Evaluation of Nurse Practitioners Enrolled in Fellowship and Residency Programs: Methods and Trends

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ABSTRACT

The Institute of Medicine's *The Future of Nursing* report called for expansion of postgraduate training programs for nurse practitioners. Using systematic methods, a literature review was performed, which revealed that publications on postgraduate training program design, guidelines, and methods are limited. There is a crucial need for consensus regarding the definitions, theoretical framework, and appropriate evaluation methods to assess the competency and capability of postgraduate nurse practitioners. The growth of residency and fellowship programs warrants critical investigation and dissemination of methods used by postgraduate training educators in order to support transition to practice and ensure the development of strong practitioners.

Keywords: competency and capability assessment, evaluation, fellowship, nurse practitioner, postgraduate education

In response to the demand for nurse practitioners (NPs) in the United States, the number of NP graduates has more than doubled between 2002 and 2012.[1] The Institute of Medicine's *The Future of Nursing* report recommends the expansion of NP residency programs that offer an extended opportunity to reinforce and test competencies in real-world settings.[2] Postgraduate NP training helps create valuable members of the health care team who can function during the rapid changes in the US health care system.[3] Many novice NPs report role anxiety during the transition from graduate study to clinical practice[4,5] and seek supervised training and mentoring.

There are over 30 postgraduate residencies or fellowships offered for masters- and doctorate-prepared NPs[6] to advance their skills in clinical care, teaching, research, and advocacy.[3] As these programs proliferate, there is a need to ensure their rigor in the area of competency assessment.[7] However, consensus is lacking on critical aspects of program structure, evaluation methods, and outcomes.[4]

The terms *residency* and *fellowship* are used synonymously in the literature pertaining to NP postgraduate education.[6] The American Nurses Credentialing Center (ANCC) offers definitions for registered nurse residency and fellowship based on postlicensure experience. Residencies are offered directly after licensure, whereas fellowship participants are licensed for over a year before beginning postgraduate education.[8] However, when discussing NP postgraduate education, the ANCC does not make this same distinction, stating only that an NP fellowship participant must be currently licensed.

As the number of NP postgraduate training programs expand, scrutiny of assessment methods demands attention. The term *competency* is widely used as a measure of effectiveness in nursing practice.[9] Many professional organizations have published sets of competencies including the American Nurses Association and the Hospice and Palliative Nurses Association.[10] These competencies can aid in the development of NP fellowship evaluation methods. However, the usefulness of a competency as a performance indicator for the NP is debated in the literature.[9,11] As described by Watson et al, "assessment of competence remains problematic

due to lack of rigor in the instruments and methods used for assessment.[11(p429)] Furthermore, the use of a capability framework is emerging as a method more suited to the complexities of NP practice.

Residency and fellowship programs should be well established and judiciously developed in order to ensure that the industry is consistently producing effective and well-regarded practitioners. The methods that programs use to measure their success and the success of their participants warrant thorough examination. This article summarizes a comprehensive literature review of publications about NP evaluation in postgraduate fellowship programs.

THEORETICAL BACKGROUND

According to the World Health Organization, "the intended output of a competency-based program is a health professional who can practice medicine at a defined level of proficiency."[12] Because of the complexity of nursing practice, proper evaluation of nursing skill is exceptionally difficult.[4,9] The essence of skilled nursing practice is the ability to react to the human condition, recognize the intricacy of individual patients, and respond with a distinctive course of action.[13] The functional knowledge required in NP practice goes beyond procedural knowledge required to merely demonstrate skills.[9] Therefore, competency evaluation requires the assessment of both skills and performance using benchmarks that appropriately capture the demands of the role.

Nursing competency can be defined as the "attributes of the practitioner that are crucial to effective performance."[14] However, the definition and application of competency vary greatly in the literature on nursing education.[11] Competencies were initially developed to measure nursing student skills in stable environments, not amidst the complexity of the NP's practice milieu.[9] Frequently, nursing competency assessment lacks adequate appraisal of skilled know-how, thereby missing opportunities to evaluate learners' capability in both familiar and unfamiliar clinical encounters.[15]

Support is emerging for the application of the concept of capability to NP assessment.[11] Capability is demonstrated when skills, knowledge, attitudes, and self-esteem are applied to formulated solutions in unfamiliar or complex situations. If considered on a learning continuum, both competency and capability assessments can be adapted to monitor postgraduate training.[16]

The theoretical framework created by Patricia Benner is commonly used to describe the developmental stages of nursing practice, from novice to expert practitioner.[17] Benner's framework can be adapted to align competencies expected as NPs progress in postgraduate training and as a road map for evaluation.

When developing methods to evaluate postgraduate NP training, the concepts of competency and capability warrant intense consideration. Evaluation must be succinct and focused in order to ensure that the learner is being appropriately assessed and that growth is being fostered. When this is achieved, the aptitude of the clinician will increase in proportion to the rigor of tools that they are measured against. Finally, there is a need for research regarding the best conceptual framework, evaluation standards, and methods to adequately measure the progress and effectiveness of the NP fellow.

METHODS

A systematic search was performed using the following computerized databases limited to the years 2000 to 2015: Alt HealthWatch, International Pharmaceutical Abstracts, AgeLine, MEDLINE, SPORTDiscus with Full Text, ScienceDirect, PsycTESTS, and CINAHL Complete. In the initial search, 484 article abstracts containing the following keyword search terms were reviewed: *advanced practice nurse*, *residency*, *fellowship*, *fellowship programs*, *competency*, *APRN*, *evaluation*, and *nurse practitioner*. A more focused search was done in the CINAHL and MEDLINE databases using CINAHL headings and MeSH MEDLINE headings: *self-assessment*, *competency-based education*, *advanced practice nurse*, *nurse practitioner*, *internship*, *residency*, *fellowship*, *competency*, *competency assessment*, *education*, *evaluation*, and *capability*. AND and OR criteria were used to combine search terms. A total of 637 abstracts were reviewed at the completion of the search.

Articles were excluded if they examined undergraduate nursing, associate degree nursing, medical doctors, medical doctor fellowship or residency,