



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2023 Annual Conference:

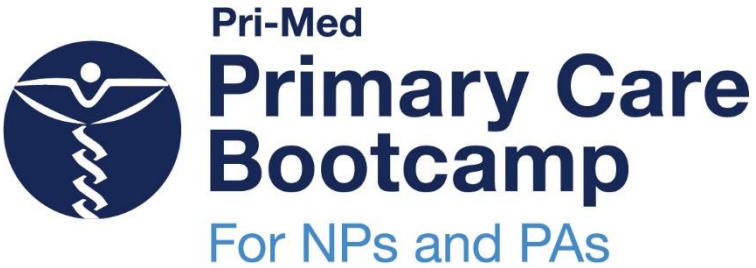
**Transforming Advanced Practice Postgraduate Training
Stronger Together: Setting the Standards**

July 23-24, 2023



Information about our exhibitors is located here:

<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/>

Homepage > 2023 Consortium for Advanced Practice Providers Conference Resources

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/>



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Keynote Presentation

National Healthcare Landscape

Consortium's First Annual Conference in 2018



SAVE THE DATE!
Monday, June 25, 2018

1ST ANNUAL Nurse Practitioner Residency and Fellowship Training Consortium Meeting

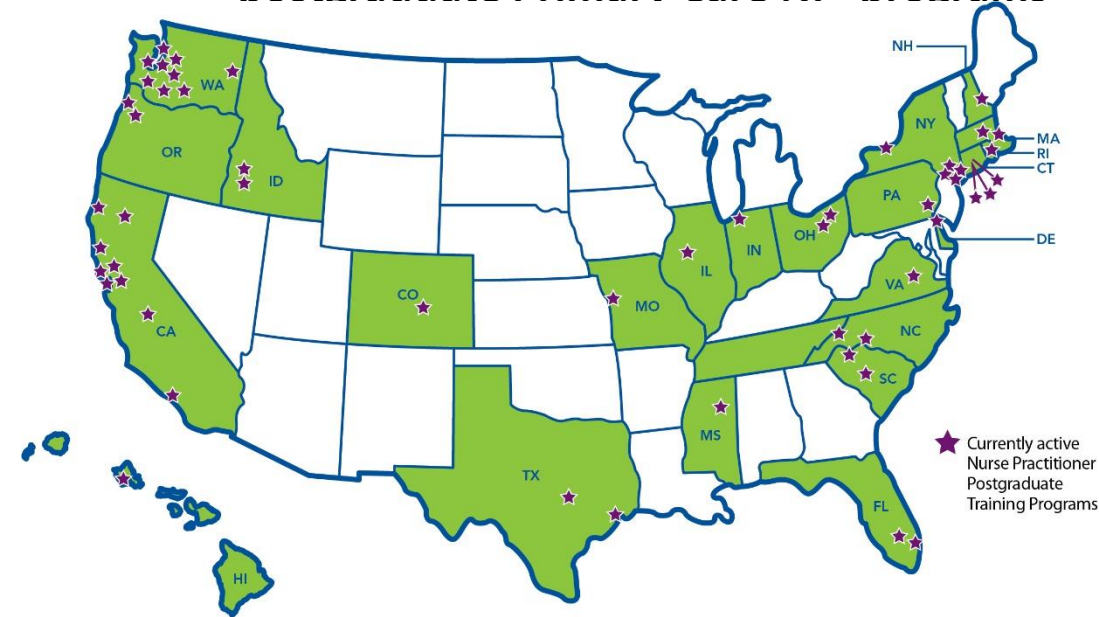
The Future Is Now: Nurse Practitioner Postgraduate Residency and Fellowship Training Programs

June 25, 2018 from 8:30 a.m. to 5 p.m.

The History Colorado Center, 1200 North Broadway, Denver, CO 80203

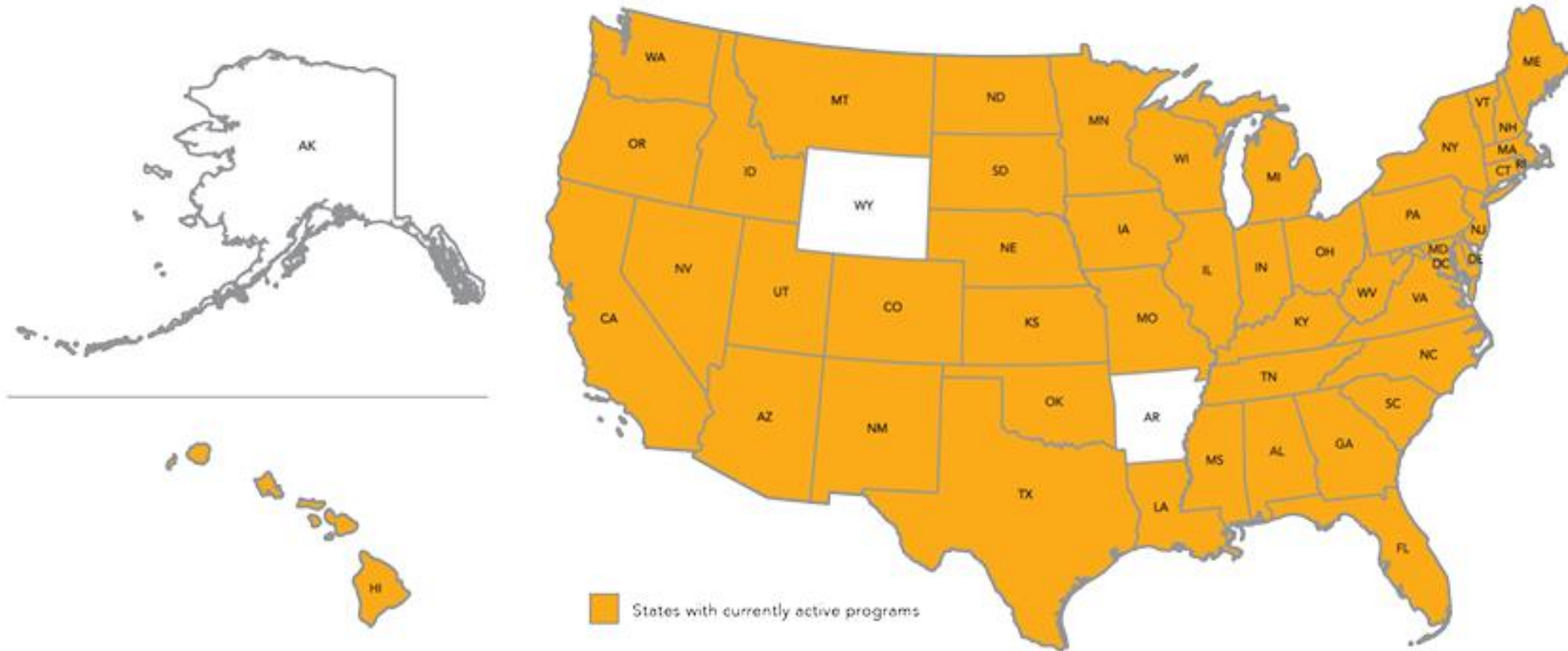
(Program Agenda to Follow)

- In 2018, there were 53 operational postgraduate Primary Care NP programs

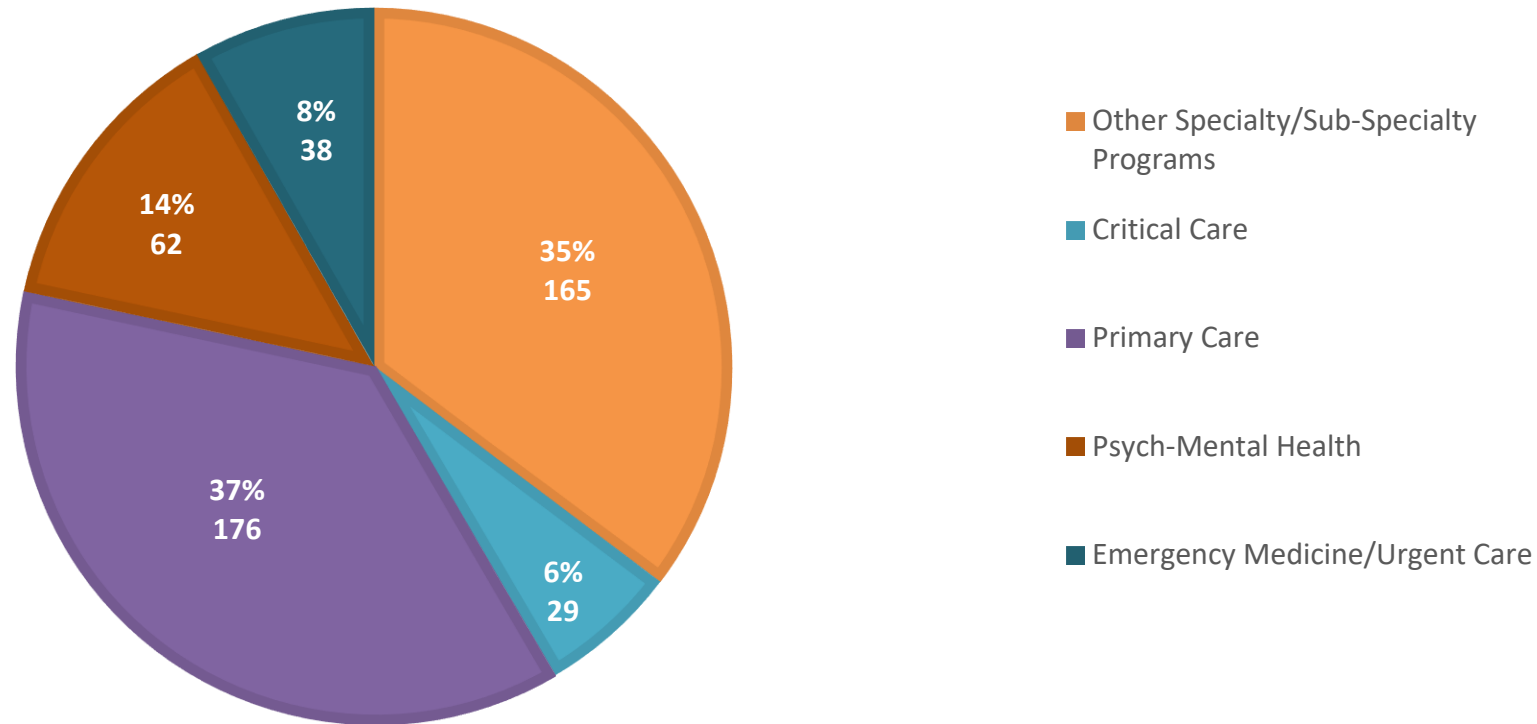


- **Sponsoring organizational settings**
 - 36 in FQHCs
 - 7 in VA system; expansion planned
 - 6 in large health/hospital systems
 - 4 in private medical group or non-FQHC clinics

States with Currently Active NP and NP/PA Postgraduate Residency and Fellowship Training Programs



Today: Primary Care, Specialty, and Sub-Specialty Postgraduate Training Programs – Total 471 Programs Nationally





Trends in Postgraduate APP Training

- Expansion from one “track” to **multiple tracks**
- **Multiple cohort admissions per year**
- **Growth across all domains:** primary care, specialty care, acute care
- **Growth in psychiatric/mental health programs** within primary care settings
- **Growth in joint NP/PA Postgraduate Training programs**
- Development and strengthening of **formal academic partnerships**
- New emphasis on **telehealth/virtual care: training, practice, evaluation**
- **Research and evaluation** focused on outcomes and impact of postgraduate training
- **Accreditation for Postgraduate Training Programs well-established**



The Healthcare Landscape for Advanced Practice Providers

2023 Consortium for Advanced Practice Providers Annual Conference

July 24, 2023

Luis Padilla, MD
Associate Administrator
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Agenda

- 1 •— The Health Workforce Challenge
- 2 •— Bureau of Health Workforce
- 3 •— Building the Workforce
- 4 •— Resources
- 5 •— Looking Ahead



The Health Workforce Challenge

STAT

May 23, 2022

People turn to primary care with over 400M visits per year, but demand is outpacing supply



There are over 400M primary care visits each year in rural, urban, and suburban communities across the country. It is the only field of medicine where greater investment is associated with better and more equitable outcomes and decreased cost. In fact, an increased number of primary care physicians is associated with longer lives.¹ Conversely, the United States is seeing a decreased number of primary care physicians – especially in areas of need such as rural communities. These projected workforce shortages are certain to have negative impacts on health outcomes and exacerbate existing health disparities.

A shrinking workforce by the numbers

There are an estimated 89 million people in the United States living in health professional shortage areas (HPSAs).² It would take an additional 15,500 primary care physicians to eliminate HPSAs, but unfortunately there is a projected shortage of 17,800 to 48,000 primary care physicians by 2034.³ Today, approximately 25% of the workforce is over the age of 60. Additionally, fewer medical graduates are selecting primary care as a specialty and others are leaving the field.⁴ Taken together, these alarming numbers show America is in the middle of a primary care workforce crisis.

Los Angeles Times

March 17, 2022

‘We can’t pay what the market demands’: Community clinics struggle to hire, retain workers

EMILY ALPERT REYES | STAFF WRITER

A community clinic in Huntington Park has two dentists eager to come back to work — a coveted service for poor and uninsured patients who often go without dental care.



Less staff, longer delays and fewer options: Rural America confronts a health care crisis

Young medical professionals confront a looming rural health care crisis.

By Peter Charalambous
March 18, 2023, 8:06 AM

More than 40,000 graduating medical students learned Friday where they will spend the next three to seven years of their medical training.

With the United States grappling with a simultaneous shortage of primary care physicians and a rural health care crisis, many of the graduating students are set to enter the front lines of the country’s health care shortage.

At least 136 rural hospitals and health systems closed between 2010 and 2021, and over 40% of rural hospitals operate with negative profit margins. Despite billions of dollars in investment in health care, hospitals throughout the United States face the possibility of shutting down.

The Washington Post BUSINESS

TUESDAY, OCTOBER 10, 2023 · SECTION G

How to Fix the Nursing Shortage



SEATTLE, WA, JANUARY 21, 2023 (AP) — A nurse in a hospital room in Seattle, Washington, on January 21, 2023. The highly transmissible coronavirus is putting a significant strain on health systems nationally, resulting in staffing shortages and changes in nursing strategies. (Photo by Karen Duany/Getty Images/Photographer Karen Duany/Getty Images/Photographer)

Comment 0 Save Gift Article Share

The US health-care system needs more nurses. Nursing schools aren’t producing enough graduates, young workers are quitting, and older ones are retiring early. Throughout the pandemic, widespread shortages reduced the quality of care and even cost lives. To bolster the workforce and better prepare for the next crisis, the US must invest in its domestic pipeline and clear hurdles for qualified international talent.

Nursing shortages have been a problem for decades and will persist well after Covid-19 subsides. Not only is the US population aging, but nurses themselves are getting older. Some researchers estimate that 1 million registered nurses will retire by 2030.

In the past, hospitals, nursing homes, clinics and other health-care facilities have turned to staffing agencies during shortages. Travel nurses, as they’re known, crisscross the country, typically working 13-week stints. At the height of the pandemic, they could easily triple or quadruple their pre-pandemic salaries, earning as much as \$5,000 to \$10,000 a week.



Projected Workforce Shortages through 2035*



PRIMARY CARE
35,260



BEHAVIORAL HEALTH
15,180



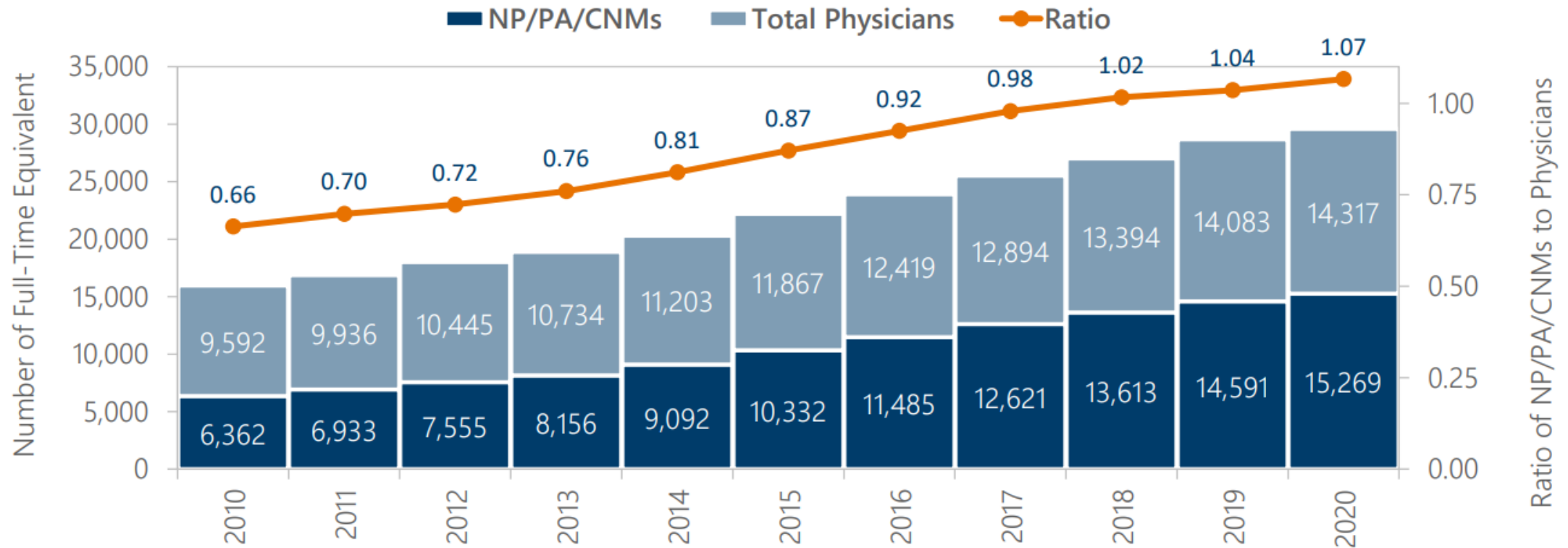
MATERNAL HEALTH
5,790



*Reflects data from early in the COVID-19 pandemic.
<https://data.hrsa.gov/topics/health-workforce/workforce-projections>



Advanced Practice Providers in Health Centers



Community Health Center Chartbook 2023, Figure 5-6
(National Association of Community Health Centers)



Nurse Practitioner Workforce Projections

Change in Total Supply 2020 - 2035

431,080 ▲ 140%

Starting Value: 307,560 Ending Value: 738,640

Change in Total Demand 2020 - 2035

52,490 ▲ 17%

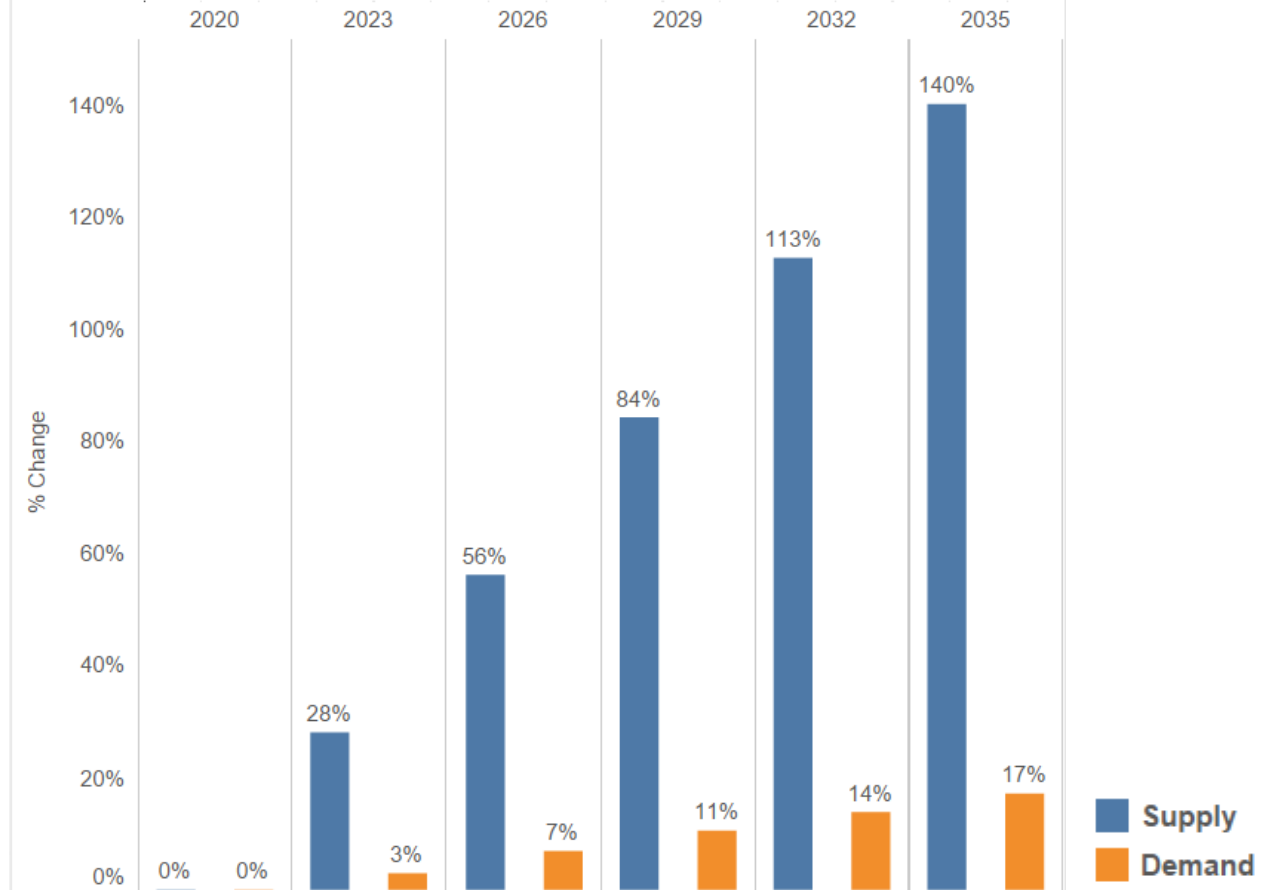
Starting Value: 307,560 Ending Value: 360,050

Total Percent Adequacy 2035

205%

Cumulative Percent Change Over Time Since 2020

3 yr interval



<https://data.hrsa.gov/topics/health-workforce/workforce-projections>



Physician Assistant Workforce Projections

Change in Total Supply 2020 - 2035

105,140 ▲ 72%

Starting Value: 146,210 Ending Value: 251,350

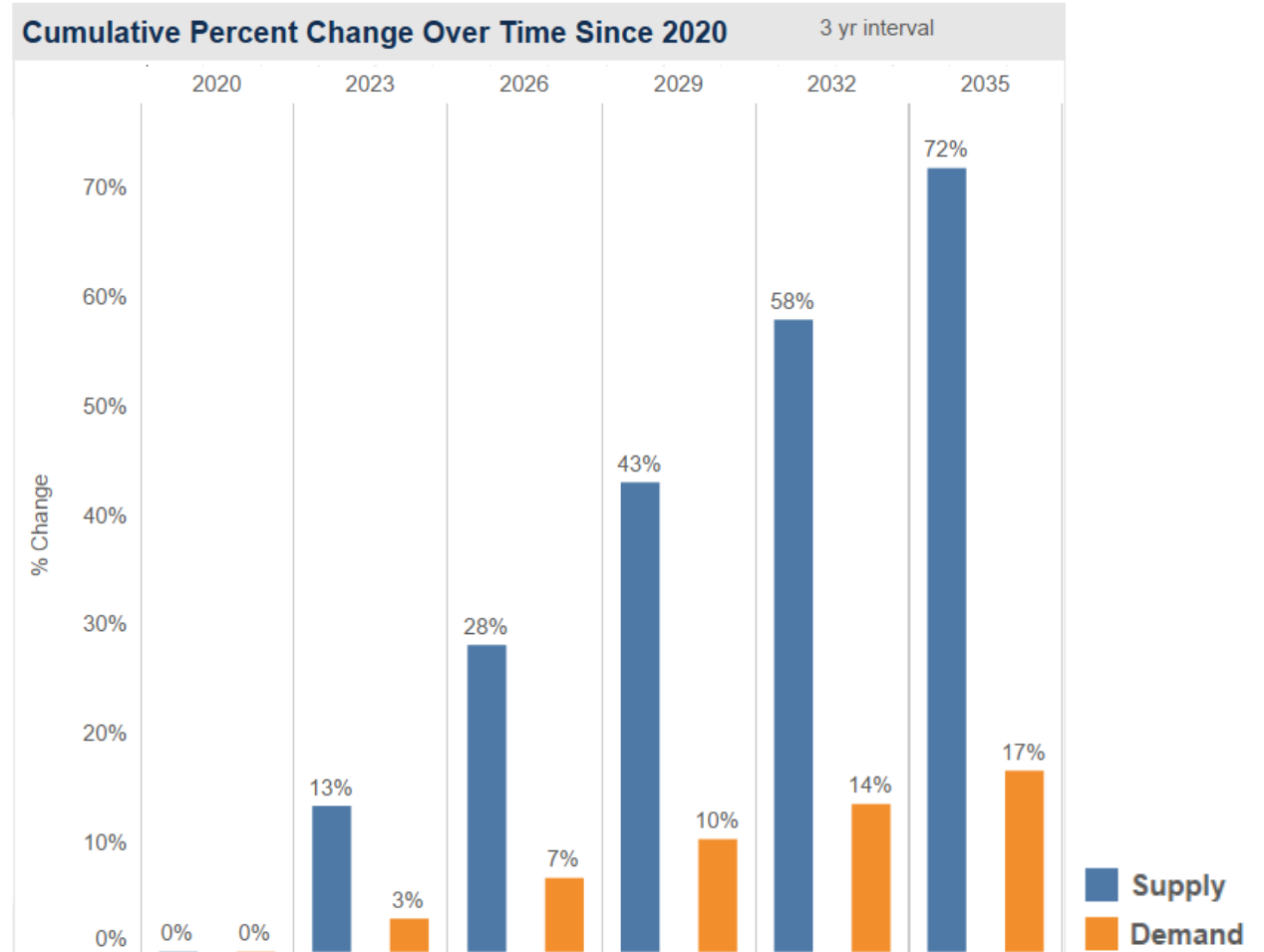
Change in Total Demand 2020 - 2035

24,220 ▲ 17%

Starting Value: 146,210 Ending Value: 170,430

Total Percent Adequacy 2035

147%



<https://data.hrsa.gov/topics/health-workforce/workforce-projections>



Physician Assistants Workforce Projections

NonMetro Areas

Change in NonMetro Supply 2020 - 2035

9,290 ▲ 58%

Starting Value: 16,090 Ending Value: 25,380

Change in NonMetro Demand 2020 - 2035

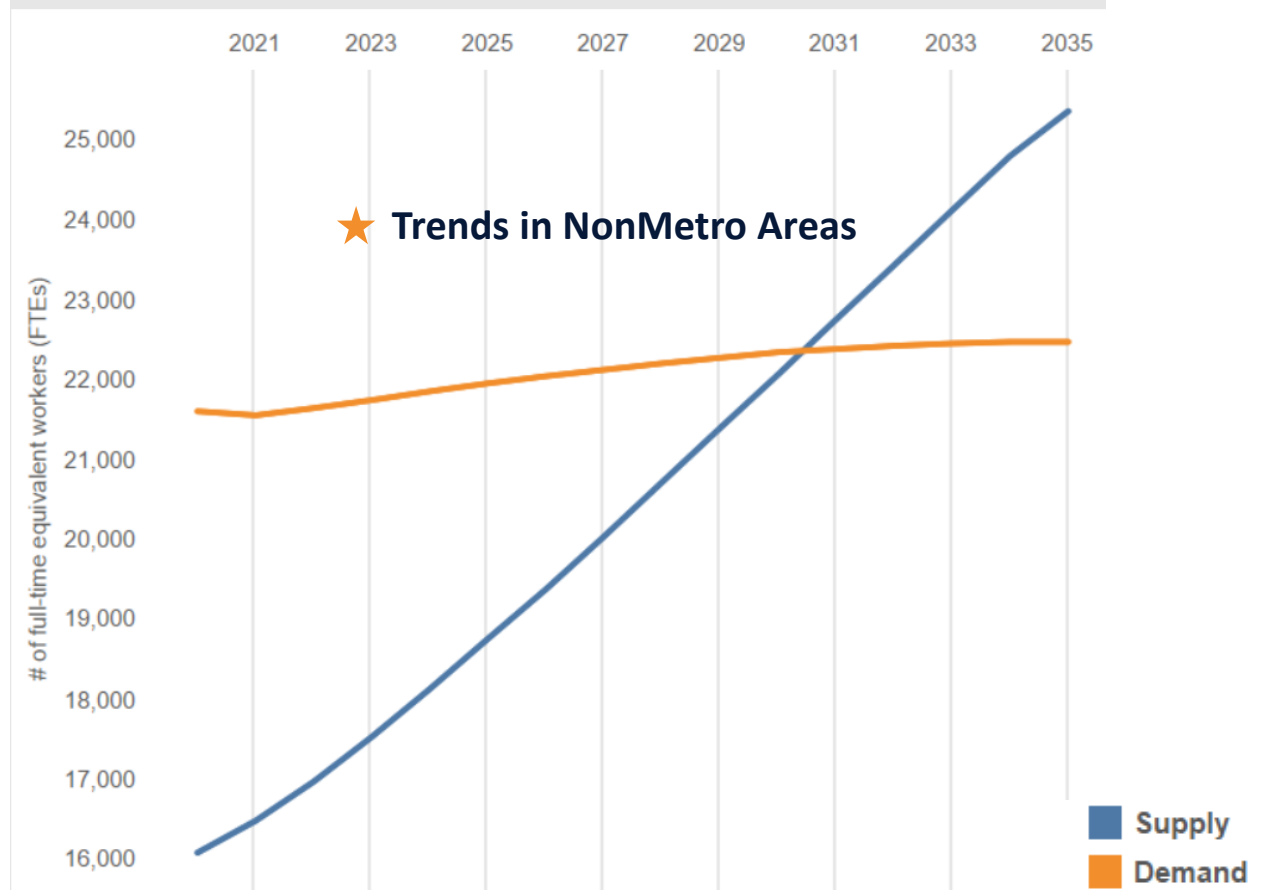
870 ▲ 4%

Starting Value: 21,620 Ending Value: 22,490

NonMetro Percent Adequacy 2035

113%

Supply & Demand 2020 - 2035



<https://data.hrsa.gov/topics/health-workforce/workforce-projections>



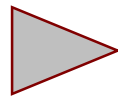
Bureau of Health Workforce

MISSION Improves the health of underserved populations by

- ▶ strengthening the health workforce
- ▶ connecting skilled professionals to communities in need



EDUCATION



TRAINING



SERVICE



HRSA Workforce Aims



Increase Supply



Advance Health Equity



Improve Distribution

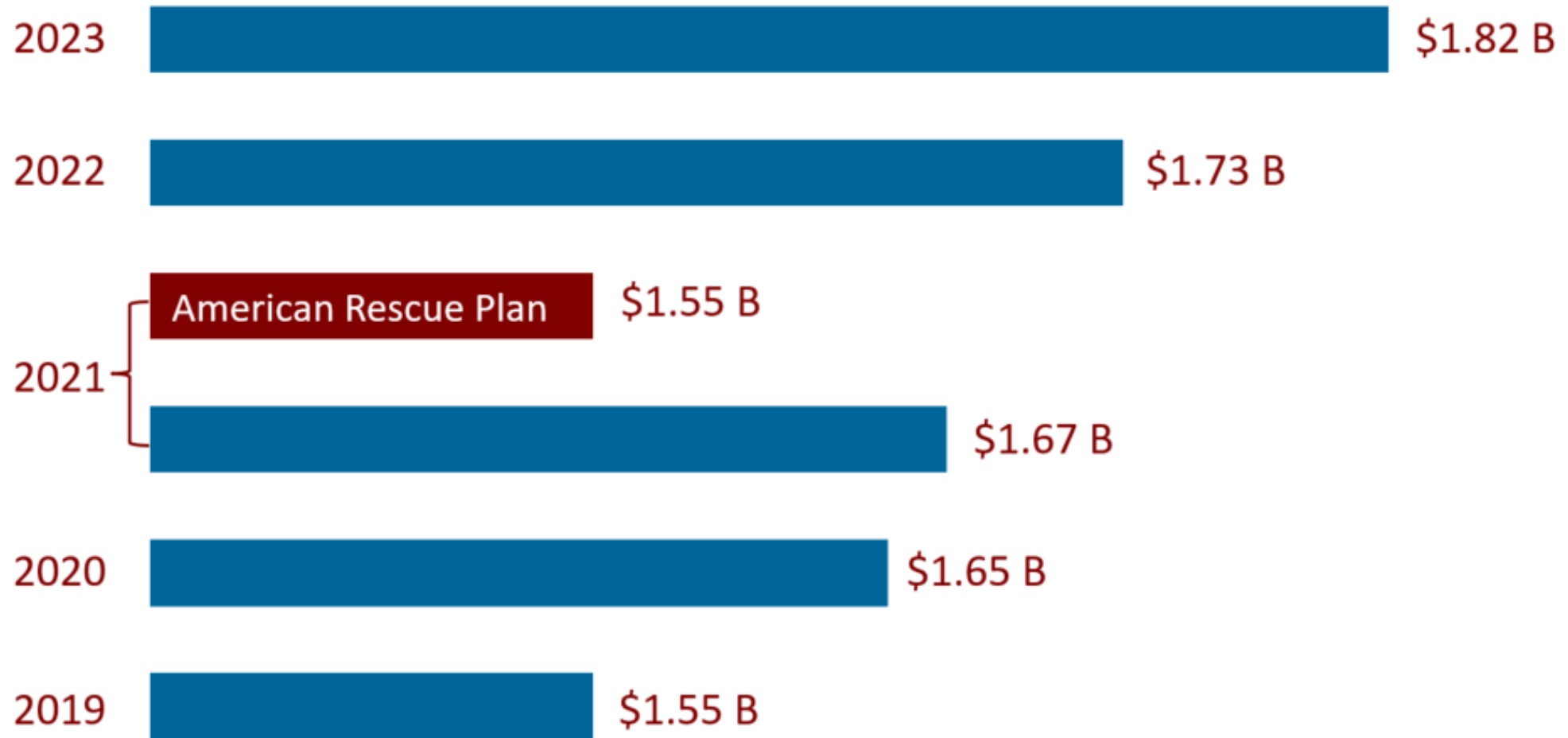


Promote Resilience



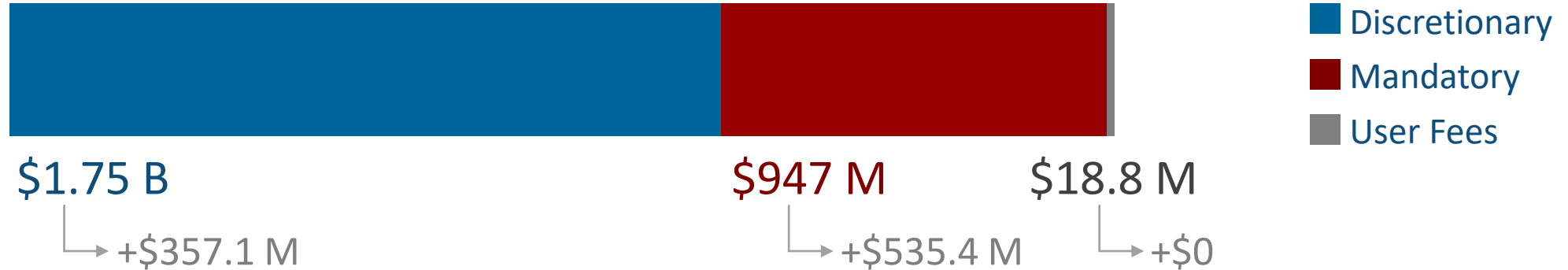
Amplify HRSA Impact

BHW Budget History



President's Budget for BHW: Fiscal Year 2024

BUDGET REQUEST (FY 2024) = \$2.71 B



STEPS REMAINING



Mark-ups



Appropriations
Bills



President's
Signature



Nurse Practitioner Residency Programs

NURSE PRACTITIONER RESIDENCIES

prepare new nurse practitioners for primary care practice in community-based settings.



AY 2021-2022

Trainees from rural backgrounds	29%
Training sites	416
Training sites in medically underserved communities	78%
Graduates	245

Physician Assistants Training

BHW PROGRAMS

grow the number of physician assistants trained to practice in primary care and substance use disorder.



2,037
PA-related
participants

AY 2021-2022

Faculty in development	3
Students	98%
PCTE* students from disadvantaged backgrounds	43%
PCTE* PA grantees	37

*PCTE = Primary Care Training and Enhancement



Funding Opportunities Expected 2023-2024*

MEDICINE

- Geriatric Workforce Enhancement Program
- Medical Student Education
- Primary Care Training and Enhancement—Physician Assistant Rural Training in Mental and Behavioral Health
- Primary Care Training and Enhancement—Rural Community Program Directors
- Teaching Health Center Graduate Medical Education



PIPELINE

- Centers of Excellence

PUBLIC HEALTH

- State Primary Care Offices

BEHAVIORAL HEALTH/SUD

- Behavioral Health Workforce Education and Training Program—Paraprofessionals
- Behavioral Health Workforce Education and Training Program—Professionals
- Opioid-Impacted Family Support Program
- Supporting the Mental Health Among the Health Professions Workforce

NURSING

- Advanced Nursing Education—Sexual Assault Nurse Examiner
- Maternity Care Nursing Workforce Expansion
- NEPQR—Workforce Development
- Nurse Faculty Loan Program

*Programs listed are forecasted on Grants.gov as of July 18, 2023.
This list is not comprehensive for Fiscal Year 2024.



Publicly Available Health Workforce Data



Shortage Areas



Area Health Resources Files

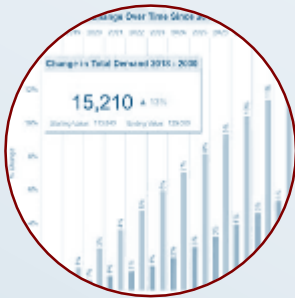


Field Strength Dashboards

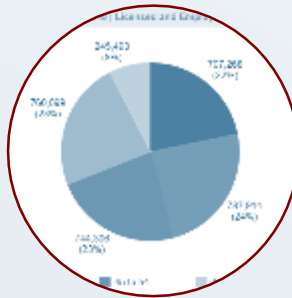


Clinician Dashboards

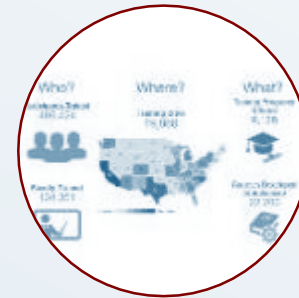
data.HRSA.gov



Workforce Projections Dashboard



Nursing Workforce Dashboard



Health Professions Training Programs



BHW Footprint Map



Publicly Available Health Workforce Research

The screenshot displays the homepage of the Bureau of Health Workforce (BHW) website. At the top left is the HRSA Health Workforce logo. The URL bhw.HRSA.gov is centered at the top. A search bar is located in the top right corner. Below the search bar are links for [Log In](#), [Glossary](#), and [Sitemap](#). The main navigation menu includes [Home](#), [Funding](#), [Job Search](#), [Workforce Shortage Areas](#), [Data & Research](#) (highlighted with a red box), and [About Us](#). The [Data & Research](#) dropdown menu is open, listing the following options: [Explore Data Policy](#), [Access Data Tools](#), [Review Workforce Research](#), [Explore Program Evaluations and Outcomes](#), [Find a Health Workforce Research Center](#), and [Explore the National Practitioner Data Bank](#). On the left side of the page, there is a section titled **Who We Are** with a yellow background. The text in this section reads: "The **Bureau of Health Workforce (BHW)** strengthens the health workforce, connects skilled health care providers to communities in need, provides scholarships and loan repayment to students and clinicians, and awards grants to organizations such as schools, hospitals, and health systems to improve health workforce training, increase diversity, and advance health equity." Below this text, it says "Last year:" followed by a faded image of healthcare professionals. On the right side of the page, there is a large image of two healthcare professionals, a man and a woman, in white coats, looking at each other and talking.



Health Workforce Connector



50,000+
Sites





9,200+
Opportunities



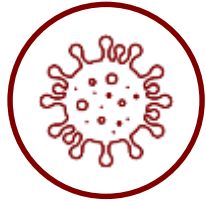
Virtual
Job Fairs

- Career and training opportunities
- Customized profiles
- Powerful filters

 For NHSC and Nurse Corps
 health care facilities



Opportunities and Challenges



COVID-19



Clinician
Well-Being



Health Center
Training Readiness



Health
Equity



Workforce
Composition



Behavioral Health
Integration



Maternal
Health



Community-Based
Training



Preceptor and Faculty
Development



Community
Needs

Become a HRSA Grant Reviewer

➤ REQUIRED EXPERTISE (in at least one area)

Behavioral health
Health workforce training
HIV/AIDS
Maternal and child health
Primary care delivery
Rural health
Underserved communities:
either work with or
be a member of

➤ ADDITIONAL EXPERTISE

Diversity, equity, inclusion
and accessibility
Health equity
Lived experience
Social determinants of health

➤ BENEFITS

Learn about the
grantmaking process
Meet and work with others
with shared interests
Earn an honorarium
(nonfederal participants)



hrsa.gov/grants/reviewers



Learn How to Become a Grant Reviewer

HOW TO BECOME A
GRANT REVIEWER PAGE



Or search
“HRSA grant reviewer”

REGISTER TO BE A REVIEWER ON THE
REVIEWER RECRUITMENT MODULE



Or search
“HRSA reviewer recruitment”



Contact Us

Luis Padilla, MD

Associate Administrator

Bureau of Health Workforce (BHW)

Health Resources and Services Administration (HRSA)

Email: BHWSpeakerRequest@hrsa.gov

Website: bhw.hrsa.gov



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CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Presentation:

**Promoting Wellness and Preventing
Burnout in Postgraduate APP Training
Programs**



PROMOTING WELLNESS & PREVENTING PROVIDER BURN-OUT FOR ADVANCED PRACTICE RESIDENCIES AND FELLOWSHIPS

KAMEREN OWENS, FNP-BC, MSN
PROGRAM DIRECTOR NP RESIDENCY/FELLOWSHIP
SANTA ROSA COMMUNITY HEALTH, CALIFORNIA



DISCLOSURES: NO CONFLICT OF INTEREST RELATED TO THIS TOPIC

LEARNING OBJECTIVES:

- Identify what promotes wellness and prevents burnout for new Advanced Practice Providers
- Examine tools to measure wellness/burnout
- Learn strategies to incorporate wellness into your residency and fellowship programs

PROGRAM OVERVIEW



Santa Rosa
COMMUNITY
HEALTH

All of us. For all of you.

a california *health* center



- 12-month salaried program
- Primary care in a diverse, underserved population
- We serve 40,000 patients in Santa Rosa, CA
- Federally Qualified Health Center
- Hire from diverse pool of new grad NPs
- Over 50% bicultural/bilingual
- Fully licensed NPs seeing patients week 2, ramp up over the year

SRCH NP RESIDENCY HISTORY

- NP residency started in 2012
- Initially/currently grant funded by HRSA
- Accredited since 2016 by ANCC
- Service obligation discontinued 2021
- Grown from 2 residents to 15, from one clinic to cross-site
- Created Fellowship (year 2) program 2022
- Utilize in-house specialties and collaborate with Family Medicine Residency for rotations



OUTCOMES

- 78 NPRs graduated, 4 NP Fellows
- 30% stay as long-term employees (50% with Fellowship)
- At one campus, *all* the current FNP's were once NP Residents (ten!)
- Utilize internal preceptors and didactic instructors
- Increase provider satisfaction & retention
- Increase patient resources
- Creates a culture of teaching/learning



PREDICTORS OF WELLNESS VS BURNOUT

- Emotional intelligence
- Perceived social support
- Escapist vs control coping strategies
- Underlying mental health issues (ie: anxiety, OCD, depression)



<https://bmjopen.bmj.com/content/12/8/e054243>

<https://journals.copmadrid.org/ejpalc/art/ejpalc2018a13>

https://www.researchgate.net/publication/211389983_Coping_Patterns_as_Predictors_of_Burnout_The_Function_of_Control_and_Escapist_Coping_Patterns

<https://oxford-review.com/two-things-predict-if-you-will-burnout>

WHAT PROMOTES WELLNESS & PREVENTS BURNOUT FOR NPS?

- Supportive environment
- Adequate resources
- Autonomy
- Optimal relations with colleagues



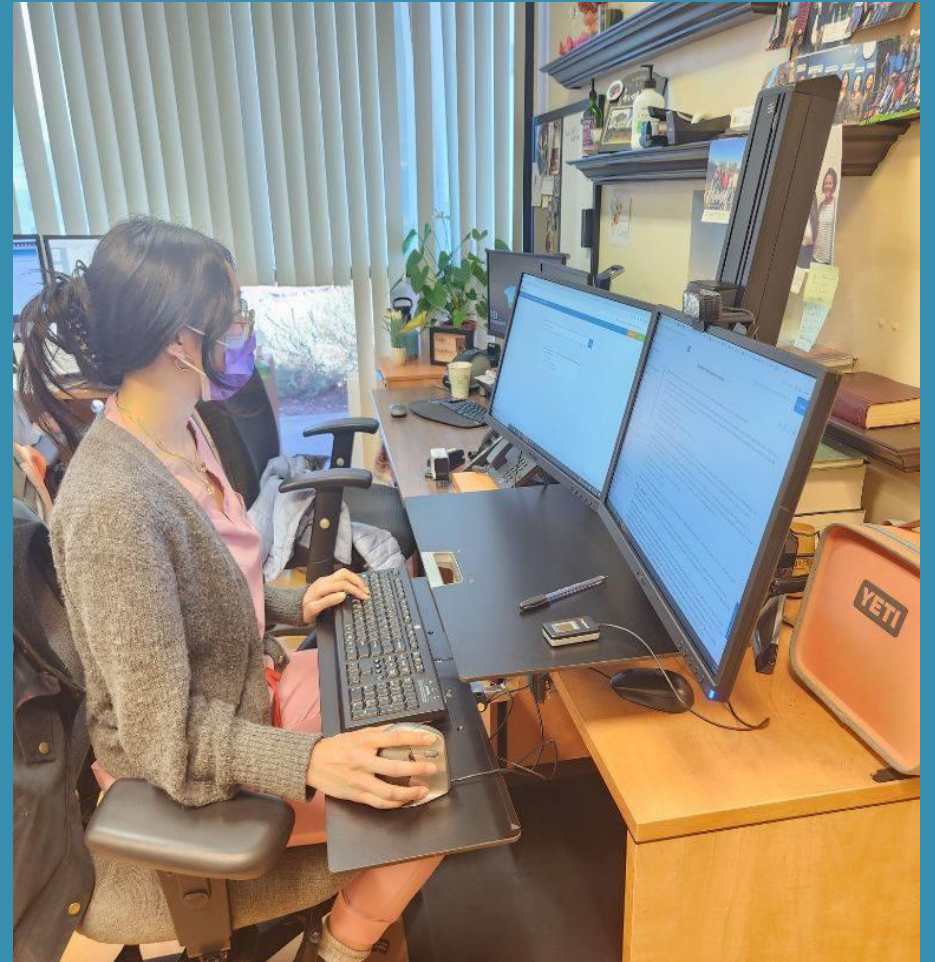
Abraham CM, Zheng K, Norful AA, Ghaffari A, Liu J, Poghosyan L. Primary care Practice Environment and Burnout among Nurse Practitioners. *J Nurse Pract.* 2021 Feb;17(2):157-162. doi: 10.1016/j.nurpra.2020.11.009. Epub 2021 Jan 11. PMID: 33658908; PMCID: PMC7920210.

SHOULD WE MEASURE WELLNESS/BURNOUT?

- Maslach Burnout Inventory (\$200/group) 22 items
- MiniZ Burnout Survey (free for research/education) 10 items
- Oldenberg Burnout Inventory (free) 16 items
- Copenhagen Burnout Inventory (free) 19 items
- Wellbeing Index (free for research/non-profit orgs) 7-9 items

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6194874/#:~:text=The%20Maslach%20Burnout%20Inventory%20\(MBI\),%2C%20depersonalization%2C%20and%20personal%20accomplishment.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6194874/#:~:text=The%20Maslach%20Burnout%20Inventory%20(MBI),%2C%20depersonalization%2C%20and%20personal%20accomplishment.)

<https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>



WELLNESS STRATEGIES



- Be intentional
- Facilitate connections
- Reach out, check in
- Look for opportunities from recruiting to graduation

RECRUITING, INTERVIEWS, HIRING

- Welcoming, provide information, available for questions
- Post-interview tour and dinner
- Connect candidates to current residents
- Once hired, connect new residents to each other
- Drop-in zoom meetings
- Invite to graduation
- Coffee meet & greet



ORIENTATION

- Tours of each campus
- Introductions to specialties, programs and leadership
- Care team resources & how to access
- Electronic health record training
- Shadowing providers in home clinic
- Teambuilding activities
- Lunches, welcomes, Friday PM meet & greet



MENTOR PAIRS

- During orientation week, introduced to Mentor
- Each resident with an assigned mentor – precepting faculty from home campus
- Mentor reaches out in first few weeks, schedule lunch, meeting, walk

Meet your Preceptors



Jordyn Smith, FNP (Lombardi Fellow)
Welcome new SRCH residents! We are so thrilled you are here. I was in your same shoes just one year ago! And let me tell you now, the year will fly by! I moved to Santa Rosa for the residency from San Francisco, where I completed my NP program at UCSF. Pursuing grad school and a career as an FNP is a second career for me and I am reaffirmed of my decision every single day. I am especially excited and grateful to be staying on at the Lombardi campus to complete a fellowship in reproductive health. I look forward to working with you all and continuing to learn and grow together. You are supported and cared about by so many already!

Nicole Bayard, DNP (Vista Fellow)
After working as nurse in Seattle for eight years, I graduated with my DNP-FNP from the University of Washington in 2022. I love community health and have a special interest in HIV, STIs, and other infectious diseases. I am excited to be among SRCH's first NP Fellowship class, with a focus in HIV. Outside of work, I am always chasing endorphins through running and cycling, and I have recently taken up rock climbing and surfing as well. I will be in Spain and France on a surf/bike trip until mid-September, but I can't wait to meet you all soon!



RESIDENT SCHEDULE

FULL TIME 1.0 FTE
"SHIFT" = 4 HOURS
VARIABLE SCHEDULE
SPECIALTY ROTATIONS

5 Clinical Continuity shifts

2 Specialty Rotation/Case Review

2 Practice Management shifts

1 Didactic/Team meeting

FELLOW SCHEDULE

6 Clinical Continuity shifts

1 Specialty learning shift

1 Precepting shift

1 Practice Management shift

1 Leadership admin shift

FULL TIME 1.0 FTE
"SHIFT" = 4 HOURS

SET SCHEDULE

SITE SPECIFIC SPECIALTY
PROJECT/LEADERSHIP

NPR MEETINGS

- 30–60-minute NPR team meeting after weekly didactic
- News, updates, upcoming plans
- Professional/practice considerations
- Wellness/self-care
- CBT activity
- Team Building
- Resources



CLINICIAN'S CIRCLE

- 1-hour, monthly time to debrief
- Facilitated by inhouse provider
- Mindfulness exercise
- NPRs check-in: share achievements, challenges, difficult cases/situations
- Supportive, safe environment



RETREAT

- Overnight conference center in the Redwoods
- ½ day Friday
- Friday PM hike/walk, meet for team building exercise
- Dinner, recreation, campfire
- Sat AM breakfast, wellness talk and activities
- Ziplining (optional)



ADVISORY COUNCIL

- NP Resident reps included in Advisory Council meetings
- Leadership learning, represent their site residents
- Involved in change and decisions
- Voices heard and valued
- Interaction with Preceptors, Academic Partner, Organization & Site Leaders



CHECK-INS

Check-in with Director/Associate Director at 1 month, 6 months & 12 months
(more if needed)

- What is going well?
- Challenges?
- Interests?
- Goals for next month

Preceptors

Specialties

Didactic

Mentor

Electronic
Health Record

MA buddy

Task
completion

EVENTS



GRADUATION

- Celebrate!
- Dinner, dancing with family & staff
- Ceremony: speeches, awards, presentation of certificates





Contact information:

Kameren Owens, MSN, FNP-BC, NP Residency/Fellowship Director

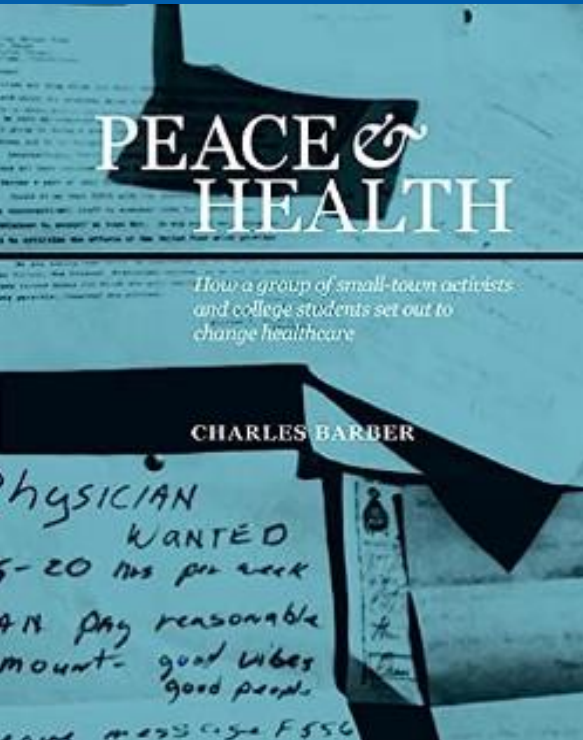
Santa Rosa Community Health

kowens@srhealth.org



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

BREAK

10:30-10:45am



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Panel Presentation:

**Research on APP Postgraduate Training
and the Long-Term Impacts of NP/PA
Postgraduate Training**

Research on the Long-Term Impacts of NP/PA Postgraduate Training

Presenters:

Ann Marie Hart, PhD, FNP-BC, FAANP
(annmhart@uwyo.edu)

Nicole Seagriff, DNP, APRN, FNP-BC
(seagrin@chc1.com)



MOSES/WEITZMAN
Health System



Learning objectives

- 1) Review the state of the research regarding long-term outcomes of post-graduate APP programs
- 2) Appreciate the importance of long-term outcomes of post-graduate APP programs and how you can contribute to the postgraduate training research work
- 3) Discuss the study, "Sustained Impact of a Postgraduate Residency Training Program on Nurse Practitioners' Careers", including its methodology, results, limitations, and implications



Get involved in research!

- Research contributes to generalizable knowledge base and moves professions and programs forward
- We need more research regarding the impacts of post-graduate training!
- If you are involved with a post-graduate program, you are “sitting on” potential research projects
- Consider replication of existing studies with different programs
- If you are not a researcher, consider partnering with NP/PA program faculty



MOSES/WEITZMAN
Health System

State of the Science: Impacts of Postgraduate APP Programs





MOSES/WEITZMAN
Health System

Short-term Impacts of Post-graduate NP Programs





MOSES/WEITZMAN
Health System

Flinter (2010)

Case study design – Four NPs in the Community Health Center Inc's (CHC) one-year post-graduate program met their goals for developing mastery and providing care to complex, underserved patients





Zapatka et al (2014)

Interviews with 7 NPs who had completed a 1-year residency expressed

- (1) importance of bridging into professional practice
- (2) expanded appreciation of health professionals' roles
- (3) commitment to interprofessional teamwork
- (4) the necessity of mentorship.

ORIGINAL RESEARCH



JNP

Pioneering a Primary Care Adult Nurse Practitioner Interprofessional Fellowship

Susan A. Zapatka, MSN, APRN, Jaclyn Conelius, PhD, APRN,
Jill Edwards, MSN, APRN, Emily Meyer, PhD, and Rebecca Brienza, MD, MPH



Flinter & Hart (2017)

Thematic analysis of 24 NP residents journal entries from a one-year post-graduate program at CHC's achieved clinical competence and confidence by the year's end

<http://jnep.sciedupress.com>

Journal of Nursing Education and Practice

2017,

ORIGINAL RESE

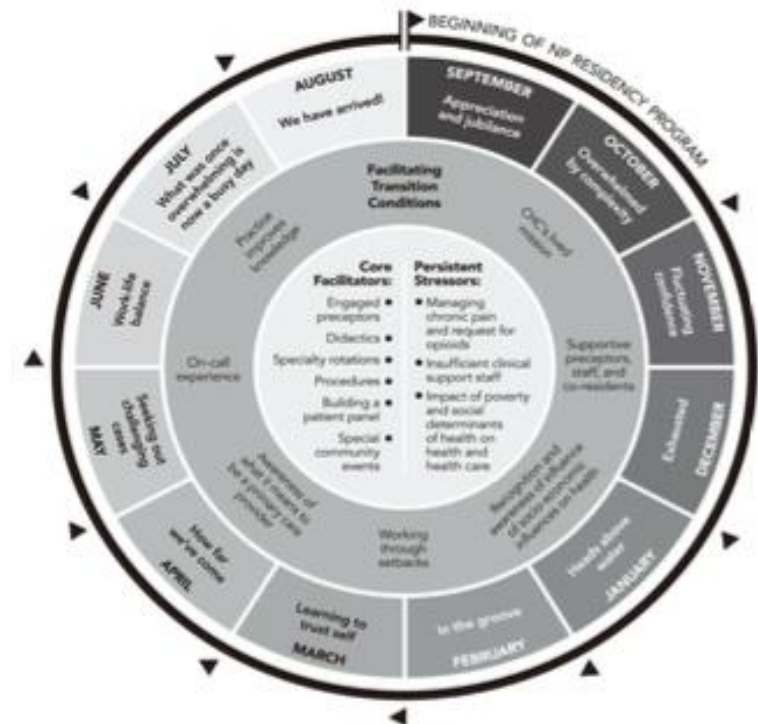
Thematic elements of the postgraduate NP resident year and transition to the primary care provider role in a Federally Qualified Health Center

Margaret Flinter¹, Ann Marie Hart *²

¹Community Health Center, Middletown, Connecticut, United States

²School of Nursing, University of Wyoming, Laramie, Wyoming, United States

A Year in the Nurse Practitioner Residency Program
Based on Analysis of 1,200 Journal Entries from 2008 through 2013.





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Parkhill (2018)

- National study of clinical preparedness and job satisfaction of NPs who had completed their NP education within the last 5 years
- Surveys re: preparedness and job satisfaction
- n=97, 12 had completed either a post-graduate fellowship program at Carolinas Health System (now Atrium Health) or Mayo Health System; 85 had not completed a post-graduate residency or fellowship program
- **Results:**
 - NPs who had completed a post-graduate program had significantly higher preparedness scores compared to those who did not complete a post-graduate program.
 - There was no difference in competence or job satisfaction scores between the two groups.
 - DNP-prepared NPs indicated higher preparedness for practice, competence, and job satisfaction compared to MS-prepared NPs.



Atrium Health



MAYO CLINIC COLLEGE
OF MEDICINE AND SCIENCE



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Rugen et al (2018)

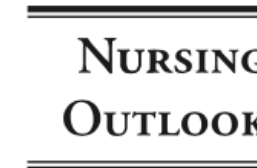
NP residents' self- and mentor-ratings showed statistically significant improvement in all domains ($p < .0001$); NPs were able to practice w/o supervision in 7 primary care competency areas at 12 months



Available online at www.sciencedirect.com



NURS OUTLOOK XXX (2017) 1-10



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}



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Ayvazian et al (2021)



NP residents' self- and mentor-ratings showed statistically significant improvement in specialty area competencies at 12 months



Journal of Professional Nursing
Volume 37, Issue 5, September–October 2021, Pages 962-970



Establishing competency-based measures
for Department of Veterans Affairs post-
graduate nurse practitioner residencies ☆

Jemma Ayvazian^a  , Lisa Muirhead^b , Sherley Belizaire^c , Samuel S. King^d ,
Janet Campbell^e , Kathleen Klink^f 



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Long-term impacts of NP Post-graduate Programs





Bush & Lowery (2016)

National survey of 254 NPs (31% had completed a post-graduate residency or fellowship program). NPs with post-graduate education had higher job satisfaction ratings post-residency than those who did not have post-graduate education, especially in states where NPs enjoyed full practice authority.

ORIGINAL RESEARCH



JNP

Postgraduate Nurse Practitioner Education: Impact on Job Satisfaction

Charles T. Bush, DNP, FNP-BC, and Bobby Lowery, PhD, FNP-BC



Park et al. (2021)

National survey of 75,963 NPs, 7,510 (10%) of whom had completed a post-graduate residency or fellowship - NPs who had completed a post-graduate program earned more and were less likely to have considered leaving primary care than those who had not completed a post-graduate program.

Quantitative Research

JAAANP

Effects of completing a postgraduate residency or fellowship program on primary care nurse practitioners' transition to practice

Jeongyoung Park, PhD (Assistant Professor)¹, Asefeh Faraz Covelli, PhD, APRN, FNP-BC (Assistant Professor)¹, & Patricia Pittman, PhD (Professor and Director)^{2,3}



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Health System

Impacts of Post-graduate PA Programs





Dehn (2007)

Briefly reviews 4 studies published between 1999-2007 that demonstrate positive outcomes of post-graduate PA programs

Q3

Research Corner

RICHARD W. DEHN, MPA, PA-C

What is the impact
of postgraduate
education for PAs?

from the study are reported for the survey data collected from PA program residency directors. Data are categorized as follows: general characteristics of residency programs, program admissions, program finances, compensation and personnel, program curriculum, and program director opinions regarding PA residency education. **CONCLUSIONS:** Data provided in this study help to describe and characterize PA residency education as it exists today. PA postgraduate residency education provides an important educational vehicle for training graduate physician assistants in specialty care.



State of the Science: Impacts of Post-Graduate APP programs

- Few studies re: the impacts of post-graduate APP programs
- Most studies of post-graduate APP programs capture short-term impacts
- Impact studies are critical to the development and sustainability of post-graduate APP programs, especially their long-term impacts on the workforce and patient outcomes



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This Study



Original Research

Sustained Impact of a Postgraduate Residency Training Program on Nurse Practitioners' Careers

Ann Marie Hart¹ , Nicole Seagriff², and Margaret Flinter³

Journal of Primary Care & Community Health
Volume 13: 1–9

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DOI: [10.1177/21501319221136938](https://doi.org/10.1177/21501319221136938)

journals.sagepub.com/home/jpc





Purpose

- To understand the impact over time of a postgraduate NP residency program on the subsequent career paths of alumni who completed the CHCI program.
- Additionally, it sought to
 - 1) Explore alumni's current reflections on the impact of their postgraduate residency training on their transition to the post-residency year and beyond, as well as their professional development and career choices
 - 2) Identify any previously undocumented elements of impact for further exploration in subsequent studies



Retrospective cohort study with mixed methods*

Electronic survey (Qualtrics^{XM})

- 1) Current demographic information
- 2) Practice, leadership and educational activities since completion of the program
- 3) Current satisfaction with professional role, leadership development, and growth opportunities, as well as future intention to practice
- 4) Possible willingness to be contacted for an interview



Interviews (Zoom)

Semi-structured - informed by interpretive phenomenology,

Statement shared at beginning of interview:

I am interested in hearing about the experience following completion of the NP residency program, your professional and career satisfaction, and any impact that you think the NP residency program has had on your career. Can you please tell me about these?



Alumni participant demographics

Survey invitation sent to all of 90 of the NPs who had completed the residency between 2008-19, 86 of whom were FNPs and 4 were PMHNPs

- 65 participants (72% response rate).
- All FNPs, no PMHNPs participated
- The majority of participants were:
 - Female
 - 35 - 44 years of age and Caucasian
 - 78% had been at their current position for 4 years or less.

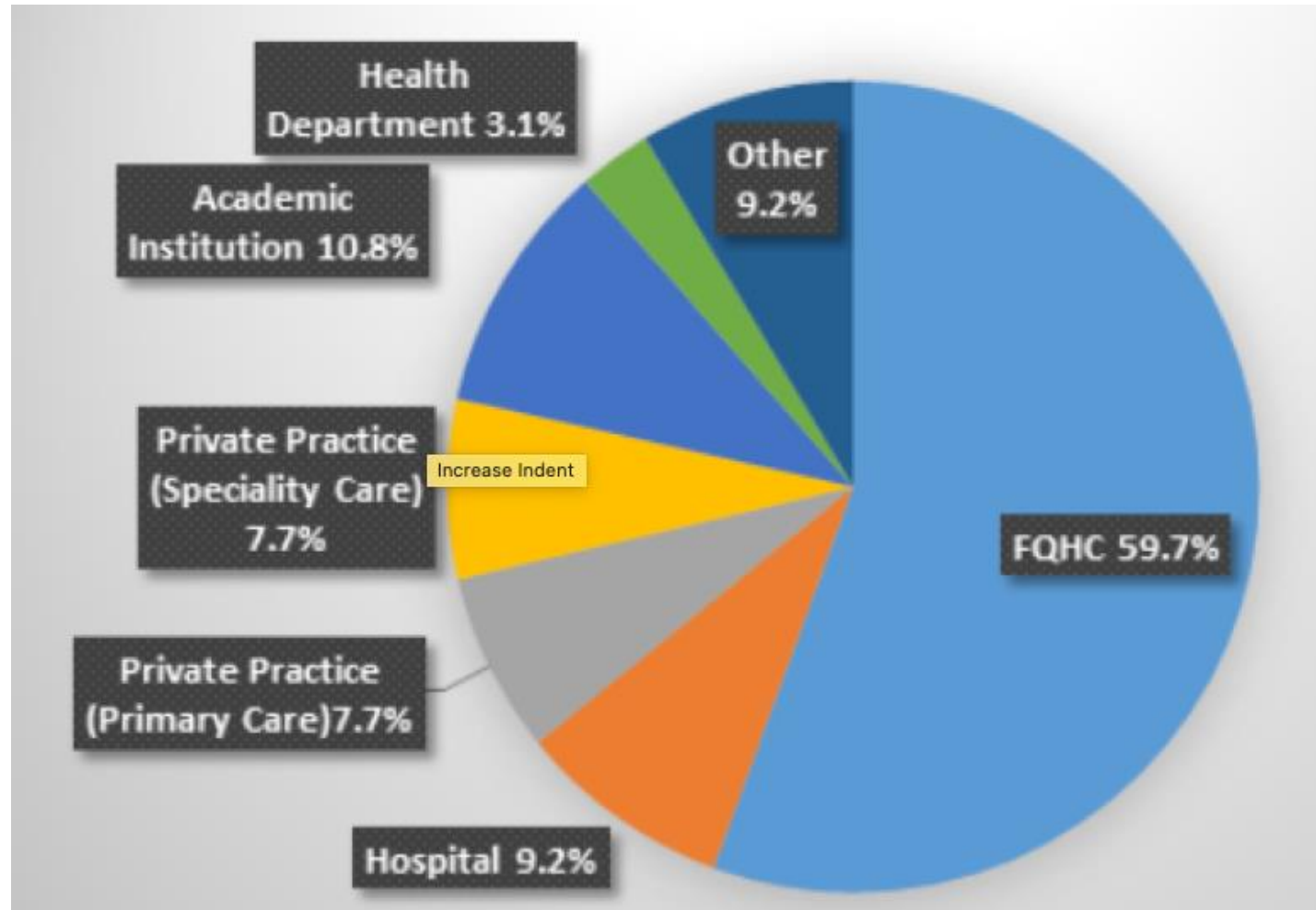


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Results: Survey data

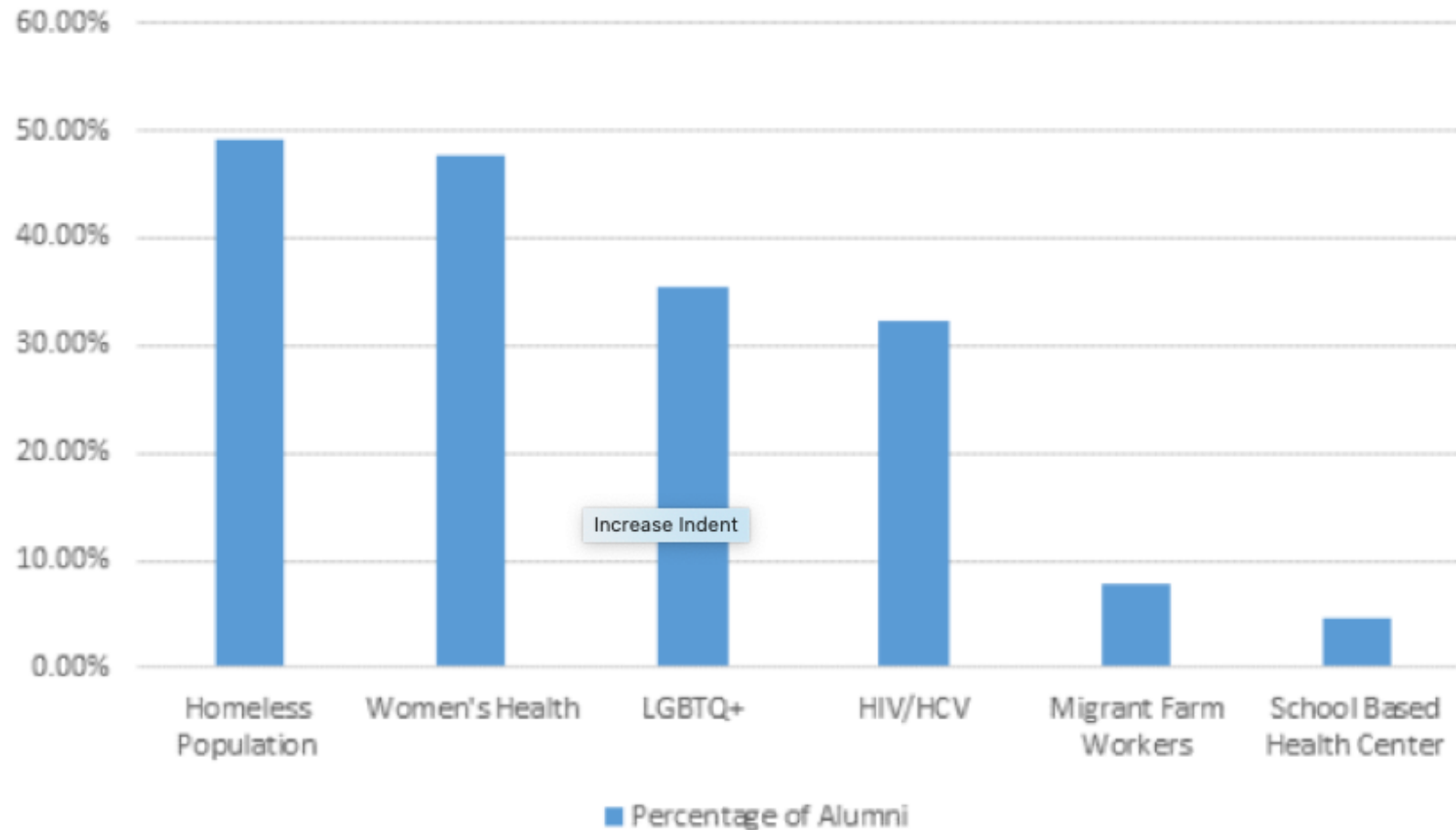


Current work setting of participating alumni (n=65)



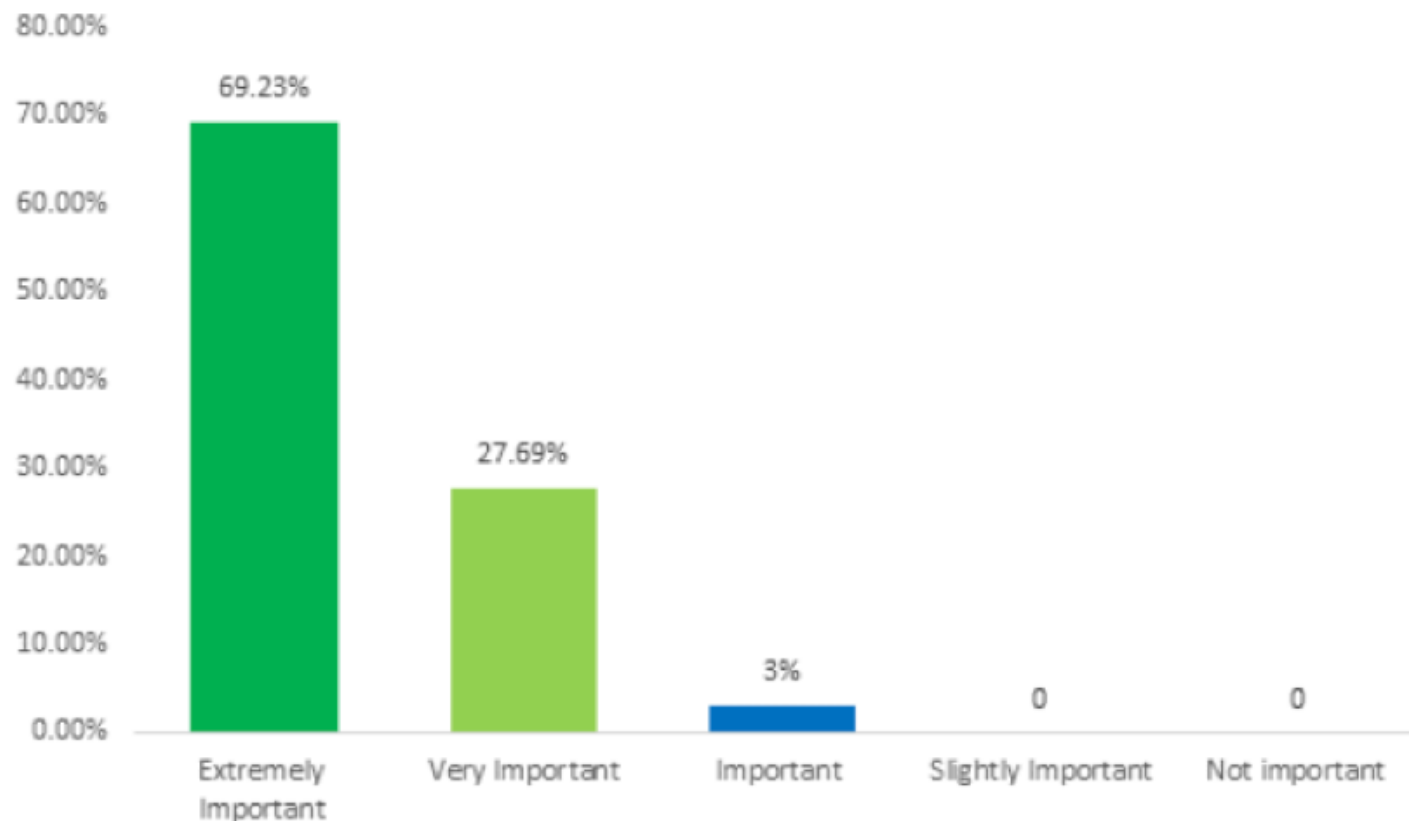


Populations cared for by participating alumni (n=65)



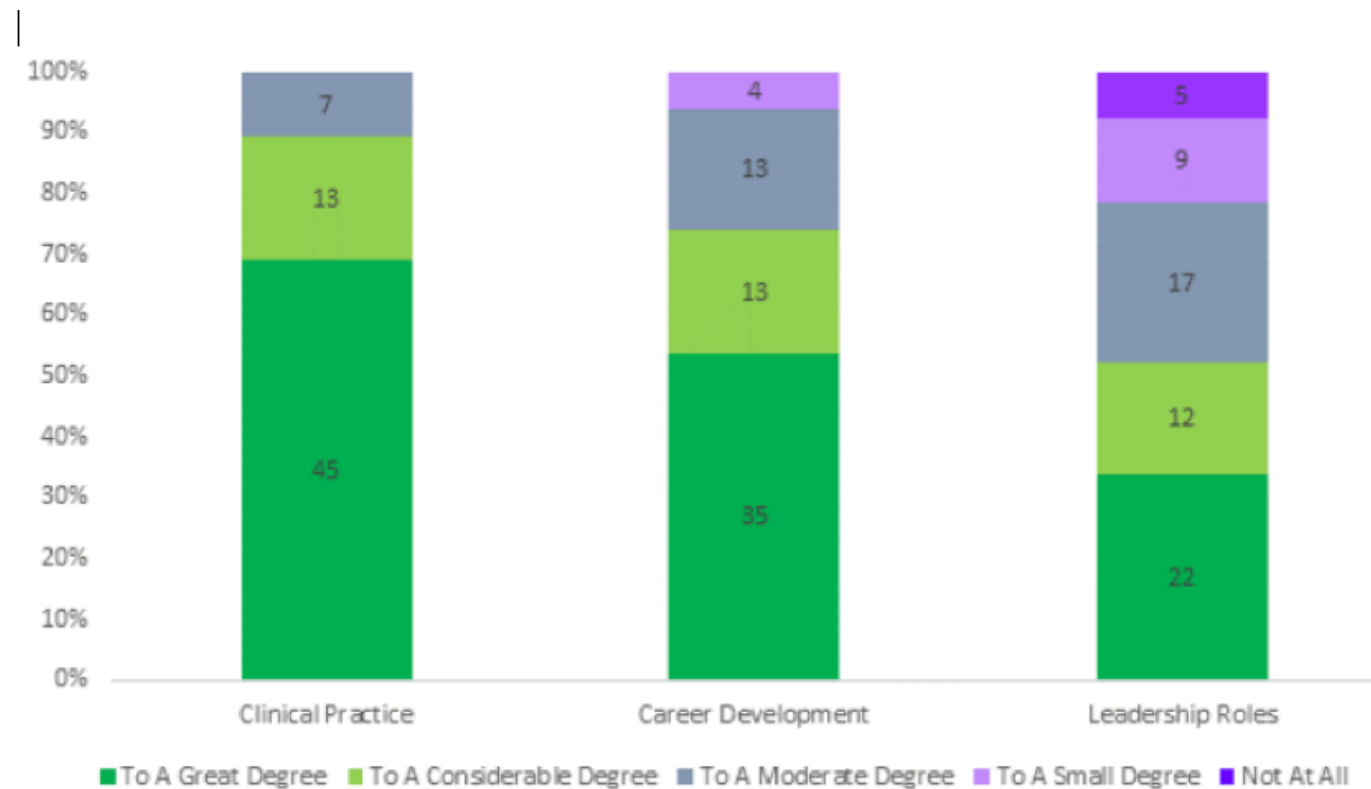


Impact of residency program on clinical practice and career development (n=65)





Impact of NP residency program on clinical practice and career development (n=65)





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Results: Interview data



Resident experience...

"I think NP postgraduate training programs allow us to be part of conversations regarding advocacy and how we can ensure that we're all providing quality services for our patients. As a graduate of the residency, I continue to have an impact, not just on one-to-one 15 minute (patient) appointments, but on a larger conversation: increased diversity in the workforce, leadership in nursing, making sure that we have advocacy in nursing, making sure we're present so that our patients understand that we provide high quality services and then ensuring that the next generation (of new NPs) doesn't get 'eaten by the wolves.'"



"During the residency, I saw best practice and was able to compare this to what it's like everywhere else. Because of the residency, I'm now a change agent. I'm going to continue to be a change agent, and I don't know exactly what that's going to mean, but I am."





Study conclusions

- CHCI's postgraduate NP residency program impacted alumni's commitment to continuing in primary care practice, specifically safety-net health settings, as well as their engagement in leadership activities to ensure quality care.
- Similar studies are needed with alumni from other postgraduate NP training programs.



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Bottom line: We need more research regarding the outcomes and impacts of post-graduate APP programs



Get involved in research

- Research contributes to the generalizable knowledge base and moves professions and programs forward
- We need more research regarding the impacts of post-graduate APP training!
- If you are involved with a post-graduate program, you are “sitting on” potential research projects
- Consider replication of existing studies with different programs
- If you are not a researcher, consider partnering with NP/PA program faculty
- Network, reach out, connect!
- You don’t have to have a PhD or be “researcher” to do research!



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Vasco Deon Kidd, DHSc, MPH, MS, PA-C

Associate Clinical Professor, Department of
Orthopaedic Surgery, Director of Advanced Practice
Providers Program

University of California, Irvine (UCI Health)

vkidd@hs.uci.edu



Disclaimer

I have no conflict of interest to share or commercial bias

All the published articles presented in this presentation with the exception.. (The shortest path to a professional doctorate) include respondents from both PA and Joint PA/NP postgraduate programs.

Director of Advanced Practice

Advocacy & Outreach

- Advocacy for expanded scope of practice
- Represent UCI APPs with key regulatory bodies

Regulatory & Compliance

- New hire credentialing
- Re-credentialing
- Privileging
- Licensure
- Regulatory guidance



APP Professional Development

- APP onboarding, training, and orientation
- Documentation for specialty-specific training

Program Management

- Business case development/support
- Practice model guideline development
- Evaluation and monitoring of utilization

Physician Education

- APP roles and capabilities
- Practice model guidelines
- Team integration
- APP performance and evaluation





PA Post Graduate Education

- A trend is underway in American medicine to include PAs in postgraduate education. PA postgraduate training occurs across a broad spectrum of medical and surgical areas, as well as diverse institutions and organizations overseeing these programs.

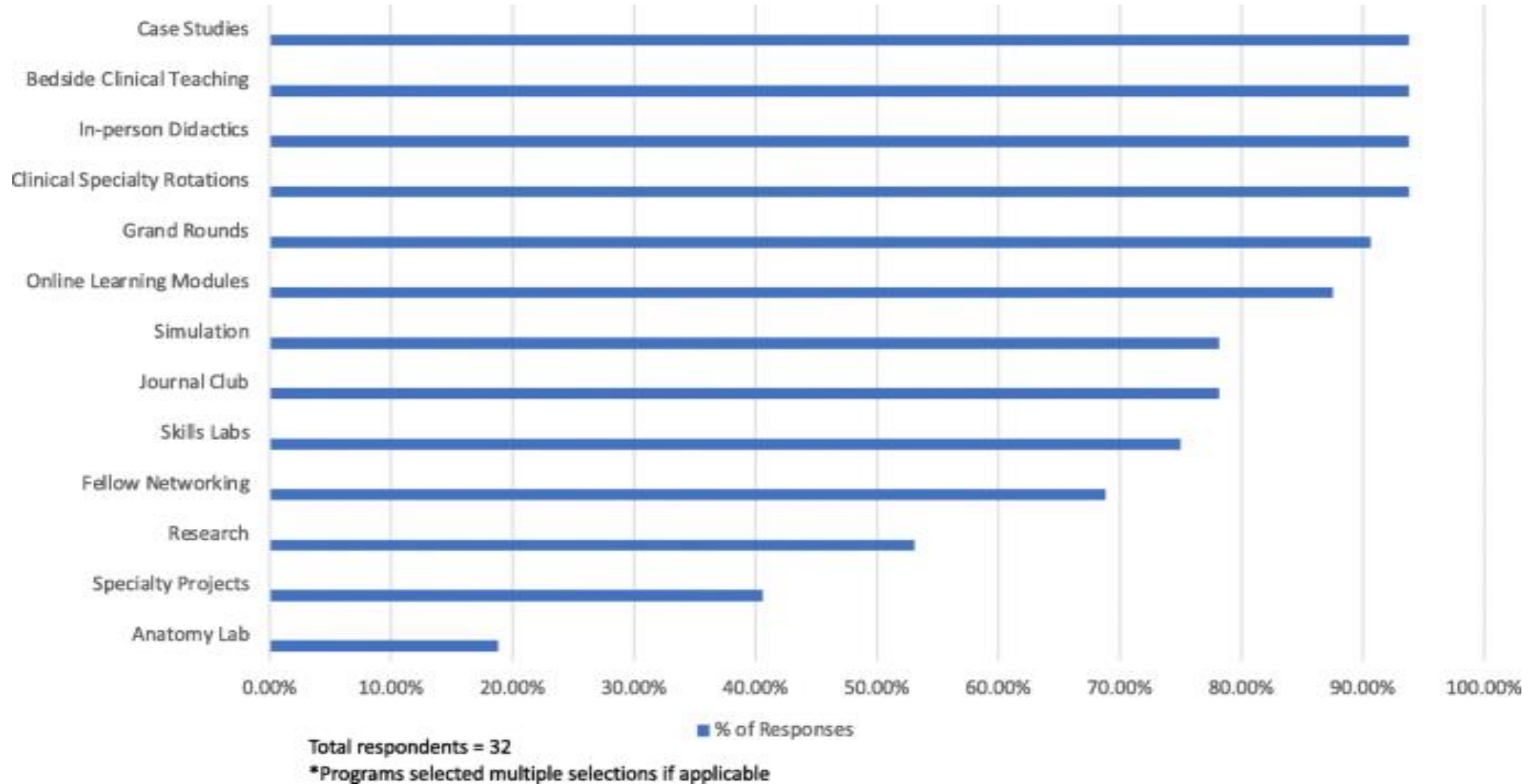
Research article | [Open Access](#) | [Published: 14 April 2021](#)

A National Survey of postgraduate physician assistant fellowship and residency programs

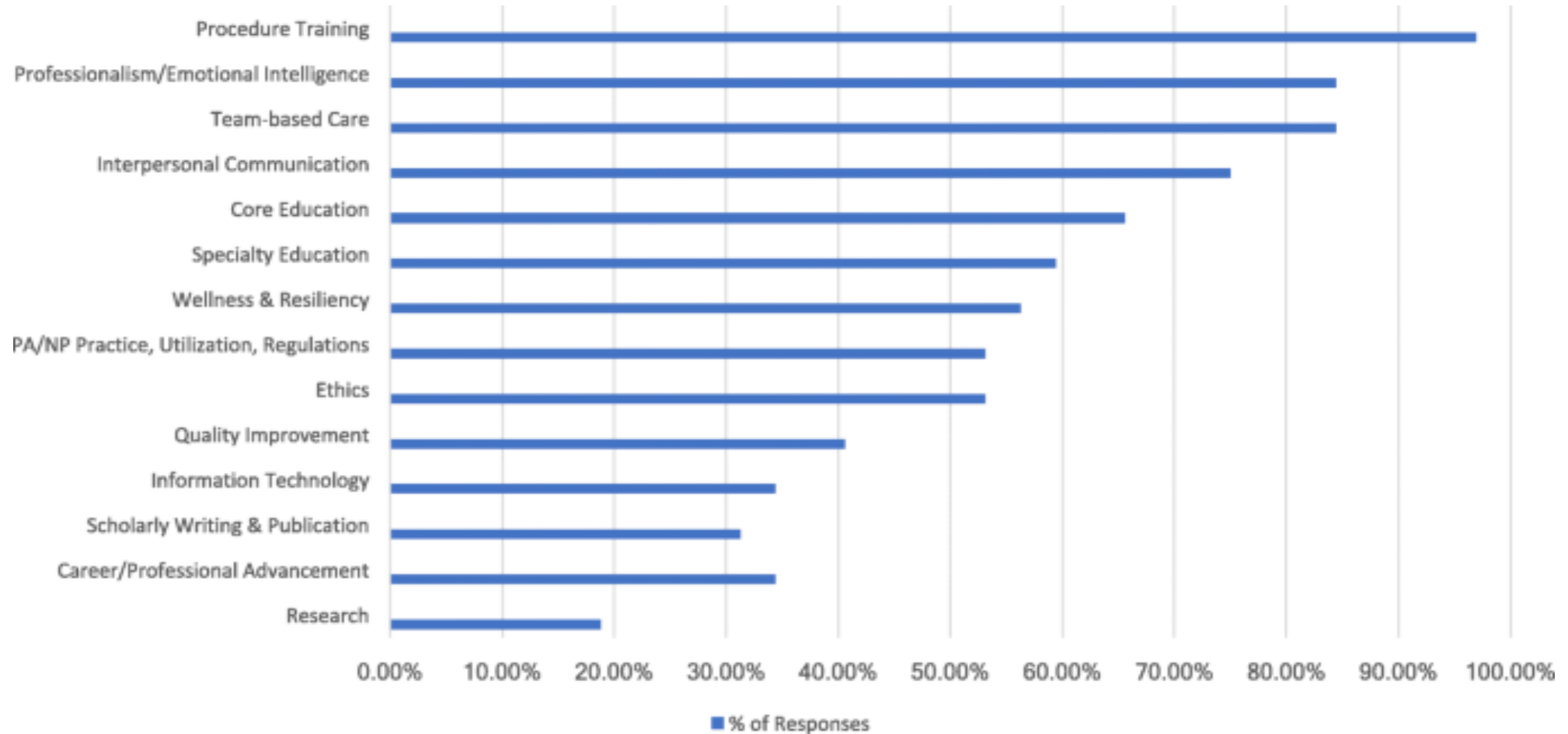
[Vasco Deon Kidd](#) , [Sarah Vanderlinden](#) & [Roderick S. Hooker](#)

[BMC Medical Education](#) **21**, Article number: 212 (2021) | [Cite this article](#)

Didactic and Clinical Components



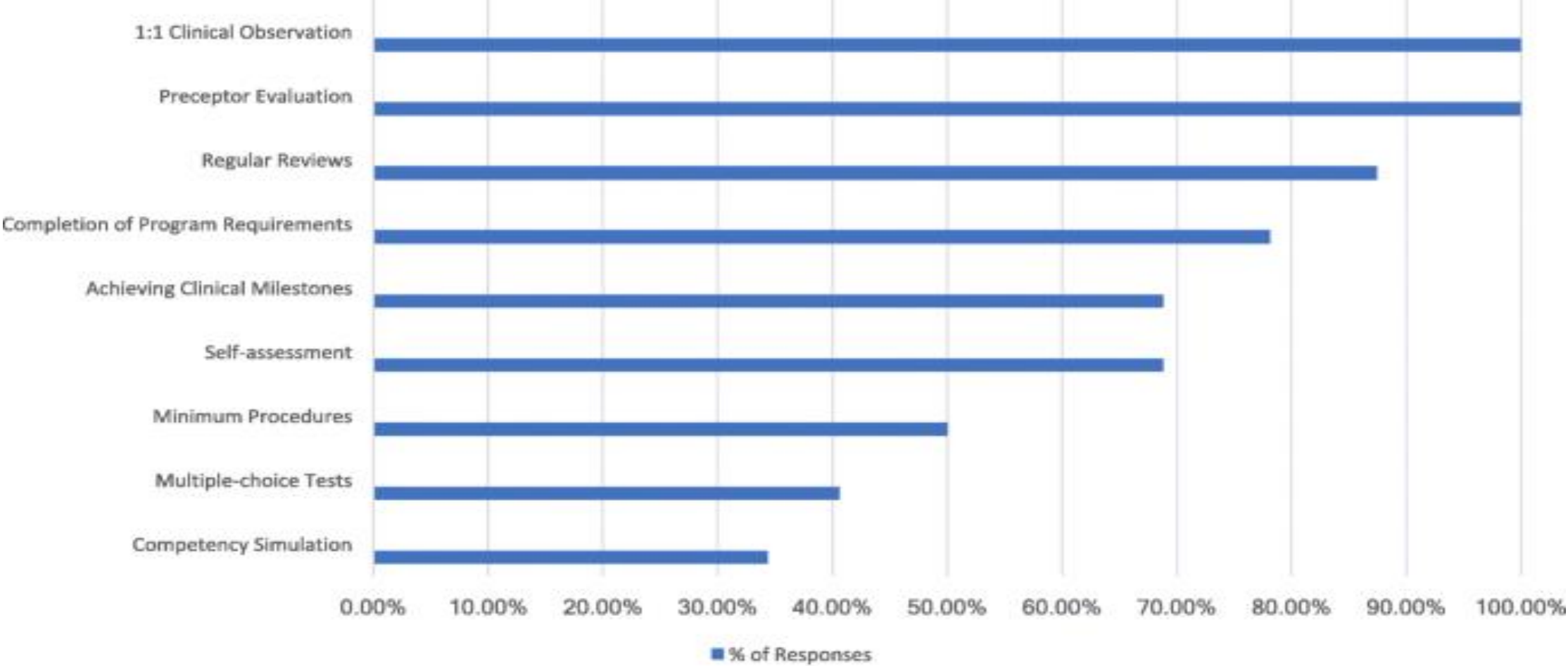
Didactic and Clinical Components



Total respondents = 32

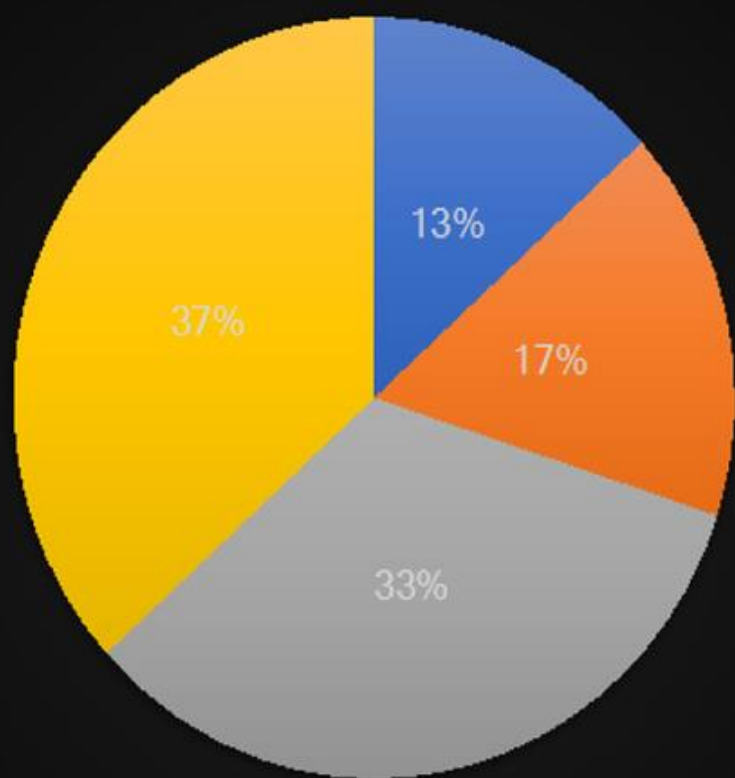
*Programs selected multiple selections if applicable

Evaluation and Assessment of PA/NP trainees



Total respondents = 32
*Programs selected multiple selections if applicable

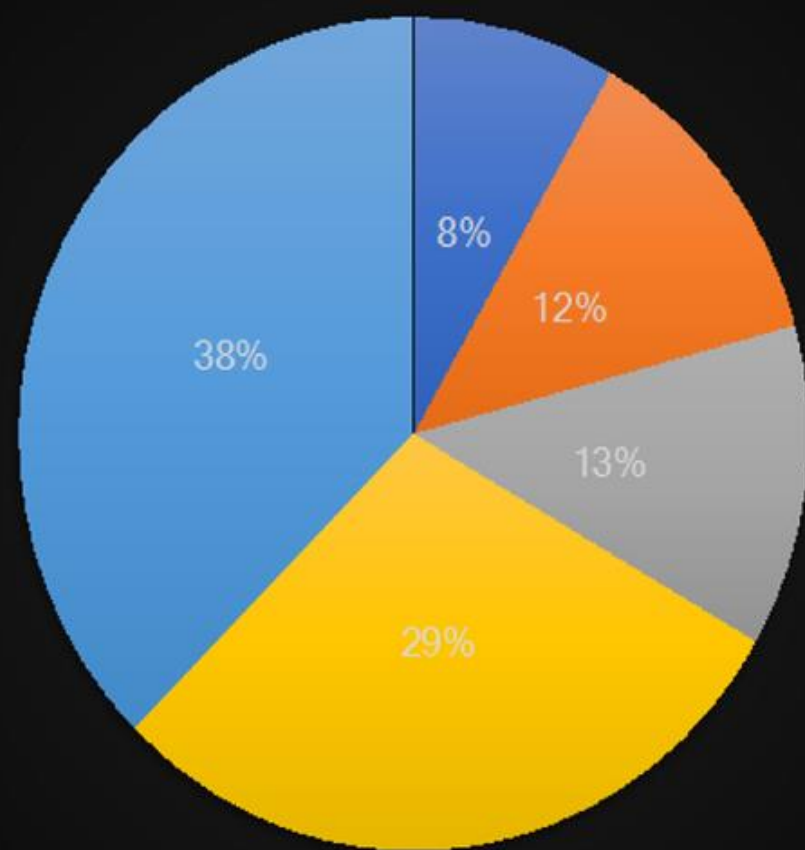
PA Postgraduate Program Administrative Support



- No administrative support
- Full time
- Part-time (<1 FTE)
- Shared support with other education programs

Total respondents = 30

PA Postgraduate Program Organizational Alignment



- Office of Education
- Medical Group
- Office of Advanced Practice
- Graduate Medical Education/ACGME
- Clinical Department

Total respondents = 24

Billing by APP postgraduate trainees



- Billing is done by the hospital, medical group, or academic medical center and most (79%) reported billing for services provided by the PA fellow.



The development of a visual dashboard report to assess physician assistant and nurse practitioner financial and clinical productivity

[Vasco Deon Kidd](#) , [Joe Haoming Liu](#), [Andy Reamer-Yu](#), [Joann Hao Wang](#) & [Mei Deng](#)

[BMC Health Services Research](#) **22**, Article number: 882 (2022) | [Cite this article](#)



APP Productivity Dashboard - Department

Data thru
May 2022

Fiscal Year
Multiple values

Include months thru
May

Performing Provider Department
All

Performing Provider Division
All

Performing Provider Subdivision
All

Performing Provider Name
All

Charges, Payments, and WRVUs
Summary of the total charges, payments, and WRVUs

Quarter	Month	Charge		Payment		WRVU	
		2020_21	2021_22	2020_21	2021_22	2020_21	2021_22
1st Quarter	Jul	99,999	99,999	99,999	99,999	99,999	99,999
	Aug	99,999	99,999	99,999	99,999	99,999	99,999
	Sep	99,999	99,999	99,999	99,999	99,999	99,999
2nd Quarter	Oct	99,999	99,999	99,999	99,999	99,999	99,999
	Nov	99,999	99,999	99,999	99,999	99,999	99,999
	Dec	99,999	99,999	99,999	99,999	99,999	99,999
3rd Quarter	Jan	99,999	99,999	99,999	99,999	99,999	99,999
	Feb	99,999	99,999	99,999	99,999	99,999	99,999
	Mar	99,999	99,999	99,999	99,999	99,999	99,999
4th Quarter	Apr	99,999	99,999	99,999	99,999	99,999	99,999
	May	99,999	99,999	99,999	99,999	99,999	99,999
	Jun	99,999	99,999	99,999	99,999	99,999	99,999
Grand Total		99,999	99,999	99,999	99,999	99,999	99,999

Payment

Payer Mix	2020_21		2021_22	
	Amount	% of Total	Amount	% of Total
Cal-Optima	99,999	100.00%	99,999	100.00%
Capitated	99,999	100.00%	99,999	100.00%
Case Rate/Grant	99,999	100.00%	99,999	100.00%
CCS	99,999	100.00%	99,999	100.00%
Commercial-Contracted	99,999	100.00%	99,999	100.00%
Commercial-Non Contracted	99,999	100.00%	99,999	100.00%
County	99,999	100.00%	99,999	100.00%
Liens/Workers Comp	99,999	100.00%	99,999	100.00%
Managed Cal-Optima	99,999	100.00%	99,999	100.00%
Managed Commercial	99,999	100.00%	99,999	100.00%
Managed Medi-Cal	99,999	100.00%	99,999	100.00%
Managed Medicare	99,999	100.00%	99,999	100.00%
Medi-Cal	99,999	100.00%	99,999	100.00%
Medicare	99,999	100.00%	99,999	100.00%
Non-Insured	99,999	100.00%	99,999	100.00%
Grand Total	99,999	100.00%	99,999	100.00%

Inpatient / Outpatient
Summary of the total charges, payments, and WRVUs

Inpatient / Outpatient	Charge		Payment		WRVU	
	2020_21	2021_22	2020_21	2021_22	2020_21	2021_22
Inpatient	99,999	99,999	99,999	99,999	99,999	99,999
Outpatient	99,999	99,999	99,999	99,999	99,999	99,999
unknown	99,999	99,999	99,999	99,999	99,999	99,999
Grand Total	99,999	99,999	99,999	99,999	99,999	99,999



Month	Available Hours	Booked Hours	Visit Volume	Vists / Session
Jul	99,999	99,999	99,999	99
Aug	99,999	99,999	99,999	99
Sep	99,999	99,999	99,999	99
Oct	99,999	99,999	99,999	99
Nov	99,999	99,999	99,999	99
Dec	99,999	99,999	99,999	99
Jan	99,999	99,999	99,999	99
Feb	99,999	99,999	99,999	99
Mar	99,999	99,999	99,999	99
Apr	99,999	99,999	99,999	99
May	99,999	99,999	99,999	99
Grand Total	99,999	99,999	99,999	99

The APP productivity dashboard demonstrating multiple volume-based key performance indicators (KPI) and session statistics

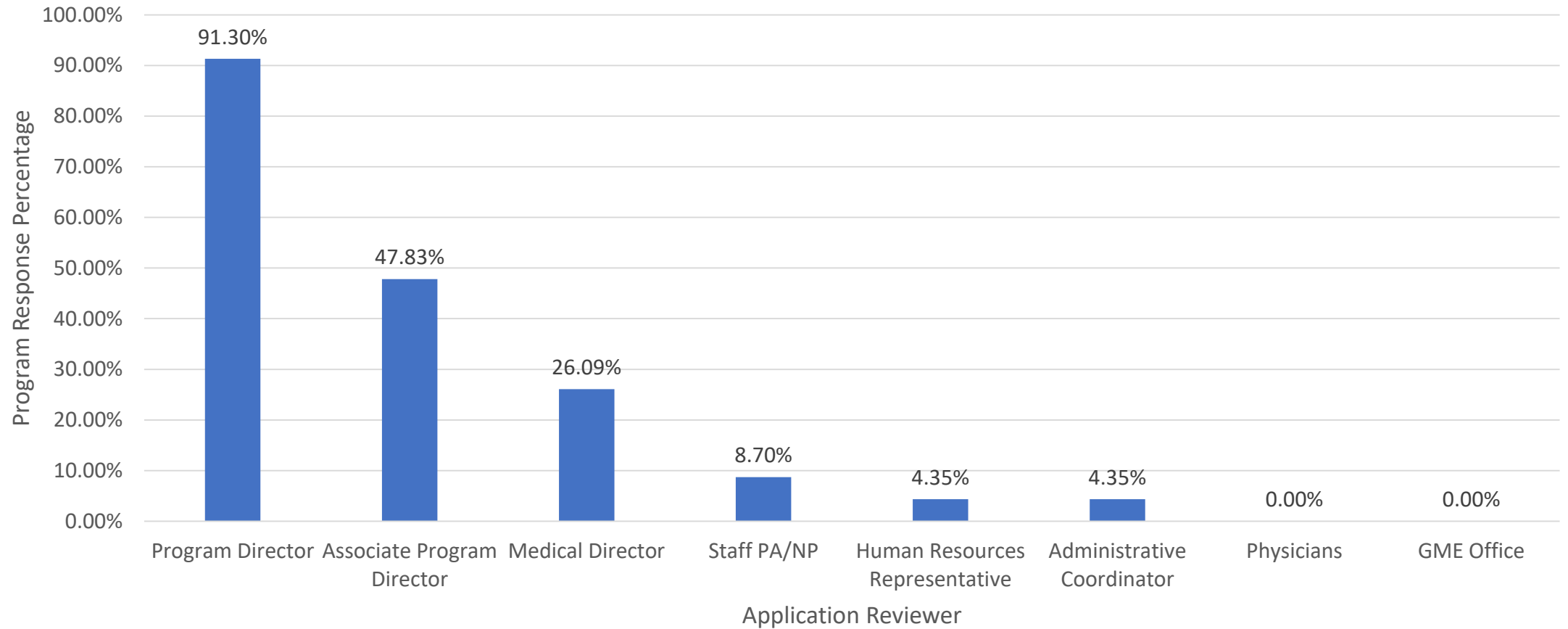
Research | [Open Access](#) | [Published: 16 December 2021](#)

An analysis of the selection criteria for postgraduate physician assistant residency and fellowship programs in the United States

[Vasco Deon Kidd](#) , [Sarah Vanderlinden](#) & [Jennifer M. Spisak](#)

[BMC Medical Education](#) **21**, Article number: 621 (2021) | [Cite this article](#)

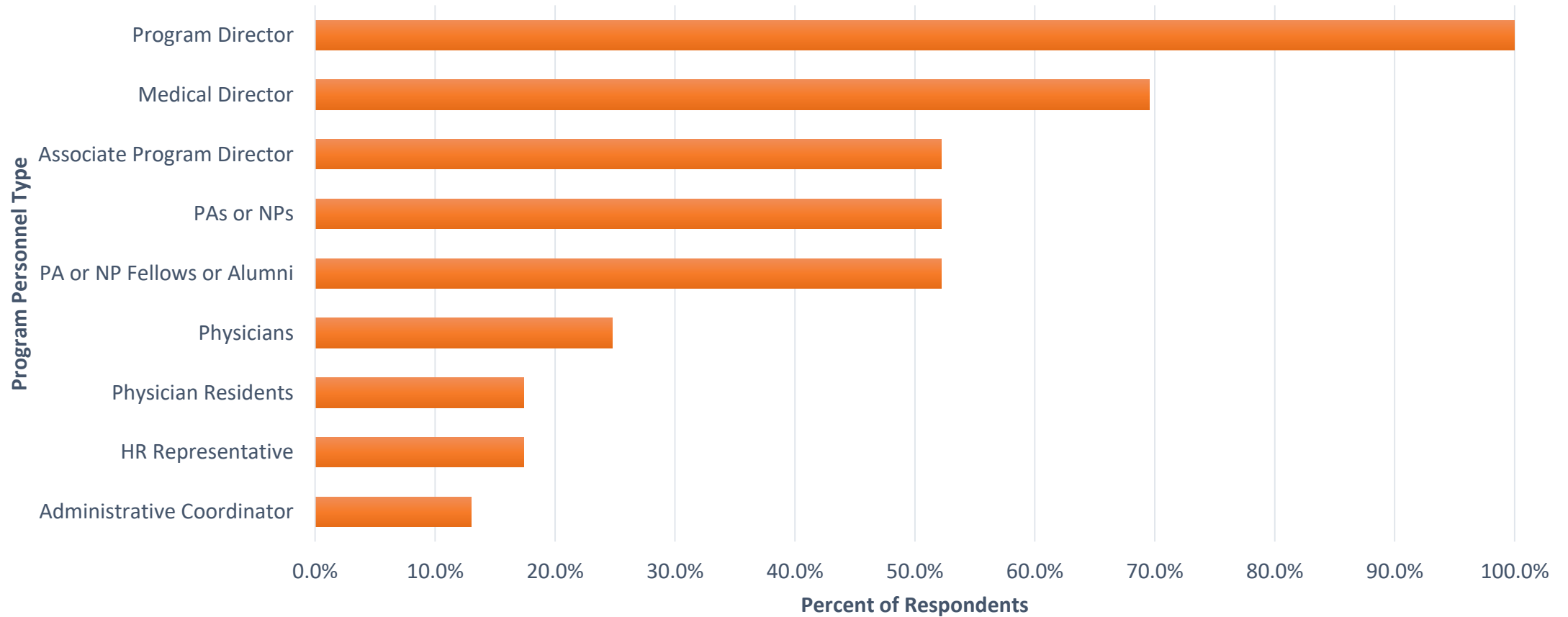
Program Eligibility Application Screening



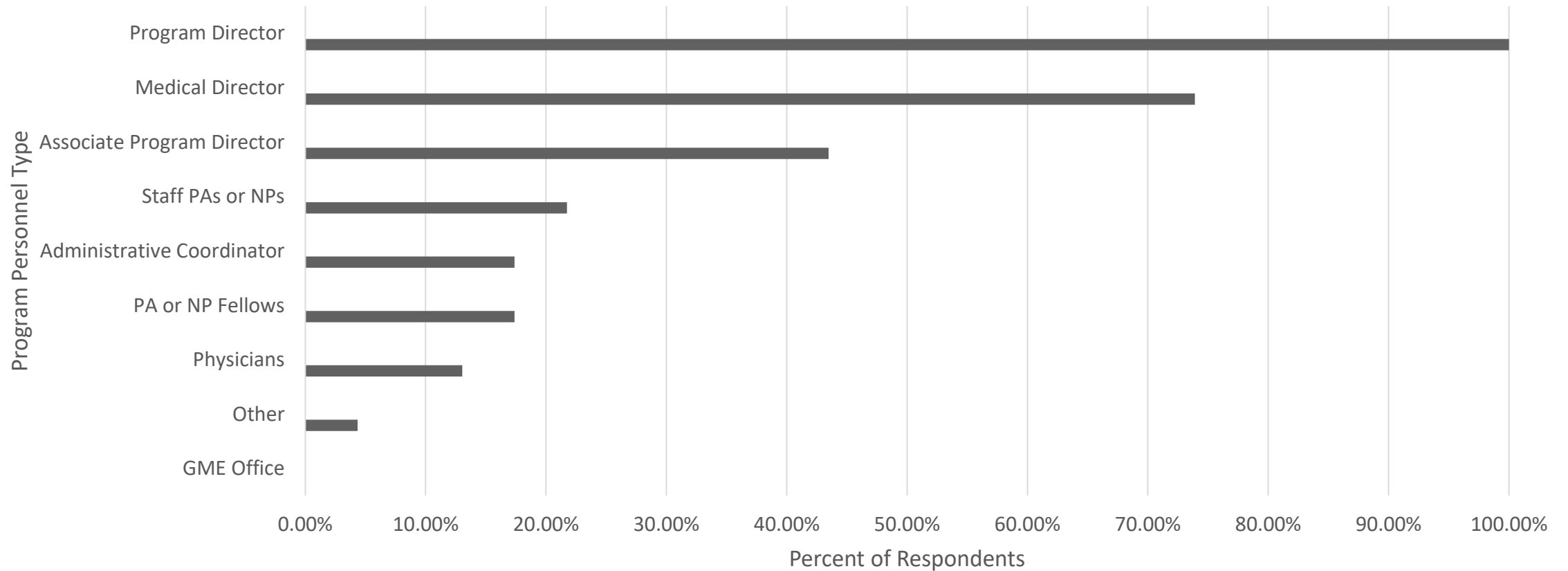
Importance of Application Criterion in Selecting Candidates

	Extremely Important	Very Important	Important	Somewhat Important	Not Important
Personal Interview	96%	4%	0%	0%	0%
Board Certification Eligibility	83%	4%	9%	4%	0%
Letters of Recommendation	61%	30%	9%	0%	0%
Graduate Degree	52%	22%	0%	9%	17%
Personal Essay	44%	52%	4%	0%	0%
Clinical Rotation Grades	13%	44%	35%	4%	4%
Achievements/Awards	13%	44%	26%	17%	0%
PA or NP Program Transcripts	9%	44%	44%	3%	0%
GPA in PA or NP School	9%	39%	39%	13%	0%
Community Service	4%	22%	48%	17%	9%
Class Ranking	0%	9%	48%	17%	26%
Undergraduate Transcripts	0%	22%	26%	22%	30%
Membership in PA or NP Association	0%	13%	35%	17%	35%
Publications	0%	0%	22%	30%	48%

Candidate Interviewing Personnel



Importance of Application Criterion in Selecting Candidates



Areas of future research

Research is needed to examine correlations between applicant attributes, selection criteria, and trainee success in completing postgraduate training.

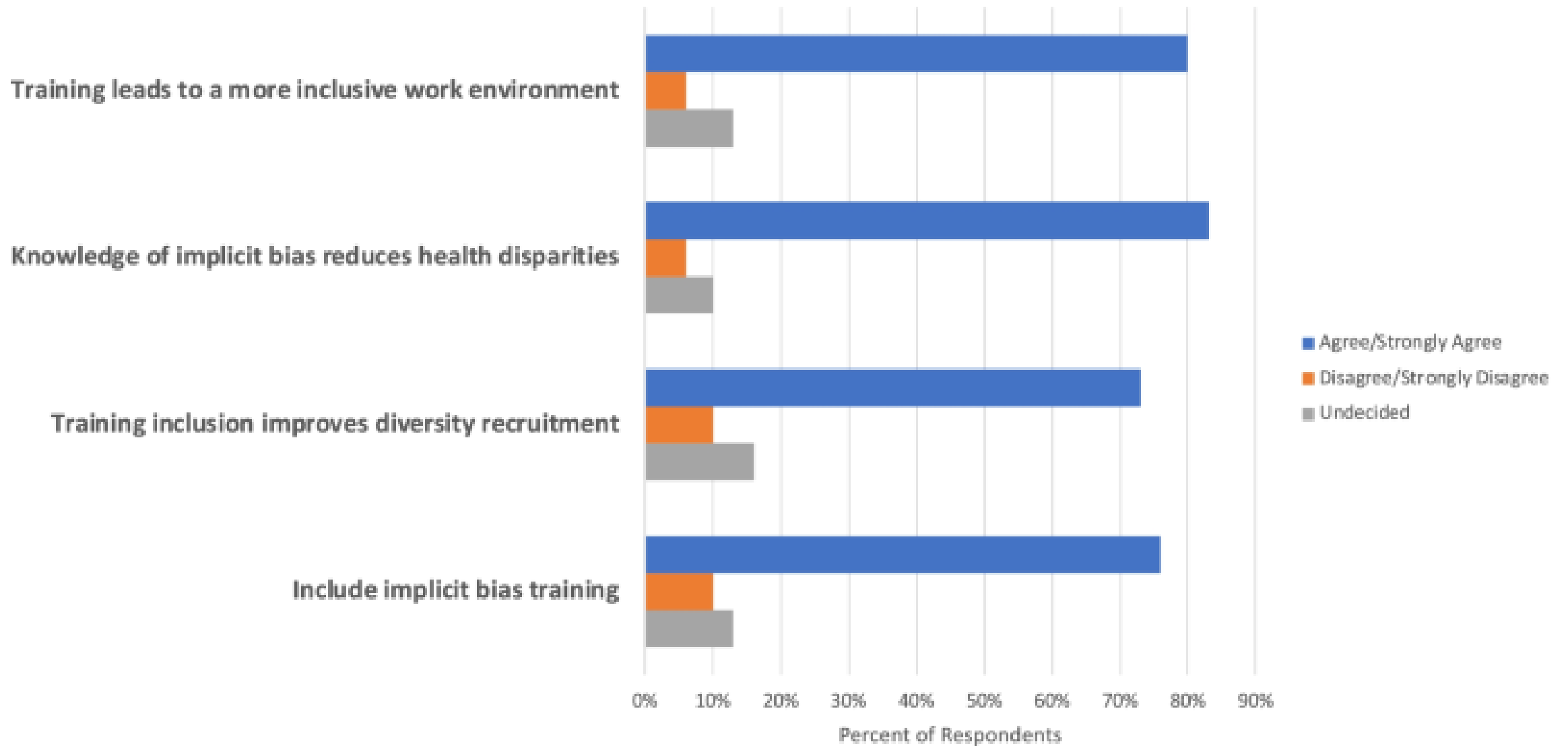
Research is needed to explore the main factors (work/life balance, lifestyle, clinical interest, personality fit, income expectations, etc) influencing the choice of graduate PAs in pursuing a specialty postgraduate training program.

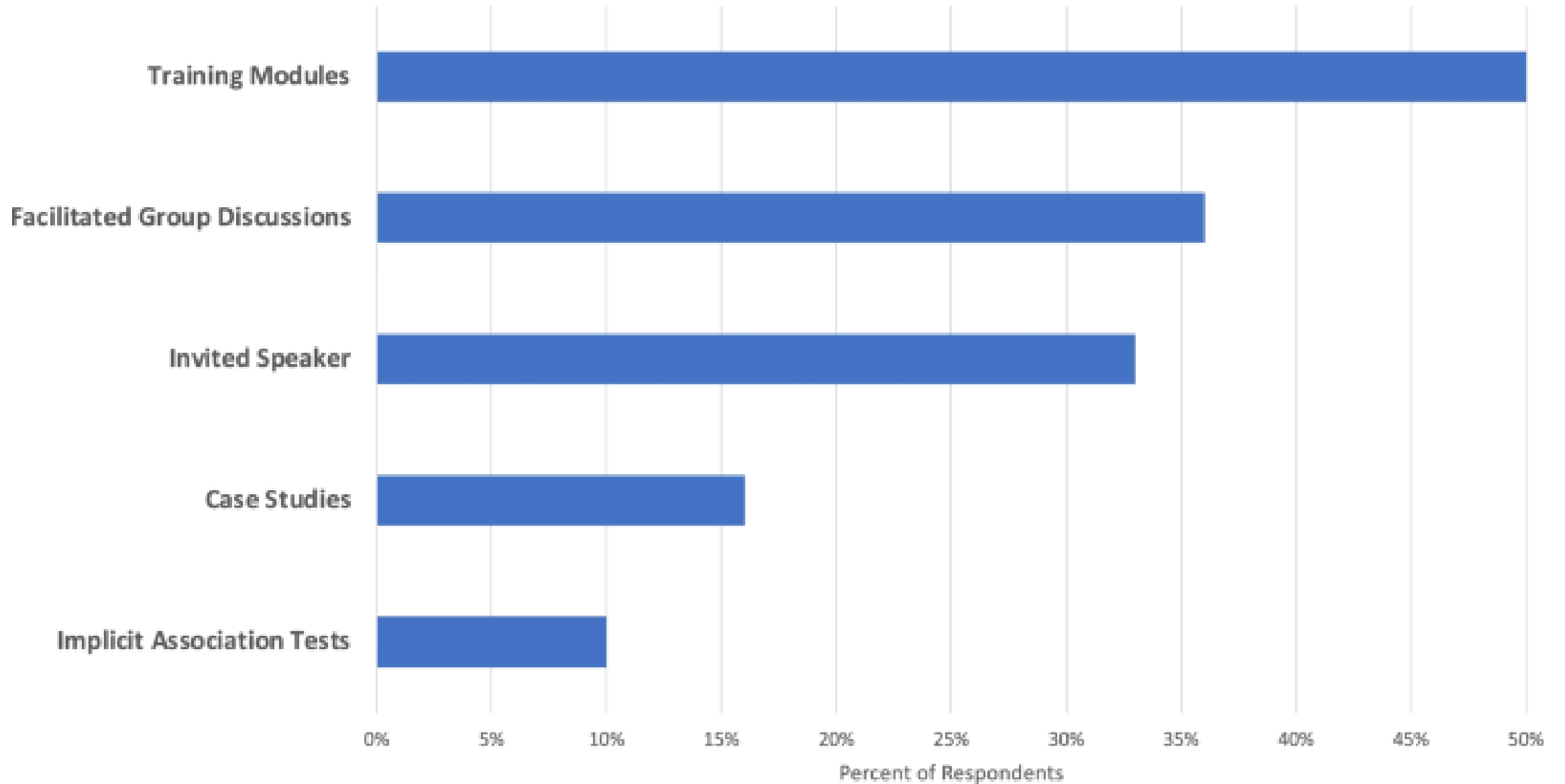
Research | [Open Access](#) | [Published: 03 August 2022](#)

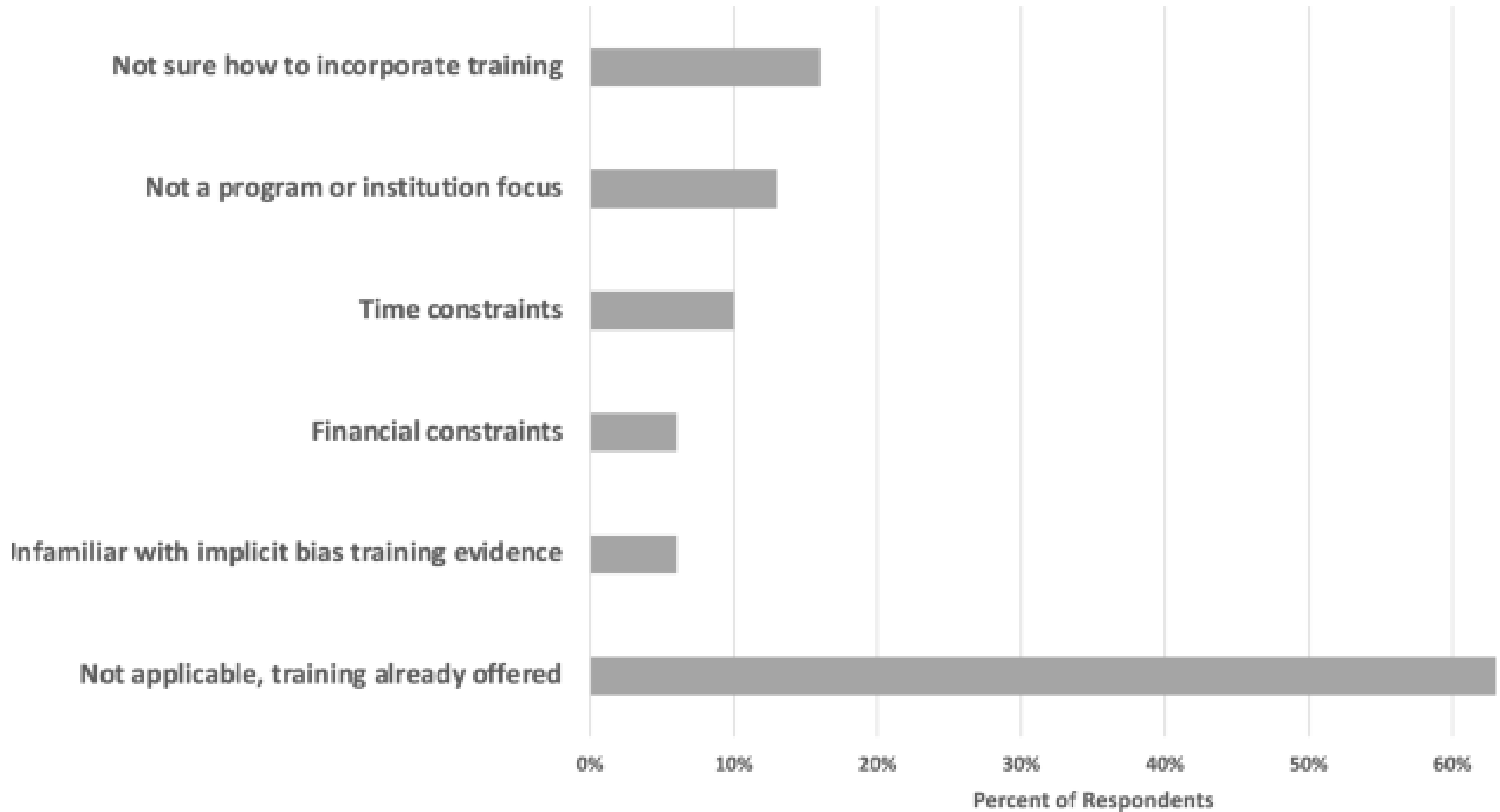
A survey of implicit bias training in physician assistant and nurse practitioner postgraduate fellowship/residency programs

[Vasco Deon Kidd](#) , [Jennifer M. Spisak](#), [Sarah Vanderlinden](#) & [Gerald Kayingo](#)

[BMC Medical Education](#) **22**, Article number: 598 (2022) | [Cite this article](#)









Educational strategies used in the delivery of implicit bias training

- Forty-three percent of postgraduate programs or their sponsoring institutions offer two or more educational strategies in providing implicit bias training to PA and NP trainees. Forty-six percent of postgraduate programs reported that implicit bias training was mandatory and (23%) indicated it was voluntary

An Evaluation of the Postgraduate Physician Assistant/Associate and Nurse Practitioner Orthopedic Surgery Fellowship and Residency Websites in the United States



Vasco D. Kidd 

Published: October 03, 2022 **DOI:** 10.7759/cureus.29875 



**Peer-
Reviewed**

Cite this article as: Kidd V D (October 03, 2022) An Evaluation of the Postgraduate Physician Assistant/Associate and Nurse Practitioner Orthopedic Surgery Fellowship and Residency Websites in the United States. Cureus 14(10): e29875. doi:10.7759/cureus.29875

So why study websites?

- Research seems to suggest that website content and quality may influence an applicant's program choice. For example, a study of emergency medicine applicants showed that 41% reported not applying to certain programs based on information from their websites, and slightly over one-third of plastic surgery applicants stated that program website quality influenced their decisions to interview at a program . Another study showed that 40% of prospective applicants to an internal medicine residency program found websites most useful when preparing for their interviews .



PA and PA/NP Postgraduate Programs

Duke University Physician Assistant Orthopedic Residency Program

Mayo Clinic's Orthopedic Sports Medicine Physician Assistant Fellowship

University of California San Francisco Orthopedic Surgery Physician Assistant Residency

University of California Davis Advance Practice Provider Fellowship

University of Rochester Medical Center Advanced Practice Provider Fellowship Program in Orthopedic Surgery

Wake Forest Orthopedic Surgery Physician Assistant Fellowship

The Medical College of Wisconsin Nurse Practitioner and Physician Assistant Postgraduate Orthopedic Fellowship

Ohio State Advanced Practice Provider Orthopedic Fellowship Postgraduate Program

Texas Children's Hospital Orthopedic Surgery Physician Assistant Fellowship Program

Atlanta and Mercer University Physician Assistant Orthopedic Surgery Residency Program

Illinois Bone and Joint Institute Orthopedic Surgery Physician Assistant Residency

Carilion Clinic Orthopedic Surgery Nurse Practitioner and Physician Assistant Fellowship

Northwell Advanced Clinical Provider Fellowship in Orthopedics

U.S. Army/Baylor University Orthopedic Physician Assistant Residency

Arrowhead Regional Medical Center Orthopedic Surgery Fellowship Program

Indiana University Health-Postgraduate Advanced Practice Provider Training Program

New England Baptist Hospital Orthopedic Surgery Physician Assistant Fellowship

Riverside University Health System Medical Center Orthopedic Surgery Physician Assistant Fellowship Program

The Steadman Philippon Research Institute Sports Medicine Physician Assistant Fellowship Program

Navy Physician Assistant Graduate Training: Orthopedics

Direct Orthopedic Care Physician Assistant Residency Program: Choosing Orthopedics as a Career Specialty

Orlando Health Orthopedic Advanced Practice Provider Fellowship

Program Website Content Criteria

Number of Websites, n% = 22

Program contact information	100% (22/22)
Program description	100% (22/22)
Admission requirements	95% (21/22)
Salary/benefits	77% (17/22)
Interview requirement	73% (16/22)
Faculty listing	68% (15/22)
Journal Club	59% (13/22)
Program objectives/goals	59% (13/22)
Acceptance process	54% (12/22)
Curriculum	45% (10/22)
Rotation schedule	32% (7/22)
Orientation activities	32% (7/22)
Research requirement	32% (7/22)
Residents' wellness/well-being strategy	27% (6/22)
Listing of current PA/NP fellows or residents	18% (4/22)
Graduation requirements from postgrad program	18% (4/22)
Program Handbook	14% (3/22)

DESCRIPTIVE
STATISTICS FOR
WEBSITE
CONTENT
CRITERIA

Areas of future research

- Future research is needed to identify whether specific website content influences the decision of PA and NP applicants to apply to a specific postgraduate program.



Exploring Motivations and Barriers To Accreditation Adoption Among Physician Assistant and Nurse Practitioner Emergency Medicine and Orthopedic Surgery Residency and Fellowship Programs



Vasco Deon Kidd 

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Peer-
Reviewed

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Accrediting agencies	Accredits postgraduate PA programs	Accredits postgraduate NP programs	Accredits postgraduate joint PA/NP programs	Number of current accredited postgraduate programs, including applicant programs as of February 3, 2023, if available
ANCC APPFA	Yes	Yes	Yes	8 new applicant programs under APPFA. There are 26 NP postgraduate programs accredited under the ANCC PTAP program. These 26 programs will transition to APPFA over the next four years
CAPP	Yes	Yes	Yes	24 programs have been accredited by the Consortium, 6 programs awaiting accreditation decisions, and 8 programs waiting to schedule their site visits
ARC-PA	Yes	No	Expected sometime in 2023*	12 accredited PA fellowship/residency programs
CCNE	No	Yes	No	12 organizations in applicant status for accreditation of their nurse practitioner fellowship/residency programs

PA/NP Accreditation

Table 4: Voluntary accreditation options for postgraduate physician assistant and nurse practitioner residency/fellowship programs.

ANCC: American Nurses Credentialing Center; APPFA: Advanced Practice Provider Fellowship Accreditation; PTAP: Practice Transition Accreditation Program; CAPP: Consortium For Advanced Practice Providers; ARC-PA: Accreditation Review Commission on Education for the Physician Assistant; CCNE: Commission on Collegiate Nursing Education; NP: nurse practitioner; PA: physician assistant

*ACEN/ARC-PA: the Accreditation Commission for Education in Nursing/the Accreditation Review Commission on Education for the Physician Assistant



Accreditation

- Among accreditors, there is variation in accreditation requirements and standards making it very difficult to compare outcome measures across postgraduate programs accredited by different agencies.

Reasons to Pursue Accreditation

Reasons for pursuing accreditation	Number of responses, n% = 17
Program validation and assessment of educational quality	59% (10/17)
Competition for applicants	24% (4/17)
Other (indeterminate response)	18% (3/17)

PROFESSIONAL ISSUES AND EXPERIENCES

The Shortest Path to a Professional Doctorate

The Journey to the Arrowhead Orthopaedic Surgery Physician Assistant Fellowship Program

Deon Kidd, Vasco DHSc, MPH, PA-C, MS¹

[Author Information](#) 

JBJS Journal of Orthopaedics for Physician Assistants 6(4):p e32, October-December 2018. | DOI: 10.2106/JBJS.JOPA.18.00010

BUY

DISCLOSURES

 Metrics


Abstract

Over the last decade, there has been a rise in, and surge in demand for, postprofessional doctorate degree programs (e.g., the doctor of medical science [DMSc] degree), and the potential benefits of such degrees warrant additional investigation. This article chronicles the path that the Arrowhead Orthopaedic Surgery PA Fellowship program took as an early adopter of the doctorate option for PA fellows. In this article, the pros and cons and the potential benefits of doctorate degrees for PAs in orthopaedic surgery postgraduate PA education training programs are discussed.

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Areas of future research

- Investigate the impact of the DMSc degree on public policy and perception, employment patterns, workforce issues, and PA salaries.
- 



Clinical Partnership Challenges

- The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, physician assistants) in the program must not interfere with the appointed residents' education. The program director must report the presence of other learners to Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) in accordance with sponsoring institution guidelines. (Source ACGME)

Final Thoughts

- Wrap-up: There is insufficient evidence comparing the value and impact of postgraduate APP training.
- Lack of centralized data sources regarding APP postgraduate programs.
 - Numbers of positions offered and filled for all programs
 - Characteristics of residency applicants
 - Aggregated data that is specialty-specific made available to program directors
 - The impact of APP residency/fellowship education on clinical outcomes

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**Consortium
Membership Meeting**

Open to All



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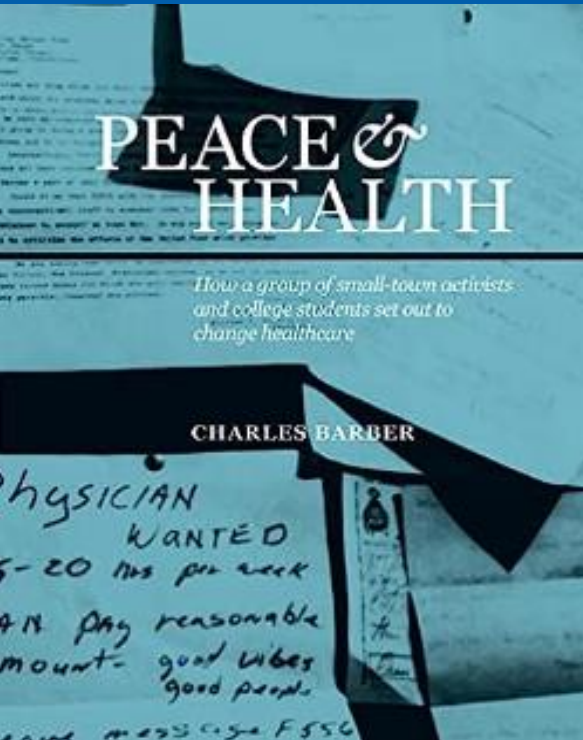
Let's Hear from you! Polling Questions

<https://app.sli.do/event/o3Mid8tNgGukBkeLgEM9ge>



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Raffle

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



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Movement Activity
12:15-12:30pm

Zumba with Kameren Owens

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

Track One- in Ballroom B

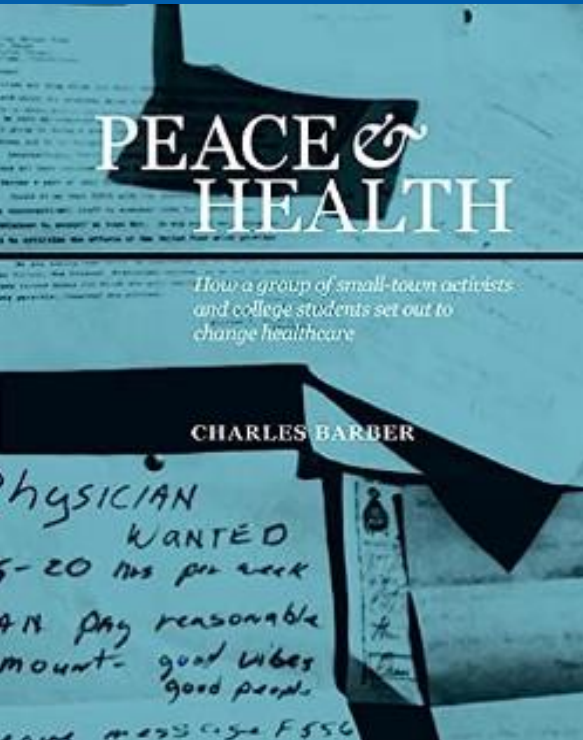
Track Two- Ballroom A

SESSION	TRACK ONE: New Programs	TRACK TWO: Existing Programs
<p>Session 1 1:00–2:00 p.m.</p>	<p>How to Create a Postgraduate Training Program Handbook</p> <p>Presenters: Patricia Dennehy, DNP, NP-C, FAAN, Chair, Consortium for Advanced Practice Providers Membership Committee, Owner and Principal of Dennehy & Associates LLC; Mitchel Erickson, DNP, MS, BSN, BSc, ACNP-C, Geriatric Age-Friendly ED Consultant, UCSF Health Acute Care Nurse Practitioner Division of Geriatrics Associate Clinical Professor Department of Physiological Nursing Chair, BRN APRN Advisory Committee</p>	<p>Psychiatric Mental Health APP Postgraduate Training Programs</p> <p>Presenter: Mary Rose, PMHNP, MS, CCM, Medical Director of Psychiatric NPs and Program Director of the Psychiatric Nurse Practitioner Fellowship at Thundermist Health Center</p> <p>Moderator: Milagros Pilla, Former NP Fellowship Program Manager, Thundermist Health Center</p>
<p>Session 2 2:15–3:15 p.m.</p>	<p>APP Postgraduate Training Program Staffing— Roles and Responsibilities</p> <p>Presenters: Johannah Crogan, ARNP, CPNP, APP Fellowship Director at Seattle Children’s Hospital Neonatal Fellowship; Milagros Pilla, Former NP Fellowship Program Manager, Thundermist Health Center</p> <p>Moderator: Nicole Seagriff, DNP, APRN, FNP-BC, Clinical Program Director, National Nurse Practitioner Residency Program Associate Faculty, Weitzman Institute On-Site Medical Director, Norwalk and Stamford</p>	<p>Bolstering QI Projects: Boot Camp for Supporting Your Trainees QI Projects</p> <p>Presenters: Garrett Matlick, DNP, MPH, APRN, FNP-BC, PMHNP-BC, Family and Psychiatric Nurse Practitioner, NP Residency Program Faculty at Community Health Center, Inc.; 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>Moderator: Radha Denmark, DNP, FNP-C, FHM, Director of Advanced Practice Education and Professional Development University of New Mexico Hospital</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

**Presentation: Increasing Diversity of the
APP Workforce**

Advancing Practice

Cultivating Quality Care and Nursing Leadership
to Improve the Health of Communities

erie

UIC NURSING

Increasing Diversity of the APRN Workforce



Advancing Practice Leadership



Natalie Raghu, DNP,
FNP-BC ADM-BC,
APRN-FPA

Medical Director of
Advanced
Practice Providers



Kiersten Solis, MSN,
FNP-BC, APRN

Program Director of
Advancing Practice



Emily Bettencourt,
Program Administrative
Manger

Objectives

1. Understand the importance of increasing diversity in APRN post graduate fellowships
2. Identify key steps in successful recruitment strategies for APRN post graduate fellowships that focus on improving health equity
3. Develop ideas on how to create a recruitment toolkit to ensure alignment of candidates accepted into APRN fellowship programs



Why an APRN fellowship at Erie ?

Grow	Build	Give	Increase	Empower
Grow NP/CNM workforce in community health and provide care to under-resourced communities	Build a pipeline of highly qualified NP's/CNM's building on Erie's experience of training healthcare providers focused on health equity	Give faculty and precepting opportunities to grow leaders from within our own organization	Increase diversity among primary care NP/CNM workforce mirroring the community Erie serves	Empower generation of nurse leaders to serve as patient advocates in Chicagoland and beyond

Erie Mission: Motivated by the belief that healthcare is a human right, we provide high quality, affordable care to support healthier people, families and communities



Background

Serves 88,000 patients over 13 different sites

- 35,000 pediatric patients
- 2,000 births annually
- **90% of patients live in low-income households**
- 71% of patients are Hispanic
- 23% of patients are un-insured
- 45% of patients are non-English speaking

High Quality Primary care including:

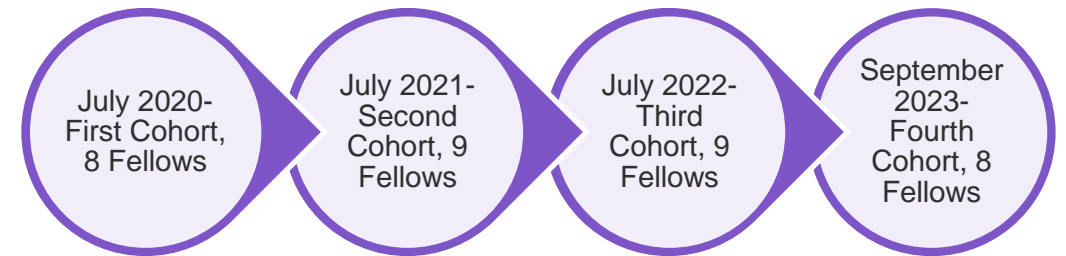
1. Comprehensive HIV care
2. Medicated Assisted Treatment (MAT)
3. prenatal care
4. gynecological procedures
5. Access to Long-Acting Reversible Contraception (LARC)

#1 FQHC in Quality for Illinois

AdvancingPractice Overview

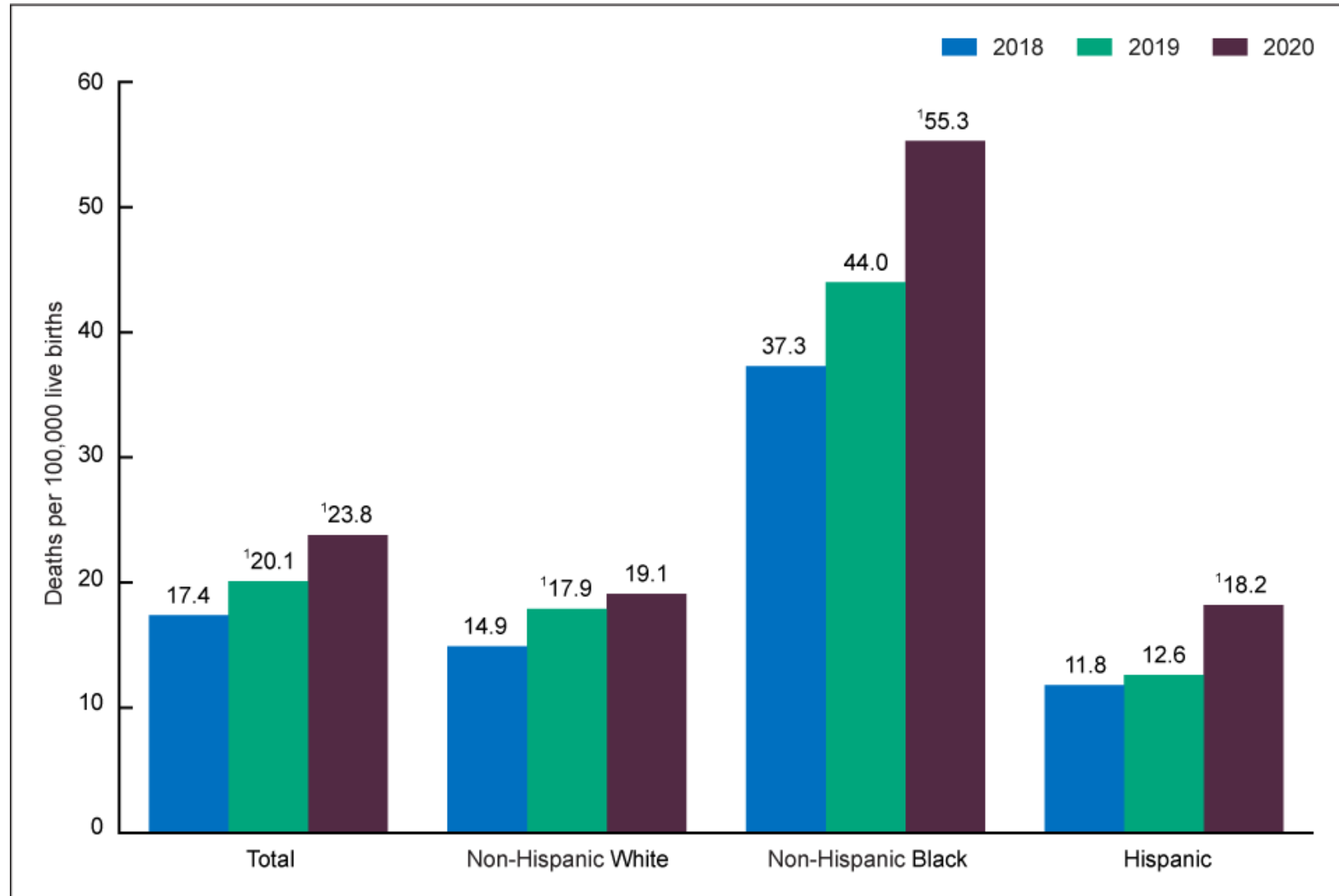
Mission: We develop and mentor the next generation of advanced practice registered nurses to ensure a workforce of primary care providers who deliver high-quality, holistic healthcare to underserved communities. ***Through nursing leadership and promoting diversity, we are committed to eliminating structural barriers and other systems of oppression to positively impact the workforce and the health of communities.***

Vision: Advanced practice registered nurses transforming healthcare to achieve health equity and justice.



Why does diversity matter?

U.S. Maternal mortality



¹Statistically significant increase in rate from previous year ($p < 0.05$).

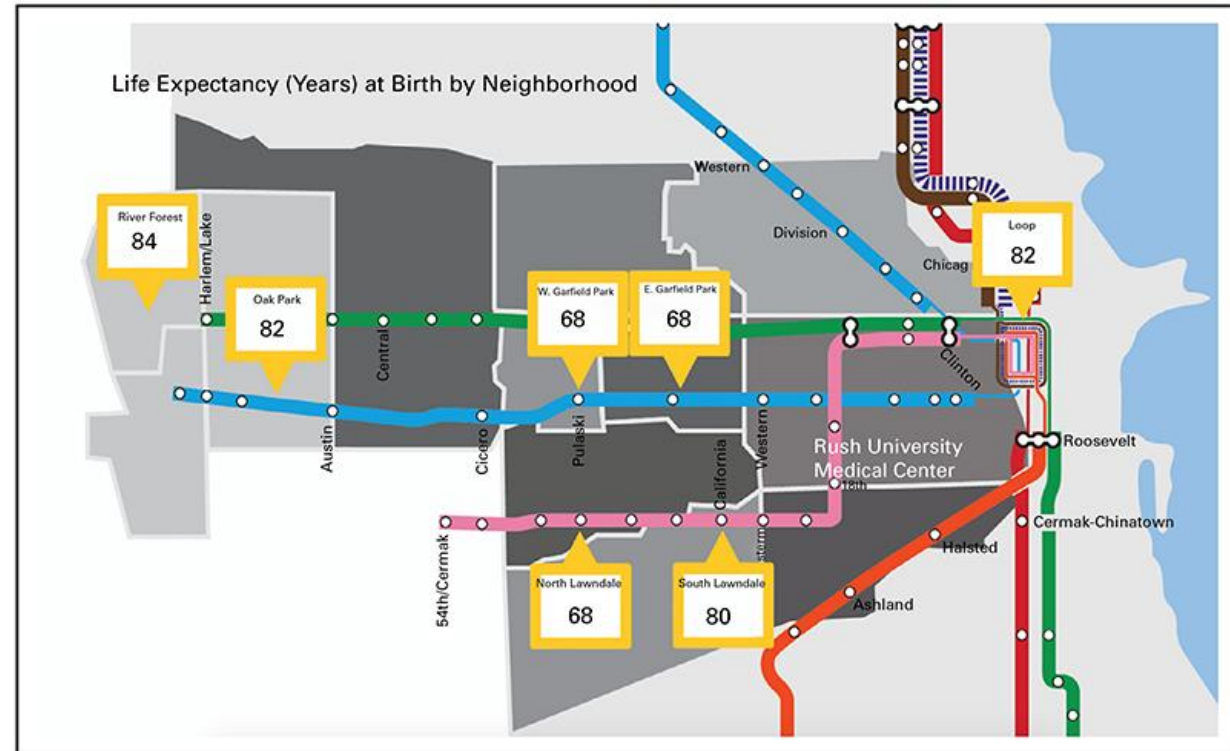
NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Chicago life expectancy variance

Life Expectancy Along the Chicago Transit Authority Tracks

This map illustrates the significant variation of life expectancy among communities that are close to each other, all of which are near the Rush University Medical Center campus.



Source: The authors. Based on 2017 Chicago Data. Chicago Health Atlas. Accessed March 18, 2021. <https://www.chicagohealthatlas.org/>.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Diversity in the Healthcare Workforce

Increase levels of patient satisfaction with encounter

Improves adherence to care plans

Improve outcomes related to quality

Improve health equity



(Gomez & Bernet, 2019; Takeshita et al., 2020; Adamson et al., 2017)

Demographics of APRN Workforce

Education

Cultivating APRN workforce diversity

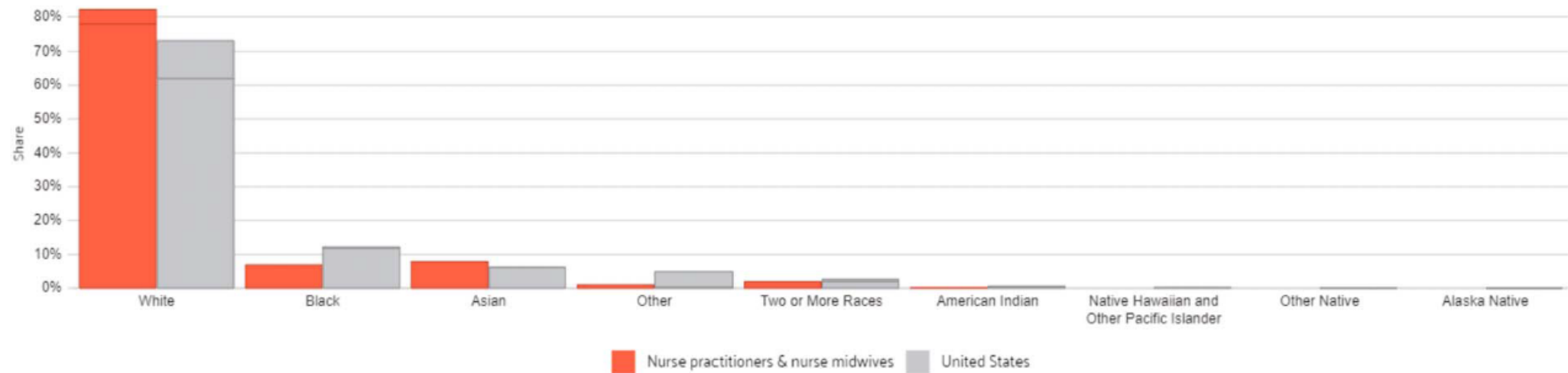


Figure 1. Racial representation of nurses compared with US population (United States Bureau of Labor Statistics, 2021).

Demographics: Race

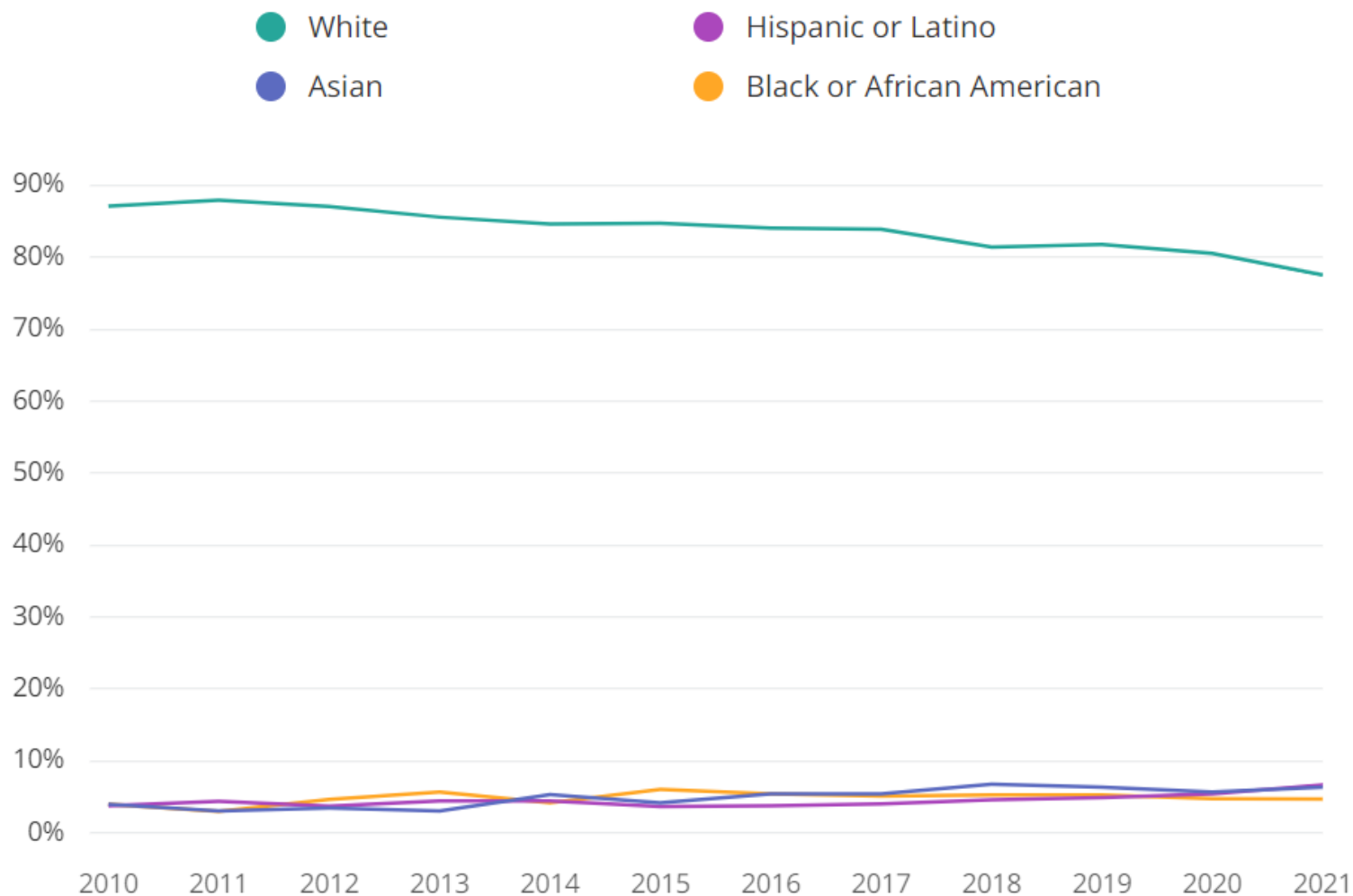


- White, 77.5%
- Hispanic or Latino, 6.7%
- Asian, 6.3%
- Black or African American, 4.7%
- Unknown, 4.5%
- American Indian and Alaska Native, 0.3%

(US Bureau of Labor Statistics, 2021)

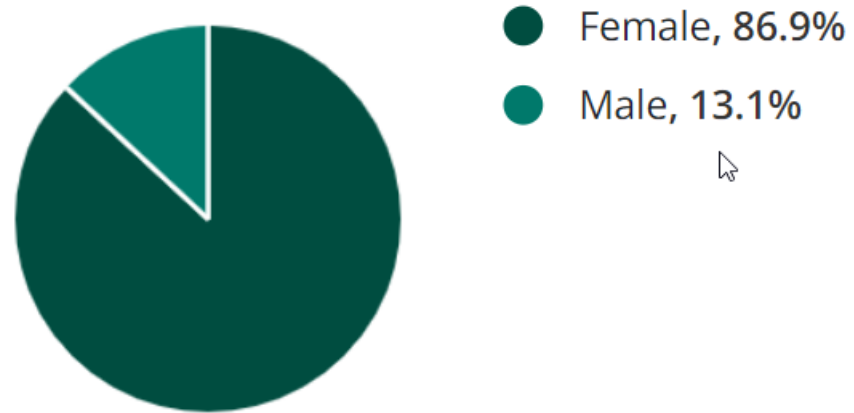
Nurse Practitioner Race And Ethnicity Over Time

See how nurse practitioner racial and ethnic diversity trended since 2010 according to the United States Census Bureau data.



US Bureau of Labor Statistics. (2021).

Gender



Nurse Practitioner Gender Ratio

Women Earn 92¢ For Every \$1 Earned By Men



Male Income
\$106,064



Female Income
\$97,723

Challenges: It's Complicated

Historical Factors

- Racially homogenous nursing workforce has been attributed to the explicit exclusion of black nurses from white nursing programs
- Historical narrative of nursing originated from a white Eurocentric female perspective
- Emphasized contributions of white women like Florence Nightingale while failing to include the attributes of historically racialized women like Mary Seacole

([Hine, 1989](#); [Yoder, 1996](#); [Barbee & Gibson, 2001](#)).

Despite federally funded programs to improve access...

- Highly restrictive admission and punitive progression policies in education
- Poor representation of minority faculty
 - **82% White**, 9% Black/African American, 3.4% Hispanic/Latino, 2.9% Asian, and **93% female**.
- Financial constraints (lack of generational wealth)
- Institutional racism
- **Implicit bias in selections processes***
- **Familiarity Bias***

*Areas directly addressed in this recruitment process

Advancing Recruitment Strategies

Initial Recruitment Methods

- Fellowship faculty outreach to graduate nursing programs
- Recruitment of current APRN students employed or doing clinical rotations at the FQHC
- Virtual public information sessions
- Social media outreach



Eligibility Requirements

- ✓ FNP, PNP, AGNP and/or CNM licensed/pending license
- ✓ Graduated from accredited NP or CNM program within 18 months of program start date
- ✓ Minimum GPA of 3.0
- ✓ All applicants must also complete three essay questions that are a part of the application
- ✓ Anyone who meets these criteria are invited to move forward in the interview process



Interview Process: Adaptation to Holistic Review

Holistic Review: Admissions process that seeks to mitigate the effects of **implicit bias** and **familiarity bias**

1. Shifts focus from determining applicant is a “good fit” and shifts to alignment with mission and potential contribution
2. Balances academic achievement, personal attributes and personal and professional experiences



Cohort 1 Selection Process

Round 1:

- 33 highest scoring applicants were identified
- 35 applicants were then invited for in-person interviews after faculty reviewed scoring inconsistencies

Round 2:

- Conducted by two faculty members who were provided previous round interview materials
- Used a standardized interview and given time for questions and discussion
- Interviewers categorized the **applicant as fully, partially, or not being** in alignment with the mission of the fellowship
- Eight fellows were accepted, and eight alternates were identified



Cohort 1 Selection Process

Triads established amongst Faculty of two interviewers and one reader.

Interviewers

- Use a standardized interview tool to ask 3 questions via video conference
- Deliberately blinded to the applicant's application materials and personal information
- Mitigates implicit bias the interviewers might have for or against the applicant

Reader

- Reviews quality of the application materials using a standardized rubric
- Essay Questions
- Resume/CV
- Reference Surveys
- Transcripts
- The reader never interacted with the applicant they were reviewing

Each interviewer and reader scored the applicant using a rubric

Cohort 1 Applicant Demographics

	All Applicants (n=79)	Applicants Selected (n=8)
Ethnicity/Race		
Caucasian	38%	50%
Hispanic	12%	37.5%
Black	5%	12.5%
Multiple ethnicities	1%	-
Asian	6%	-
Not answered	63%	

AdPrac Recruitment 2.0: Building a Toolkit

Strategies to Improvement

Step 1: Align process with mission and vision

Step 2: Engage academic partner expertise is wholistic review

Step 3: Seek internal and external expertise on DEIB

Step 4: Goal setting against the community you provide care

Step 5: Create a social media presence aligns with your mission/vision

Step 6: Incorporate people from diverse racial and professional backgrounds within the selection committee



Goal Setting

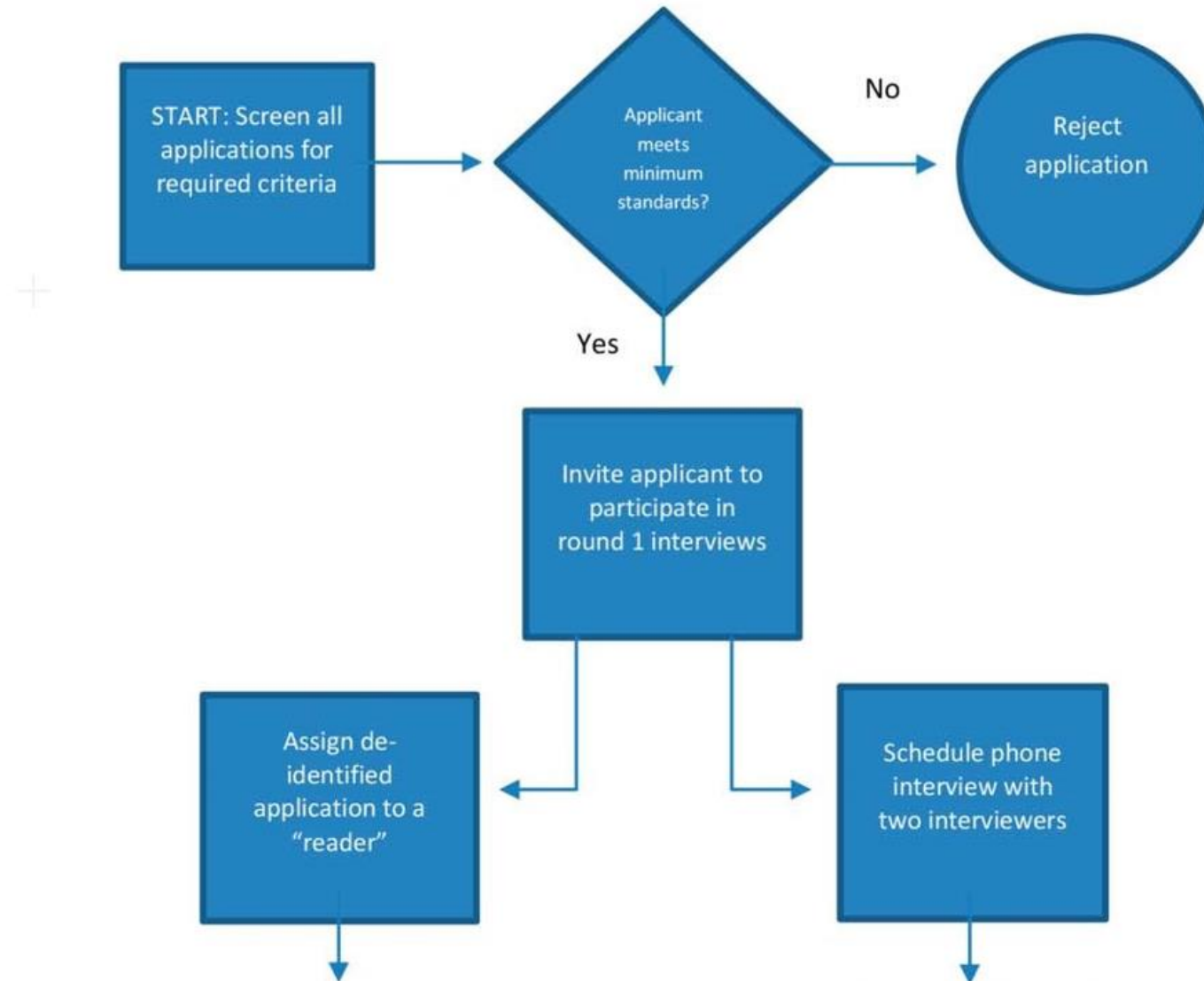
- Although non-Hispanic Black people make up approximately 13% of the US population 7% of NPs and CNMs are non-Hispanic Black
- Hispanic people account for approximately 18% of the US population only 6.3% of NPs identify as Hispanic
- At Erie 71% of patients are Hispanic
- * Note use of Hispanic for consistency with data vs Latinx

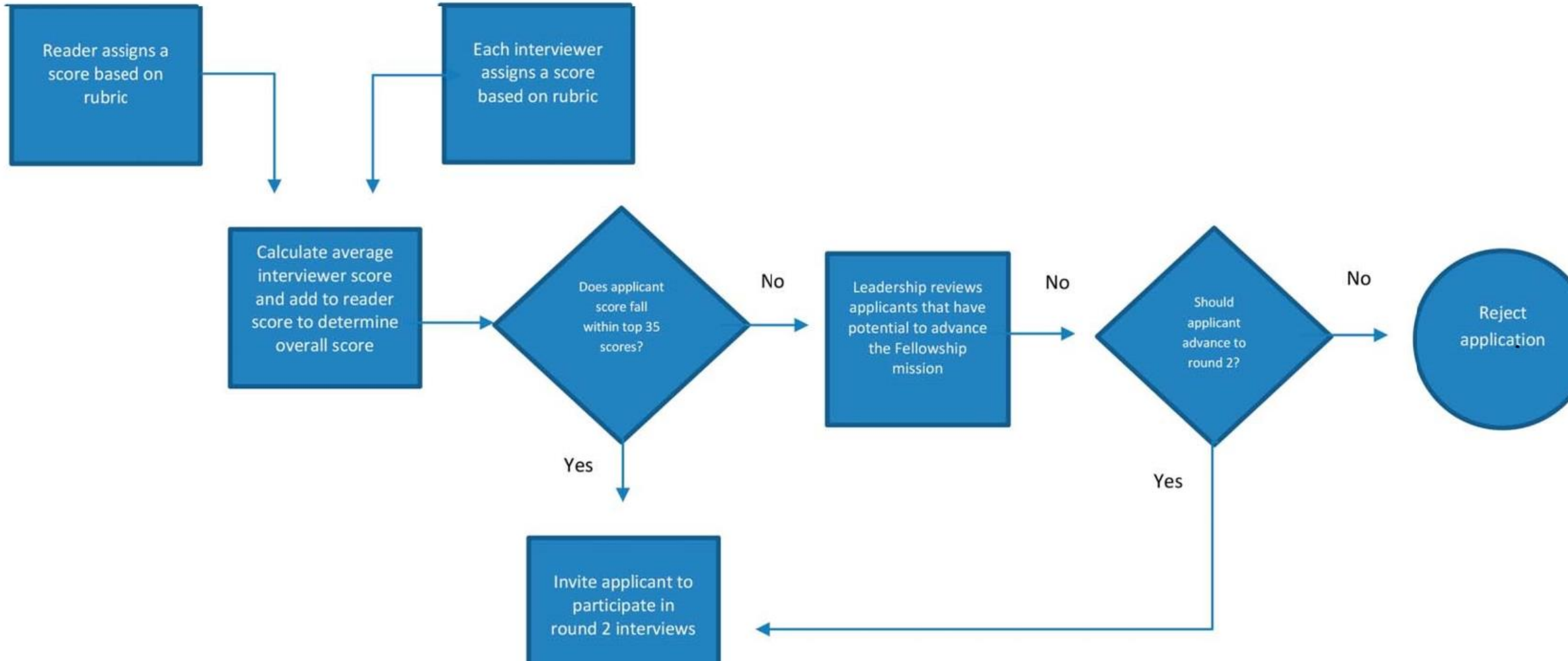
(US Bureau of Labor Statistics, 2021).

Rapid Cycle Quality Improvement: Key Points

1. Direct outreach to Historically Black Colleges and Universities
2. Round 1
 - a. Conduct interviews via phone rather than video conference to reduce bias
 - b. Created objective rubrics for all interviews and application scoring
 - c. De-identified the following information
 - Applicants name (assigned a number)
 - Applicants gender, pronouns, race, and ethnicity
 - University/College
 - GPA (screened beforehand for minimum requirement)
3. Adjusted demographic data to align Erie HR and inclusive language

Recruitment Process Map







Cohort 2 Selection Process

Round 1:

- Adapted Holistic Review with proposed changes
- Selection Committee included more individuals from the organization who are underrepresented in race, gender and/or profession
- 75 applicants applied and participated in round one interviews

Round 2:

- 35 highest scoring applicants were identified + 5 additional
- 40 total applicants
- Ten fellows were accepted, and ten alternates were identified.



Cohort 2 Applicant Demographics

	All Applicants (n=75)	Applicants Selected (n=10)
Ethnicity		
Not Hispanic or Latino	72%	50%
Hispanic or Latino	8%	30%
Undetermined	1%	-
Prefer not to answer	18%	-
Left blank	1%	20%
Race		
White	62%	30%
Black	15%	20%
Asian	14%	10%
Middle Eastern	1%	
Multiple races	1%	10%
American Indian/Black	1%	
Left Blank	4%	30%
Other	1%	
Prefer not to answer	1%	

Cohort 2 Applicant Demographics Cont.

	All Applicants (n=75)	Applicants Selected (n=10)
Gender		
Female	93%	90%
Male	2.67%	10%
Nonbinary	2.67%	-
Prefer not to answer	1.33%	-

Cohorts 3 and 4

Cohort 3 Applicant Demographics

	All Applicants (n=51)	Applicants Selected (n=10)
Ethnicity		
Not Hispanic or Latino	80%	80%
Hispanic or Latino	8%	
Undetermined	10%	10%
Prefer not to answer	2%	10%
Left blank		
Race		
White	63%	30%
Black	17%	30%
Asian	12%	10%
Middle Eastern		
Multiple races	2%	10%
American Indian/Black		
Left Blank	2%	
Other	2%	10%
Prefer not to answer	2%	10%

Cohort 4 Recruitment Outcomes

50 applicants were invited to first round interviews

32 applicants were invited to second round interviews

Eight fellows were accepted, and 13 alternates were identified.



Cohort 4 Applicant Demographics

	All Applicants (n=50)	Applicants Selected (n=8)
Ethnicity		
Not Hispanic or Latino	74%	87.5%
Hispanic or Latino	20%	12.5%
Other	4%	
Left blank	2%	
Race		
White	68%	62.5% (12.5% of which is Latinx)
Black	20%	12.5%
Asian	8%	25%
Left Blank	2%	2%
Other	2%	0%

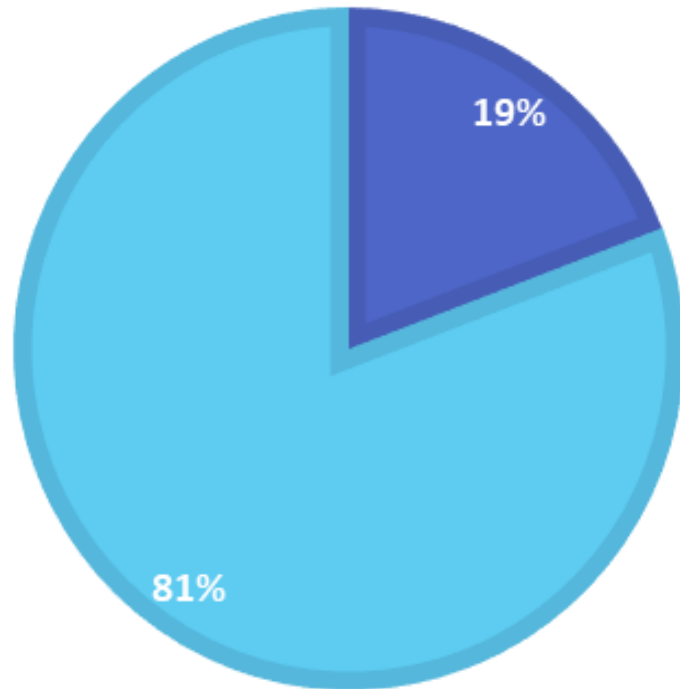
Cohort 4 Applicant Demographics Cont.

	All Applicants (n=51)	Applicants Selected (n=10)
Gender		
Female	92%	87.5%
Male	3%	12.5%
Undisclosed	2%	

Overall recruitment outcomes

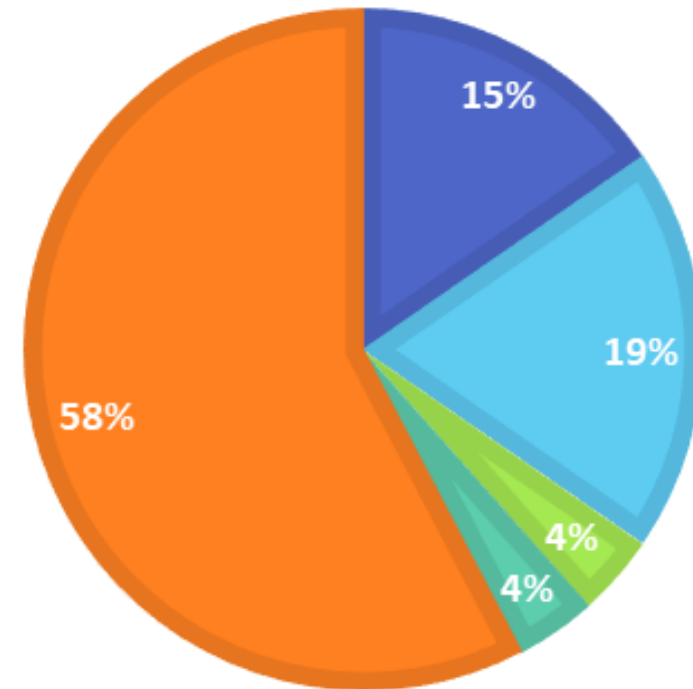
ADPRAC FELLOW ETHNICITY

■ Hispanic ■ Not Hispanic



ADPRAC FELLOW RACE

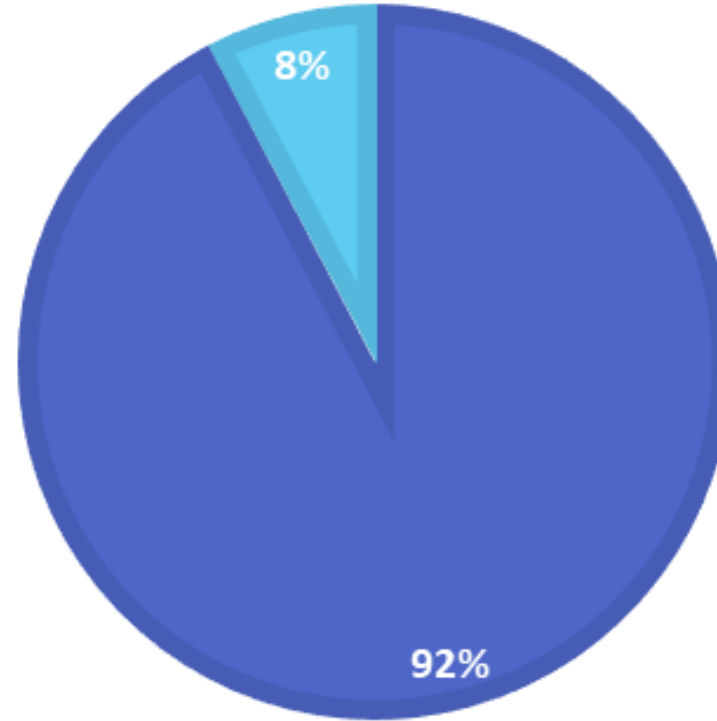
■ Asian ■ Black ■ Multiple Races ■ Other ■ White



Overall recruitment outcomes

ADPRAC FELLOW GENDER

■ Female ■ Male





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CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Presentation: Accreditation

Overview of the 2023 Accreditation Standards and Accreditation Process



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training



ACCREDITATION PROCESS

CONSORTIUM ANNUAL CONFERENCE 2023

DoQuyen (Quyen) Huynh, DNP, FNP, ARNP, FAAN

Accreditation Commission Chair – Consortium for Advanced Practice Providers
Health Equity Director – WA State Health Care Authority



About the Consortium

- ◆ **The Consortium is Federally recognized by the U.S. Department of Education as a National Accrediting Agency.**
- ◆ The Consortium provides programmatic accreditation for postgraduate NP and joint NP/PA training programs, ensuring that the programs adhere to high quality, rigorous standards developed by nurse practitioners, physician assistants and experts in clinical care, adult learning and professional training. In this way, the Consortium is making a significant contribution to the health and healthcare of the public.

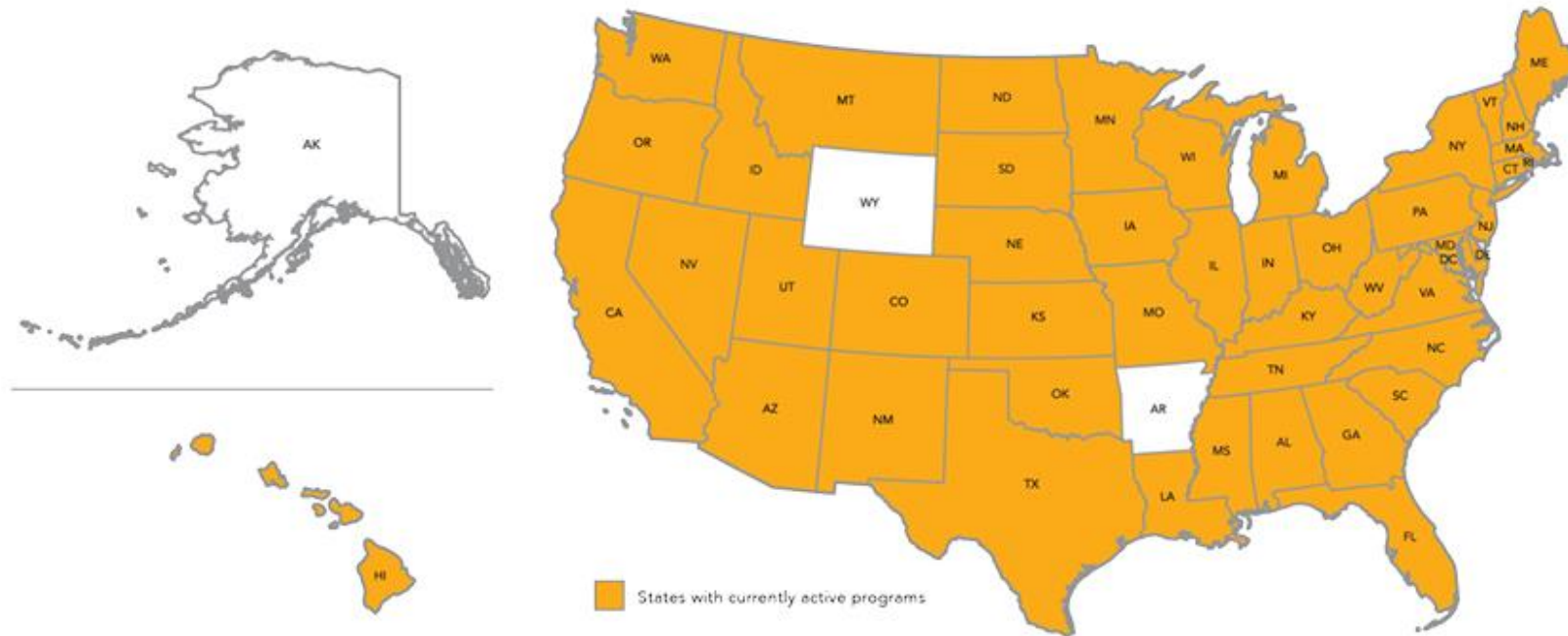


U.S. Department of Education



Primary Care and Psychiatric Mental Health NP and NP/PA Postgraduate Residency and Fellowship Training Programs Across the Country

States with Currently Active NP and NP/PA Postgraduate
Residency and Fellowship Training Programs



Accreditation Defined

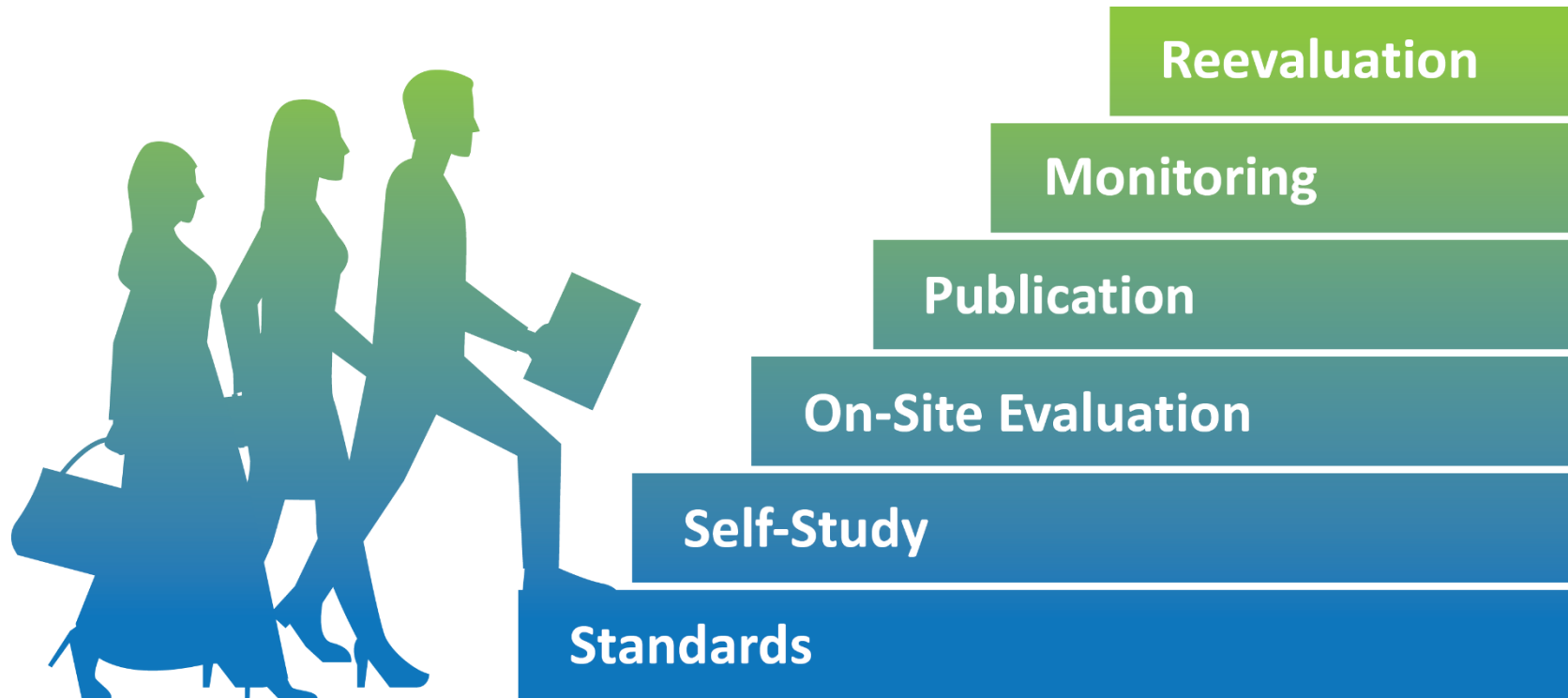
External, independent review of a health care training program against nationally-accepted standards and its own policies, procedures, processes and outcomes (AAAH)

- ◆ Peer-reviewed, voluntary program evaluation
- ◆ Practice-based determination of adherence to National Standards
- ◆ Public recognition of excellence
- ◆ National acknowledgement of quality



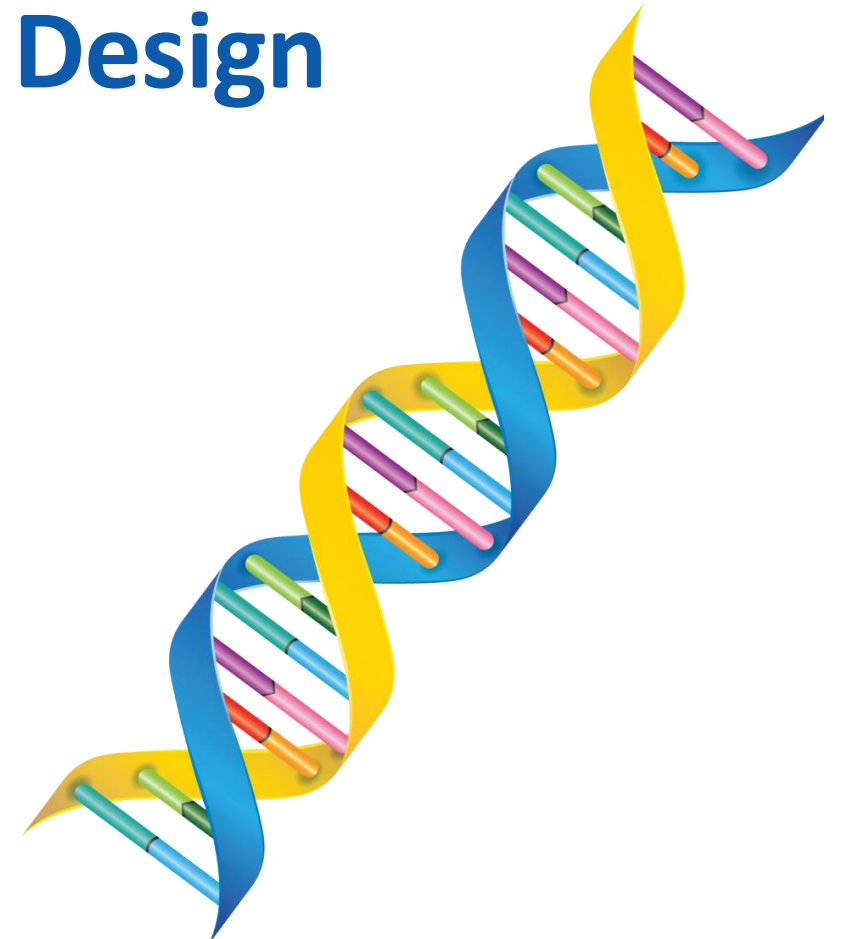
U.S. ED Accreditation Process

6 Major Steps the Consortium follows:

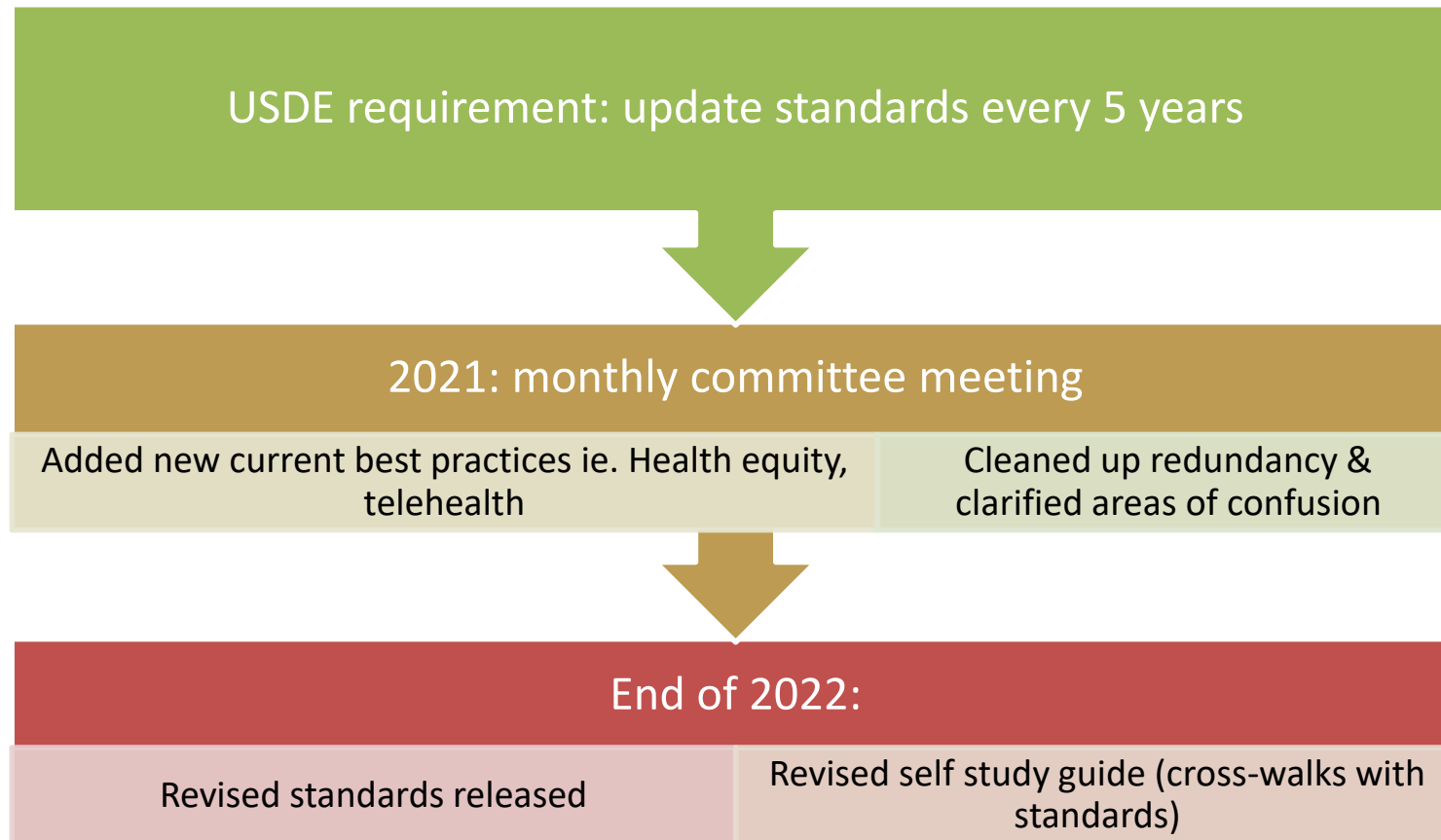


Consortium Standards Driving Excellence in Program Design

- Standard 1: Mission, Goals, Objectives
- Standard 2: Curriculum
- Standard 3: Evaluation
- Standard 4: Program Eligibility
- Standard 5: Administration
- Standard 6: Operations
- Standard 7: Staff
- Standard 8: Postgraduate Trainee Services



2023 Revised Accreditation Standards



The Old & New

Global changes:

Inclusive of Joint NP/PA programs & PA profession

Name Change to Consortium for Advanced Practice Providers (CAPP)

Technology use in virtual & physical learning environments

Eliminated repetitive language and requirements where appropriate

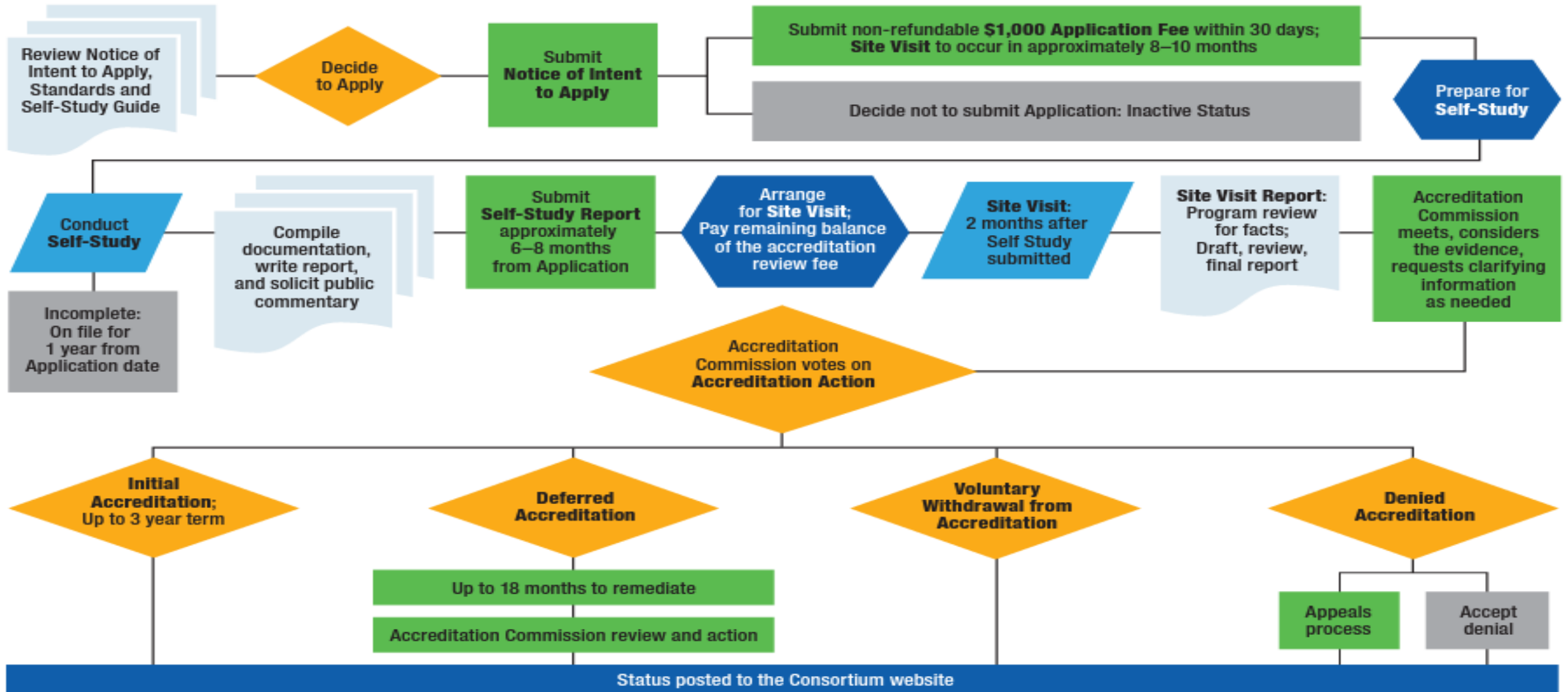
Focus on Health Equity, Diversity, Equity, Inclusion & Belonging

Focus on career success, wellness and resilience for both learners & teachers

Standards	Key changes
1 – Mission	<ul style="list-style-type: none"> - No major changes
2 – Curriculum	<ul style="list-style-type: none"> - Technology - Equity, Social Justice, Social Determinants of Health - Certificate of Completion
3 – Evaluations	<ul style="list-style-type: none"> - Program Director roles in evaluation: budget & operations - Required Advisory Committee - Faculty Development - Alumni satisfaction immediately and 12-18 months later - Removed employer satisfaction
4 – Eligibility	<ul style="list-style-type: none"> - Programs must be full time, 12+ months - Added PA licensures & requirements
5 – Administration	<ul style="list-style-type: none"> - Emphasized sufficient resource allocation: clinical/HR/admin staff; funding; facilities - Evidence of regional evaluation for compensation/salary
6 – Operations	<ul style="list-style-type: none"> - Organizational AND programmatic operations, policies & procedures will be reviewed - Employment contract and/or formal offer letter - Clarified outpatient vs inpatient precepting of >1 trainee - Grievance policies & procedures: clearly articulated, published and readily accessible - Documentation of disciplinary action plans & follow up/remediation
7 – Staffing	<ul style="list-style-type: none"> - Program leadership inclusive of NPs and PAs as appropriate - Program directors: knowledge, responsibilities & oversight of core components including recruitment, clinical practice, funding etc. - Clear processes requiring faculty to give timely feedback and closing evaluation loop - Faculty development: set up for success
8 – Trainee Services	<ul style="list-style-type: none"> - Wellness, resiliency, burnout & compassion fatigue in trainees - Market analysis for salaries, benefits, CE and other compensation must be similar with other employee types - Call out for both physical and virtual learning environments



Initial Accreditation Process



Accreditation Sample Timeline

- ◆ **General timeframe, application to decision, 8-18 months**
 - Intent to Apply
 - Application via website
 - Self Study (internal program evaluation) and report
 - 1.5 day on-site visit (external program evaluation) by trained 2 site visitor peers and observer (educator and administrator)
 - Site Visit report, review by program, submit to Accreditation Commission for consideration
 - Decision – Accredited, Deferral of Accreditation, Withdrawal of Accreditation or Denial of Accreditation
 - Official Notification of accreditation action to the U.S. Department of Education
 - Public announcement and posting on Consortium website
 - Annual program reports on headcount
- ◆ **Extensive technical support available throughout the process**
- ◆ **Total cost: \$10K –**
 - \$1K non-refundable application fee; \$9K review fee due prior to site visit
 - For programs with multiple tracks, \$10K plus \$6,500 for second track and \$2,500 for each additional track
- ◆ **Initial Accreditation awarded up to 3 years**
- ◆ **Renewal of Accreditation awarded up to 5 years**

Accreditation Anchors Program Development



Do you want to be a site visitor?

Site visitor training: Fall 2023 or Spring 2024

Web-based:

- 2 days
- Hybrid of synchronous and asynchronous learning

Benefits:

- In-depth training on how to evaluate programs using accreditation standards → improve your own program
- Travel & network
- Implement accreditation rigor & quality



Contact Info

Quyen Huynh, DNP, FNP, ARNP, FAAN

Accreditation Commission Chair

DoQuyen.Huynh@APPpostgradtraining.com

www.APPpostgradtraining.com



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Thank you everyone!

**Hope to see you at the Annual
Conference in 2024 !**