

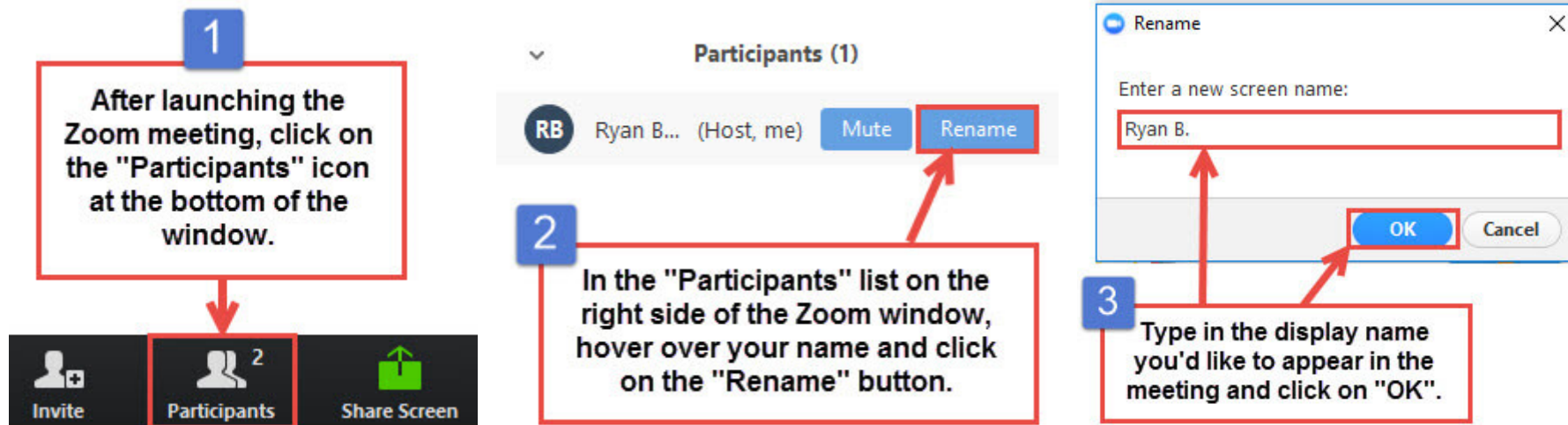
# Postgraduate NP and/or PA Training Programs Community of Practice (CoP)

## Session Four: Tuesday January 13<sup>th</sup>, 2026

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*

# 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
  - Example: Meaghan Angers, CHCI



## Session 4 Agenda

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

# Community of Practice (CoP) 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
- Community of Practice Faculty and Mentor

Charise Corsino, MA

- Program Director, CHCI Postgraduate NP Residency Program
- Community of Practice Faculty and 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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## **MOSES/WEITZMAN** Health System

*Always groundbreaking. Always grounded.*

### **Community Health Center, Inc.**

A leading Federally Qualified Health Center based in Connecticut.

### **CeCN**

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**

A center for innovative research, education, and policy.

### **Center for Key Populations**

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

# Locations & Service Sites



## THREE FOUNDATIONAL PILLARS

<b>1</b> Clinical Excellence	<b>2</b> Research and Development	<b>3</b> Training the Next Generation
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## Overview

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

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



# CHCI NP Residency Program Today

## Family NP Residency



## Pediatric NP Residency

inspiring primary care innovation



## Psychiatric MH NP Residency



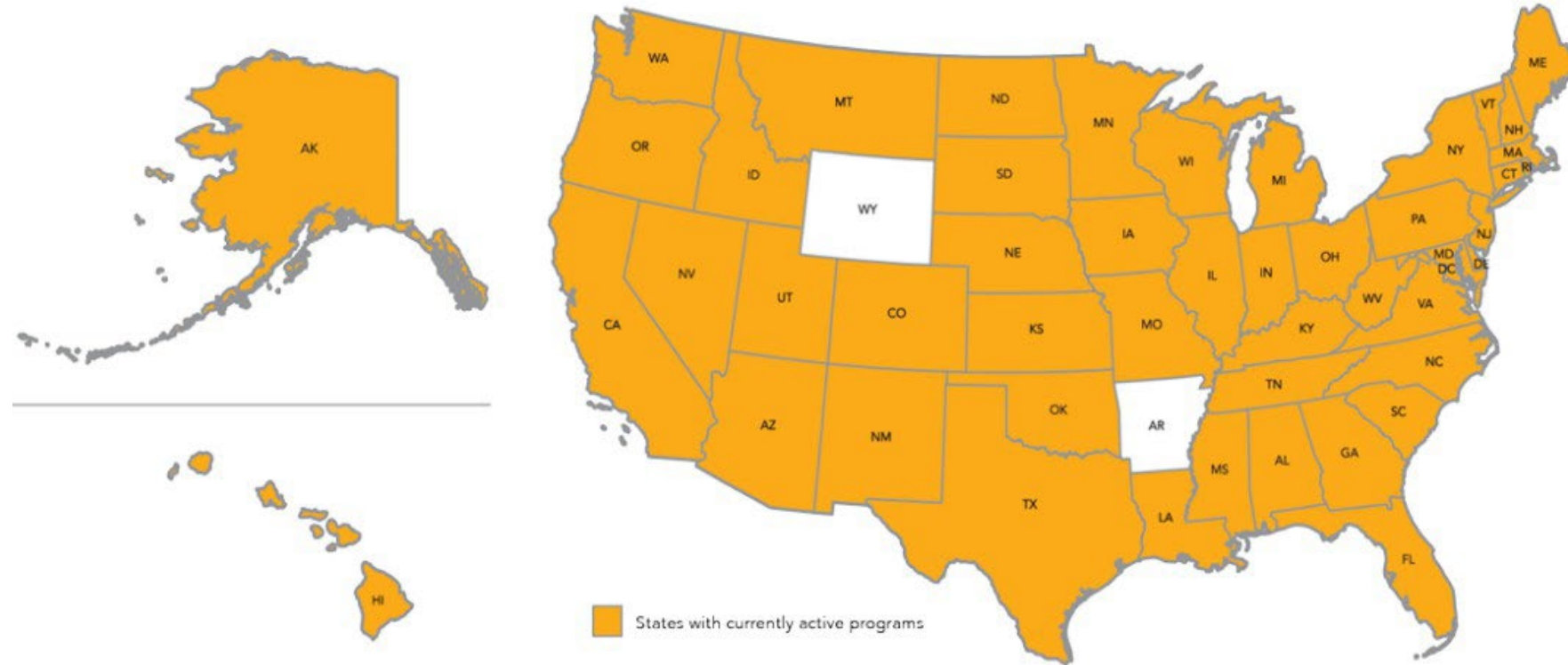
Country's first program (est. 2007)  
Operating for 19 years  
Graduated 178 alumni

Recipient of three competitive HRSA grants for  
Advanced Nursing Education

## NP Residency Tracks:

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

# APP Postgraduate Training Programs Nationally



- 565 APP Postgraduate Training Programs
- 259 Primary Care APP Postgraduate Training Programs
- 120 APP Postgraduate Training Programs in FQHCs
- 108 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP)



# National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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## CoP Structure

- Six 90-minute learning sessions
- Bi-weekly 60-minute calls between mentors and health center team leader(s)
- 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 14 <sup>th</sup>
Learning Session 2	Tuesday November 4 <sup>th</sup>
Learning Session 3	Tuesday December 9 <sup>th</sup>
Learning Session 4	Tuesday January 13 <sup>th</sup>
Learning Session 5	Tuesday February 10 <sup>th</sup>
Learning Session 6	Tuesday March 10 <sup>th</sup>

## 2025-2026 Cohort

Aviva Health DBA Umpqua Community Health Center	Roseburg, Oregon
Brockton Neighborhood Health Center, Inc.	Brockton, Massachusetts
Community Health Center of Cape Cod	Mashpee, Massachusetts
Community Health Centers of Lane County	Eugene, Oregon
DotHouse Health Center	Dorchester, Massachusetts
HealthFirst Family Care Center	Fall River, Massachusetts
Mattapan Community Health Center	Boston, Massachusetts
Morris Heights Health Center	Bronx, New York
Mosaic Community Health	Prineville, Oregon
Neighborcare Health	Seattle, Washington
One Health	Hardin, Montana
River Valley Family Health Centers DBA Olathe Community Clinic, Inc.	Olathe, Colorado
Solano County Family Health Services	Fairfield, California
University of California, Irvine	San Juan Capistrano, California
Upham's Corner Health Center	Dorchester, Massachusetts



# Preceptors, Mentors, and Faculty: Roles and Responsibilities

Garrett Matlick, DNP, MPH, APRN, FNP-BC, PMHNP-BC  
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%):** Postgraduate trainees develop and manage a panel of their own patients with the exclusive attention of an expert preceptor (NP, PA or Physician)
- **Mentored Clinics (20%):** Work off of another provider's schedule (the mentor) focusing on 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 trainees' documentation, then trainee closes and locks the note (billed under the postgraduate trainee).	Mentor reviews trainees' documentation, then Mentor closes and locks the note (billed under the Mentor).



# 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 the postgraduate training program staff. This process can differ by organization.



# 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, and have a commitment to training
- Provide preceptors with initial orientation/training
  - Overview of post-graduate program, roles and responsibilities of the preceptor, expectations of resident/fellow and preceptor, evaluation expectations
- Include additional points of check in and training for preceptors during the year
  - Depending program size, consider weekly/monthly (can be a smaller subset of preceptors)



# 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
- Support for other providers to inform postgraduate trainees when good teaching opportunities arise (physical findings/procedures, etc.)
- Review notes and create addendums to notes
  - ❖ Ideally before the end of day but follow-up on those not yet closed



# 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) → consider resident/fellow templates
- 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)
  - Special attention to delegation and utilization of the team
- 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 and October)  
(or at Stage of 1 per hour):

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

- September is often mostly orientation with some shadowing from the postgraduate trainee to see workflows, use of EMR, and connect one on one with other providers.
- Preceptor should see most/all patients with the postgraduate trainee initially.
- Provide direct feedback at the end of each sessions to review clinic visits, confidence, and efficiency → ask resident/fellow what they believe they can work on.

# Specific Roles and Responsibilities (timing)

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

**The preceptor should see most patients throughout the clinic day**

- Observe and repeat physical exams and history taking, as needed.
- Your clinical judgement of how independent the resident/fellow can determine how many patients.
- 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/fellow has completed the note.

# Specific Roles and Responsibilities (timing)

## Later Months (February through August)

### (Eventually 3 per hours – and potential overbooks)

- Reassess the resident's/fellow'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/fellow.
- Help the resident/fellow with time management and efficiency skills in an ongoing fashion.
- Review all cases with the resident/fellow 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/fellow has completed the note.
- More focus 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/Fellowship 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      x = Meets expectations - = Needs improvement      n/a = not observed	
<b>HISTORY</b>	<b>+   x   -   n/a</b>	
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"/>	
<b>PHYSICAL EXAM</b>	<b>+   x   -   o</b>	
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"/>	
<b>COMMUNICATION</b>	<b>+   x   -   o</b>	
Conveys support, concern, and respect verbally and non-verbally	<input type="text" value="choose one"/>	
Uses appropriate medical language for the patients 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/fellows 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/fellows 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'/fellows' time, for two sessions each week.
- During mentored clinics, the NP residents/fellows 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/fellows 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

*Lauren Reisberg, FNP, HealthLinc*

*Megan Wilbert, MSN, FNP, APP Post Graduate Training Director,  
International Community Health Services*

*Nicole Seagriff, DNP, APRN, FNP-BC, Vice President – Western Region,  
Community Health Center, Inc.*

# Questions?

# Contracts and Agreements



# Contracts & Agreements

- Immediately following the offer provide selected candidates with a formal employment contract.
- Determine method of delivery (electronic or direct mail) and length of time to return signed contract.
- The contract can be a modified version of your organization's existing employment contract. Items that may differ in the contract include:
  - ☐ Term of the contract- 12 month residency program
  - ☐ Practice location
  - ☐ Salary
  - ☐ PTO
  - ☐ CME
  - ☐ Employment requirement post residency year- determine length of commitment and subsequent year salaries.
- Will your program have a post-residency contractual commitment?

# Curriculum Development: Program Goals and Objectives

# Consortium for Advanced Practice Providers The Standards

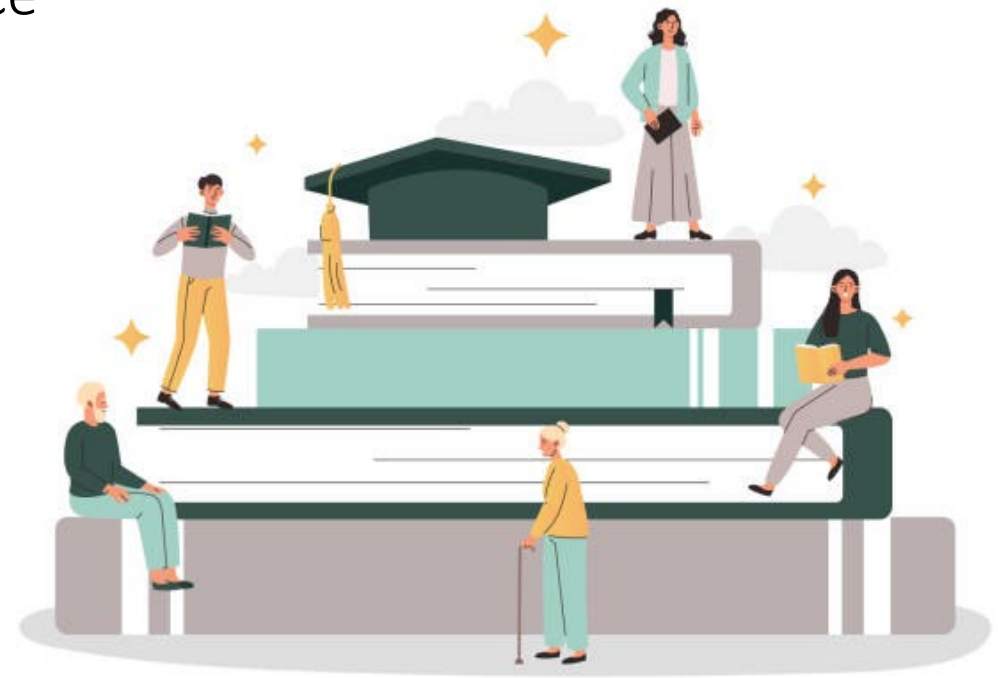
- Standard 1 – Mission, Goals and Objectives
- **Standard 2 – Curriculum**
- Standard 3 – Evaluation
- Standard 4 – Program Eligibility
- Standard 5 – Administration
- Standard 6 – Operations
- Standard 7 – Staff
- Standard 8 – Postgraduate Trainee Services



# 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
- Respect for Patient Values, Preferences, and Needs
- Leadership and professional development
- Health-related living needs
- Certificate of completion





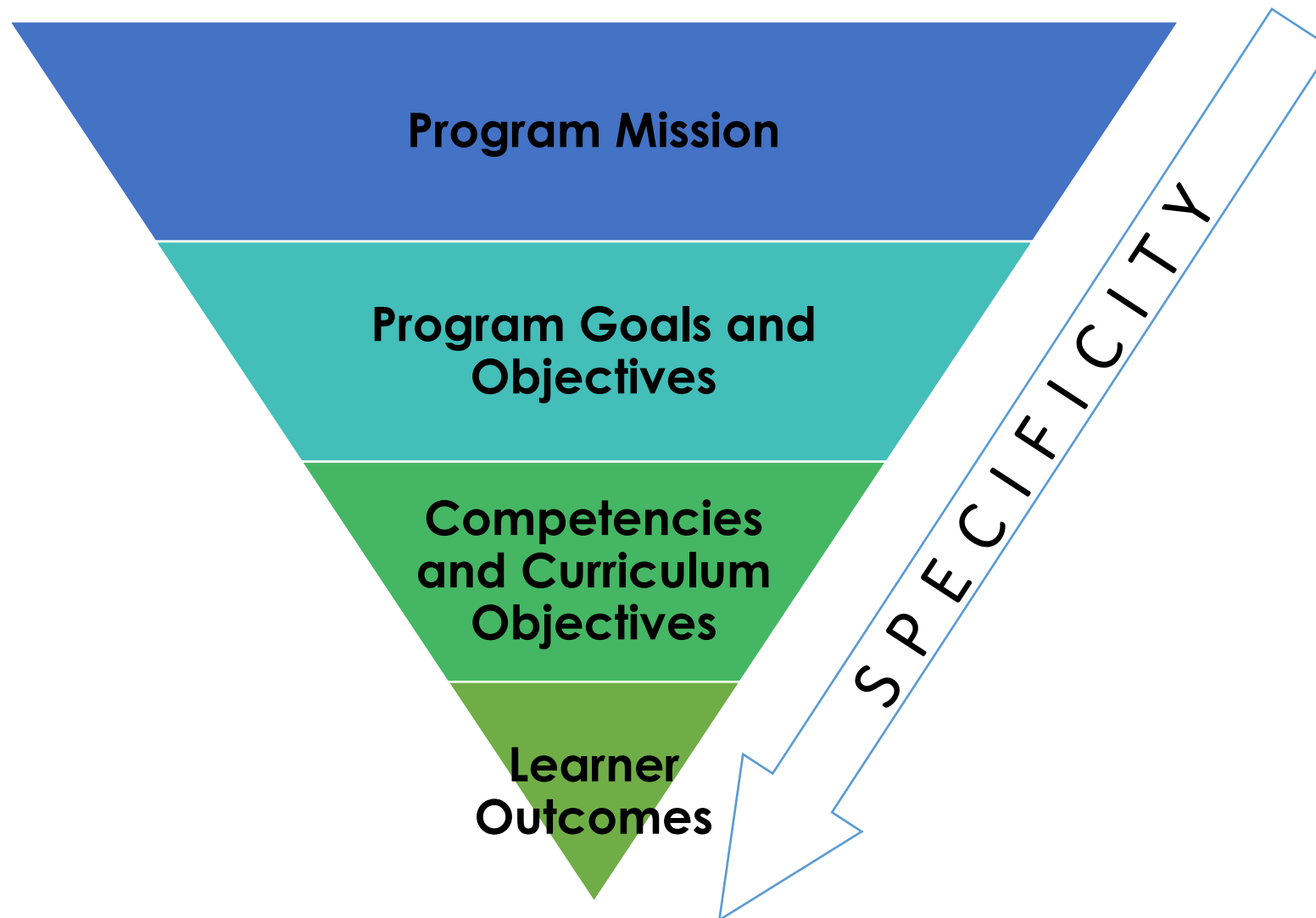
# Consortium for Advanced Practice Providers Competency Domains

1. Patient-Directed 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. Promoting Fairness and Respect in Healthcare



# Core Elements of Postgraduate NP and PA Residency Program

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care  Team-based care Integrated care Inter-professional collaboration  Data driven QI Expert use of technology Primary care innovations	Full Integration at Organization
Clinical Based Training Experiences (80% of time)		Education (20% of time)
<ul style="list-style-type: none"> <li>• <b>Precepted Continuity Clinics (40%):</b> Develop and manage a <i>panel of patients</i> with the <i>exclusive and dedicated</i> attention of an expert preceptor.</li> <li>• <b>Mentored Clinics (20%):</b> Working alongside a primary care provider, seeing patients for/with them with a focus on chief complaints, practice efficiency, and mastery of skills.</li> <li>• <b>Specialty Rotations (20%):</b> Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice.</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Didactic Education:</b> High volume and burden topics most commonly seen in primary care.</li> <li>• <b>Project ECHO:</b> Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and MOUD.</li> <li>• <b>Quality Improvement Training:</b> Training to a high performance QI model, including frontline process improvement, and the clinical microsystem approach to identifying areas that need improvement and designing approach to implement and test improvement strategies.</li> </ul>



# 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

<b>Program Goal #2</b>	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.....
<b>Program Objective(s) for Goal #2</b>	<ol style="list-style-type: none"> <li>1. Establish and meet targets for each postgraduate trainee panel for a wide range of patients by age, sex, and clinical complexity and challenges</li> <li>2. Require postgraduate trainee to complete rotations in 10 specialty areas</li> <li>3. Require accomplishment in a specified number of clinical procedures by each postgraduate trainee</li> </ol>
<b>Curricular Element linked to Objective</b>	<ol style="list-style-type: none"> <li>1. Clinical-based practice and patient care experiences</li> </ol>
<b>Curriculum objective at the competency level</b>	<ol style="list-style-type: none"> <li>1. Clinical Learning Objective for curriculum element precepted clinic: Provide patient-directed care that is compassionate, valued, appropriate and effective for the treatment of health problems and the promotion of health (competency #1)</li> </ol>
<b>Learner outcome</b>	<ol style="list-style-type: none"> <li>1. Assess for, diagnose, treat, and manage over time common medical conditions experienced in primary care (subdomain of competency #1): Hypertension, diabetes.....</li> </ol>

# 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, the postgraduate trainee 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 health outcomes 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"> <li>1. Gain comfort with the pre-op consultation</li> <li>2. Learn recognized language for the progress note</li> <li>3. Be able to decide on testing</li> <li>4. Anticipate lesser-considered issues and their implications</li> </ol>

# Questions?

# Wrap-Up

# Deliverables

- ✓ Continue to work on Progress Checklist
- ✓ Draft didactic curriculum
- ✓ Work on Showcase Presentation (due February 27<sup>th</sup>)

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





# Showcase Overview

- **Showcase Template Due Date:** Friday February 27<sup>th</sup>
- **Showcase Presentation Date:** Tuesday March 10<sup>th</sup> at 1pm Eastern / 10am Pacific
- **Showcase Purpose**
  1. Tell the story of your health center's work during this community of practice (CoP)
  2. Generate reflections among you and the other team members about your involvement in this CoP
  3. Share your work in future meetings with health center staff, leadership, and stakeholders (e.g. health center board of directors, community partners, funders)
- **Showcase Process**
  - Complete the "Response" in the template (sent via email)
  - If you do not have a response for the box, then please delete the box
  - You may adjust the template to fit your health center's "style", such as the font, color, formatting, etc. Additionally, if you have your own health center template available, you may use that. Feel free to be creative and make this your own!
  - Send your completed template to Bianca Flowers ([flowerb@mwhs1.com](mailto:flowerb@mwhs1.com)) by Friday February 27<sup>th</sup>
  - Be prepared to share the showcase in the last learning session on Tuesday March 10<sup>th</sup> at 1pm ET / 10am PT

# Next Steps

- **Team Leader Check-In Calls**
  - Tuesday January 20<sup>th</sup> 1:00pm Eastern / 10:00am Pacific
  - Tuesday February 3<sup>rd</sup> 1:00pm Eastern / 10:00am Pacific
- **Session 5: Tuesday February 10<sup>th</sup> 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!



# Weitzman Education Platform

**Weitzman Education Platform** – this will serve as the platform to receive CE credits for each learning session and access recordings/slide decks/resources:

- Register for the course here: <https://education.weitzmaninstitute.org/content/nttap-postgraduate-nurse-practitioner-np-andor-physician-associate-pa-training-programs-5>
  - Access Code: PGR2025
- If you do not have an account, follow these instructions:  
<https://education.weitzmaninstitute.org/user/register>
  - Choose a username, password (save it somewhere safe so you can continue to use it!), and fill out some basic user information.
  - Click Create New Account.
  - If you encounter any technical difficulties, please reach out to myself or [submit a ticket](#).

# 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

### **HEALTH CENTER RESOURCE CLEARINGHOUSE**

 **HEALTH CENTER RESOURCE  
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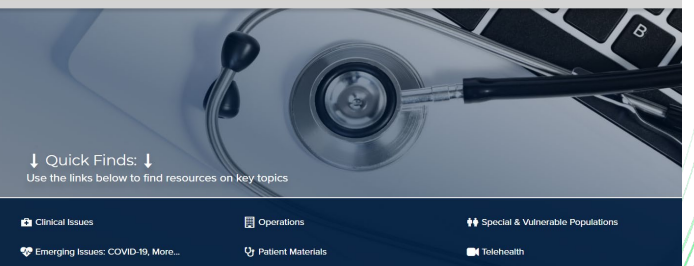
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## Contact Us!

**Amanda Schiessl**

*Program Director/Co-PI*

[Amanda@mwhs1.com](mailto:Amanda@mwhs1.com)

**Meaghan Angers**

*Senior Program Manager*

[angersm@mwhs1.com](mailto:angersm@mwhs1.com)

**Bianca Flowers**

*Program Manager*

[flowerb@mwhs1.com](mailto:flowerb@mwhs1.com)

## REMINDER: Complete evaluation in the poll!

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