



Evaluation of Veterans Affairs primary care nurse practitioner residency: Achievement of competencies

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ABSTRACT

Background: The Institute of Medicine has recommended the establishment of residency programs for advanced practice nursing graduates. Currently, the evidence about program effectiveness is limited.

Purpose: To describe the nurse practitioner (NP) resident outcomes on seven competency domains established by the VA Centers of Excellence in Primary Care Education (VA CoEPCE).

Methods: We evaluated mean NP resident competency self-ratings and mean mentor ratings over the 12-month program across NP residency programs at five sites. Highest and lowest rated items and differences between NP resident self-ratings and mentor ratings were analyzed.

Results: Mean NP resident self-ratings and mean mentor ratings demonstrated statistically significant improvement in all domains ($p < .0001$). At 12 months, NP residents were rated by their mentors as able to practice without supervision in all competency domains. At 1 and 12 months, clinical, leadership and quality improvement/population management competencies were the lowest scored domains while patient-centered care, interprofessional team collaboration, shared decision-making and sustained relationships competencies were highest.

Conclusions: These results provide initial evidence for the effectiveness of VA CoEPCE NP residency programs and also highlight areas of needed improvement.

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Introduction

The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, identified the need for transition-to-practice programs for those completing an advanced practice nursing degree and recommended the establishment of residency programs (IOM, 2010). Nurse practitioner (NP) post-graduate residency or fellowship training programs have expanded rapidly since the report was issued, with more than 90 programs in the United States in numerous specialty areas and clinical settings (<https://apgap.enpnetwork.com>). The Veterans Affairs (VA) funds 16 NP residency programs that focus on primary care, acute care, and psychiatry/mental health. All these training programs are in high demand from new graduate NPs. The Carolinas Health System, which has NP and physician assistant fellowship programs in acute care, primary care, and mental health, had 823 applicants for 158 positions over seven cohorts (Taylor, Broyhill, Burris, & Wilcox, 2017). The VA Centers of Excellence in Primary Care Education (CoEPCE) 2017 to 2018 cohort is competitive, with at least five applicants for each NP residency position across all sites.

To ensure the quality of education provided by NP post-graduate training programs, the following accreditation organizations were recently established: the American Nurse Credentialing Center (ANCC) (<http://www.nursecredentialing.org/Accreditation/PracticeTransition>) and the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) (<http://www.nppostgradtraining.com/>). The ANCC standards focus on program leadership, organizational enculturation, development and design, practice-based learning, professional development, and quality outcomes. The NNPRFTC standards include mission/vision/objectives, curriculum, evaluation, program eligibility, administration, operations, staff, and trainee services.

To date, the literature articulating the effectiveness of NP post-graduate residency programs on trainee outcomes is sparse. For example, several articles described NP post-graduate training programs (Flinter, 2011; Goudreau et al., 2011; Harris, 2014; Varghese, Silvestri, & Lopez, 2012); yet, only seven articles discussed outcomes (Bush & Lowery, 2016; Flinter & Hart, 2017; Schofield & McComiskey, 2015; Taylor et al., 2017; Thabault, Mylott, & Patterson, 2015; Wallace, 2013; Zapatka, Conelius, Edwards, Meyer, & Brienza, 2014). Of these, four articles were qualitative reports with small sample sizes and included (a) why individuals sought out a post-graduate NP training program (Zapatka et al., 2014), (b) feasibility of establishing a post-graduate NP program from the stakeholder perspective (Wallace, 2013), (c) strengths of a post-graduate NP training program from the perspective of the NPs and their preceptors (Thabault et al., 2015), and (d) analysis of reflective journaling to understand how the residency facilitated transition to

practice (Flinter & Hart, 2017). The quantitative reports include (a) job satisfaction comparing NPs with post-graduate education with new NPs without post-graduate education (Bush & Lowery, 2016); (b) NP residents' perceptions about readiness to practice, performance, decision-making, physician and NP satisfaction, role confusion, and transition to independence (Schofield & McComiskey, 2015); and (c) increased clinical knowledge and confidence in practice (Taylor et al., 2017).

Given both the high demand from new NP graduates for post-graduate training programs and the rapidly growing number of these programs, data are needed to demonstrate effectiveness of these programs. In addition, the IOM (2010) recommends that organizations "should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes" (p. 12).

In 2011, the CoEPCE initiative developed a 12-month NP residency program embedded within an interprofessional primary care learning environment (Gilman, Chokshi, Bowen, Rugen, & Cox, 2014; Rugen et al., 2014). The primary goal of the residency is the attainment of competency to work in, lead, and improve team-based primary care. In 2012, the NP leaders at the five CoEPCE sites and the CoEPCE national NP and physician consultants, all with primary care expertise, developed a competency tool. Sources reviewed in the development of the competency tool were the National Organization for Nurse Practitioner Faculties adult-gerontology primary care nurse practitioner competencies and NP core competencies, the American Association of Colleges of Nursing doctor of nursing practice (DNP) essential competencies, the National Committee for Quality Assurance patient-centered medical home standards, the Interprofessional Education Collaborative Expert Panel core competencies, and the Accreditation Council for Graduate Medical Education core competencies. The development was an iterative process with the experts across the sites. In addition, content validity was determined by revising the tool based on input from an NP resident completing the program and experienced VA primary care NPs. A detailed description of the competency tool development is published elsewhere (Rugen, Speroff, Zapatka, & Brienza, 2016). The intent of the competency tool was to (a) standardize evaluation across the sites, (b) demonstrate effectiveness, (c) show individual NP resident progression over the course of the program, and (d) measure individual and aggregate attainment of competence across the seven competency domains. It was imperative to provide evidence of effectiveness of the NP residency program as a step toward sustainment of the program because it was funded as a novel pilot program with no precedence in VA. In addition, standardization of evaluation and aggregation of data across the sites was appropriate

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