



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2023 Annual Conference:

**Transforming Advanced Practice Postgraduate Training
Stronger Together: Setting the Standards**

July 23-24, 2023

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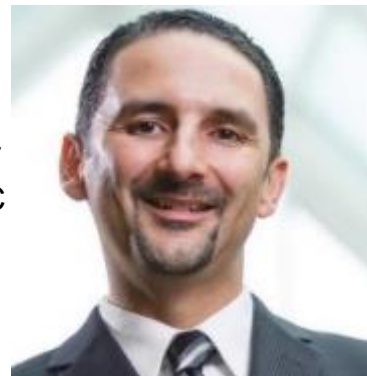
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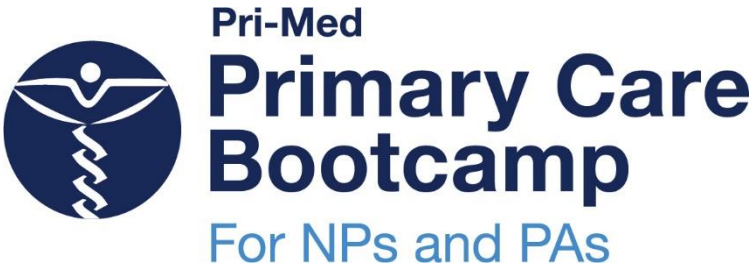
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<https://www.appostgradtraining.com/2023-consortium-for-advanced-practice-providers-conference-resources/>



Information about our sponsors is located here: <https://www.appostgradtraining.com/2023-consortium-for-advanced-practice-providers-conference-resources/>

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2023 Consortium for Advanced Practice Providers Conference Resources



Conference Agenda



Presenter Bios



Conference Attendees

Conference Resources

- > Presentations and Recordings
- > Poster Presentations
- > Resources and Supplemental Information
- > Conference Sponsors
- > Claiming CE Credits and Conference Evaluation Information



<https://www.appostgradtraining.com/2023-consortium-for-advanced-practice-providers-conference-resources/>

To access the Weitzman Education Platform, you will need to create an account at <https://education.weitzmaninstitute.org/> and claim CE Credits for each session you attend.

QR CODE TO WEITZMAN EDUCATION PLATFORM



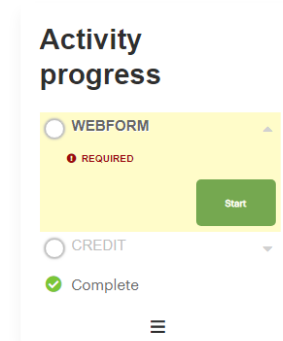
WHAT ACTIONS DO I NEED TO TAKE?

1. Sign up for an account at Weitzman Education Platform
2. Enroll in the The Consortium for Advanced Practice Providers 2023 Annual Conference; Transforming Advanced Practice Postgraduate Training Stronger Together: Setting the Standards by searching for the activity in the catalog or using the QR Code
3. At the end of each session, you can complete the post-session survey
4. At the end of the conference, claim your CE Credit for each session and download your CE Certificate

Program Logistics Post-Session:

Completing the Session Evaluation and Claiming your CME/CE Credits

- ◆ After the live session has ended, select the **Review activity** button



The screenshot shows a mobile application interface titled "Activity progress". It features two radio button options: "WEBFORM" (which is selected and has a red "REQUIRED" indicator) and "CREDIT". Below these options is a green "Start" button. At the bottom, there is a green checkmark icon next to the text "Complete" and a hamburger menu icon.

[← RETURN TO PARENT HOME](#) [← RETURN TO ACTIVITY](#)

Activity Home

Activity instructions:

Thank you for participating in the Consortium for Advanced Practice Providers 2023 Annual Conference! We hope you found it beneficial to your professional continuing education.

Select **Start Activity** to claim your credits and access your certificate.

Thank you for attending! We hope you found it beneficial to your professional continuing education.

- After the session is complete, either select the **Start Activity button** or **Session Evaluation** in the Activity Progress menu to complete the short post-session survey. You must complete the Post-Session Evaluation to receive credit and a certificate for this session.
- Then, select **Next** to review the credit awarded for the session and Certificate to download the certificate(s) appropriate to your credentials. You can return to this session at any time to re-download your certificate, as needed.

edits that are commensurate with your participation in sessions.

[Review activity ▶](#)

Program Logistics Post-Session: Completing the Session Evaluation and Claiming your CME/CE Credits

- ◆ Complete the questions in the session evaluation
- ◆ Select the Submit button at the bottom of the evaluation
- ◆ View your credits awarded, and download certificate

[← RETURN TO PARENT HOME](#) [← RETURN TO ACTIVITY](#)

Activity complete

- This activity is now complete. You can now download the activity certificate by clicking the link below. The certificate will display all credits claimed for this activity.
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[Download certificate](#)

You will receive a single certificate for *The Consortium for Advanced Practice Providers 2023 Annual Conference: Transforming Advanced Practice Postgraduate Training Stronger Together: Setting the Standards* documenting all courses.

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This course is part of a set.



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Keynote Presentation

“Mattering and Why it Matters”



Mattering & Why It Matters

Consortium of Advanced Practice Providers
July 23, 2023

Natalie B. May, PhD, University of Virginia
Schools of Nursing and Medicine

Meaning at work

- Ability to focus on what's important to you (teaching, research, pt. care)
- Relationships with students, patients, colleagues
- Intellectual stimulation
- Being a teacher or healer



Take a moment...

Think back to a time in your life when you felt as though you really mattered to those around you.

- *What were you doing?*
- *How did you know that you mattered?*
- *How did this sense of mattering make you feel?*



I feel I matter when...

“A colleague remembers my favorite sandwich order and brings it to me when I can’t join the others for lunch.”

“When my father died, I received cards from colleagues I didn’t even know well.”

“She knew I was going through some rough stuff, and she texted to make sure I was doing ok.”

“When faculty help us incorporate the things we are passionate about. Rigor is important, but passion will keep us moving forward.” (*PhD student*)

“When I get cards or emails from former students telling me I made a difference.”

“I got a text from a co-worker, thanking me for having such a positive attitude, that it made her days at work better.”

Mattering

Feeling that we make a
difference in the lives of others
& are significant in the world
around us

Mattering



Adding Value



Feeling Valued

Prilleltensky, I., & Prilleltensky, O. (2020). *How People Matter: Why it Affects Health, Happiness, Love, Work, and Society*. Cambridge University Press.

Adding Value



- Contribution of head, hand and/or heart
- Importance of having a voice, opportunities to use our talents, to pursue our interests
- Inherently relational

Feeling Valued

- Valuing self
 - Self-worth
- Valued by others
 - Seen as unique individual, as a complex person
 - Gratitude
 - Recognition



Mattering & Critical Human Needs

- Adding Value
 - Self Efficacy - Ability
 - Self Determination – Agency, Control
 - Meaning – action in pursuit of value-based goals
- Feeling Valued
 - Social Belonging
 - Engagement – common purpose
 - Dignity – social value, worthiness, esteem



...the rising generation of trainees

PERSPECTIVE

against future public health threats. Health worker burnout is a serious threat to the nation's health and economic security.

The time for incremental change has passed. We need bold, fundamental change that gets at the roots of the burnout crisis. We need to take care of our health workers and the rising generation of trainees.

On May 23, 2022, I issued a Surgeon General's Advisory on health worker burnout and well-being, declaring this crisis a national priority and calling the nation to action with specific directives for health systems, insurers, government, training institutions, and other stakeholders

between health workers and patients and study found that spending 1 to 2 hours on administrative tasks per day for every patient — a trend documented by clinicians alike.³ The goal of the initiative of 2025 is a key milestone to reach this goal should reduce the need for prior authorization paperwork and reduce the burden of

1

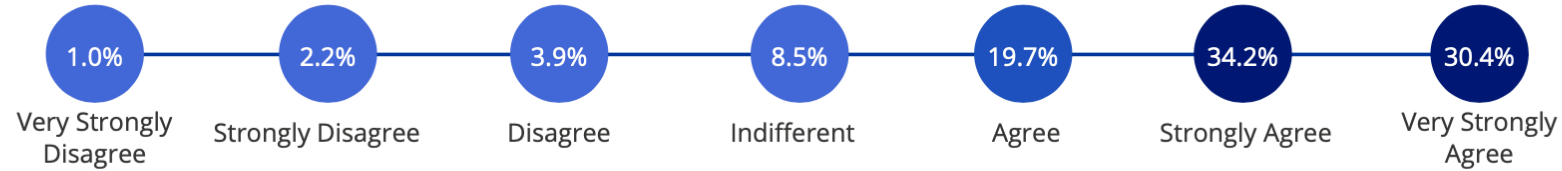
Priority Area: Create and Sustain Positive Work and Learning Environments and Culture

Transform health systems, health education, and training by prioritizing and investing in efforts to optimize environments that prevent and reduce burnout, foster professional well-being, and support quality care (NASEM, 2019).

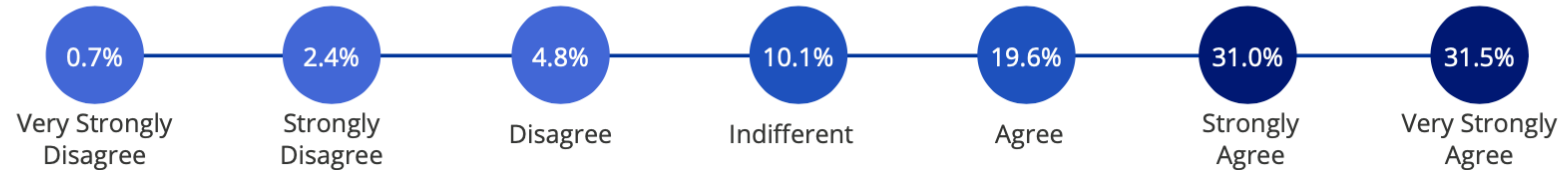
Meaning in Work by Occupation

Please rate your level of agreement with the following statement: *The work I do is meaningful to me.*

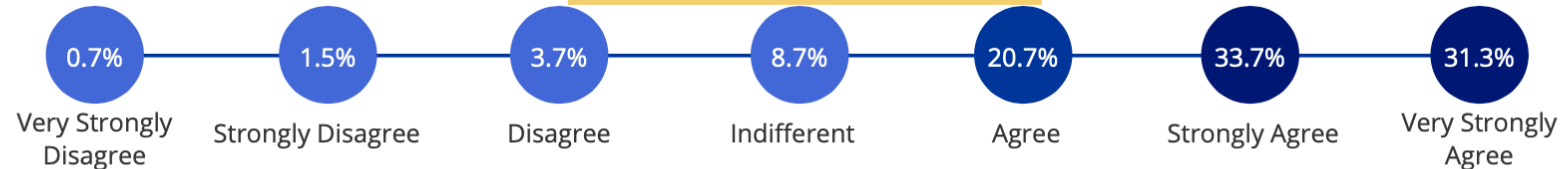
Physicians



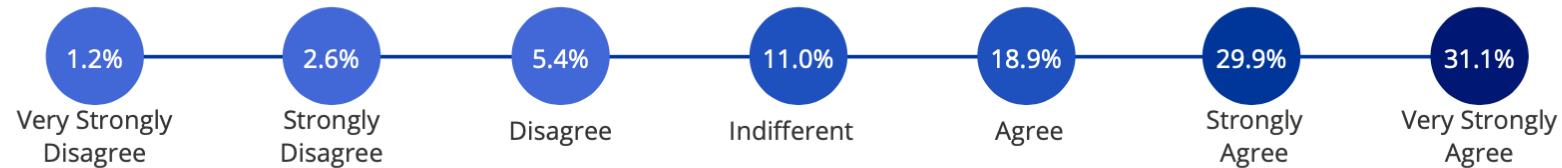
Nurses



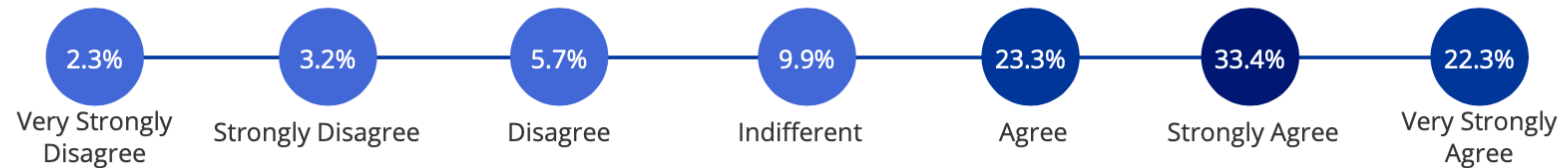
Advanced Practice Providers



Employees



Pharmacy Professionals



Nearly 60% of APP assessments reported burnout.

During the past month, have you felt burned out from your work?



Nearly 60% of APP assessments reported emotional problems.

During the past month, have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?



Over 85% of assessments reported meaning in work.

Please rate your level of agreement with the following statement:

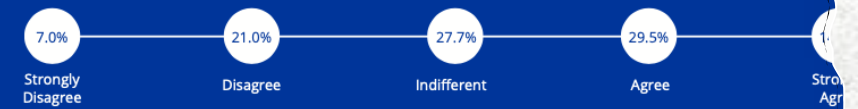
The work I do is meaningful to me.



28% of APP assessments reported not enough time for their personal/family life.

Please rate your level of agreement with the following statement:

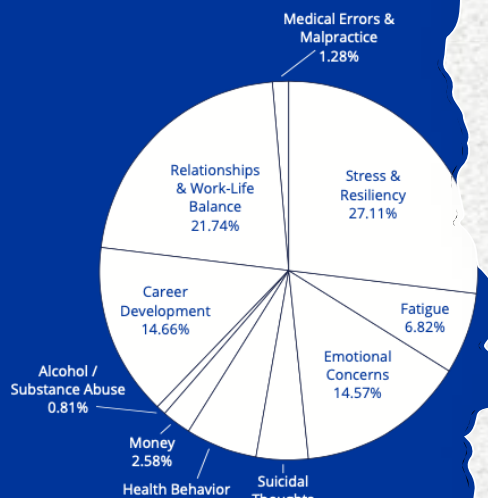
My work schedule leaves me enough time for my personal/family life.



APPs were seeking help.

The Well-Being Index is more than a measurement tool; it also provides participants with customized national resources to help improve well-being.

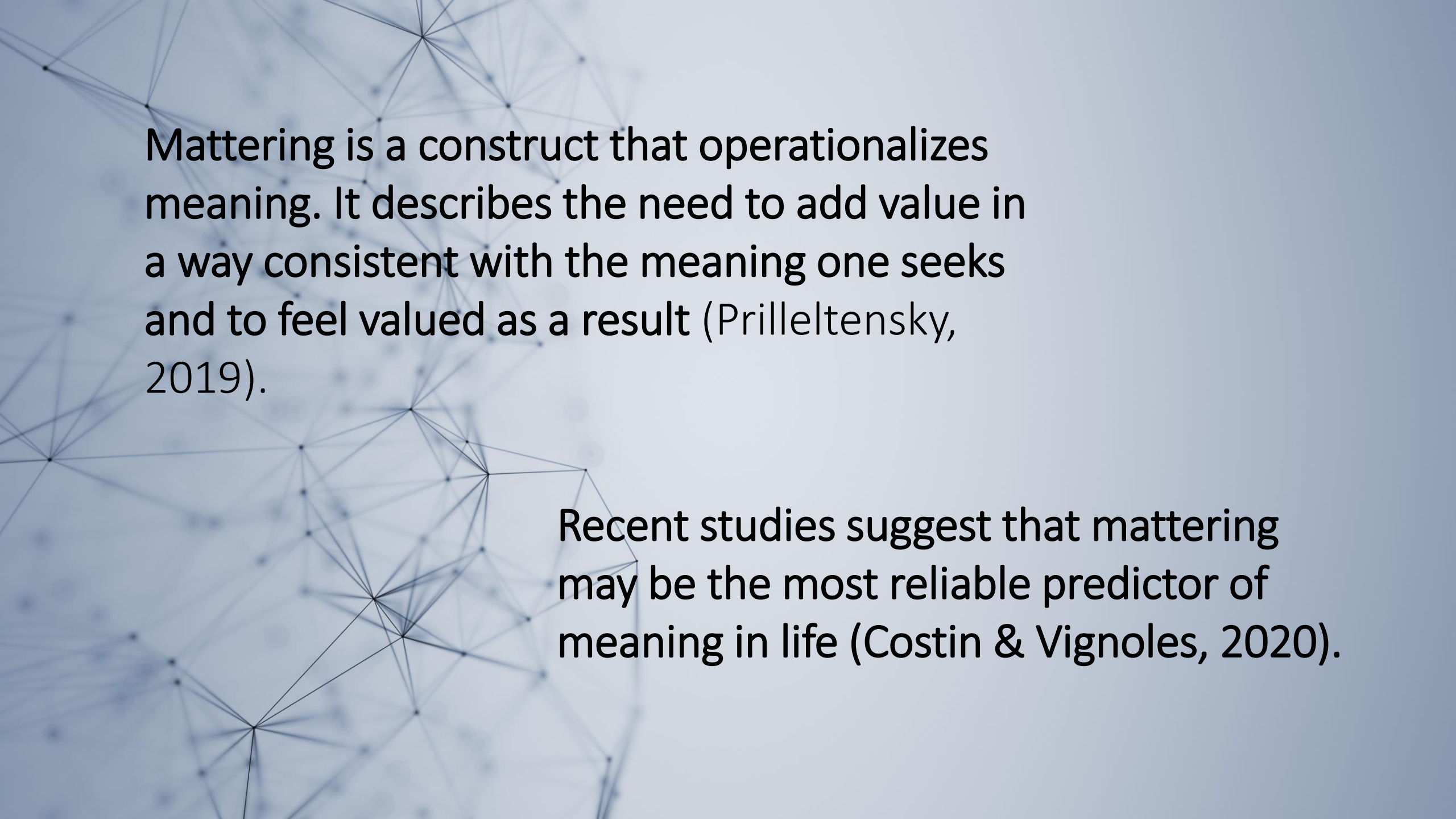
Resource categories accessed:



• Nearly 60% of APP reported burnout.

• Nearly 60% of APP reported emotional problems.

• Over 85% reported meaning in work.



Mattering is a construct that operationalizes meaning. It describes the need to add value in a way consistent with the meaning one seeks and to feel valued as a result (Prilleltensky, 2019).

Recent studies suggest that mattering may be the most reliable predictor of meaning in life (Costin & Vignoles, 2020).



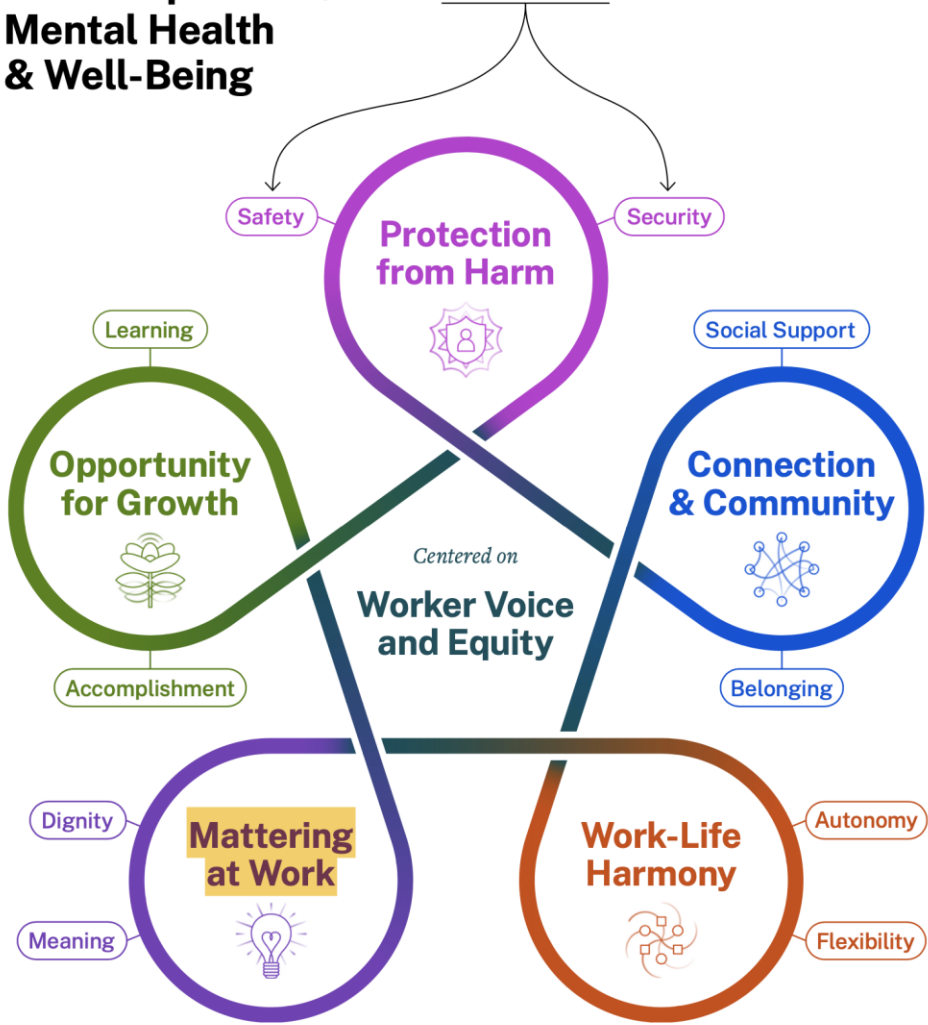
“Meaning is what gets us into the work we do.
Mattering is what keeps us there.”

-- Julie Haizlip, MD, MAAP

Mattering is essential to well-being at work.

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Marty Seligman's PERMA

P = Positive emotion

E = Engagement

R – Relationships

M = **Meaning Mattering!**

A = Accomplishments

The Happiness Lab (May 1, 2023) The Man Who Invented Happiness...

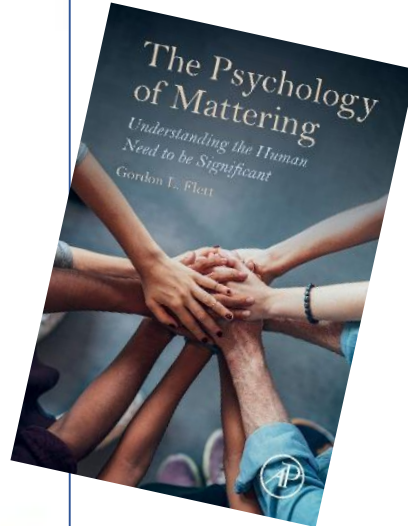
Mattering in health workers

- MDs, RNs, Pharmacists, SW, PT, SLP, Chaplains, others
- Mattering is important to practicing clinicians & also the people who support the frontline clinicians
- MDs & RNs derive mattering from
 - Meaningful interactions with patients
 - Interactions with interprofessional colleagues
 - Collaboration
 - Being known/ cared for as a person
 - Professional excellence
 - Meaningful recognition
- **Higher mattering correlated with less burnout, more engagement**

Mattering in Higher Education



Prof Gordon Flett, York University, CA



Mattering is critical to student success.

Students tend to be “motivated and engaged to the extent that they perceive that people in the school actually care about them.”

“Going to school is a very different experience for the student who feels like he or she matters compared to the student who feels uncared for and invisible.”

Need to pay specific attention to students at risk for feeling marginalized.

Challenges to Mattering in Healthcare Education

- Even more transitions
- New routines
- Unfamiliar experiences
- New language



Challenges to Mattering in Clinical Training

Rotating clinical placements

Different personalities, different rules

Other team members have pre-existing relationships

Isolation

Ostracism



We propose:

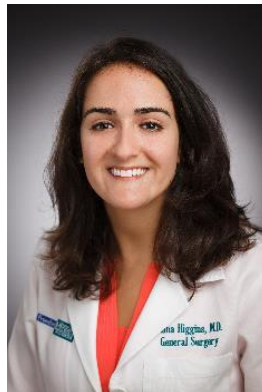
Creating cultures of mattering can promote well-being, engagement, and self-efficacy in our faculty, staff & students.



We need to understand:

How we all experience mattering & what cultures of mattering might look like

Characterizing Cultures of Mattering in Academic Healthcare



Mattering in Academic Healthcare

- Mixed Methods Study
- Quantitative Surveys, Qualitative Interviews
 - Experiences of Mattering
 - Experiences of Not Mattering
 - Exemplar Faculty/ Staff
 - Character Strengths



KERN INSTITUTE
FOR THE TRANSFORMATION OF MEDICAL EDUCATION

Study Aims

Describe culture of mattering in clinical settings (study 1) and pre-clinical & clinical education environments (study 2)

In depth Interviews – clinicians, medical & nursing students, faculty & staff exemplars - sense of mattering and its contribution to wellbeing & success

Propose interventions to foster cultures of mattering

Results – Student Interviews

- Study Participants
 - N=41 students (goal 30)
 - 8 UVA SON (8F)
 - 13 UVA SOM (3M, 10F)
 - 20 MCW SOM (4M, 16F)
- Interview length – 27-90 mins
- 74 exemplars identified – interviewed 20
 - Several identified by more than one student

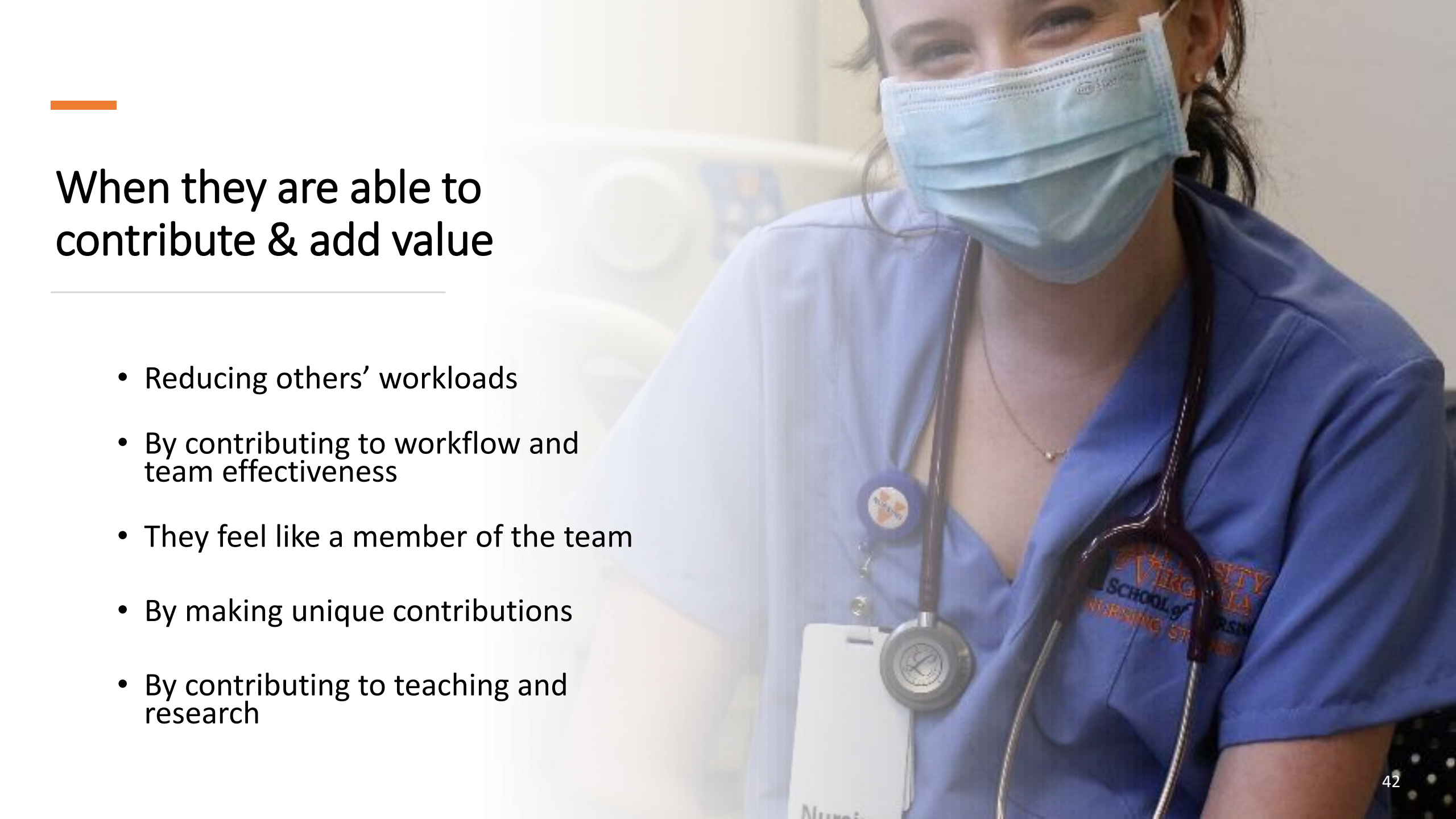


Creating a Culture of Mattering: The Student Perspective

Students matter when they are learning...

- While making a contribution
- When others are invested in their training
- Because they get meaningful feedback
- When learning is tailored to their skill level
- When they are learning in a safe environment





When they are able to contribute & add value

- Reducing others' workloads
- By contributing to workflow and team effectiveness
- They feel like a member of the team
- By making unique contributions
- By contributing to teaching and research

Professional Identity Formation

“I felt like a doctor, like someone who could be trusted.”

“I felt independent and trusted. I felt like, ‘Oh, I could be a doctor.’”

”I felt like an integral part of the team.”

“I felt safe asking questions.”

“Being pushed to try things outside of my comfort zone.”

“One day, I’ll be able to pass forward this gratitude to other people.”

By serving a meaningful role with patients & families

- Spending time with them
- Having a positive impact on their care
- Creating therapeutic relationships with patients
- Doing something practical to help patient
- Explaining and helping patients and families understand



By serving a meaningful role with peers

- In relationships
- In roles – formal & informal
- By contributing to others' success



Students feel they matter when they are acknowledged, appreciated, and valued.

- When they are verbally validated.
- When they receive confirmation that they are doing good work.
- When they are introduced to patients.
- When they are shown appreciation & gratitude.
- When their status as a student is appreciated.



Learners feel they matter
when they are seen by
others as a whole person
and a unique individual.

Students have lives.

“We are more than a Step score.”

- When faculty get to know the student.
- Making time for students.
- Reaching out to students.
- Casual acknowledgements & shout outs.
- **Learning, remembering, and using students' names.**





Students feel they matter when they are respected by others (includes “the Institution”)

- When student feedback is integrated into teaching and policies.
- “Being asked questions, not for the sake of rote memorization, but for the sake of wanting to get our opinions and hearing what we have to say.”
- Demonstrating transparency



Students feel they matter when they feel cared for.

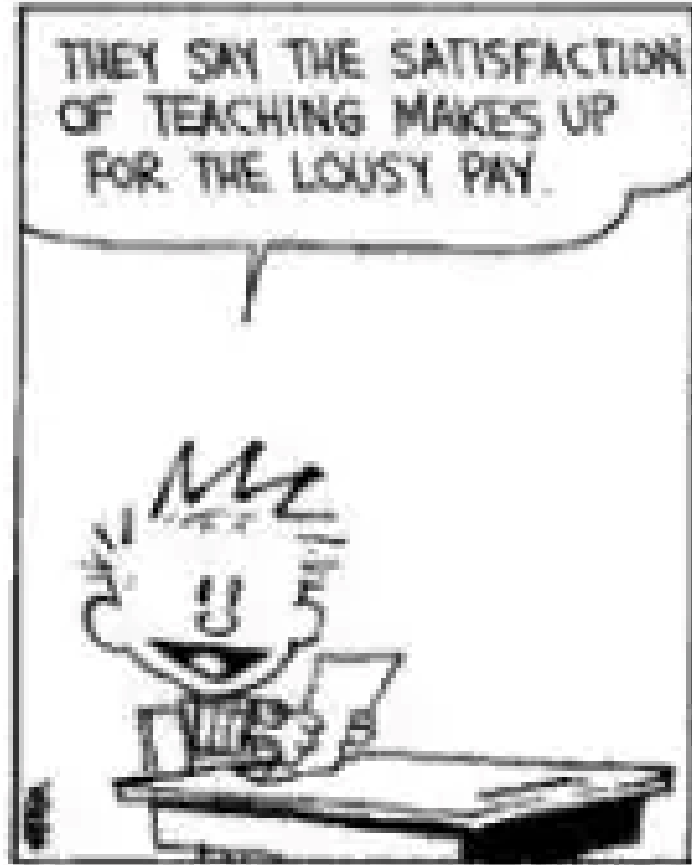
- “..they'll just be like, ‘All right, everything is sad. How are you doing?’ And even some preceptors I've had, they're just like, ‘How are you guys doing? Are you burnt out? Are you exhausted? And if that's the case, then go home early, take that time for yourself, check in for yourself.’ Yeah, so number one, I would definitely say the staff, or the faculty here, definitely make me feel like I matter.” [Nursing student]



A word about anti-mattering

- They are not learning
- They are not able/allowed to contribute & add value
- Others are mean
- They weren't seen as an individual
- They weren't able to establish strong relationships





How to be a Mattering Ninja

- We asked students to name a “mattering exemplar,” someone who made them feel as though they mattered.
- We asked, “*Specifically*, what did these exemplars do that made you feel as though you mattered?”

Mattering exemplars foster meaningful connections with their learners.

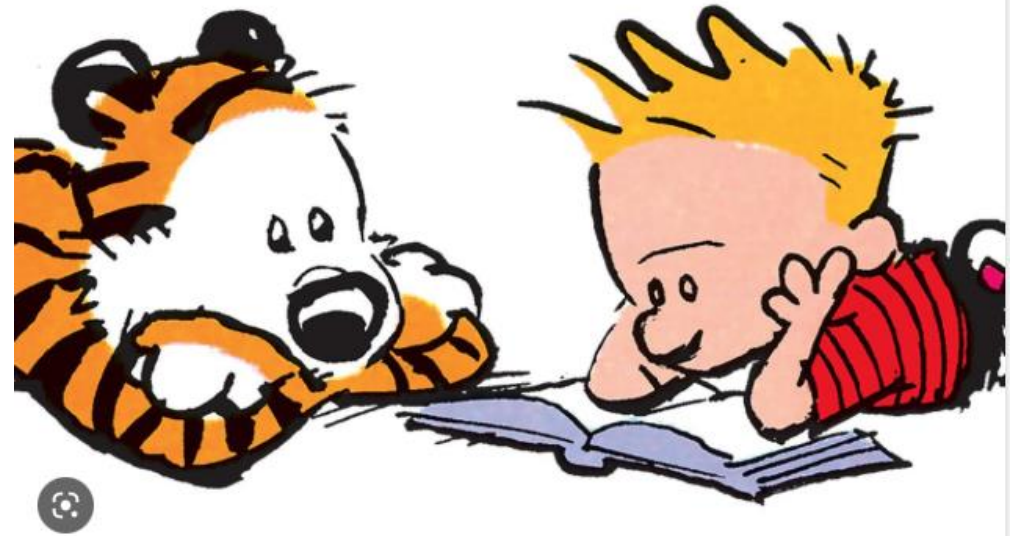
- They check in with their students.
- They engage in meaningful conversations.
- They engage their students as learners through connection and relationships.
- They give students feedback.
- They see their students as complex & worthy individuals.



Mattering exemplars invest time in their students.

Invest time in student
learning

Invest time outside the
classroom



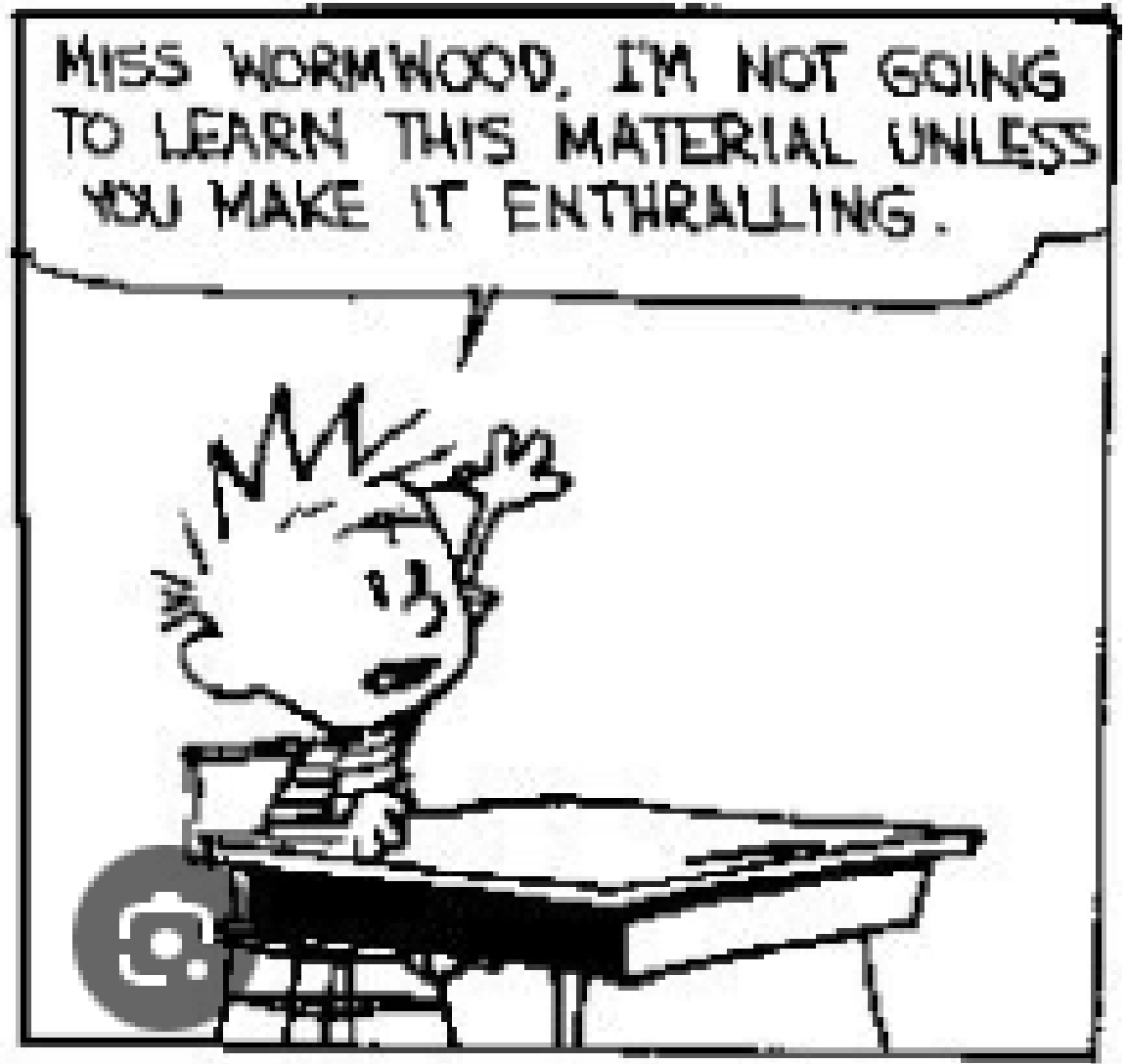
Mattering exemplars create safe & positive learning environments.

- Create challenging learning experiences with high expectations.
- Create positive learning environments.
- Create safe learning environments.
- Create inclusive learning environment.
- Seek feedback and work to improve their teaching.



Mattering exemplars prioritize teaching and learning.

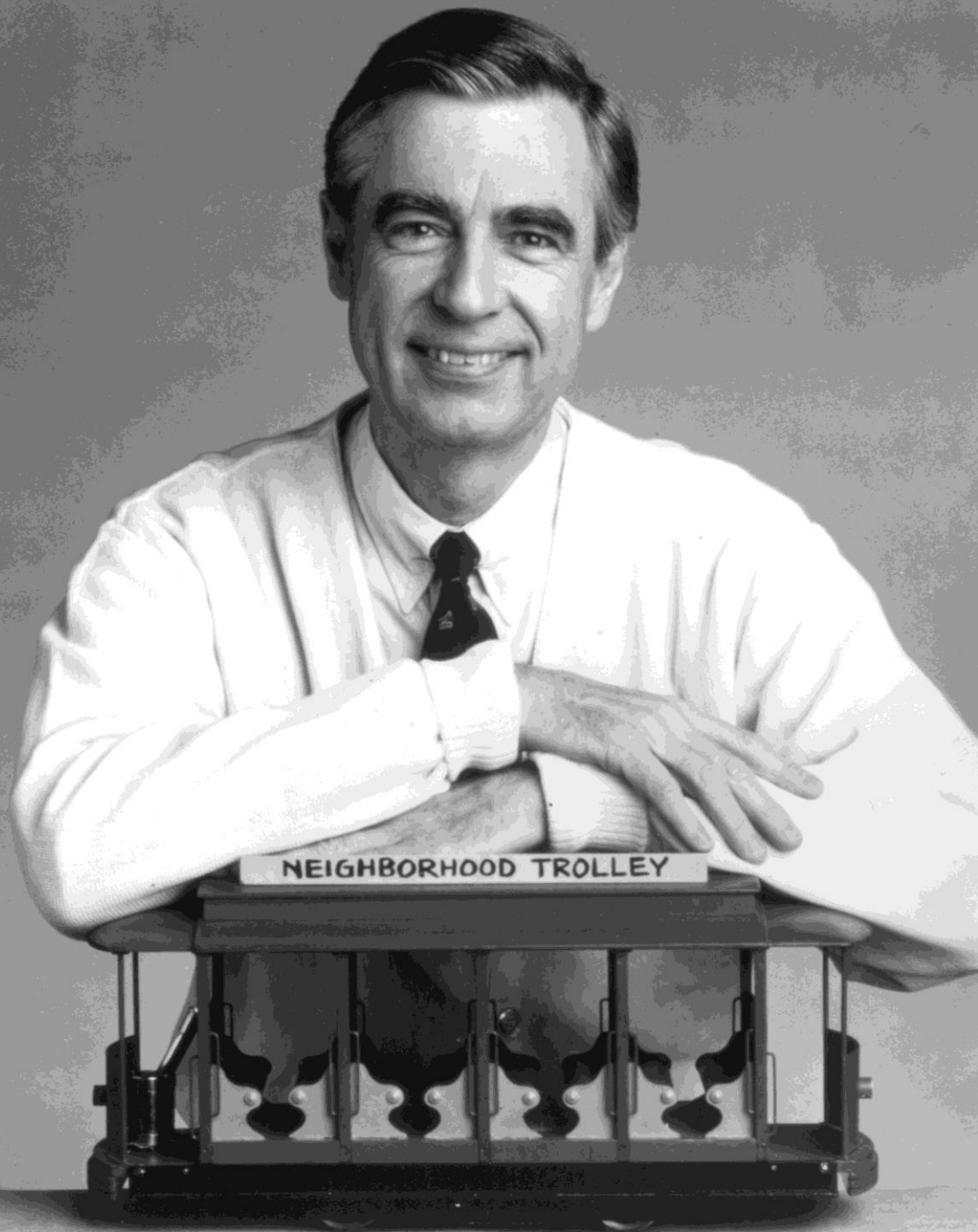
- They prioritize student learning.
- They are skilled educators and clinicians.
- They exhibit trust in students' abilities.



Mattering ninja cheat sheet



- Check in with a colleague or student.
- Acknowledge someone else's success, contributions.
- Use “we” statements.
- Increase transparency.
- Consider expressing vulnerability.
- Learn and remember names.
- Be curious.
- Value others' time.
- Say “thank you.” “I appreciate you.”
- Show care & concern.
- Encourage learners to increase their own sense of mattering.



“There’s something unique about being a member of a [community] that really needs you in order to function well. One of the deepest longings a person can have is to feel needed and essential.”

-- *Fred Rogers*

Suggested references

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School of Nursing



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Panel Presentation

**“Professional Identity in Postgraduate
APP Training Programs”**



Objectives

- By the end of this presentation, the participant will be able to define professional identity formation to strengthen APP professional collaboration.
- By the end of this presentation, the participant will understand the value of accreditation in helping to create an atmosphere where professional identity formation can thrive.
- By the end of this presentation, the participant will be able to identify gaps in the literature and areas of future research regarding professional identity formation in postgraduate PA, NP, NP/PA residency/fellowship training.

The PA Profession



1959 U.S. General Surgeon declares a national shortage of medical personnel



Dr. Eugene Stead



PAs practice in all 50 states



Generalist training (medical model)

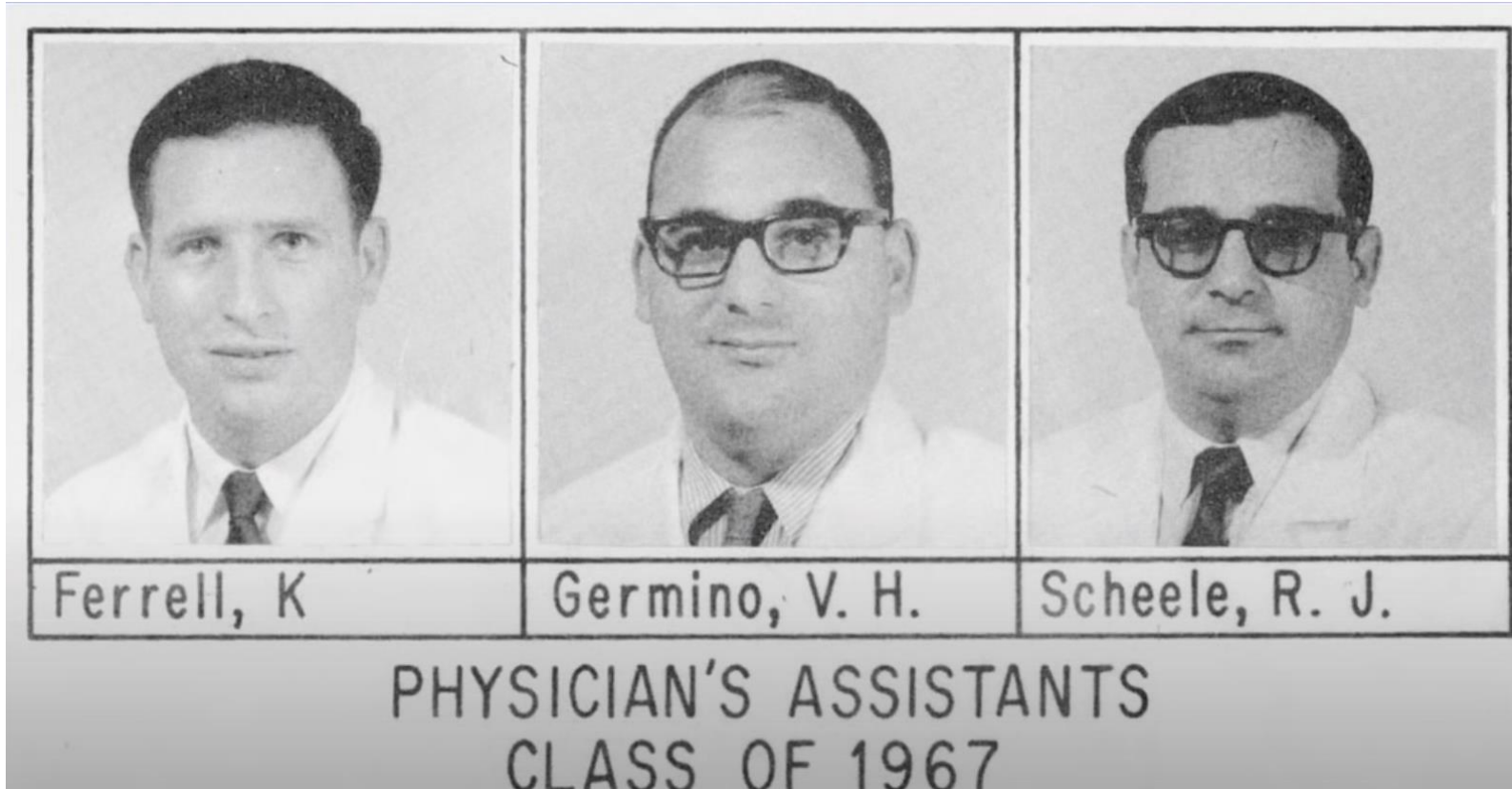


Certification and licensure requirements



Areas of Practice

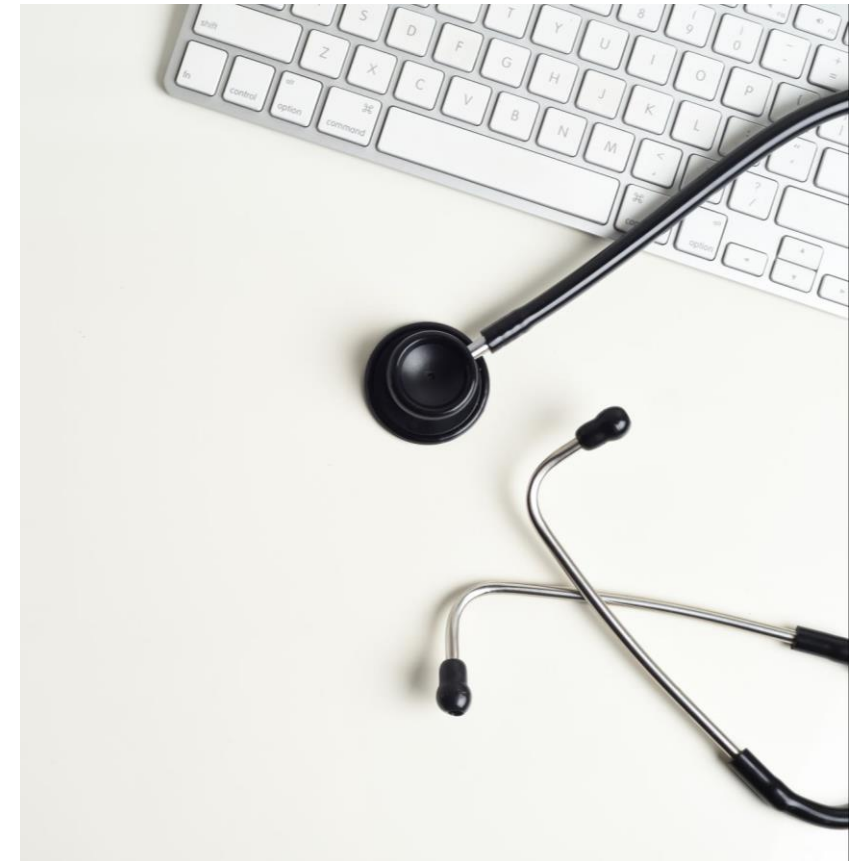
The First PA Class



Source: American Academy of Physician Associates (AAPA)

PA Organizations (The BIG 5)

- AAPA is the national organization that advocates for all PAs and provides tools to improve PA practice and patient care.
- The National Commission on Certification of Physician Assistants (NCCPA) is the only certifying organization for PAs in the United States.
- The PA Education Association (PAEA) is the only national organization representing PA educational programs.
- The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- The Association of Postgraduate PA programs (APPAP)
 - 72 programs
 - 7 Institutional programs
 - Single track versus multi-track programs



Physician assistant/associate occupational identity)



Clinical Practice (core constituent of the multidisciplinary team)



Dependent practice but evolving.... (MT, UT, WY, AZ and ND allow PAs to practice without physician supervision).



Educators (entry-level, clinical precepting, and postgraduate training)



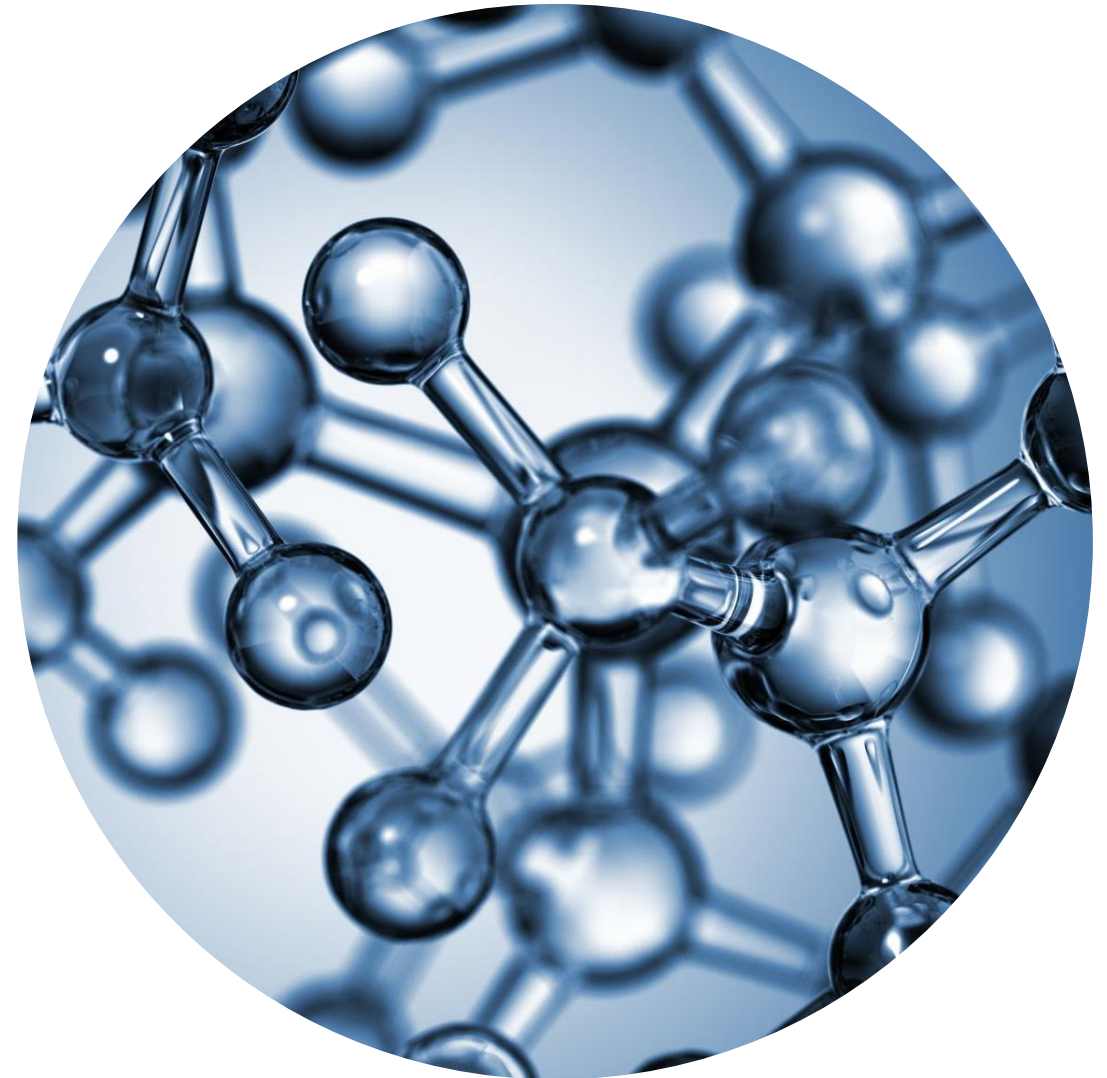
Hospital and APP administrators



Researchers (to a lesser degree)



Industry (consultants, drug and equipment reps, CME providers etc.)



Professional Identity



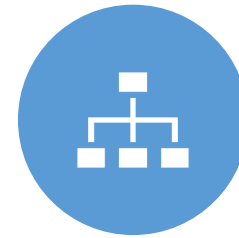
CLINICIAN



EDUCATOR



RESEARCHER



ADMINISTRATOR



CONSULTANT

Professional Identity Formation

There is no published research on professional identity formation among postgraduate PA, NP, and joint postgraduate PA/NP training.

In forming their professional identity, individuals internalize the values, norms, skills and behaviors of their occupational group. This results in them *'thinking, acting, and feeling'* like a member of that group — whether that be a doctor, nurse, pharmacist, or advanced practice provider.

> [J Physician Assist Educ.](#) 2023 Jun 1;34(2):98-103. doi: 10.1097/JPA.0000000000000497.
Epub 2023 Apr 21.

Exploring the Professional Identity Formation of Racial/Ethnic Minoritized Physician Assistants

[Robert L Wooten](#) ^{1 2 3 4 5}, [Chris Gillette](#) ^{1 2 3 4 5}, [Tasha R Wyatt](#) ^{1 2 3 4 5},
[Nicole Rockich-Winston](#) ^{1 2 3 4 5}, [Sonia Crandall](#) ^{1 2 3 4 5}

Affiliations + expand

PMID: 37083571 DOI: [10.1097/JPA.0000000000000497](#)



Research on professional role identity in PAs

- **Methods:** In this qualitative study, 44 URM PA students and practicing PAs were recruited and interviewed from three southern universities/colleges. Participants included three Native Americans, 23 Black/African Americans, 12 Hispanic/Latinos, and six of mixed races/ethnicities. Using constructive grounded theory, the authors analyzed interview data for how the participants construct their professional identity and how factors like ethnicity, race, and gender influence PIF. Constant comparative analysis among the researchers was used to identify themes and discuss differences.
- **Results:** The results indicated that minoritized PAs identify their diverse background and experiences as assets to their professional identity and leverage these assets in their interactions with underserved patients. Participants described how their personal identities and socio-historical contexts informed their clinical thinking and practice, especially in instances of racial/ethnic concordance.

Professional Identity formation (PIF)

Individual
(Who am I)

Relational
(Who am I in
relation to others)

Collective
(Who am I in
relation to the
profession)



Conflating terminology

- Advanced Practice Providers (APPs)
 - Mid-level Providers (MLP)
 - Physician Extenders (PE)
 - Allied Health Practitioners (AHPs)
 - Advanced Practice Clinicians (ACPs)
 - Non-physician Providers (NPPs)
-
- Have postgraduate fellowship/residencies adopted similar terminology?



Postgraduate residency/fellowship training

- Mentorship and self-reflection
- Role modeling
- Teaching and evaluating professionalism
- Specialty specific rotations
- Procedural skills
- Wellbeing and resilience
- Postgraduate Accreditation standards

Professional Identity formation

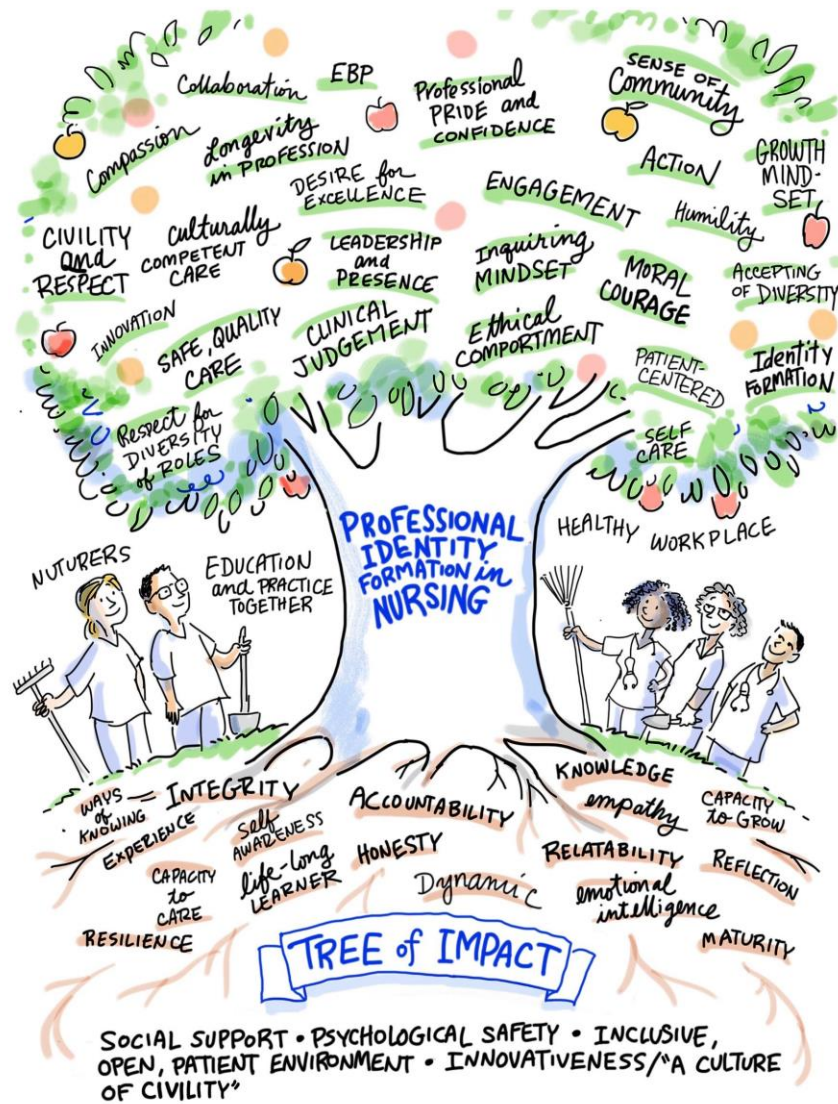
- “The greatest influence on professional identity formation takes place during residency.” K. **Ludmerer**.
- Interdisciplinary Teams
 - Residents (trainee effect)
 - Advanced Practice Providers
 - Attendings



Professional Identity in Nursing

WHY Statement

To operationalize a clear understanding of nurses' professional identity so that their unique contributions to improve health are recognized.



Professionalism and Professional Identity



Occupational Identity?

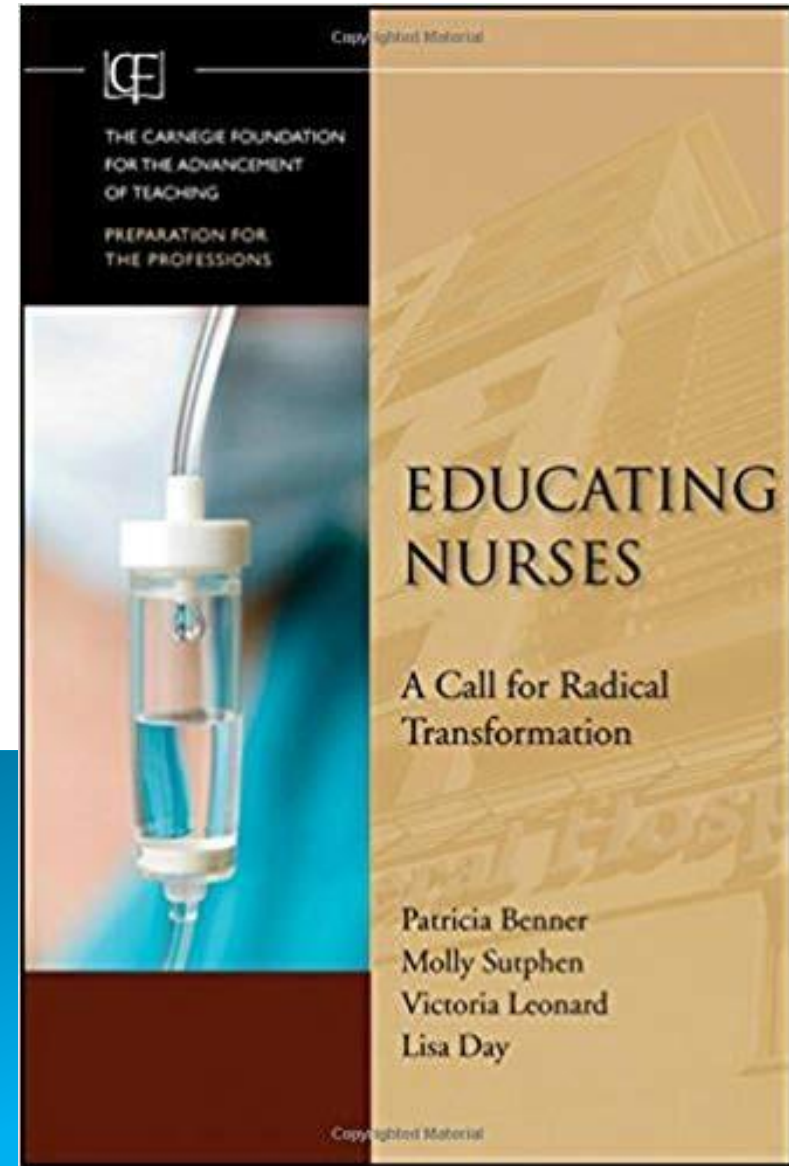
Identity: Personal vs. Professional



“...[W]e suggest that teachers change their assumptions about teaching and their approach to fostering student learning in four ways:

(Benner, et al., 2010, p. 82)

4. Shift from an emphasis on socialization and role taking to an emphasis on formation.



“The **beginning of wisdom** is the ability to call things by their right names.” *Confucius*

“Were there none who were discontented with what they have, the world would never reach anything better.”

--Florence Nightingale



International Society
for Professional Identity
in Nursing

Professional Identity in Nursing

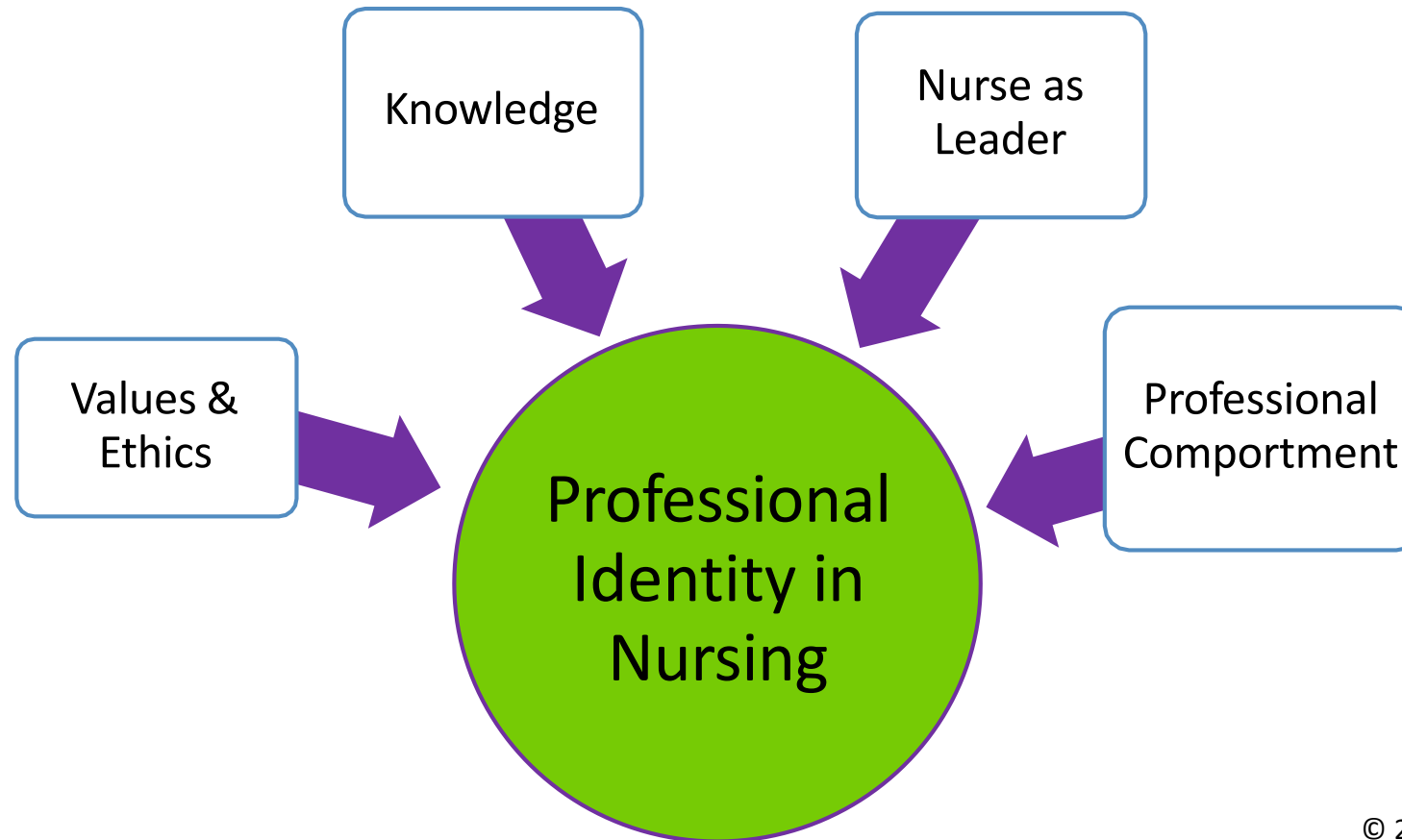


INTERNATIONAL SOCIETY FOR PROFESSIONAL
IDENTITY IN NURSING (ISPIN)

Professional Identity in Nursing

a sense of oneself, in relationship with others, that is influenced by the characteristics, norms and values of the nursing discipline, resulting in the individual thinking, acting and feeling like a nurse.

Professional Identity in Nursing



Professional Identity in Nursing

Values and Ethics

- *A set of core values and principles that guide conduct.*

Knowledge

- *Analysis and application of information derived from nursing and other disciplines, experiences, critical reflection and scientific discovery.*

Nurse as Leader

- *Inspiring self and others to transform a shared vision into reality.*

Professional Comportment

- *A nurse's professional behavior demonstrated through words, actions and presence.*

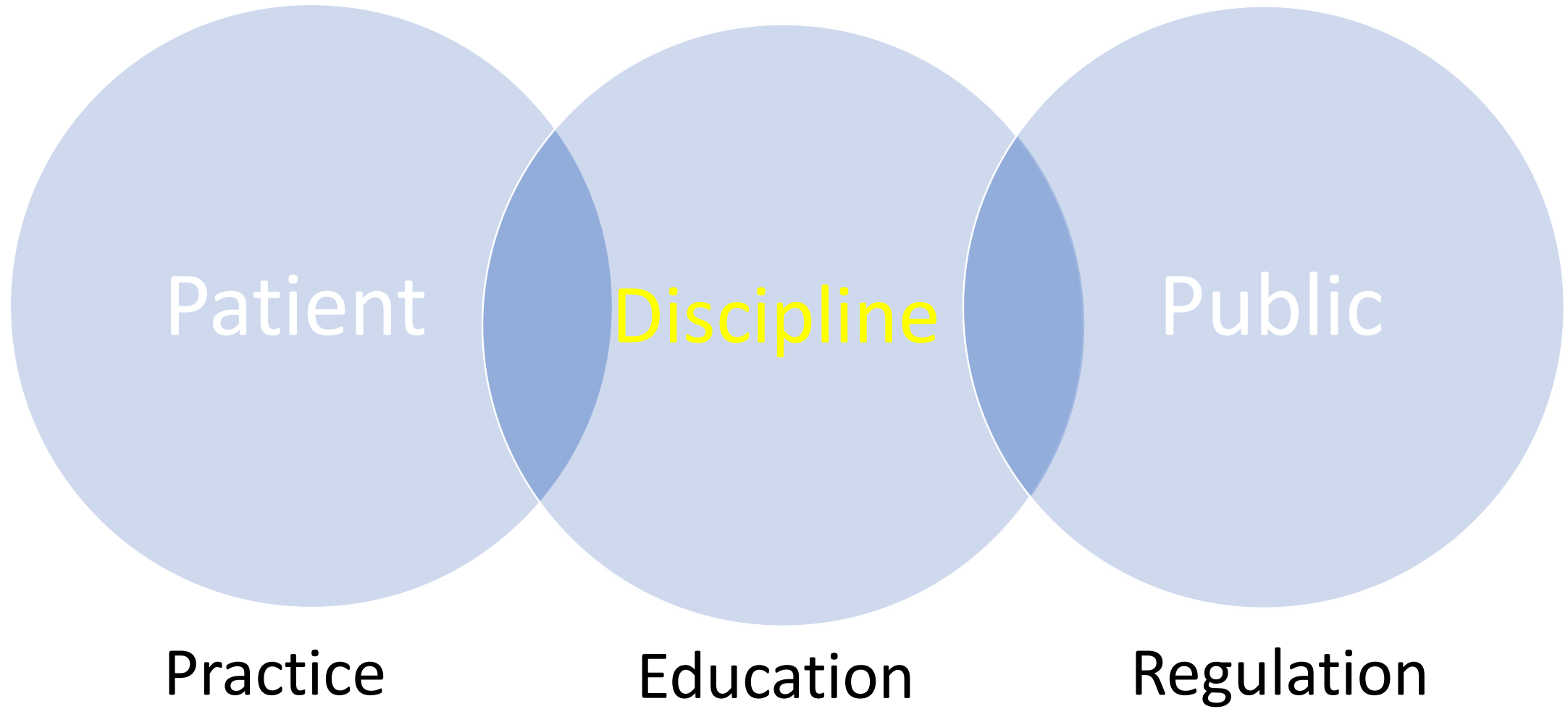
The **beginning of wisdom** is the ability to call things by their right names.

Confucius



International Society
for Professional Identity
in Nursing

Three Circles--



Mentoring



Faculty to Faculty



Faculty to APP Resident/Fellow



Faculty to Preceptors/Mentors



Preceptors/Mentors to APP Resident/Fellow



APP Resident/Fellow to APP Resident/Fellow

We cannot change what
we are **not** aware of,
and once we are **aware**,
we cannot help but **change**.

- *Sheryl Sandberg*



Areas of future research

We need research on PIF in postgraduate PA, NP, and joint PA/NP programs.

Mixed-method research study design

PIF in the context of supervision versus autonomy
AND
PIF in medical versus surgical specialties

Strategies employed by postgraduate programs in fostering PIF

Examining the role of accreditation in ensuring programs operationalize goals around PIF.

Wrap-up

- Are program faculty equipped to help foster PIF in their postgraduate programs?
- Are faculty members familiar with imposter syndrome and its impact on PIF?
- How do APP Residents/Fellows perceive PIF?
- What are current APP Residency/Fellowship programs doing for PIF?
- PIF research has left out experiences from ethnically/racially minoritized physicians. As a result, the PIF literature may have forwarded dominant perspectives and assumptions about PIF that does not reflect those of minoritized physicians.



If you are interested in being part of the Professional Identity in Nursing initiative:

- Contact Lauren Roberts at lroberts6@kumc.edu and ask to be placed on the distribution list for the *International Society for Professional Identity in Nursing*.
- This is a group of interested people who participate in work groups and receive quarterly newsletters. There are no membership dues.



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CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

10:30-11:00am

Break- Poster Presentation and visit Exhibitors

11:00-11:45am

Specialty Break-out Session/Networking by Program Track/Type

11:45-12:00pm- Zumba Movement Activity

12:00-1:00pm- Lunch and Exhibitors

1:00pm-3:15pm- Track One and Track Two Break-Out Sessions

Attendees choose **Track One** or **Track Two**

Track One- in Ballroom B

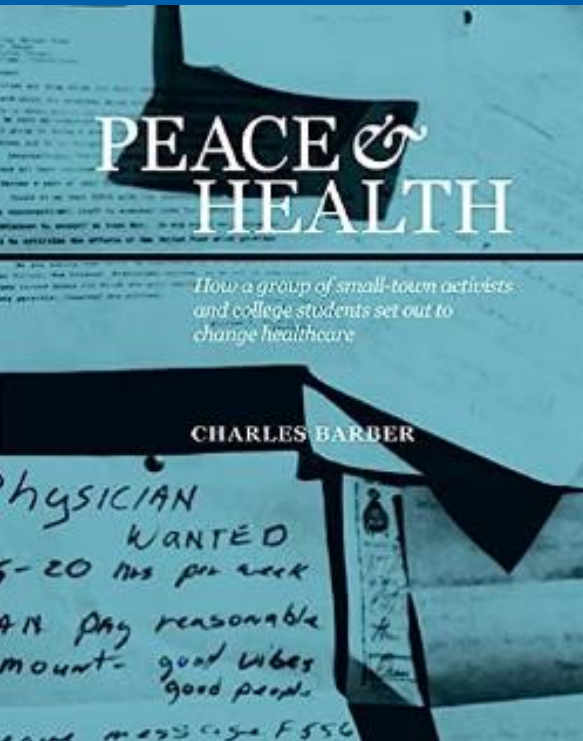
Track Two- Ballroom A

SESSION	TRACK ONE: New Programs	TRACK TWO: Existing Programs
<p>Session 1 1:00–2:00 p.m.</p>	<p>How to Build Your APP Postgraduate Training Program and Design the Curriculum <i>Presenters:</i> Bethany Croke, MSN, FNP-BC, FNP Residency Clinical Program Manager, East Boston Neighborhood Health Center; Katie O'Brien, MSN, APRN, FNP-C, Residency Program Director, East Boston Neighborhood Health Center <i>Moderator:</i> Jill Terrien, PhD, ANP-BC, Associate Professor of Nursing and Medicine Associate Dean Interprofessional and Community Partnerships UMass Chan Medical School Tan Chingfen Graduate School of Nursing</p>	<p>Telehealth <i>Presenters:</i> Laina Cross, MSN, APRN, FNP-C, Family Nurse Practitioner at Community Health Center; Lindsay Marmaras, MSN, APRN, FNP-C, Family Nurse Practitioner at Community Health Center <i>Moderator:</i> Amy Hite, EdD(c), DNP, APRN, FNP-C, Professor and HRSA SANE & NPR Grants Project Director at Pittsburg State University, School of Nursing</p>
<p>Session 2 2:15–3:15 p.m.</p>	<p>Building the Pieces of Orientation for Postgraduate Trainees <i>Presenters:</i> Charise Corsino, MA, Program Director of the Nurse Practitioner Residency Programs at Community Health Center, Inc.; Milagros Pilla, Former NP Fellowship Program Manager, Thundermist Health Center <i>Moderator:</i> Ramona Benkert, PhD, ANP-BC, FAANP, Professor and Associate Dean for the Academic and Clinical Affairs Office at the College of Nursing for Wayne State University, and Michigan Area Health Education Co-Principal Investigator</p>	<p>Measuring Outcomes and Data Management Within the Program <i>Presenters:</i> Robert Gamboe, PA-C, Program Director for Shasta Community Health Center NP/PA Postgraduate Fellowship in Primary Care; Ann Marie Hart, PhD, FNP-BC, FAANP, Professor and DNP Program Director Chair at Fay W. Whitney School of Nursing University of Wyoming <i>Moderator:</i> Elizabeth Wytychak, MSN, ARNP, FNP-C, Nurse Practitioner Residency Director at HealthPoint</p>



CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training



Raffle

Peace & Health: How a group of small-town activists and college students set out to change healthcare



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Welcome Back

**“Finance, ROI and Sustainability of
Postgraduate Training Programs”**

Finance, ROI, and Sustainability of Postgraduate Training Programs



Nurse Practitioner Fellowship

- Why do this?
- Is it affordable?
- Is it sustainable long term?
- Do we have buy-in from staff?



Why Start a Fellowship?

- Before you start you need to have someone that is a strong advocate for Primary care, Advanced Practice Providers (“APP”) and their training
 - CHN continues to believe that APP’s are the future of Primary care and currently have more APP’s than Physicians on staff
 - However, while MD’s go through a rigorous residency program, there has not been such an option for medical training for Advanced Practice Providers
 - CHN has hired APP’s with years of experience and many straight out of school



Why Start a Fellowship?

- We learned that the newly graduated APP's, while providing high quality care, lack the experience and skill to function independently in a high-volume clinic setting
- There is significant value in training APP's in delivering care focused on population health and value-based contracting
- RETENTION, RETENTION, RETENTION
 - What are your costs of acquiring a new provider?



Affordability

- This is an easy one – NO - certainly not in the beginning
- You need to get your CFO and CEO on board as early as possible and explain to them that while there may not be quantitative reasons there are many qualitative reasons to do this
- CFO will need to prepare a budget for the program
 - CHN keeps the program’s budget as a subset of its medical budget – however it can easily be its own department should your CFO want it to be
 - CHN budgeting for the program has changed over the years and have become more substantive



CHN Initial Budget

<u>PERSONNEL SERVICES</u>	<u># of Staff</u>	<u>Annual Salary</u>	<u>FTE</u>	
PROVIDER -	1	140,000	0.2	\$ 28,000
PROGRAM MANAGER	1	60,000	0.2	12,000
PROGRAM ASSISTANT - TBH	1	55,000	0.2	11,000
RESIDENT NURSE PRACTITIONER	5	70,500	5	352,500
Total Salaries				403,500
Fringe Benefits @ 29%				117,015
TOTAL PERSONNEL SERVICES				520,515
OTPS				
-				
Procedure clinic use				5,000
Indirect Overhead				200,790
TOTAL COSTS				\$ 996,302
OTHER				
	<u>Visits</u>	<u>Rate</u>	<u>Weeks</u>	
Preceptor Loss Productivity (2 days)	40	\$ 215.00	46	237,360
In-House Lecturer loss productivity (1 day)	11	\$ 215.00	46	32,637
TOTAL OTHER				269,997



FTE	7.60
	Fellowship Program
Visits:	
Medical	2,348
Psychiatry	905
Total Visits	3,253
Revenue:	
Patient Services, Net Fee For Service	
Medical	320,000
Psychiatry	120,000
Grants, Contracts, & Contribution	670,000
- Miscellaneous	38,590
Total Revenue	1,148,590
Expenses:	
Salaries & Wages	
Provider	694,000
- Non-Providers	64,000
Benefits & Fringes	233,000
- Other Consultants	119,000
- Medical Supplies	2,000
- Rent	3,000
- Real Estate Taxes	1,000
- Utilities	8,000
- Malpractice	3,000
- Property/Other	2,000
- Wireless	319
Travel, Conferences & Meetings	4,000
TED / Staff Training	3,000
Miscellaneous	5,000
- Payroll Fees	4,000
- MED E.H.R.	3,000
Total Expenses	1,148,319
Operating income/loss	271



Areas that effect Financial Viability

- How many Fellows is your agency able to accept without causing access issues for Preceptors?
- Do you have enough exam rooms for the number of Fellows you want to accept?
- What is the lost revenue from Providers precepting that your agency can expect and accept?
- Can you arrange that Fellows see the preceptors' patients? We found this to be best case
- Do the Fellows come credentialed in Medicare and Medicaid? If not do you have the staff available to ensure all credentialing is completed?
- Do you have the ability to hire a program manager to manage the day-to-day operations, arrange didactics and other rotations?



Sustainability and ROI



- As you could see from the budget for 2023 – the Fellowship breaks even at the operating income line
- How did CHN manage this?
 - Increase visit expectations from Fellows in second half of Fellowship
 - At the beginning they only see about 5 patients per day once a week
 - By third quarter they are expected to see 10 patients per day for 4 days
 - Carry a full case load by Q4
- This still didn't get CHN to where it needed to be financially- so we looked for grants
 - We have managed to secure \$2.7 M in grants from HRSA specifically to fund the Fellowship and another 700K for 2024
- Attract Scholars from other agencies – who attend our didactics for an annual fee per student- Note these APP's are outside of CHN and do not practice at CHN



Other Benefits

- Graduating Fellows feedback:
 - They have high work satisfaction
 - Strong commitment to CHN
 - They feel that their training has been focused on the special needs of the populations that CHN cares for
 - They have improved their clinical skills where they feel confident in carrying a full panel of patients
- Strengthen relationships with area hospitals
 - As our Fellows get their trainings in local hospitals , CHN has been able to leverage this relationship to where we are now starting a Family Practice MD Residency program where the hospitals will be providing most of the trainings



Buy-in from Staff

- You are going to need buy-in from all levels of staff
 - Medical staff that wants to and are capable to be in a teaching environment
 - Operation staff that will have to assist in various stages
 - Scheduling can be problematic in the beginning of the scholastic year as APP's are only there one day a week and could only see 5 patients
 - Exam room space- while the APP's are limited to how many patients they could see –the operations staff are still going to have to assign exam rooms, along with nursing staff – this affects a clinic's productivity. If productivity of a clinic is a driver to evaluate clinic leadership, you may get some push back
 - Normal front desk staff to medical team ratios will need to be adjusted
 - Leadership buy-in from entire C-suite and, if applicable, the Board of Directors to understand that any losses from the program can or may be recovered in other ways



Outcomes for Fellowship in an FQHC setting

- APP's are the present and future of primary care. The Fellowship provides the Agency with trained medical staff that understand your patient population and work culture
- High retention rate – low recruitment cost
 - Enables HR to focus recruitment on other positions with high vacancy rates i.e. Nursing
- Increased job performance and satisfaction for both Fellows and Preceptors



How can the Program Director monitor the Fellowship's Finances?

- Ask Questions and keep asking until you're comfortable with the answers
- Is your program stand alone – or a subset of a bigger budget?
- Understand the revenue drivers and what the expenses are
- Assist your Development department in seeking out grant funds
- Work with your HR department to have them quantify recruitment costs of a provider - as stated, reduction in such costs are big PLUS
- What is the lost revenue from Providers precepting that your agency can expect and accept?
- Learn how to read an Income Statement
- Meet with Finance at least quarterly – monthly is preferred to review budget to actual income statements



BRIGHTON DC

Lead: Mitch Erickson

About: Waterfront British-style Pub

Price: \$10.00 - 16.00

EASY COMPANY

Lead: Radha Denmark

About: European-inspired Wine Bar

Price: \$9.00 - 17.00

HANK'S OYSTER BAR

Leads: Margaret Flinter and Quyen Huynh

About: Urban Beach Food with

Everchanging Cocktails

Price: \$8.00 - 18.00

KIRWAN'S

Leads: Milagros Pilla and Pat Dennehy

About: Irish Pub with several patios

Price: \$9.00 - 16.00

WHISKEY CHARLIE

Leads: Jill Terrien and Ramona Benkert

About: Iconic Cocktails Reimagined on a
Rooftop

Price: \$6.00 - 18.00



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Social Networking Event at the Wharf

Meet at 5:30pm in hotel lobby to walk to the wharf and chose a spot!