Nurse Practitioner Residency Training Program:
Training to Complexity; Training to a Model, Training for the Future
Our Vision: Since 1972, Community Health Center, Inc. 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.

CHC Inc. Profile:
• Founding Year - 1972
• Primary Care Hubs – 13; 218 sites
• Organization Staff – 650; active patients; 130k
• PCPs: 55 (MDs, NPs, Pas)
• Specialties: psychiatry, podiatry, chiropractic;
• Specialty access by eConsult to top 5

Elements of Model
• Fully Integrated teams
• Fully integrated electronic health record
• PCMH Level 3,
• Extensive school-based care system
• “Wherever You Are” HCH program
• INNOVATIONS
• Postgraduate Training Programs
• Weitzman Institute
• Project ECHO -CT

Three Foundational Pillars
Clinical Excellence
Research & Development
Training the Next Generation
CHC’s Educational, Technical & Innovation Projects
CHC’s Drivers in Creating NP Residency Training

- FQHCs and our patients need expert primary care providers prepared to manage social and clinical complexity in the primary care setting.

- Literature supports perceived and desire for post-graduate residency training.

- Majority of NPs choose primary care, but are deterred from FQHC setting by mismatch between preparation, patient complexity, and available support.

- We can provide new nurse practitioners with a depth, breadth, volume, and intensity of clinical and model training that prime them for FQHC success.

- Train new nurse practitioners to a model of primary care consistent with the IOM principles of health care and the needs of vulnerable populations

- Create a nationally replicable model of FQHC-based Residency training for nurse practitioners

- Prepare new NPs for practice in any setting—rural, urban, large or small, with confidence

- Develop a sustainable funding methodology
Barriers to NP Residency Training

• Prior to 2007, there was no model for primary care nurse practitioner residency training

• No organized funding opportunity; no organized accreditation model though several specialty residency training programs exist

• GME Legislation is not inclusive of nurse practitioner residency training

• Teaching Health Center Legislation under the Affordable Care Act also not inclusive of nurse practitioner residency training
Elements of NP Residency Training
CHCI NP Residency est. 2007

- 12 months, full time employment at CHC, Inc.
- Full integration into all aspects of the organization
- Focused on advancing development and spread of model

- Precepted Continuity Clinics (4 sessions/week); residents develop and manage a panel of new patients
- Specialty Rotations (2 sessions/wk x 1 month); orthopedics, dermatology, women’s health/prenatal care, adult/child psychiatry, geriatrics, pediatrics, HIV care, Hep C care, newborn nursery, HCH
- Independent Clinics (3 sessions/week); Sessions with a clinician mentor focused on practice of episodic and acute care
- Didactic Sessions (1 session/week); covers content high volume/risk/burden topics
- Continuous training to CHC model of high performance health system: access, continuity, planned care, team-based, prevention focused, use of data and technology to drive clinical decision making and quality
- Ongoing multi-input evaluation component using qualitative and quantitative measures
- Training on the CHCl quality improvement model, including clinical Microsystems and facilitation, as well as leadership development
2014-2015 Didactics Sessions (partial listing)

- Vaccines and Immunizations of Children and Adults
- EKG Interpretation
- Lab Values
- Managing Diabetes
- Pain Management
- ADHD
- Managing Anxiety and Depression
- Self Management Goal Setting
- Orthopedics, upper and lower extremities and back
- Managing Menstrual Issues and Contraception
- Tobacco Cessation and Motivational Interviewing
- Pediatric Development
- Mindfulness Based Meditation and Stress Reduction
- HIV/AIDS - treatment and medications
- Chronic Liver, Kidney and Heart Failure
# Sample Schedule

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/31/14</td>
<td><strong>AM</strong> Labor Day Holiday</td>
<td>Welcome To CHC</td>
<td>Clinical Orientation w/ Dr. Channamsetty, CMO</td>
<td>Bus Tour - CHC sites</td>
<td>Community Site Visits</td>
<td>Tuesday: self assessment</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td>Human Resources</td>
<td>ECW training</td>
<td>Clinical Competencies</td>
<td>On-site clinical orientation</td>
<td>Friday: First narrative journal</td>
</tr>
<tr>
<td>09/07/14</td>
<td><strong>AM</strong> CHC Orientation-HR</td>
<td>CHC Orientation-HR</td>
<td>Immunizations Training</td>
<td>Walking Tours</td>
<td>9/20: 6am-3:00pm Standdown</td>
<td>9/16: 8:30am- PI meeting</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td></td>
<td>CMO</td>
<td></td>
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</tr>
<tr>
<td>09/14/14</td>
<td><strong>AM</strong> History Taking/ Interviewing</td>
<td>CNO Overview-Nursing/MA roles, intraprofessional collaboration</td>
<td>Initiating insulin</td>
<td>Peds development/Asthma with Dr. Dudley</td>
<td>STAND DOWN, Rocky Hill, CT</td>
<td>9/16 w/hrsg onsite med dir orientation</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td>Shadow office managers, reception, nursing, MAs and</td>
<td>Lab Values</td>
<td>Oral health diactic with Chief Dental Officer</td>
<td>9/23: Grand Rounds</td>
<td></td>
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<tr>
<td>09/21/14</td>
<td><strong>AM</strong></td>
<td>Independent Clinic-shadow OSMDs</td>
<td>Independent Clinic-shadow OSMDs</td>
<td>Independent Clinic-shadow OSMDs</td>
<td>Independent Clinic-shadow OSMDs</td>
<td>All staff mtg Friday am</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Wessling</td>
<td>Didactics- EKGS</td>
<td>Precepted-Czel</td>
<td>10/07: all staff mtg 8:30am</td>
</tr>
<tr>
<td>09/28/14</td>
<td><strong>AM</strong> Independent Clinic</td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Lecce</td>
<td>Independent Clinic</td>
<td>Precepted-Czel</td>
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<tr>
<td></td>
<td><strong>PM</strong></td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Lecce</td>
<td>Precepted-Leoce</td>
<td>Precepted-Czel</td>
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<tr>
<td>10/05/14</td>
<td><strong>AM</strong> Independent Clinic</td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Wessling</td>
<td>Didactics- Lab Values</td>
<td>Precepted-Czel</td>
<td>10/21: 8:30am Medical QI meeting</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Wessling</td>
<td>Independent Clinic</td>
<td>Precepted-Czel</td>
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<tr>
<td>10/12/14</td>
<td><strong>AM</strong> Independent Clinic</td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Wessling</td>
<td>Didactics- Pediatric Asthma</td>
<td>Precepted-Czel</td>
<td>10/28: Medical Grand Rounds</td>
</tr>
<tr>
<td></td>
<td><strong>PM</strong></td>
<td>HIV/Hep C Haddad</td>
<td>Precepted-Wessling</td>
<td>Project ECHO (12:30-2:30)</td>
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</table>
Participation in Project ECHO- CT

Weekly, case-based, distance learning with a team of experts in the care and management of patients with HIV, Hepatitis C, chronic pain, and buprenorphine.
Individual Resident Evaluations
Reflective Journaling V2

CHC - Nurse Practitioner Residency Program, Middletown
Report Date Range: 09/09/2013 - 09/14/2013

Resident: Charity Braden

Competency = Average score on competency for selected residents
Avg = Average score given by an for each question
Group = Average score of all PGYs represented
Total = Average score of all PGYs

Evaluation Completed: 9/15/2013 7:38:22 PM
Evaluation Period: 09/08/2013 through 09/14/2013

Description - Category Summary (N/A)

<table>
<thead>
<tr>
<th>Question</th>
<th>CBorden</th>
<th>Resident Avg</th>
<th>Group</th>
<th>Total</th>
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</thead>
</table>

Informed Consent for Submission of Reflective Journal

Self reflective Journaling is an important tool of progressing our learning. The Community Health Center, Inc. is interested in learning more about the growth of nurse practitioner residents and as well as ways to enhance such growth.

The Community Health Center, Inc. is asking its residency class to share parts of their reflective journal. This form is going to be used to collect and analyze residents' journal entries. The decision to complete the assessment is completely voluntary but highly recommended. The decision to complete it or not complete it will not affect your standing in the Residency program. We hope that Reflective Journaling will not only benefit you directly, but also help us continuously improve the NP Residency Program for future groups of NP residents.

"Reflection is an essential part of professional practice as reflecting on the past increases our expertise in the present and for the future by..."
Outcome Data

- Each NP Resident develops a panel of approximately 450-550 patients and delivers approximately 700-900 visits
- Peer review, frequent performance appraisals, and monthly precepted session with clinical advisor to document on-going progress
- Weekly reflective journals provide insights into the nature of practice, of learning, and of the transition process
- Research study using Meleis’ transition theory confirms successful completion of transition: mastery, a sense of confidence, and personal well being
- More data from more residency training programs needed!

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Competency self-assessment-beginning of year</th>
<th>Competency self-assessment-end of year</th>
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<tbody>
<tr>
<td>2007-2008</td>
<td>3.4 (3.6)</td>
<td>4.4 (4.5)</td>
</tr>
<tr>
<td>2008-2009</td>
<td>3.5 (3.25)</td>
<td>4.0 (4.0)</td>
</tr>
<tr>
<td>2009-2010</td>
<td>3.5 (3.4)</td>
<td>4.25 (4.3)</td>
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<tr>
<td>2010-2011</td>
<td>3.1 (3.0)</td>
<td>4.56 (4.3)</td>
</tr>
<tr>
<td>2011-2012</td>
<td>3.6 (4.0)</td>
<td>4.07 (4.0)</td>
</tr>
<tr>
<td>2012-2013</td>
<td>3.0 (3.4)</td>
<td>4.2 (4.3)</td>
</tr>
<tr>
<td>2013-2014</td>
<td>3.6 (3.4)</td>
<td>4.0 (4.46)</td>
</tr>
<tr>
<td>2014-2015</td>
<td>3.6 (4.0)</td>
<td></td>
</tr>
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</table>
CHCI Residency Program Today

- To date--36 residents have completed the program. All practicing as PCPs in FQHCs/safety nets
- Increased from 8 to 10 Residents this year
- Developed model of “remote hosting” of NP Residency programs
- Implementing a Psychiatric APRN Residency
- Continuing aggressive efforts to secure legislative support for national funding of NP Residency
- Added staff to focus on consortium and growth
Where are they now?

All previous residents are practicing as primary care providers in FQHCs across the country.

The stars indicate the states where CHC’s NP residency program graduates are currently practicing.

- 16 in Connecticut
- 2 in California
- 2 in Illinois
- 3 in Massachusetts
- 2 in Washington
- 1 in Arizona
- 1 in Iowa
- 1 in Louisiana
- 2 in Oregon
- 1 in Pennsylvania
- 1 in Tennessee
- 1 in Texas
- 1 in Vermont
- 1 in Washington, DC
- 1 in Melbourne, Australia

(Not shown on map)
Support for NP Residency Training

- Seeking reauthorization and funding of Sec. 5316 of the Affordable Care Act, expires September 30, 2014. Senators Chris Murphy and Richard Blumenthal of Connecticut are sponsoring legislation to reauthorize Sec. 5316 for another four years.

- S. 2229, a bill titled the “Expanding Primary Care Access and Workforce Act,” now pending before the U.S. Senate as introduced by Senator Sanders on April 9, 2014, which would reauthorize and provide $75 million for the NPRTP through 2019.

- Letter signed by all of the Washington State FQHCs and their partners to Senator Murray, asking her to reauthorize and fund the National Nurse Practitioner Residency Training Program

- IOM Future of Nursing Report (2010) called for residency training of new advanced practice registered nurses; IOM report on GME (2014) calls for establishment of a “transformation fund” and consideration of GME funding for advanced practice RNs
Replicability and Spread

• Our goal is national replication of CHC’s model of residency training for primary care nurse practitioners

• CHC, Inc. will continue to support organizations interested in implementing NP residency programs, from consulting to full hosting of NP Residency Programs

• Currently there are 23 Primary Care Nurse Practitioner Residency programs across the country with 10 or more programs planning to launch in 2015

• Current NP residency programs exist in FQHCs, NMHCs, Health Centers, major hospital and health systems, and the Veterans Administration System.
Primary Care Nurse Practitioner Post-graduate Training Programs Across the Country

The purple stars indicate locations where Nurse Practitioner Post-graduate Training Programs currently exist.

The blue squares indicate locations where there are plans to launch Nurse Practitioner Post-graduate Training Programs in the near future.

Orange circles indicate where graduates of the GHCJ Nurse Practitioner Residency Program are practicing.

Existing Programs and Start Dates

**MIDDLETOWN, CONNECTICUT:** Community Health Center, Inc.  
Established 2007

**WORCESTER, MASSACHUSETTS:**  
Family Health Center of Worcester  
Established 2009

**WEST HAVEN, CONNECTICUT:**  
VA Connecticut Healthcare System  
Established 2011

**AUSTIN, TEXAS:**  
CommunityCare and the University of Texas at Austin School of Nursing  
Established 2011

**BANGOR, MAINE:**  
Penobscot Community Health Care  
Established 2011

**SAN FRANCISCO, CALIFORNIA:**  
Glide Health Services and  
UCSF School of Nursing  
Established 2012

**SANTA ROSA, CALIFORNIA:**  
Santa Rosa Community Health Centers  
Established 2012

**PHILADELPHIA, PENNSYLVANIA:**  
Puentes de Salud  
Established 2012

**SAN FRANCISCO, CALIFORNIA:**  
San Francisco VA Medical Center  
Established 2012

**BOISE, IDAHO:**  
Boise VA Medical Center  
Established 2012

**TACOMA, WASHINGTON:**  
Community Health Care  
Established 2012

**CLEVELAND, OHIO:**  
Cleveland VA Medical Center  
Established 2013

**SEATTLE, WASHINGTON:**  
VA Puget Sound Health Care System  
Established 2013

**TUPELO, MISSISSIPPI:**  
North Mississippi Medical Center Clinic  
Established 2013

**CHARLOTTE, NORTH CAROLINA:**  
The Center for Advanced Practice—  
Carolinas Health Care System  
Established 2014

**SPARTANBURG, SOUTH CAROLINA:**  
Spartanburg Regional Healthcare System  
Established 2014

**ROCHESTER, NEW YORK:**  
Highland Family Medicine  
Established 2014

**OTHÉLLO, WASHINGTON:**  
Columbia Basin Health Association  
Established 2014

**SEATTLE, WASHINGTON:**  
International Community Health Services  
Established 2014

**YAKIMA, WASHINGTON:**  
Yakima Valley Farm Workers Clinic  
Established 2014

**LEOMINSTER, MASSACHUSETTS:**  
Reliant Medical Group  
Established 2014

**ASHVILLE, NORTH CAROLINA:**  
The Western North Carolina Community Health Services  
Established 2014

**MURPHY, NORTH CAROLINA:**  
Murphy Medical Group  
Established 2014

Future Programs

**CLEVELAND, OHIO:**  
Metro Health Medical Center  
Will launch in 2015

**PHILADELPHIA, PENNSYLVANIA:**  
Public Health Management Corporation (PHMC)  
Will launch in 2015

**LIMA, OHIO:**  
Health Partners of Western Ohio  
Will launch in 2015

**EUGENE, OREGON:**  
PeaceHealth  
Will launch in 2015

**BRONX, NEW YORK:**  
Essen Medical Associates  
Will launch in 2015

**ROCHESTER, NEW YORK:**  
University of Rochester Medical Center  
Will launch in 2015

**SEATTLE, WASHINGTON:**  
Sea Mar Community Health Centers  
Will launch in 2015

*Last update as of August 8, 2014.*
Accreditation

• Why? To ensure high standards, supports model replication, and be prepared for future sustainable funding stream.

• American Nurses Credentialing Center (ANCC) has issued accreditation standards for “Transition to Practice” programs for newly certified advanced practice nurses.

• Commission on Collegiate Nursing Education (CCNE)- An autonomous arm of The American Association of Colleges of Nursing (AACN)- Accreditation of NP residency programs was presented at the Annual CCNE Conference in October, 2013. CCNE will explore but no concrete plan.

• Explore feasibility of developing a new accreditation body and applying for federal recognition through CHCI’s Weitzman Institute
If you want to do something, do it. Just get started.
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