

Veterans Affairs Interprofessional Nurse Practitioner Residency in Primary Care: A Competency-based Program

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ABSTRACT

The Institute of Medicine recommended the implementation of nurse practitioner transition-to-practice programs, either called residency or fellowship, for new graduates. These programs are rapidly expanding on the national level in a variety of practice areas. However, there is a lack of literature on the effectiveness of these programs. The Veterans Affairs Centers of Excellence in Primary Care Education developed a competency-based assessment tool to measure program effectiveness, document the achievement of competency, and promote standardization. This article describes the development of the tool along with curricular examples to promote nurse practitioner transition to practice.

Keywords: competency assessment, nurse practitioner postgraduate training

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New nurse practitioner (NP) graduates face many challenges as they transition from academia to the complex health care environment, at both the patient and system levels. Despite an excellent academic preparation, the transition to practice can be difficult.¹⁻⁵ The literature has shown that new NPs described their first year of practice as distressing and tumultuous, with a self-perception that they lacked legitimacy in the NP role.⁶ The authors concluded that it is imperative to reduce the vulnerability of new NPs.⁶ Another study revealed that 87% of new NP graduates reported they would be interested in a postgraduate training program if it were available to them.³ Furthermore, the Institute of Medicine recommended advanced practice nurses complete a transition-to-practice program (nurse residency program).⁷

NP postgraduate training programs are optional and can provide new NPs with “additional management strategies for working with patients, families, or communities where significant financial, social, and emotional co-morbidities make traditional management of health more challenging, such as in

community health centers and in the Veterans Affairs (VA) health system.”⁸ NP postgraduate training programs are in demand as shown by the number of NP trainees who have applied to programs.^{4,5} Currently, there are NP postgraduate training opportunities in acute care, primary care, psychiatry/mental health, and specialty areas throughout the United States. These programs offer variable amounts of didactic training, specialty rotations, structured mentorship, and interprofessional collaboration.^{5,9,10} However, there is a paucity of literature on the effectiveness of these programs. The purpose of this article is to describe the process of the development of a competency-based tool to measure the effectiveness of the VA Center of Excellence in Primary Care Education (CoEPCE) NP residency program.

VA CENTERS OF EXCELLENCE IN PRIMARY CARE EDUCATION

In 2011, the VA Office of Academic Affiliations funded the development of 5 VA CoEPCEs. These centers were charged with developing and testing

innovative models of interprofessional education and collaborative practice in the VA primary care setting. In the first year, the West Haven CoEPCE developed a NP residency embedded within the interprofessional learning environment. This NP residency program was developed for new graduates of adult gerontology primary care or family NP programs to learn to work in and lead interprofessional, patient-centered care teams. Interprofessional learning and collaborative practice occurs with physician residents, postdoctorate pharmacy residents, and postdoctorate psychology fellows. Based on the successes of the West Haven NP residency program in recruitment, retention, trainee competency progression, faculty and resident satisfaction, and job placement, the remaining 4 CoEPCEs (Boise, Cleveland, San Francisco, and Seattle) initiated NP postgraduate training programs in subsequent years.^{4,5}

All CoEPCE NP residency training programs are 12 months long and are supported with a trainee stipend that is approximately half of a full-time NP staff position and comparable with the stipend of a first-year physician resident. The stipend includes benefits for health care, vacation, and sick leave. Candidates must have graduated from an accredited master's or doctor of nursing practice (DNP) program within the past year, have board certification as an adult-gerontology primary care or family NP and state advanced practice registered nurse licensure, have outstanding references from faculty, and have completed a rigorous interviewing process. All the CoEPCEs have been successful in recruiting NP students who have had clinical practicums in CoEPCE to continue in their NP residency program. Across all of the CoEPCE sites, there have been consistently more applicants than positions available.

The CoEPCE NP residency curriculum focuses on the advancement of clinical and diagnostic skills as well as leadership and scholarship skills through interprofessional experiential learning opportunities and collaborative care. The NP residents are assigned a panel of patients that they share with their faculty supervisors and at some sites also share or cross cover patients with the physician residents in practice partnership models. They work in a patient-centered medical home model with a teamlet composed of a

registered nurse case manager, licensed practical nurse/licensed vocational nurse, health care technician, and clerical staff. They are also assigned a faculty mentor(s) who could be an NP or physician. At some sites, they are supervised by MD NP dyad faculty mentors. Optional specialty care rotations in areas such as cardiology, dermatology, pulmonology, palliative care, and gastroenterology are available. Several of the CoEPCEs offer an inpatient rotation. NP residents are mentored to lead shared medical appointments and group visits, case conferences, and team huddles. Scholarly pursuits, such as presenting and publishing, are encouraged and mentored. Trainees of all professions learn panel management, performance improvement, and population health skills. Trainees work collaboratively on performance/quality improvement projects. In the second half of the program, the NP residents participate in precepting NP students and trainees of other professions with supervised mentorship.

Development of the NP Residency Competency Tool

In 2012, with the expansion of NP residency programs to all the CoEPCE sites, it became imperative to develop a standardized evaluation process. This was especially important because this was a pilot program incorporated into a high-profile interprofessional education demonstration project. The goal was to develop a tool that would document and show program effectiveness and achievement of competencies essential for interprofessional team-based patient-centered primary care practice. These competencies include the ability to assess, diagnose, treat, and manage common acute and chronic health conditions; patient-centered care; leadership skills; and performance improvement/ population health skills. These competencies are not considered remediation of knowledge and skills already acquired during graduate education but advancement of skills to support the transition to a fully competent and confident provider. The development of the competency tool was an iterative team process led by the NP consultant from the CoEPCE Coordinating Center in collaboration with the NP codirectors from each CoEPCE and the CoEPCE Coordinating Center physician consultant who has expertise in health professions education evaluation.

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