



Assuring Transition Success: A Scalable and Replicable Design for Family Nurse Practitioner Residency Programs

Amber Richert, MSN, BSN, NP-C, APRN, RN
Nicole Seagriff, MSN, BSN, FNP-BC, APRN, RN
Nurse Practitioner Residents
Community Health Center, Inc.
Connecticut





Why NP Residency Training?

- Short- and long-term shortage of primary care providers for all populations in the US
 - National Health Service Corps primary care vacancies increased 26% in 2011
- Literature documents the difficult transition from the academic setting to practice
 - Residency is the training bridge from education to practice
- The 2010 RWJ/IOM Report- Future of Nursing: Leading Change, Advancing Health recommends residency training for new APRNs



Why NP Residency Training?

- Patient Protection and Affordable Care Act (PPACA) calls for increasing the number of patients served in FQHCs from 20 million to 40 million.
- Section 5316 of the PPACA authorizes a demonstration project to replicate the NP residency model.
- NPs are ideally suited for FQHC practice as primary care providers:
 - Focus on prevention
 - Comprehensive care
 - Holistic approach



Why NP Residency Training?

- Nurse practitioners (NPs) have not effectively sought, and have not received, an investment of training resources consistent with the demands and expectations of practice as primary care providers.
- New NPs have not had the option of choosing a formal residency in primary care, nor have organizations who sought to provide such training had access to funding for it.
- Fellowships have emerged as a way to new nurse practitioners in specialty specialty care such as HIV/AIDS hospitalist care, pulling new NPs away primary care.
- March 23, 2010: President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, authorizing a demonstration project to replicate the family nurse practitioner residency training program in federally health centers (FQHCs) and centers that have the size, sophistication to undertake



Flinter, 2010



Community Health Center, Inc.

CHC Vision

Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

CHC Inc. Profile

- Founding Year - 1972
- Primary Care Hubs – 13
- No. of Service Locations - 218
- Licensed SBHC locations – 24
- Organization Staff - 560

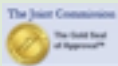
Innovations

- Integrated primary care disciplines
- Fully integrated EHR
- Patient portal and HIE
- Extensive school-based care system
- “Wherever You Are” Health Care
- Centering Pregnancy model
- Residency training for nurse practitioners
- New residency training for psychologists



Three Foundational Pillars

Clinical Excellence
Research & Development
Training the Next Generation



CHC NP Residency Model

- 12 months, full time employment at CHC, Inc.
- Clear learning objectives and evaluation plan
- Continuous training to the CHC model of high performance health system: access, continuity, planned care, team-based, prevention focused, use of electronic technology
- Residents participate in on-call and weekend rotations, clinical committees and task forces

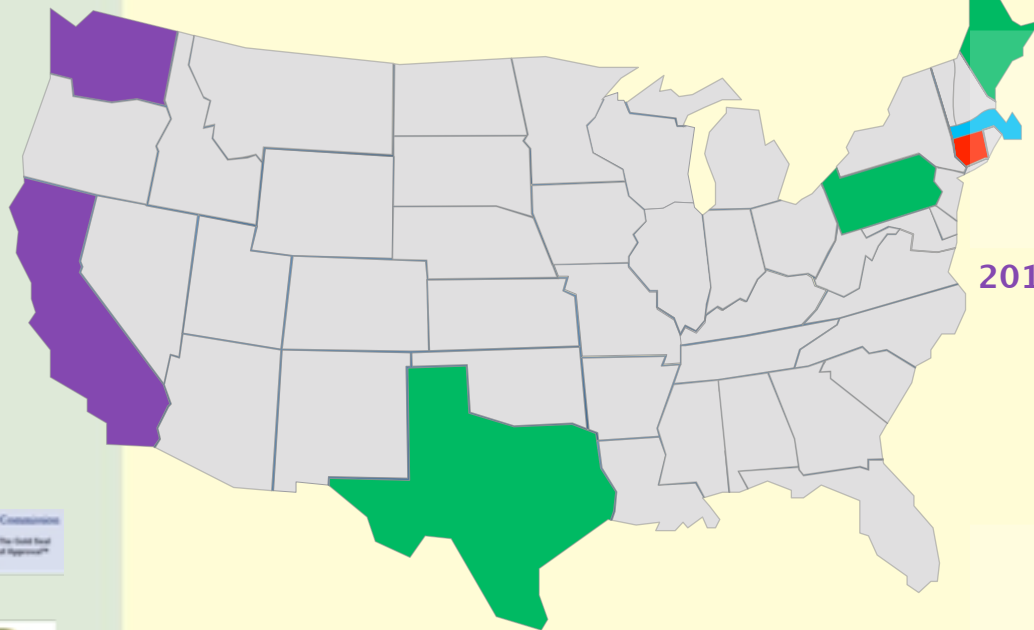
4 core elements:

- Precepted “continuity clinic”
- Specialty rotations
- Independent clinic
- Didactic education

Definitions:

- **Continuity clinic:** *the resident builds a panel of patients with support from expert CHC NP and MD preceptors*
- **Specialty rotation:** *the resident participates in specialty care practices within and outside of CHC in orthopedics, women’s health/prenatal care, adult and child psychiatry, geriatrics, healthcare for the homeless, HIV care*
- **Independent clinic:** *an opportunity to practice with less supervision and more autonomy, the residents see patients delegated to them by another provider*

NP Residency Program Expansion



2007 Middletown, CT

Community Health Center, Inc. establishes the first NP Residency (4 residents)

2009 Worcester, MA

Family Health Center of Worcester (2)

2011 Philadelphia, PA

Puentes de Salud (1 resident)

Austin, TX

CommUnityCare and University of Texas, Austin School of Nursing (2 residents)

Bangor, ME

Penobscot Community Health Care (2)

2012 Los Angeles, CA

Union Rescue Mission Health Center and UCLA (2 residents)

San Francisco, CA

Glide Health Services and UCSF School of Nursing (2 Residents)

Santa Rosa, CA

Santa Rosa Community Health Centers (4)

Tacoma, WA

Community Health Care (4 residents)

Assessing Progress

- A survey was conducted of the eight organizations who have launched NP residency programs using CHC's model
- Respondents provided data regarding program construct, features, strengths, challenges and constraints
 - For most programs, these are very preliminary impressions as the residencies are still in their formative stages
- Follow-up interviews were conducted to assure understanding and gather additional details

NP Residency Program Replicability

CHC Model	Didactic Education	Independent Clinics	Precepted Continuity Clinics	Specialty Rotations
Worcester	x	x	x	x
Philadelphia	x		x	x
Austin	x	x	x	x
Bangor	x	x	x	x
Los Angeles	x		x	x
San Francisco	x		x	
Santa Rosa	x	x	x	x
Tacoma	x	x	x	x
	100%	62.5%	100%	88%

Data provided by NP Residency Program Coordinators



- ✓ All residency programs are twelve months in length
- ✓ All comprise elements of a precepted clinical experience and didactic education
- ✓ All include some form of orientation

New NP Residency Programs: Features

- Admissions/Selection Committee
- Commitment to interprofessional education and training
- Didactic sessions organized to give priority to topics that will be used earlier or more often
- Didactic sessions delivered to both NP and medical residents
- Elective rotations including inpatient rounding, call and resident-specific areas of interest
- Exchange rotations with partner NP Residency Programs
- Faculty support through the local University
- Integration with Medical and Dental residencies for full inter-professional training
- Leadership building
- Meetings with psychologist regarding transition into role/ community health
- Participate in hospital rotations and community events
- Resident support through journaling on line “moodle”
- Resident designed project



Data provided by NP Residency Program Coordinators

New NP Residency Programs: Differences

Additional Didactics

- Cultural competence (rural)
- Legal issues in primary care
- Lipid management
- Medical marijuana use
- Obstetrical care in primary care
- Patient abuse and neglect
- Publications and other professional endeavors
- Splinting workshop



Data provided by NP Residency Program Coordinators

New NP Residency Programs: Differences

Additional Specialty Rotations

Acupuncture	Occupational Health
Acute and Critical Care	Ophthalmology
Addiction management	Pharmacy
Cardiology	Podiatry
Colposcopy	Procedures Clinic
Emergency Department	Psychotropic medication management
ENT	Urgent care
Endocrinology	
Gastroenterology	
Internal medicine	
Neurology	
Nutrition	



Data provided by NP Residency Program Coordinators

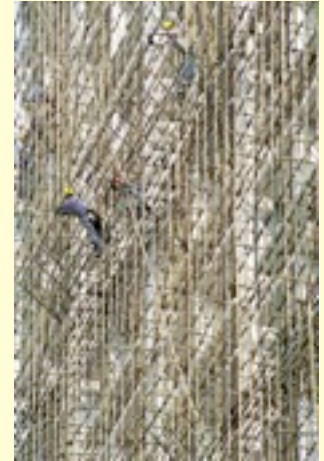
New NP Residency Programs: Differences

- Orientation ranges from one to two weeks
 - CHC orientation is four weeks
 - One residency reports its orientation is six weeks
- Number of residents ranges from one to four
 - Four of the programs have two residents
- Programmatic terminology across the programs is inconsistent
- Some programs intend to retain residents as PCPs after program completion

New NP Residency Programs: Early Challenges and Constraints

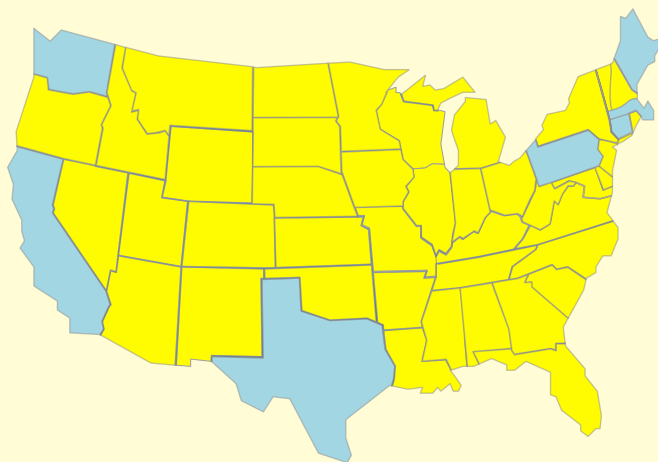


- Adequate clinical space
- Full engagement of organization
- Impact on productivity goals
- State-specific laws limiting prescriptive authority of residents
- Differentiating the role of students and residents
- Adequate support staff
- Sustainable funding model



New NP Residency Programs: Common

- Funding is an important factor and frequent challenge
 - Solutions have included public and private grant funding as well as partnering with medical and dental residencies
- Growing interest has increased demand for residency programs
 - Some programs are increasing their capacity for NP residents



Recommendations

- Successful implementation requires more than a commitment to training the next generation of FCHC PCPs
 - Residency programs require stable clinical and financial scaffolding
- Expansion will benefit from consistency and support across all programs
 - CHC's Weitzman Center is well suited to serve as a centralized hub for NP Residency Programs





For More Information...

Amber Richert
Family Nurse Practitioner Resident
richera@chc1.com

Nicole Seagriff
Family Nurse Practitioner Resident
seagrin@chc1.com

Kerry Bamrick
Nurse Practitioner Residency Program Coordinator
kerry@chc1.com

Margaret Flinter
Senior Vice President and Clinical Director
margaret@chc1.com

CHC Website: www.chc1.com
CHC NP Residency: www.npresidency.com

