FOUNDATION FOR NursingExcellence

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Novice Advanced Practice Registered Nurse Transition to Practice Qualitative Findings and Recommendations by Task Force *

Program Goal

The NP Transition to Practice initiative seeks to strengthen the competence, confidence & self-efficacy of the novice NP who transitions into practice in rural settings in North Carolina; through a statewide network of resources and support, the program is accessible to any novice NP regardless of practice setting.

Guiding Principles

- Recommendations and findings of NC Rural Health Plan report http://www.nciom.org/publications/?rural-health-action-plan and the 2015 Institute of Medicine Future of Nursing Report http://iom.nationalacademies.org/~/media/Files/Report%20Files/2015/AssessingFON_releaseslides/Nursing-Report-in-brief.pdf should inform framework development.
- Pilot structure should include the study and determination of best practices in regards to sequencing of curriculum content and learning experiences as well as content delivery methodology; evaluation of preceptor scope of effectiveness (number of novices and clinical sites) through a virtual precepting model.
- Pilot should provide an organized step by step process by which each step builds upon the preceding steps of the post-graduate program including a graduated patient panel.
- Pilot clinical training sites should include nurse-run clinics.
- Research supports the inclusion of a mentoring component.
- Pilot should be aligned with regulation.
- Pilot should seek to minimize “administrative burden”.
- Pilot planning should include exploration of interest/collaboration with Carolina’s Health Care System’s primary care NP residency program.
- Recommended pilot framework involves a tiered platform for resource support with components accessible at the local, regional and state-wide level. Foundational elements (FE) are established at the local tier while the remaining components are aligned and flexible between the regional and/or statewide tiers as determined by access & availability as depicted in the following schematic. Evidenced based curriculum content available at (link to survey summary)

*Derived from the contributions of Task Force members from research, study & experience.

Local Tier

- Clinical site policy, procedure & process orientation (FE)
- Community resource orientation (FE)
- Referral services orientation (FE)
- Physician Supervision (FE)

Regional Tier and/or Statewide Tier

- Evidenced base curriculum (link to survey summary)
- Intensives (clustered & concurrent learning experiences for cohort participants over a 2-3 day period; offered remotely or on site)
- Virtual model for precepting & consultation where support is provided to 2-3 practice sites
- Learning collaboratives
- Case conferences
- Didactic seminars
- Webinars
- Online resource center

Resources

- The Bureau of Primary HealthCare which funds Community Health Centers has an organized approach to "learning trainings" with a regional cohort focus. Link to IWS Learning Team model: http://www.integratedwork.com/peer-learning-groups/
- Established and evolving national and NC based Transition to Practice programs, provide tested and validated principles for adaptation to NC's pilot in rural settings. (Community Health Center http://npresidency.com/, Western NC Community Health Services http://www.safetynetresidency.org/, Carolina's HealthCare System http://www.carolinashealthcare.org/center-for-advanced-practice-fellowship, etc.)
- Explore the feasibility of tapping into expertise of NP faculty within UNC system Schools of Nursing through a partnership.
- The experience & lessons learned with the Fayetteville AHEC/Duke University Blended Learning Program (NP Behavioral Health Management Skill Development) The structure of the program is as follows:
  - Intensive – learning group comes together for an intensive learning experience
  - Distance Learning (case review, peer consultation, recorded client/provider interaction review)
  - On-line Resource Center
  - Paid faculty administer the program
  - Learners have some investment in the program cost
- There is expressed interest from retail (CVS) for inclusion in the pilot.
- Piedmont Health is open to expanding their Flinter based model with a peer-group learning option.

- AHEC has expressed an interest in the delivery of the mentorship model. NCNA's NP mentoring model is also potential resource

Pilot/Curriculum Development

- Curriculum should be evidenced based upon the unique needs of NC's novice NP's who choose to practice in rural primary care settings.
- Maximize use of simulation especially for procedure training.
- Explore feasibility of offering CE credits toward recertification for novice NPs as well as preceptors.
- Assure focus within the scope of primary care practice (avoid intent to create "specialists").
- Explore feasibility of establishing a precepting team which is freed up to provide onsite/virtual precepting – perhaps covers several sites simultaneously.
- Consider incorporation of the following in curriculum :
    - Population health
    - Diabetes management, chronic disease compounded with behavioral health issues and other complexities
    - EHR, billing & coding
    - Volume/capacity training. . . training with progressive increase in patient panel
    - Care management
    - Language training (Spanish)
    - Building patient panels; logistics for optimal efficiency, timely access and quality care including open schedule structure to allow same day access
    - Focus on cultural competence building, i.e. exposure/rotations in a variety of settings
    - A model with 4 clinic days where preceptor and novice NP share a panel initially; progress to management of 2 full panels. 5th day is for reflection and didactic learning.

Points for Consideration

- A survey of CEO's in Teaching Health Centers by the NC Community Health Center Association (2014) revealed 70% of these FQHCs in NC have NP students and 75% of them reported hiring health professionals who trained at their center in past 5 years. This supports the data that providing training opportunities influence students' future practice with FQHCs. Survey revealed 62.5% of responding FQHCs want to expand the family practice residency program; 25% want to expand NP training at this time.
- Recognize that the two biggest issues for both transition programs as well as clinical precepting are related to: (1) lost revenue when precepting and reimbursement (or lack thereof) for services; and (2) physician supervision requirements in NC. Components include productivity of preceptors and novice NP's and how best to incentivize preceptors.
- A challenge of the financial model will be to achieve support for preceptors (either in the form of additional compensation or a reduction in their clinical or patient panel expectations)