

Policy Name: Nurse Practitioner Residency Precepting

Community Health Center, Inc.

Department: Medical

Effective Date: July 30, 2008

Revised: September 9, 2008

Updated: July 20, 2010, Reviewed and updated September 13, 2011, August 16, 2012, August 30, 2013, September 2014, September 2015. September 2016

OBJECTIVE

Community Health Center's residency program is an intensive, full time, one year training program for newly graduated and certified Advanced Practice Registered Nurses/Family Nurse Practitioners committed to developing practice careers in federally qualified health centers and other safety net settings. It provides intensive, precepted clinical training, specialty rotations, procedures-based training, and formal didactic training in high volume/high complexity issues. It does this in the context of training new nurse practitioners to the model of community oriented primary care and the delivery of planned care to vulnerable populations.

During the course of the one year residency program, residents will gradually increase their productivity and gain skills needed to function fully and independently in a primary care practice environment. To accomplish this, Community Health Center will utilize the skills and expertise of CHC medical staff providers in Meriden, New Britain, New London, Middletown, Norwalk and other sites, through continuity clinics/precepted clinical sessions, mentored clinics, and specialty rotations.

The purpose of the policy is to facilitate an efficient, effective, comprehensive, evidence-based, community-oriented and patient-centered primary care precepting experience for Advanced Practice Registered Nurses in their one-year residency program.

POLICY

Community Health Center providers in Meriden, New Britain, Middletown, New London, Norwalk and other CHCI sites will be eligible for precepting the APRN residents. Precepting is a privilege granted to providers who are skilled, experienced, motivated and productive and have demonstrated clinical excellence and high quality care with good outcomes. Preceptors are selected by the Chief Medical Officer and the Residency Program Staff. In the case that a preceptor has failed to meet the expectations of the program, they will be removed from the preceptor role. This privilege will be reviewed on an annual basis. Preceptors will, therefore, be expected to:

Overall Preceptor Roles and Responsibilities

- Be dedicated to teaching and supporting residents during the assigned precepted sessions
- Be present and fully available to the residents in the clinical/POD area until the last scheduled patient is seen
- Provide leadership and direction for the residents on the planned care model of care delivery, engage in huddles and review of the daily/session schedule. In this capacity, they should discuss clinical issues, labs and diagnostic information that has arrived since the patients last visit
- Assist in, and provide direction for, all aspects of patients care, including clinical care, physical examination and history taking, formulation of differential diagnoses, assessments and treatment plans, case presentations (verbal and written), prescription management, electronic health record use, charting and tools, collaboration with nurses, medical assistants and other team members through planned care, chart reviews, document and lab review and completion of patient-related paperwork
- Encourage CHCs goal of integrated behavioral health, dental/oral health, and pharmacy
- Assist with procedures when applicable
- Review notes and create addendums to notes
- Monitor other providers schedules and encourage other providers to inform residents when there are procedures or clinical findings of interest

- Ensure timely and efficient review and management of diagnostic imaging, laboratory studies and in-house testing
- Employ a variety of teaching strategies during the sessions, including impromptu, case-stimulated lectures or didactics, lab/EKG/test review, formal teaching and explanation, joint physical examinations and question and answer sessions
- Encourage critical analysis and evidence-based reasoning in the ordering of diagnostic tests and laboratory studies
- Assist residents in patient care/visits, in the case that a resident falls behind in the schedule or needs additional help
- Assist all APRN residents in developing competencies in all desired areas of care
- Compose addendums or co-sign all visit notes until the residents are fully credentialed
- Review labs and diagnostic imaging results with residents for patients seen with the resident during their precepted sessions – this may involve reviews at the following precepting session or at another time, based on when those results become available

Specific Preceptor Roles and Responsibilities (Based on Stage/Month)

Early Months (September through December) (or at Stage of 1-2 patients per hour):

- **The preceptor should see *all patients with the resident initially, within the first couple of weeks***, to observe their clinical style, professionalism, and history and physical examination skills
- After the first couple of weeks, the preceptor should go in and see patients at some point during the visit, observing and repeating physical examinations and relevant history with the residents as needed
- The preceptor should provide guidance and instruction on all aspects of the patient visit, including charting, the verbal presentation and the written note (review entire written note and provide feedback as indicated)
- The preceptor should create an addendum in the patient's progress note or co-sign the note after the resident has completed the note; if the resident is not yet licensed/credentialed, then the preceptor should lock the visit notes.

Later Months (January – August)

- The preceptor should reassess the residents comfort and mastery with clinical decision-making, physical exam skills, and concise history taking, and develop a precepting plan that meets the needs of the resident, being fully available to provide the level of support the resident needs
- The preceptor should help the resident with time management and efficient practice skills in an ongoing fashion
- The preceptor should review all cases with the resident and repeat/observe history and physical exams as needed
- The preceptor should provide guidance and instruction on all aspects of the patient visit, including charting, the verbal presentation and the written note (review entire written note and provide feedback as indicated)
- The preceptor should create an addendum or co-sign the patient's progress note after the resident has completed the note
- As the resident becomes more skilled, the preceptor's role should become more focused on guidance with time management, practice and panel management

Evaluations

Preceptors will be formally evaluated by the residents on a bi-annual basis. The evaluations will be aggregated and shared with the preceptors as a tool to highlight successes and point to areas for improvement. This is also an opportunity for the residents to disclose areas where they would appreciate

more education and instruction. This feedback is included in performance assessments for medical providers.

Preceptors will also be expected to complete evaluations of the residents bi-annually during the course of the program year. Each preceptor will complete an individual evaluation, and then meet as a team to develop one evaluation per residents. A designated preceptor, along with a program staff will **review the evaluation with the resident in person** and discuss strengths, weakness and areas for improvement. While the formal evaluation is bi-annually, the residents should receive ongoing and immediate feedback during the course of their precepted sessions as well.

- Evaluation 1 – Completed in February (encompasses September through February)
- Evaluation 2 – Completed in August(encompasses March through August)
- Midyear meetings will be schedule for end of March

On a bi-annual basis, a team will conduct an assessment of the program. The team shall consist of the Program Coordinator, Medical Advisor to the residency, Chief Medical Officer, Senior VP/Clinical Director and during these meetings, evaluations from preceptors and from residents will be reviewed and any needed changes will be made. This group will also coordinate the clinical and professional competencies of the residents on a quarterly basis. No less than quarterly, the Medical Advisor to the residency will convene a meeting of the preceptors, for a combination of faculty development skills and program discussion.

Incentive Plan Considerations

If the preceptor is eligible for CHC’s Provider Incentive Plan, all of his/her precepted sessions will be counted as “Admin” to offset the productivity expectation. The provider’s scheduled precepting sessions will be reported to the Systems Reporting Coordinator on a monthly basis to ensure this is incorporated into their productivity and incentive calculations.

Preceptor Signature:

By signing this policy, I agree to the outline and terms in this policy and elect to participate as a residency preceptor.

_____ (Signature)

_____ (Printed Name)

_____ (Date)