

# Nurse Practitioner World News

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## Medical Mission to Nicaragua

By Vicki Thiel, MSN, FNP

For 15 years the Trinity Episcopal Medical Mission from New Orleans has served the medical needs of residents of Central America. On May 11, 2007, I attended my second medical mission to Nicaragua with the Trinity mission. I was much more at ease this time, as I was now familiar with the mission team, the towns being served, and the overall routine. I had also learned more about Latin culture.

### A Year in the Making

Coordinators of the Trinity mission are John Hevron, MD, an OB/GYN in Metairie, Louisiana, and Mamsie Maynard, RN, who works in the neonatal intensive care unit at Lakeview Regional Medical Center in Covington, Louisiana. They manage and organize the mission trip, with help from missionary team members. As soon as one mission arrives home, they begin planning the next one, getting funding and collecting and purchasing supplies and medications in mass quantities. The coordinators also make arrangements for the team's room and board, food, and transportation from the airport to the hotel and to the towns where clinics are set up for the day. Police escorts are arranged for the daily bus trips to the clinics, and an English-speaking bus driver is hired for the week.



Vicki Thiel with children outside the clinic

Local Peace Corps volunteers are recruited as translators.

Throughout the year, the mission team gathers at the home of one of the coordinators to pack supplies and medications for dispensing in the mission pharmacy. Each package contains an individual dose and is labeled with explicit instructions in Spanish, as well as a drawing of the instructions that depicts the time of day to take the medication. These "pill

packing parties" are a great way for past mission team members to reunite and for new members of the team to get acquainted with the culture of the mission.

### The 2007 Mission Team Arrives

This year, the mission team had 45 members. I shared the women's health role on the mission with my collaborating physician and colleague, Dr. Hevron, one of the

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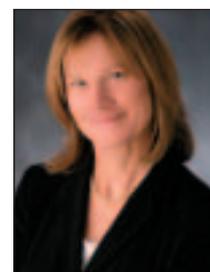


By Carolyn Buppert, JD, NP

## 20 Questions to Ask a Prospective Employer

This column offers 20 questions, the answers to which can give a nurse practitioner an idea of a prospective employer's expectations. It may be surprising that none of the questions asks about the employer's philosophy of patient care, whom the NP would be working with, office hours, what procedures the employer expects the NP to perform, or whether the NP will work in an office, hospital, or nursing home or conduct home visits. Those issues are important, and most NPs know how to address them in a job interview.

Nor do any of these questions directly ask the salary, hourly rate, or percentage of



Carolyn Buppert

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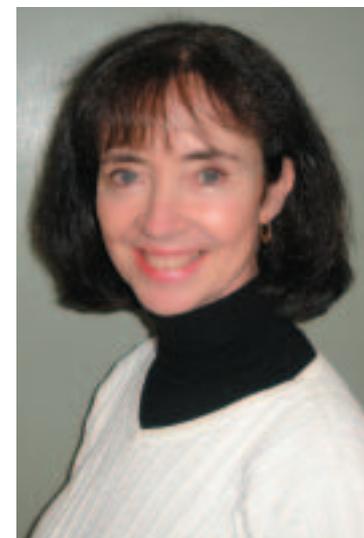
- House Calls: Home-Based Primary Care
- At the Abu Ghraib Prison Hospital
- Update on the National Nurse Movement

## The First NP Residency Program

By Margaret Flinter, APRN, MSN

For more than 40 years, Medicare has been funding graduate medical education, which enables physician residents to earn a salary while they deepen their knowledge and skills under the structured guidance of more experienced colleagues. A similar opportunity for postgraduate residency training has not been available for nurse practitioners. It's time to change that.

The country's first family nurse practitioner residency program began last month. The 12-month residency was developed under the auspices of the Weitzman Center for Innovation in Community Health and Primary Care. The Weitzman Center is the research and development arm of Community Health Center (CHC), Inc, one of the largest



Margaret Flinter

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# The First NP Residency Program

federally qualified health centers in the nation. The health care home for 70,000 patients, CHC provides a full range of primary care services in communities across Connecticut.

The inaugural class of the residency program is based in 2 of CHC's primary care sites, in the cities of New Britain and Meriden. These sites were chosen because of the volume and diversity of the patient population and the availability of enthusiastic clinical staff for faculty.

The residency program is designed for newly graduated and certified family nurse practitioners who intend to practice and lead in the complex environment of the more than 1,000 community health centers across the country. The NP residency emphasizes clinical skill building in the context of transformational health care, including population management, evidence-based health care, and true community engagement. In addition to carrying their own panel of patients, the residents will be assigned to intensive clinical rotations in areas important to family practice in a community health center, such as HIV/AIDS, orthopedics, behavioral health, and geriatrics.

## Political Support

Support and encouragement for this project have come from many sources. In the Connecticut legislature, Representative Peggy Sayers, a registered nurse and cochair of the Public Health Committee, introduced House Bill 5751. This bill authorized creation of the pilot residency program and mandated a progress report to the legislature. Following its unanimous approval in the House and Senate, Governor M. Jodi Rell held a bill-signing ceremony on July 3, 2007.

Recognizing the benefit to Medicaid enrollees of additional training for NP primary care providers in the community health center setting, leaders in the state's Department of Social Services, which is responsible for the Medicaid program, are exploring possible funding mechanisms.

Support has come on the national level as well. Upon appeal from CHC, the National Health Service Corps agreed that participation in the residency program qualified newly graduated nurse practitioners who were

"obligated scholars" for a 1-year deferral of their service obligation.

## The First Residents

After a limited recruitment campaign in the spring of 2007, 4 candidates were offered residency slots. Members of the inaugural residency class are:

- Rachel Gollnick
- Sarah Long
- Laura McDonald
- Monica O'Reilly

The residents appreciate the unique opportunity they have in this pioneer program. Below are a few words about what they anticipate gaining from the residency, as expressed in their applications.

"The program would provide for a supportive transition from graduate school to independent practice as a FNP."—*Sarah Long*

"With attentive and intentional mentorship, I intend to dramatically refine my clinical practice and emerge as a competent and highly trained family nurse practitioner."—*Monica O'Reilly*

"I think the beauty of a residency program for nurse practitioners is the opportunity to learn a great deal from every single patient encounter, rather than rushing through the day attempting to keep up with a schedule."—*Laura McDonald*

"I think that the residency will be a wonderful opportunity to learn together with fellow new graduates and help forge an emerging role for NP residencies in other community health centers."—*Rachel Gollnick*

The NP residency in family practice and community health at CHC is an innovative step in developing a cadre of expert, confident primary care providers for the challenging environment of community health centers. The 4 members of the inaugural class and the expert clinicians they are working with at CHC are pioneers in this endeavor.

*Margaret Flinter is vice president and clinical director of Community Health Center, Inc., and director of the Weitzman Center. She acknowledges the Robert Wood Johnson Executive Nurse Fellows program for its support and encouragement in the development of the NP residency program.*



The first 4 NP residents surround the vice president and clinical director of Community Health Center. Pictured left to right: Sarah Long, Monica O'Reilly, Margaret Flinter, Rachel Gollnick, and Laura McDonald.



The ceremonial bill signing on July 3, 2007. Standing behind Governor M. Jodi Rell are (left to right): Dr. Robert Galvin, Commissioner of the Department of Public Health; Rachel Gollnick, member of inaugural residency class; Angela Anthony, board member of CHC; Margaret Flinter, vice president and clinical director of CHC; Daren Anderson, MD, chief medical officer of CHC; Mike Starkowski, Commissioner of the Department of Social Services; State Senator John Kissel; and State Representative Faith McMahon.

## Coming Up in Future Issues of *The American Journal for Nurse Practitioners*

- ❖ **Forging a Quality Healthcare Agenda for APRNs**, by Jean Johnson, PhD, RN, FAAN; Doreen Harper, PhD, RN, FAAN; Charlene Hanson, EdD, RN,CS, FNP, FAAN; and Ellen Dawson, PhD, APRN
- ❖ **Vitamin D Sufficiency: A Preventive Therapy for Disease**, by Barbara S. Jockers, BSN, RN, S-FNP

- ❖ **Farm Safety and Family Practice: An Uncommon Partnership for a Common Goal**, by Deborah B. Reed, PhD, and Deborah T. Claunch, BBA
- ❖ **PANDAS in Primary Care: A Pediatric Case Study**, by Kathy M. O'Connor, MBA, BSN, RN, CEN, and Carolyn I. Speros, DNSc, APRN-BC, FNP

- ❖ **An Overview of Current Recommendations for Treatment with Hormone Therapy**, by Ivy M. Alexander, PhD, CANP
- ❖ **Acute Care NPs' Sense of Empowerment**, by Michael P. Nozdrovicky, DNP, RN, NP, CCRN; Maria Vezina, EdD, RN; Mary Quinn Griffin, PhD, RN; and Joyce J. Fitzpatrick, PhD, RN, FAAN

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