

2017 FMRNA Annual Residency Nursing Workshop

Presented by the Family Medicine Residency Nurses Association

Friday, March 24 – Saturday, March 25, 2017

Location: Sheraton Kansas City Hotel at Crown Center

This continuing nursing education activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Friday, March 24, 2017

1:30 – 2:00 p.m.: **Registration/Networking** [Benton]

2:00 – 2:15 p.m.: **Welcome Remarks** [Benton]
FMRNA President – Marcia Snook, RN, BSN

2:15 – 3:15 p.m.: **Workshop 1** [Benton]
Fostering Integration between Residency Educational Staff and Clinic Nursing to Create a Balanced Clinic Schedule
Kristen Bene, PhD; Kimberly Bell, MS

We plan to describe how we have created and fostered an integrated approach to clinic scheduling that brings together the residency educational staff and clinic nursing and scheduling. Through this collaborative effort, we have been able to equally prioritize the resident "block schedule" and the appointment and productivity needs of the family medicine clinic. Residency clinics are unique environments with many part-time providers, and many competing demands. The literature on clinic scheduling and staffing models in family medicine residencies is sparse and typically focused on PCMH models and open-access scheduling. Nothing well describes the dual purpose of the residency clinic environment and the inherent challenges created by the competing demands of education and patient care. We hope that through this workshop, we can describe our process, the logistics of making it work, and lead the audience in an evaluation of the unique challenges in clinic scheduling in a residency clinic. We plan to focus heavily on the importance of collaboration with nurse leadership and scheduling. If there is time, we may also briefly highlight how we have leveraged technology resources to template our clinics and balance appointments.

Objectives:

1. Evaluate strategies for effective communication between clinic nurses and residency educational staff in relation to clinic scheduling.
2. Design a model where clinic appointment availability is more balanced despite variations in the resident rotation schedules.
3. Leverage online and human resources for efficiency and effectiveness in clinic scheduling.

3:15 – 3:30 p.m.: Break

3:30 – 4:30 p.m.: **Workshop 2** [Benton]
Motivational Interviewing: Motivating Health Behavior Change
Tasha Marchant, RN, PhD

Motivational Interviewing is an evidence-based technique that supports individuals in changing their health behavior. The skills learned in this workshop will apply to patients, staff, and colleagues. During this workshop, we will discuss the current common practices in supporting behavior change as well as introduce motivational

interviewing techniques. Participants will have an opportunity to engage while doing their own personal goal setting. We will discuss how these techniques can be applied in various patient settings.

Objectives:

1. By the end of the training learner's will be able to define motivational interviewing and its role in health behavior change.
2. By the end of the training learners will be able to identify specific tools of motivational interviewing to implement into their patient interactions.

4:30 – 4:45 p.m.:

Break

4:45 – 5:45 p.m.:

Workshop 3 [Benton]

Value Added Pain Clinic Model

David Marchant, MD; Kathy Randall, LPN

Chronic pain management is an emotionally charged issue for most clinics. Five years ago, in response to resident complaints about not seeing anything but pain patients in their clinics and from patient complaints of suboptimal care, we went about exploring different options. We ended up developing a very successful multi-disciplinary pain clinic that focuses on function. We have a process that includes group education classes, yoga, massage, goal setting, and integrated behavioral health. Our physicians and patients have consistently praised the clinic because of the changes in people's lives we have seen. Our workshop will introduce you to our methods and how they can be applied in your setting. As with most residency programs, we have limited financial means and therefore have leveraged other community resources.

Objectives:

1. Verbalize benefits of team integration for the management of chronic pain management.
2. Illustrate clinical strategies for coordination of patient care in a pain clinic model.
3. Describe outcomes of patient care as they relate to care received in pain clinic.
4. Leverage resident education by introducing new methods of care delivery.

5:45 – 6:00 p.m.:

Closing Remarks [Benton]

Marcia Snook, RN, BSN

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Saturday, March 25, 2017

8:00 – 8:15 a.m.: **Welcome Remarks** [Benton]
FMRNA President – Marcia Snook, RN, BSN

8:15 – 9:15 a.m.: **Workshop 4** [Benton]
Nurses in Family Medicine Residency Education, a Multi-disciplinary Approach
Michael Greene, MD

Practicing medicine and being a well-rounded health professional in the 21st century involves an interdisciplinary collaborative approach. Residency programs are adapting to this need and we at Creighton are on the cutting edge. We would like to discuss an innovative curriculum change that incorporates RN teaching into the learning curriculum.

Objectives:

1. Be able to state reasons why multi-disciplinary education for Family Medicine Residents is preferred over single Discipline education models.
2. Be able to state the benefits to RN incorporated resident education.
3. Be able to list skills and techniques nurses can teach residents.

9:15 – 9:30 a.m.: Break

9:30 – 10:30 a.m.: **Workshop 5** [Benton]
Managing the Changes in Clinical Staff Roles: How to Maximize the Scopes of Practice
Kathleen Morin, AD, RN

Never has it been more essential in outpatient practice for all clinical staff to be working at the top of their license or certification and scope of practice. Quality metrics have turned a once quick check in process into a 20-minute clinical check in-visit. Improving preventive measures, pre-visit planning, and chronic disease management are just a few clinical tasks that have been recently added to the clinical staff's duties. Telephone triage and urgent care triage are areas that not only improve appropriate and timely care, but continue to be a valuable tool for residency education. All clinical levels, registered nurse, licensed practical nurse, and medical assistant are needed in residency programs. The scope of practice needs to be used in defining their roles of each clinical staff, but often providers and or managers are not educated in the roles. Defining and, when necessary, changing the roles are needed for safe and comprehensive care to patients.

Objectives:

1. Describe the scopes of practice for registered nurse, licensed practical nurse, and medical assistant.

2. Describe the current changes and challenges in health care that are contributing to both positive and negative changes in the residency clinical structure.
3. Describe why is it necessary to employ all levels of clinical staff, including registered nurses, licensed practical nurses, and medical assistants working at the top of their license and or scope of practice, and how this team works together to assist all providers with quality metrics, timely care, safe practices, and residency education.

10:30 – 10:45 a.m.: Break

10:45 – 11:45 a.m.: **Workshop 6** [Benton]
Beating Burnout – Incorporating Mindfulness into Your Daily Practice
Theresa Salmon, LMSW

This interactive workshop will facilitate a dialogue on nursing burnout and will offer participants an introduction to mindfulness. Participants will receive resources for further learning about mindfulness and will be given the opportunity to practice mindfulness exercises.

Objectives:

1. Learners will define Mindfulness.
2. Learners will discuss how mindfulness can be incorporated into daily practice.
3. Learners will practice a structured mindfulness exercise.

11:45 a.m. –
12:00 p.m.: **Closing Remarks** [Benton]
Marcia Snook, RN, BSN