



## Residency & Fellowship Programs

### NP Residency and Fellowship Programs: Gaining Momentum

**THE FORMATION OF RESIDENCY AND FELLOWSHIP PROGRAMS** for NPs in the United States is slowly but steadily gaining momentum. Although postgraduate programs remain relatively few, they are becoming more common, especially in community settings. Furthermore, these programs are somewhat controversial,<sup>1</sup> as there are calls from some entities in healthcare to make residency programs mandatory for new NPs.<sup>2</sup>

#### Program Goals

Residency and fellowship programs provide intensive training for both new and clinically experienced NPs. These full-time, structured, formal postgraduate programs are designed to help new NPs make a smooth, successful transition from student to clinical practice, or to facilitate the transition of practicing NPs to a new clinical area. New NPs who want additional clinical education before entering practice, and who are accepted to a program, have the opportunity to complete a 6- to 12-month residency prior to taking their first job. Fellowships are an avenue for practicing NPs who want to change disciplines or career paths, as well as for new NPs who want to follow a career path in a subspecialty area.

Another primary goal of these programs is to increase the number of NPs practicing in specific clinical settings or specialty areas. In fact, the first NP residency program, started in 2007 by Margaret Flinter, PhD, APRN, C-FNP, at Community Health Centers (CHC), Inc. in Connecticut, was created not only to ease new NPs' transition to practice, but also to increase the number of family NPs in the high-intensity practice site of a federally qualified health center (FQHC).<sup>3</sup>

#### Areas of Growth

The CHC family NP residency program began with four NP residents and currently has 10 family NPs over the course of a 12-month residency. Health centers such as CHC are one area where NP residencies are expected to grow. CHC is a FQHC; as such, they receive federal funding to provide comprehensive primary care to underserved or vulnerable populations. The Affordable Care Act of 2010

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#### 2015 Live Courses

**Clinical Update (2-day course)**

**NP Essentials Skills and Workshop (4- or 2-day courses)**

**Pharmacology Update (2-day course)**

**The Art of Wound Repair (1-day course)**

#### NP Certification Exam Review Course Tracks

**Family, Adult-Gerontology, and Adult Primary Care**

**Acute Care, Adult-Gerontology Acute Care**

**Pediatric Primary Care**

**Psychiatric & Mental Health**

**Women's Health**

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Look for **bold orange text** for clickable web links.

# Residency & Fellowship Programs

## Nurse Practitioner Residency and Fellowship Programs\*

### Residency Programs

Advanced Clinical Practitioner Residency Program, North Mississippi Medical Center

Critical Care Residency, Emory Critical Care Center, Georgia

Family Nurse Practitioner Residency, Community Health Center, Connecticut

Family Nurse Practitioner Residency, Community Health Center, Washington

Family Nurse Practitioner Residency, Family Health Center of Worcester, Massachusetts

Family Nurse Practitioner Residency, Santa Rosa Community Health Centers, California

Family Nurse Practitioner Residency, International Community Health Services, Washington

Nurse Practitioner Residency in Family Practice and Community Health, CommUnityCare Health Centers, Texas

Nurse Practitioner Clinical Residency Program, Mayo Clinic, Minnesota

Nurse Practitioner Clinical Residency Program, Psychiatric-mental health track, Mayo Clinic, Minnesota

Nurse Practitioner Residency Program, Yakima Valley Farm Workers Clinic, Washington

Primary Care Nurse Practitioner Residency, Penobscot Community Health Care, Maine

### Fellowship Programs

Acute Care, Ambulatory Care, Urgent Care, Carolinas HealthCare System, North Carolina

Cardiology, Mayo Clinic, Arizona

Clinical Hepatology, American Association for the Study of Liver Diseases

Critical Care Fellowship, Trauma Fellowship, University of Maryland Medical Center

Dermatology, Lahey Hospital and Medical Center, Massachusetts

Emergency Care, Carilion Clinic, Virginia

Emergency Medicine, Mayo Clinic, Minnesota

Emergency Medicine, NorthShore University Health System, Illinois

Emergency Medicine, University of Iowa Carver College of Medicine

Gastroenterology and Hepatology, Johns Hopkins Medicine, Maryland

Geriatric Medicine, Jackson Memorial Medical Center, Florida

Hematology-Oncology and Hematopoietic Stem Cell Transplantation, Texas Children's Cancer and Hematology Centers

Neurosciences Fellowship, Houston Methodist Hospital

Neurosciences Fellowship, Capital Health, New Jersey

Oncology, The University of Texas MD Anderson Cancer Center

Pain and Palliative Care, Memorial Sloan Kettering Cancer Center, New York

Palliative Care, Massachusetts General Hospital

Palliative Care, Harvard Medical School Center for Palliative Care, Massachusetts

Pediatric Urgent Care, PM Pediatrics, New York

Psychiatry, HealthPartners Institute for Education and Research, Minnesota

Robbie Simpson Fellowship for the Advanced Practice Nurse in Pediatric Hematology-Oncology, St. Jude Children's Research Hospital, Tennessee

Transplant Fellowship, Houston Methodist Hospital

Trauma and Critical Care, St. Luke's University Health Network, Pennsylvania

\*We did our best to provide a comprehensive list of programs, but due to the difficulty of locating programs, we may not have included all programs. Please contact us about programs that should be included and we will list them in a future issue.

Email us at [cs@fhea.com](mailto:cs@fhea.com) and use Residency & Fellowship Programs as the subject line.



# Residency & Fellowship Programs

provided funds to expand the role of FQHCs in providing care to underserved populations, and NP residencies are seen as one means of encouraging and preparing NPs to practice in the community health center setting.<sup>3</sup>

Primary care residency programs at FQHCs are typically 12 months long and consist of several components: continuity clinics where preceptors work alongside the residents as the residents develop their own patient panel, rotations through specialty clinics, team clinics, and didactic education sessions. Admission to residency programs is highly competitive. The family NP residency program at CHC in 2011 had 45 finalist applicants competing for four positions.<sup>3</sup> Also, while NP residencies do provide a stipend, this is less than what NPs would typically be paid in their first year of practice.

## Currently Available Programs

Specialty and subspecialty fellowships are growing alongside primary care and family health residencies. Fellowships are available across a wide range of specialties and subspecialties, including, but not limited to, critical care, gastroenterology, cardiology, dermatology, oncology, pediatric hematology-oncology, and palliative care. However, it is not clear how many residency and fellowship options exist, since these programs are not centrally tracked. The programs listed here are a partial list of residencies and fellowships for NPs (see Programs sidebar).

## Future Directions

There is evidence that residency programs do smooth the transition to practice for new NPs.<sup>1</sup>

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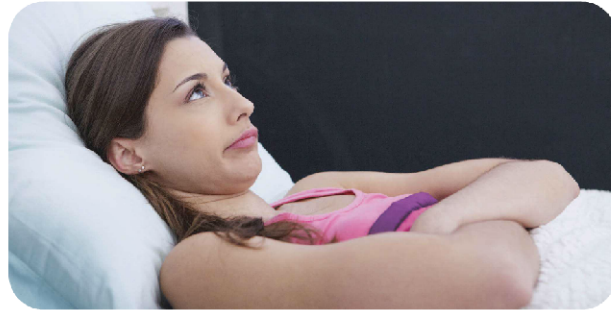
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# News Briefs

the action of orexin in the brain. It is a Schedule-IV controlled drug because it can be abused or lead to dependence.

To allow clinicians to find the best dose to treat each individual patient's sleeplessness, suvorexant is available in four different strengths (5 mg, 10 mg, 15 mg, and 20 mg). The drug is to be used at the lowest effective dose to reduce the risk of side effects such as next-morning drowsiness. The prescribing information notes that suvorexant should be taken no more than once per night, within 30 minutes of going to bed, with at least 7 hours remaining before the planned waking time. Total dose should not exceed 20 mg once daily.

Three clinical trials of suvorexant in more than 500 participants demonstrated the new drug's effectiveness. The most common adverse event reported by participants taking suvorexant was drowsiness. According to the FDA, insomnia medications can cause



next-day drowsiness and impair driving and activities requiring alertness, and people can be impaired even when they feel fully awake. Patients should be cautioned against next-day driving or activities requiring full mental alertness after taking the 20-mg strength.

As is the case with other sleep medications, there is a risk with suvorexant of sleep-driving and other complex behaviors while not being fully awake. The drug will be dispensed with an FDA-approved patient Medication Guide that provides instructions for

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At the same time, solid evidence shows that NPs who follow the traditional path of completion of a formal NP program, certification, and licensure provide safe and effective care with excellent outcomes without completing a residency program, and there is scant evidence that postgraduate residencies affect patient care. Nonetheless, the 2010 Institute of Medicine report "The Future of Nursing" recommended the rapid expansion of residency programs, with the implication that they become a mandatory part of education for entry-level NP practice: "State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a pre-licensure or advanced practice degree program or when they are transitioning into new clinical practice areas."<sup>2,4</sup>

For such recommendations to become a reality, policymakers would have to address the issue of funding, as money is needed for preceptors, resident stipends, and administrative costs. And, as these programs evolve, researchers will need to evaluate their impact on patient care. •

### References

1. Nicely KL, Fairman J. Postgraduate nurse practitioner residency programs: supporting transition to practice. *Acad Med*. 2014;Dec 30. [Epub ahead of print]
2. The Institute of Medicine. The future of nursing: leading change, advancing health. 2011. Available at: <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.
3. Flinter M. From new nurse practitioner to primary care provider: bridging the transition through FQHC-based residency training. *Online J Issues Nurs*. 2011;17(1):6.
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