



HealthLinc's Family Nurse Practitioner Program
Handbook and Curriculum
2024-2025

Table of Content

Curriculum and Program Overview	Pages 3-21
Mission	Page 3
Goals	Page 3
Program Objectives	Page 3
General Roles & Responsibilities	Page 4-5
Precepted Clinic	Pages 6-7
Mentor Clinic	Pages 8-9
Special Rotations	Pages 10-11
Quality Project	Pages 12-13
Didactics	Pages 13-14
Scheduling Process/Ramp Up	Pages 15-16
Professional Development and Leadership Training	Page 17
Residency Grievances	Pages 18-20
Faculty	Page 21
Evaluations	Pages 22-27
Evaluation Plan	Page 22
Evaluation Timeline	Page 22-23
Evaluation-Preceptor/Mentor of the Resident	Page 23
Residency Meeting Plan	Pages 24-25
Coaching Session Form	Page 25
Note Review	Page 26
Procedures	Page 27
<u>Residency Call and PTO Request Process</u>	Page 28-29

Curriculum and Program Overview

Program Mission

We provide new nurse practitioners with enhanced training in a community health center setting that grows their confidence, fosters their mastery of skills, and allows them to gain competence in primary care practice.

Program Goals

Our program goals are based on the **I.C.A.R.E.S.** values of the Healthlinc organization.

- **Goal #1:** Embrace **Innovation** to grow and expand the FNP residency program as it seeks to be a model for FNP primary care practice in the Federally Qualified Health Center (FQHC) setting.
- **Goal #2:** Utilize **Collaboration** among preceptors, mentors, and specialty providers to align practice requirements within each community to assure the needs of patients are fulfilled.
- **Goals #3:** Increase **Access** to quality care by eliminating barriers through expanded training of FNP's during the residency program.
- **Goal #4:** Demonstrates **Respect** in all circumstance by consistently treating all persons with compassion and integrity.
- **Goal #5:** Achieve **Excellence** by providing best-in-class, patient care services in all aspects of the FNP residency program.
- **Goal #6:** Humbly provide **Servant Care** to all communities through advocacy activities including developing quality improvement projects and engaging in leadership practices that impact care for all patients.

Program Objectives

- The HealthLinc NP residency training program is an intense, one-year training program for new family nurse practitioners committed to developing careers in FQHCs and other safety net settings.
- Program components include:
 - Precepted clinical sessions
 - Specialty rotations
 - Formal didactic training in high volume/high complexity issues
 - Mentored Clinic
 - Participation in Project ECHO, QI
- Training new nurse practitioners to the model of community orientated primary care and the delivery of planned care to vulnerable populations
- To accomplish this, we utilize the skills/expertise of HealthLinc's medical staff providers (MDs and APRNs) through continuity clinics/precepted clinical sessions and skills clinics.

General Roles & Responsibilities

- Always arrive on time- If going to be late, let preceptor/mentor/specialist know
- Be prepared for the day ahead.
- Communicate with Preceptor/Mentor/Specialist
 - Know the best method- email, Teams, text, cell (see call in procedure)
- Communicate with Residency Program Coordinator (RPC) and Site Operations Director (SOD)/Assistant Site Operations Director (ASOD) any changes needed to schedule. *(please note that the Residency Program Coordinator will need to be **first point of contact** for any schedule changes)*
 - Please request time off in a timely manner, if possible, at least three months in advance
- Do not miss scheduled meetings unless otherwise instructed or on PTO.
- Be respectful of resident faculty and staff's time.
- Be aware of what is happening in the clinic you are in
 - Read emails and Teams messages in a timely manner.
- You are part of the team, speak up if you have questions or information to add to the conversation.
- Recognize areas for growth and development.
 - Clinically
 - Practice style
 - Leadership
- Seek out help! This program does not work if you do not take advantage of the resources we provide to you.
- Be cognitive of deadlines for projects.
- Complete all evaluations on time.
- Complete Procedure checklist and remind preceptor/mentor to sign off.
- Remember you are a **Provider** not a **student**, so you are ultimately responsible for what happens to your patients.
 - Complete Tasks/Documentation in a timely manner.
- Always remember you are not only representative of HealthLinc and of the residency program but also the Nurse Practitioner profession.
- Lastly You will get what you put into the program – If you put in 100%, you'll get 100% out of it.

Role Definitions

- *Resident:* A graduated professional (NP, MD, pharmacist, BHC, dental) engaging in supervised instruction via preceptors, mentors, and clinical specialists to obtain improved knowledge, practice, or board certification.
- *Preceptor:* An instructor to the resident who actively guides, directs, and provides evidence-based education on clinical practice as the resident grows their own patient panel. The preceptor is limited to a maximum of 3 residents in one precepted session.
- *Mentor:* An experienced and trusted clinician dedicated to guiding the residents via their own personal patient panel. They offer expertise and validation in how they practice growing the residents own personal practice style. A preceptor can also serve as a mentor if needed. This is a 1-1 ratio for mentoring and the resident cares for the mentor's patient panel.
- *Clinical Specialist:* A clinician in area of need for experiences and knowledge for the resident. This clinician should provide clinical oversight, evidence-based guidelines, and

hands-on experiences to grow the resident's competency in the specialty area. Specialists do not have to be a NP/MD, but a provider who can equip residents with skills essential to practice in a FQHC. This is a 1-1 specialist/resident ratio.

- *Program Director:* Provides guidance and oversight for the curriculum, clinical rotations, and evaluation of the resident. They direct the program and collaborate with the program coordinator, residents, preceptors, mentors, and clinical specialists. They serve as the clinical leader of the program.
- *Program Coordinator:* Provides guidance and oversight for all administrative and programmatic components of the residency program. They would closely with the program director, program faculty, and human resources training team to make sure all residents are provided the same experience and support. They serve as the operational leader of the program.

Precepted Clinic

Purpose: The preceptor provides direct supervision of the resident as they develop their own patient panel. They assist in the development of confidence, competency, and ability to effectively collaborate with the healthcare team. The support the preceptor provides is fundamental to the success of each resident and their transition to practice.

Roles and Responsibilities

- Provide direct supervision as needed for clinical concerns, labs, diagnostic images.
- Review and assist with all aspects of patient care.
- Encourage critical analysis and evidence-based reasoning in the ordering of tests and laboratory studies.
- Supervise and assist with procedures when applicable (only procedures the preceptor is comfortable with themselves)
- Review documentation of resident and provide feedback when necessary. Please review and provide feedback within 24 hours of note being sent to preceptor. Ex Friday should be reviewed by Monday.
- Must maintain be availability to resident until last patient is seen. Exception- In case of ER preceptor can be available via cell phone if needed.
- Ensure timely and efficient review and management of diagnostic imaging, lab studies and in-house testing.
- Assist with scheduling concerns including flow of day, MA concerns, or any other conflicts. Be proactive in making sure residents are seeing adequate patients to meet their learning needs.
- Encourage other providers to inform residents when good teaching opportunities arise (physical findings/procedures, etc.)
- Be present, engaged, and supportive of the residents needs during your precepted sessions.
- Provide support by seeing a resident patient if they fall too far behind.
- Employ teaching strategies appropriate for each residents learning style during the sessions.
- Assist residents in developing competencies in all desired areas of care.
- Provide leadership and direction, engage in huddles, and review the daily session.
- Encourage HealthLinc's goal of providing fully integrated care.
- Attendance at all meetings

Preceptor Obligations throughout the year

September through January

- The preceptor should review the schedule with the resident at the beginning of the day for the first month.
- The preceptor should directly supervise the FNP/MA huddle at the beginning of the day for the first month.
- The preceptor should observe and review all findings of patients with residents for the first month. This can be done via teams or in the room.

- After the first month the preceptor observes and reviews the findings of the resident based on the needs of the resident. Ex: residents struggle with PE observes this. If they struggle with HPI observe this.
- The preceptor provides guidance on the plan of care, flow of the clinic, and documentation. All information is communicated in the moment and before the patient leaves the clinic.
- Charting is reviewed, discussed, and changes made as needed.
- All notes are co-signed by the preceptor.

February through August

- Provide support with physical findings, differential diagnosis, and evidenced based care as needed.
- Assess for deficiencies in patient care and develop goals with resident to improve.
- Review aspects of patient care as needed. Repeat and verify findings of residents as needed.
- Review and discuss findings in the context of social determinants of health and resources available to patients.
- Review documentation and follow guidelines on documentation review from the preceptor roles and responsibilities.
- Foster the need for autonomy and practice ownership allowing each resident to become more independent as the year progresses.
- Focus on time management, practice, and panel management as the year continues.
- Provide guidance to transition to independent practice at the end of residency.

Documentation

- Review all aspects of note first six months. (September- February)
- Review 50% of documentation for next 3 months. (March-May)
- Review 1 chart am, and 1 in pm (June- August)
 - Residents will participate in peer reviews of cohort as assigned with 2 charts per day. (Assigned by preceptor of the day or Program Director)

Special Considerations

- When the residents are seeing 11 patients or fewer and the ratio is 1:1, preceptor need to see one patient an hour. If the resident's patient cancels or there is a vacancy in their schedule the resident will see the preceptor's patient on those days. Once the resident's patient panel is 13 or greater and the ratio is 1:1, the preceptor's schedule will be blocked to provide more oversight to the resident.
- Preceptors should avoid adding on their own patients during precepted session unless it is an ER.

Mentor Clinic

Purpose: Mentoring is a way to support the growth and development of each FNP resident. This is completed by allowing the resident to observe practice style, and complete patient encounters that may have differing acuity or complexity than their own. The mentor graciously gives of their own patient panel to teach, guide, and grow the resident to become competent, confident, and caring providers.

Roles and Responsibilities

- The resident will work off the mentor's schedule and see patients that are picked for learning experiences and to meet the needs of the resident. Ex: A resident may need more chronic illnesses, pap smears, complex patients, procedures, or pediatrics to name a few.
- Avoid having residents see new patients unless the resident will become their PCP.
- The resident will complete the patient encounter and consult with the mentor on the plan of care. The resident is responsible for documentation and ordering all meds, testing, etc.
- The mentor will discuss any changes that are necessary and see their patient as needed before they leave the office.
- The mentor is expected to provide direct feedback to the resident about all aspects of patient care.
- Provide feedback to the residency team as needed on the progress or concerns for the resident.
- Mentors can be MD/NP/Specialists. Mentors can also serve in a preceptor role, but not on the same day.

Mentor Obligations throughout the year.

September through January

- The mentor should have the resident observe the first half of the first session. This will help to gain comfort with the resident.
- The mentor should allow the resident to part of the huddle and discuss which patients they will be seeing.
- The resident should see at least 1 patient per hour after observing the mentors practice style.
- The first month the mentor should review, observe, and repeat patient care as needed.
- Provide guidance and instructions on all aspects of the patient visit, including charting, the verbal presentation, and the written note.
- Provide feedback in a timely and constructive mannerism to assist with the growth and development of the resident.
- The mentor is ultimately responsible for the documentation and patient care as they are still assigned to them. It is imperative to review and direct as needed the patient encounter.
- Review and sign all documentation. Residents will put documentation in the encounter that they completed the note.

February through August

- Review and reassess the needs of the resident. Providing guidance and teaching as needed with all aspects of patient care.
- Increase the difficulty, acuity, and complexity of the encounters being seen.
- Increase the number of encounters being seen per day based on the needs of the resident. By July all residents should see an entire mentor day of patients.
- Assist residents with time management and efficient practice skills in an ongoing fashion.
- Review all cases with the resident and repeat/observe history and physical exams, as needed.
- Provide feedback in a timely and constructive mannerism to assist with the growth and development of the resident.
- The mentor is ultimately responsible for the documentation and patient care as they are still assigned to them. It is imperative to review and direct as needed the patient encounter.
- Review and sign all documentation. Residents will put documentation in the encounter that they completed the note.

Specialty Clinic

Objectives

- Specialty Clinic is one of the five key components of the NP residency curriculum. The objective is to have NP residents have exposures to high-burdened specialty issues that are common in family practice, and to learn how and when to refer to the appropriate specialists. During specialty rotations, NP residents will have 1 day per week for 1 month, with a total of 4 full clinic days, at each specialty site.

Process

- Residency Program Coordinator will meet with the Specialty Preceptor or preceptor's team prior to start of rotation. They will provide the preceptor with information and material about current resident, learn objectives and other materials to assist the rotation.
- Depending on the specialty site's policy and procedures, and on the Preceptor's comfort, the NP Residents may participate in patient care or may only observe.
- If the NP Residents participate in patient care, he/she will evaluate the patients and formally present to case to the Preceptors.
- The Preceptors provides daily feedback and clinical pearls regarding the NP Residents' clinical experience.

Resident Responsibilities

- Arrive on-time & be prepared for the clinical day.
- Confirm best communication with Preceptors, i.e., cell phone, email, etc
- Communicate with the Preceptors and APRN Residency Program Directors if schedule adjustments need to be made.
- Be aware of and communicate clinical deficiencies & needs.
- Be proactive to seek out help that address specific deficiencies in clinical skills, practice management & leadership.
- Be responsible for evaluations required of Specialty Clinic (ie. Remind preceptors to complete evaluations and turn them in).

Specialty Clinic Preceptor Responsibility

- Be dedicated to teaching and supporting residents.
- Be present and fully available to the residents in the clinical area.
- Provide learning tools and resources specific to the specialty.
- Provide feedback in clinical skills, development of plan, acquisition of resources, and in time management.
- Complete the NP Resident Rotation evaluation within three days of the end of the rotation.
- Communicate any concerns to the Residency Program Directors as appropriate.

Evaluation

- Evaluation forms will be sent to the preceptors to be filled out for each resident. The NP Resident will be officially evaluated at the end of each specialty rotation, in order to measure clinical and professional growth as appropriate. It is important that preceptors provide ongoing feedback throughout the rotation, as well as a formal review at the end of

the rotation with recommended goals for further growth. These evaluations & goals will also be reviewed with the NP Resident by the Residency Directors.

Specialties Resident will participate in are as follows: *these are subject to change based on provider availability and need.*

- Dermatology
- Pharmacy
- Pediatrics
- Women's Health
- Rural Health
- End of Life Care
- Behavior Health
- Geriatric
- Chiropractic

Possible Specialties:

- Orthopedics
- Mobile Integrated Response Team (MIRT)
- Podiatry
- Complex Conditions/MAT
- Wound Care
- Pain Management
- Newborn Nursery
- Optometry
- Dental

Learning Objectives are given to the residents during orientation based on schedule that have been developed by Residency Program Coordinator and NP Residency Director.

Quality Improvement Project

Introduction

- The residency special population project is one of the main components of the community health rotation. Residents will have dedicated time throughout the residency program to do research and develop a project that is of interest, which will meet the needs of HealthLinc and/or the community we serve. Although like the academic capstone projects that FNP residents have completed during school, the residency special population project focuses on clinical practice. There will be at least 200 hours dedicated throughout the program for this project and is guided by the Residency Director with assistance from the Quality and Marketing teams.

Purpose of the Project

- The purpose of the special population project is to develop or explore programs that will meet the needs of HealthLinc and the community we serve.

Types of Projects

- Feasibility studies
- Program development
- Quality improvement studies

Project criteria

- Projects need to meet the following criteria:
 - Does it benefit HealthLinc and the community we serve?
 - Does it improve clinical practice and advance the nursing profession which can include:
 - Models of care
 - Health policies
 - Technological advancement in clinical practice
 - Evidence-based clinical interventions
 - Is it feasible?
 - At initial evaluation, the projects should be likely feasible. The residents will have time to determine detailed feasibility.

Process

- In order to determine the project of interest, the residents will spend dedicated time during the first 2 months of the residency to study HealthLinc services and the patient populations. Residents will also meet with the Quality Team to learn more about HealthLinc's quality measures.
- With the guidance of the Residency Director and other core faculty, the residents will perform a gap analysis in our services and programs. The residents will then formulate or identify the topic or issue that needs to be addressed.

- This topic will be presented for approval so it can be deemed necessary.
- The residents will develop steps to either study the problem further or develop solutions.
- The final project will then be presented to appropriate organizational leaders for implementation.
- If approved, the residents may choose to lead the implementation of new programs after graduation from residency.

Final Product

- The final product will be a Power Point presentation to HealthLinc staff, leaders and appropriate community partners. This presentation will occur during the last month of the residency program.

Didactic Education Sessions

Purpose: Didactic education sessions provide an opportunity for NP residents to gain, expand, and solidify their knowledge base essential for practice. These sessions should include information that is evidence based, clinically appropriate, and impacts NP practice. Each session should provide clearly defined objectives and resources for the residents to utilize. Sessions will not be limited to lecture alone and include an active learning component. By including active learning, the residents will be asked to critically think, analyze, and synthesis knowledge versus strictly remembering information. Didactic is essential component of the residency experience and will be multiple objectives of the program.

Objectives: The objectives of the Didactic Education Sessions are aligned with core competencies of CAPP the current accrediting body for the Healthline FNP Residency. The objectives are displayed in relevance to each educational domain. Which include knowledge of practice, practice-based learning and improvement, interpersonal and communication skills, professionalism, system-based learning, personal and professional development, technology and telehealth, and diversity, equity and inclusion.

Participants:

Facilitator/Leader: The person who keeps discussion and meeting on track. Residency Director/Resident

Presenter: The person who is providing the lecture content for the day. Internal/External sources or Resident

Residents: Are expected to be present at these sessions

Length: 3-4 hours X1 session per week (Interdisciplinary Case Conference part of these sessions)

Structure:

1. 30-60 minutes

- a. Review of previous learned content and application of practice from previous session.
 - i. Through open discussion
 - ii. Article reviews of previous topic
 - iii. Direct application in practice case
- 2. 60-90 minutes
 - a. Lecture component.
 - i. Must have objectives for learning.
 - ii. Preference for slide show or handouts
 - iii. Lecturer
 - 1. Can be expert.
 - 2. Online CME possible
 - 3. Resident to present 1 lecture topic annually.
 - b. Topics including but not limited to these areas:
 - i. Chronic Disease
 - ii. Health Promotion
 - iii. Mental Health
 - iv. Common complaints of (c/o)
 - v. Dermatology
 - vi. Sexual Health
 - vii. Special Populations
 - viii. Pediatrics
 - ix. Social Determinants
 - x. Gastroenterology (GI)
 - xi. Neurology (Neuro)
 - xii. Emergencies
 - c. Calendar annually attached.
- 3. 30-60 minutes
 - a. Active Learning Portion
 - i. Case studies
 - ii. Games jeopardy,
 - iii. Motivation interviewing games
 - iv. Teaching techniques practice
 - v. Debates
 - vi. Article reviews on topic
 - vii. Q & A sessions
 - viii. Spanish for medical provider's practice
 - ix. Compare resources challenges.

Scheduling Process/Ramp Up

Purpose:

- The purpose of this document is to outline HealthLinc's Nurse Practitioner Residency Program general scheduling objectives and process for both the monthly calendar and patient encounter ramp up. Both are important parts of the general time management and programmatic growth as a whole and are constantly being looking at by program leadership for areas of improvement.

Monthly Calendars Objectives

- The Residency Program Coordinator is responsible for preparing all resident calendars for the FNP Residency Program
- Calendars will be for three to four program months and will be prepared two to three months prior to months of program coverage.
- Calendars will contain the following information:
 - Who is the resident's preceptor, mentor, special rotations preceptor and their locations.
 - Locations and times for all precepted clinic, mentor clinic, special rotations, educational day event and other events throughout the residency program.
 - Names and numbers of all specialty rotations preceptors for easy contact.
 - All PTO submitted by residents and days clinics are closed due to holidays.
- Any changes to the calendar will come from the Residency Program Coordinator and be confirmed by the Residency Program Director.

Monthly Calendars Process

- Residency Program Coordinator will ask the residents to submit any requested PTO to them one to two months prior to calendar being submitted to team. At the same time, all preceptors, mentors, and special rotation preceptors will be confirmed.
- Program educational events will be confirmed with Residency Program Director and locations booked upon confirmation.
- All calendars will be discussed with Site Operations Director and Assistant Site Operations Directors prior to submitting to residents.
- Calendars are subject to change and are considered a living document.

Ramp Up Objectives

- The ramp up schedule should be individualized for each resident and determined by the Program Staff based on conversation with FNP Residency Director, Residency Program Coordinator, Site Operations Director, Preceptors, and the Residents themselves.
- A Resident who is consistently running behind in clinical sessions may need to have certain increases delayed based feedback from Program Staff.
- All Residents should be seeing a slow ramp up to start with them being at a full schedule by August, including overbooks.

Ramp Up Process

- Each range below is an approximation based on two preceptor days a week, four weeks a month. Low, goal and high ranges are number of encounters per month. *(subject to change as needed to fit with residents progress)*

Month	Encounter Per Month	Low Range Per Month	Goal Range Per Month	High Range Per Month
October	56 (7/day)	26-31	32-37	38-43
November	56 (7/day)	26-31	32-37	38-43
December	72 (9/day)	42-47	48-53	54-59
January	88 (11/day)	58-63	64-69	70-75
February	88 (11/day)	58-63	64-69	70-75
March	104 (13/day)	74-79	80-85	86-91
April	120 (15/day)	90-95	96-101	102-107
May	120 (15/day)	90-95	96-101	102-107
June	136 (17/day)	106-111	112-117	118-123
July	152 (19/day)	122-127	128-133	134-139
August	168 (21/day)	138-143	144-149	150-155
Total	1160	830-885	896-951	962-1017

Professional Development and Leadership Training

Purpose:

A leader is an individual who guides, inspires, and influences others toward shared objectives or visions. Professional development and leadership are integral parts of practicing as a Family Nurse Practitioner (FNP). In the clinical setting FNP's must be educated to address complex situations professionally and with autonomy. They coach and educate patients to improve health outcomes. They advocate fully for the needs of the patient. They must provide consistent and therapeutic communication to patients, while delegating needs to other staff members within the organization. FNP's advocate organizational for new ways to practice, sit on committees, and participate in medical leadership. By adding professional development and leadership training knowledge gaps can be bridged from school to practice for FNP's. These sessions will provide topics that are pivotal in developing these skills and allow them to be active participants in organizational changes.

Objectives:

The objectives of the Professional Development and Leadership training are aligned with core competencies of CAPP the current accrediting body for the Healthline FNP Residency. The objectives are displayed in relevance to each domain which include knowledge of practice, interpersonal and communication skills, professionalism, systems-based practice, interdisciplinary collaboration, and diversity, equity, and inclusion. (*see below*)

Trainings:

Orientation Sessions

Collaborating Review

Review of presenting to a preceptor

Effective/Efficient Documentation

Transition from RN to NP role.

Preventing Burnout

Monthly Sessions

Understanding your strengths- (strength finder)

Express yourself – (communication styles)

Living on a tight rope- (work life balance)

Punctuality 101- (Time management)

Achieving professional/personal Goals

Having those difficult conversations- (crucial conversations)

The rubber band effect- (Resiliency 101)

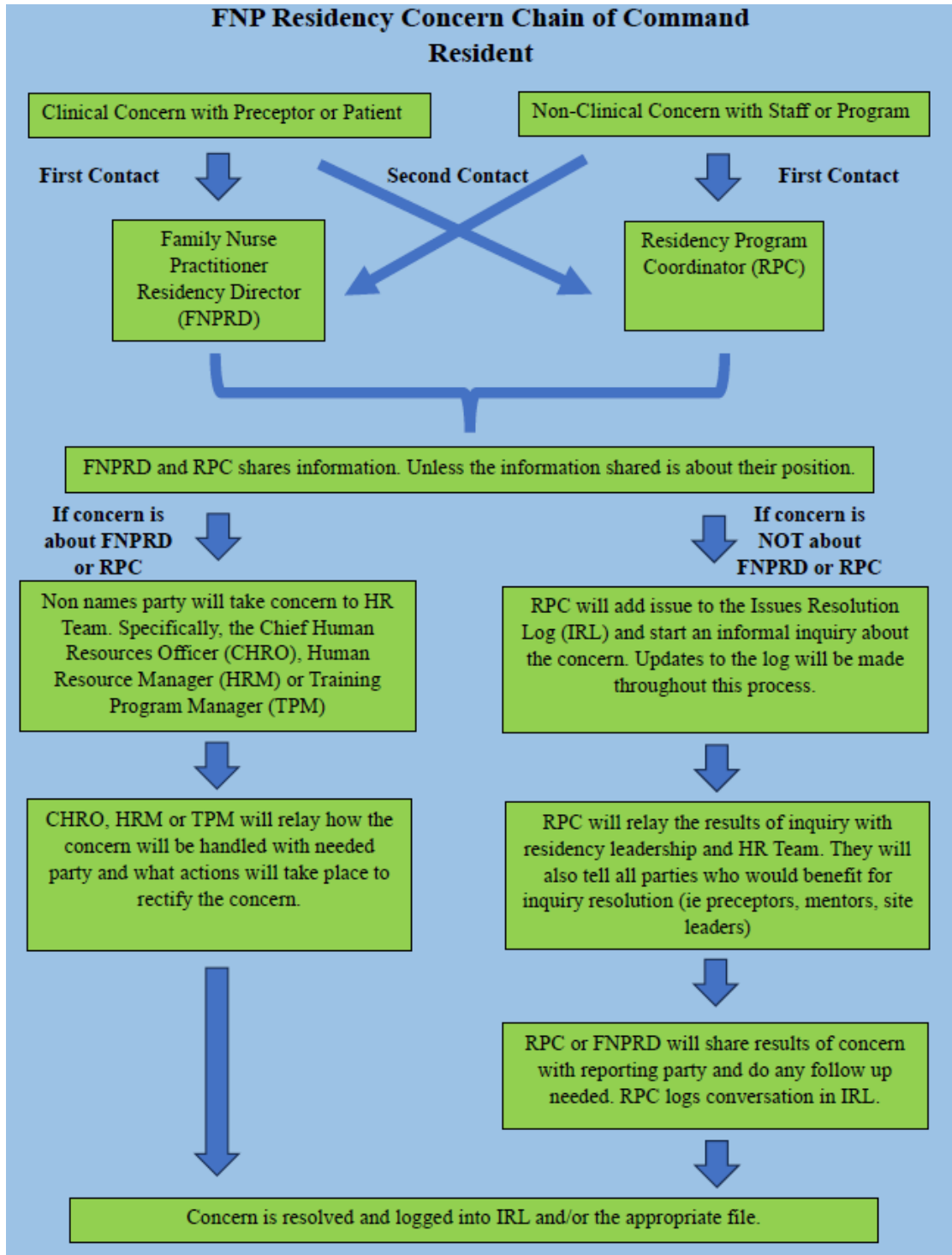
Alone we can do little, together we can do so much (effective teamwork)

Understanding Diversity, Equity, and Inclusion

Transition to independent practice.

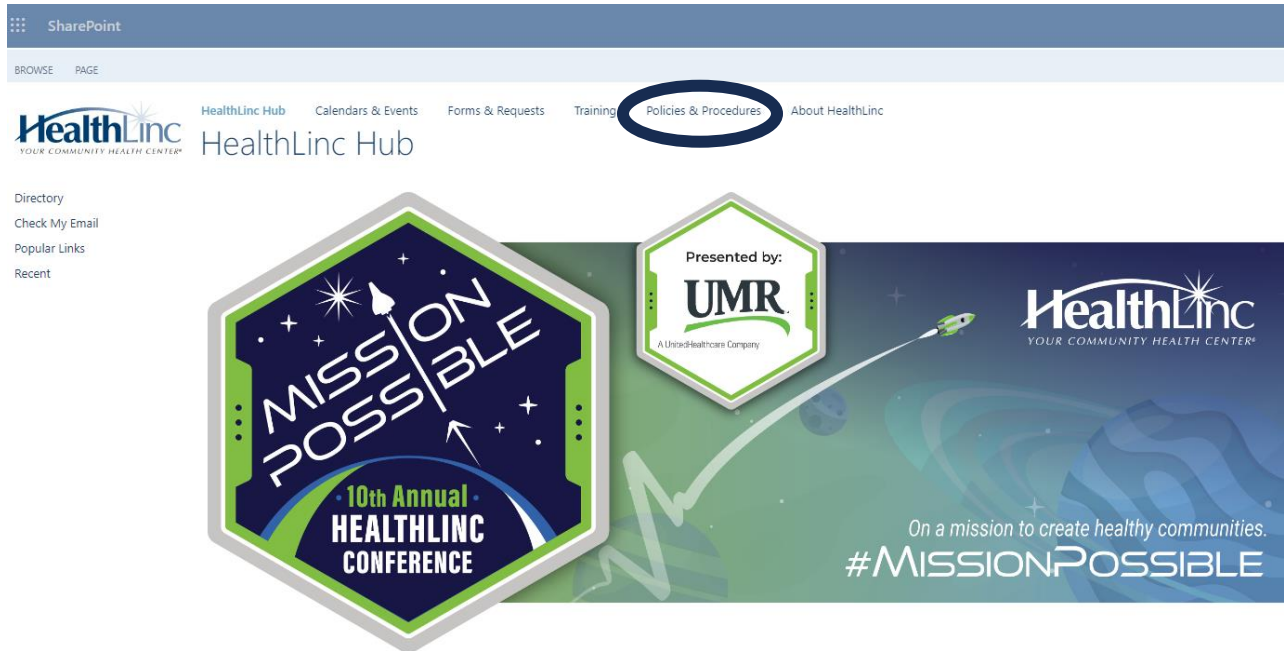
Residency Grievances

We always hope you can bring all concerns or questions to your Residency Program Coordinator or Residency Program Director. To do so we ask that you follow this chain of command when reporting an issue.

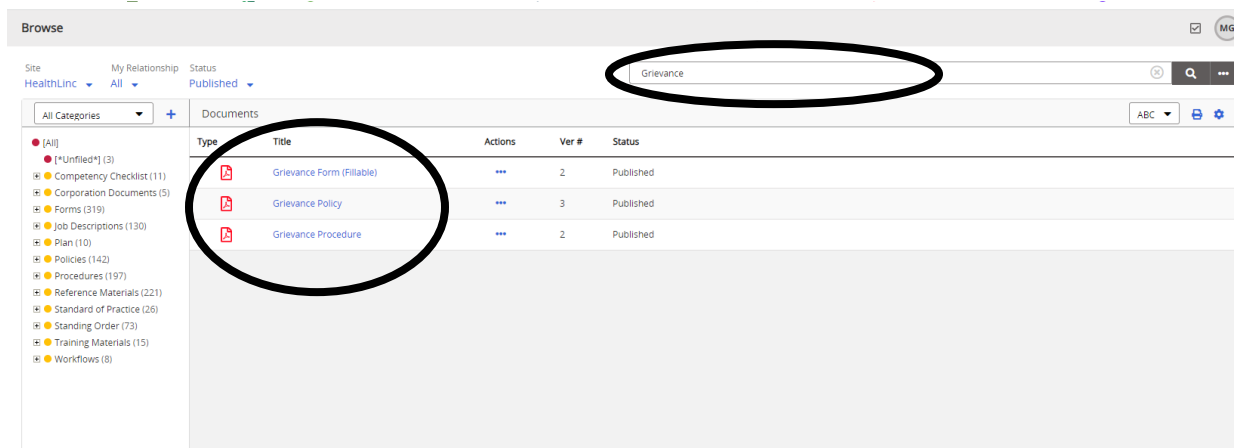


However, if you do have a concern or question that they cannot be address by your residency team, you can access HealthLinc’s Grievance Policy and Procedure on the HealthLinc Hub.

When on the hub simply click on the “Policies & Procedures” tab

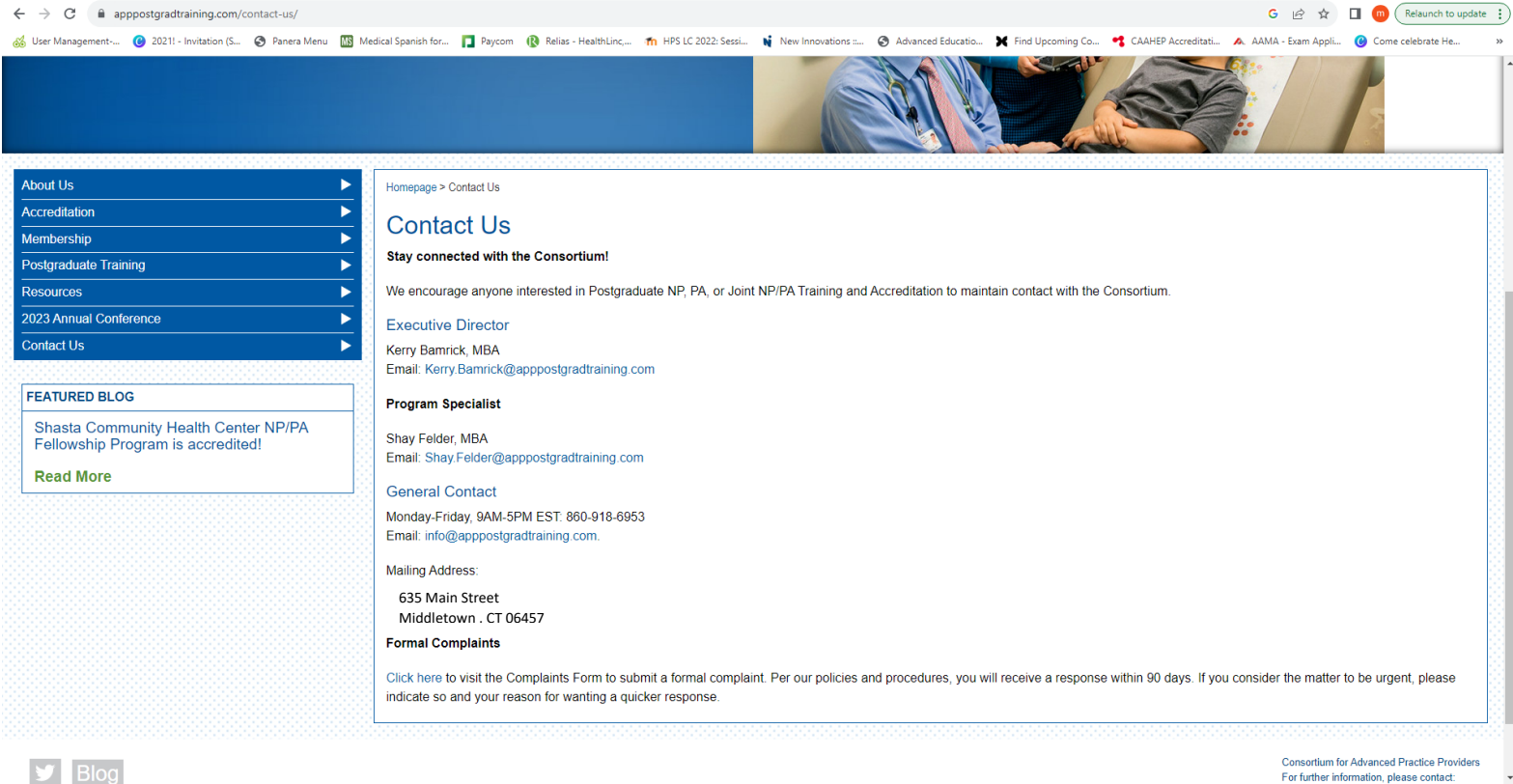


This will take you to Policy Tech, where all HealthLinc policies and procedures are housed. Once there you will sign into your account and then type “Grievance” into the search bar. The grievance policy and procedure will come up along with the fillable grievance form. Please follow all procedure guidelines when issuing a grievance.



Program Specific Issue:

HealthLinc’s FNP Residency Program is an accredited program by the Consortium for Advance Practice Providers. As such, if you ever have a formal complaint about the program that you feel cannot be handled internally, you can reach out to our accrediting body through their website at <https://www.appostgradtraining.com/contact-us/> . You can see at the bottom of this page a screen shot of their website and the area for “Formal Complaints.” Click on the link and fill out the form questions. Upon submitting the complaint, you will receive written response from the Consortium within 90 days.



appostgradtraining.com/contact-us/

User Management... 2021 - Invitation (S... Panera Menu Medical Spanish for... Paycom Relias - HealthLinc... HPS LC 2022: Sessi... New Innovations... Advanced Educatio... Find Upcoming Co... CAAHEP Accreditati... AAMA - Exam Appl... Come celebrate He...

Relaunch to update

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Stay connected with the Consortium!

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

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

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

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

Mailing Address:
635 Main Street
Middletown . CT 06457

Formal Complaints

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

FEATURED BLOG

Shasta Community Health Center NP/PA Fellowship Program is accredited!

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

FNP Residency Faculty and Staff

- **NP Residency Program Director:** Lisa Budka
- **Residency Program Coordinator:** Michael Glorioso
- **Preceptors:** Lisa Budka, Joshaua Avery, Asha Koshy, Susana Lugunas, Lauren Reisburg, Alex Torkarski, Monica Gomez
- **Mentors:** Kayti Bonczynski, Nicole Ford, Dr. Katherine Lisoni, and Dr. Betsy Sutherland, Dr. Nicolas Walter, Jennifer Beam, Karen Fagen, Dr. Courtney Glos
- **NP Mentors:** Lilia Bonilla, Jeremy Michaelis, Sarah Feeler, Tiara Williams.
- **QI Faculty:** HealthLine's QI Team, FNP Residency Staff
- **Didactic Faculty:** FNP Residency Staff

Other Staff of Note

- **Chief Executive Officer:** Melissa Mitchel
- **Chief Human Resource Officer:** Chris Beebe
- **Chief Medical Officer:** Dr. Lawrence Ramunno
- **Training Program Manager:** Amy Costello
- **Valparaiso Site Operations Director:** Rebecca Hurni
- **Valparaiso Assistant Site Operations Director:** Austin Casto
- **Valparaiso Site Medical Director:** Dr. Courtney Glos
- **Mishawaka Site Operations Director:** Amira Dedic
- **Mishawaka Assistant Site Operations Director:** Adriana Sosa
- **Mishawaka Site Medical Director:** Dr. Katherine Lisoni

Evaluation

Evaluation Plan

Purpose: To better evaluate the needs of the nurse practitioner residents as they go through the HealthLinc FNP Residency Program.

Goals:

- To see how the resident's assess their own skill sets through self-assessment survey and use this information to help shape their precepting/mentor days.
- Make residents aware of what they will be evaluated and use these evaluations for focus programmatic goal setting and skills check list.
- To help address resident's performance concerns in a timely manner and, if needed, put an improvement plan in place with measurable goals.

Evaluation Timeline

Self-Assessment

- Self-Assessment will be filled out by residents at start of program (September), six-month mark (February) and end of year (August).
- End of September, Skills Assessment will be set up based on the Residents Self-Assessment

Special Rotation Evaluations

- After every month the special rotation provider will be sent a survey to assess the learning objectives of the residents. In return the residents will be given an evaluation on the special rotation provider's general oversight and training given to them as residents.
- These evaluations will be used to assess the viability and continued partnership with the providers chosen for a given special rotation.

General Evaluation

- First Quarter
 - Evaluation of the first three month of the program, from September to November.
 - Evaluation is short form evaluation consisting of nine questions.
 - Evaluation is filled out by the Preceptors.
 - Evaluations reviewed by FNP Program Staff prior to sharing results with Residents in December.
- Second Quarter
 - Mid-Year Evaluation covering the months of December through February.
 - Evaluation is the full form evaluation consisting of sixty-nine questions covering all the core competencies.
 - Evaluation is filled out by Preceptors with Mentor contributions being optional.
 - Evaluations reviewed by FNP Program Staff prior to sharing results with Residents at the end of February.
 - Resident Evaluate the program staff (Preceptor, Program Coordinator & Mentors)

- Fourth Quarter
 - Final Evaluation covering the overall program.
 - Evaluation is a reflection of the results of the first three evaluations, their current practice and goals for the future of the resident as they transition.
 - Evaluation is filled out by Preceptors with Mentor contributions being optional.
 - Evaluations reviewed by FNP Program Staff prior to sharing results with Residents at the of August.
 - Resident Evaluate the program staff (Preceptor, Program Coordinator & Mentors)
 - End of Year: Evaluation of Program by Residents
 - Annual Program Evaluation by Faculty and Staff: meeting
 - Annual Evaluation by the Program Team

Evaluation - Preceptor/Mentors of the Residents

Ongoing evaluation throughout the residency program not only help the resident get stronger in their practice but allow for ongoing feedback to be shared with them. All evaluations are graded on a five-point scale as follows:

1. Novice; knowledge without demonstration of skill
2. Beginner; meets expectation for early residency
3. Competent; meets expectation for residency
4. Proficient; ready for independent practice
5. Expert; exceeds expectation

These evaluations are as follows:

- FNP Resident Quarterly Evaluation
- FNP Mid/End of Year Evaluation
- FNP Residency Special Rotation Evaluation
- FNP Residency Check-in/Goal Setting (form attached below)
- Procedure Check off (Given connection to at orientation)

All evaluation are shared with the residents on a quarterly basis during a meeting with the FNP Residency Leadership and Preceptors.

Residency Meetings Plan

Purpose: In order to maintain constant, open and productive communication amongst the FNP Residency Program Team and residents, regular scheduled meetings throughout the residency year have been established. Each meeting will have a standing agenda with meeting minutes being recorded and logged internally by the residency program coordinator. There are two types of meetings that are used for this communication process. These are residency team meetings and resident coaching sessions. These meetings are important for the growth of the residency and the growth of each resident. The expectations for these meetings are found below.

- Residency Team Meetings
 - Attendees: Preceptors, Residency Coordinator, Residency Program Director- occasionally special guests
 - These are held via Teams.
 - Time: TBD- 30 minutes in length
 - Your schedule is blocked for meetings.
 - Schedule
 - 1x per week for 6 months
 - Biweekly X3 months
 - Once monthly x 3 months
 - The intent of these sessions are improved communication and collaboration between the preceptors/faculty.
 - Each meeting discussion the individual progress of each resident, addresses concerns, and comes up solutions to any concerns.
 - Each preceptor may be asked a question about how to improve progress with self-reflection or an important question that impacts practice.
 - All meetings are documented and stored on the residency teams page for review.

- Coaching sessions
 - Attendees: Preceptors, Residents, Residency Program Director-
 - These are held via Teams and in person.
 - Time: TBD- 30 minutes in length- should take no more than 10-15 min per resident
 - Your schedule is blocked for meetings.
 - Schedule
 - 1x per week for 6 months
 - Biweekly X3 months
 - Once monthly x 3 months
 - If you are not assigned the day of or in the last 2 weeks may skip meeting.
 - Intent of these meetings are to coach and check in on the residents as a group of preceptors. These meetings reiterate current areas of growth and need for improvements. While allowing each resident to express goals and needs from preceptors. These meetings allow for improved communication and collaboration among residents and preceptors.

- The meetings are documented and stored on Residency Teams page under Coaching sessions.
- Each resident is sent their goals at the end of each session.
- See Coaching Session format below:

Coaching Session Form:

- Residents Name
- Date:
- Strength (What do they see as accomplishment/achievement):
- Improvement (What is something the resident feel's necessary to improve on):
- Goals follow up (review if goal was met and how from previous session, if not met how are wea achieving this):
- Preceptor Suggestion (Constructive advice for resident to improve area of practice):
- Preceptor (What could the preceptors do to help the resident):
- GOAL's (What does the resident feel is necessary to focus on, or the preceptor before next session) Usually 1-3 goals:

Note Review

All patient notes will be reviewed by preceptors for the first six months of the residency year (September thru February). They will review 50% of the resident's notes for the next three months (March thru May) and only one in the morning and one in the after for the last three months (June thru August).

For the final note reviews, the Residency Director will set it up as a Peer review and will be available on the Healthlinc hub. Residents will review 2 charts from a colleague and needs to be sent to other provider in 24 hours. They will rate the notes as follows:

1. Rate the accuracy of the Problem List.
2. Rate the accuracy of the Medication List.
3. Rate the adequacy of the History of Present Illness in relation to the Chief Complaint.
4. Rate the adequacy of the Physical Exam.
5. Rate the adequacy of the Assessment and Treatment Plan.

Procedures

Procedure Check List: As each procedure is performed, they can check off in both in a shared document on the HealthLinc OneDrive and the CHC New Innovations software. Information needed is name of procedure, level of participation (observed, assisted, performed), notes, who supervised and date of completion. (*subject to change based on the need of the clinic and exposure to procedures*)

Required Procedures

- 5 IUD's
- 3 Nexplanon
- 5 Digital blocks/toenail removal
- 10 Joint injections
- 10 Biopsies and simple suturing
- 20 EKGs interpreted and signed off by preceptor

Other Tracked Procedures

- Arthrocentesis/Joint Aspiration
- Biopsy, Skin, Lesion
- CXR Interpretation
- EKG Interpretation
- Laceration Repair
- Pelvic/Pap Smear
- Rectal Exam
- Urinalysis
- Vaginal Wet Mount

Other Procedures can be added as needed/requested

Residency Call and PTO Request Process

Purpose: To help keep leadership and those directly involved with the FNP Residency Training Program informed of changes in the day to day.

PTO Procedure:

- Please try avoiding taking PTO on preceptor days. We know this cannot be avoided at time, but it will affect your patient panel. We will, however, have activities towards the second half of the year to increase your patient numbers so please do not stress about PTO.
- General PTO requests can be handled as normal through Paycom and check in with Valparaiso Site Operation Director, however, you must inform Residency Program Coordinator of upcoming PTO as well. **We ask that all PTO requests are to be submitted/approved by your Site Operations Director by September 15 for October thru February and December 8th for March thru July.** The Residency Program Coordinator will need to know these hours as well via email or teams at this time.
- Remember we do request that PTO is not taken until November. However, you will have three floating holidays you will need to use before December 16th. We strongly encourage all residents to take black Friday in November off and the week of the Christmas Holiday. Please submit these days at the start of the program.
- In the case of an emergency or the need to call off last minute, please refer to the procedure below for reference on who to contact. You must receive confirmation that your message has been received by the person contacted before moving on with your day. Please note that contact should be made by both email and phone (txt messages are okay, but you must get a response back).
- Lastly, we want you take your PTO! This is your time to regroup, destress, and take time for yourself and family. Residency can be very stressful and difficult at times, so make sure to utilize this benefit.

Calling off Day of Procedure:

Calling off for a Preceptor or Mentor Clinic Day

1. Contact NP Residency Clinical Director, he/she will contact Site Operations Director, Residency Program Coordinator and Preceptor for that day.
2. If NP Residency Clinical Director is unavailable, please contact Residency Program Coordinator.
3. If the resident is covering another provider's tasks or is having their tasks covered by another provider, they need to confirm this with the provider who is providing coverage. This is done prior to taking scheduled/unscheduled PTO.

Calling off for Special Rotation, Didactic

1. Contact Residency Program Coordinator and he/she will contact the Special Rotation Provider and adjust the schedule as needed.
2. If Residency Program Coordinator is unavailable, please contact NP Residency Clinical Director.

Contact Information

Name (Location)/Title	Email	Work Phone/ext.	Cell Phone
HealthLinc Corporate		219-413-5100	
HealthLinc Michigan City		219-872-6200	
HealthLinc Mishawaka		574- 307-7673	
Lisa Nelson: NP Residency Clinical Director & Preceptor (Day)	lnelson@healthlincchc.org	Ext. 2620	219-229-3946
Mike Glorioso: Residency Program Coordinator	mglorioso@healthlincchc.org	Ext. 2904	219-730-4227
Rebecca Hurni: Michigan City Site Operations Director	rhurni@healthlincchc.org	Ext. 3754	219-872-6200
Amira Dedic: Mishawaka Site Operations Director	adedic@healthlincchc.org	Ext. 4107	574-344-1006