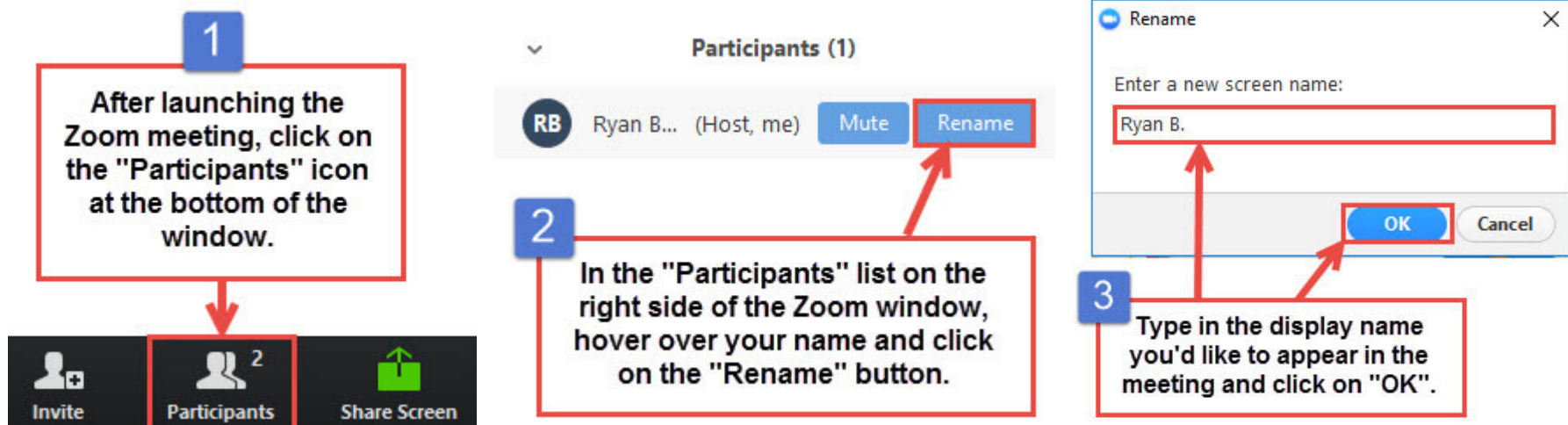


Health Profession Student Training Learning Collaborative

Session Three: Tuesday March 26th, 2024

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 3 Agenda

3:00 – 3:05	Introduction
3:05 – 3:45	Play 4-7: Onboarding
3:45 – 4:00	Strategic Workforce Planning
4:00 – 4:25	Models for Training the Next Generation: Postgraduate NP and NP/PA Training Programs
4:25 – 4:30	Wrap-Up

Learning Collaborative Faculty

Margaret Flinter, APRN, PhD, FAAN

- Co-PI, NTTAP
- CHCI's Senior Vice President/Clinical Director

Amanda Schiessl, MPP

- Co-PI & Project Director, NTTAP

Victoria Malvey

- Interprofessional Student Specialist

Bianca Flowers

- Project Manager, NTTAP

Meaghan Angers

- Project Manager, NTTAP

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 Structure

- Six 90-minute Learning Collaborative video conference sessions
- Bi-weekly calls between coach mentors and practice coach
- Bi-weekly team workgroup meetings
- Use the Weitzman Education Platform to access resources and receive CME credit

Learning Session Dates	
Learning Session 1	Tuesday February 6 th
Learning Session 2	Tuesday March 5 th
Learning Session 3	Tuesday March 26 th
Learning Session 4	Tuesday April 16 th
Learning Session 5	Tuesday May 14 th
Learning Session 6	Tuesday June 11 th

2024 Cohort

Five Rivers Health Centers	Ohio
Jessie Trice Community Health Center	Florida
Northshore Health Centers	Indiana
Primary Health Care, Inc.	Iowa
Sun Life Health	Arizona
SWLA Center for Health Services	Louisiana
Tepeyac Community Health Center	Colorado
Thundermist Health Center	Rhode Island
Upper Great Lakes Family Health	Michigan
Wellspace Health	California



Play 4 – 7: Onboarding



Learning Collaborative Road Map





Playbook Overview

Play 1: Partnership Approval and Communications with Schools

Play 2: Affiliation Agreement Management

Play 3: Student Capacity

Play 4: Initiating the Onboarding of a Student

Play 5: Communication with Student

Play 6: Student is Trained

Play 7: Student Arrives

Play 8: Student Documentation and Reporting

Play 9: Off-boarding



Onboarding: Key Elements

- Communication
- Human Resources
- Information Technology
- Training
- Facilities and Operations



Play #4: Initiating the Onboarding of a Student

Reply Reply All Forward IM






Fri 2/12/2021 9:56 AM

Cunningham, Jaclyn

CHC Onboarding Requirements

To

Cc

 BH onboarding packet updaed 2019.pdf 484 KB	 Non-Employee Manual.pdf 3 MB
 Infection Control Requirements Worksheet student Final.2020.pdf 698 KB	

Good Morning Taylor,

I hope this email finds you well. Below are the onboarding requirements for you to start your placement with Dr. Fathi this year.

1. We will need you to complete the paperwork found at this [link](#) in order to begin your placement at CHC. The attached manual will help you complete the paperwork.
2. Please complete this Behavioral Health Packet and scan the copy directly to me at cunninj@chc1.com. The DCF check can take a few weeks to process, so please be sure to submit this at your earliest convenience.
3. Proof of vaccinations, including flu, MMR, TB, Varicella, and a Physical within the last year that certifies you as healthy and free of



Play #5: Communication with Students

Effective communication from the initial point of contact is key to a quality student experience

- Formally welcome and communicate onboarding details to the student(s)
- Ensure all onboarding paperwork is completed prior to beginning placement
- Orientate students to company rules and regulations including HIPAA regulations
- Initiate onboarding process with Information Technology, Facilities and Training



COVID-19 Specific Onboarding Details

Through the COVID 19 pandemic across the nation, this role will require additional responsibilities as follows:

- Monitor barriers to satisfying infection control requirements (e.g. PCPs limiting routine care due to COVID-19)
- Ensure background checks have been submitted accordingly
- Identify students who do not have access to personal laptops for placements
- Coordinate fit testing if deemed necessary for placements
- Determine appropriate method for collecting needed Human Resources documentation
- Refine onboarding communication for students completing placements virtually



Welcome Email Example

Good Afternoon,

I hope this email finds you well. Below are the onboarding requirements for you to start your placement with *enter preceptor name here* this *enter semester here*.

1. *Onboarding paperwork information*
2. *Discipline specific paperwork (e.g. background checks for behavioral health)*
3. *Vaccination information*
4. *HIPPA training information*
5. *Discipline specific onboarding information*
6. *Information on logging in securely from personal desktop*
7. *Technical training information*

*Onboarding communication for students participating in rotations on site during the COVID-19 pandemic will need additional instructions on appropriate PPE, instructions for onsite logistics, etc. Please ensure to tailor the above email based on that information.

Feel free to reach out if you have any questions, welcome to *enter organization name here!*

Sincerely,



Important Onboarding Best Practices

- Email student and school representatives (include student preceptor on communications as well)
- Incorporate students into existing HR processes if possible (e.g. contingent worker onboarding)
- Strive to schedule health record training as close to start date as possible
- Remember details like dress code, ID badges, parking, directions, etc.
- Add the students to the internal distribution list especially important during pandemic



Managing Expectations with Student/Affiliations

- A student's ability to begin placement is contingent on a variety of factors (e.g. infection control, background checks, IT set up, technical training). It is important to effectively communicate with preceptors, academic partners and the students about their progress towards completion
- Once a student has satisfied all requirements, communication to all key players should be initiated
- For virtual placements, supervisors can determine start dates once requirements are satisfied
- For in-person placements, it is important to discuss start dates with operations, leadership and preceptors to ensure compliance with all COVID-19 guidelines



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Play 5: Communication with Students

Information Technology



Information Technology (IT)

- Ensure a process/pathway for communicating necessary information to IT
- IT process for identifying the students technological needs for account and equipment set ups
- Access/needs varies based on discipline, remote/onsite, etc.
- Work together with IT to determine the necessary time needed to set up accounts
- Maintaining and managing IT equipment



Student Laptop Process

- For students logging in remotely from their own laptop, coordinate a time for students to meet remotely with IT prior to electronic health record training
- Ensure students are able to access their account successfully with their account prior to their placement
- Students are required to keep laptops on-site – they are not able to take them
- For on-site student laptops, ensure there is a standardized sign-in and sign-out process
- Submit termination tickets to IT, so students do not have account access beyond the final date of their placement
- Require DUO as a mean to log-in from the schools/remote if they are not on-site (same process as a CHCI employee)



IT Support

- We do provide IT Support to students via email and/or phone – same process as staff
- Student schedule is difficult to work with and have to reach them after hours



Questions?



Play #6: Student is Trained

- Training on the electronic health record policies, standards, and functions of your organization and appropriate clinical discipline is important to setting the foundation for the student experience



Play #6: Key Steps

- Identify the appropriate training needs for each student
- Account for access needs to effectively train but ensure appropriate conversations with IT on access
- Collaborate with the appropriate departments to identify the next available technical training



Play #6: Key Steps

- Utilize existing training schedule and opportunities to abbreviate for students (e.g. attend first hour of three hours employee training)
- Coordinate with student(s) regarding accommodating training prior to start
- Providing students with dates/times and ensure that they understand that if unable to attend will impact start date
- Do not accommodate one offs



Play #7: Student Arrives or Begins Virtually

IMPORTANT: Assure that key personnel/departments have been notified in advance, and all equipment/space is prepared for student arrival

- Coordinate appropriate facilities access (e.g. badges) and space (e.g. desk, chair) for student prior to arrival
- Communication details to the student (e.g. time, parking)
- Ensure student has all details, access and training on joining remote prior to start
- Communicate with site operations and clinical leadership
- Ensure that the site has appropriate equipment for the student



Questions?



Strategic Workforce Planning



CHC's Clinical-Related Workforce Development Efforts

Program	Established Year
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003
Nurse Practitioner (NP) Residency Program	2007
Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician)	2009
Postdoctoral Psychology Residency Program	2011
National Nurse Practitioner Residency and Fellowship Training Consortium – NNPRFTC	2015
National Institute for Medical Assistant Advancement – NIMAA	2016
Center for Key Populations Fellowship	2017
Clinical Students Programs: Caring for Underserved Populations & Clinical Longitudinal Immersion in the Community Grant	2019
Psychology GPE Doctoral Practicum Students	2019 – 2021 funding period
Weitzman Education – Joint Accreditation	2020 (accreditation rec.)



CHC's Non-Clinical Workforce Development Efforts

Program	Established Year
Wesleyan University Communities Class Research	2006
Administrative Fellowship	2017
AmeriCorps / ConnectiCorps	2019
Summer Fellows	2020
Truman-Albright Health Policy Fellowship	2020
AcademyHealth Delivery Science Systems Fellowship	2022



What does it mean to “Grow Your Own” workforce?

- Involves educating trainees on a career providing care for the medically underserved
- Present a unique opportunity to prepare pre-licensure and postgraduate health professionals to practice with confidence and competence at a high level of performance, not to just fill a job vacancy
- New graduates often lack training in settings that welcome vulnerable populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.



Investment in Your Workforce

Objectives for Organizations

- ✓ Professional responsibility
- ✓ Creates clinical workforce pathways
- ✓ Provide clinical staff opportunity to teach

Objectives for Trainee

- ✓ Train to a high performing model of care
- ✓ Opportunity to increase confidence and competency
- ✓ Train to the needs of underserved populations



Benefits to “Grow Your Own” workforce

- Investing in “growing your own” allows health centers to **recruit** individuals within their own communities who represent the **diversity** of the community, particularly underserved populations.
 - For instance, Black, Hispanic, American Indian, Alaska Native, and Native Hawaiian and other Pacific Island people are under-represented in nearly every health care occupation
 - Without a **strong understanding of the population**, the interprofessional care team cannot effectively provide access to comprehensive, affordable, and linguistically appropriate health services that will be ready to address the health disparities of their patient populations.



Strategic Workforce Planning

CHC has followed three common pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. Sponsoring program for postgraduates (MD, NP, PA, Post Doc)
3. Incorporating opportunities for certificate level training (MA)



Utilizing the Readiness to Train Assessment Tool (RTAT) for Strategic Workforce Planning

- As part of HRSA's Health Professions Education & Training (HP-ET) initiative, Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), received funding to develop a tool to help health centers assess and improve their readiness to engage in health professions training programs.
- Creating this tool required extensive literature review to create the framework/subscales and that process gave us expertise at to what health professions training is and made us realize there was no clear definition of HPT before creating this tool



Access the tool:

<https://www.chc1.com/rtat/>



How do we identify models using the RTAT?

- Results inform:
 - Determinations of individual health center readiness to engage with HPT programs
 - Determinations of readiness at various levels for the purposes of evaluation and support
 - Development of a system of effective and instructionally useful strategies to improve readiness
 - Readiness improvement
- Decisions cannot happen in silos
- The RTAT is designed to take again and again – can download the PDF on our website (www.chc1.com/RTAT), create survey, and follow instructions on how to aggregate the data



Road Map for Growing Your Own Training Programs

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete the Readiness to Train Assessment (RTAT) with your organization
3. Determine health professions pathway
4. Deeper dive into replicable models, best practice, and partnership opportunities
5. Assess your organization's capacity and infrastructure
6. Designate a champion for this initiative
7. Develop a plan and a team to go from planning to implementation



Questions?



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Postgraduate Nurse Practitioner and Nurse Practitioner/Physician Associate Training Programs

Charise Corsino, Program Director, NP Residency Programs



Objectives

- Learn the framework for building a clinical workforce pipeline
- Identify the drivers of implementing postgraduate training program at your health center
- Understand the key components and resources needed postgraduate training programs
- Identify the benefits of implementing postgraduate training programs



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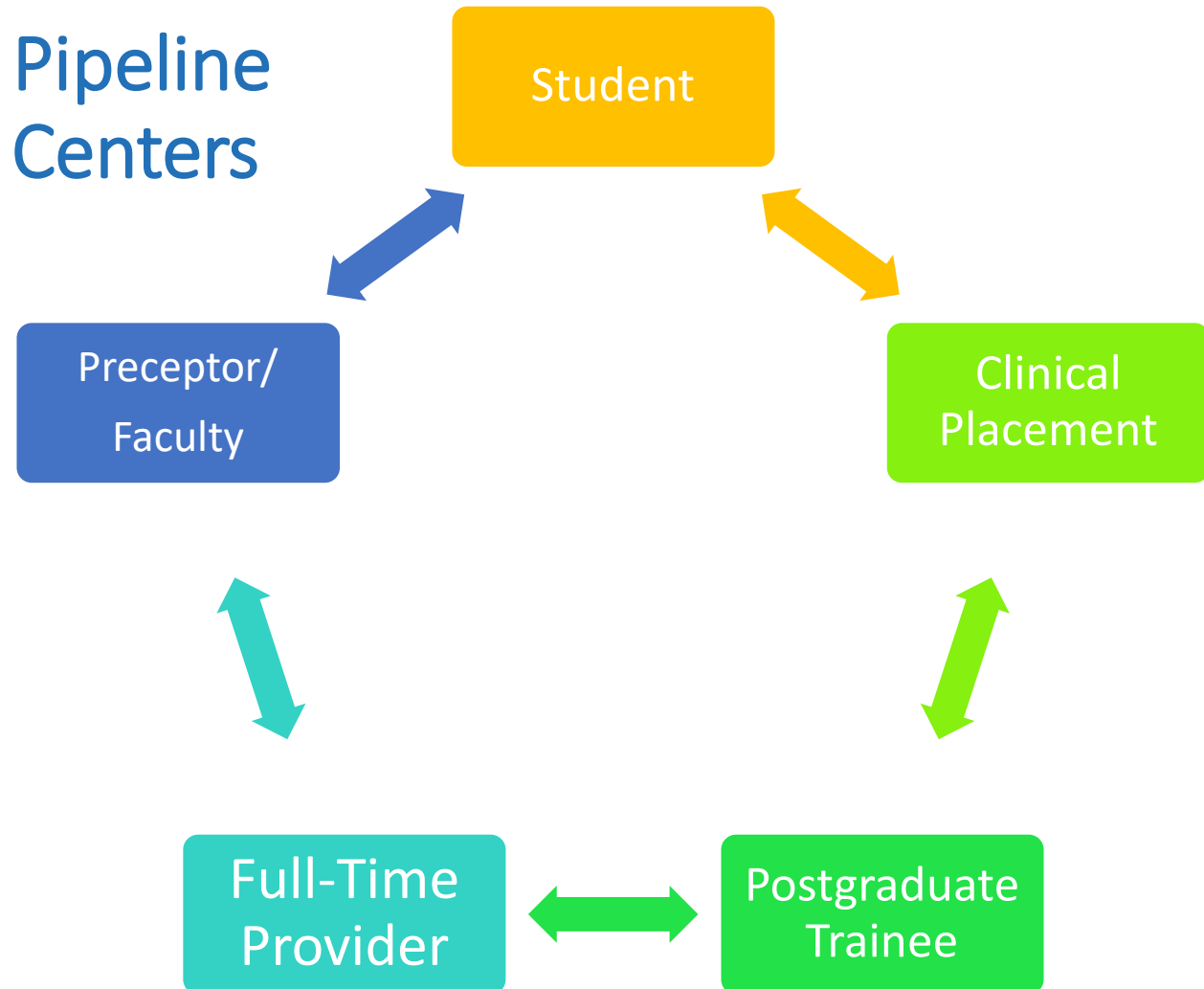
Poll:

Have you thought about starting a
Postgraduate NP or NP/PA Training Program
at your health center?



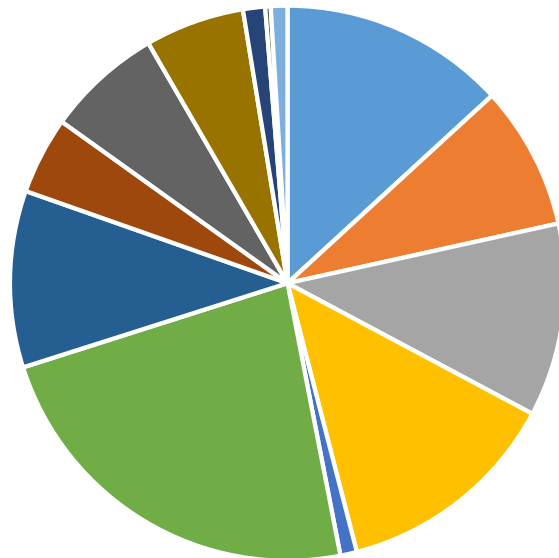
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Building a Clinical Workforce Pipeline at Federally Qualified Health Centers





CHC Student & Resident Overview



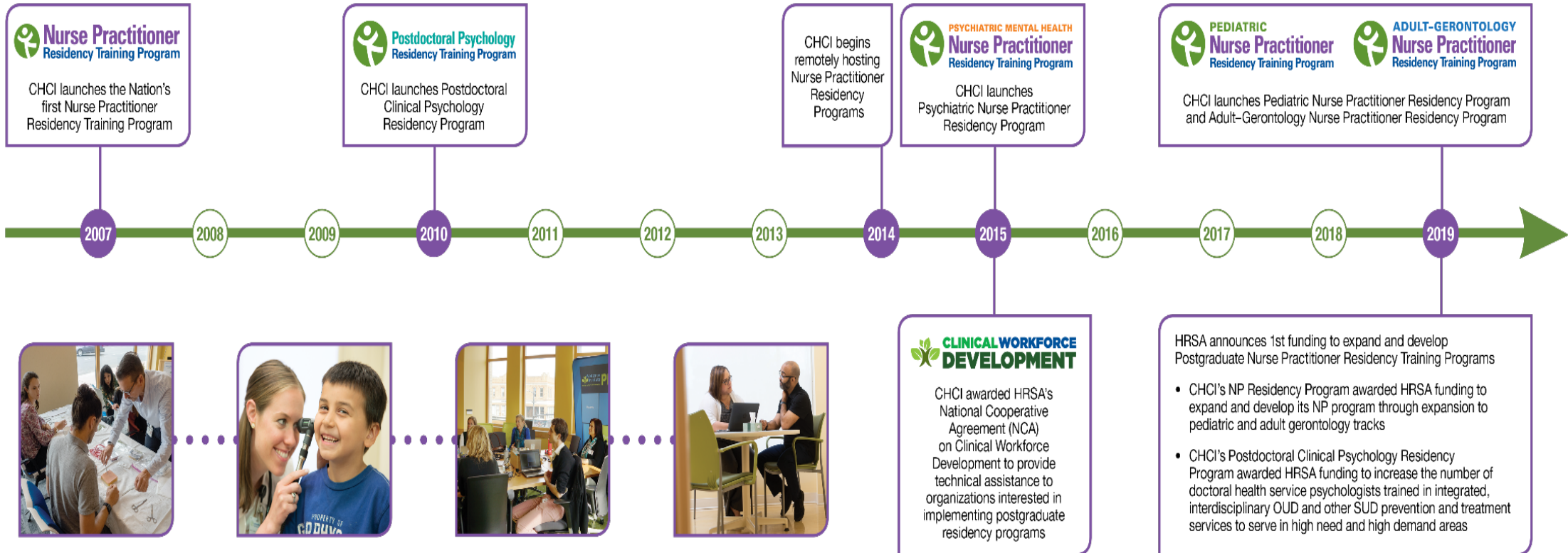
- behavioral health
- dental hygiene
- non-clinical
- chiropractic
- dental assistant
- undergraduate nursing
- dietitian
- medical
- psychiatry resident
- medical resident
- nurse practitioner
- medical assistant
- dental resident

- 311 Students and Residents completed their placements at CHC in 2023
- Student disciplines include non-clinical research, resident, and medical
- Placements primarily hybrid/remote

Of the students trained since 2018, CHCI has employed 84 students following their placements and retained 64% of those employees as of March 2024.



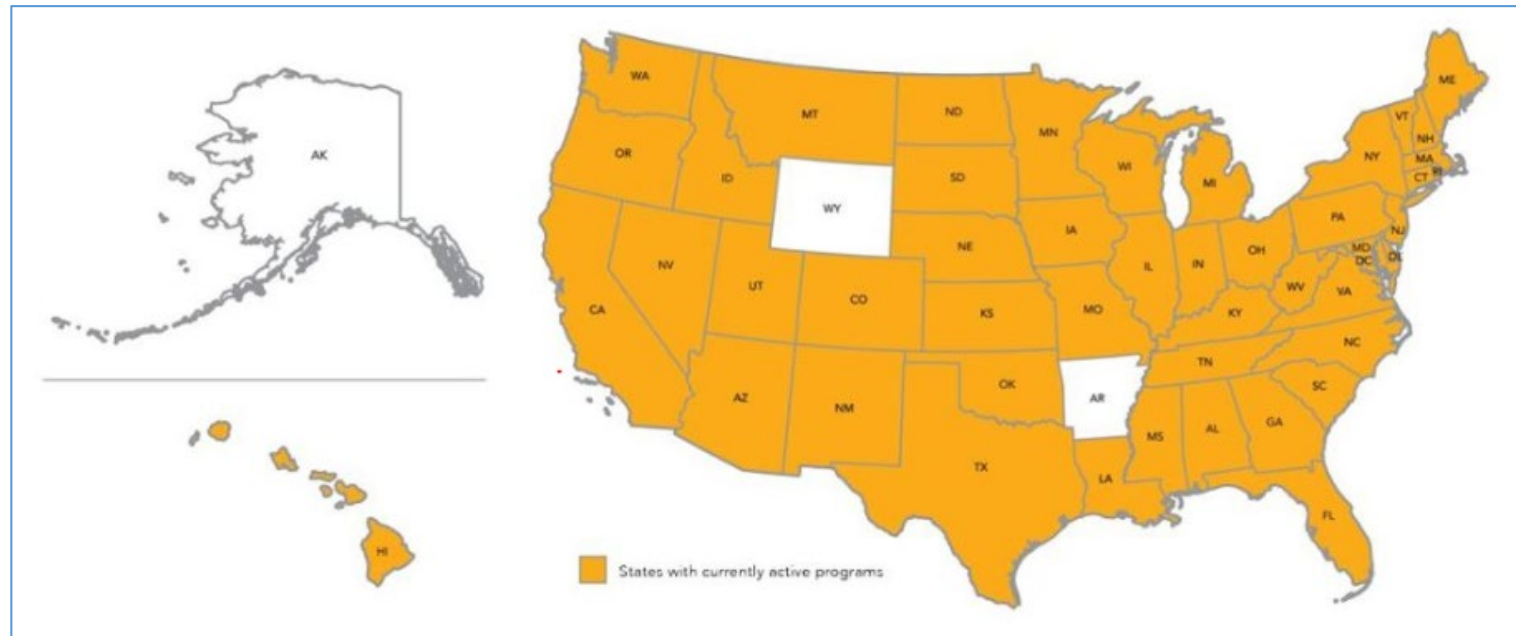
Growth and Development of CHCI Postgraduate Residency Training Programs





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National Landscape: Postgraduate Residency/Fellowship Programs



APP Postgraduate Training Programs
Total 500+ Programs Nationally (continues to grow)
Over 100 in health centers!

CHCI NP Residency Program Today



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Family NP Residency



Victoria Rufo, FNP

Meredith Campbell, FNP

Grace Mills, FNP

Victoria Foote, FNP

Pediatric NP Residency



Julia Donovan, PNP

Emily Spraggs, PNP

Psychiatric MH NP Residency



Shayla Partridge, FNP

Meghan Asplund, FNP

Drew Walker, FNP

Loraine Richards, FNP



Uche Onyebuchi, PMHNP

Mattea Ritter, PMHNP

Country's first program (est. 2007)
Operating for 17 years
Graduated 155 alumni
Recipient competitive HRSA grants for
Advanced Nursing Education

NP Residency Tracks:

- Family NPs (est. 2007)
- Psych MH NPs (est. 2015)
- Pediatric NPs (est. 2019)
- Post-residency Fellowship (est. 2017)



Why Start a Postgraduate Residency Program?

- Address the shortage of expert providers, particularly for vulnerable populations
- Give new primary care medical and behavioral health providers the opportunity for postgraduate residency training in fully integrated primary care settings
- Support the development of confidence, competence and mastery in the health center setting
- Reduce attrition due to burnout and distress during the initial postgraduate year
- Provide the depth, breadth, volume, and intensity of clinical training
- Prepare the next generation of leadership for health centers





Program Drivers

Your organization should ask:

**Why start a postgraduate
residency training program?**



Drivers in Developing a Model for Postgraduate NP Training



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- Increase the nation's ability for every person to have an expert primary care provider, but particularly in underserved communities and special populations.
- Provide new NPs committed to practice careers as PCPs with an intensive training experience focused on training to clinical complexity and high performance.
- Provide a highly structured transition from university to practice that supports the development of confidence, competence, and mastery in the FQHC setting.
- Utilize the postgraduate training year to develop expertise in high volume/high burden condition such: chronic pain, HIV, Hepatitis C, addiction.
- Create a nationally replicable, sustainable model of primary care based postgraduate training for new NPs.



Core Elements of Postgraduate NP Residency



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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 	



Thematic Elements of Postgraduate NP Residency Year

Flinter, Margaret, Ann Marie Hart, Journal of Nursing Education and Practice (2016).

A Year in the NP Residency Program

Based on Analysis of
1,200 Journal Entries
From 2008 through 2013



Residency Recruitment

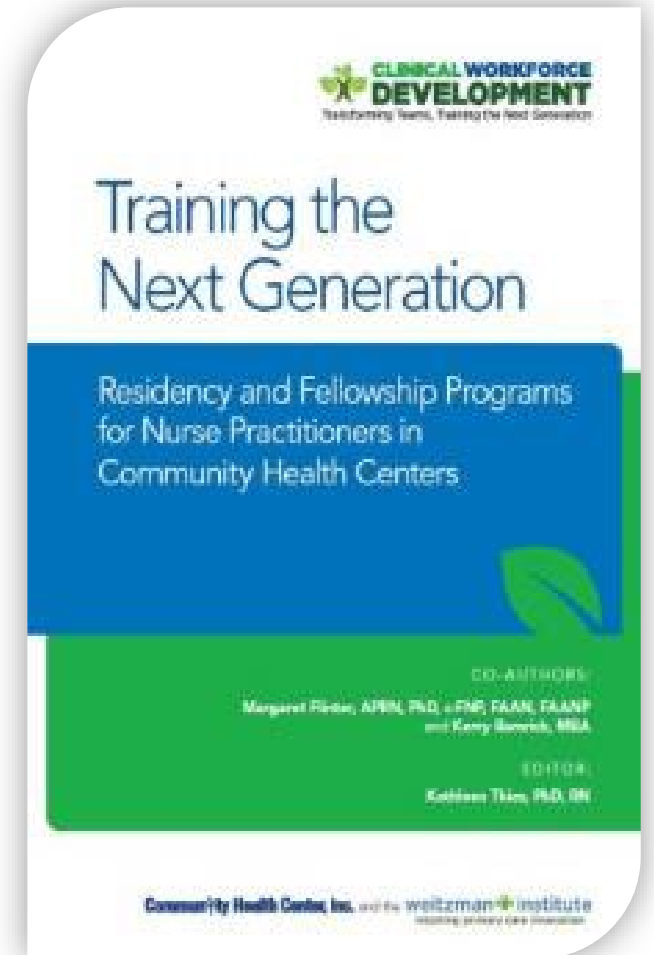
- Have a particular focus on candidates committed to community health and who have done rotations in health centers or similar settings
- Have noted strong connections for candidates who have experience at health centers and particularly at CHC
- Benefits of having rotations at CHC:
 - Understand patient population, culture, and pace
 - Work directly with a provider and their teams who are either preceptors or former residents
 - Often get to see and interact with current residents in real time and observe their experience training in the residency



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Resources

- Training the Next Generation E-Book
<https://www.weitzmaninstitute.org/NPResidencyBook>
- Building the Case for Implementing Postgraduate NP Residency and NP/PA Training Programs Webinar
<https://vimeo.com/655094514>
- Postgraduate Nurse Practitioner Residency and Fellowship Program Learning Collaborative





Questions?

Next Steps

Agenda items for your meetings during this action period

- Meet with key stakeholders and present play 3
- Review play 4-7 in the HPS Training Playbook Guide
- Draft process map for play 4-7

Assignments

- Submit rough draft of plays 4-7
- Google Drive Link:
https://drive.google.com/drive/folders/1l8mFwbFw2-2Z_QgmndDL_a1Dcsmr08HX

CME and Resource Page
Access Code: HPS2024



[https://education.weitzmaninstitute.org/
content/nttap-health-professions-
student-training-learning-collaborative-
2024](https://education.weitzmaninstitute.org/content/nttap-health-professions-student-training-learning-collaborative-2024)

NTTAP Contact Information

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Bianca Flowers

Project Manager

flowerb@chc1.com

Meaghan Angers

Project Specialist

angersm@chc1.com

REMINDER: Complete evaluation in the poll!

Upcoming Coach Calls: Tuesday April 2nd

Next Learning Session is **Tuesday April 16th**!

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:

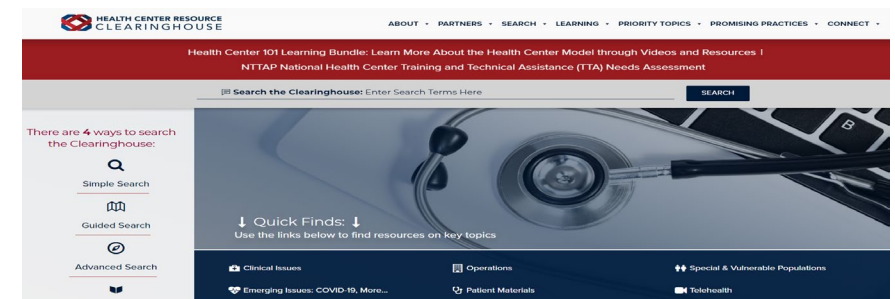
National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

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/>