

Evaluation of Current Post-Graduate Family Nurse Practitioner Training Programs: A Qualitative Analysis

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EVALUATION OF CURRENT POST-GRADUATE FAMILY NURSE PRACTITIONER TRAINING PROGRAMS: A QUALITATIVE ANALYSIS

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BACKGROUND

- Family nurse practitioner (FNP) post-graduate training programs (also referred to as residencies, fellowships, or transition to practice (TTP) programs) are becoming more commonplace in healthcare as leaders seek to better train nurse practitioners as they transition from graduate education to practice (Kesten et al., 2021).
- FNP post-graduate training programs are relatively new, with the most well-established programs having only been around since 2007 (Nicely & Fairman, 2015).

UTILITY OF NP RESIDENCIES

- Other professional healthcare disciplines (medicine, physical therapy, pharmacy) have well-established and accredited post-graduate training programs that prepare new graduates for transition into the workforce. Conversely, FNP post-graduate training programs vary in length, curriculum, accreditation, affiliation and level of preparation (Hicks et al., 2018).
- With the complexity of patient healthcare evolving, increasing scopes of practice for nurse practitioners and existing primary care provider shortages, FNP post-graduate training program assessment is critical as healthcare institutions seek to better prepare new graduate FNPs (Martsolf et al., 2017).

SCOPE OF PROJECT AND PURPOSE:

- The purpose of this capstone was to conduct a qualitative assessment of post-graduate family nurse practitioner post-graduate training programs to inform MaineHealth Medical Group (MHMG) in their efforts to implement their own Advanced Practice Provider residency program.
- A qualitative analysis of other family nurse practitioner post-graduate training programs will aid MHMG in their efforts to implement their own APP residency program. There are few accredited programs in the US and assessing what other institutions have done to successfully launch, maintain and evaluate their programs will aid MHMG in this process.

RESEARCH QUESTIONS:

1. What factors contributed to successful coordination and implementation of family nurse practitioner post-graduate training programs?
2. How have program coordinators and directors evaluated their training programs?

METHODS

- Developed qualitative interview guide questions using the Consolidated Framework for Implementation Research (CFIR)
 - Sample questions included questions on program information, implementation, challenges, program evaluation and recommendations for new programs.
- Through July and August 2021, 50 potential key informants were contacted via email to set up a Zoom interview.
- Key informants were chosen for contact using convenience sampling and were identified through the NNPRFTC list of training programs and sites (NNPRFTC, 2021).

METHODS (CONT.)

- Of those contacted, 14 key informants confirmed a scheduled interview date in July or August 2021 via Zoom.
- One program director responded in declination as they considered their program too new for evaluation; another responded and was unavailable during the allotted research timeframe.
- After this attrition and 36 non-responses, fourteen semi-structured interviews with 19 key informants were conducted.
- Informed consent was received from participants prior to the beginning of the interview.
- This study was not considered to be human subjects research by the USM ORIO. (RFD # HRPP 070121-76 A Qualitative Assessment of Post-Graduate FNP Residency Training Programs)

RESULTS: PROGRAM CHARACTERISTIC TABLE

Appendix: Table 1. Residency Program Characteristics^a	
Characteristics	Number of Programs (N = 14)
<u>Affiliation</u>	
University/academic medical center	4
Federally Qualified Health Center	10
<u>Accreditation</u>	
NNPRFTC	3
Other	4
In Progress (with NNPRFTC process)	7
<u>Accepts Physician Assistants or other clinicians (i.e. Certified Nurse Midwives)</u>	
Yes	4
No	10
<u>Program Length</u>	
One year	12
13 months	1
Two years	1
<u>Program Training Discipline</u>	
Family NP Residency	10
LGBTQ+ NP Fellowship	1
APP Critical Care Fellowship	2
Pediatric Acute Care Fellowship	1
<u>Program Region</u>	
Northeast	6
Midwest	4
Northwest	4

^aThese data were collected as part of routine quantitative data collection from residency program websites independent of the qualitative interview process.

RESULTS: KEY INFORMANTS

- Each key informant was either a program director/co-director (n = 14) or clinical coordinator (n = 5).
- Most program directors were family nurse practitioners (n = 14); one program director was a family physician, two were physician assistants and two clinical/educational coordinators did not hold a clinical degree.
- Most (n = 15) key informants were actively-practicing clinicians who were seeing patients, with clinical time allotted into their FTE position.
- Four key informants (two program directors; two clinical coordinators) were strictly administrative and did not see patients; they did, however, act as direct preceptors to the residents/fellows.

RESULTS: RESIDENT SELECTION

- Program directors all followed a relatively standard application process that consisted of an electronic application, academic transcripts, letters of recommendation, statement of purpose, background screening and interviews.
- One key informant required three years of previous experience as a registered nurse (RN) as a prerequisite to applying.
- Key informants indicated that interest in their programs had ballooned within the last year, with several directors noting nearly double the applicants from the previous cycle.
- Training discipline was predominantly oriented to family medicine (n = 10); two key informants were directors or co-directors of a critical care fellowship; one key informant was the director of an LGBTQ+ NP fellowship; one key informant was the director of a pediatric acute care fellowship (Table 1).

RESULTS: CURRICULUM DEVELOPMENT

- Curriculum development varied across programs; most interviewees self-developed elements of their curriculum but those who were either accredited or working to become accredited through NNPRFTC used content provided by the Consortium.
- One key informant developed their own lectures and curriculum with modules from the American Academy of Family Physicians and the use of a curriculum available through the Society of Teachers of Family Medicine (STFM).
- Incorporation of didactics into clinical experiences varied across all key informants. Most informants spoke of an integration of content into each week, while some had bi-monthly, full-day didactics with a specific clinical focus.
- Most programs (n = 10) offered some form of CEUs/CMEs through didactics, national conferences or completion of web-based modules; a notable number of programs (n = 4) did not.

RESULTS: PROGRAM FUNDING

- Half of the key informants (n = 7) indicated that they received some form of grant-based funding; regardless of grant monies, all informants reimbursed for services provided by residents.
- Four key informants disclosed that they received grant funding through Health Resources and Services Administration (HRSA); one informant received an endowment from a partnering non-profit; another received funding through their state primary care association; one key informant revealed that their program received monies through a delivery service reform initiative through their state's Medicaid program.

RESULTS: SUCCESSES AND CHALLENGES

- Successes included: cultivating interest and buy-in among senior officials, potential clinical preceptors and other care team members; getting the program officially started and welcoming the first cohort of residents; graduating their first residency classes
- Challenges encountered by key informants varied. The most ubiquitous and oft-mentioned challenge to program implementation was the COVID-19 pandemic. Other challenges were related to implementation of telehealth, as several key informants indicated that they previously had not used it in their daily practice.

RESULTS: EVALUATION

- Key informants evaluated their programs and residents in various ways, with several noting that their evaluation process was “constant”, “ongoing” and “an every-day process”.
- Two noted that they used official evaluation platforms (one used myevaluations.com; another used the ‘New Innovations’ evaluation program) for their respective processes while most others indicated that they had self-developed quarterly and end-of-residency evaluations for each cohort
- Specific to key informants who used the NNPRFTC curriculum was resident journaling of their experiences; one informant spoke to the growth experienced by residents in reviewing their journal entries from the beginning of their residency to the end as an indicator of their growth and knowledge gained throughout the training period.
- Residents were able to offer feedback on themselves, their preceptors and the entire program.

RESULTS: RECOMMENDATIONS FOR NEW PROGRAMS

- Key informants offered several recommendations for new program directors. One informant spoke specifically to accreditation and that if a program seeks to become accredited it is best to start early.
- Three informants discussed the importance of having a “planning year” during which the foundation of their program is laid in preparation.
- Several recognized that when fostering buy-in from administration it is important to pitch the program as an investment that might incur losses during its first year or two
- Other informants spoke to the importance of recruiting the right candidates for the program as these are potential future employees for one’s practice.
- Another informant spoke to the importance of having practicing nurse practitioners involved in program and curriculum development; another mentioned how critical it was to have clinical preceptors who are invested in the process of educating and training residents from the start.

DISCUSSION

- Family nurse practitioner post-graduate training programs are still considerably new. As clinicians and healthcare leaders seek innovative ways to train tomorrow's workforce, it is important to recognize the ways in which the healthcare landscape and training methods are evolving to meet patient care demands.
- The key informants of this study were eager to contribute to this research and felt that the potential findings held promise in contributing to a better understanding of NP post-graduate training program characteristics.
- Overall, there was a sense of camaraderie and cooperation among interviewees to help others succeed in their NP post-graduate training program efforts that is suggestive of such future potential.
- Through interviewing program directors and learning of the dramatic increase in applications to their residencies, interest in such programs is growing.

IMPLICATIONS

- The findings of this research are indicative of commonalities shared between programs and are also suggestive of long-term program sustainability and standardization. The unique combination of emerging federal grant funding, accreditation options and a stronger support network are all promising indicators of such staying power.
- Program directors and coordinators were overall optimistic despite recent challenges to program implementation that their programs were positively impacting residents and ultimately leading to better patient outcomes for their organizations.
- For Maine and MaineHealth Medical Groups, specifically, the findings of this study are indicative of a growing network of NP post-graduate training programs that are collaborative, cooperative and willing to share stories of their own respective successes and challenges.

THANK YOU!

- At this time I will gladly take questions or general comments. Contact at jonathan.massey@maine.edu for further follow-up.
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