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Setting the standard for postgraduate training

**2023 Annual Conference:
Transforming Advanced Practice Postgraduate Training
Stronger Together: Setting the Standards**



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Setting the standard for postgraduate training

TRACK Two: Established Programs

**Expansion, Enhancements and Best Practices for
Existing Programs**

TRACK TWO: Grand Ballroom A

Postgraduate Residency Telehealth Training: Educating in a Post-Pandemic World



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Health Center, Inc.



"Open wide."

Laina Cross, MSN, APRN, FNP-C
Lindsay Marmaras, MSN, APRN, FNP-C



Disclosures



We have no financial disclosures or conflicts of interest in relation to the material presented today.



Outline

- Learning objectives
- Telehealth overview
 - Benefits
 - Challenges
- Overview of the Community Health Center, Inc. Nurse Practitioner Residency Program telehealth training program
- Implications and next steps



Learning objectives



1. Identify the need for telehealth-savvy medical providers in the primary care space as well as associated benefits and challenges of telehealth delivery
2. Review the methods of telehealth education provided by the Community Health Center, Inc. NP Residency Program
3. Appreciate the benefits of providing telehealth education in a postgraduate residency curriculum

How did we (Lindsay & Laina) get here?



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Meanwhile...



Benefits of telehealth



- Improved access to care
- Availability of specialty providers (McAlearney et al., 2022)
- Increased utilization of primary care (Chen et al., 2022)
- Reduced costs and increased patient satisfaction (Carrillo de Albornoz, et al., 2021; Shaver, 2022)
- Chronic care outcomes that are comparable to in-person care (Mabeza et al., 2022)

Challenges of telehealth



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- Barriers to telehealth access (Anaya et al., 2022)
- Reliance on auditory comprehension (Solari-Twadell et al., 2021)
- Risk for fraud
- Increased need for follow-up care for certain conditions (Hatef et al., 2022)

NP Residency Telehealth Grant



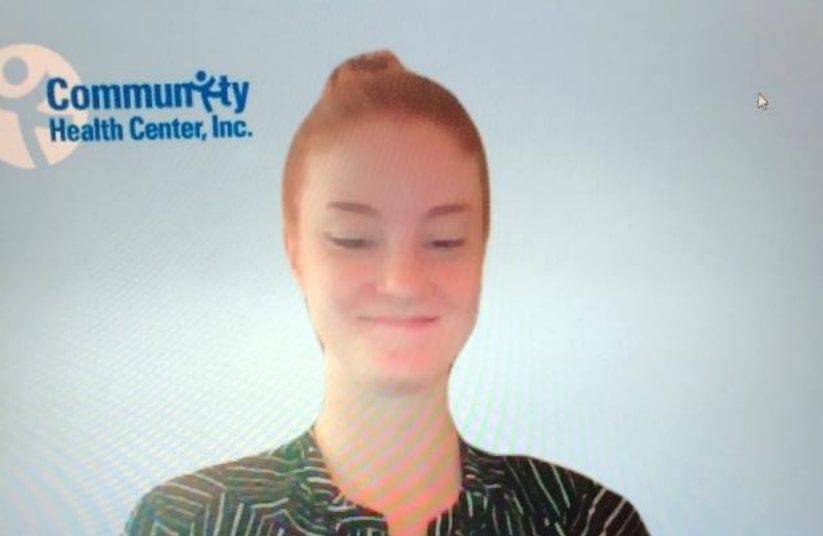
- Telehealth provision should be an expected competency of nurse practitioners
 - (Solari-Twadell et al., 2021)
- CHCI received funding through HRSA's Advanced Nursing Education Nurse Practitioner Residency Integration Program
 - Presentations to residents and preceptors
 - Simulations
 - Primarily telehealth-based



Fundamentals: Professionalism, Privacy, Pitfalls



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Fundamentals: Remote Assessment



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- Matching patient concerns with appropriate type of visit (phone vs. video vs. in-person)
- Vital sign collection
- Completing an appropriate remote physical exam
 - The patient is your teammate!
- Noting pertinent exam findings that cannot be obtained via telehealth

Fundamentals: Disposition

- 911/Emergency Room
- Urgent Care
- In-person follow up with RN vs. provider
- Point-of-care testing (swabs, urine)
- Frequency of in-person versus telehealth visits



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Telehealth Simulation Model

- Standardized patients
- Remote residents
- Small groups
- Pre-brief
- Simulation evaluation
 - SET-M
- Debrief
 - PEARLS Model



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Simulation-based learning experience: ED discharge/untreated UTI



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- **Telehealth video visit**
- Participants: 10 FNP residents, 2 AGNP residents
- Goals:
 - Review of ED discharge records
 - Evaluation of basic home safety/fall risk and home support system
 - Lab interpretation (urine culture and sensitivity and antibiotic selection)
 - Review of Beers list medications
 - Polypharmacy and de-prescribing for older adult patients
 - Establish appropriate follow-up and care coordination

Simulation-based learning experience: Adolescent suicidal ideation



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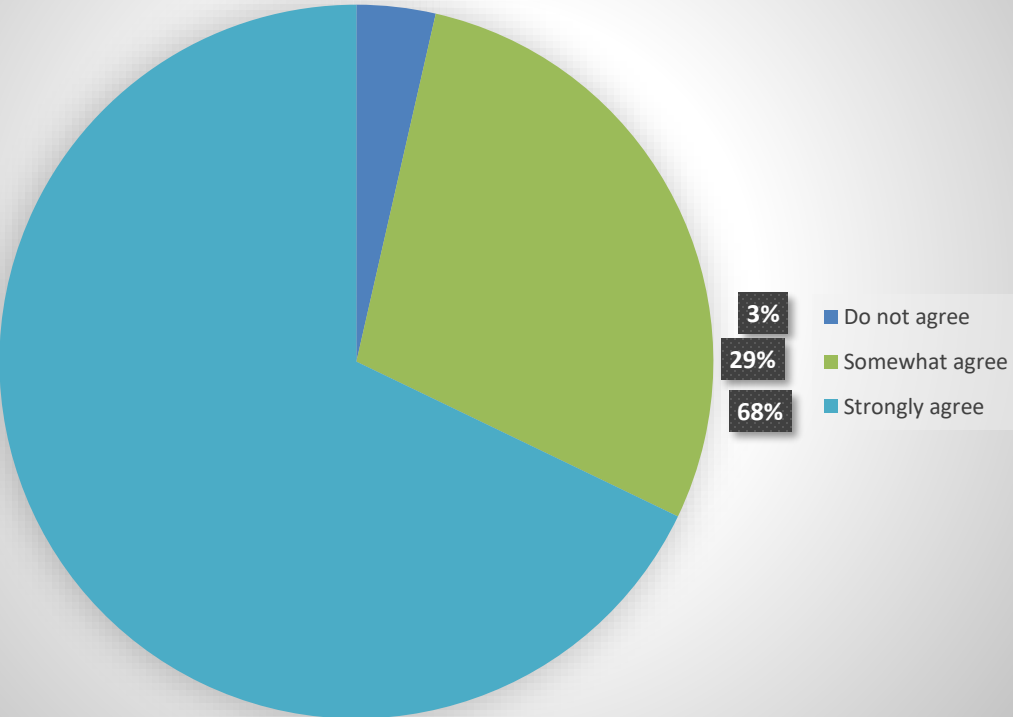
- **Telehealth video visit**
- Participants: 10 FNP residents, 2 AGNP residents, 1 PNP resident, 4 PMHNP residents
- Goals:
 - Complete a thorough safety assessment
 - Determine appropriate disposition
 - Review of parental consent/teen assent and confidential discussion topics
 - Review of black box warning for SSRIs

Impact of telehealth simulation experience for CHC NP Residents (N=28)

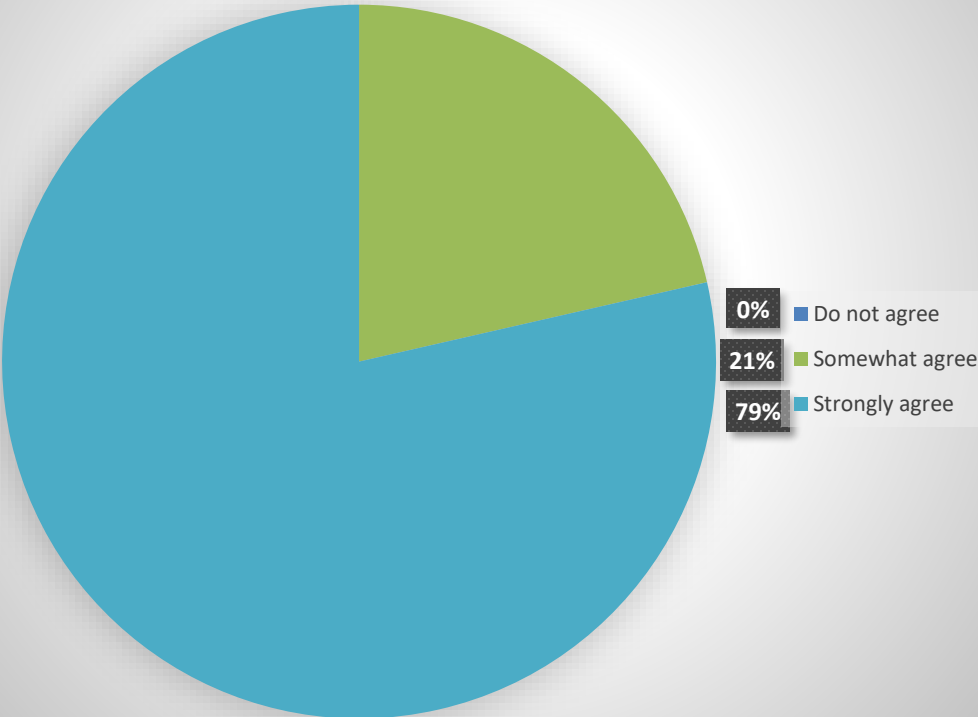


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“I am more confident of my assessment skills”



“I am more confident in my ability to prioritize care and interventions”

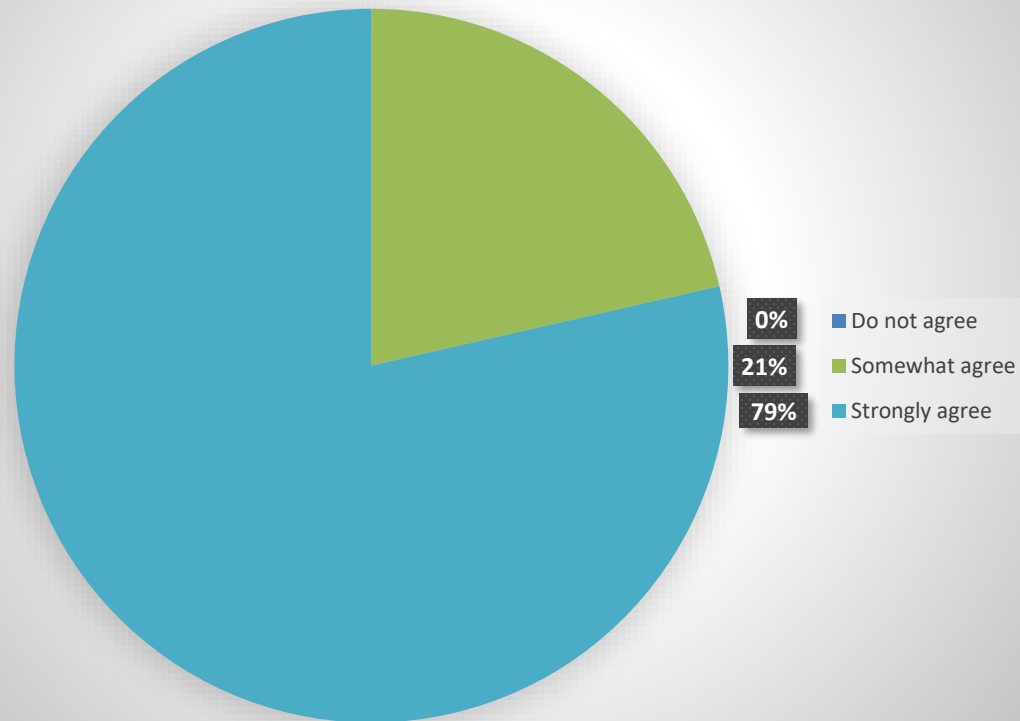


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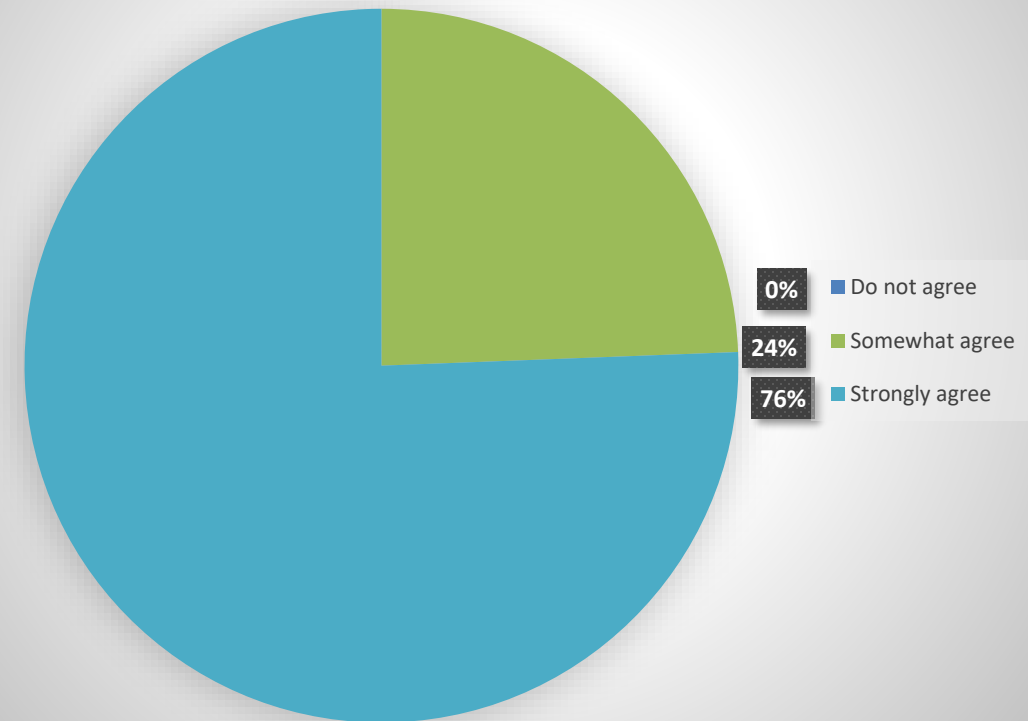


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"I am more confident in communicating with my patients"



"I had the opportunity to practice my clinical decision-making skills"



Impact of simulation experience for CHC NP Residents



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“It was very helpful! I’d recommend including more sim in the residency.”

“This was a great learning experience and I was glad I had more practice with suicidal patient interaction because I have [not] had this yet in my precepted clinics.”

“I am so grateful for the topic that we covered— definitely a clinical weakness of mine and I appreciate all opportunities to learn how to provide the best care in these situations.”

Implications: What's next?



- Telehealth is here to stay
- All providers (both novice and experienced) could benefit from access to telehealth education
- Telehealth simulations are welcomed by residents and present opportunities for observation/assessment by faculty



Acknowledgements



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- CHCI NP Residency Team:
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 - Linda Caruso, Linda Ghampson, Christine Rodriguez, Tricia Siefker
- Jessica Horstmann, Sarah Freiberg

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TRACK TWO: Grand Ballroom A

Session Two will begin at 2:15pm

Program evaluation: Contributing to the future of post-graduate APP education

Ann Marie Hart, PhD, FNP-BC, FAANP

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July 23, 2023

Objectives

- 1) Identify ways and methods your program can use to measure data within your program.
- 2) Recognize possible hinderances and pitfalls in gathering and managing data within your program.
- 3) Identify how the measuring and management of your data can benefit your program and your organization.
- 4) **Appreciate the need for and process of disseminating evaluation data, thereby improving post-graduate advanced practice provider programs.**

Poll



Program Evaluation

A formal approach for assessing the outcomes of any and all aspects of your APP program – trainees, faculty, curricula, structural supports, clinical outcomes, satisfaction, employment, etc.

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- **The cornerstone of program improvement (i.e., if you don't know how you are doing, you can't improve upon it)**

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- The cornerstone of program improvement (i.e., if you don't know how you are doing, you can't improve upon it)
- **Can contribute greatly to the evolution of post-graduate APP education**



Program Evaluation

- A formal approach for assessing the outcomes of any and all aspects of your APP program – trainees, faculty, curricula, structural supports, clinical outcomes, satisfaction, employment, etc.
- Program evaluation is the cornerstone of program improvement (i.e., if you don't know how you are doing, you can't improve upon it)
- Can contribute greatly to the evolution of post-graduate APP education, **especially when it is recognized and used by others and disseminated in the published literature**



Examples of post-graduate APP program evaluation in the published literature

BY FACULTY FOR FACULTY



JNP

Postgraduate Nurse Practitioner Critical Care Fellowship: Design, Implementation, and Outcomes at a Tertiary Medical Center

Deborah L. Schofield, DNP, CRNP, and
Carmel A. McComiskey, DNP, CRNP, FAANP



Available online at www.sciencedirect.com

ScienceDirect

NURS OUTLOOK 66 (2018) 25-34

NURSING
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www.nursingoutlook.org

Evaluation of Veterans Affairs primary care nurse practitioner residency: Achievement of competencies

Kathryn Wirtz Rugen, PhD, FNP-BC, FAAN, FAANP^{a,f,*}, Mary A. Dolansky, PhD, RN,
FAAN^{b,g}, Maya Dulay, MD^{c,h}, Samuel King, MS, MDiv^d, Nancy Harada, PhD, PT^{e,i}

Your program's evaluation process(es)

- Don't start from scratch
- Look at what other's have done – network and look in the published literature
- e.g., Rugen et al. (2016) validated their trainee competency evaluation tool and showed significant growth in their trainees' adult primary care competencies (Rugen et al., 2018)

Table 2 – NP Resident and Mentors Mean Scores of Competency Items at 1 and 12 Months				
Competency Item	NP Resident	Mentor	NP Resident	Mentor
	Mean (SD) at 1 mo		Mean (SD) at 12 mo	
Clinical competency				
Management of military sexual trauma	2.0 (1.0)	2.0 (1.4)	3.8 (0.93)	3.9 (1.4)
Management of TBI	2.2 (1.1)	2.1 (1.2)	3.9 (0.75)	3.9 (1.4)
Management of PTSD	2.4 (0.93)	2.5 (0.90)	4.0 (0.79)	4.2 (0.94)
Management of hepatitis C	2.4 (1.0)	2.3 (1.1)	4.2 (0.64)	4.3 (0.61)
Management of suicidality	2.4 (1.3)	2.3 (1.2)	4.1 (0.80)	4.2 (1.1)
Management of ischemic heart disease	2.6 (0.72)	2.5 (0.77)	4.1 (0.67)	4.2 (0.73)
Management of peripheral arterial disease	2.6 (0.72)	2.7 (0.94)	4.0 (0.68)	4.3 (0.67)
Management of chronic renal failure	2.6 (0.76)	2.6 (0.92)	3.8 (0.65)	4.2 (0.72)
Management of anemia	2.6 (0.79)	2.7 (0.97)	4.0 (0.65)	4.3 (0.70)
Management of COPD	2.6 (0.86)	2.7 (0.98)	4.2 (0.43)	4.4 (0.60)
Management of asthma	2.6 (0.89)	2.8 (0.81)	4.3 (0.61)	4.4 (0.61)
Management of substance abuse	2.6 (0.96)	2.6 (1.0)	4.0 (0.71)	4.2 (0.96)
Management of heart failure	2.7 (0.58)	2.6 (0.65)	3.9 (0.72)	4.1 (0.78)
Order appropriate screening and diagnostic tests	2.8 (0.42)	3.0 (0.72)	4.5 (0.68)	4.4 (0.69)
Order appropriate medications	2.8 (0.51)	2.7 (0.64)	4.2 (0.77)	4.3 (0.72)
Construct pertinent differential diagnosis	2.8 (0.56)	2.9 (0.81)	4.2 (0.71)	4.4 (0.76)
Management of diabetes	2.8 (0.65)	2.9 (0.63)	4.3 (0.70)	4.3 (0.68)
Management of depression	2.8 (0.76)	2.9 (0.61)	4.3 (0.69)	4.5 (0.50)
Use evidence-based guidelines	2.8 (0.92)	3.0 (0.91)	4.3 (0.76)	4.5 (0.65)
Management of osteoarthritis	2.9 (0.68)	3.0 (0.85)	4.5 (0.57)	4.6 (0.49)
Management of enlarged prostate	2.9 (0.92)	2.9 (0.79)	4.2 (0.64)	4.5 (0.51)
Management of gastroesophageal reflux	2.9 (0.95)	3.1 (0.83)	4.5 (0.57)	4.7 (0.48)
Order appropriate consults	3.0 (0.69)	3.0 (0.66)	4.6 (0.49)	4.5 (0.66)
Clear and concise case presentation	3.1 (0.76)	3.2 (0.75)	4.6 (0.56)	4.6 (0.56)
Management of hypertension	3.1 (0.89)	3.0 (0.62)	4.6 (0.61)	4.6 (0.49)

Rugen et al. (2018, p. 30)

??????
Program
Evaluation
vs. Quality
improvement
vs. Research
??????



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College of Health Sciences
Fay W. Whitney
School of Nursing

Research*

A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. (45 C.F.R. 46.102 – emphasis added)

*Human subjects research requires approval by an Institutional Review Board (IRB)

Generalize

To derive general conclusions from particulars. Generalizable knowledge is the goal of most basic research. Even research about the most narrowly defined topic, such as an individual case study or the study of an isolated community, may be intended to contribute to a body of knowledge

Program Evaluation

- “The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.” (Patton, 1997)
- Program evaluation does not occur in a vacuum; rather, it is influenced by real-world constraints. Evaluation should be practical and feasible and conducted within the confines of resources, time, and political context. Moreover, it should serve a useful purpose, be conducted in an ethical manner, and produce accurate findings. Evaluation findings should be used both to make decisions about program implementation and to improve program effectiveness. (CDC, 2012)

*IRB approval is not required



Quality Improvement

“... the framework used to systematically improve care. Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training).” - Centers for Medicare & Medicaid Services, 2021

*IRB approval is not required



Intent to publish or disseminate findings?

“...the intent to publish is an insufficient criterion for determining whether a quality improvement activity involves research. The regulatory definition under 45 CFR 46.102(d) is “*Research* means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.” Planning to publish an account of a quality improvement project does not necessarily mean that the project fits the definition of research; people seek to publish descriptions of nonresearch activities for a variety of reasons, if they believe others may be interested in learning about those activities. Conversely, a quality improvement project may involve research even if there is no intent to publish the results.”

(Office for Human Research Protections, n.d.)



Determining research, QI, and program evaluation?

- Several decision-making tools are available
 - Columbia University: [Evaluation of Research vs. QI-QA activities in healthcare settings](#)
 - University of Colorado: [QA/AI/Program Evaluation Tool](#)
 - University of Wisconsin – Madison: [QI/PE Decision Tree](#)
 - Virginia Commonwealth University – [Quality improvement vs. research](#)
 - Article by Bass & Maloy (2020)
- Focus of tools is typically on overall purpose of the project and the intervention(s) being studied

Case #1: Human Subjects Research, Quality Improvement, or Program Evaluation?

An emergency department (ED) is getting a bad “rep” for its long wait times, and patients and families are often complaining and sometimes becoming violent in the waiting area. The ED’s director wonders whether a new lighting/music system he recently learned about might help with this problem and shares this idea with the ED’s leadership team. The team is interested and contacts the system’s company, which is willing to offer the system to them free for one-month trial. The ED leadership team decides to pilot the system and agrees to systematically collect data re: complaints, violence, and patient/visitor satisfaction both prior to and after implementing the new system so that they can determine whether the program will work for them.



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Case #2: Human Subjects Research, Quality Improvement, or Program Evaluation?

A nurse is aware that patient wait times are often long in EDs, which can lead to waiting room disruption and violence. She has read about the calming effect of certain types of lighting and music and would like to work with several EDs in the region to determine the effects of these variables, individually and in combination, on waiting room behavior and patient/visitor satisfaction.

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Case #3: Human Subjects Research, Quality Improvement, or Program Evaluation?

A hospital's ED is getting a bad "rep" for its long patient wait times, and patients and families in its ED are often getting disruptive and sometimes violent. The hospital's leadership team is concerned about this and decides to prioritize this issue over the next few months. When the leadership team discusses this issue with the ED team, the ED nursing director shares that he recently learned about a lighting/music system for waiting areas that has been shown to reduce patient and family disruption/violence. The ED team decide to start their initiative with this lighting/music system and collect data both prior to and during its use, including data re: disruption, violence, and patient/visitor satisfaction. If the system isn't working in a month, they will implement another solution



Case #3: Human Subjects Research, Quality Improvement, or Program Evaluation?

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!WARNING!

- When in doubt whether a project is research, program evaluation, or quality improvement OR if required by your agency or institution, check with an IRB!!



!WARNING!

- When in doubt whether a project is research, program evaluation, or quality improvement OR if required by your agency or institution, check with an IRB!!
- **Program evaluation and QI projects can also contain elements of human subjects research (i.e., a research study is embedded in the project). If this is the case, IRB approval is needed for the human subjects research elements(s)**



DISSEMINATING EVALUATION DATA*

- Presentations (podium & poster presentations, panel discussions) – be on the look out for opportunities to present at local, state, regional, & national conferences – nursing, NP, PA, MD, and health conferences
 - If an opportunity to present is not obvious, ask if you can present
 - Some conferences require a short abstract (easy to do!); however, many do not
 - If you are new to abstracts, work with someone with presentation experience or reach out to a faculty member in academic institution



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- **Local and regional newsletters/magazines**



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- **Peer-reviewed journals – most bang for your buck - others can find and continue to disseminate your work – if new to academic writing, reach out to a faculty member in an academic institution**



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***Share copies of abstracts, articles, reduced-size posters, etc. with people of influence – policy makers, health system administrators, state health departments, etc. and offer to meet with them**



Key Takeaways

- Please do NOT reinvent the wheel; only improve upon it 😊☐

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- **The main goal of program evaluation is quality improvement, not meeting accreditation criteria.**



Key Takeaways

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- The main goal of program evaluation is quality improvement, not meeting accreditation criteria. – **In other words, your evaluation data to improve your program**



Key Takeaways

- Please do NOT reinvent the wheel. Improve upon it!! - Look at what other programs are doing and borrow and/or adapt their good evaluation methods for your program
- The main goal of program evaluation is quality improvement, not meeting accreditation criteria. – In other words, use your evaluation data to improve your program
- **Help strengthen and grow post-graduate APP education – present & publish evaluation data!!!**



References

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Questions?

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Measuring Outcomes and Data Management Within the Program

Robert Gamboe, PA-C

Program Director

Shasta Community Health Center
NP/PA Postgraduate Fellowship
Primary Care

July 23, 2023



Disclosures

- No relevant commercial relationships to disclose




Objectives

- Identify ways and methods your program can use to measure data within your program.
- Recognizing possible hinderances and pitfalls in gathering and managing data within your program.
- Identifying how the measuring and management of your data can benefit your program and your organization.



Background

- Shasta Community Health Center located in Redding, CA.
- Joint NP/PA Postgraduate Fellowship In Primary Care started in 2016.
- Started as a 12-month program and currently is a 24-month program.

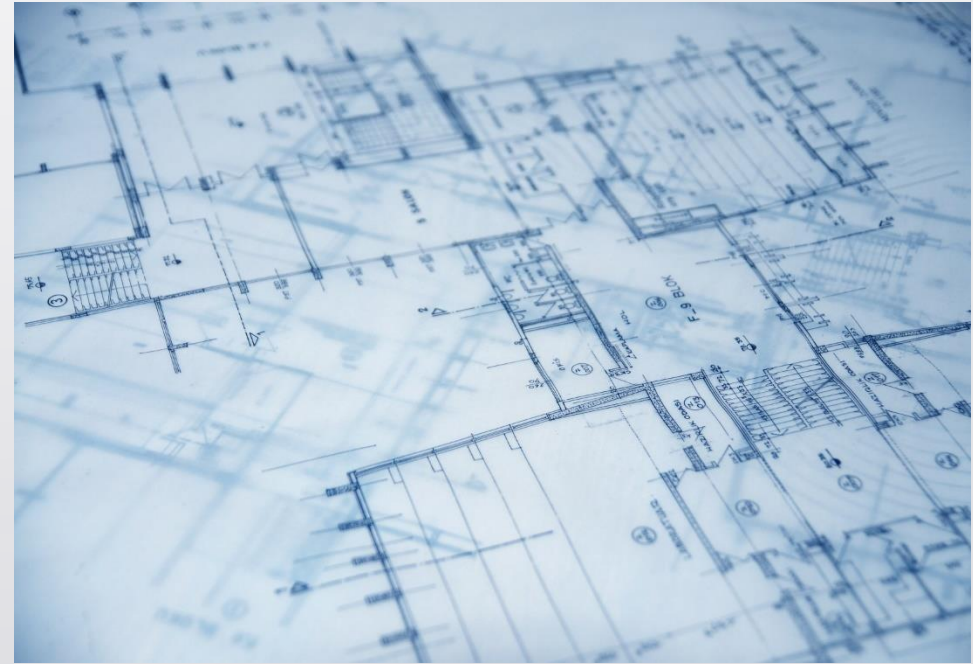


Our Approach to Data Gathering and Management

- We identify what we need to measure.
- We identify a purpose to this measure.
 - How can it benefit our program?
 - Can it benefit our organization in other departments?
 - Is it required for accreditation purposes?
- We identify tools within our organization to help measure and manage the data.
 - Tools within our EMR or tools that our QI and Informatics Departments make available to the organization

Our Approach to Data Gathering and Management

- Most important point- STAY ORGANIZED





Ways and Methods

- Daily review of Fellows schedule by preceptors and support staff
- Scheduled periodic evaluations of Fellows
 - 90-day, 6-month, 12-month, 18-month and end of Program
 - All evaluations are completed through New Innovations Program
- Quarterly Advisory Committee meetings to evaluate program performance and to identify areas for improvement



Ways and Methods

- Annual Program Planning Meeting
 - Identifies what worked in the past, through evaluations and feedback
 - Helps to shape the schedule for next program year to adjust panel sizes and complexity
 - Helps to identify topics to be covered in didactic sessions for the incoming class.



Ways and Methods

- Utilizing tools within our EMR system that gives us population health tools to assign a complexity number to each patient.
- Able to analyze panels for each Fellow to ensure they are close to the complexity metric that has been set for them.
- Utilizing our QI and Informatics Departments to analyze UDS data related to the patients being seen by our Fellows.



Ways and Methods

- SCHC currently uses a QI based platform to help with analyzing our health center's QI data. (Relevant Healthcare)
 - Able to keep track of quality measures for each Fellow and see how they compare within the department and throughout the organization.
- Fellows log all procedures completed through New Innovations.



Hinderances and Pitfalls

- Not having the right mindset when approaching data gathering and management
 - The right data collected and used correctly can be a very positive thing.
- Not fully understanding what you are looking for
 - Easy to get overwhelmed
 - Easy to want to copy what everyone else is doing or to compare what you are doing with other programs.



Hinderances and Pitfalls

- Not being organized
 - Hard to manage your data when it is not easily accessible
 - Consumes time and resources that could be spent elsewhere
- Gathering too much data
 - Doing it for the sake of doing it, because there is no real purpose to it.
 - Consumes time and resources of the Program Director/Program Coordinator in gathering and organizing all the data.



Benefits

- Enables you to identify problem areas in your program or opportunities for program enhancements.
- Knowing your data and measurements of your program, will help you better communicate to leadership the value of your program to the organization.
- You get the opportunity to build relationships with other people and departments within your organization.



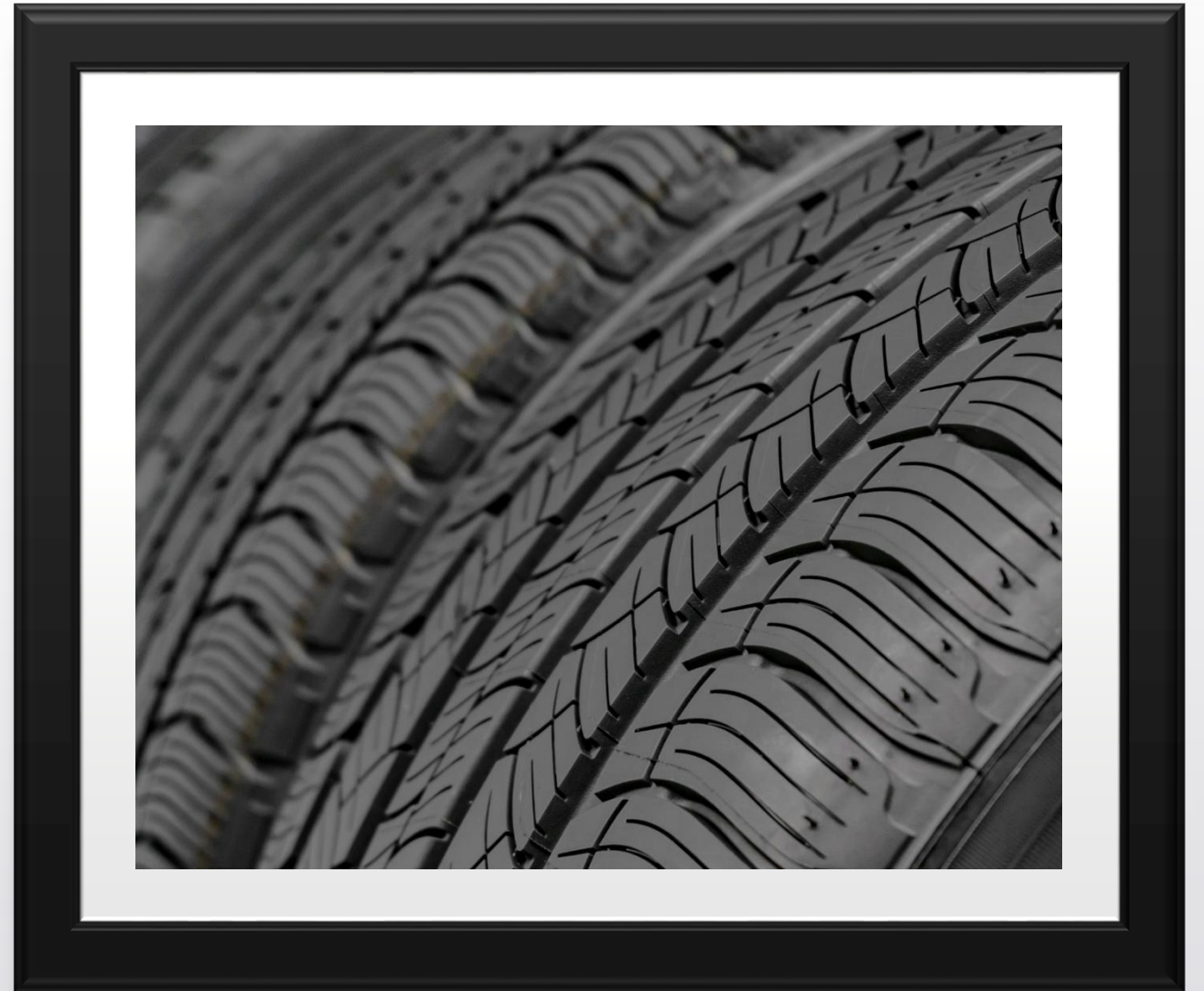
Benefits

- Good and necessary for obtaining and maintaining accreditation. The accreditation process forces you to evaluate what you are already doing and helps improve on areas that may need improvement in your program.
- With the data that you gather, and the lessons learned from that data, you can use this to help other programs that may be starting or to help established programs become even better.
- Helpful when working with State and National organizations, when advocating for more funding for NP/PA Postgraduate education



Benefits

- “Do not reinvent the wheel”
- “Work Smarter and not harder.”



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