



NATIONAL NURSE PRACTITIONER
RESIDENCY & FELLOWSHIP TRAINING
CONSORTIUM

TRACK One:

New Fellowship/Residency Programs: Program Planning, Launching and Support

Workshop 1:

Fundamental Requirements of a Successful Program

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

Moderator: Leah LaRusch, MSPAS, PA-C, RT(N), Director UNM APP General Surgery Fellowship

Time: 1:00-2:15pm

FUNDAMENTAL REQUIREMENTS OF A SUCCESSFUL FELLOWSHIP/RESIDENCY PROGRAM

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Chief of Advanced Practice, UC Davis Health

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

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OBJECTIVES

1. Participants will recognize the fundamental requirements needed for a successful postgraduate training program
2. Participants will understand how to utilize the resource assessment tool and stakeholder analysis to determine readiness to launch a postgraduate training program
3. Participants will learn how to develop drivers and program goals for their postgraduate training program



POLL

What type of organization are you from?

1. Community hospital
2. University hospital
3. FQHC or FQHC look alike
4. Schools of nursing
5. School of medicine

What is your target date to launch your program?

1. 3-6 months
2. 6-12 months
3. 12-18 months
4. > 18 months
5. Already launched



THE “WHY” BEHIND POST-GRADUATE FELLOWSHIPS/RESIDENCY

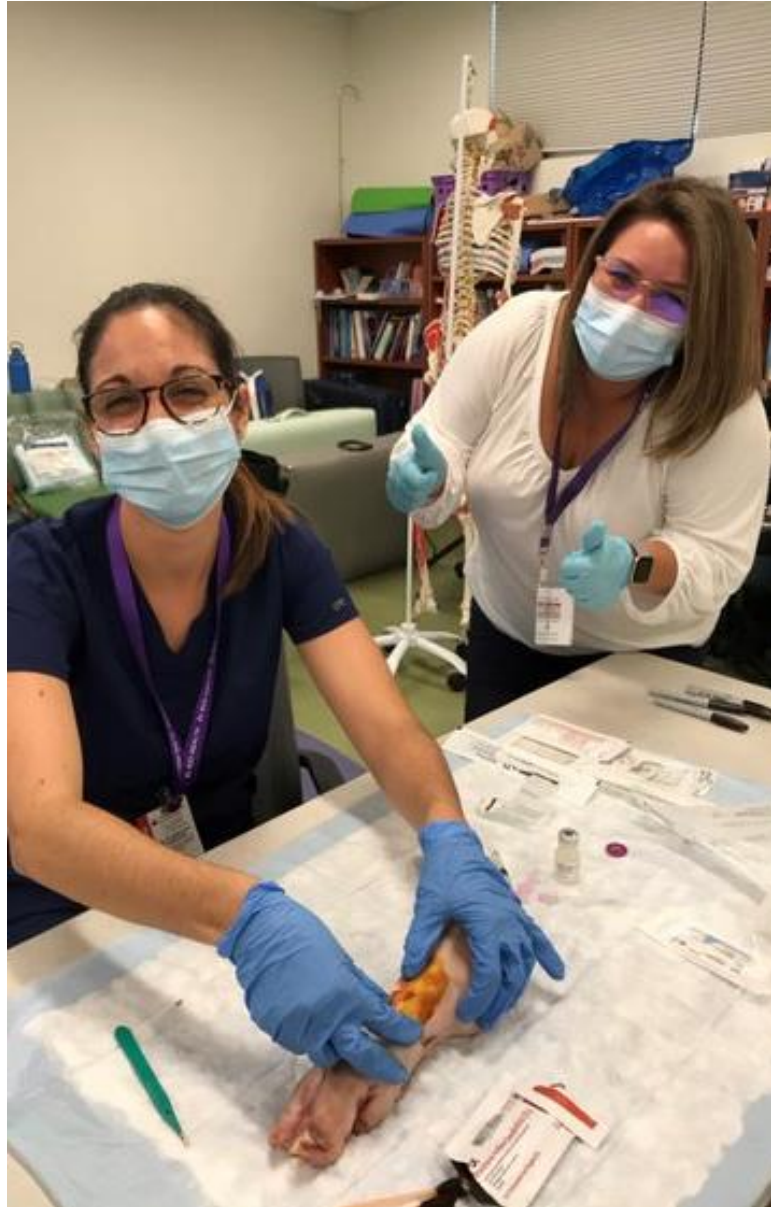
RATIONALE

- For physicians, residency and fellowship programs are part of the landscape of medical training but they have not been an option for advanced practice providers until recently
- APPs graduate with the skills and knowledge needed to pass rigorous certification exams and achieve licensure
- Often lack the experience and skill to function as independent providers in high volume primary care/specialty practices where they are needed most



RATIONALE

- NPs are prepared for entry level practice, however there are no entry level patients in the FQHC setting
- Clinical rotation experience in academic preparation varies and does not mirror the workload pressure of practice at an FQHC
- APPs are leaders in the community health center movement



DRIVERS (SURGERY FELLOWSHIP)

- **Retention** (dept of surgery has high turnover for APPs on all specialties)
- Produce educated, trained, qualified, and **COMPETENT APPs (PATIENT SAFETY AND GOOD OUTCOMES)**
- **Support physician and resident staff**/help prevent MD residents from violating duty hours (This is a big deal to ACGME). APPs do not compete with MDs, we are synergistic and on the same team)
- To provide APPs that are **competent** at managing complex patients and assisting surgeons in the OR
- Support **confidence** and reduce imposter syndrome
- Fellow forms a **network and relationship** with countless providers, nurses, techs, clinic staff, OR staff, PT/OT, other medical and surgical teams!
- The pandemic taught us that we need well trained APPs to care for complex patients in a variety of settings and be flexible and able to cross-train

APP LOSS

- Negatively impacts financial performance in the following ways:
 - Estimated costs of loss of a single APP is 1.3 x their annual salary - \$250,000 per provider
 - Increases staffing costs- time to interview, train, develop orientation plans, double staffing
 - Losses are linked to decreases in quality
 - Repeated loss of staff negatively impacts retention

FELLOWSHIP PROGRAM

Significantly reduces turnover and vacancy



Improves

Commitment to the organization	Team skills
Work satisfaction	Clinical leadership skills
Employee engagement	Critical thinking skills
Self-confidence	Absenteeism
Time management skills	Clinical competence

APRN RESIDENCY PROGRAM



Aligns with Mission and Core Values of the organization



Fits the Teaching Health Center Model



Improves patient care



Creates a workforce pipeline for FQHCs



Rural workforce development



Prepares future educators



Promotes NP leadership and health advocacy in communities

MISSION (SURGERY FELLOWSHIP)

- To provide an elective twelve-month postgraduate surgical training program for APPs that encourages retention and interprofessional relationships through a rigorous, standardized, carefully evaluated, and expertly mentored clinical and didactic curriculum.

Not a
continuation
of school!



Immersive practice-based learning environment



Supervised structured environment

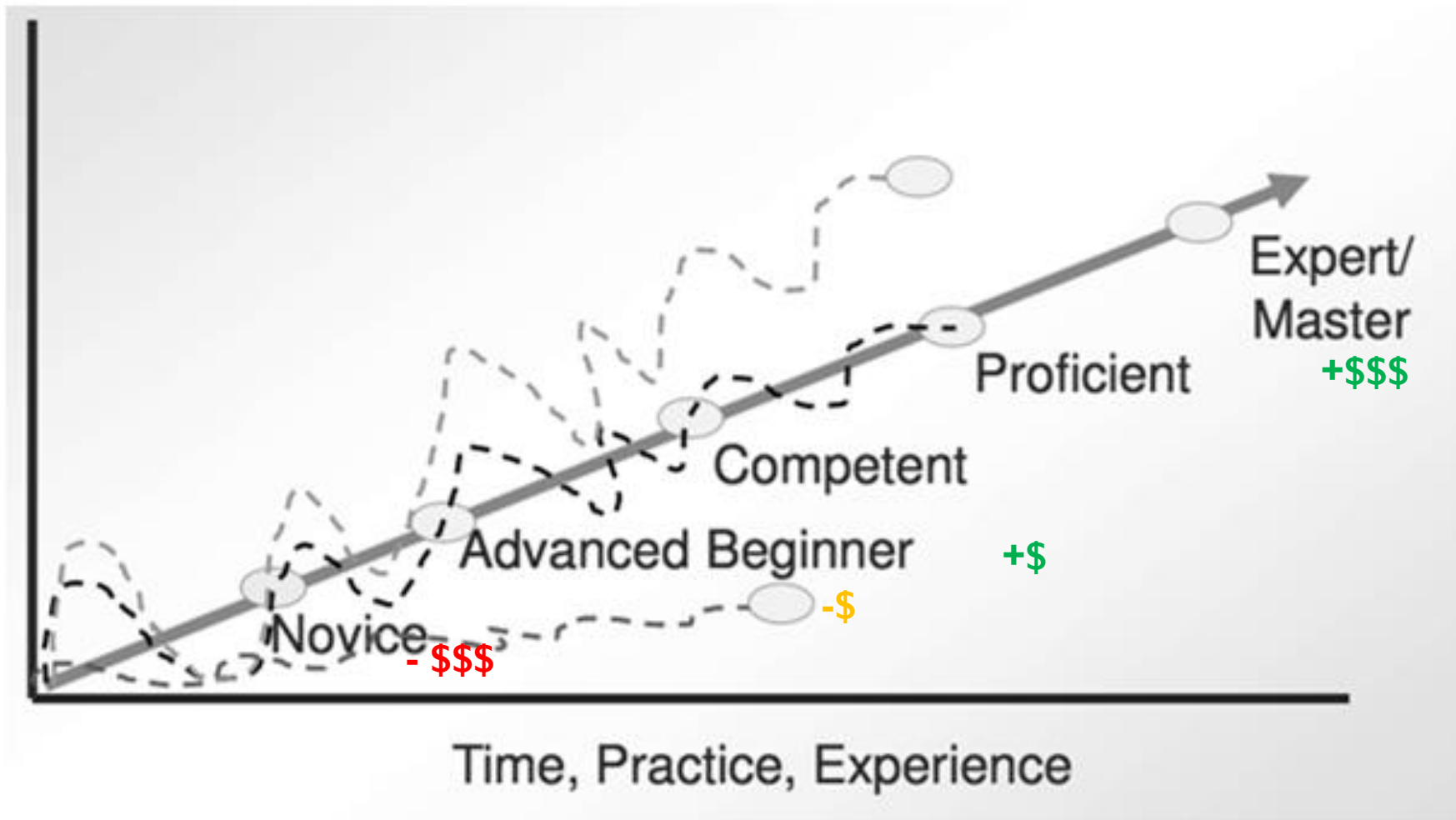


Develop specialty skill set



Didactic courses in topics related to your specialty

DEVELOPING AN EXPERIENCED WORKFORCE



- There is no shortcut to experience
- Substantial financial investment in the first 1-2 years of employing an APP
- Fellowships create a pipeline of qualified providers

WHAT YOU NEED TO GET STARTED



Experienced APPs and Physicians
who want to grow APP skill

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graph TD; A[Experienced APPs and Physicians who want to grow APP skill] --> B[Developed curriculum]; B --> C[Clear design for skill progression];
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Developed curriculum

Clear design for skill progression

UNMH APP GENERAL SURGERY FELLOWSHIP

- 12 month program for NPs and PAs, starting our 3rd fellow Aug 2021
- Organization: **Google drive/dynamic docs**, Handbook, Evaluation system (**REDCap**), weekly lecture series, clinical curriculum/rotations with preceptors. **LIST THE ROTATIONS AND MAKE A SYLLABUS FOR EACH!**
- Google calendar to keep track of fellow's schedule, **asked them to help manage**
- Team
 - Program director
 - Co-directors (1-2)
 - Medical director
 - Administrative support
- Rotations:
 - Initial supportive: scrub sessions/OR and hospital tours, Fam Med, IR, antithrombosis, Infectious Disease
 - Shadow days: wound care, PT/OT, speech/swallow
 - Main: Emergency Gen Surg, Elective Gen Surg, Vascular, Surgical Oncology, Trauma, Plastics...
- **Exit interview** with program team and fellows/residents

NTTAP LEARNING COLLABORATIVE -

[HTTP://WWW.CHCI.COM/NCA](http://www.chci.com/nca)

Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue



- HIV Prevention



NATIONAL SURVEY OF APP FELLOWSHIPS

69 PROGRAMS
NORTHEAST \$61,000
(AVERAGE SALARY OF APP 101,624)
SOUTH \$58,000
(AVERAGE SALARY OF APP 104,456)
MIDWEST \$61,000
(AVERAGE SALARY OF APP 103,475)
WEST \$79,000
(AVERAGE SALARY OF APP 121,792)

*HRSA not greater than 70% of NP salary

Benefits: variable
 12 months: > 95%, some 2 year
 65% called fellowship vs residency

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INTERNAL AND EXTERNAL DRIVERS



Mission to educate

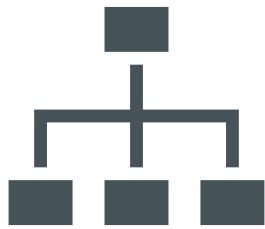


Vacancy and loss



Building workforce

MISSION & VISION



Align with organization

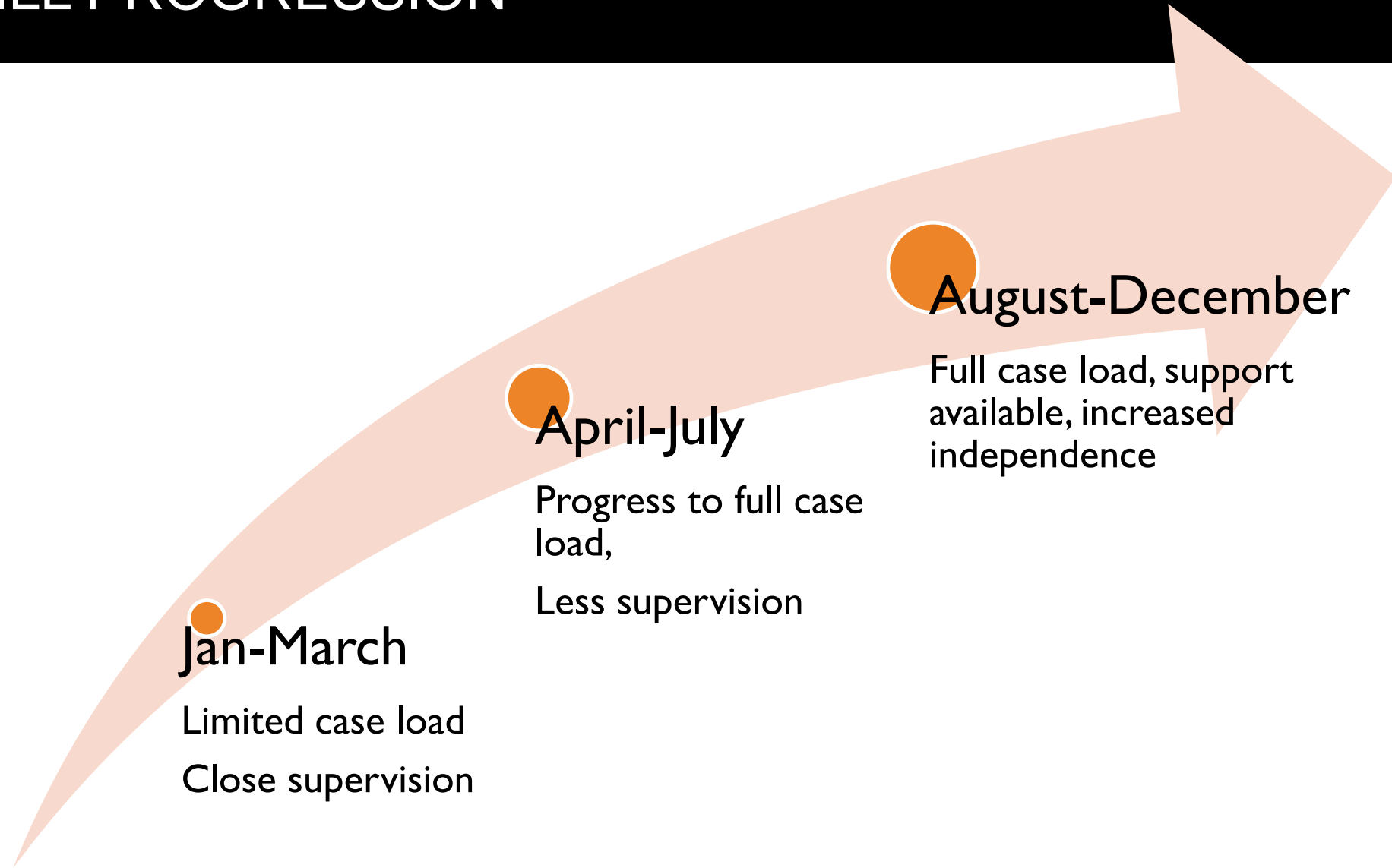


Gives rise to program goals and objectives



Communicates with stakeholders

SKILL PROGRESSION



Jan-March

Limited case load
Close supervision

April-July

Progress to full case load,
Less supervision

August-December

Full case load, support available, increased independence

FQHC SKILL PROGRESSION

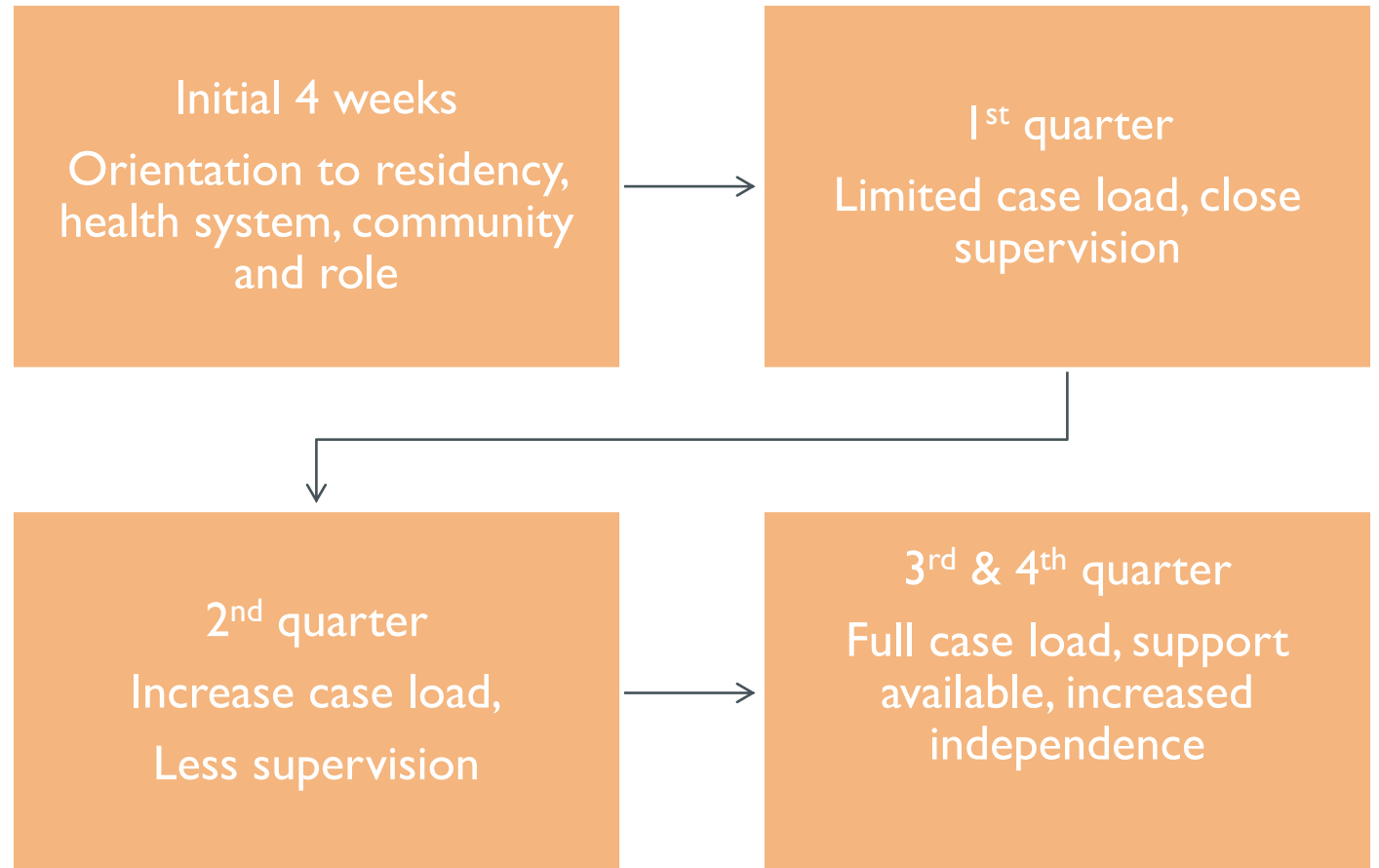
16 hours per week continuity clinic

8 hours per week specialty clinic

4 hours per week didactic

4 hours per week self directed learning

8 hours per week alternating mentor and pediatric continuity clinics



RESOURCE ASSESSMENT AND STAKEHOLDER ANALYSIS



RESOURCE ASSESSMENT



Physical space/locations

- Training sites
- Dedicated workspace
- Video conferencing



Human resources

- Recruit key program staff
- Identified preceptors
- Identified off service rotations
- Planned educational content



Financial support

- Develop a program budget
- Obtain approval
- Define salary/benefits



Organizational support

- C suite Leadership
- Operations
- Billing/coding
- IT
- Finance
- Department support

RESOURCE ASSESSMENT TOOLS

- Pro-Forma Analysis
- Market Analysis
- SWOT Analysis
- Survey Current Staff
- Funding Search/ Grant Applications
- Program Progress Checklist



RESOURCES (SURGERY FELLOWSHIP)

- Our fellows are hospital employees
- Internal HR (use employee policies such as calling in sick, grievance policies, conduct,
- Sister hospital for OR time (less MD residents to compete for OR time)
- Used the pre-existing fellowship format for handbook and documents to streamline and save time (we are also now collaborating 3 APP fellowships at UNM! Hospital Med, Gen Surg, Critical Care)
- OR nurses and techs
- Asked MDs and APPs if they have any prepared lectures (turns out a fair amount did!)
- We were initially funded by a Skilled Nursing Facility that needed our APPs to take shifts

Prioritize Stakeholders



High

Keep Satisfied

Manage Closely

Power

Monitor
(minimum effort)

Keep Informed

Low

Low

Interest

High

STAKEHOLDERS (SURGERY FELLOWSHIP)

- CEO, CMO, CFO, MD and APP leadership
- Surgeons/physicians
- APP colleagues (preceptors) - want them to feel included in the program and not see as a threat as most APPs here are OTJ trained, not postgrad trained
- RNs, MAs, Rad techs, PT/OT, EKG techs, clinic and admin staff
- YOUR LEARNERS
- MAKE EVERYONE FEEL INVOLVED AND IMPORTANT
- Consider telling people how they can help instead of asking them how they can help – I had better luck with this strategy
- Meet with key stakeholders at some frequency for updates and reviews (monthly meetings with department chair, yearly meetings with preceptors to ask if they need support being a preceptor and how the rotation could improve)
- Keep a running list of rave reviews of your program and learners to use in your presentation!
- Ask to present your program to board meetings, faculty meetings, anywhere you can! (Feel free to borrow my slides)

TIMELINE





ADVISORY BOARD

- Development of uniform selection criteria
- Consensus on programmatic materials
- Selection of practice-based learning environments
- Unification of standards and measurement tools
- Forecast needs related to accreditation

ACADEMIC PARTNER

Curriculum Development

Faculty Development

Research

Pipeline

Advisor



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PROGRAM CURRICULUM

- Must be specific to specialty and add to existing knowledge base
- Must be maintained yearly if not more frequently
- Should promote rapid acquisition of clinical skill
- Easy to access from any environment



FACULTY DEVELOPMENT

Bi-annual full day

CME

Skills

Teaching models

Policies/ Standardized Expectations

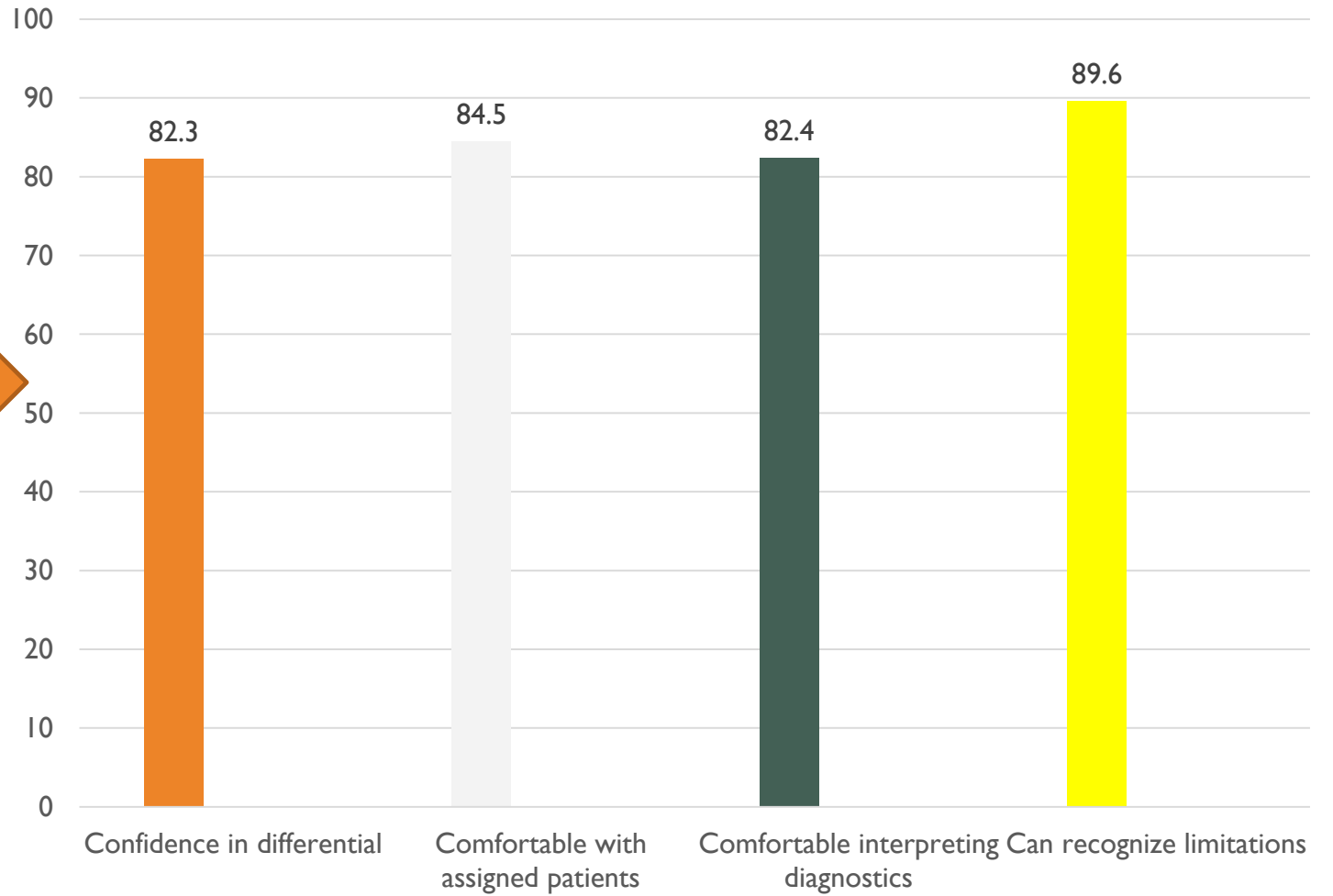
Team Building

Resident Orientation



MEASURE PERFORMANCE

Rapid cycle quality improvement



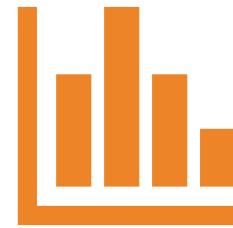
EVALUATION TOOLS



Software



360 evaluations



Share results

THANK YOU

References:

<https://www.nppostgradtraining.com/accreditation/standards/>

<https://www.weitzmaninstitute.org/NPResidencyBook>

<https://www.weitzmaninstitute.org/NCAResources>

<https://www.new-innov.com/pub/>



NEW INNOVATIONS

How would you rate the learning environment of the specialty rotation

Grade Scale

1 Unsatisfactory - 5 Excellent

Average

5.00

Overall Average

5.00

Minimum

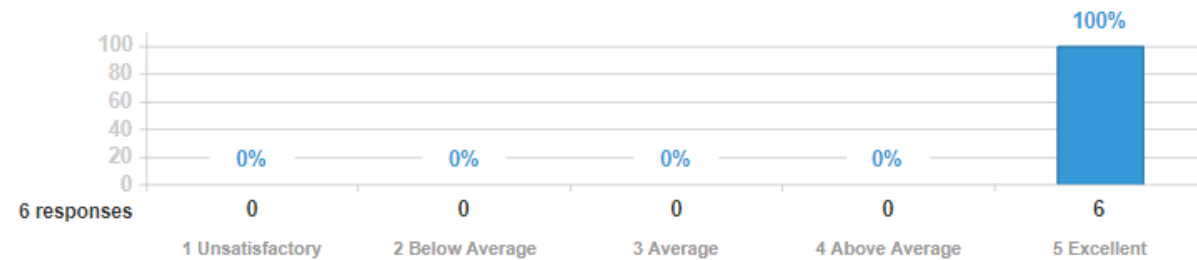
5

Maximum

5

Standard Deviation

0.00



Anonymous

The women's health clinic uses a team-based approach. Elizabeth and Jennifer are incredible. They are clear leaders and their team respects them. I was exposed to a great variety of women's health issues and was given the space to learn and build on my skills.



Anonymous

N/A



Anonymous

n/a



Anonymous

Preceptors were approachable, excellent teachers, fun to learn from!



Anonymous

All the staff was really friendly and welcoming.



Anonymous

This was one of the most welcoming rotations I've had thus far and the preceptors were excellent.