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# 2024 Annual Conference:

# Collaboration, Support and Community in Postgraduate APP Training

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Please visit the Exhibitors during the dedicated refreshment breaks



NP PA RESIDENCY PROGRAM ACCREDITATION
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**Information about our exhibitors is located here:**

https://www.apppostgradtraining.com/2024-consortium-for-advanced-practice-providers-conference-resources/

# 2024 Consortium Conference Website





## 2024 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

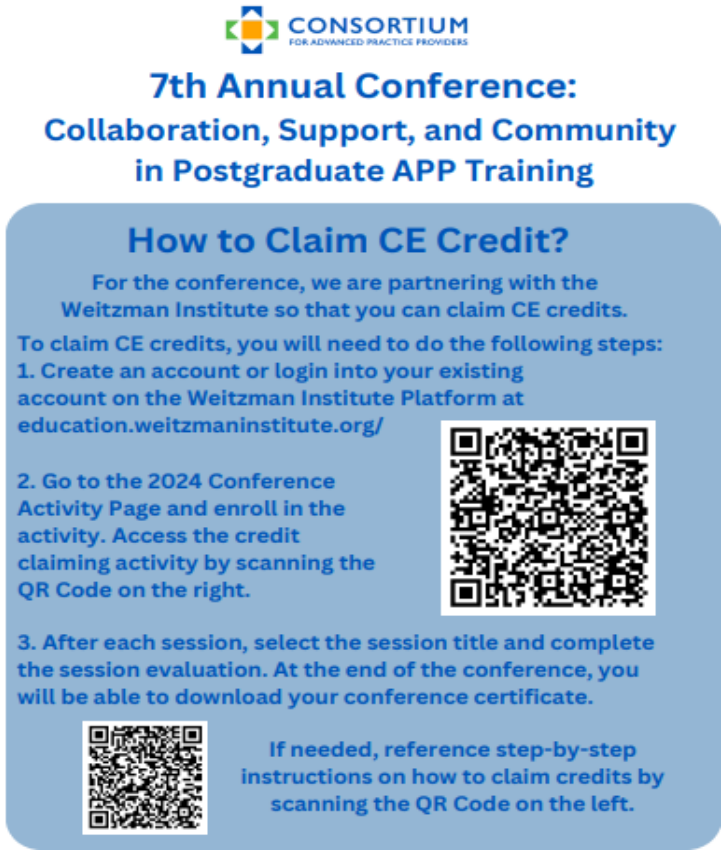
Please scan QR Code to view the Conference Webpage, Conference Agenda, Speaker Bios, and more!

# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**The Consortium conference is a CE-approved activity for 9.50 credits. The Weitzman Education Platform will be utilized for session evaluations, claiming credits, and downloading your certificate.**

**The instructions for utilizing the platform are located at each table!**



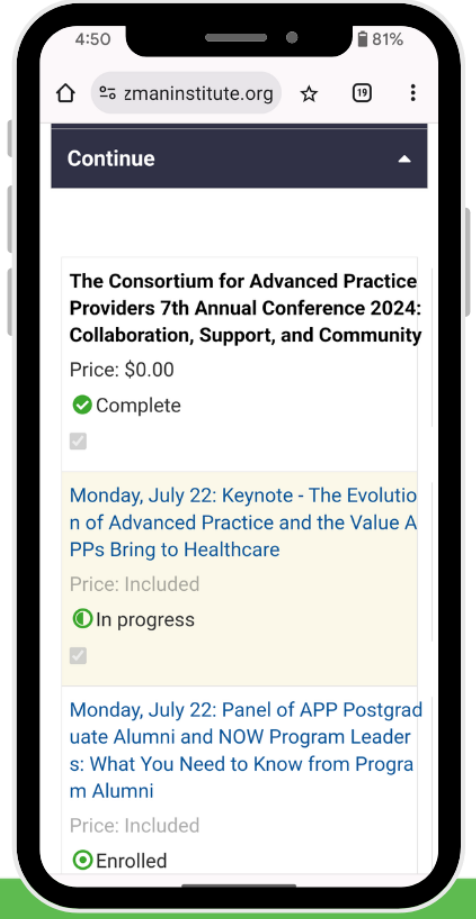
# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**At the conclusion of each session:**

1. Navigate to The Consortium for Advanced Practice Providers 7th Annual Conference 2024 credit claiming activity by scanning the QR code on the instructions sheet at your table.

2. Select the Continue tab and select the session you attended. Within the session, select the Continue tab to navigate to the session evaluation.

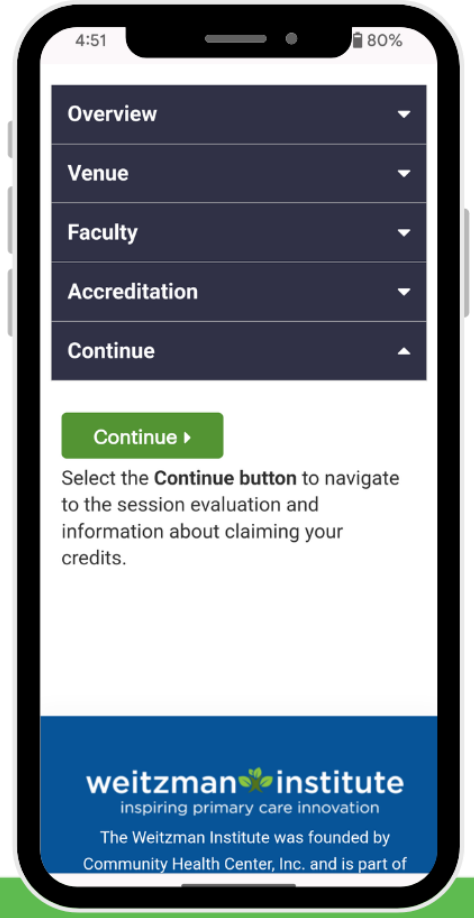


# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**At the conclusion of each session:**

3. Within the session, select the **Continue tab** and then **Continue button** to navigate to the session evaluation.

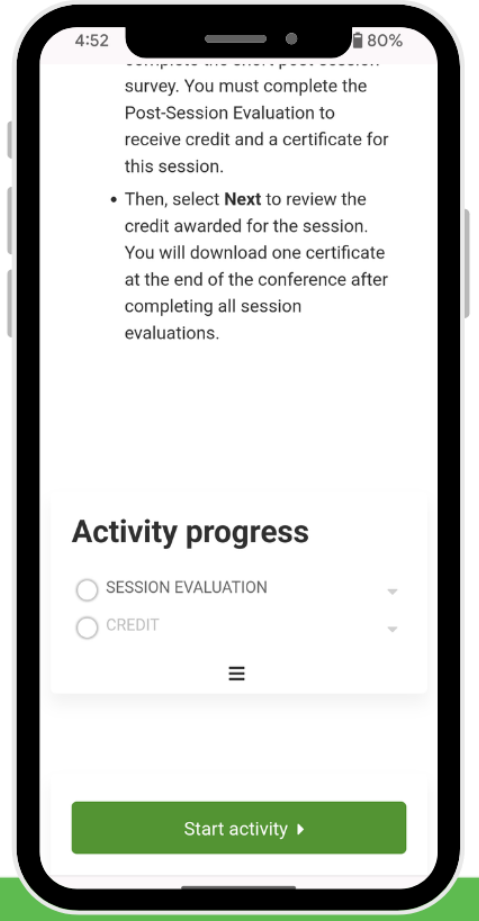


# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**At the conclusion of each session:**

4. Review the activity instructions and then select the **Start Activity button**.

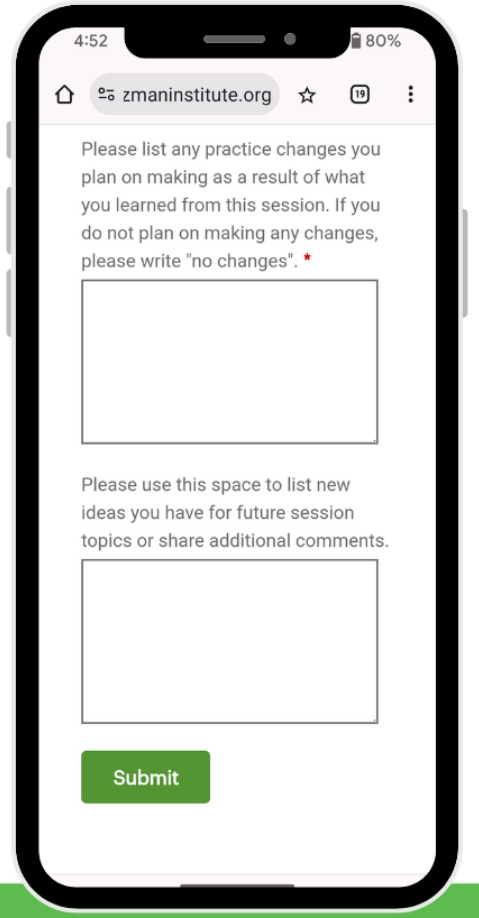


# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**At the conclusion of each session:**

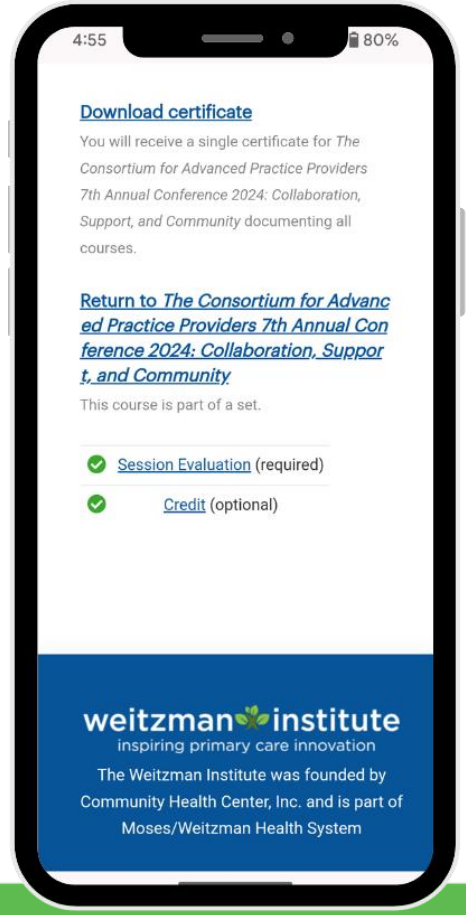
5. Complete the questions in the session evaluation and select the **Submit button.**



# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming your CE Credits

**At the conclusion of the *last* session you attend:**
Complete the session evaluation and select the **Download certificate link** to claim your credits for the conference as a whole.



# Poster Presentations

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**Monday from 10:15-11:00am and Tuesday at 12:30pm-1:00pm**

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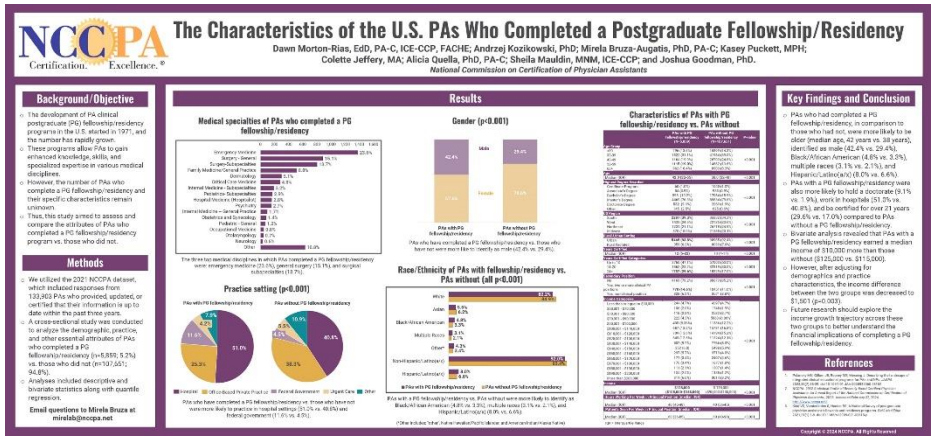


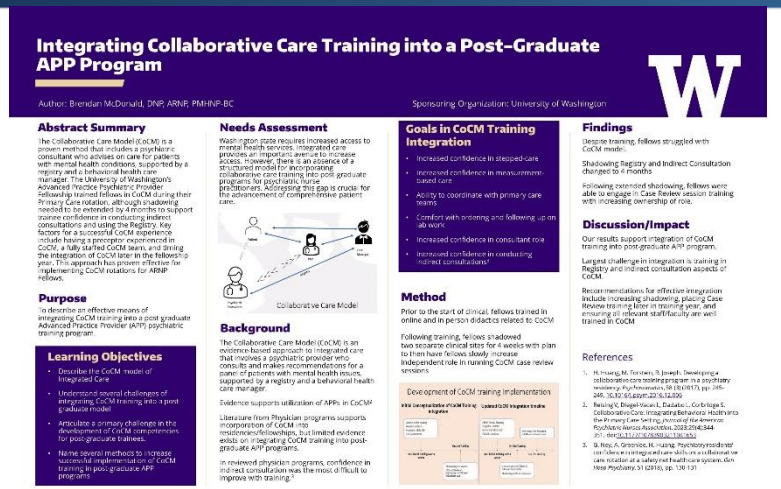


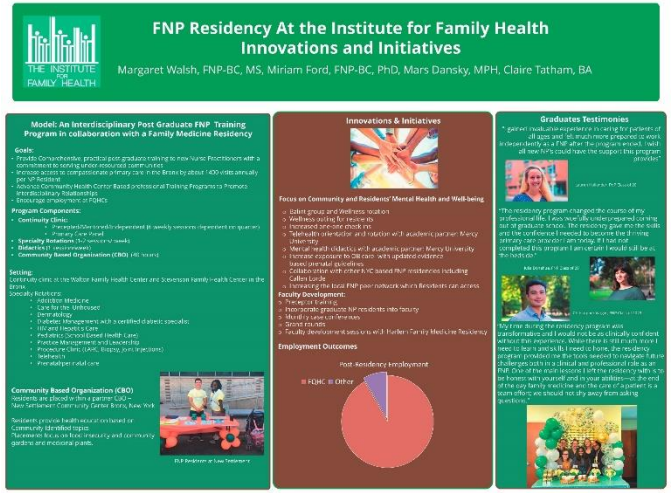


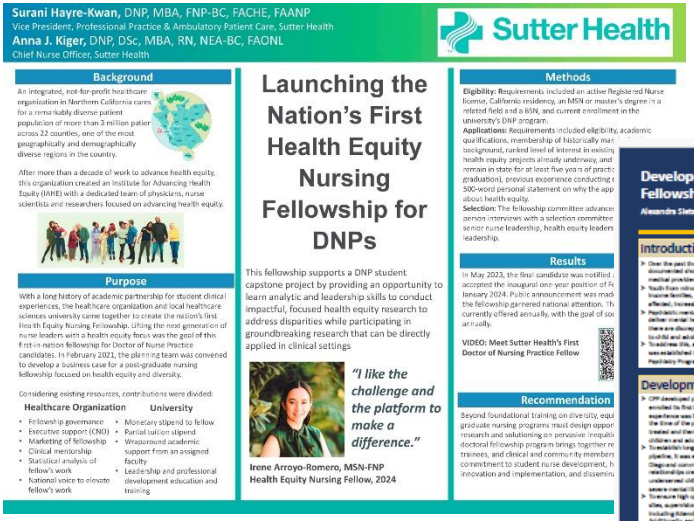


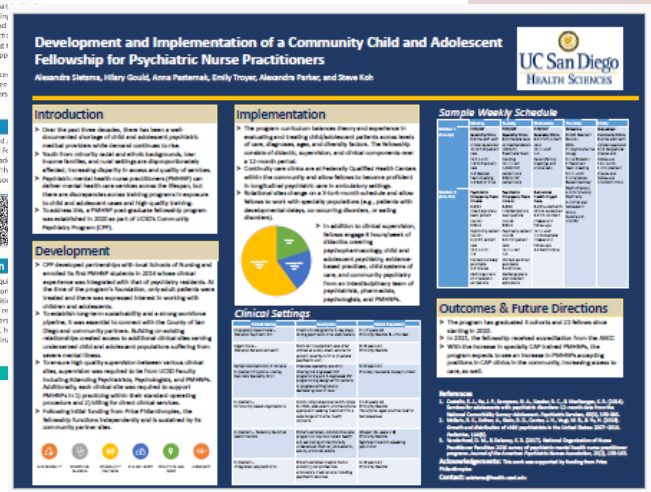


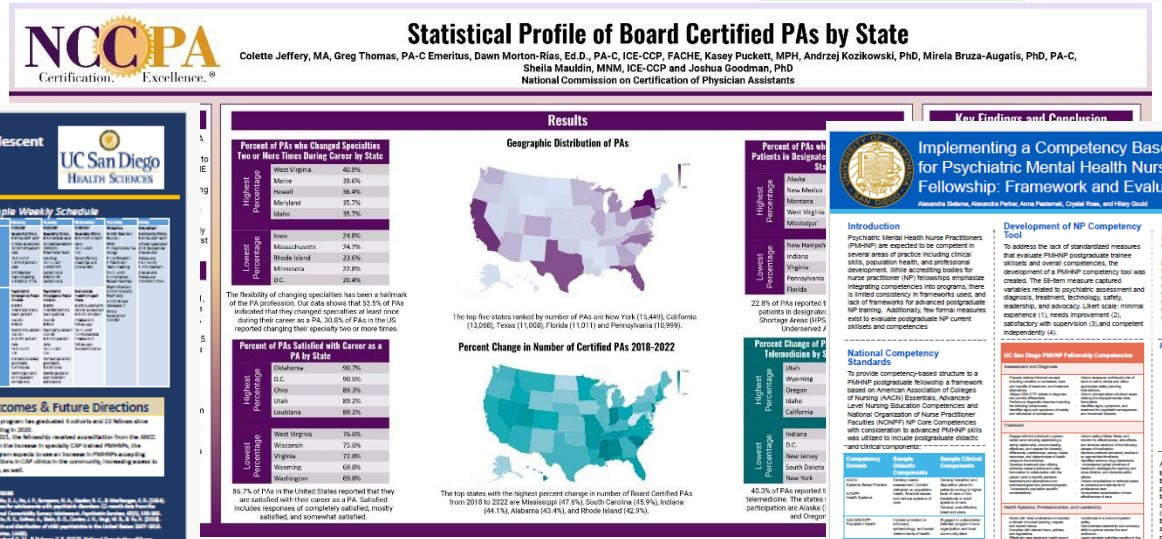


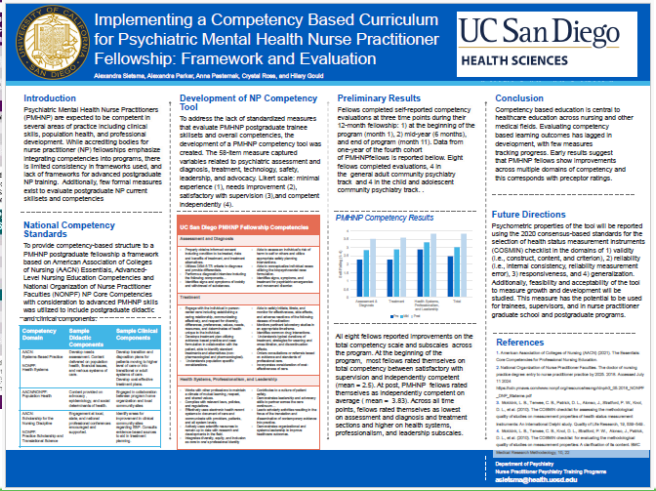

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# Poster Presentations

## Monday from 10:15-11:00am and Tuesday at 12:30pm-1:00pm

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### Assessing & Caring for Patients on Antipsychotic Medications

Jill Miller, MSN, APRN, PMHNP-BC and Luke Davies, MSN, APRN, PMHNP-BC
Behavioral Health Advanced Practice Providers
Nationwide Children's Hospital - Columbus, Ohio

**Clinical Inquiry**

- Nurses do not intervene with side effects, instead notify provider
- Adverse events mistaken for side effects; providers not notified
- Inconsistent scoring with the *Bush Francis Catalonia Rating Scale (BFCRS)* and *Abnormal Involuntary Movement Scale (AIMS)*

*How do we improve the confidence and competence of bedside nurses in the care of patients taking antipsychotic medications?*

**Purpose**

- To increase knowledge about side effects and adverse events for antipsychotic medications and review appropriate nursing interventions.
- To increase nursing comfort of caring for children and adolescents treated with antipsychotic medications.

**PICO**

In behavioral health nurses (P),
how does education on antipsychotic medications (I)
compared to current practice (C),
affect knowledge, skill, & comfort with care? (O)

**Summary of the Evidence**

**Implementation Plan**

**Collaboration:** Center for Nursing Excellence, BH Nursing Education Team, Nursing Leadership, Outpatient and Inpatient Nurses
**Educate:** Inpatient and Outpatient Nurses, Interdisciplinary Team
**Patient and Family:** Nurses teaching families about antipsychotic medications
**Sustainability:** New hire orientation, available for nursing education in the Learning Center

**Outcomes**

Outcomes of Educational Intervention

**Future Direction**

- Utilize educational module for new hire nurses and annual education
- Module available in The Learning Center for new clinician
- Consider creating a parent and p
- Bridge the gap between nurses a universal language, consistent res scales (BFCRS and AIMS)

**Acknowledgments**

We would like to sincerely thank **Cathleen Opperman**, DNP, RN, NPD-BC, EBP-C, NEA-BC, CPN for her knowledge, support, and guidance in implementing and completing this project.

Special thanks to **Vonda Keels-Lowe** MSN, CPN, APRN-CNP, Director of the Fellowship Program for her unwavering support and guidance

**References**

Bryan, 2021. "8 weeks training module; teach nurses to assess, monitor, and manage patients with tardive dyskinesia"
Chow, 2019. "8 weeks for implementation; 4 weeks for data collection; 1 week for analysis"
Hogan, 2012. "Pre-test, post-test, 3 month post-test"
Ito, 2018. "Pre-test, post-test, 3 month post-test"
Scott, 2018. "Pre-test, post-test"
Scott, 2020. "Pre-test, post-test"
Stanley, 2020. "Pre-test, post-test"

### National Survey on Support for Nurse Practitioner and Physician Assistant/Associate Postgraduate Fellowship/Residency Programs and Director Compensation

Vasco Deon Kidd, DHSc, MPH, MS, PA-C, Jessica L. Horstmann, MA, MSN, FNP-C, Shayanna Felder, MBA, Kerry Bamrick, MBA

CONSORTIUM FOR ADVANCED PRACTICE PROVIDERS

**Abstract Summary**

This study investigates the operational support and compensation of program directors in Advanced Practice Provider (APP) postgraduate programs in the United States. A national survey was conducted, focusing on administrative time, support staff, program director compensation, and perceived organizational value of postgraduate programs.

**Purpose**

Formalized postgraduate training programs for APPs are increasing, yet there is limited research on program director compensation and operational support. This study aims to address the research gap by assessing the resources available for postgraduate specialty training.

**Methods**

- Descriptive cross-sectional survey conducted among 336 postgraduate NP, PA, joint NP/PA, and certified nurse-midwifery programs.
- Survey consisting of 27 questions distributed between November 2023 and December 2023.
- Data analyzed using frequency tables, descriptive statistics, and Spearman's rank correlation coefficients.

**Respondents' Affiliation**

**Results**

- 152 programs responded with an overall response rate of 45.2%.
- Majority of respondents were NPs (64%) and PAs (28%).
- 60% of programs were not accredited; 34% were accredited.
- 42% of program directors earned $150,000 or less annually, while 42% earned more than $150,000.
- Less than half of the respondents reported having adequate support staff and sufficient administrative time.
- 52% of programs had a total administrative staff FTE of 0.5 or less.
- Less than half of the respondents indicated that they were satisfied with their work-life balance.

**Program Director Compensation**

**Mean response scores**

**Likert Analysis**

- Neither agree nor disagree regarding having sufficient administrative time (M = 3.06, SD = 1.21)
- Neither agree nor disagree on having adequate support staff (M = 3.05, SD = 1.27)
- Neither agree nor disagree on being fairly compensated (M = 3.20, SD = 1.16) for postgraduate program roles and responsibilities
- Moderately agreed that their organization values the postgraduate training program (M = 4.00, SD = 1.00) and the APPs (M = 4.05, SD = 0.97)
- Neither agree nor disagree regarding having work life balance (M = 3.28, SD = 1.11)

**Key Takeaways**

- APP postgraduate programs lack adequate support staff and administrative time.
- Program directors compensation varies, and more research is needed to determine if compensation is influenced by gender, geography, and clinical years of experience.
- Organizational value of the postgraduate program moderately influences administrative support and compensation.

**Conclusion**

- The study highlights the need for sufficient resources and compensation for program directors in APP postgraduate programs.
- More research is needed to understand the administrative tasks associated with program director roles and responsibilities across various postgraduate programs.
- National guidelines are necessary to ensure adequate support for postgraduate programs to facilitate specialty training.

Link to Article on PubMed

### The Impact of eConsults on the Provision of Dermatology Care by Current and Former Nurse Practitioner Residents

Dan Wilensky, MD[1,2,3], Lauren Bifulco, MPH[1,2], Daren Anderson, MD[1,2,3]
1. Weitzman Institute, Middletown, CT, USA; 2. Moses-Weitzman Health System, Middletown, CT, USA; 3. CorfeMED, Middletown, CT, USA

**INTRODUCTION**

**BACKGROUND**

**RESULTS**

NP residents trained to use eConsults during residency managed a higher proportion of dermatology referrals with eConsults than other PCPs.

Former NP residents continued using eConsults at a higher rate than PCPs who were never NP residents.

Dermatology eConsults helped the NP residency program meet residents' dermatology referral and training needs and helped more patients receive the care they needed in primary care.

**METHODS**

**eConsults:**

### Evaluation of a Learning Collaborative to Implement Postgraduate Nurse Practitioner Residency Programs in Health Centers

Author: **Meaghan Augers** Project Manager, CHC's NTTAP, **Meijel Miales**, Administrative Fellow
NTTAP on Clinical Workforce Development Co-PIs: **Amanda Sdiensi** and **Margaret Flinter**
NTTAP Learning Collaborative Faculty: **Charles Corsino**, **Kerry Bamrick**, and **Nicole Seagriff** | Weitzman Institute, Moses-Weitzman Health Center, Middletown, CT

NTTAP National Health Center Training & Technical Assistance Partners

weitzman institute
MOSES-WEITZMAN Health System

**Abstract Summary**

Since 2016, **Community Health Center, Inc.'s (CHC's) National Training and Technical Assistance Partners (NTTAP) on Clinical Workforce Development**, funded by the Health Resources and Services Administration (HRSA), has offered a learning collaborative to those pursuing health centers' transition to implementation of Nurse Practitioner (NP) and NP/Physician Associate (PA) Residency or Fellowship Programs. This learning collaborative provided teams with NP and PA residency and training on how to implement the formal training program, including program structure, program curriculum, recruiting, evaluation, and program accreditation. This poster will outline the need for Transitional NP and NTTAP Training, highlight the elements of the learning collaborative, and the findings from the baseline survey on Residency or Postgraduate NP and NP/PA Training Programs' structure and format.

**Learning Objectives**

1. Understand the method of coaching health centers through planning to implementation of a Postgraduate NP and NP/PA Residency or Fellowship Program
2. Gain insights into the facilitators and barriers to launching a Postgraduate NP and NP/PA Residency Program in a health center
3. Learn how the NTTAP at CHC can support your health center

**Needs Assessment**

**Methods**

Method of Coaching Health Centers Through Planning to Implementation of a Postgraduate NP and NP/PA Training Program

**Principal Observations/Findings**

78 Participating Health Centers

47.44% response rate (37)
• 16 assessed facilitators
• 18 assessed barriers

**Impact**

**Citations**

**For More Information**

**Research Study Methods**

### Implementation of an Interprofessional Training Model in a Post Graduate NP/PA Hospice and Palliative Care Fellowship

Emily Olson, APRN, CNP, MSN, ACHPN, Dr. Molly Feely, MD
Division of Community Internal Medicine, Geriatrics & Palliative Care, Bodies of Palliative Care

MAYO CLINIC

**BACKGROUND**

**PROGRAM IMPLEMENTATION**

| | |
|---|---|
| Define the Need | • Identify anticipated outlay in APC workforce<br>• Identify anticipated APC shortages or changes in setting of anticipated practice growth<br>• Align new curriculum to existing data as it relates to program completion and APP competency, in addition to impact on initial employment onboarding<br>• Appraise interprofessional training data as it relates to outcomes and attitudes of trainees who participate in the PT training format |
| Assess Feasibility | • Review financial implications with practice and institution of leadership<br>• Consult with clinical institution of post-graduate training program's clinical norms with anticipated APP fellow clinical curriculum<br>• Assess current clinical practice as it pertains to capacity for integration of new APP fellows across practice sites |
| Poll Stakeholders | • Introduce proposed APP fellowship to current HPCA APP to assess attitudes, concerns and preconceived notions about new APP fellowship<br>• Meet with APP coordinator of each clinical practice site to assess learner climate and ongoing APP evaluation of APP fellowship |
| Design Curriculum | • Shadow each practice site to understand unique practice function to align rotation structure<br>• Identify core competencies outlined by HPNA that correspond contrast to ACGME program requirements for HPCA program fellowship |
| Evaluate Outcomes | • Review current evaluation and competency curriculum to align APP educational needs<br>• Prepare for potential need for additional training sessions for APP learners through dedicated 2.5 hour virtual training sessions<br>• Incorporate formal quarterly touchpoints with program leadership to discuss strengths and challenges of learners and program, as well as alignment of program curriculum to meet educational needs of all trainees |

**CHALLENGES**

**CURRICULUM STRUCTURE**

Curriculum Design Incorporates The 3 Shields of Mayo Clinic: Research, Education and Practice

| | |
|---|---|
| Research | • Completion of Quality Improvement project as a single fellow in class<br>• Completion of clinical ethics tutorial - course curriculum<br>• Monthly journal club meetings with grand rounds fellows' work fellow research to review and take discussion of two recent literature articles from cardiovascular journals |
| Education | • Formal didactic offerings encompassing assessable components of care<br>• Bimonthly meeting with staff APP and APP fellows to review complex HPC cases<br>• Two half day simulation lab sessions focused on complex symptom management and communication conversations<br>• Attendance at AAHPM Annual Assembly and PallTalk Communication workshop |
| Practice | • Rotate through core HPC service lines: acute & chronic, inpatient unit, clinic, hospice<br>• Participate in up to 4 weeks of elective opportunities in: Palliative Homebound Team, Medical and Radiation Oncology, Chronic Pain Clinic, Ethics Scholarship, etc.) |

**OUTCOMES**

**REFERENCES**

**ACKNOWLEDGEMENTS**

### Advancing Sexual and Reproductive Health

**A Residency Program for Advanced Practice Providers at Planned Parenthood League of Massachusetts**

Colin Durrem, MSN, APRN, FNP-BC, Program Director, SRH APC Residency Program
Yount Hwang, PhD, APRN, FNP-BC, Associate Director, SRH APC Residency Program
Jessica Boulbes-J, MSN, APRN, WHNP-BC, SRH APC Resident

ASPIRE

Planned Parenthood League of Massachusetts

UMass Chan Medical School

**Introduction**

**Objectives**

1. Recognize the importance of specialized training in SRH for APCs
2. Describe the key components and structure of a residency program tailored for SRH and its potential impact on clinical practice
3. Identify next steps for program growth, expansion, and development

**Clinical Training and Visit Type**

**Needs Assessment**

There's a training gap for healthcare professionals in SRH; APCs play a pivotal role in SRH care

- Sexual and Reproductive Health services are essential for upholding individuals' fundamental human rights and promoting health equity and reproductive justice.
- Current political dynamics threaten SRH care access, including abortion services, exacerbating health disparities among marginalized communities, sexual orientation, gender identity, and socioeconomic status.
- There's a critical need for evidence-based clinical training in the field of Sexual and Reproductive Healthcare in order to re-establish the previous excellence and ensure equitable access to comprehensive care.

**Program Structure**

**Academic Partnership**

University of Massachusetts Chan Medical School, Tan Chingfen Graduate School of Nursing

- Faculty recruitment for program staff
- Developing any research support, library access, subscription to journals
- Integrated clinical curriculum and OI resources
- Community-building opportunity for residency cohort
- Wellness programs
- Leadership, mentorship, and lecture opportunities for PPLM residents to present SRH interest to primary care NP residents

**Evaluation**

- Quarterly Resident Self Evaluation*
- Quarterly Resident Evaluation by Preceptor*
- Biannual Preceptor and Didactic Evaluation by Resident*
- Continuous evaluation of clinical skills through observation, including:
  - Clinical Skills Checklist
  - Case Study Presentation
  - Journal Keeping

**Lessons Learned**

- Identify program champions and engage stakeholders strategically
- Consistently incorporate equity
- Collaborate with PAT Resident Quarterly
- Strengthen primary care PAT training through PPLM experiences
- Provide resident leadership opportunities
- Explore opportunities of expansion of PPLM to enhance clinical training
- Collect data to support the case for program sustainability

**Next Steps**

- Create a shareable "SRH Residency Toolkit" that can be utilized by others
- Grow the program to include additional concurrent residents
- Continue to center reproductive justice as paramount in recruitment and curriculum building
- Collect and analyze data regarding identified goals including but not limited to: job satisfaction, retention, clinical skill building, productivity and program sustainability

**Acknowledgement**

We are grateful to the following partners:
The Massachusetts Department of Public Health, Reproductive Health Access Grant Funds as a grantee
University of Massachusetts Chan Medical School, Tan Chingfen Graduate School of Nursing for their academic partnership
The Brigham and Women's Hospital Family Planning Division Weekly Lecture Series
The Consortium for Advanced Practice Providers offers program building support and resources, and a pathway to accreditation

### Equity and Longitudinal Assessments: Perspectives from Physician Assistants/Associates (PAs) Participating in PANRE-LA

Andrzej Kozikowski, PhD; Dawn Morton-Rias, EdD, PA-C, ICE-CCP, FACHE; Andrew Dallas, PhD; Yanlin Jiang, PhD and Joshua Goodman, PhD
National Commission on Certification of Physician Assistants

NCCPA Certification Excellence

**Background/Objective**

**Methods**

**Results**

**Key Findings and Conclusion**

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*Setting the standard for postgraduate training*

# Keynote Presentation

# "Evolving Roles of Advanced Practice Providers: Charting a Course from Primary and Acute Care to Leadership"

UCI Sue & Bill Gross School of Nursing

# Evolving Roles of Advanced Practice Providers: From Primary & Acute Care to Leadership

## Consortium for Advanced Practice Providers' 7th Annual Conference

**Collaboration, Support and Community in Postgraduate APP Training**
**July 22-23, 2024**
**The Westin San Diego Bayview**
**San Diego, California**

Susanne J. Phillips, DNP, FNP-BC, FAANP, FAAN
Senior Associate Dean & Professor
University of California Irvine

# Overview

**EVOLUTION OF ADVANCED PRACTICE PROVIDER SCOPE OF PRACTICE (US PERSPECTIVE)**

**PRIMARY CARE PRACTICE AND SHIFT TO SUB-SPECIALTY PRACTICE**

**POST-GRADUATE TRAINING: RESIDENCIES AND FELLOWSHIPS**

**SHIFT TO TERMINAL DOCTORAL DEGREES FOR ADVANCED PRACTICE PROVIDERS**

**THOUGHTS ABOUT ADVANCED PRACTICE PROVIDERS IN LEADERSHIP**

# Evolution of APP Scope of Practice

## Global Perspective

History

Global Trends

Legislative Changes

Healthcare Demands

# Primary Care Practice
# Shift to Sub-Specialty Practice

**Traditional Roles: Historical Focus**

**Emergence of Subspecialties:**

**~Key Sub-Specialties where APPs are Integral**

# Post-Graduate Training: Residencies & Fellowships

**Need for Additional Training:**

~Enhanced skills for specialized knowledge

**Residencies & Fellowships:**

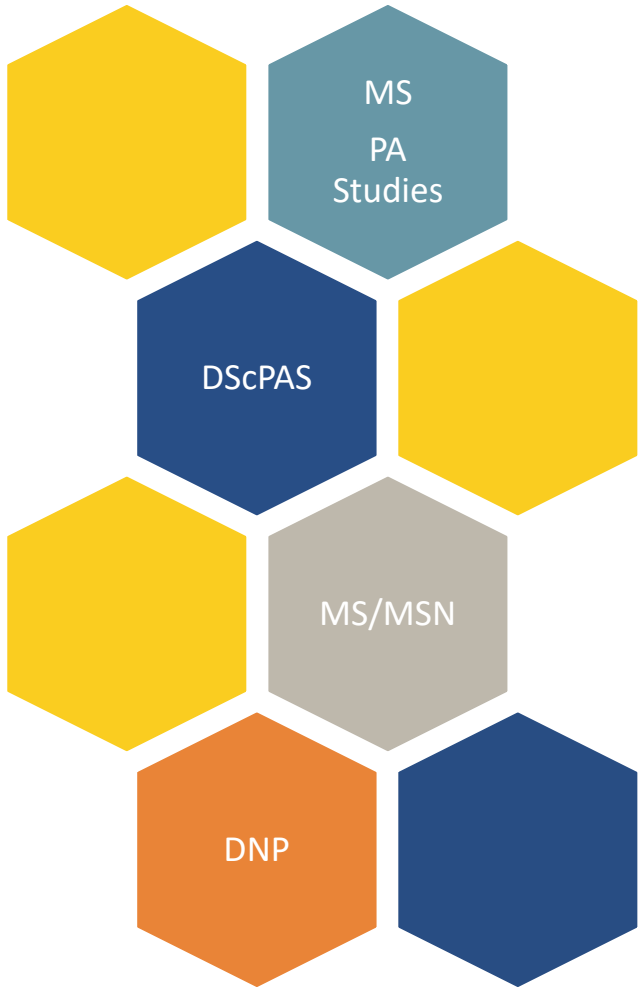
~Academic/Practice Partnerships

~What are health systems looking for?

~Advocacy

~Messaging

# Shift to Terminal Doctoral Degrees: Educational Advancements



# Shift to Terminal Doctoral Degrees: Outlook

DNP

DScPAS

DPAS

# Organizational Leadership for APPs

Roles in Health Systems & Academia

Challenges & Opportunities

# Summary

**EVOLUTION OF ADVANCED PRACTICE PROVIDER SCOPE OF PRACTICE (US PERSPECTIVE)**

**PRIMARY CARE PRACTICE AND SHIFT TO SUB-SPECIALTY PRACTICE**

**POST-GRADUATE TRAINING: RESIDENCIES AND FELLOWSHIPS**

**SHIFT TO TERMINAL DOCTORAL DEGREES FOR ADVANCED PRACTICE PROVIDERS**

**THOUGHTS ABOUT ADVANCED PRACTICE PROVIDERS IN LEADERSHIP**

# Resources


- Hooker RS, Cawley JF. Public policies that shaped the american physician assistant. Health Policy Open. 2020 Dec;1:100014. doi: 10.1016/j.hpopen.2020.100014. Epub 2020 Sep 22. PMID: 32984813; PMCID: PMC7505869.
- Valentin, Virginia L. DrPH, PA-C; Najmabadi, Shahpar PhD, MPH; Jones, Jeffery PhD; Everett, Christine M. PhD, MPH, PA-C. State Scope of Practice Laws: An Analysis of Physician Assistant Programs and Graduates. The Journal of Physician Assistant Education 31(4):p 179-184, December 2020. | DOI: 10.1097/JPA.0000000000000331
- Gillis C, Berkowitz B, Johnson J, Milone-Nuzzo, P. and Reid Ponte, P. (2023). *Organizationally Minded Nursing Leadership*. Lancaster, PA. ISBN No. 978-1-60595-668-8

# Thank You!

sjphilli@hs.uci.edu

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# Panel of APP Postgraduate Alumni and NOW Leaders: What You Need to Know from Program Alumni

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**10:15-11:00am**

**Poster Presentations and Refreshment Break**

**Posters are displayed in Crystal Ballroom II**

**11:00am-12:00pm**

**Specialty Networking Session by Program Track/Type**

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**Primary Care- West Coast Region- Susie Phillips**

**Emerald Ballroom- left side of the room**

**Primary Care- Pacific Northwest- Shannon Fitzgerald**

**Emerald Ballroom- right side of the room**

**Primary Care- East Coast Region- Garrett Matlick and Gregory Rys**

**Crystal Ballroom I- Front of the room**

**Primary Care- Midwest Region- Ramona Benkert**

**Crystal Ballroom II- back of the room**

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**Psychiatric Mental Health- Vonda Keels-Lowe**

**Opal Ballroom**

**Hospital/Inpatient and other Specialties- Mitch Erickson**

**Topaz Ballroom**

**Administration and Operations-Mike Glorioso**

**Topaz Ballroom**

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**12:00-1:00pm- Lunch and meet with Exhibitors**

**Lunch in Diamond and Outdoor Terrace**

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

**Track 1- New Programs- Crystal Ballroom I**

**Track I2- Existing Programs-Emerald Ballroom**

# Break-Out Sessions from 1:00-3:15pm



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

## Track One- in Crystal Ballroom

## Track Two- Emerald Ballroom

| SESSION | TRACK ONE: New Programs | TRACK TWO: Existing Programs |
|---|---|---|
| Session 1<br>1:00–2:00 p.m. | **Getting Started—Shared Experiences of Starting a Postgraduate Training Program: Successes, Challenges and Lessons Learned**<br>***Presenters:*** **Heather Novak**, DNP, ARNP, DipACLM, Medical Education Program Director at Valley View Health Center; **Avonne Rosario**, Nurse Practitioner Residency Program Coordinator at Sam Rodgers Health Center; **Anita Souza**, PhD, Clinical Professor, Co-Investigator Premera Rural Health Nursing InitiativeDepartment of Biobehavioral Nursing and Health Informatics at the University of Washington School of Nursing; **Ginger Vaughn-Pullin**, DNP, FNP-BC, Director of Quality, and Director of Clinical Programs at Sam Rodgers Health Center<br>***Moderator:*** **Charise Corsino**, MA, Program Director, Nurse Practitioner Residency Programs at Community Health Center, Inc. | **Setting the Stage for Preceptors: Strategies for Creating a Positive Learning Environment**<br>***Presenter:*** **Kameren Owens**, FNP-C, MSN, Nurse Practitioner Residency Director at Santa Rosa Community Health and current APP postgraduate trainees<br>***Moderator:*** **Garrett Matlick**, DNP, MPH, APRN, FNP-BC, PMHNP-BC, NP Residency Clinical Program Director at Community Health Center, Inc. |
| Session 2<br>2:15–3:15 p.m. | **Finance, ROI, and Sustainability of Postgraduate APP Training Programs**<br>***Presenters:*** **Robert Gamboe**, PA-C, NP/PA Fellowship Director at Shasta Community Health Center, Inc.; **Dan Santi**, Chief Financial Officer at Shasta Community Health Center, Inc.<br>***Moderator:*** **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 | **Quality Improvement Projects and Professional Development: Supporting Your APP Trainees QI Projects and Professional Growth and Development**<br>***Presenter:*** **Lisa Budka**, FNP-BC, NP Residency Program Director at HealthLinc<br>***Moderator:*** **Radha Denmark**, DNP, FNP-C, FHM, Director of Advanced Practice Education and Professional Development at University of New Mexico Hospital |

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# Welcome Back

# RAFFLE

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# "JEDI in Postgraduate APP Training Programs"

# JEDI in Postgraduate APP Training Programs

July 22, 2024

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# Karoline Oliveira, Ed.D

**Chief Diversity, Equity, and Inclusion Officer**

Moses/Weitzman Health System

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# Learning Objectives

*By the end of this presentation, you will be able to…*

1. Describe the components of culture that affect the development of educational approaches in postgraduate training
2. Analyze culturally inclusive and implicit bias perspectives regarding healthcare inequities for persons from diverse populations in healthcare systems
3. Discuss the role of justice, equity, diversity, and inclusion in creating coalitions in Advanced Practice Providers (APPs) program development
4. Explain why APPs need JEDI training and education
5. Identify possible steps for incorporating DEI into APP post-graduate training

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# Presentation Reminders

## SAFE SPACE:

*"A safe space is ideally one that doesn't incite judgment based on identity or experience – where the expression of both can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support."*

## BRAVE SPACE:

*"A brave space encourages dialogue. Recognizing difference and holding each person accountable to do the work of sharing experiences and coming to new understandings – a feat that's often hard, and typically uncomfortable.*

*We'd be remiss to simply hear the new term brave space and throw the old one out like a mistake we'd like to quickly forget. The reality is: they're different spaces, providing different outcomes. And on alternative breaks, we should be balancing both."*

**Source:** Safe Spaces vs. Brave Spaces

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# Presentation Reminders, Cont.

## GRACE!

This is an abbreviated training and additional information will be made available at the conclusion of the presentation.

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# Poll: How familiar are you with the principles of Justice, Equity, Diversity, and Inclusion (JEDI) in healthcare?

- Very familiar
- Somewhat familiar
- Not familiar at all

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# Poll: How comfortable are you with applying a JEDI lens to your work in Postgraduate Training Programs?

- Very comfortable
- Somewhat comfortable
- Not comfortable at all

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# Overview of JEDI and JEDI Terms

# "Level Up"

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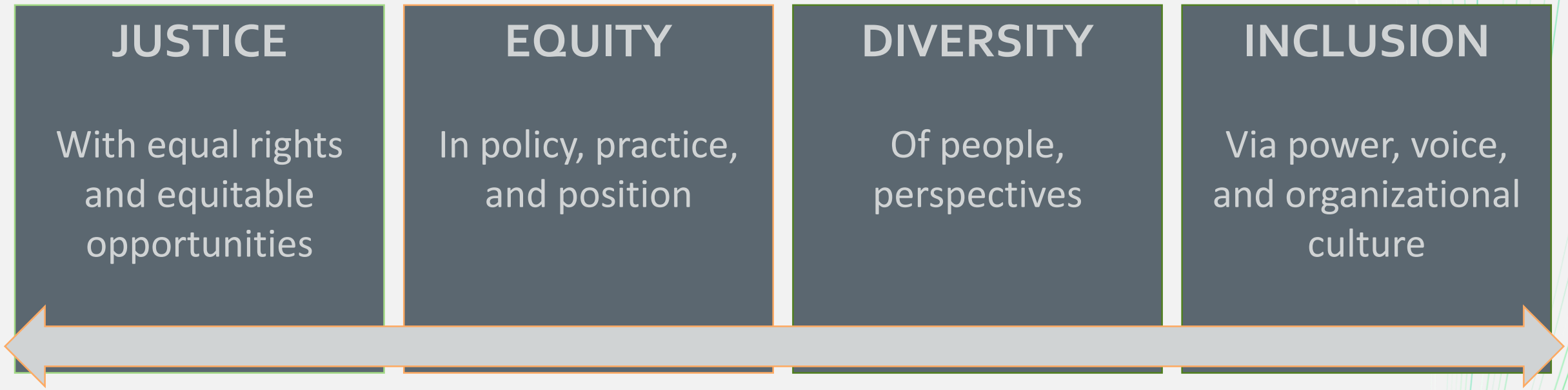
# Defining JEDI Terms



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# Justice

Fair and impartial treatment of all individuals, ensuring that each person receives what is rightfully and ethically due to them.

Involves the idea of moral rightness and fairness in the distribution of opportunities, resources, and consequences within a society.

Health justice examines how laws, policies, and institutions cause and maintain unfair treatment in healthcare and public health. It aims to find and fix the root causes of health inequalities.

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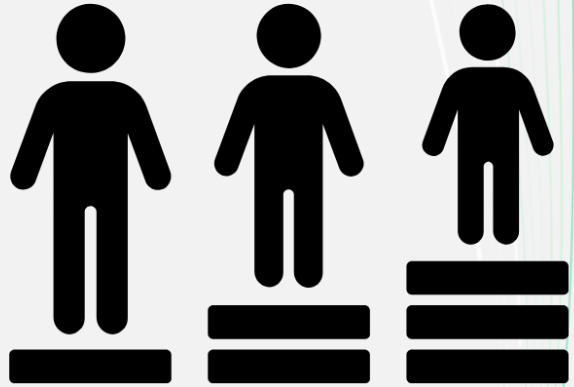
# Equity

Involves the promotion of fairness and justice by providing individuals with the resources and opportunities they need to achieve the same outcomes.

Recognizes that people have different starting points and aims to address and correct these disparities to ensure everyone has an equal chance.

Health equity is the attainment of the highest level of health for all people.



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# Diversity

Refers to the presence of a wide range of human differences, including but not limited to race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, and more.

Embracing diversity involves recognizing, respecting, and valuing these differences in individuals and groups.

In healthcare, diversity refers to professionals, trainees, educators, researchers, and patients from all backgrounds.

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# Inclusion

Deliberate effort to create environments and cultures that embrace and welcome diversity.

Involves ensuring that all individuals, regardless of their differences, feel valued, respected, and included in decision-making processes, activities, and day-to-day life.

In healthcare, inclusion means giving patients and professionals from all backgrounds a voice in high-quality care. Recommendations for inclusive service include removing financial barriers, cultural competence and cultural humility training, representation of professionals from historically underrepresented and marginalized groups, and the inclusion of marginalized individuals in health research.

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**Inclusion of JEDI Principles is necessary to support both the resident/fellowship trainees and patients.**

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# Addressing Cultural Inclusivity in Healthcare

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# Aspects of Culture that Influence Post-Grad Training

## CULTURAL BELIEFS AND PRACTICES:

Beliefs about health, illness and treatment can impact how medical knowledge is understood and applied during training.

## COMMUNICATION STYLES:

Varying cultures may have different communications styles, which can affect interactions between medical educators and trainees, trainees and patients.

## HIERARCHY AND AUTHORITY:

Cultural attitudes towards hierarchy and authority can influence dynamics within advanced practice training programs, impacting how feedback is given and received.

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# Aspects of Culture that Influence Post-Grad Training

## ETHICAL CONSIDERATIONS:

Cultural values and norms may shape perceptions of ethics and professionalism in clinical practice, impacting decision-making and behaviors during training.

## DIVERSITY AND INCLUSION:

Cultural diversity among trainees and educators can enrich the learning environment but may also present challenges related to understanding and respecting cultural backgrounds.

## WORK-LIFE BALANCE:

Cultural attitudes towards work-life balance can affect trainees well being and stress levels during their training.

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# Addressing Implicit Bias in Healthcare

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# Response Activity

*The work begins with you!*

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# WHO DO YOU ENVISION?

**We are all public accountants at the world's largest public accounting firm.**

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# WHO DO YOU ENVISION?

**We are award winning dance partners.**
**Spectators love to watch us dance.**

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# WHO DO YOU ENVISION?

**We are the beauty queens of 2019: Miss World, Miss Universe, Miss USA, Miss Teen USA, and Miss America**

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# WHO DO YOU ENVISION?

**We hold international records in marathon racing.**

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# So…

# What did we just experience?

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# Implicit Bias: What it is and Why it Matters

- A natural phenomenon that results from our brain taking shortcuts to categorize and retrieve information that has been stored.

- Refers to the automatic beliefs and assumptions we make based on our history, personal experiences and relationships, and exposure to social messages through things like media and entertainment.

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# Implicit Bias in Patient Care

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"Research suggests institutional bias and discrimination are drivers of racial disparities in health, contributing to racial differences in diagnosis, prognosis, and treatment decisions. Research further points to the role of communication and interactions between providers and patients and suggests that enhancing providers' ability to provide culturally and linguistically appropriate care as well as increasing diversity of the health care workforce may help address disparities in health."

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# Implicit Bias in Patient Care

- Implicit bias during initial patient interviews may lead to misinformation and/or missed information

- Implicit bias may result in general assumptions regarding patient trust levels, and adherence to medical advice (ex. a belief that people of color are more passive about their health)

- Diagnostic decision-making based on bias or stereotypes of members of certain groups

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# Implicit Bias in Patient Care, Cont.

- Symptom management
- Treatment recommendations based on assumptions about the patient's ability to follow-through
- When/if referrals to specialists are made for additional care
- Clinical educators may perpetuate health inequity through the medical education training structure

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"Twenty percent of Black adults and 19% of Hispanic adults say they were *personally* treated unfairly because of their race or ethnicity when getting health care for themselves or a family member in the past 12 months, while just 5% of White adults say this has happened to them."

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# Disparities in Care

- Non-white patients are less likely to be prescribed medication for pain
- Non-white patients receive fewer cardiovascular interventions and renal transplants
- Black women are more likely to die after a breast cancer diagnosis
- Black men are less likely to have chemotherapy and radiation therapy for prostate cancer and more likely to have testicles removed
- LGBTQ+ community members experience significant disparities in physical and mental health outcomes when compared to heterosexual individuals

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# Data from Patients

- 1 in 5 (18%) Black adults and roughly 1 in 8 AIAN (12%) adults, followed by roughly 1 in 10 Hispanic (11%), and Asian (10%) adults who received health care in the past three years report being treated unfairly or with disrespect by a health care provider because of their racial or ethnic background.

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# Importance of Incorporating JEDI into Postgraduate Training

## *The Patient*

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# Promoting Equitable Care for Patients

## AWARENESS:

Healthcare providers should be aware of their own implicit biases and how these biases may influence their interactions with patients from diverse populations.

## CULTURAL COMPETENCE and HUMILITY:

Healthcare professionals should strive to develop cultural competence and humility by listening, understanding and respecting the cultural backgrounds, beliefs, and practices of patients from diverse populations.

## INTERSECTIONALITY:

Recognizing the intersectionality of identities (such as race, gender, socioeconomic status, etc.) is essential in understanding the unique challenges and complexities faced by individuals from diverse populations in accessing healthcare services.

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# Promoting Equitable Care for Patients, Cont.

**PATIENT-CENTERED CARE:**

Emphasizing patient-centered care that takes into account the individual needs and preferences of patients from diverse populations can help improve health outcomes and reduce inequities.

**COMMUNITY ENGAGEMENT:**

Engaging with diverse communities to understand their specific healthcare needs and challenges can help healthcare systems develop more inclusive and effective strategies for addressing healthcare inequities.

**POLICY AND ADVOCACY:**

Advocating for policies that promote diversity, equity, and inclusion in healthcare systems is essential for creating a more equitable healthcare environment for all individuals, regardless of their cultural backgrounds.

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By adopting culturally inclusive perspectives and taking proactive steps to address healthcare inequities, healthcare training programs can work towards providing more equitable and accessible care for people from diverse populations.

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# Importance of Incorporating JEDI into Postgraduate Training

## *The Resident/Fellow*

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JEDI training is essential for creating a supportive and inclusive environments where all residents and fellows can thrive and contribute effectively to patient care.

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# Reasons for Incorporating JEDI into Training

## CREATES A WELCOMING ENVIRONMENT FOR ALL RESIDENTS:

JEDI training helps foster a more inclusive and welcoming environment for residents from all backgrounds.

This can lead to increased feelings of belonging, support, and overall well-being among the residents.

## ADDRESSING BIAS AND DISCRIMINATION:

Can help address biases and discrimination that may exist within the program, ensuring that all residents are treated fairly and equitably regardless of their background.

## BUILDING A MORE DIVERSE HEALTHCARE WORKFORCE

By ACTIVELY recruiting and supporting residents from underrepresented backgrounds, training programs contribute to building a more diverse healthcare workforce, which is essential for addressing health disparities and meeting the needs of an increasingly diverse patient population.

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# Reasons for Incorporating JEDI into Training, Cont.

**ENHANCING LEARNING & COLLABORATION:**

Exposure to diverse perspectives and experiences can enhance learning and collaboration among residents, leading to a more enriching educational experience for all.

**SUPPORTS PROFESSIONAL DEVELOPMENT OF RESIDENTS FROM UNDERREPRESENTED BACKGROUNDS:**

By providing residents with tools, resources and opportunities needed to be successful

Skill development, Mentorship, Networking Opportunities

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# What Residents of Underrepresented Groups Have Reported:

- Feelings of “being othered” within their residency programs
- “If you don’t have a sense of identity, then you feel very lost and you might not even finish”
- Expressed frustration with being mistaken for non-clinical staff while on the clinical floor
- Residents of color report being mistaken for other residents of color
- LGBTQ+ residents reported higher rates of discrimination, harassment, and bullying than their non-LGBTQ+ peers,
- “I had no help and I was scared to ask for help because they will use that against you.”

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# What Residents of Underrepresented Groups Have Reported, Cont.

- While Black residents account for about 5% of all residents, they accounted for nearly 20% of all dismissals.

- They report “unclear communication about what they had done wrong, were written up for transgressions that went unpunished for white residents, and were given little chance to address missteps or defend themselves.”

- Black, Hispanic, and Native American residents experience additional burdens secondary to race/ethnicity.

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# The Role of JEDI in Advanced Practice Providers (APP) Program Coalitions

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JEDI plays a vital role in creating coalitions in residency and fellowship programs by fostering diversity, equity, and inclusion, promoting collaboration and mutual respect, and building a strong sense of community among residents.

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# The Role of JEDI in Creating Coalitions

Fosters:

- A sense of belonging for trainees, especially those from underrepresented backgrounds
- A culture of respect, understanding and inclusivity
- Breaks down barriers between participants
- Creates opportunities for trainees to collaborate and support one another
- A culture where trainees feel safe to ask questions and seek guidance when necessary

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# How to Foster Collaboration

## BUILD A DIVERSE COMMUNITY:

JEDI efforts aim to create a diverse community of residents from various backgrounds, experiences, and perspectives. This diversity can enrich discussions, foster mutual understanding, and promote collaboration within the residency program.

## PROMOTE EQUITY:

JEDI initiatives work towards ensuring equity in opportunities, resources, and support for all residents, regardless of their background. This helps create a level playing field and fosters a sense of fairness and inclusivity among residents.

## CREATE INCLUSIVE SPACES:

By promoting an inclusive environment where all residents feel valued, respected, and supported, JEDI initiatives help build trust and camaraderie among residents. Inclusive spaces encourage open communication, collaboration, and teamwork.

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# How to Foster Collaboration, Cont.

## ENHANCE CULTURAL COMPETENCY & HUMILITY:

JEDI efforts help residents develop cultural competency & humility skills by exposing them to diverse perspectives and experiences. This not only improves patient care but also fosters a deeper understanding and appreciation of differences among residents.

## ADDRESS BIAS AND DISCRIMINATION:

JEDI initiatives work to address bias, discrimination, and microaggressions within residency programs.

By creating awareness, providing education, and implementing policies to combat bias, residents can feel safe and supported, leading to stronger coalitions.

## ENCOURAGE DIALOGUE AND COLLABORATION:

JEDI initiatives encourage residents to engage in meaningful dialogue, share experiences, and collaborate on projects that promote diversity and inclusion. These interactions help build relationships, foster teamwork, and create a sense of community among residents.

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# Steps for Incorporating JEDI into APP Post-Graduate Training

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# Incorporating JEDI into APP Programs

## ASSESSMENT AND PLANNING:

Conduct a JEDI assessment to understand the current state of diversity and inclusion within the residency program. Develop a JEDI strategic plan outlining goals, priorities, and action steps.

## TRAINING AND EDUCATION:

Provide JEDI training for residents, faculty, and staff to increase awareness, promote cultural competence, and address bias and discrimination.

## PROMOTE INCLUSIVE PRACTICES:

Implement strategies to recruit and retain residents from underrepresented backgrounds.

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# Incorporating JEDI into APP Programs, Cont.

## CURRICULAR INTEGRATION:

Integrate JEDI content into the residency curriculum, including topics on health disparities, social determinants of health, and cultural competency.

Incorporate case studies, simulations, and discussions on JEDI related issues.

## POLICY DEVELOPMENT:

Develop and implement policies that promote JEDI within the residency program.

Establish guidelines for addressing bias, discrimination, and harassment, and ensure accountability for promoting a respectful and inclusive environment.

## COMMUNITY ENGAGEMENT:

Engage with community organizations, patient advocacy groups, and diverse communities to better understand their healthcare needs and experiences.

Foster & support partnerships that support JEDI initiatives within the residency program.

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# Closing Activity

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# Instructions

Work with your neighbor to discuss how to leverage your role as advanced practice provider training program leader to implement JEDI practices.

- **Goal:** Utilize the print out to reflect on your key insights from this presentation on implementing JEDI.

- We encourage you to work with your neighbors to discuss your reflections with each other. Share your insights, listen to different perspectives, and engage in open and respectful dialogue.

**Total allotted time: 10 minutes**

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# Where can you find more JEDI trainings for your program?

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# JEDI Education at Moses/Weitzman Health System

- JEDI Certificate Program: Organizational Change Series for Leaders
- Individual modules for employees (Recognizing Microaggressions and their Damaging Effects, Cultural Competency and Cultural Humility, Neurodiversity in the Workplace [Coming soon!])
- Specialized JEDI trainings for advanced practice residency training programs
- JEDI coaching and support to organization leaders

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# JEDI Education at Moses/Weitzman Health System

**JEDI Certificate Program: Organizational Change Series for Leaders**

*Training for Organizational Leaders*

**Recognizing Microaggressions and their Damaging Effects:**

*Training for Individual Preceptors and Residents*

**Applying Cultural Competence and Cultural Humility:**

*Training for Individual Preceptors and Residents*

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# Questions/Comments?

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# Resources


- https://www.sciencedirect.com/science/article/pii/S1526590022000293
- https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000936
- https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02095-X/fulltext
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10009391
- https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030
- https://www.ncbi.nlm.nih.gov/books/NBK568721
- https://www.chcf.org/publication/perspective-racism-academic-medicine-hindering-progress-toward-health-equity/#:~:text=While%20only%205%25%20of%20resident,of%20expulsions%20from%20residency%20programs.
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10002390
- https://www.compassonehealthcare.com/blog/diversity-and-inclusion-best-practices-healthcare
- https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2703945
- https://www.ama-assn.org/delivering-care/health-equity/what-residency-programs-can-do-boost-health-equity
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9286021/
- https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/

# Thank you

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# Social Networking Reception
# Pool deck- 3rd Floor
# 5:00-6:00pm