



Development and Implementation of an Adult-Gerontology Primary Care Nurse Practitioner Fellowship Program

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GOAL

Provide an overview of a **first of its kind** Adult-Gerontology Nurse Practitioner (AGNP) Fellowship structure, processes, and outcomes supported by the Duke Geriatric Workforce Enhancement Project (GWEP).

DUKE GWEP OVERVIEW

Health Resources and Services Administration (HRSA) provided funding to develop a healthcare workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care.

- 44 nationwide
- 3 in North Carolina— Duke, UNC and ECU
- 1 with **Clinical** Adult-Gerontology Nurse Practitioner Fellowship

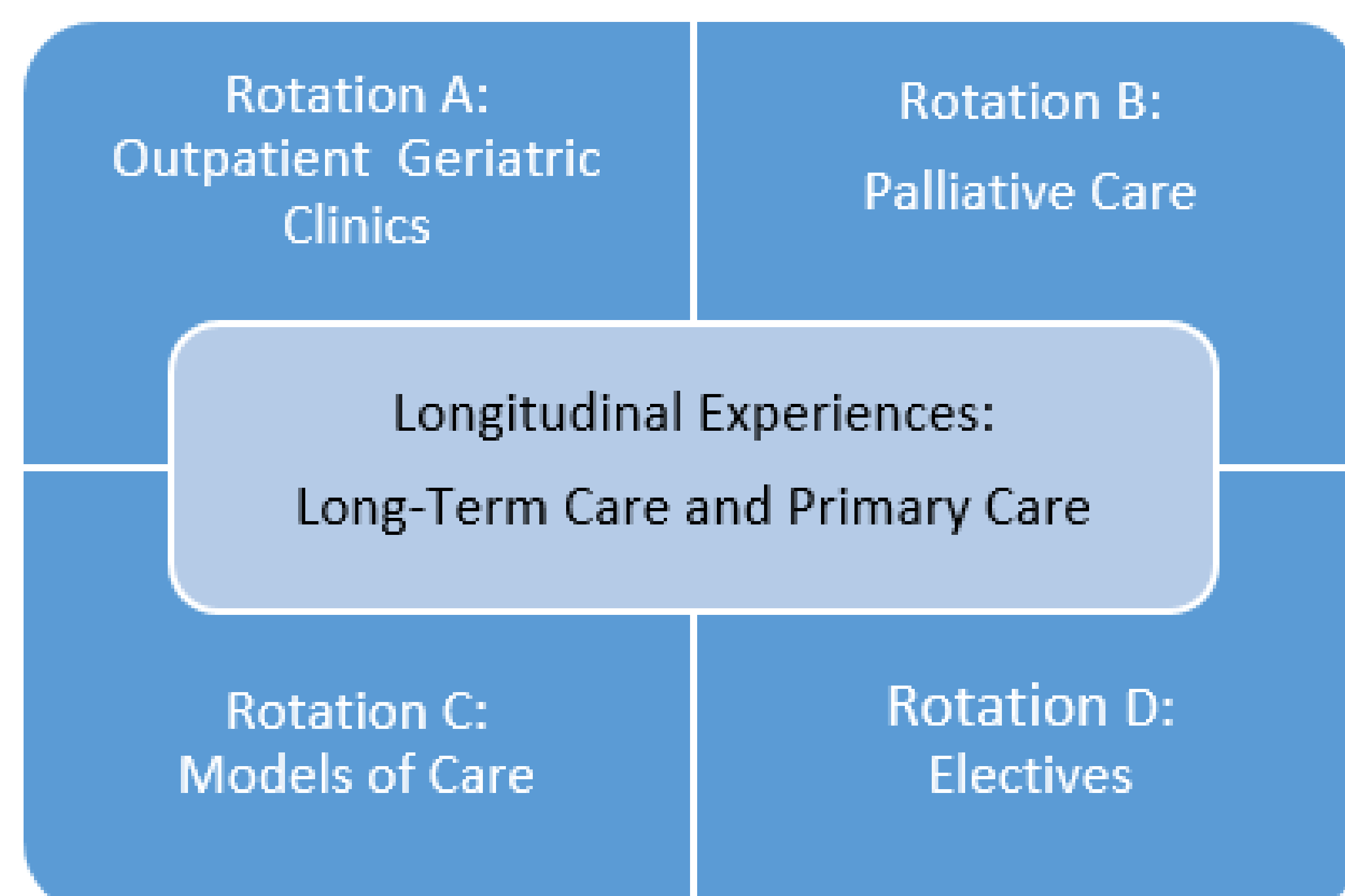
FELLOWSHIP OBJECTIVES

- Expand expertise in geriatric care management and delivery, interprofessional (IP) teamwork and quality improvement (QI) in collaboration with community partners through **advanced traineeships** in geriatric medicine, geriatric psychiatry and **advanced practice nursing**.
- Improve recruitment and retention of trainees in geriatric medicine, psychiatry and **nursing** by providing specific mentoring and practical experience leading programs focused on community care of older adults.
- Provide a transition into practice opportunity for new NPs

STRUCTURE

- 12-months duration – Credentialed at DUHS
- Shared didactics with medicine and psychiatry fellows
- IP education focus on social determinants of health
- Longitudinal and episodic clinical rotations

Clinical Experience Overview



PROCESS

- Build on processes from successful programs:
 1. Duke Geriatric Medicine, Fellowship Program
 - Didactics, clinical rotations, faculty, individualization
 2. Department of Veterans Affairs (VA) – Office of Academic Affiliations (OAA) sponsored AGNP Residency Program
 - Handbooks and competency evaluation
- **Innovations:**
 - **Recruitment:** Engage community partners in interviews
 - **Implementation:** AGNP Role-specific resources:
 - Handbook, orientation, and evaluation tools
 - Modified Models of Care and Electives rotations to focus on NP role:
 - Duke ACO-based NP, DEFT, HOPE, GWEP-ICT
 - Duke-NICHE, POSH
 - Integration of learning with IP education and practice
 - Expand knowledge of community resources through curation of Duke-GWEP practice compendium

EVALUATION PLAN

- Competency-based assessments of clinical knowledge and skills, communication and professionalism
- Quality improvement project work with primary care practices and the community
- Production of scholarly work, including presentations and publications
- Portfolio review
- Post-fellowship employment surveys

Abbreviations: ACO = Accountable Care Organization; DEFT = Duke Elder Family Caregiver Training program, HOPE = Health Optimization Program for the Elderly, ICT = Interagency Care Team, LTC = Long-term care, NICHE = Nurses Improving Care for Hospitalized Elders, POSH = Perioperative Optimization of Senior Health

EVALUATION TOOLS

GAPNA Complex Older Adult Care Competency Statements

When caring for complex older adults

1. Demonstrates proficiency in comprehensive physical, social, cognitive, and functional assessment of the complex older adult that includes consideration of normal changes with aging and atypical presentation of illness. (See OAA II.6)
2. When caring for complex older adults applies current evidence and best practice to inform decision-making for appropriate screening, diagnostic testing, treatment, and planning of care. (See OAA II.7)
3. When caring for complex older adults manages and documents discussions and plans of care consistent with regulatory guidelines. (See OAA II.8)

Entry	Mid-Point	Program End																					
<p>NP/ICA INSTRUMENT RATING SCALE</p> <table border="1"> <thead> <tr> <th>SCORE*</th> <th>SKILL LEVEL</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Critical Deficiency</td> <td>Student demonstrates <u>critical deficiencies</u> in knowledge, skills, and abilities to safely perform the task.</td> </tr> <tr> <td>2</td> <td>Basic</td> <td>Student performs the task under <u>direct supervision</u> of the preceptor (more than 75% of the time).</td> </tr> <tr> <td>3</td> <td>Novice</td> <td>Student performs the task under <u>minimal supervision</u> of the preceptor (between 75% and 90% of the time).</td> </tr> <tr> <td>4</td> <td>Intermediate</td> <td>Student performs the task under <u>supervision</u> of the preceptor (between 50% and 75% of the time).</td> </tr> <tr> <td>5</td> <td>Advanced Beginner</td> <td>Student performs the task under <u>occasional supervision</u> of the preceptor (less than 25% of the time).</td> </tr> <tr> <td>6</td> <td>Competent</td> <td>Student performs the task safely and effectively using own judgment <u>without supervision</u>.</td> </tr> </tbody> </table> <p><small>*Scores 1-3 are not acceptable for graduation. Scores 4-6 are acceptable for graduation. Scores 5 and 6 are required for graduation.</small></p> <p>Rating Scale: Critical Deficiency (1), Basic (2), Novice (3), Intermediate (4), Advanced Beginner (5), Competent (6)</p>			SCORE*	SKILL LEVEL	DEFINITION	1	Critical Deficiency	Student demonstrates <u>critical deficiencies</u> in knowledge, skills, and abilities to safely perform the task.	2	Basic	Student performs the task under <u>direct supervision</u> of the preceptor (more than 75% of the time).	3	Novice	Student performs the task under <u>minimal supervision</u> of the preceptor (between 75% and 90% of the time).	4	Intermediate	Student performs the task under <u>supervision</u> of the preceptor (between 50% and 75% of the time).	5	Advanced Beginner	Student performs the task under <u>occasional supervision</u> of the preceptor (less than 25% of the time).	6	Competent	Student performs the task safely and effectively using own judgment <u>without supervision</u> .
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OUTCOMES

- 3 AGNP fellow trainees graduated in FY17-18
- 1 AGNP fellow trainee enrolled in FY18-19
 - 3/4s are from under-represented minorities in nursing
 - Primary NP training from Columbia, University of Pennsylvania, and University of North Carolina-CH
- All graduated fellows achieved majority “6” ratings, reflecting readiness for independent practice
- High satisfaction with program and rotations.
- Post-fellowship status:
 - 1 employed as primary care provider in LTC setting
 - 1 employed as primary care provider in family practice
 - 1 applying to PhD program

CHALLENGES

- Recruitment when no requirement for post-graduate training
- Growing interest –turned away 3 outstanding applicants in Y2
- Role clarification: Trainee v. fully licensed independent professional
- Clinical site agreement negotiation and credentialing at multiple sites

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