

Appendix 4.1 Stepwise Increase of APRN Resident Clinical Scheduling

Policy: SAMPLE Stepwise Increase of APRN Resident Clinical Scheduling

DATE: August 2015

Background: In an effort to achieve consistency throughout the different sites, this policy will identify a process for advancing the numbers of patients which APRN Residents will be expected to see at different times of the year. It is understood that, in order to provide adequate teaching, support, and to optimize quality of performance APRN Residents should have the proper amount of time to work with each patient. As the Resident progresses with medical knowledge and clinical expertise they become able to work more efficiently and they can generally see patients in less time. By the end of the program, the Residents are expected to be able to manage a full patient load of 3 per hour which will permit them to succeed in their profession. This final increase to a full schedule has historically been the step requiring the most individualization. It is recognized that there may be differences in learning styles, comfort level, strengths and weaknesses among the Residents. There also may be factors independent of the Residents which may play into decision-making, such as variability in support staff or in availability of rooms.

Statement of Purpose: To create a consistent process across all sites which will clarify the expectations for the Residents' productivity. This process will help the Residents and Preceptors anticipate and prepare for changes. There must be enough flexibility in this policy to allow for individualization of scheduling for exceptional cases.

Policy and Procedures: The residents schedule will be designed as follows, with incremental increases happening approximately every 2 months. Templates will be updated by a central administrator to help with scheduling consistency.

- October – 1 patient per hour (7/day)
- November – 1 patient per hour (7/day)
- December - +1 patient per session (9/day)
- January – same as above (9/day)
- February - +1 patient per session (11/day)
- March – same as above (11/day) program mid-point
- April - +2 patients per session (15/day)
- May – same as above (15/day)
- June – 3/hour (20/day)
- July – 3/hour (20/day)
- August – 3/hour – plus 1 overbooks per session (22/day)

The ramp up schedule should be individualized by the Program Manager based on conversation with the Office Managers, Preceptors, On Site Medical Directors, and the Residents themselves. A Resident who is consistently running behind in clinical sessions may need to have certain increases delayed based on this feedback. All Residents should be seeing this full schedule by August.