NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Welcome to the 4th World Café Webinar:

"White Paper- content and purpose for APP Fellowships and Residencies

Patrick Kallerman, Vice President of Research at Bay Area Council Economic Institute and Mitchel Erickson, BSc, BSN, MS, DNP-c, ACNP, Geriatric consultant UCSF Health

We will begin shortly

Get the Most Out of Your Zoom Experience

- Use the Chat feature to submit questions during today's session

- Recording and presentations will be made available to everyone after the session at https://www.nppostgradtraining.com/2021-annual-consortium-virtual-conference/

- Unanswered questions will be responded following the webinar and posted to the webpage

- This is a CE-approved activity, please complete the evaluation following the webinar to receive your CE certificate

Session Objectives:

By the end of this session participants will be able to:

➢ Learn how whitepapers can be used to support an APP fellowship/residency.

➢ Examine the components of a whitepaper and the role components play.

➢ Share examples of APP residency/fellowship introduction and program expansion and how a whitepaper and their presentation can support your message.
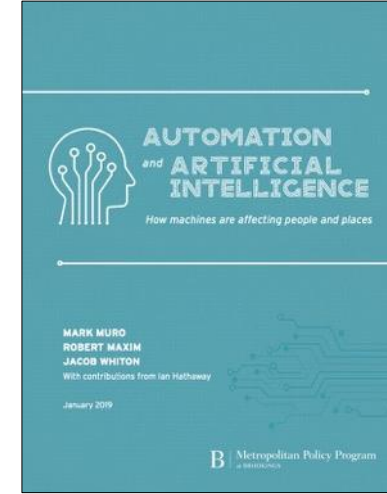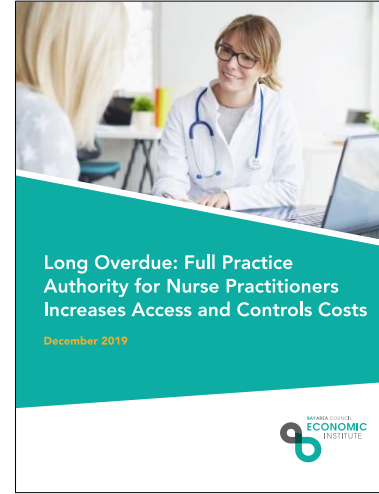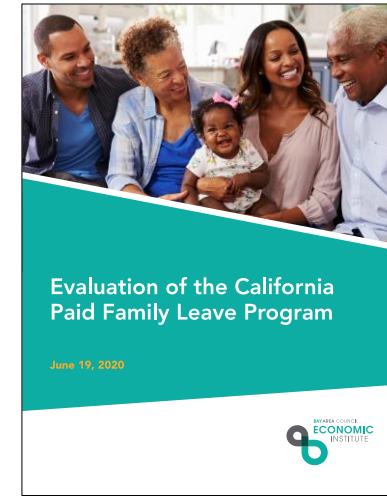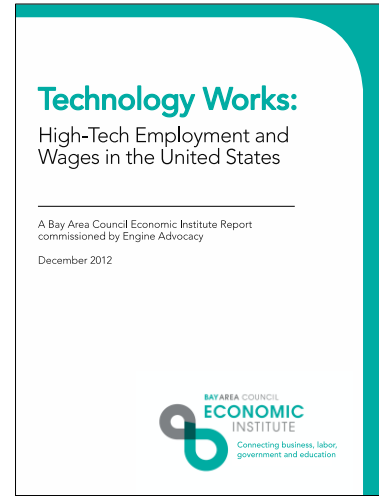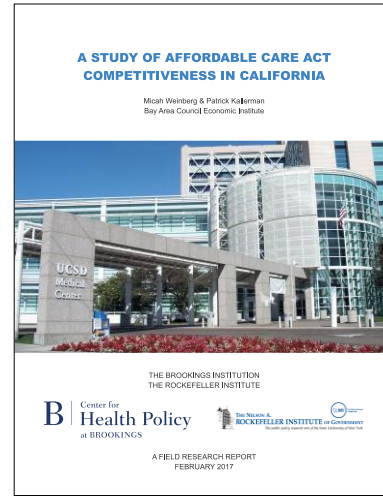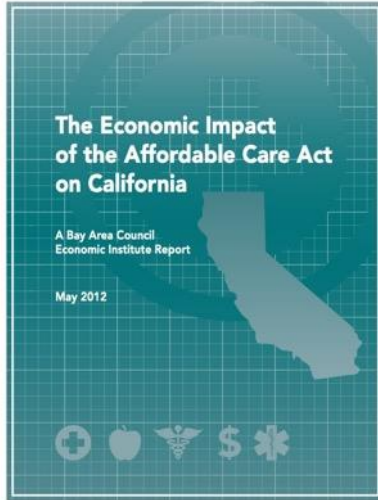
NO DISCLOSURES

The views expressed in this presentation are those of the faculty and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.

The Economic Impact of the Affordable Care Act on California

A Bay Area Council Economic Institute Report

May 2012

A STUDY OF AFFORDABLE CARE ACT COMPETITIVENESS IN CALIFORNIA

Micah Weinberg & Patrick Kallerman
Bay Area Council Economic Institute

UCSD Medical Center

THE BROOKINGS INSTITUTION
THE ROCKEFELLER INSTITUTE

B | Center for Health Policy at BROOKINGS

THE NELSON A. ROCKEFELLER INSTITUTE of GOVERNMENT

A FIELD RESEARCH REPORT
FEBRUARY 2017

Technology Works:
High-Tech Employment and Wages in the United States

A Bay Area Council Economic Institute Report commissioned by Engine Advocacy

December 2012

BAY AREA COUNCIL
ECONOMIC INSTITUTE
Connecting business, labor, government and education

Evaluation of the California Paid Family Leave Program

June 19, 2020

ECONOMIC INSTITUTE

The Economic Impact of Precision Medicine in California

September 2018

ECONOMIC INSTITUTE

June 2016

Mainstreaming Medi-Cal
Investing in Patient Access, Improving Economic Productivity

ECONOMIC INSTITUTE

Long Overdue: Full Practice Authority for Nurse Practitioners Increases Access and Controls Costs

December 2019

ECONOMIC INSTITUTE

AUTOMATION and ARTIFICIAL INTELLIGENCE
How machines are affecting people and places

MARK MURO
ROBERT MAXIM
JACOB WHITON
With contributions from Ian Hathaway

January 2019

B | Metropolitan Policy Program at BROOKINGS

Patrick Kallerman, Vice President of Research
Bay Area Council Economic Institute

ECONOMIC INSTITUTE

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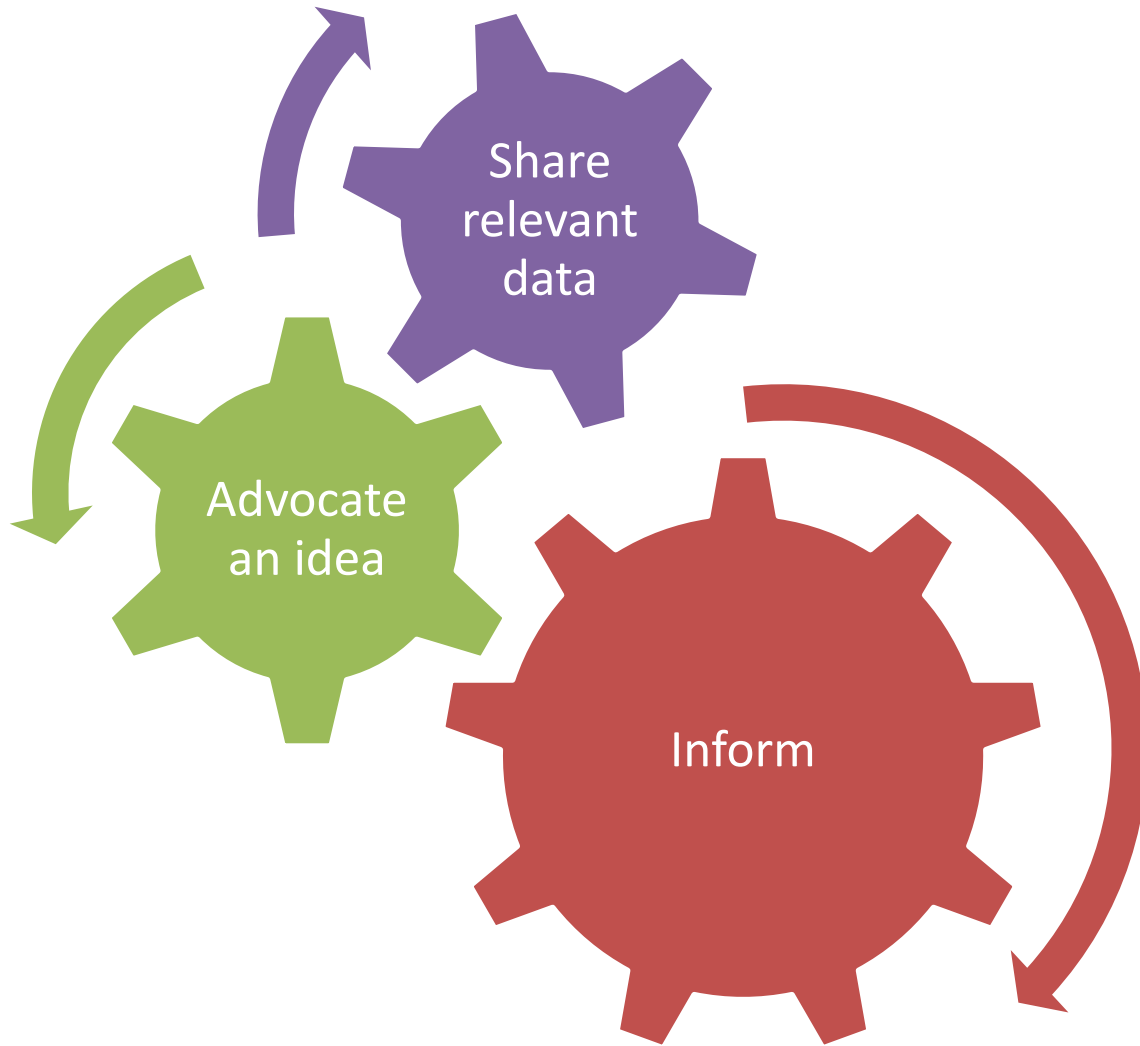What is a **whitepap**er's purpose?

Originally, the term white paper was used as shorthand to refer to an official government report, indicating that the document is authoritative and informative in nature. Writers typically use this genre when they argue a specific position or propose a solution to a problem, addressing the audience outside of their organization.
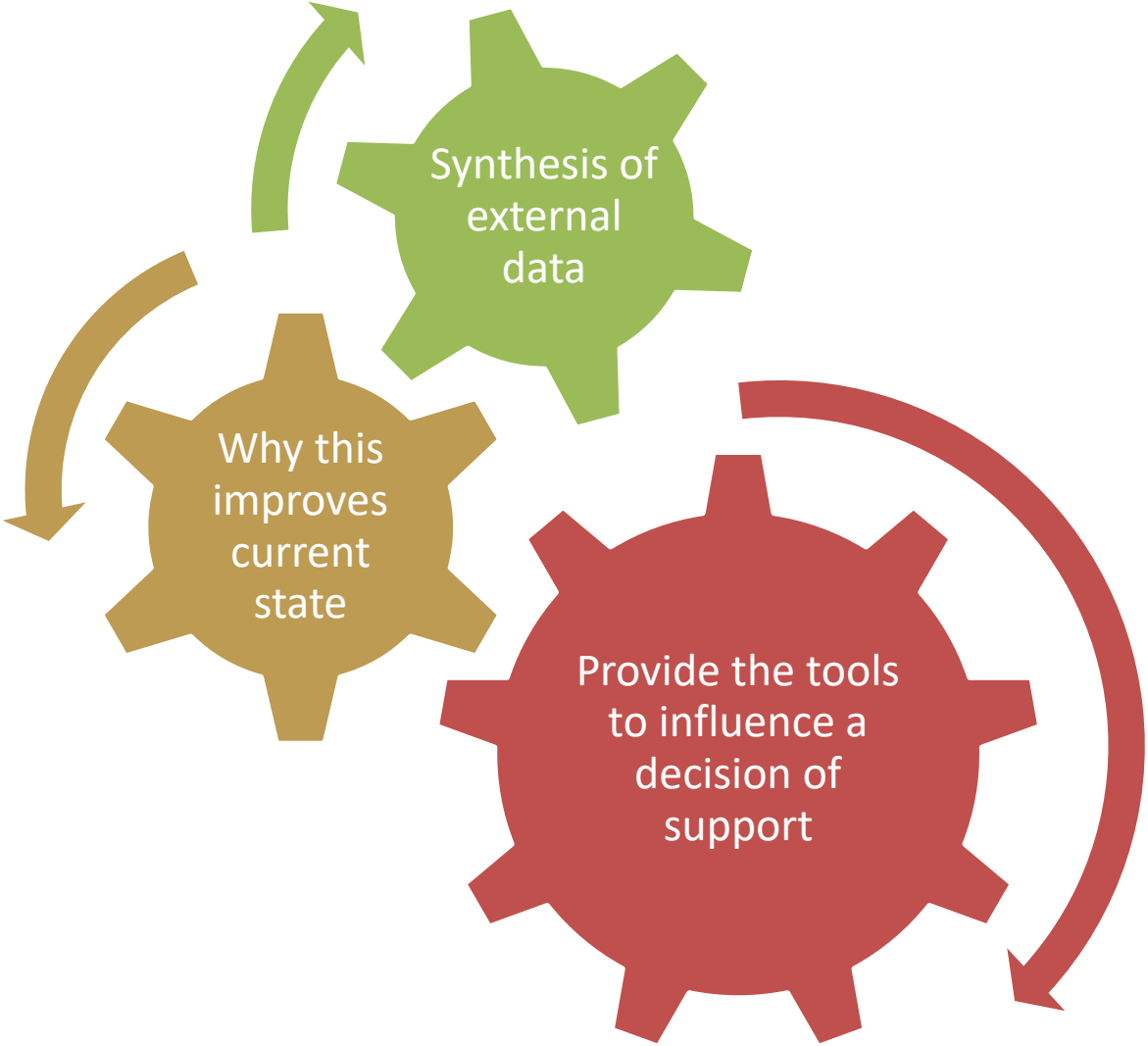*   - Purdue Writing Lab*

What is NOT a whitepaper's purpose?

They are generally not the place to discuss scientific methods, disagreements within the literature, or other technical details.

Why write a whitepaper?

Share relevant data

Advocate an idea

Inform

What is the purpose

Synthesis of external data

Why this improves current state

Provide the tools to influence a decision of support

What should a whitepaper include?

- Title (usually a good subtitle goes a long way)
- Executive Summary (if length of paper warrants)

Background (supportive data from external sources
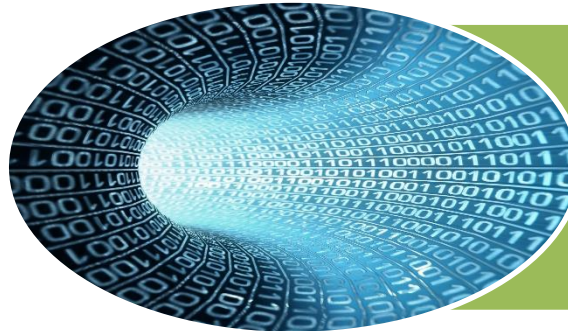
- Problem (supportive internal data)
- Conclusion
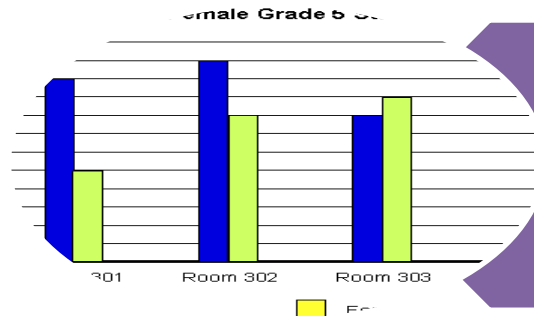- Recommendations

Writing style and content are key.

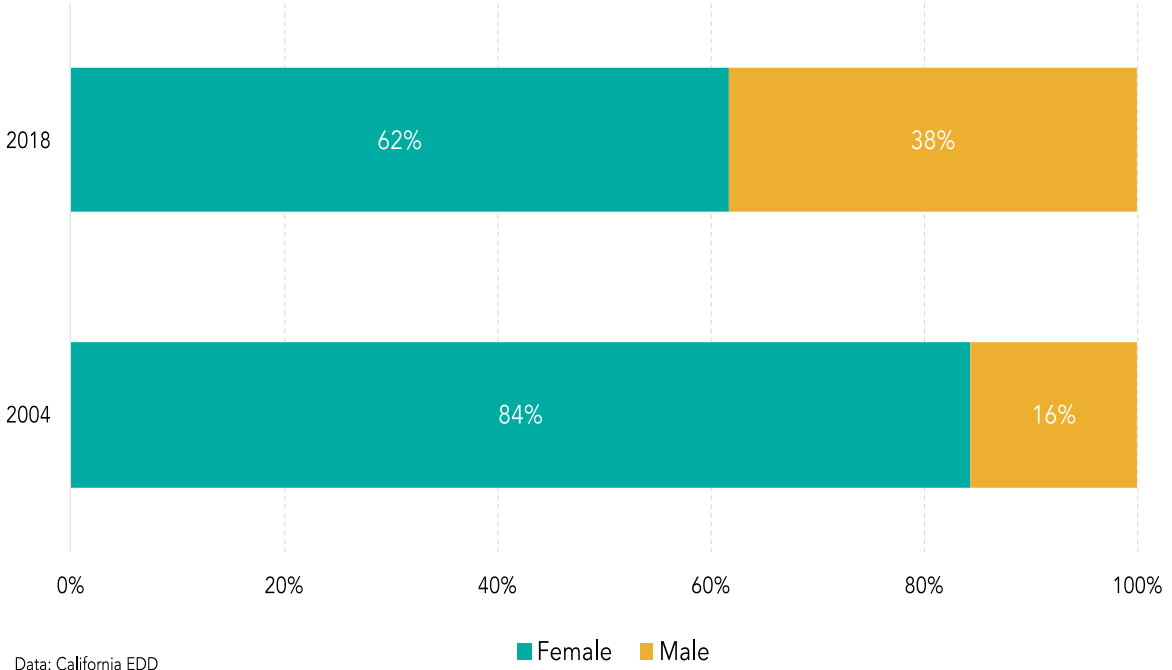**Who is your audience**

Avoid jargon

Simplify technical content

Present data clearly and simply when comparing

Simple and clear is always best.

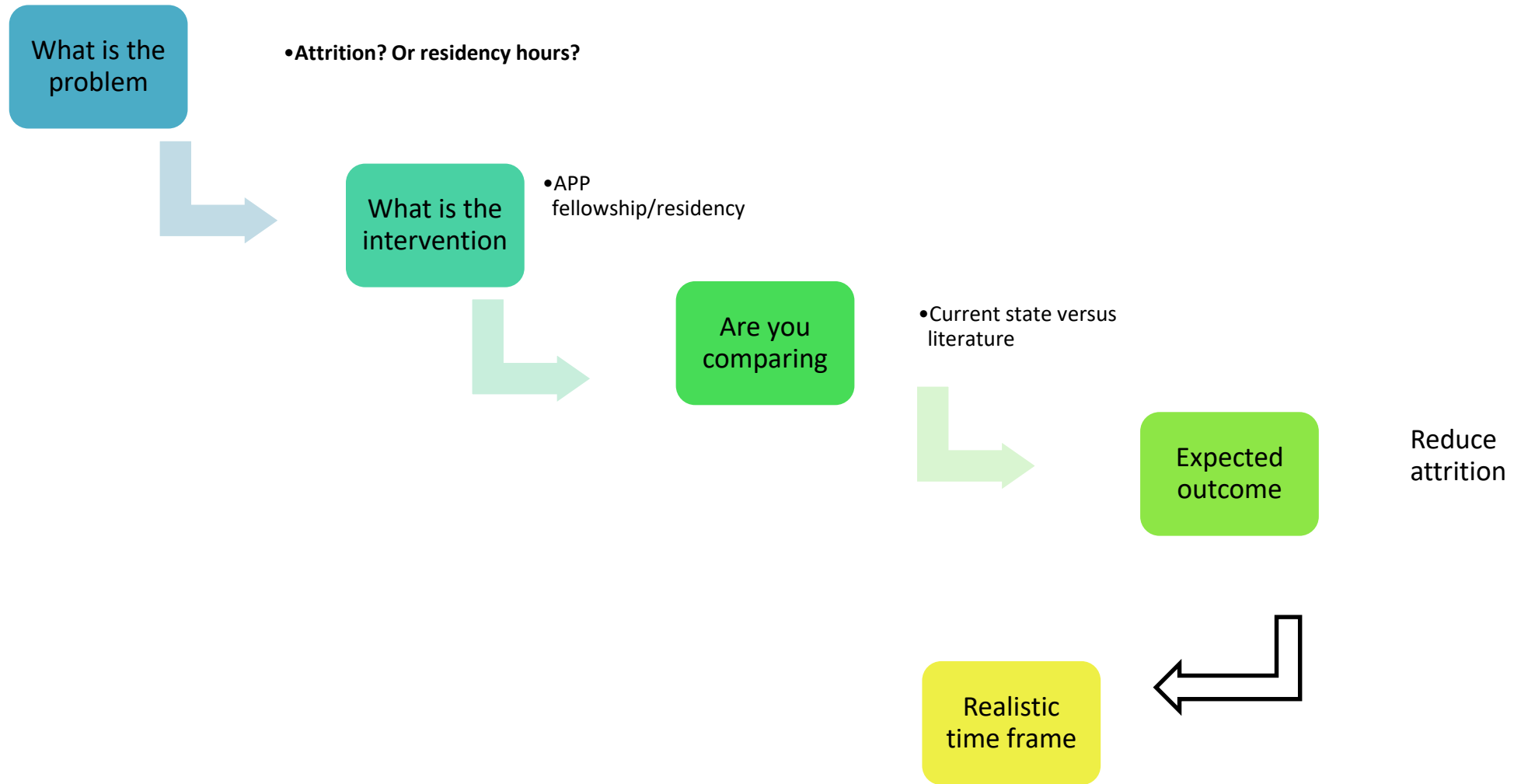## Share of male versus female bonding PFL claims over time

Year	Female	Male
2018	62%	38%
2017		
2016		
2015		
2014		
2013		
2012		
2011		
2010		
2009		
2008		
2007		
2006		
2005		
2004	84%	

Data: California EDD

■ Female   ■ Male

Share of male versus female bonding PFL claims when PFL was implemented versus 14 years into the Program

Year	Female	Male
2018	62%	38%
2004	84%	16%

Data: California EDD

■ Female   ■ Male

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Propose an APP fellowship/residency

Expand an existing program

Think of this a quality improvement effort - PICOT

What is the problem

•**Attrition? Or residency hours?**

What is the intervention

•APP fellowship/residency

Are you comparing

•Current state versus literature

Expected outcome

Reduce attrition

Realistic time frame

Theoretical framework guidance
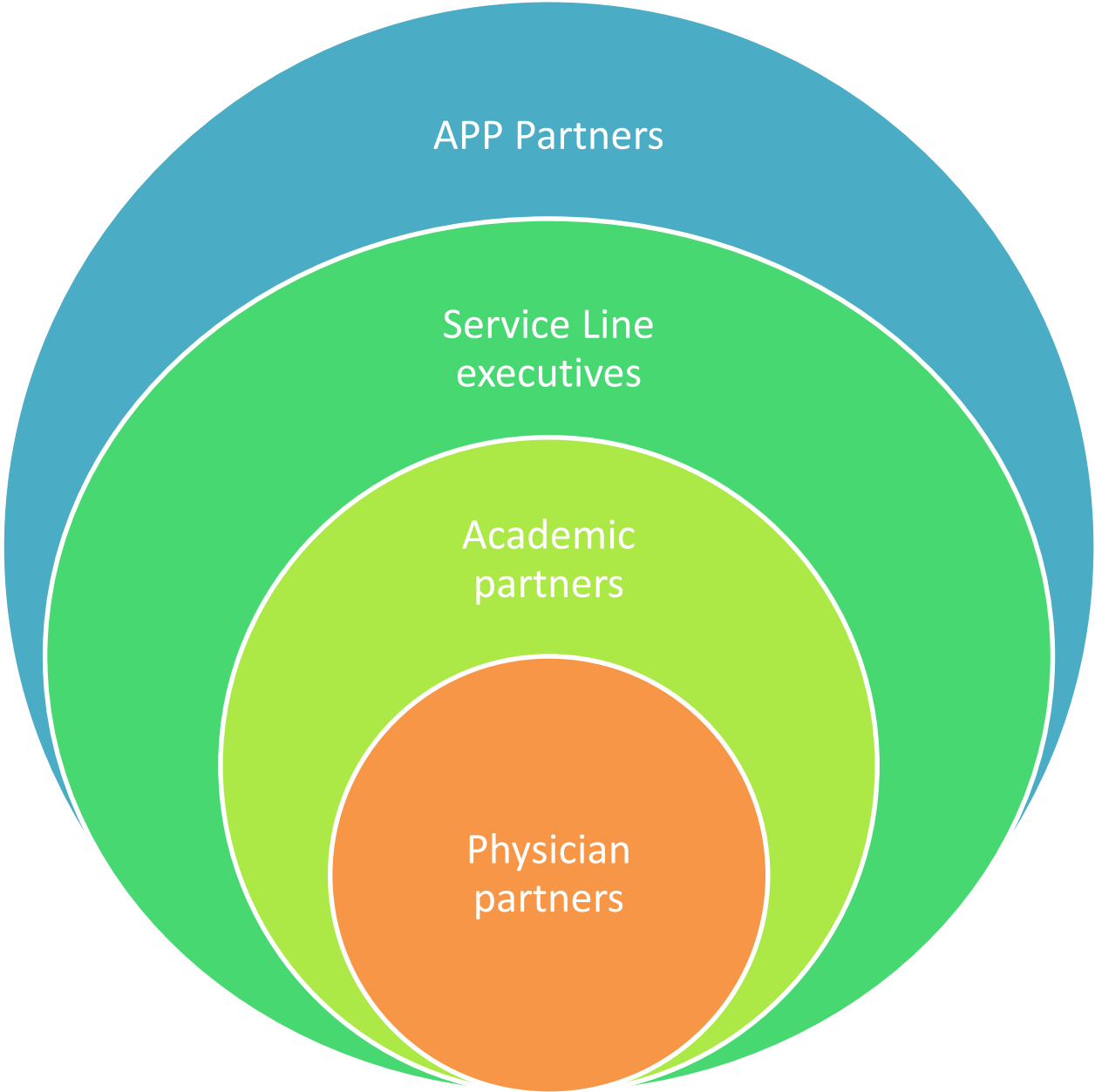
Stetler

Iowa Model

Model for evidence-based practice change

Purpose, Context, & Sources of Evidence:	Credibility of Evidence & Potential for/Detailed Qualifiers of Application:	Synthesis & Decisions/Recommendations per Criteria of Applicability:	Operational Definition of Use/Actions for Change:	Alternative Evaluations:
...ential Issues/Catalysts ...problem, including ...xplained variations; ...s-than-best practice; ...tine update of knowledge; ...idation/routine revision of ...cedures, etc; or ...ovative program goal ...rm/clarify perceived ...oblem/s, with internal ...dence re: current ...ctice [baseline] ...nsider other influential ...rnal and external ...tors, e.g., timelines ...rm and focus on high ...rity issues ...cide if need to form a ...m, involve formal ...keholders, &/or assign ...ject lead/facilitator ...ine desired, measurable ...come/s ...k out systematic ...iews/guidelines first ...ermine need for an ...licit type of research ...dence, if relevant ...ect research sources ...h conceptual fit	• *Critique & synopsize essential components, operational details, and other qualifying factors, per source ° See instructions for use of utilization-focused review tables, with evaluative criteria, to facilitate this task; fill in the tables for group decision making or potential future synthesis • Critique *systematic reviews and guidelines • Reassess fit of individual sources • *Rate the level & quality of each individual evidence source per a "table of evidence" • Differentiate statistical and clinical significance • Eliminate noncredible sources • End the process if there is clearly insufficient, credible external evidence that meets your need *Stetler, Morsi, Rucki, et al. Appl Nurs Res 1998; 11(4):195–206 for noted tables, reviews, &	• *Synthesize the cumulative findings: *Logically organize & display the similarities and differences across multiple findings, per common aspects or subelements of the topic under review * Evaluate degree of substantiation of each aspect/subelement; reference any qualifying conditions for application • Evaluate degree & nature of other criteria: **feasibility (r,r,r = risk, resources, readiness); pragmatic fit, including potential qualifying factors to application; & nature of **current practice, including the urgency/risk of current issues/needs • Make a decision whether/what to use: * Can be a personal practitioner–level decision or a recommendation to others * *Judge strength of decision; indicate if primarily "research-based" (R-B) or, per high use of supplemental info, "E-B"; note level of strength of recommendation/s per related* table; note any qualifying factors that may influence individualized variations • If decision = "Not use" research findings: * May conduct own research or delay use till additional research done by others * If still decide to act now, e.g., on evidence of consensus or another basis for practice, consider need for rigorous planned change and evaluation. • If decision = "Use/Consider Use," can mean a recommendation for or against a specific practice	• Types = cognitive/conceptual, symbolic &/or instrumental • Methods = informal or formal; direct or indirect • Levels = individual, group or department/organization • Direct instrumental use: change individual behavior (e.g., via assessment tool or Rx intervention options); or change policy, procedure, protocol, algorithm, program, etc. • Cognitive use: validate current practice; change personal way of thinking; increase awareness; better understand or appreciate condition/s or experience/s • Symbolic use: develop position paper or proposal for change; or persuade others regarding a way of thinking • CAUTION: Assess whether translation/product or use goes beyond actual findings/evidence: * Research evidence may or may not provide various details for a complete policy, procedure, etc.; indicate this fact to users, and note differential levels of evidence therein • Formal dissemination & change/implementation strategies should be planned per relevant research and local barriers: * Passive education is usually not effective as an isolated strategy. Use Dx analysis** & an ***implementation framework to develop a plan. Consider multiple strategies: e.g., opinion leaders, interactive education, reminders & audits. * Focus on context& to enhance sustainability of organization-related change • Consider need for appropriate, reasoned variation • WITH B, where made a decision to use in the setting: * With formal use, may need a dynamic evaluation to effectively implement & continuously improve/refine use of best available evidence	• Evaluation per type, method, level: e.g., consider conceptual use at individual level&& • Consider cost-benefit of change + various evaluation efforts • Use RU-as-a-process to enhance credibility of evaluation data • For both dynamic & pilot evaluations, include: * **formative, regarding actual implementation & goal progress * summative, regarding identified end goal and end-point outcomes NOTE: Model applies to all forms of practice, i.e., educational, clinical, managerial, or other; to use effectively, read 2001 & 1994 model papers. **Stetler et al, 2006 re: dx analysis ***E.g.: Rogers' re: implications of attributes of a change; Rycroft-Malone et al, &PARIHS (2002) & Green & Krueter's PRECEDE (1992) models re: implementation

Examples with sustainability

APP Partners

Service Line executives

Academic partners

Physician partners

Fellowship/residency surgery/transplant/ICU

Expansion in psychiatry and oncology

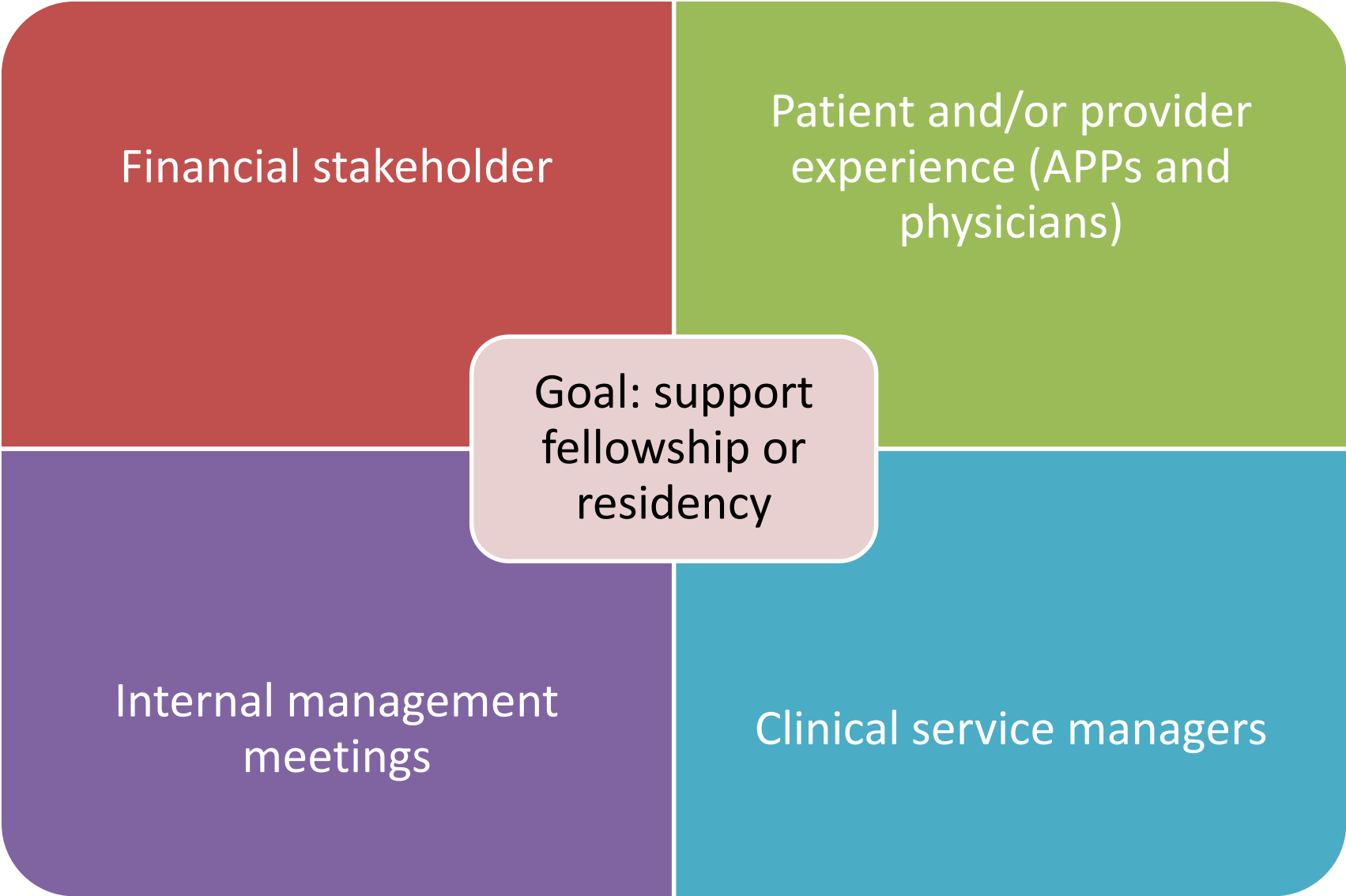# Internal Evidence

Internal success

Internal relationships

Organization's clinical needs

Solicit APP feedback

Needs assessment for your white paper

Influencers and supporters

Financial stakeholder

Patient and/or provider experience (APPs and physicians)

Goal: support fellowship or residency

Internal management meetings

Clinical service managers

ATTRITION BY CLINICAL SERVICE

Legend: Emerg Med, Surgery, Primary Care, Cancer Svc, Peds CC, Adult CC, Amb Spec Adult, Amb Spec Peds, OB/GYN, Prepare, Ortho

Chart labels: Surgery, Cancer Svc, OB/GYN, Ortho, Adult CC, Prepare, Primary Care, Emerg Med, Peds CC

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External Evidence

Published literature

Expert opinion

Outside healthcare systems

Patient involvement

Money always talks

- Attrition costs versus workforce stabilization
- Employee engage costs
- Small if your organization is struggling
- Start with a pilot in a high need clinical area
- Partnerships with medical group and executives or hiring department
- Cost sharing strategies

Post-Web Cafe Survey:

https://chc1.iad1.qualtrics.com/jfe/form/SV_1U4RZugSAOrVkto

SAVE THE DATE:

February 2, 2022 at 3:00pm (EST) Web Café

"How to Develop Your faculty to Teach Effectively"