

UNIVERSITY of WASHINGTON
SCHOOL OF NURSING



APPP FELLOWSHIP PROGRAM

ADVANCED PRACTICE PSYCHIATRIC PROVIDER (APPP) FELLOWSHIP PROGRAM

SUMMARY OF FINDINGS FROM A NATIONWIDE ADVANCED PRACTICE PROVIDER FELLOWSHIP PROGRAM REVIEW AND ITS INFLUENCE ON THE CREATION OF A FELLOWSHIP PROGRAM AT THE UNIVERSITY OF WASHINGTON.

The inspiration guiding the creation of the Advanced Practice Psychiatric Provider (APPP) Fellowship Program is a desire to improve the health of Washingtonians by increasing access to evidence-based, effective mental health care through a program that bridges the gap between graduate nursing education and clinical practice. This program aims to increase confidence, competence and job satisfaction while reducing burnout risk. Towards this end, we reviewed APPP programs across the country to better understand current best practices in the relatively new arena of APPP fellowship programs.



**BRIDGING THE
GAP BETWEEN
GRADUATE
NURSING
EDUCATION
AND CLINICAL
PRACTICE**



Our research highlights more similarities in program structure than differences, with a trend towards deepening exposure to psychiatric subspecialties and providing preceptorship and mentorship to assist in the transition to independent clinical practice. Specific findings, including the average program length, presence of mentorships and capstones, and the lack of certain subspecialties offered in Washington state, were specifically used to influence our own program development. At the University of Washington, we are dedicated to creating industry leading programs that inspire the next generation of healthcare leaders. As part of this mission—and given the relative paucity of APPP Fellowship programs—we conducted a market analysis of the nation’s current APPP fellowship programs to better understand what is working and where there is opportunity to improve upon the current model.

We are not the first to conduct such an analysis, with two accrediting bodies, the National Nurse Practitioner Residency and Fellowship Training Consortium as well as the Association of Post Graduate Advance Practice Registered Nurse program, providing lists of accredited programs in the country. However, these lists comprise programs from specialties across the medical spectrum and we were unable to find a list of APPP Fellowships. Through our own research using search engines such as Google and Bing along we information from the aforementioned organizations, we were able to identify 15 programs across the country (plus multiple Veteran’s Administration specific programs) that met criteria for a APPP Fellowship, although this is by no means an exhaustive list.¹ The results showed programs tend to follow a standard format, including being around 1 year in length. While there were several programs that went 24 months (about 2 years), the second year was a contracted 1-year position of independent practice following the completion of the fellowship program. Additional similarities included the requirement that fellows be recent graduates of nursing programs (median 18 months—about 1 and a half years—range was 12 months to 5 years), the existence of subspecialty rotations, the presence of capstones (1/3 of programs have this) and the inclusion of didactics (14/15 programs).

NATIONAL SUMMARY OF AVAILABLE PSYCHIATRIC SUBSPECIALTIES

Underserved	56.25%
Psychiatric Emergency Service/Urgent Care	56.25%
Pediatrics	50%
Adult	50%
Consult Liaison	43.75%
Addiction	37.5%
Inpatient	37.5%
Psychotherapy (individual and group)	31.25%
Telehealth	25%
Geriatrics	18.75%
Transcranial Magnetic Stimulation	18.75%
Women's Health	12.5%
Pain Psychiatry	12.5%
Autism	12.5%
Collegiate Health	12.5%
Eating Disorders	12.5%
Ketamine and Esketamine	6.25%
Forensics	6.25%
Electro Convulsive Therapy	6.25%
Rural Health	6.25%

The availability of subspecialty rotations in Washington state was significantly more sparse. Of the 4 programs there were the following specialties:

CURRENTLY AVAILABLE WASHINGTON SUBSPECIALTIES

Pediatrics	2
Adult	2
Underserved	2
Consult Liaison	1
Ketamine/Esketamine	1
TMS	1
Telehealth	1
Inpatient-Peds	1
Rural Health	1



CONCLUSION

Our conclusion from the data was that the University of Washington was in a unique position to offer subspecialties that were common nationwide but were missing or underrepresented in the Pacific Northwest region (specifically addictions, geriatrics, consult liaison, primary care mental health integration, psychiatric emergency services and psychotherapy). In addition, we plan to expand exposure to subspecialty rotations with the potential inclusion of perinatal psychiatry.

In addition to looking at the commonalities between programs, we also reviewed and compared the differences and discrepancies to inform program development. During analysis of program content, it was discovered only 1 out of 15 programs explicitly mentioned billing training as part of the program. We also found multifarious interpretations and ways of what constituted the primary clinical rotations. From what could be gleaned from available data, all the programs incorporated a stepwise approach to building a patient panel for each Fellow, with a gradual increase in patient load and reduced preceptor involvement over time. The differences arose in what area of psychiatry was considered the primary rotation and what was considered auxiliary, elective or a subspecialty. For example, 8 out of the 15 programs had inclusion of pediatrics, while less than half of those had pediatrics as the primary rotation. Similar difference can be seen with the “underserved” subspecialty, where this was the primary focus for some, but listed as part of a rotation for

SUBSPECIALTIES MISSING OR UNDERREPRESENTED IN THE PACIFIC NORTHWEST REGION

ADDICTIONS
GERIATRICS
CONSULT LIAISON
PRIMARY CARE MENTAL HEALTH INTEGRATION
PSYCHOTHERAPY

others. These differences in emphasis reflect the unique role each parent organization has and the specific patient population they are serving and reaffirmed the importance of ensuring our own fellowship not only deepens confidence and competence in new nurse practitioners but also provides training and exposure to the types of services and populations clinicians will encounter in the Pacific Northwest.

As medicine and medical care continue to become more complex it is vital clinicians have the tools, skills, competence, and access to innovative continuing education to ensure ongoing effective care. The creation of a psychiatric nurse practitioner fellowship program is one means to address this goal. A survey of similar programs in the country shows a growing consensus on ideal program models and the importance of tailoring your program to the individual needs of the parent organization and local patient population.

¹ Annie Goodrich Nurse practitioner fellowship, Hartford, CT; Veteran’s Administration San Francisco PMHNP Fellowship, San Francisco, CA; East Boston Neighborhood health center FQHC; Boston, MA; Peninsula CHC PMHNP residency, Bremerton, WA; Nurse Practitioner Residency training program, Community Health Center Inc, CT; Seattle Children’s PMHNP residency; Seattle, WA; University of Michigan PMHNP Fellowship, Flint, MI; Shifa Health psychiatric residency, Mill Creek, WA; University of California Boulder PMHNP Fellowship, Boulder, CO; Post-Graduate Fellowship track, psychiatry, Indiana University Health, IN; Behavioral Health APP Fellowship, NC; PMHNP Post graduate residency, Durham, NC; Integrated PMHNP Fellowship, Akron, OH; Behavioral Health APP Fellowship, VA, D.C.; NP psychiatry and Mental Health residency, Madison, WI; Premera RNHI Fellowship at University of Washington, Seattle, WA