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Setting the standard for postgraduate training

2024 Annual Conference:

**Collaboration, Support and Community in
Postgraduate APP Training**



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*Setting the standard
for postgraduate training*

Please visit the Exhibitors during the dedicated refreshment breaks



Information about our exhibitors is located here:

<https://www.appostgradtraining.com/2024-consortium-for-advanced-practice-providers-conference-resources/>



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**Welcome Back
and lets hear from our Members!**

Membership Survey- using slido



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Keynote Presentation

**“How Healthcare Profession Education
is Adapting to Climate Change”**

Health Impacts of Climate Change



Michael Wyession

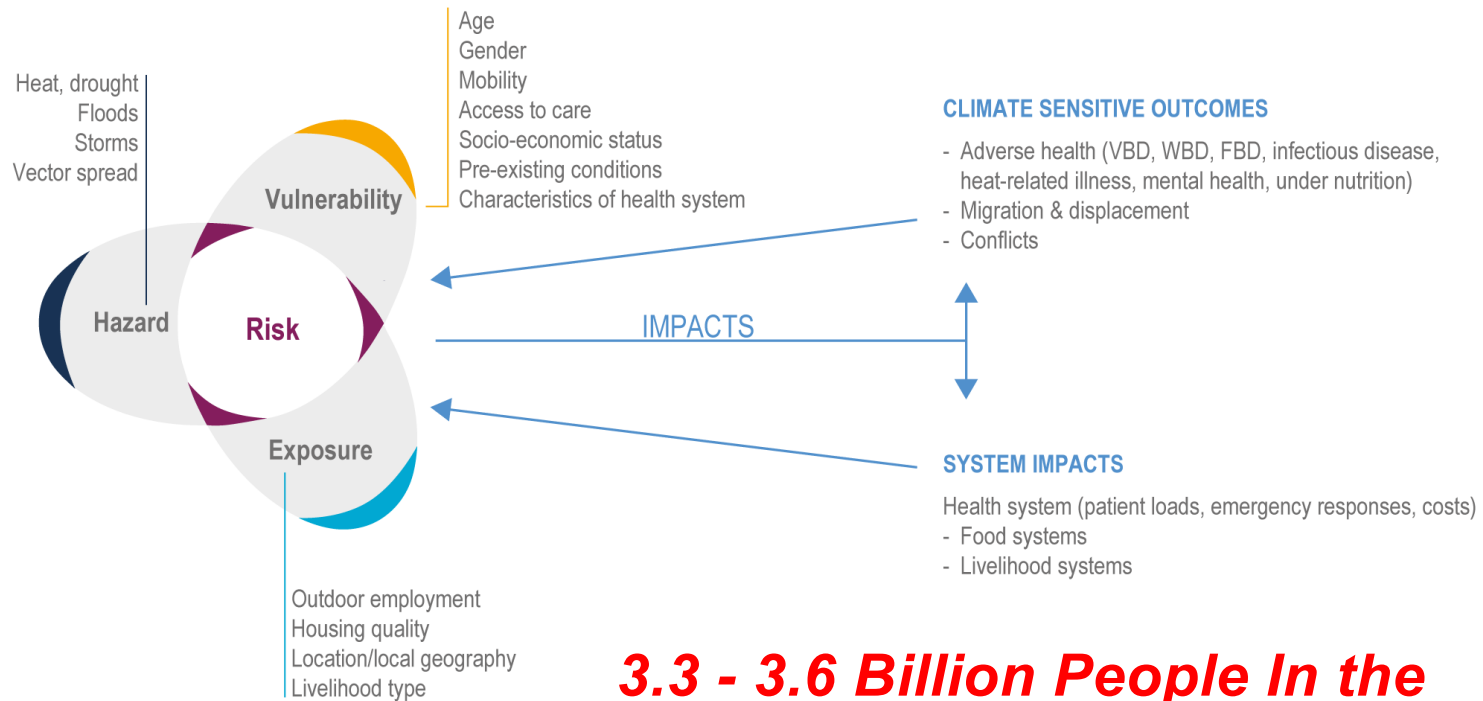
Professor of Geophysics, Department of Earth, Environmental, and Planetary Sciences

Executive Director, Center for Teaching and Learning

Washington University, St. Louis, MO

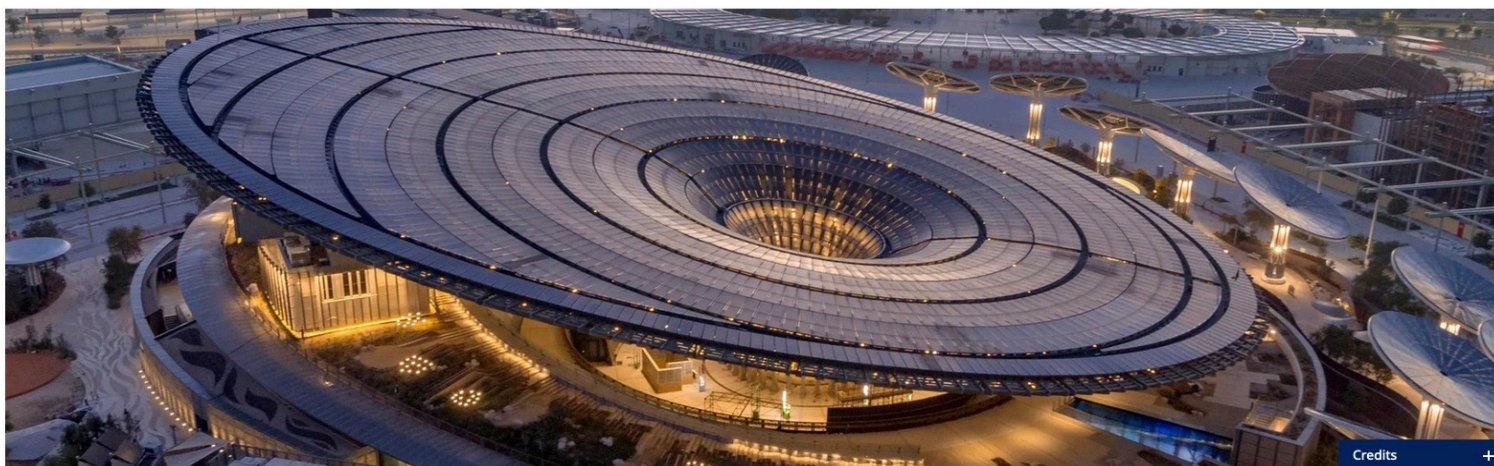
MWYSESSION@WUSTL.EDU

Climate Hazards / Exposure / Vulnerability



3.3 - 3.6 Billion People In the World Live in Areas Impacted by Climate Change

IPCC AR6 (Assessment Report 6 of the Intergovernmental Panel on Climate Change)



COP28 Health Day

3 December 2023 | Dubai, the United Arab Emirates

COP28 UAE Presidency, in collaboration with WHO, the Wellcome Trust and partners, is hosting the first-ever Health Day at the COP28 UN Climate Conference, taking place in Dubai, the UAE from 30 November to 12 December 2023.

The Health Day will be focusing on 5 key topics:

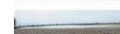
- Showcasing evidence base and clear impact pathways between climate change and human health
- Promoting "health arguments for climate action" and health co-benefits of mitigation
- Highlighting needs, barriers and best practices for strengthening climate resilience of health systems
- Identifying and scaling adaptation measures to address the impacts of climate change on human health (including through One Health)
- Taking action at the nexus of health and relief, recovery and peace.

Related

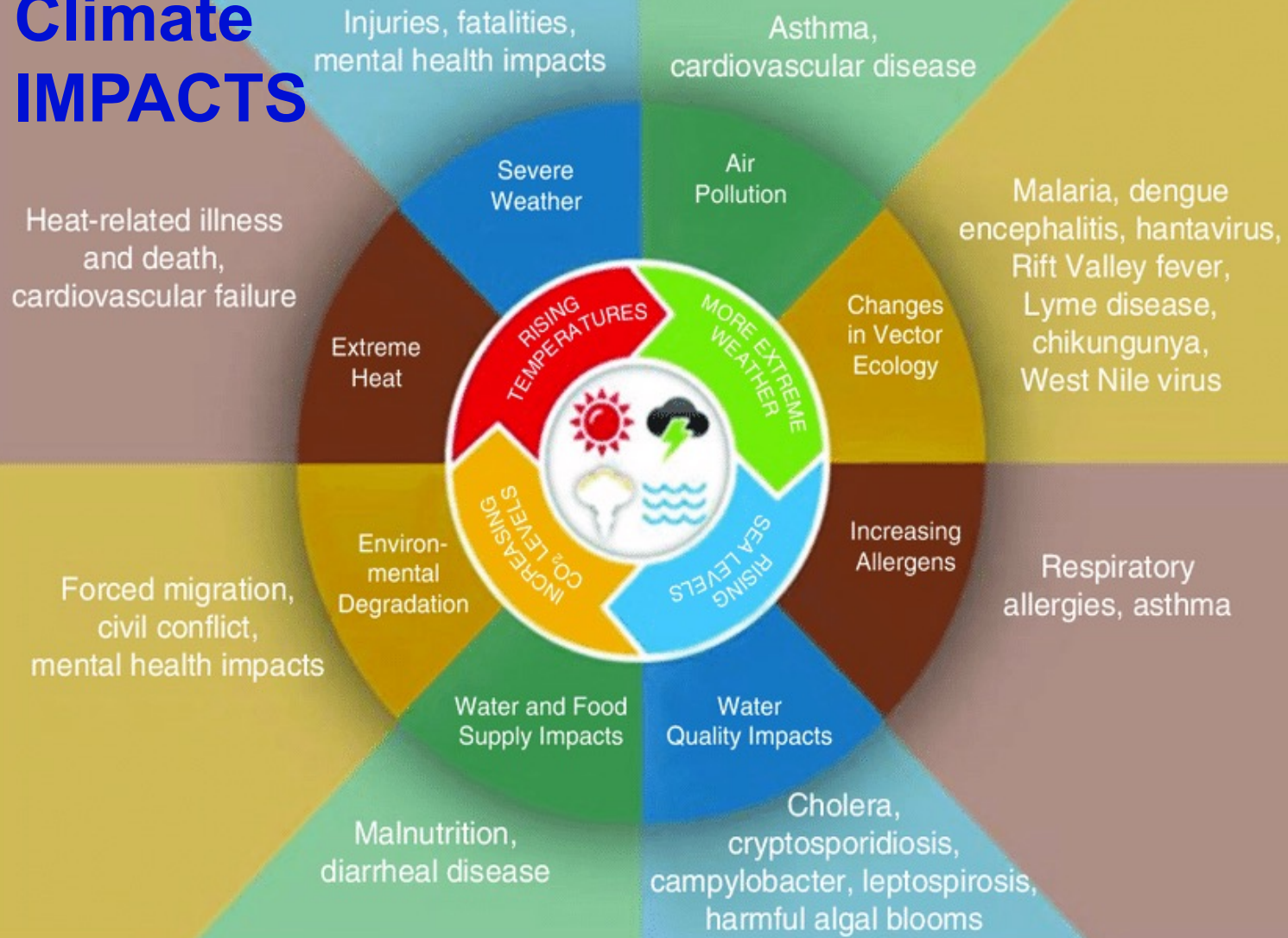
[Health at COP28](#)

[Health in Climate Change Talks](#)

Fact sheets



Climate IMPACTS



How *Climate Change* Impacts Human Health

- Heat: Heat Stress, Heat Stroke

120 °F on
Thursday,
July 11

(Fifth
Straight
Day of
>115 °F)

Las Vegas Heat Breaks Records and Stuns Even the Forecasters

A brutal heat wave that has gripped the West for days will shift eastward on the weekend, while much of sweltering Houston still lacks electricity.



The Las Vegas Strip on Sunday. The temperature that day hit 120 degrees, the highest on record for the city. John Locher/Associated Press

National Weather Service HeatRisk

Risk guidance for the impacts of extreme heat

Category		Risk of Heat-Related Health Issues (Without Effective Cooling/Adequate Hydration)	How common?	Actions to Take
0	Little/ No Risk	Little to no risk from expected heat.	Very common across the U.S.	No preventative actions needed.
1	Minor Impacts	This level of heat is tolerable for most. Minor risk for extremely heat-sensitive groups.	Very common across the U.S.	Increase hydration, reduce time in strong sunshine, use windows/fans to cool rooms
2	Moderate Impacts	This level of heat affects most individuals sensitive to heat.	Fairly common most of the U.S., especially across the South	Increase hydration, reduce time in strong sunshine, use windows/fans to cool rooms
3	Major Impacts	This level of heat affects anyone without effective cooling and/or adequate hydration.	Uncommon for most, but fairly common across the South	Consider cancelling outdoor activities. Fans may not be adequate for indoor cooling.
4	Extreme Impacts	This level of heat is rare and/or long duration with little to no overnight relief.	Rare for most, but occurs a few times a year in the South, especially the Desert Southwest	Strongly consider staying indoors. Fans are not adequate against this level of heat. Check on vulnerable people.

New National Weather Service 4-Level "Heat Risk" Metric: July 12, 2024

NWS HeatRisk

Identifying Potential Heat Risks in the Seven Day Forecast

Fri 7/12	Sat 7/13	Sun 7/14	Mon 7/15	Tue 7/16	Wed 7/17	Thu 7/18
--------------------	-------------	-------------	-------------	-------------	-------------	-------------

[Click map for potential heat risks and NWS forecast for a location.](#)

The NWS HeatRisk is an experimental color-numeric-based index that provides a forecast risk of heat-related impacts to occur over a 24-hour period. HeatRisk takes into consideration:

- How unusual the heat is for the time of the year
- The duration of the heat including both daytime and nighttime temperatures
- If those temperatures pose an elevated risk of heat-related impacts based on data from the CDC

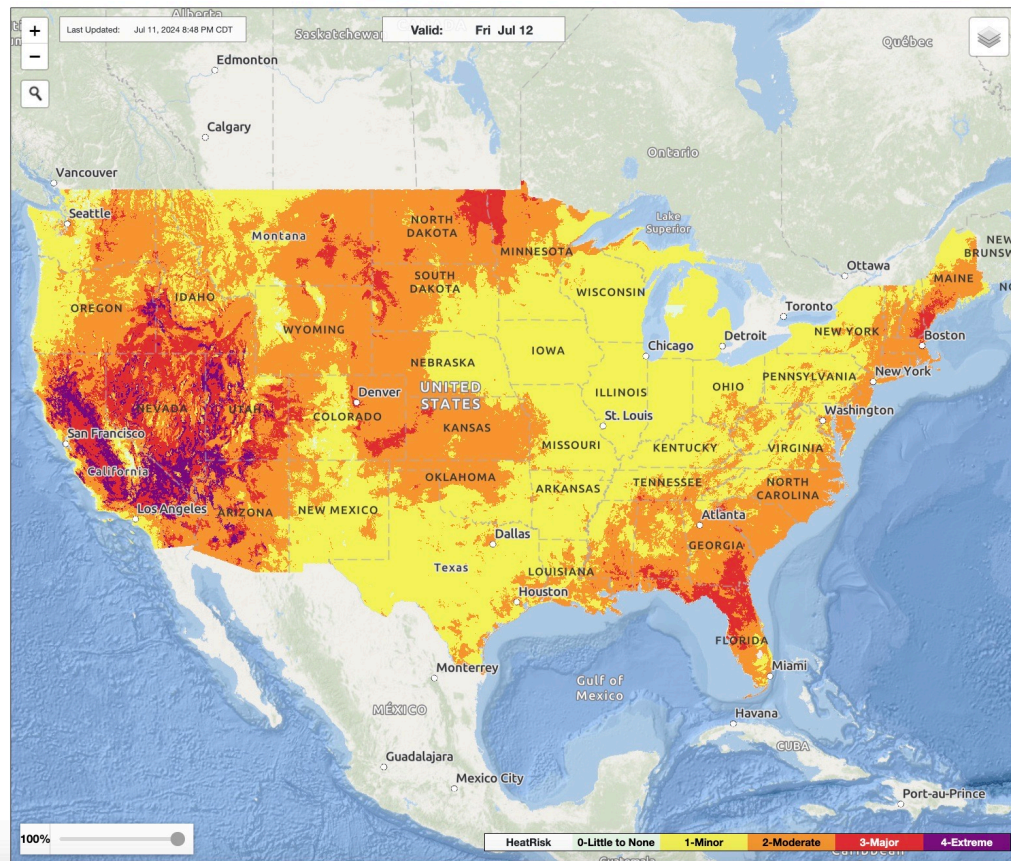
This index is supplementary to official NWS heat products and is meant to provide risk guidance for those decision makers and heat-sensitive populations who need to take actions at levels that may be below current NWS heat product levels.

Category	Risk of Heat-Related Impacts
Green 0	Little to no risk from expected heat.
Yellow 1	Minor - This level of heat affects primarily those individuals extremely sensitive to heat, especially when outdoors without effective cooling and/or adequate hydration.
Orange 2	Moderate - This level of heat affects most individuals sensitive to heat, especially those without effective cooling and/or adequate hydration. Impacts possible in some health systems and in heat-sensitive industries.
Red 3	Major - This level of heat affects anyone without effective cooling and/or adequate hydration. Impacts likely in some health systems, heat-sensitive industries and infrastructure.
Magenta 4	Extreme - This level of rare and/or long-duration extreme heat with little to no overnight relief affects anyone without effective cooling and/or adequate hydration. Impacts likely in most health systems, heat-sensitive industries and infrastructure.

[Comments? Questions? Please Contact Us.](#)



[Map](#) [Overview](#) [What's in HeatRisk?](#) [Understanding HeatRisk](#) [CDC-NWS Collaboration](#) [Verification](#) [Looking for Resources?](#)



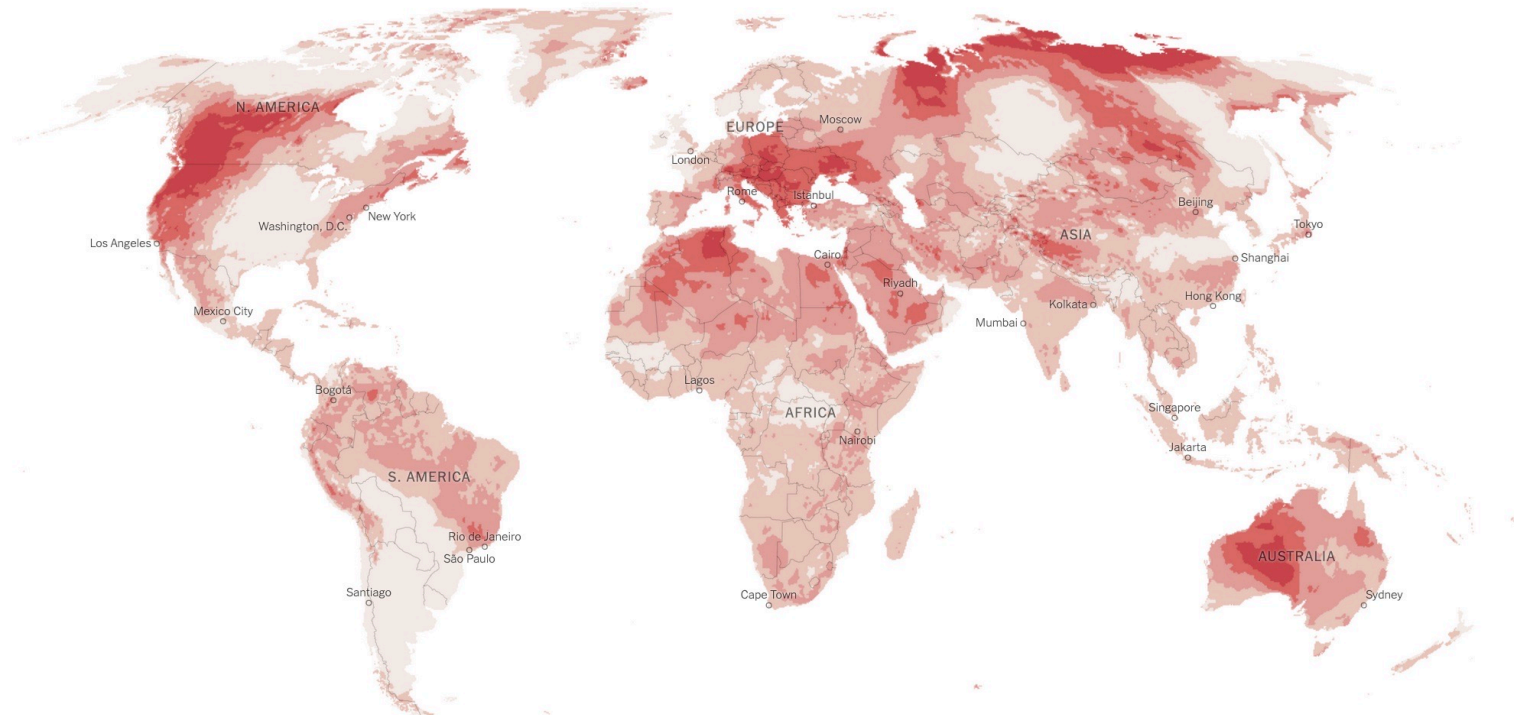
Thursday, July 11: Global Temperature Anomalies

The New York Times

GIVE THE TIMES

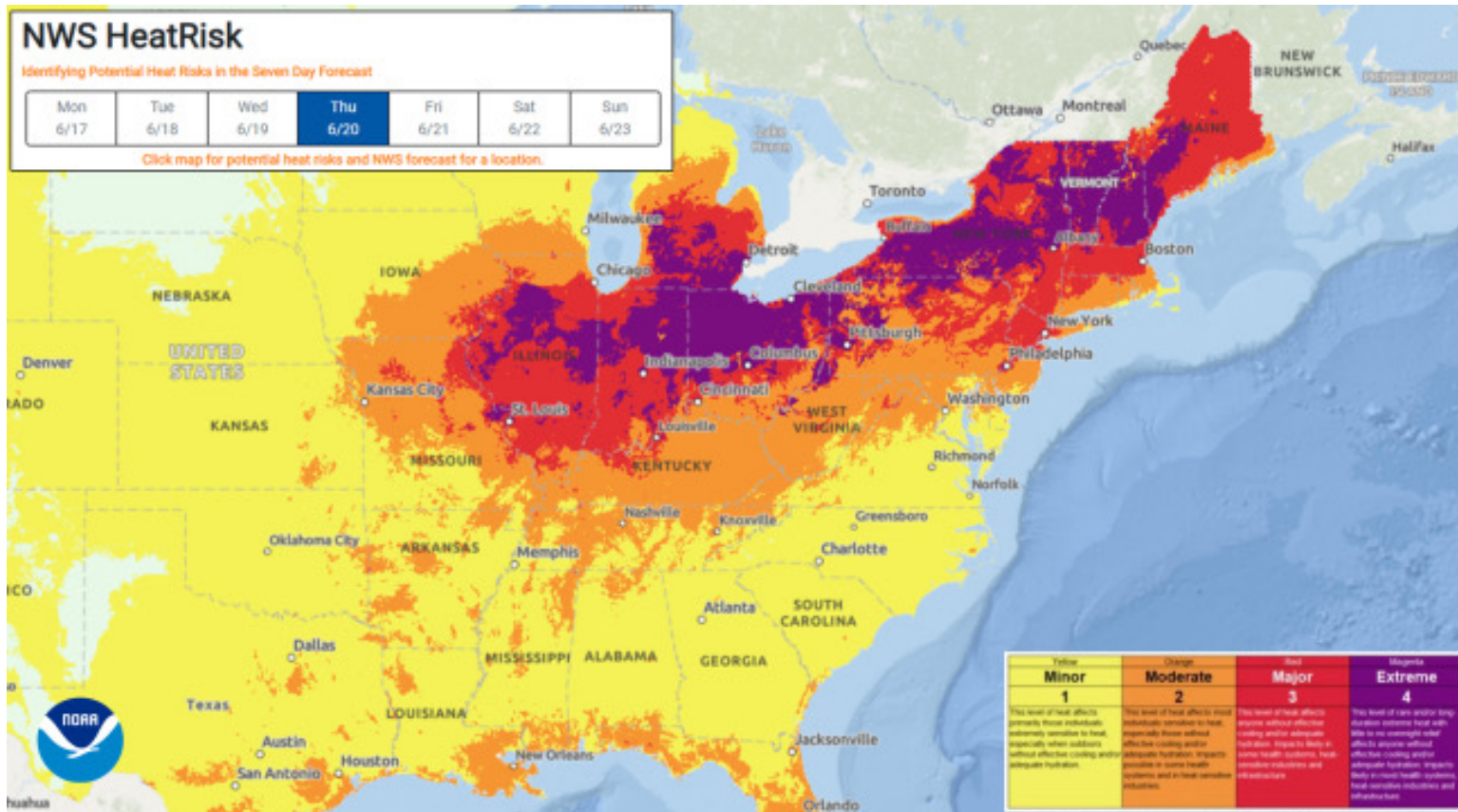
Account

Where Thursday's forecast temperatures were warmer than normal
Degrees warmer or cooler than the 1979-2000 average for July 11

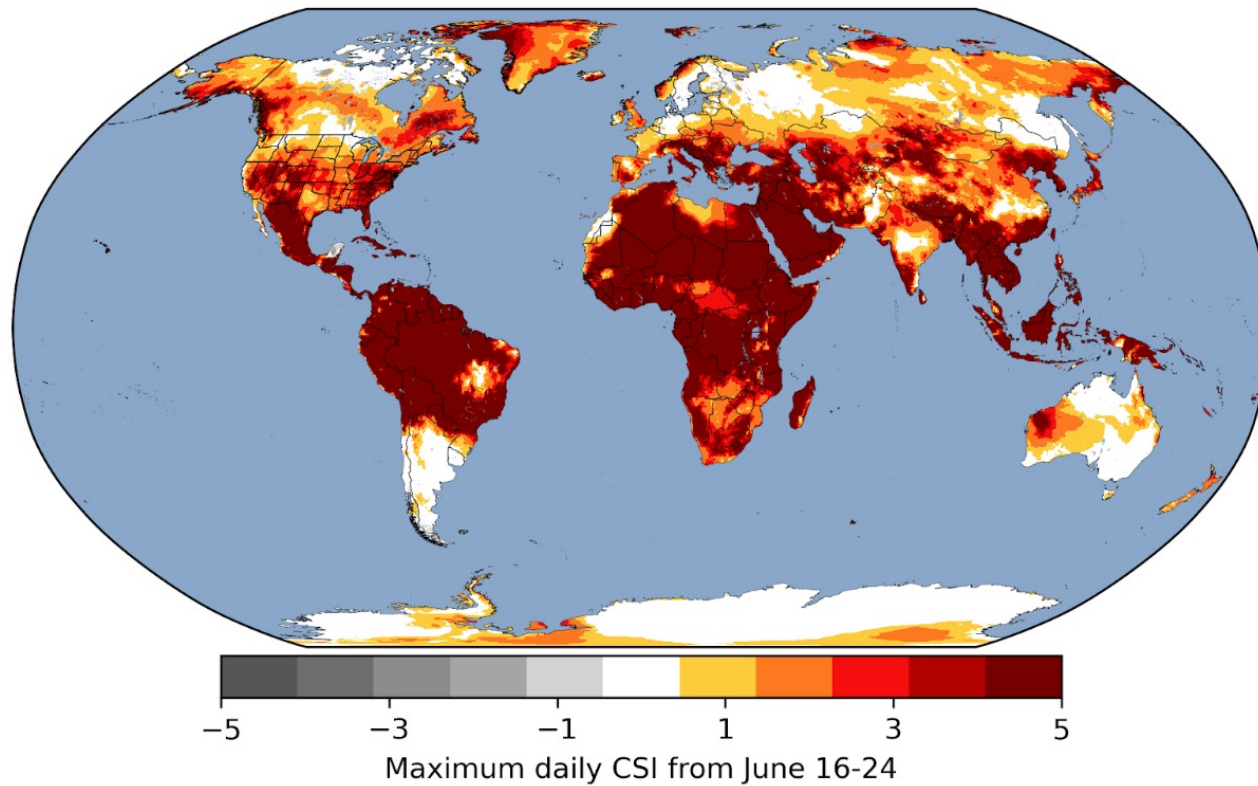


Source: Climate Reanalyzer, Climate Change Institute, University of Maine, using data from the National Centers for Environmental Prediction Global Forecast System

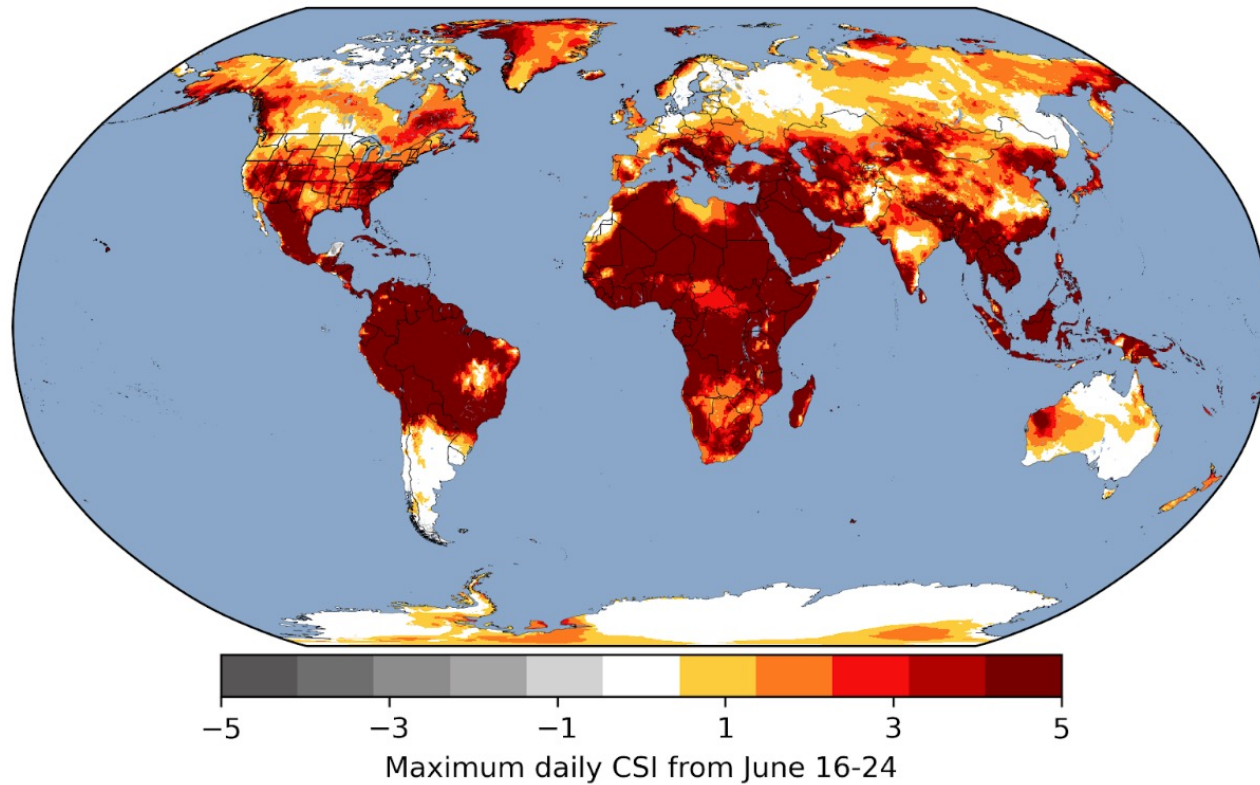
Heat Wave of June 16-24, 2024, as it Reached the Eastern United States



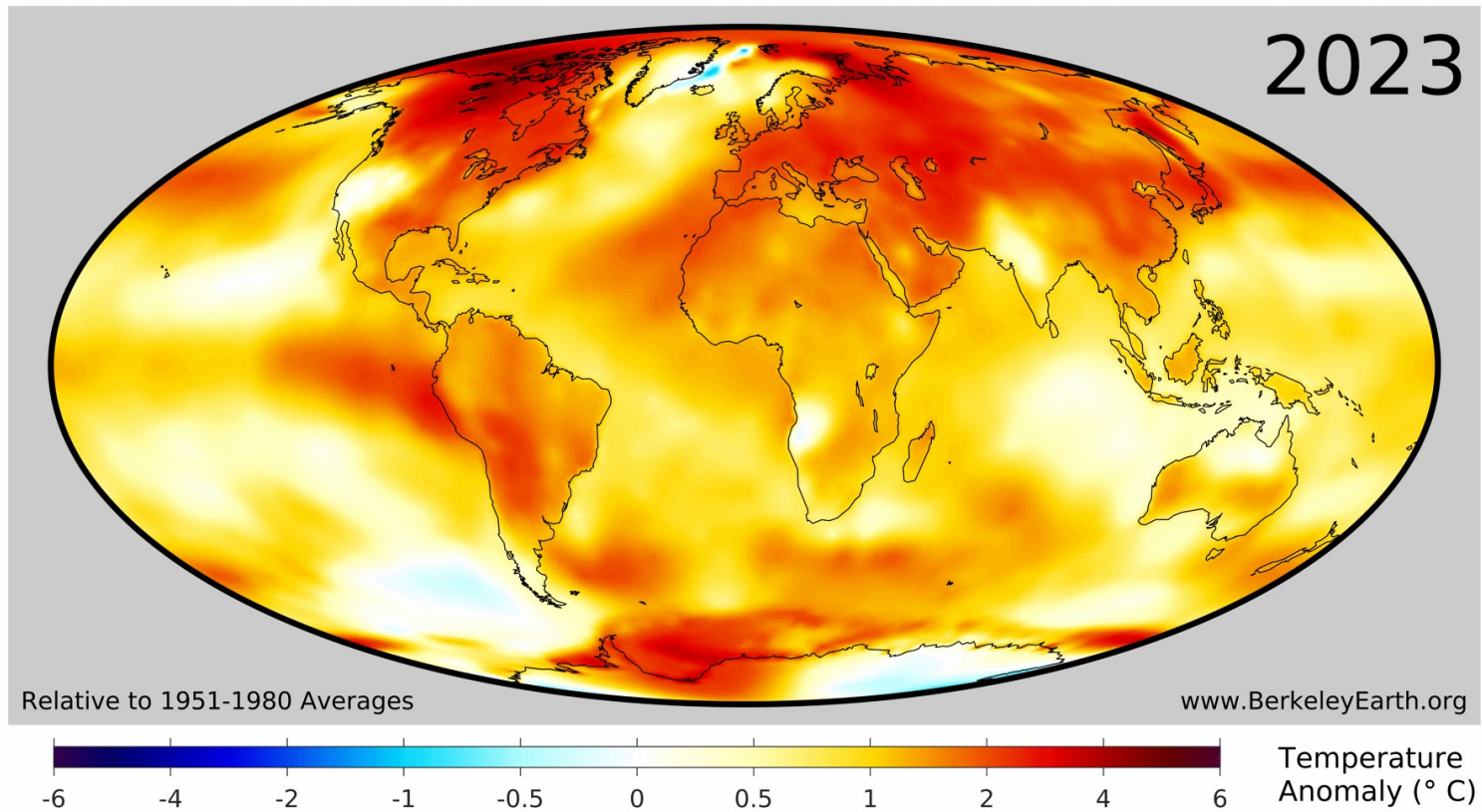
During the Heat Waves of June 16-24, 2024, 5 Billion People Experienced Extreme Heat



**During the Heat Waves of June 16-24, 2024,
5 Billion People Experienced Extreme Heat
→ *Climate Change Made this Heat Wave
35 Times More Likely to Have Occurred***

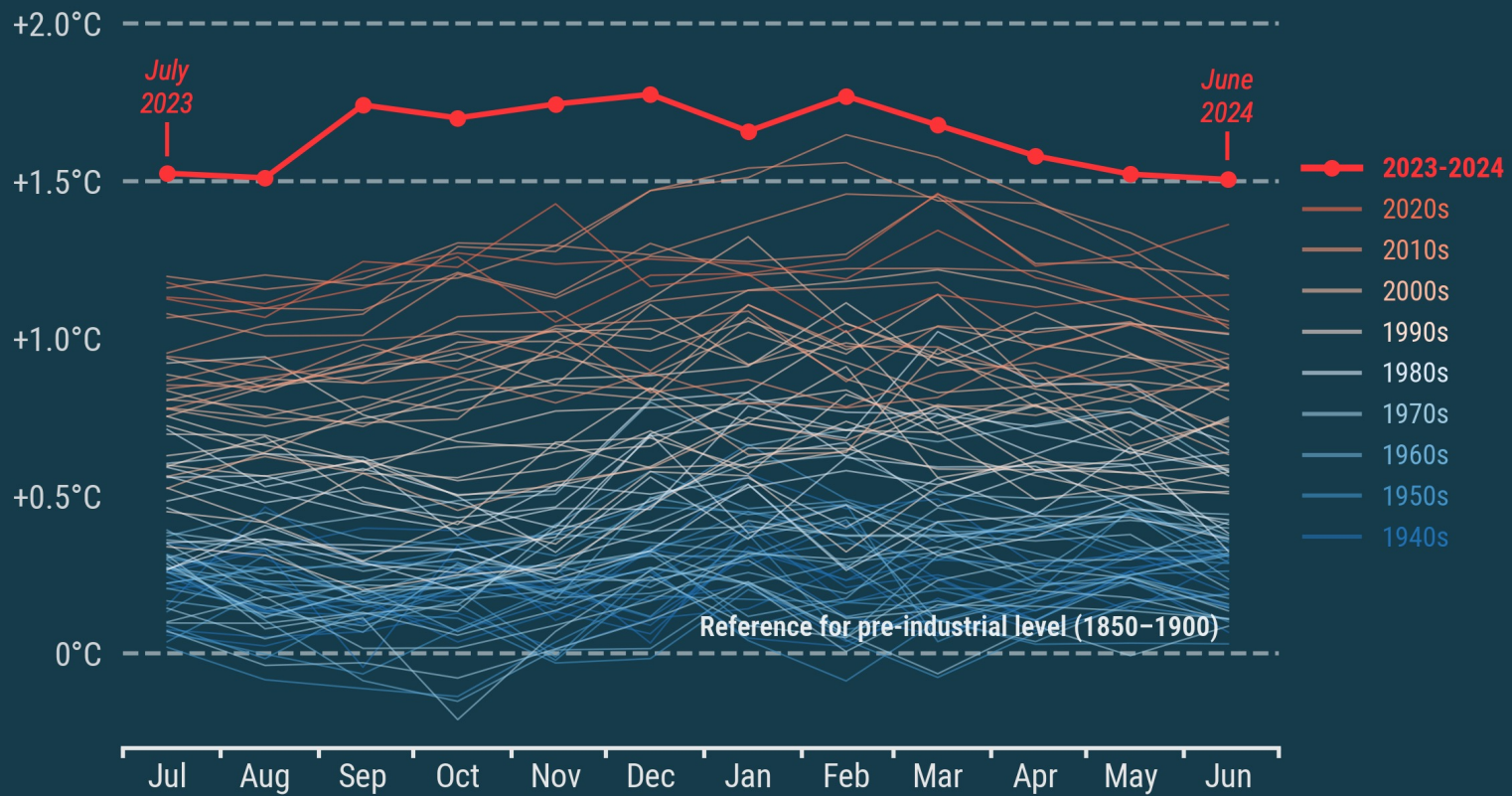


Global Temperature Anomalies in 2023, Relative to 1951-1980



Monthly global surface temperature increase above pre-industrial

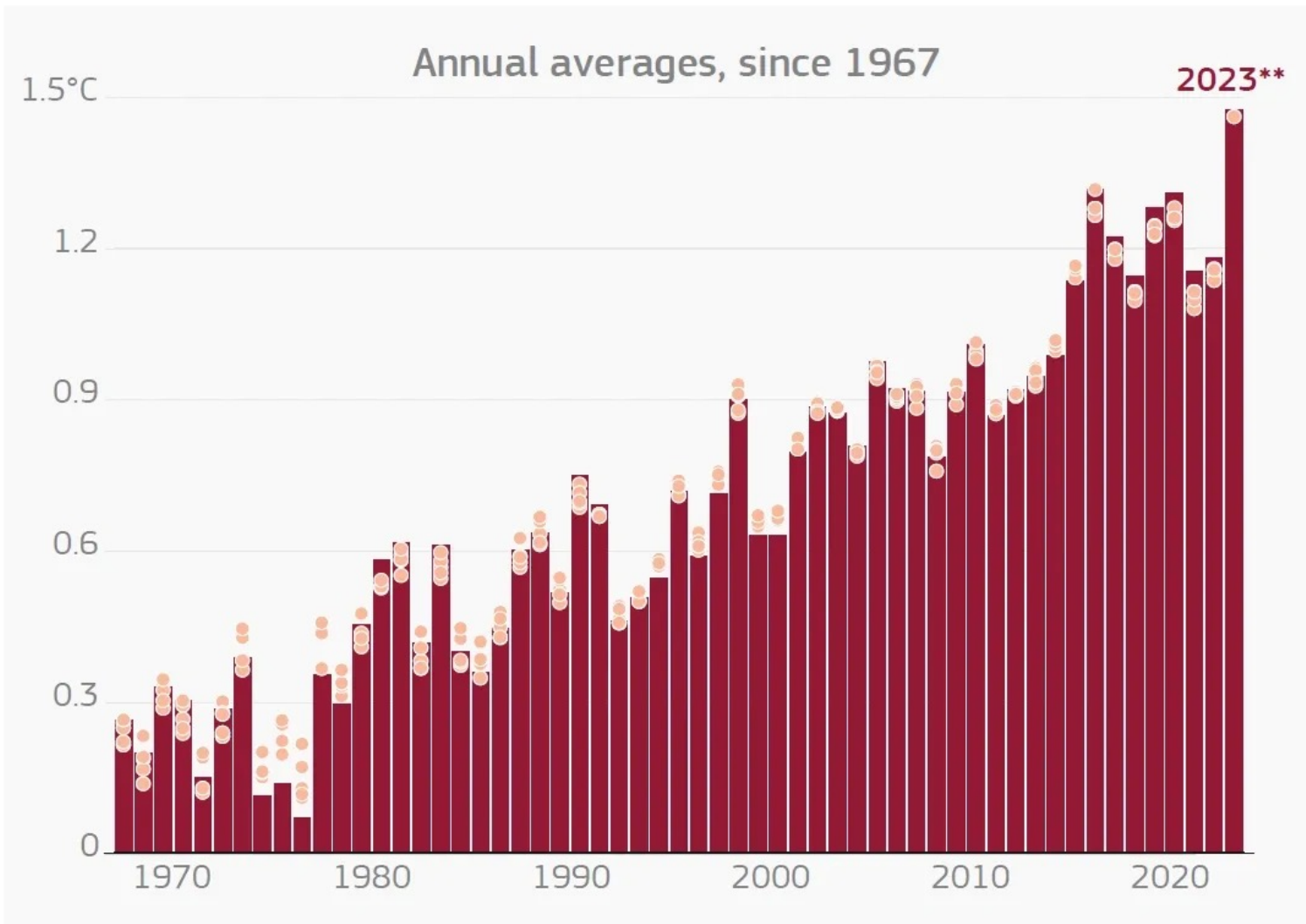
Data: ERA5 1940–2024 • Reference period: 1850-1900 • Credit: C3S/ECMWF



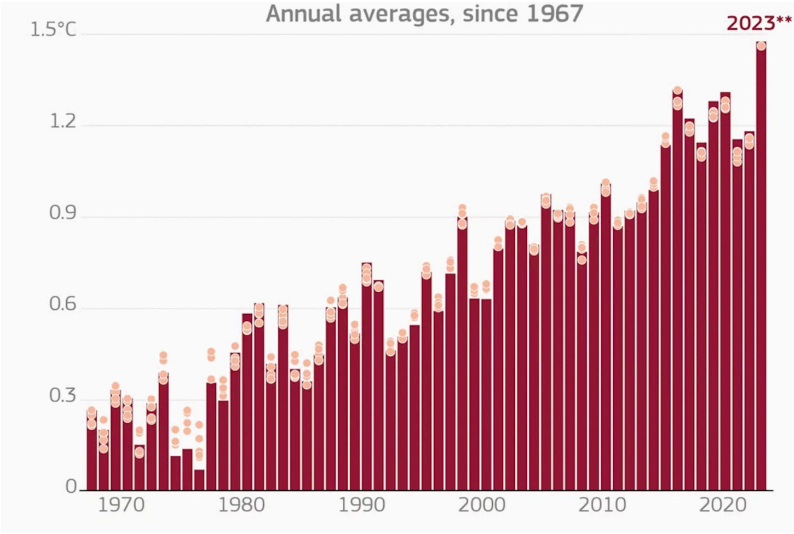
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Global Temperatures: 1967-2023



Global Temperature Increase Tracks the Increase in Atmospheric Carbon Dioxide



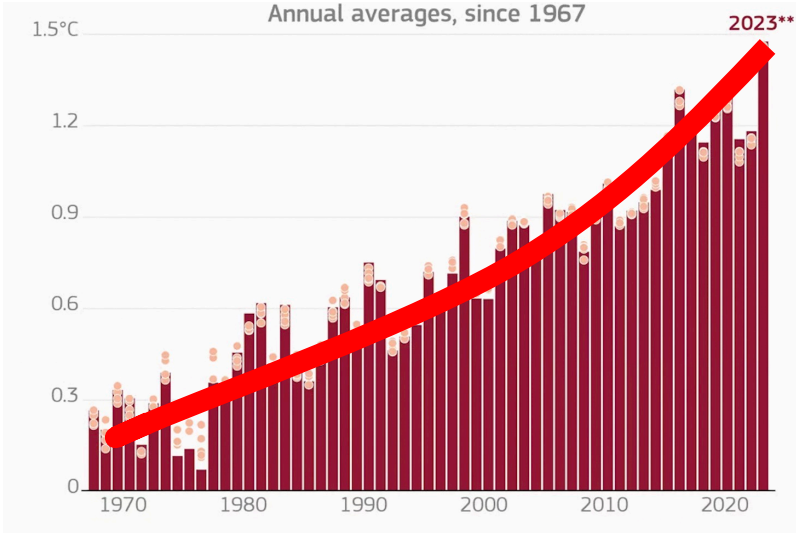
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Global Temperature Increase Tracks the Increase in Atmospheric Carbon Dioxide

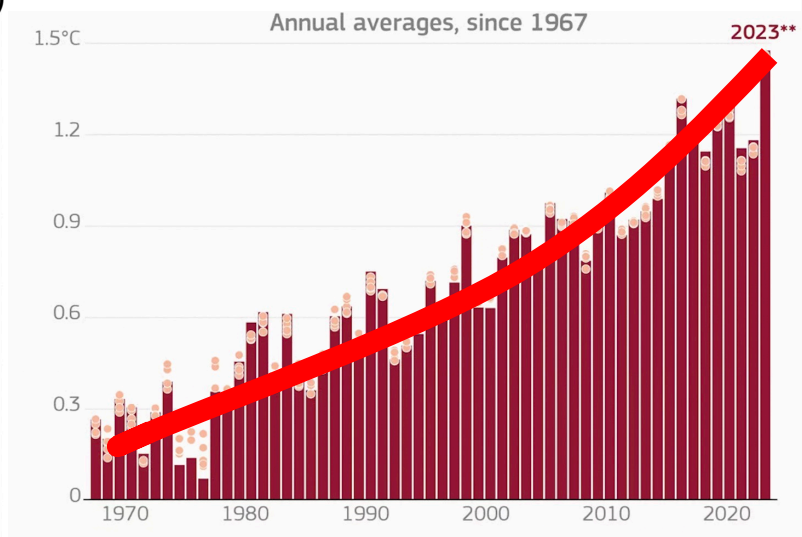
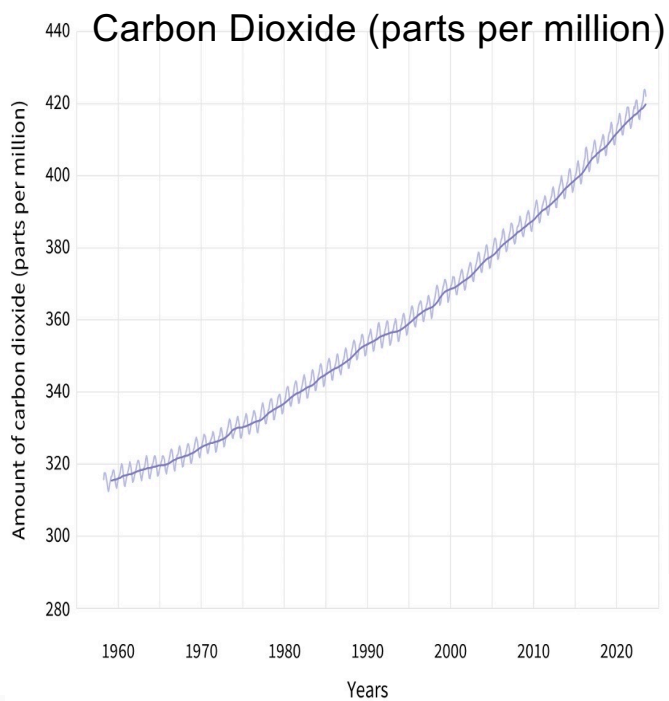


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Global Temperature Increase Tracks the Increase in Atmospheric Carbon Dioxide



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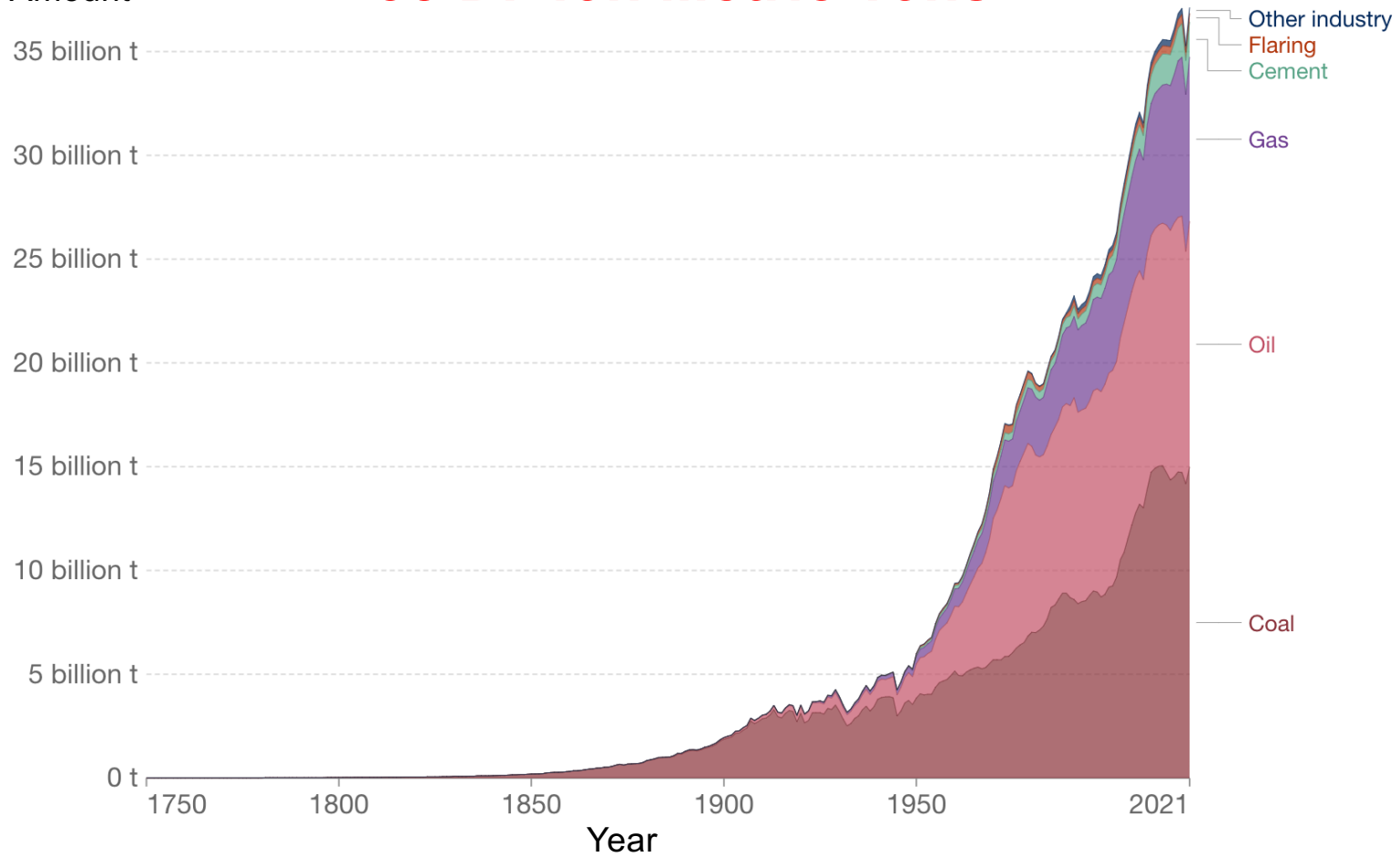


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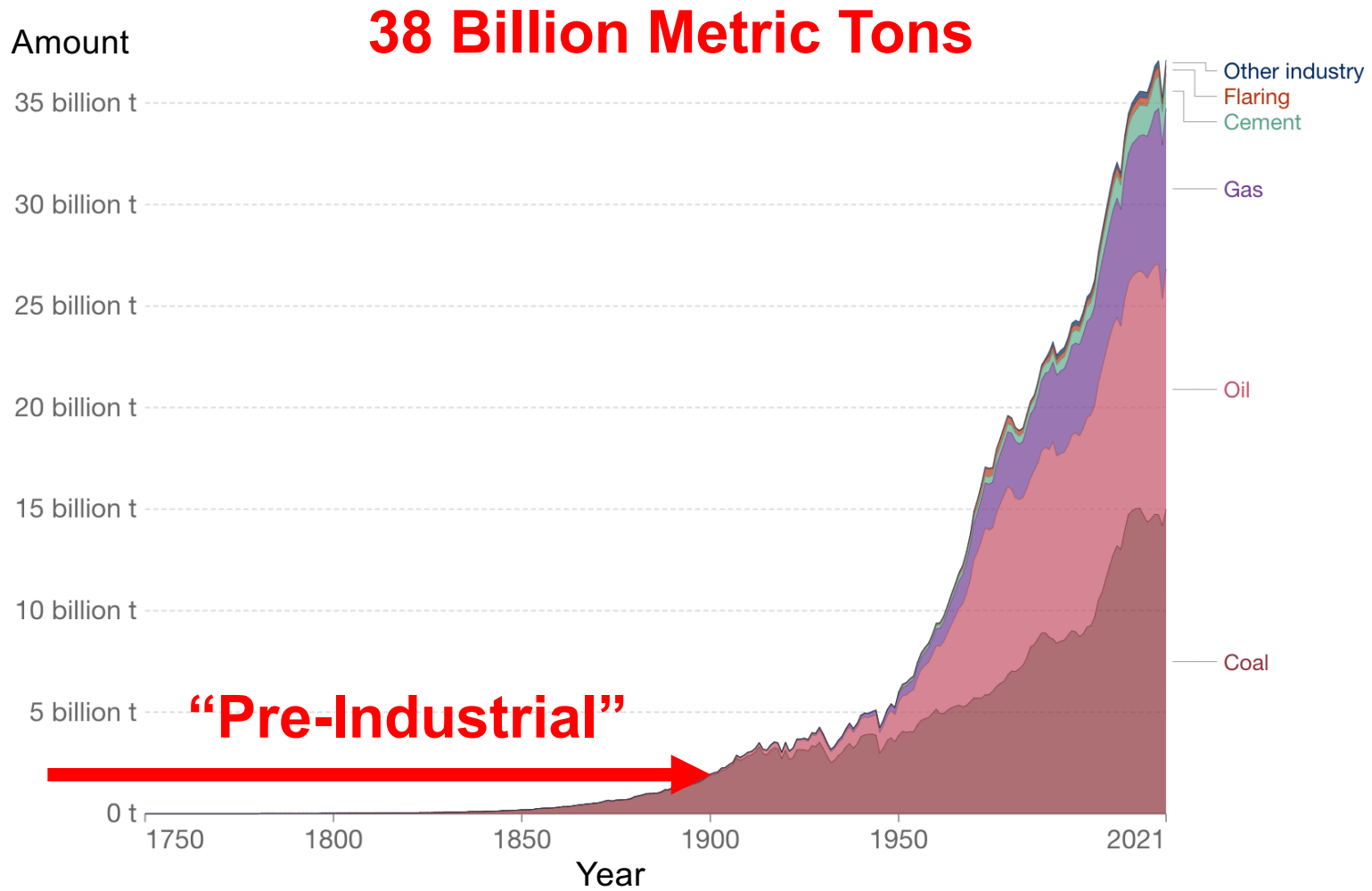
Carbon Dioxide Emissions by Fuel/Industry Type

38 Billion Metric Tons

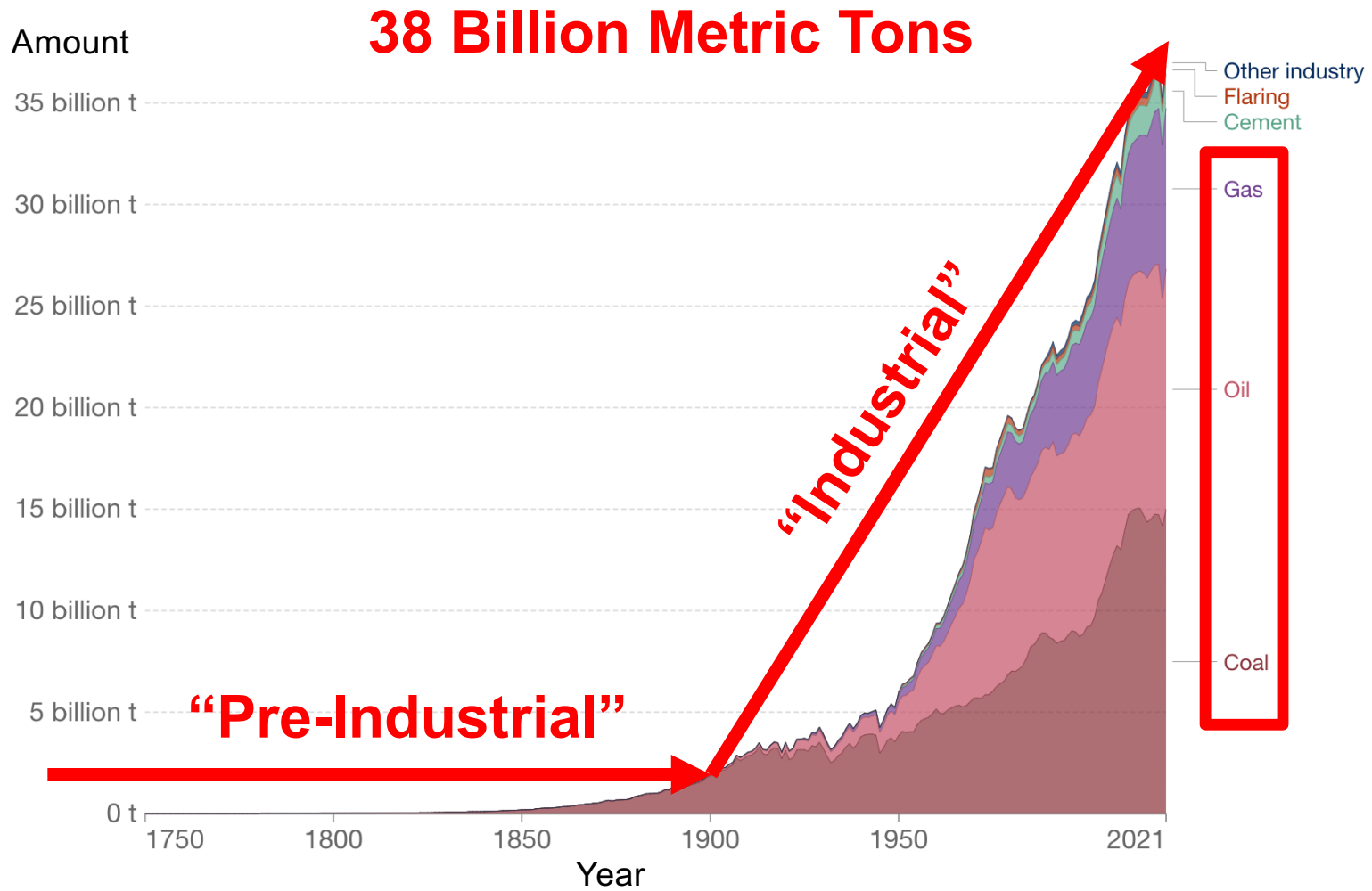
Amount



Carbon Dioxide Emissions by Fuel/Industry Type

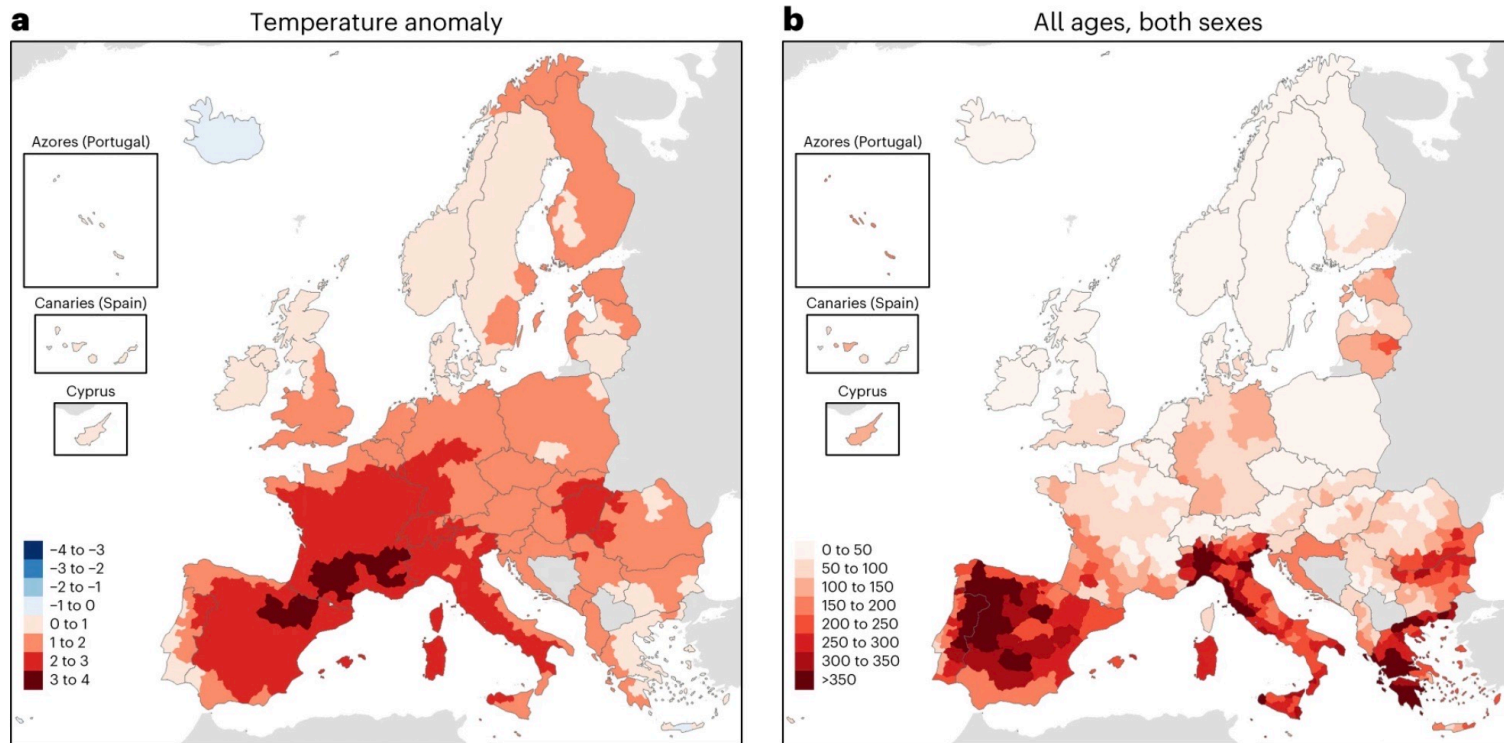


Carbon Dioxide Emissions by Fuel/Industry Type



61,672 Europeans Died During the 2022 Summer Heat Waves

→ *Could Top 120,000 Deaths by 2050*



[Ballester et al., *Nature Medicine*, 2023]

Health Hazards of Extreme Heat

Mild Heat Illnesses

- Heat Rash
- Swelling of Hands and Feet
- Heat Syncope (Fainting)

Heat Exhaustion

- Headache
- Nausea
- Vomiting
- Dizziness

Heat Stroke

- Core body Temps Above 104 °F
- Confusion
- Seizures and Other Mental Status Changes
- Brain Damage
- Muscle Breakdown
- Kidney Failure

Potential Actions Needed (Minutes Matter):

Cool Patients as Fast As Possible

→ Cold Water or Ice Bath

Hydrate Quickly and Restore Electrolytes

→ IV Fluids

Cardiopulmonary Bypass

Children at High Risk

Hydrate Less

Sweat Less

Older People at High Risk

More likely to have chronic medical conditions such as diabetes, kidney disease and heart failure

→ Interfere with the body's ability to regulate temperature and balance fluids

Treatments like blood pressure medications that keep the heart rate down or diuretics that clear fluid out of the body

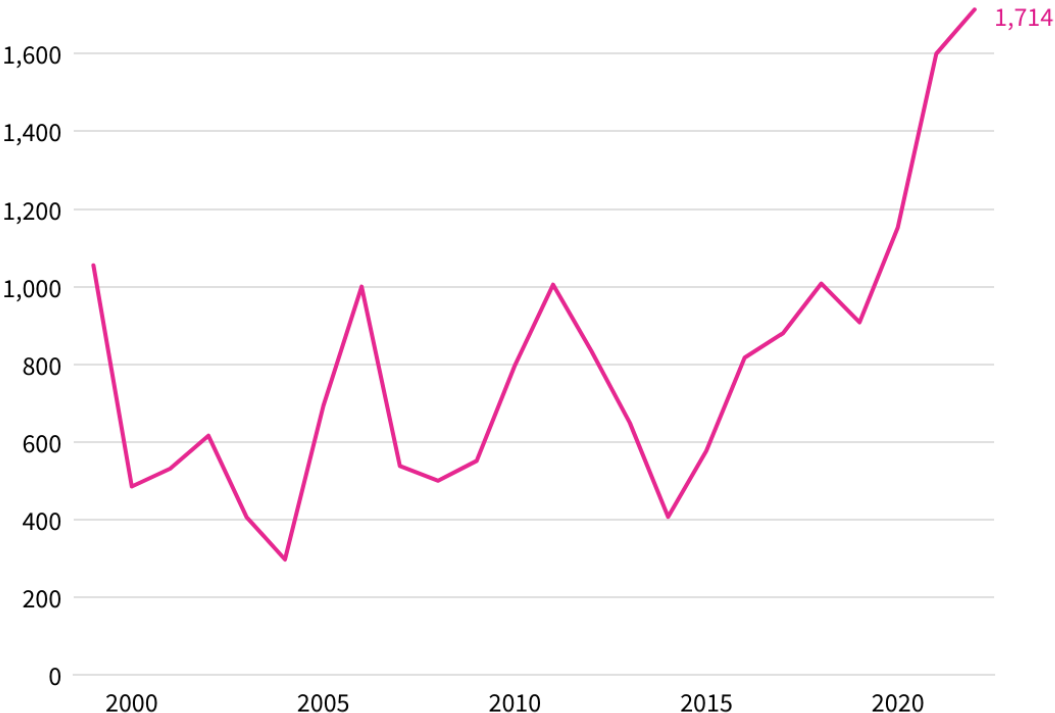
→ Impair the body's ability to compensate for extreme heat

People with depression or dementia may also not realize they're thirsty and forget to drink water

U.S. Heat-Related Mortalities

There were 1,714 heat-related fatalities in 2022

Heat-related fatalities by year



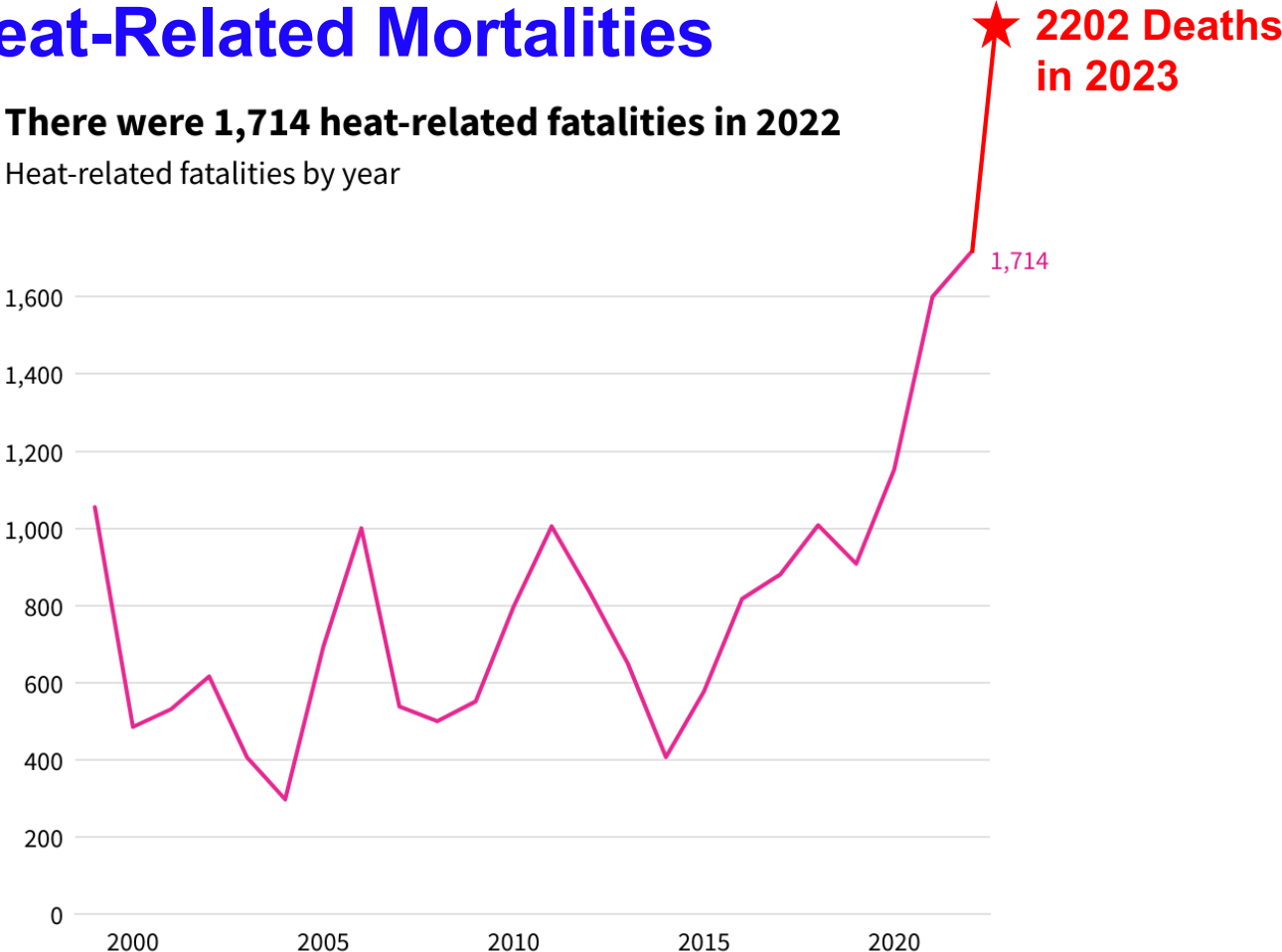
2022 data is provisional. Heat-related deaths were identified using ICD codes P81.0, T67, and X30. Deaths with underlying cause W92 were excluded.

Source: [Centers for Disease Control and Prevention](#)

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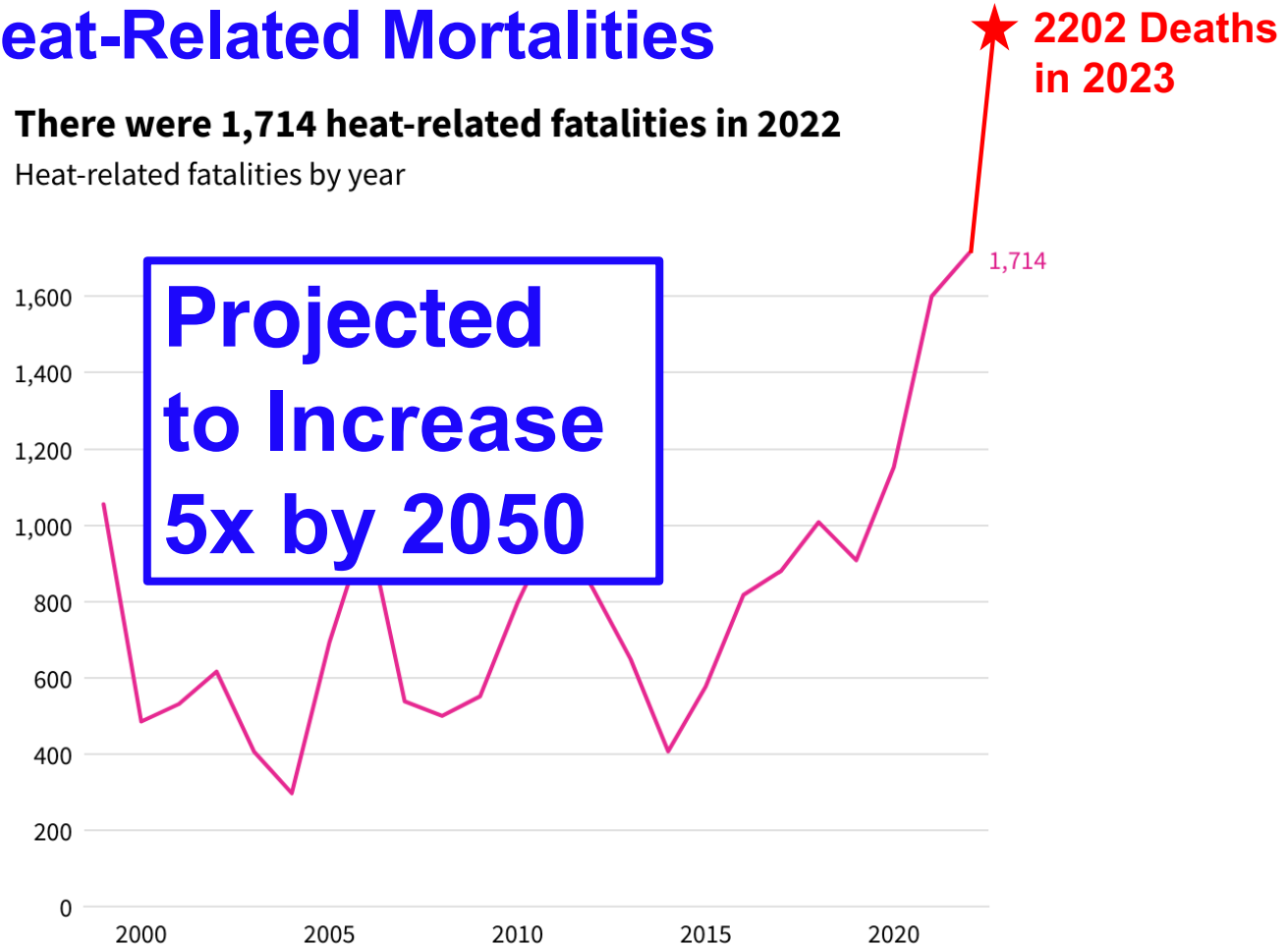
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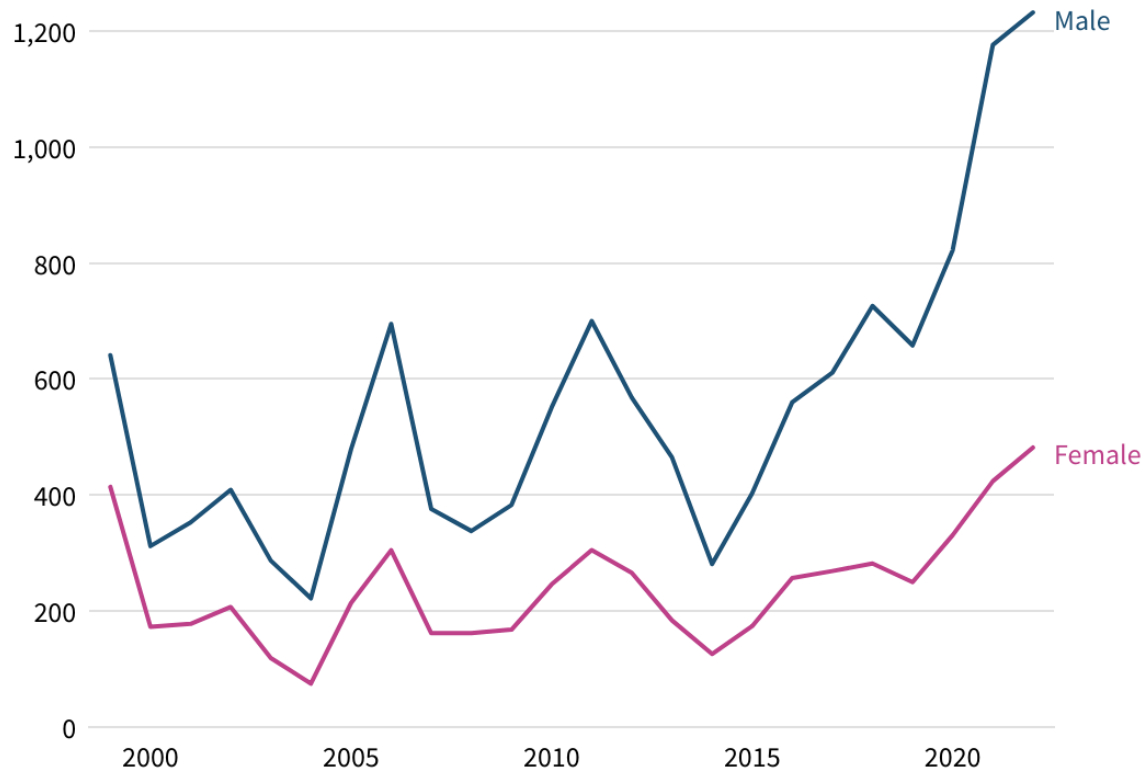
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Source: [Centers for Disease Control and Prevention](#)

USA FACTS

Heat-related fatalities are higher among men than women.

Heat-related fatalities by year and gender, 1999–2022



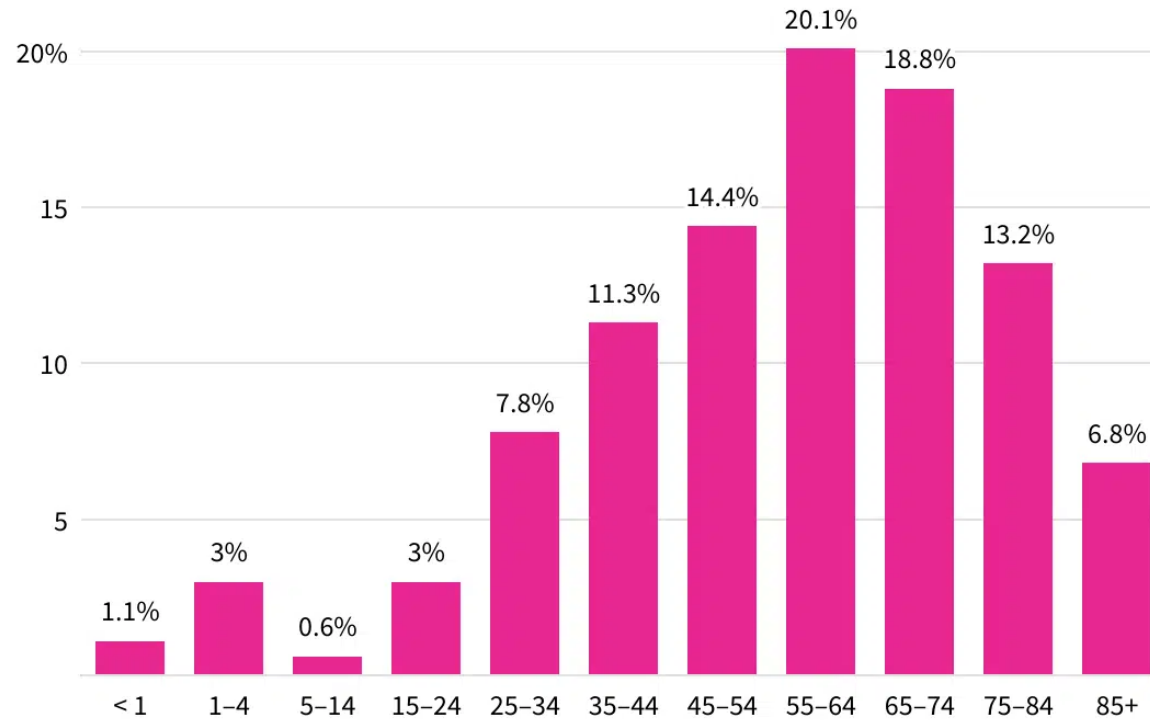
2022 data is provisional. Heat-related deaths were identified using ICD codes P81.0, T67, and X30. Deaths with underlying cause W92 were excluded.

Source: [Centers for Disease Control and Prevention](#)

USA FACTS

Adults aged 55–64 die from heat-related issues at the highest rate.

Percentage of heat-related deaths by age group, 2018–2021



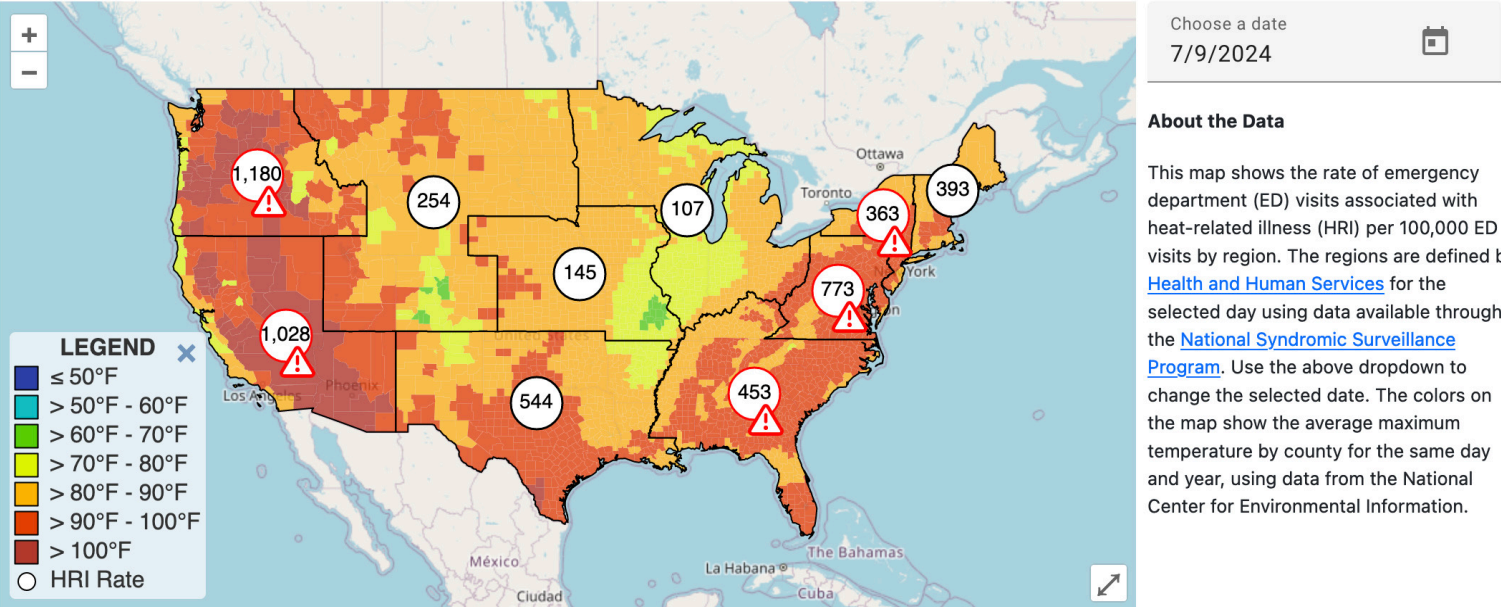
Heat-related deaths were identified using ICD codes P81.0, T67, and X30. Deaths with underlying cause W92 were excluded.

Source: [Centers for Disease Control and Prevention](#)

USA FACTS

U.S. Heat-Related Emergency Department Visits: July 9, 2024

Daily Heat-Related Illness



This icon indicates that extremely high rates of heat-related illness were detected in the region. Extremely high rates of heat-related illness are defined as exceeding the 95th percentile based on data from 2018-2023.

Study: Phoenix faces health crisis if heatwave, blackout hit at same time



Jasmine Kabiri/Cronkite News

June 5, 2023



High temperatures are nothing new to Valley residents, but a recent study said that if a heatwave coincided with a multiday power outage, the results would be disastrous. Power and emergency management officials call the chances of such a coincidence remote, saying they take extremes into account in their planning. (Photo by Ralph Fresco/Getty Images)

SIGN UP FOR DAILY HEADLINES

LATEST NEWS



'All eyes are on (us)': New-look Big 12 debuts at Las Vegas media days with bold ambitions



Arizona schools combat phone use in the classroom, see effect on youth mental health



July 9, 2024, Newscast



Feds want to rush aid to public housing residents to stay cool

Study: Phoenix faces health crisis if heatwave, blackout hit at same time

Jasmine Kabiri/Cronkite News

The study published last month in the journal Environmental Science & Technology predicted what might happen if the five-day Phoenix heatwave of July 2006 repeated itself and the electrical grid failed at the same time.

It estimates that about 1% of the population, or 13,250 people, would die, and half the city, or 816,570 people, would be put in emergency rooms if power was completely out for two days, then slowly restored throughout the region over the next three.



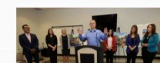
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Arizona schools combat phone use in the classroom, see effect on youth mental health



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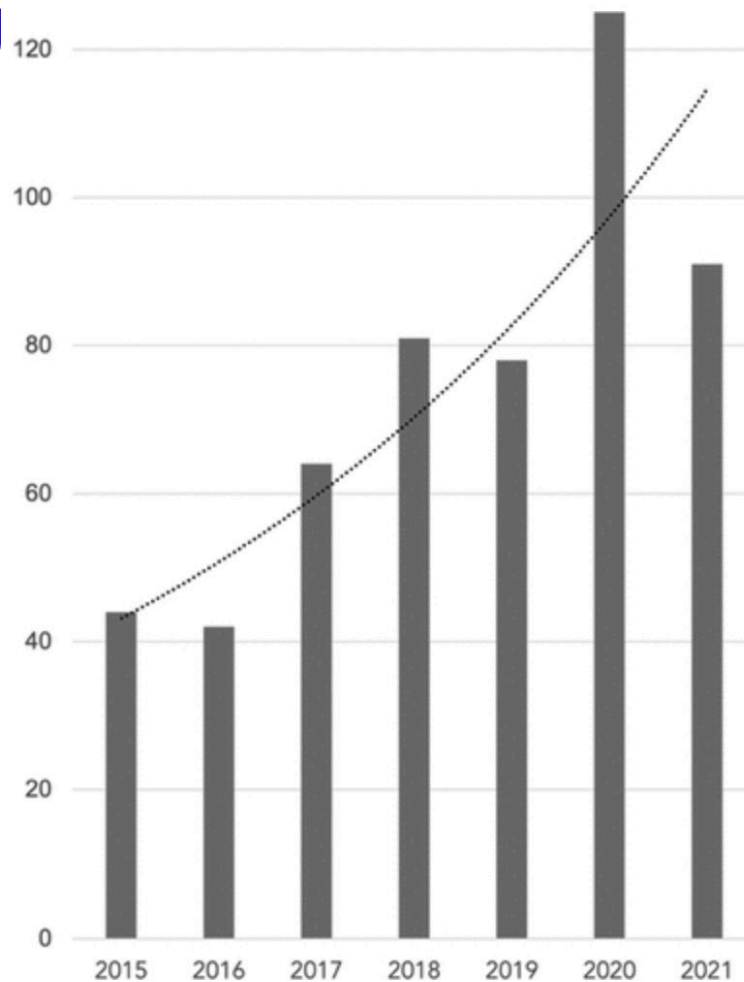
“How Blackouts during Heat Waves Amplify Mortality and Morbidity Risk”

[Stone et al., *Environ. Sci. Tech.*, 2023]

Simulated an Electrical Blackout During a 5-Day Heat Wave in Phoenix, Arizona

→ **1% of the City Died**

→ **>50% Required
Emergency Medical
Care**




Major U.S. Electrical Grid Failures

Be Prepared for Sustained Electrical Grid Power Failures

Hospitals in Houston ‘Backed Up’ After Hurricane, as Millions in U.S. Swelter

The health care system in Houston, where more than a million customers lack power, was overwhelmed because some patients couldn't be discharged amid a punishing heat wave.

 Share full article



 24

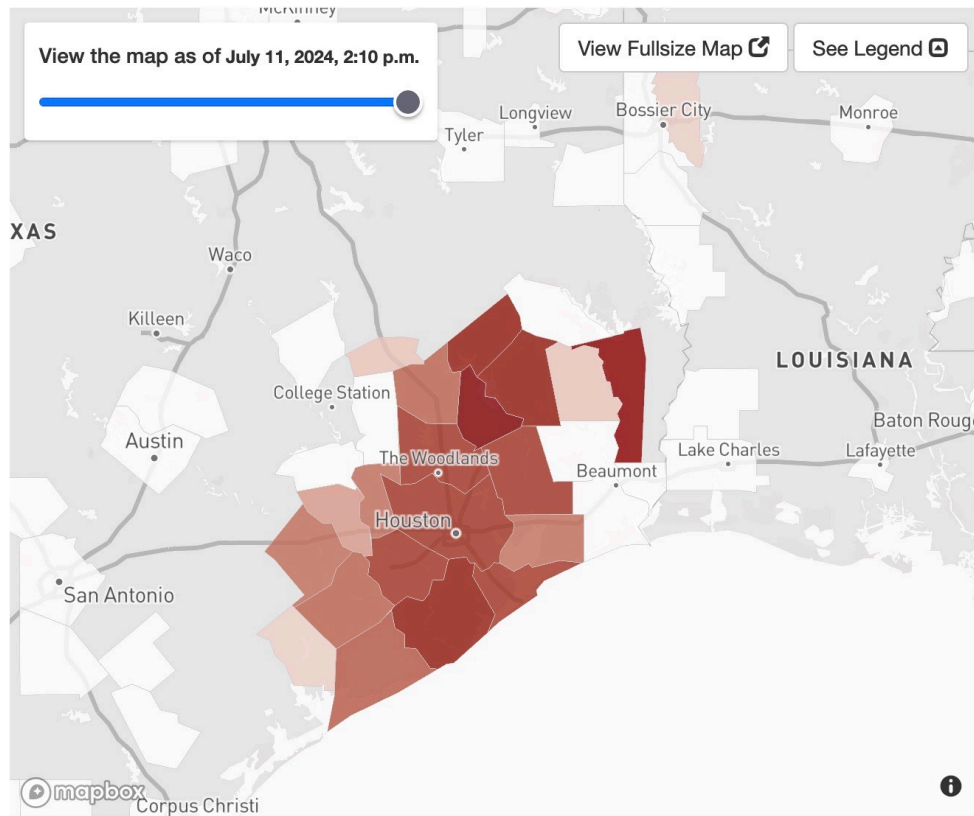
July 11, 2024



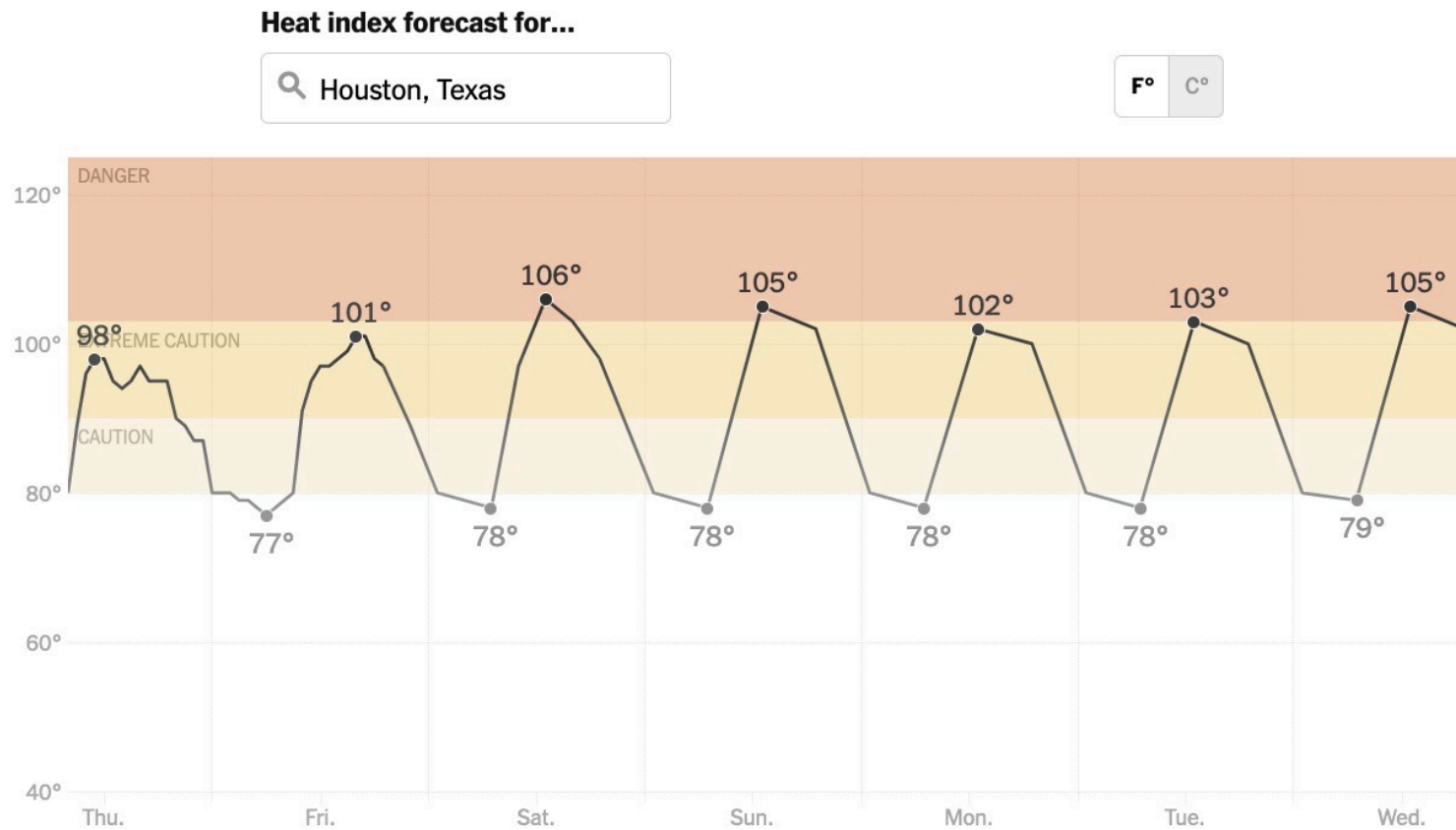
Officials suspect heat as the cause of more than 90 deaths in the West reported this month, though each death requires a full investigation and could take months to sort out. Raquel Natalicchio, via Getty Images

Thursday, July 11: More than 1,100,000 People in Houston Still Without Electricity

Texas power outage map



Thursday, July 11: Heat Wave Coming to Houston



Use Web Tools That Track Heat Risks



The week ahead across the nation

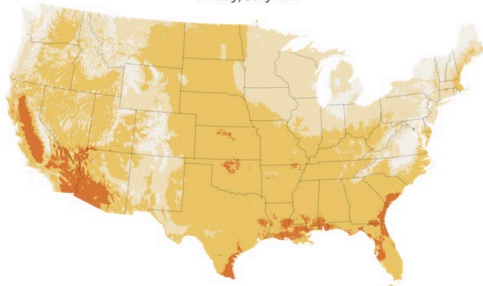
While next-day forecasts can be quite accurate, forecasts become less reliable the further into the future they predict. Over the next week, dangerous levels of heat are expected across many areas of the contiguous United States.

Heat index forecast for the next six days

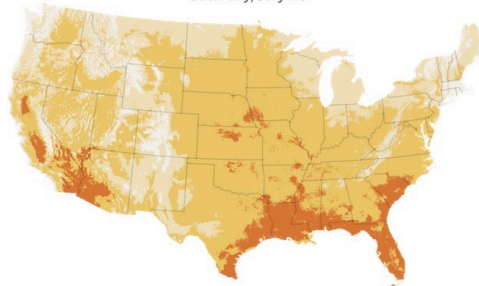
Maps show the highest level forecast each day.

Caution Feels like 80°-90° **Extreme caution** 90°-103° **Danger** 103°-125° **Extreme danger** 125°+

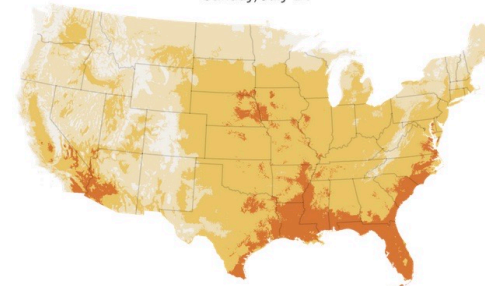
Friday, July 12



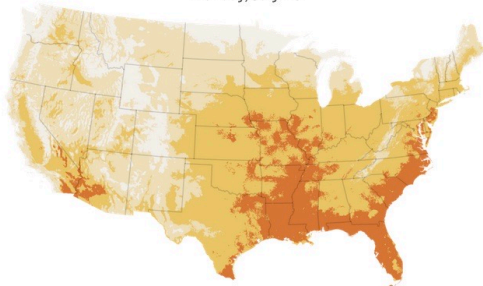
Saturday, July 13



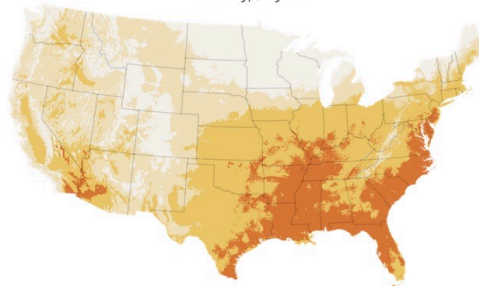
Sunday, July 14



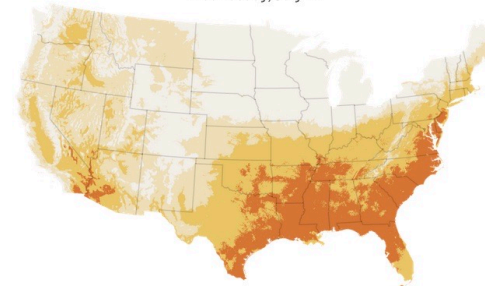
Monday, July 15



Tuesday, July 16



Wednesday, July 17



Source: NOAA



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Home

Health Burden

Heat Exposure

Heat and Health Index

HeatRisk

About the Data

Learn More



Heat & Health Tracker

County Heat & Health Data

SHARE

San Diego County, CA

Extreme heat can lead to heat stroke, heat cramps, heat exhaustion, dehydration, and death. Anyone can be at risk, but some are more vulnerable, including pregnant women, people with heart or lung conditions, young children, older adults, athletes, and outdoor workers. This county profile provides specific information on its vulnerable populations, how extreme heat events are changing in the community, and critical resources for use during an extreme heat event.

Today's HeatRisk

San Diego County, CA



Moderate

Tuesday, July 9, 2024

Source: [NOAA/NWS](#)

Today's HeatRisk is **Moderate**.

Today is an okay day to be outside for most people.

People who are outside for a long time or who are [sensitive to heat](#) could have health impacts.



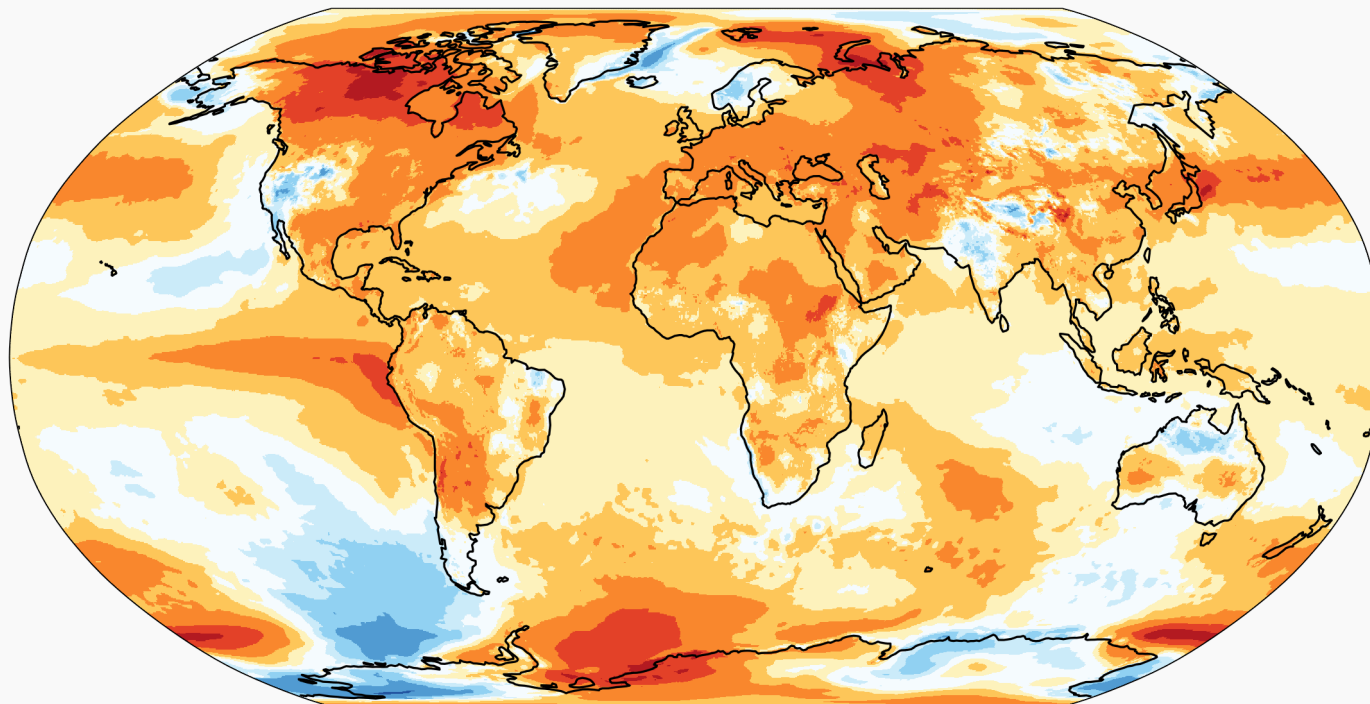
HeatRisk Forecast

San Diego County, CA

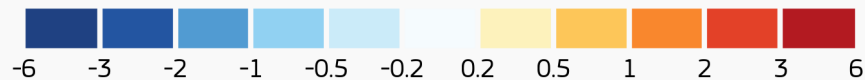
Wednesday July 10	Thursday July 11	Friday July 12	Saturday July 13	Sunday July 14	Monday July 15
Minor	Minor	Minor	Minor	Minor	Minor

SURFACE AIR TEMPERATURE ANOMALY • 2023

Reference period: 1991–2020 • Data: ERA5 • Credit: C3S/ECMWF



Temperature anomaly (°C)

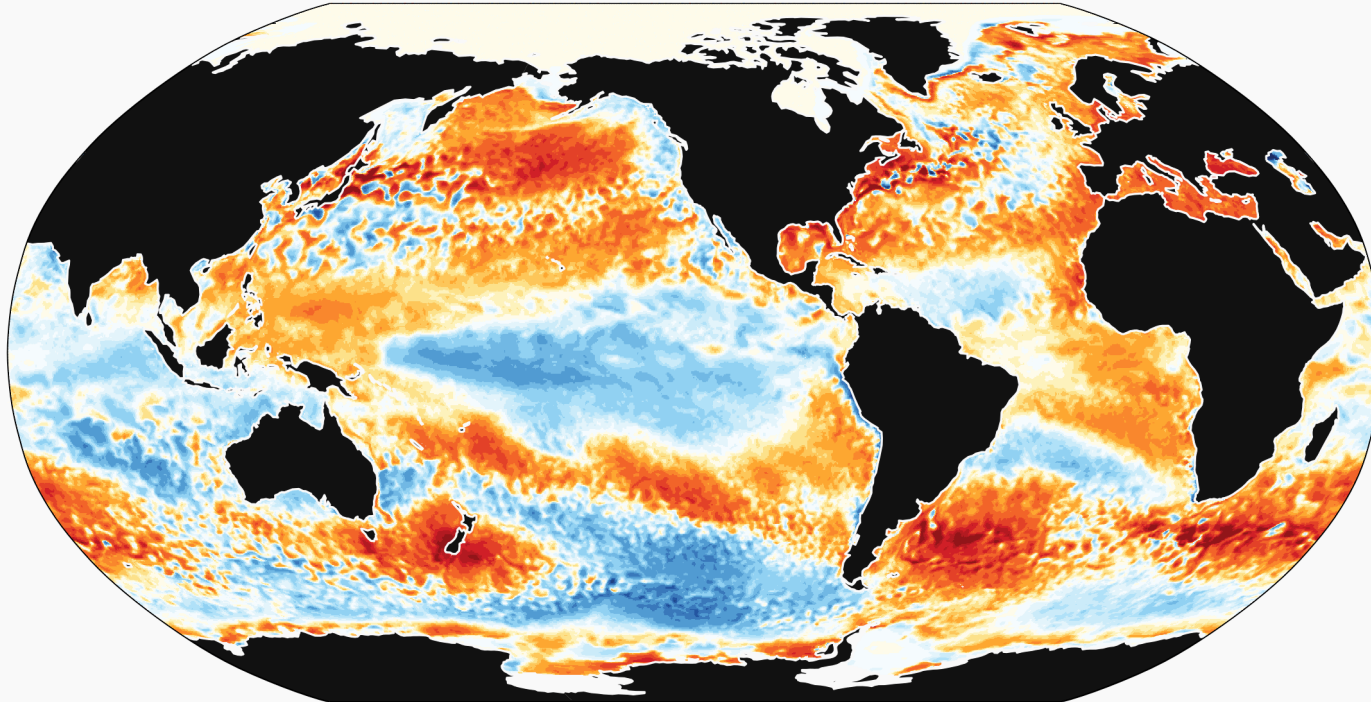


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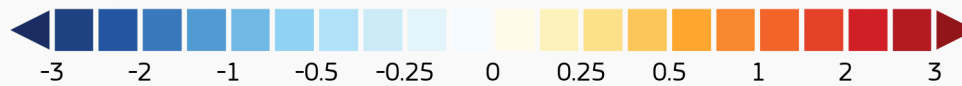


SEA SURFACE TEMPERATURE ANOMALY • JAN 2023

Reference period: 1991–2020 • Data: ERA5 • Credit: C3S/ECMWF



Temperature anomaly (°C)



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IMPLEMENTED BY

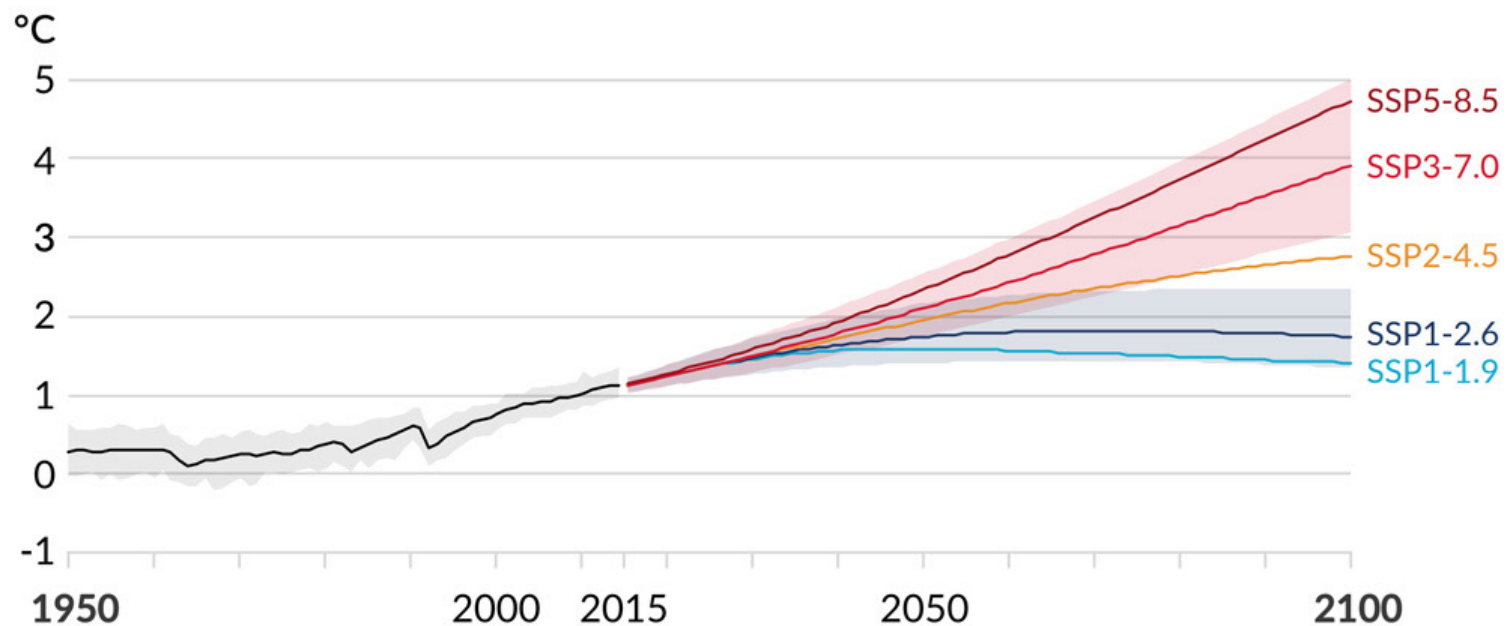


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Future Global Temperatures Depend on Us:

→ *Pathway SSP1-1.9: Immediate CO2 Cutback*

→ *Pathway SSP5-8.5: Business as Usual*

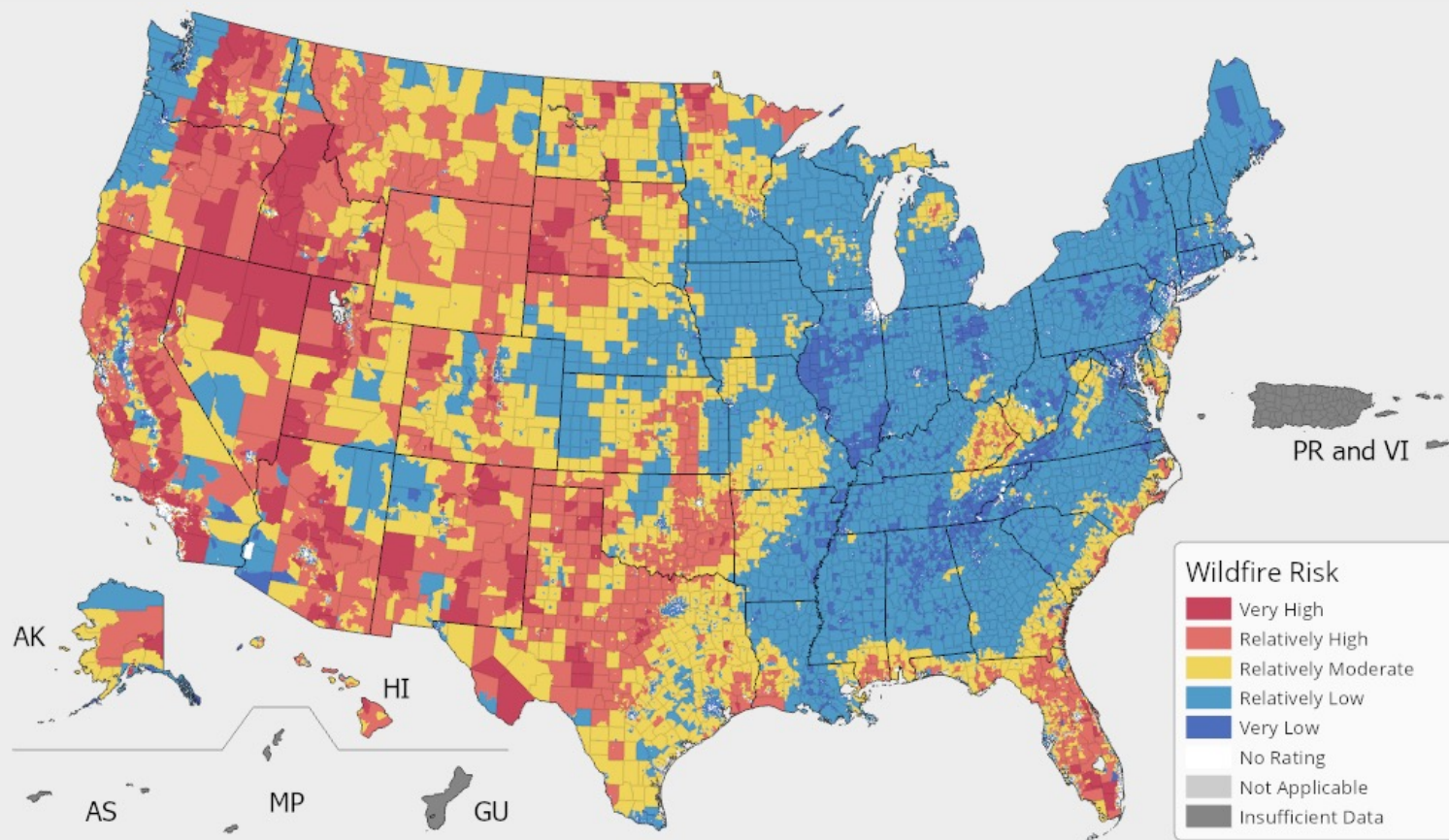


IPCC AR6 (Assessment Report 6 of the Intergovernmental Panel on Climate Change)

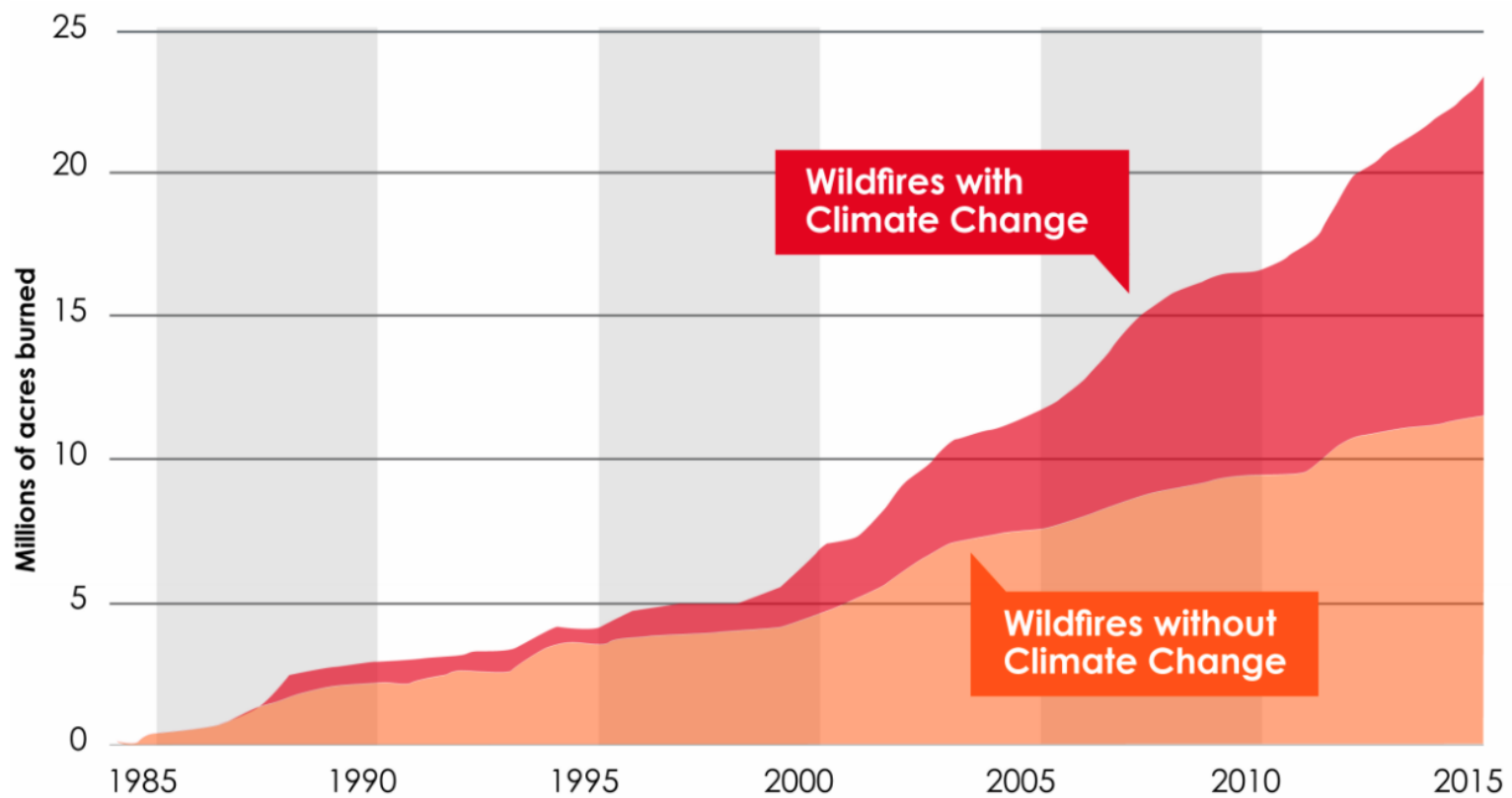
How *Climate Change* Impacts Human Health

- *Heat: Heat Stress, Heat Stroke*
- **Temperature Changes: Fires, Spread of Parasites**

Wildfire Risk (FEMA – Federal Emergency Management Administration)



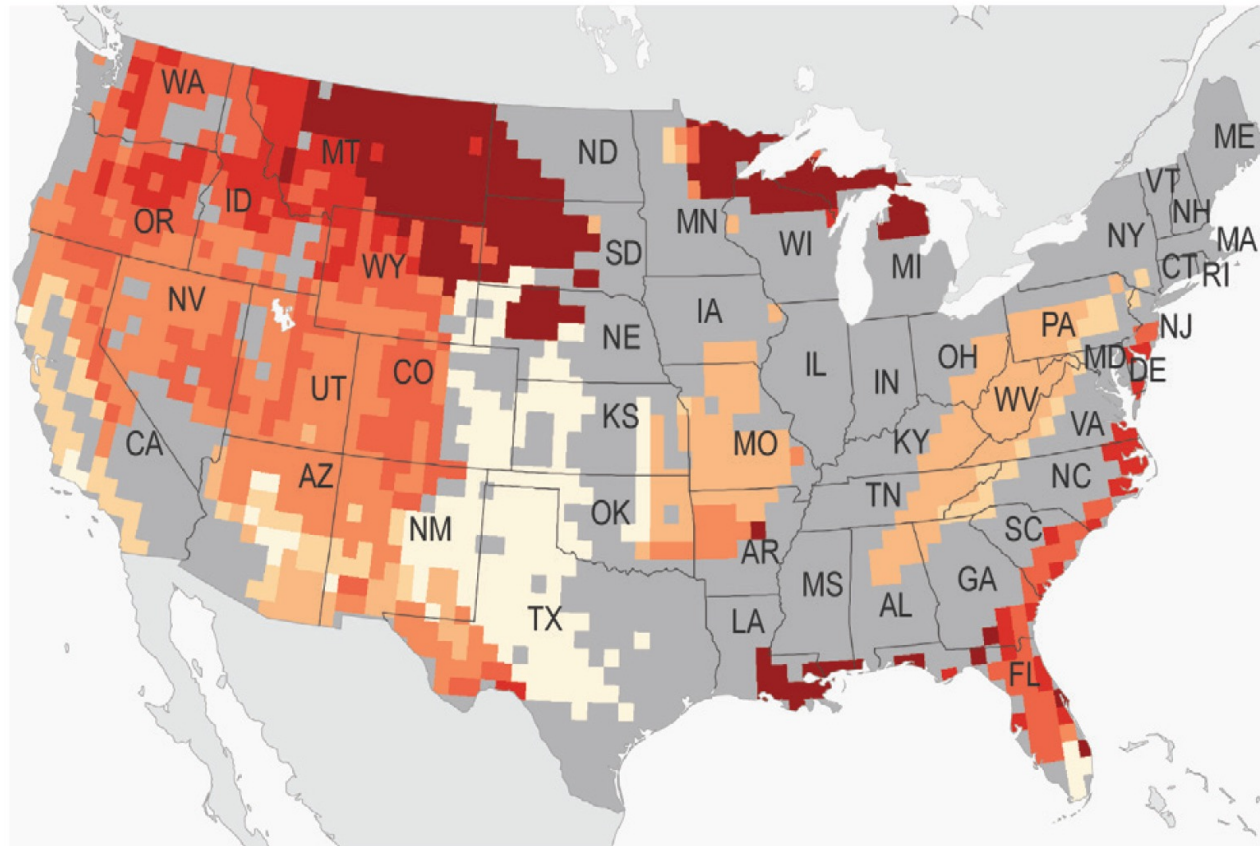
Increase in Western United States Land Burned Due to Climate Change



[4th National Climate Assessment, 2018]

Projected Increases in Very Large Fires

[Climate.gov, 2015]



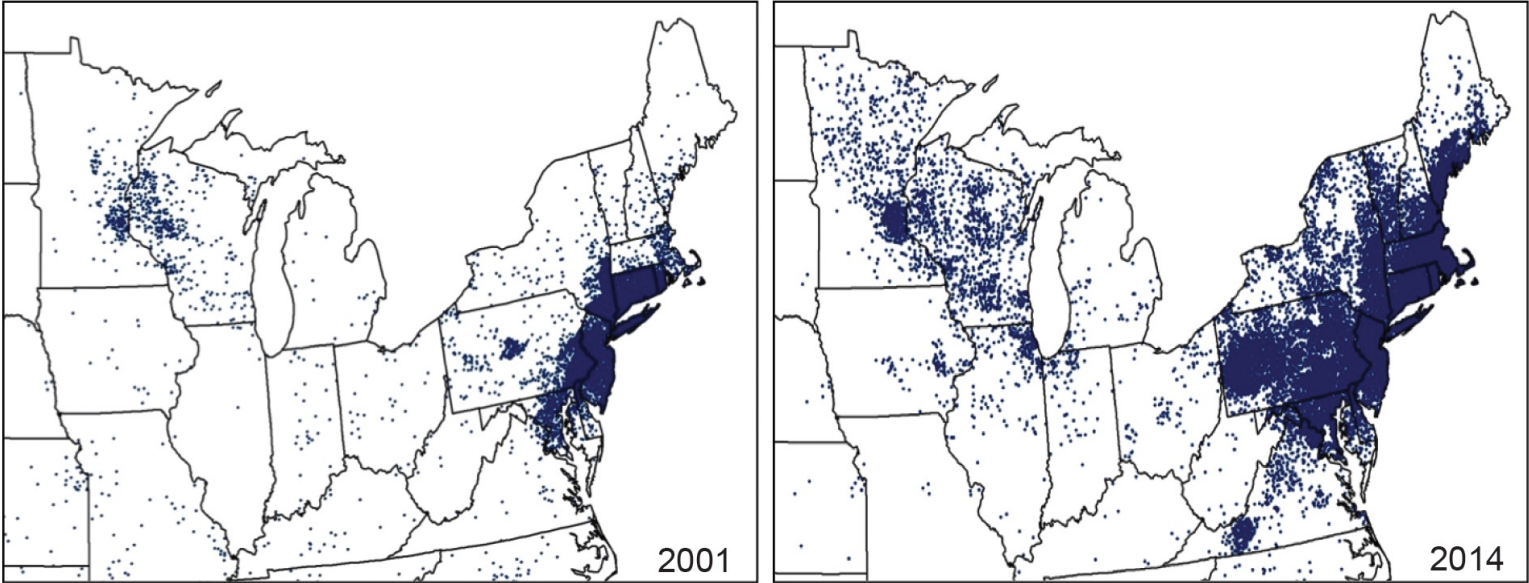
Increase in Weeks with Risk of Very Large Fires (%)



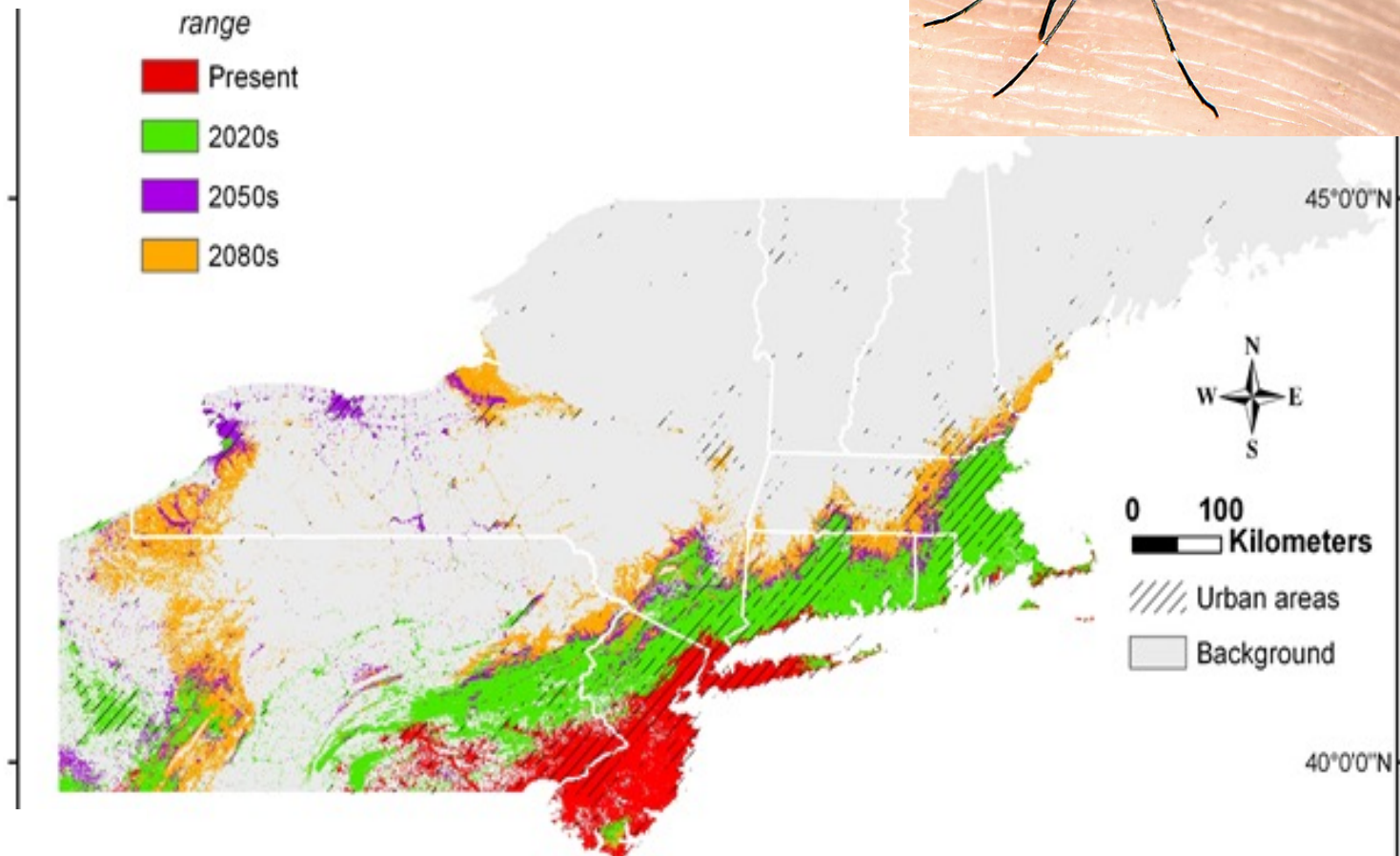
Expansion of Reported Cases of Lyme Disease



Changes in Lyme Disease Case Report Distribution

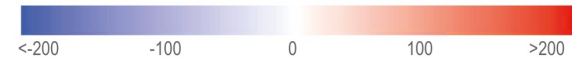


Predicted Expansion of Asian Tiger Mosquito (Dengue Fever, West Nile Fever, Yellow Fever)



Projected change in the abundance of *Aedes aegypti*

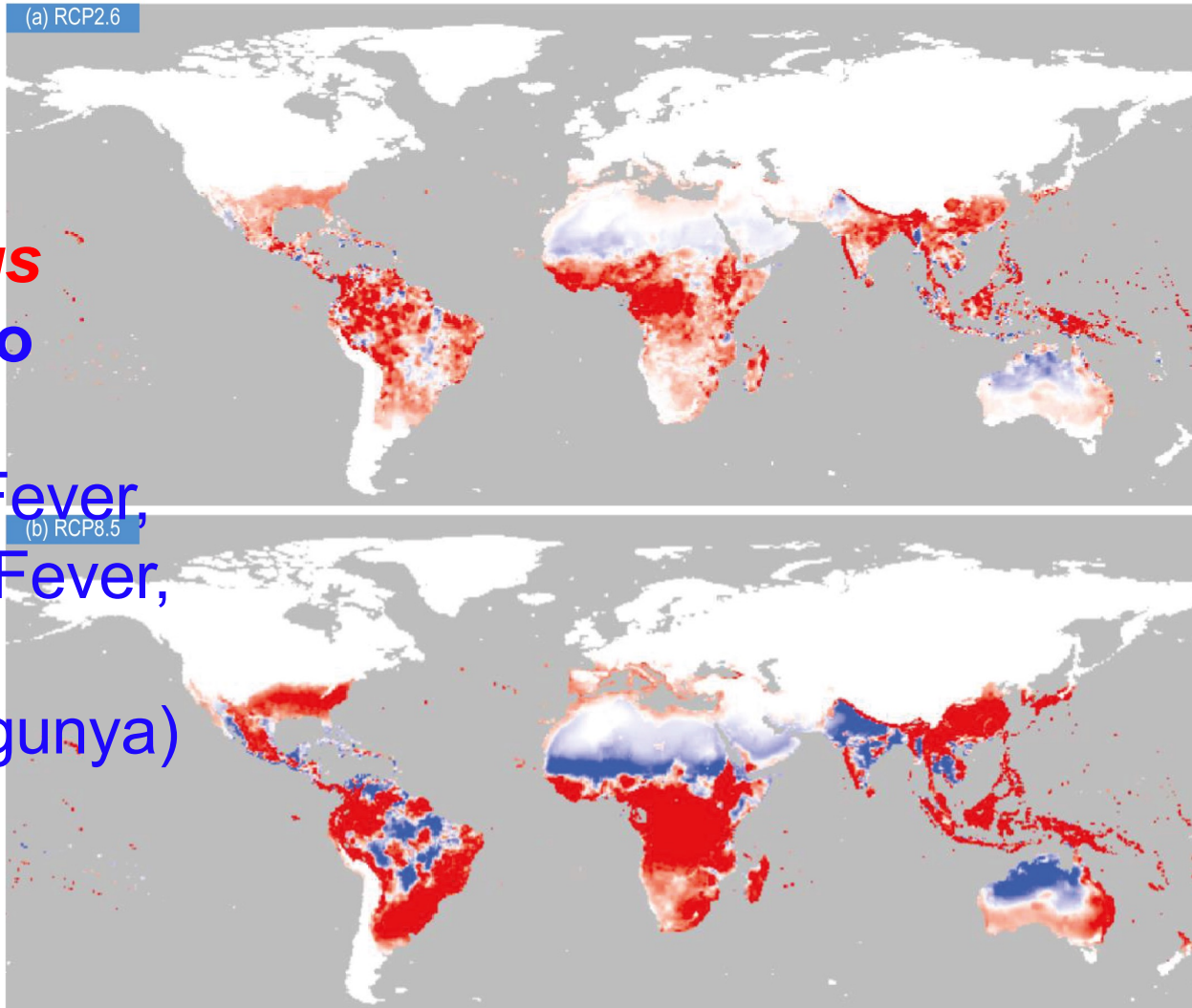
Potential abundance change (2090–2099) - (1987–2016)



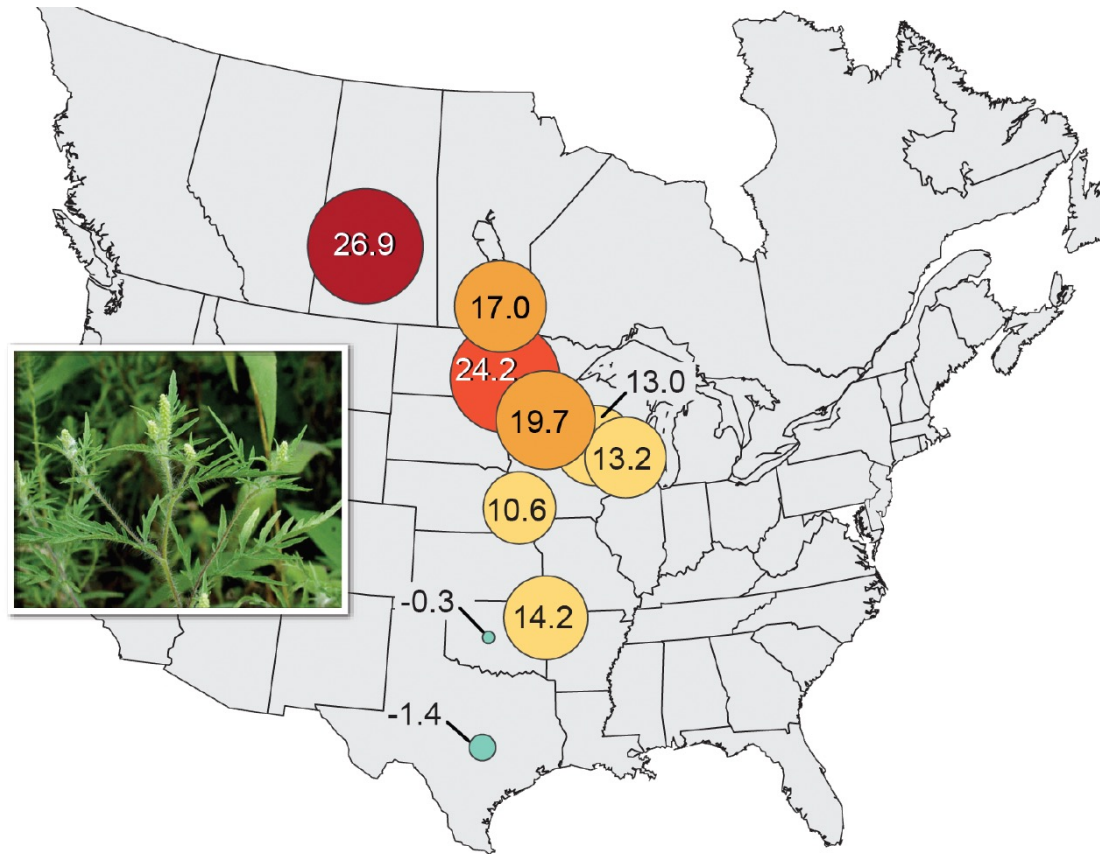
**Spread
of
*Aedes
Aegyptus*
Mosquito**

(Yellow Fever,
Dengue Fever,
Zika,
Chickungunya)

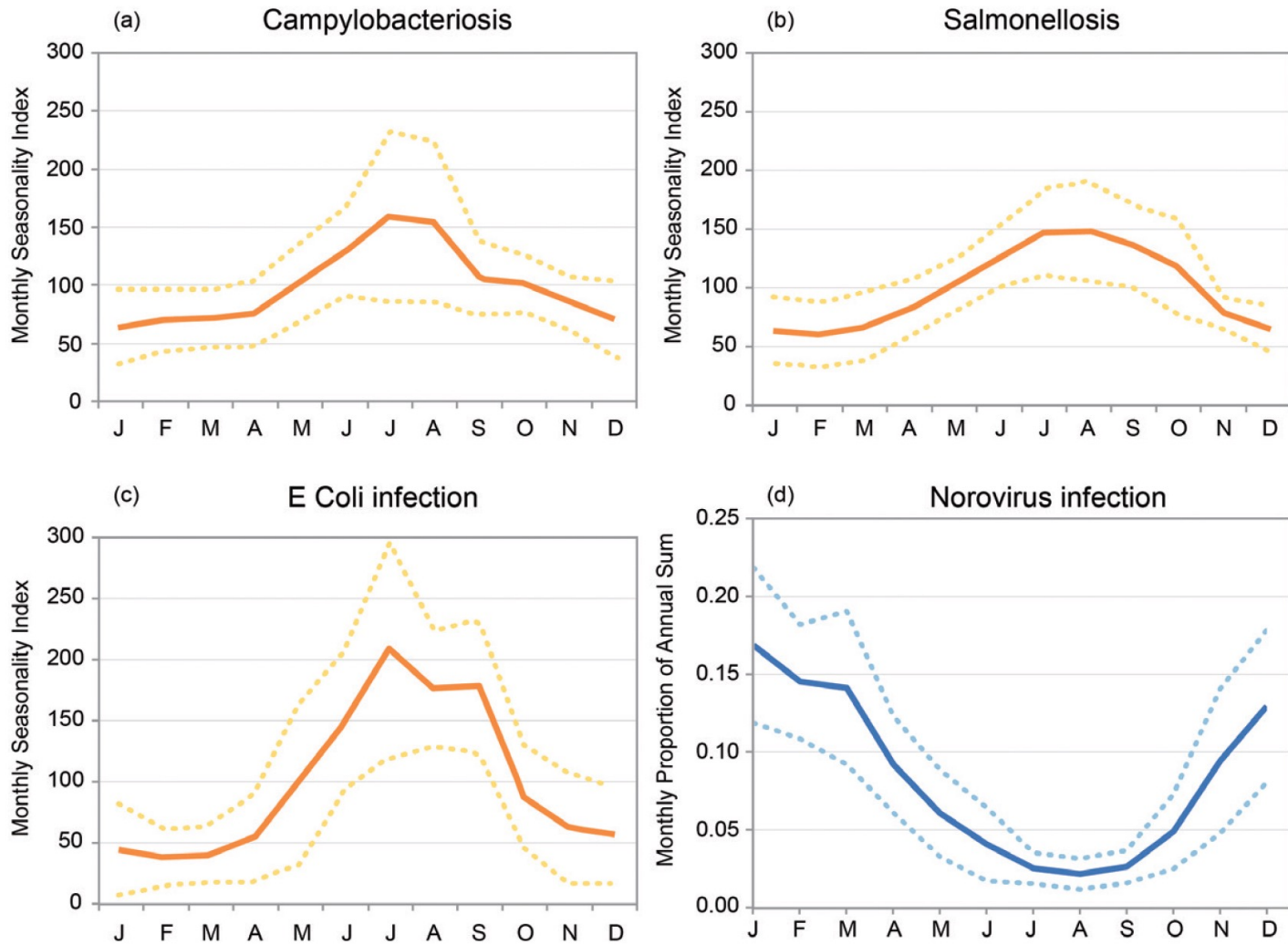
IPCC AR6



Lengthening of the Ragweed Pollen Season



Seasonality of Human Illnesses Associated With Foodborne Pathogens



How *Climate Change* Impacts Human Health

- *Heat: Heat Stress, Heat Stroke*
- *Temperature Changes: Fires, Spread of Parasites*
- **Water Distribution Changes:** Droughts, Floods, Water-borne Diseases, Fungal Infections

Weather-Related Morbidity and Mortality

- Increases in the incidence and intensity of extreme weather events such as hurricanes, floods, droughts, wildfires



Hurricane Beryl, Houston, TX, July 9, 2024

The Wet Get Wetter and the Dry Get Drier

Projected Change in Average Annual Precipitation

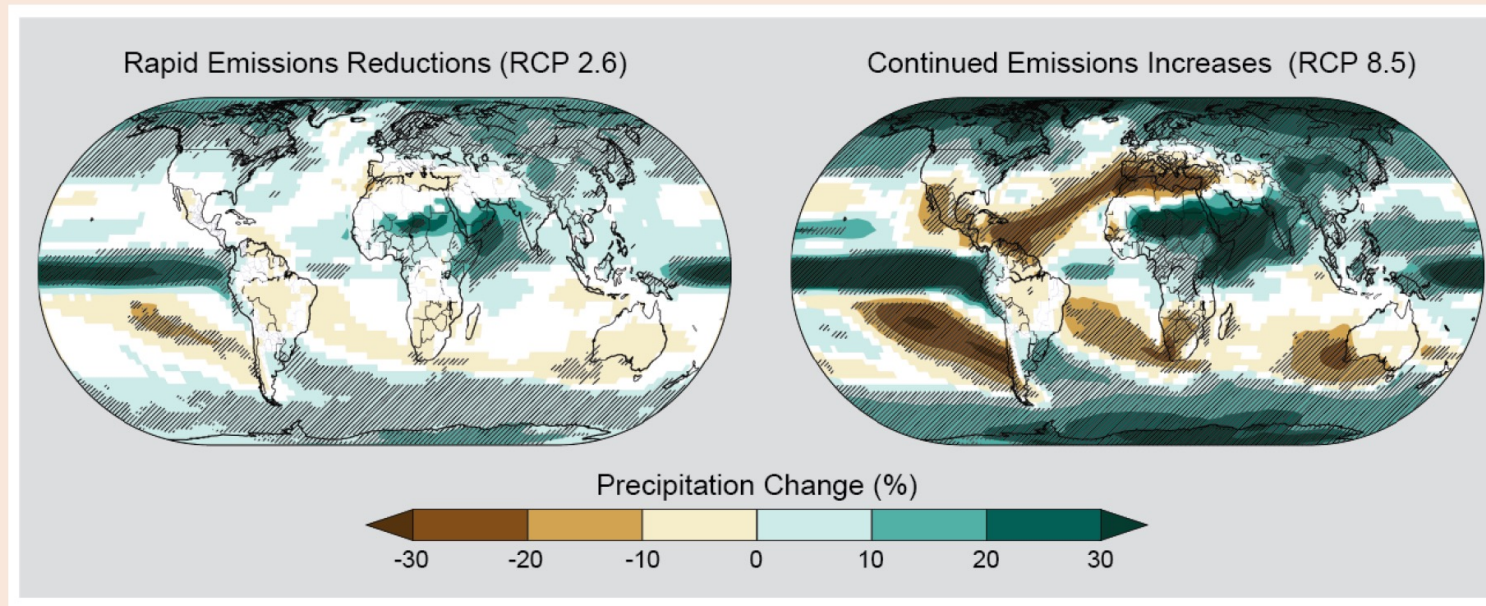
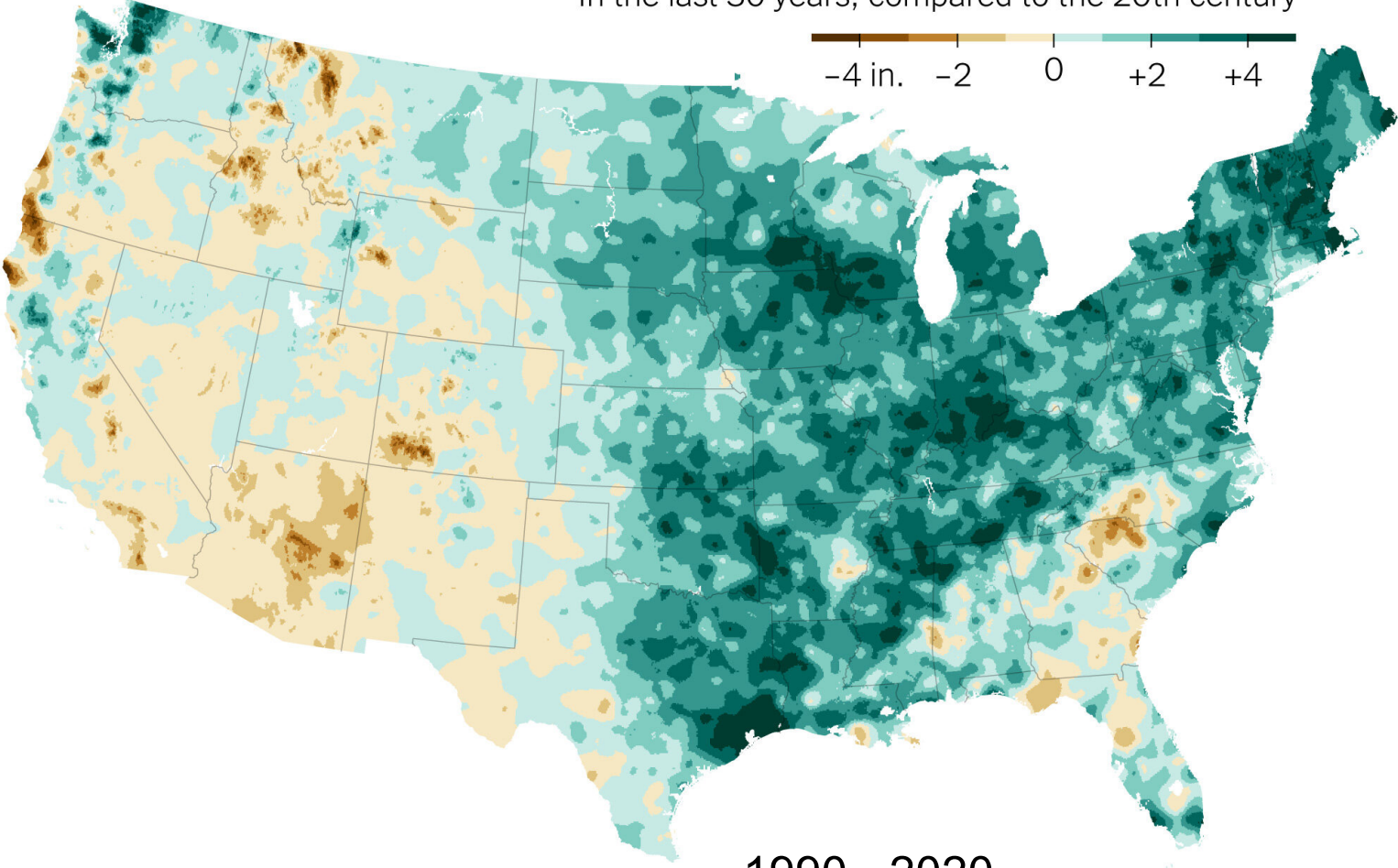


Figure 2.6. Projected change in average annual precipitation over the period 2071-2099 (compared to the period 1970-1999) under a low scenario that assumes rapid reductions in emissions and concentrations of heat-trapping gasses (RCP 2.6), and a higher scenario that assumes continued increases in emissions (RCP 8.5). Hatched areas indicate confidence that the projected changes are significant and consistent among models. White areas indicate that the changes are not projected to be larger than could be expected from natural variability. In general, northern parts of the U.S. (especially the Northeast and Alaska) are projected to receive more precipitation, while southern parts (especially the Southwest) are projected to receive less. (Figure source: NOAA NCDC / CICS-NC).

IPCC AR5

NOAA

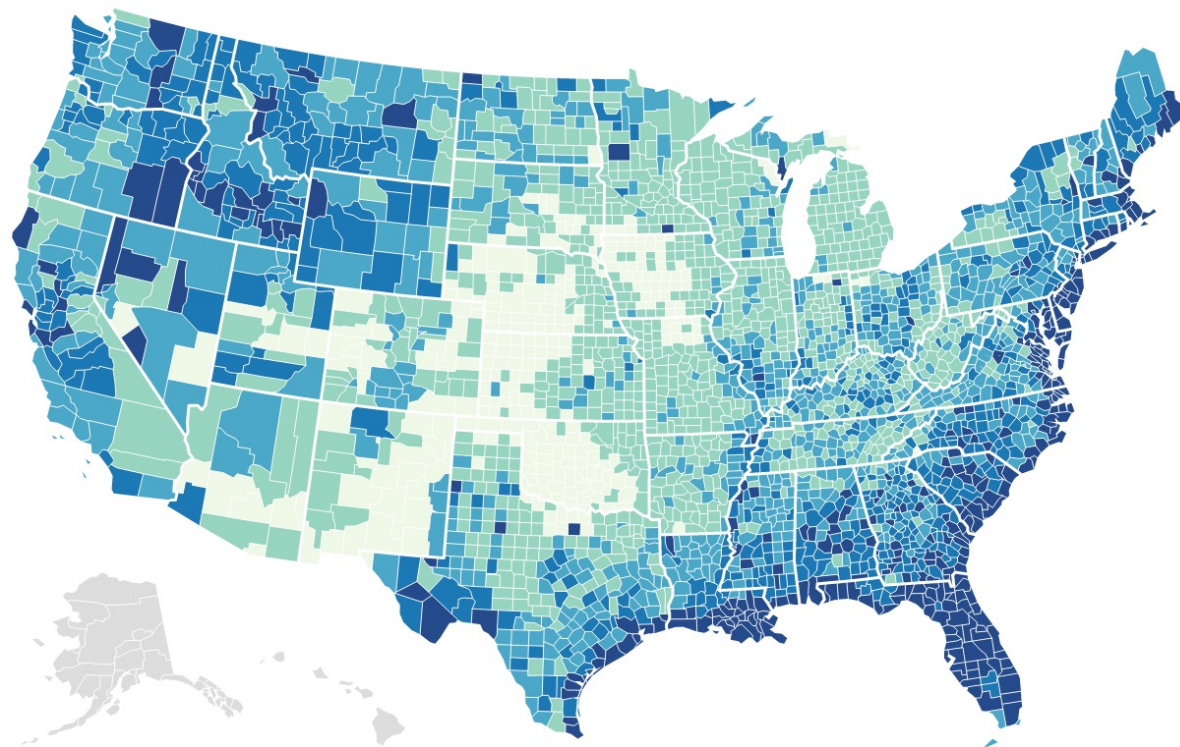
Annual average precipitation, in inches
In the last 30 years, compared to the 20th century



Where flood risk is projected to rise fastest in the US

A new analysis projects changes in flood risk between 2020 and 2050 by zooming in on every neighborhood across the U.S. The map shows county-level data on the average annual loss due to flood damage.

Percentage rise, 2020-2050



Flood damage measured in 2020 U.S. dollars.

Map: The Conversation/CC-BY-ND • Source: Wing, et al. 2022

Flooding of the Clayton Sewage Treatment Plant (Atlanta, GA), Sep 23, 2009



Waterborne Diseases

- Increased Exposure to Red Tides of Algal Blooms



“Red tide”
(La Jolla,
CA)

Waterborne Diseases

- Increased Exposure to Freshwater Algal Blooms



Silverwood Lake (San Bernardino County, CA)

“Every 1°C Increase in Global Temperatures Leads to a 7% Increase in Diarrhea”

[Mellor et al., 2016]

CLIMATE CHANGE = MORE DIARRHEAL DISEASE

BIG PICTURE



CO₂ EMISSIONS

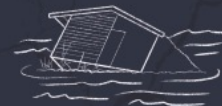


INCREASED GLOBAL TEMPERATURES + RAINFALL VARIABILITY



FLOODING, DROUGHTS, FAMINE

FLOODING



CONTAMINATION OF WATER SOURCES + OVERWHELMED WATER AND SANITATION SYSTEMS



INCREASED DIARRHEAL DISEASE

DROUGHTS



WATER SCARCITY



CONTAMINATED WATER SOURCES + LOWER ACCESS HANDWASHING



INCREASED DIARRHEAL DISEASE

FAMINE



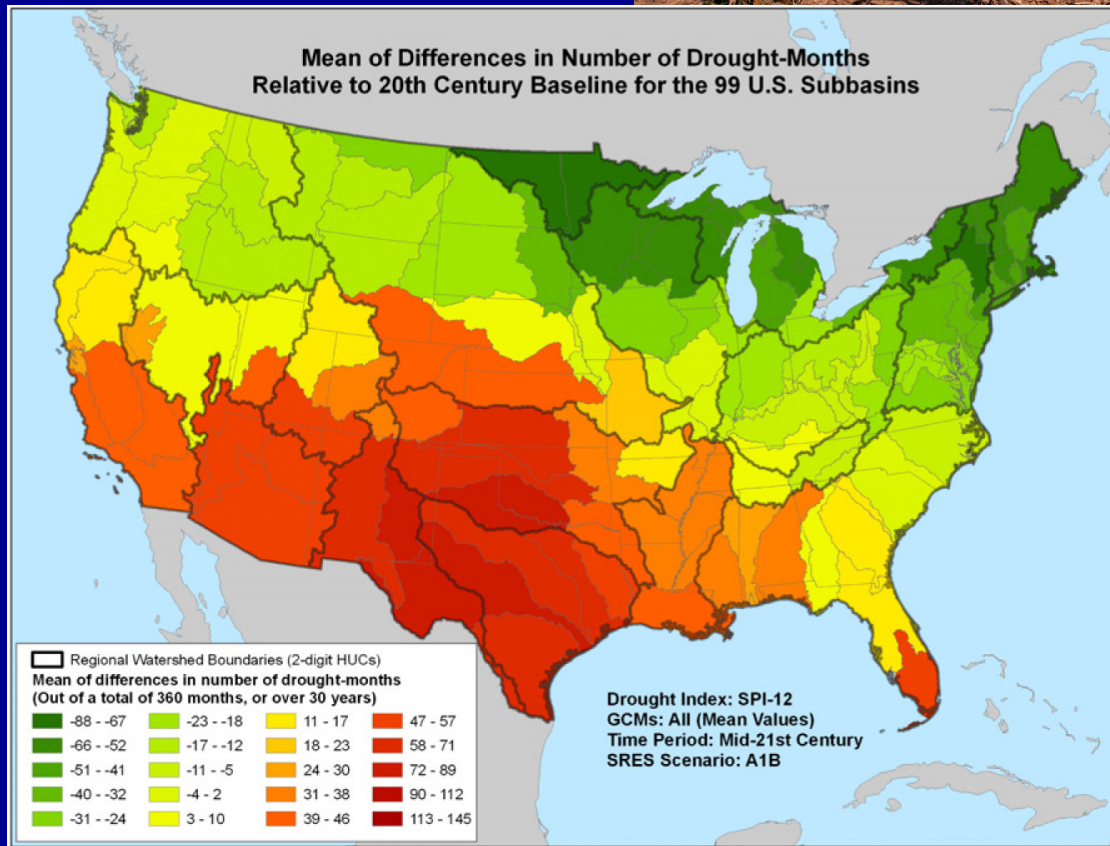
MALNUTRITION



INCREASED VULNERABILITY TO INFECTIOUS DISEASES

DEFEATDD

Projected Drought Increase by Mid-21st Century



How *Climate Change* Impacts Human Health

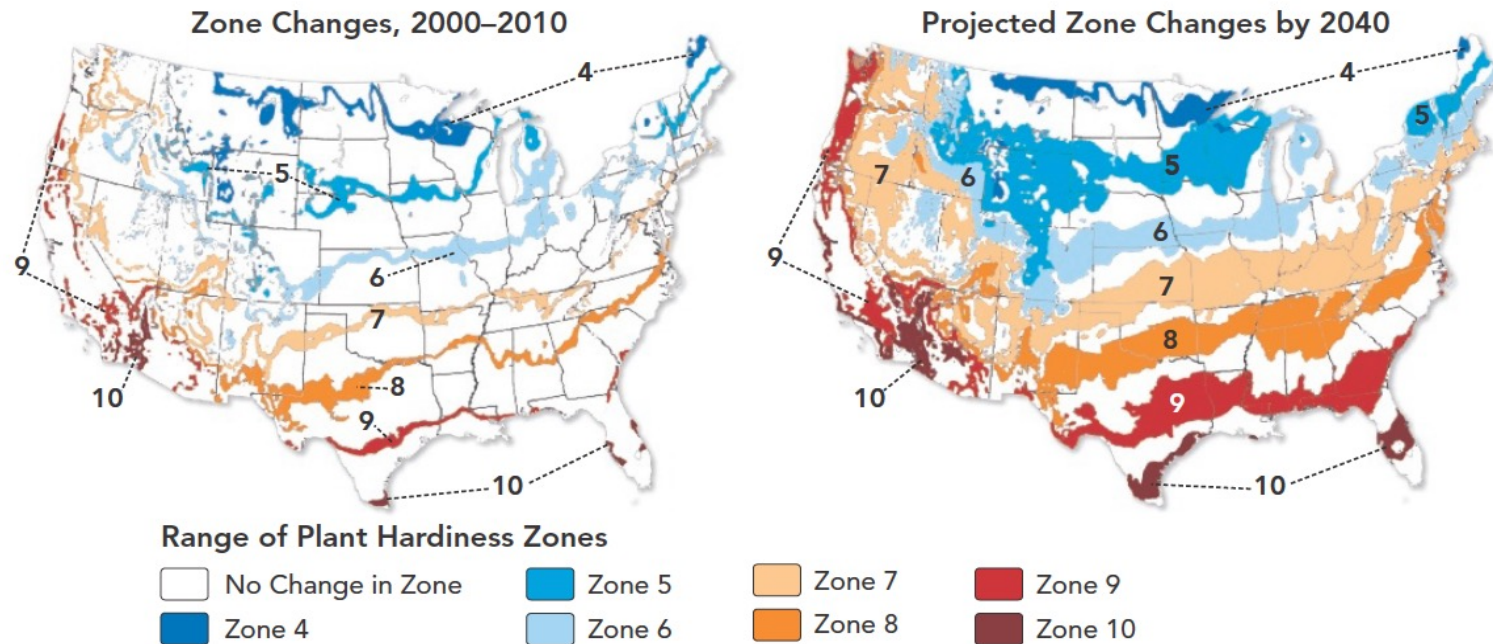
- *Heat: Heat Stress, Heat Stroke*
- *Temperature Changes: Fires, Spread of Parasites*
- *Water Distribution Changes: Droughts, Floods, Water-borne Diseases, Fungal Infections*
- **Agricultural Failures : Famines**

Northward Shift In Plant Zones

Northward Shift Plant hardiness zones define geographic areas where certain plants thrive under a particular set of climate conditions. These conditions are largely a function of average annual extreme low temperatures. Zone 4 has the coldest temperatures while Zone 10 has the warmest.

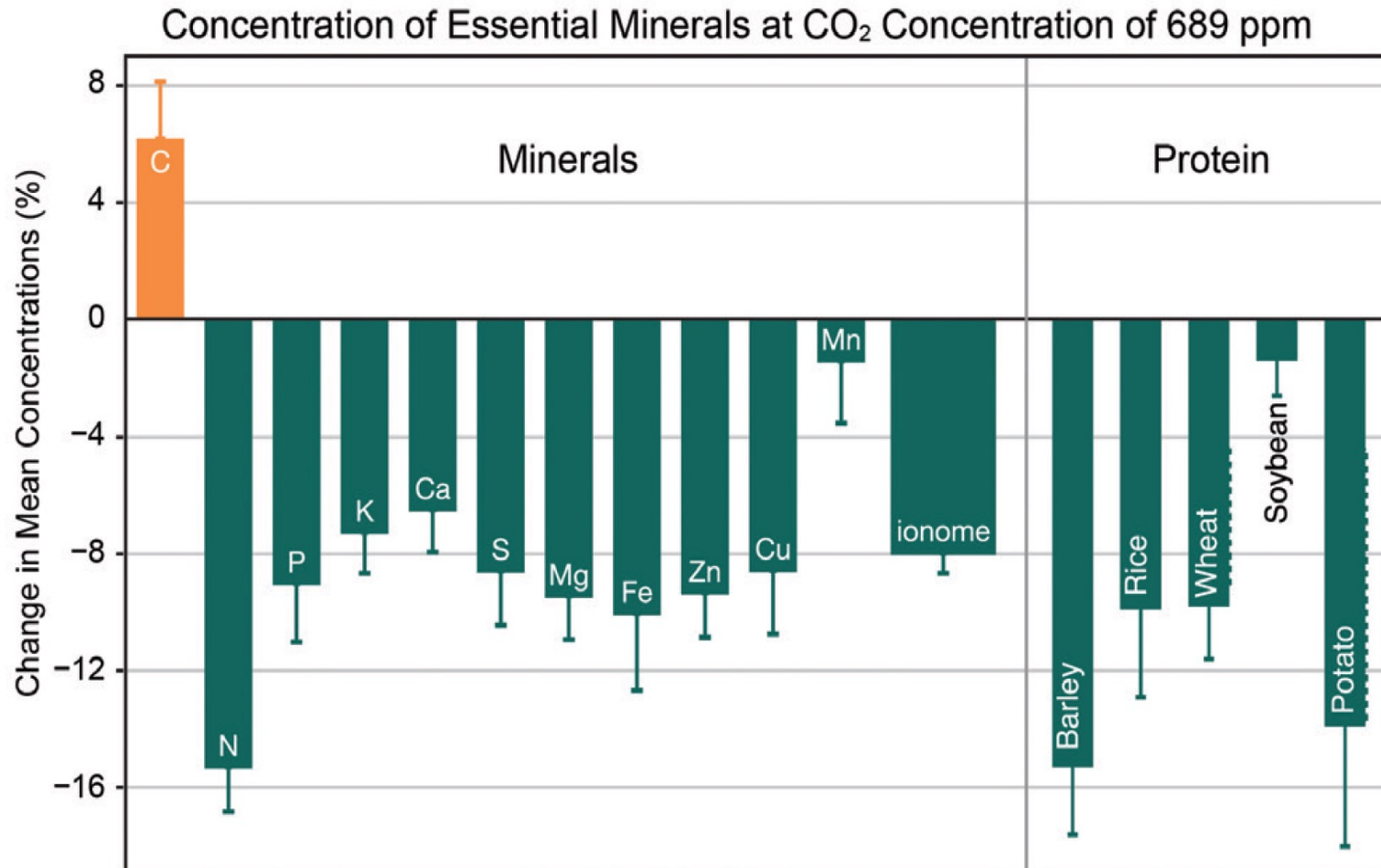
The widths of the colored bands show the locations of the plant zone boundaries over the 10-year period between 2000 and 2010.

The widths of the colored bands show how the plant zone boundaries are projected to expand and shift by 2040.

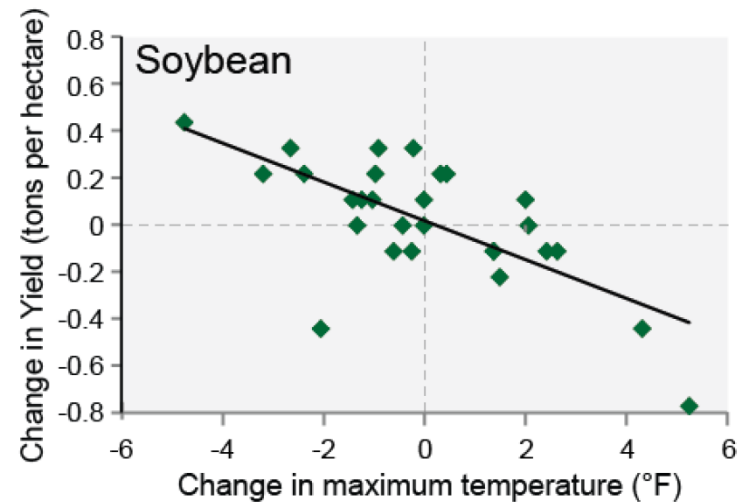
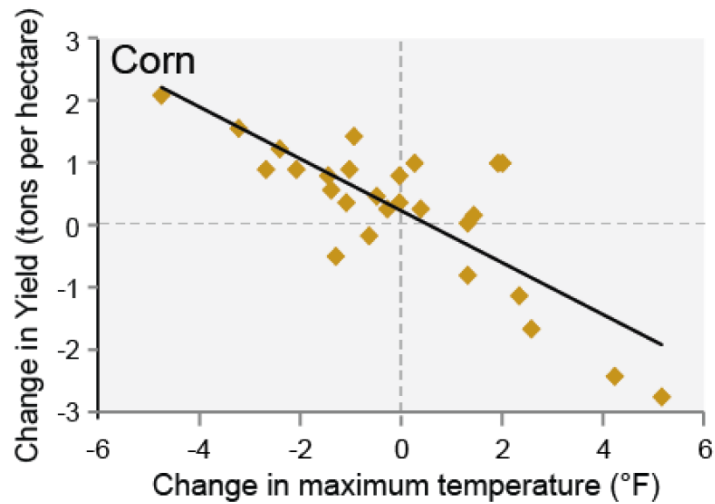


Data from NOAA

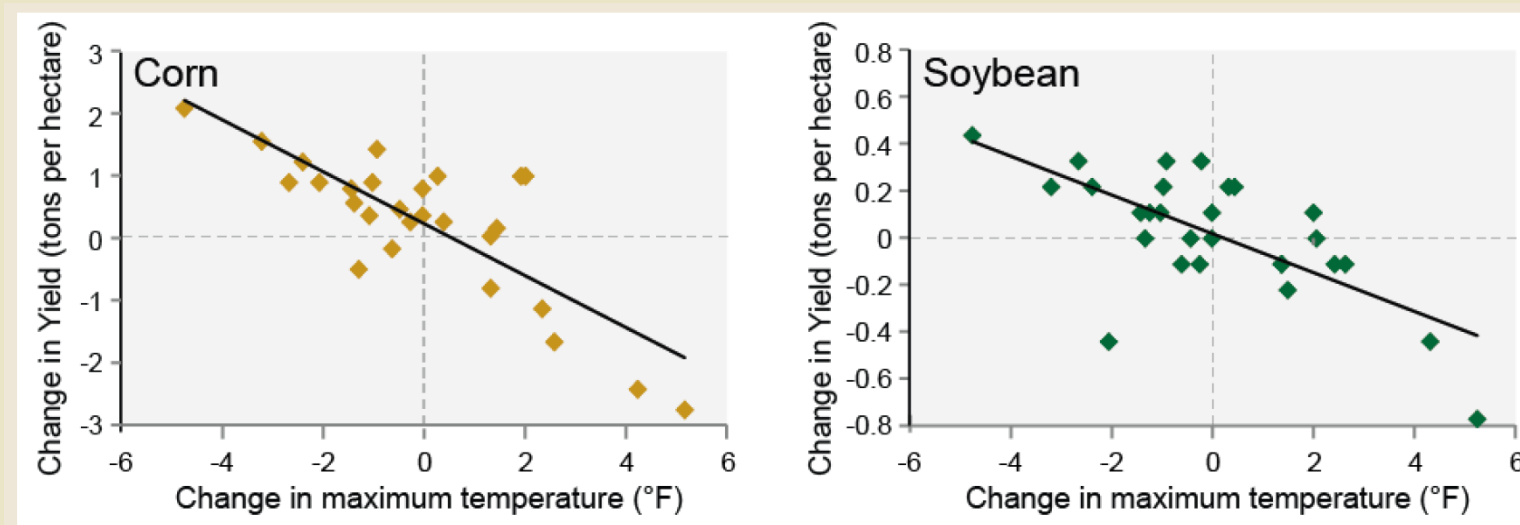
Crop Nutrition Decreases with Elevated CO₂



Crop Yields Decline Under Higher Temperatures



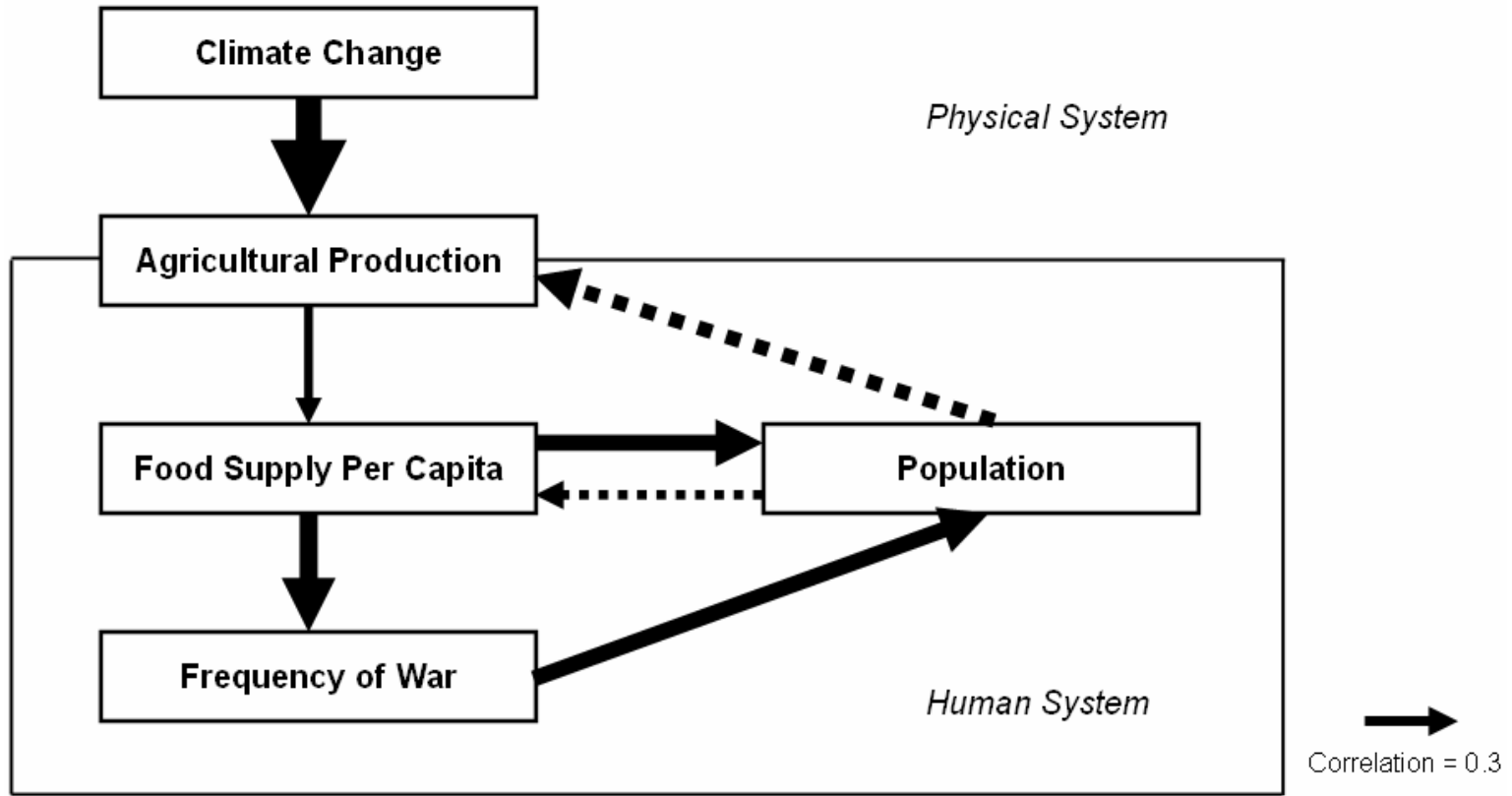
Crop Yields Decline Under Higher Temperatures



Expect to see increasing rates of malnutrition

How *Climate Change* Impacts Human Health

- *Heat: Heat Stress, Heat Stroke*
- *Temperature Changes: Fires, Spread of Parasites*
- *Water Distribution Changes: Droughts, Floods, Water-borne Diseases, Fungal Infections*
- *Agricultural Failures: Famines*
- **Human Migrations: Spread of Diseases, Conflict, and Warfare**



[Zhang et al., 2007]

Businessweek
Economics

Climate Change Has Central Americans Fleeing to the U.S.

Close to one-third of the population of the Northern Triangle is experiencing crisis levels of food insecurity.



Subsistence farming in Honduras. A combination of droughts and hurricanes has led many to seek work in the cities or abroad. *Photographer: Francesca Volpi*

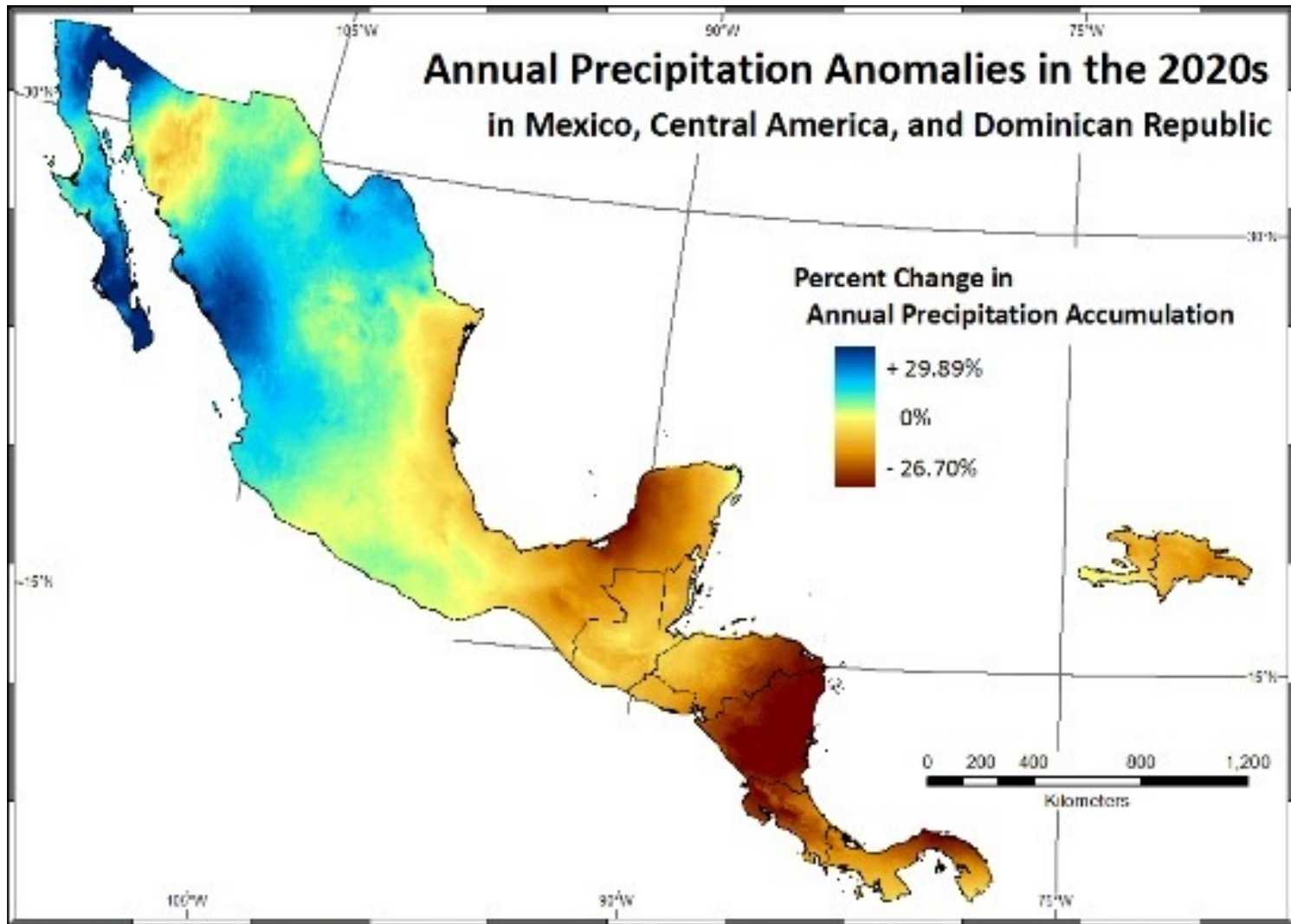
By Michael D McDonald
June 7, 2021, 10:00 PM HST

LIVE ON BLOOMBERG

Watch Live TV >

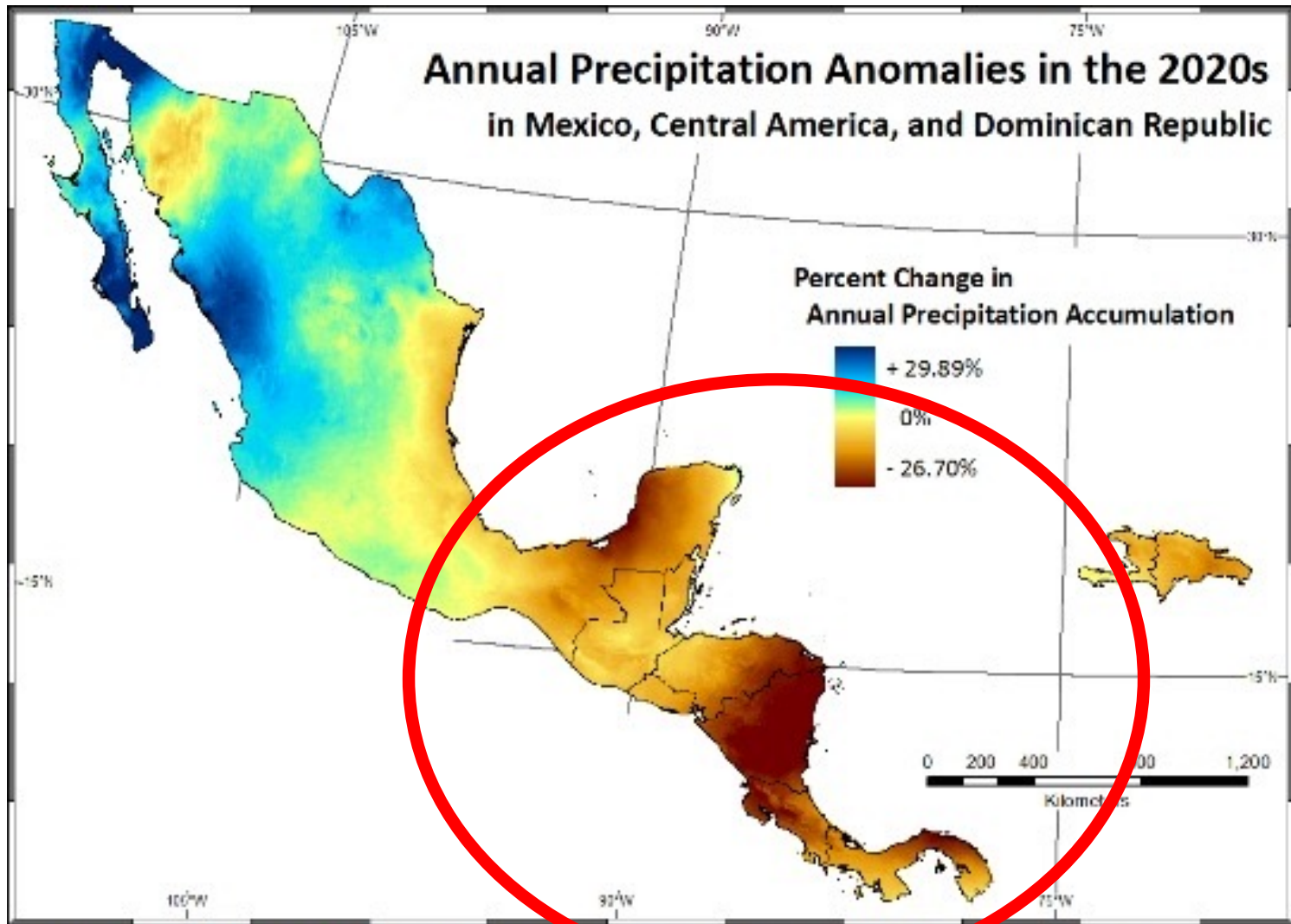
Listen to Live Radio >

Symbol	Price	% Change
SPY	3756.85	▲ 12.10 (0.31%)
ESX180	14.38	▲ 0.32%
USOBB05	39.00	▲ 0.10%



Potential Impacts of Climate Change on Biodiversity, CATHALAC 2008.

Source: WorldClim Climate Grids, Current and Future conditions (HADCM3), 2009.



Potential Impacts of Climate Change on Biodiversity, CATHALAC 2008.

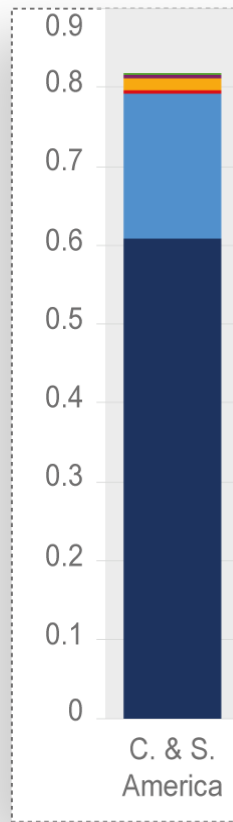
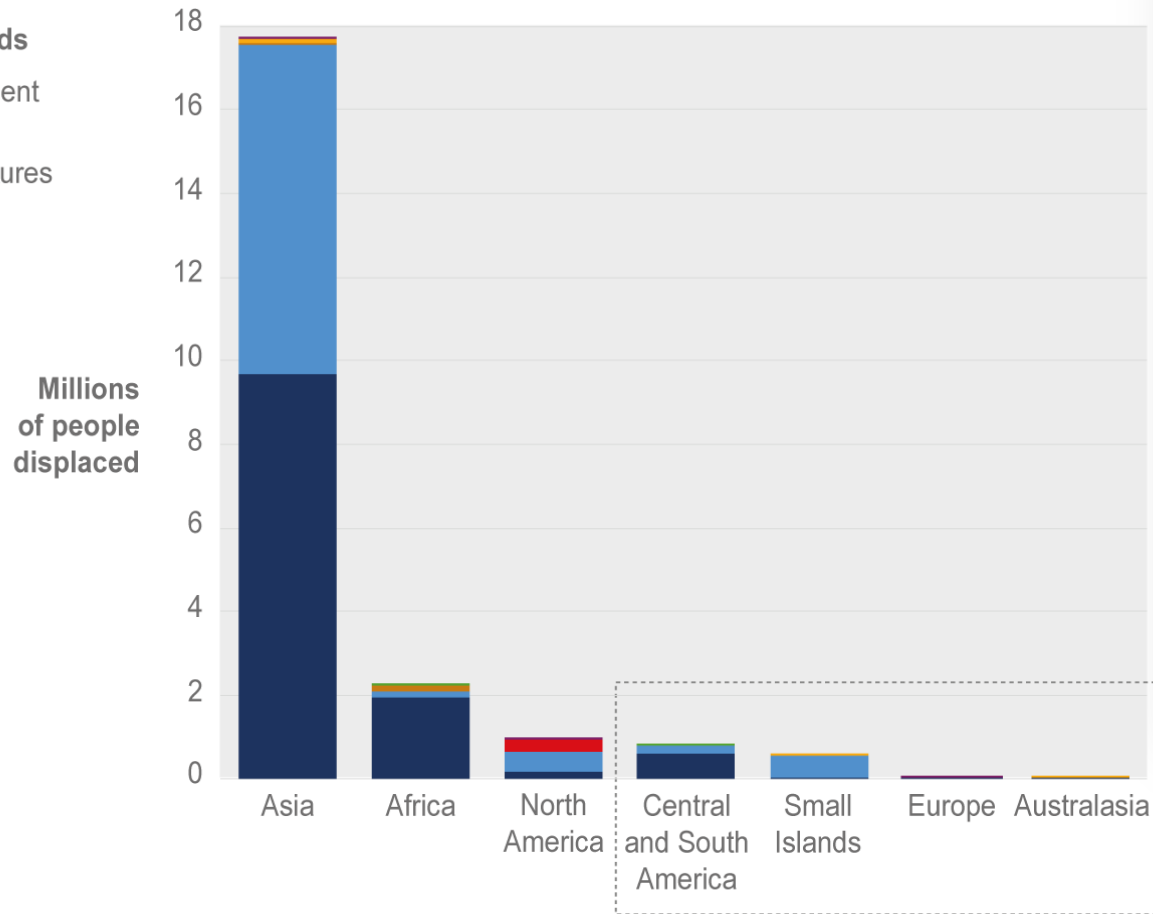
Source: WorldClim Climate Grids: Current and Future conditions (HADCM3), 2009.

Human Displacements Due to Extreme Weather

Average annual weather-related displacements, 2010–2020

Weather-related hazards

- Wet mass movement
- Mass movement
- Extreme temperatures
- Drought
- Wildfire
- Storm
- Flood



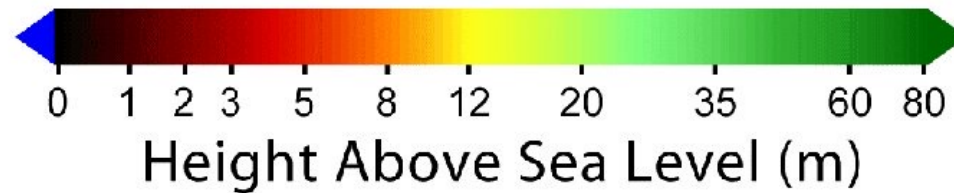
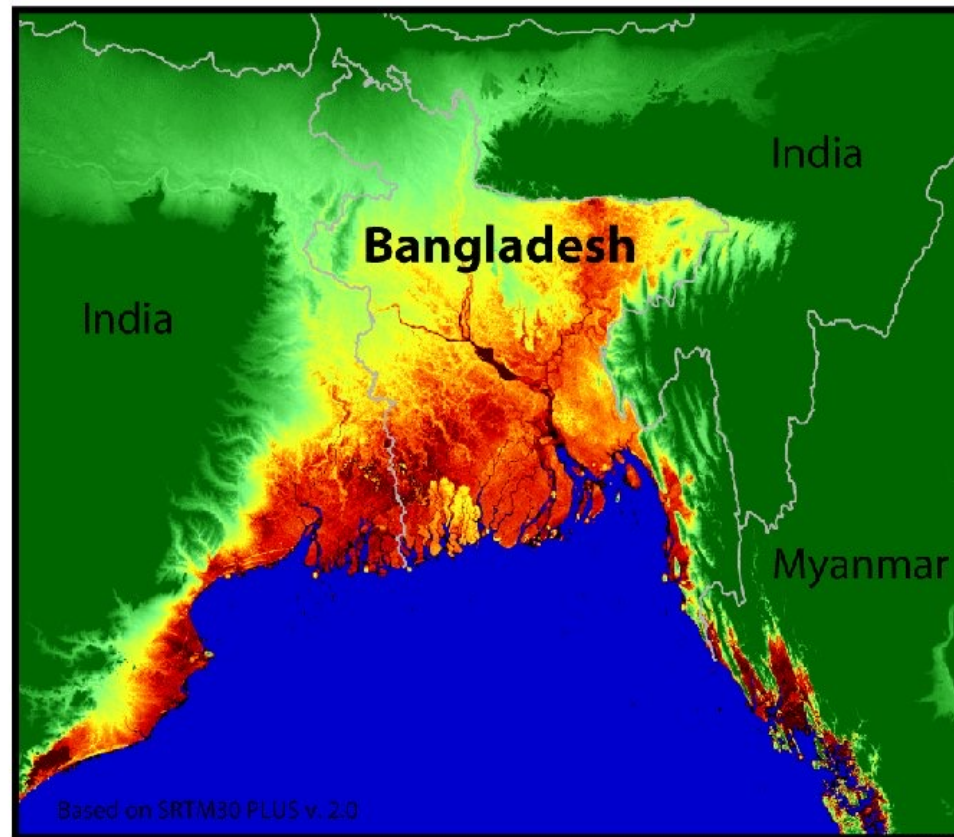
IPCC AR6

Mt. Tambora (Indonesia): 1815 Volcanic Eruption



*Triggered the first global Cholera
Pandemic, spreading from the
Ganges Delta*

Sea Level Risks - Bangladesh



How *Climate Change* Impacts Human Health

- *Heat: Heat Stress, Heat Stroke*
- *Temperature Changes: Fires, Spread of Parasites*
- *Water Distribution Changes: Droughts, Floods, Water-borne Diseases, Fungal Infections*
- *Agricultural Failures: Famines*
- *Human Migrations: Spread of Diseases, Conflict, and Warfare*
- **Sea-Level Rise: Coastal Flooding**

Risks of Flooding: Affecting Almost 100 Million People by 2030

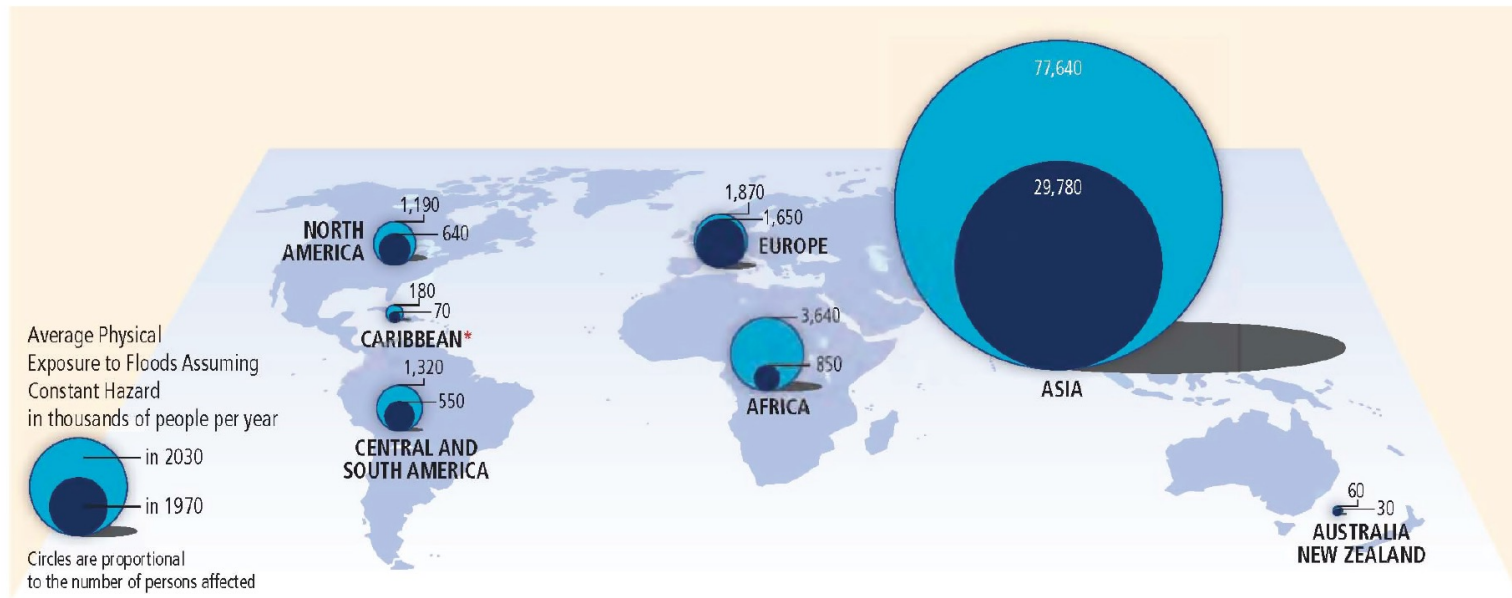


FIGURE 2.9 The projected increase in the number of people (in thousands) exposed to floods in 2030 compared to those in 1970. Only catchments bigger than 1,000k m² were included in analysis; therefore, only the largest islands in the Caribbean are covered. Source: IPCC, 2012; Solterra Solutions, 2012.

Sunny-Day Flooding: Increasingly Common in Coastal Communities

→ *Worsens Impacts of Hurricane Flooding*



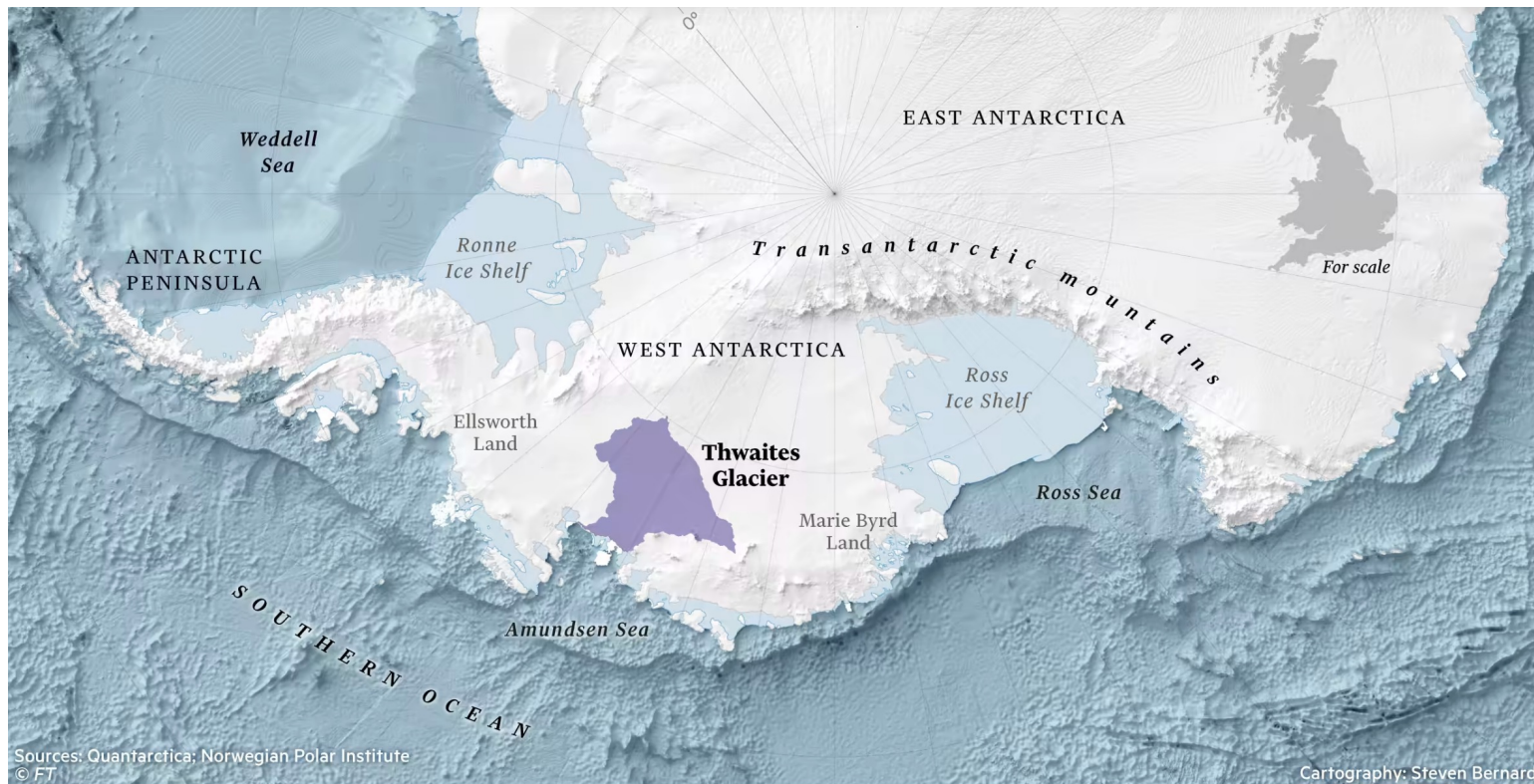
Household Mold After Flooding



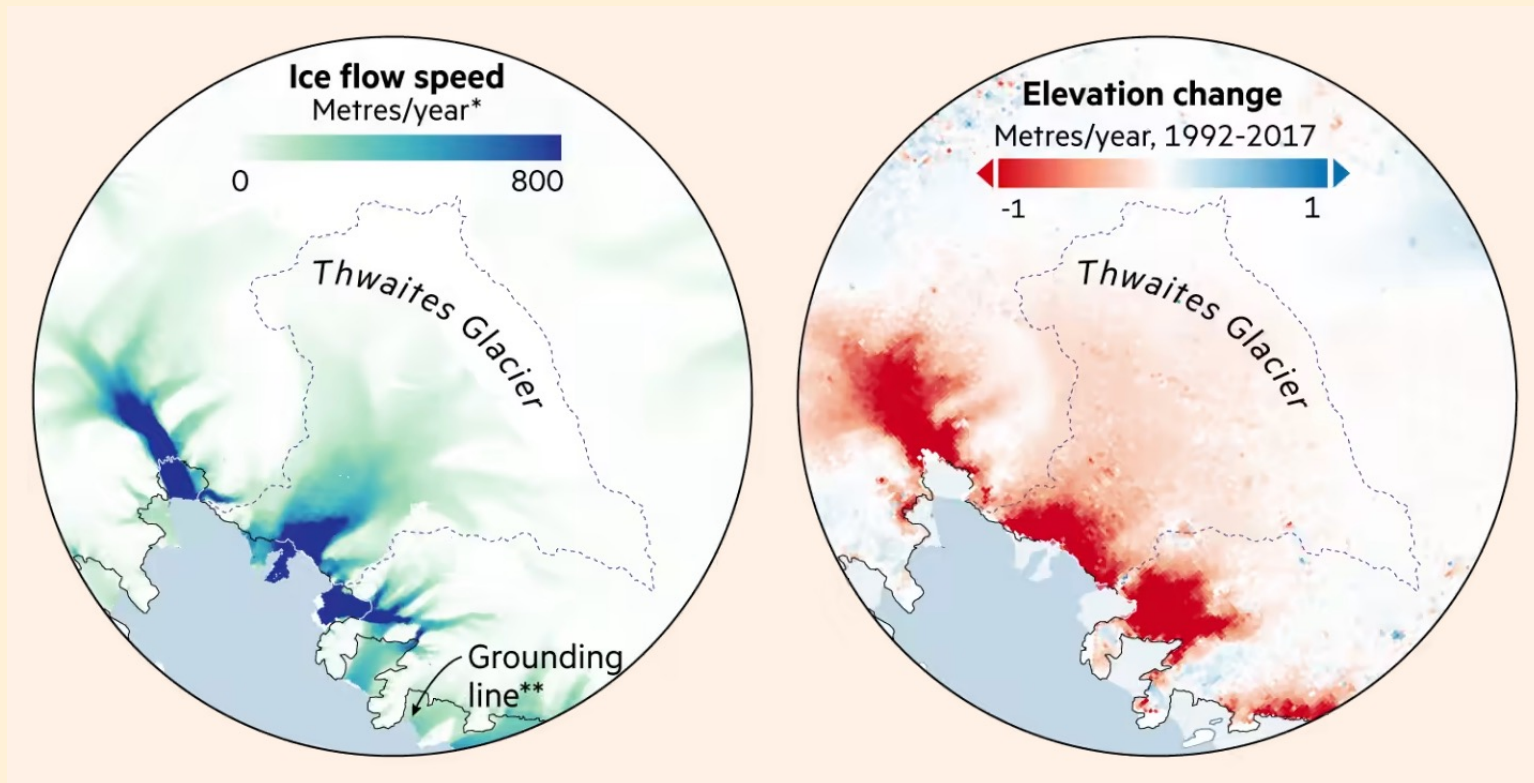
Thwaites “Doomsday” Glacier: Increasingly At-Risk of Collapse

→ 2 feet of Immediate Sea Level Rise

→ Another 8 feet of Rise to Potentially Follow

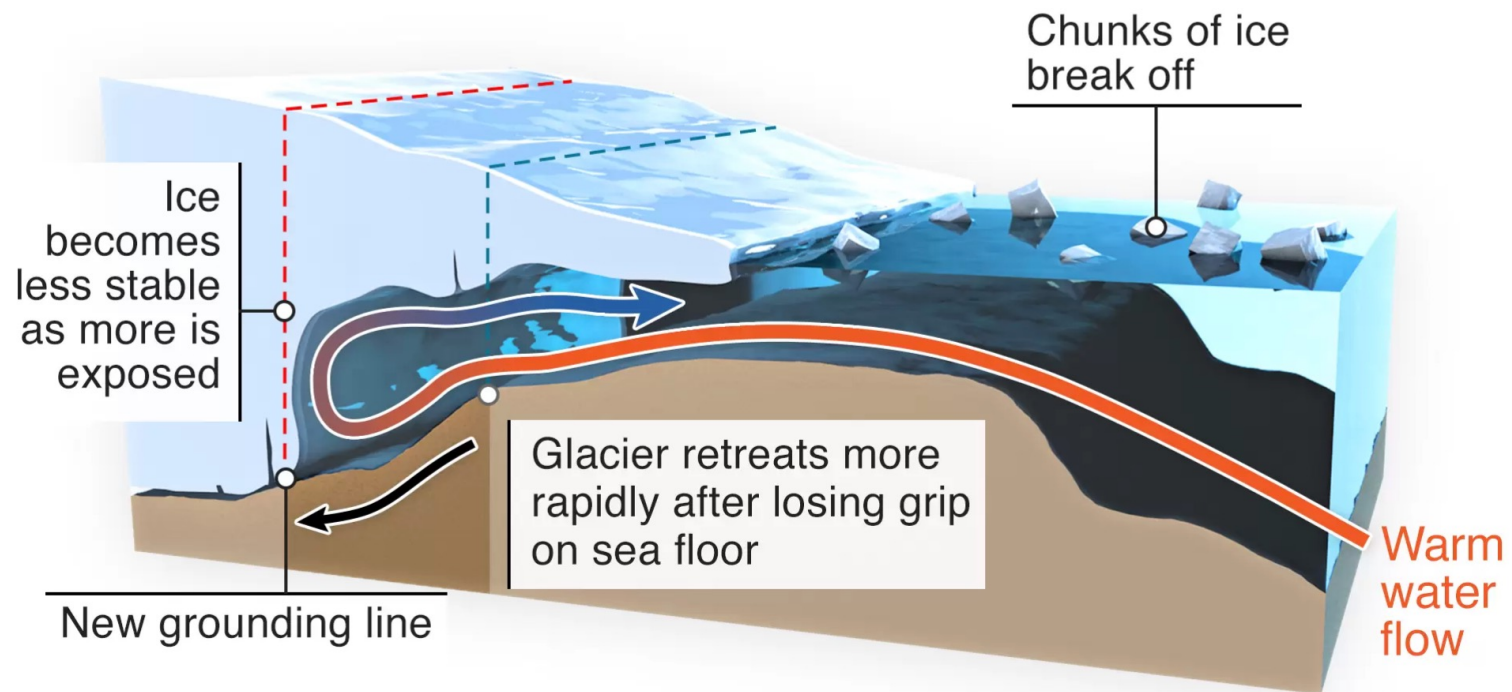


Now Flowing at 1 Kilometer/Year and Thinning by Several Meters per Year



[Financial Times]

Thinning and Sub-Glacial Melting by Warm Currents is Putting it at Risk of Losing its Grounding



As Earth's Temperature Crosses Successive Global Warming Boundaries, A Cascade of Increasing Climate Tipping Points Could be Triggered (Such as the Antarctic Glaciers)



[McKay et al., 2022]

How *Climate Change* Impacts Human Health

- *Heat: Heat Stress, Heat Stroke*
- *Temperature Changes: Air Quality, Spread of Parasites*
- *Water Distribution Changes: Droughts, Floods, Water-borne Diseases, Fungal Infections*
- *Agriculture Fails: Famines*
- *Human Migrations: Spread of Diseases, Conflict, and Warfare*
- *Sea-Level Rise: Coastal Flooding*
- **Mental Health Disease: Stress, Depression, Loss**

Mental Health and Stress-Related Disorders

- Geographic displacement of populations
- Damage to property
- Loss of loved ones
- Chronic stress



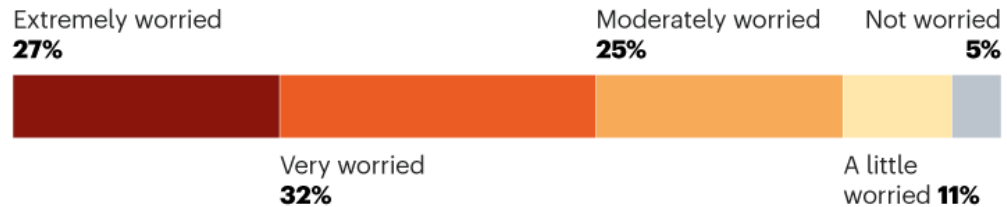
84% of Young People are Moderately to Extremely Worried About Climate Change

[Hickman et al., SSRN, 2021]

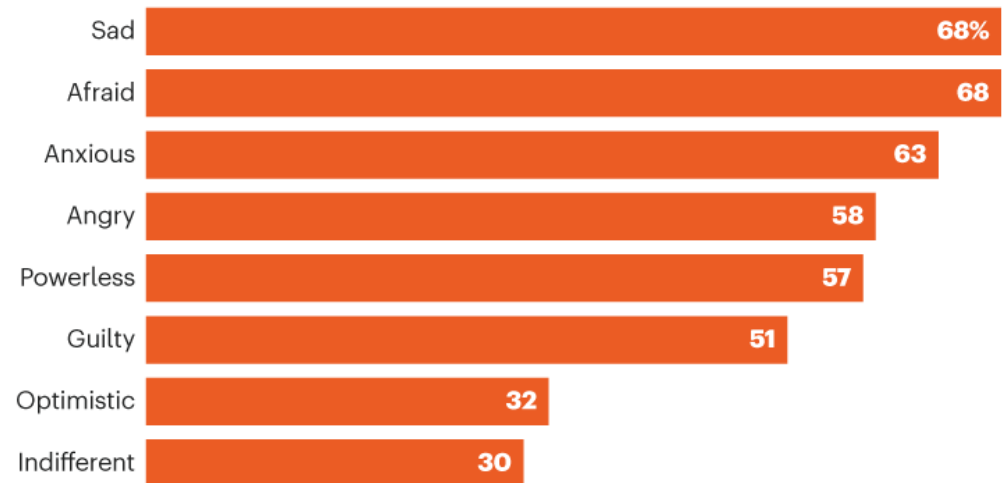
CLIMATE ANXIETY

A survey of 10,000 young people shows that negative feelings about climate change can cause psychological distress.

How worried are you about climate change?



Climate change makes me feel...

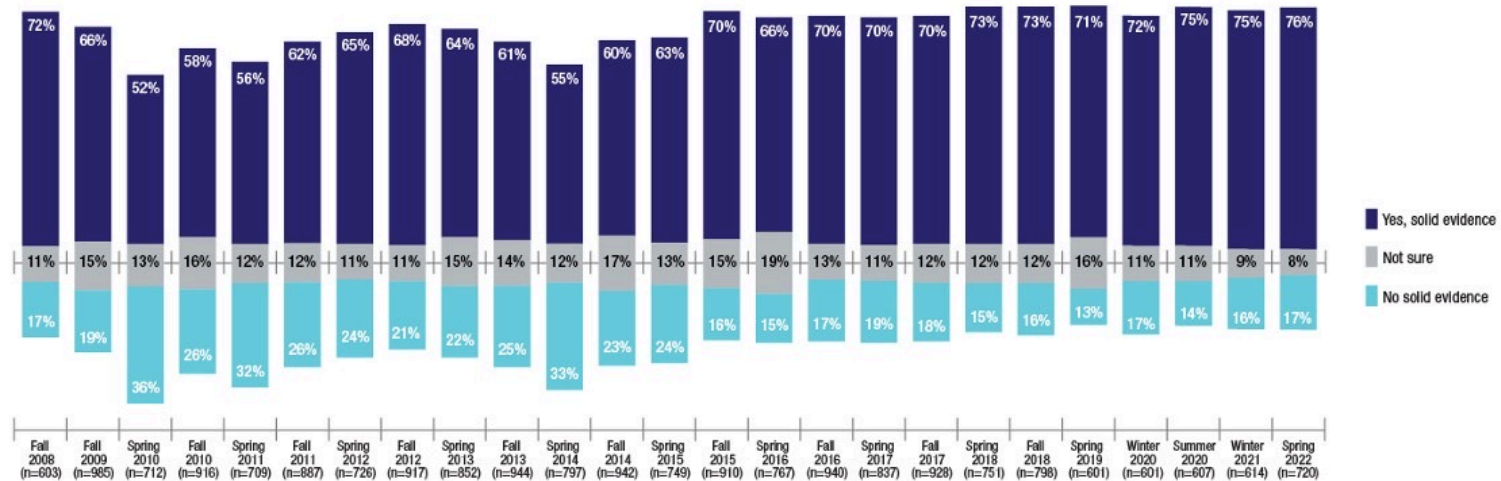


Most American Say There is “Solid Evidence” of Global Warming

→ Almost no change Since 2008

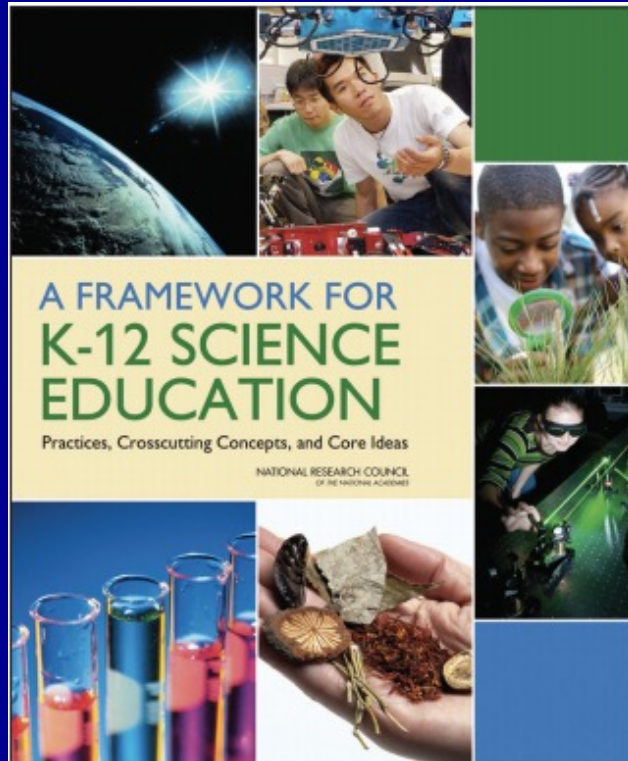
→ Only 7% of Americans had an Earth Science Course in High School

American views on evidence of global warming, 2008-2022



Source: Muhlenberg College Institute of Public Opinion, National Surveys on Energy and Environment. Margin of error: +/- 5%.

New Science Standards for Most States Require Substantial High School Climate Science



2011



2013

NGSS Performance Expectations

Elementary School: Integrated Grade-Level Standards, K-5

Middle School: Grade-Banded Standards, 6-8

- 1 year of Life Science

- 1 year of Physical Science (Chemistry & Physics)

- 1 year of Earth and Space Science

High School: Grade-Banded Standards, 9-12

- 1 year of Life Science

- 1 year of Physical Science (Chemistry & Physics)

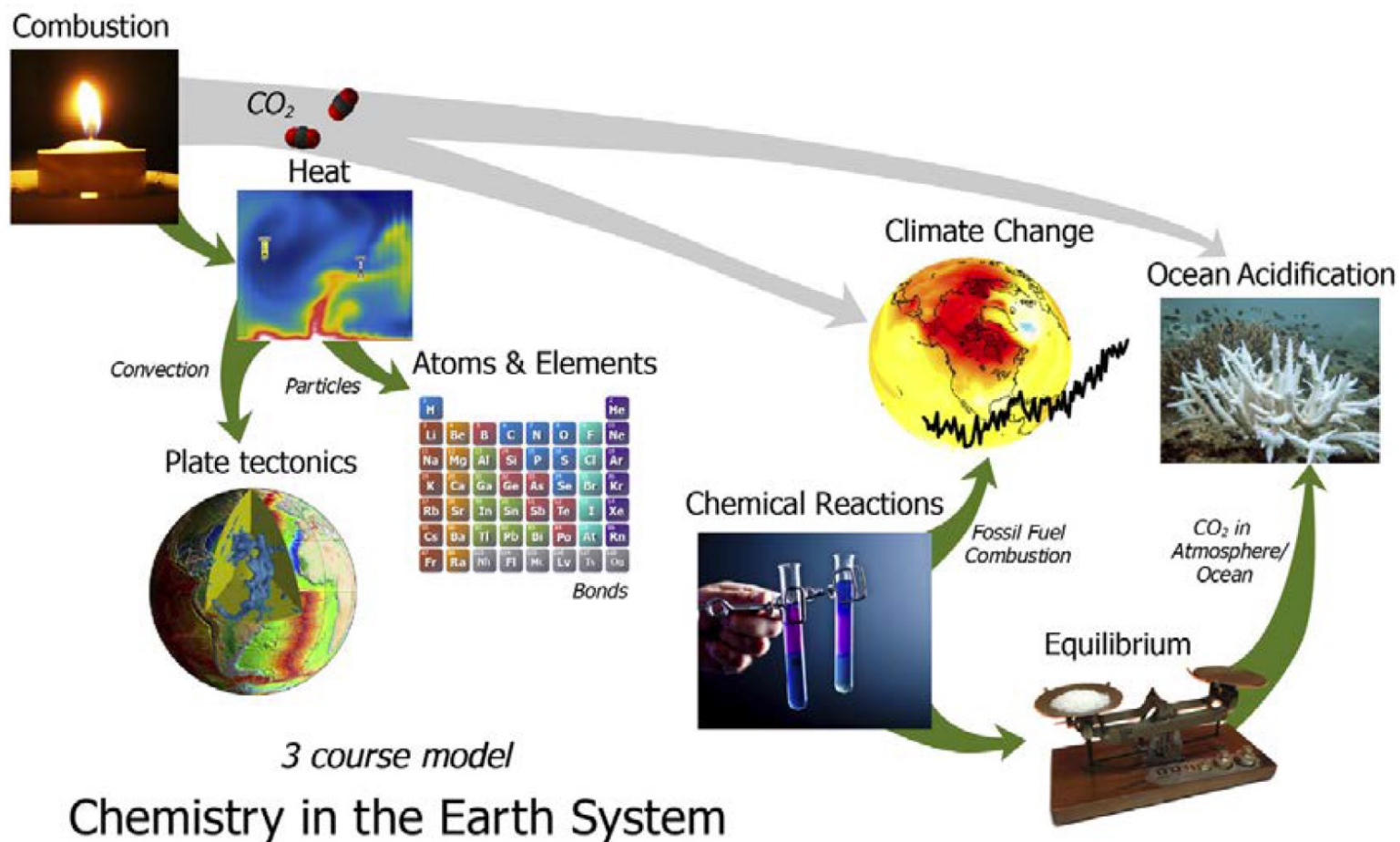
- 1 year of Earth and Space Science

NRC Framework: The *Disciplinary Core Ideas*

Physical Science	Life Science	Earth and Space Science
<p>PS1 Matter and Its Interactions</p> <p>PS1A Structure and Properties of matter</p> <p>PS1B Chemical Reactions</p> <p>PS1C Nuclear Processes</p> <p>PS2 Motion and Stability: Forces and Interactions</p> <p>PS2A Forces and Motion</p> <p>PS2B Types of Interactions</p> <p>PS2C Stability and Instability in Physical Systems</p> <p>PS3 Energy</p> <p>PS3A Definitions of Energy</p> <p>PS3B Conservation of Energy and Energy Transfer</p> <p>PS3C Relationship Between Energy and Forces</p> <p>PS3D Energy and Chemical Processes in Everyday Life</p> <p>PS4 Waves and Their Applications in Technologies for Information Transfer</p> <p>PS4A Wave Properties</p> <p>PS4B Electromagnetic Radiation</p> <p>PS4C Information Technologies and Instrumentation</p>	<p>LS1 From Molecules to Organisms: Structures and Processes</p> <p>LS1A Structure and Function</p> <p>LS1B Growth and Development of Organisms</p> <p>LS1C Organization for Matter and Energy Flow in Organisms</p> <p>LS1D Information Processing</p> <p>LS2 Ecosystems: Interactions, Energy, and Dynamics</p> <p>LS2A Interdependent Relationships in Ecosystems</p> <p>LS2B Cycles of Matter and Energy Transfer in Ecosystems</p> <p>LS2C Ecosystem Dynamics, Functioning, and Resilience</p> <p>LS2D Social Interactions and Group Behavior</p> <p>LS3 Heredity: Inheritance and Variation of Traits</p> <p>LS3A Inheritance of Traits</p> <p>LS3B Variation of Traits</p> <p>LS4 Biological Evolution: Unity and Diversity</p> <p>LS4A Evidence of Common Ancestry</p> <p>LS4B Natural Selection</p> <p>LS4C Adaptation</p> <p>LS4D Biodiversity and Humans</p>	<p>ESS1 Earth's Place in the Universe</p> <p>ESS1A The Universe and Its Stars</p> <p>ESS1B Earth and the Solar System</p> <p>ESS1C The History of Planet Earth</p> <p>ESS2 Earth's Systems</p> <p>ESS2A Earth Materials and Systems</p> <p>ESS2B Plate Tectonics and Large-Scale System Interactions</p> <p>ESS2C The Roles of Water in Earth's Surface Processes</p> <p>ESS2D Weather and Climate</p> <p>ESS2E Biogeology</p> <p>ESS3 Earth and Human Activity</p> <p>ESS3A Natural Resources</p> <p>ESS3B Natural Hazards</p> <p>ESS3C Human Impacts on Earth Systems</p> <p>ESS3D Global Climate Change</p>

California High School Integrated 3-Course Model

Chemistry in the Earth System: Integrating Chemistry and Earth and Space Science

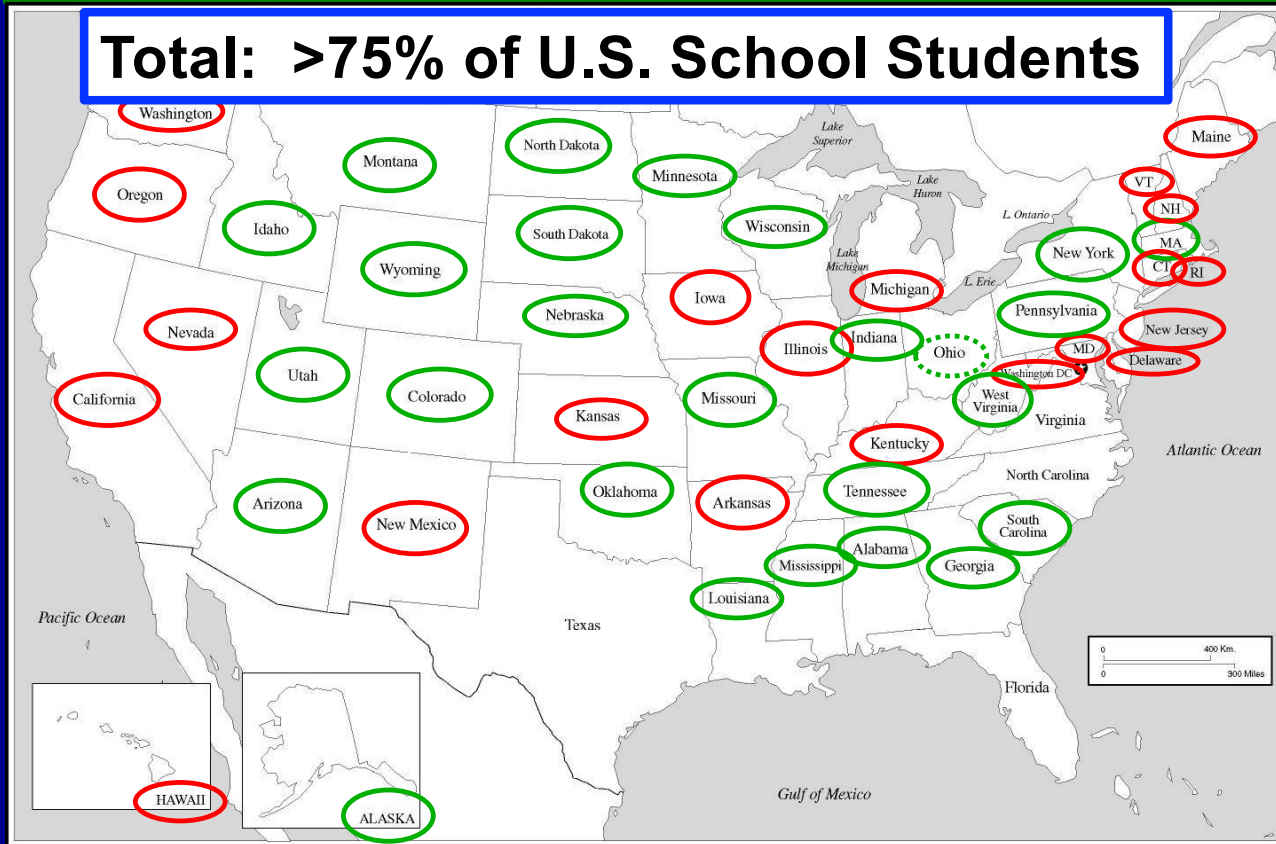


Next Generation Science: State-wise Adoption

NGSS Adopting States:

Arkansas
California
Connecticut
Delaware
Dist. of Col.
Hawaii
Illinois
Iowa
Kansas
Kentucky
Maine
Maryland
Michigan
Nevada
N. Hampshire
New Jersey
New Mexico
Oregon
Rhode Isl.
Vermont
Washington

Total: >75% of U.S. School Students



NGSS Adopting: Alabama, Alaska, Arizona, Colorado, Georgia, Idaho, Indiana, Louisiana, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, West Virginia, Wisconsin, Wyoming



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

**Research, Evaluation and Outcomes in
Postgraduate APP Training Programs**

Presenters

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MS, PA-C**

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Providers (UCI Health)

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Surgery,

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Thank you, ALL!

- We want to express our sincere gratitude for your participation in our survey. Your invaluable input, detailed feedback, and thoughtful comments provided the study team with the data needed to publish timely research on topics of interest. Your feedback and continued engagement is essential in helping us promote and advocate for APP postgraduate training. We greatly appreciate your contribution to our research as we continue to drive positive changes in this evolving field.
- Again, THANK YOU for participation in our survey.

Learning Objectives

Attendees

At the conclusion of this session, attendees will be able to:

Describe

Describe program directors' perspectives on compensation, administrative time, and support available in postgraduate programs.

Describe

Describe APP postgraduate training research gaps and avenues for future research.

Discuss

Discuss the value in evaluating and sharing program-level outcomes data.



[Cureus](#). 2024 Apr; 16(4): e57919.

Published online 2024 Apr 9. doi: [10.7759/cureus.57919](https://doi.org/10.7759/cureus.57919)

PMCID: PMC11003727

PMID: [38596206](https://pubmed.ncbi.nlm.nih.gov/38596206/)

National Survey on Support for Nurse Practitioner and Physician Assistant/Associate Postgraduate Fellowship/Residency Programs and Director Compensation

Monitoring Editor: Alexander Muacevic and John R Adler

[Vasco Deon Kidd](#),^{✉1} [Jessica L Horstmann](#),² [Shayanna Felder](#),³ and [Kerry Bamrick](#)³

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Research Aim

Little is known about program director compensation and whether postgraduate programs have adequate administrative time and support to fulfill various responsibilities.

The objective of this study is to conduct a national survey to gather foundational data regarding APP postgraduate fellowship/residency operational support and program director compensation data in the United States.

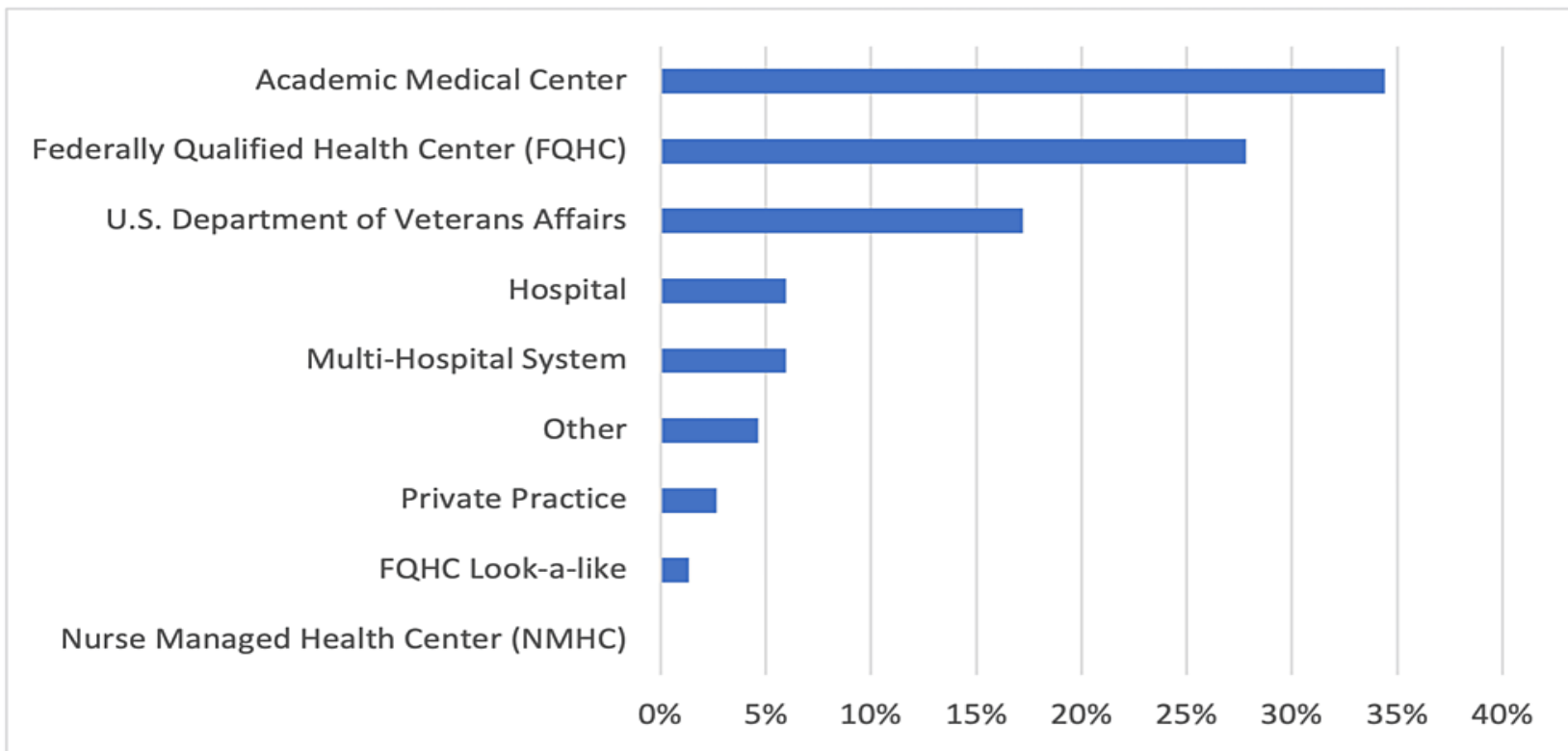
Study Design and Respondents

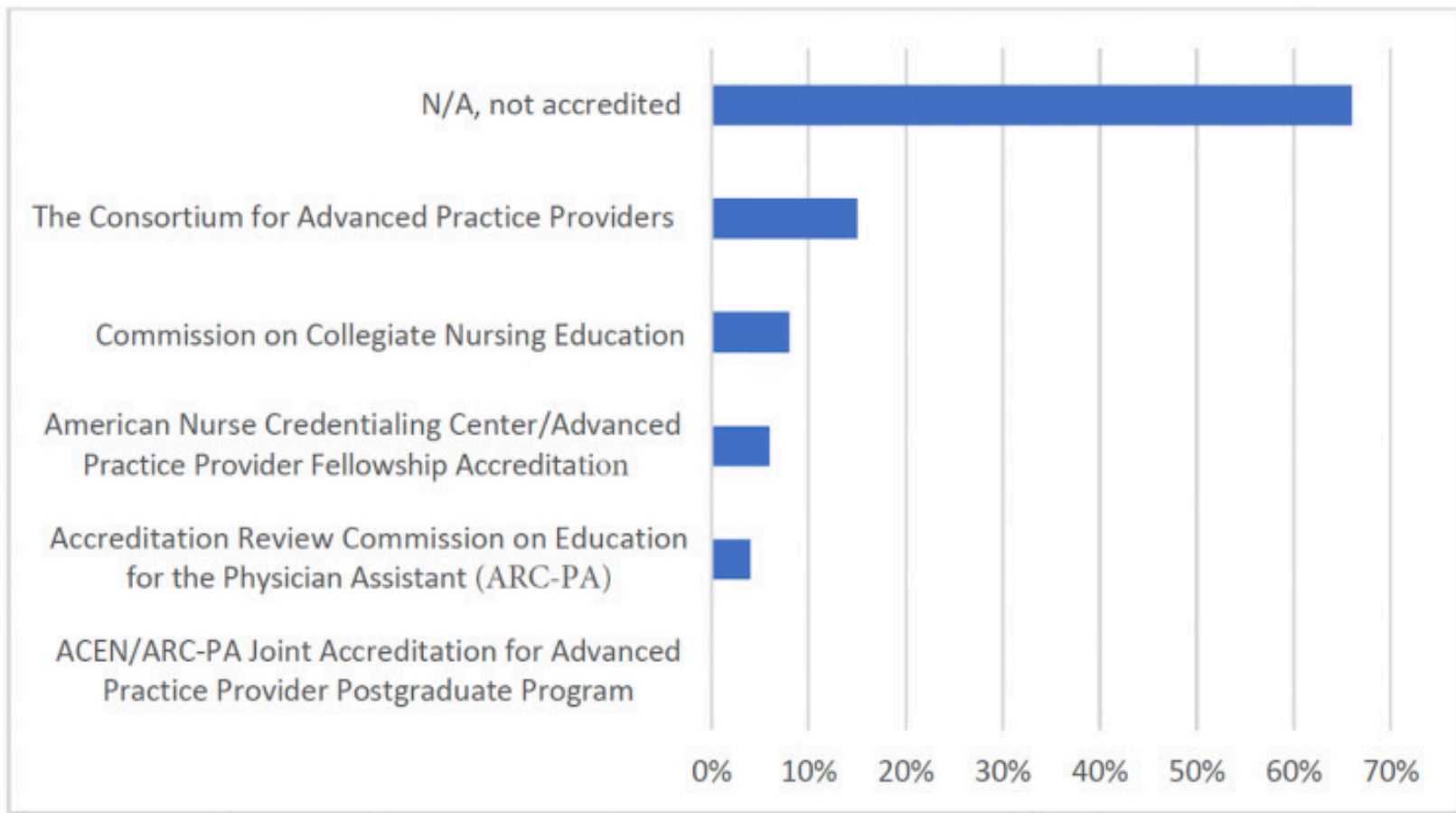
A descriptive cross-sectional survey consisting of 27 questions was distributed via email to 336 postgraduate NP, PA, joint NP/PA, and certified nurse-midwifery residency/fellowship programs between November 2023 and December 2023.

Of those who participated in the survey, 64% (98/152) were NPs, 28% (42/152) were PAs, 5% (7/152) were nonclinical, and 3% (5/152) were physicians.

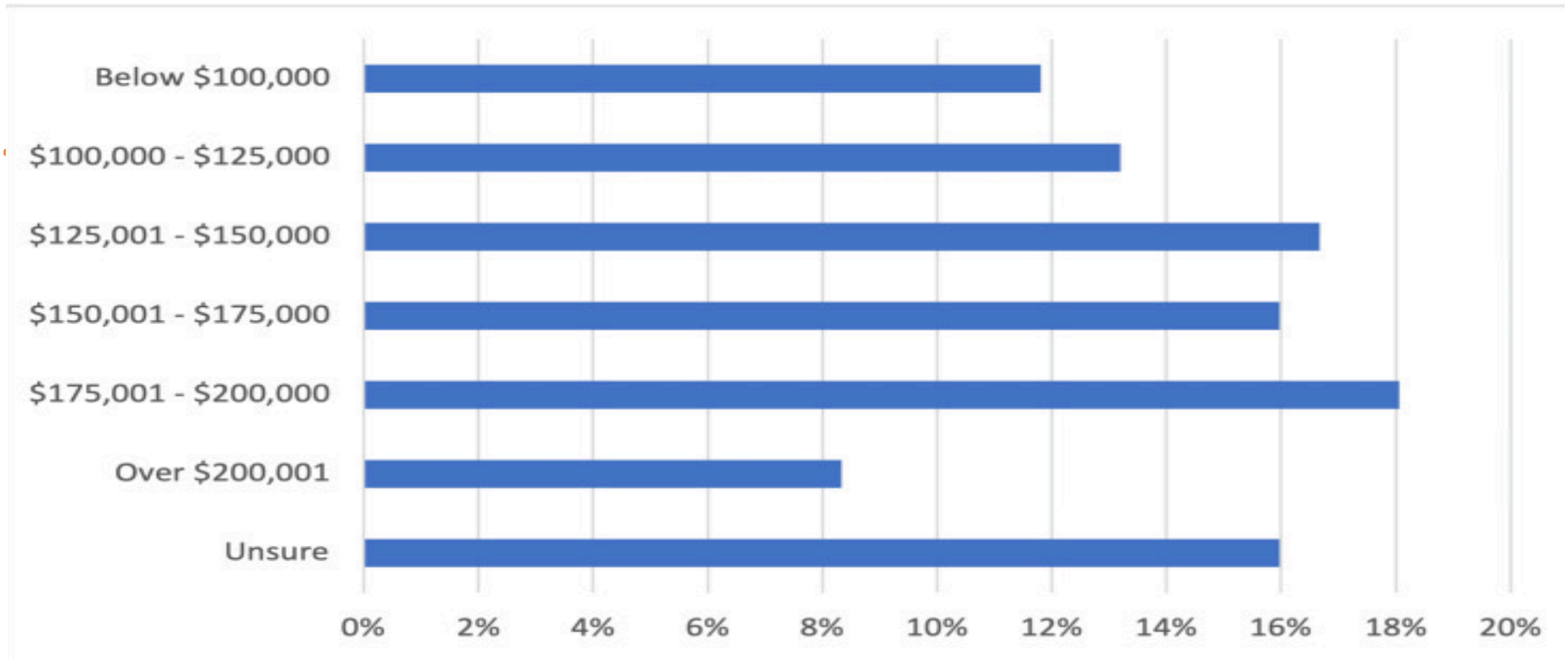
Among respondents, the majority, 48% (72/151), provide postgraduate training to NPs only, while 40% (60/151) train both PAs and NPs, and 13% (19/151) train PAs only.

Sponsoring institutions





Program Director Compensation








Program Director Compensation

Overall, 42% (60/144) of program directors received \$150,000 or less in total compensation (salary, fringe benefits, and bonus incentive payments), whereas 42% (61/144) received more than \$150,000 in total compensation. Sixteen percent (23/144) were unsure about their total compensation.

Only 50% of respondents believed they were fairly compensated for their position.



Survey Questions	Mean (SD)
Q1: Have sufficient administrative time	3.06 (1.21)
Q2: Have adequate support staff	3.05 (1.27)
Q3: Fairly compensated	3.20 (1.16)
Q4: Organization values the APP Postgraduate Training Program	4.00 (1.00)
Q5: Organization values APPs	4.05 (0.97)
Q6: Satisfied with work-life balance	3.28 (1.11)



Administrative support/time



Slightly less than half of respondents reported having adequate support staff and sufficient administrative time to address program responsibilities.



Among accredited programs, slightly more than half of respondents felt that they had sufficient administrative time and adequate support to address programmatic responsibilities.



<50% of the respondents indicated that they were satisfied with their work-life balance.

Does the Organization Value of the Postgraduate Program

- If sponsoring organization valued the postgraduate program, the more likely the respondent indicated having sufficient administrative time, having adequate support staff, and being fairly compensation regarding postgraduate role and responsibilities.



Future Research

- We did not investigate whether program director total compensation was influenced by other factors such as clinical profession, geography, years in clinical practice, or employer type.
- Research defining minimum specialty-specific program requirements is needed.





[Cureus](#). 2024 Jul; 16(7): e64434.

Published online 2024 Jul 12. doi: [10.7759/cureus.64434](https://doi.org/10.7759/cureus.64434)



PMCID: PMC11245340

An Analysis of Trainee Salaries Offered in Nurse Practitioner and Physician Assistant/Associate Postgraduate Residency and Fellowship Programs in the United States

Monitoring Editor: Alexander Muacevic and John R Adler

[Vasco Deon Kidd](#),¹ [Jessica L Horstmann](#),² [Shayanna Felder](#),³ and [Kerry Bamrick](#)³

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Study Design

- Cross-sectional survey that exclusively examines and summarizes trainee salary data from various APP postgraduate specialty training programs. In addition, we investigated whether there was an association between trainee salary by specialty track and the other four variables (i.e., program type, geographical location, clinical setting, and number of postgraduate APP trainees).
- Data from 37 specialty tracks were summarized but only two specialty tracks (Psychiatric Mental Health and Primary Care) were included in the association analysis due to sample size.

Results

- Most postgraduate programs in our study offer an annual salary between \$65,000 and \$85,000.
- There was a statistically significant association between trainee salary for primary care and clinical profession ($\chi^2(6) = 13.993, p = 0.022$). Over half of NP respondents (52.1%) reported that their trainees had an annual salary between \$76000 and \$86000. The majority of PA respondents (57.1%) reported that their trainees had an annual salary below \$75000. Respondents who were non-clinical professionals (50.0%) reported that their trainees had an annual salary of over \$86000.

Results

Primary care (N=62)

- Respondents having joint NP/PA cohorts were more likely to report higher trainee salaries than respondents from NP-only cohorts.
- Respondents who were PAs were more likely to report lower trainee salaries than respondents who were NPs and non-clinical professionals.
- There was no statistically significant association between trainee salary for Primary Care and region ($\chi^2(8) = 4.248, p = 0.859$) and sponsoring organization of the APP postgraduate training program ($\chi^2(8) = 11.655, p = 0.139$).

Results

Psychiatric Mental health (N=26)

- The study results indicated that for Psychiatric Mental Health, organizations with more postgraduate APP trainees tended to offer higher trainee salaries.
- There was no statistically significant association between trainee salary for Psychiatric Mental Health and clinical profession ($\chi^2(6) = 6.371, p = 0.408$), region ($\chi^2(8) = 8.107, p = 0.494$) sponsoring organization of the APP postgraduate training program ($\chi^2(8) = 7.086, p = 0.614$), and postgraduate APP trainee cohort ($\chi^2(2) = 0.438, p = 1.000$).

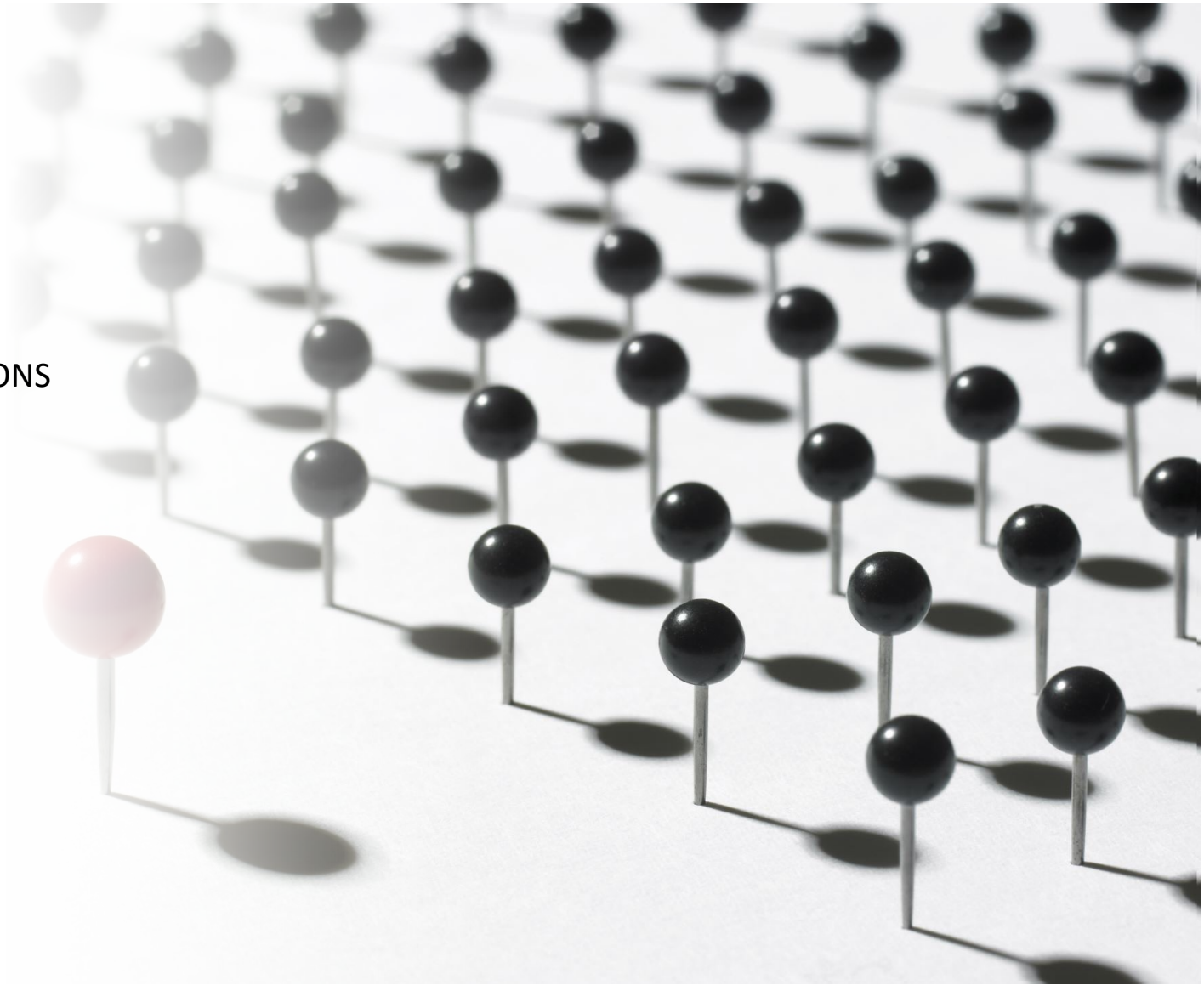
Trainee Compensation in Primary Care Postgraduate Nurse Practitioner and Physician Assistant/Associate Residency/Fellowship Programs: A Detailed Analysis

Survey QR
Code



Inclusion Criteria: Family medicine, general pediatrics, general internal medicine, rural medicine, and adult/gerontology primary care

- RESEARCH COLLABORATIONS



Other Research

- NP/PA fellowship program collaborations
- Expansion of postgraduate training programs to rural areas
- Effects of postgraduate training programs on patient outcomes



Future Directions

- Roles of program directors (FTE, etc.)
- Policy implications of training programs



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Your ideas

- Please get your phones ready for a poll





CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Refreshment Break with Exhibitors

10:15-10:30am



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

**Optimizing the Accreditation Process
for APP Postgraduate Training Programs**

About the Consortium

- ◆ **The Consortium for Advanced Practice Providers (CAPP)** is an affiliate of the Moses/Weitzman Health System (MWHHS), created to advance the model and rigor of postgraduate nurse practitioner, physician assistant and joint nurse practitioner/physician assistant residency and fellowship training programs.
- ◆ It is a membership, education, advocacy and programmatic accrediting organization for postgraduate NP, PA and joint NP/PA training programs
- ◆ **The Consortium is Federally recognized by the U.S. Department of Education as a National Accrediting Agency.**
- ◆ The Consortium provides programmatic accreditation for postgraduate NP, PA and joint NP/PA training programs, ensuring that the programs adhere to high quality, rigorous standards developed by nurse practitioners, physician assistants and experts in clinical care, adult learning and professional training. In this way, the Consortium is making a significant contribution to the health and healthcare of the public.



U.S. Department of Education

- ◆ **2010:** Convened as informal consortium in 2010 by 4 FQHC-based postgraduate NP training programs
- ◆ **2013:** Identified accreditation as a goal early on; no available existing sources of accreditation at the time; committed to developing program that is eligible for US Dept. of Education Federal recognition
- ◆ **2013–2015:** Accreditation Standards: authored by 10 NP nationally recognized expert authors—written by NP program directors for NP program directors; Self Study Guide
- ◆ **2015:** Community Health Center Inc. (CHCO) formally incorporated a new 501c3, the NNPRFTC, to advance the postgrad NP training movement, including developing of accreditation program
- ◆ **2016:** Accreditation action for first two programs
- ◆ **2017-present:** 34 accredited programs, several in the accreditation pipeline
- ◆ **2019:** U.S. Department of Education Petition for Federal Recognition as an Accreditor
- ◆ **2020:** Three programs received renewal of accreditation. Awaiting US Dept. of Education on next step in the recognition process.
- ◆ **2022:** The consortium receives Federal Recognition by the United States Department of Education
- ◆ **2023:** Consortium Name Change, 2023 Accreditation Standards Released and Expansion of Scope petition submitted to the U.S. Department of Education.
- ◆ **2024:** Expansion of Scope Approval to become Federally recognized for NP/PA Postgraduate Training Programs



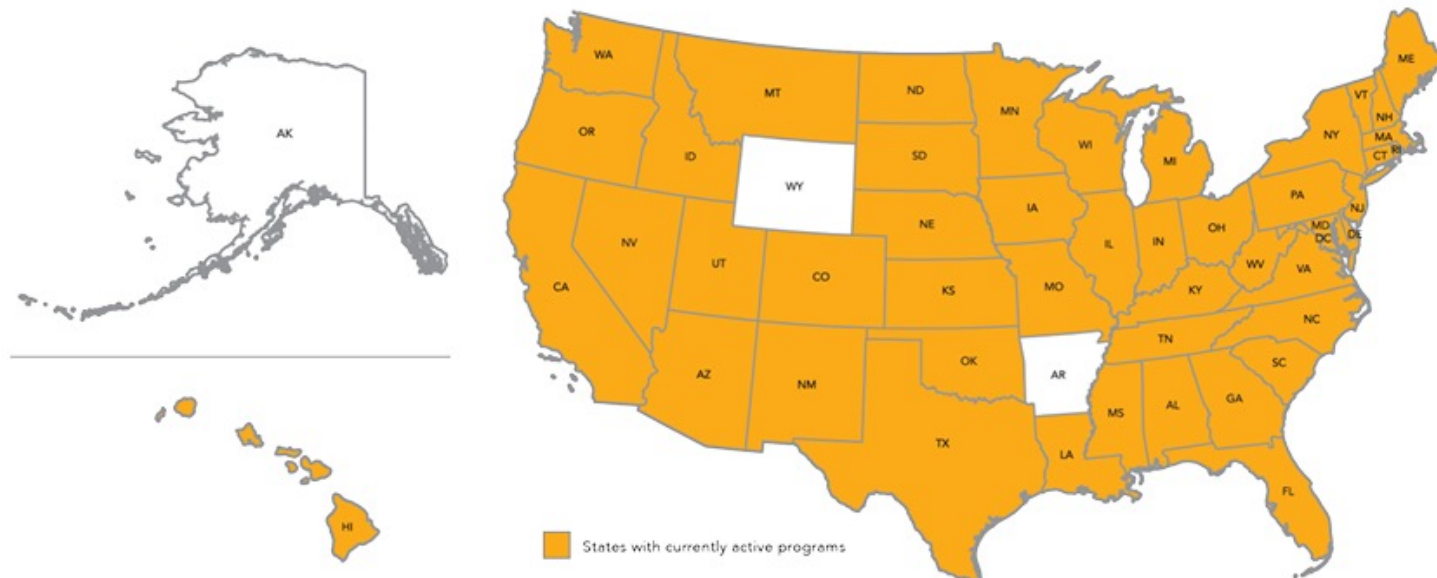
The Consortium is the **ONLY** Federally Recognized Accrediting Agency to Accredite Joint NP/PA Postgraduate Training Programs



U.S. Department of Education

National Growth of APP Postgraduate Training Programs

States with Currently Active NP and NP/PA Postgraduate Residency and Fellowship Training Programs



500+ Postgraduate APP Programs

Including primary care, mental health, and specialty programs

Accreditation Defined

External, independent review of a health care training program against nationally-accepted standards and its own policies, procedures, processes and outcomes (AAAHC)

- ◆ Peer-reviewed, voluntary program evaluation
- ◆ Practice-based determination of adherence to National Standards
- ◆ Public recognition of excellence
- ◆ National acknowledgement of quality

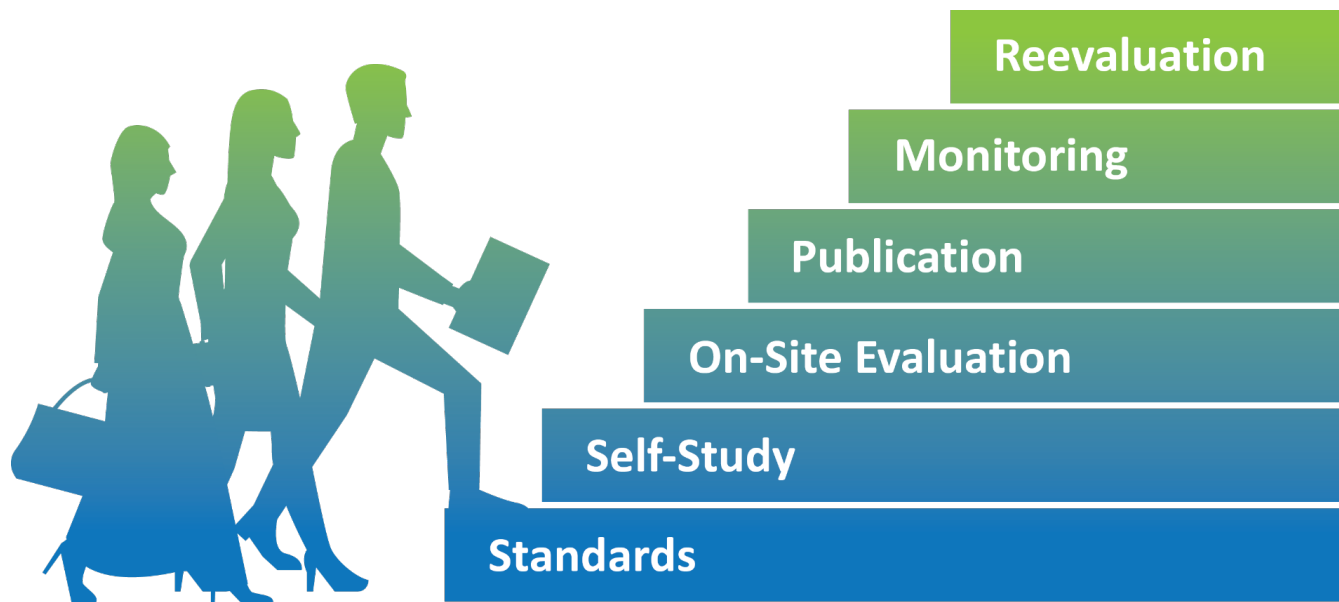


Benefits of Accreditation



U.S. ED Accreditation Process

6 Major Steps the Consortium follows:

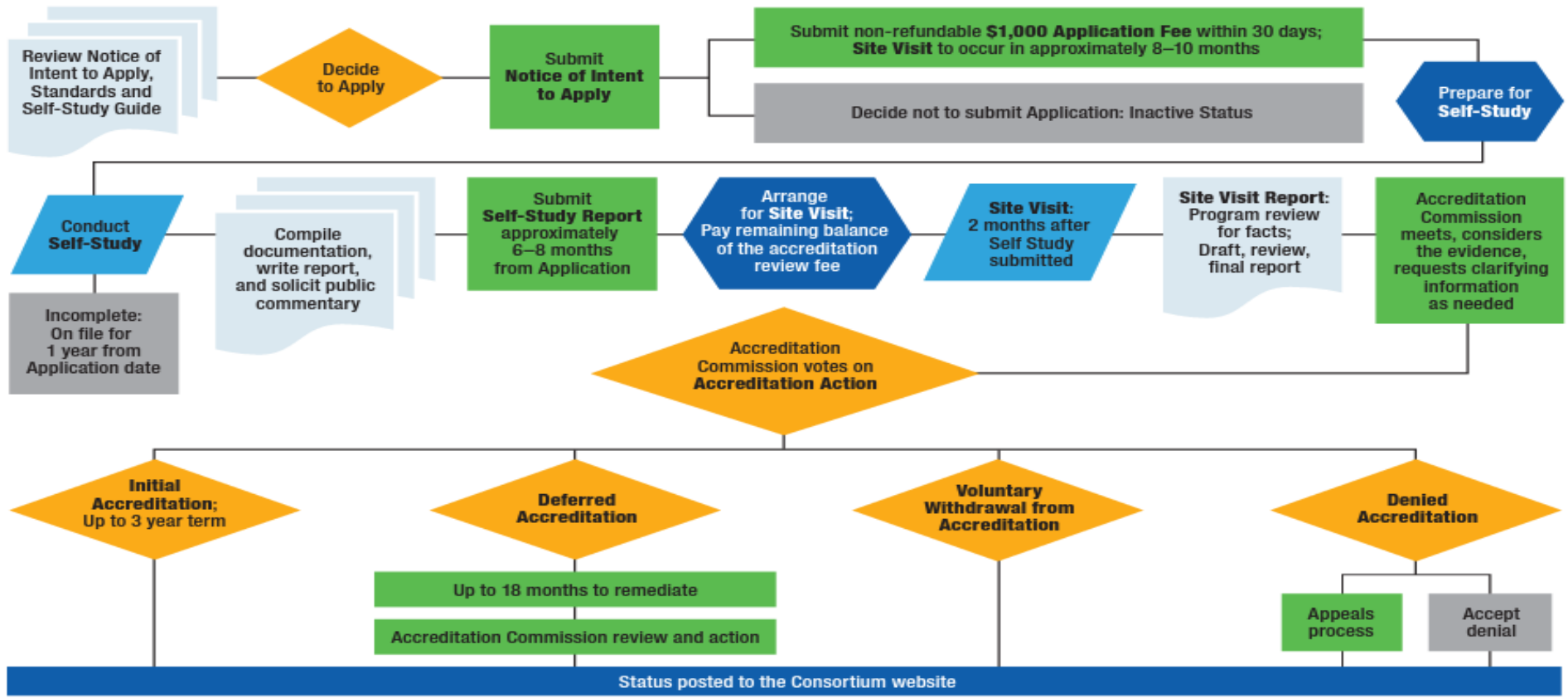


Consortium Standards Driving Excellence in Program Design

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



Initial Accreditation Process



Consortium Accreditation Sample Timeline

General Timeframe, Application to Decision (10-12 months)

- ◆ Intent to Apply
- ◆ Application
- ◆ Self Study: internal program evaluation
- ◆ 1.5 day On-site Visit: external program evaluation (completed by 2 trained site visitor peers (educator, administrator, clinician))
- ◆ Site Visit Report: reviewed by program, submitted to Accreditation Commission for accreditation consideration
- ◆ Decision: Accredited, Deferral, or Denial of Accreditation
- ◆ Posted to Consortium website
- ◆ Annual and Interim Reports

Extensive technical support available throughout the process

Consortium Accreditation Costs

Total Cost: \$11,000

- ◆ \$1,000 non-refundable application fee
- ◆ \$10,000 Initial accreditation review fee: due prior to the site visit (discounted fee schedule for Federal Programs)
- ◆ For programs with multiple tracks:
 - \$11,000 plus \$6,500 for second track, \$2,500 for each additional track (possible additional travel costs)

Accreditation Anchors Program Development



Accredited Programs

- ◆ As of July 2024: Consortium has accredited **34** APP Postgraduate Training Programs, including **11 joint NP/PA programs**, with several programs pursuing accreditation in the pipeline.
- ◆ View Accredited Programs here:
<https://www.apppostgradtraining.com/accreditation/accreditation-status-and-public-commentary/>



Optimizing the Accreditation Process for APP Postgraduate Training Programs: The UC Davis Experience

BETTY IRENE MOORE SCHOOL OF NURSING

Deb Bakerjian, PhD, APRN,
FAANP, FGSA, FAAN
UC Davis APP Fellowship
Program Director
Associate Dean for Practice
Clinical Professor



Dr. Bakerjian Has No Conflicts Relevant to this Presentation



This project was supported by the Health Resources & Services Administration of the U.S. Department of Health & Human Services as part of an award totaling \$3,493,377 and a follow-up award totaling \$3,333,264

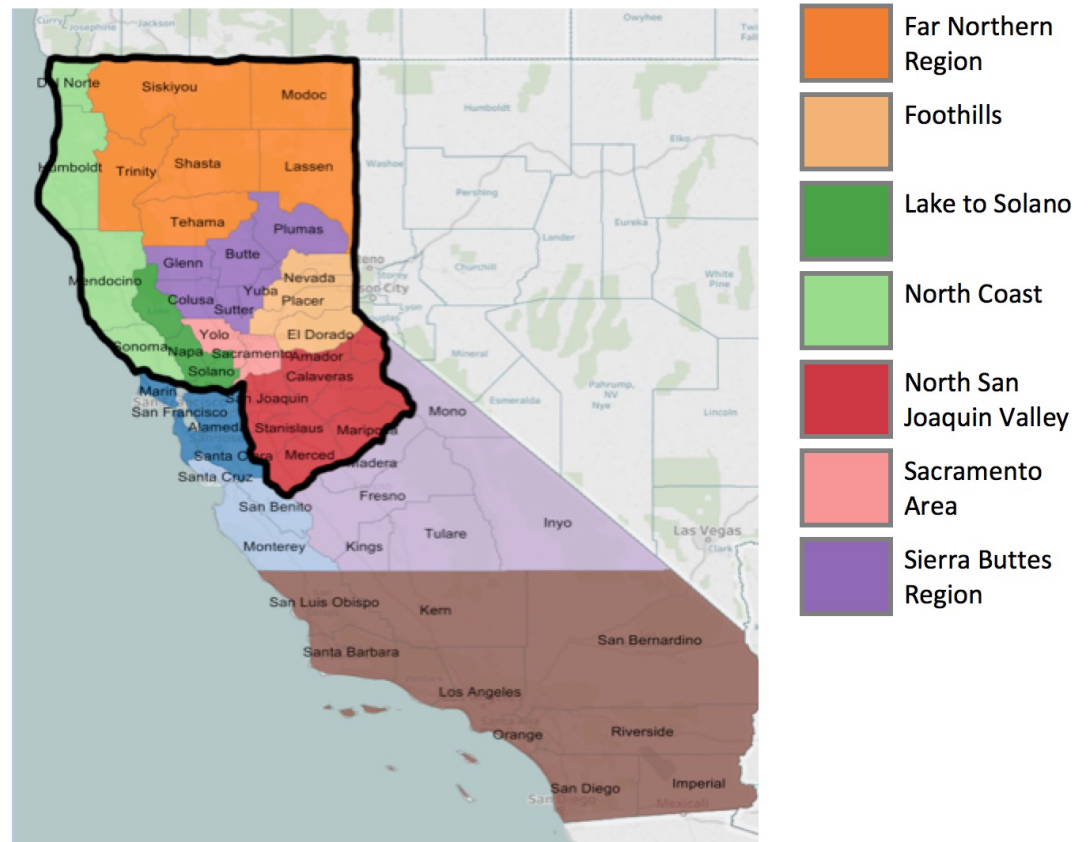
The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Learning Objectives

1. By the end of this presentation, participants will be able to demonstrate knowledge in the Consortium's accreditation standards and process
2. By the end of this presentation, participants will understand the Value of Accreditation and the Consortium Accreditation Process for postgraduate NP and NP/PA programs
3. By the end of this presentation, participants will be familiar with ways they can optimize their preparation of their self-study

UCD Health Service Area

- UCDH service area 65,000 sq miles (> 1/3 of state)
- 33 counties
- 6.1 million residents in primarily rural Northern California
- SON & SOM
- Multiple ambulatory clinics



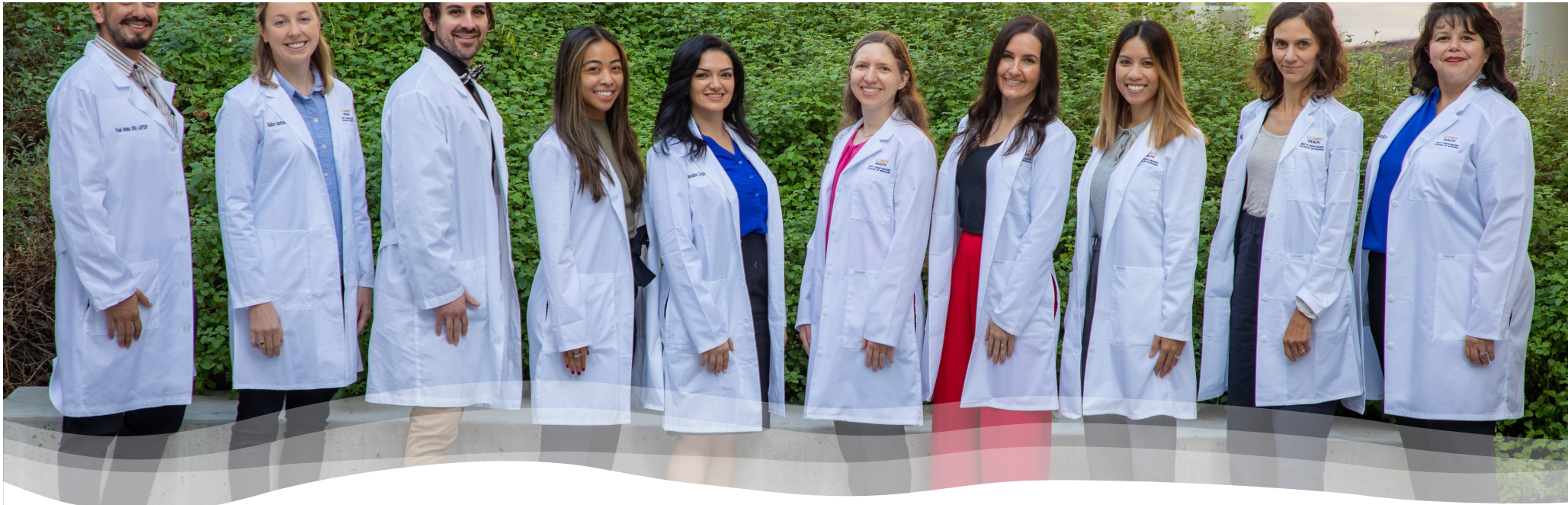
Drivers for the Primary Care Residency

ACCESS TO PRIMARY CARE (FNP, AGNP, PMHNP, PNP, WHNP)

NPs Need for
Transition to
Practice Training

Building Workforce
– Need for NPs in
Rural &
Underserved Clinics

Building Workforce
– Need for NPs for
Faculty



Primary Care

Advanced NP PRACTICE (ANPPR)

Primary care
Residency in
Addiction,
Chronic care,
Telehealth,
Improvement science,
Collaboration and
Equity

Drivers for specialty APP fellowship development (NP & PA)



Demonstrated need for qualified providers in specialty practice



No previous mechanism to reduce workload to accommodate new learners in a specialty practice



Vacancy and loss due to demands of the specialty and onboarding gaps



Fellowship deemed a cost-effective program to train top talent and recruit experienced providers



APP
Fellowship
Specialty
Program

Burn Surgery

Endocrinology: In-patient Glycemic Team

Neurological surgery

Neurology

Neurocritical Care (2025)

Orthopedics

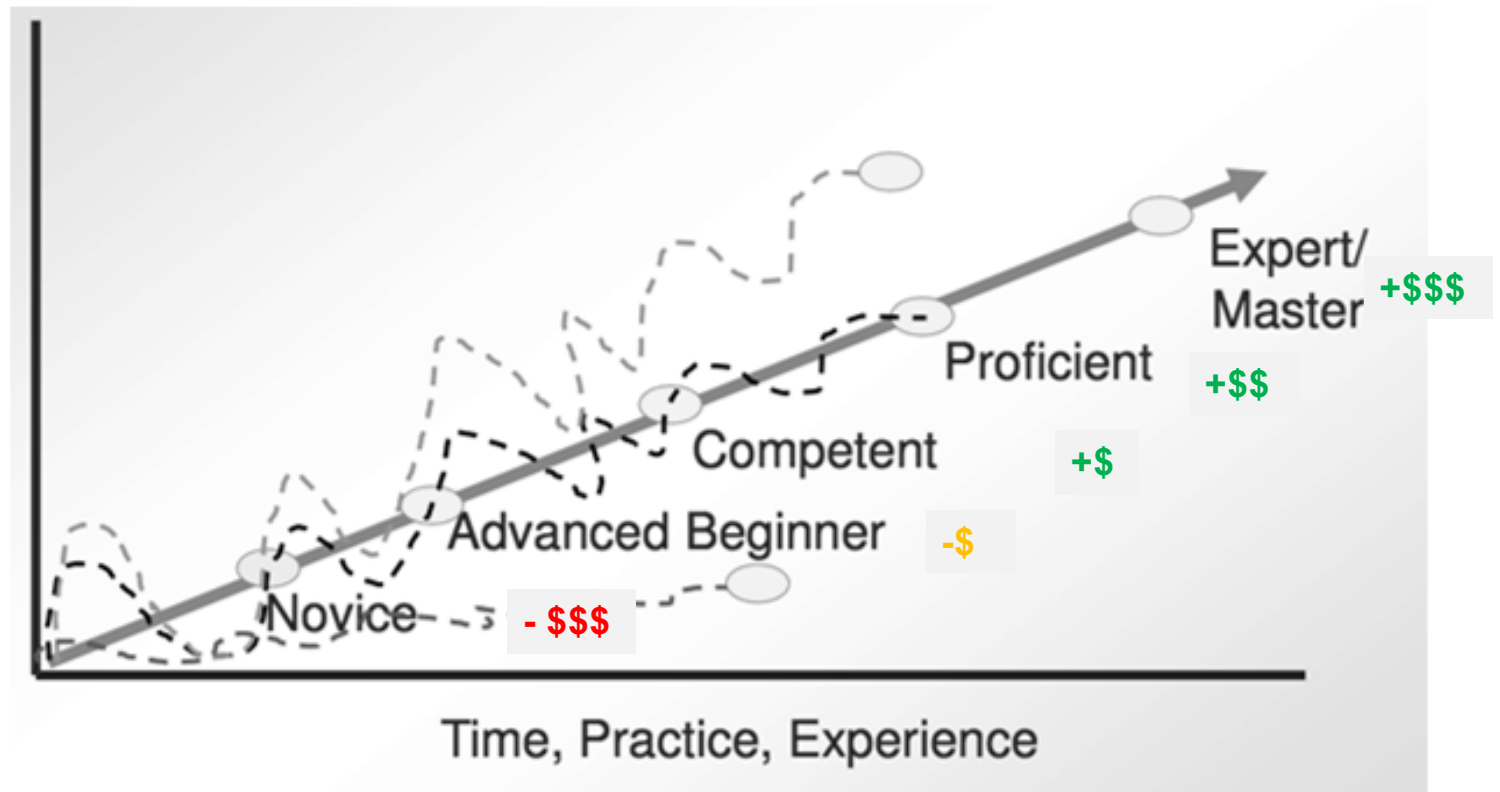
Oncology

Radiology

Trauma Surgery

Developing a Competent, Confident, Experienced Workforce

- There is no shortcut to experience
- Substantial financial investment in the first 1-2 years of employing an APP
- Fellowships & residencies create a pipeline of qualified providers
- Fellowship/Residency can shorten the trajectory





Our Program Start-Up Experience

Overview of Grant Objectives



Objective 1: Design and develop the capacity to implement an innovative, comprehensive primary care NP residency program.



Objective 2: Launch and implement an innovative, comprehensive primary care NP residency program by July 1, 2020.



Objective 3: Improve NP Residents' confidence & competence in priority areas.



Objective 4: Develop and Implement a Post Residency Assistance Program.



Objective 5: Evaluate, improve and disseminate findings.



Objective 6: Achieve National Accreditation before the end of grant funding.



Use the
Book as a
GUIDE



Training the Next Generation

Residency and Fellowship Programs
for Nurse Practitioners in
Community Health Centers



CO-AUTHORS:

Margaret Flinter, APRN, PhD, c-FNP, FAAN, FAANP
and Kerry Bamrick, MBA

EDITOR:

Kathleen Thies, PhD, RN

Community Health Center, Inc. and the weitzman institute
inspiring primary care innovation

Program oversight and leadership



Advisory board
& Workgroups



Site selection/
Preceptors



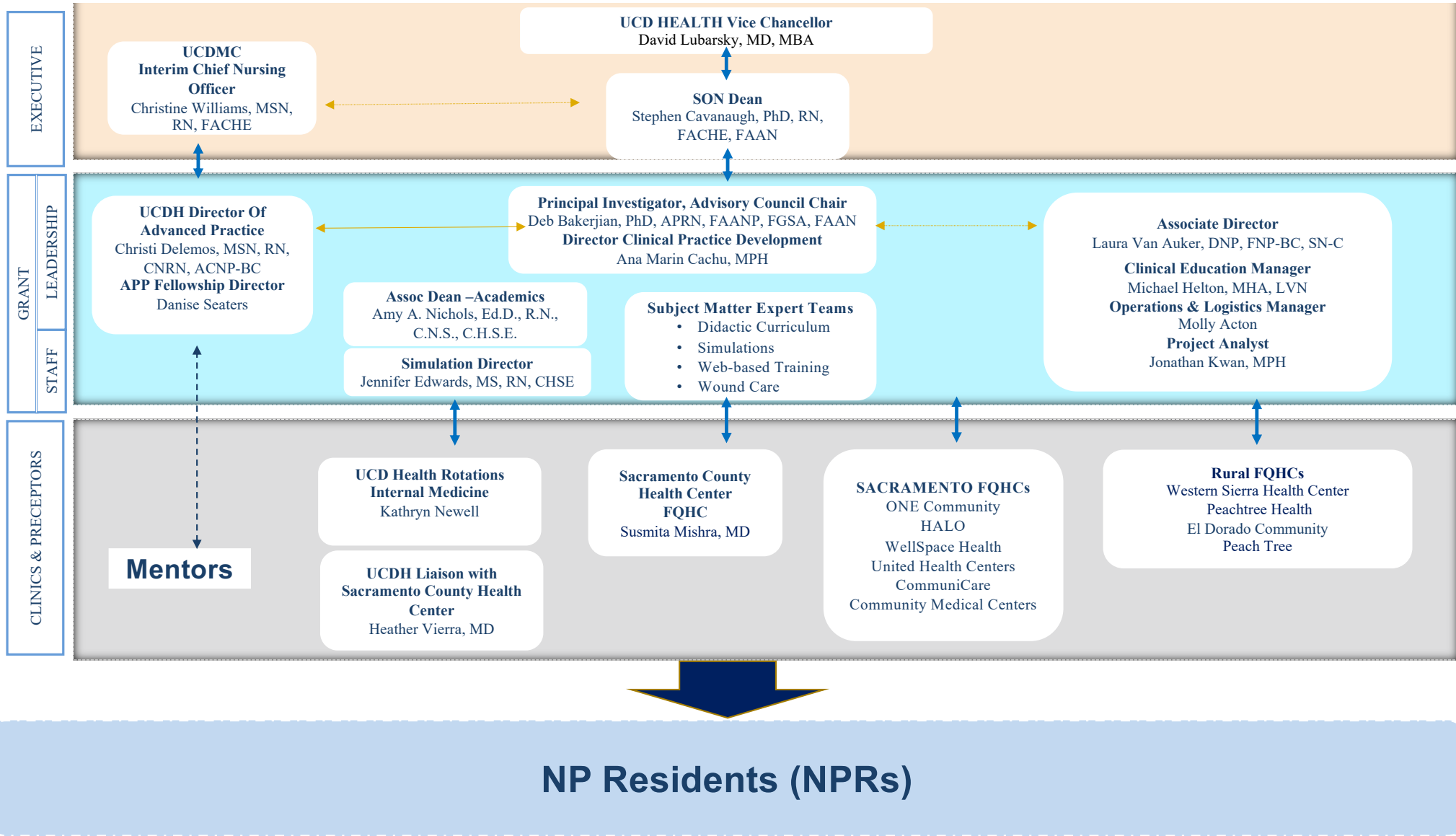
Curriculum
development



Evaluation

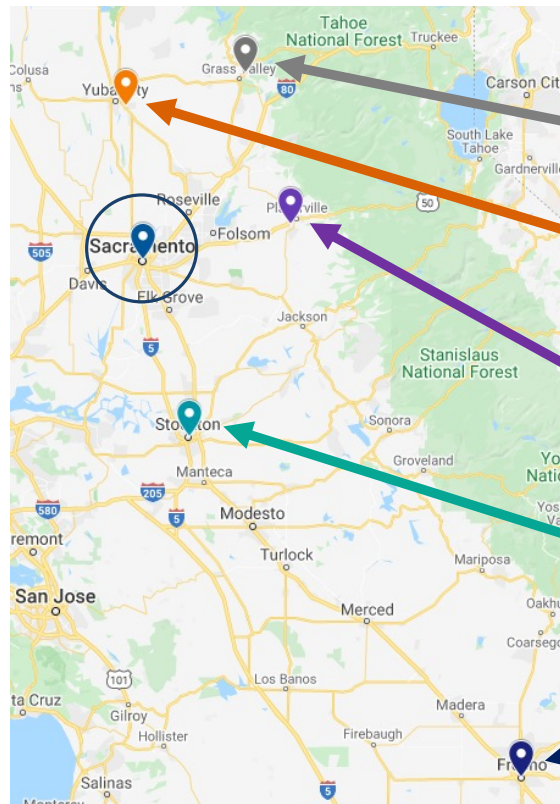


Accreditation
Standards



2021-2022 Primary Care Clinic Placements

Sacramento area sites:



Regional sites:



Advisory Council Essential to Success

Having decision-makers from clinics on the Advisory Council was essential to getting the work done



Consensus process involved all clinics



Equal voice



Respectful process involved

Being present

Being authentic

Being engaged

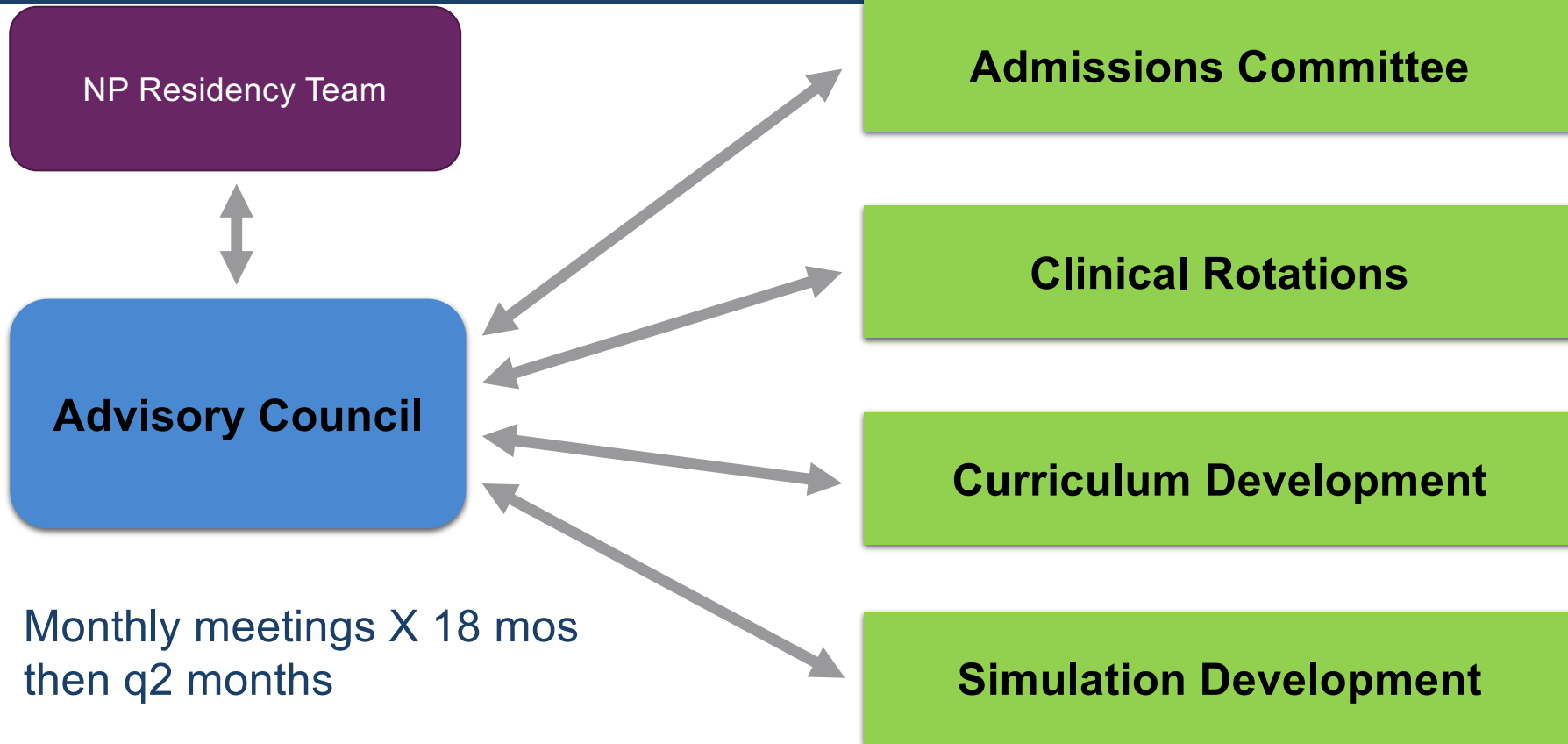
Active listening

Willing to compromise

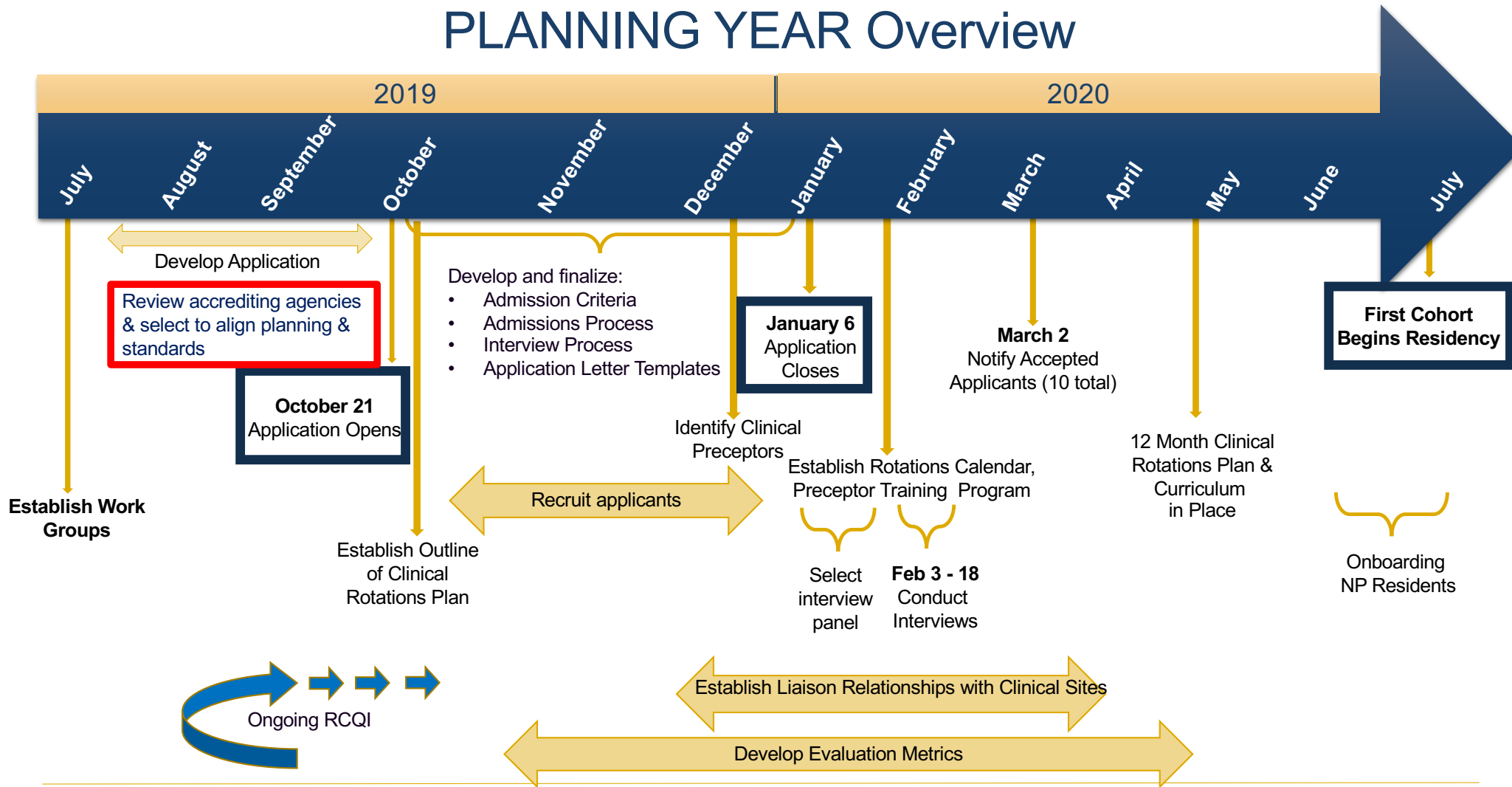


Keep the patients central

Advanced NP-PRACTICE Work Groups



PLANNING YEAR Overview



Year 1 Milestones

- Announce and market the program
- Select accrediting organization
- Create curriculum
- Design rotations
- Develop simulations
- Formalize relationships - contracts
- Recruit & train preceptors
- Develop training sites
- Create and implement tracking systems
- Create the RCQI process
- Admit & onboard 10 residents; implement program
- Document activities
- Complete all HRSA reports on time
- Participate in all required HRSA meetings & activities

Selecting an Accrediting Body

Mission, Goals and Objectives	PTAP Requirements	CCNE Requirements	Work Group	Priority/ Timeline
NNPRFTC Requirements				
Mission must include:				
Core purpose of the program	OESD1: Submit the mission, vision and/or values of the organization including how goals of the program are aligned with the mission, vision and/or values (OE1)	IA: The mission, goals, and program outcomes are defined, published, and accessible, and inform program delivery.	Advisory Group	High
Reason for creation of the program		II-A. The academic-practice partnership fosters achievement of the mission, goals, and expected program outcomes.		High
Focus of the program		I-B. The mission, goals, and program outcomes reflect an advanced practice nursing foundation.		High
Featured prominently in internal and external communications/documents		I-L Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.		Mod- Staff Review
Goals:				
Tie back to the mission			High	
Provide direction & end points			Mod	
Objectives:				
Specific efforts, actions, content and work intended to accomplish, w/in time frames			Curriculum Committee;	High-Scheduled

USE THE STANDARDS TO DESIGN/ALIGN YOUR PROGRAM

Standard 2: Curriculum

Designed to build on comprehensive knowledge and skills. Promotes patient-centered and team-based care, evidence-based practices, information technology and data. The curriculum functions as a link from education to practice and facilitates application of knowledge to patient care. Builds on model of continuous learning through didactic, precepted clinics, specialty rotations, procedural practice, special events w/in organization, training in applied QI strategies, leadership and prof. development. Also provides increased experience and exposure to volume, variety and complexity with a focus on progressive mastery, confidence and competence. Trainees should develop products of learning (eg case presentations, grand rounds presentations, QI projects) with feedback/peer review so products can be shared w/in and outside the program.

NNPRFTC requires a table to that links curriculum element with required activities, competencies expected, outcome measurement and evaluation form used - see Curriculum elements tracking tab **See Competency Domains Tab**

Standard	Accreditation Submission	Work group	Deliverables/Action Items	Target Date	Achieved
Standard 2: Curriculum: Designed to build on comprehensive knowledge and skills. Promotes patient-centered and team-based care, evidence- based practices, information technology and data. The curriculum functions as a link from education to practice and facilitates application of knowledge in patient care.	Describe the clinical-based practice Complete Curriculum Elements Tracking Form	Curriculum	Develop progressive didactic and experiential curriculum across 12 mos <ul style="list-style-type: none"> Resident self-assessment, quarterly Establish baseline skills Progress knowledge & skills Monitor evaluations 	May 2020	May 2020
a. Experiences must be sufficient in depth, breadth, variety and volume including medical conditions/diagnoses and pateint demographics, to prepare the postgraduate trainee for clinical practice in the specialty of the program	Provide examples that demonstrate experiece are of sufficient depth, breadth, variety and volume inc. medical conditions/diagnoses and pt demographics	Clinical Rotation	Record experience w/ different conditions Primary care rotations based on licensure; specialty opportunities 3-4 days per week	Apr 2020	Jun 2020
b. Must provide structured experience in progressive responsibilities for patient management	Examples of structured expeirence in progressive responsibilities for patient management	Clinical Rotation	Progressive plan for seeing patient (on clinical rotation template document) Record progression of trainee w/ # of pts seen	Apr 2020	Jan 2020
c. Provide learning objectives to guide achievement of competencies for each clinical experience	Examples of learning objectives to guide achievement of competencies	Clinical rotation	Use variation of curriculum elements tracking form for learning activities that includes objectives	Sep 2020	Jul 2020
d. Establish objectives for <u># of patients by relevant factors</u> (age, gender, major health challenges) & procedures deemed necessary to achieve overall goals based on practice setting	Examples that demonstrate establishment of objectives for # of patients by relevent factors (age, gender, major health challenges) & procedures deemed necessary to achieve goals of the program based on the practice setting	Curriculum & Clinical Rotation	See a. Identify major health challenges of focus. Think about how to do this - per practice site type (FQHC, Derm etc.)?	Sep 2020	Jul 2020
2. Regularly scheduled didactic sessions					
a. Provide learning objectives to guide trainee in mastery of didactic knowledge and subsequent application to practice	Describe the didactic sessions Examples of learning objectives to guide achievement of competencies Complete Curriculum Elements Tracking Form	Curriculum	Tie to competency domains	60 days ahead of training	On track
3. System-based learning & QI tools that underlie effective front-line improvements in care	Describe the system based learning and quality improvement tools Complete Curriculum Elements Tracking Form	Curriculum & Clinical Rotations	QI Modules and QI projects conducted at clinical sites	Start Qtr 2	Jul 2020
4. Population-based health focus - social-determinants of health & data-driven assessment of the population focus	Describe the population health focus Complete Curriculum Elements Tracking Form	Curriculum & Clinical Rotations	Online module? Population health focused project at clinical location?	Integrated into curriculum	Jul 2020
5. Leadership and professional development, particularly in interprofessional practice	Describe leadership and professional development in programs curriculum Complete Curriculum Elements Tracking Form	Curriculum & Clinical Rotations	Interprofessional simulation focused on team-based care	Integrated into curriculum	Sep 2020



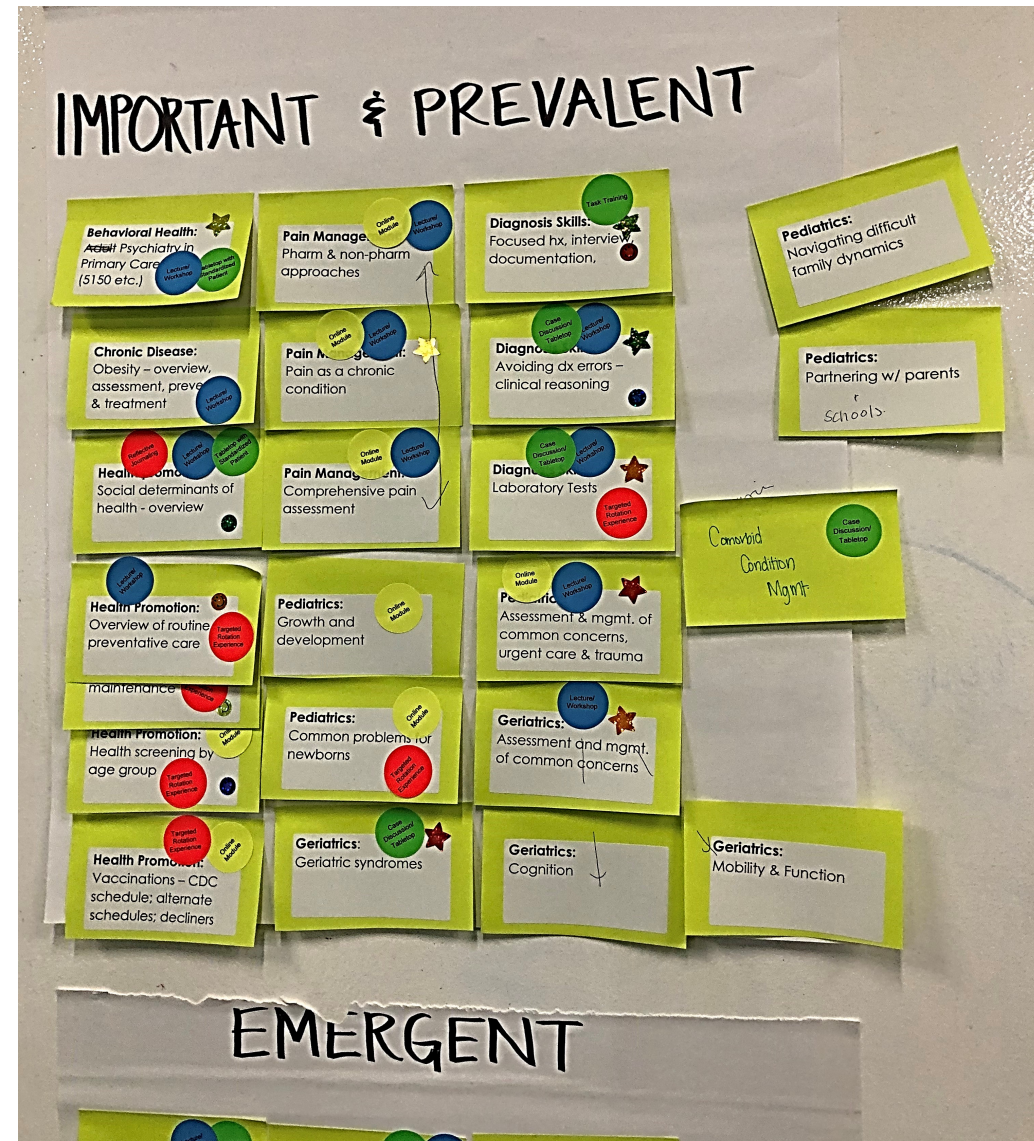
Guiding Concepts for Curriculum Development

Educational curriculum should:

- Provide an advanced understanding & knowledge from a practitioner, not student perspective
- Meet gaps in residents existing knowledge
- Be applicable across the varied clinical sites & NP specialties

Brainstorming

- Brainstorm ideas captured & placed post-it notes
- Members in interprofessional groups with stack of post-it notes with topics
- 1st round: How important is this topic?
 - ✓ Emergent,
 - ✓ Important & prevalent,
 - ✓ Important & not prevalent
 - ✓ Not important
- 2nd round: Type of training
 - ✓ Didactic/discussion
 - ✓ Skills
 - ✓ Simulation



End Product

- **2 weeks of didactic and skills onboarding** training followed by monthly education
- Instructors sourced from work groups OR work group members recruited subject matter experts
- **78 education sessions over 12 months** spanning a broad base of topics
- **Evaluations completed** after each session and used to guide sessions for following cohorts

	Monday 7/13/2020	Tuesday 7/14/2020	Wednesday 7/15/2020	Thursday 7/16/2020	
				<i>*Preceptor orientati</i>	
8:30	Morning meeting	Morning meeting	Morning meeting	Morning meeting	
8:45					
9:00					
9:15	Interpreting spirometry - Laura (HELD) & Jim	Advanced EKG - Christi & Gordon; 1.5h HELD	Advanced Pharmacology - Tim Cutler (CONFIRMED)	Understanding & reading radiology results - Jim; 1.5h CONFIRMED - why; how; flat films first;	
9:30					
9:45					
10:00	Break				
10:15	MI, self-mgmt & goal setting w/ practice - Holly, Amy & Marty; 1.5h	Break	Break	Break	
10:30					
10:45					
11:00					
11:15		Women's health, managing abnormal results - Laura & Gordon; 1.25 hr HELD	Presenting Prep - develop own template	<i>Diabetes medications w/ FGY1 - 45m lecture, 45m practice</i>	
11:30					
11:45					
12:00	Lunch				
12:15					
12:30		Lunch	Lunch	Lunch	
12:45					
13:00	Focus hx; interviewing and documentation w/ practice - Holly & Elizabeth; 2 hr - HELD	SP Experience of motivational experience - rotate SP #6 total	Presenting to your preceptor - practice session (#1) *share and post templates	Assessment of common symptoms - Gordon; Christi; Elizabeth; 2h HELD	
13:15					
13:30					Introduction to Wound Care Module - Deb & Holly
13:45					
14:00					
14:15					
14:30					
14:45					
15:00	Wrap up & debrief				
15:15					
15:30		Wrap up & debrief	Wrap up & debrief	Wrap up & debrief	
15:45					

PROGRAM ACCOMPLISHMENTS

Years 1-3

Planning completed in Year 1

Engaged & Active Workgroups

- Curriculum Development – Topic, Speakers, Timing
- Active learning development – case studies, skills & simulations
- Clinical rotation – standards & progression, preceptor training

Evaluation Plan & metrics – progress from advanced beginner to proficient

12-month Calendar of Activities

Successful admission of 3 cohorts total of

- 30 NP primary care residents
- 19 APP specialty fellows

Majority still providing care to underserved

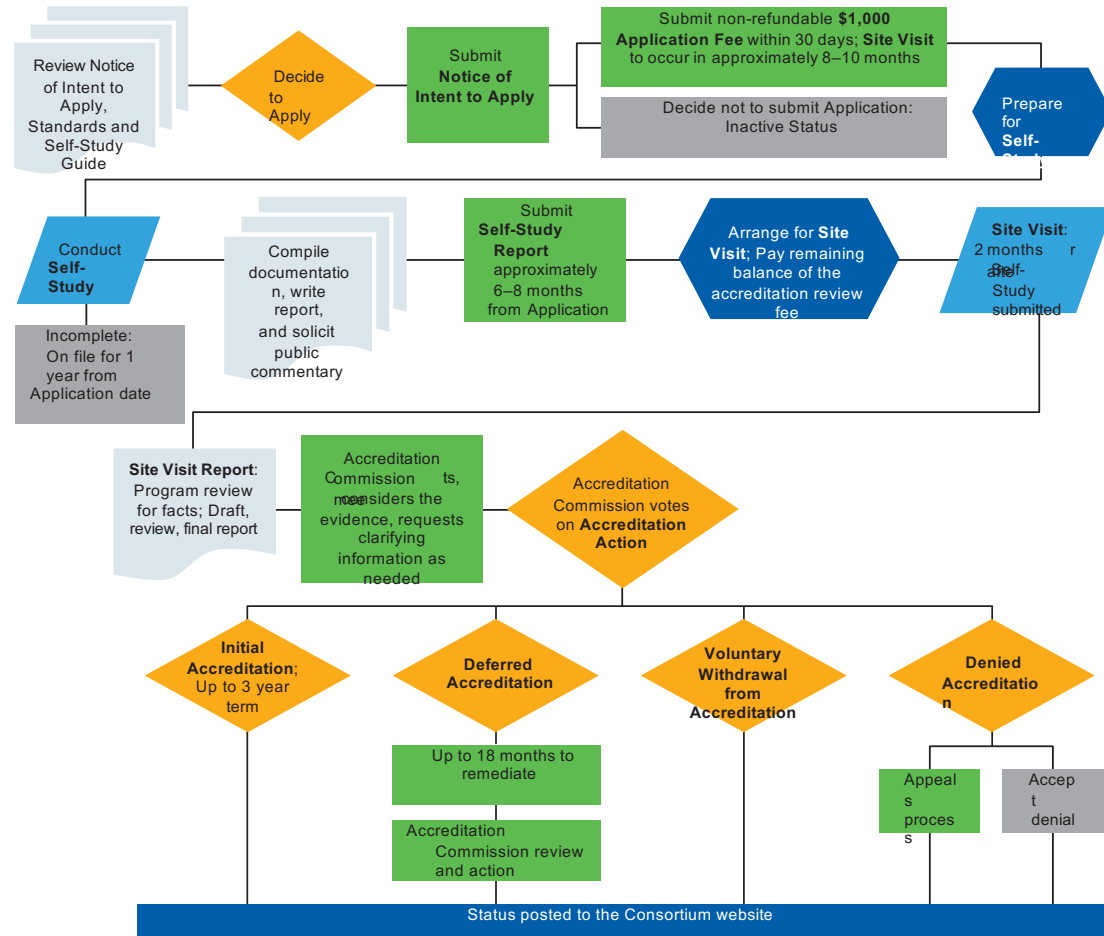


Our Program Accreditation Experience



WELCOME APP CONSORTIUM SITE VISITORS!

Consortium Process



ANPPR Accreditation Planning

June 2022

Topic	Preparation	Process	Time
Opening TIME: 5 minute LEADER: Team	None	Welcome! Introductions	8:00
ANPPR ACCREDITATION PROCESS OVERVIEW TIME: 5 minutes PURPOSE: Planning LEADER: Deb	None	<ol style="list-style-type: none"> 1. Self- study timeline – What is the timeline for the self-study? 2. What are the main outputs of the self-study? (for example, A checklist to only note whether we meet the requirement? Identify the required documents and start organizing them in a file? Etc.) 3. What system is used for submitting the documents? When will that be open to us? 4. Application target date – When will the application be submitted? 	8:05
PARTNERSHIP WITH ADVANCED PRACTICE FELLOWSHIP TIME: 10 minutes PURPOSE: Planning LEADER: Deb	None	<ol style="list-style-type: none"> 1. The self-study will include the Advance Practice fellowship 2. Self-studies will run concurrently but separate for the areas that can be submitted separately (curriculum for example) - how to coordinate? 3. MOU between the SON and the Advanced Practice Fellowship will be separate 4. Deb will lead this partnership but we will meet regularly with Christi to align the programs – who attends those meetings? 5. Role of ANPPR team in this process 	8:10
SELF STUDY PLANNING AND LEADS TIME: 25 minutes PURPOSE: Planning LEADER: Deb	Team members to select standards of their interest TIMELINE	<ol style="list-style-type: none"> 1. Who will lead the effort overall (project manager)? 2. How often will we do check-ins to assess progress? 3. How will we divide and assign leads to the standards? <ul style="list-style-type: none"> • Team areas of interest • Gaps to be assigned 4. Meeting Frequency 5. Implementation plan be created by the project manager and Deb, in coordination with Christi and presented to the team for feedback 6. Timeline for completion and submission 	8:20
ANPPR WORK GROUPS TIME: 15 minutes PURPOSE: Planning LEADER: Deb		<ol style="list-style-type: none"> 1. How will the Advisory Council and/or the other work groups be involved in accreditation? 2. Obtain interest level from workgroup partners to help align standards with clinical needs & curriculum 3. Review relevant standards & identify partners to participate in self-study 4. Evaluation, communication processes 	8:40
Adjourn Next Meeting:			9:00



**NATIONAL NURSE PRACTITIONER
RESIDENCY & FELLOWSHIP TRAINING
CONSORTIUM**

**Accreditation
Policies and Procedures Manual
November 2019**

Published by:
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Middletown CT 06457

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accreditation@nppostgradtraining.com
www.nppostgradtraining.com



Betty Iren

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Self Study Report

Summary Checklist and Table of Contents

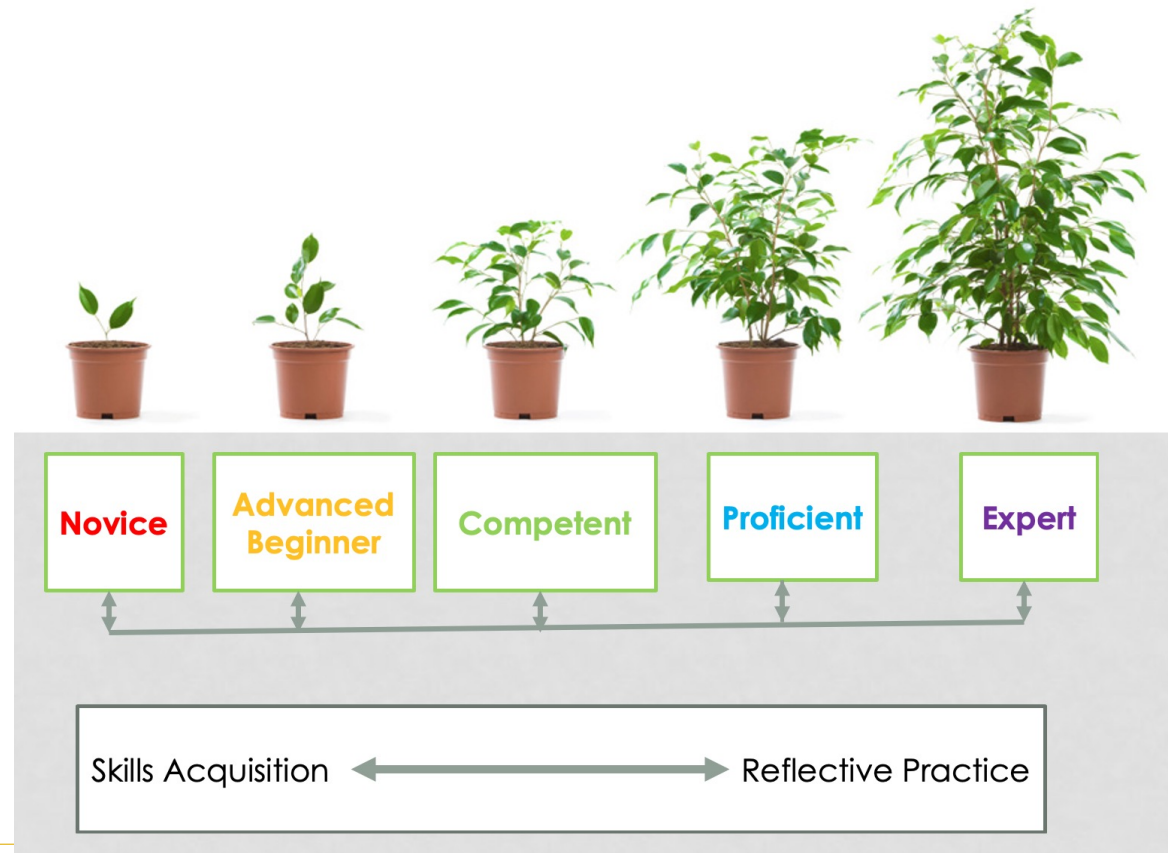
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Appendix G – Marketing and Communications Materials	275-285
Appendix H – Other Materials	286-290
Consortium Agreement signed by all members (if applicable)	N/A
Documentation of minimum requirements for completion of the training program is 12 months full participation in trainee activities	Formal agreement

It's All About the Outcomes!

Resident Self-Assessment

Based on Patricia Benner's
Novice to Expert

- 98 questions on clinical knowledge, confidence & competence
- Baseline assessment & then quarterly
- Comparison over the year for growth, areas needing improvement



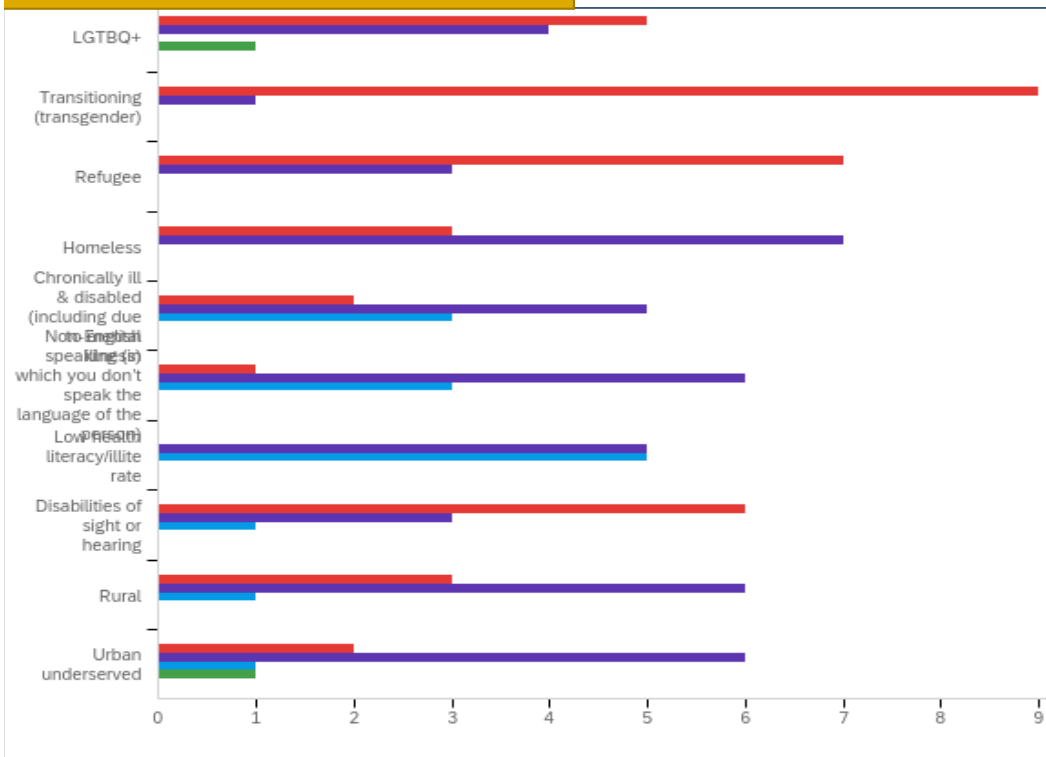
Novice to Expert Standards

	Knowledge	Standard of work	Autonomy	Coping with complexity	Understanding complexity
EXPERT	Authoritative knowledge of discipline, and deep tacit understanding across area of practice.	Excellence achieved with relative ease.	Able to take responsibility for going beyond existing standards and creating own interpretations.	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease.	Sees overall picture and alternative approaches; vision of what may be possible.
PROFICIENT	Deep understanding in discipline and area of practice.	Fully acceptable standard achieved routinely.	Able to take full responsibility for own work, and of appropriate others.	Deals holistically, more confident decision-making.	Sees overall picture and how individual actions fit within it.
COMPETENT	Good background and working knowledge in practice.	Fit for purpose, though may lack refinement.	Able to achieve most tasks using own judgement.	Copes using deliberate analysis and planning.	Sees actions at least partially for longer goals.
ADVANCED BEGINNER	Working knowledge of key concepts in practice.	Straightforward tasks likely to be completed in an acceptable manner.	Can achieve some steps using own judgement, needs supervision for overall task.	Appreciates complex situations, but can only partially address.	Sees actions as a series of steps.
NOVICE	Rote knowledge not connected to practice.	Unlikely to be satisfactory unless closely supervised.	Needs close supervision, rules, and instruction.	Little or no concept, can't deal with complexity.	Tends to see actions in isolation.

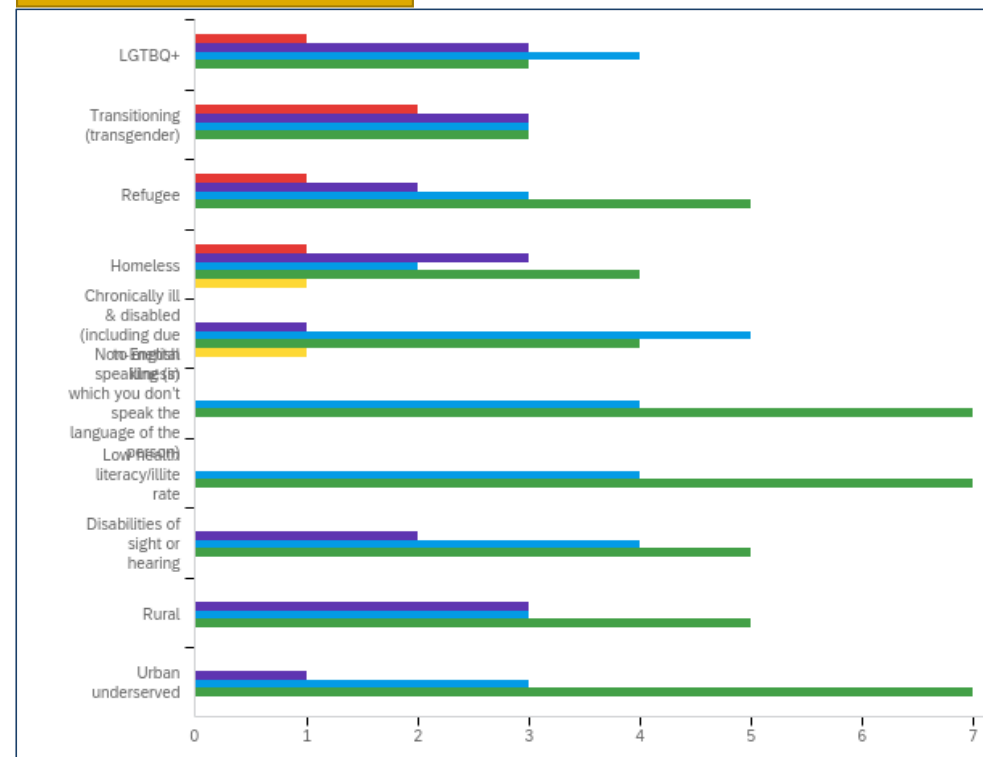
Use the scale to rate the following questions about managing the unique needs of vulnerable populations

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

BASELINE- March 2020



EXIT - May 2021



ANPPR

Advanced NP-PRACTICE

Primary care Residency in Addiction, Chronic pain, Telehealth, Improvement science, Collaboration and Equity

MAT SIMULATION – EVALUATION RESULTS

Simulation date: **March 29, 2022**

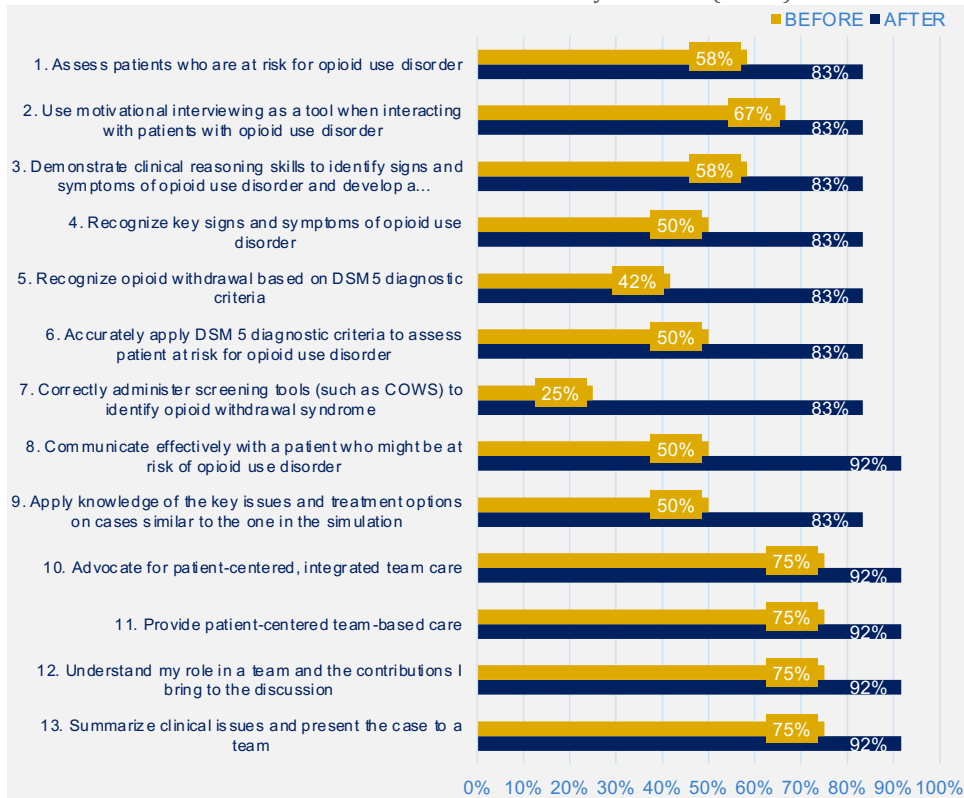
Simulation time: 2 hrs via Zoom

Facilitator Time: 2.5 hrs via Zoom

About the Learning Objectives

Please indicate your level of confidence:

Percent who answered somewhat confident to very confident (n = 12)



Participants

Learners & Facilitators

Type and Total

NP residents (6 FNP & 2 AGNP)	n = 9
Medical residents (3 Internal Medicine)	n = 6
Total	15

Facilitators

1 SOM Faculty (inc. Sara Teasdale), 1 SON (inc. Laura Van Auker), 3 Clinicians (2 IM & 1 PharmD) & 6 SON Staff n = 11

Experience with telehealth

No experience	1
Little to no experience (10 or fewer visits/year)	3
Some experience (11-20 visits/year)	4
Considerable to extensive (21 or more visits/year)	4

Quotes from Learners

"I really liked this training. it was a great learning experience and gave us language for navigating these visits." – NP Resident, Year 1

"Loved the chance to have these delicate discussions with an SP and in small chunks rather than a complete interview to get to debrief and grow." – MD Resident, Yr 1

About the Experience

Please rate the statements below about the simulation experience:

Percent who answered somewhat agree or strongly agree (rating scale: 1=strongly disagree, 5=strongly agree)

1. Able to use the knowledge gained from this simulation experience in the future (mean = 4.92)	100%
2. Working on this case as a member of a team added value to my professional development (mean = 5.00)	100%
3. I think the level of difficulty of this scenario was just right for me (mean = 5.00)	100%
4. I am satisfied with the overall educational value of this simulation experience (mean = 5.00)	100%
5. I think I will continue to reflect on and learn from this experience (mean = 5.00)	100%
1. How likely are you to change your practice behaviors when dealing with patients at risk for OUD? (mean = 4.67)	100%
2. How likely are you to obtain MAT waiver to prescribe buprenorphine for treating Opioid Use Disorder (OUD) in the future (mean = 4.75)	92%

Day 1 – Wednesday June 28, 2023				Day 1 – Wednesday June 28, 2023			
Time	Location	Attendees	Topic	Time	Location	Attendees	Topic
8:15	Courtyard Marriott Lobby	Ana Marin Cachu will meet Ann Marie Hart and Elizabeth Wytychak	Walk from the Marriott Hotel to Betty Irene Moore Hall (BIMH) Room 1155	11:30am – 12:00pm [30 MIN]	Primary Care Room: BIMH 1602	Primary Care Room: BIMH 1602 – Zoom session 1. Carrie Garland, MS, FNP-BC 2. Jessamyn Phillips, DNP, FNP-C 3. Mary "Ginny" Spemoga, MPH, MAN, AGPCNP, APRN-BC 4. Taña Leon Toscano, MSN, FNP, NP-C, CPN <u>Site Visitor</u>	Meet with Alumni
8:30am – 9:45am [75 MIN]	Room: BIMH 1155 Continental Breakfast Provided	<u>UC Davis Team</u> 1. Ana Marin Cachu, MPH Director, Clinical Practice Development; Advanced NP PRACTICE Program Manager 2. Christi Delemos, MS, CNRN, ACNP-BC Chief Advanced Practice, UC Davis Health 3. Christine Williams, MSN, RN, CNS Interim Chief Nursing and Patient Care Services Officer, UC Davis Health 4. Danise Seaters, MS, ACNP-BC Director of Advanced Practice Education and Fellowships 5. Deb Bakerjian, PhD, APRN, FNP, FAANP, FGSA, FAAN Interim Associate Dean for Practice; Director Advanced NP PRACTICE 6. Jonathan Kwan, MPH Education and Policy Analyst 7. Laura Van Auker, DNP, FNP-BC Associate Director, Advanced NP PRACTICE 8. Molly Acton, MHA Operations and Logistics Lead 9. Stephen Cavanagh, PhD, RN, MPA, FAAN Dean Betty Irene Moore School of Nursing <u>Site Visitors</u> 1. Ann Marie Hart, PhD, FNP-BC, FAAN 2. Elizabeth Wytychak, MSN, ARNP, FNP-C 3. Pat Dennehy, DNP, NP-C, FAAN	Welcome and Meeting with Senior Leadership Introductions Consortium Presentation UC Davis Advanced Practice Provider Transition to Practice Program Presentation	12:00pm – 12:25 pm [25MIN]	Room: BIMH 2603 Lunch provided	1. APP Fellows and NP residents 2. Pamela Wu, UC Davis Health Director of News & Media Relations <u>Site Visitors</u>	Pamela Wu, UC Davis Health Director of News & Media Relations
9:45am – 10:15am [30 MIN]	Room: BIMH 1155	<u>UC Davis Team</u> 1. Christi Delemos, MS, CNRN, ACNP-BC Chief Advanced Practice UCDH 2. Danise Seaters, MS, ACNP-BC Director of Advanced Practice 3. Deb Bakerjian, PhD, APRN, FNP, FAANP, FGSA, FAAN Interim Associate Dean for Practice; Director Advanced NP PRACTICE 4. Holly Evans, MBA, SHRM-SCP Assistant Dean for Administration, Betty Irene Moore School of Nursing 5. Jennifer Gouine, MA Sponsored Programs Analyst <u>Site Visitors</u> 1. Ann Marie Hart, PhD, FNP-BC, FAAN 2. Elizabeth Wytychak, MSN, ARNP, FNP-C 3. Pat Dennehy, DNP, NP-C, FAAN	Meet with Program Leads and Assistant Dean for Administration and Finance	12:25pm – 12:30pm [5 MIN]		TRANSITION TIME PRIMARY CARE BIMH 1602 SPECIALTY CARE BIMH 1155	Walk to the conference room to meet with program preceptors.
				12:30pm – 1:00pm [30 MIN]	PRIMARY CARE Room BIMH 1602 SPECIALTY CARE Room BIMH 1155	Primary Care Room: BIMH 1602 – Zoom 1. Heather Vierra MD, Internal Medicine Clinical Professor 2. Mitch Ratanasen MD, Pediatrics Clinical Professor at UC Davis School of Medicine, <u>Site Visitor</u> Specialty Care Room: BIMH 1155 in person 1. Alana Rothman MSN, FNP-BC (Oncology APP Supervisor) 2. Charity Tan, MSN, ACNP-BC, CDCES, BC-ADM (In-Patient Glycemic Team NP) 3. Jennifer McGrath, MS, AGACNP-BC (Trauma Surgery NP) <u>Site Visitors</u>	Meet with program preceptors
				1:00pm – 1:30pm [30 MIN]	Room: BIMH 1155	<u>Credentialing</u> 1. Ana Marin Cachu, MPH, Director, Clinical Practice Development; 2. Apple-Balmaceda, CPCS Medical Staff Services Specialist, UCDH 3. Danise Seaters, MS, ACNP-BC Director of Advanced Practice 4. Molly Acton, MHA Operations and Logistics Lead <u>Site Visitors</u>	Meet with credentialing
				1:30pm – 2:00pm [30 MIN]	Room: BIMH 1155	<u>Academic Personnel & Program Leads</u> 1. Ana Marin Cachu, MPH, Director, Clinical Practice Development; Advanced NP PRACTICE Program Manager 2. Danise Seaters, MS, ACNP-BC Director of Advanced Practice 3. Michelle Dann, HR and Academic Personnel Analyst <u>Site Visitors</u> 1. Ann Marie Hart, PhD, FNP-BC, FAAN 2. Elizabeth Wytychak, MSN, ARNP, FNP-C 3. Pat Dennehy, DNP, NP-C, FAAN	Meet with academic personnel

Summary

- Ensure your program follows best practices – Use the Book!
- Optimizing your accreditation process
 - Know the standards
 - Use the standards as a guideline to build or revise to align your program
 - Develop a team of experts to work in your team & include in self-study
 - Use the team to write & review your self-study including those most familiar with the activities related to the standard
 - Ensure strong evaluation processes and active RCQI process
 - ✓ Individual resident/fellow
 - ✓ Group & program
 - Capture and share residency/fellowship outcomes
- Spend adequate time to plan your self study – it can take weeks to months
- Schedule the site visit optimally when appropriate participants are available
- Welcome the site visitors – they are there to learn & always have good advice
- When you receive response from accreditors, review & implement their suggested changes

Applied for Accreditation July 5, 2022



NOTIFICATION OF INTENT TO APPLY FOR ACCREDITATION OF A NURSE PRACTITIONER RESIDENCY OR FELLOWSHIP TRAINING PROGRAM

The NNPRFTC exists to support new and ongoing postgraduate training programs for nurse practitioners in the achievement and maintenance of the highest standards of rigor and quality, consistent with achieving the goal of an expert healthcare workforce prepared to meet the needs of patients and the society as a whole.



ORGANIZATION INFORMATION:					
Name Of Organization:	Betty Irene Moore School of Nursing at UC Davis				
Address:	2570 48 th Street, Suite 2500				
City:	Sacramento	State:	CA	Zip Code:	95817
Phone:	916.734.7124	Fax:			
Website:	https://health.ucdavis.edu/nursing/				



The Accreditation Commission of the
Consortium for Advanced Practice Providers

attests that

University of California Davis Health

Advanced Practice Provider Transition to Practice Program (TPP) Fellowship

was reviewed on

and was found to meet or exceed the standards and requirements of the Accreditation Commission Standards,
and therefore the Accreditation Commission grants this

Certificate of Accreditation

August 17, 2023

Date of Accreditation

August 17, 2026

Date of Next Evaluation



DoQuyen Huynh, DNP, FNP; Accreditation Commission Chair

Margaret Flinter, PhD, APRN; Board of Directors Chair



Thank you!

Comments or questions?

Please email us at hs-ANPPR@ucdavis.edu



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

**Wellness Promotion and Cultivating
Resilience for APPs**



Promoting Wellness and Cultivating Resilience for Advanced Practice Providers

CARLIN CHI, MD

ANGELA TODD, PHD, FNP


PETALUMA HEALTH CENTER NURSE PRACTITIONER
AND PHYSICIAN ASSISTANT RESIDENCY PROGRAM

Financial Disclosures/Conflicts of Interest

None




Objectives

- Define burnout as it pertains to the new graduate advanced practice provider (APP)
 - List five causes of burnout in the new graduate APP
 - Identify actions and resources that support wellness and help build resilience in new graduate APPs
 - Develop strategies to incorporate wellness and resiliency building into new graduate training programs
- 




- Federally Qualified Health Center, founded in 1994
- Multiple settings in semi-rural/rural/suburban areas with 2 large sites, 1 smaller site, and presence in several areas within the community (mobile clinic, schools, local homeless shelter)
- Plans to merge with another larger health center site in 2025
- 40,000 plus unique patients
- Patient-centered medical home including OB GYN, behavioral health, and dental services
- In-house specialties including podiatry, neurology, psychiatry

Nurse Practitioner and Physician Assistant Residency Program

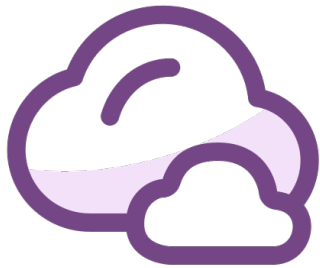
- Inspired in part by the clear need for improved ability to support new graduate wellness and increase retention
 - Structured 12-month program designed to enhance knowledge and skills as new graduate APPs begin their careers
 - Launched in February 2018
 - Funding from HRSA grants in 2020 and 2023
 - Accredited through the Consortium 2021 and 2024
 - Affiliation with UCSF School of Nursing
 - 25 graduates to date
- 

Fellowship Year

- PHC recognizes that starting a career as a new provider has many challenges and individuals need transitional support as they continue to cultivate efficiency, competence, and confidence in their role
 - Launched winter of 2022
 - Bridge between residency and independent practice
 - Increased independence with supports built in to ease transition and promote wellness
- 

slido


Please download and install the Slido app on all computers you use



What do you think of when you consider “wellness” in the context of being a healthcare provider?

① Start presenting to display the poll results on this slide.

The Importance of Wellness and Resilience in Healthcare

- *“Promoting wellness for trainees and faculty is a critical tool for reducing compassion fatigue, promoting individual well-being, job satisfaction and retention, and delivering high-quality patient care.”*
 - *“Resilience is ‘the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands’”*
 - *“Resilience is built by individuals and is not an innate personality characteristic ”*
- 



Medical Students' Take on Wellness

"Genuine commitment to my communities [...] showing up as a contributing, compassionate, and empathic member of my personal and professional communities in a way that is meaningful to my mental wellbeing and stimulating for others"

"Opportunity to be and do what is most needed and valued"


"Gaining personal satisfaction and enrichment from one's work"

Burnout and Compassion Fatigue



- *“Compassion fatigue is the physical and mental exhaustion and potential resultant emotional withdrawal that occurs when healthcare professionals care for critically ill or traumatized individuals over an extended period”*
- *“Burnout is caused by an accumulation of everyday stresses, can lead to depersonalization, and reduced empathy”*
- *“Both compassion fatigue and burnout can lead to risks in overall individual wellness and may impact patient care outcomes”*


Provider Stressors and Possible Causes of Burnout

1. Providing compassionate care for complex patients with higher healthcare needs while maintaining personal and professional boundaries
 2. Lack of confidence in medical knowledge and patient-care skills while feeling pressure to learn and do more
 3. Workload overwhelm
 4. Isolation and/or disconnection from a supportive community of providers
 5. Lack of control over work content and structure
 6. EMR overwhelm
 7. Financial challenges
- 

Can we target each of these areas of vulnerability to improve wellness and build resilience to help facilitate and support longevity in careers in primary care?




Complex Care for High-Needs Patients while Maintaining Boundaries

- Collaborative team-based structure with work flow and staffing that supports cooperation and delegation
 - Supportive provider community
 - Comprehensive orientation
 - Informal consultation via online chat group (WebEx)
 - Consistent precepting with a max. 3:1 ratio for residents
 - Addition of the fellow year option to continue to build these foundational skills
- 

Complex Care for High-Needs Patients while Maintaining Boundaries

- **Bimonthly resident support group facilitated by lead behavioral health provider**
 - Modeled after physician residency support or Balint groups
 - Confidential safe space to talk about issues that come up in work and program
 - Group support continues into the fellowship year
- **Mentoring**
 - Multidisciplinary team-based mentorship approach
 - Mentorship clinic for residents
 - Specific communication surrounding how to build and maintain professional boundaries

Lack of Confidence in Knowledge and Skills

- Consistent precepting by dedicated and trained clinic faculty; residents can become close to individual preceptors who know them and their abilities well
 - Consistent feedback (formal and informal)
 - Mentorship by small group of core faculty
 - Weekly didactics led by expert providers in both core primary care and specialty content areas
 - Hands-on procedural training seminars
 - Specialty rotations
 - Learning resource library (lecture content, hard copy clinical text books, Up to Date)
 - Fellow year with two hour weekly case review gives more time to develop confidence
- 

Workload Overwhelm

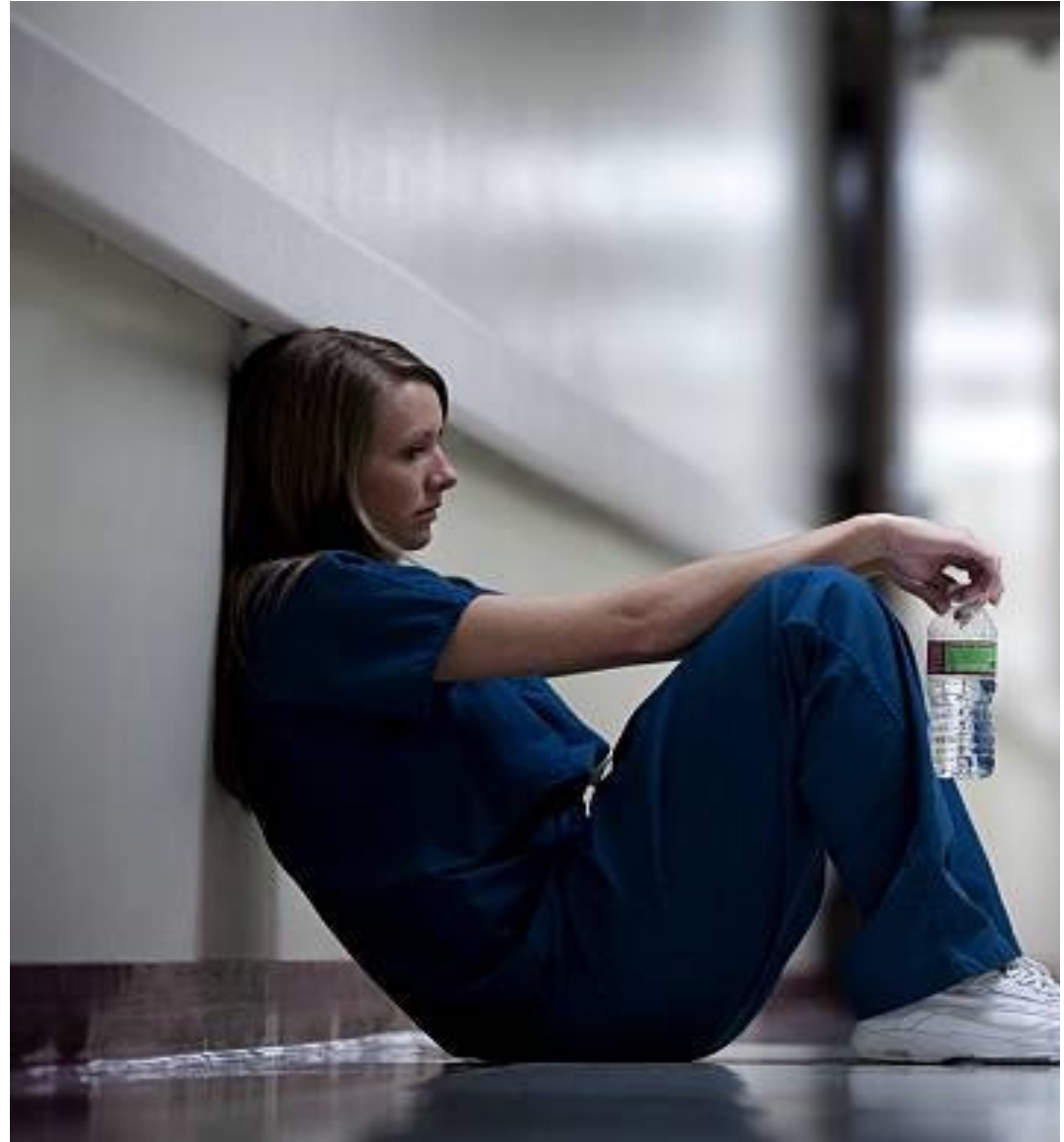
- Residency program allows for gradual “ramp up” of patient visits, continuing in fellow year
- Efficiency training and retraining with emphasis on best practices in documentation
- Team structure provides the ability to delegate certain work to pools of medical assistants and nurses
- **Clinical support team:**
 - recent innovation for whole health center,
 - dedicated team of providers who cover inboxes during PTO as well as overflow work for highly paneled providers
 - Provides access to truly restorative time off without worry for patients or work “building up”

Isolation and/or Disconnection from a Community of New Providers


New grad APPs can feel isolated and disconnected, imposter syndrome may make this even worse.

Bimonthly resident support group and a close cohort connection through weekly didactics and shared clinic experiences can help mitigate this.

One driver in creating the fellow program was to provide this sense of cohort that was lost after finishing the residency year.



Lack of Control of Work Content/Structure


- Residency director and faculty are open to feedback on structure of program and issues that arise
 - Critical importance is placed on residents feeling heard when they provide feedback
 - Flexibility of the program and clinic faculty allow for necessary changes to be made swiftly
 - Application of changes and follow up to feedback help residents feel trust and confidence in the program
 - Fellow year new grads have more flexibility with schedule
 - Encouragement in the fellow year to take on a project in an area of interest/specialization and/or to seek out leadership opportunities
- 



EMR Overwhelm

- Training and encouragement to chart in real time to promote efficiency
- Training on "non-visit work" or inbox management
- EMR trainers on-site and available to help with tricky EMR situations
- Monthly team-based EMR training sessions
- Team directors provide observation and coaching in fellow year

Financial Challenges

- Competitive salary for new-graduate residency program
 - Complete benefits package for residents including specific wellness resources (chiro, acupuncture, subscription to Talkspace, discounted gym membership)
 - Significant salary increase in the fellowship year (including the possibility of differential pay)
 - Loan repayment resource navigation and support
- 

Thoughts from our Current Residents:


“The wellness services provided during my residency have significantly impacted my personal well-being. Twice monthly group therapy has offered a safe space to share the experience and challenges of being a new provider, fostering a sense of community with the other residents and reducing feelings of isolation. The gym membership has encouraged me to prioritize physical health, which has been instrumental for managing my lifestyle.

Additionally, the inbox clearing on days off has been invaluable, allowing me to recharge without the burden of lingering responsibilities when we return from vacation. Finally, the overall supportive environment from our fellow clinicians have made a profound difference. Their encouragement and camaraderie have made the residency experience more manageable and fulfilling. The people we work with here at Petaluma Health Center are the reason many of us will return for another year. Overall, these services have collectively enhanced my well-being and helped me navigate the demands of residency with greater ease.”



Future Directions

Continued work on early career development for all providers

- Continued assessment and review of Residency program curricula and training for both preceptors and residents
 - Flexibility in applying feedback and changes to mitigate stressors and facilitate optimal wellness
 - Fellow program provides further transition to independent practice
 - Fellowship year also includes the goal of having each APP provider have an area of specialization
 - Early career considerations of long term goals: specialization, teaching, leadership
 - Examining and implementing strategies to enhance APP retention
 - Growth of the clinical support team
- 



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CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

11:45am-12:30pm

Lunch and Exhibitors

12:30pm-1:00pm

Poster Presentations

1:00- Move into Breakout Sessions- Tracks 1 and 2



Break-Out Sessions from 1:00-3:15pm

Setting the standard
for postgraduate training

Attendees choose **Track One** or **Track Two**

Track One- in Crystal Ballroom

Track Two- Emerald Ballroom

SESSION	TRACK ONE: New Programs	TRACK TWO: Existing Programs
Session 1 1:00–2:00 p.m.	<p>The Predictability of the 12 Month Program (Structure, Design and Timeline)</p> <p>Presenter: Charise Corsino, MA, Program Director, Nurse Practitioner Residency Programs at Community Health Center, Inc.</p> <p>Moderator: Michael Glorioso, BA, Residency Program Coordinator at HealthLinc</p>	<p>Current State of the APP Workforce and the State of APP Postgraduate Training</p> <p>Presenter: Margaret Flinter, PhD, APRN, FNP-c, FAAN, FAANP, Chairperson of the Consortium for Advanced Practice Providers, Senior Vice President & Clinical Director of the Moses/Weitzman Health System and Community Health Center, Inc.</p> <p>Moderator: Shannon Fitzgerald, MSN, ARNP, Board Member, Consortium for Advanced Practice Providers, Consultant & Former Chief, Advanced Practice at Seattle Children’s Hospital, Bainbridge Pediatrics</p>
Session 2 2:15–3:15 p.m.	<p>Setting the Stage for Preceptors (Tips for Success for Preceptors)</p> <p>Presenter: Kathryn Cronin, MSN, ACNP, ACHPN, Director of Nurse Practitioner Practice at the Los Angeles County Department of Health Services</p> <p>Moderator: Patricia Dennehy, DNP, NP-C, FAAN, Vice Chair of the Consortium for Advanced Practice Providers Board of Directors, Chair of the Membership Committee</p>	<p>Program Expansion: The How, When and Why to Enhance and Expand Your Postgraduate APP Program</p> <p>Presenter: Jean Reidy, DNP, MPH, ANP-C, NEA-BC, FAANP, SMD & VP, Advanced Practice Providers & Clinical Fellowships at Oak Street Health</p> <p>Moderator: Nicole Seagriff, DNP, APRN, FNP-BC, Vice President, Western Region, at Community Health Center, Inc.</p>



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Welcome Back

**Think with Your Hands: Enhancing
Collaboration through Play and Creativity**



Think with your Hands: Enhancing Collaboration through Play and Creativity

Elena Giorgetti, PCC, COC
July 23, 2024

Events using the LEGO® SERIOUS PLAY® approach, method and materials build on the LEGO® SERIOUS PLAY® Open-source guidelines made available by the LEGO® Group under a Creative Commons license.

©2020 The LEGO Group – LEGO® SERIOUS PLAY®, the Minifigure and the Brick and Knob configurations are trademarks of the LEGO® Group, which does not sponsor, authorise or endorse this workshop – more details at [<https://www.lego.com/en-us/seriousplay/contact>].

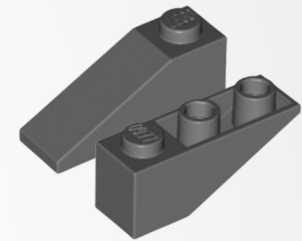
LEARNING OBJECTIVES

- **Learn** how to explain LSP methodology in your workplace
- **Practice** how you can create and share a metaphor of your reality with others through LSP
- **Prepare** to describe how your built model represents your style of creative communication

Lego ® Serious Play ®



Change the process, change the outcome





WSJ

Lego Serious Play training workshops have been used by the U.S. Naval Warfare Division, Harvard Business School and a host of industries. PHOTO ILLUSTRATION BY THE WALL STREET JOURNAL, JULIA VANDENOEVER FOR THE WALL STREET JOURNAL (8)

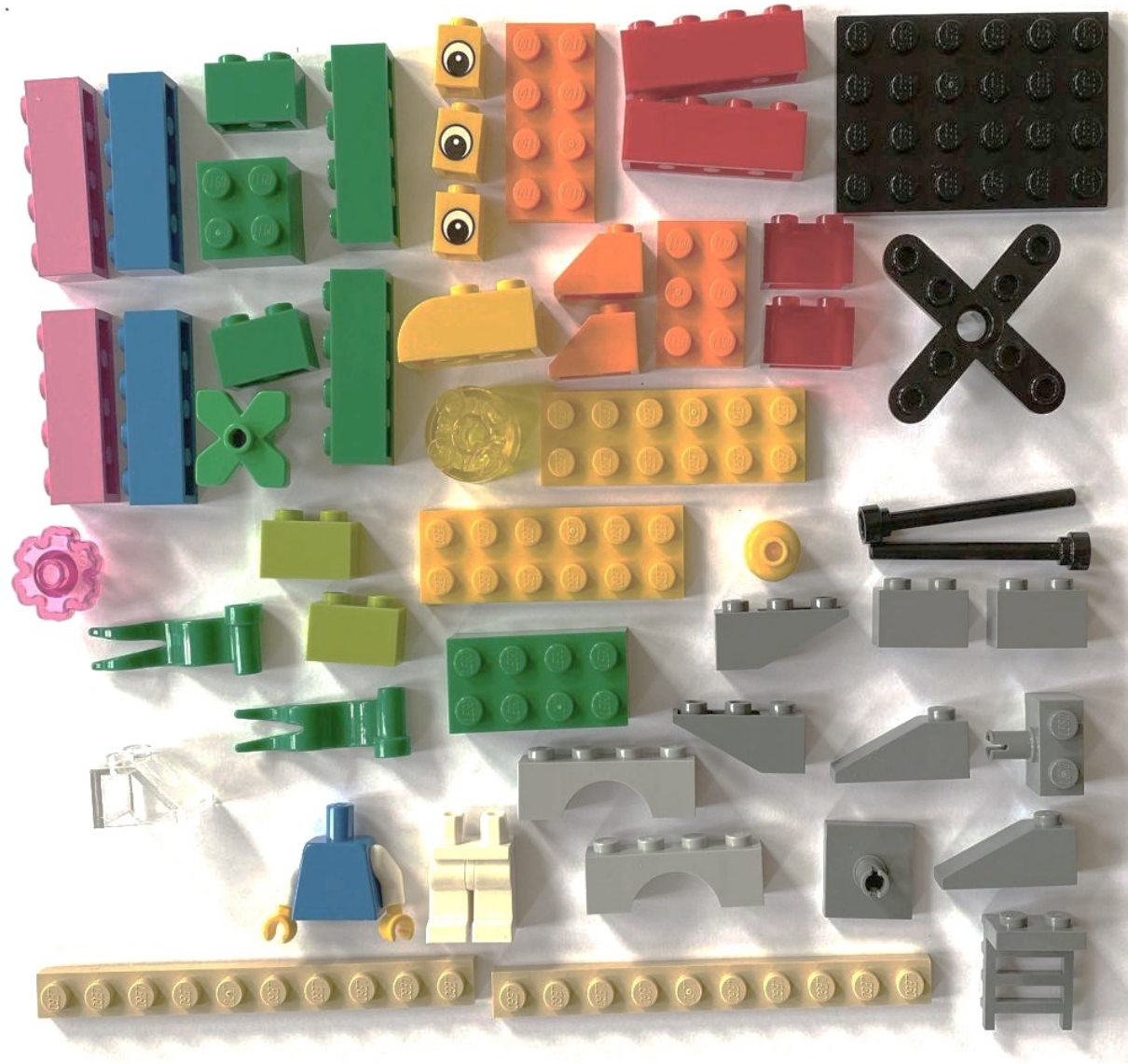
HEALTH & WELLNESS

Why More Companies Are Putting Lego Bricks in the Office

Executives believe bringing in the colorful brick toys helps with creativity, anxiety and communication



LEGO®
WINDOW
EXPLORATION
BAG



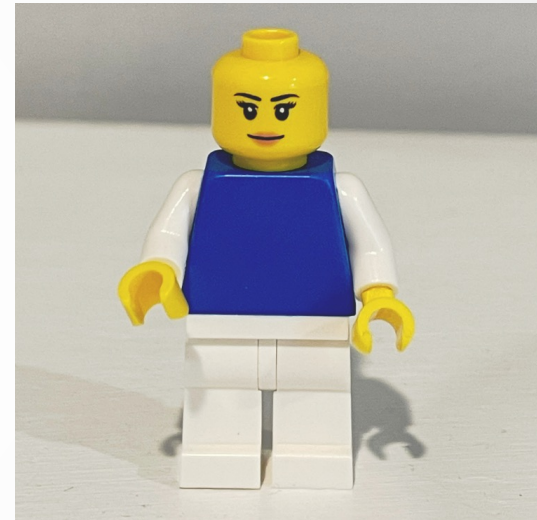
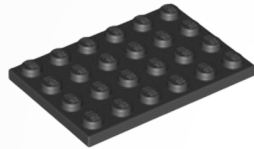
Keys to Purposeful Play

- Tell your Story → Stay on Topic
- Tap and Tell
- Listen Generously – Be Curious!
- Question the Build NOT the Builder
- Keep an Open Mind
- **Have FUN!!**



Warm-up Activity: “The Tower”

- **Find your Baseplate**
- **Build** a tower (3 min)
- **Listen** for the wrap up sound

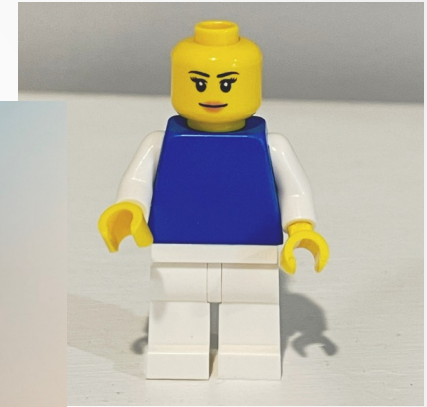


If you don't know where to start, let your hands be your guide



Describe “The Tower”

- Hold up your tower
- **SHARE** your Story



It's time to Play (Seriously!)

Learners:

**Build something that
represents your
learning style**

Educators:

**Build something that
represents your
teaching style**

Administrators:

**Build something that
represents your
leadership style**

You have 5 mins

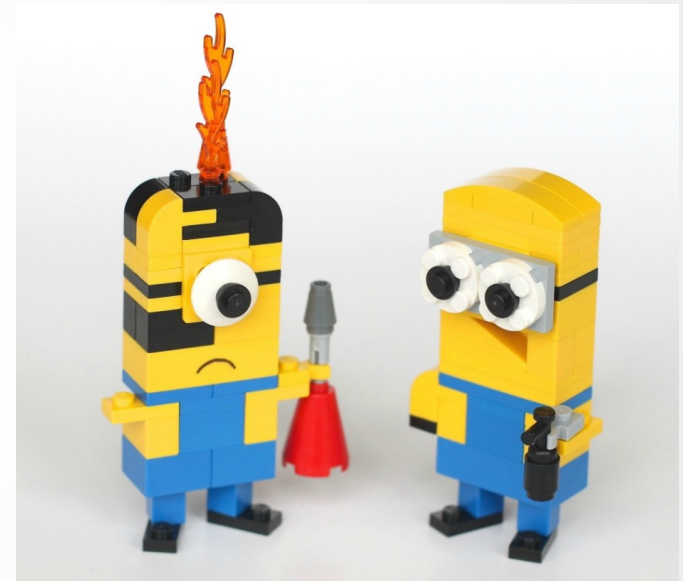
Think metaphors!





Share & Reflect

- **Turn to your neighbor** and share (1 min)
- **Stand up** and share again! (1 min)
- **Share** common themes (back at your table)



Take Your Build Back To Your Workplace





*Thank
you!*

Elena Giorgetti, PCC, COC



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Closing- Conference Wrap up



Evaluations and Conference Materials

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7th Annual Conference:
Collaboration, Support, and Community
in Postgraduate APP Training

How to Claim CE Credit?

For the conference, we are partnering with the Weitzman Institute so that you can claim CE credits.

To claim CE credits, you will need to do the following steps:

1. Create an account or login into your existing account on the Weitzman Institute Platform at education.weitzmaninstitute.org/

2. Go to the 2024 Conference Activity Page and enroll in the activity. Access the credit claiming activity by scanning the QR Code on the right.



3. After each session, select the session title and complete the session evaluation. At the end of the conference, you will be able to download your conference certificate.



If needed, reference step-by-step instructions on how to claim credits by scanning the QR Code on the left.

Complete the Conference Presentation Evaluations in the Weitzman Institute Platform to claim your CE certificate

Overall Conference Evaluation:

https://chc1.iad1.qualtrics.com/jfe/form/SV_2aiqPaMvG8Ahg5U

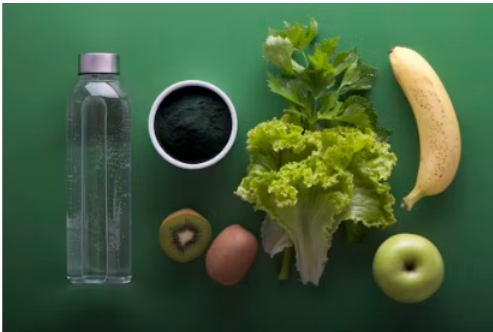
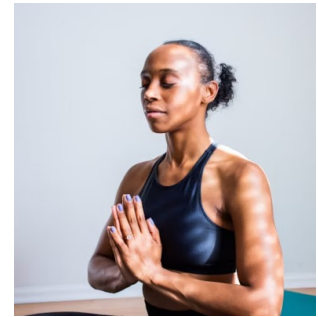
Conference Materials:

[2024 Consortium for Advanced Practice Providers Conference Resources \(appostgradtraining.com\)](https://www.appostgradtraining.com)

Cultivating Resilience for APP Postgraduate Trainees and Staff



SESSION	LEARNING OBJECTIVES
<p>Session #1: An Invitation to Mindfully Stress-Less Thursday, November 14, 2024; 3–4 p.m. EDT <i>What are you thinking about right now? Dwelling on past regrets or worrying about the future?</i> Discover how mindfulness and meditation can relieve stress and cultivate resilience.</p>	<ol style="list-style-type: none"> 1.) Explain the relationship between mindfulness and meditation. 2.) Practice meditation. 3.) Identify symptoms of stress and burnout. 4.) Share ways to refresh oneself at work. 5.) Recognize the impact of self-care on patient-care.
<p>Session #2: Cultivating Kindness and Your Own Self-Compassion Thursday, January 16, 2025; 3–4 p.m. EDT <i>Are you as kind to yourself as you are to others? Who cares for the caregiver?</i> Research studies support the benefits of knowing how to calm and befriend yourself, especially during challenging times. We will explore ways to loosen the reins of self-judgment and impossible expectations.</p>	<ol style="list-style-type: none"> 1.) Describe the symptoms of burnout and compassion fatigue. 2.) Identify three elements of self-compassion. 3.) Practice the loving kindness meditation. 4.) Share ways to cultivate kindness and nourish self-compassion. 5.) Acknowledge the impact of self-care on patient-care.
<p>Session #3: Gaining Your Foothold When Things Fall Apart Thursday, April 17, 2025; 3–4 p.m. EDT <i>Everything rises. Everything falls away.</i> Searching for guideposts during shaky times of uncertainty? Totally normal! We tend to live with the illusion that we can control and predict the narrative of our lives. The reality is we all encounter inexplicable changes...some small; some life changing. Discover footholds to lighten the load when things fall apart.</p>	<ol style="list-style-type: none"> 1.) Understand the natural flow of the change cycle. 2.) Identify a mindfulness way to handle uncomfortable emotions. 3.) Practice meditation. 4.) Be familiar with the Triangle of Awareness.
<p>Session #4: The Power of Gratitude: Some People Say It's Vitamin G Thursday, June 19, 2025; 3–4 p.m. EDT <i>Have you had your Vitamin G today?</i> According to the Stoic philosophers, gratitude is one of the highest virtues. Research studies suggest that adults who frequently feel thankful have more energy, more optimism, more social connections, earn more money, sleep more soundly, exercise more regularly and have fewer health complaints. We will discover specific tools for cultivating the attitude of gratitude.</p>	<ol style="list-style-type: none"> 1.) Describe the categories of gratitude. 2.) Explain the main obstacles for expressing gratitude. 3.) Practice meditation. 4.) Identify specific ways to nurture the process of gratitude.



This is an opportunity for APPs and Trainees to participate in a 4-part, CE-approved seminar series on Cultivating Resilience from November 2024-June 2025

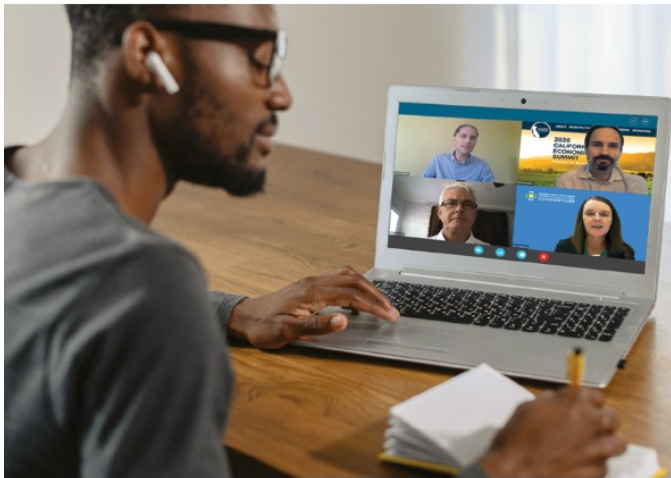
- Are you considering Accreditation?
- Would you like to learn more about accreditation?
- Do you have accreditation or re-accreditation questions?
- Do you want to meet together with other programs in the Accreditation Process?



Join Consortium Staff, Accreditation Site Visitors, Accreditation Commissioners and Accredited Programs during the Consortium's Accreditation Office hours



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Thank You to Our Exhibitors!

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Please visit the Exhibitors during the dedicated refreshment breaks



Information about our exhibitors is located here:

<https://www.appostgradtraining.com/2024-consortium-for-advanced-practice-providers-conference-resources/>



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Thanks Everyone!