

# Defining and standardizing the role of advanced practice provider educators: A survey of advanced practice education and professional development specialists

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## ABSTRACT

Nurse practitioners (NPs) and physician assistants (PAs) play a vital role in health care delivery. To meet growing health care demands, NPs and PAs have increased levels of autonomy, face early productivity expectations, and care for increasingly complex patients. This paper aims to describe, define, and standardize the role of the advanced practice education and professional development specialist across organizations. Using survey methodology, an anonymous survey was emailed to an informal group of advanced practice educators. The survey was sent out three times over approximately 8 weeks, with the last survey sent after the annual National Association of Pediatric NPs meeting. Of the 24 survey respondents, there were 13 different titles. Most respondents (75%) had worked as an APP for over 10 years. Most providers in educator roles were new to the position; 33% had been in the role for less than 1 year, and 29% for 1–3 years. Fifty percent of respondents were matrixed to the entire health system, whereas 42% stated their work is delineated to a specific department. Only 17% of survey respondents felt that leaders at their organization understood their role as advanced practice educators. As advanced practice leadership roles become more formalized with focused initiatives, including onboarding, student placement, and professional development, the educator and professional development role must be clearly defined. Standardizing the title and role responsibilities of the educator and professional development specialist is crucial to supporting a robust, engaged, and expert workforce, thus improving provider and family satisfaction and quality of care.

**Keywords:** Professional development; education; transition to practice; advanced practice; advanced practice provider; nurse practitioner; physician assistant.

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## Introduction/history of profession

To meet growing health care demands, advanced practice providers (APPs) have increased levels of autonomy, face early productivity expectations, and care for increasingly

complex patients. Advanced practice provider is defined as a health care provider who is a nurse practitioner (NP), physician assistant/associate (PA), clinical nurse specialist (CNS), nurse anesthetist, or nurse midwife (Moore,

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2023). In this context, the term encompasses a range of roles, each contributing uniquely to patient care. Although applicable to all advanced practice roles, this paper is focused on nurse practitioners (NPs) and physician assistants (PAs). By focusing on these specific categories, we can better understand the challenges and opportunities they encounter transitioning into the health care landscape.

Nurse practitioners and PAs play a vital role in health care delivery. In the 1960s–1990s, new NPs and PAs were experienced clinicians, employed primarily by physician practices with apprenticeship style training (Brennan, 2020). During these years, NPs, PAs, and physicians cared for patients together using a dyad model of care (repeat citations). Since the early 2000s, NPs and PAs have entered the workforce earlier in their career, employed by large, complex health care organizations, and working with many physicians in addition to other health care providers.

Annually, roughly 36,000 NPs and 11,000 PAs graduate (American Association of Nurse Practitioners, 2022; National Commission on Certification of Physician Assistants, 2023). It is projected that NPs will increasingly be used to address provider shortages as the role is the fastest growing job in the country, and according to the Bureau of Labor Statistics (Hooker & Christian, 2023). The demand for NPs is predicted to increase by 46% by the year 2031 (Hooker & Christian, 2023; USA Facts, 2024). In addition, PA employment is expected to increase by 28% by 2031 (Hooker & Christian, 2023; US Bureau of Labor Statistics, 2023). According to the 2024 APP Compensation and Productivity Sullivan Cotter Survey, in 2024, 69% of organizations increased the size of their APP workforce with 62% planning on increasing their APP workforce (Hartsell & Noecker, 2020). As such, NPs and PAs are crucial members within the current health care system.

In addition to increased demands for acute care NPs and PAs from hospitals, the reduction in the Accreditation Council for Graduate Medical Education (ACGME) resident hours has led to a provider service gap and increased the need for NPs and PAs in the acute care setting, creating a need for providers (Denson et al., 2015; Mowery, 2015). Physician Residents' hours will only continue to decrease with the next ACGME reduction projected in 2025, creating additional gaps in clinical provider coverage.

Training requirements for NPs and PAs vary; each program has set standards and certifying bodies specific to its education and training requirements. Given this difference, when hiring and training NPs and PAs in a subspecialized hospital role, the importance of an NPs and PAs education and professional development specialist (PDS) should be considered.

## Purpose

This paper aims to describe, define, and standardize the role of the advanced practice education and PDS across organizations. The following objectives will address the paper's aims:

- Describing the role of the advanced practice educator and PDS within hospital systems across the United States.
- Recommendations for standardizing return on investment, retention, and engagement through the education and professional development APP role.
- Comparing the job responsibilities of the advanced practice educator from different hospital systems.

According to the Future of Nursing Report, nurses should practice to the fullest extent of their education and training (Institute of Medicine Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011). Professional development specialists were established in 1928 to support nursing professional development and have only grown, evolving into a specialty certification over the past many decades (Development, 2024). The clinical nurse educator (CNE) and PDS are essential to providing safe nursing care in the clinical setting for onboarding, precepting, establishing, and maintaining clinical competencies (Coffey & White, 2019). These crucial roles are well established in nursing literature (Dickerson & Durkin, 2022; Harper et al., 2022). There is a gap in the literature describing professional development roles and resources are needed to grow this fundamental position within organizations.

Unlike the CNE, advanced practice education professionals support NPs and PAs with varying certifications. These may include NPs across many subspecialties (such as pediatric primary and acute care, family, psychiatric, adult, and geriatric), CNSs, PAs, nurse anesthetists, and certified nurse midwives. Therefore, advanced practice educators must have the knowledge, expertise, and skill to understand the specific needs of NPs and PAs, as certification, training, and levels of experience vary throughout specialties.

In addition to the aforementioned points, new graduate NPs and PAs report anxiety, isolation, and lack of confidence during the first months of clinical practice. It requires an average of 6–8 months to begin to feel proficient in their first jobs (Morgan et al., 2023). There is evidence that NP's and PA's adaptation to their new roles can be a period of intense personal stress as they transition from student to professional provider. In addition, the lack of individualized and practical resources to support this transition into practice can lead to increased burnout, errors, and turnover (Lopez-Cartegena, 2022). Registered nurses receive extensive orientation and

training for their first year of practice. This is not the standard for NPs (Cusson & Strange, 2008). However, orientation has proven to be beneficial. In a descriptive, cross-sectional survey of 352 practicing NPs, Barnes (2015) found that “A positive correlation exists between a formal orientation and NP role transition” (pg. 178) (Barnes, 2015).

## Methods

To further understand the depth of the advanced practice and professional development role, a group of advanced practice education and PDS created an informational questionnaire. The Institutional Review Board at Children’s National Hospital approved the questionnaire and deemed the project exempt. The goal of the questionnaire was to quantify the current role and responsibilities of the advanced practice educator across organizations in the United States.

The anonymous questionnaire was emailed to an informal group of 25 advanced practice educators across the country a total of 4 times over a period of 2 months. Recipients consisted of members of the advanced practice education lead exchange, a community of NPs and PAs who maintain at least some aspect of education and professional development within their role. The email included an information sheet acknowledging consent to participate and a link to the questionnaire. The questionnaire was sent a fifth time after the annual National Association of Pediatric NPs meeting in March of 2024 to an additional 19 recipients.

The questionnaire had a total of 16 questions that consisted of license and certification type, years of experience clinically and within role of education and professional development, total full time equivalent (FTE) within role, clinical time maintained, and approximate number of NPs and PAs within organization (for further details, please see full questionnaire in Appendix A, Supplemental Digital Content, <http://links.lww.com/JAANP/A370>).

## Results

A total of 24 responses were obtained, a 54% response rate. Of these, 75% were NPs, 21% were PAs, and 4% were CNSs. Most respondents (75%) had worked as a provider for over 10 years. Most participants within educator roles were new to the position; 33% had been in the role for less than 1 year, and 29% for 1–3 years. Eighty-three percent came from large organizations with over 300 NPs and PAs. Eighty-three percent of participants also worked in pediatrics practice alone, whereas the rest of the respondents practiced within both pediatric and adult training. Results to questionnaire listed in **Table 1**. The number of advanced practice educator positions within each organization varied, as shown in **Figure 1** below.

**Table 1. Advanced practice provider educator survey**

<b>N = 24</b>	
<b>Type of APP by training</b>	
Nurse practitioner	18 (75%)
Physician assistant	5 (21%)
Certified nurse specialist	1 (4%)
Certified registered nurse anesthetist	0 (0%)
Other	0 (0%)
<b>Years working as an APP</b>	
1–3 years	0 (0%)
4–5 years	0 (0%)
5–7 years	1 (4%)
8–10 years	5 (21%)
10+ years	18 (75%)
<b>Years in the role as an APP educator</b>	
<1 year	8 (33%)
1–2 years	7 (29%)
4–5 years	4 (17%)
5–7 years	2 (8%)
8+ years	3 (13%)
<b>How many APP educator positions are in your organization?</b>	
One	9 (38%)
Two	3 (13%)
Three	5 (21%)
4+	7 (29%)
<b>Approximately how many APPs are in your organization?</b>	
Less than 100	0 (0%)
100–150	0 (0%)
150–200	2 (8%)
200–250	1 (4%)
250–300	1 (4%)
300+	20 (83%)
<b>Practice type as APP educator</b>	
Pediatrics	20 (83%)
Adults	0 (0%)
Both pediatrics and adults	4 (17%)
<i>Note: APP = advanced practice provider.</i>	

Of the 24 respondents, there were 13 different titles. The titles included Advanced Practice PDS, Lead Education APP, APP Education Specialist, APP Program Lead, Director of APP Education, Advanced Practice Education & PDS, Advanced Practice Education Coordinator, APP Manager of Education & Quality, Director of APP Education & Fellowships, Associate Director of Advanced Practice Quality & Education, Director of APP Development, Assistant Director APPs, and Transition to Practice Program Manager.

Sixty-three percent of respondents report to the department of APPs. Smaller percentages report to nursing (4%), advanced practice and nursing (13%), or a specific department or section leader and some report to their division chief. Another noteworthy finding was that just over half, 51% of respondents were matrixed to the entire health system, whereas 42% stated their work is delineated to a specific department. Neurology, critical care and surgical services, pediatrics, family medicine, internal medicine, and urgent care were within the departments with their own direct education and PDS.

Eighty-three percent of the respondents (20/24) maintain clinical obligations in addition to their role as an educator. The amount of clinical work time reported is as little as 8 hours per month, whereas others report a 0.75 clinical FTE. The mean clinical FTE was 0.36, and the mode was 0.2 followed by 0.5.

The job responsibilities of the advanced practice educator vary and include many responsibilities, as shown in **Figure 2**. The most common roles included NP and PA onboarding and orientation, continuing education, professional development for NPs and PAs, and transition to practice/fellowship program oversight. "Other" responsibilities included simulation education, collaborative governance, standardized procedures oversight, unit-based education, research/quality improvement/evidence-based

practice, committee oversight, conference planning, networking events, continuing education planning, and general clinical practice and NP and PA practice initiatives.

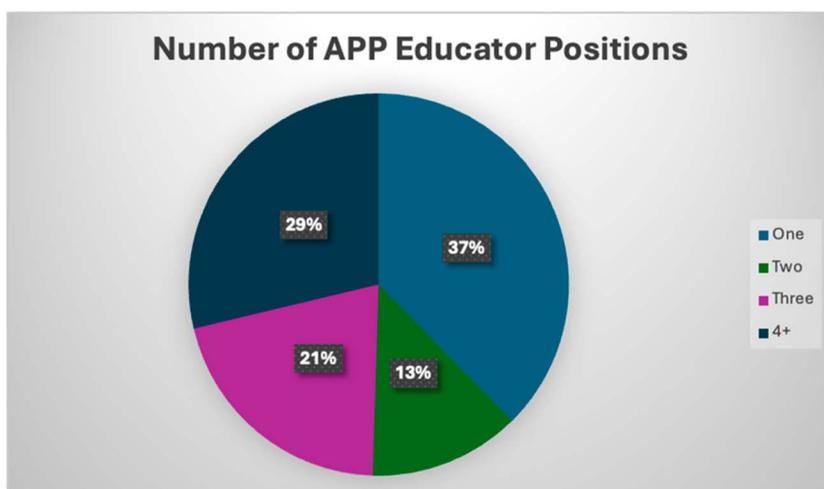
Only 17% of respondents felt that leaders at their organization understood their role as advanced practice educators. Respondents suggested that confusion was due to new and poorly defined roles. Similarly, there needed to be more clarity regarding the specific needs of NPs and PAs acting as educators within their specialty area. The biggest challenges of the role were elicited and are shown in **Figure 3**. Comments made regarding challenges include the following:

- "Being new while also demonstrating a return on investment is hard."
- "The role needs to be more clearly defined so that we can translate a 'job description' or role into our specific institutions."
- "My position has brought great career satisfaction beyond just my clinical practice."
- "The role continues to grow-opportunities to promote professional development are boundless, however, there are needs to promote retention."

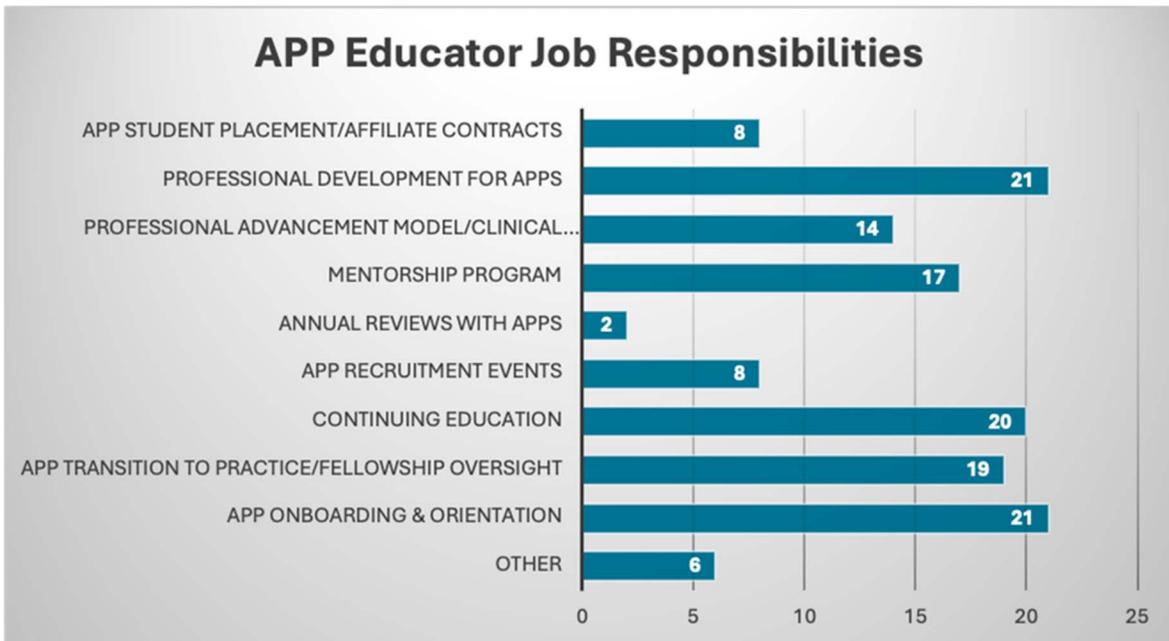
## Discussion

As NP and PA leadership roles become more formalized with focused initiatives, the advanced practice educator/PDS role must be clearly defined. This includes understanding and measuring the return on investment, retention, and engagement of the NP and PA workforce.

The advanced practice educator role is varied and often includes several responsibilities, such as onboarding, transition to practice, professional advancement models, and continuing education. Each of these responsibilities provides direct and indirect return on investment when health care systems need to reduce



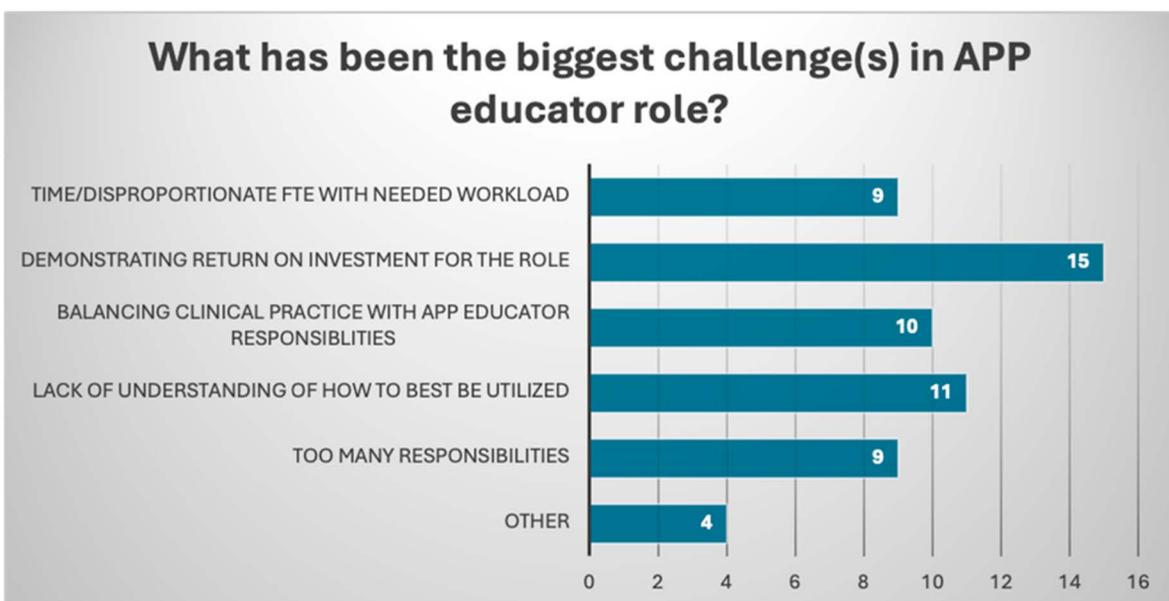
**Figure 1.** The number of advanced practice educator positions varies across health care organizations.



**Figure 2.** Advanced practice educators’ most common job responsibilities were professional development for nurse practitioners (NPs) and physician assistants (PAs) and NP and PA onboarding and orientation.

turnover and promote retention through effective onboarding and orientation programs (Schaefer et al., 2022). Sullivan Cotter calculates a single NP or PA total direct turnover cost of between \$85,832 and \$114,919 (Hartsell & Noecker, 2020). In 2024, this cost was estimated to exceed \$120,000 (Quantifying-the-Cost-of-Advanced-Practice-Provider-Turnover, sullivancotter.com Compensation and productivity survey infographic (Hartsell & Noecker, 2020)). Professional advancement

models are crucial to recruitment and retention strategies for NPs and PAs, job satisfaction, and retention (McComiskey et al., 2018). Continuing education, including simulation training, can provide clinical and economic value, each providing financial advantages. Improving clinician proficiency through simulation training enhances patient outcomes and reduces errors each providing monetary benefits (Asche et al., 2018). Advanced practice educators may also be involved with developing



**Figure 3.** Advanced practice educators note several challenges in their role, demonstrating return on investment as the most common challenge in the questionnaire.

accredited continuing education for both internal and external audiences. At a cost rate of \$15/credit hour per NP or PA that claims credit, it is often cost-effective to offer in-house accredited continuing education to meet licensure and certification requirements. In addition, a program with an interprofessional capacity can improve clinical and nonclinical outcomes, increase team communication, enhance safety, and encourage awareness of experts within their teams and institutions (McMahon, 2017).

Nurse practitioners and PAs aim to provide high quality and safe care to their patients. The advanced practice educator/PDS's purpose is to facilitate, support, and develop each new and established NP or PA from their transition into practice to continuing professional development throughout their career. In addition, the advanced practice educator provides ongoing education, competency development, and training and ensures NPs and PAs function within their full scope of practice. All of which tie back to quality and safety within a regulatory environment.

A standardized onboarding process for newly hired NPs and PAs is helpful. Studies have documented challenges for new graduates during the first 1–2 years of their transition to practice (Brown & Olshansky, 1998; Hart & Bowen, 2016; Hart & Macnee, 2007; Heitz et al., 2004; Kelly & Mathews, 2001). Qualitative data suggest that NPs and PAs develop increased competency and confidence in caring for complex patients after participating in postgraduate education (Flinter, 2011; Zapatka et al., 2014).

After a recently replicated study in 2016 at a Midwest Children's Hospital, NPs and PAs and preparedness to practice in their first position were evaluated using a 5-point Likert scale. The results offered data on pediatric NPs and PAs and their perceptions of preparedness to practice in a pediatric setting. It also described the gaps in postgraduate transition to practice. Of those NPs and PAs who participated in this study, 82% indicated that they would have been interested in attending a postgraduate program whether one was available when they completed their master's degree. It pointed to a need to improve education to support transitions to first-time APP positions (Cuthrell, 2016).

When there is a lack of support for NPs and PAs transition to clinical competency in subspecialty practice, there is a negative impact on the NP or PA and decreased practice confidence (Harris, 2014). Harris (2014) and Flinter (2011) commented that the lack of formal residency/fellowship programs has resulted in feelings of discontent with outcomes of suboptimal performance and significant job dissatisfaction (Flinter, 2011; Harris, 2014). Harris (2014) proposed that there is a definite gap between the education received at the graduate level and the transition education

needs that occur postgraduate in the specialty practices (Harris, 2014). Institutions nationwide have found an approach to bridging the gap to clinical competency for NPs and PAs through fellowship, residency, and transition-to-practice programs.

The advanced practice educator and PDS is at the heart of postgraduate education development. Across the country, many medical institutions have used the advanced practice educator/PDS as a lead to develop the postgraduate education programs needed for training and transitioning new NPs and PAs into subspecialty practices. The areas of education development have included outpatient clinics, inpatient subspecialty divisions, and acute care areas. There are various responsibilities that the advanced practice educator has incorporated into their role when building postgraduate education programs. These include curriculum building, mentoring, content expert, and outcomes measurement.

The educator takes on new responsibilities and objectives as the education program develops. The educator oversees the development and management of the program and they seek to accomplish several goals related to education and professional development (Morgan et al., 2023). Nurse practitioner and PA postgraduate education development goals have included retaining providers, promoting provider well-being, ensuring quality care, incorporating core values, setting expectations, improving competence, contributing to the NPs and PAs long-term success, and developing a recruitment advantage. Institutions that promote educator-lead roles will consistently add value to the growth and retention of competent APPs (Morgan et al., 2023).

In addition to education and competency development, the advanced practice educator is critical for identifying educational gaps within the organization and supporting program development. In their role, advanced practice educators have the responsibility to educate executive leaders on key priorities and advocate for change. Advanced practice educators are involved in evidence-based practice and use quality metrics to inform change while working to move their science forward.

Although all of this is critical, an inconsistency is noted across organizations regarding position title, structure, and job responsibilities. The title of the advanced practice educator varies across the many organizations employing the role. The most common titles include advanced practice PDS, lead education APP, APP education specialist, and APP program lead. The reporting structure of advanced practice educators is also varied among institutions.

## Recommendations

Organizations with APPs, namely NPs and PAs, should have a dedicated FTE for an advanced practice educator

and PDS reporting to central advanced practice leadership. The title should reflect the role and the responsibilities of this designated specialist. Larger organizations should consider a tiered approach to advanced practice professional development leadership, with a central overarching education lead and manager as well as a clinical and programmatic leads (such as students, affiliation agreements, and fellowships; Hartsell & Noecker, 2020).

To ensure consistency with role responsibility and standardization of the advanced practice education and professional development role, recommendations to support the development and facilitation of post-graduate education programs, onboarding, transition to practice, continuing education, mentorship, residencies, and fellowships are key. Furthermore, promoting organizational awareness and educating other disciplines regarding the multifaceted expertise that the advanced practice educator and PDS provides to support professional learning and continuing education within the field. There is evidence that using the PDS in nursing as a standard has been shown to support retention, etc. The average nursing PDS supports 70 nurses per specialist (Harper et al., 2022). These same recommendations need to become standard within the advanced practice workforce.

### Strengths and limitations

This paper provides valuable insights into how the advanced practice educator and PDS can support their workforce. However, several limitations must be acknowledged. First, a notable gap surrounding advanced practice educator roles within the literature limiting background information to be more nursing specific. Second, the questionnaire, although broad spread, originated from a group that until recently was pediatric specific which has the potential to limit generalizability. Third, although most organizations have NPs and PAs unified within the same teams with similar professional agreements and responsibilities, we understand these collaborative agreements are state to state and vary within each jurisdiction. These limitations highlight areas for refinement in future work, to better capture specific nuances and complexity within advanced practice.

### Conclusions

The advanced practice educator and PDS are essential to supporting organizational NP and PA recruitment, retention, onboarding, student learning, evidence-based quality, and safe continuing care. Standardizing the title and role responsibilities is crucial to supporting a robust, engaged, and expert workforce, thus improving provider and family satisfaction as well as quality of care.

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