Ramp Up Policy - FNP, AGNP, PNP

Tuesday, August 02, 2016

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**Community Health Center, Inc.**

**Policy Name:  Stepwise Increase of APRN Resident Clinical Scheduling**

**DATE: August 2015, July 2017**

**Background**:  In an effort to achieve consistency throughout  the sites, this policy outlines a process for increasing the number of patients which CHC’s APRN Residents are expected to see at selected time points throughout the year.

In order to provide adequate teaching, support, and to optimize their quality of performance, the residents are allotted a specified amount of time to work with individual patients.  As the residents progress with medical knowledge and clinical expertise, the are expected to work more efficiently and see patients in less time.  By the end of the year, residents are expected to be able to manage a full patient load of 3 per hour with overbooks which will permit them to succeed in their profession.  This final increase to a full schedule has historically been the step requiring the most individualization.  It is recognized that there may be differences in learning styles, comfort level, strengths and weaknesses among the Residents.  There also may be factors independent of the Residents which may play into decision-making, such as variability in support staff or in availability of rooms.

**Statement of Purpose**:  To create a consistent process across all sites which will clarify the expectations for the Residents’ productivity.  This process will help the Residents and Preceptors anticipate and prepare for changes.  There must be enough flexibility in this policy to allow for individualization of scheduling for exceptional cases.

**Policy and Procedures**:  The residents schedule will be designed as follows, with incremental increases happening approximately every month. Templates will be updated by a central administrator to help with scheduling consistency.

* October – 1 patient per hour (7/day) - All mixed apt types including 24 hour
* November –  +1 patient per session- mixed apt type (9/day)
* December - +1 patient per session- mixed apt type (11/day)
* January – same as above (11/day)
* February - +1 patient per session- mixed apt type (13/day)
* March – +1 patient per hour - mixed apt type (15/day)
* April -- same as above (15/day)
* May – +1 patient per hour - mixed apt type (17/day)
* June – 3/hour (20/day)
* July – 3/hour  - +1 patient per session- mixed apt type - (22/day)
* August – 3/hour - add one 24 hour overbook per session - (24/day)

The ramp up schedule should be individualized by the Program Staff based on conversation with the Office Managers, Preceptors, On Site Medical Directors, and the Residents themselves.   A Resident who is consistently running behind in clinical sessions may need to have certain **increases** delayed based on this feedback.  All Residents should be seeing this full schedule by August, including overbooks.