

Optimizing the Advanced Practice Clinician (APC) New Hire Onboarding Experience through Education

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Published In/Presented At

Hartzell, M., Hedstrom, H., Durani, A., (2018, August,3), *Optimizing the Advanced Practice Clinician (APC) New Hire Onboarding Experience through Education*. Poster presented at LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

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Optimizing the Advanced Practice Clinician (APC) New Hire Onboarding Experience through Education

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INTRODUCTION

- APC Executive Council created a task force to research and improve the onboarding process to:
 - Increase employee/patient engagement and satisfaction
 - Decrease burn out and increase retention
- Turn over rates cost LVHN \$12.15 mil from FY12-FY17⁽³⁾
 - 22% of new hires left within 1 year
- Project evolved out of survey results citing: “lack of role-specific onboarding support”⁽³⁾
- **Goal to fill this gap with an education tool that provides a summary of the “top ten” clinical diagnoses by department that includes relevant information as well as updated research, charts, etc.**

METHODS

Compile Topics

- -Members from each department in the network were asked to submit a “top ten” clinical diagnoses
- A total of 249 topics were presented to the research scholars, spanning across all departments and divided into 25 subsections

Divide and Select Research Topics

- Lots of overlap between departments → increased efficiency by selecting topics that had considerable overlap: diabetes, strokes, etc.
- Tended to be those that were more straightforward and concise: asthma vs. “medical care of geriatric patient”

Procure Resources

- Found relevant medical textbooks/journals from LVHN library resources: primarily Access Medicine and PubMed
- -Ensure minimum of 3 textbook references for each topic: emphasis on currency and reputation

Draft Topic Summaries

- Each topic summary utilized an overview section followed by a set of subheadings, as well as charts and tables to increase readability
- Subheadings differed slightly for each topic but generally included: risk factors, diagnostic criteria, symptoms/signs, clinical presentation, overall management, treatment, complications, and references

Editing

Rough draft of topic summaries were sent to an APC in that specialty to make changes and suggestions for material that should be added or removed

Upload to AP-C Intranet Page

After documents were updated with the AP-C edits, they were submitted to the Department of Education to be displayed on the APC intranet site as seen in picture

RESULTS

86

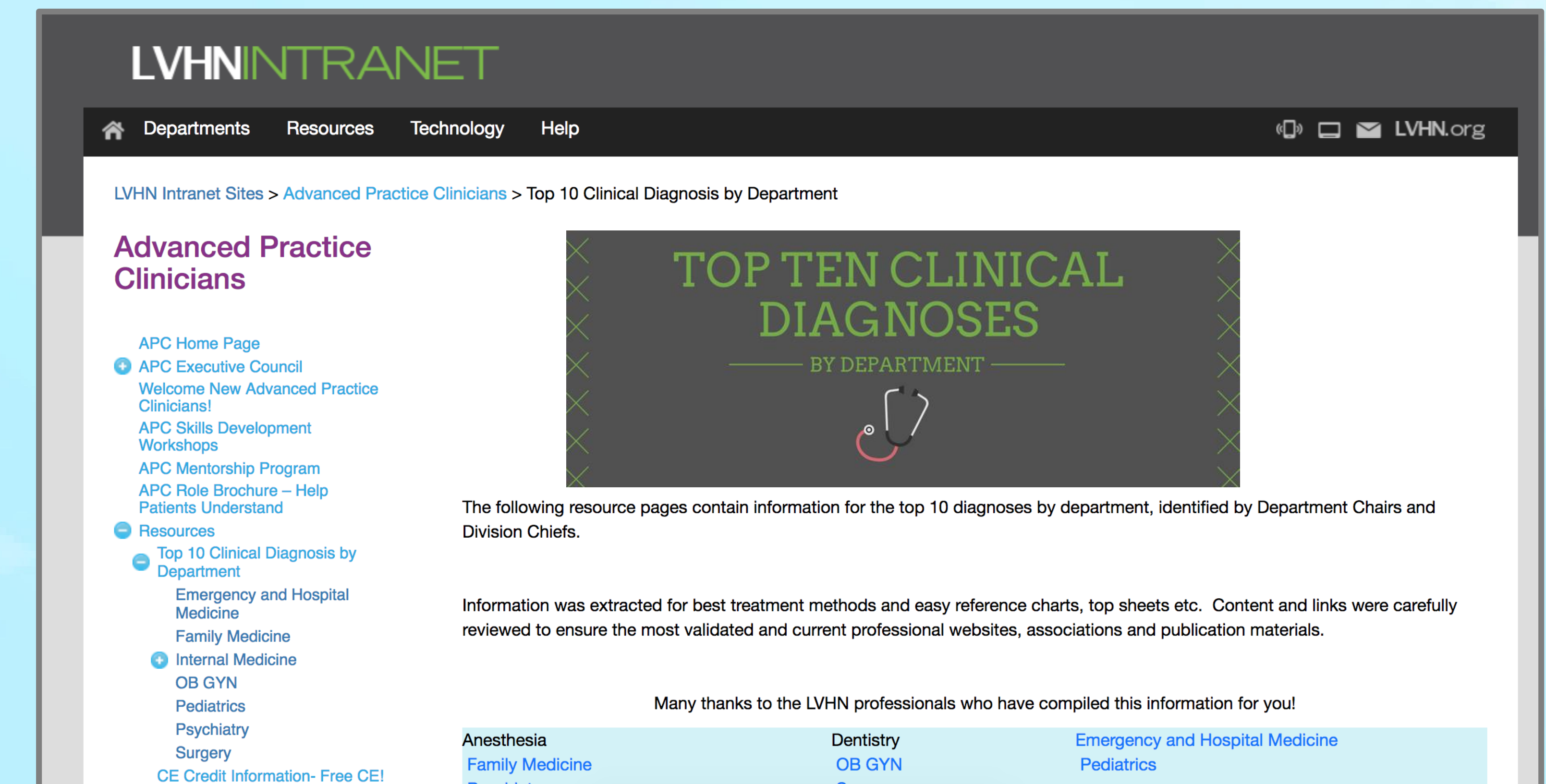
Top ten topics completed

453

Pages of educational resources created

35%

Of all “top ten” topics complete



LVHN APC RESOURCE WEBPAGE WHERE OUR NEW MATERIAL WILL BE HOUSED

CONCLUSIONS

- **APC Executive council will continue to work on completing the remaining topics within the next year and then conduct research to determine its effectiveness**
- “Risk factors for burnout are mutable and specific efforts targeting these predictors might effectively reduce burnout among practitioners”⁽⁵⁾
- Effective implementation of onboarding material the results relating to turnover and burnout has the potential to improve

Transient Ischemic Attacks (TIAs)

Overview

- Term given to ischemic events that resolve within 24 hours with no evidence of an infarction
 - Most actually resolve within <1 hour
 - Same sudden neurologic deficits
 - Will not show evidence of ischemia on MRIs
- Important risk factor for stroke
 - 10-15% risk of acute stroke within 3 months of TIA, most occur within first 2 days
- Recommendation for most patients to be hospitalized after TIA for monitoring and therapy

ABCD² Scoring System

- Uses Age, Blood Pressure, Clinical Characteristics, Duration and Diabetes to predict stroke risk after TIA
- [Calculate Online](#)
- Should NOT rely only on risk instruments like ABCD to discharge patients

TIA Treatment

1. Antiplatelet Agents
 - [Best practice aspirin plus dipyridamole](#)
2. Anticoagulation
 - Adjusted dose oral anticoagulation with warfarin traditional practice for a fib patient but new anticoagulants under research [due to warfarin's lower efficacy](#)
 - Heparin NOT recommended
 - [Other studies suggest anticoagulants not helpful at all](#)
3. Control/Education of ABCD Risk Factors
 - Hypotension
 - Diabetes
 - Alcohol
 - Obesity
 - Hyperhomocysteinemia

EXCERPT OF SUMMARY MATERIAL ON STROKES (CVA/TIA)