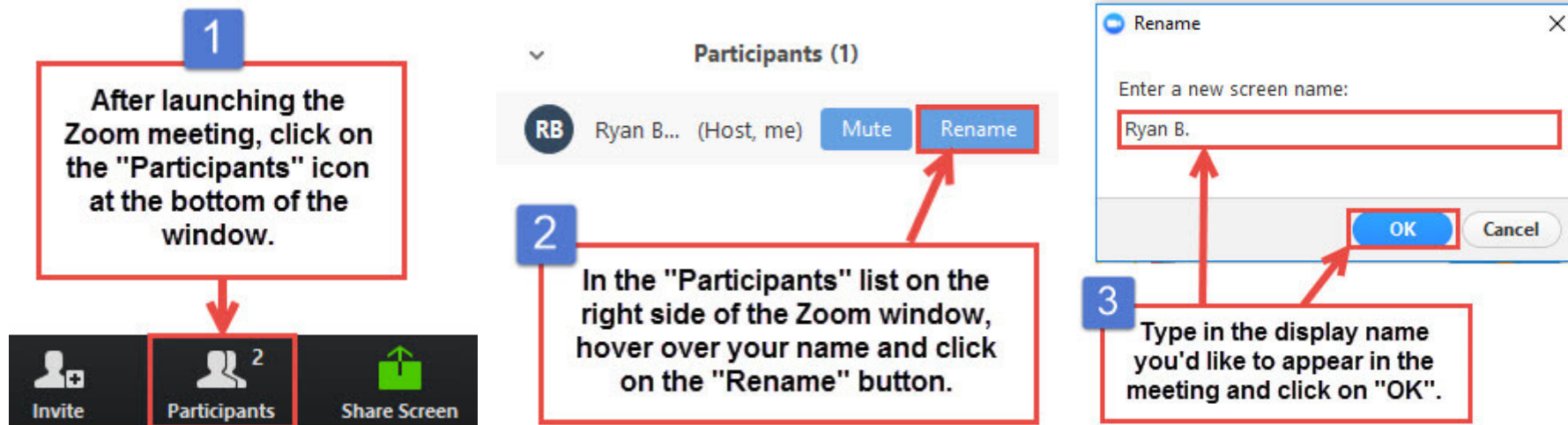


Postgraduate NP and/or PA Training Programs Learning Collaborative

Session Four: Tuesday January 21st, 2025

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”



Session 4 Agenda

- 1:00-1:05pm Introduction
- 1:05-1:35pm Preceptors, Mentors, and Faculty: Roles and Responsibilities
- 1:35-2:05pm Preceptor Panel
- 2:05-2:10pm Program Policies & Procedures
- 2:05-2:25pm Curriculum Development Overview
- 2:25-2:30pm Q/A, Wrap-Up, Evaluation

Learning Collaborative Faculty

Margaret Flinter, APRN, PhD, FAAN

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

Kerry Bamrick, MBA

- Executive Director, Consortium for Advanced Practice Providers
- Coach Mentor

Charise Corsino, MA

- Program Director, CHCI Postgraduate NP Residency Program
- Coach Mentor

Amanda Schiessl, MPP

- Chief of Staff, MWHS
- Co-PI & Project Director, NTTAP

Meaghan Angers

- Senior Program Manager, NTTAP

Bianca Flowers

- Program Manager, NTTAP

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IT'S WHO WE
DO IT FOR.**



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Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

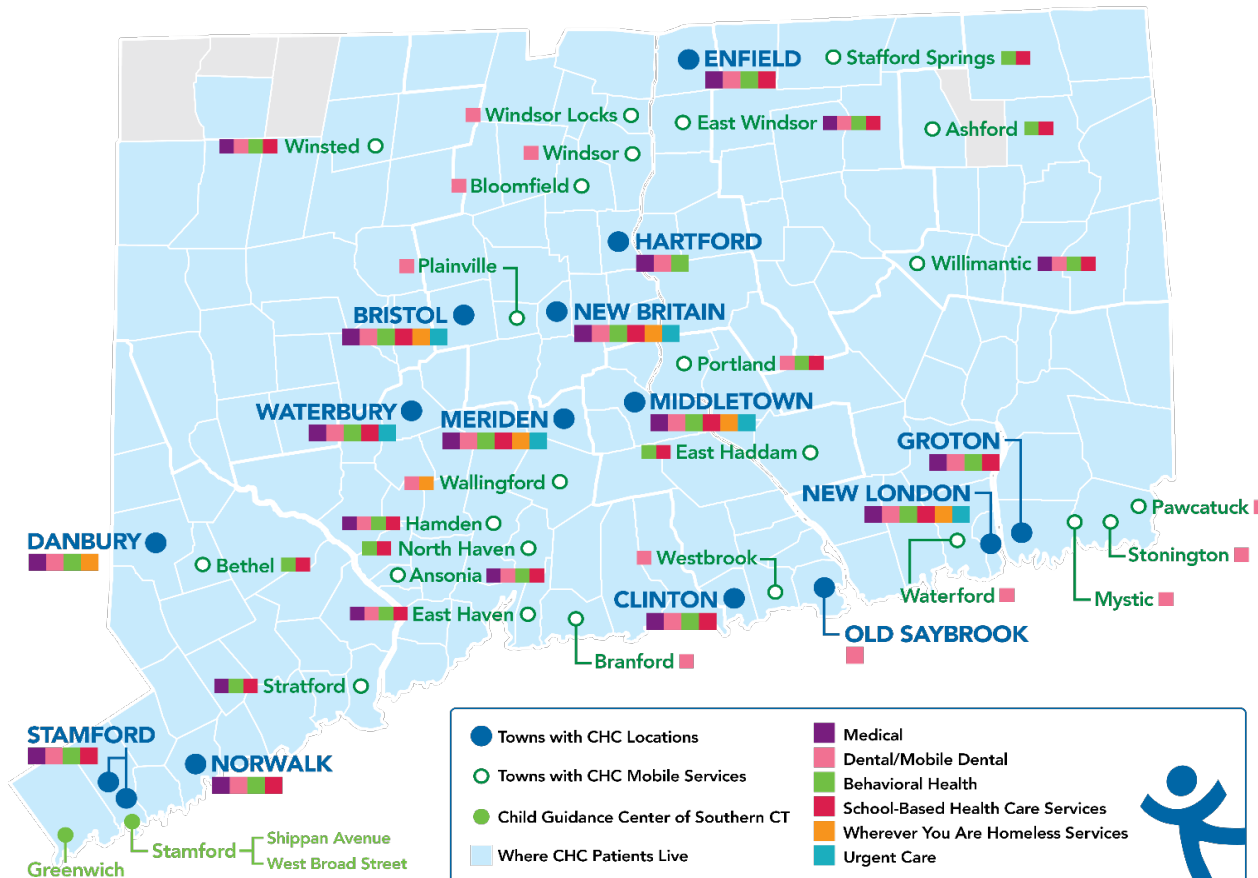
The Weitzman Institute

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Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

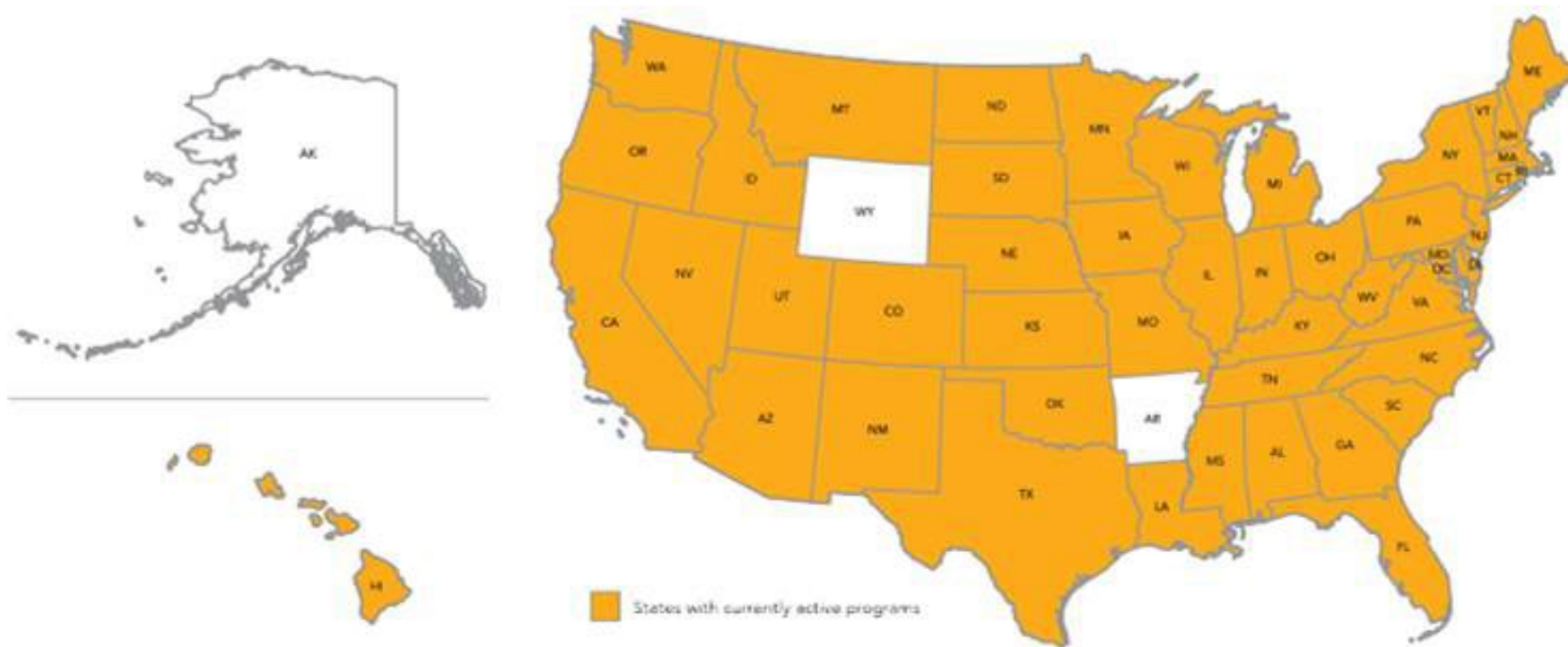
1	2	3
Clinical Excellence	Research and Development	Training the Next Generation

Profile

- Founded: **May 1, 1972**
- Staff: **1,400**
- Active Patients: **150,000**
- Patients CY: **107,225**
- SBHCs across CT: **152**

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225

Primary Care, Psychiatric/MH and Specialty Postgraduate Training Programs – Total: 548 Programs Nationally



National Training and Technical Assistance Partners (NTTAP) 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 60-minute calls between coach mentors and team coach
- Internal team workgroup meetings
- Access resources via the [Weitzman Education Platform](#)
- Use [Google Drive](#) to share your work

Learning Session Dates	
Learning Session 1	Tuesday October 8 th
Learning Session 2	Tuesday November 12 th
Learning Session 3	Tuesday December 10 th
Learning Session 4	Tuesday January 21 st
Learning Session 5	Tuesday February 11 th
Learning Session 6	Tuesday March 11 th

2024-2025 Cohort

Alivio Medical Center	Chicago, Illinois
Arkansas Primary Care Association	North Little Rock, Arkansas
Blue Ridge Community Health Services, Inc.	Hendersonville, North Carolina
Brockton Neighborhood Health Center, Inc.	Brockton, Massachusetts
Children's Primary Care Medical Group	San Diego, California
Esperanza Health Center	Philadelphia, Pennsylvania
Family Health Centers of San Diego	San Diego, California
Greater Philadelphia Health Action, Inc.	Philadelphia, Pennsylvania
Indian Health Service Headquarters	Rockville, Maryland
Marin Community Clinic	Novato, California
ND Systems Inc.	Fairbanks, Alaska
Ozark TriCounty Healthcare Consortium dba ACCESS Family Care	Neosho, Missouri
Tennessee Primary Care Association	Nashville, Tennessee
Umpqua Community Health Center dba Aviva Health	Roseburg, Oregon

Preceptors, Mentors, and Faculty: Roles and Responsibilities

Garrett Matlick

Postgraduate NP Residency Clinical Program Director, Community Health Center, Inc.

Polling Question

*Have you identified your preceptors and mentors
for your program?*

Precepted vs. Mentored Clinic

- **Precepted Continuity Clinics (40%):** Residents develop and manage a panel of patients with the exclusive attention of an expert preceptor (NP, PA or Physician)
- **Mentored Clinics (20%):** Work within a primary care team focusing on diversity of chief complaints, efficiency, episodic and acute care

	Precepted Continuity Clinic	Mentored Clinic
Percent of Program Time	40%	20%
Frequency	4 sessions/week	2 sessions/week
Type of patient	Starting with initial visits, then including all visit types	Episodic/acute care
Faculty	Preceptor	Mentor
Documentation in EHR	Preceptor reviews resident's documentation, then resident closes and locks the note.	Mentor reviews resident's documentation, then Mentor closes and locks the note.

CHCI's Precepting Policy

Policy Name: Nurse Practitioner Residency Precepting
Community Health Center, Inc.

Department: Medical

Effective Date: July 30, 2008

Revised: September 9, 2008

Updated: July 20, 2010, Reviewed and updated September 13, 2011, August 16, 2012, August 30, 2013, September 2014, September 2015, September 2016, November 2018, September 2019, December 2023

OBJECTIVE

Community Health Center's residency program is an intensive, full time, one-year training program for newly graduated and certified Advanced Practice Registered Nurses committed to developing practice careers in federally qualified health centers and other safety net settings. It provides intensive, precepted clinical training, specialty rotations, procedures-based training, and formal didactic training in high volume/high complexity issues. It does this in the context of training new nurse practitioners to the model of community oriented primary care and the delivery of planned care to vulnerable populations.

During the course of the one-year residency program, residents will gradually increase their productivity and gain skills needed to function fully and independently in a primary care practice environment. To accomplish this, Community Health Center will utilize the skills and expertise of CHC medical staff providers in Meriden, New Britain, New London, Middletown, Stamford, Hartford and other sites through continuity clinics/~~precepted~~ clinical sessions, mentored clinics, and specialty rotations.

The purpose of the policy is to facilitate an efficient, effective, comprehensive, evidence-based, community-oriented and patient-centered primary care precepting experience for Advanced Practice Registered Nurses in their one-year residency program.

Selecting Your Preceptors

- Precepting is a privilege granted to providers who are skilled, experienced, motivated, productive and have demonstrated clinical excellence and high quality care with good outcomes
- Preceptors are selected annually by leadership Staff and Postgraduate Training Program staff



Preceptor Recruitment & Training

- Start having conversations with providers about the launch of your program
- Describe the role and give providers an opportunity to express interest
- Your team should decide on the kinds of qualities you want in your preceptors
 - Should be expert providers, in good standing with the organization, commitment to training
- Provide preceptors with initial orientation/training
 - Overview of residency program, roles and responsibilities of the preceptor, expectations of resident and preceptor, evaluation expectations
- Include additional points of check in and training for preceptors during the year

Preceptor Roles & Responsibilities

Be dedicated to teaching and supporting the postgraduate trainees during your assigned precepted sessions:

- Utilize leadership skills by assisting in and providing direction, when needed, for all aspects of patient care
- Be present and **fully available** to the postgraduate trainees until the last scheduled patient is seen
- Employ teaching strategies during the sessions
- Advocate for other providers to inform postgraduate trainees when good teaching opportunities arise (physical findings/procedures, etc.)
- Review notes and create addendums to notes



Preceptor Roles & Responsibilities

- Encourage critical analysis and evidence-based reasoning in the ordering of tests and laboratory studies
- Discuss clinical issues as well as lab and diagnostic imaging results and ensure timely and efficient review
- Supervise and assist with procedures when applicable (with which the preceptors are comfortable themselves)
- Support the organization's model of providing fully integrated care



Preceptor Roles & Responsibilities

- Assistance in time management skills of balancing a panel and other clinical demands (example: phone calls, paperwork, urgent results)
- Provide direct patient care in the event that a postgraduate trainee falls behind in the schedule or needs assistance
- Assist postgraduate trainees in achieving mastery of the general competencies and areas of particular interest of the postgraduate trainees



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 residents 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 resident has completed the note.

Specific Roles and Responsibilities (timing)

Later Months (February through August)

- Reassess the resident's comfort and mastery with clinical decision-making, physical exams, concise history taking and develop a precepting plan that meets the needs of the resident
- Help the residents with time management and efficient practice skills in an ongoing fashion
- Review all cases with the resident 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 resident has completed the note
- As the residents become more skilled, the preceptor should become more focused on guidance with time management, practice and panel management

Reviewing Postgraduate Trainee Notes

- Great opportunity to support learning
 - Clinical level:
 - Insight into their understanding
 - Organizational level:
 - Train to your organization- especially if plans to stay a second year
- Recommended throughout the year
- Important to sign off on notes
 - Helps people know who helped them with the case (residents and those following up)

Residency Program Clinical Observation & Feedback Form

NP Residency Program Clinical Observation and Feedback Form

Date:

Resident:

Preceptor:

Indicate type of visit: ☐ Initial ☐ Established ☐ Physical ☐ Well child ☐ Acute

Patient Complexity: ☐ Low ☐ Moderate ☐ High

Use the following checklist as a tool to identify specific strengths and areas for improvement based on your clinical observation		Use this space to provide any specific observed feedback
	+ = Exceeds expectations - = Needs improvement x = Meets expectations n/a = not observed	
HISTORY	+ x - n/a	
Introduces self and explains role	<input type="text" value="choose one"/>	
Avoids interrupting and appropriately leads the visit	<input type="text" value="choose one"/>	
Uses a logical sequence of questions	<input type="text" value="choose one"/>	
Uses an appropriate level of detail in questioning	<input type="text" value="choose one"/>	
PHYSICAL EXAM	+ x - o	
Explains to patient and/or family what they are doing	<input type="text" value="choose one"/>	
Matches sequence of exam to cooperation level	<input type="text" value="choose one"/>	
Elicits accurate and complete findings	<input type="text" value="choose one"/>	
Demonstrates correct technique for all portions of observed exam	<input type="text" value="choose one"/>	
Performs efficient exam that is targeted to the chief clinical complaint and initial differential diagnosis	<input type="text" value="choose one"/>	
COMMUNICATION	+ x - o	
Conveys support, concern, and respect verbally and non-verbally	<input type="text" value="choose one"/>	
Uses appropriate medical language for the patient's level of understanding	<input type="text" value="choose one"/>	
Uses an interpreter appropriately	<input type="text" value="choose one"/>	
Provides accurate and relevant information to patient and family	<input type="text" value="choose one"/>	

KEY FEEDBACK FROM CLINICAL OBSERVATION

1. Describe something that the NP Resident identified that they did well and why it worked.

2. Describe something that you as the observer identified was done well and why it worked.

3. Describe something you and the NP Resident identified that they could continue to work on.

Preceptor Evaluation

- Important to have residents evaluate your preceptors
 - Allows you to identify strengths and areas for continued development for individuals and the group
 - Allows the opportunity for residents to share feedback
- Outline clear expectations about how and when evaluation will be collected and shared
 - Important for preceptors to get direct feedback about how they are doing
 - Concerns about anonymity and confidentiality
 - Have another way for residents to share more sensitive or critical feedback about a preceptor with your team
 - May want to do more frequent evaluations in the first few years of the program
- Have a plan for addressing remediation concerns

Mentored Clinic

- 20% of NP residents' time, for two sessions each week
- During mentored clinics, the NP residents work alongside a primary care provider mentor—a very experienced physician, NP or PA—with a focus on the practice of episodic and acute care and additional mastery of procedures.
- The residents generally do not have their own schedule of patients during Mentored Clinics but instead see patients at the delegation of the primary care providers, who remain available for consultations.
- This is also an opportunity to schedule some follow up visits for a patient seen during the week in precepted clinic who must be seen again before the next scheduled precepted session.

Mentored Clinic Providers

- The postgraduate trainees work along side the provider as part of the medical team.
- Providers* should pick patients in their schedule for the postgraduate trainee (acute visits, overbooks, brief follow up appointments).
- Initial visits should not be seen by the postgraduate trainees during mentored clinic, unless they will become the patient's PCP.
- The postgraduate trainees will see the patient and report the plan back to the provider, which should be documented in the electronic health record, but provider is billing for the visit.
- The provider will agree/disagree with patient plan, and see the patient before they leave the office, the provider closes the note.



Mentored Clinic

- As the postgraduate trainees become more independent, they will be able to schedule additional follow-ups of their own patients during this time.
- CHCI providers prefer to have the postgraduate trainees complete, bill, and lock the progress notes and then have the provider place a brief addendum.
 - Other organizations may structure the feedback and notes differently.



Preceptor Panel

Tanya Theriault, FNP- BC, DePaul Community Health Centers

*Lindsey Anagnostopoulos, ARNP, Nurse Practitioner Residency Site Director,
Sea Mar Community Health Centers*

*Mary Rose, PMHNP, MS, CCM, Medical Director, Psychiatric NP Fellowship,
Thundermist Health Center*

Program Policies & Procedures

Program Policies & Procedures

1. Stepwise Increase of APRN Resident Clinical Scheduling Policy
2. NP Residency Program Precepting Policy
3. NP Residency Program Assessment of Training Sites
4. CHCI Clinical Guidelines for Medical Providers
5. CHCI Formal Residency Agreement
6. CHCI HR Personnel Records Policy
7. CHCI Disciplinary Action Process Policy
8. CHCI Grievance and Due Process Policy
9. Applicant Process for CHCI's Nurse Practitioner Residency Training Program
10. CHCI Benefits Overview
11. CHCI Employment Health Documentation Requirements
12. Employee Infection Control Levels Policy
13. Universal Flu Prevention Policy
14. IC HR Employee Tuberculosis Screening Policy
15. Non Discrimination Policy

*Items highlighted are policies that come from your organization and can be used in full or modified to meet the program needs

Precepting Policy

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Community Health Center, Inc.**

Department: Medical

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Revised: September 9, 2008

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Formal Agreement

6.1 - Once an applicant is successfully accepted by the Program they will be provided with a formal agreement outlining the terms, conditions, and benefits, either in writing or by electronic means. The agreement should include:

- a. Postgraduate trainee requirements and responsibilities**
- b. Length of agreement**
- c. All program requirements**
- d. Financial compensation and other included benefits**
- e. Professional liability insurance coverage or FTCA (federal tort claim act) coverage**
- f. Policies and procedures for postgraduate trainee withdrawal or dismissal**
- g. Other policies and procedures in accordance with the sponsoring organization**

Assessment of Training Sites

NP RESIDENCY TRAINING SITE PLACEMENT

INITIAL ASSESSEMENT

All new sites that residents will be place at should have a formal review by the NP Residency program staff. The initial assessment is to ensure that the site placement meets the necessary requirements to provide the residents with a quality experience in physical space, resources and overall training experience. The following checklist will be used to ensure all appropriate items of site placement are met prior to residents starting their training experience.

Site Name:

Residency Program Year:

Focus Area	Yes or No?	Comments
There is a designated point person to coordinate the experience with		
There is a designated clinical faculty to support the experience		
The clinical space is adequate to meet the needs of the clinical experience		
There are enough patients to meet the goals of the experience		
The appropriate resources are provided to support the experience – MA, nurse, etc.		

Sharing Policies and Procedures with your Trainees

NNPRFTC Complaint Policy and Procedure

Wednesday, August 10, 2016 11:56 AM

As an accredited NP Residency program, CHCI adheres to the complaint policy set forth by the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC). All residents are provided with the policy and procedure for filing a complaint with the NNPRFTC regarding CHCI's program.

Please review the following [policy](#) regarding your right to submit a complaint through the NNPRFTC. CHCI's program and its participants have the right to file a complaint directly to the NNPRFTC regarding the program's adherence to the set forth accreditation standards.

The NNPRFTC program standards can be reviewed below.
[NNPRFTC Accreditation Standards](#)

+ Add Page

- NNPRFTC Complaint Policy and Procedure
- Issue Resolution Policy
- PTO and Time Off**
- CME
- DIDACTIC - CME Credit
- Ramp Up Policy - FNP, AGNP, PNP
- Ramp Up Policy - PMHNP
- Preceptor Policy
- Employee Policies
- On Call Policy and Expectations
- CHC Electronic Health Record System Site Down Pr
- Facility Closing Policy
- PTO Record
- Exception Hours
- COVID Exposure and Positive Test

Curriculum Development: Program Goals and Objectives

Consortium for Advanced Practice Providers The Standards

- Standard 1 – Mission, Goals and Objectives
- **Standard 2 – Curriculum**
- Standard 3 – Evaluation
- Standard 4 – Program Eligibility
- Standard 5 – Administration
- Standard 6 – Operations
- Standard 7 – Staff
- Standard 8 – Postgraduate Trainee Services



Consortium for Advanced Practice Providers

Standard 2: Curriculum

- Clinically based practice and patient care experience
- Regularly scheduled didactic sessions
- System-based learning and quality improvement
- Population-based health focus
- Technology
- Equity and social justice
- Leadership and professional development
- Social Determinants of Health (SDOH)
- Certificate of Completion



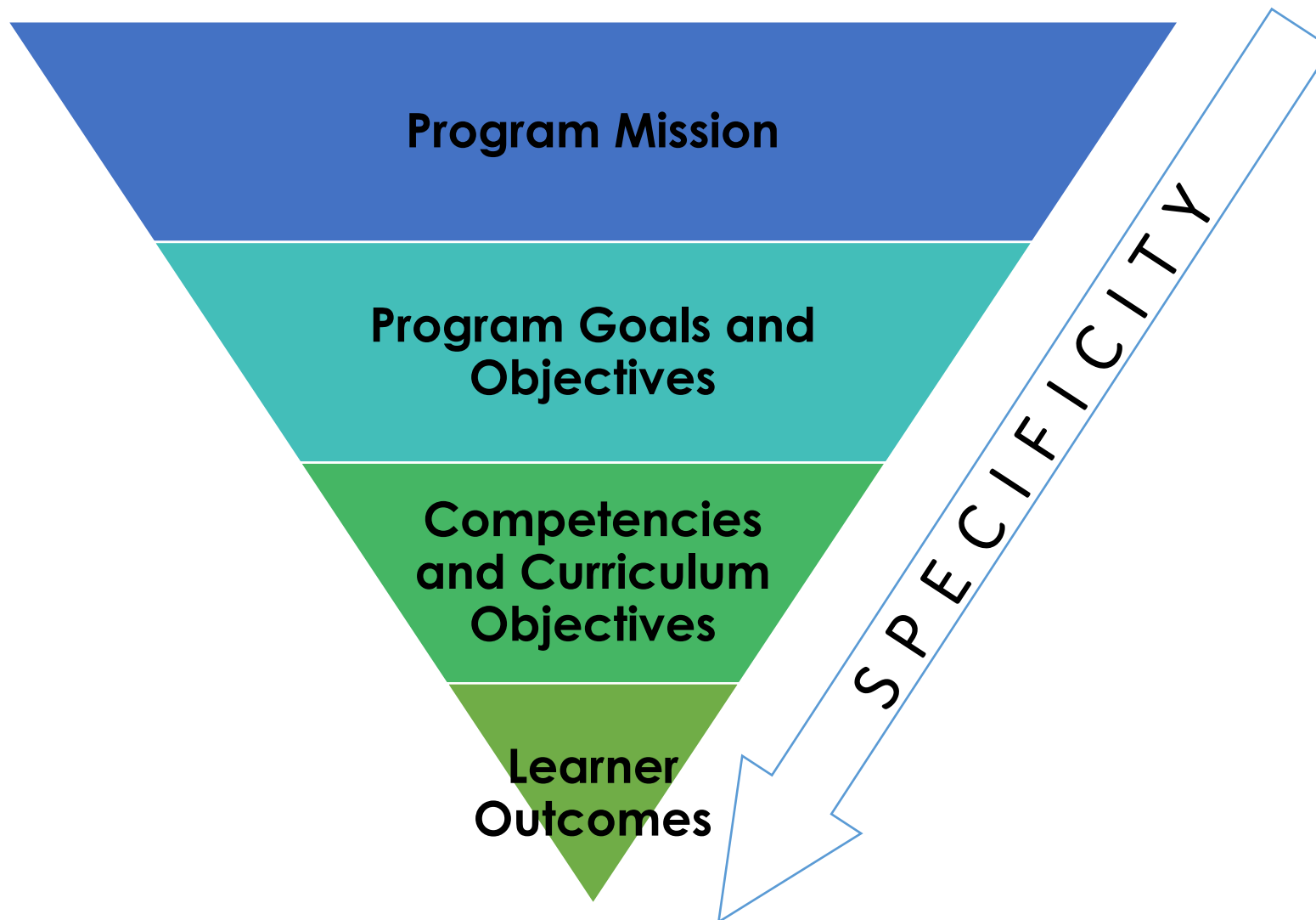
Consortium for Advanced Practice Providers Competency Domains

1. Patient-centered Care
2. Knowledge for Practice
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
7. Interdisciplinary Collaboration
8. Personal and Professional Development
9. Technology and Telehealth
10. Diversity, Equity, and Inclusion



Core Elements of a Postgraduate NP Residency

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care team-based care, inter-professional collaboration, integrated care, data driven QI ,expert use of technology	Full Integration into Home Site and Organization
<ol style="list-style-type: none"> 1) Precepted Continuity Clinics (40%); Residents develop and manage a panel of patients with the exclusive attention of an expert preceptor (NP, PA or Physician) 2) Specialty Rotations (20%); Experience in primary care specialty areas to expand and enhance resident practice knowledge and skills 3) Mentored Clinics (20%); Work within a primary care team focusing on diversity of chief complaints, efficiency, episodic and acute care 4) Didactic Sessions (15%); 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 5) Quality Improvement Training (5%); Training to a high performance QI model, including front line QI improvement, data driven QI, and leadership development. 		



Goals and Objectives: Program Level

- **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**
 - The specific activities, strategies, actions, content the program will offer to achieve the program goals
 - Measurable
- **Curricular elements:** Types of activities, used to meet the Program Objectives, e.g., clinical rotation, didactics, seminars.

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 diversity 2. Require residents to complete rotations in 10 specialty areas 3. 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
Curriculum objective at the competency level	<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	<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.....

Curriculum Development: Elements and Learning Objectives

Developing Learner Goals and Objectives

- Common conditions to assess your trainees during precepted clinic
- List of procedures for your trainees to develop competency in
- Specialty Rotations learning objectives
- Didactic sessions and corresponding learning objectives
- Other educational components to assess

Common Conditions to Assess Learner

Hypertension	Chronic Pain	Hepatitis C
Diabetes	COPD	Alcoholism
Depression	Chronic renal failure	Substance use
Obesity	Heart failure	Women's Health
Asthma	HIV	MAT

Example of Procedures for Learner

PROCEDURE	TARGET #
IUD	10
NEXPLANON	5
EKG INTERPRETATION	20
JOINT INJECTIONS	10
BIOPSY	10
SUTURING	10

Specialty Rotations

Adult Psychiatry	Healthcare for the Homeless
Child and Adolescent Psychiatry	Center for Key Populations
Women's Health	Urgent Care
Orthopedics	School Based Health Center
Pediatrics	Newborn Nursery

Developing Learning Objectives Specialty Rotations

- ❖ Each specialty rotation should have its own specific learning objectives
- ❖ What are the clinical knowledge and skills you want your trainees to obtain by participating in the rotation
- ❖ Tie in competency domains when possible
- ❖ Use objectives to build your evaluation

Example outline for specialty rotation objectives

1. Perform comprehensive history and physical exam
2. Know the appropriate screening and diagnostic tests to order including...
3. Identify clinical situations when appropriate to order a consult or e-consult
4. Know the appropriate medications commonly used in (specialty) including...
5. Assess for, diagnose, treat and manage common medical conditions experienced in (specialty) including...
6. Perform clinical procedures commonly see in (specialty) including...

Example: Healthcare for the Homeless Specialty Rotation

Overview

The rotation is a 4 week longitudinal experience in health care for the homeless. During this rotation residents will have the opportunity to work within homeless shelters and domestic violence shelters to provide comprehensive primary care to a highly complex and vulnerable patient population.

Learning Objectives:

- Perform relevant history and physical exam understanding the complex health problems associated with the homeless experience
- Know the appropriate screening tests to order
- Understand and utilize the role of government, social agencies, health service providers and community resources in providing services to persons experiencing homelessness and under-housing
- Provide cost effective treatment plans while being sensitive to patients housing status, social and economic resources, and ensure treatment compliant
- Assess for, diagnose, and treat common medical conditions experienced by the homeless population including mental health, substance abuse, infectious diseases, wound and skin infections, Understand various social determinants of health that can impact the patients health and well-being, including the connection between health, housing and poverty

Didactics

Topic	Presenter	Credentials	Title	Learning Objectives
Performing the Pre-Op Physical	Dan Wilensky	MD	Chief Preceptor and Medical Consultant to NP residency, CHC Clinician	<ol style="list-style-type: none"> 1. Gain comfort with the pre-op consultation 2. Learn recognized language for the progress note 3. Be able to decide on testing 4. Anticipate lesser-considered issues and their implications

Questions?

Assignments

- ✓ Continue to work on Progress Checklist
- ✓ Draft didactic curriculum

**Access the Google Drive to
upload deliverables:**



Next Steps

- **Coach Calls**
 - Tuesday January 28th 1:00pm Eastern / 10:00am Pacific
 - Tuesday February 4th 1:00pm Eastern / 10:00am Pacific
- **Session 5: Tuesday February 11th 1:00pm Eastern / 10:00am Pacific**
 - Evaluation of the postgraduate residency program and of the resident learner
 - Orientation
 - Graduation
 - Introduction to Accreditation by the [Consortium for Advanced Practice Providers](#)
- Register for the [Weitzman Education Platform](#) to receive CME, resources, and more!

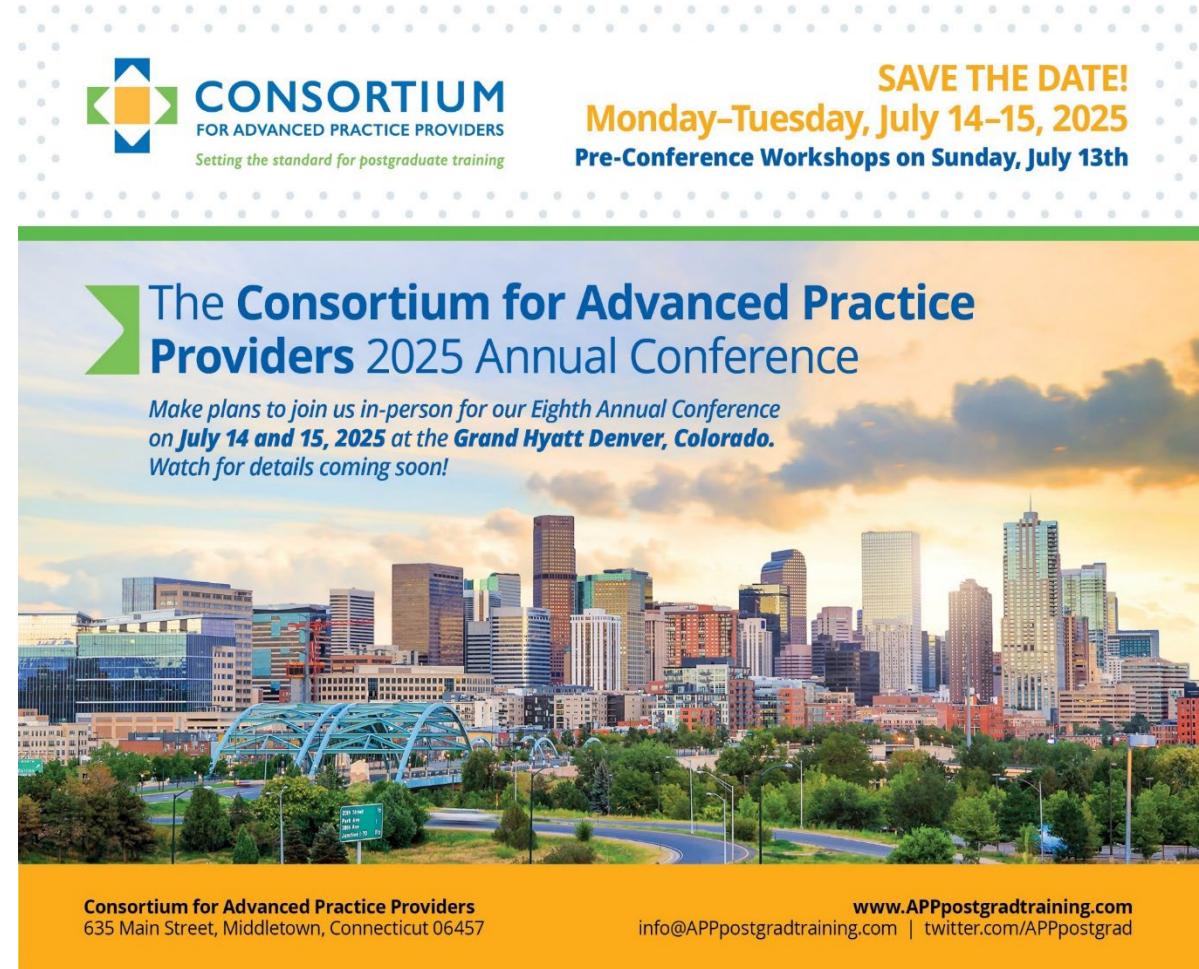


Wrap-Up

Health Professions Student Training Learning Collaborative Overview

- Free six-month participatory experience designed to provide knowledge, tools, and coaching support to help health centers and look-alikes implement an effective and sustainable health professions student training program.
- The goal for the learning collaborative is dedicated time for your organization to draft your own **Health Professions Student Training Programs Playbook** for your organization to follow when operating student training programs.
- Participating health centers are asked to identify a team to focus on the implementation of their health professions student training playbook.
 - Suggested team members include: Human Resources, Education Department, Operations, Medical Director(s), Administrative
 - Team members may differ dependent on the organization's staffing
- Begins Friday February 14th, 2025
- To express interest or for questions, please reach out to Meaghan Angers (angersm@mwhs1.com)

- ◆ Mark your calendars and “Save the Date”!
- ◆ Dates: July 13 – 15, 2025
- ◆ Location: Grand Hyatt Denver, CO
 - Pre-Conference Workshop Offerings on 07/13
 - APP Leadership Workshop
 - Administration and Operations Workshop
 - Preceptor Development and Training Workshops
 - 2 Day General Conference on 07/14 – 07/15



 **CONSORTIUM**
FOR ADVANCED PRACTICE PROVIDERS
Setting the standard for postgraduate training

SAVE THE DATE!
Monday–Tuesday, July 14–15, 2025
Pre-Conference Workshops on Sunday, July 13th

 **The Consortium for Advanced Practice Providers 2025 Annual Conference**

*Make plans to join us in-person for our Eighth Annual Conference on **July 14 and 15, 2025** at the **Grand Hyatt Denver, Colorado**. Watch for details coming soon!*

Consortium for Advanced Practice Providers
635 Main Street, Middletown, Connecticut 06457

www.APPpostgradtraining.com
info@APPpostgradtraining.com | twitter.com/APPpostgrad

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.

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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 for more information.

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

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Contact Us!

Amanda Schiessl

Program Director/Co-PI

Amanda@mwhs1.com

Meaghan Angers

Senior Program Manager

angersm@mwhs1.com

Bianca Flowers

Program Manager

flowerb@mwhs1.com

REMINDER: Complete evaluation in the poll!

Next Learning Session is **Tuesday February 11th!**