

Primary Care On-Call: Nurse Practitioner Students Taking After Hours Call

A Reality-Based Experience

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BACKGROUND

- Prior NONPF conference
- Need for real-life experiences prior to graduation
- Primary care programs
- No money to support a new project

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FIRST STEPS

- Decision to make an on-call assignment
- Logistics
 - Number of students
 - Clinical tracks
 - Who to make the calls
 - How to make the calls
 - Scheduling
 - Timeframes
 - Who calls whom
 - What is/are the case(s)



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FIRST STEPS

- How to evaluate the experience?
 - Gather student cell phone numbers
 - Allow student to select on call day
 - Respond within 30 minutes
 - SOAP note within 60 minutes
 - Final reflection one week later
 - Grade based on completeness of the calls – SOAP & reflection paper
- Grade the final project not the call

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2016 VITAL* GRANT

- Standardized calls
- Standardized evaluation tool
- Pre, post and 1 year later surveys
- Increased number of callers
- Paid callers
- 3 calls per student



*Villanova Institute for Teaching and Learning

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PITFALLS

- Complexity of scheduling
- Callers not calling
- Going “off script”
- Calling wrong student with case (AGNP with PNP case)
- Student going to bed
- Length of time to receive evaluation tools
- Sheer volume of paperwork/electronic files
- Accounting not paying callers

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Preliminary Data

- Only 2/29 students had experience with being "on call" in their RN role
- Plan: stay home, be near resources, class day, had not thought about issues
- 3 Most frequent feelings in the pre-assessment
 - Nervous (90%), Anxious (80%), Curious (69%)
 - Most frequent feelings in the post-assessment were similar
- 3 Most frequently identified skills in pre-assessment
 - clear communication (93%), critical thinking (86%), self-confidence (44%)



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Preliminary Data

Most frequent Post-Assessment

- Critical Thinking (97%),
- Self-confidence (55%),
- Access to resources (34%)
- Other comments: dread, worried, inconvenienced, annoyed by length of time on call



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Preliminary Data

- Of interest: HIPPA issues not identified by students (where to take calls, control of environment)
- 41% felt that the anticipated stress was equal to the real stress...meaning 59% felt it was *less* stressful than anticipated
- All 29 participants felt the experience was worthwhile. Most wanted additional calls or opportunities for on-call experiences
- 93% indicated that they would take a job that included an on-call component



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One Year Follow-Up Data

- 47% of graduates identified on-call as a requirement of their current NP role
- 14% specifically avoided a position with an after-hours/on-call component
- All felt the experience prepared them well for the on-call role
- Anecdotally, several participants mentioned that because of this assignment they were better prepared to answer interview questions and ask about requirements and compensation for on-call in their new role



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One-Year Later

- *“I cover a lot of triage calls during the day, so the student experience was very realistic”.*
- *“The situations and complexity were similar to situations I have encountered in practice on call.”*
- *“I did not want the additional responsibility of call or after hours due to wanting to be present at home when I am home”.*
- *“...the assignment made me less nervous about the prospect of taking call & it is impressive to employers when they hear you’ve done this assignment”.*



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MOVING FORWARD

- Continue pre, post & one year later surveys
- Refine guidelines
- Email reminder daily to callers
- Divide the work for evaluation paperwork
- Continue to develop new cases
- Increase number of calls
- Have senior students make calls to junior students
- New approaches
 - Photos
 - Video calls



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Conclusions

- Provides an opportunity for simulating on-call in a safe, educational environment
- Students find the experience beneficial
- Provides for an opportunity to experience the inherent unpredictability and necessity of independent decision making in clinical practice.
- It enhances student skills as future primary care provider.



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