



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2024 Annual Conference:

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



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TRACK ONE: New Programs

**Newly Developed and Soon-to-be Developing
Postgraduate APP Programs: Program Planning,
Launching and Support**

TRACK ONE Crystal Ballroom

SETTING THE STAGE FOR PRECEPTORS

TIPS FOR SUCCESS

KATHRYN CRONIN, MSN, ACNP-BC
MODERATOR- PAT DENNEHY, DNP, FNP, FAAN



OBJECTIVES

1. Identify three key factors when identifying preceptors.
2. Understand the importance of involving your preceptors in developing your program.
3. Designate and plan for remediation strategies.



ASSESS AND PLAN

- Select the best team of preceptors
- What training will you need to provide
- How can you schedule this
- Who will mentor the preceptors
- How to train if you need to add a new preceptor during the year



CONSIDERATIONS WHEN SELECTING YOUR TEAM

- Availability
- Enthusiasm – Volunteer is far better than “Volun-told”
- Clinical Experience
- Teaching Experience



ARRANGE FOR INITIAL AND ONGOING PRECEPTOR TRAINING

- Either in-house or at conferences
- Include best practice models for clinical settings
- Plan ongoing training and mentoring
- This is not a one-and-done

MORE ON TRAINING....

- This is a new teaching experience for most APPs – they have a learning curve as well.
- Consider including mentors in preceptor training as well
- Must impress that the learner must be very self-directed
- Impress early that their residents are not graduate-level students.

INCLUSION AND COMMUNICATION

- **Include the preceptors in program planning**
 - Planning committee, Resident Advisory Committee
- **Create and communicate clear expectations**
 - They must be committed to the resident's success
 - The Program Director must provide direct feedback on the evaluation process



CREATE YOUR PROGRAM BASED ON STANDARDS

- Use established standards as a guideline for your program
- Your program handbook is key to documenting details and guidelines for all stakeholders
- Get buy-in and contributions to your handbook from preceptors

GETTING STARTED – BE DELIBERATE



SET STANDARDS FOR RESIDENCY

HOURS, DRESS CODE, SCHEDULE AND HOW THE RAMP UP WILL BE CONDUCTED.



USE DELIBERATE PRACTICE

WELCOME LETTERS FROM PRECEPTORS TO NEWLY SELECTED RESIDENTS TO BEGIN TO ESTABLISH THE CONNECTION.



SET EXPECTATIONS FOR RESIDENTS

THEY WILL NEED TO READ IN THEIR OFF TIME
COME TO CLINIC PREPARED
BE ACTIVE LEARNERS



ENSURE THE PRECEPTORS PATIENT LOAD IS APPROPRIATE

TO ALLOW OPTIMAL TEACHING AND REVIEW.



ASSIGN PATIENTS FROM SCHEDULE AND PRE-PLAN VISITS

SO RESIDENTS CAN BE FAMILIAR WITH CASES AND HAVE TIME TO READ ABOUT MEDICATIONS, AND BEST PRACTICES FOR PARTICULAR CASES.

Quarter 1		March*	April	May	Total Visits/Quarter in Residency Sessions
Resident	AM	2	3	3	53
2x per week, 4 weeks per month	PM	2	3	3	53
Preceptor	AM	2	2	3	56
2x per week, 4 weeks per month	PM	2	2	3	56
					240
Quarter 2		April	May	June	Total Visits/Quarter in Residency Sessions
Resident	AM	4	4	5	104
2x per week, 4 weeks per month	PM	3	4	4	88
Preceptor	AM	4	4	4	96
2x per week, 4 weeks per month	PM	4	4	4	96
					384

FEEDBACK – 360 DEGREES



- Schedule regular meetings with the program director and preceptors for ongoing support and feedback on the program
- Ask for feedback from the residents
- Objective and private
- Must recognize positive actions and opportunities for improvement

EVALUATIONS

- Train and assist new preceptors using tools created by the program
- Provide mentoring for the preceptors on giving feedback to their residents – this should take place in real-time, not just in formal evaluations
- Use an agreed-upon, standardized format. An electronic form is ideal for ease of use and data collection.

REMEDIATION

- Not the job of the preceptor
- Be clear about the problem – what is the issue?
- Program director and staff must assist and create a plan for improvement
- Keep leadership advised on any issues with the resident – or the preceptor



LESSONS LEARNED

- Limit schedule changes as much as possible
- Remind preceptors to use brief teaching methods in the clinic, e.g. One Minute Preceptor, SNAPPS
- Encourage them to give “homework”
- “Life happens while you’re busy making other plans...”



RECOGNITION AND APPRECIATION

PRECEPTING TAKES TIME AND
EFFORT

THANK YOU

Kat Cronin

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CONSORTIUM

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Setting the standard for postgraduate training

Refreshment Break

Session Two will begin at 2:15pm

The Predictability of the 12 Month Program

Structure, Design, and Timeline



Charise Corsino, MA
NP Residency Program Director
COMMUNITY HEALTH CENTER, INC.



Learning Objectives

- Learn about the basic program structure and key elements of a postgraduate training program
- Understand the predictable 12-month timeline of a postgraduate training program and key milestones
- Identify the key planning points required to implement a successful postgraduate training program



CHCI NP Residency Program



Family NP Residency



Pediatric NP Residency



Psychiatric MH NP Residency



Country's first program (est. 2007)
Operating for 17 years
Graduated 155 alumni

Recipient of three competitive HRSA grants for
Advanced Nursing Education

NP Residency Tracks:

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



Before you get started

PROGRAMMATIC RESOURCE ASSESSMENT	
PHYSICAL	HUMAN
<ol style="list-style-type: none"> 1. Have you identified the site will your residents be assigned? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified a dedicated workspace for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N 3. If Y to question 2, is the space integrated as part of a primary care team? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Do you have available conference space and video technology for weekly educational programming? <input type="checkbox"/> Y <input type="checkbox"/> N 	<ol style="list-style-type: none"> 1. Have you identified key program staff (if yes list positions)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified potential preceptors (NPs) or supervisors (Post Doc) for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 3. Have you identified potential specialty rotations for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Have you identified potential didactics/seminars presenters for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N
FINANCIAL	ORGANIZATIONAL
<ol style="list-style-type: none"> 1. Have you established the terms of employment (salary and benefits)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you developed a program budget? <input type="checkbox"/> Y <input type="checkbox"/> N 	<p>Have you discussed with the following departments about the launch of your post-graduate residency program?</p> <ul style="list-style-type: none"> • <u>Board of Directors</u> <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Leadership</u> – commitment to training program <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Human Resources</u> – recruitment, retention, onboarding, credentialing, benefits <input type="checkbox"/> Y <input type="checkbox"/> N • <u>IT</u> – hardware, software, EMR, conferencing technology <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Finance</u> - resident salaries/benefits, payroll, billing <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Operations</u> – scheduling, front desk <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Clinical Support staff</u> – support of clinical care for resident patient care experiences <input type="checkbox"/> Y <input type="checkbox"/> N



Core Elements of Postgraduate NP Residency

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care		Full Integration at Organization
	Team-based care Integrated care Inter-professional collaboration	Data driven QI Expert use of technology Primary care innovations	
Clinical Based Practice Experiences (80% of time) <ul style="list-style-type: none"> • Precepted Continuity Clinics (40%); Develop and manage a panel of patients with the exclusive and dedicated attention of an expert preceptor. • Specialty Rotations (20%); Experience in core specialty areas most commonly encountered in primary care, focused on building critical skills and knowledge for primary care practice. • Mentored Clinics (20%); Focused on diversity of chief complaints, efficiency, and acute care working within a variety of primary care teams. 		Education (20% of time) <ul style="list-style-type: none"> • Didactic Education - High volume and burden topics most commonly seen in primary care. • Project ECHO – Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and Substance Use Disorders. • Quality Improvement Training - Training to a high performance QI model, including frontline process improvement, collecting and reviewing data, and leadership development. 	



Putting It All Together – The Weekly Schedule

	Specialty/Mentored	Specialty/Mentored	Precepted Clinic	Didactic/Admin	Precepted Clinic
	Monday	Tuesday	Wednesday	Thursday	Friday
	3	4	5	6	7
AM	Mentored Clinic	Ortho	Precepted Clinic	9-11:30 Admin/11:30-1 Pain ECHO	Precepted Clinic
PM	Mentored Clinic	Ortho	Precepted Clinic	2-5 Didactic	Precepted Clinic
	10	11	12	13	14
AM	Mentored Clinic	Ortho	Precepted Clinic	8:30- 10am Monthly Cohort Meeting/ 10am - 11:30am Admin	Precepted Clinic
PM	Mentored Clinic	Ortho	Precepted Clinic	12-1:30 QI/2-5 Didactic	Precepted Clinic

Precepted clinic – typically 4 different preceptors; each for one half day

Mentored clinic –done at a variety of sites; opportunity to include non-preceptor providers

Specialty Rotation –1 day per week for 4 weeks. Rotations are on Monday or Tuesday alternating with mentored clinic

Education day – includes alternating educational components – Project ECHO, QI Seminar, Cohort Meeting, Office hours



Clinical Based Practice Experiences: Resources

Clinical Based Practice Experiences (80% of time)

- **Precepted Continuity Clinics (40%);** Develop and manage a panel of patients with the exclusive and dedicated attention of an expert preceptor.
- **Specialty Rotations (20%);** Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice.
- **Mentored Clinics (20%);** Focused on diversity of chief complaints, efficiency, and acute care working within a variety of primary care teams.

- What days will the clinical based practice experiences occur on?
- Who will be your preceptors and faculty? And what is their availability?
- Do you have the needed support staff for these days?
- What are the specialty rotations and availability of days of the week?



Precepted vs. Mentored Clinic

	Precepted Clinic	Mentored Clinic
Percent of Program Time	40%	20%
Frequency	4 sessions/week	2 sessions/week
Type of patient	Starting with initial visits, then including all visit types	Episodic/acute care, increases in complexity
Faculty	Preceptor	Mentor
Schedule	Preceptors are blocked from clinical care, resident have their own schedule and see patients on a progressive ramp up over the year	Mentors have their own schedule, residents see patients directly off the mentors schedule
Documentation	<ul style="list-style-type: none"> • Resident completes note • Preceptor reviews resident's documentation • Resident closes and locks the note 	<ul style="list-style-type: none"> • Resident completes note • Mentor reviews resident's documentation • Mentor closes and locks the note



Specialty Rotations

- Identify your rotations
 - Start with internal resources
 - External “wish list” – tap into your community contacts
- Create outlines and learning objectives
- Plan out rotations for the year
 - Start with 1 quarter at a time

Adult Psychiatry	Healthcare for the Homeless
Child and Adolescent Psychiatry	Center for Key Populations
Women’s Health	Urgent Care
Pediatrics	School Based Health Center
Orthopedics	Newborn Nursery



Specialty Rotation Schedule

	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY
Resident 1	CKP	OBGYN	WYA.	PSYCH	NEW-BORN	PEDS	SBHC	ORTHO	URGENT CARE	CHIRO
Resident 2	ORTHO	CKP	OBGYN	WYA	PSYCH	NEW-BORN	PEDS	SBHC	CHIRO	URGENT CARE



Developing Learning Objectives Specialty Rotations

- ❖ Each specialty rotation should have its own specific learning objectives
- ❖ What are the clinical knowledge and skills you want your trainees to obtain by participating in the rotation
- ❖ Tie in competency domains when possible
- ❖ Use objectives to build your evaluation

Example outline for specialty rotation objectives

1. Perform comprehensive history and physical exam
2. Know the appropriate screening and diagnostic tests to order including...
3. Identify clinical situations when appropriate to order a consult or e-consult
4. Know the appropriate medications commonly used in (specialty) including...
5. Assess for, diagnose, treat and manage common medical conditions experienced in (specialty) including...
6. Perform clinical procedures commonly see in (specialty) including...



Education: Resources

Education (20% of time)

- **Didactic Education** - High volume and burden topics most commonly seen in primary care.
- **Project ECHO** – Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and MOUD
- **Quality Improvement Training** - Training to a high performance QI model, including frontline process improvement, collecting and reviewing data, and leadership development

- What day(s) will education occur on?
- Who will be your faculty? And what topics do you want covered?
- What other educational resources do you have access to internally?
- What other educational resources would you like to potentially use?



Didactics Topics Examples

Pediatric Asthma	Pediatric Development	Women's Health	CKD
Diabetes	Pre-op Physicals	Dermatology	Common Pediatric Topics
Adult Psychiatry	CHF	Polypharmacy	Transgender Care
Jaundice	Dementia	Orthopedics	Vicarious Trauma
On-Call	Cardiac Ischemic	Myofascial Pain	Osteoporosis
Treating Trauma	Lab Values	Difficult Patient Encounters	ADHD
Hepatitis C	COPD	Smoking Cessation	How not to mess up and own it when you do
Hepatitis B	MAT	Transitions from resident to provider	Health Equity



Didactics

Topic	Presenter	Credentials	Title	Learning Objectives
Performing the Pre-Op Physical	Dan Wilensky	MD	Chief Preceptor and Medical Consultant to NP residency, CHC Clinician	<ol style="list-style-type: none">1. Gain comfort with the pre-op consultation2. Learn recognized language for the progress note3. Be able to decide on testing4. Anticipate lesser-considered issues and their implications



Other Ideas for Educational Content



- Resident case presentations
- Journal club
- Peer-share-teach
- Office Hours
- On-line Learning Platforms
 - ECG Academy
 - Medical Spanish
 - Prim-Med NP/PA Bootcamp
- Skills training
- LARC training
- Self-directed Learning
- Partnerships
 - Medical Residency
 - Other local NP Residencies
 - Academic Partner



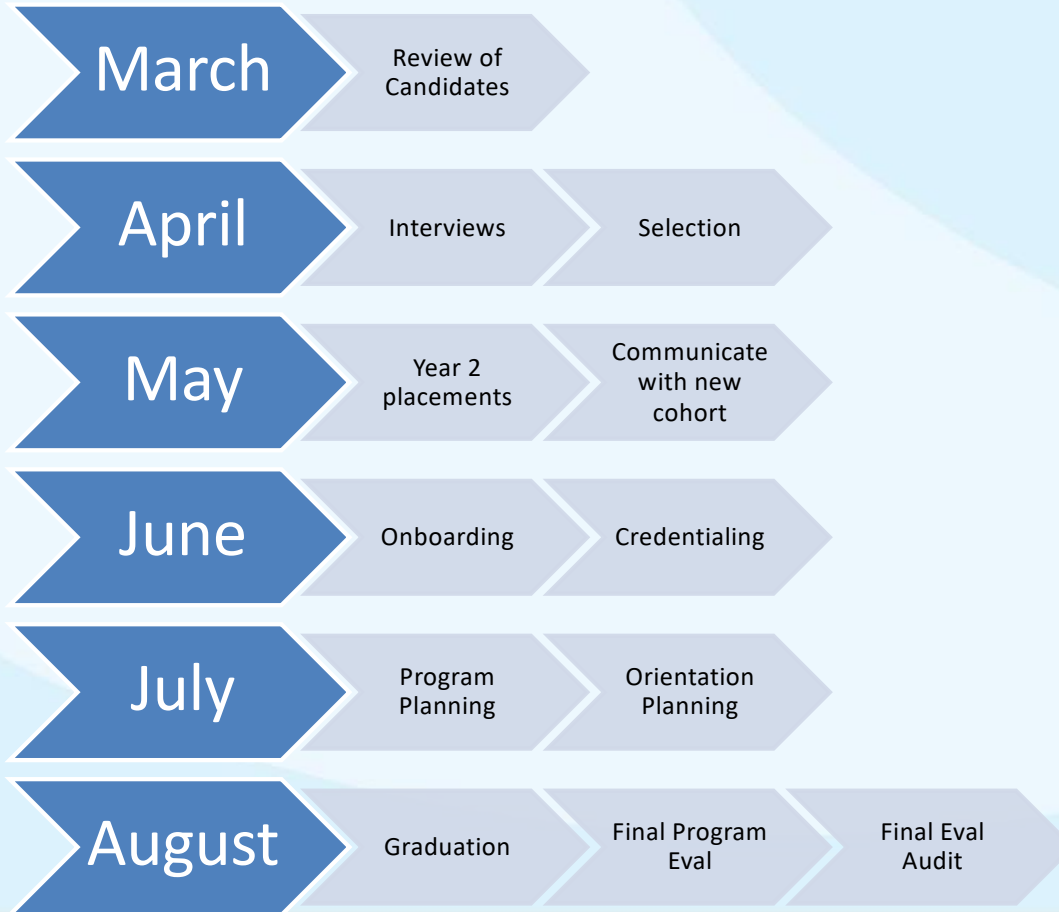
The Predictable 12 Month Timeline



The 12 Month Timeline: Months 1-6



The 12 Month Timeline: Months 7-12

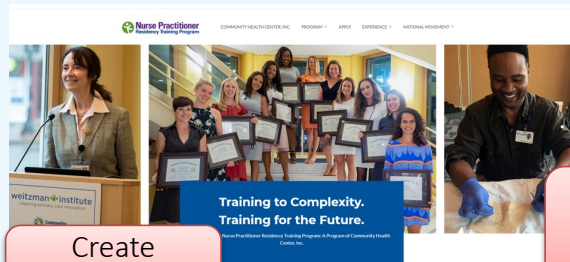


Major Planning Milestones

1. Recruitment
2. Orientation
3. Graduation



Marketing



Create Webpage

Program Email Address
NPR residency@



PRESS RELEASE

Media Contact:
Name:
Email:
Tel:

Press Release



Advertisement



Residency Application



Recruitment

- Develop a marketing & recruitment plan
 - How will you get the word out about your program to potential candidates?
- Create your recruitment timeline
 - Set time vs. rolling admissions
- Create an application
 - What is the most important information to collect and how will applications be submitted?
- Process for reviewing applications
 - Who will be involved in reviewing and what are the key qualifications you are looking for
- Interviews
 - Decide on the who, what, where, when
- Selection of Candidates
 - How many trainees will you take and develop agreed upon criteria on how to assess your applicants



Orientation

KEY COMPONENTS

Organizational New Hire Orientation	NP Residency Program Orientation	Community Orientation	EMR Training	Hands-on and Skills Based Training	Cohort and Team Building
Monday	Tuesday	Wednesday	Thursday	Friday	
2	3	4	5	6	
LABOR DAY CHC CLOSED	CHC NEW HIRE ORIENTATION	CHC NEW HIRE ORIENTATION	ECW TRAINING 8:30 TO 12:30 All Tracks Meeting – 1:30 19 Grand, Room 111	Online trainings Health Streams Oral Health training At home site	
9	10	11	12	13	
RESIDENCY PROGRAM ORIENTATION DAY 1	RESIDENCY PROGRAM ORIENTATION DAY 2	RESIDENCY PROGRAM ORIENTATION DAY 3	RESIDENCY PROGRAM PROCEDURES SKILLS TRAINING	SITE ORIENTATION At home site	
16	17	18	19	20	
MDTN Community Tour STAM Community Tour MER, NB, NL Shadowing	All day – 19 Grand, Community Room A Oral Health Training - 8:30 to 10 CMO Training - 11 to 5	ECW TRAINING 8:30 to 12:30 CNO Training 1:30 to 5 Comm A	ECW TRAINING 8:30 to 12:30 Integrated Care 1-2:30 Smoking Cessation 2:30 - 5 Room 309	STAND DOWN VA in Rocky Hill	
23	24	25	26	27	
Shadowing ALL sites	MER Community Tour NB, NL, MDN, STAM Shadowing	1 st precepted clinic	Hands on WH Training 8:30-11 – MERIDEN Kibner Room Immunizations Training 12:30-4:30 – 19 Grand, Room 111	Precepting NB Community Tour (no precepting)	



Graduation



- An opportunity to celebrate your residents - completion of the program
- An opportunity to acknowledge and thank your team/faculty

ADVICE:

- Start planning early
- Assemble a team
- Create a task list
- Document everything
- Make it special!



Graduation Planning Considerations

- Set a date and time
- Create a budget
- Chose a venue
 - At your organization
 - Off site
- Create a guest list
 - Residents, Faculty, Staff, Guests of residents
- Send Save-the-Dates
- Food
- Create a program
- Purchase a gift



Certificate of Completion

The Board of Directors and Officers of

Community Health Center, Inc.

Confer upon



MSN, APRN, FNP-BC

This certificate of completion of
The Family Nurse Practitioner
Postgraduate Residency Training Program

Awarded at Community Health Center this thirtieth day of August, 2018

Mark Massoli, President & CEO

Margaret Flintner, SVP & Clinical Director

Gary Rgid, Chairman of the Board



Program Accreditation

SETTING THE STANDARD FOR POSTGRADUATE TRAINING FOR NURSE PRACTITIONERS

< 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.

LEARN MORE



- Build your program around accreditation standards and requirements for your program
 - Accreditation provides external validation of rigor, quality, and high standards
- Resources for the development of a program (Accreditation standards and self study guide)

<https://www.APPpostgradtraining.com/>



Questions



Websites:

www.npresidency.com

www.chcl.com

www.weitzmaninstitute.org

Charise Corsino, MA

Program Director, Postgraduate Residency Training

Email: charise@chcl.com





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**The final General Session begins
at 3:30pm
in the Emerald Ballroom**