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2024 Annual Conference:

Collaboration, Support and Community in Postgraduate APP Training

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TRACK Two: Established Programs

Expansion, Enhancements and Best Practices for Existing Programs

TRACK TWO: Emerald Ballroom

SETTING THE STAGE, FOR PRECEPTORS: STRATEGIES FOR CREATING A POSITIVE LEARNING ENVIRONMENT

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PROGRAM DIRECTOR NP RESIDENCY/FELLOWSHIP
SANTA ROSA COMMUNITY HEALTH, CALIFORNIA

DISCLOSURES: NO CONFLICT OF INTEREST RELATED TO THIS TOPIC

LEARNING OBJECTIVES:

- Identify ways to welcome, orient and create a safe space for new learners
- Apply goal setting and expectations with new learners
- Adapt clinical teaching to the learning style of Resident/Fellow
- Consider bias and microaggressions for learners in the clinical setting
- Explore tools for introductions, learning style, and feedback

SANTA ROSA COMMUNITY HEALTH PROGRAM OVERVIEW

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- 12–month salaried program
- Primary care in a diverse, underserved population
- We serve 40,000 patients in Santa Rosa, CA
- Federally Qualified Health Center
- Hire from diverse pool of new grad NPs
- Over 50% bicultural/bilingual
- Fully licensed NPs seeing patients week 2, ramp up over the year

SRCH NP RESIDENCY HISTORY

- NP residency started in 2012
- Initially/currently grant funded by HRSA
- Accredited since 2016 by ANCC
- Service obligation discontinued 2021
- Grown from 2 residents to 15, from one clinic to cross-site, FNP and PMHNP tracks
- Created Fellowship (year 2) program 2022
- Utilize in-house specialties and collaborate with Family Medicine Residency for rotations

INTRODUCTIONS:

- TYPE OF PRACTICE
- TYPE OF LEARNERS
- YEARS OF PRECEPTING EXPERIENCE

STORYTIME

- Listen for:
  - Poor communication
  - Differing expectations
  - Differing preceptor/learner styles
  - Microaggressions
  - Missed opportunities

WHAT MAKES A GOOD PRECEPTOR?

1. Organization/clarity
2. Enthusiasm
3. Instructor knowledge & Instructional skill
4. Communication
5. Professionalism

1. ORGANIZATION/CLARITY

- Orient to site, introductions
- Set expectations
- Set goals
- Arrange feedback structure

DAY 1

- Introduce self, share about career journey
- Orient the learner to the site and team
- What are your expectations of the learner?
  - Chart prep before clinic?
  - Huddle prior?
  - Patients per session?
  - Documentation/chart review
  - Communication methods
  - Feedback (frequency, timing, etc)

SMART GOALS

S- specific

M- measurable

A- Achievable

R- Relevant

T- Time Bound

MacLeod, L. (2012). Making SMART goals smarter. Physician executive, 38(2), 68-72.

BARRIERS TO GOAL SETTING

Time

- Set up time prior to the rotation or after clinic
- Utilize other methods of communication (text, email)

Learner Confusion

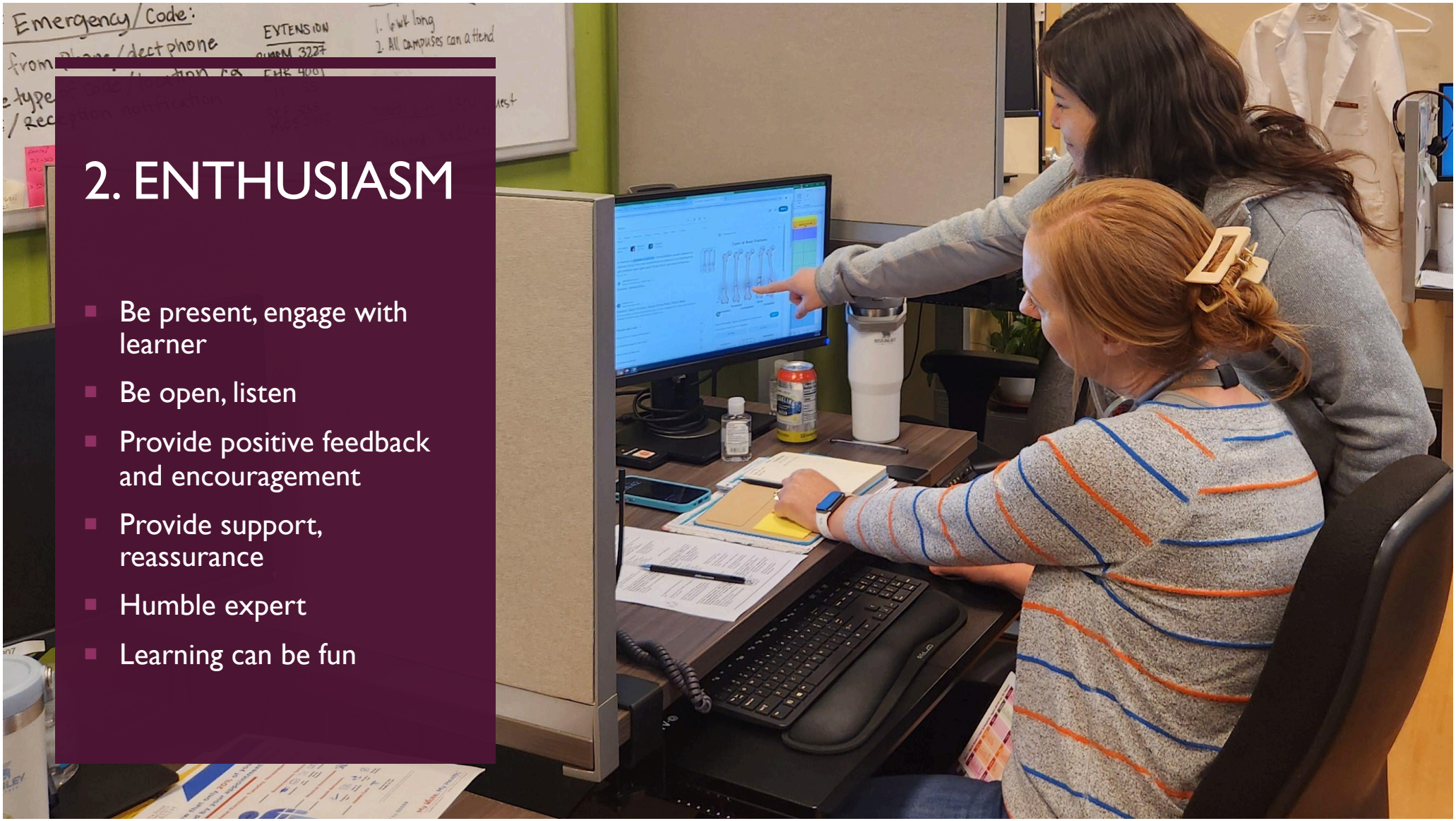
- Bidirectional goal setting process
- Teach back
- Revisit regularly

Different Backgrounds

- Get to know your learners

2. ENTHUSIASM

- Be present, engage with learner
- Be open, listen
- Provide positive feedback and encouragement
- Provide support, reassurance
- Humble expert
- Learning can be fun



3. INSTRUCTOR KNOWLEDGE AND INSTRUCTIONAL SKILL

- Evidence based practice
- Practical pearls
- Balance of providing answers and connecting to resources
- Encourage critical thinking
- Allow for independence when appropriate

4. COMMUNICATION

- Understand learning styles
- Agree upon how to communicate (what is acceptable)
- Clear explanations and questions
- Identify when providing personal opinion
- Microaggression discussion and vigilance
- Productive critical feedback
- Create safe space

MICROAGGRESSIONS

Brief "subtle insults" directed towards people of color, as well as to women and other historically stigmatized groups, that implicitly "communicate hostile, derogatory, or negative slights that potentially have harmful or unpleasant psychological impact on the target person or group" (Carter & McMillian-Bohler, 2020; Sue et al., 2007)

CREATE BELONGING & SAFETY

- Establish a culture of openness and respect
- Establish psychological safety
- Acknowledge that microaggressions may occur.
- Recognize that worries about belonging are normal
- Get to know the learners' identity, culture, previous positive and negative experiences in the clinical environment

5. PRECEPTOR PROFESSIONALISM

- Role modeling
- Understand and uphold policy & procedures
- Communicate changes to agreed upon schedule
- Conflict resolution
- Safety
- Advocacy (patient, staff, learner)

PROGRAM-LEAD IDEAS/TOOLS TO PROMOTE POSITIVE LEARNING:

- Pre-program self assessment for incoming learners
- Share summary with preceptors
- Photos and bios of incoming learners to all staff
- Photos and bios of preceptors to learners
- Clear program expectations to all
- Day 1 worksheet

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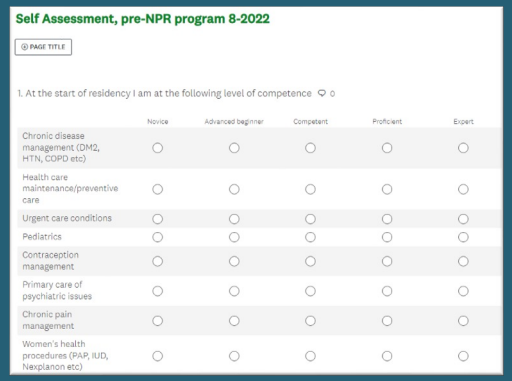
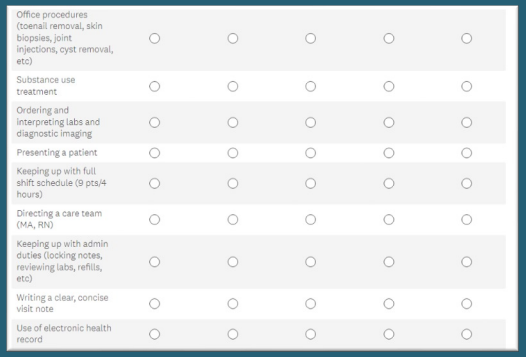


Self Assessment, pre-NPR program 8-2022

PAGE TITLE

1. At the start of residency I am at the following level of competence 0

	Novice	Advanced beginner	Competent	Proficient	Expert
Chronic disease management (DM2, HTN, COPD etc)					
Health care maintenance/preventive care					
Urgent care conditions					
Pediatrics					
Contraception management					
Primary care of psychiatric issues					
Chronic pain management					
Women's health procedures (PAP, IUD, Nexplanon etc)					



Office procedures (toenail removal, skin biopsies, joint injections, cyst removal, etc)					
Substance use treatment					
Ordering and interpreting labs and diagnostic imaging					
Presenting a patient					
Keeping up with full shift schedule (9 pts/4 hours)					
Directing a care team (MA, RN)					
Keeping up with admin duties (locking notes, reviewing labs, refills, etc)					
Writing a clear, concise visit note					
Use of electronic health record					

Pre-program Self Assessment

Novice: No experience in this, does not demonstrate safe practice

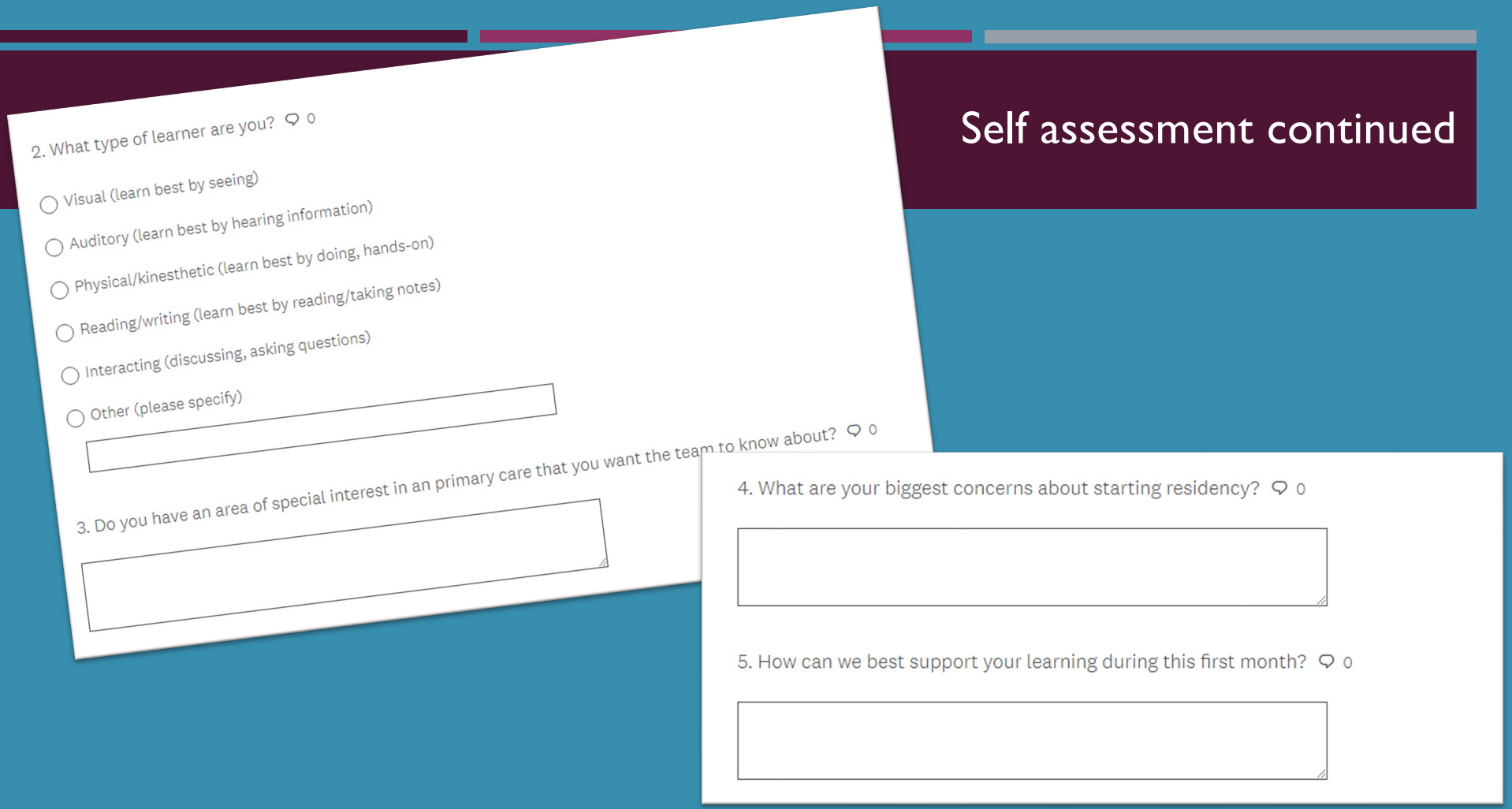
Advanced Beginner: Developing knowledge and has some skill, requires supportive cues

Competent: Can perform independently and safely, can analyze and plan in this area. Is confidence and efficient.

Proficient: Has a holistic perspective, employs advanced decision making in complex cases

Expert: Operates from a deep understanding with fluidity and flexibility. Highly skilled and can mentor/teach in this area.

Self assessment continued



Meet your Preceptors

Nicole Bayard, DNP Vista

After over a decade in Seattle and eight years as a nurse, I graduated with my DNP-FNP from the University of Washington in 2021 and moved south to SRCH, joining the NP Residency that year. Fast forward two years, and I have graduated from SRCH's first NP Fellowship class with a focus in HIV.

My advice is 1) find what you love within primary care and do more of it, and 2) find what rejuvenates you outside of work and do more of that too!

I love HIV, STIs, harm reduction, and stigma-free sexual health care. I am rejuvenated by running, cycling, rock climbing, reading fiction, and playing my piano. I look forward to learning alongside you all this upcoming year.

Brandon Cortez, MD Dutton

I grew up in Sacramento, CA (Go Kings!) After college I taught high school biology in Vallejo, CA before pivoting to healthcare. I studied medicine on the beach at U.C. San Diego and completed Family Medicine Residency here at Sutter Santa Rosa Family Medicine Residency Program. I graduated in July 2019 and have been working at SRCH-Dutton since September 2019. Outside of medicine I enjoy spending time with my toddler kids Gene and Zadie, especially cuddles, exploring parks, and dancing.

I have always loved primary care because I love developing relationships with patients, caring for patients of all ages, diagnosing, and treating a wide variety of conditions, and promoting wellness and disease prevention. My special interests include prenatal care and adolescent medicine. I love precepting because it is an opportunity for me to share knowledge and practices but also to learn from the NPRs! The most important advice I can share starting out in the residency is to be patient and kind to yourself and try to celebrate learning one new skill or pearl each day.

Suzanne Dedmore, FNP Vista

Suzanne did her undergrad at UC Santa Cruz, majoring in Latin Ame
Studies. She went to Samuel Merritt for her master's in nursing and
2010. She has worked for SRCH for 10 years now. Around 2015 she
in the efforts for SRCH to better support clinicians in treating chro
better serving our patients living with chronic pain. In 2019 she c
fellowship in chronic pain through UC Davis. And she currently h
interdisciplinary pain clinic at Vista twice a month. In 2017 she
lead and is now very excited to be the Vista NPR clinician lead!
she enjoys cycling, being outdoors, and spending time with he
family.

Carolina Dehesa, FNP Lombardi

How long in practice: 9 yrs, How long at SRCH: since August 2014
NP school: Sonoma State University
At SRCH has run Diabetes clinic and Quality improvement clinic, previously lead Corazones (DM group) and co-lead Campeones group.
My favorite thing about primary care is working with amazing patients and their families through the years, as well as to work with dedicated, knowledgeable, and caring staff.
I like precepting for the exchange of knowledge, sharing resources and follow guidelines.
My words of wisdom for new NPRs: Prioritize and schedule self-care time and activities.
My hobbies are: Folkloric dance, Zumba, love animals and have 2 cats and a border doodle full of energy, hiking and sewing.

Corinne "Cori" Duncan, ANP Caritas (they/them, she/her)

How long in practice- 9 years How long at SRCH- 9 years
Training- University of WA- BA Psychology, UCSF- MEPN (RN), MS Nursing, Adult- Gero NP program
Favorite thing about Community Health- Offering stellar medical care, with compassion to communities that may have not received this in their life. Serving the populations that I see as my own journey promoting medical justice- Those experiencing Homelessness, those experiencing Severe and Persistent Mental Illness, and LGBTQIA individuals. Being flexible in care given to suit the individual and have this supported by colleagues and larger agency. Working alongside other social justice minded individuals who are courageous in the care they provide.
What do you like as a preceptor- Being reminded of the awe and joy of learning, finding the educator in myself, and hoping that I can serve to help

Parker Duncan Diaz, MD, MPH Lombardi

Family Physician, graduate of our Santa Rosa FMR 2013 (along with Laura Martin). Been at Lombardi since 2014; joined our Obstetric call team 2015. Honored to be part of Residency faculty since 2018. Full-spectrum, Family Medicine. That's the beauty of primary care – you can take your own practice as far and wide or narrow and long as you desire; and punt the rest, as long as YOU maintain the continuity. That's the magic sauce.

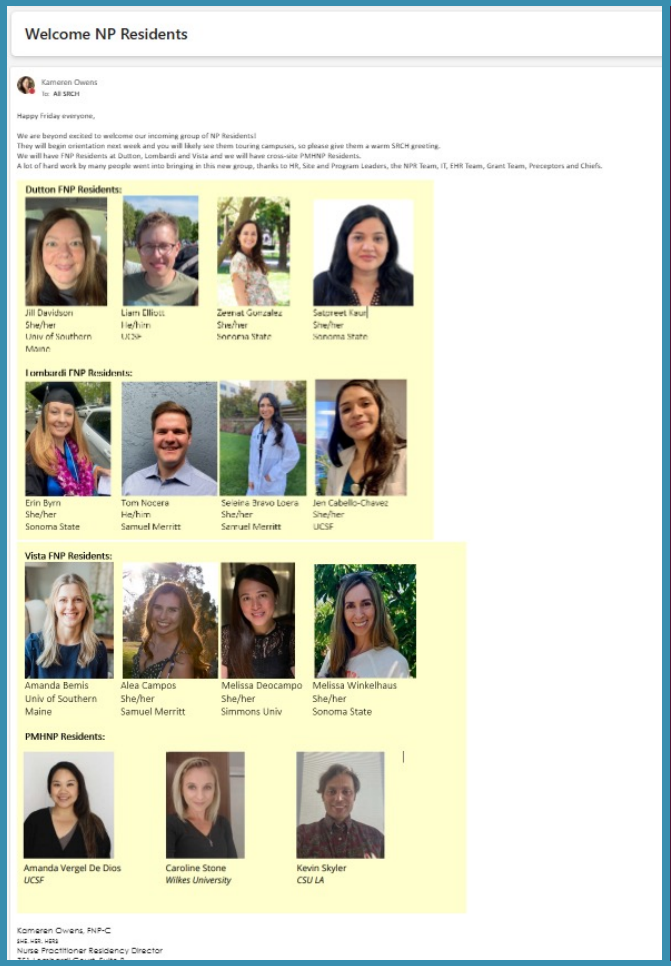
All medicine is politics; and if you're interested in exploring that topic further in the areas of health policy and universal healthcare, I'd be happy to discuss!

Further outside, I spend way too much time in our front yard garden in the summer, and subsequently ignore the backyard chickens.

Favorite beverage is Pliny the Younger; if you need to ask, you need to experience it!

Jordyn Smith, FNP Lombardi

Welcome new SRCH residents! We are so thrilled you are here. After graduating from the FNP program at UCSF in 2021, I joined SRCH for the NP Residency, then extended another year to participate in the first NP Fellowship program where I specialized in Reproductive Health. I am now staying on as a core clinician and excited to stay part of the residency as a preceptor. Pursuing a career as an FNP is a second career for me and I am reaffirmed of my decision every single day. I look forward to working with you all and continuing to learn and grow together. It is going to be a challenging and rewarding year ahead and you each of you are supported and cared about by so many already! Fun fact: Nicole Bayard and I organize an annual NPR bike ride in the spring, all levels welcome, stay tuned and get your bikes serviced!



Welcome NP Residents

Kameren Owens
to: All SRCH

Happy Friday everyone,

We are beyond excited to welcome our incoming group of NP Residents!
They will begin orientation next week and you will likely see them touring campuses, so please give them a warm SRCH greeting.
We will have FNP Residents at Dutton, Lombardi and Vista and we will have cross-site PMHNP Residents.
A lot of hard work by many people went into bringing in this new group, thanks to HR, Site and Program Leaders, the NPR Team, IT, EMR Team, Grant Team, Preceptors and Chiefs.

Dutton FNP Residents:

Jill Davidson
She/her
Univ of Southern Maine

Liam Elliott
He/him
UCSF

Zeenat Gonzalez
She/her
Sonoma State

Satpreet Kaur
She/her
Sonoma State

Lombardi FNP Residents:

Erin Byrn
She/her
Sonoma State

Tom Nocera
He/him
Samuel Merritt

Selaine Bravo Loera
She/her
Samuel Merritt

Jen Cabello-Chavez
She/her
UCSF

Vista FNP Residents:

Amanda Bemis
Univ of Southern Maine

Alea Campos
She/her
Samuel Merritt

Melissa Deocampo
She/her
Simmons Univ

Melissa Winkelhaus
She/her
Sonoma State

PMHNP Residents:

Amanda Vergel De Dios
UCSF

Caroline Stone
Wilkes University

Kevin Skyler
CSU LA

Kameren Owens, FNP-C
she, her, hers
Nurse Practitioner Residency Director

NEW RESIDENTS!

NEW COHORT ALL-STAFF EMAIL WITH PHOTOS

PROGRAM PRODUCTIVITY AND PRECEPTING EXPECTATIONS

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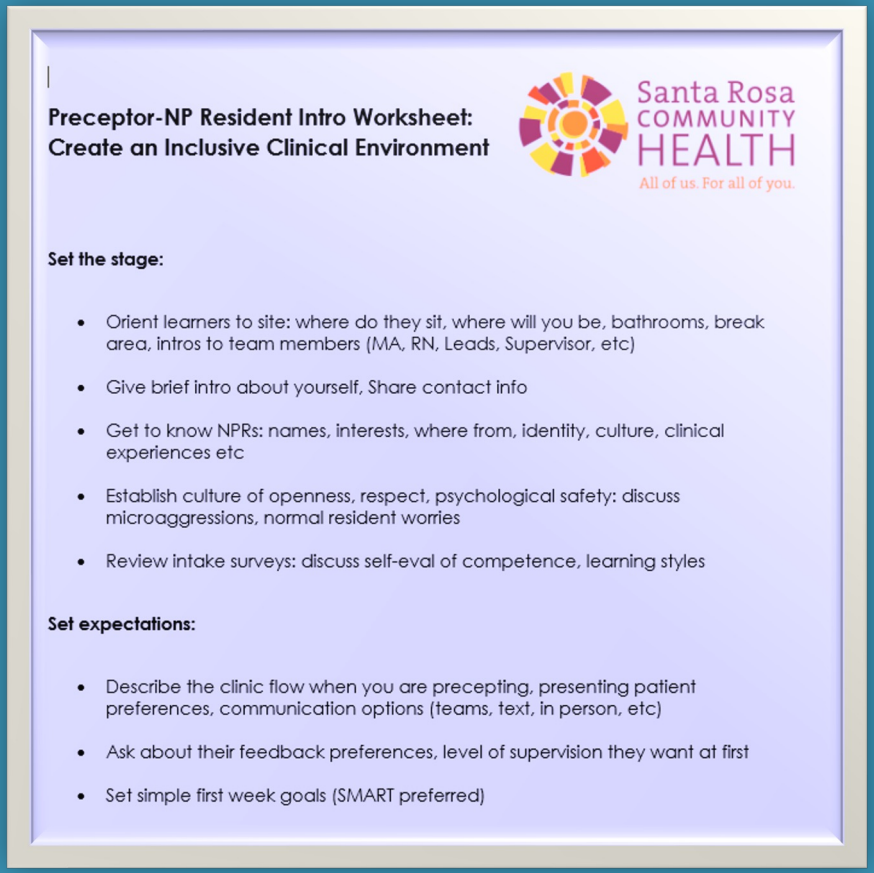
Visit Targets, Charting and Precepting Expectations
Family Nurse Practitioner Residency, updated 11/2023

Month of Residency	Prescriptions Reviewed by Preceptor	Charts Reviewed by Preceptor	Present pts to Preceptor (4 hr shifts)	Present pts (3 hr shifts: Sat & evenings)	Proctor or physical exam by Preceptor
1-2 Oct/Nov	All prescriptions	All charts	All patients	All patients	All abnormal physical findings All procedures
3-4 Dec/Jan	All scheduled prescriptions & any rx questions (all rx's if not yet licensed)	5 charts (all charts if not yet licensed)	5 of the 6 pts (all pts if not yet licensed)	4 of the 5 pts (all pts if not yet licensed)	Abnormal physical findings not previously confirmed with preceptor Procedures for which NPR has not yet been given privileges***
5-6 Feb/Mar	All scheduled prescriptions	4 charts (those you presented)	4 of the 7 pts (choose your complex pts, cases with questions)	3 of the 6 pts (choose your complex pts, cases with questions)	Abnormal physical findings not previously confirmed with preceptor Procedures for which NPR has not yet been given privileges***
7-8 Apr/May	Prescriptions about which the NPR has questions	3 charts (those you presented)	3 of the 8 pts	2 of the 7 pts	Procedures for which NPR has not yet been given privileges***
9-10 Jun/Jul	Prescriptions about which the NPR has questions	2 charts	2 of the 9 pts	2 of the 7 pts	Procedures for which NPR has not yet been given privileges***
11-12 Aug/Sept	Prescriptions about which the NPR has questions	1 chart	1 of the 9 pts	1 of the 7 pts	Procedures for which NPR has not yet been given privileges***

NPR: Month of Residency	Target **Visits** per 4-hour Shift	Target **Visits** per 3-hour Shift
Week of 9/18	3	2
Week of 9/25	4	3
1 & 2- Oct-Nov	5	4
3 & 4 -Dec-Jan	6	5
5 & 6 - Feb-Mar	7	6
7 & 8 - Apr-May	8	7
9 & 10 - Jun-Jul	9	7
11 & 12- Aug-early Sept	9	7



Preceptor-NP Resident Intro Worksheet: Create an Inclusive Clinical Environment

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Set the stage:

- Orient learners to site: where do they sit, where will you be, bathrooms, break area, intros to team members (MA, RN, Leads, Supervisor, etc)
- Give brief intro about yourself, Share contact info
- Get to know NPRs: names, interests, where from, identity, culture, clinical experiences etc
- Establish culture of openness, respect, psychological safety: discuss microaggressions, normal resident worries
- Review intake surveys: discuss self-eval of competence, learning styles

Set expectations:

- Describe the clinic flow when you are precepting, presenting patient preferences, communication options (teams, text, in person, etc)
- Ask about their feedback preferences, level of supervision they want at first
- Set simple first week goals (SMART preferred)

DAY 1 PRECEPTOR WORKSHEET

Contact information:

Kameren Owens, MSN, FNP-BC,
NP Residency/Fellowship Director
Santa Rosa Community Health
kowens@srhealth.org

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Refreshment Break

Session Two will begin at 2:15pm

Quality Improvement Projects and Professional Development: Supporting your APP trainees QI projects and professional growth and Development

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Lisa M Budka, FNP-C

Program Director FNP Residency Healthlinc

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COMMUNITY HEALTH CENTER FQHC QUALITY

RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME

Disclosures

- No financial interest or affiliation concerning material discussed in the program

Learning Objectives

- ***Identify barriers to successful QI projects in APP postgraduate training programs***
- ***Differentiate strategies to bolster QI projects and breakdown barriers that prevent success***
- ***Propose QI project ideas and recognize successful projects that improved professional development***

Common Barriers

- Lack of dedicated time
- Lack of understanding of QI
- Limited support from Residency Team
- Limited organizational support
  - Financial support
  - Leaders
  - Staff- including QI

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- Poor communication
- Poor teamwork/collaboration
- Failure to network or provide support and resources for success.
- Poor patient participation
  - Financial
  - Access
  - Not wanting to be "research project"

Areas to Bolster to Improve QI Projects

- Understanding Purpose of QI from a program standpoint
- Clear learning objectives and expectations of QI project
- Garnering Organizational Support
- Trainee Engagement
- Give QI a structure
- Share QI project ideas
- Redefine success

Purpose of QI

- Difference between QI /research
- Ultimate Goals of QI
- Goals of residents participating in QI
  - Meet accreditation standard
  - Develop understanding of process to improve patient care
  - Work on the skill of collaboration.
  - Build confidence in skills and understanding of current knowledge

Clear learning objectives and expectations of QI project

- Provide written learning objectives
  - Example
    - Apply basic knowledge of QI to develop a Quality initiative
    - Recognize barriers within QI processes to overcome
    - Execute a QI project by the end of residency
    - Create a presentation showcasing the QI project completed.
  - Didactic content
  - Project
    - Goal of the project
  - Curriculum sheets
  - Expectations
    - Not for a “Grade”
    - Professional Growth
    - Improve patient Outcomes

Garnering Organizational Support

- Participate in networking
- Who on the Residency/Fellowship Team supports QI success
  - Find those Champions-
- Define how QI projects are executed in the residency

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Trainee Engagement

- Identified Themes
  - Educating
  - Supporting
  - Expectations

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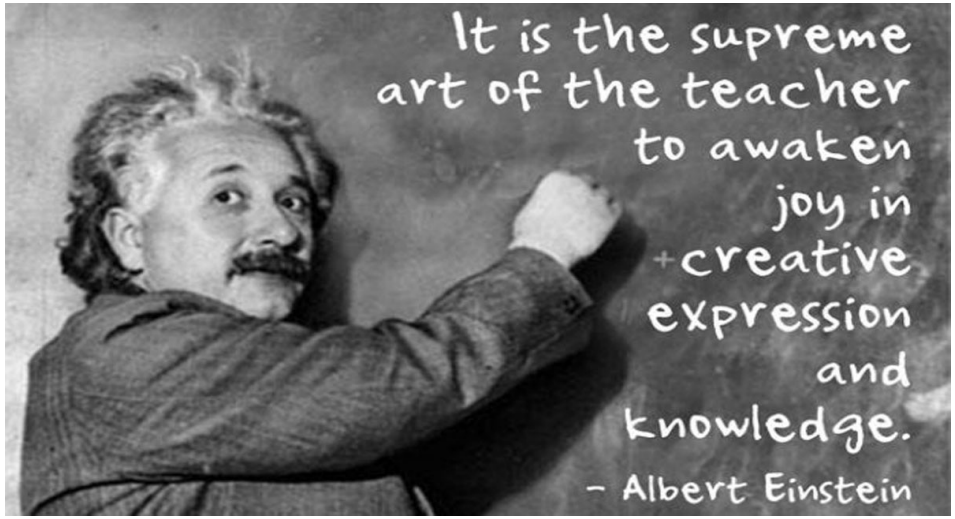
Engagement: Educating

- Explain QI from the WHY
  - QI's affect on:
    - Residency
    - Organization
    - Community
  - Provide examples of previous projects
    - Projects that were impactful
    - Projects that were poorly executed
  - Give QI a positive meaning



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Engagement: Supporting

- Become a coach
  - How to present the content
- Become the cheerleader
  - Reduce anxieties
- Ask questions
  - How can I help
  - Provide advice to guide them in the right direction

Engagement: Expectations

- Set expectations
  - Define your expectations
    - Purpose
    - Process
    - Participants
    - Timeline
    - Presentation
  - Start engaging residents during the interview process
    - Ask questions about experience with QI
  - Give written expectations
  - Revisit throughout residency

Give QI a structure

- Give QI a structure (vs free flow)
  - Define will this be a team vs an individual project.
    - Allow the residents to define roles in the team approach.
      - Leader/ facilitator, secretary, data collection/networking
    - If individual give areas to network or peer support/mentoring
  - Get resident buy-in of project.
    - Pick the project idea vs a list of projects to pick from
      - Alignment with current projects in the clinic or organization

Give QI a Structure

- Is there a process for QI in place?
  - Team
    - QI, marketing, Providers, IT for data
  - QI model
- Timelines
  - Include dedicated time for QI
  - Provide check-ins.
    - Staff availability. Mentor, QI, staff member.
  - Deadlines

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Give QI a Structure

- Healthlinc Structure
  - Workshops with didactic content biweekly (6months)
    - Partnership with QI department to provide content
    - Information to coincide with steps in Quality projects
  - Project Planning biweekly
    - Coincide with workshops
    - Quarterly planning utilizing PDSA approach
      - Each quarter to coincide to P, D, S, A
      - **Plan** the strategy to attack the problem/concern/need
      - **Do**- Present project to key stakeholders (provider meeting/SMD meeting, etc)
      - **Study** information gained from pilot or rollout
        - Step that residents may change direction
      - **Act** -Expand implementation is project successful or regroup to assess next steps
        - Presentation 4th Quarter
      - Written outline of content needed for QI project
    - Bring in needed stakeholders to meetings
      - Marketing, QI, other providers
  - Workshop/Project planning on the calendar Wednesday mornings
    - 9-11 am

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QI Project Ideas

- Reducing Medical Errors
  - Reducing medication errors post hospitalization through collaboration with clinical pharmacy and nursing.
- Improve Long-term Disease Management
  - Improving Diabetes management in minority populations by recognizing and developing plans to overcome barriers
- Enhance Patient Safety
  - Recognizing fall risk in elderly patients and providing care plans to prevent falls.
- Improve Quality Metrics
  - Provide education to support staff on the importance of screenings to see if improves quality metrics of cancer screenings.
- Patient Satisfaction
  - Improve access to care by developing a wave schedule or same day schedule system.
- Patient education
  - Providing patient education days on importance of cancer screenings.
  - Develop a system to improve standardized patient education.
- Resource Access
  - Partner with food pantries to provide access to food at a clinic to reduce social disparity.
- Improve Processes
  - Improve communication with provider/MA dyads by developing a standard approach.
- Understand Social Determinants of Health
  - Utilizing a screen tool for social determinants of health patients with poorly controlled Diabetes and developing an intervention based on these findings.

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Success

- What is Success
  - Redefine the meaning of success
    - Projection Completion
    - Learning
    - Growing
    - Collaborating and networking
    - Equate to Profession Development
  - “Failure” Creates
    - Resiliency and self reflection of professional growth
    - Understanding Ambiguity in Healthcare
    - New Drive and direction in residents

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Successful QI Projects

- Title: Let's stress (Less) about Blood Pressure
  - Project Aim: Improvement of uncontrolled HTN in minority populations by assessing Social Determinates of Health
    - Barriers:
      - Not enough dedicated time
      - Poor patient participation
    - Successes
      - Improved Residency team involvement
      - Improved Engagement
      - Great Teamwork
      - Presented to SMD's
        - Open the door for further conversations
        - Reflection in personal practices

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Successful QI Project

- Title: Move your Body: Lift your mood
  - Project AIM: Encourage and incorporate an exercise program into weekly life to improve depression and obesity
  - Barriers
  - Lack of dedicated time-
    - Not enough time
    - Competing interests
  - Lack of understanding of QI
    - "not in school anymore"
    - Not explaining purpose of standard of care
  - Over support from Residency Team
  - Organizational changes
  - Successes
    - Frequent dedicated meeting times
    - Great Teamwork
      - Developed team seamlessly
    - Developed a new patient education tool being utilized by BHC
    - Developed a standard of Care to treat Obesity for the entire **ORGANIZATION**

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How QI Improves Professional Growth and Development

- Develop new Knowledge
  - Process in QI
  - Importance of QI
- Improve Networking/Collaboration
  - Developing collaborative relationships
  - Teamwork
- Communication Skills
  - Verbal
  - Written
- Patient Care
  - Barriers to overcome
  - Improve patient outcomes
- Resiliency
- Autonomy
- Ambiguity

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Summary

- In summary it is important to define the current barriers that exist in APP QI projects to recognize areas in need of bolstering. By understanding QI processes, improving resident engagement, setting structure, and redefining success APP programs can overall improve these projects. Improved projects create a culture of professional development within the APP trainees

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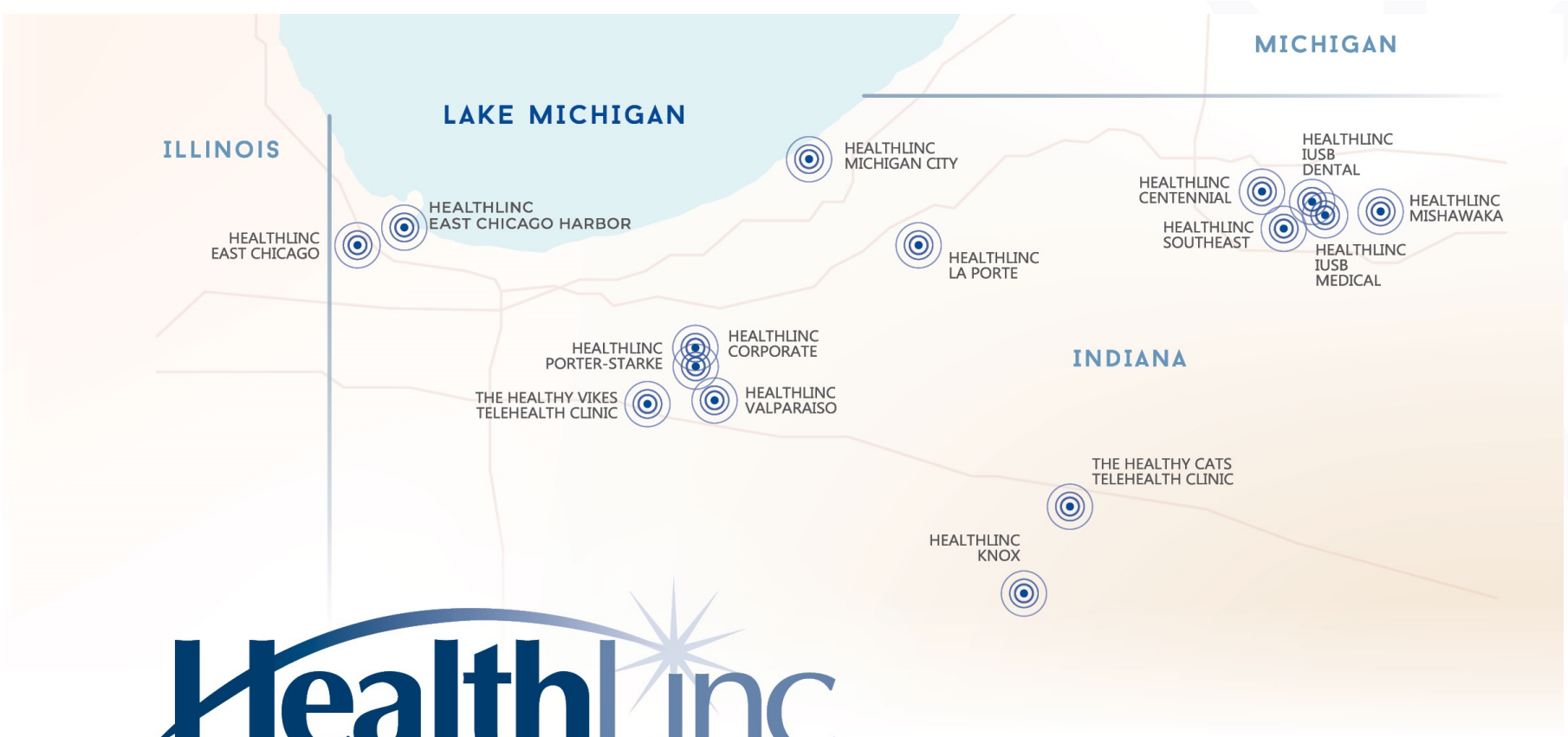

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Thank You!

Questions?

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