



NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Welcome to the 3rd Web Café:

**“Research, Evaluation and Outcomes:
Collaborative Ideas and Clinical Practice
Research” with
Asefeh Faraz Covelli, PhD, APRN, FNP-BC**



We will begin shortly



Get the Most Out of Your Zoom Experience

- Use the chat feature to submit questions during today's session
- Recording and presentations will be made available to everyone after the session at <https://www.nppostgradtraining.com/2021-annual-consortium-virtual-conference/>
- Unanswered questions will be responded following the webinar and posted to the Communities webpage

Session Objectives:

By the end of this session participants will be able to:

1. Describe the use of the 2018 National Sample Survey of Registered Nurses (NSSRN) as a data source for comparison of nurse practitioners who did and did not complete a postgraduate training program.
2. Examine the effect of participating in a postgraduate training program on primary care nurse practitioners' role perception, practice autonomy, team collaboration, job satisfaction, and intent to leave.
3. Understand the implications of postgraduate training programs on clinician outcomes and health equity

Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) and Community Health Center, Inc./Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for physicians, nurse practitioners, nurses and physicians assistants.

Please complete the survey – linked in the chat, and emailed to all attendees – to request your continuing education credit. Surveys are due the Friday after the session.

A comprehensive certificate will be sent out the following week after the survey is due.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the faculty listed above or other activity planners (or spouse/partner) and any for-profit company in the past 12 months which would be considered a conflict of interest.
- The views expressed in this presentation are those of the faculty and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.



Effects of completing a postgraduate training program on primary care nurse practitioners' transition to practice

Asefeh Faraz Covelli, PhD, APRN, FNP-BC

Jeongyoung Park, PhD

Patricia Pittman, PhD, FAAN

Funding: HRSA U81HP26493

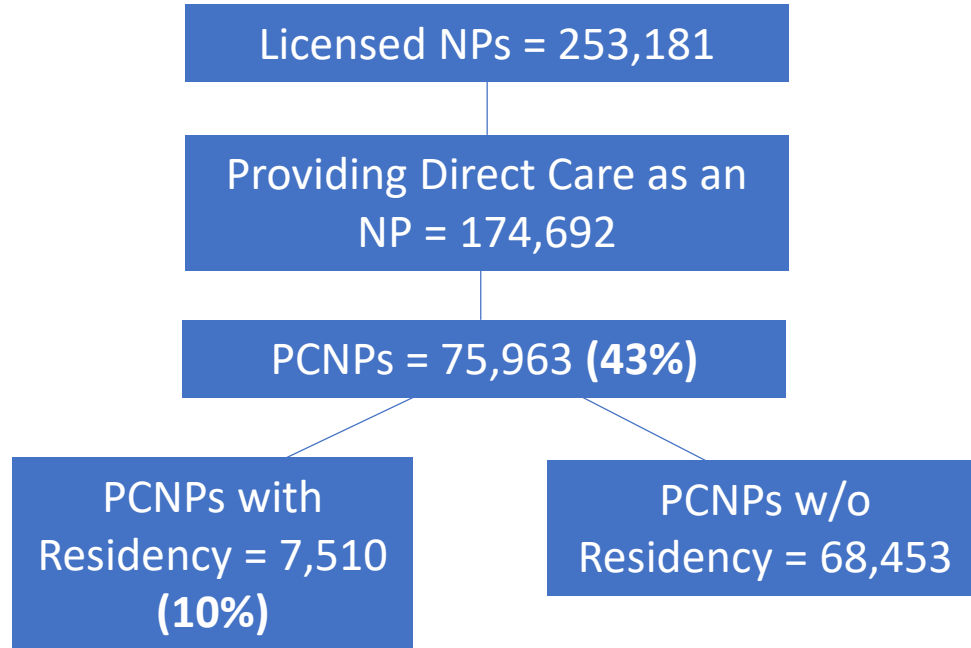
Background

- To support a successful **transition-to-practice**, a number of **NP residency or fellowship programs** have been developed
- Kesten et al., 2019
 - 88 programs – Primary care (46%)
 - 12-18 months in length
 - Small cohort sizes
 - 26% accredited
 - 46% no funding – Medicare/Medicaid (4.9%)

Motivation

- Although the potential benefits of postgraduate training is widely acknowledged, most previous research is based on single case studies or programs
- At **national** level, no evidence exists as to whether these programs successfully prepare NPs to deliver better care, above and beyond their formal graduate education

2018 NSSRN & Objectives



- To quantify Primary Care NPs (PCNPs) that completed a postgraduate residency or fellowship program
- To compare PCNPs that completed a postgraduate training to those who did not in terms of
 - Demographic and practice characteristics
 - Patient panel characteristics
 - Key outcomes reported by NPs: **role perception, practice autonomy, team collaboration, job satisfaction, and intent to leave**

Note: To better represent the workforce at the national level, we adjusted the data with sampling weights provided by the 2018 NSSRN.

Results Road Map

Park J, Faraz Covelli A, Pittman P. Effects of completing a postgraduate residency or fellowship program on primary care nurse practitioners' transition to practice. J Am Assoc Nurse Pract. 2021 Feb 15.

Demographic and Practice Characteristics	Patient Panel Characteristics	Reported Outcomes by NPs
<ul style="list-style-type: none">• Age• Sex• Race/ethnicity• Employment setting• Total earnings• State scope of practice	<ul style="list-style-type: none">• Panel size• Insurance type• Panel in minority groups• Panel with LEP• Reimbursement type	<ul style="list-style-type: none">• Role perception<ul style="list-style-type: none">• Prepared to be an independent practitioner (Not at all/Somewhat/A great extent)• Able to practice to the full extent of your knowledge/education/training (No/Yes)• Practice autonomy<ul style="list-style-type: none">• Billed under your own NPI number (No/Yes)• Having own patient panel (No/Yes)• Having hospital admitting privileges (No/Yes)• Having prescriptive authority (No/Yes)• Team collaboration<ul style="list-style-type: none">• Participate in team-based care (Not at all/Somewhat/A great extent)• Feel confident to practice in interprofessional teams (Not at all/Somewhat/A great extent)• Job satisfaction<ul style="list-style-type: none">• Satisfaction in the primary nursing position (Extremely dissatisfied/Moderately dissatisfied/Moderately satisfied/Extremely satisfied)• Intent to leave<ul style="list-style-type: none">• Ever considered leaving the primary nursing position (No/Yes)

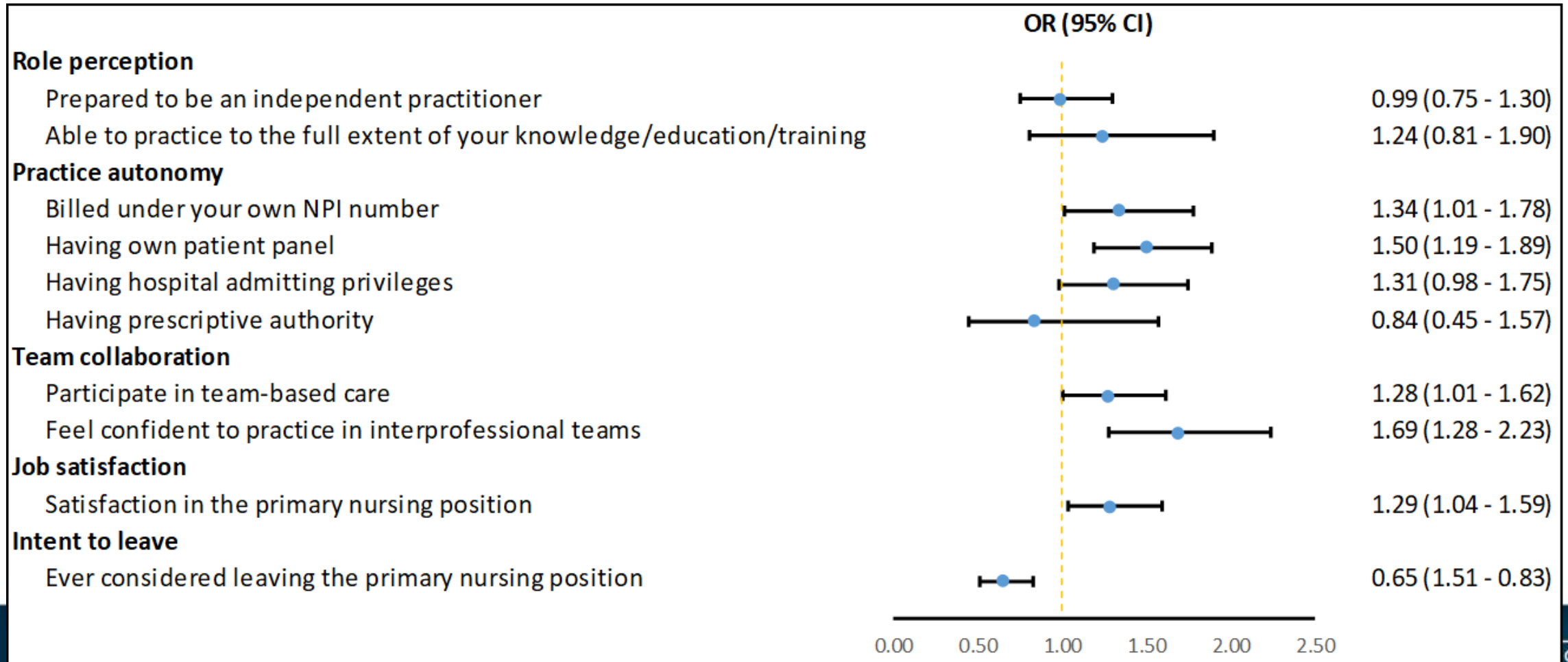
1. PCNPs that completed a residency or fellowship program tend to have a minority background (e.g., non-white, Hispanic, and male) compared to those who did not.

	PCNPs with Residency (n = 7,510; 10%)	PCNPs w/o Residency (n = 68,453; 90%)	P value
Age, years, mean (SD)	49 (11)	44 (11)	<.001
Sex, no. (%)			
Male	878 (12)	5,280 (8)	.02
Female	6,633 (88)	63,173 (92)	
Race/Ethnicity, no. (%)			
White, non-Hispanic	4,817 (64)	52,204 (76)	<.001
Other	2,693 (36)	16,249 (24)	
Employment setting, no. (%)			
Hospital	892 (12)	8,583 (13)	.64
Other inpatient setting	541 (7)	3,851 (6)	
Clinic/Ambulatory	5,609 (75)	51,436 (75)	
Other	468 (6)	4,582 (7)	
Total earnings, \$, mean (SD)	106,714 (41,567)	97,743 (37,446)	<.001
Scope of practice, no. (%)			
Full	1,762 (23)	17,135 (25)	.22
Reduced	1,357 (18)	14,112 (21)	
Restricted	4,391 (58)	37,205 (54)	

2. PCNPs that completed a residency or fellowship program also tend to see more underserved populations (e.g., minority background, with limited English proficiency) than those who did not.

	PCNPs with Residency (n = 4,817; 11%)	PCNPs w/o Residency (n = 38,548; 89%)	P value
Number of patients, mean (SD)	697 (816)	583 (721)	.04
Percent of insurance type, mean (SD)			
Private	26 (25)	28 (26)	.19
Medicare	23 (23)	24 (24)	.51
Medicaid	28 (28)	29 (27)	.66
TRICARE	5 (16)	3 (10)	.14
Veterans Affairs	5 (19)	4 (17)	.37
Indian Health Service	1 (7)	1 (6)	.35
Self-pay	10 (18)	9 (18)	.62
Other	2 (13)	2 (13)	.70
Percent of panel in minority groups, mean (SD)	47 (31)	42 (30)	.02
Percent of panel with limited English proficiency, mean (SD)	23 (29)	18 (25)	.05
Patient reimbursement, no. (%)			
Fee-for-service	1,723 (36)	15,112 (39)	.28
Other	3,094 (63)	23,436 (61)	

3. PCNPs that completed a residency or fellowship program were more likely to report greater practice autonomy, improved team collaboration, increased job satisfaction, and decreased intent to leave than those who did not.



Discussion

- This study suggests that completing residency training was associated with important health **equity** factors, including increased diversity in the NP workforce itself, and service to minority and underserved communities.
- Findings also **reinforce** prior research on enhanced confidence in independent roles, greater practice autonomy, improved team collaboration, increased job satisfaction, and decreased intent to leave in their work.

Conclusions

- This study supports further expansion of such programs, which would have positive effects for NPs, patients and health care organizations
- Standards to ensure quality as well as enhanced funding streams will be necessary

Limitations & Directions for Future Research

- No causal linkage
- Unable to control for program characteristics (e.g., specialty area, curriculum, etc.)
- Self-reported outcomes
- Data on full potential program outcomes, in terms of their impact on patient outcomes and effectiveness and efficiency of care are critical and should be explored in future studies

THE GEORGE
WASHINGTON
UNIVERSITY

WASHINGTON, DC

afaraz@gwu.edu

Twitter: @AsefehFaraz

Post-Web Cafe Survey:

https://chcl.iadl.qualtrics.com/jfe/form/SV_3dAqBMrwhZ8Vqqa

SAVE THE DATE:

**January 12, 2022 at 3:00pm (EST) Web Café Activity
Session: How to Write a White Paper: Part 2.**