

Role Transition within a Pulmonary Hypertension Model of Care

Rivera ML

Cleveland Clinic Foundation, Cleveland, OH

Background: A new role comes with an assortment of new privileges, opportunities, and excitement. It also comes with new responsibilities, expectations (written and otherwise), and pressures. The transition from registered nurse (RN) to advanced practice registered nurse (APRN) is a well-studied phenomenon that has given rise to transition-to-practice initiatives, stressed the importance of mentorship, and brought imposter syndrome to the forefront of nursing awareness. In a quaternary academic medical center with a robust pulmonary hypertension center, the nursing model of care consists of advanced practice nurses, registered nurses, and a program coordinator. Facing an upcoming evolution for a registered nurse into an advanced practice nurse developing strategies to promote success in role transition became critically important. A review of literature demonstrated a lack of evidence on this process. With limited time and an impending role transition within our pulmonary hypertension practice model, we developed a plan for a comprehensive and diverse new provider orientation as a launch into competent practice.

Methods: A multidisciplinary team of stakeholders was convened to help shape the orientation, including members of the pulmonary hypertension nursing group, program director, and advanced practice provider manager. Formalized mentorship relationships were identified and established with a pulmonary hypertension advanced practice provider, as well as a physician liaison. A SWOT analysis was completed. A plan was developed for the inclusion of diverse activities related to the management of the pulmonary hypertension patient including inpatient and outpatient care, right heart catheterization lab, and pulmonary function testing. A meeting schedule was set for 45-day and 90-day performance evaluations. Feedback both written and verbal was solicited from the mentoring staff.

Table 1: SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> - Significant human capital - Multiple experts - Diverse patient population 	<ul style="list-style-type: none"> - Large patient population - Variability in practices - Limited time frame (12 weeks)
<ul style="list-style-type: none"> - Organizational protocols - Build more diverse orientation experiences - Interaction with other departments - Operationalizing processes 	<ul style="list-style-type: none"> - Communication Threats - Imposter syndrome - Healthcare consumer market - Seeking formalized mentorship relationships
<ul style="list-style-type: none"> - Opportunities 	

Results: The comprehensive orientation plan successfully transitioned an RN to novice APRN competency in the care of the pulmonary hypertension patient in twelve weeks. All parties were able to express understanding of the short and long-term goals of the orientation program at each interval. The orienteer reported feeling supported and engaged in the development of their skills caring for this complex patient population. A plan for ongoing mentorship was made between the orienteer and experienced APRN and staff liaison.

Conclusions: Scant literature currently exists to describe the complex, disease-specific knowledge required to transition from one role to another in the management of pulmonary hypertension. This project demonstrated that structured planning, frequent communication, and stakeholder buy-in are essential to the success of nursing growth within this subspace.

