

AMPLIFY

Beyond the Degree: Reforming Nurse Practitioner Education and Onboarding in Urgent Care

Lisa H. Bishop, Founder, Documed Consulting

Content Experts: Patrick O'Malley, EB Medicine

Rachael Fricke, President, Guaranty Health Solutions

Beyond the Degree:



Lisa Bishop, DNP, MHA, CDEO, FCUCM

Founder, DocuMed Consulting

Vice President, College of Urgent Care Medicine

Vice President, SERUCA

Family Nurse Practitioner

Content Expert: Customer Service



Rachael Fricke

President, Guaranty Health Solutions

Content Expert: Procedural Skills



Patrick O'Malley, MD

- Emergency physician
- Creator of The Laceration Course and The Abscess Course – EB Medicine

Financial Disclosures

- Lisa, I have nothing to disclose
 - Patrick, I have nothing to disclose
 - Rachael, I have nothing to disclose



Learning Objectives

- 1. Identify specific clinical and procedural gaps common in Advanced Practice Clinician (APC) education that affect urgent care practice.
- 2. Develop a case for structured onboarding programs that include clinical skills, documentation expectations, and workflow efficiency
- 3. Implement strategies to train and evaluate APCs in alignment with organizational performance goals and regulatory expectations.
- 4. Explore options for competency-based credentialing pathways and peer mentoring models.

Investing in your clinicians

APC readiness: An organizational imperative; A Specialty must



Clinical Training Comparison per Discipline

Clinician Type	Approximate Clinical Training Hours	Average Entry Level Hourly Rate (Urgent Care)
Physicians	12,000 - 16,000 hours	\$84 (FL) to \$ 127.16 (WA)
Physician Assistants	~2,000 hours	\$43 (AR) to -\$74 (CA)
Nurse Practitioners	~500 - 1,500 hours	\$49 (AL) to \$83 (CA)

Getting More Bang for your Buck

- Currently, there are 181 IHL in the US that offer 1300 online programs

School	Avg. Cost/Year	Duration	Core Entry Requirements
UNC Chapel Hill	\$12,527	2-3 yrs	RN, BSN, GPA ≥ 3.0, LORs, SOP
Clarkson College	\$12,546	2-3 yrs	RN, BSN, GPA ≥ 3.0, Resume, BG Check
Spring Arbor Uni	\$8,194	2-3 yrs	RN, BSN, GPA ≥ 3.0, Clinical site
Rockhurst Uni	\$20,418	2-3 yrs	RN, BSN, LORs
UT Arlington	\$10,853	2-3 yrs	RN, BSN, GPA ≥ 3.0, SOP
Texas A&M Uni	\$11,093	2-3 yrs	RN, BSN, GPA ≥ 3.0 BG Check, Immunizations
Villanova Uni	\$21,361	2-3 yrs	RN, BSN, GPA ≥ 3.0, Resume, LORs
Saint Peter's Uni	\$15,260	2-3 yrs	RN, BSN, SOP
Univ of St. Francis	\$14,757	2-3 yrs	RN, BSN, GPA ≥ 3.0, BG Check
St. Joseph's College (ME)	\$9,630	2-3 yrs	RN, BSN, LORs

2005 – AACN voted to require the DNP for entry into practice
Nurses wanted to be "grandfathered in". This was the impetus for the Online NP Program boom.

Today, there are **181 schools** in the United States that offer online nurse practitioner programs, these schools collectively provide **over 1,300 individual online NP programs**

Out of the top 10, only one requires the GRE and that is if the student has a GPA less than 3.0

Unprepared Clinicians: How is the staff affected?

- Burnout
- Medical assistants, nurses, and front desk staff end up:
 - Coaching instead of supporting
 - Fixing errors downstream
 - Absorbing patient frustration

Morale drops. Turnover follows.
Culture suffers.

• How many have witnessed how one person can change a culture?

ROI of structured onboarding and development

- Competence in 4–6 months vs. 12–18
 - Lower turnover costs (\$100k–\$250k per APC)
 - Higher E/M accuracy and revenue integrity
 - Safer, standardized practice
 - Improved NPS and retention

**When you see the doctor
googling your illness:**



Customer Service and Patient Satisfaction



Mastering Communication and Service Recovery in Urgent Care

Rachael Fricke — President of **Guaranty Health Solutions**



Utilizing proven Communication Tools in your Onboarding

- **AIDET® The Foundation of Patient Trust**

A proven communication framework that transforms clinical encounters into moments of genuine connection and confidence

Acknowledge

Greet every patient with eye contact and presence

Introduce

Name, role, and your purpose in their care

Duration

Set expectations for wait times, results, next steps

Explanation

Clear, concise, and jargon-free communication

Thank You

Express appreciation for their trust and time

Don't assume everyone is familiar with these proven communication tools. Teach them.

When Things Go Wrong: The HEART Method

Service recovery done right doesn't just salvage an experience — it creates loyal patients. HEART is your recovery framework.



Hear

Actively listen without interruption. Let the patient feel fully heard.



Empathize

"I understand why you're upset." Acknowledge feelings genuinely.



Apologize

"I'm truly sorry this happened." A sincere apology disarms defensiveness.



Resolve

Take ownership. Find and deliver a real solution to the problem.



Thank

Thank the patient for speaking up — their feedback makes you better.

The Urgent Care Challenge: High Volume, High Stakes

Unique Patient Population

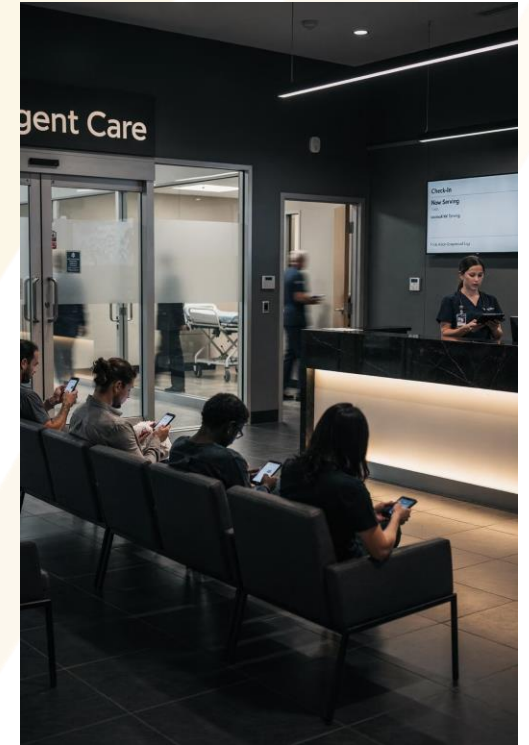
Self-referred, often anxious, and seeking immediate solutions – every interaction carries weight

Satisfaction = Survival

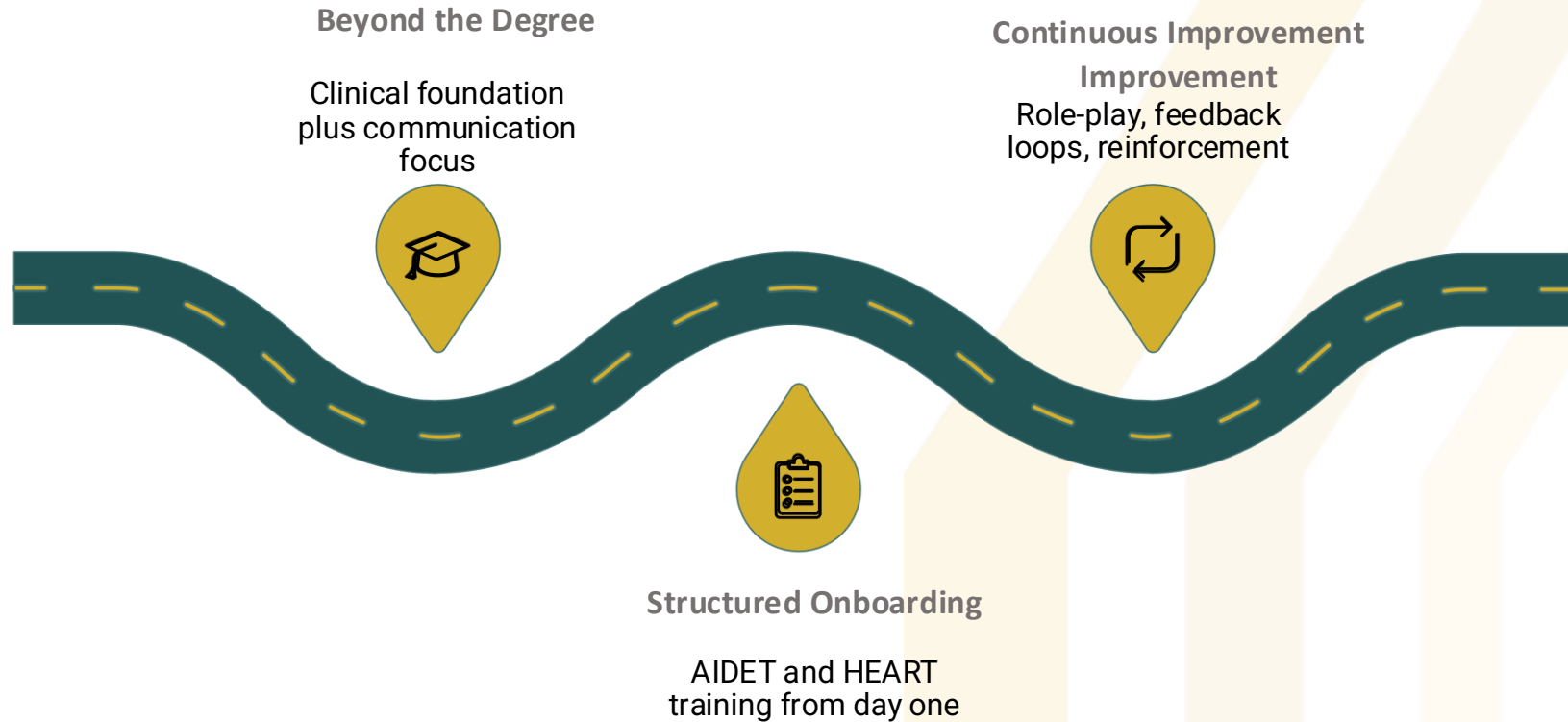
In a competitive market, patient satisfaction drives repeat visits, referrals, and clinic reputation.

NPS on the Front Lines

Nurse Practitioners are the primary architects of the patient experience – every word and gesture matters.

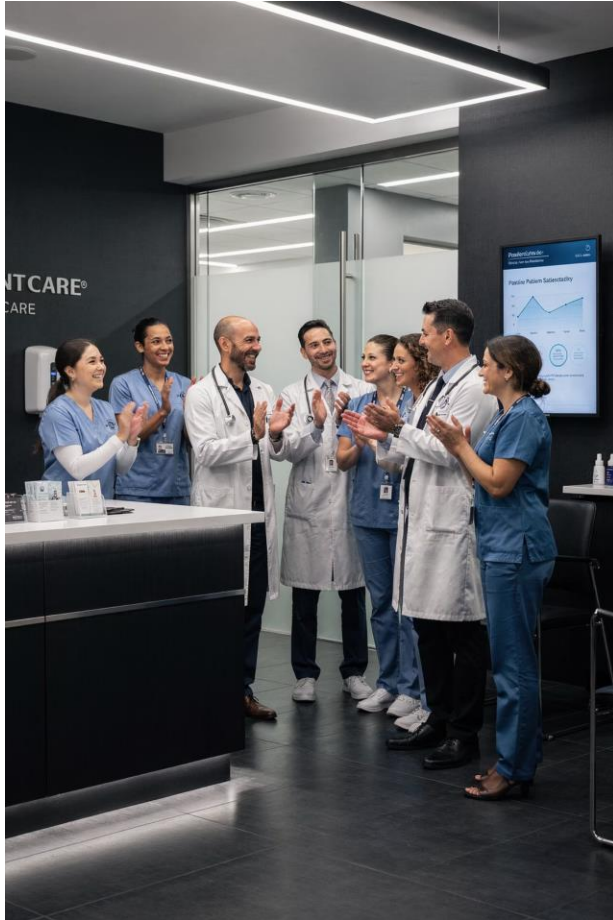


The NP's Role: Bridging Education and Practice



Clinical competence earns the degree – communication mastery earns patient trust. Structured onboarding ensures these skills are built in, not bolted on.

The ROI of Excellent Communication



↑ HCAHPS

Satisfaction Scores

Better scores drive clinic reputation, loyalty, and competitive advantage.

↓ Risk

Fewer Complaints

Proactive communication de-escalates conflict before it becomes a legal matter.

↑ Adherence

Better Outcomes

Patients who trust their providers follow treatment plans more consistently.

↑ Morale

NP Job Satisfaction

Feeling genuinely effective in patient interactions reduces burnout and boosts fulfillment.

Your Next Step: Practice and Perfect



Commit

Integrate AIDET and HEART into your clinician education onboarding



Seek Feedback

Encourage constructive input from colleagues and supervisors. Growth lives in honest dialogue.



Reflect

Teach reflection: after each encounter, teach them to ask themselves, "How well did I acknowledge, explain, and recover?"



Empower

Clinicians have the power to make a meaningful difference in every single patient's journey — own it.



Remember: Beyond the degree lies the real work — and the greatest reward. Every conversation is a chance to heal, reassure, and connect. This is essential training for your new clinicians.

What's the solution?

Guy: I broke my arm in three places
Doctor: Well, don't go to those places



What's the solution? Let's start with the hiring process.

Rating Key - NS: NOT SATISFACTORY; S: SATISFACTORY; VS: VERY SATISFACTORY; NA: NOT APPLICABLE

Criteria	Comments: (Be very specific; support your rating)	NS	S	VS	NA
Experience (as it relates to the position)	Provider is experienced in Acute Care	X			
Education/Training (relevant to position)	Meets requirements		X		
Communication Skills (written and verbal)	Good interview skills		X		
Interest in and knowledge of the position	Was familiar with the Company				
Presentation (promptness, neatness of resume/application, appearance)	Presented well,			X	
Computer Skills (consistent with those required to perform the duties of the position)	Confident in EMR			X	
Job Stability	Each job is 2+ years			X	
Other Job Related Criteria (specify)	Correctly answered all 3 clinical scenario questions according to EBP standards. NOTE: _____	X			
Procedural Competency	Provider states they are able to Suture, I&D, interpret EKG, stabilize acute distress and see 3mos an up on day one of clinic: Notes: _____ Procedural Deficit: _____				
New Grad/No UC Experience	Provider will need post Grad Fellowship? UC Bootcamp? Both?	X			
Overall recommendation for hire X	Recommend for Hire				

All candidates should be asked 10 of the following

Question	Correct Answer
1. What is the treatment of Bell's Palsy and what Nerve is involved?	Facial -Cranial nerve VII; corticosteroids and valcyclovir; eye patch
2. What antibiotics is used for the treatment of Otitis Media/Sinusitis with someone who has a pen allergy?	Cefdinir bid x 10; Cefuroxime Axetil bid x 10; Tertiary Zpack or Rocepin qd x 3 days
3. List three antibiotics for the treatment of Abscess Tooth.	Amoxicil or Pen V or Cephalexin or Clinda or Azithromycin. Tertiary Augmentin
4. What antibiotics are acceptable for use in pregnancy?	Penicillans and Cephalosporins and clindamycin, Flagyl
5. What is the treatment for BV, Chlamydia and Gonorrhea? In Pregnant and non-pregnant	Preg: BV =Flagyl, Chlamydia and/or Gonorrhea +Azithromycin 1gm; Amoxicil 500 tid x 7; + Ceftriaxone Non Preg BV=Flagyl; Chlamydia /Gonorrhea Ceftriaxone or Gentamicin + Doxy bid x 7
6. What are the treatment regimens for treatment of Pneumonia in Infants, Children, Teenagers, and adults?	CAP: Infants Peds 5 and > =Amoxicil + Azithromycin Teens/Adults: Amoxicil or Doxy or Azith or Clarythromycin for strep pneumonia and Atypical pathogens; Pts with CoMorbidity Augmentin and Azith or Doxy or Fluoroquinolones.
7. What would you treat a wound that was caused from a puncture wound or cut in dirty water, or any saltwater marsh and what organism are you concerned about?	Vibrio – treat with Doxy and Levofloxacin or Moxifloxacin if negrattizing, send to hospital of IV ABX
8.	
10. What antibiotics would you use to treat Gram Negative Bacteria and Gram Positive	Negative: Augmentin, Aminoglycosides (mycin) Plymydins; Carbapenems; Cefazidime-avibactim (antipseudomonal cephalosporin with a beta lactamase inhibitor.) Positive: Penicillan, erythromycin, Doxy, Augmentin, Cefdinir, Azithromycin, for + and –
Question	Correct Answer
11. How would you treat a patient with Bronchitis? Bronchiolitis? Are nebulizer treatments helpful for RSV (Respiratory Syncytial Virus)?	Symptom relief, Guaifensin DM. No ABx, Reserve Albuterol for pts with wheezing and underlying pulm dx. Bronchiolitis: No steroids or ABX. Supportive Care, nasal suctioning, symptom relief, and ER precautions.

Essential Skills Training

URGENTOLOGY - Industry SKILLS PROFICIENCY EXPECTATIONS:

***Adult and Pediatric Patient Care (patients 3 months and older)**

Treatment of Fractures

Splint Application (OCL and DME)

***Procedures involving sutures...**

Staples...

Adhesive bond ...

Treatment of human and animal bites

***Treating and Dressing Wounds**

Foreign Body Removal from wounds

Administering joint injections/aspirations

***Incision and Drainage Procedures**

Eye Conditions including conjunctivitis,

Foreign body removal from Eye

***Ear Conditions including treatment of ear pain**

Foreign body removal from Ear

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Procedural Skills - "I was not prepared for this job"

- “We learned suturing... but never on real patients”
 - “I knew how to tie a knot, but not how to manage a wound”
 - “My default was to send patients to the ER”
 - “I didn’t even know what I didn’t know”
-
- **Bottom line:**
 - **New clinicians are entering urgent care without the skills the job demands**

What Your Clinicians Are Actually Telling Us

- Majority report **minimal hands-on procedural training**
- Many have performed **zero real laceration repairs before practice**
- High percentage admit to **low confidence managing common urgent care procedures**
- Frequent theme:
 “If I’m not comfortable, I send it out”

Bottom line:

This is not rare. This is the norm.

What happens next...

- Patients are **transferred for procedures that should stay in-house**
- Clinics **advertise services they cannot consistently deliver**
- Staff compensate by **coaching, correcting, and absorbing frustration**
- Clinicians feel:
 - Frustrated
 - Unsupported
 - Less confident over time

Bottom line:

This is how training gaps become operational problems

One Moment That Changes Everything

- A patient walks in with a laceration
- The clinician hesitates
- The answer becomes: “We can’t do that here”
- That patient:
 - Goes to the ER
 - Waits hours
 - Pays more
 - Doesn’t come back
 - **Bottom line:**
 - This is not a clinical miss.**
 - This is a system failure.**

UC Fellowship

- **First 30 days**

- Scribe for an experienced Med Director or Lead APP
 - This teaches the EMR, documentation and coding, and assists with MDM
- In-house procedural skills training and documentation training. If you do not have a training department, look for outside resources that can assist.

- **30–60 days**

- Work with an experienced Urgentologist performing procedures and odd presentation cases only
- If you have a hospital partner, consider an AA for a week of ER rotations, observing procedures and what is appropriate for UC vs. ED.

- **60–90 days**

Continue to work with an experienced clinician as the second provider seeing 1-2 patients per hour

Scribing and Documentation Training

- Allow them to act as a **scribe for 30 days**. Teaching the EMR, nuances of MDM and DDX, charge capture and complete documentation of critical thinking skills.

HTN and Cold Meds

Due to your blood pressure, you should avoid over the counter cold medications containing decongestants, as they can cause a rise in blood pressure. If you are not allergic to the components and have no other medication interactions, you may be able to take Coricidin HBP. Continue your current dosage. Ask your pharmacist if there are any interactions. If your blood pressure is consistently elevated, usually 140/90 or above, please follow up with your PCP.

Smoking and Resp DX

Smoking irritates and affects the cilia function in your lungs. This decreases your ability to clear mucus effectively. Quitting is preferred, but if you can't stop immediately, cutting down on will help you to recover quicker. If you would like to quit, here is the CDC website for resources:

https://www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm

If you decide you need further help quitting, your PCP may be able to offer medications to assist.

Program Overview

Preboarding	Credentialing	1-30 days	30-60 days	60-90 days
Interview questions	UC Bootcamp or virtual learning modules	ER rotation shadowing to learn procedures and ER appropriate patients or	Act as a scribe, learning the EMR, adding smart phrases or templates to their EMR arsenal	Continue to work as second provider seeing 1-2 PPH
Knowledge test	Online courses	Act as a scribe for mentor and/or preceptor to learn the EMR, Coding, DDx	Act as second provider only seeing procedures and atypical presentations	Conduct Skills Gap analysis for further training remediation
(Consider psychological assessments)		Offer skills/procedure classes or invest in outside training for procedures	Under the supervision of the preceptor	

Trackable Metrics

Competency Area	Training Objective	UCA Standard Alignment	Metric & Target Benchmark
Triage	Document acuity & reassessment	Clinical Quality & Patient Safety	≥95% charts with acuity
Triage	Timely provider evaluation	Appropriate Transfers	High-acuity seen ≤10 min
Triage	Safe escalation decisions	Emergency Preparedness	≥90% appropriate ED transfers
Workflow	Efficient patient flow	Operational Policies	Door-to-door 45–60 min
Workflow	Team-based care execution	Staffing & Oversight	PPH 2.5–3.5
Workflow	Standardized pathways	Clinical Consistency	≥85% pathway utilization
Risk	Protocol adherence	Clinical Governance	≥90% adherence
Risk	Defensible documentation	Medical Record Integrity	≥90% completeness
Risk	Consent & AMA compliance	Patient Rights & Safety	100% when applicable

Questions?



I Need Your Feedback



Prefer paper?

On the form in front of you, please score me and the content I shared with you today.