Integrating the Role of Nurse Practitioner into the Acute Rehabilitation Setting: Enhancing Onboarding and Orientation

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As nurse practitioners expand their roles in acute care settings, organizations are challenged to integrate these advanced practice providers into existing structures and processes while optimizing and maximizing their value. The Association of Rehabilitation Nurses (ARN) has developed a position statement that supports advanced practice nurses (APNs) working within the rehabilitation field while recognizing the varied roles and unique contributions of these nurses. Interdisciplinary and multidisciplinary approaches are key in the world of rehabilitation services and a nurse practitioner may be an ideal addition to your team.

The Alphabet Soup of Advanced Practice Providers

APNs diagnose & treat health problems, prescribe medications, perform procedures, order & interpret lab tests, counsel patients and provide information on health promotion & prevention, coordinate care, refer patients to physicians & other health care providers, & advocate for patients (www.mnaprnc.org).

APRNs are not physicians. We are expert clinicians who collaborate with, but not replace, physicians on the health care team.

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Physician Assistant (PA), PA-C: A nationally certified and state-licensed medical professional that practices medicine on healthcare teams with physicians and other providers (www.aapa.org). They most often hold a bachelor’s or master’s degree and are trained in the medical model. PAs have a supervising physician in all states.

APRNs and PAs have different scopes of practices, regulating bodies, and prescribing requirements. These professions are different, though very complementary.

APRNs are proud to be nurses. We are trained in the nursing model and value this approach to patient care.

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What we are not: Mid-levels, mid-level providers, non-physician providers, physician extenders. These are outdated terms used to identify advanced practice providers. Most health systems are getting away from these references to APRPs. Some providers see these as confusing to patients, outdated and even derogatory or demeaning.

*NP certification includes acute care, adult, family, gerontological, neonatal, oncology, prenatal/postnatal, psychiatric/mental health, and women’s health.
* CNS specialization is a clinical area, which may include population, setting, disease or medical subspecialty, type of care, or type of problems.

Health System Advanced Practice Provider (APP)* Hiring

- Experiential APPs: 39%
- New Graduate APPs: 61%

Hospital Advanced Practice Provider (APP)* Hiring

- Experiential APPs: 44%
- New Graduate APPs: 56%

Healthcare professionals are now aware of the importance of early positioning and positioning in the acute care setting to enhance patient outcomes.

- 61% of patients are positioned correctly
- 39% of patients are incorrectly positioned

*Identified APPs include NP, CNS, CNM, PA, CNM/ad are not included

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Opportunities & Lessons Learned

- Orientation should include time with physicians, review of expectations of the position, opportunity to learn from all providers the NP will be working with, time with leadership, and identification of a mentor and/or physician champion.
- An orientation checklist is important to follow to identify necessary aspects of the position to address (Yeager, 2010).
- Help the rehab staff understand what an NP does, what the NP’s scope of practice, and what is appropriate to bring to the NP. Often, the questions that interrupt the physician throughout the day can be brought to the NP who can address or collaborate with the physician if needed. This will avoid unnecessary interruptions, improve staff and physician satisfaction, and enhance patient care.
- Recognition of the transition for a new nurse practitioner from expert nurse to novice advanced practice registered nurse is important. Active participation and support during the initial year is key to role satisfaction and retention of the new nurse practitioner (Yeager, 2010).
- In conclusion: Appropriate orientation, support of entry into practice, clear expectations of the NP role, physician collaboration and mentorship, leadership support, meaningful utilization of the providers, fair compensation and benefits, and recognition of the value an NP brings to the team are key to the onboarding and retention of a new nurse practitioner (Bahouth, Ackerman, Ellis, Fuchs, McCormick, Stewart & Thomson-Smith, 2013).

References