of primary care physicians (Chattopadhyay & Zangaro, 2019; Graves et al., 2016; Xue et al., 2018) represents an opportunity to invest in employing NPs. However, while NPs have been prepared at a master's or doctoral level, the practice-preparation gap became more evident through the COVID-19 pandemic. Doctor of Nursing Practice (DNP)-prepared NPs are expected to play a role in leading organization and system changes; however, many have not had the opportunity to gain necessary experiences during their academic preparation. The structure and operationalization of a competency-based framework to transition new

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graduate NPs into practice will be shared. Additionally, successes and opportunities of a competency-based transition-to-practice program will be discussed. For the purpose of this article, the literature review focuses on the NP role, and because outcomes were defined to encompass all specialty roles, the term advanced practice registered nurse (APRN) will be used in the description of the transition-to-practice framework and outcomes analysis.

Literature Review

Nurse practitioners are in a unique position to meld nursing and medical models for the purpose of providing care that focuses on illness prevention, health promotion, and improved patient outcomes (Fitzgerald et al., 2012; Mundinger & Carter, 2019). A 2020 AANP survey indicates that 88.9% of NPs are certified in an area of primary care, and 70.2% of all NPs deliver primary care. A strong demand for NPs continues as provider shortages

occur and an aging population increases primary care visits, while a focus on patient-centered care and social determinants of health also presents multiple challenges (Auerbach et al., 2015; DePriest et al., 2020; Munding & Carter, 2019). These demands prompted the Institute of Medicine (IOM, 2000, 2001, 2011) to call for “health system transformation through interprofessional, evidence-based care, including expert clinical leadership by nurses” (McCauley et al., 2020, p. 495) and for “nursing to increase education levels of both undergraduate and graduate nurses” (Nichols et al., 2014, p. 14). In 2004, the American Association of Colleges of Nursing (AACN) published a position statement recommending the DNP as the graduate degree for APRNs, and in 2019, the National Organization of Nurse Practitioner Faculties (NONPF, n.d.) recommended the DNP become the entry-level practice for NPs by 2025 (McCauley et al., 2020). Despite these recommendations, the master’s level preparation continues to dominate NP education. According to AACN (2021a, 2022a), approximately 90% of NPs graduated from master’s level programs between 2019 and 2020, despite an increase in DNP programs and enrollees between 2010 and 2021 (see Table 1).

An NP who is prepared at the master’s or doctoral level is expected to “assess, diagnose, and interpret diagnostic tests; develop treatment plans;

prescribe medications; and provide most of the same services as physicians” (Chattopadhyay & Zangaro, 2019, p. 273). The NP’s evolving role demands the ability to provide high-quality patient care, as well as the ability to lead and transform health care systems by creating strategies to improve practice and health care outcomes (Nichols et al., 2014). Consequently, NPs must lead organizational change, possess skills in quality improvement and application of evidence-based practice (Nichols et al., 2014), and practice to the fullest extent of education, skills, and competencies (Fitzgerald et al., 2012). New demands around the NP role are compounded by factors impacting the academic setting that present challenges in ensuring they are prepared for practice. Faculty shortages, limited number of clinical sites and preceptors, and a lack of federal funding to support the education of NPs are well-known challenges for academic institutions (Fitzgerald et al., 2012; Padilla & Kreider, 2020). In a 2016 research study conducted among NPs, only 3.3% felt very well-prepared and 38.9% felt generally well-prepared for their role upon completion of their initial education program (Hart &

Bowen, 2016). Those areas most in need of additional preparation include managing complex patients, patients with emergent needs, obstetric patients, mental health concerns, chronic pain management, EKG and X-ray interpretation, being on call, and hospital admissions. The same study revealed that 58% were extremely interested and 32% somewhat interested in post-graduate residency.

Addressing the NP Transition to Practice Challenges

Several strategies have been developed to ensure a successful transition of NPs into practice. AACN (2006) published *The Essentials of Doctoral Education for Advanced Nursing Practice* to guide the core curricula and competencies for DNP programs. In 2021, the NONPF identified core competencies for NP education and published *The National Task Force Criteria for Evaluation of Nurse Practitioner Education, 6th Edition* (NONPF, 2022), which includes a focus on individual-level competency assessment. Lastly, AACN (2021b) published a new competency-based education model for both undergraduate and graduate levels. Additionally, accreditation of postgraduate residencies and fellowships are beginning to gain traction

Table 1.
State of APRN Academic Preparation

Year	# DNP Programs	# Enrollees
2010	156	6,599
2021	394	40,834

(AACN, 2021b). The National Nurse Practitioner Residency & Fellowship Training Consortium (2022) and the American Nurses Credentialing Center's (2022) Advanced Practice Provider Fellowship Accreditation aim to standardize the transition of advanced practice providers and recognize organizations that are investing in developing NPs.

Versant's Competency-Based Transition to Practice Program

The Versant® Transition to Practice (TTP) program is a competency-based approach originally developed to transition new graduate nurses into practice and experienced registered nurses into new areas of practice. Versant's Competency-Based Framework allows health care organizations to assess and validate a new graduate nurse's clinical practice, combined with professional development, self-care strategies, and an evidence-based practice/performance improvement project (Grubaugh et al., 2022). The competency-based framework focuses on competencies specific to program participants' roles and areas of practice, with each competency profile corresponding with a performance gap assessment (PGA) to identify gaps in comprehension, clinical judgment, and clinical decision-making. The PGA provides a set of case-based scenarios with accompanying multiple-choice items. Results individualize each program participant's learning plan, allowing educators to address specific needs. The framework culminates in competency

validation at the point of care (Shinners et al., 2021). The structure, process, and outcomes demonstrated by use of Versant's Competency-Based Framework lay the foundation for implementing the same model for newly graduated APRNs in the form of a transition to practice fellowship program. Additionally, a variety of program-specific and practice environment surveys are administered to APRN participants at different intervals throughout the program.

Operationalizing a Competency-Based Framework to Transition New Graduate APRNs

The first step within the Versant APRN Fellowship competency-based framework is to determine the expected outcomes of the newly licensed APRN's performance for the setting in which they will provide care. Versant provides clinical competencies recommended by national experts in the field of advanced practice nursing. Each organization can customize selected competencies based on the patient population, setting, and expectations of care resulting in a customized profile used to inform other aspects of the framework.

Once competency profiles have been identified, each APRN Fellow (Fellow) completes a PGA to determine areas of strength and opportunity. Knowledge gaps identified from the PGA guide Fellows and their preceptors in creating a plan for the program experience. Results

of the PGA can be used to inform topics for didactic sessions and independent learning. In addition, Fellows complete a self-assessment to identify their perceived level of expertise for each competency selected.

Knowledge gaps identified on the PGA can be closed with various forms of education. Versant offers educational materials for each competency, and organizations provide additional resources, including organization-specific policies and procedures and subscription-based clinical decision support tools. Fellows are encouraged to be autonomous in their educational journey. Many Fellows come to the program with varying experiences from their time working as RNs; thus, their educational needs vary. Fellows are urged to reflect on their knowledge and skills from prior education and experiences to inform the extent to which they utilize the educational materials provided to them.

Educational and clinical experiences occur simultaneously in the Versant APRN Fellowship. The primary clinical experiences for APRN Fellows are designated as continuity clinics. During these rotations, Fellows have supervision from experienced clinicians (physicians, nurse practitioners, or physician assistants) who serve as preceptors to guide the Fellow's journey to becoming an independent practitioner. The organization and its employees are responsible for under-

standing APRN scope of practice when precepting. The organization is also responsible for training employees who will serve in the role of preceptor. Each Fellow is assigned to one or more preceptors for the entirety of the 12-month Fellowship program. Fellows work with their preceptors during this time to identify which competencies they are ready to perform and when. Because preceptors are often providing oversight to multiple Fellows while also managing their own patient load, Fellows must be conscientious in the management of their progress toward competency validation.

Once a Fellow has met certain criteria, the preceptor or an assigned designee is able to validate each competency by documenting the skill level. Direct observation at the point of care is the preferred method of competency validation. However, alternatives to direct observation, if necessary, can include case studies, simulation, or discussion. The goal is for Fellows to be validated on all competencies by the end of the year-long program. Throughout the 12 months, each Fellow's case load gradually increases based on discussions between the preceptor, Fellow, and program administrators. Together, these individuals provide input on whether the Fellow is prepared to take on additional and more complex patients.

Supportive components are additional experiences that provide the Fellow with resources to develop self-care, begin their professional

development journey, and begin to implement quality improvement or evidence-based practice projects. For Versant APRN Fellowships, supportive components include mentor rotations, specialty rotations, and quality improvement projects. Mentor rotations are observation experiences at locations similar to the Fellow's primary clinic. Typically, no patient care is required during these rotations. These experiences allow the Fellow to observe other providers in a similar role while fostering a mentoring relationship with a provider outside of their primary clinic. Specialty rotations are observation experiences at a specialty clinic. These rotations are meant to provide the Fellow with experiences they would not normally see in their primary clinic. These experiences help the Fellow to better understand when to refer patients to specialists or higher levels of care.

Lastly, quality improvement projects are completed in small groups. The goal is to implement a project that will improve patient care. The project should align with the organization's mission and vision, and should be replicable and sustainable after its completion.

Outcomes: Successes and Opportunities

Survey data from APRNs that participated in a Versant APRN Fellowship program in 2020 and 2021 were extracted from the Versant National Database™ in September 2022 and then

reviewed and analyzed. Versant uses its data for evaluation of the program and quality improvement; therefore, approval and oversight from an Institutional Review Board was not required. Program participants were paid during the year-long APRN Fellowship because this was a full-time commitment to employment. All participants were newly graduated nurse practitioners serving in family primary care at one of two federally qualified health centers serving rural communities in the northeast and southeast United States. A total of 18 subjects participated in the program; one resigned and did not complete the program, and is therefore only included in demographics, PGA, and self-assessment results. All participants had previous work experience in health care and were working full-time/part-time. Most participants had a Master of Science in Nursing (MSN) degree, and only one had a Doctor of Nursing Philosophy (PhD) or DNP. Just under 25% of participants indicated they were currently enrolled in school for an advanced or other degree. Additional demographics can be found in Table 2. Along with demographic questions, we asked what influenced each participant's decision to work at their organization. There were eight options scored on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Opportunity to transition to a new area of practice and offering education and development opportunities outscored many of the other reasons (see Table 3).

Both qualitative and quantitative data from program participants were analyzed. Qualitative data included progress notes from continuity clinics, mentor rotations, and specialty rotations. Progress notes provided the opportunity for program participant reflection and learning, and are rich for understanding and analysis of their experience. Progress notes were reviewed for themes, which can be found in Table 4. The overall themes show evidence of learning, support, and the many phases and emotions when transitioning into practice (Benner, 1982; Duchscher & Windey, 2022). The following quotes came directly from reviewed progress notes:

I am so grateful for this year. I am learning so much. Some days I feel more prepared than others. I feel like I know nothing, and then other days, I feel like I know more.

I definitely feel more confident in myself as a provider than I did at the start, but I'm of course still a little anxious about starting in a new position without the people I'm used to.

I was able to consult with my collaborating MD who was wonderful and was able to formulate both an immediate and a longer term plan for short term Tx., and then diagnostics and

Table 2.
Demographics

Demographics	Responses	%
Age (Years)		
20-30	7	39%
31-40	4	22%
41-50	5	28%
51-60	2	11%
Gender		
Female	15	83%
Male	3	17%
Race		
African American	4	17%
White	14	78%
Hispanic	1	6%
Marital status		
Married	12	67%
Single	5	28%
Divorced	1	6%
Initial nursing education		
Associate degree	6	33%
Bachelors	8	44%
Accel Bachelors	1	6%
Master of Science in Nursing	2	11%
Licensed practical nurse	1	6%
Highest nursing education		
Master of Science in Nursing	13	72%
Doctorate (PhD/DNP)	1	6%
Advanced practice registered nurse	4	22%
Currently enrolled in school		
Yes	4	22%
No	14	78%
What degree program		
Doctorate (PhD/DNP)	3	75%
Other	1	25%
Previous work experience in health care		
Yes	18	100%
No	0	0%

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Table 2. (continued)
Demographics

Demographics	Responses	%
Experience in which health care setting		
Acute care	15	54%
Ambulatory care/OP center	5	18%
Home health	1	4%
Long-term care facility	1	4%
Mental health facility	1	4%
Primary care	2	7%
Other	3	11%
Previous experience position		
Registered nurse	13	57%
Certified care tech/Nursing assistant	2	9%
Medical secretary	1	4%
Volunteer	2	9%
Other	6	26%
Specialty certification		
Yes	9	50%
No	9	50%
Did having a TTP program influence your decision to apply for this position?		
Yes	17	94%
No	1	6%
Employment status		
Full-time/Part-time	18	100%

Note: TTP = transition-to-practice.

Table 3.
Influencers of Decision to Work at Organization

What influenced your decision to work at this organization?	Average Score
It is the only healthcare organization in the area hiring.	2.0
Its geographic location is good.	3.7
It offers an opportunity to transition to a new area of practice.	4.2
It has a good reputation.	4.1
I have friends and colleagues already employed here.	3.1
It offers good pay and/or benefits.	3.6
It offers the schedule I wanted.	3.6
It offers opportunities for education and development.	4.5

education as needed moving forward.

Reflecting about the program coming to an end, I am starting to really appreciate how far I have come in clinical practice over the last year. I could not imagine what my first year of practice would've been like without being in the residency.

Quantitative data included PGA and self-assessment results, and program-specific surveys and assessments, such as Versant APRN Self-Efficacy (APRN VSE), Psychological Capital (PsyCap), Conditions of Work Effectiveness (CWE), and Group Cohesion (GC). The PGA was analyzed to determine if the program participant responded correctly or incorrectly to each item. Of the 1178 total item responses, 67% ($n = 1190$) were answered correctly, and 33% ($n = 588$) were answered incorrectly. The most incorrect responses corresponded with pediatrics or care management of specific disorders.

Program participant self-assessment responses were analyzed to determine the perceived level of expertise for each competency. Of the 1499 total item responses, 62% ($n = 930$) assessed themselves as novice or advanced beginner, 29.5% ($n = 442$) assessed themselves as competent, and lastly, 8.5% ($n = 127$) assessed themselves as proficient or expert. In an additional review, the top 15 competencies that

were self-assessed below the competent level were identified and related to the care management of specific disorders and foundational domains of the APRN role (see Table 5).

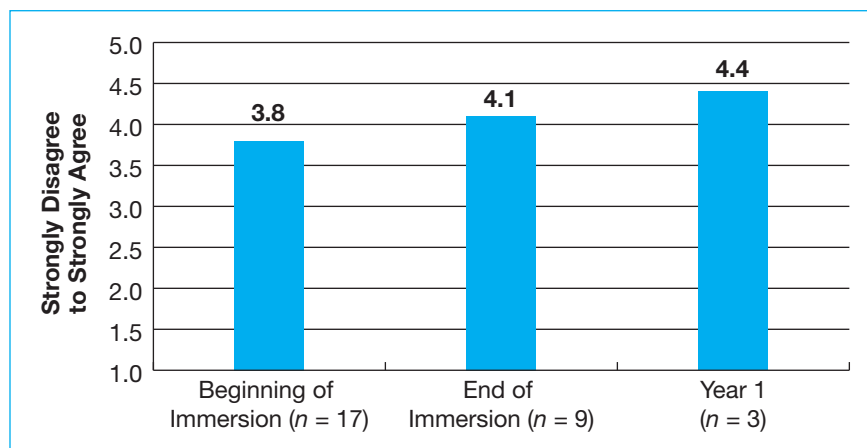
The APRN VSE survey consists of 16 items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate a higher level of agreement or higher ratings of self-efficacy. The instrument includes four subscales: safety, communication, professional behaviors, and national initiatives. The original VSE survey was administered to new graduate registered nurses and found to be a reliable and valid instrument (Shinners & Africa, 2019). This scale was modified for APRNs with consideration of APRN-specific core competencies. The APRN VSE survey is completed at the beginning of immersion (BOI), end of immersion (EOI), and at year one. Overall, APRNs feel confident, and there was an increase in self-efficacy over these three time periods (see Figure 1).

PsyCap measures personal health and well-being. It is also a positive resource combating stress and is negatively correlated to turnover intention (Avey et al., 2009; Avey, Luthans, Smith, et al., 2010; Avey, Luthans, & Youssef, 2010). The PsyCap Questionnaire (PCQ) consists of 24 items. Versant measures PCQ items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) to align with other Versant survey scales. Permission was obtained to

Table 4.
Qualitative Analysis and Themes of Program Participant Progress Notes

Progress Note from...	Theme
Continuity Clinic	Preceptors/collaborating providers were busy
	Increased confidence over time
	Motivated to improve skills, knowledge, and independence
	Expressed feelings of anxiety, self-doubt, and being overwhelmed in the beginning
	Appreciative of supportive, approachable providers/colleagues
	Documentation of patient care is time-consuming
	Ability to identify specific areas of focus for improving knowledge and skills
Mentor Rotation	Providers are knowledgeable and helpful
	Providers have qualities that the APRN Fellows would like to emulate (compassion, patience, good communication)
	Able to observe how providers have different styles/approaches to accomplish the same result
Specialty Rotation	Mixed on the effectiveness/importance of the rotations
	Exposure to different diagnoses, when to treat, or refer

Figure 1.
APRN Versant Self-Efficacy Results



measure on this scale versus a 6-point Likert scale. Higher PCQ scores indicate a higher level of agreement and better PsyCap. The PCQ is reliable and valid and

includes four individual psychological resources; hope, efficacy, resiliency, and optimism (Luthans et al., 2014). The PCQ is administered at BOI, EOI, and

year one. APRN PsyCap scores, as well as overall and subscale scores, were high, indicating a positive psychological state of development. The dimension of “hope” scored the highest (4.2), indicating these APRNs have goal-directed determination and are hopeful they will find a way to accomplish their goals. The lowest scoring dimension was “efficacy” (3.7), which indicates this group is still learning and increasing their confidence in their new advanced practice nursing role. The remaining PsyCap results are found in Figure 2.

The CWE II v.4 is a reliable and valid instrument that measures the concept of structural empowerment, specifically, the level of knowledge, support, and opportunities one feels they have in their current role (Laschinger et al., 2000; Laschinger et al., 2001). The survey consists of 21 items on a 5-point Likert scale ranging from 1 (none) to 5 (a lot). Higher scores are more positive and indicate certain items or actions are more present in the environment. The survey is administered at EOI and year one. Overall, APRNs feel there is a “fair” amount of structural empowerment in their work environment (overall aggregate = 3.9). The highest scored elements were “opportunity” (4.9) and “support” (4.2), indicating there is “a lot” of both present in the environment. The lowest scored items were “access to information” (3.5) and “rewards for innovation and visibility of work” (3), indicating there is a “fair” amount occurring in the

Figure 2.
APRN Psychological Capital 2020-2022 Results

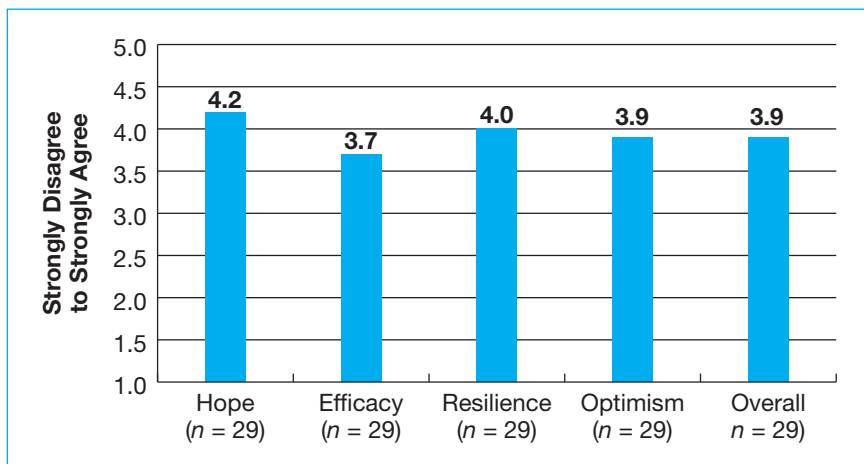
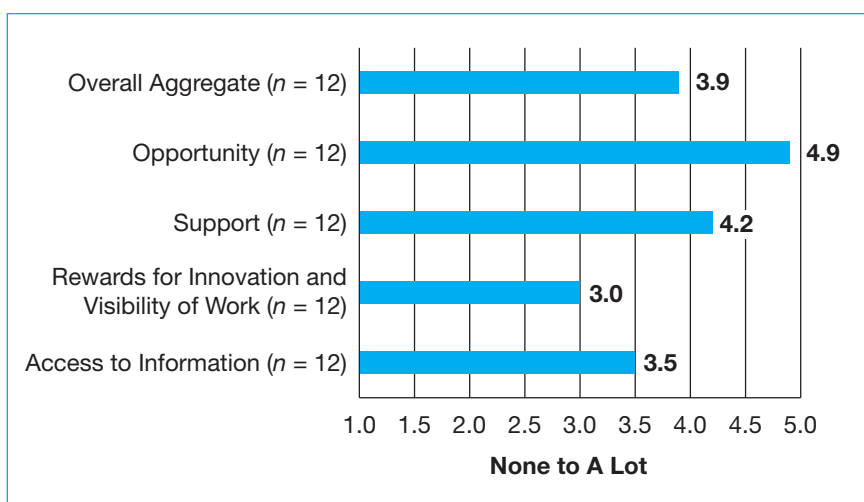


Figure 3.
APRN Conditions of Work Effectiveness Results

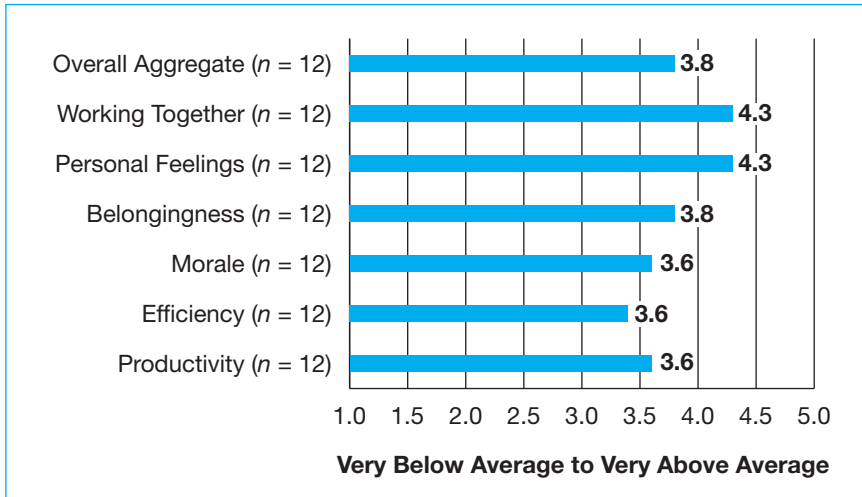


environment. However, there is room for improvement around rewards and visibility of their contributions, as well as ensuring they receive and have access to information to be effective in their workplace (see Figure 3).

The GC survey consists of 6 items on a 5-point Likert scale ranging from 1 (very below average) to 5 (very above average). The survey evaluates perceptions of group produc-

tivity, efficiency, morale, belongingness, and working together. Higher scores are favorable (Good & Nelson, 1973). The GC survey is administered at EOI and year one. All elements of GC scored average to above average. Overall, APRNs like their work group and working together; however, the efficiency of the group scored the lowest. This could be related to varying levels of competency and work

Figure 4.
APRN Group Cohesion Results



processes at the individual level or system structures that prevent overall productivity in delivering care. Results are found in Figure 4.

Summary: Success and Opportunities

The PGA and self-assessment results shed light on APRN practice-readiness after graduation (see Tables 5 and 6). The PGA highlights many incorrect responses related to pediatric care and management. Additionally, 50% (n = 9) of program participants correctly

Table 5.
Self-Assessment Results – Top 15 Responses Below Competent Level

Competency Name	Total Self-Assessment Responses	# Self-Assessment Responses Below Competent	% Self-Assessment Responses Below Competent
NP-PC: Patient Care Management: Musculoskeletal/Joint Pain – Knee Disorder	15	11	73%
NP-PC: Patient Care Management: Musculoskeletal/Joint Pain – Shoulder Disorder	15	11	73%
APRN: Advanced Practice Leadership	15	10	67%
NP-PC: Patient Care Management: Cardiovascular Disease – Chest Pain/Myocardial Infarction	15	9	60%
NP-PC: Patient Care Management: Gastrointestinal Disorders – Gastrointestinal Bleed	15	9	60%
NP-PC: Patient Care Management: Mental Health Disorders	15	9	60%
NP-PC: Patient Care Management: Musculoskeletal/Joint Pain – Back Disorder	15	9	60%
NP-PC: Activating a Medical Emergency Response	15	8	53%
NP-PC: Patient Care Management: Cardiovascular Disease – Hypertension	15	7	47%
NP-PC: Patient Care Management: Gastrointestinal Disorders – Abdominal Pain	15	7	47%
APRN: Maintaining a Safe Environment	16	7	44%
NP-PC: Patient Care Management: Pain	15	6	40%
NP-PC: Patient Care Management: Respiratory Disease – Upper Respiratory Infection	15	6	40%
NP-PC: Early Recognition of Sepsis	8	3	38%
APRN: Therapeutic Patient Centered Relationships	15	5	33%

Table 6.
Performance Gap Assessment (PGA) Results – Most Commonly Missed Items

Competency Name	# of Program Participants Answered PGA Question	# of Program Participants with Incorrect PGA Response	% Program Participants with Incorrect PGA Response
NP-PC Peds: Performs a Focused Gastrointestinal Assessment	18	18	100%
NP-PC Peds: Patient Care Management: Respiratory Disorder – Pneumonia	18	15	83%
NP-PC Peds: Patient Care Management: Musculoskeletal Pain	18	13	72%
NP-PC Peds: Performs a Focused Genitourinary Assessment	18	13	72%
NP-PC: Patient Care Management: Gastrointestinal Disorders – Gastroenteritis	18	11	61%
NP-PC Peds: Performs a Focused Neurological Assessment	18	10	56%
NP-PC: Patient Care Management: Cardiovascular Disease – Hypertension	18	10	56%
NP-PC: Patient Care Management: Musculoskeletal/Joint Pain – Knee Disorder	18	9	50%
NP-PC: Patient Care Management: Musculoskeletal/Joint Pain – Shoulder Disorder	18	9	50%
NP-PC: Patient Care Management: Respiratory Disease – Upper Respiratory Infection	18	9	50%
NP-PC: Performs a Comprehensive Assessment and Physical Examination	18	9	50%

answered all questions related to “Performing a Comprehensive Assessment and Physical Exam.” According to the self-assessment data, program participants assessed themselves as below “competent” on 67% of the APRN competencies. Of note, 67% of program participants assessed themselves as below “competent” for APRN Advanced Practice Leadership, while this competency was not a commonly missed item on the PGA. Perhaps program participants knew what to do (as reflected in their correct PGA answer) but were unsure of themselves as a leader in

practice because they are coming into an advanced role (as suggested by their self-assessment). A majority of program participants were master’s prepared, and it is uncertain if this influenced self-assessment responses. Moving forward, and in light of the new AACN (2021b) Essentials, it will be important to monitor PGA and self-assessment results both collectively and by level of degree to determine if academic preparation makes a difference in clinical practice leadership and overall practice-readiness.

Most outcomes of the Versant APRN Fellowship are

very positive and are consistent with RN TTP outcomes when participating in a structured TTP program that provides support and processes for competency attainment and success (Shinners et al., 2021). APRN VSE results indicate they are still learning, growing, and becoming more confident in their new advanced practice role. There remain opportunities beyond a TTP Fellowship related to fostering an environment that allows APRNs to continue to professionally grow and develop, provide professional practice structures and guidance, and optimize support and

empowerment so APRNs can practice at the top of their license.

Limitations/Discussions/ Consideration

Data used for this analysis are based on APRN Fellow reporting. Self-reporting has inherent limitations and bias. It is possible participants selected a more socially acceptable answer than being truthful or they were not able to assess themselves accurately. Additionally, this was a small sample of APRNs that went through the TTP Fellowship in primary care. This limits the generalizability but sheds light on the experiences and outcomes associated with completing a structured TTP program. Data were used in a descriptive manner, thus does not determine causality. It is important to disclose many sites received federal grant funding for their programs with a variety of different goals to achieve, of which retention within the respective system was not primary.

There is a clear need for more competent primary care APRNs to be able to address health care demands of the population and achieve health equity, as outlined in *The Future of Nursing 2020-2030* report. However, what does the path forward look like? Barriers identified by McCauley and colleagues (2020) existed prior to the COVID-19 pandemic and will only continue due to current national economic challenges, increasing health care demands, low salaries, and diminishing

supply of faculty and preceptors. Practice partners will continue to hire primary care APRNs without requiring a DNP due to demand and the need to increase access to care. Identified challenges and phenomena will continue to make it difficult to achieve AACN's (2004) vision statement when the practice market does not demand it. Additionally, it will be challenging to demonstrate the value and distinguishable differences between academic preparation without tangible and significant outcomes. Regardless, more time is needed, and different ways of thinking are required to achieve the goal of a universal DNP standard for APRN entry into practice. Nevertheless, structured TTP fellowships or residencies for APRNs following graduation are needed to provide targeted support and assist with transitioning into a new role within the nursing profession. This will ensure knowledge and competency gaps are addressed and APRNs feel ready to independently practice. Within the TTP Fellowship or residency programs, there are opportunities to conduct research, compare competency assessments, and measure outcomes based on entry-level degree preparation.

Conclusion

For decades, industry thought leaders have looked to APRNs as the potential solution for many health care challenges, but there has yet to be widespread implementation of

proven strategies to operationalize these recommendations. This creates yet another gap for the APRN to traverse, and organizations must instead place that onus upon themselves to develop, support, grow, and retain this critical component of the health care workforce to best provide the compassionate care communities across the nation desperately need. As additional demands are asked of APRNs, both in clinical practice and in expectations to lead change, fellowships or residencies are even more critical to the success of a new graduate APRN during their first year of practice. Versant data suggest opportunities for both academic and clinical partners to mitigate the clinical practice gap and chart a path forward, with safe and supported APRNs leading the way. \$

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continued on page 95

Competency-Based Framework

continued from page 70

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