

Smoothing your transition from RN to NP

The keys to job satisfaction are evaluating prospective employers carefully and setting realistic expectations.

By Kimberly Poje, MS, RN, FNP-BC

Transitioning to the nurse practitioner (NP) role is exciting—but it can also be stressful. Fortunately, taking certain steps can make it smoother.

I'm a family NP (FNP), board certified by the American Nurses Credentialing Center (ANCC). Before graduation, I worked as a critical care nurse for 5½ years. I still vividly recall the struggles I had as a new registered nurse (RN) and later as a new FNP. Here are some suggestions for easing your transition from RN to NP to launch yourself to your next career stage.

Become board certified

To make you more confident in your abilities and boost your marketability, I highly recommend getting board certified as an NP. State requirements for certification differ; be sure to find out what they are for the state where you'll practice. The two certifying bodies are the ANCC and the American Association of Nurse Practitioners.

I suggest you study for the exam for 3 to 4 months, take a review class, and then take the exam shortly afterward. Putting off the exam only allows time for fear and self-doubt to creep in. Also, stay in your current job until you take the exam so you're not dealing with the additional stressor of a new work environment at the same time.

Choose the patient population

Part of transitioning to the NP role is finding your first position. Before starting your job hunt, decide which patient population you'd like to serve. This helps you focus your job search. For

new NP when your job hunt begins, they can help you get your name out there for other opportunities. Whatever you do, don't take a job solely for the sake of practicing as an NP. That's a path that's likely to lead to dissatisfaction.



example, if you decide you want to work in a specialty area, such as cardiac, you can concentrate your networking on that specialty area.

Get your name out there

Stay in touch with the NPs or physicians with whom you completed your clinical hours. Even if their practice doesn't need a

Evaluate potential employers carefully

When interviewing for a position, make sure to ask about job expectations, including patient load, how much time you'd have with each patient, and work hours. Also, make sure the services you'd be asked to provide align with your state's nurse practice act. In addition, ask

about administrative support (for such tasks as scheduling and paperwork) and clinical support (for assistance with complex patients you might need help managing).

One Canadian study examined the requirements for a successful transition to practicing as an NP. Sullivan-Bentz, et al recommend that primary health-care practices employing new NPs ensure these NPs receive formal mentorship and support from physicians and NPs familiar with the role and that written resources and colleagues are available for consultation and support. Ideally, your new work setting should provide such resources.

Set realistic goals and expectations for yourself

Recognize that as a new NP, you're a novice—again. Having unrealistic expectations of yourself can increase your anxiety as you transition to your new role. The “imposter phenomenon” can occur in new NPs. In this phenomenon, people feel they're not qualified for their jobs and are duping their bosses into believing otherwise; they also fear they'll be found out someday.

To counter such feelings, use self-reflection on a daily basis. Recognize that the learning curve for a new NP can be steep, just as it was with the transition from nursing student to RN. Self-reflection helps you focus on what you're learning rather than on what you feel you don't know or didn't do correctly. You might want to keep a journal to record your reflections.

Remember that when you become an NP, you assume a new professional role. You're now a primary care provider. Even though you may be a seasoned RN with years of experience, the NP's provider role is new to you. Questioning your assumptions and actions is normal because you're making different types of patient-care decisions than

you've made in the past. This can be intimidating.

What you can learn from my experience

To demonstrate the above points, let me walk you through the barriers and challenges I faced in my first NP role. My first position was with a practice where I'd previously spent 5 months of clinical time. On my first day, I had 12 patients, which I found a bit overwhelming. After I voiced my difficulty dealing with such a high patient load, my schedule lightened up a little, giving me some time to look up clinical information I needed and finish my charting.

But by the third week, flu season was hitting hard. My daily schedule reached 25+ patients;

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in some instances, I was double- and triple-booked. I continued to voice my concerns about the safety of such a high patient load and whether I could provide thorough care—especially in light of being a new NP.

Although I believed my schedule didn't allow time to provide adequate care for complex patients, I did what I could to provide the best care under the circumstances.

To compound matters, two pediatricians in our practice decided they would no longer answer questions from or provide guidance to NPs. Now that we'd graduated, they said, we should know the answers. This lack of

support caused feelings of inadequacy, self-doubt, and job dissatisfaction. I knew this wasn't the way I'd envisioned practicing as an NP, so I left this position after just 10 months.

Currently, I work in a neurology practice. Although I continue to feel intimidated at times, I'm getting more support. My FNP training has been extremely useful, but a specialty requires much on-the-job learning and independent reading. I'm struggling a bit to handle this new role.

The value of time

Even in the best-case scenario, the transition to NP can be difficult. The best advice I can give is to realize that adjusting to a new role takes time. Give yourself that time to ease your anxiety and self-doubt. Setting realistic goals, having an employer with realistic expectations of you, and getting solid support from colleagues also can smooth the transition.

To address the issue of realistic expectations on a broader scale, educate the medical community about the NP role. Emphasize that we are *not* physicians and can't be expected to practice the same way as physicians. NP and physician roles have certain similarities—but distinct differences.

Find a collaborating physician willing to take the time to learn what an NP is and does, and be patient with yourself during the transition phase. These are the keys to your success as an individual practitioner—and to the success of NPs collectively. ■

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Your path to becoming an administrative supervisor

You'll wear many hats: facilitator, problem solver, mentor, emergency responder, and urgent decision maker.

By Susan Heidenwolf Weaver, PhD, RN, CRNI, NEA-BC

Naomi, a novice staff nurse, calls her administrative supervisor, Madelyn, for assistance with Selma Rice, an 84-year-old patient who has pulled out her I.V. line and wants to leave against medical advice (AMA). When Madelyn arrives on the nursing unit, she shows Naomi how to access the hospital policy and reviews the AMA procedure with her. After discussing Mrs. Rice's situation, Madelyn and Naomi go to her room to explore whether anything more could be done to assist her. Madelyn discovers the patient wants to attend mass in memory of her husband and their 60th wedding anniversary. She contacts the hospital priest and asks him to meet with the patient. With this intervention, Mrs. Rice consents to stay in the hospital.

Madelyn encourages Naomi to provide a phone update to the patient's son. Finally, Madelyn and Naomi collaborate to arrange an interdisciplinary meeting with the patient, her son, her physician, and her case manager to review plans for the rest of her hospital stay and discharge.

Looking for a professional challenge? Administrative supervisor may be the role for you. Every day, nurses like Naomi seek the assistance of administrative supervisors to help solve a wide range of problems.

Giving nurses whatever assistance they need to provide safe, effective patient care is an impor-

tant part of this role. For instance, a supervisor may be asked to review and check a chest tube setup with a new nurse, explain hospital policy on administering I.V. metoprolol on a medical-surgical unit, or help a staff nurse obtain 3,000 mL of sterile normal saline solution for a patient's continuous bladder irrigation.

In most acute-care hospitals, administrative supervisors are the on-site nurse leaders who work off-shifts, such as evening, night, and weekend shifts.

Qualifications

Each hospital establishes its own requirements for the administrative supervisor position. Generally, a candidate must have a current active nursing license and a bachelor of science in nursing degree; a master's degree is preferable. Of course, you'll need relevant clinical nursing experience as well, along with charge nurse or management experience. Administrative supervisors typically respond to all emergencies, such as cardiac arrests, so critical care experience is particularly helpful. Executive nurse board certification from the American Nurses Credentialing Center also is valuable.

Responsibilities

An administrative supervisor is the visible on-site nursing and



administrative leader, with responsibility for the entire hospital during the weekend, evening, or night shift. Responsibilities vary but typically include responding to emergencies, addressing patient and family concerns, staffing, and supporting the nursing staff. Some administrative supervisors still perform some of the functions described in historical publications, such as rounding on nursing units, making urgent decisions, and releasing bodies to funeral homes. (See *Historical perspective*.)

Most nurses with critical-care experience adapt easily to responding to patient emergencies, such as cardiac arrests, strokes, and rapid response situations. In such emergencies, the supervisor ensures the patient is receiving the necessary care and assists as needed with documenting care, talking with family members, or

Historical perspective

The administrative supervisor role has been around for more than 100 years. In the 1930s, a nurse researcher who conducted field observations at seven hospitals during the night shift found night supervisors made rounds and received report on patients. In 1956, the American Hospital Association recognized the evening and night supervisor role, and identified staffing and making on-the-spot decisions as key functions of this role. A handbook for night supervisors published more than 50 years ago provided guidance for supervisors with administrative duties for which they had no training, such as release of bodies, refusal of treatment, and dealing with suspicious persons.

finding a transfer bed for the patient. Supervisors also respond to general hospital emergencies, such as smoke and fire situations, a broken water pipe resulting in flooding, or a bomb threat.

Ensuring appropriate staffing for the current shift and the next one can be challenging. As patients are admitted, the administrative supervisor must make sure appropriate staff are on hand to provide care. For the next shift, the supervisor reviews the scheduled staff and makes adjustments based on the unit

census and patient acuity.

Empirical research on the administrative supervisor role is just beginning. In a recent pilot qualitative study, Weaver and Lindgren interviewed administrative supervisors and found that they oversee and do everything needed to keep the hospital running, with responsibilities for staffing and patient flow, crisis management, and managerial support for the staff.

Are you interested?

For nurses who aspire to be

leaders, administrative supervisor can be an exciting and rewarding position. Instead of being assigned to care for patients, the supervisor's assignment is to care for staff nurses. This means being available and making rounds on all nursing units to answer questions, solve problems, assist with patient-care issues, and mentor novice night nurses to help them become experienced charge nurses. And sometimes, the supervisor's role is simply to comfort and reassure a nurse, even letting her cry on her shoulder. ■

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Maintaining clinical competency is your responsibility

Learn how to maintain and enhance your competency.

By Margaret Strong, DNP, RN, NE-BC

Healthcare consumers expect competency from the nurses who care for them—and registered nurses (RNs) have an ethical and legal responsibility to maintain their competency. The scope of the professional nurse evolves continuously to adjust to the dynamic healthcare landscape, society's changing needs, the political climate, and the expanding knowledge base of theory and scientific domains.

Competencies defined

The American Nurses Association (ANA) states that “assurance of competence is the responsibility of the profession, individual nurses, professional

organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders.” ANA has 17 standards of practice and professional performance; each standard has two parts—a description of the standard itself and multiple competency statements for that standard.

- Standards reflect philosophical values; they remain stable.
- Competency statements, on the other hand, are revised as needed to incorporate advances in scientific knowledge and expectations for nursing practice. To demonstrate competency, the RN must meet all competencies for the given standard.

A general scope and standards apply to all nurses; additional scopes and standards apply to nurses in specialties. General standards are presented in nursing school; novice nurses should be establishing competency in these areas as they enter practice.

All nurses should be familiar with the scope and standards that drive their clinical practice. You're responsible for ensuring that you meet the competencies for each standard. To find the standards, see *Nursing: Scope and Standards of Practice* (3rd edition) or visit nursingworld.org/scopeandstandardspractice or your specialty organization's website.

AONE and QSEN competencies

The American Organization of Nurse Executives (AONE) released a new set of “Guiding Principles for the Role of the Nurse in Future Patient Care Delivery” in 2010. These principles provide a foundation for determining the competencies future nurses will need. They include the following:

- The core of nursing is knowledge and caring.
- Care is patient- and family-based.
- Knowledge is access-based.
- Knowledge is synthesized.
- The patient remains at the center of care, whether he or she is present in person or virtually.
- Nurses are accountable to manage the patient’s journey.
- Nurses drive quality and safety.

Quality and Safety Education for Nurses (QSEN), a project funded by the Robert Wood Johnson Foundation, has a focused competency methodology whose goal is to prepare future nurses with the knowledge, skills, and attitudes needed to provide safe, high-quality care. It identified six competencies, five of them derived from the 2003 Institute of Medicine report *Health Professions Education: A Bridge to Quality*. The six competencies are:

- patient-centered care
- teamwork and collaboration
- evidence-based practice
- quality improvement
- informatics
- safety.

Maintaining your competency

You can maintain and enhance your competency through education, professional organizations, networking, conferences, webinars, continuing nursing education (CNE) modules, and certification.

- Continue your formal education to give yourself new perspectives and keep up-to-date on society’s changing health-care needs, the expanding knowledge base, and political currents affecting health care. The 2011 Institute of Medicine’s report *The Future of Nursing: Leading Change, Advancing Health* recommends that 80% of practicing nurses should have a bachelor’s of science degree in nursing by 2020.
- Belong to a professional organization to stay current on changes that affect your practice. ANA’s website also offers valuable information to keep you informed of these changes.
- Attend conferences and meet-

ings where you can network with other nurses, learn from researchers, gain new information to take back to your workplace, and learn about new procedures your employer can implement to improve patient care.

- Complete webinar courses and CNE modules. But make sure the information presented comes from a reputable source. For instance, Sigma Theta Tau (International Honor Society of Nursing) offers webinar courses that members can access for free. Another reputable website is that of the Institute for Healthcare Improvement’s Open School at ihi.org/education/ihiopenschool/Pages/default.aspx. It offers free courses in five categories that dovetail with competencies from the American Organization of Nurse Executives (AONE) and Quality and Safety Education for Nurses (QSEN). (See *AONE and QSEN competencies*.)
- Read peer-reviewed nursing journals and take the CNEs

they offer.

- Become certified in your practice area. The American Nurses Credentialing Center (ANCC) states that its certification program “enables nurses to demonstrate their specialty expertise and validate their knowledge to employers and patients. Through targeted exams that incorporate the latest nursing-practice standards, ANCC certification empowers nurses with pride and professional satisfaction.” If you’re a specialty nurse, being certified in that specialty shows the public you’re competent and committed to lifelong learning. Nurses at all levels should be actively involved in determining the competencies they need to stay current. Remember—you have an ethical and legal responsibility to the public, yourself, and the nursing profession to provide safe, timely, efficient, effective, equitable, and patient-centered care. ■

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