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# Postgraduate Nurse Practitioner Residency & Fellowship Program Learning Collaborative

Session Two: Tuesday December 19<sup>th</sup>, 2023



# Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”

**1**  
After launching the Zoom meeting, click on the "Participants" icon at the bottom of the window.

**2**  
In the "Participants" list on the right side of the Zoom window, hover over your name and click on the "Rename" button.

**3**  
Type in the display name you'd like to appear in the meeting and click on "OK".



## Session 2 Agenda

|           |   |
|-----------|---|
| 1:00-1:05 | Introduction and Agenda   |
| 1:05-1:25 | Overview of Program Structure &<br>Key Program Staff and Responsibilities   |
| 1:25-2:20 | Value of Academic Clinical Partnerships <ul style="list-style-type: none"><li>- Presentation from Yale University</li><li>- Presentation from UMass Chan Medical School</li></ul> |
| 2:20-2:25 | Using the Progress Checklist  |
| 2:25-2:30 | Q/A, Wrap-Up and Evaluation   |

# National Training and Technical Assistance Partners 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





# Learning Collaborative Faculty

Margaret Flinter, APRN, PhD, FAAN

- Co-PI, NTTAP
- CHCI's Senior Vice President/Clinical Director
- Director Emeritus, WI, Senior Investigator
- Founder of America's first nurse practitioner residency program

Kerry Bamrick, MBA

- Executive Director, NNPRFTC
- Coach Mentor

Charise Corsino, MA

- Program Director, NP Residency Programs
- Coach Mentor

Nicole Seagriff, DNP, APRN, FNP-BC

- Clinical Program Director

Kathleen Thies, PhD, RN

- Consultant, Researcher
- Evaluation Faculty

Amanda Schiessl, MPP

- Co-PI & Project Director, NTTAP

Bianca Flowers

- Project Manager, NTTAP

Meaghan Angers

- Project Specialist, NTTAP



# Learning Collaborative Structure

- Six 90-minute Learning Collaborative video conference sessions
- Bi-weekly 60-minute coaching calls between coach mentors and practice coach
- Team workgroup meetings

| Learning Session Dates |                                   |
|------------------------|-----------------------------------|
| Learning Session 1     | Tuesday November 21 <sup>st</sup> |
| Learning Session 2     | Tuesday December 19 <sup>th</sup> |
| Learning Session 3     | Tuesday January 16 <sup>th</sup>  |
| Learning Session 4     | Tuesday February 13 <sup>th</sup> |
| Learning Session 5     | Tuesday March 5 <sup>th</sup>     |
| Learning Session 6     | Tuesday April 2 <sup>nd</sup>     |

# 2023-2024 Cohort



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|   |              |
|---|--------------|
| Bartz-Altadonna Community Health Center                     | California   |
| Charles B. Wang Community Health Center                     | New York     |
| Chase Brexton Health Care                                   | Maryland     |
| Community Clinic Association of Los Angeles County (CCALAC) | California   |
| Crossing Healthcare   | Illinois     |
| Hope Christian Health Center                                | Nevada       |
| Klamath Health Partnership                                  | Oregon       |
| Nasson Health Care  | Maine        |
| Neighborhood Outreach Access to Health                      | Arizona      |
| Peninsula Community Health Services                         | Washington   |
| Penobscot Community Health Center, Inc.                     | Maine        |
| Primary Health Network                                      | Pennsylvania |
| WellSpace Health  | California   |
| Wheeler Health  | Connecticut  |



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# Overview of Program Structure & Key Program Staff and Responsibilities





## Core Elements of a Postgraduate NP Residency

| 12 Months<br>Full-time Employment  | Training to Clinical Complexity and<br>High Performance Model of Care<br><br>team-based care, inter-professional collaboration, integrated care,<br>data driven QI ,expert use of technology | Full Integration into Home<br>Site and Organization |
|--|--|---|
| <ol style="list-style-type: none"><li><b>1) Precepted Continuity Clinics (40%);</b> Residents develop and manage a panel of patients with the exclusive attention of an expert preceptor (NP, PA or Physician)</li><li><b>2) Specialty Rotations (20%);</b> Experience in primary care specialty areas to expand and enhance resident practice knowledge and skills</li><li><b>3) Mentored Clinics (20%);</b> Work within a primary care team focusing on diversity of chief complaints, efficiency, episodic and acute care</li><li><b>4) Didactic Sessions (15%);</b> Topics that are high volume, complexity and/or burden topics in primary care. Includes participation in Project ECHO sessions for managing chronic pain, treating HIV/Hep C, opioid addiction, complex pediatrics</li><li><b>5) Quality Improvement Training (5%);</b> Training to a high performance QI model, including front line QI improvement, data driven QI, and leadership development.</li></ol> |  |   |



# CHCI's Program Schedule - Week

|    | Monday          | Tuesday                           | Wednesday                          | Thursday                           | Friday                             |
|----|-----------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
|    | 3               | 4                                 | 5                                  | 6                                  | 7                                  |
| AM | Mentored Clinic | Specialty Rotation<br>Dermatology | Precepted Clinic<br>(Preceptor #1) | 9-11 Evaluations<br>11-1 Pain ECHO | Precepted Clinic<br>(Preceptor #3) |
| PM | Mentored Clinic | Dermatology                       | Precepted Clinic<br>(Preceptor #2) | 2-5 Didactic<br>Pre-op Physical    | Precepted Clinic<br>(Preceptor #4) |





# CHCI's Program Schedule - Month

| October |                    |                                   |                                       |   |                                    |
|---------|--------------------|-----------------------------------|---------------------------------------|---|------------------------------------|
|         | Specialty/Mentored | Specialty/Mentored                | Precepted Clinic                      | Didactic/Admin  | Precepted Clinic                   |
|         | Monday             | Tuesday                           | Wednesday                             | Thursday  | Friday                             |
|         | 3                  | 4                                 | 5                                     | 6   | 7                                  |
| AM      | Mentored Clinic    | Specialty Rotation<br>Dermatology | Precepted Clinic<br>(Preceptor #1)    | 9-11 Evaluations<br>11-1 Pain ECHO                                  | Precepted Clinic<br>(Preceptor #3) |
| PM      | Mentored Clinic    | Dermatology                       | Precepted Clinic<br>(Preceptor #2)    | 2-5 Didactic<br>Pre-op Physical                                     | Precepted Clinic<br>(Preceptor #4) |
|         | 10                 | 11                                | 12                                    | 13  | 14                                 |
| AM      | Mentored Clinic    | Specialty Rotation<br>Dermatology | Precepted Clinic<br>(Preceptor #1)    | 9-11 Evaluations  | Precepted Clinic<br>(Preceptor #3) |
| PM      | Mentored Clinic    | Dermatology                       | Precepted Clinic<br>(Preceptor #2)    | 12-1:30 QI Seminar<br>2-5 Didactic<br>Ped Growth and<br>Development | Precepted Clinic<br>(Preceptor #4) |
|         | 17                 | 18                                | 19                                    | 20  | 21                                 |
| AM      | Mentored Clinic    | Specialty Rotation<br>Dermatology | Precepted Clinic<br>(Preceptor #1)    | 9-10:30<br>Program Meeting<br>11-1 Pain ECHO                        | Precepted Clinic<br>(Preceptor #3) |
| PM      | Mentored Clinic    | Dermatology                       | Precepted Clinic<br>(Preceptor #2)    | 2-5 Didactic<br>Suturing  | Precepted Clinic<br>(Preceptor #4) |
|         | 24                 | 25                                | 26                                    | 27  | 28                                 |
| AM      | Mentored Clinic    | Specialty Rotation<br>Dermatology | Precepted Clinic<br>(Chief Preceptor) | 9-11 Evaluations  | Precepted Clinic<br>(Preceptor #3) |
| PM      | Mentored Clinic    | Dermatology                       | Precepted Clinic<br>(Chief Preceptor) | 12-1:30 QI Seminar<br>2-5 Didactic<br>Diabetes                      | Precepted Clinic<br>(Preceptor #4) |



# Key Program Staff and Responsibilities

## Administrative – Program Coordinator/Manager

### Responsibilities

Responsible for the oversight of the administration of the program. Manage day to day implementation and logistics of the program, as well as troubleshoot issues.

### Skills

Organized and detail oriented

Knows organization

Experience and/or training in program management

### Suggested Time Commitment

Dependent on size of the program – could be combined with other job role

Starting out –  
2 to 3 trainees-  
.4 to .5 FTE



# Key Program Staff and Responsibilities

Clinical – Clinical Program Director or NP or PA Lead

## Responsibilities

Responsible for the clinical oversight of the program including curriculum development and delivery

## Skills

Trained in clinical discipline of the program

Commitment to training

Understanding of clinical delivery of care in area of training

## Suggested Time Commitment

Dependent on size of the program

On average: 2 to 3 trainees  
- .2 to .4 FTE



# Key Program Staff and Responsibilities

## Clinical – Preceptors

### Responsibilities

Responsible for  
direct training  
and supervision  
of trainees

### Skills

Expert provider  
in their discipline

Commitment to  
training

### Suggested Time Commitment

Postgraduate  
Training  
Program  
– 4 to 8 hours  
per week



# Specific Roles and Responsibilities (timing)

Early Months (September through January)  
(or at Stage of 1-2 patients per hour):

**The preceptor should see all patients with the postgraduate trainees initially, for the first few weeks (3-4 weeks)**

- After the first few weeks, the preceptor should see the patient at some point during the visit, observing and repeating physical exams and relevant history taking, as needed
- Provide guidance and instructions on all aspects of the patient visit, including charting, the verbal presentation and the written note
- Create an addendum in the patient's progress notes or co-sign the note after the postgraduate trainee has completed the note.



# Specific Roles and Responsibilities (timing)

## Later Months (February through August)

- Reassess the postgraduate trainees' comfort and mastery with clinical decision-making, physical exams, concise history taking and develop a precepting plan that meets the needs of the trainee
- Help with time management and efficient practice skills in an ongoing fashion
- Review all cases and repeat/observe history and physical exams, as needed
- Provide guidance and instruction on all aspects of the patient visit (review entire written note and provide feedback as indicated)
- Create an addendum or co-sign the patient's progress note after the postgraduate trainees have completed the note
- As the postgraduate trainees become more skilled, the preceptor should become more focused on guidance with time management, practice and panel management





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# Value of Academic Clinical Partnerships



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## Polling Question

*Do you have existing academic partners  
or an academic partner in mind?*



## History of Partnership

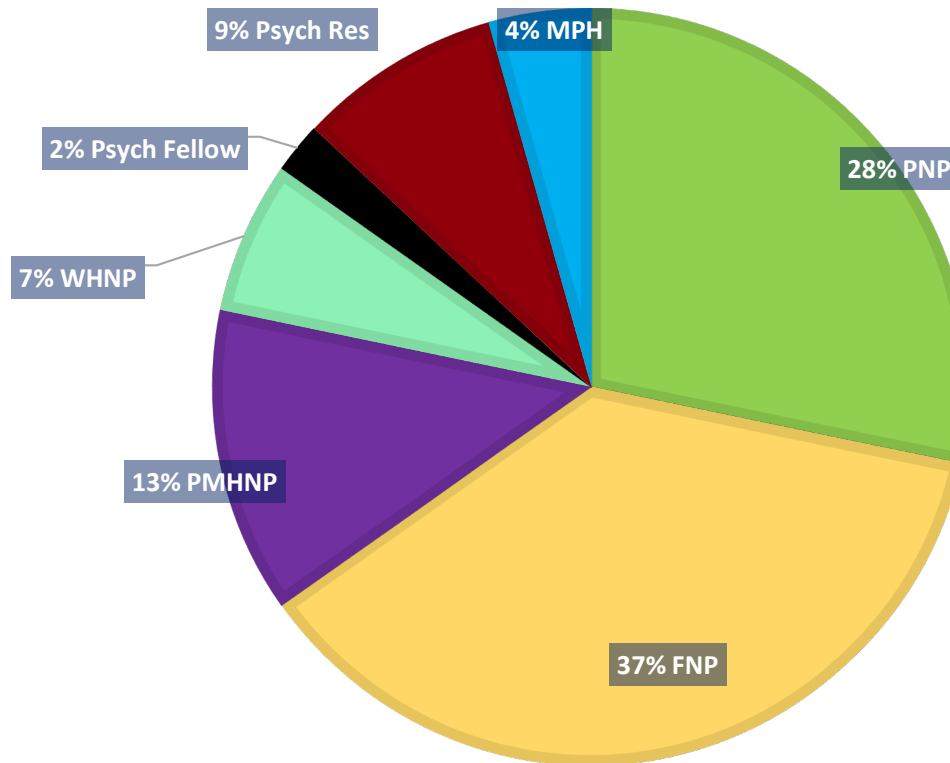
- Margaret Flinter, CHC's Sr. VP and Clinical Director and YSN trained FNP joined CHC in 1980 as CHC's first NP.
- She took her first YSN student in 1981 and CHC has had YSN students ever since
- Currently take placements for both RN and NP students – started with just NP students but have expanded to include all specialties
- Many CHC NP providers are YSN alumni and some hold faculty appointments
- About a third of CHC NP residents have historically come from YSN including the first cohort which included 3 of our 4 residents
- YSN has always served as a trusted partner for consultation and discussions around issues concerning trainees, students, and other timely topics related to clinical workforce.



# Yale University Student & Trainee Placements

Total Number of Students for 2023: 46

- Opportunity to get clinical experiences and exposure to community health
- Pathway – rotation to residency
- 26% of trainees completed 2 or more clinical rotations at CHC

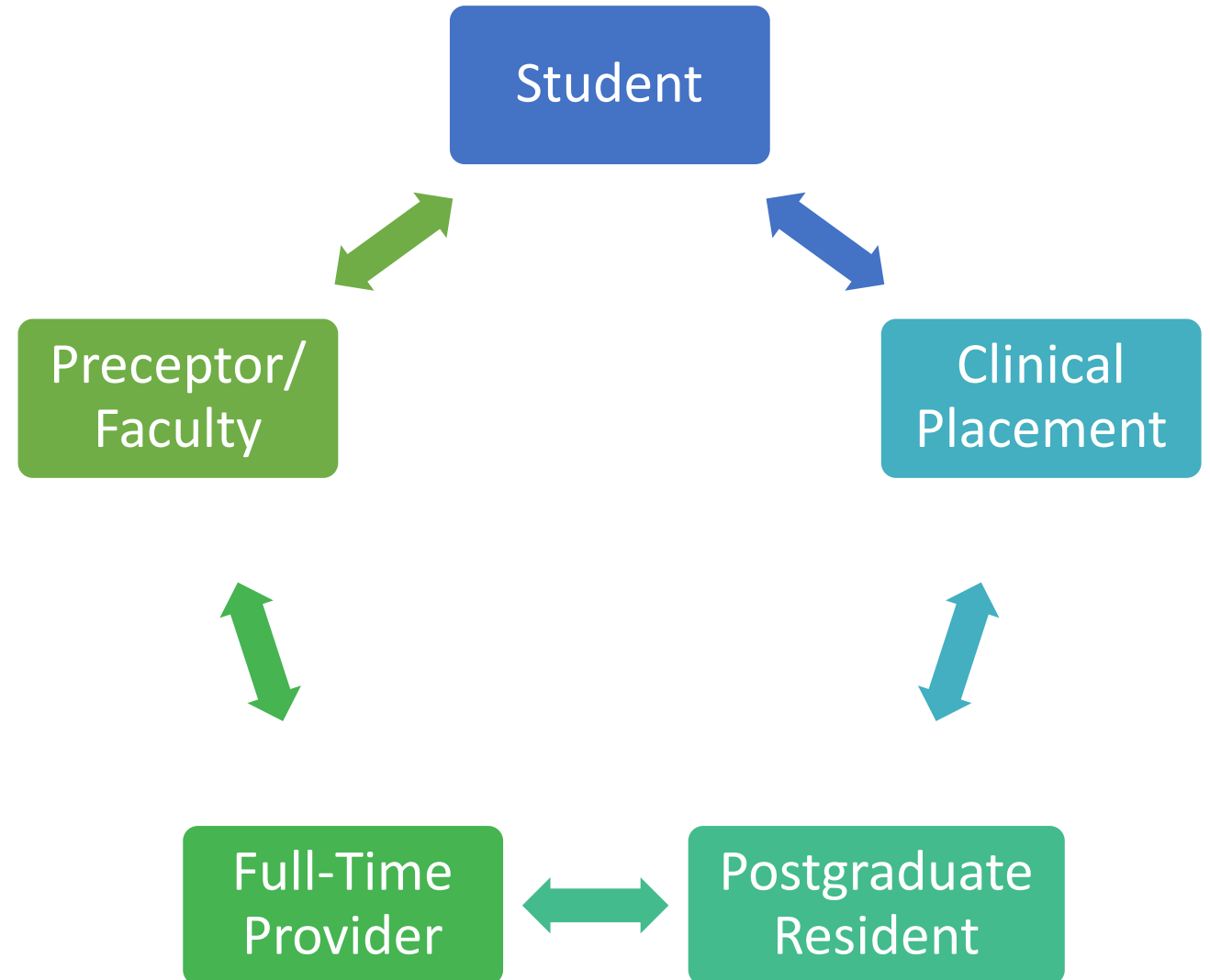


| Trainee             | Number |
|---------------------|--------|
| PNP                 | 13     |
| FNP                 | 17     |
| PMHNP               | 6      |
| WHNP                | 3      |
| Psychiatry Fellow   | 1      |
| Psychiatry Resident | 4      |
| MPH Intern          | 2      |



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# Developing a Clinical Workforce





# Developing a Formal Partnership

- **Funding Opportunities and Grant Partnership**
  - 2019 HRSA released the ANE-NPR grant-funding
    - Formal Clinical-Academic partnership required - CHC and YSN formally partnered
  - 2020 HRSA released second round of funding
    - ANE-NPRIP – CHC and YSN built upon their current partnership
  - 2023 HRSA ANE-NPRF funding released
    - CHC and YSN continued well-established partnership
- Basic overview of how to establish that partnership



## Process of the Partnership

- **Key Piece:** Need someone identified from the school that is the champion; and then 1-2 identified from the health center
- NP Program Director and Key Academic Clinical Partnership meet regularly to update on each “world” – academic and residency program
  - Collaboration of resources
  - Consistent Meetings
  - Identifying a champion
- Evolution over time / sustainability





# Updates on Trends in Graduate NP Education

- Updated National Task Force (NTF) standards requiring increases in all NP program clinical hours requirements to 750 hours.
- Focus in increasing diversity of NP workforce and faculty and strengthening DEIB content in curriculum
- Move toward competency based education for all specialties



## Collaboration: Simulation

- Needs Assessment through CHCI determined more geriatric focused training and we were also expanding our geriatric training
- Wanted to integrate for simulation based experiences into the residency program
- Yale helped facilitate for the first time, so CHCI trainers could be trained
- Yale was able share these resources and technical support with CHCI and implement a new model of training for their residents



# Collaboration: Developing New Programs

- Specialty rotations: Helpful to consult with academic program
- Used resources from the university for content and curriculum
- Example: Adult Gero Program
  - Yale shared resources with CHCI to help develop this program
  - Professor/faculty came to speak
- Example: Psych Program



# Value of the Academic Clinical Partnership

## For Residency Program:

- Having understanding of upcoming academic classes
  - Current trends in academic education and graduate needs
- Insights to potential applicants

## For Academic Partnership:

- Knowledge in residency program to share with students
  - What residency curriculum looks like?
  - What they look for in students?
  - What does application and interview process look like?
  - What relevant experience does the student need (i.e. volunteer roles)?
  - Access to clinical resources

Creates seamless transition from student to graduate to resident

# ***The Academic Clinical Partnership for NP Residencies***

Jill M. Terrien PhD, ANP-BC



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Tan Chingfen  
Graduate School  
of Nursing

# Objectives

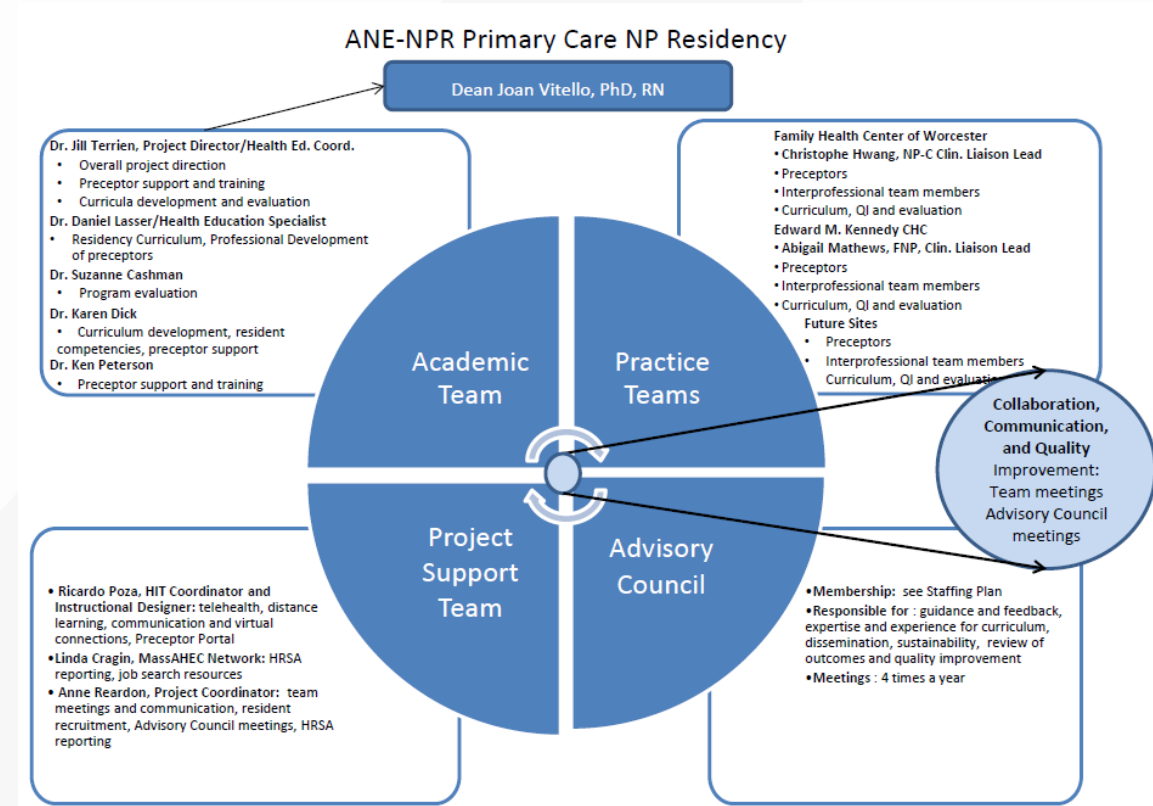
- Describe the academic partner role
- How to recruit an academic partner
- Contributions and value of the academic partner

# Massachusetts Community Health NP Residency – One Academic Partner model

- Family Health Center (FQHC) had a FNP residency since 2009
  - approached GSN with another local FQHC to lead grant
  - 3 additional CHC partners identified
- What is in it for the GSN?
  - Continues public service mission through partnerships
  - Future preceptors for GSN students
  - Possible future students and educators

# Structure

- Shared leadership/equal partners
  - outlined in the grant application's org chart – no hierarchy, clear roles
  - productive, documented monthly team (Advisory Council) meetings
  - shared decision making/problem solving
  - Residency directors (Clinical Liaisons) have their own meetings, responsible for certain tasks (e.g., recruitment/hiring of NP residents)





# A Theme: Sustainability

- GSN is a partner, not the expert, not a crutch... continually ask, how is this sustained post grant funding?
- Centrally developed/site approved policies and procedures
- Shared commitment to didactics
  - Monthly case presentations by residency directors
    - Came from resident feedback sessions with the GSN-we learned along the way
    - Allows residency directors to get to know other residents
    - Primary Care 101 series development (2019-2023)
  - Each site contributes sessions (local expertise or outside organization like New England AIDS Education and Training Center, Mass DPH)
  - Commitment to wellness – Balint sessions and TEND (external/safe) sessions

# Resident relations

## Academic team gets to know residents

- Host didactic sessions
- 4x a year resident feedback sessions to project manager and evaluator
- In-person graduation in 2022 and will continue in 2023!

## Grant requirement – job hunting assistance

- But - we want them to stay! (employment post residency is a consideration)
- Annual session on:
  - CV development and grant citation for their CV
  - Some job search resources... more info on loan repayment

# Value of the Academic Partner & Identifying one

## Contributions

- Didactic sessions
- Ongoing evaluation
- Support/troubleshooting
- Simulation
- Advisory board-8 mtgs/yr

## Preceptor support

- Faculty appointments
- Preceptor CE
- Teaching of Tomorrow
- New England Precepting Academy (HRSA Grant)
- Access to medical library

## Affiliating w/an academic partner

- Are your NP's/PA's (employees) from a local university?
- Do NP/PA students precept with you?
- Who appeals to you?



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# Using the Progress Checklist



## Purpose of the Progress Checklist

- 1) To help you track your progress
- 2) To help us identify where you need more help
- 3) To help your coaches identify areas in which you need more encouragement and reminders

|  |                  |                       |               |                 |           |
|--|------------------|-----------------------|---------------|-----------------|-----------|
| Team name:   | Date:            |                       |               |                 |           |
| What is your team's progress on implementing the following?  |                  |                       |               |                 |           |
|  |                  |                       |               |                 |           |
|  | Have not started | Started working on it | Working on it | Making progress | Completed |
|  | 1                | 2                     | 3             | 4               | 5         |
| GENERAL  |                  |                       |               |                 |           |
| Define goals and develop a shared aim.<br>Example: Improvement of workforce development.   |                  |                       |               |                 |           |
| Define specific, measurable outcomes and objectives.   |                  |                       |               |                 |           |
| Ensure that each team member is competent to perform their defined and delegated functions and tasks. Example: Provide education and support for staff providing involved in didactic, clinical, and supervision activities for residents. |                  |                       |               |                 |           |



## What To Do

- Can be completed during a team meeting or the coach can complete it separately based on conversations with the team members
- Just check the box or color it in
- Display it as you work
- Can fill out on your own throughout the learning collaborative and will help you understand remaining steps post-learning collaborative!





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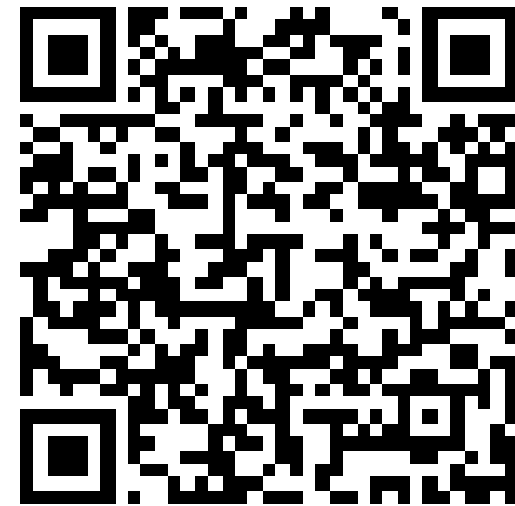
## Wrap-Up



# Assignments

- ✓ Continue to develop a draft presentation for leadership/board and present if possible
- ✓ List core program elements
- ✓ Begin Progress Checklist

Google Drive



<https://drive.google.com/drive/folders/1WgVbObv-KgPz5UyKgSuXsWj09Skq1pp?usp=sharing>



## Reminders

### Coach Calls:

- Tuesday January 2<sup>nd</sup> 1:00pm  
Eastern / 10:00am Pacific

**Session 3:** Tuesday January 16<sup>th</sup>  
1:00pm Eastern / 10:00am Pacific

CME and Resource Page

Access Code: PGR2023



<https://education.weitzmaninstitute.org/content/postgraduate-nurse-practitioner-np-residency-and-npphysician-associate-pa-training-programs>



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## Contact Information

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**REMINDER:** Complete evaluation in the poll!

Next Learning Session is **Tuesday January 16<sup>th</sup>!**

# 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](#)



### CLINICAL WORKFORCE DEVELOPMENT

Transforming Teams, Training the Next Generation

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:

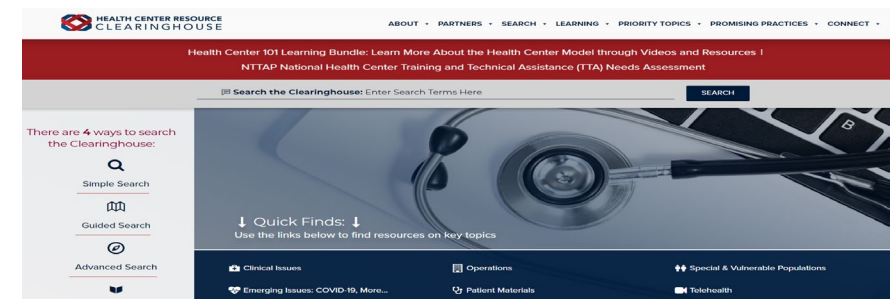
**National Webinars** on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

**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](mailto:NCA@chc1.com) for more information.

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

## Health Center Resource Clearinghouse



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