



Post-Graduate Nurse Practitioner Residency in Community Health



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Preparing Tomorrow's Primary Care Providers



*WE ARE A COMPREHENSIVE CARE FACILITY TO THE
UNDERSERVED URBAN POPULATION OF WORCESTER*

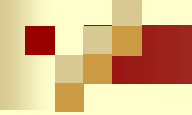
Why A Residency Program?

- Work force recruitment challenges
 - FQHCs currently document 6,000 primary care vacancies and nearly 1,000 NP vacancies
- Literature and experience of FQHCs confirm that new NPs find transition to complex demands of independent practice, efficiency and productivity.
- Need to train all clinicians “to a model” that we aspire to: timely, efficient, effective patient centered, and culturally competent care.
- Primary care has changed and training needs to change.
 - Patient centered (language, cultural competence)
 - Increased complexity of care
 - Multi-disciplinary
 - Team-based care (PCMH)



NP Residency Interest Survey

- Included Graduate Schools of Nursing from University of Massachusetts Boston, Lowell and Worcester, Regis College and MGH Institute of Health Professions school of nursing
- 40 respondents
- 100% reported to be interested in applying to the residency




Focus Group Themes

- Novice NPs:
- Desire more structure and NP supported preceptors during clinic sessions.
- Identified that lack of clinical support which translated into high anxiety
- Requested faculty support for challenging patients (balint).
- Request to block out entire sessions to see specific population groups (i.e. prenatal, newborns) or develop skills (IUDs, X-rays).
- Report feeling uncomfortable with MD preceptors who at times are viewed as unapproachable due to their teaching priority being the medical residents.



Faculty Survey Highlights

- Areas most precepted:
 - Chronic pain, orthopedics, OB, dermatology, EKGs
- Clinical strength: Preventive health
- 45% felt that novice providers were somewhat prepared at best as PCPs
- 70% felt that novice NPs are uncomfortable in role of PCP




Prospective NP Survey

- Strengths – Preventive Health, GYN, ENT
- Perceived areas of growth:
 - Derm, X-Ray, EKG, Cardio, Ortho, chronic pain.
- 89% confident in new NP role
- 80% feel autonomous in NP role
- 80% feel comfortable in providing care
- 70% perceived anxiety regarding new NP role
- 55% felt unprepared as NP



Nurse Practitioner Residency Goals

- Improve clinical confidence
- Enhance provider autonomy
- Develop skills that will improve patient care outcomes
- Better prepare NP to meet the needs of complex patients
- Improve overall comfort in managing complex patients
- Improve provider retention in FQHCs



Training for Excellence in Primary Care

- Primary care is changing
- Our model of care needs adapt to change
- New graduates do not enter the workforce well-versed in the Community Health Center model:
 - Patient centered (language, cultural competence, health literacy, psychosocial)
 - Increased complexity of care
 - Coordination and navigation of a multi-disciplinary organization
 - Community outreach and services



Structure Of Residency

- Length = 12 months
- Each week includes 4 elements:
 - Precepted clinic sessions
 - Specialty clinic sessions
 - Administrative time
 - Didactic session

Residency Template

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	Advising	Morning NP meeting/ pt	clinic	clinic
Noon Meeting Leadership				
PM clinic	didactic	clinic	Specialty Clinic	administrative

Week 2


Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	Clinic/Shadow	clinic	clinic	clinic
Noon				
PM Team Precepting	didactic	clinic	Specialty Clinic	administrative

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	Advising	clinic	clinic	clinic
Noon		NP meeting		
PM clinic	didactic	clinic/duals	Specialty Clinic	administrative

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic	Clinic/Shadow	clinic	clinic	clinic
Noon Meeting Providers			Staff Meeting	
PM clinic	didactic	clinic	Specialty Clinic	administrative



Precepted Rotations

- FHC physician, nurse practitioner, or physician assistant is assigned as preceptor
- During precepted sessions, residents are seeing their own assigned patients.
- Dedicated time; no other responsibilities.
- Residents present to preceptor who reviews teaches, re-examines and signs off on visits.
- Precepting requirements determined at review periods by faculty providers.



Specialty Clinics

■ Block 1- Women's Health and Pediatric Health

- ☐ Prenatal care
- ☐ Post-partum care
- ☐ GYN issues
- ☐ New born care
- ☐ School based healthcare
- ☐ ADHD (observational)
- ☐ Colpo (observational)

■ Block 2 – Chronic Medical Issues

- ☐ Diabetes Management (disease management, group visits)
- ☐ Hypertension Management
- ☐ Dyslipidemia
- ☐ Asthma
- ☐ Dermatology
- ☐ Chronic pain management
- ☐ Geriatrics (nursing home)
- ☐ Coumadin management


Specialty Clinics

■ **Block 3 - Procedures/Orthopedic/Musculoskeletal**

- Basic EKG interpretation and management
- IUD insertion
- Endometrial biopsy
- Basic X-Ray interpretation
- Suturing (urgent care, skin clinic)
- Skin tag & wart removal – cryotherapy (skin clinic)
- I&D
- Fracture management
- Sports Medicine

■ **Block 4 – Alternative Medicine and Professional Issues**

- Complimentary Medicine
- Provider to Provider consultation
- Therapeutic Communication
- Role development
- Community Health Awareness (structure of FHC, experience)



Didactic Sessions

- Focus on training to the needs of FHC patients and practice. Sample of didactic trainings:
- Vaccines and immunizations
- Breastfeeding counseling
- Self management goal setting
- EKG & laboratory test interpretation
- Initiating insulin therapy in diabetics
- Behavioral health
- Liability 101
- Emotional intelligence, leadership development
- Diabetic management




Marketing and Application

- NP Residency Application
- Sent electronically to Massachusetts Graduate Nursing Programs
- Advertisement was sent through the MCNP and Fitzgerald health education associates
- All applications were reviewed
- Selected applicants were invited to FHCW to interview with faculty

FHCW Post-Graduate NP Residency In Primary Care & Community Health

- Requirements: Licensed as APRN, eligible or board-certified family nurse practitioner
- Commitment to practice careers as primary care in FQHCs
- Bilingual preferred
- Applicants requests come from across the U.S.
- Not all are new graduates



Hallmarks of Residency

- Residents are employees and salaried with benefits.
- NP faculty preceptors dedicated solely to mentoring and supervising during clinic sessions.
- Continuity clinic with panel of assigned patients.
- Complimentary didactic and specialty clinic experiences.
- Clinical experiences enhance skills, confidence, comfort and perceived preparedness.



Interviews and Selection Process

- 24 inquires (several from outside of MA)
- 12 applications which made the one month deadline.
- Top 4 candidates were selected out of the 12 applications
- They meet with and were interviewed by the FHCW faculty using the standardized interview process we use to select medical residents.

Residency Budget

- Total projected budget cost \$206k per resident
- Residency Program Coordinator:
 - Estimated 0.5 FTE position
- Residents Salary
 - salary plus benefits per resident – 0.6 FTE position
 - Post-residency salary will increase to market value with benefit of a highly trained NP/PA
 - Preceptor and support staff
 - Assigned FHC faculty may require two preceptors (based on resident ratio)
 - Nurse, Medical Assistant, administrative support, and equipment

Results to Date

- NP resident has expressed a commitment to primary care in community health
- Desires to stay with FHC
- Faculty, medical residents and NP resident report satisfaction.
- NP Resident is Centering Pregnancy Certified
- Positive feedback regarding learning blocks

Results to Date

- Visit numbers have been adjusted
 - From 1740 to 1500 annually
- FHC will be starting the second NP resident July 1st 2010
- FQHCs around the country are interested in developing NP residency training programs
- Developing strategies for replicability, scalability, and sustainability.

Evaluation

- Use of E-value throughout the residency
- Monthly meeting with advisor
- Pre and post residency self assessment
 - Clinical confidence
 - Autonomy
 - Preparedness
- Evaluation will serve as “portfolio”
- Goal to establish a common instrument with specific goals and objectives for didactic, specialty, precepted, and independent clinics.

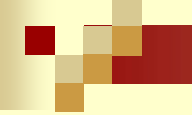
Next Steps

- **Replicability:** Community Health Center (CT) and FHC have created a model, documented progress, and are positioned to help other FQHCs to adopt and replicate.
- **Scalability:** Discussion has started at the Community Health Center level, MassLeague, and NP Graduate schools to integrate more NP residency programs in FQHCs to fully test, refine, and develop standards.

Next Steps

■ **Sustainability:**

- HRSA 3yr demonstration project was passed with the health care reform bill. Pending funding no less than \$600k
- Community Health Residency funding through the Health Care Reform Bill
- Balance NP resident salary with billable visits per year and cost of residency
- Collaborate with Nursing Graduate Programs for joint funding and development of the DNP residency program



Benefits of Residency

- Prepares the Nurse Practitioner to take on full responsibility of comprehensive primary care for complex underserved populations across all life cycles.
- Builds upon the education and clinical knowledge acquired in the education program with the clinical and professional support necessary for the Nurse Practitioner to provide effective, efficient, and comprehensive health care.
- Expands the number of Nurse Practitioners interested in building a life long career in Community Health.
- Increases the Nurse Practitioner's capacity to take on leadership within organizations that provide care to underserved patient populations.

Thank You!

