Advancing the Practice of Nursing through Specialty Fellowship Development

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Learning Objectives

• Describe drivers for development of Advanced Practice Nurse (APN) fellowship training in specialty/subspecialty areas.

• Identify key considerations in the implementation of an APN Fellowship program and relate to other specialty practice areas.

• Identify outcomes of the first year of an APN Fellowship program in Developmental-Behavioral Pediatrics (DBP).
Children’s Specialized Hospital

• All pediatric facilities
• Inpatient acute rehab hospital
• Outpatient subspecialty services
  – 13 sites
  – Patients served > 31K/yr
• 2 long term care hospitals
Impetus for this fellowship

• IOM report
• Increased demand
  – Barriers to access
  – Decreased physician subspecialists
• Nurse practitioner educational preparation
• Few Pediatric fellowships – none in DBP in US
• Ease transition to subspecialty practice
IOM report

- 2010 – Institute of Medicine
- *The Future of Nursing: Leading Change, Advancing Health*
- APRNs should function to full extent of education and training
- Recommended residency programs for nurses including after the completion of an advanced practice degree
Barriers to Access

28K docs

80M children

- Shortage of pediatric subspecialists
- Decreasing workforce
- Increasing complications

Average wait time for care: 3 months

Travel distance to receive care: 40+ miles

- Autism
- ADHD
- Asthma
- Depression
- Diabetes
- Obesity

Adapted from “America’s Children Need Access to Subspecialists”, AAP
Nurse Practitioner Preparation in US

• Master’s / Doctoral education in specific patient population
  – Nationally validated competencies

• National Certification

• State licensure/certification

• Population focused:
  – Family
  – Pediatric [acute or primary care]
  – Women’s health
  – Adult-gerontology [acute or primary care]
  – Neonatal
  – Psychiatric-mental health
APRN Competencies

**Identification by Professional Organizations (e.g., oncology)**

**Specialty**

**Population Foci**

**Role**

**APRN**

**APRN Core Courses:** Patho/physiology, Pharmacology, Health/Physical Assessment

*Certification for specialty may include exam, portfolio, peer review, etc.

**Certification for licensure will be psychometrically sound and legally defensible examination by an accredited certifying program.*

• Original Research
    • Survey methodology to assess perceptions of preparedness for NP practice
    • Findings consistent in both surveys
    • > 50% NPs felt “somewhat prepared”, or “very unprepared for practice”
    • >86% NPs would be interested in postgraduate residency preparation
• **Transition to Practice: from RN to APN**
  
  – Concept Analysis: Role Transition (MacLellan, 2015)
    
    • Mentorship may improve transition
  
  – Exploring factors that influence transition (Barnes, 2015)
    
    • Found only formal orientation contributed to successful NP role transition ($\beta = 6.24, p < .001$); prior RN experience not significant
  
  – **Grounded Theory: Expert RN to APN (Fleming, 2011)**
    
    • Developed conceptual model related to transition into role for ICU APN
Fellowship Models

• **Physician Fellowships / medical model**
  – Focus on subspecialty after residency
  – Develop clinical acumen and skills & promote research

• **Acute care APN Fellowships**
  – Initially developed by hospitals to fill the gap caused by reduced resident work hours

• **Specialty APN Fellowships**
  – Carolina HealthCare System – APN & PA, several tracks, 158 fellows over 3 years (Taylor, 2017)
  – Other programs in US: Urology, Oncology, Hepatology, Neurology, Palliative care
APN Fellowships

- Mentoring by APNs & physicians increases confidence and development of clinical skills (Zapatka et al., 2014)
- Provide structure, depth of knowledge, breadth of experience (Kells, et al 2015)
- Offset feelings of “disequilibrium...anxiety, insecurity, inadequacy, and uncertainty” due to transition with the 1st year being most difficult (Kelly & Mathews, 2001, p. 161)
Fellowship Development

Concept development

- Literature review
- Residency vs Fellowship
- Environmental scan
- Define purpose

Meeting with key stakeholders

- Develop and present business proposal/ROI/new FTE request
- Secure funding
- Review ACGME medical fellowship

Develop curriculum

- Develop fellowship education plan
- Physician preceptor and APN mentor selection process
- Coordination with KYSS and LEND Fellowships
CSH APN Fellowship

Focused clinical experience
Advanced didactic education (ACGME)
Professional mentoring
Research involvement

LEND Fellowship

Didactic education
Interdisciplinary collaboration
Leadership project

KYSS Fellowship

Self-paced online modules
Capstone project

Curriculum
Fellowship content

**Didactic**
- CSH lectures
- ACGME required content
- Grand rounds
- LEND
- KYSS
- DBP Review

**Clinical**
- Direct patient care
- Formal training on DBP screening and diagnostic tools
- Transdisciplinary observational experiences

**Professional development**
- APN mentor
- Collaboration
- Research
- Advocacy
Overview of fellowship

• 12 months, full time, 40 hours/week
  – 4-8 hours didactic/week
  – 32 hours/week clinical orientation
    • 8 hours/week with APN mentor

• Rotations
  – Foster interdisciplinary collaboration
    • ST/PT/OT/ABA; psychology; SW
  – Other subspecialties: Psychiatry, Physiatry, Special Needs Primary Care, LTC
  – CSH “teams”: Autism Team, Feeding Team
APN Fellow Outcomes

- Productivity on target
- Increasing self confidence; high patient satisfaction results
- High quality care provided
- Clinical competence
- Increased knowledge
Benefits of CSH Fellowship

- Specialty trained APN
- Decreased turnover
- Strong collaboration
- Increased revenue /productivity
- Research

Increased patient access
Next Steps

• Research on fellowship outcomes
  • Clinical outcomes, provider expertise, patient satisfaction, APN satisfaction, productivity

• Expand to pediatric special needs
  – Peds Physical Medicine and Rehab started 2017

• Consider national accreditation

• External funding for fellowships in subspecialty areas with provider shortages
References


References (cont.)


THANK YOU!