

# West Virginia Primary Care Association – Training the Next Generation Within Health Centers

Tuesday March 25<sup>th</sup>, 2025

2:00-3:00pm Eastern

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# Speakers

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DO IT FOR.**



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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.

### **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.

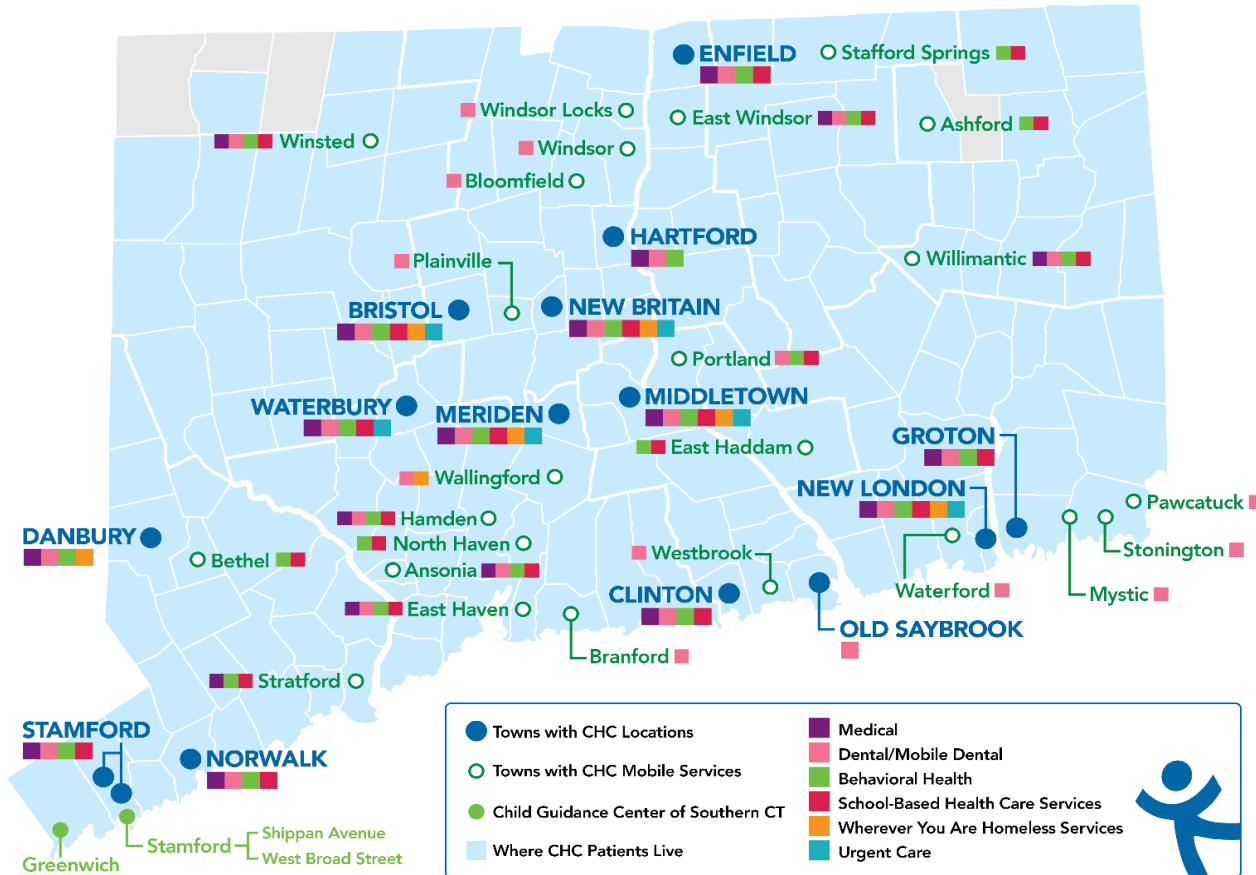
### **The Weitzman Institute**

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



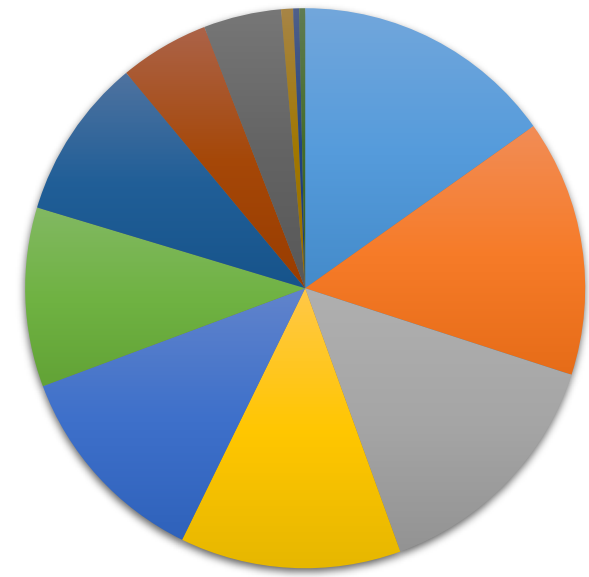
## Overview

- 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

# Training the Next Generation at CHCI

- 2024: 290 students and medical, dental, and psychiatry residents completed training rotations
- Student disciplines include medical, nursing, behavioral health, dental, chiropractic, dietitians, public health, and more
- Placements primarily onsite



■ Nurse Practitioner	■ Behavioral Health	■ Dental Hygiene
■ Medical Resident	■ Medical Assistant	■ Non-clinical
■ Chiropractic	■ Undergraduate Nursing	■ Medical Student
■ Dental Assistant	■ Dietitian	■ Physician Assistant



# CHCI’s Clinical-Related Workforce Development Efforts

Program	Established Year
Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician)	1980
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003
Postgraduate Nurse Practitioner (NP) Residency Program	2007
Postdoctoral Psychology Residency Program	2011
The Consortium for Advanced Practice Providers	2015
National Institute for Medical Assistant Advancement (NIMAA)	2016
Center for Key Populations Fellowship	2017
Psychology GPE Doctoral Practicum Students	2019
Weitzman Education – Joint Accreditation	2020

# CHCI's Non-Clinical Workforce Development Efforts

Program	Established Year
Wesleyan University Communities Class Research	2006
Administrative Fellowship	2017
AmeriCorps / ConnectiCorps	2019
Health Policy Fellows	2020
Truman-Albright Health Policy Fellowship	2020



# 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>.

# Objectives

- Understand best practices for training the next generation
- Learn about replicable models for training the next generation
- Gain knowledge and confidence about tools, resources, and emerging best practices for workforce pathway programs

# Workforce Pathways and Resources

# Workforce Pathways

CHC has followed the below workforce pathways:

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

# Workforce Pathways

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# Essential components to organizing and supporting safe, high quality, satisfying, and productive educational and training experiences

Identify your wishes and priorities

Identify your capacity

Identify your infrastructure requirements



Nurse Manager, Patrick Murphy, with Quinnipiac University DEU Nursing Students



CHC/NIMAA Inaugural Medial Assistants

## Goals, Values, and Aims

- It is important before pursuing health professions training to ask yourself: ***What are our organization's goals, values, and aims of investing in health professions training?***
  - It is imperative that you not only answer this question, but that you incorporate health professions training into your health center's mission and strategic plan, and communicate that it is a priority to the entire organization, as well as to all potential candidates.
  - To build a successful culture of training and education in your health center, teaching must be part of your mission.

# Choosing an Academic Partner

- Decision to affiliate with an academic institution can be based on some of the following characteristics:
  - Geography
  - Ranking
  - Strategic partnership
  - Capacity for requested discipline
  - Current staff alumni
  - Willing and available preceptors
  - Contributions to pipeline
  - Ability to contribute stipends/compensation for students

# Guiding Principles for Partnerships Between Health Care and Academic Institutions

<p><b>Collaborative relationships</b> between academia and practice are established and sustained through:</p>	<ul style="list-style-type: none"> <li>• Formal relationships established at the senior leadership level and practiced at multiple levels throughout the organization</li> <li>• Shared vision and expectations that are clearly articulated</li> <li>• Mutual goals with set evaluation periods</li> </ul>
<p><b>Mutual respect and trust</b> are the cornerstones of the practice/academia relationship and include:</p>	<ul style="list-style-type: none"> <li>• Joint accountability and recognition for contributions</li> <li>• Frequent and meaningful engagement</li> <li>• Mutual investment and commitment</li> <li>• Transparency</li> </ul>
<p><b>Knowledge is shared</b> among partners through mechanisms such as:</p>	<ul style="list-style-type: none"> <li>• Commitment to lifelong learning</li> <li>• Shared knowledge of current best practices</li> <li>• Joint preparation for national certification, accreditation, and regulatory reviews</li> </ul>
<p><b>A commitment is shared</b> by partners to maximize the potential of each registered nurse [or health professions student] to reach the highest level within his/her individual scope of practice including:</p>	<ul style="list-style-type: none"> <li>• Culture of trust and respect</li> <li>• Shared responsibility to prepare and enable nurses [or health professions students] to lead change and advance health</li> </ul>

# Restructuring Communication with Partners

- Begin to prepare existing partnerships on the new process
- Prepare to collaborate with contact personnel at academic institution to complete forms, contract/agreement or addendums in regards to existing partnerships and new
- Work with clinical leadership team to determine current and future site capacity to accommodate placements overall to make determinations on affiliations
- Ask yourself: *What position in our organization is best to manage the relationship with academic institutions?*
- Identify point of contact at the academic institution

# Best Practices for Communicating with Academic Partners

- Maintain clear and constant communication on expectations on capacity and possibility for placements
- Continue to respond accordingly to all application questions including providing updates
- An affiliation agreement creates the foundation to accept requests for placement – it does not commitment to placements
- Sample Communication Plans on page 200 of the [\*Team-Based Primary Care in Health Centers\*](#) book

# Assessing Organizational Capacity

- Assess and approve your organization's clinical staff on their availability to precept
- Maintain an available preceptor capacity report
- Communicate with available preceptors regarding their interest
- Assess secondary review for available space, day(s) of the week
- Formally match preceptors to students

# Organizational Capacity

- Capacity changes rapidly in primary care and must be assessed regularly, at a minimum a few months before each semester starts for your academic partner programs.
- At some point, it is likely that you will be unable to informally manage the incoming volume of requests in an efficient, orderly, and safe way that ensures success for students, health center staff, and the academic partner.
  - This is the situation CHCI found itself in around 2017. After decades of various clinical and organizational leaders managing the process, we had to admit that we just could not continue without real focus and structure.

# Using the Readiness to Train Assessment Tool (RTAT) to Understand Capacity

**Additional Resources Subscale:** The following resources are available and sufficient to implement and carry out the health professions training program: Staff (e.g., interested and qualified preceptors/ supervisors).

- Use results from this subscale to determine readiness
  - Full Readiness [4.00-5.00] – begin outreach to preceptors
  - Approaching Readiness [3.99-3.00) – need to discuss with leadership further to assess readiness
  - Developing Readiness [1.00-2.99] – may need to determine a different program to invest in

# What makes a good preceptor?

- Preceptors are critical to the success of pre-professional students or postgraduate trainees in the health professions.
- Preceptors teach at the point of care, usually while also caring for their own patients, making for a complex work environment.
- Preceptors must be adept at teaching—creating and facilitating clinical learning experiences that foster student attainment of learning objectives, and assessing whether those objectives have been met.
- Preceptors must model professional behavior, including communication and collaborative skills with other professionals as well as with patients.

# Who is available to precept?

- Begin by considering your capacity to train students or postgraduate trainees in a requested discipline, which is predicated on the availability of clinical preceptors in that discipline.
  - The number of students you can accept per semester is absolutely tied to how many willing and able preceptors are available.
  - Each preceptor's availability may change from time to time and will require review by your clinical leadership.
- Assess and approve your organization's clinical staff on their availability to precept
  - Do you have a list of clinical staff to review?
  - Who will review/approve?
  - Who will maintain this list?

## Preceptor Criteria to Consider:

- Length of time in the organization
- Percentage of FTE
- Business title
- Site location
- Performance (e.g. unlocked notes every week)
- Other commitments (e.g. leadership role, faculty positions)
- Personal factors (e.g. in school, personal leave)
- Fit for teaching/training
- Length of time in organization

# Conducting Secondary Review

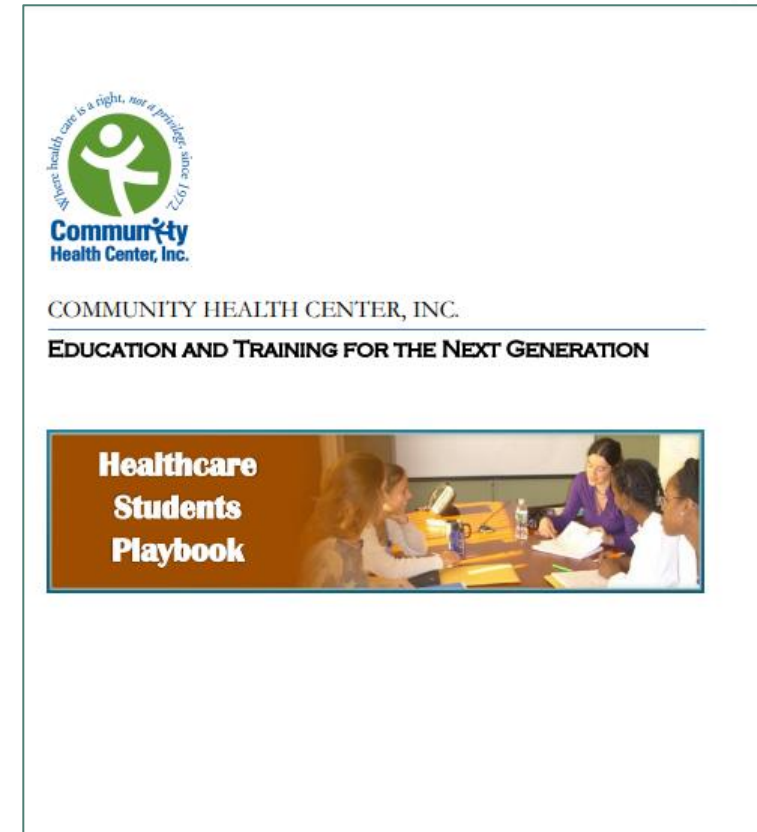
- Although you may have a willing and available preceptor, a quality student training experience requires:
  - Adequate space on site (e.g. desk, set-up, parking)
  - Adequate training time to EHR
  - Set up in systems (e.g. email, EHR accounts)
  - Equipment (e.g. laptop)
  - Adequate onboarding to organization

## Best Practice:

# Health Professions Student Training Playbook

**Purpose:** Tool to promote a highly organized, streamlined, and efficient process that supports the needs of the organization, the academic/training institutions, and the students

Link to [CHCI's Health Professions Student Training Playbook](#)



# Playbook Overview and Road Map

- Partnership Approval and Communications with Schools
- Affiliation Agreement Management
- Student Capacity
- Initiating the Onboarding of a Student
- Communication with Student
- Student is Trained
- Student Arrives
- Student Documentation and Reporting
- Off-boarding



# Health Center Team Accomplishments by Investing in Health Professions Student Training:

- Developed a standardized **affiliation agreement template** for academic partners with direct oversight by the organization's Director of Risk and Corporate Compliance
- **Standardized the learner experience** across all departments and promoted interdisciplinary learning across the health center (e.g. uniform application and onboarding process, IT system access)
- Created **tools to evaluate student capacity and effectiveness** of the training program
- Successfully implemented a **playbook** and passed it off to the incoming Student Coordinator
- Equipped learners to be **interested in a career in a community health setting**

# Health Professions Student Training Programs Resources

- 6-month Community of Practice – email Meaghan Angers, [angersm@mwhs1.com](mailto:angersm@mwhs1.com), to learn more!
- Training the Next Generation: Best Practices for Gaining Leadership Support and Implementation Planning [Slides](#) | [Video](#)
- Using the RTAT to Assess Organizational Capacity [Slides](#) | [Video](#)
- Health Professions Student Training Webinar: Assessing Organizational Capacity [Slides](#) | [Video](#)

# Workforce Pathways

CHC has followed the below workforce pathways:

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

# The Road to Developing a Postgraduate NP and/or PA Residency Program

- ✓ Answer the question: What are your drivers for starting a program?
- ✓ Learn the core elements of a Postgraduate NP/PA Residency Program
- ✓ Assess your organizations resources – physical, human, and financial
- ✓ Secure top to bottom support
- ✓ Engage internal and external stakeholders
- ✓ Understand the benefits

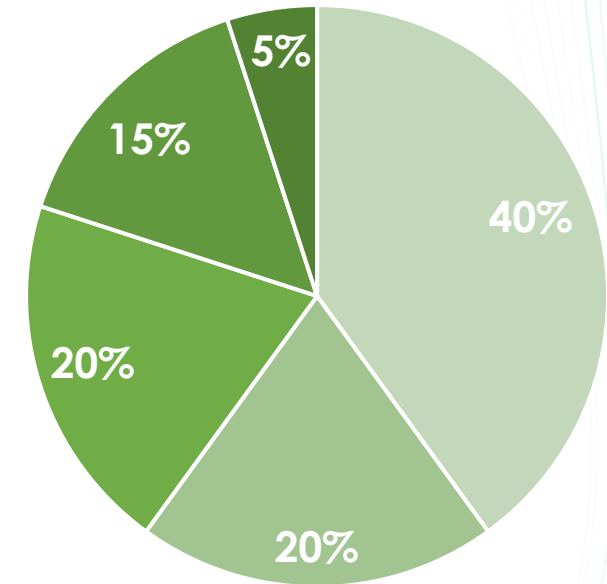
# Why Start a Postgraduate NP/PA Residency Program?

- Address the shortage of expert providers
- 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 and competence 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

# Elements of a Postgraduate NP/PA Residency Program

- 12 Months Full-time Employment
- **Precepted Continuity Clinics (40%)**: Residents develop and manage a panel of patients with the exclusive attention of an expert preceptor (NP, PA or Physician)
- **Specialty Rotations (20%)**: Experience in primary care specialty areas to expand and enhance resident practice knowledge and skills
- **Mentored Clinics (20%)**: Work within a primary care team focusing on chief complaints, efficiency, episodic, and acute care
- **Didactic Sessions (15%)**: Topics that are high volume, complexity and/or burden topics in primary care.
- **Quality Improvement Training (5%)**: Training to a high performance QI model, including front line QI improvement, data driven QI, and leadership development.

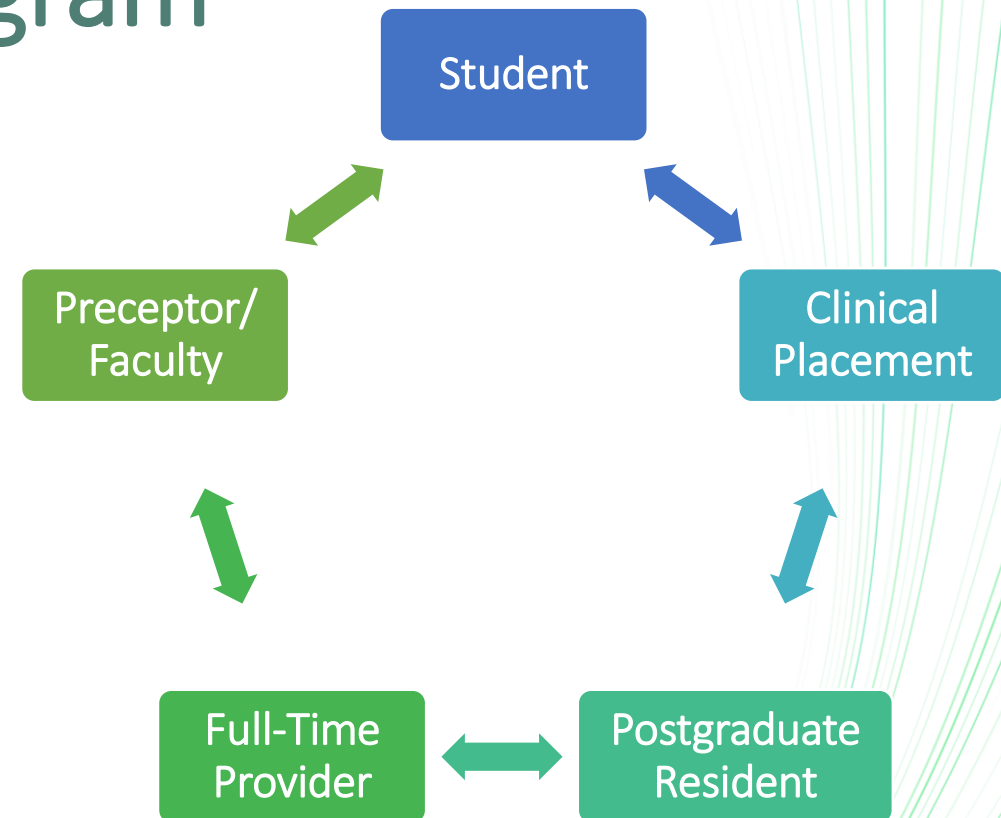
**Core Elements of a Postgraduate NP and NP/PA Training Program**



■ Precepted Continuity Clinic      ■ Specialty Rotations  
 ■ Mentored Clinics                    ■ Didactic Sessions  
 ■ Quality Improvement Training

# Benefits of the Postgraduate NP/PA Residency Program

- Develop a Clinical Workforce Development Pathway
  - CHCI has graduated 167 residents
  - Currently, 61 alumni of CHC's NP Residency Program are full-time employees. Most serve as leaders, preceptors, and faculty.
- Train new nurse practitioners and/or physician associates to your model of care and for your patient population



# Sustained Impact of a Postgraduate Residency Training Program on Nurse Practitioners' Careers

- This study sought to understand the impact over time of Community Health Center Inc.'s postgraduate NP residency program on the subsequent career paths of alumni who completed the program between 2008 and 2019.
  - Explored alumni's current reflections on the impact of their postgraduate residency training on their transition to the post-residency year and beyond, professional development and career choices
- The survey's response rate was 72%. Most (74%) of the participating alumni indicated they were still practicing as primary care providers. Of these, **57% were practicing at FQHCs.**
- Nine subthemes were identified from the interviews, with an overarching theme that the program was foundational to a successful career in community-based primary care and that the impact of the program continues to evolve.

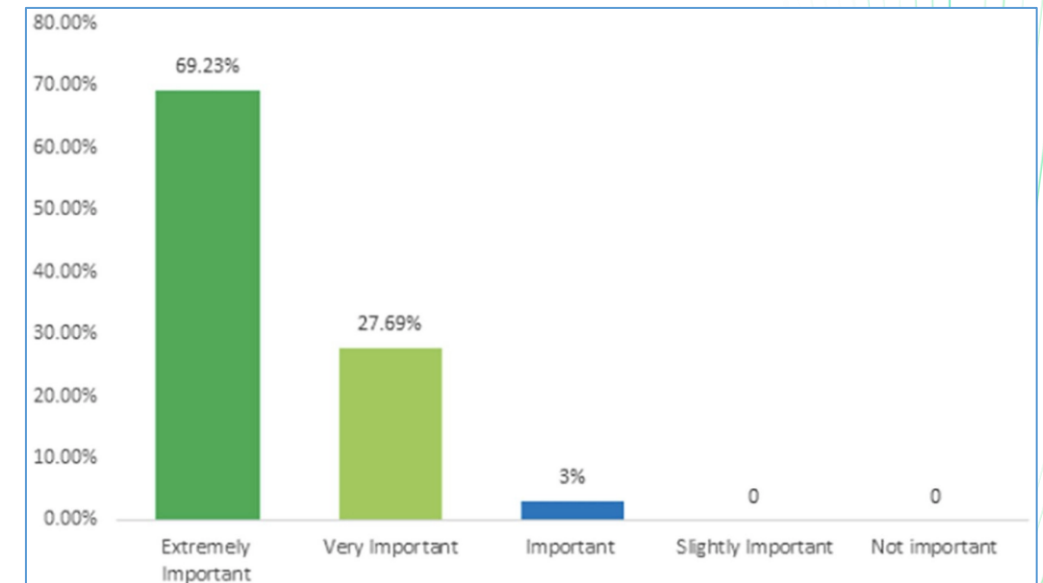


Figure 4. Importance of NP residency programs in today's health care environment (n=65).

# Postgraduate NP and PA Training Programs Resources

- Training the Next Generation: Residency and Fellowship Programs for Nurse Practitioners in Community Health Centers [digital book](#)
- 6-month Community of Practice – email Meaghan Angers, [angersm@mwhs1.com](mailto:angersm@mwhs1.com), to learn more!
- Implementing Nurse Practitioner (NP) and NP/Physician Associate (PA) Postgraduate Training Programs: Program Development, Recruitment Strategies, and Accreditation [Slides](#) | [Video](#)
- Postgraduate Nurse Practitioner/Physician Assistant Residency and Fellowship Programs: Discussing Your Key Program Staff and Responsibilities [Slides](#) | [Video](#)
- Building the Case for Implementing Postgraduate NP Residency and NP/PA Training Programs | [Video](#) | [Slides](#)

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## Why NIMAA?

- Flexible Online Learning
- Hands-On In-Clinic Experience
- Affordable Cost
- 29-Week (8-Month) Program
- Accredited Training
- Tuition Assistance for Eligible Applicants

<https://www.nimaa.edu/admissions/>



# NIMAA's Structure and Curriculum

## Learning takes place through:

- Personalized support
- Live and recorded sessions
- Interactive materials
- Discussion groups
- Customized education and mentoring

Traditional MA Training	Team-Based Care Concepts
<ul style="list-style-type: none"> <li>• Rooming patients</li> <li>• Taking vital signs</li> <li>• Teach-back at the end of visits</li> <li>• Communication skills</li> <li>• Agenda setting</li> <li>• Goal setting</li> <li>• Self-management support</li> <li>• Venipuncture</li> <li>• Quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Working in an inter-professional team</li> <li>• Integrated team-based primary care</li> <li>• The MA role in care coordination</li> <li>• Motivational interviewing</li> <li>• Population health</li> <li>• Management of a large panel</li> </ul>

# Benefits of Becoming an Externship Organization

1. Develop a high-quality workforce pathway
2. Strengthen ties with the community
3. Increase staff satisfaction and retention
4. Shift burden away from re-training

Upon graduation, NIMAA students know their externship organization's mission, culture, and workflow and are prepared to hit the ground running as effective care team members within the organization.



For more information,  
 visit Part IV of the  
*Team-Based Primary  
 Care in Health  
 Centers* book!



"Training the next generation of your primary care team prepared to serve your specific patient population is an effective way to plan for the future and create a sustainable workforce pathway."

**PART IV**

**Training the Next Generation**



Training the next generation of your primary care team to serve your specific patient population is an effective way to plan for the future and create a sustainable workforce. Training the next generation is one of Community Health Center, Inc.'s (CHCI's) three foundational pillars that is core to our mission and is shared across the nation by our peers. Each calendar year, Health Resources and Services Administration (HRSA) health center and look-alike awardees are required to report a core set of information as part of a standardized reporting system known as Uniform Data System (UDS). **In 2019, HRSA's UDS report introduced Table WFC: Workforce to the reporting requirements. As of 2023 UDS data, 85.33% of health centers provide health professional education/training; 85.12% do so in partnership with educational and postgraduate institutions and 20.03% sponsor their own programs** (HRSA, 2023a). This displays the increased effort within primary care to grow our own workforce in response to shortages of health care personnel and the need for sharing best practices and replicable models. The COVID-19 pandemic, along with other challenges such as the opioid epidemic, demonstrated the importance of a well-trained, competent, and responsive public health workforce for safeguarding the health of the nation. To continue to grow our own workforce, the Bureau of Health Workforce (BHW) within HRSA has increased workforce funding to provide access to health services and improve the quality, distribution, and supply of the nursing, behavioral health, and public health workforce to communities in need (Padilla, 2023).

From your own experience, you know that for health centers, the COVID-19 pandemic has only worsened long-term challenges in recruiting and retaining health care workers (Damian, et al., 2021; National Association of Community Health Centers, 2019; Wakefield, 2021). In November 2022, the National Center for Health Workforce Analysis (NCHWA) under the HRSA released workforce projections through 2035 to better understand how changes in population will affect workforce demands within health centers (National Center for Health Workforce Analysis, 2022a). Nationally, across all physician specialties in the United States, there is a projected shortage of 81,180 full-time equivalent (FTE) physicians. However, these workforce projections also demonstrate an excess of nurse practitioners (NP) and physician associates (PA), which will mitigate the shortage, but only if these health professionals are fully prepared for practice in the challenging setting of health centers (National Center for Health Workforce Analysis, 2022b). If not addressed now, these projected impactful

# Questions?