

CHC's Nurse Practitioner Residency Training Program

Providing the Training Bridge Between Education and
Practice



American Academy of Nurse Practitioners (AANP)
National Conference
June 26, 2010



Preparing Tomorrow's Primary Care NPs



Monica O'Reilly APRN, a graduate of the inaugural class shares her experiences. May 2009



Precepted session, October 2009

Weekly didactic sessions, 2009



Precepted session, October 2007



Resident Graduation, August 2008

What The Eye Sees...

New Britain Site



Meriden Site



Transformational Care

1. Clinical Excellence

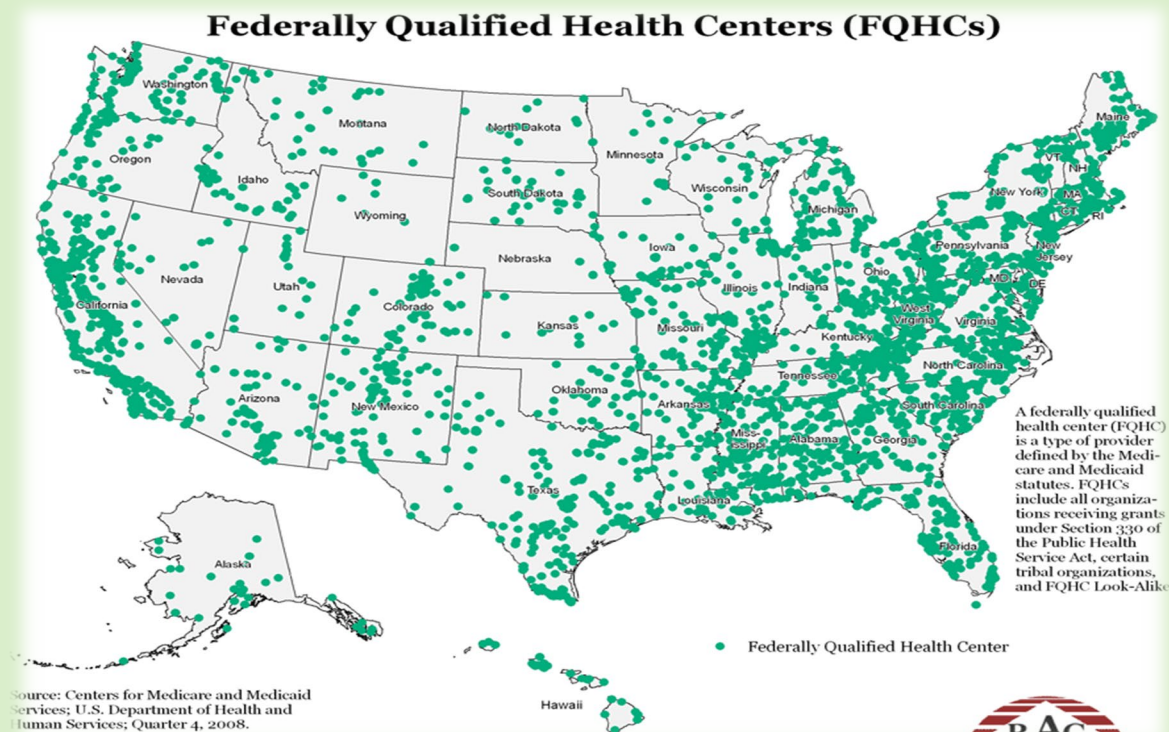
2. Research & Development

3. Training the Next Generation



Federally Qualified Health Centers

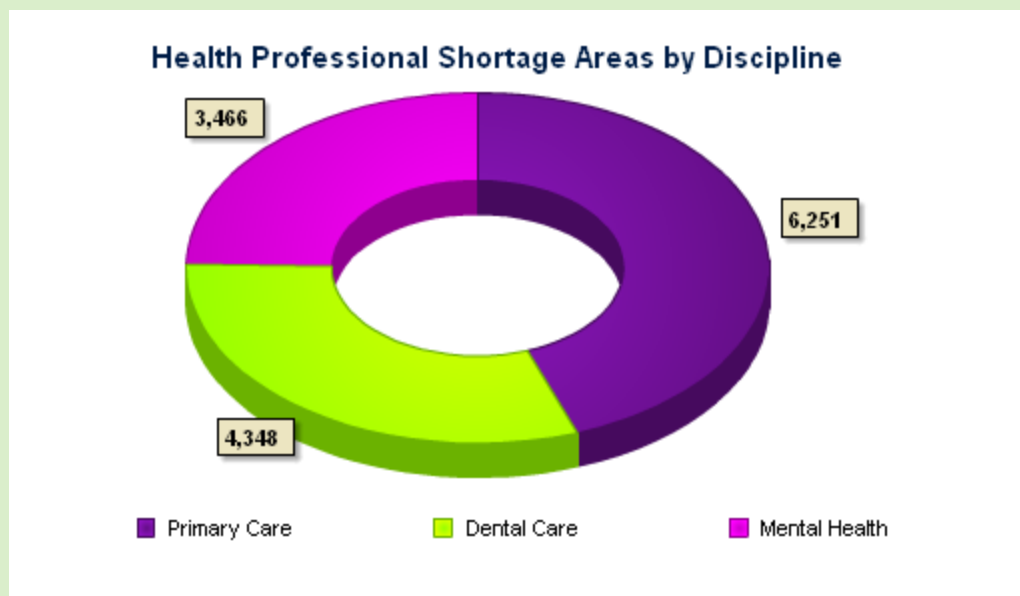
- Serves as health-care home for 19 million people in over 6,000 communities
- There are 7,900 FQHC across the U.S.
- Largest primary healthcare system in the nation.



Federally Qualified Health Centers



- FQHCs documented 6,200 primary care vacancies, including nearly 1,000 NP vacancies (HRSA, 2009).
- NPs have been an integral part of the FQHC workforce since the beginning: In 2007: 2,677 NPs provided 7,528,154 visits in FQHCs.
- Affordable Care Act estimates to increase number of patients served in FQHCs from 20 million to 40 million patients.



Why NP Residency Training?

- Brown & Olshansky: “from limbo to legitimacy”,
- Huffstutler & Varnell: “imposter phenomenon”
- Matthews and Kelly: “guilt and uncertainty”



Why NP Residency Training?

- How well are NPs prepared for practice:
Results of 2004 questionnaire (Hart & Macnee, 2006).



Why NP Residency Training?

- Medicine has recognized residency training as the bridge to practice, but it has simply never been available to NPs. Considering the demands of practice at FQHCs, we can't leave it to chance that new NPs will get the support they need.
- The literature suggests that the concept of a practice residency or fellowships has taken place in the acute care setting and in specialty areas across the nation, with many hospital sponsoring training for novice NPs.
- Leaders of the community health center have noted the difficult transition new NPs face, and recognize that those who made it through were enormously valuable as providers.

NP Residency in Primary Care

- Formal, post-graduate residency training
- Situated in FQHC
- Initial class accepted in 2007
- Model developed based on expertise and experience of FQHC leaders, NP colleagues, residencies in other disciplines, and literature on new NP transition
- Candidates: Required FNP-certification, Spanish-speaking, commitment to PCP career in FQHC.
- Applicants come from across the U.S.

CHC's Goal in Establishing Residency Training

- Support transition for new NPs
- Train NPs for the complexity of primary care at FQHC
- Replicability
- Sustainability: Through funding



Structure Of NP Residency Training

- 12 months, full time employment at CHC, Inc.
- Participate in on-call and weekend rotations

Four core elements:

- Precepted continuity clinics (4 sessions/week)
- Specialty rotations (3 sessions/wk x 1 month)
- “Independent” clinics: (2 sessions/week)
- Didactic education sessions (1 session/week)

Residency Components

1. Precepted Continuity Clinic

- Residents have continuity clinics with panel of assigned patients over time
- Preceptors are assigned exclusively to the teaching and supervision of residents during precepted sessions
- One Preceptor (MD or NP) to 2 Residents



Residency Components

2. Specialty Rotations

- Dermatology
- Orthopedics
- Pediatrics
- HIV/Hep C
- Adult/Child Psychiatry
- Geriatrics
- Gynecology and Prenatal
- Newborn Nursery
- Procedure training (i.e. IUDs)
- Health Care for the homeless
- School-Based Health Service



Residency Components

3. Didactics (09-10 partial listing)

- EKG Interpretation and Lab value interpretation
- Managing Diabetes, managing Coumadin
- Chronic Kidney Failure
- Chronic Liver Failure, Hep B, Hep C
- Pain Management
- Chronic Heart Failure
- Dermatology
- Vaccines and Immunizations for Children and Adults
- Orthopedics
- Anxiety, Depression and ADHD
- Podiatry
- Pediatric Development, Pediatric Respiratory
- Managing Menstrual Issues and Contraception
- Abnormal Paps and Colposcopy
- Mindfulness base meditation and Stress Reduction



Residency Components

4. Independent Clinic

- Work with one of the 10 provider teams at my sight.
- Team based, Planned care
- Opportunity to increase efficiency, volume and exposure





My Experience

➤ Advantages:

- Expert clinician preceptors
- Increased knowledge through didactics
- Increased training in specialty areas
- Electronic medical records
- Dedicated program coordinator
- Practicing in a high performance CHC

➤ Challenges:

- Gray Zone: Am I fully a PCP or am I a student?
- Adjusting to different precepting styles and advices
- Difficult patients and busy practice.



What does primary care look like in FQHC?

64 Y, F | Sel | Info | Hub



Allergies
Billing Alert

Wt: 155 lbs.
Appt(L): 10/28/09
Appt(N): 11/09/09
PCPI: Rajashekar,
Language:
Translator:

Ins: Medicare
Acc Bal: \$0.00
Guan: Maria Colon
Gr Bal: \$0.00

CLICK TO EDIT
waiting for records from Dr. Solano's office ophtho summer 08 pod 11/25

SECURE NOTES
pap 08 waiting for fx 11/13/08 monofil. foot check done. colonoscopy? Tinnitus check at next visit

ADV DIRECTIVE

Medical Summary | Alerts | Procedures | Encounters | Patient Docs | Flowsheets | Notes

SF

Rel Default

Encounters 05/07/2009 SE



05/07/2009

Pr [redacted] enberger, ARNP

Current Medications

Lactinol-E 10-3500 as directed BID
 Freestyle Lite Test Strips xx as directed use as directed TID ac
 Aspir-Low 81 mg 1 tab(s) once a day
 Nexium 40 mg 1 cap(s) once a day
 BD UF orig pen needle 29 G x 1" as directed use as directed
 AeroChamber xx as directed with pravastatin 40 mg 1 tab(s) for high cholesterol once a day (at bedtime)
 Lantus Solostar Pen 100 units/mL 30 units once a day (at bedtime)
 metformin 500 mg 2tab(s) for diabetes 2 times a day
 benazepril 10 mg 1 tab(s) for high blood pressure once a day
 Singulair 10 mg 1 tab(s) for allergies and asthma QM

Reason for Appointment

1. Dm
2. Med refills

History of Present Illness

Diabetes:

64 year old female presents with c/o Diabetes type 2.
 Denies : dizziness, foot problems, polyuria, polydypsia, polyphagia, fatigue, glucose monitoring Fastings range from 100-200, evening 140-220. medication adherence Stopped taking evening dose of Metformin, thinks it interrupts her sleep (has been sleeping much better since she stopped this dose)..

General:

Also with c/o worsening allergies for past 3 days, itchy eyes are bothering her the most. Denies cough, ear pain, fever, stomach ache, n/v/d/c. Still taking Singulair.

Ringin in ears is better than it was, but still present. Worse at night. Has been happening for over 2 months now. Comes in waves or pulses. hears at night when

Overview History CDSS OS Labs|DI

Advance Directive

Problem List

- 250.00 DIABETES TYPE II
- 401.1 HTN Benign hypertension
- 272.0 HYPERCHOLESTEROLEMIA
- 443.9 Peripheral vascular disease NOS
- 493.90 ASTHMA MODERATE PERSISTANT
- 300.4 Depression with anxiety

Current Medications Stop Date

- Singulair 10 mg tablet
- amoxicillin 500 mg capsule 11/07/2009
- Freestyle Lite Test Strips xx strips
- Lactinol 1% lotion
- Prilosec 40 mg delayed release capsule
- pravastatin 40 mg tablet
- Freestyle test strips XX XX
- Lantus Solostar Pen 100 units/mL solution
- Freestyle lancets XX XX
- Patanol 0.1% solution
- Aspir-Low 81 mg tablet
- lisinopril 20mg tablet
- FREESTYLE FREEDOM MONITOR XX XX
- metformin 1000 mg tablet

MyEvaluations.com

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MyEvaluations.com **Community Health Center, Inc.**
Nurse Practitioner Residency Program

Main | Mail | Users | Evaluations | Procedures | Duty-Hours | OnCall | MyPortfolio | Reports | Setup | Password | Logoff Thursday, December 3, 2009

Procedures | **CONSULT** | MyPortfolio | MyHelp | MyQuiz | MyChat

Welcome, **Kerry Bamrick**
[Main](#) > Administrator's Inbox

Administrator's Inbox

Search:

210 evaluations found.
 5 pages of results.
 Current page is 1.

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All	EW	Evaluation	Evaluator	Evaluatee	Period	Status	Action
<input type="checkbox"/>		Seminar Impact Instrument- CKD	Anonymous	Program/Rotation	Anonymous	N/A	File Details Undo
<input type="checkbox"/>		Seminar Impact Instrument- CKD	Anonymous	Program/Rotation	Anonymous	N/A	File Details Undo
<input type="checkbox"/>		Reflective Journaling V2	Anonymous	Faith, Sarah	Anonymous	N/A	File Details Undo
<input type="checkbox"/>		Residents' Eval-Psychopharm-anxiety d/o	Anonymous	Program/Rotation	Anonymous	N/A	File Details Undo
<input type="checkbox"/>		Reflective Journaling V2	Anonymous	Hicks, Kandree	Anonymous	N/A	File Details Undo
<input type="checkbox"/>		Residents' Eval-Psychopharm-anxiety d/o	Anonymous	Program/Rotation	Anonymous	N/A	File Details Undo

Results To Date

- 3rd class graduating in August 2010
- Graduates are PCPs practicing in FQHC across the U.S.
- Currently 4th Residency Class has been selected
- Recently completed study of the first class confirms very smooth transition from residency into their new position as PCPs in FQHC.
- Laura Sargent, NP leader in MA, has started the 2nd residency at the Family Health Center in Worcester.



Legislation & Sustainability

- Section 5316, of the Patient Protection and Affordable Care Act: Includes an amendment introduced by Senator Daniel Inouye of Hawaii. This amendment authorizes the establishment of a 3 year demonstration project to establish NP residency training programs in FQHC and in nurse managed health centers (NMHCs).
- Current effort is focused on the appropriation of funding to go along with the authorization.



CHC 2009 Annual Staff Picnic





Comments or Questions ? Please Contact:

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