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On behalf of our APC residency program, we would like to extend a warm welcome to you! We are thrilled that you have chosen to accept a residency position with us, and we are excited to learn more about you. Our program is dedicated to providing the highest level of medical education and training to our APC residents, and we are committed to helping you achieve your career goals. We believe that you have the potential to become an outstanding provider, and we are honored to have the opportunity to help you develop your skills and knowledge. Our program is designed to provide you with a comprehensive and challenging curriculum that will prepare you for a successful career in medicine. Our experienced faculty members are experts in their respective fields and are dedicated to providing you with the guidance and support you need to excel. You will also have the opportunity to work with a diverse patient population, allowing you to develop the skills necessary to succeed in today's healthcare environment. Our program is committed to fostering a culture of collaboration and teamwork, and we encourage our residents to work closely with their colleagues and faculty members to achieve their goals. We believe that by working together, we can create a supportive and positive learning environment that benefits everyone. We are confident that our program will provide you with the knowledge, skills, and experience you need to become a successful provider.

We look forward to watching you grow as a provider and achieving your goals with the program.

Sincerely,

APC Residency Team

Statement of purpose:

We aim to create a unique and comprehensive primary care postgraduate training year for Advanced Practice Clinicians interested in working in rural, low resource areas, and equip them with the necessary skills to provide compassionate, evidence-based care to an underserved, medically complex patient population such as that of Humboldt County.

Our Commitment to Diversity, Equity, and Inclusion:

We are dedicated to recruiting and retaining a diverse group of faculty and residents committed to maintaining a high standard of excellence and cultivating an environment of ongoing learning and growth; building a workforce that is inclusive and representative of the wonderful communities we serve.

The APC Residency Program has the following goals:

- Increase access to quality primary care for underserved and special populations by training family practice nurse practitioners in a FQHC
- Prepare residents for full and autonomous expert care of complex underserved populations across all life cycles and in multiple settings
- Provide new Nurse Practitioners (FNPs) and Physician Assistants (PAs) with a depth, breadth, volume, and intensity of clinical training necessary to serve as primary care providers in the complex setting of the country's FQHCs
- Train new FNPs and PAs in a model of primary care consistent with the Institute of Medicine (IOM) principles of health care and the needs of vulnerable populations
- Improve the clinical skills, confidence, productivity, and job satisfaction of new FNPs and PAs who choose to work in underserved community settings, as well as contribute to their employer satisfaction and workforce retention
- Increase the number of FNPs and PAs ready to serve in leadership roles within community health settings

APC Residency Contact Information

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APC Residency Program Sample Schedule



Advanced Practice Clinician
Residency Program

	Monday (specialty/primary care)	Tuesday (specialty/primary care)	Wednesday (precepted clinics)	Thursday (didactics)	Friday (precepted clinics)
AM 8am-12pm	Pediatrics Specialty Clinic	Primary Care Mentored Clinic	<ul style="list-style-type: none"> Precepted Continuation Clinics Monthly procedure clinic 	<ul style="list-style-type: none"> Virtual EKG Training 8am-8:30am QJ Seminar 9am-10:30 	<ul style="list-style-type: none"> Morning Hot Topics Monthly Point of Care Ultrasound (POCUS) Training Precepted Continuation Clinics
Lunch 12pm-1pm					
PM 1pm-5pm	Pediatrics Specialty Clinic	Primary Care Mentored Clinic	Precepted Continuation Clinics	<ul style="list-style-type: none"> Didactics 11am-2pm 2pm-5pm ADMIN Monthly Orthopedic Clinic 2pm-5pm 	<ul style="list-style-type: none"> Monthly Longitudinal Pediatrics Clinic

2023-2024 Specialty Rotation Year Overview

	Example of Resident Rotations
September	Women's Health - Open Door Community Health Centers Gynecological Services
October	Women's Health - Open Door Community Health Centers Gynecological Services
November	Pediatrics - Open Door Community Health Centers Pediatric Department
December	Orthopedics - Providence Medical Group Orthopedics
January	Psychology - Dr. Shannon Chavez, MD
February	Dermatology - Providence Medical Group Dermatology
March	Diabetes Management - Christopher West, NP, PHD
April	Chiropractic Care - Active Care Chiropractic
May	Cardiology - Providence Medical Group Cardiology
June	Palliative/End of Life Care - Hospice of Humboldt
July	Addiction Medicine Waterfront Recovery Services
August	Elective/Acute Care - Telehealth and Visiting Specialist Center
September	Elective/Acute Care - Telehealth and Visiting Specialist Center

****The Schedule May Change Based on the Availability of Specialty Providers.****

Important Trainings and Meetings

- Weekly QI Seimar and ECHO Pain Sessions hosted by CHC: Alternating Thursdays 8:30 AM -10:00 AM.
- Weekly Didactics hosted by CHC: Thursdays from 11 PM -2 PM
- Monthly Mentor/Advisor Check-Ins : Timing is to be determined depending on resident and mentor schedules.
- Monthly ECHC Provider Meetings: 1st Wednesday of the month 12PM-1PM
- Monthly Green Pod Meetings: 1st Tuesday of the month 12PM-1PM
- Monthly Care Team Check-In (Monthly on Thursdays time TBD)
- Weekly Morning Hot Topics: Weekly on Fridays at 7:30 - 8:00 AM
- Quarterly Journal Club Thursdays at 5:30 PM - 6:30 PM
- Monthly Procedure Clinic: Every 3rd Wednesday AM clinic of the month.
- As needed check-in with Program Leadership (Lance, Tricia, Malia, and Sarah)

Hot Topic Schedule and Assignments

Oct 2023:

Week 1 (Pasha) – asthma
Week 2 (Jessa) – abnormal uterine bleeding
Week 3 (Jessica) - multiple myeloma
Week 4 (faculty) – Malia – hep c/cirrhosis

Nov 2023:

Week 1 (Pasha) - pharyngitis
Week 2 (Jessa) – contraception/vaginitis
Week 3 (Jessica) - pulmonary fibrosis
Week 4 (faculty) – n/a (holiday)

Dec 2023:

Week 1 (Pasha) - insomnia
Week 2 (Jessa) – arthritis (OA/RA)
Week 3 (Jessica) - conjunctivitis
Week 4 (faculty) – Beth – psych (depression)
Week 5 – n/a

Jan 2024:

Week 1 (Pasha) – gout/pseudogout
Week 2 (Jessa) - anxiety
Week 3 (Jessica) - glaucoma
Week 4 (faculty) – Beth – psych (bipolar)

Feb 2024:

Week 1 (Pasha) – thyroid nodule
Week 2 (Jessa) - AKI
Week 3 (Jessica) - sleep apnea
Week 4 (faculty) – Chris – oral DM meds/DM2 clinical

Mar 2024:

Week 1 (Pasha) - CKD
Week 2 (Jessa) – pulmonary nodules

Hot Topic Schedule and Assignments Cont.

Week 3 (Jessica) - hidradenitis suppurativa

Week 4 (faculty) – Chris – insulin management/DM1 clinical

Week 5- n/a

April 2024:

Week 1 (Pasha) - CHF

Week 2 (Jessa) - Gastrointestinal bleeding

Week 3 (Jessica) - acne vulgaris

Week 4 (faculty) – Celeste - polypharmacy

May 2024:

Week 1 (Pasha) - anemia

Week 2 (Jessa) - Syncope

Week 3 (Jessica) - hyperthyroidism

Week 4 (faculty) – Chris – DM equipment

Week 5- n/a

June 2024:

Week 1 (Pasha) – alcohol use d/o

Week 2 (Jessa) - dementia

Week 3 (Jessica) - multiple sclerosis

Week 4 (faculty) – Tricia – peripheral neuropathy

July 2024:

Week 1 (Pasha) – AMS/Delirium

Week 2 (Jessa) – DVT/VTE/PE

Week 3 (Jessica) - complex regional pain syndrome

Week 4 (faculty) – Beth – psych (ADHD)

August 2024:

Week 1 (Pasha) - osteoporosis

Week 2 (Jessa) - menopause

Week 3 (Jessica) - erectile dysfunction/ female sexual arousal disorder

Week 4 (faculty) – wrap up

Explanation of Precepted and Mentored Clinics

Precepted Clinic Expectations:

APC Residents develop and manage a panel of patients with the exclusive and dedicated attention of an expert preceptor.

Full Attention from Preceptor: When you are in a precepted clinic, the preceptor will be fully focused on you, the resident. Initially, this means the preceptor will join you in the patient room to observe your clinical skills and interactions. Over time, the preceptor's role will transition to providing support outside the room.

Clinical Presentation and Feedback: For each patient visit, you will present your clinical findings and proposed treatment plan to the preceptor. They will provide feedback on your presentation, the content, and the flow, as well as on your assessment and treatment plan. Each patient encounter will be used as a learning opportunity.

Documentation Responsibilities: You are responsible for documenting the visit, including writing, and locking the note. The preceptor will review your notes, provide feedback, and sign off on them via an addendum to acknowledge their oversight.

Mentored Clinic Expectations

Mentored Clinics focus on a diversity of chief complaints, efficiency, and acute care working within a primary care team.

Routine Patient Care Participation: On days designated for mentored clinics, you will work with a mentor during their routine patient care. The mentor will identify which patients are most suitable for you to see, usually focusing on acute visits as you build your own patient panel in the precepted clinic.

Collaboration and Decision-Making: You will see the patient first, then present the case to the mentor. Together, you will make any necessary adjustments to the treatment plan, ensuring it is appropriate and safe. After the visit, you will complete the documentation, send medications, and provide patient education.

Explanation of Precepted and Mentored Clinics (continuation)

Documentation Details You should note at the top of the visit note that the patient was seen by you, the resident, and supervised by the mentor. The note will be locked by the mentor, who may add an addendum if needed. The visit counts for the mentor in terms of billing.

Patient Introduction and Interaction: The mentor will decide whether to introduce you to the patient at the start of the visit or let you introduce yourself. They will also determine whether to join at the end of the visit to review the treatment plan with the patient. This decision will be based on the patient's preferences, their history with the provider, and whether they are known to the mentor.

This structure is designed to ensure you receive comprehensive training and feedback, helping you

Evaluation Plan

Timeframe	Evaluation	Completed By	Face to Face Meeting
Baseline	Self-assessment	Resident	N/A
6 months	Competency Assessment – Mid-Year	Resident (self-assessment) All preceptors Program Staff	Resident APC Residency Faculty Lead APC Residency Program Director Program Manager
12 months	Competency Assessment – End of Year	Resident (self-assessment) All preceptors Program Staff	Resident APC Residency Faculty Lead APC Residency Program Director Program Manager

Description of Evaluations

Evaluation Tool	Process for Completion
<p>Competency Assessment (Mid and End of year) – the competency assessment will be an evaluation tool based on the VA Competency Assessment tools. It will be modified to our program and setting to reflect the desired competency for residents to meet including the 1 to 5 rating scale used by the VA and ACGME.</p>	<p>At 6 and 12 month intervals the Competency Assessment Evaluation will be completed by a team of preceptors on each resident. All preceptors for the resident, including the Chief Preceptor, will complete the assessment as a group. Program Staff will also have the opportunity to weigh in as appropriate on evaluating the resident. The team will develop one completed assessment. The Lead Preceptor**, Chief Preceptor and one program staff member will meet face to face with the resident to review the full assessment.</p>
<p>Self-Assessment – The self-assessment tool will be the same evaluation tool that preceptors will use to evaluate the residents so that self-assessment and preceptor assessment can be measured against each other</p>	<p>The Resident completes the self-assessment tool at baseline, 6 month and 12 month intervals.</p>
<p>Mid-point Progress Assessment – The Mid-point progress assessment will be an opportunity for residents to get concrete feedback on their competencies at 3 and 9 month intervals. The focus of the progress assessment will be the resident's progress at meeting the designated competency areas as well as an opportunity to review and assess progress towards meeting established short term goals.</p>	<p>At 3 and 9 months, the Chief preceptor will complete an evaluation tool that is an abbreviated version of the full competency assessment. The tool will be completed during a precepted session and reviewed at the end. Final report will be sent to program staff.</p>

Remediation Plan

The APC (Advanced Practice Clinician) residency program at Open Door Community Health Centers maintains a comprehensive and transparent approach to disciplinary action, aligning with the overarching guidelines of the sponsoring organization. This ensures that clinical and administrative deficiencies are effectively addressed while upholding the organization's commitment to professional development and patient care excellence.

The program emphasizes open and respectful communication between supervisors, mentors, and residents. If deficiencies are detected, the resident is provided with constructive feedback and counseling sessions. These discussions aim to facilitate understanding, identify root causes, and collaboratively develop a plan for improvement. When clinical or administrative deficiencies are identified within the APC residency program, a thorough assessment is conducted to clearly outline the areas in need of improvement. This may involve performance evaluations, peer feedback, patient reviews, and other relevant sources of information. All findings are meticulously documented for future reference. In line with Open Door Community Health Centers' principles, a Corrective Action Plan (CAP) is meticulously crafted for residents requiring remediation. The CAP outlines specific goals, actions, and timelines for improvement. This plan is developed with input from the resident, their supervisor, and possibly a mentor, ensuring a collaborative and tailored approach. The APC residency program is committed to supporting residents in their growth journey. Residents on a CAP are provided with targeted resources, such as additional training, workshops, seminars, and access to educational materials. This empowers residents to enhance their skills and competencies.

The program establishes a structured schedule for progress monitoring, which includes regular follow-up meetings to assess the resident's advancement toward the goals outlined in the CAP. These meetings provide a platform for open dialogue, addressing challenges, and making any necessary adjustments to the plan. Residents in need of improvement receive dedicated mentorship from experienced clinicians. Mentors offer guidance, share insights, and provide practical advice to support the resident's progress throughout the remediation process.

Should a resident struggle to meet the expectations outlined in the CAP, the program ensures a clear escalation process. This might involve higher-level supervisors, human resources team, further tailored interventions, or additional support mechanisms, all while adhering to the guidelines set forth by Open Door Community Health Centers. By adhering to these policy and procedure guidelines, the APC residency program demonstrates its commitment to fostering professional growth, ensuring patient safety, and upholding the standards set by Open Door Community Health Centers as the sponsoring organization.

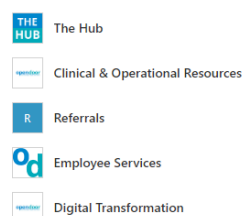


Open Door “The Hub” Provider Resources

Employee Self Service



My Sites



The Hub - clicking on this from the desktop will take you to our main internal page. You will be able to access multiple resources and needed work applications from here.

Workday- this is where you go to input your time card, PTO, and CME time off.

SABA Performance- this is where you would go for your online work trainings

DOJ - Cures - (located under Clinical & Operational Resources) CURES (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, Schedule III, Schedule IV and Schedule V controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

UpToDate - (located under Clinical & Operational Resources) is an evidence based, physician authored clinical decision support resource that assists clinicians with point-of-care decisions.

340B Price Guide - (located under Clinical & Operational Resources) is a customized, entity-specific publication available to Federally Qualified Health Centers, Disproportionate Share Hospitals, Indian Health Services and other health organizations that are eligible for the 340B drug discount program. More than just a cost list, the 340B Price Guide helps entities interpret and understand the ever-changing drug prices in the 340B "market" and how those prices not only impact the entity financially but patient care as well.

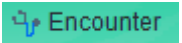
Formulary Search - (located under Clinical & Operational Resources) This search site is intended to help providers know formulary status of drug products, identify criteria for TAR authorization and to help determine appropriate formulary alternatives.

After Hours Call

Expectations-

1. Have phone on you at all times (with ringer ON) from 5pm to 8am the following day
2. Have your computer with you to access EPIC and chart/document
3. Answering service (707. 443-7001) will call you to give you patient info, phone number, and brief history
4. Call the patient once you have had a chance to get on your computer. Ask more about their concerns and assess what they need. Often these range from pharmacy issues, acute concerns (namely whether or not someone needs to go to ER), and medication errors
5. Document all conversations in telephone encounter and route to residency director and to PCP for review (see additional pages for more info). If it is determined that the call is appointment level, switch to “oneclick” scheduling and turn the call into an appointment to be charged.
6. Check-in with your back-up call physician if you have any questions or issues with the call. If you are not sure who the back-up is, the call answering service will know.
7. Call/text residency director, lead, or manager if you have any issues reaching back-up
8. ***If you receive a call on an OB patient that should not have been sent to you, please call the service and let them know to re-route it to the OB provider on call. Send a staff message to Debbie Fenada with patient’s name so she can document

Workflow- The process is for After Hours Call is as follows (if not turning into an appointment):

1. Open encounter (the stethoscope icon )
2. Search patient name
3. Select “New”

Contact Date	Contact Type	Provider	Department	RFV	Status
02/15/2023	Telephone	NUNEZ, ELVIRA	OD ECHC FP	Missed Appoin...	

New Search >> More Accept Cancel

Encounter Information: 1 loaded.

4.

After Hours Call Cont.

5. Select “telephone” for encounter type

Date: 4/8/2023

Type: Telephone

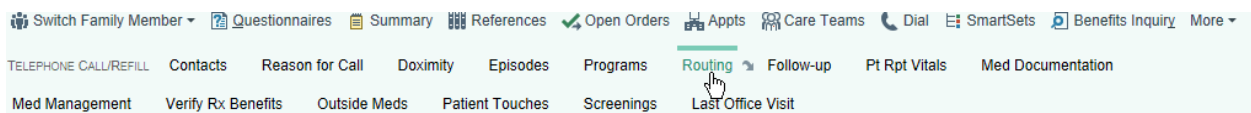
Provider: Malia Honda, MD PCP

Department: OD ECHC FP

Accept Cancel

6. Free text in the note (often in SOAP format)

7. Route chart by choosing the “routing” option where you can send to PCP and supervising physician



8. This last step will send it to “patient call” basket in provider inboxes which is often looked at in a timelier manner than cc’d charts. Also if it is something that needs to be acted on promptly, be sure to mark as “high priority”:

Routing

Route as: Patient Call

High Priority Low Priority

+ My List + PCP + Other Remove All

Enter recipients

Pool for Responses: Add a pool

Routing Comments: Enter non-clinical routing comments

Edit Fax Recipients

View Routing History

Close Workspace

*** Important phone numbers for After Hours Call are attached

For calls that will be turned into appointments:



O
R
G

Provider One Click Appointments: When To Use

One-Click scheduling is a tool that can be used by providers to put a patient on their schedule and then to check-in that person to create a medical encounter. This can be used help capture billable services we are providing for our patients when we do not already have them on the provider's schedule.

What is an Encounter? An encounter is documented contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.

In the UDS the encounter criteria are not met in the following circumstances when the only services provided are lab tests, x-rays, immunizations, Tb tests and/or prescription refills. Such services as drawing blood, collecting urine specimens, performing laboratory tests, taking Xrays, and filling/dispensing prescriptions, in and of themselves, do not constitute encounters.

There are 3 times when One-Click scheduling can be use:

- After hours/weekend (critical lab result, OB triage calls, provider working when clinic is not in session)
- During admin time
- During clinic (to quickly add a patient to your schedule and get them checked instead of relying on multiple people from your team)

When to Use One-Click

- Whenever you are contacting a patient and need to use clinical judgement or have a prolonged conversation with education and creating a new documented plan of care. Examples include:
 - ◊ When needing to have a discussion about a lab result to form a plan of care (education about results, lifestyle modifications, ordering following-up meds/labs/referrals)
 - ◊ When new orders are being requested that were not previously discussed (such as a referral or medications)
 - ◊ When needing to have a documented encounter in the medical record for ordering services such as imaging or DME
 - ◊ Responding to a MyChart message about an concern that will take clinical judgement to address
 - ◊ E.g. Hypo/hyperglycemia, the previous treatment plan did not work and the next step is not clear, tested positive for COVID and would like treatment
 - ◊ If the patient is not an established Open Door patient and is needing any orders.

When to Use One-Click

- Whenever you are contacting a patient and need to use clinical judgement or have a prolonged conversation with education and creating a new documented plan of care. Examples include:
 - ◊ Not all communication with patients outside of clinic hours needs to use One-Click
 - ◊ Quick result phone calls
 - ◊ Quickly checking in with a patient
 - ◊ Refilling an established medication
 - ◊ Letting a patient know they are due to be seen or need to come in for routine bloodwork
 - ◊ You are not able to document enough to justify a billable Encounter.
 - ◊ Any time criteria for an Encounter are not met.



Provider One Click Appointment Guide

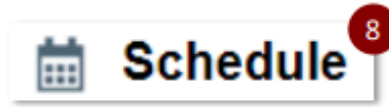
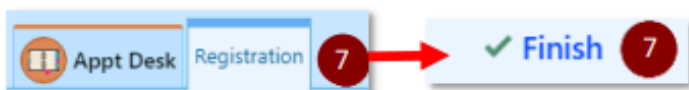
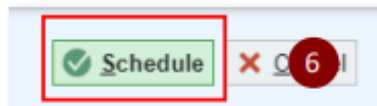
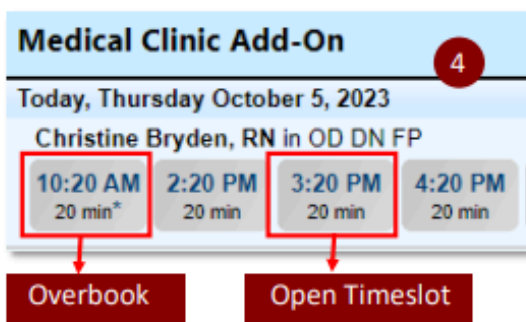
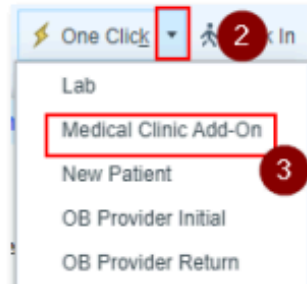
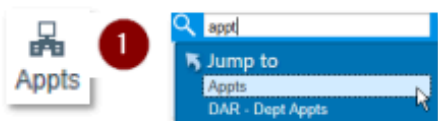
This quick guide is designed to show how to use the One Click appointment scheduling and One Click Check-In functions for Providers to turn a telephone call with a patient into an appointment.

****NOTE: This function is *only* for use in scheduling appointments on the same day and should *only* be used to schedule on your own schedule, not another providers. ****

One Click Schedule An Appointment

****If a telephone encounter has been started, please sign that encounter prior to starting this process****

1. Open the *Appt Desk* for the patient you are scheduling.
 - Use *Appts* icon in the Toolbar or use search function.
2. Click the drop down arrow next to One Click button
3. Choose **Medical Clinic Add-On** appointment type.
4. Choose **Open Timeslot** on your schedule. If no open timeslots available, choose an **Overbook slot** (contains * on time length)
5. Choose **Telephone** visit mode in pop-up window
6. Finalize with **Schedule** button in pop-up window.
7. If **Registration** opens, click the **Finish** button in lower right corner.
8. Navigate to your **Schedule**





Provider One Click Appointment Guide

One Click Check In

1. Go to your *Schedule*.
2. Open Pre-Charting for scheduled patient
3. Click on the **“Check in needed!”** BPA in *Storyboard*.
4. Click the **Accept** button on pop-up. If successful, BPA will disappear.
5. Click **Start the Visit** button in **Patient Not Arrived Yet** box at top of Pre-Charting to begin appointment.
6. Navigate to Rooming Tab
 - Enter Chief Complaint as appropriate
 - Enter Quick Question: **Primary Care Other[7]**

The screenshots illustrate the following steps:

- Step 3:** A notification box with a red circle '3' containing 'Check In needed!' and 'Statin recommended'.
- Step 4:** A 'BestPractice Advisory' pop-up with a red circle '4' highlighting the 'Accept' button.
- Step 5:** The 'Pre-Charting' interface with a red circle '5' highlighting the 'Start the Visit' button in the 'Patient Not Arrived Yet' section.
- Step 6:** The 'Rooming' tab with a red circle '6' highlighting the 'Chief Complaint' and 'Quick Questions' sections. In 'Quick Questions', 'PC Other' is selected.

Complete the Rest of Virtual Visit

- Complete Virtual visit per normal protocols

****Reminders**:**

- Add the .ODTMVERBALCONSENTPROVIDER SmartPhrase to Note for telemedicine consent.
- Add the .ODTIMESPENT SmartPhrase to Note for TAV
- If you check in a patient and the appointment does not complete appointment, please notify the front desk via Secure Chat so patient’s check in can be removed.

Procedure Clinic

When: Procedure clinics occur once a month on the 3rd Wednesday morning. **Please bring your laptops every time.**

What:

1. We will start with a small discussion about the topic of the day and how to do the procedures associated with the topic. (Topics listed below.)
2. We will then go over the procedures scheduled for the clinic that day.
3. You will observe for the first 1-3 procedure(s) of every type before doing them under observation.

Why: The primary goal of the clinic is to enhance your exposure and expertise in performing procedures. It is our expectation that by the end of the residency, you will have acquired the necessary proficiency to integrate various procedures into your clinical practice and feel at ease performing them.

Who: Tricia Carter, PA-C will precept and all residents for the year will be present

Procedure Clinic Topics (relatively in order):

- Sterile Technique and informed consent
- Incision and Drainage of an Abscess
- Suturing: Simple interrupted, the figure of 8 and subcuticular
- Shave and punch biopsy, indications, and procedure.
- Excisional Biopsy: indications and procedure.
- Therapeutic injections: Knee and foot.
- Therapeutic injections: wrist and hand.
- Eye Examination, Woods Lamp and fluorescein stain.
- Toenail removal
- Trigger point injection

Journal Club

Frequency: Quarterly on the 3rd Thursday of every month at 5:30 PM

Start Date: 11/16/23

Overview:

Our APC Residency Program incorporates a Journal Club to encourage critical thinking, evidence-based practice, and collaboration among residents. This initiative allows our APC residents to choose and review articles with guidance from peers and fellow residents, and our APC Residency core faculty, to better understand current research and its application in clinical practice.

Objectives:

1. Develop critical evaluation skills for scientific literature.
2. Enhance teamwork and communication among residents.
3. Improve knowledge of evidence-based practice.
4. Polish presentation and discussion skills.

Quarters:

1. 11/16/23

Article Selection: Residents pick an article.

Presenter: Jessa Anderson PA

- Preparation: Chris West assists in article selection and presentation prep.

2. 2/15/24

- Article Selection: Residents pick an article.

- Presenter: Pasha Prokopchuk NP

- Preparation: Chris West assists in article selection and presentation prep.

3. 5/16/24

- Article Selection: Residents pick an article.

- Presenter: Jessica Stokes NP

- Preparation: Chris West assists in article selection and presentation prep.

Format:

- Article Selection: Residents choose a relevant article collectively.
- Preparation: The assigned presenter collaborates with fellow residents to craft a comprehensive 45-60 minute presentation in a powerpoint format, residents may also seek aid from any of our core faculty for any assistance, insights, critical appraisal help, and guidance.
- Presentation: During the scheduled Journal Club meeting, the presenter covers key points, study design, findings, and practice implications.
- Discussion: All residents and faculty will engage in a group discussion, critically evaluating the article's relevance and identifying areas for further exploration or application.

Benefits:

1. Improve critical thinking in scientific literature evaluation.
2. Promote teamwork and communication.
3. Enhance understanding of evidence-based practice.
4. Refine presentation and discussion skills.
5. Support peer learning and knowledge sharing.

APC Residency Mentorship Program Guidelines

1. Introduction:

This program has been established to provide residents with a structured and supportive environment for open discussions with their designated provider mentors. The mentorship program encompasses both clinical and non-work-related matters, creating a safe space for residents to seek guidance and support throughout their entire residency year.

2. Program Objectives:

The APC Residency Mandatory Mentorship Program aims to achieve the following objectives:

1. Facilitate regular and meaningful interactions between mentors and residents.
2. Provide a confidential outlet for residents to discuss clinical challenges, personal struggles, and professional aspirations.
3. Foster a positive mentor-mentee relationship that contributes to overall personal and professional growth.
4. Establish a structured monthly check-in schedule based on mentor and resident availability.

3. Mentor Assignment:

Residents will be assigned a mentor 2 months after starting the residency based on their clinical interests, specialties, and compatibility. Every effort will be made to ensure a productive and beneficial mentorship relationship.

4. Confidentiality and Safe Space:

All conversations between mentors and residents are strictly confidential. Both mentors and residents are expected to uphold the highest level of discretion and provide a safe space for open dialogue without judgment.

APC Residency Mentorship Guidelines Cont.

Residents are encouraged to discuss a wide range of topics during mentorship sessions, including but not limited to:

- Clinical case discussions, patient care challenges, and treatment strategies
- Professional development, career goals, and opportunities for growth
- Work-life balance, stress management, and well-being
- Ethical considerations and decision-making dilemmas
- Personal challenges and concerns affecting residency experience
- Research interests and scholarly pursuits

Monthly Mentorship Check-ins:

Mentors and residents are required to participate in structured monthly check-ins. The frequency, duration, and format of these meetings will be determined based on the availability and preferences of both parties.

Structured Conversations:

Mentors are encouraged to guide conversations during check-ins using active listening techniques, goal-setting strategies, and open-ended questions. Residents can share their challenges, seek advice, and receive guidance from their mentors.

Flexibility in Communication:

Mentorship meetings can be conducted in person, through video conferencing, or via phone calls, depending on the mentor and resident's schedules and preferences.

Resource Sharing and Support:

Mentors are expected to provide residents with relevant resources, references, and referrals to assist in addressing challenges and achieving goals.

Evaluation and Continuous Improvement:

Feedback from both mentors and residents will be collected periodically to assess the effectiveness of the mentorship program. This feedback will be used to make enhancements and improvements for future residency cohorts.

APC Residency Grievances

As always, please feel free to bring up any concerns or questions with the residency director, lead, manager, or any faculty members.

In-House Issue

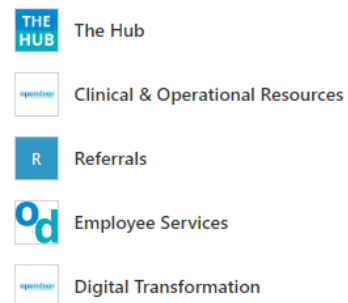
If you have an issue with a fellow employee, patient, or safety issue of any sort, please report any issues to Open Door via an “EthicsPoint.” You can do this one of two ways.

1. You can go to the main page of the Hub and scroll down to “Employee Self Service.” Click on “EthicsPoint.”

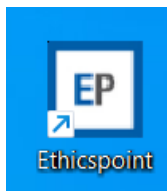
Employee Self Service



My Sites



2. Or you can go to your desktop of your computer laptop and click on the “EthicsPoint” icon. Or, you can click on Ethicspoint in the HUB



3. The links will take you to a new page. Follow the steps through and click submit at the end. You can submit this anonymously.

APC Residency Grievances Cont.

Program Specific Issues

If you have a formal complaint about the program that you would like to make, you can do this through the Consortium for Advanced Practice Providers from which the program is currently seeking accreditation. You can do so from this web address:

<https://www.appostgradtraining.com/contact-us/> At the bottom you will see the area for “Formal Complaints.” Click on the link and fill out the form and questions. Upon submitting the complaint, you will receive written response from the Consortium within 90 days about your complaint.

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Stay connected with the Consortium!

We encourage anyone interested in Postgraduate NP, PA, or Joint NP/PA Training and Accreditation to maintain contact with the Consortium.

Executive Director
Kerry Bamrick, MBA
Email: Kerry.Bamrick@appostgradtraining.com

Program Specialist
Shay Felder, MBA
Email: Shay.Felder@appostgradtraining.com

General Contact
Monday-Friday, 9AM-5PM EST: 860-918-6953
Email: info@appostgradtraining.com

Formal Complaints

[Click here](#) to visit the Complaints Form to submit a formal complaint. Per our policies and procedures, you will receive a response within 90 days. If you consider the matter to be urgent, please indicate so and your reason for wanting a quicker response.

Consortium for Advanced Practice Providers
For further information, please contact.

Moonlighting opportunities

Beginning in March of your residency year, a unique opportunity becomes available for you to take on additional clinic sessions, and in return, receive a stipend as compensation. These supplementary clinics are specifically designed to extend into the evenings and Saturdays. Importantly, it's essential to note that participation in these clinics is not obligatory; however, your engagement would be immensely valued due to its potential to make a considerable positive impact. By participating, you contribute to enhancing accessibility to medical care and diminishing obstacles that patients may encounter in seeking treatment.

The stipend offered for these extra clinic sessions is \$200 for each evening clinic and \$375 for each Saturday clinic. This stipend serves as both recognition for your dedication and a tangible reward for the commitment you put into ensuring the availability of healthcare services during these extended hours. Your involvement could truly make a meaningful difference in the lives of patients, as well as strengthen the overall effectiveness and responsiveness of our healthcare system.

Should you decide to take advantage of this opportunity, your willingness to contribute to our mission of improved patient access and reduced barriers to care will be greatly appreciated. It's a chance to not only further your experience as a medical professional, but also play an active role in shaping a healthcare environment that prioritizes patients' needs and convenience.

We encourage you to consider this opportunity thoughtfully, as it aligns with our collective commitment to the well-being of our patients and the enhancement of healthcare services within our community. If you have any questions or require more information, please don't hesitate to reach out. Your dedication is valued and recognized, and we look forward to the positive impact you could bring through your participation in these additional clinic sessions.

PTO Guidelines

Recognizing the unique demands and responsibilities that come with your role as APC residents, we understand the significance of maintaining a healthy work-life balance. In light of this, we have established a policy that allows you to advance 15 days' worth of PTO at the beginning of the residency program. This adjustment is intended to accommodate potential time off needs, particularly during holidays, and to ensure that you have adequate flexibility to manage your personal commitments.

With holidays being a prime consideration, **it is crucial to pre-plan and request your PTO dates in advance.** This proactive approach to scheduling will enable us to coordinate coverage effectively, ensuring that patient care remains seamless even when team members take time off.

While we encourage you to make use of your PTO to recharge and rejuvenate, we emphasize the importance of adhering to the pre-planned schedule to minimize disruptions to patient care. Additionally, any unused advanced PTO will be reconciled according to our standard policy at the end of the residency program.

Thank you for your dedication and commitment to providing exceptional patient care. We look forward to a successful and productive residency program year ahead.

PTO Request Instructions:

1. PTO Request Forms Basket: You can find the PTO request forms in a snazzy basket in Lance Martin's office, it will be hard to miss. It will be labeled "Residency PTO Request".
2. Grab a Form: Whenever you need some well-deserved time off, just swing by my office, grab a form from the basket, and fill it out with the necessary details. We've kept the form concise and straightforward, so you'll be done in no time.
3. Once you've filled out the form, simply drop it back into the same basket.
4. Approval Process: Rest assured that the APC Residency Leadership Team will promptly review all submitted PTO requests. We'll work hard to keep the approval process swift and efficient.

PTO Cash Out and Advances

If you're considering requesting a PTO advance or opting for a PTO cash-out, we've streamlined the process for your convenience. Please find the necessary forms attached to the binder. Once completed, kindly email them directly to **Jeff Walsh in Payroll, and remember to, Lance Martin, your Program Manager.**

We appreciate your cooperation in following this procedure. If you have any questions or need further assistance, don't hesitate to reach out.

Social Calendar

Join us for delightful gatherings every other month on the **2nd Friday of each month**. These events are open to all members of our APC Residency community, including APC Residents, Core Faculty, APC Residency Leadership Team, and Alumni. We look forward to sharing these enjoyable moments with you!

October - Pasha's House

December - ECHC Holiday Party

January - Septentrio Winery

February - Humboldt Cider Co,

April - Phasty Kline's Parlor Lounge

June - Hatchet House

August - Social Club

September - Beach Day and Graduation Scheduled for 9/26