

CLINICAL PRACTICE

Knowledge translation: A Nurse Practitioner Clinical Ladder Advancement Program in a university-affiliated, integrated medical center

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Abstract

Purpose: A Nurse Practitioner Clinical Ladder (NPCL) Advancement Program was designed to recognize and reward advanced nursing practice and promote nurse practitioner (NP) retention at New York University Hospitals Center (NYUHC).

Data sources: Search of published and gray literature was conducted. Electronic databases included CINAHL, Medline, PubMed, Cochrane Library of Systematic Reviews, and the Joanna Briggs Institute.

Conclusions: The NYUHC NPCL Advancement Program incorporated its current Staff Nurse Clinical Ladder, previous NP promotional program literature, and NP role competencies to support the Advanced Practice Nursing Clinical Ladder Program. The NPCL is supportive of professional development, performance evaluation, clinical practice excellence, job satisfaction, and NP retention. Program outgrowths include a progressive model of NP clinical practice, a formal NP mentoring program, NP leadership, and research opportunities.

Implications for practice: Organizational commitment to a structured NPCL Advancement Program is critical for NP professional development, evolving role responsibilities, and job satisfaction. The NPCL Advancement Program provides requisite structures and processes supportive of clinical excellence. The development of the NPCL has highlighted the need for structured NP orientation and mentorship, knowledge translation, and leadership programs to meet the professional needs of NPs in diverse clinical settings.

Often nurse practitioners (NPs) practice without organizational support for professional development and clinical excellence recognition. A competency-based NPCL program (where NPCL is Nurse Practitioner Clinical Ladder) provides an evaluative schema of clinical experience, academic preparation, professional accomplishments, translational research activities, and community service involvement. The implementation of a Nurse Practitioner Clinical Ladder (NPCL) Advancement Program provides the requisite structure and processes supportive for professional role development, financial compensation guidance, and enhanced job satisfaction. The NPCL Advancement Program outcomes targeted role competency

development and job retention. The NPCL's Structural Standard provided the framework for the program and the Process Standard guided the communication and steps involved with the promotion application and evaluation processes.

New York University Hospitals Center (NYUHC), a world-class integrated medical center, is comprised of inpatient, ambulatory, community, and rehabilitative services that are located in multiple sites throughout New York and New Jersey. Over five hundred (500) advanced practice providers (i.e., NPs, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists) work at NYUHC, 317 of which are NPs.

Senior nursing leadership and the Advanced Practice Nursing Council in NYUHC (see Appendix A for list of NYUHC inclusions) recognized the need for an NPCL Advancement Program and instituted a development plan. The program originated as an outgrowth of NPs' autonomous practice performance, professional accountability, and recognition. Program goals included (a) a professional advancement foundation for newly graduated NPs, (b) NP practice level delineation and structured mentorship, (c) NP behavioral competencies development, (d) NP practice accountability, and (e) NP job satisfaction and retention.

Background

The annual National Database of Nursing Quality Indicators (NDNQI) survey conducted at NYUHC until 2011 evaluated unit-specific registered professional nurse-sensitive data. The survey had traditionally yielded low NP participation rates because items largely focused on registered nurse roles (American Nurses Association, 2012). Although periodic market wage analysis was performed, there was minimal data to benchmark NP salary and job satisfaction at NYUHC. In October 2011, the Department of Advanced Practice Nurses and Physician Assistants assessed NP job satisfaction via an NP-focused online survey. The survey consisted of four sections including participant demographics, the Misener Nurse Practitioner Job Satisfaction Survey (MNPJSS; Misener & Cox, 2001), the NP Orientation Program by newly hired NPs, and identification of NP orientation facilitators and barriers. The MNPJSS has demonstrated reliability and validity with NP job satisfaction assessment in multiple practice settings. It is a six point Likert instrument. Cronbach's α for the Misener and Cox (2001) scale was 0.96, and for the subscales ranged from 0.94 to 0.79. The instrument six factors were (a) intrapractice partnership/collegiality; (b) challenge/autonomy; (c) professional, social, and community interaction; (d) professional growth; (e) time; and (f) benefits.

Overall, the MNPJSS survey at NYUHC revealed NPs were minimally satisfied to satisfied with their jobs. They were dissatisfied with monetary rewards outside of salary and with the opportunities to receive compensation for services outside of normal duties. The MNPJSS subscales included minimal NP satisfaction on the subscale with opportunities to expand their scope of practice (challenge and autonomy), to input into organizational policy and amount of administrative support (intrapractice partnership/collegiality). NPs were minimally dissatisfied with time off to serve on professional committees (professional growth). Demographic findings revealed newly hired NPs

had extensive registered nursing experience, but limited NP clinical practice. Interestingly while they rated the orientation program favorably, they were dissatisfied with their ability to function independently after orientation. Additionally, NPs expressed a need for ongoing mentorship and support.

Review of the literature

There is increasing discourse concerning quality NP care delivery that is associated with collegial respect; teambuilding, leadership, and functional communication; extensive knowledge base and clinical skill sets; evidence-based practice; and quality health outcomes achievement (Carryer, Gardner, Dunn, & Gardner, 2007; Hayes & Kalmakis, 2007; Maylone, Ranieri, Griffin, McNutly, & Fitzpatrick, 2011). Yet, structures and process that promote and sustain continued development of these characteristics of quality NP practice in the acute care setting have been infrequently implemented. Rowell, Forsythe, Avallone, and Kloos (2008) concluded that there was limited promotional NP processes. As a result, Rowell et al. developed and implemented an NP promotion process at the University Hospitals Case Medical Center (UHCMC).

Further evaluation of job satisfaction of NPs was conducted on a large sample ($n = 1983$) of NPs in the Veterans Health Administration. Faris, Douglas, Maples, Berg, and Thrailkill (2010), using the Misener Nurse Practitioner Job Satisfaction Survey (MNPJSS; Misener & Cox, 2001), determined that overall advanced practice nurse (APN) satisfaction scores were minimal at that institution; however, the NPs were highly satisfied with their employees' benefits (Cronbach's $\alpha = 0.739$). They were least satisfied with professional growth (Cronbach's $\alpha = 0.881$) and intrapractice collegiality (Cronbach's $\alpha = 0.949$). The authors' recommendations included reduction of non-APN tasks and the provision of additional administrative support for research activities and inclusion of a mentoring program for new APN graduates.

Similarly, Flinter (2011) and Rowell et al. (2008) associated an NPCL Advancement Program with professional development and NP mentorship opportunities. These advancement programs enabled novice and/or newly hired NPs to benefit from the clinical expertise of experienced NPs within a nurturing environment. They also provided opportunities for seasoned NPs to develop leadership and mentoring skills through collegial relationship building and knowledge sharing.

Unlike the scarcity of published inquiry into NP role development, the registered professional nurses' (RN) role development has been associated with Benner's (1984) novice to expert nursing model, with respect to professional and educational initiatives. The development of

clinical ladder advancement for staff nurses (SN) promoted RN role development, increased job satisfaction, and decreased turnover (Burket et al., 2010; Goodloe et al., 1996; Korman & Eliades, 2010; NYUHC DON, 2009). The SN Clinical Ladder Program and the Staff Nurse Residency Program, developed in the 1970s at New York University Medical Center (now NYUHC), therefore lent support for the creation of an NPCL Advancement Program for the NPs at NYUHC. Although the NPCL Advancement Program is initially applicable only to the NP group, clinical ladder development will ultimately be extended to all of the Advanced Practice Providers in the enterprise.

Conceptual framework for NPCL

NP practice, through the lens of Benner's novice to expert model, provides a foundation for knowledge integration, and clinical skills acquisition (Benner, Sutphen, Leonard, & Day, 2010, p. 29). Patricia Benner's (1984) Novice-to-Expert Model of nursing practice, which includes five levels (novice, advanced beginner, competent, proficient, and expert) of nurses' professional development and teaching/learning needs, is reflected in the literature in a three-level practice model established for an APN Promotional Program at UHCCM in Cleveland, Ohio (Rowell et al., 2008). The structure for NYUHC's NPCL Advancement Program was an integration of the three-level UHCCM APN practice model, the NYUHC Staff Nurse Clinical Ladder, and NYUHC organizational Structural and Process Standards.

The Dreyfus model of skill acquisition (Dreyfus & Dreyfus, 1980) was incorporated by Benner (1984) into her model of nursing practice, which in the early 1970s provided the foundation for New York University Medical Center's Staff Nurse Clinical Ladder Advancement Program. The review of NP literature, NPCL committee discussion and deliberation supported the integration of Benner's five levels of nursing practice into a three-level advanced practice nursing clinical ladder. Benner's five levels were collapsed into three NP levels as follows: (a) Level 1A and 1B: NPs who are new to professional NP practice; (b) Level 2: NPs who are experienced in the role; and (c) Level 3: NPs who are clinical practice experts and consultants (see Figure 1).

Additionally, the NPCL Advancement Program's Structure and Process Standards were guided by nursing's Marker Model (Marker, 1988) that was influenced by Donabedian's Model of Quality Health Care (Donabedian, Wheeler, & Wyszewianski, 1982). Similarly, the NPCL Advancement Program is reflective of the American Nurses Credentialing Center (ANCC, 2008) Forces of Magnetism Model of transformational leadership, struc-

tural empowerment, exemplary professional practice, new knowledge, innovation and improvements, and empirical quality results. Therefore, Donabedian's model (1982), Benner's model (1984), the Marker's model (1988), and the ANCC Forces of Magnetism Model provided the organizational underpinnings for the NPCL Advancement Program at NYUHC.

The process of NPCL program development

The NPCL committee developed an evidence-based NPCL Advancement program to recognize and reward exemplary NP practice. The objectives of the NPCL Committee included a review of the literature, measurement of NP job satisfaction, and the development of NPCL Structure and Process Standards. A chairperson was appointed by the Chief Nursing Officer, a cochair was selected by the chairperson, and the committee met biweekly.

The literature review revealed two published reports of clinical ladder advancement programs for APNs (Lutes, 1998; Rowell et al., 2008) along with one unpublished NP Professional Excellence Program (Professional Excellence Program—Advanced Practice Nurses, December 2010, Holy Name Medical Center, Teaneck, NJ, unpublished program description), which was identified through colleague contact. The Misener NP Job Satisfaction Scale (Misener & Cox, 2001) was adapted to measure NP job satisfaction preimplementation of the NPCL program and for follow-up postimplementation. The development of Structure and Process Standards were supported by published and unpublished evidence (Lutes, 1998; Professional Excellence Program, Holy Name Medical Center, Teaneck, NJ; Rowell et al., 2008) and the NYUHC staff nurse clinical ladder experience (Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004).

Characteristics of NP levels

NP Level 1A represents newly hired employees with less than 2 years of NP clinical experience. National NP Certification is expected. Level 1A NPs engage in organizational and service specific orientation. An NP Mentoring Program will be developed to support and ease transition to advanced practice nursing role responsibilities on the ladder. Successful orientation completion is guided by human resources and departmental policies for all newly hired NPs.

NP Level 1B represents all NPs newly hired into the Department of Nursing with a minimum of 2 years of clinical practice as an NP in any setting. The NP must maintain national NP certification. Level 1B NPs are expected to engage in medical center and service-specific orientation

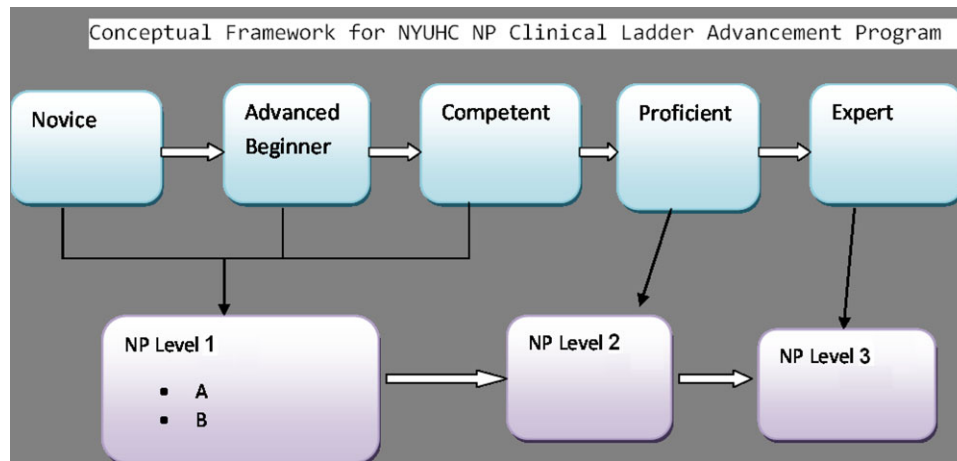


Figure 1 Conceptual framework of NPCL Advancement Program.

programs. Transition into the organization and advanced practice role responsibilities will be supported by the NP Mentoring Program.

NP Level 2 candidates must possess a minimum of 5 years of clinical practice as an NP and exceed competency performance criteria and behaviors for Level 1B. The NP must apply for and achieve the competency performance criteria established for Level 2.

NP Level 3 candidates must possess a minimum of 8 years of clinical practice as an NP and exceed the competency performance criteria established for Level 2. The NP must apply for and achieve the competency performance criteria for Level 3. A doctoral degree, enrollment in a doctoral program, or possession of an equivalent level of combined NP experience and performance is part of the criteria.

Practice Domains and Competencies

The NPCL Domains and Competencies were developed through the integration of national, academic, and organizational guidelines and standards (American Association of Colleges of Nursing, 2010; American Nurses Credentialing Center, 2008; Institute of Medicine, 2011; Lombardo & Eichinger, 2011; National Organization of Nurse Practitioner Faculties, 2011). Specifically, NPCL practice levels are distinguished by performance competencies in five domains. The domains encompass clinical practice and outcomes, academics and advanced nursing expertise, leadership and administrative support, professionalism, and community service. Multiple competencies capture NP behavior associated with practice levels, provide objective performance appraisal, and provide support for professional growth. The competency criteria

differentiate each level and support achievement of progressively complex NP behaviors. They are threaded throughout all NPCL levels and are reflective of a foundational and developmental process of advanced nursing practice.

NP domains and competencies guide practice, performance appraisal, and professional development in accordance with NYUHC Employee Performance Management Process, the Department of Nursing, and the Advanced Nursing Practice group. The Employee Performance Management Process supports individual involvement with organizational effectiveness and goals achievement (Lombardo & Eichinger, 2011). It also fosters collegiality, professionalism, and organizational citizenship (Garman, McAlerney, Harrison, Song, & McHugh, 2011; Lombardo & Eichinger, 2011).

Selections from the competencies in the five domains are presented in Table 1.

Exemplars

The NP applicants must identify the competencies associated with their practice and write a short exemplar illustrating competency accomplishment. Exemplar tables (Tables 2, 3, and 4) provide examples of progressive NP competency achievement across the five domains.

Competency scoring

Domain competencies were identified within each domain across the three levels of the NPCL practice model (Level 1A, Level 1B, Level 2, and Level 3). NP progression through each clinical ladder level is predicated upon a benchmark scoring within each competency domain.

Table 1 Table of domains and selected competencies for NP Levels 1 to 3

	Level 1A	Level 1B	Level 2	Level 3
1	<p>Clinical practice and outcomes Complies with protocols and pathways and documentation guidelines</p> <p>Contributes to plan of care through participating in daily interdisciplinary patient care rounds</p> <p>Academics and advanced nursing expertise Participates in NP mentoring program</p>	<p>Incorporates evidence-based research findings into clinical practice</p> <p>Integrates transdisciplinary recommendations into plan of care</p> <p>Strengthens specialty nursing care by creating unit/service specific educational programs and activities</p>	<p>Tailors care/coordinates evidence-based plan of care for patient and family</p> <p>Incorporates patients' varying levels of acuity into the daily service needs and priorities</p> <p>Presents educational offerings within the hospital, regionally, and/or nationally</p> <p>Develops continuing education programs</p>	<p>Develops evidence-based patient care initiatives/programs</p> <p>Develops a patient/family transitional plan of care based on the evidence</p> <p>Involves with education offerings:</p> <ul style="list-style-type: none"> ■ Organization of Journal Clubs ■ Presentation at city, state, national, international meetings/conferences ■ Facilitation of Grand Rounds ■ Presentation of academic course lectures
3	<p>Leadership and administration support</p> <p>Maintains membership in a professional organization</p> <p>Maintains personal work records and statistics that contribute to overall operational efficiencies of the service</p>	<p>Maintains membership in professional organizations</p> <p>Serves as preceptor for NP students or RNs completing residency program</p>	<p>Maintains membership in professional organization and serves on institutional committees</p> <p>Role model for all levels of staff</p> <p>Mentor/preceptor/resource for: APNs, MDs, RNs</p>	<p>Assumes leadership roles in institutional and/or professional organizations</p> <p>Role model/mentor/preceptor for all levels of staff including graduate students</p> <p>Evaluates and revises orientation and peer review practices</p>
4	<p>Community service</p> <p>Becomes familiar with opportunities to serve the organization or local community</p>	<p>Participates in community activities</p>	<p>Participates in community service activities</p>	<p>Demonstrates ongoing commitment to community-based initiatives</p>
5	<p>Professionalism</p> <p>Approachability, ethics and values, integrity and trust, listening, patience, self-development, technical learning, time management, and timely decision making</p>		<p>Conflict management, presentation skills, priority setting, problem solving, and understanding others</p>	<p>Creativity, business acumen, interpersonal savvy, perseverance, political savvy, and process management</p>

Adapted from Rowel et al. (2008).
Source of Professionalism Domain is Lombardo and Eichinger (2011).

Table 2 NP Level 1B competency exemplars

NP Level 1B—Competency Exemplars		
Domain	Competencies	Exemplars
Clinical practice and outcomes	Participates in the development of procedures, standards, and resources for patient information and education	Revises patient teaching handouts on procedures and educational materials
Academics and advanced nursing expertise	Assumes responsibility for professional development Attends departmental, local, state, national, or international conferences	Attends weekly PV conferences, M&M, Grand Rounds Attends specialty specific international conferences, such as SYM/SVS, Veith Conference 6-Month QA project with Vascular Surgeon
	Participates in evidence-based research, that is, data gathering, analysis, and summarization Strengthens specialty nursing care by creating unit/service specific educational programs and activities	Provides formal/informal presentations to new graduate RNs during their orientation period Annual speaker/presentation for Vascular Disease Preventive and Management ANA/ANCC/cardiac and vascular certified Peer Review/Clinical Ladder/Hand washing project
Leadership and administrative support	Maintains membership in professional organizations Serves on a division-based committee(s), or quality improvement initiatives, or clinical pathways	
Community service	Participates in community activities	Annual PAD awareness month presentation

Table 3 NP Level 2 competency exemplars

NP Level 2—Competency Exemplars	
Domain	Exemplars
	Competencies
Clinical practice and outcomes	<p>Tailors care/coordinates an evidence-based plan of care for patient and family</p> <p>Incorporates patient's varying levels of acuity into the daily service needs and priorities</p> <p>Shares clinical expertise through complex, patient consultation, and education</p> <p>Collaborates with members of a transdisciplinary healthcare team</p> <p>Initiates procedures, standards, and resources for patient care and patient education</p> <p>Participates in quality improvement activities</p>
Academics and advanced nursing expertise	<p>Initiates strategies to meet clinical outcomes</p> <p>Shares information with peers from conference/presentations germane to specialty practice</p> <p>Engages in institutional quality care initiatives</p> <p>Develops continuing educational programs</p>
Leadership and administrative support	<p>Participates in hospital committees and quality improvement initiatives</p> <p>Participates in community service activities</p>
Community service	<p>Participates in daily "white-board" transdisciplinary rounds on CV surgical (14 east)</p> <p>Streamlined patient discharge instructions following CV surgery</p> <p>Implements strategies from Rapid Improvement Event to streamline and increase efficiency of daily CV surgery patient care rounds. Collaboration in development of protocol for lumbar drainage in patients following TAAA repair</p> <p>Recommends evidence-based pharmacological management of BP, HR, and postoperative arrhythmias during daily CV surgical rounds</p> <p>Revises postoperative glucose control protocol</p> <p>Updates CV surgical presentations for Critical Care Program based upon the best available evidence</p> <p>Active member of NP Clinical Ladder Committee for development of an advancement program for NPs at the medical center</p> <p>Heart Walk</p> <p>Active participation in local sport/youth/school organizations.</p> <p>Provides health-related instruction for boy/girl scout organizations</p>

CV, Cardiovascular; MRTs, Medical Response Teams; CVSCU, Cardiovascular Surgical Care Unit; SICU, Surgical Intensive Care Unit.

Table 4 NP Level 3 competency exemplars

NP Level 3—Competency Exemplars		
Domain	Competencies	Exemplars
Clinical practice and outcomes	Develops evidence-based patient care initiatives and programs	Leads daily “white-board” transdisciplinary rounds on CV surgical (14 east) to facilitate discharges before 12 noon Refinement of preoperative, admission, and postoperative order sets to optimize safety and decrease LOS HCC11 Call-back program Heart failure program Advanced directives for palliative care Developing a patient database Clinical Cancer Center order sets prior to scheduled admission—aim to streamline admission process Development of order sets for MS group Develops standardized bowel prep for all general surgery patients Develops preoperative checklist for patients that are preparing for surgery that encompasses preoperative instructions regarding bowel prep and medication administration 5–7 days prior to surgery for general and vascular surgery Collaborated in development of a lumbar drainage protocol for patients following repair of TAAAs based upon RCT data Oncology Journal Club—the content in the article presented resulted in development of a hypersensitivity program Grand rounds—cardiology, medicine expanding oncology. Advance practice forum monthly meeting—setting discusses issues and conferences people have gone to MS Center nursing/NP rounds Transition of anticoagulation regimen from inpatient to outpatient management via coordination with private MD or outpatient clinic to ensure Transition of care of patient with pleural drainage catheter from inpatient to outpatient Transition of care of heart failure patients from acute to outpatient setting in partnership with VNS home healthcare services Amends postoperative glycemic control pathway based upon outcome measures Oncology infusion rounds with nursing staff Coordination with urology to have urology clinic day at MS Center Develops a PI project that encompasses a multidisciplinary approach utilizing the expertise of NPs in other departments, nursing, social work to educate patients in their daily trajectory during their hospital stay, to decrease LOS for general surgical patients Coordination and participation in Oncology Family Meetings
	Engages in knowledge translation to optimize healthcare outcomes	
	Develops a patient/family transitional plan of care based on the evidence	
	Coordinates clinical care to optimize transdisciplinary outcomes	
	Evaluates clinical care to optimize transdisciplinary outcomes	Coordinate daily rounds

Continued

Table 4 (Continued)

NP Level 3—Competency Exemplars		
Domain	Competencies	Exemplars
Academics and advanced nursing expertise	Sustains collaborative design for educational programs for patients, families, and staff	Ongoing refinement of discharge instructional aid for patients following CV surgery that incorporates best available transdisciplinary evidence from CV surgery, CV nursing, nutrition, and physical therapy Telephone support group for caregivers Organize monthly education group for rheumatoid arthritis patients (with speakers) Journal Club Develop binder to transition patients/families from inpatient to outpatient (e.g., Peds oncology) Education learning modules, for example, bone marrow biopsy (Manuel) Development of MS Panel presentation program for patients Development of quarterly newsletter for MS patients Educational DVD in collaboration with IOWSN, neuroimaging in multiple sclerosis: key concepts for nurses—developed concept for and presented content in DVD Data analysis from outcome metrics presented at long-stay transdisciplinary meetings to develop mechanism for timely discharge of postoperative CV patients to long-term care facilities Early mechanical and pharmacological interventions for the failing heart in the peri- and postoperative settings Early interventions for symptom management LOS data CHF outcomes (Natl. Qual. Core Measures) Incorporation of Seattle Heart Failure Model Tool into EMR to increase palliative care referrals Member of “lean” team to improve efficiency and patient safety, and decrease LOS for the CV surgical patient population Fast-track and high-risk standards of care and pathway guidelines to streamline care and meet LOS targets Cleft lip/palate prenatal consultation protocol Initiates electronic labs/chemo orders Orders evidence-based pharmacotherapeutics for BP, HR, and postoperative arrhythmia management during patient care
	Provides measurable evidence of clinical outcomes	Annual guest speaker for Columbia DNP program Planning Committee for the 2012 Janet Pearce MS Nurse Training Program—develops program outline; speaker Awarded JD Fellowship in MS—evaluate role of MS NP
	Facilitates quality/performance improvement projects	
	Shares information with peers from conference/presentations germane to specialty practice	
Academics and advanced nursing expertise	Involved with educational offerings such as:	
	■ Organization of Journal Clubs	
	■ Presentation at city, state, national, international meetings/conferences ■ Facilitation of grand rounds ■ Presentation of academic course lectures	

Continued

Table 4 (Continued)

NP Level 3—Competency Exemplars	
Domain	Exemplars
<p>Competencies</p> <p>Implements evidence-based findings from conferences and professional meetings with peers and transdisciplinary team members</p> <p>Engages in scholarly activity such as:</p> <ul style="list-style-type: none"> ■ Professional journal/book chapter ■ Research publication ■ Peer reviewer for professional publications and organizations ■ Dissertation committee member <p>Involved with institutional, professional, and/or academic organizational activities:</p> <ul style="list-style-type: none"> ■ Local ■ State ■ Regional ■ National ■ International <p>Assumes leadership roles in institutional, and/or professional organizations</p> <p>Engages in departmental and/or institutional committee activities</p> <p>Demonstrates ongoing commitment to community-based initiatives</p>	<p>ONS poster on video journal group using YouTube—will be used at NYULMC</p> <p>Pick a topic of interest that involves evidence-based research that was presented at a local or national conference and present this topic to other NPs</p> <p>International delegation with professional organization, for example, delegation to Cuba</p> <p>Develop protocol for MBSR in MS—obtain funding, investigator</p> <p>Development/editor of MS NP primer with National IMS Society</p> <p>Authored journal article</p> <p>Contributed to professional organization newsletter</p> <p>Contributed to chapter in nursing text</p> <p>Member of IOMSN (International Organization of MS Nurses)</p> <p>Participation in Nurse Advisory Boards to develop content for MS nurses</p> <p>Nurse radio development</p> <p>Member of certification committee “Passing Score”</p> <p>Board member, program committee cochair for NPNY</p> <p>Chairperson on medical center committee</p> <p>NYULMC nursing week committee member</p> <p>Nurse radio show contributors</p> <p>Commitment to ongoing involvement in local sport, youth, school organizations: International volunteers, for example, doctors without borders, humanitarian/missions</p> <p>Team captain for National MS Society Walk in NYC</p> <p>Medical mission to Peru</p> <p>Involvement with local volunteer ambulance corps</p> <p>Teach a merit badge seminar (medicine or first aid) that is pertinent to health sciences/medicine to group of boy scouts</p>
<p>Leadership and administrative support</p>	
<p>Community service</p>	

LOS, Length of Stay; MBSR, Mindfulness-based Stress Reduction; MS, Multiple Sclerosis; ONS, Oncology Nursing Society; PI, Performance Improvement; VNS, Visiting Nursing Service.

Numerous competencies within each practice domains support diverse opportunities for benchmark scoring and achievement.

A competency checklist (see Appendix B) provides a rubric for evaluation and promotion on the ladder. Level competencies and the exemplars thereof provide objective measures of performance and offer opportunities for professional growth and development. The specific competencies are built on foundational levels from 1A to 3. Each competency is assigned a one-point value and is summed across the five domains.

Meeting the competency requirements for Level 1A is a condition of employment. For promotion to Level 1B, Level 2, and Level 3 on the Ladder, achievement of a benchmark of 80% across four of the five domains (Clinical Practice and Outcomes; Academics and Advanced Nursing Expertise; Leadership and Administrative Support, and Community Service) and a benchmark of 100% for the Professionalism Domain is required.

Application and promotion process

An NP, having met the criteria for clinical NP experience, academics, leadership, professionalism, and community service, may apply for promotion on the NPCL. This process requires that the NP completes and submits a professional portfolio to the NPCL Review Committee (described below). This portfolio consists of the following documents (available in template form):

- NP Letter of Request for Promotion on the Clinical Ladder
- Curriculum Vitae
- NP Competency Checklist—This checklist indicates the applicant's total point score achieved for the domain competencies at the desired promotional level. Each competency receives one point. It must include a brief example of each achieved domain competency.
- Letters of Support for Promotion—Two letters include one from an NP peer and the second from another healthcare provider.
- Attestation of a Current Performance Appraisal on file.
- Promotion Request Packet Checklist (see Appendix C).
- NPs must maintain annual level specific competencies. Competencies are evaluated by the behavioral outcomes that are reflective of annual performance appraisal and NPCL-level domain competencies. Annual performance appraisal and a remediation plan will be developed if the NP

is unable to maintain the level specific behaviors and responsibilities. Benefits and compensation are guided by professional and organizational policies and compensation policies.

NP Clinical Ladder Review Committee

The NPCL Review Committee consists of seven rotating member volunteers from the NPCL Committee. A quorum of five members is required for committee promotional recommendations. The committee meets monthly or more frequently, as needed, to efficiently process the applications. The committee chairpersons, elected by the NPCL Committee, are notified of receipt of a completed promotion application by the Department of Advanced Practice Nurses and Physician Assistants. The chairpersons also facilitate the application review process and the activities of the committee. Ultimately, the chairpersons report promotional recommendations to the NPCL Review Committee members, the Senior Director, and the Director of the Advanced Practice Nurses and Physician Assistants.

NPCL Review Committee deliberation is guided by Robert's rules of order (Robert, Honemann, & Balch, 2011), confidentiality, and professionalism. Promotional recommendations are determined by a majority (greater than 50%) yes vote. Voting choices are limited to yes, no, or abstention. After the ruling is made by the Review Committee, the NP applicant receives notification in writing from the office of the APN/PA Director. The applicant is able to discuss promotional decisions with the APN/PA Director. If the NP is unsuccessful with the promotional application, the NP may develop an action plan that addresses competency development, mentoring, and activities that will enhance a future NP promotional reapplication. NP promotional appeals and grievances will follow organizational employee policies and procedures.

Program outgrowths

Online access

The NPCL Committee's immediate and future goals include information technology development for access to the APN standards and promotional policy. Online access will provide a blueprint for orientation, mentorship, performance appraisal, and role development. The online NP promotional application packet promotes an efficient infrastructure that is consistent, available, and guides the application process.

Formal NP orientation, mentoring, and support for role development

The NPCL was developed to support and evaluate advanced nursing practice. The NPCL Domains and Competencies were developed through the integration of academic and organizational standards (National Organization of Nurse Practitioner Faculties, 2011). The NPCL Advancement Program supports lifelong professional development and provides opportunities for mentorship (Flinter, 2011; Rowell et al., 2008). Novice and/or newly hired NPs benefit from experienced NP clinical expertise within a nurturing environment. Seasoned NPs are able to develop leadership and mentoring skills through collegial relationship building and knowledge sharing. Formalized NP orientation and mentoring programs emerged as priorities during NPCL development and are currently under development by NPs at NYUHC. Experienced NPs are spearheading these initiatives and will be responsible for their evaluation and improvement.

Hybrid positions

As NP roles have evolved to meet changing healthcare needs, NPs have assumed leadership responsibilities that encompass clinical, administrative, evidence-based practice, program, and policy development (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004). The NPCL Advancement Program supports an advanced practice-nursing infrastructure that nurtures novice to expert NP development, thereby contributing to the realization of APN professional goals. Correspondingly, NP leaders combine clinical, academic, leadership, and administrative expertise to foster transdisciplinary and patient/family partnerships, optimal patient/family outcomes that are congruent with the organization's mission and vision.

The NPCL Advancement Program's integration of APN roles has contributed to the development of NP Coordinator positions, NP departmental Program Directors, and senior leadership opportunities at NYUHC. These hybrid positions foster actualization of NP evolving roles. This, in turn, has tremendous potential to positively impact patient safety and quality metrics within the enterprise, care models that transcend in- and outpatient settings, community health, and ultimately impact healthcare legislation at the local, state, and national levels.

Influenced by national, academic, legislative, and regulatory requirements, current and future NP roles encompass clinical leadership responsibilities, population-focused healthcare initiatives, translational research, and advanced practice nursing theory development. The

NPCL Advancement program will provide the framework for NP clinical practice acknowledgment, and provide the foundation for diverse NP role development and health outcomes achievement. Additionally, the NPCL will foster novice to expert-advanced nursing practice, mentorship, and collegiality that contribute to nursing excellence and innovation (Brown-Benedict, 2008; Burket et al., 2010; Robb, 2005).

Program evaluation and publication

Development of the NPCL Advancement Program was guided by the diverse clinical and educational expertise of the NPCL Committee members. The program was supported by the medical center's SN Clinical Ladder. The NPCL represents an innovative advanced practice nursing model for clinical excellence, job satisfaction and retention. It emerged from a thorough review of the professional evidence, reflection, brainstorming, and interdisciplinary consultation; it was accomplished through exemplary teamwork and communication.

Preprogram data collected with the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) will provide a benchmark for NPCL program formative and summative evaluations and quality improvement. Additionally, measurement of this innovative practice model's impact beyond its effects on NP job satisfaction and retention to that of patient quality and safety metrics—by virtue of its promotion of excellence in clinical practice—will be undertaken after 1 year of program implementation with publication of findings to inform advanced nursing practice.

Summary

Development of the NPCL Advancement Program was both challenging and supremely rewarding. NP educational preparation, clinical expertise, and changing roles fostered rich communication and spirited debate that challenged misconceptions and evoked new insights into advanced practice nursing's contribution to quality patient care. Clinical expertise and academic preparation were appreciated and given equal representation in the ladder to reflect and support current and future NP roles. It is also recognized in the literature (Acorn, Lamarche, & Edwards, 2009; Nicoteri & Andrews, 2003) that through this integration of academic and clinical expertise NP competency development, educational preparation, and a framework for NP theory will develop. Similarly, evolving NP roles, recognized in the ladder, have the potential to promote optimal patient/family outcomes through enhanced sophistication in clinical skills, increased

commitment to education and translational research activities, and steadfast advocacy for the innovative healthcare legislation. Ultimately, this NPCL Advancement Program affords every NP employed in the medical center and outpatient clinics (with future extension of the program to physician assistants, clinical nurse specialists, and certified registered nurse anesthetists) a level playing field for career advancement and actualization of professional goals.

Implications for NP practice

Organizational commitment to a structured NPCL Advancement Program is critical for NP professional development, support of evolving role responsibilities, job satisfaction, and retention and cannot be overstated. The process of development of the NPCL Advancement Program underscored the need for formalized NP Orientation and Mentorship programs, and dedicated time away from clinical responsibilities for engagement in knowledge translation activities and participation in formal, organizationally sponsored leadership programs to meet the professional needs of NPs in acute care and hospital-affiliated outpatient settings. Through its support of NP professional development, job satisfaction and retention, the NPCL Advancement Program has the potential to significantly impact patient quality and safety metrics which is at the heart of advanced nursing practice.

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Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's website:

Appendix A. New York University Hospitals Center Inclusions

Appendix B. Competency Checklists: NP Levels 1B, 2, and 3

Appendix C. NP Clinical Ladder Promotion Request Packet: Instructions and Checklist