



NP and PA Entry to Practice: Education to Orientation

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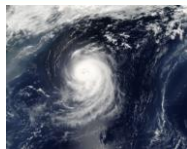
2011 Acute Care NP/PA Leadership Conference

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Welcome to Baltimore



August 23, 2011



August 27, 2011



September 2-4

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Objectives



- Explore training and development paths of PAs and NPs
- Understand the evolution and role of postgraduate PA and NP residency training programs
- Identify strategies for matching practitioners to specific positions
- Explore key content of orientation and mentoring plans to prepare the practitioner to function well in a new role

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Early NP and PA training



NP

- First NP program was developed in 1965 at University of Colorado
- Experienced RNs were trained for new role of advanced pediatric nurse practitioners
- Training utilized nursing model
- Certificate Program

PA

- First PA program - Duke University's PA in 1965
- Experienced combat medics from Vietnam war were trained to practice primary care with physician supervision
- Trained utilizing medical model
- Certificate Program

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Early NP and PA training



- Both professions were developed in response to an uneven distribution of physicians and primary care services
- NP and PA professions both developed and grew quickly in the 1970s and 1980s



Loretta Ford, RN



Henry Silver, MD

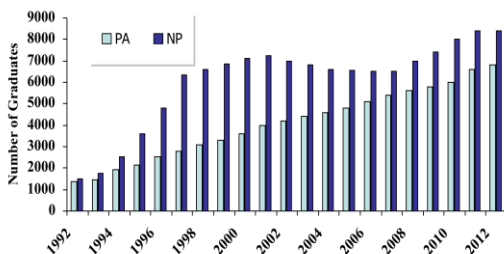


Eugene Stead, MD



Kathleen Androski, RN teaching first class of Duke PA students EKGs

US PA and NP Graduates Per Year (1992-present)



Hooker and Berlin, 2002; AACN, 2009; AAPA, 2010

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NP and PA training paths today



- | NP | PA |
|---|--|
| <ul style="list-style-type: none"> • BSN, RN • Certifications available: <ul style="list-style-type: none"> – Acute Care – Adult – Psychiatric/Mental Health – Family – Pediatric – Geriatric • American Association of Colleges of Nursing (AACN) <ul style="list-style-type: none"> – DNP should be the preferred terminal degree by 2015 | <ul style="list-style-type: none"> • Bachelors degree with healthcare experience • National Certification by NCCPA <ul style="list-style-type: none"> – Recertification every 6 years <ul style="list-style-type: none"> • Practice focused components available in adult medicine, surgery and primary care – Specialty certification starting 2011 – Ortho, Psychiatry, CT surgery, EM, Nephrology • AAPA Preferred degree – Masters |

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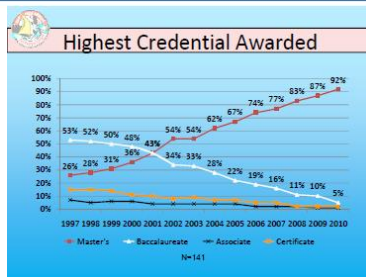
Current Trends – PA students



Source: CASPA Cycle 9 Report October 2010, Baltimore, MD

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Current Trends – PA students



Source: 26th Annual Report on Physician Assistant Educational Programs, October 2010

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Transition to practice



- New graduate to practice
- Advanced Surgical Preparedness Program (GWU)
- Postgraduate training – residencies or fellowships
 - PA
 - RN
 - NP

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Postgraduate Residency or Fellowship Training - Why?



- Increase knowledge in chosen specialty
- Gain skills specific to chosen area of medicine or surgery
- Improve critical thinking skills
- Gain confidence
- Continue a structured education program
- Gain experience that normally takes years to obtain in one year
- Expand employment opportunities
- Gain exposure to complex patients
- Enhance ability to prioritize



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Postgraduate PA residencies



- First PA residency: Montefiore Surgical Residency in 1971
- 53 member programs – with approximately 70 + available programs total
- Roughly 150-200 graduates per year
- At least 2 programs accept nurse practitioners
- Generally 12-18 months in length and follow ACGME rules for physician resident 80 hour work week
- Accreditation for PA residency programs began in March 2008 by ARC-PA

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APPAP Member PA Residency Programs

- Acute care medicine (1)
- Anesthesiology (1)
- Cardiothoracic (1)
- Critical Care/Trauma (1)
- Dermatology (1)
- Emergency medicine (9)
- Hospitalist (1)
- Neonatology (1)
- Nephrology (1)
- Neurosurgery (2)
- Ob/gyn (2)
- Oncology (1)
- Orthopedic Surgery (5)
- ENT (1)
- Psychiatry (3)
- Surgery (9)
- Urology (3)



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Nurse Residency Programs

- According to survey of UHC hospitals in 2000 85% had an extended program for new RN grads however there was lack of uniformity
- UHC/AACN built a one year nurse residency curriculum
- As of March 2010 UHC/AANC Nurse Residency Program participants: 57



Nurse Practitioner Residencies

- IOM has recognized the need for innovative programs and has advised health care organizations to take actions to support nurses' completion of a transition to practice program after completing an advanced practice degree or when transitioning into new clinical practice areas.
- First NP residency established 2007 at Community Health Center in Family Medicine in Connecticut, a FQHC.
 - Goal of this residency was to train nurse practitioners who were interested in primary care in an underserved area and provide additional support and training

Postgraduate NP Residencies

Other programs:

- ❖ Methodist Hospital Transplant NP Fellowship
- ❖ Lahey Clinic (Tufts) NP Dermatology Fellowship
- ❖ Johns Hopkins Gastroenterology and Hepatology Fellowship
- ❖ Penobscot Community Health Care Center in Bangor, ME – received HRSA grant to develop (Accepting first 2 NPs September 2011)
- ❖ University of Maryland NP Critical Care Fellowship (starting November 1, 2011)

Johns Hopkins PA residencies

- Surgical Residency – 2004
 - First program accredited by ARC-PA in 2008
 - 8th class will graduate October 2011
 - 37 graduates, 13 retained (35%)
- Critical Care Residency – 2008
 - 3rd class will graduate October 2011
 - 6 graduates, 2 retained (33%)
 - 2 of 2 October 2011 graduates with job offers in MICU

Johns Hopkins PA residencies: Benefits

- Provides structured education that extends beyond PA residents
- Offers CME and CEU to department PA and NPs for selected lectures
- Provides opportunity for multidisciplinary education
- Retention of graduates
- PA residents have filled gaps on both physician residents and also NP and PA staff deficits when needed
- When hired after residency, orientation time is dramatically shortened

JHH PA Residencies



- 12 months in length
- Stipend of \$45,000
- Meal voucher while taking in house call
- Health, dental, life insurance at reasonable cost
- Licensing fees paid by the hospital
- Certificate of completion upon successful completion of requirements

JHH PA Residencies



- Core rotations
 - Surgery: Trauma, General, Vascular, Cardiac, Thoracic, ICU, GI, Endocrine
 - Critical Care: SICU, MICU, BICU, CCU, NCCU, ED, Specialty services such as nephrology and ID
- Elective rotation
- Testing and Training in Simulation Center
- Surgical Training in Minimally Invasive Surgical Training Center
- ATLS (surgery)
- FCCM (Critical Care)
- Weekly Morbidity and Mortality
- Grand Rounds
- Service Specific Educational Conference
- Intern Lectures
- 50 Category I CME



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So, you're ready to hire...



....and you have an application in front of you. How do you know this is the right person?



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Key traits



- Experience tells us there are some key things we need to find out
 - Work and life experience
 - Clinical acumen
 - Critical thinking
 - Drive



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Key traits



- Ability to set specific, definable goals with assistance
- Self awareness and insight
- Receptiveness to input
- Willingness to think outside the box (and themselves)

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Key Questions

*Is there a match
between your job and
their desires?*



- Tell me about yourself and what you're looking for in a position?
- What kind of practice are you looking for?
 - 1:1 with MD, team or independent;
 - inpatient, outpatient, mix of both;
 - critically ill, acutely ill, not ill?
- What do you want your schedule to look like?
 - Work hours/days per week
 - Off shifts, weekend shifts

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Key Questions

*Do they have the skills that
this position requires?*



- Tell me about your prior work experience?
 - Clinical and non-clinical
 - Management, reporting structure, independence, level of autonomy/decision making
- Tell me about your clinical rotations/training?
 - Surgical (PA, RNFA)
 - ICU (level of acuity, specialty or general)
 - Inpatient/outpatient
 - Internal medicine, specialty
 - Academic vs. non-academic settings



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Key Questions

*How much insight do they
have?*



- How would you rate your clinical skills and abilities?
- What kind of orientation and mentoring do you think you'll require?
- What would your colleagues who like/don't like to work with you say about you?
- What kind of practice/where do you see yourself in 2, 5 years?
- What will you need to do to achieve those goals?

*How much drive do
they have?*



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Key Questions

Decision-making skills and
experience



- Tell me about a clinical decision you've made that you later regretted
- Can you tell me about a difficult situation with a superior/colleague and how you dealt with it?
- You are called to see a patient with complaint of _____. Walk me through how you would handle that call.



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Questions they should ask us



- What skills and abilities does this position require?
- How will I work to gain those skills/refine my current skills?
- To whom do I report? Who is measuring my success/concerns?
- Who is my preceptor/mentor, and how often will I see them or work with them?
- How long is my orientation, who is in charge of it?
- How do I get/give feedback on how things are going?



Right person, right job



- Choosing the right person
 - Matching applicant to position
 - Matching applicant to preceptor/mentor
- Choosing the right area
 - Level of care
 - Resource availability
- Be clear about what is needed
 - Service based, unit based, provider based?
 - Inpatient, outpatient, OR, mixed?



What makes someone successful?

