

NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Postgraduate Nurse Practitioner Training Program

Accreditation Standards

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PREFACE

The Nurse Practitioner (NP) profession, established more than 50 years ago, is based on a model of graduate level (MSN or DNP) education and training provided by an accredited NP Program in an academic institution. The challenge faced by new NPs as they transition from their excellent academic education and training to today's health care environment, characterized by complexity at both the patient level and the system level, is that this entry-level preparation may be insufficient in at least two ways. First, the preparation may be insufficient for the new NP to transition with confidence and competence into highly independent roles caring for complex patients. Second, the preparation may be insufficient for the new NP to develop the mastery of practice that lays the groundwork for sustained professional satisfaction and growth as an expert clinician and evolving leader in healthcare.

The past decade has seen the development of innovative programs designed to respond to this challenge in the form of postgraduate training opportunities for NPs. These programs, known both as residency and fellowship based on the preference of the program leaders and creators, originated in the safety net setting with the early programs for primary care NPs based in federally qualified health centers. Since that time, postgraduate training programs for new NPs in primary care have been launched in multiple settings including FQHCs, Nurse Managed Health Centers, private hospital/health systems, the Veterans Affairs (VA), and academic medical centers. In addition, postgraduate specialty training programs, almost exclusively referred to as fellowships, have developed and are growing rapidly. The national development of such programs has been characterized by a high level of collaboration and communication among many NP leaders across the country, representing many different sectors, and supported by the recommendation of the Institute of Medicine Future of Nursing Report. In addition, the development of standards and of an accreditation program has emerged as a priority goal. The National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) grew out of an informal network of new and maturing postgraduate NP training programs. It was officially incorporated in 2015. The purpose of the NNPRFTC organization is to improve the availability, efficacy and quality of healthcare by developing and refining an education and training model for postgraduate residency and training programs for nurse practitioners and to establish, implement, and monitor standards for postgraduate training programs for nurse practitioners. The NNPRFTC functions as an accrediting agency with the principal purpose of accrediting postgraduate training programs for nurse practitioners. Thus, this accreditation process was designed by experts in the field of postgraduate NP training to provide postgraduate NP training programs with standards by which to develop and assess their program structure and content as well as a method for programs and external stakeholders to validate the quality and rigor of the postgraduate training program.

INTRODUCTION

The National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) is responsible for the development, definition, and maintenance of standards for postgraduate NP training programs. Accreditation is a voluntary process that is engaged in by organizations that sponsor a formal postgraduate training program for NPs. The process of accreditation provides organizations and programs with a number of benefits through formal recognition. Accreditation provides programs with the opportunity to demonstrate their compliance with standards and validate the quality of the program to external stakeholders and prospective postgraduate trainees.

The NNPRFTC uses the developed standards, which have been determined by a group of experts in the field of postgraduate NP training, to determine a program's initial and continued accreditation status and define the responsibilities of a program to maintain its adherence to the standards. The standards provide

programs with guidance on the requirements, structure, and content of the program, but still allow for programs to use innovation and creativity in their design to meet the goals and defined competencies. Through accreditation, organizations are able to further develop their programs through systematic self-evaluation, identification of strengths and weaknesses, on-going critical development and refinement of the curriculum, and program enhancements that reflect the realities of challenging and changing practice environments.

The NNPRFTC standards were developed and are maintained through a formal review process and recognize the evolution of NP practice and training. The standards are applicable to all postgraduate NP training programs unless specifically noted as an exception. There are 8 core standards, each of which is comprised of elements to be used in developing and evaluating program structure and content, as well as providing approaches to validate the quality and rigor of the postgraduate training program. The standards are:

1. Standard 1 – Mission, Goals and Objectives
2. Standard 2—Curriculum
3. Standard 3—Evaluation
4. Standard 4—Program Eligibility
5. Standard 5—Administration
6. Standard 6—Operations
7. Standard 7—Staff
8. Standard 8—Postgraduate Trainee Services

ACKNOWLEDGEMENTS

The standards articulated in this document were developed by a working group of the NNPRFTC and approved by the NNPRFTC Board. The working group wishes to acknowledge and thank the work of several other accrediting organizations from whom the group has learned a great deal and incorporated ideas from these organizations into the NNPRFTC Standards. The organizations we wish to specifically recognize and thank are as follows:

- Accreditation Council on Graduate Medical Education
- American Association of Colleges of Nursing
- American Society of Hospital Pharmacists

Standard 1—Mission, Goals and Objectives

The mission of the postgraduate NP training program must be clear, concise, and communicate to program staff, postgraduate trainees, and stakeholders the essential components of a mission: the core purpose of the program, the reason for investment of resources and energy in creating the program, and the focus of the program which will remain over time, even while individual components and activities of the program may change. The mission statement should be reflected in the core documents of the program that guide decision making internally, and prominently featured in external communication vehicles for the benefit of potential applicants, stakeholders, and interested parties.

The mission statement gives rise to the goals of the program, which should be clearly identified. The goals of the postgraduate NP training program will provide the direction and end points to which the program strives to achieve, and may be more broad than specific.

The goals give rise to the objectives of the program which specify what the efforts, actions, content, and work of the program are intended to accomplish, and within specific time frames.

While the mission statement usually remains constant over time, it is likely and advisable that the objectives and goals will change over time as a program matures, expands, or broadens its scope. The mission, goals and objectives serve as cornerstone of a program's operation and provide the context for program evaluation.

Standard 2 – CURRICULUM

INTRODUCTION

Program curriculum is designed to build upon the comprehensive knowledge and skills gained through the preceding high quality NP education and academic preparation. The program curriculum expands on the existing knowledge and skills of the new NP through intensive and progressive clinical practice as the postgraduate trainee builds and cares for a panel of patients throughout the postgraduate NP Training Program. It promotes the practice of patient-centered and team-based care and supports the use of evidence-based practices, information technology and data. The implementation of Program curriculum requires organizations to appropriately adapt curriculum to remain current with changes in clinical practice and in the evolution of high performance practices. Within the postgraduate NP Training Program, the curriculum functions as a link from education to practice and facilitates its application with patients, often in settings where both the patients and the system are highly complex. The curriculum should promote postgraduate trainees as active learners who grow in experience by applying acquired knowledge and skills in the clinical setting and reflecting on the process. The curriculum builds upon a model of continuous learning through educational didactic sessions, precepted and mentored clinics, specialty rotations, procedural practice, special events within the organization, training in applied QI strategies, leadership and professional development, and also provides increased experience and exposure to volume, variety, and complexity with a focus on progressive mastery, confidence, and competence.

As postgraduate trainees progress through the Program curriculum, it is expected that they will develop products of their learning (i.e., case presentations, grand rounds presentations, practice improvement projects, etc.). Postgraduate trainees should be encouraged to develop these products through feedback and peer review so that the products can be shared broadly within and outside of the Program.

Program Curriculum and Structure

The Program curriculum must include the following core elements:

1. Clinical-based practice and patient care experience (examples - precepted sessions, mentored clinics, specialty clinical rotations)
 - a. Clinical experiences must be sufficient in depth, breadth, variety, and volume including medical conditions/diagnoses and patient demographics, to prepare the postgraduate trainee for clinical practice in the specialty of the Program
 - b. Program must provide structured experience in progressive responsibilities for patient management
 - c. For each clinical experience and/or rotation the Program will provide learning objectives to guide the postgraduate trainee achievement of competencies
 - d. The Program shall establish objectives for the numbers of patients by relevant factors (age, gender, major health challenges) and procedures deemed necessary to achieve the overall goals of the postgraduate NP Training Program based on the practice setting
2. Regularly scheduled didactic sessions

- a. For each didactic session the Program will provide learning objectives to guide the postgraduate trainee in the mastery of didactic knowledge and its subsequent application to practice
3. System-based learning and quality improvement tools that underlie effective front-line improvement in care
4. Population-based health focus – (assessment of community, environmental, and socioeconomic influences on health of patients and data-driven assessment of the population of focus)
5. Leadership and professional development, particularly in inter-professional practice

Postgraduate NP Training Program Competency Domains

The Program must integrate the following NP competency domains.

At completion of the NP Training Program, to the trainee must be able to:

1. Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of both common and uncommon health conditions and the promotion of health
2. Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care
3. Demonstrate the ability to evaluate one’s own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation and life-long learning
4. Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues
5. Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles
6. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
7. Demonstrate the ability to practice within an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care
8. Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader

Sub-competency by Domain

Each domain is built to elaborate on the achievement a number of sub-competency domains by the NP postgraduate trainee.

1. Patient Care - Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of health problems and the promotion of health.

Postgraduate trainees must demonstrate competence to independently:

- 1.1 Perform all screening, diagnostic assessments, and procedures that are essential for area of practice and patient population
- 1.2 Gather essential and accurate information about patients and their conditions through review of records, history-taking, physical examination, and assessment, and review of data derived from laboratory and imaging testing.
- 1.3 Organize and prioritize responsibilities to provide care that is safe, effective and efficient
- 1.4 Interpret laboratory data, imaging studies, other tests required for the area of practice
- 1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, evidence based information and clinical judgment
- 1.6 Develop and carry out patient management plans

- 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
- 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
- 1.10 Provide appropriate role modeling for the inter-professional team

2. Knowledge for Practice - Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care

Postgraduate trainees must:

- 2.1 Demonstrate an investigatory and analytic approach to clinical situations
- 2.2 Apply established and emerging bio-psycho-social scientific principles fundamental to health care for patients and populations
- 2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving and evidence-based health care
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.5 Apply principles of social-behavioral sciences to provision of patient-center care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, patient engagement, and barriers to and attitudes toward care
- 2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

3. Practice-Based Learning and Improvement - Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation and life-long learning

Postgraduate trainees must develop skills and habits to be able to meet the following goals:

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise
- 3.2 Set learning and improvement goals
- 3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- 3.4 Systematically analyze practice using quality improvement methods, measures, and processes, and implement and assess impact of changes with the goal of practice improvement
- 3.5 Incorporate feedback into daily practice
- 3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- 3.7 Use information technology to optimize learning
- 3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
- 3.9 Obtain and utilize information about individual patients, populations of patients (panel management), or communities from which patients are drawn to improve care
- 3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

4. Interpersonal and Communication Skills - Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues

Postgraduate trainees must demonstrate competence to:

- 4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies
- 4.3 Work effectively with others as a member or leader of a health care team or other professional group
- 4.4 Act in a consultative role to other health professionals
- 4.5 Maintain comprehensive, timely, and legible medical records
- 4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
- 4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

5. Professionalism - Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles

Postgraduate trainees must demonstrate:

- 5.1 Compassion, integrity, and respect for others
- 5.2 Responsiveness to patient needs that supersedes self-interest
- 5.3 Respect for patient dignity, privacy, confidentiality, and autonomy
- 5.4 Accountability to patients, society, and the profession
- 5.5 Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 5.6 A moral commitment to the ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

6. Systems-Based Practice - Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

Postgraduate trainees must demonstrate that they are able to:

- 6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
- 6.2 Coordinate patient care within the health care system relevant to one's clinical specialty
- 6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- 6.4 Advocate for quality patient care and optimal patient care systems
- 6.5 Participate in identifying system errors and implementing potential systems solutions
- 6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications

7. Inter-professional Collaboration - Demonstrate the ability to practice within an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care

Postgraduate trainees must demonstrate that they are able to:

- 7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- 7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- 7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
- 7.4 Understand the types of different roles and their associated responsibilities that are needed to establish, develop, and continuously enhance Inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development - Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader

Postgraduate trainees must demonstrate that they are able to:

- 8.1 Use self-awareness of knowledge, skills, and emotional limitation to engage in appropriate help-seeking behaviors
- 8.2 Demonstrate healthy coping mechanisms to respond to stress
- 8.3 Manage conflict between personal and professional responsibilities
- 8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
- 8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- 8.6 Provide leadership skills that enhance team functioning; the learning environment, and/or the health care delivery system
- 8.7 Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease
- 8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
- 8.9 Obtain feedback and/or peer review on an aspect of their learning and develop this into a product that can be shared in the residency community or submitted as a scholarly product

Standard 3 – EVALUATION

INTRODUCTION

Program evaluation is a critical component to a high quality educational training Program. Programs must demonstrate they have an established process of intensive, ongoing, and cumulative evaluation of postgraduate trainees, core Program components and Program self-assessment. A strong Program evaluation component will assure the quality, effectiveness, and continuous improvement and re-design of programmatic structure, practices, and content of the Program itself. Further, such systematic evaluation provides an opportunity to compare and contrast outcomes within and between sponsoring organizations and to further advance the depth of knowledge and measurable outcomes for the field itself.

The evaluation process should be developed and conducted based on the specific areas of focus of the Accreditation Standards for Postgraduate NP training programs. A well-developed process is clearly detailed in advance of starting the Program, and is communicated to all parties: preceptors, NP postgraduate trainees, Program Staff, and any evaluation team members, if applicable. Evaluation begins at the beginning of the postgraduate NP Training Program year, with self-assessment of competency by the trainees, continues through the on-boarding and initial training. The Program should strive to include both formative and summative evaluations. Evaluations may occur weekly, monthly, quarterly, semi-annually, and annually (upon program completion) using pre-determined tools and processes. Evaluation is bi-directional, with evaluation of all core program components and programmatic evaluation by organizational leaders. The process is used to identify strengths, weaknesses, and opportunities for improvement and should lead to the development of plans for continuous improvement and corrective intervention with subsequent evaluation of the effects of the interventions.

NP Postgraduate Trainee

3.1 - The Program must establish and use an objective, systematic and cumulative evaluation and assessment process that is designed based on the Program's core elements, competency, and curriculum components.

3.2 - The Program must assess the performance and development of each postgraduate trainee through periodic and objective assessment focused on core competency areas in both clinical and professional areas. The assessment should include the identification of any deficiencies or performance concerns.

3.3 - The Program must have a clear process for promptly identifying and addressing postgraduate trainee performance concerns, as well as the development of an improvement plan with measurable goals.

3.4 – Program evaluations should include:

- i. Postgraduate trainee competency self-assessment
- ii. Postgraduate trainee evaluation of all core program components (preceptors for continuity clinics and specialty rotations, and weekly didactic sessions)
- iii. Preceptor (both continuity clinic and specialty) assessment of the postgraduate trainee performance

- iv. Reflective self-assessment by trainee of their experience
- v. Final programmatic evaluation

3.5 - The Program is encouraged to assist the postgraduate trainee in assembling the assessment elements. This assembly could take the form of a learning portfolio. Both the Program and the postgraduate trainee could add elements to the portfolio over time. Such a portfolio could be used by the postgraduate trainee as well as by Program Faculty and/or the Program Director in preparing for evaluation and coaching sessions. Learning goals established during evaluation and coaching sessions would be entered into the portfolio and reviewed a subsequent evaluation and coaching sessions.

Organizational Evaluation

3.6 – The Program must review and assess the operational and financial impact of the Program on the overall organization and evaluate for any improvements or efficiencies in business operations.

3.7 - The Program must have a documented process for the initial and ongoing evaluation of all sites used for postgraduate trainees' clinical practice experiences. The evaluation of each site should include:

- a. The site itself (e.g., the resources provided, staffing)
- b. The experience for the postgraduate trainees at the site

3.8 - The Program is encouraged, but not mandated, to have a Residency Advisory Committee (RAC). Such a committee would consist of faculty, external members, supervisors, at least one postgraduate trainee representative, and should include the Program Director as an ex-officio member. The RAC should advise and assist the Program Director to:

- a. Develop and update a written residency mission statement that describes goals and objectives;
- b. Develop educational experiences and clinical rotations;
- c. Provide new or emerging knowledge, skills, or competencies that may influence the content or conduct of postgraduate trainee education;
- d. Review the sponsoring institution's internal review of the program;
- e. Review confidential and written postgraduate trainee evaluations of faculty and the program;
- f. Review the program director's evaluations of individual postgraduate trainees; and,
- g. Review the faculty evaluations of the program director and the program.

Clinical Faculty Evaluation

3.9 - The Program must have an established process to evaluate clinical faculty which include preceptors and didactic presenters. The evaluators may include but are not limited to postgraduate trainee and the Program Director.

3.10 - The Program must have a clear process for promptly identifying and addressing faculty performance concerns, as well as the development of an improvement plan with measurable goals.

Ongoing Program Self-Assessment

3.11 - The Program must have an established process of ongoing program self-assessment that should use the Accreditation standards as a method to identify the program's compliance. Self-assessment should be done on a periodic basis, no less than annually, and document its results. The Program self-

assessment should include:

- a. Programmatic assessment and corresponding outcome measures:
 - i. Postgraduate trainee completion rates
 - ii. Postgraduate trainee withdrawals or dismissals
 - iii. Postgraduate trainee evaluations of core program elements
 - iv. Preceptor evaluations of postgraduate trainee performance
 - v. Graduate employment data
 - vi. Alumni satisfaction
 - vii. Employer satisfaction (if possible)
 - viii. Program staff turn-over
- b. Documentation of program's self-assessment results and corresponding action plan that includes:
 - i. Identified strengths, weaknesses and opportunities for improvement
 - ii. Structural or content program adjustments to address areas of weakness and areas of improvement
 - iii. Evidence of improvement through implementing the action plan developed from evaluation results

Standard 4 – PROGRAM ELIGIBILITY

INTRODUCTION

Postgraduate NP training programs are formal postgraduate training programs that offer a structured curriculum with intensive clinically based practice experience in a high performance practice environment, as well as on-going didactic education for new Nurse Practitioners. Programs must be a minimum of twelve months, full time training opportunities within an appropriate health care delivery organization. Programs may determine that a longer period of time is required to achieve the desired goals, and should state that clearly in their application.

ELIGIBILITY CRITERIA

Application for Accreditation for Postgraduate NP training programs should be completed by the primary sponsoring organization. Postgraduate NP training programs must meet the following basic criteria in order to be eligible for consideration of accreditation.

4.1 – The sponsoring organization must be located within the US and operate Postgraduate NP training programs in settings that may include but are not limited to:

- Federally qualified health centers (FQHCs) and FQHC look-alike organizations
- Nurse managed health centers
- Other safety net settings such as the Indian Health Service
- Veterans Health Administration system
- Integrated Health Systems
- Private clinic systems and practices
- Academic health centers/medical centers, both public and private

4.2 - The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care. These entities may include but are not limited to:

- A nationally recognized regional or specialized/professional accrediting agency that accredits the institution of higher education that offers the postgraduate training program
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission, with specific accreditation under the Standard applicable to the practice site of the postgraduate residency training program.

4.3 - Program applicants must be:

- A graduate of an accredited Nurse Practitioner program who has earned either a Master of Science in Nursing or Doctor of Nursing Practice. The educational program should be accredited by CCNE or ACEN
- Board certified (by ANCC or AANP) and license eligible as an advance practice nurse in the state in which the program is located by a date determined by the Program in accordance with the planned program curriculum

Standard 5 – ADMINISTRATION

INTRODUCTION

The success of a Postgraduate NP training program is inextricably linked to the full support of the sponsoring organization and an alignment of their respective mission, values, and strategic objectives. Vertical and horizontal support at the level of the Board of Directors, executive team, senior leadership, clinical faculty, clinical teams, and non-clinical support functions create an environment in which the operational aspects of the Program work smoothly. Well-defined policies reflect the missions and goals of both the Program and sponsoring organization. A program's organizational chart describes key functional areas and clearly documents the roles, responsibilities, and contributions of multiple individuals and departments. The sponsoring organization documents the resources dedicated to the support of the Program in carrying out its objectives and accomplishing its missions, and these resources are sufficient for that purpose.

Organizational Sponsorship

5.1 - There is a clearly identified single sponsoring organization that is ultimately responsible for the Program.

5.2 - The Program must have a defined mission statement that defines the specific mission of the Program and also reflects the mission and goals of the sponsoring organization.

5.3 - The sponsoring organization must demonstrate that it has the sufficient resources, and is of a size, scope, and depth to either directly or through formal affiliation provide each of the core elements of the postgraduate Program including precepted clinical sessions, didactic lectures and presentations, training in specified procedures, and specialty rotations as defined in the Program manual, and ongoing evaluation of the program, curriculum, and individual postgraduate trainees' progress. Programs must be able to demonstrate that the sponsoring organization, not the affiliated organizations, maintains the ownership and control over the educational content of the program and the overall management, leadership, and evaluation of the program. The sponsoring organization must be able to assure its postgraduate trainees that it can provide adequate number and range of patients to assure the depth, breadth, and volume of training to meet the educational and training goals of the Program and the postgraduate trainees.

5.4 - When education and training elements of the Program are provided outside of the sponsoring organization, there must be clear written and signed agreements between the sponsoring organization and the affiliated organization, detailing the responsibilities and contributions of each party. At a minimum, the affiliated organization must be able to provide assigned resources to meet the goals of the educational experience, and to provide an evaluation to the sponsoring organization following the experience when relevant.

5.5 - The Program should consider having a formal academic partnership or affiliation. While this is not a requirement for accreditation, an academic partnership or affiliation supports the Program in their implementation and development of key program components including curriculum, clinical-based practice opportunities, didactic sessions, faculty development, evaluation, and additional training. In addition, a connection to an academic partner can support the program's positive relations with an accredited NP academic program and provide a source of future postgraduate trainee candidates

interested in further postgraduate training.

Organizational Responsibilities and Resources

5.6 - The sponsoring organization of the Program has primary responsibility for providing the following programmatic components:

- a. Ensuring that curriculum is planned, developed, and finalized prior to entry of first class of postgraduate trainees, and subsequently evaluated and revised as needed on a regular and on-going basis
- b. Coordination and documentation of all clinical experiences, including precepted clinics, didactic education, and experiential learning
- c. Sufficient provision of administrative and clinical faculty time for training, administrative and teaching requirements.
- d. Conducting the Program recruitment process in a transparent manner including selection of candidates for interviews, identification of the review committee members and standards for review, selection of final applications, and the process for notification of decisions to candidates and the process of offering positions to the candidates. These processes must ensure equal opportunity for qualified candidates to learn about the program, understand core requirements and factors influencing acceptance, and submit application
- e. Establishing a timeline for the recruitment, selection, and contracting process for postgraduate trainees
- f. Providing a formal written agreement, sometimes referred to as contracts or “enrollment agreements” to all postgraduate trainees that details the terms and conditions of participation in the Program including clear expectation of program completion with the established timeframe. These agreements also include information in the eventuality of program cancellation. The execution and maintenance of this agreement is supervised by the Program Director and supporting organizational staff during the defined term of the agreement.
- g. Providing all postgraduate trainees with the appropriate liability coverage for the duration of the program in accordance with other health care professionals at the organization.
- h. Assuring that postgraduate trainees are provided with appropriate salary, as determined by the sponsoring organization, plus employee benefits as defined by the organization and described in the organization’s policies. The sponsoring organization should be able to demonstrate that compensation is competitive with similar programs and reasonable for the geographic location of the program.
- i. Assuring that the environment in which the postgraduate trainees and staff are assigned meet the sponsoring organization’s standards for safety and security

5.7 - The sponsoring organization must provide the program with the financial resources to adequately operate and meet the defined core program elements, as reflected in the budget and operating plan developed and submitted by the Program to the sponsoring organization.

5.8 - The sponsoring organization must provide the Program with the necessary human resources for required program operations and the needed support for enrolled postgraduate trainees. Such resources include both general organizational HR support as well as specific support, particularly during their recruitment, on-boarding, and orientation processes.

5.9 - The sponsoring organization must provide the Program with the full range of resources needed by the Program, faculty, staff and postgraduate trainees to operate the Program and to fulfill obligations of the Program to enrolled postgraduate trainees. Such resources include sufficient patient population for the desired clinical experiences, adequate technology support in hardware, software, and training to ensure that the postgraduate trainees are trained using current technology, sufficient videoconference and distance learning technologies to remove any geographic barriers to learning, access to current, on-line learning resources, and instructional materials sufficient to support procedural training. These resources are reflected physically by demonstrating the following resources:

- a. Assigned clinical practice sites for postgraduate trainees for both precepted and specialty rotations
- b. Electronic technology that provides the postgraduate trainees with the opportunity to learn and practice in a technically sophisticated environment including EMR, videoconferencing, and evaluations
- c. Appropriate space within the clinical practice environment for trainees to interact as part of a full clinical interdisciplinary and inter-professional team

5.10 - The sponsoring organization must provide access to appropriate clinical support services either through direct availability or through an established referral relationship. Available clinical support services must be sufficient in scope and number to support the clinical practice and learning of the postgraduate trainees. Clinical support services include, but are not limited to, staff such as medical assistants, nurses and technicians relevant to the specialty area.

Standard 6 – OPERATIONS

INTRODUCTION

Operational policies and procedures are the foundation for a strong postgraduate NP Training Program. The Program must meet all of the required standards in this section but should utilize the organization's established policies and procedures to support how the Program is operated. The operations of the Program establish clear guidelines on how a program will implement the following standards and create consistency across all programs. The Program's policies and procedures should be established by the organization and published and made available to Program staff and postgraduate trainees. Program leaders are responsible for ensuring that all applicable state and federal regulations are adhered to, and that the required program elements as documented in the program's publicly available materials are accurately reflected.

6.1 - Once an applicant is successfully accepted by the Program they will be provided with a formal agreement outlining the terms, conditions, and benefits, either in writing or by electronic means. The agreement should include:

- a. Postgraduate trainee requirements and responsibilities
- b. Length of agreement
- c. All program requirements
- d. Financial compensation and other included benefits
- e. Professional liability insurance coverage or FTCA (federal tort claim act) coverage
- f. Policies and procedures for postgraduate trainee withdrawal or dismissal
- g. Other policies and procedures in accordance with the sponsoring organization

6.2 - Postgraduate trainees must have access at all times when they are engaged in program activities, either in person or electronically, to Program staff and/or supervising providers as determined by the sponsoring organization.

6.3 – Clinical precepted sessions require the time and support of an on-site preceptor for the duration of the session. The preceptor must have sufficient time and availability to be fully available to the postgraduate trainees for consultation, teaching, and direct assessment of patients. Preceptors who are precepting more than (1) postgraduate trainee should not be scheduled for any other direct patient care responsibility during the precepted session.

6.4 - Postgraduate trainees must not be required to perform non-clinical related administrative work for the Program that is not for the purpose of educational training or to meet the Program's training goals, objectives and competencies.

6.5 - Grievance policies must be defined, published, and readily available to postgraduate trainees and Program staff. The policy and procedures must address:

- a. The policy and procedures for disciplinary action should follow the general guidelines of the sponsoring organization and detail procedures to deal with any clinical or administrative deficiencies identified, including plans for improvement and remediation.
- b. Resolution of postgraduate trainee complaints and grievances related to the work environment or issues related to the Program or Program faculty.

- c. The right of the postgraduate trainees to file a complaint concerning the program with the NNPRFTC

6.6 - The HR department of the sponsoring organization will maintain records and documentation of the postgraduate trainee which contains information in accordance with the organization's policies and procedures.

6.7 - Postgraduate trainee documentation kept by the Program should include the following records:

- a. The postgraduate trainee has met published eligibility criteria
- b. Evaluation of postgraduate trainee performance while enrolled including meeting set forth competency requirements throughout the program
- c. Any disciplinary action
- d. Any grievances filed by the postgraduate trainee

6.8 - Records of all key program staff, including but not limited to the Program Director, Chief Clinical Director and additional Program staff assigned to the Program will be maintained by the Program and should include a current resume and job description that outlines the role and responsibilities as it relates to the Postgraduate NP Training Program.

Standard 7 - STAFF

INTRODUCTION

The staff that directs and supports the Postgraduate NP Training Program is a critical component to the effective operations of the program. The sponsoring organization must provide the Program leadership and key staff roles to operate, manage and support the Program that allows it to meet goals of the Program as well as the NNPRFTC standards. The key Program staff includes a Program Director, Chief Clinical Director, clinical faculty (preceptors) and required organizational support staff.

Program Staff

7.1 - The Program must have a designated Program Director, Chief Clinical Director, and organizational support staff that are sufficient in time and effort to fulfill all Program components. Based on the size and resources of the sponsoring organization the Program Director and Chief Clinical Director positions may be combined, provided the requirements for each position are met.

7.2 - Program staff is responsible for:

- a) Managing the implementation of all core program components
- b) Selecting potential applicants and choosing of final candidates
- c) Administering and collecting comprehensive performance evaluations of each postgraduate trainee
- d) Identifying and resolving unanticipated obstacles or problems that might impede successful achievement of objectives
- e) Designing, implementing, and evaluating curriculum
- f) Promoting the understanding of the Program internally within the sponsoring organization
- g) Disseminating outcomes and findings from the Program to the larger health care community
- h) Administering and coordinating all clinical practice, didactics, and other organizational activities of the Program
- i) Developing and implementing strategic plan as well as assessment plan

Program Director

7.3 - The Program Director must:

- a) Be an NP or operate under the direction of a Chief Clinical Director who is a NP.
- b) If the Program Director is an NP he/she must hold state current licensure by the state where the Program exists unless exempted from licensure under state or federal law.
- c) Be knowledgeable about and responsible for the Program's:
 - i. Sponsoring organization
 - ii. Day to day program operations
 - iii. Fiscal management
 - iv. Program self-analysis and evaluation
 - v. Program development and improvement
 - vi. Accreditation standards and process

Chief Clinical Director

7.4 - The Chief Clinical Director must:

- a. Hold a current, valid, unrestricted, and unqualified license to practice as an NP in the state in which the Program exists, and she/he may not hold any license that is restricted or qualified in any manner; however, if the Program Director is an NP, this requirement shall be waived and the CCO may be licensed in any appropriate clinical discipline.
- b. Be currently certified and experienced in the delivery of the type of health care services for which the postgraduate trainee is being trained and knowledgeable about the current practice standards for NPs
- c. Support the Program Director in assuring that clinical practice experiences and other core program components meet and incorporate current practice standards and recognized best practices
- d. Promote understanding of and support for the Program internally within the sponsoring organization
- e. Be an advocate for Postgraduate NP training programs nationally within the NP profession and broader health care communities

Clinical Program Faculty

7.5 - There must be sufficient Clinical Program Faculty to provide postgraduate trainees with the dedicated support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies. Clinical Program Faculty includes preceptors, mentors, didactic lecturers, faculty with expertise in areas such as quality improvement or leadership, and any other clinical training staff.

7.6 - Clinical Program Faculty must be:

- a. In good standing within the sponsoring organization
- b. Qualified through academic preparation and clinical/organizational experience
- c. Practice in the specific assigned clinical areas and topics

7.7 - The program must demonstrate that the appropriate level of guidance and supervision is in place for all postgraduate trainees who care for patients.

7.8 - Clinical Program Faculty assigned to train postgraduate trainees are required to provide performance evaluations that assess the postgraduate trainee's progress in achieving expected competencies and provide appropriate feedback through established means to the postgraduate trainee and appropriate Program staff. Clinical program faculty must be provided appropriate initial training and on-going professional development by the sponsoring organization that supports the development of skills to successfully carry out their responsibilities as faculty.

7.9 - There must be a key individual designated to facilitate the postgraduate trainee's progress in achieving program requirements at each site to which a postgraduate trainee is primarily assigned.

7.10 - All Program staff that provides clinical supervision to postgraduate trainees are required to use the Program's established evaluation tools to document their appraisal of the postgraduate trainees' performance and progress.

7.11 - The Program commits to provide Clinical Program Faculty with faculty development opportunities

throughout the year including but not limited to initial and ongoing training, didactic education sessions, and postgraduate trainee management guidance.

7.12 - There must be an evaluation process to critically review the quality of the Clinical Program Faculty.

Professional Development

7.13 - The sponsoring organization is encouraged to provide Program staff with the opportunity for continuing professional development to support the Staff in the development of their clinical, training, and administrative skills required for their role in the Program. Professional Development may include continuing education conferences, professional organizational meetings, and training opportunities.

Organizational Support Staff and Services

7.14 - There must be sufficient organizational support staff (administrative and technical) to support Program staff and postgraduate trainees in their day to day operations. The organizational support staff and services may include, but are not limited to:

- a. Information Technologies (IT)
- b. Business intelligence (reports and data analytics)
- c. Practice management (schedules, templates, case mix)
- d. Clinical support staff (medical assistants, RNs, and others to support the team care model)
- e. Quality improvement to support continuous QI activities within the practice
- f. Human Resources

Standard 8 – POSTGRADUATE TRAINEE SERVICES

INTRODUCTION

A sponsoring organization must provide the postgraduate trainees with adequate services during the Program. The services should be in line with the policies and procedures of the organization as it relates to other postgraduate trainees, health professions trainees, and health professionals, although services may be modified based on the established agreement.

Postgraduate Trainee Benefits

8.1 – Postgraduate trainees must be provided the same employee benefits as other full-time health profession trainees or employees in accordance with the sponsoring organization’s policies. Including but not limited to health insurance and other benefits, paid time off and continuing education funding.

8.2 - Postgraduate trainee salary must be commensurate with other professional trainees training in the organization. If the postgraduate NP Training Program is the only program within the organization, the salary must be commensurate with other training programs in the same geographic area.

8.3 - The sponsoring organization must provide the same benefits covering professional organization membership, provision of licenses and certifications as they do for full-time providers.

Postgraduate Trainee Health

8.4 - Postgraduate trainees must provide access to necessary health screening and immunizations in accordance with other health employees and those required by organizational policy. Health screening and immunizations must:

- a. Be based on current recommendations for health professionals
- b. Be consistent with organizational policy for other health professionals

8.5 - Postgraduate trainee health records and immunization information must be maintained confidentially and may be released for the purposes of program operations with the permission of the postgraduate trainee.

Postgraduate Trainee Work Environment

8.6 - Each postgraduate trainee must be provided the necessary workstation space and equipment, necessary to meet the objectives of the Program and generally at a level consistent with other members of the clinical staffs.

GLOSSARY OF TERMS

Accreditation - Accreditation is a voluntary process that is engaged in by organizations that sponsor a formal postgraduate training program for NPs. Accreditation provides programs with the opportunity to demonstrate their compliance with standards and validate the quality of the program to external stakeholders and prospective post graduate trainees. Accreditation status is granted to postgraduate training programs that meet the predetermined criteria.

Affiliated Organization - An affiliated organization is an organization distinct from the sponsoring organization with a vested interest in the outcome of the sponsoring organization's postgraduate training program. Affiliated organization must be able to provide assigned resources to meet the goals of the educational experience, and to provide an evaluation to the sponsoring organization following the experience when relevant.

Clinical Program Faculty - Clinical program faculty provide post graduate trainees with support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies. Clinical Program Faculty includes preceptors, mentors, didactic lecturers, faculty with expertise in areas such as quality improvement or leadership, and any other clinical training staff.

Competency Self-Assessment - We are interested in learning more about how nurse practitioners self-assess their level of competency for practice. We are interested as well in how this self-assessment might change over time due to the experience of practice and employment during the initial year(s) following graduation and certification. We are also interested in how the experience of a formal post graduate training program for family nurse practitioners might effect this assessment.

The competency self-assessment evaluation is completed by the postgraduate trainee at the beginning, mid-year and end-of-year of the post graduate training program. This instrument is based on a report produced by an expert panel and published by HRSA (Resources and Services Administration) in 2002 for entry into practice family nurse practitioner competencies.

Faculty - Program staff of the postgraduate training program

Fellowship - A postgraduate training program for licensed advanced practice registered nurses (APRNs) that provide a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner in primary care or specialty areas.

Meleis' Transition Theory - Transition Theory, developed primarily by Afaf Ibrahim Meleis, is a nursing theory that seeks to identify individuals experiencing life changes and then assisting these individuals in terms of health promotion. Transitions, or changes, can impact a patient's health in a variety of ways. By recognizing these times of transition, nurses can develop appropriate interventions for their patients which assist them in achieving positive outcomes. (Meleis, A. I. (1985). *Theoretical Nursing: Development and Progress* (1st Ed). Philadelphia: Lippincott Williams & Wilkins)

Mentor - A mentor is a member of the clinical program faculty (NP, MD, and PA). A mentor is an experienced provider who serves as a role model and resource to post graduate trainees during mentored clinics and other settings.

Mentored Clinic - Clinical Sessions when a post graduate trainee is assigned to a mentor (clinical program faculty). Mentored clinics focus on diversity of chief complaints, efficiency, episodic and acute care working within a primary care team. Mentored clinics, also known in some programs as independent clinics, are sessions during which the NP trainee practices independently but has access to a defined faculty member in the event of need for consultation or guidance. The mentored/independent clinic does not require the exclusive attention of the faculty member.

NCQA - (National Committee for Quality Assurance)- NCQA Recognition Programs empower employers, health plans, patients and consumers to make informed health care decisions based on quality. Participation in a NCQA Recognition Program demonstrates that the practice or clinician values quality health care delivery and the latest clinical protocols to ensure that patients receive the best care at the right time. (www.ncqa.org)

PCMH - (Patient Centered Medical Home)- The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care. NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely-used way to transform primary care practices into medical homes. (www.ncqa.org)

Postgraduate NP Training Program - A post graduate training experience for licensed advanced practice registered nurses (APRNs) that provides a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner in primary care or specialty areas.

Postgraduate Trainee (Postgraduate NP) - An advanced practice registered nurse (APRN) who has graduated from an accredited nursing program, (MSN or DNP) licensed and is participating in a post graduate training program.

Precepted Clinic - Post graduate trainees develop and manage their own panel of patients with the exclusive attention of an expert preceptor (NP, MD or PA). Precepted clinic require the time and support of an on-site preceptor for the duration of the session. The preceptor must have sufficient time and availability to be fully available to the post graduate trainees for consultation, teaching, and direct assessment of patients

Preceptor - A preceptor is a skilled, experienced, motivated and productive provider who and has demonstrated clinical excellence and high quality care with good outcomes. A preceptor serves as a role model and resource to post graduate trainees.

Program Director -The Program Director is responsible for the overall operations of the post graduate training program. The program director must be knowledgeable and responsible for the Programs: Sponsoring organization, program operations, fiscal management, program self-analysis and evaluation,

program development and improvement and accreditation standards and process. The Program Director must be a licensed NP in the state where the post graduate training program exists or operate under the direction of a Chief Clinical Director who is a NP.

Residency c A postgraduate training program for licensed advanced practice registered nurses (APRNs) that provide a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner in primary care or specialty areas.

Site Visit – A site visit is an essential and unique step in the accreditation process, where NNPRFTC peer volunteer members visit the post graduate training program to assess the degree to which the post graduate training program is consistent with the requirements of accreditation. The site visit can be effectively used for the in person elements of meetings with programs staff, trainees, and site/practice assessment. During the site visit, site visitors verify selfN study information and receive a perspective about the post graduate training program’s operation that can only be obtained through direct observation.

Sponsoring Organization c The sponsoring organization is the organization operating the Postgraduate NP training program. A sponsoring organization must be located within the US and operate Postgraduate NP training programs in settings that may include but are not limited to:

- Federally qualified health centers (FQHCs) and FQHC look-alike organizations
- Nurse managed health centers
- Other safety net settings such as the Indian Health Service
- Veterans Health Administration system
- Integrated Health Systems
- Private clinic systems and practices
- Academic
- health centers/medical centers, both public and private

The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care.