



Effective Curriculum Development for Postgraduate NP Residency Programs

October 25, 2023

2:30-3:30pm Eastern / 11:30-12:30am Pacific

**The Weitzman Institute is Committed to
Justice, Equity, Diversity & Inclusion**



At the Weitzman Institute, we value a culture of equity, inclusiveness, diversity, and mutually respectful dialogue. We want to ensure that all feel welcome. If there is anything said in our program that makes you feel uncomfortable, please let us know via email at nca@chc1.com

National Training and Technical Assistance Partnership

Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue



- HIV Prevention

Advancing Health Equity



Preparedness for Emergencies and Environmental Impacts on Health



Speakers

- Kathleen M. Thies, PhD, RN
 - Consultant and Researcher with the NTTAP team on the Postgraduate Residency Program
- Tylor Vaillancourt, FNP
 - Family Nurse Practitioner, oversees Advanced Practice Provider Residency Program, Caring Health Center

Curriculum Objectives/Learner Outcomes

You will be able to:

- Differentiate between program goals and objectives.
 - Write one program objective and how you will measure it.
- Differentiate between curriculum objectives and learner outcomes.
- Discuss how a curriculum map prepares you for program evaluation and accreditation.
- Obtain insights from a former participant on new program curriculum development.



Some questions about you before we begin.....

- What are the top ten health issues that you see in patients in your clinics?
- What special populations do you serve, such as new immigrants, people with HIV, the unhoused?

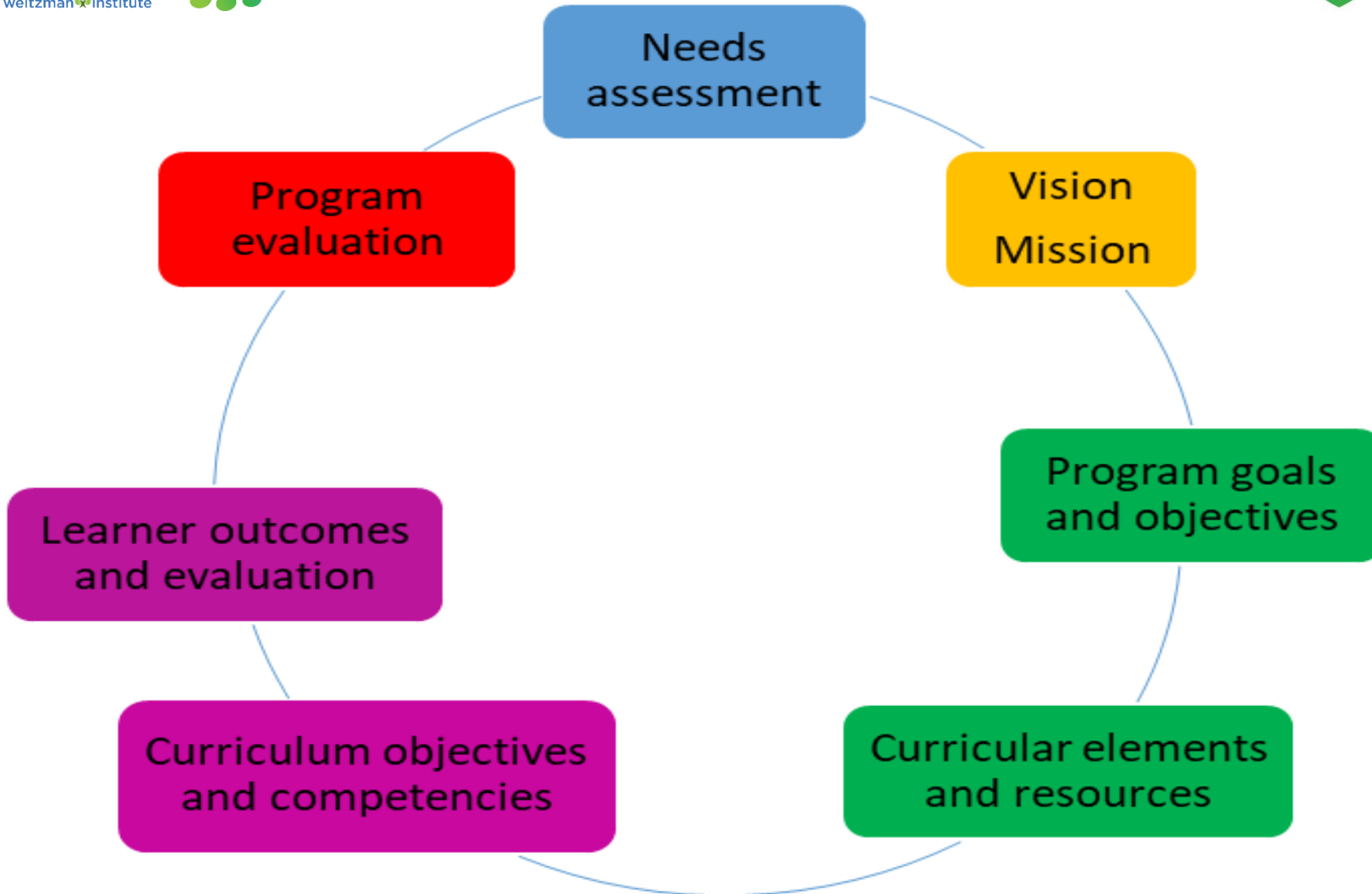
Poll and Menti

- How many of you have a current relationship with a school of nursing? That is, their students do clinical rotations in your clinics.
- If you do, what advice do you have for those organizations who do not have a relationship.

Reasons for these questions

- You are developing a residency program to train new NPs to care for YOUR patients, YOUR top ten health problems, YOUR special populations.
- A relationship with a school of nursing, especially a graduate program for NPs, will help you to:
 - Develop a curriculum that meets accreditation standards (they've done it before), and
 - Differentiate between what the NP residents learned in school and what they need to know to apply that knowledge to YOUR patients. That is, you are not teaching them diabetes management; you are teaching them diabetes management in YOUR population.

Elements of Program & Curriculum Design



Needs assessment → Vision/Mission Statements

- **Why** are you offering a post graduate residency program?
- Mission statements are broad, not measured.
- They typically will address some key areas:



1. Patient care: improved access, higher quality care, etc.

2. Workforce development: train to a high performing model of care, grow your own, improve retention

3. Professional development of the residents: improved confidence and competence in treating patients in your setting

4. Advancing the profession: increase training opportunities



CARING HEALTH CENTER
"Health is the Heart of Our Community"

Caring Health Center Nurse Practitioner Residency Program 2023

Who We Are

- A Federally Qualified Health Care Center located in Springfield, MA providing primary care, behavioral health, dental, insurance/resource navigation, pharmacy and refugee services to Western Massachusetts
- Mission: Caring Health Center is committed to eliminating health disparities and achieving health equity through providing accessible, value-driven healthcare for diverse, multi-ethnic communities in Western Massachusetts

Residency Vision

The vision of Caring Health's Nurse Practitioner Residency Program is to guide novice Nurse Practitioners (NP) to become expert and compassionate primary care providers who deliver high level care to all who enter our doors through clinical role modeling, interdisciplinary collaboration and innovative education.

Program Goals

- Bridge the worlds of academia and clinical practice
- Promote collaboration and professional satisfaction
- Create innovators in an ever changing healthcare world
- Retain quality primary care providers to give our patients and organization better continuity

A Week in the Life of a CHC Resident

50% (5 sessions per week) Precepted Clinic (your own patients with Residency Director/other experienced staff clinician to guide you)

20% (2 sessions per week) Mentored Clinic (working alongside another provider with THEIR patients)

20% (2 sessions per week) Specialty Clinic

10% (1 session per week) of Didactic/Admin Duties

Typical Specialty Rotations (Month-Long)

Pediatrics

Diabetes Clinic

Asthma Clinic

Psych

Urgent Care

Coumadin clinic

MTM Hypertension clinic

Family Planning/GYN

Infectious Disease

Complex Care Management
(ACO team)

Refugee Health

Outside Specialty #1

Outside Specialty #2

Didactic Learning

We have chosen to outsource our didactic learning to free up faculty time and provide more variety in learning. We have partnered with:

- NPACE (\$540 for about six months of programming per learner with a-la carte purchasing with discount codes available)
- Fitzgerald Education (\$979 per year for 2-14 participants; access to entire library of education)
- NCQA (free programs)
- Looking into partnering with AAFP in the future

We are able to individualize learner needs AND get CE credit for completion

Lessons Learned

- It is important to have your residents build a panel of their own while in the program so they are not overwhelmed at the end of the residency
- Residents are valuable members to an organization and can fill in gaps with staff vacancies, call outs, urgent walk ins, etc.
- Having a supportive team to teach residents is extremely useful
- Most applicants to our program have been from outside of the Greater Springfield area (Boston)
- Good contractual language can be important in retaining residents



Thank You!

Tylor Vaillancourt, FNP
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Differentiate Between Program Goals and Program Objectives

Program Goals & Objectives

- **Program Goals: broad, long-term**
 - What the program aims to achieve as its end point.
 - Not intended to be measured; must clearly lead to objectives and outcomes that are measurable
- **Program Objectives are measured**
 - How the program will be meet its goals, what it will provide in terms of specific activities, strategies, actions, and content.

Program Goals

Like the Mission, program goals typically cover four broad areas

- Patient care: improved access, higher quality care, etc.
- Workforce development: train to a high performing model of care, grow your own, improve retention
- Professional development focused on the residents: improved confidence and competence in treating patients in your setting
- Advancing the nursing profession: increase training opportunities

CHCI Program Goals

- Expand access to quality primary care for underserved and special populations, and contribute to primary care clinical workforce development by training new Nurse Practitioners in a FQHC-based residency program
- Support the achievement of competence, confidence, and mastery in all domains of primary care that are needed to serve as a full scope, primary care provider in a complex FQHC setting through a highly structured transition experience that includes the necessary depth, breadth, volume and intensity of clinical practice.
- Train new Nurse Practitioners to a model of primary care consistent with the *Patient Centered Medical Home principles* including care that is comprehensive, team-based, patient-centered, coordinated, accessible, high quality and safe.
- Increase the overall confidence and professional job satisfaction of new Nurse Practitioners who are committed to working in underserved community settings.
- Cultivate the leadership qualities and potential of Nurse Practitioners to engage in leadership roles and activities both within their practice setting as well as in the local, state, and federal communities with which they are engaged.

Program Curricular Elements: Activities to Meet Program Goals and Objectives

1. Clinically-based practice and patient care experiences
2. Regularly scheduled didactic sessions
3. Systems based learning and quality improvement
4. Population-based health focus

5. Technology
6. Equity and social justice
7. Leadership and professional development
8. Social Determinants of Health (SDOH)
9. Certificate of Completion



**Core
 Elements of
 Postgraduate
 NP
 Residency:
*These require
 adequate
 resources***

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care		Full Integration at Organization
	Team-based care Integrated care Inter-professional collaboration	Data driven QI Expert use of technology Primary care innovations	
Clinical Based Training Experiences (80% of time)		Education (20% of time)	
<ul style="list-style-type: none"> • Precepted Continuity Clinics (40%); Develop and manage a panel of patients with the exclusive and dedicated attention of an expert preceptor. • Specialty Rotations (20%); Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice. • Mentored Clinics (20%); Focused on diversity of chief complaints, efficiency, and acute care working within a variety of primary care teams. 		<ul style="list-style-type: none"> • Didactic Education - High volume and burden topics most commonly seen in primary care. • Project ECHO – Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and MOUD • Quality Improvement Training - Training to a high performance QI model, including frontline process improvement, collecting and reviewing data, and leadership development 	

Measuring Program Objectives: Clinical Element

- *Establish and meet targets for each NP resident panel for diversity of patients by age, gender, clinical complexity and challenges, and cultural diversity.*
 - *Measure:* You set specific targets for numbers of patients in the panel, ramping up based on your experience with new providers.
- *Deliver weekly didactics to residents on high burden/frequency/volume topics commonly encountered in primary care.*
 - *Measure:* List the didactic topics and rationale: include your top ten health problems!

Measurable Objectives → Program Evaluation

- During the year, look at the targets that you set to meet program objectives in the aggregate for all residents.
- Decide if you are meeting your targets, why or why not, and what you will do differently to change course midyear and in the upcoming year.
- Did you have the right curricular elements to meet your objectives?
- Did you have the resources to meet your objectives? (# patients, # preceptors, etc.)
- That's program evaluation.



Exercise!

1. Write a program goal.

2. Write one program objective related to that goal.

How will you measure this?

3. What curricular elements are required to meet this objective?



Differentiate Between Curriculum Objectives/Competencies and Learner Outcomes

Program Objectives v. Curriculum Objectives

- **Program Objectives**
 - How the program will be meet its goals, what it will provide in terms of specific activities, strategies, actions, and content.
 - Examples: number of residents enrolled, number retained; how many clinical hours, didactic hours, types of clinical rotations, etc.
- **Curriculum Objectives (aka Competencies)**
 - What curriculum will prepare the residents to **know and do** (KSAs....)
 - Examples: Patient-centered care, Knowledge for practice, Interpersonal and communication skills

Curriculum Objectives v Learner Outcomes

- Curriculum Objectives (aka Competencies)
 - What curriculum will prepare the residents to know and do
 - Examples: Patient-centered care, Knowledge for practice, Interpersonal and communication skills.....
- Learner outcomes
 - How you will measure residents' what the residents **know and do**, that is, competence and performance
 - Examples: checklists, competency evaluations by preceptors, etc.

Program Mission

Program Goals and Objectives

Competencies and Curriculum Objectives

Learner outcomes

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Competency-Based Health Professions Education and Training

- Competency is achieved through clear objectives and a process of progressive responsibility to practice the essential skills that are supported by expert faculty. Both internal (self-reflection and assessment) and external (faculty) validation is used to measure the ultimate attainment of competency.
- Learner-centered, focused on outcomes and ability of the learner to demonstrate a level of mastery sufficient for practice *in your setting to your standards of care.*
- Curriculum design for NP postgraduate training begins with the end in mind: *What should your NP residents know and be able to do after one year?*

Competencies/Domains

- Competencies are the *Knowledge, Skills, and Attitudes* your curriculum will include to prepare residents to work in your setting: what you want learners to **know** (knowledge), **do** (skills) and **value** (attitudes) as a result of participating in the program
- **Competencies are your Curriculum Objectives** (you can call them Learning Objectives or Course Objectives but it is cleaner to refer to them as Curriculum Objectives.....more on that....)

Curriculum Competencies/Curriculum Objectives

- Patient-centered care
- Knowledge for practice
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism

- Systems-based practice
- Interdisciplinary collaboration
- Personal and professional development
- Technology and Telehealth
- Diversity, equity, and inclusion

How to use the Curriculum Objectives/Competencies

- Help you to identify topics in clinical practice that will be incorporated into curriculum activities
 - Example Competency Patient-Centered Care refers to “treatment of health problems” → what are *your* top ten health problems?
- Each curriculum element—clinical, didactic, seminar, etc.—will have curriculum objectives

Learner Outcomes/Subdomains

- **Learner outcomes** are measurable KSAs with examples in the subdomains of the 10 competencies
 - Use Bloom's taxonomy
 - How you know that learners have learned/done/valued what you intended as a result of participating in the program.
 - **Knowledge:** What does the NP **need to know** to practice independently with YOUR patients?
 - **Skills:** What does the NP **need to be able to do** to practice independently with YOUR patients?
 - **Attitude:** What **attitudes and values** should the NP embody to practice independently with YOUR patients?

Putting it Together

Program Goal #2	SUPPORT the achievement of competence, confidence, and mastery in all domains of primary care that are needed to serve as a full scope, primary care provider in a complex FQHC setting.....
Program Objective(s) for Goal #2	<ol style="list-style-type: none">1. Establish and meet targets for each NP resident panel for diversity of patients by age, gender, clinical complexity and challenges, and cultural diversity2. Require residents to complete rotations in 10 specialty areas3. Require accomplishment in a specified number of clinical procedures by each resident
Curricular Element linked to Objective	<ol style="list-style-type: none">1. Clinical-based practice and patient care experiences
Learning objective at the competency/domain level applies to all residents	<ol style="list-style-type: none">1. Clinical Learning Objective for curriculum element precepted clinic: Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of health problems and the promotion of health (competency #1)
Learner outcome at the subdomain/KSA level evaluated for each resident	<ol style="list-style-type: none">1. Assess for, diagnose, treat and manage over time common medical conditions experienced in primary care (subdomain of competency #1): Hypertension, diabetes.....



This activity session was made possible by the Moses/Weitzman Health System, Inc. and its Weitzman Institute in Middletown, CT, with support from HRSA grant #U30CS29049, the National Health Center Training and Technical Assistance Partners (NTTAP) for workforce development.

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Questions?

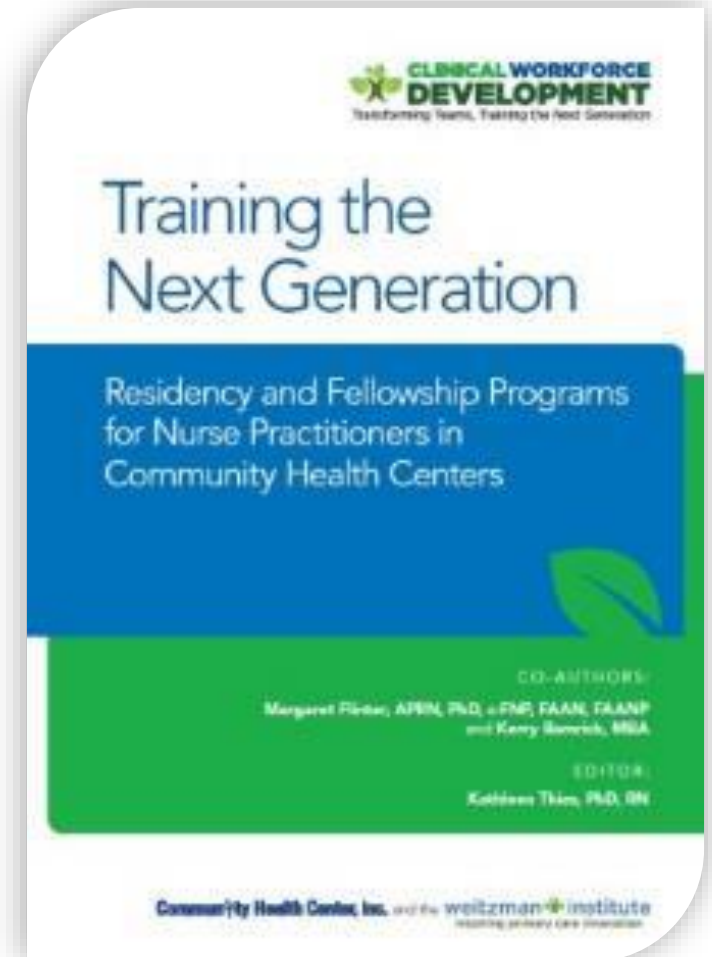


Wrap-Up



To download the digital version of "Training the Next Generation: Residency and Fellowship Programs for Nurse Practitioners in Community Health Centers"



[https://www.weitzmaninstitute.org/
NPResidencyBook](https://www.weitzmaninstitute.org/NPResidencyBook)



Postgraduate Nurse Practitioner (NP) & NP/Physician Associate (PA) Postgraduate Training Programs Learning Collaborative

- Free six-month participatory experience designed to provide knowledge, tools, and coaching support to help health centers and look-alikes implement postgraduate NP or joint NP/PA programs in primary care.
- In this Collaborative, teams will learn how to:
 - Build the case for starting a postgraduate residency program in their organization by developing a presentation for leadership
 - Identify clinical, financial, operational, and administrative resources
 - Develop the structure and curriculum for a postgraduate residency program
 - Brainstorm and recruit faculty, mentors, and preceptors
 - Evaluate postgraduate resident learner outcomes and the impact of the postgraduate residency program.
 - Prepare for program accreditation
- Apply [Here!](#) For more information/questions, please reach out to Meaghan Angers (angersm@mwhs1.com)

Training the Next Generation



- **Postgraduate Residency and Fellowship Training**

Our NTTAP also offers learning collaborative opportunities in Health Professions Student Training, Comprehensive and Team-Based Care, and HIV Prevention!

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

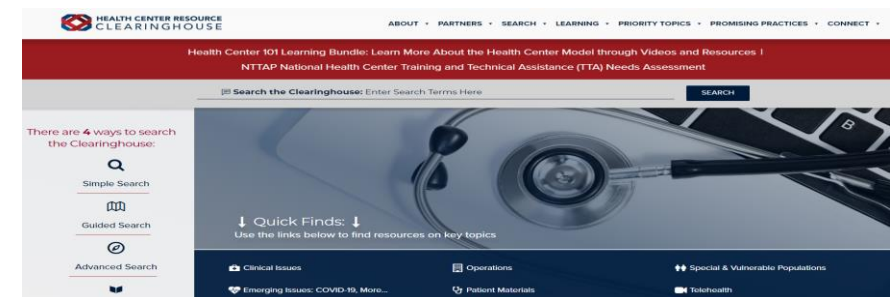
National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>

Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>



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Health System

Appendices

Example of Program Goal

SUPPORT the achievement of competence, confidence, and mastery in all domains of primary care that are needed to serve as a full scope, primary care provider in a complex FQHC setting through a highly structured transition experience that includes the necessary depth, breadth, volume and intensity of clinical practice.

Example of a Program Objective

Establish and meet targets for each NP resident panel for diversity of patients by age, gender, clinical complexity and challenges, and cultural diversity

How will you measure this? You set specific targets for numbers of patients based on experience with new providers. At the end of the year, you look at these numbers in the aggregate for all residents and decide if you met your targets or not, why or why not, and what you will do differently in the upcoming year. That's program evaluation.

Example: Putting together Program Goal, Objectives, & Curricular Elements

Goal #2	SUPPORT the achievement of competence, confidence, and mastery in all domains of primary care that are needed to serve as a full scope, primary care provider in a complex FQHC setting through a highly structured transition experience that includes the necessary depth, breadth, volume and intensity of clinical practice.
Objective(s) for Goal #2	<ol style="list-style-type: none">1. Establish and meet targets for each NP resident panel for diversity of patients by age, gender, clinical complexity and challenges, and cultural diversity2. Deliver weekly didactics to residents on high burden/frequency/volume topics commonly encountered in primary care3. Require residents to complete rotations in 10 specialty areas4. Engage residents in innovative clinical practices that focus on complex patient populations or conditions include Project ECHO (chronic pain, HIV/Hep C, Suboxone, LGBT) and e-consults5. Require accomplishment in a specified number of clinical procedures by each resident
Curricular Element(s) linked to Objectives for Goal #2	<ol style="list-style-type: none">1. Clinical-based practice and patient care experiences2. Regularly scheduled didactics3. System-based learning and QI, population-based health focus, and leadership and professional development

Example:

Curriculum Objectives and Learner Outcomes

- Curriculum element: clinical rotation
- Competencies/domains: Patient Care and Knowledge for Practice
- Curriculum Objective: What the resident will be able to do:
 - Provide effective evidence-based patient-centered care for the treatment of health problems and the promotion of health *for patients with diabetes*.
- Learner Outcomes: how you know they can do it
 - Perform history and physical for patients with diabetes.
 - Prescribe appropriate medications for patients with diabetes.
 - And so on.....a checklist of observed knowledge, skills, attitudes



Mapping the Curriculum

- There are many ways to develop and map curricula for academic and training programs.
- It is often easiest to start with a clinical or specialty component of the curriculum, but some people find it easier to start with a topic. What Knowledge, Skills and Attitudes do you want residents to demonstrate related to that topic?
- List the curriculum objectives/competencies for that clinical rotation: Provide effective evidence-based patient-centered care for the treatment of health problems and the promotion of health *for patients with diabetes*.
- Then list specific KSAs that you can observe that support achievement of that competency. These are learner outcomes, e.g., conduct a history and physical.
- One clinical experience can involve many competencies, and the KSAs may overlap.
- A pattern will emerge that can be used for multiple clinical rotations.
- Start with one.

[List curriculum objectives/competencies that apply. The items below are examples of your outcomes for that clinical rotation; can be checklists.]

<u>Measurable knowledge for practice</u>	<u>Measurable Skills</u>	<u>Measurable Attitudes</u>
Anatomy/physiology/pathophysiology of health condition and diagnoses	Gathers and interprets information about patient by reviewing records (lab data, diagnostic tests, etc.) and performing a comprehensive history and physical exam.	Compassion, integrity, and respect for others
Best practice guidelines	Performs comprehensive medication review and reconciliation	Responsiveness to patient needs that supersedes self-interest
Assessments/diagnostic tests, including clinical signs/symptoms, focused history and physical exam, lab data, etc.	Develops pertinent differential diagnoses	Respect for patient dignity, privacy, confidentiality, and autonomy
Differential diagnoses for presenting problem	Develops, executes, and manages a treatment plan, including ordering appropriate screening and diagnostic tests, medications, referrals/consults	Accountability to patients, society, and the profession