NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

2020 Conference Q&A

Monday, **July 27, 2020**; 10 a.m.–4 p.m. (EST)

3RD ANNUAL CONFERENCE

VIRTUAL

Launching and Enhancing Your Postgraduate Training Programs

2020 Conference Pre-Session Agenda

10:00–10:10 a.m. **Welcome and Overview of the Day**
Patricia Dennehy, DNP, RN, FNP, FAAN, NNPRFTC Membership Committee Chair

10:10–10:40 a.m. **Keynote Presentation: *"The Practice of the Future: Creating the Vision"***
Mitch Katz, MD, Chief Executive Officer, NYC Health + Hospitals

10:40–11:00 a.m. **Leadership Opening Remarks: *"Current State of Postgraduate Residency and Fellowship Training"***
Margaret Flinter, APRN, PhD, FAAN, FAANP, Senior Vice President/Clinical Director, Community Health Center, Inc.

11:00–11:20 a.m. **HRSA Clinical Workforce Update**
Luis Padilla, MD, FAAFP, Associate Administrator for Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services

11:20–11:40 a.m. **Break with Conference Sponsors:** Movement Activity

11:40 a.m.–12:10 p.m. **Program Adaptation: *"Responding to the Rapid Changes, Lessons Learned, and Moving Forward"***
Radha Denmark, MSN, FNP-C, Co-Director UNM APP Hospital Medicine Fellowship University of New Mexico
Mitchel Erickson, BSN, MSN, ACNP, Associate Chief of Advanced Practice, UCSF Health
John Roberts, DNP, ANP-BC, Harbor Health NP Residency Program Director

2020 Conference Pre-Session Q&A

Q: *Will the slides be available after the conference?*

A: From **Conference Presenter**: Yes, recordings and presentations will be available at: https://www.nppostgradtraining.com/conference/

Q: *How can I get the conference attendee list?*

A: From **Conference Presenter**: The attendee list is posted on the conference webpage: https://www.nppostgradtraining.com/conference/

Q: *How will you supervise the residents in telehealth?*

A: From **Conference Presenter**: Our biggest challenge transitioning to telehealth and remote learning was with our newest resident, who started with us literally one week before the in-home shelter took place. Since she never got the chance to establish herself with preceptors or patients and start gaining confidence in person, it was especially hard for her to jump right in to telehealth visits and for us to learn her skill level and needs. We gave her as much in person time as we could, more than the other residents. So I'd be interested in people's thoughts or plans on how they will manage new residents starting during this time.

Q: *How and when will we receive the CME certificate?*

A: From **Conference Presenter**: Upon completion of the conference evaluation, certificates will be sent out by August 7, 2020.

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2020 Conference Break Out Sessions Q&A

TRACK ONE—New Fellowship/Residency: Program Planning, Launching, and Support

Session One: Fundamental Requirements of a Successful Program
(Determine Readiness, Resource Assessment and Stakeholder Analysis)

Presenters: **Charise Corsino**, MA, Program Director NP Residency Programs, Community Health Center, Inc.
Leah LaRusch, MSPAS, PA-C, RT (N) Director UNM APP General Surgery Fellowship, UNMH Department of Surgery
Moderator: **Nicole Seagriff**, BSN, MSN, DNP, NP Residency Clinical Program Director, Community Health Center, Inc.

Q: ***Did you create an academic advisory board?***

A: From **Angela Forbes**, Seattle Children's Hospital: We had a panel of stakeholders that met regularly and still do.

A: From **Charise Corsino**, Community Health Center, Inc.: We at CHCI have an academic advisory; established through the HRSA grant, its about 1 year old.

Q: ***What would you say is the best approach to start working on your curriculum? It is a little overwhelming before you begin. We are launching in September.***

A: From **Charise Corsino**, Community Health Center, Inc.: Begin by looking at the Consortium's Accreditation Standards and Competency Domains and Sub-Domains when building the curriculum.

Q: ***Since you were emphasizing retention, was there a required commitment after training?***

A: From **Conference Presenter**: Most Postgraduate Training Programs are now requiring a second year employment commitment post-residency/fellowship.

Q: ***Do most programs have contributions from NPs, PAs, physicians, etc.?***

A: From **Kelly Ducheny**, Howard Brown Health: Our Program is an integrated care residency and we have contributions from NP, PA, MD/DO, psychologists/social workers, QI director, etc.

A: From **Charise Corsino**, Community Health Center, Inc., and **Leah LaRusch**, UNMH Department of Surgery: Both Programs have contributions from all disciplines.

TRACK ONE—New Fellowship/Residency: Program Planning, Launching, and Support

Session Two: Program Structure, Design, and Content of a 12-month Postgraduate Residency or Fellowship Training Program

Presenters: **Nicole Seagriff**, BSN, MSN, DNP, NP Residency Clinical Program Director, Community Health Center, Inc.
Angela Forbes, ARNP, Inpatient Chief Clinical Officer/APP Fellowship Supervisor, Seattle Children's Hospital
Moderator: **Charise Corsino**, MA, Program Director NP Residency Programs, Community Health Center, Inc.

Q: ***Is there one accrediting body for PAs or combined programs, specifically in rural health?***

A: From **Charise Corsino**, Community Health Center, Inc.: The Consortium and ANCC are the current accrediting organizations for postgraduate residency and fellowship training programs. The Consortium accredits joint NP/PA postgraduate training programs.

A: From **Angela Forbes**, Seattle Children's Hospital: The Consortium supports programs with both PAs and NPs and accredited our program.

Q: ***How do you frame how the residency is different from their clinical learning in their formative NP programs?***

A: From **Kim James**, El Rio Health: We have found that it is very important to make sure the buy-in is received from the organization. For the specialty rotation preceptors, this is a hands-on experience to ensure quality of rotation as well as timeliness in terms of evaluations/feedback for the residents, etc. We focus on procedures, team-based care and continuity of care for the residents and fellows.

Q: ***Do accrediting bodies require certain rotations for certain specialties (we are primary care family medicine)?***

A: From **DoQuyen Huynh**, Bridgestone Consulting: I'm the Accreditation Commission Chair for NNPRFTC. There is no requirement for specific numbers of specialty rotations. But we do ask that whatever you do, your rotations should be set up to support your mission and goals with clear evaluation process. So if your mission is well-rounded family practice competencies, then rotations should be well-rounded and appropriate to your patient population.

Q: ***As your fellows work only Monday–Friday, how do you handle hand-offs for the weekend on inpatient services?***

A: From **Shannon Fitzgerald**, Bainbridge Pediatrics: If APPs in your system work days that are not Monday–Friday, I advise strongly considering having fellows present at all times that jobs may happen, so that you don't accidentally set up an expectation that the work only happens during the week.

A: From **Angela Forbes**, Seattle Children's Hospital: Yes, I agree Shannon! We have our fellows work weekends and nights.

TRACK ONE—New Fellowship/Residency: Program Planning, Launching, and Support

Session Three: Finance and Operations

Presenters: **Margaret Flinter**, APRN, PhD, FAAN, FAANP, Senior Vice President/Clinical Director, Community Health Center, Inc.
Matthew Roman, LICSW, MBA, Chief Operating & Behavioral Health Officer, Thundermist Health Center
Ronna Smith, MN, ARNP, APP Education Manager/APP Administration, Seattle Children's Hospital

Moderator: **Patricia Dennehy**, DNP, RN, FNP, FAAN, NNPRFTC Membership Committee Chair

Q: ***I hear these programs called a residency program and a fellowship program. What is the difference, if any?***

A: From **Conference Presenter**: Organizations should choose what they want to call the program: residency, fellowship, or simply postgraduate training.

The following definitions might help guide you in deciding what to call your program:

Residency:
A broad-based, planned program of post-graduate clinical and didactic education that is designed to advance significantly the resident's preparation as a provider of patient care services in a defined area of clinical practice.

Fellowship:
A post-professional, funded, and planned learning experience in a focused area of specialty clinical practice, education, or research (not infrequently post-doctoral or for post-residency prepared, or board-certified providers).

What is the difference between a residency and a fellowship?
A clinical residency is designed to substantially advance a resident's expertise in examination, evaluation, diagnosis, prognosis, intervention, and management of patients in a defined area of clinical practice This focus may also include community service, patient education, research, and supervision of other health care providers (professional and paraprofessional). A fellowship is designed for the graduate of a residency or board-certified provider to focus on a subspecialty area of clinical practice, education, or research. Additionally, applicants of a clinical fellowship program must have the following qualifications: 1) specialist certification or completion of a residency in a specialty area, 2) substantial clinical experience in a specialty area, and 3) demonstrable clinical skills within a particular specialty area.

Q: ***For programs with FNP and PMH NP programs running at the same time, do you have a dedicated FNP and Psych Manager or do you manage both programs?***

A: From **Matthew Roman**, Thundermist Health Center: At Thundermist Health Center in Rhode Island there is a full-time Program Director for both programs and a FNP and PMH NP providing clinical oversight and leadership to each program.

Q: ***Do you offer incentives to preceptors?***

A: From **Conference Presenter**: To my knowledge, for most programs the "incentive" is a blocked schedule while precepting and having no other clinical responsibilities other than to precept the residents and fellows.

Q: ***Do all your residents live in the communities in which they practice?***

A: From **Angela Forbes**, Seattle Children's Hospital: Yes, most of our fellows either live in Seattle or move to Seattle for the program.

Q: ***Could you address if you encountered any barriers due to a perceived or actual conflict with Medical Residency learners?***

A: From **Angela Forbes**, Seattle Children's Hospital: No conflicts. I now see the residents and APPs outside eating lunch together and out at our local coffee shops together (pre COVID). It has transformed collaborative practice. The residents will NEVER know what it's like to not work with APPs so that will carry over to their physician careers.

Q: ***What is the revenue for these programs?***

A: From **Conference Presenter**: We can share a sample ROI on the conference webpage at: https://www.nppostgradtraining.com/conference/

TRACK TWO—Established Fellowship/Residency Programs: Expansion and Best Practices

Session One: Faculty Development
(Preceptor Selection, Orientation, Training, and Professional Development)

Presenters: **Radha Denmark**, MSN, FNP-C, Co-Director UNM APP Hospital Medicine Fellowship, University of New Mexico
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN, President & CEO, HealthImpact
Dan Wilensky, MD, Chief Preceptor and Medical Consultant APRN Residency Programs, Community Health Center, Inc.

Moderator: **Nancy Noyes**, RN, MS, PPCNP-BC, PMHCNS-BC, Fellowship Program Director, Nationwide Children's Hospital

Q: ***Can the handouts (1 minute preceptor) be emailed out?***

A: From **Conference Presenter**: All the resources, including the one minute preceptor which we will send out following the conference, will be available on the conference webpage: https://www.nppostgradtraining.com/conference/

Q: ***How do you help support preceptors who are resistant to teaching new NP fellows via telemedicine if your organization is doing a hybrid of telemed and face-to-face visits (with less emphasize on face-to-face visits at this time due to COVID)?***

A: From **Dan Wilensky**, Community Health Center, Inc.: Preceptors often need the encouragement that they already have the skills needed. We choose those who walk the walk. We don't expect our preceptors to know everything clinically. They have to be humble enough to let the residents know when they aren't sure. And "I don't know but I'll find out" isn't even needed. Supporting the resident as the resident seeks a solution themselves is what's often most appropriate. The preceptors are learning telemedicine alongside the residents.

Q: ***Can you talk a little bit more about how you adapt formal evaluations of preceptors to accommodate the small setting/avoid the resident feeling vulnerable?***

A: From **Radha Denmark**, University of New Mexico: Sometimes fellows/residents are uncomfortable with formal evaluations of preceptors due to fear of retaliation if they have critical feedback. Our monthly mentor check-in with the fellows provides opportunity to deliver this feedback in a safe venue with the mentor, rather than in writing. Then we can integrate that into our general preceptor guidance.

Q: ***A bit off topic, do you have experience with virtual precepting?***

A: From **Conference Presenter**: We have been doing virtual precepting since the pandemic. Unfortunately, we do have pre-existing virtual precepting experience. There are times when the preceptor falls through. In order to avoid canceling sessions, we have had preceptors jump in by phone, video, anything.

A: From **Conference Presenter**: We can share a sample virtual precepting policy on the conference webpage at: https://www.nppostgradtraining.com/conference/

Q: ***Are there any good resources out there for preceptors?***

A: From **Dan Wilensky**, Community Health Center, Inc.: https://www.stfm.org/teachingresources/resourcesfor/residencyprogramfaculty/overview/#6823. There's a faculty development starter package for residencies. It's focused on Family Med MD/DO programs which include OB and inpatient. But I believe they can tailor a workshop. I was told recently that they'd be willing to shift this from in-person to virtual.

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TRACK TWO—Established Fellowship/Residency Programs: Expansion and Best Practices

Session Two: Enhancing and Expanding Your Programs
(Developing Multi-Tracks and Incorporating HRSA Priorities)

Presenters: **Mitchel Erickson**, BSN, MSN, ACNP, Associate Chief of Advanced Practice, UCSF Health;
Christi DeLemos, MSN, NP, Associate Director of Advanced Practice, UC Davis Health Medical Center

Moderator: **Patricia M. Vanhook**, PhD, FNP-BC, FAAN, Professor, Associate Dean, Practice & Community Partnerships, FNP Residency Program Director, East Tennessee University

Q: ***Do you have less December graduate applicants with a November start date? We have September start with similar problems with credentialing, however I am nervous the later start date will be a deterrent to applicants.***

A: From **Conference Presenter**: Yes. We found despite an applicant's interest in participating in a postgraduate fellowship, having to wait for almost one year is too long and they secure employment elsewhere. With a November start date, we attract the Spring and Summer MSN graduates.

Q: ***How far in advance do you recommend the residents apply to the program?***

A: From **Conference Presenter**: Applications deadlines are at least three months from the program start date. Some programs are six months. I know there are some program application deadlines January 1 for a September 1 start.

TRACK TWO—Established Fellowship/Residency Programs: Expansion and Best Practices

Session Three: Program Tools: Administrative Nuts and Bolts
(Contracts, Policies, and Agreements, etc.)

Presenters: **Patricia M. Vanhook**, PhD, FNP-BC, FAAN, Professor, Associate Dean, Practice & Community Partnerships, FNP Residency Program Director, East Tennessee University
Susanne J. Phillips, DNP, APRN, FNP-BC, FAANP, Associate Dean, Clinical Affairs University of California Irvine, Sue & Bill Gross School of Nursing

Moderator: **Danielle Potter**, MSN, APRN, FNP-C, APRN Residency Program Director, El Rio Health

Q: ***I'd be interested in how others will make orientation engaging and community-building for residents via telehealth—scavenger hunt, what a great idea! But how do you do this kind of orientation remotely?***

A: From **Conference Presenter**: Ask them to find a resource within a ten block radius of the clinic. "Find a place to get an X-ray; find a food pantry, etc." and then have them submit links for that they find?

A: From **Conference Presenter**: We do a day long, inter-disciplinary education session to give an overview of behavioral health and the roles of all of our trainees. We do a scavenger hunt with them and give them a good overview of resources in our department.

A: From **Conference Presenter**: For the scavenger hunt, maybe have them upload a video of the places they find to a YouTube site you've set up? I imagine our IT departments could set that up?

Q: ***Regarding recruitment, how have your programs adopted efforts for diversity, equity, and inclusion? Looking for new ideas. We really want to recruit providers who represent the communities we serve.***

A: From **Conference Presenter**: Regarding diversity, it is the same for our clinic. We make sure to present at schools and programs that have diverse student bodies and reach out to student groups that are also diverse.

Q: ***Slightly off topic: Is anyone having residents do capstone or a project? We were planning on doing something that is more outreach related on space/place-based work?***

A: From **Mitchel Erickson**, UCSF Health: Yes, they must all complete either a guided or unique QI project to complete the program.

A: From **Patricia Vanhook**, ETSU College of Nursing: Yes, our residents are required to do a QI project that is focused on patient health outcomes.

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Q: ***Do you partner your residents or fellows with the medicine residents in orientation?***

A: From **Jen Genuardi**, Urban Health Plan, Inc.: We have residents do new associate orientation with all new providers and associates. We have used PriMed sessions for the medical specialties. We also did some of the Harvard free online courses (OUD, telemedicine) and then low cost ones through Harvard (health disparities, shared decision making.)

Q: ***Is journaling part of the work that the residents are required to do?***

A: From **Natalie Raghu**, Erie Family Health: Yes, we did add journaling because we realized it helped us understanding more the biweekly struggles, challenges, and successes they are experiencing.

A: From **Todd Smith**, CHAS: Yes, we require journal entries. While I was initially skeptical as to the benefit I find them invaluable now. Providing guidance is helpful to keep the intention focused and avoid having it used for complaints only.

A: From **Nancy Noyes**, Nationwide Children's Hospital: I respond to the fellow's journal through MEDHUB which is where they do their confidential journals. As fellowship director, I am the only one that sees them but will reach out to the fellow with any concerns and I respond to their journal in real time on MEDHUB.

A: From **Todd Smith,** CHAS: I do not respond though I will often talk to a resident if I need further info or simply to follow up with them. They know I review them and that I may want to know more about their concern or observation.

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