entrust np

Know your new NPs are ready

A standardized clinical readiness check for hiring and onboarding nurse practitioners.

For nursing and advanced practice leadership · entrustnp.com

THE PROBLEM

Every new NP hire is a bet

Today, readiness rests on an interview, a résumé and a preceptor's impression. NP training varies widely, so two hires with the same credentials can be very differently prepared.

$187,500

Median total cost to replace one NP or PA

39–53%

Of NP programs meet the 750-hour clinical training standard

37%

Of NP malpractice claims involve diagnosis, the largest category

Sources: SullivanCotter, APP Turnover (2025); NONPF APRN education panel at NCSBN (2025); NSO/CNA Nurse Practitioner Liability Claim Report, 5th ed. (2022)

WHERE THE GAP IS WIDEST

Most emergency NPs learned emergency care on the job

96%

of emergency NPs surveyed were trained and certified as family NPs

88%

learned emergency care on the job or through continuing education

That’s where Entrust NP starts: emergency, urgent and critical care, then every NP specialty.

Source: AANPCB Emergency Nurse Practitioner Practice Analysis (2016), 474 respondents

THE BUDGET ALREADY EXISTS

You already pay for readiness. You just can’t measure it

What hospitals spend per NP hire	Typical range
Credentialing paperwork	$300–$500
Clinical competency assessment	$500–$2,000
Preceptor time over 6–12 weeks of orientation	$5,000–$13,000
Total	**~$6,000–$16,000+**

Entrust NP turns that spend into a standard, documented check, without a new budget line.

Estimates. Sources: University of San Francisco DNP project on APP onboarding; OnboardingCost.com healthcare onboarding benchmarks

THE SOLUTION

Spoken cases, scored the same way every time

Speak it, don’t click it

NPs talk through a realistic case out loud. Follow-up questions probe anything they leave out.

Built on EPAs

The entrustment framework graduate medical education uses for physicians, applied to NPs.

Pass/fail safety calls

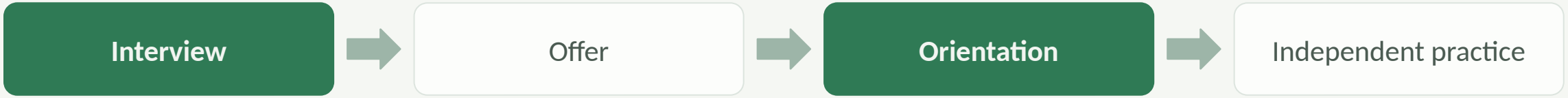
Miss a critical action, like epinephrine in anaphylaxis, and the case fails, whatever the score.

Minutes, on any device

A case fits into a shift break on a phone, tablet or laptop. No simulation lab needed.

HOW HOSPITALS USE IT

Two moments decide whether a new NP hire works out



Hiring

Candidates complete a 25-minute spoken interview with two cases. You see how they reason under pressure, not just what's on the résumé.

Onboarding

Pass/fail checkpoints before independent shifts show preceptors exactly where a new NP needs support.

Entrust NP informs your credentialing decision. It doesn't replace it.

INSIDE A CASE

What a case looks like

EXAMPLE CASE

A 34-year-old with a shellfish allergy is stung by a bee at an outdoor event and becomes short of breath. She takes lisinopril. What is your assessment and immediate management?

The NP answers out loud. Each point is scored from what they say, with neutral follow-ups for anything missed.

Scored section	Points
Assessment and diagnosis	4
Immediate safety actions	3
Management and disposition	5
Escalation and scope	2
Medication safety	3
Communication and counseling	3

Critical calls, pass/fail

Recognizes anaphylaxis · Gives IM epinephrine

ADOPTION

Easy to start, easy to trust



No patient data

Every case is simulated. No PHI and no EHR integration, so a pilot starts without a long security review.



Your QI priorities

Cases built around your protocols, the QI issues you face, the patients you see, and the misses your clinicians have had.



Clinician reviewed

Your clinicians review every case before it informs a real decision.

WHERE WE ARE

75 emergency cases drafted, across 25 topics

- Anaphylaxis
- Chest pain / ACS
- Syncope
- Heart failure
- Arrhythmia
- Stroke / TIA

These are six of the 25 topics. Each topic has a classic case, a harder variant, and a look-alike that tests when not to act. Every case is built on the most recent clinical guidelines and updated whenever they change, so the standard stays current. Cases are drafts until clinicians review and sign off.

Next

- Urgent care and critical care
- Then every NP specialty
- Pilot outreach is under way

THE PILOT

Start with a pilot, billed at cost

6–8 weeks

Fixed window with a set end date

3–10 NPs

New hires or NPs in orientation

~$6 / hour

Server and AI costs only, with a not-to-exceed cap

You get

- A standard readiness check for a real cohort
- A voice in the rubric before it’s final
- Recognition as a founding partner
- Licensing close to cost after launch

We ask

- Your NPs use it and tell us honestly what they think
- Preceptors assess the same NPs, so we can compare
- Your clinicians review the cases
- Written permission before we name you

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Let’s find out whether your new NPs are ready

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