



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

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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*
- **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 qualified health centers (FQHCs) and nurse managed health centers that have the size, scope, and sophistication to undertake such a program**
- **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**
- **The 2010 RWJ/IOM Report—*Future of Nursing: Leading Change, Advancing Health*—recommends residency training for new APRNs**
- **NPs are ideally suited for FQHC practice as primary care providers:**
 - *Focus on prevention*
 - *Comprehensive care*
 - *Holistic approach*
- **Literature documents the difficult transition from the academic setting to practice**
 - *Residency is the training bridge from education to practice*
- **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**
- **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**
- **Fellowships have emerged as a way to train new nurse practitioners in specialty and sub-specialty care such as HIV/AIDS and hospitalist care, pulling new NPs away from primary care**

Community Health Center, Inc.

CHC Vision:

Since 1972, Community Health Center, Inc. (CHC) 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.

PROFILE

Founding Year 1972
Primary Care Hubs
(shown on map at right) 13
Number of Service Locations 218
Licensed SBHC locations 24
Organization Staff 560



CHC 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 and Development
- Training the Next Generation

CHC NP Residency Model

Model structure:

- 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:

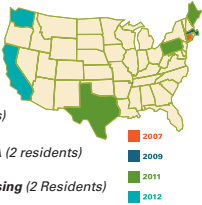
- Precepted "continuity clinic"
- Specialty rotations
- Independent clinic
- Didactic education

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
- **Didactic education:** weekly lectures and presentations on high volume/high risk problems

Program Expansion 2007–2012:

- 2007: Middletown, CT**
Community Health Center, Inc. establishes the first NP Residency (4 residents)
- 2009: Worcester, MA**
Family Health Center of Worcester (2 residents)
- 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 residents)
- 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 residents)
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% |

- ✓ **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**

Data provided by NP Residency Program Coordinators

New NP Residency Programs

Various Program 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 interprofessional 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

Additional Didactics and Specialty Rotations:

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

Specialty Rotations

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

Data provided by NP Residency Program Coordinators

New NP Residency Programs

Program 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**

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



Common Themes:

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*

Data provided by NP Residency Program Coordinators

Recommendations

Successful implementation requires more than a commitment to training the next generation of FQHC 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

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