Nurse Practitioner Residency as Segue to DNP: A Collaboration between Mississippi University for Women and North Mississippi Medical Center

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Synthesis of Evidence
• Graduate NPs have been found to feel weak in preparation for practice in the clinical setting. Hart and Macnee (2007) found of 562 questionnaires, only 10% of the NPs believed that they were very well prepared for practice after completing their basic NP education, while 38% felt that they were “generally well prepared;” but over half (51%) of the sample perceived that they were only somewhat or minimally prepared for practice.
• Rich et al., (2001) found that new graduate NPs undergo a transitional period as they enter into NP practice; and that as the NP gains knowledge and experience his or her role performance is improved.
• Lukacs (1982) stated the average adjustment period for new NPs was 5.9 months and the first year of clinical practice was found to be instrumental in expanding the knowledge base formed during the newly graduated NPs’ master’s education.
• Brown and Olshansky (1997) determined that most new NPs believed that “they had established a clear sense of themselves as NPs and functioned relatively smoothly in their advanced practice” by the end of their first year.
• Flinter (2011) cited the key components of a NP residency program as precepted clinics, specialty rotations, independent clinics, and didactic sessions.
• Flinter (2011) stated that NP residents describe the cases in which the unknown, the complex, and/or the undifferentiated patient concerns are the greatest challenge they face.”

Implications and significance of the project findings for research, practice, leadership or education
• Nurse practitioners who complete the nurse practitioner residency and segue into the DNP program are likely to continue the DNP program through completion.
• By nurturing and fostering professional growth and leadership skills in new graduate nurse practitioners, the students will be better prepared to identify problems in implementations of practice, and follow through with capstone projects that improve population based health care in a dynamic health care system.

Statement of the problem (PICOT format)
Will a residency program for new graduate nurse practitioners provide an effective transition from the classroom setting into EBP and encourage transition into the DNP program?

Implementation Framework
A one year program was developed between a university and hospital based clinic setting using the current family practice physician residency in place at North Mississippi Medical Center as a model and foundation for the NP residency. The university will be implementing a DNP program in January of 2013. Credit and clinical hours may be used toward the requirements for the DNP if a student who has completed the NP Residency program is accepted into the DNP program.

Clinical:
One year program with curriculum, credit hours and clock hours:
- Semester 1: 8 credit hours, 360 clock hours
- Semester 2: 8 credit hours, 360 clock hours
- Semester 3: 7 credit hours, 315 clock hours
1035 Total hours

Areas of Clinical Rotation:
- Rheumatology: Cardiovascular
- Neurology: Dermatology
- OB/Gyn: Orthopedics
- Pediatrics: Endocrinology
- Family: Infectious Disease

Recommendations or future problems/questions
Recommendations for the nurse practitioner to DNP program include the following:
• increasing the number of students accepted each year into the residency
• improve the preparation of nurse practitioner new graduates transitioning into practice as well as foster networking capabilities among all disciplines in health care.
Sustainability of this program is certainly in question once NMMC’s need for nurse practitioners is adequately met.

Evaluation
Objective 1: To develop a residency program where new graduate nurse practitioners receive further training in primary care (family, internal medicine, pediatrics, OB/GYN) and selected specialty care (dermatology, orthopaedics, and cardiology).
Process: Facilitate nurse practitioner residency in collaboration with the largest rural hospital system in the US to provide new graduate NPs with post graduate experience in clinic systems and outcomes.
Outcome: Nurse practitioners completing the residency will be hired by the hospital network.

Objective 2: To develop a residency program where new graduate nurse practitioners are provided with an effective transition from the classroom setting into evidence-based practice (EBP) and potential enrollment into the DNP program.
Process: Work in collaboration with largest rural hospital system in US to fund and implement nurse practitioner residency program.
Outcome: Successful completion of NP residency and foundation for completion of DNP Capstone project.

Objective 3: Hours spent during the residency period will be applied to the clinical component of the DNP curriculum and qualified preceptors participating in the residency program will serve as capstone project clinical advisors.
Process: Nurse Practitioner Resident will choose a clinical focus during first six months of residency (Primary Care settings) and begin proposal process for the DNP Capstone project.
Outcome: Successful completion of NP residency and foundation for completion of DNP Capstone project.

References