



CLINICAL WORKFORCE DEVELOPMENT

Transforming Teams, Training the Next Generation



Frequently Asked Questions on Starting a Postgraduate Nurse Practitioner Residency Program

1. What experience do you have or do you know about in other organizations related to payment approaches for preceptors?

CHC, Inc. does not pay our providers to precept. During precepted sessions, the preceptor is “exclusively” available to the residents and blocked from his/her clinical responsibilities during this time. This has been one of the major benefits for providers. If an organization offers productivity incentives to their providers, the hours of precepting should be deducted from the productivity expectations so providers are not penalized for precepting.

2. Are residents able to “moonlight” during their residency?

It’s really an organizational decision, but we have not allowed moonlighting during the residency. It’s such an intense, yearlong experience it’s difficult to take on other things during the same time. There are existing residency programs that do allow residents to pick-up extra hours in their quick-care centers outside of their 40 hour/week schedule.

3. How do you recruit specialists to participate in the residency program?

CHC doesn’t have ALL specialists in-house, but we do partner with outside organizations. You need to look at resources that you have in-house that could serve as a rotation experience. The 10 specialties that we chose don’t have to be the same for your organization. What do you want NPs to learn in their experience? Look at your curriculum. Reach out to medical providers and your CMO—who do we refer to? Refer to your connections, relationships. Visit local practices and present on the program, and ask them if they are willing to host a resident for 4 weeks (1x/week) any payment that we have provided is \$1,000, or a modest payment. We always send a gift basket to them around the holidays.

4. Is there a difference or desirability of masters vs. DNP?

We accept both, and don’t see a difference—we have seen more DNP applying. If their DNP has been focused in research, then that’s an additional year they’ve been out of the clinic and would really benefit from the residency.

5. Does the residency program have to begin in September?

There are programs that do start “off-cycle”, especially if there are local colleges that graduate their NPs in August or December. If you start your program in a “off-cycle” month, then that’s when your future program dates should start.

6. Do residents need to be assigned to one clinic, or can they rotate throughout the organization?

They can go to multiple sites, but if you think about continuity clinic, they should be at an assigned site to see their own panel of patients.

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