

CHCI's Model for Family Nurse Practitioner Residency Program

- Confirmed, affirmative leadership endorsement at the level of the Board, CEO, and Chiefs of Clinical Services (medicine and nursing at a minimum)
- Sufficient demonstrated financial and physical resources to carry out the specific goals and objectives of the program
- Level 2 or 3 NCQA PCMH or comparable accreditation
- Electronic health record and sufficient HIT infrastructure to support quality improvement efforts, clinical dashboards, and portfolio development
- Organizations need to have, develop or maintain critical elements of a high performance health system. Immersion in a model of care that includes: team-based care, panel management, planned care, chronic care model, integrated behavioral health/primary care with a focus on health promotion and prevention, cultural competency and elimination of health disparities.
- Minimum of 40% of time assigned to precepted (by MD or NP) sessions during which preceptor has no other assigned responsibilities.
- Minimum of 20% of time assigned to increasing depth and competency in high volume/high complexity or high burden health problems or procedures commonly seen in safety net settings
- Minimum of 10% assigned to formal didactic learning, preferably in an interprofessional context
- Required number of procedures to be completed by the NP residents per year (see attached)
- On-Call experience for NP residents
- Evaluation component including, at a minimum, weekly reflective journals and quarterly evaluation by preceptors
- Dedicated Program Director and Coordinator
- Overt Performance Improvement Plan and specified strategy (ies) for Quality Improvement. Participation in training in QI methods/clinical Microsystems and leadership development for NP residents
- Fully integrated into the organization including participation on task forces and organizational committees
- Training to an Interprofessional Care and Collaborative Practice model.
- Clear learning objectives and formal evaluation component (myevaluations.com)
- Minimum of (2) resident case presentations per year
- Participation in an annual conference or other CME activity
- Communication infrastructure for residents and program leaders to participate by video conference
- Full use of electronic health records-ONC certified for full meaningful use
- Salaried employment with benefits. Length of time- 12 months, full-time employment
- Includes formal orientation including intensive community orientation, interprofessional networking, and mapping of community health needs
- Minimum of (3) episodes of community service outside of setting per year (Mission of Mercy, Stand Down, etc.)

- Targeted learning in health problems most frequently encountered in an FQHC setting:
DM, Hypertension, obesity, depression, HIV, Hep C
- Admissions/Selection committee

Most Common Procedures in Family Practice

Myevaluations.com List	Most taught procedures	Most performed procedures
Abdominal Paracentesis	Advanced cardiac life support	Advanced cardiac life support
ABG, draw and interpret	Arterial line placement	Arterial puncture for blood
Arterial Line Placement	Arterial puncture	Aspiration of breast cysts
Arthrocentesis/Joint Aspiration	Aspiration of breast cysts	Casting
Biopsy, Skin Lesion	Bladder tap	Cerumen/foreign body removal
Blood Smear, Interpret	Bone marrow biopsy	Electrocardiogram interpretation
Bone Marrow Aspiration	Casting	Endometrial aspiration/biopsy
Breast Exam	Cerumen/foreign body removal	Endometrial sampling
Catheter Placement, Femoral	Cerumen/foreign body removal from ear	Endotracheal intubation
Catheter Placement, Jugular	Chest tube placement	Epistaxis treatment/nasal packing
Catheter Placement, Subclavian	Colposcopy	Fecal impaction removal
Chest Tube	Dilation and curettage	Flexible sigmoidoscopy
CXR Interpretation	Electrocardiogram interpretation	Joint aspiration
EKG Interpretation	Endometrial aspiration/biopsy	Lumbar puncture
Elective Cardioversion	Endometrial sampling	Neonatal circumcision
Endotracheal Intubation	Endotracheal intubation	Paronychia incision and extraction
ETT: Supervision	Episiotomy (incise and repair)	Proctosigmoidoscopy
Gram Stain Interpretation	Epistaxis and nasal packing	Reduction of uncomplicated dislocations
Holter Monitor Interpret	Epistaxis treatment/nasal packing	Skin lesion excision biopsy
Laceration Repair	Exercise treadmill testing	Spirometry
Lumbar Puncture/Spinal Tap	Fecal impaction removal	Thoracentesis
Nasogastric Intubation	Fetal monitoring	Thrombosed hemorrhoid incision and extraction
Pacemaker, Transvenous	Flexible sigmoidoscopy	Toenail removal
Pelvic/Pap Smear	Forceps delivery	Venous puncture and intravenous catheter placement
PFT Interpretation	Indirect laryngoscopy	
Rectal Exam	Joint aspiration	
Sigmoidoscopic Biopsy	Labor induction	
Sigmoidoscopy, Flexible	Low-risk obstetrics	
Swan Ganz (place & interp)	Lumbar puncture	
Thoracentesis	Manual removal of placenta	
Urethral Catheterization	Neonatal circumcision	
Urinalysis	Paracentesis	
Vaginal Wet Mount	Paronychia incision and drainage	
Ventilatory Support	Proctosigmoidoscopy	
	Reduce uncomplicated dislocation	
	Reduction of uncomplicated dislocations	
	Skin lesion excision/biopsy	
	Slit lamp exam	
	Spirometry	
	Subclavian vn. cath/vn. cutdown	
	Swan-Ganz catheter	

	Swan-Ganz placement	
	Thoracentesis	
	Thrombosed hemorrhoid incision and extraction	
	Toenail removal	
	Umbilical line placement	
	Vaginal laceration repair	
	Vasectomy	
	Venipuncture	
	Venipuncture/start intravenous line	