



**CONSORTIUM**

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



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## TRACK ONE: New Programs

**Newly Developed and Soon-to-be Developing  
Postgraduate APP Programs: Program Planning,  
Launching and Support**

**TRACK ONE Grand Ballroom B**



# How to Create a Postgraduate Training Program Handbook

Pat Dennehy DNP, NP – board member  
Mitchel Erickson DNP, ACNP – board member

# Objectives

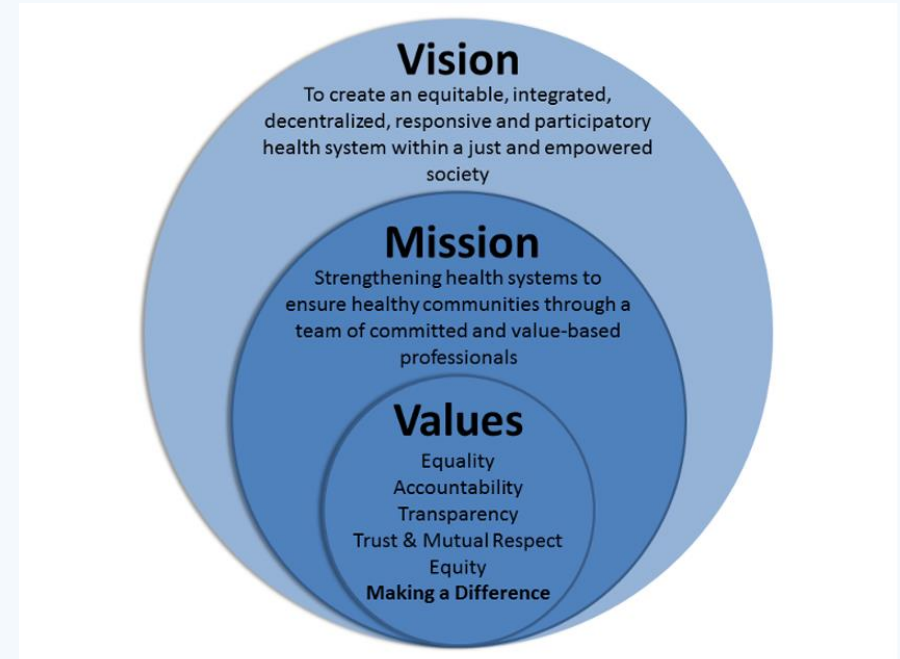
*At the completion of this session the participant will:*

- Frame one of: a mission, value or vision statement*
- Create a handbook content framework*
- Assess and inventory their organizational resources*

# Agenda

- **Handbook Mission, Vision, and Values statement.**
- **Expectations for each responsible party of the trainee's experience - brief but expansive**
- **Program Overview**
- **Resources to support the trainee and preceptor**
- **Examples of evaluation tools**
- **Begin to build the content of your handbook in real time**

# Creating a mission, vision and value statement



**A mission statement** is a concise explanation of an organization's general purpose, objectives and values. It should be aspirational, memorable and written with multiple audiences in mind — including patients, stakeholders and the fellows/residents.

# Creating a mission, vision and value statement



**A vision statement** your program's vision statement should define your program's aspiration goals and preferred future. It is a forward-thinking statement about the desired change your program will have.

**TIP:** Think about the larger goals in starting a program and what it will accomplish in 5 years.

# Creating a mission, vision and value statement



**A value statement** is a brief declaration that describes an organization's priorities and values. It informs others, including patients and staff, of what principles are most important to the organization. It can also serve as a guide when making important future decisions.

**TIP:** it sets up connects your team to your efforts, creates unity among everyone, encourages transparency and openness, and set a standard for everyone regarding the experience for patients and staff.



# *Creating a mission statement for a post-graduate training program*

## **Example Mission Statement 1 (Memorial Sloan Kettering)**

The mission of the APP Oncology Fellowship is to provide an oncology-intensive post-graduate academic program promoting collaborative, high-quality, evidence-based, and compassionate patient-centered care to a diverse patient population, in alignment with MSK's institutional mission. Our fellows participate in clinical skills practicums, simulation experiences, quality improvement initiatives, professional presentations, didactic learning, and clinical rotations on medical, surgical, and/or consultative services. Upon graduation from the fellowship, the APP will be trained to proficiently deliver exceptional comprehensive care to patients with cancer.

# *Creating a mission statement for a post-graduate training program*

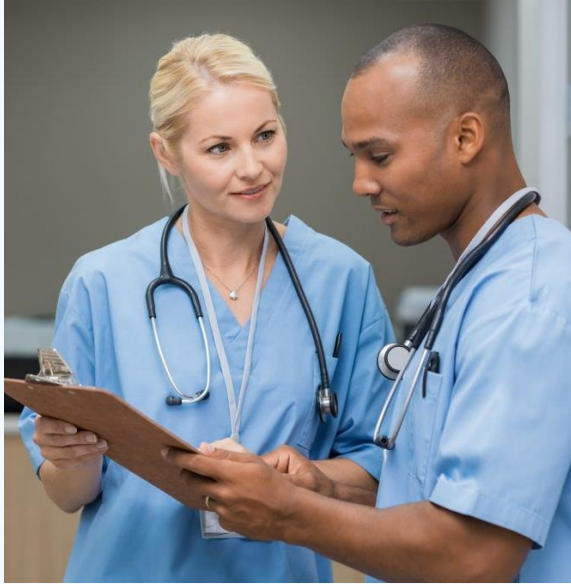
## **Example Mission Statement 2**

Health System A envisions a 2-year residency that will provide the clinical training and to recently graduated nurse practitioners and physician assistants, within 12 months of their completion of an accredited program. Our residents will have supported learning in primary care continuity practice, specialty care and substance use disorder treatments. In addition, there is a focus on leadership and quality improvement. Our desired outcomes for this program include job satisfaction of nurse practitioner residents as well as current healthcare providers who participate in the education process. Upon graduation the residents will be prepared to confidently deliver quality evidence – based primary care with a focus on addressing all needs of complex patients in the community.



# *CONTENT*

*Who is your audience*



- a. Preceptor
- b. Program Director
- c. Trainee
- d. Educators
- e. System Leadership
- f. Human Resources

The background features a stylized landscape with rolling hills. The top portion consists of several layers of blue and light blue wavy bands, suggesting a sky or distant mountains. The bottom portion consists of rolling green hills in various shades of green, from light to dark, creating a sense of depth and texture.

# *Expectations*



- a. Length
- b. Curriculum
- c. Specialty rotations
- d. Length of each rotation
- e. QI project expectations
- f. Expectations during the trainee experience
- g. Frequency of evaluations (self and preceptor)
- h. Expected didactic attendance
- i. Benefits
- j. Salary
- k. Weekly diary of experience
- l. Final evaluation
- m. Conference travel

The background features a stylized landscape with rolling hills. The top portion consists of several layers of light blue and white wavy bands, suggesting a sky or distant mountains. The bottom portion consists of rolling green hills in various shades of green, from light to dark, creating a sense of depth and texture.

# *Wellness and Resources*



- a. Wellbeing in your organizational culture
- b. Do you provide lab coat or other amenities
- c. Who is your contact person for any distressing experience or conflict
- d. Accreditation standards
- e. Future employment opportunities



The background features a stylized landscape with rolling hills. The top portion consists of several layers of blue and light blue wavy bands, suggesting a sky or distant mountains. The bottom portion consists of several layers of green and light green wavy bands, suggesting rolling hills or a field. The overall style is clean and modern.

# Questions and comments

Now it is your turn

- Frame a mission or value or vision statement
- Compile a list of your organization's resources
- What are your perceived clinical rotations?



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**TRACK ONE: Grand Ballroom B**

**Session Two will begin at 2:15pm**



# APP Post Graduate Training Program Staffing – Roles and Responsibilities

Johannah Crogan,  
ARNP, CPNP and  
Milagros Pilla

07/24/2023

# AGENDA

- **Review Learning Objectives**
- **Overview – Program Schedule Models**
- **Key Program Staff and Responsibilities**
- **Q & A Session**
- **Essential takeaways**
- **Presenter Contact Information**

# Learning Objectives

- Understand the postgraduate training program structure and key roles needed
- Highlight the key program staff and responsibilities
- Identify the organizational departments and roles needed to support the postgraduate training program



# Overview of Program Structure & Key Program Staff Roles and Responsibilities



# THC Primary Care & Psychiatric NP Fellowships Model #2

**Fellowship Program Schedule Model #2 – Provides a look into Program Staff and Resource Roles in Action on an average week**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Precepted Clinic (Preceptor #1) 8:40am-12:20pm	Precepted Clinic (Preceptor #3)	Specialty Rotation (8:30am – 5:00pm)	8:40am-10:40am Teaching Session 11:00am-1:00pm Pain Echo Echo 2:00pm-5:00pm Didactics	Precepted Clinic (Preceptor #5)
<b>PM</b>	Precepted Clinic (Preceptor #2) 12:00pm-5:00pm (Preceptor #3) 4:40pm-8:00pm	Precepted Clinic (Preceptor #4)	Specialty Rotation (8:30am – 5:00pm)	9:00am-10:00am Teaching Session 11:00am-1:00pm QI 2:00pm-5:00pm Didactics	Precepted Clinic (Preceptor #6)
		Preceptor	Community Partner or In-house Preceptor	Teaching Session	Teaching Instructor/Mentor



**Precepted Clinic** - Dedicated Preceptor for 3 fellows (Primary) or 2 fellows (Psych) in varying shifts  
**Specialty Rotation** - Occurs at a combination of fellows' home site, or other agency locations, or a community partner site. Usually with a non-preceptor provider but may also include program preceptors. Generally, 1 day per week, for 2-10 weeks **\*Each month rotation occurs on a Wednesday but may fluctuate according to specialty rotation Preceptor availability/schedule**  
**Education Day** - includes alternating educational components - Pain ECHO, QI Seminar, Cohort Debriefs, and trainings

MAY SCHEDULE					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4	5
AM/PM	Precepted Clinic	Precepted Clinic	<b>Specialty Rotation</b> Dermatology/Hasbro ER	11:30am-1pm Pain ECHO 1:30pm-5pm Debrief/Didactics	Precepted Clinic
	8	9	10	11	12
AM/PM	Precepted Clinic	Precepted Clinic	<b>Specialty Rotation</b> Pediatric/Training School	12pm-1:30pm QI Seminar 1:30pm-5pm Debrief/Didactics	Precepted Clinic
	15	16	17	18	19
AM/PM	Precepted Clinic	Precepted Clinic	<b>Specialty Rotation</b> Pediatric/Training School	9am-10am Teaching w/Dr. Ryan Ryan 11:30am-1pm Pain ECHO 1:30pm-5pm Debrief/Didactics	Precepted Clinic
	22	23	24	25	26
AM/PM	Precepted Clinic	Precepted Clinic	<b>Specialty Rotation</b> Pediatric/Training School	12pm-1:30pm QI Seminar 1:30pm-5pm Debrief/Didactics	Precepted Clinic
	29	30	31		
AM/PM	Holiday	Precepted Clinic	<b>ADMIN Day</b>		

A  
 Month  
 in the  
 life of a  
**THC**  
**PC/P**  
 Fellow  
 Model  
 #2

A Year  
in the  
life of a  
**PAC**  
Fellow



Model  
#1

- **Rotation** – generally 4-8 weeks, precepted by APP or physician for 30-40 hours per week
- **Didactic Days** – Two Tuesdays per month, consist of lectures, simulation, interactive learning with all fellows
- **Structured Clinical Observation** – Completed by Educator 1-2 times per rotation with real time feedback

Sample 12-Month  
Schedule Model #1

	<u>Fellow 1</u>	<u>Fellow 2</u>	<u>Fellow 3</u>	<u>Fellow 4</u>	<u>Fellow 5</u>	<u>Fellow 6</u>
3-Oct-22	Inpt Pulm	Inpt GI	Inpt Cards	Inpt Pulm	Inpt GI	Inpt Cards
31-Oct-22	Inpt Pulm	Inpt GI	Inpt Cards	Inpt Pulm	Inpt GI	Inpt Cards
28-Nov-22	Inpt Cards	Inpt Cards	Inpt Pulm	Inpt GI	Inpt Pulm	Inpt GI
26-Dec-22	Inpt Cards	Inpt Cards	Inpt Pulm	Inpt GI	Inpt Pulm	Inpt GI
23-Jan-23	ED	ED	Inpt Liver	Adolescent Medicine	Inpt Liver	Cardiac Surgery
20-Feb-23	ED	ED	Cancer Care	Palliative Care	ED	Cardiac Surgery
20-Mar-23	PICU	Infectious Disease	Cancer Care	Neuro Outpatient	ED	PICU
17-Apr-23	Craniofacial	Hospitalist Gen Med	Cancer Care	Neuro Outpatient	Adolescent Medicine	PICU
15-May-23	Craniofacial	PICU	Pain	Neuro Inpatient	Complex Care Team	Hospitalist Gen Med
12-Jun-23	PICU	PICU	Pain	Neuro Inpatient	Infectious Disease	CICU
10-Jul-23	PICU	Cardiac surg	Leukemia Clinic	Neuro Consult	Hospitalist Gen Med	CICU
7-Aug-23	PICU	Cardiac surg	Leukemia Clinic	Neuro	Hospitalist Gen Med	PICU
4-Sep-23	<b><u>PICU job</u></b>	<b><u>Gen Med Job</u></b>	<b><u>Cancer care Job</u></b>	<b><u>Neuro Job</u></b>	<b><u>Gen Med Job</u></b>	<b><u>PICU JOB</u></b>

**Seattle Children's  
APP Fellow Cohort**

# Key Program Staff and Responsibilities

## Administrative – Program Coordinator/Manager Model #2

### Responsibilities

Includes oversight of the administration of the program. Manage day to day implementation and logistics of the program, as well as troubleshoot issues.

### Skills

Organized and detail oriented;  
Knows organization;  
Experience and/or training in program management or related fields

### Time

#### Commitment

Dependent on size of the program – could be combined with other job role;  
FTE varies based on number of fellows/residents

# Key Program Staff and Responsibilities

## Clinical – APP Program Director Model #1

### Responsibilities

Responsible for the clinical oversight of the program including curriculum development and delivery.

Collaborate with organizational leadership to oversee clinical operations of the program.

### Skills

Clinically trained APP

Commitment to training

Understanding of clinical delivery of care in area of training

### Time Commitment

Dependent on size of the program

Model #2 Example:

2-to-3-member Fellowship/Residency –

.2 to .4 FTE

30-member Fellowship –

0.8 FTE

# Key Program Staff and Responsibilities

## Clinical – Educators Model #1

### Responsibilities

Responsible for direct oversight of education, competency, and performance of trainees. Provide mentoring, coaching, and support on a regular basis.

### Skills

Expert provider in their discipline

Commitment to training

### Time

#### Commitment

Dependent on size of the program

Model #2 Example:  
1.7 FTE for 30-person  
Fellowship/Residency

# Key Program Staff and Responsibilities

Clinical – Medical/Physician Advisor Model #1

## Responsibilities

Physician responsible for developing and providing educational content, oversight of PAs in program, act as liaison between the Fellowship program and partner

physician faculty.

## Skills

Expert provider in their discipline

Commitment to training

## Time

### Commitment

Dependent on size of the program

Model #2 Example:  
0.2 FTE for 30-person  
Fellowship/Residency

# Key Program Staff and Responsibilities Overview & additional notes

ROLE	RESPONSIBILITIES	SKILLS	TIME COMMITMENT
<b>Administrative – Program Coordinator/ Manager Model #2</b>	Coordinates fellows' rotation and didactic scheduling Managers all nonclinical issues: Time off, compliance with sponsoring organization requirements, payroll and benefit matters Adherence to accreditation requirements /timelines	Clear communication skills	Dependent on size of the program as well as the individual needs of each unique fellow/resident FTE varies based on number of fellows/residents
<b>Clinical – Clinical Program Director Model #1</b>	Responsible for the clinical and operational oversight of the program including curriculum development and delivery	-Clinically trained APP -Commitment to training -Understanding of clinical delivery of care in area of training	Dependent on size of the program 2-3-member residency - .2-.4 FTE 30-member fellowship - .8 FTE
<b>Clinical – Educators/ Mentors Model #1</b>	Responsible for the direct oversight and clinical training of residents/fellows, including mentoring, coaching, and support	-Expert provider in their discipline -Commitment to training - Skilled in providing feedback and coaching	Dependent on size of the program 30-member fellowship – 1.7 FTE split among 4 educators
<b>Medical/ Physician Advisor Model #1</b>	Physician responsible for developing and providing educational content, oversight of PAs in program, act as liaison for fellowship with other physician faculty	-Expert provider in their discipline -Commitment to training -Strong advocate for APP practice	Dependent on size of program 30-member fellowship - .2 FTE



# Educators/Mentors/ Preceptors

## Roles and Responsibilities



## **Educator Roles and Responsibilities -**

### **Core Fellowship Faculty**

#### **Model #1**

**This role is primarily responsible for supporting the practice of APP Fellows throughout their year.**

- Provide daily onsite support
- Oversee onboarding and orientation, competency management, and role development
- Evaluate clinical and professional performance, including communication skills, and clinical skills using standardized tools to monitor progress
- Gathers and synthesizes feedback from unit or department leadership
- Leads simulation, case studies, and group discussions

## **Educator Roles and Responsibilities - Timeline**

### **Model #1**

- Emphasize coaching of essential provider skills during their first 16-20 weeks (Model #1)
  - Patient assessments,
  - Presenting patients on rounds and for consults,
  - Writing orders and clinical documentation
  - Working on multi-disciplinary teams
- These skills are ESSENTIAL for working in any APP role in the institution. Because the workflow and patient load vary in each clinical rotation, there is no standard “ramp-up” plan for patient load and clinical expectations
- Educators follow their fellows for the entire year to help them progress and to set specific goals regarding clinical skills and patient load for each rotation

## **Preceptor Roles and Responsibilities**

- APPs or physicians in a clinical specialty area that work alongside fellows, providing clinical supervision and mentoring during specialty rotations (for 4-8 weeks at a time)
- Review assessments, care plans, and documentation for each patient
- Preceptors work with fellows to determine patient load and acuity with the goal of advancing by end of rotation
- Specialty teams or individual teams volunteer to precept. Compensation can be acquired through organizational Professional Advancement Model
- Preceptors are evaluated by fellows and educators. Written feedback is given to preceptors

# Reviewing Fellow/Resident Notes

- Great opportunity to support learning:

- Clinical level (Model #1):

- Insight into their understanding

- Organizational level (Model #2):

- Train to your organization needs - especially if fellow/resident

- plans

- to stay a second year

- Recommended throughout the year - to be completed by both Educators and Preceptors

- Important to sign off on notes

- Helps people know who helped them with the case (fellow/residents and those following up)

Other Program  
Faculty, sponsoring  
agency staff &  
advocates

- Specialty Rotation Faculty
- Didactic Faculty
- Supervisors of other departments/internal programs
- Hands on Procedures Faculty
- EMR Super Users
- Program Alumni
- Teaching Instructors
- Specialists (Internal staff – i.e., Ambulatory Pharmacists, Trans Health providers, etc.)

# Key Roles and Responsibilities - Recruitment and Training



## Recruitment – Fellows/Residents Model #2

- Planning & Team Meetings
- Engage Development Department for social media and agency website as recruiting tools
- Outreach to APP educational programs – Both local and national
- Determining application period and requirements
- Engaging with candidates as they outreach for program information
- Consider setting up Meet & Greet virtual events
- Utilizing Human Resources for Benefit and contract negotiations
- Setting up Interview Days – Truly one of the BEST days!



## Program Educators Recruitment & Training Model #1

- The educator role is a posted job within the organization. Educators must be experienced APPs with a clinical role within the organization
- Educators must apply for the position and interview with Clinical Director, Program Coordinator, Medical Advisor, and other Faculty
- Once hired into the position, educators maintain close to 50/50 split of FTE with clinical and educator role
- We strategically chose educators with different clinical roles in the organization in order to be able to support our fellows in all rotations. Current educators work in inpatient cardiology, emergency department, pediatric critical care, ambulatory dermatology

## Preceptor Recruitment and Training Model #2

- Start having conversations with providers about the launch of your program and opportunity to become a preceptor
- Describe the role and give providers an opportunity to express interest
- Your team should decide on the kinds of qualities you want in your preceptors before outreach to the larger agency community
- Should be expert providers, in good standing with the organization, commitment to training
- Provide preceptors with initial orientation/training
- Overview of fellowship/residency program, roles and responsibilities of the preceptor, expectations of fellow/resident and preceptor, evaluation expectations
- Include additional points of check in and training for preceptors during the year

# Preceptor Agreement Sample

## Determining your agreement Policy, its purpose and objective(s)

### Purpose Example:

The purpose of the policy is to facilitate an efficient, effective, comprehensive, evidence-based, community-oriented, and (enter program specialty track) precepting experience for Advanced Practice Nurse Practitioners.

\*Remediation based on sponsoring agency Human Resources policies and guidelines.

## PRECEPTOR AGREEMENT Template Example:

**Overall Preceptor Roles and Responsibilities** List your programs description of the preceptor role and their responsibilities.

### **Specific Preceptor Roles and Responsibilities (Based on Stage/Month)**

**Early Months** (Start of program through Add Month) (or, for example, at Stage of 1-2 patients per hour); List your programs description of preceptor's role and responsibilities in this time frame

**Later Months** (Enter Month – Enter Month) List your programs description of preceptor's role and responsibilities in this time frame

**Evaluations** List your programs timeline of evaluation responsibilities for preceptors.

### **Incentive Plan Considerations**

If applicable, enter the sponsoring agency incentive plan details.

***Preceptor Signature:*** By signing this policy, I agree to the outline and terms in this policy and elect to participate as a Fellowship/Residency preceptor.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Date)

**Collaborating  
Program Roles  
with  
Key  
Organizational/  
Sponsoring  
agency  
Departments:  
Finance, Human  
Resources, IT,  
Operations,  
Clinical and  
Support Staff**

- Understanding the role and support each department will need to provide
- Structure for communicating and completing required tasks
- Identifying leads in each department that your team can work with to implement key program components
- Developing policies and procedures that all parties agree to follow for key program tasks



Figure 3.5: Resources for NP Postgraduate Residency Training Program

## Collaborating Program Roles Continued

Sample of this collaboration with both program clinical and agency support staff  
example: Provider-MA-PSR Overall Duties Workflow Grid

Action	Description & Details	Fellow/ Resident	Medical Assistant	Front Desk	
Changing Visit Type	Can also communicate this with front desk.	X	If provider asks MA to Complete	N/A	
Translation Service – Patient Visit Prep Action	URL to be shared with Patient; Done by MA as it needs to be verified with the patient that they have internet access, and it is done by two days before visit Fellows can use the phone translation service or the iPad for ASL. We rarely schedule interpreters anymore.	Provider will act as secondary initiator of set up call	MA to initiate call to set up translator	N/A	PSYCH providers initiate this; no MA
Translation Service – Day of Request for Service Outreach Initiation (In-Person Visit)	Medical Assistant will initiate day-of-visit translation assistance call with Translation Service. Once Medical Assistant reaches service, they provide the patient's name and DOB; Translator calls patient to add to call with provider. *Provider will act as secondary initiator of this process	Provider will act as secondary initiator of set up call	MA to initiate call to set up translator	N/A	
Scrubbing & Pre-planning	Scrubbing schedule according to appropriate booking rules – specific attention to New Patient guidelines for Fellow/residents only Requesting MAs to assist in scrubbing schedules one week out. Pre-visit planning with provider to review day's schedule and what is needed (i.e., templates, GDSS, PMPs, IH labs, etc.)	Joint effort with MA	Joint effort with Provider	N/A	
Recalls		N/A	N/A	X	
Confirmation Calls	Call Day Before – Completed by Front Desk assuming all scrubbing has been completed	N/A	N/A	X	

## Essential takeaways

- Goals and structure of program must align with overall mission and structure of institution
- Clinical and Administrative Leadership Roles both essential to the success of the program
- Know your strengths and when others can enhance your program



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*“Highly effective teams have clearly articulated roles and responsibilities.”*

The Team Approach, CMPE Press



# Q&A Session

## Follow-Up Questions

- What was the biggest challenge in defining program roles and responsibilities?
- How do you manage conflict regarding roles among team members?
- How do you support the growth and development of your team members?