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Setting the standard for postgraduate training

2025 Annual Conference:

Navigating the Future: Sustaining Excellence in APP Postgraduate Training

July 14-15, 2025






NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

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)






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Information about our exhibitors is located here:

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

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2025 Consortium Conference Website

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2025 Consortium for Advanced Practice Providers Conference Resources

Conference Resources

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

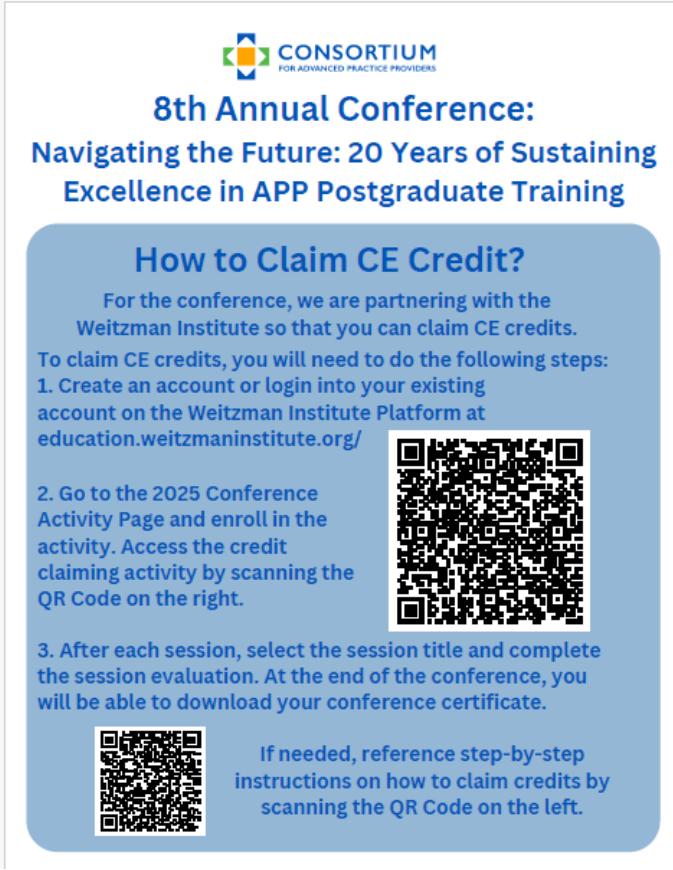
Please scan QR Code to view the Conference Webpage, Conference Agenda, Speaker Bios, and more!

Program Logistics Post-Session:

Completing the Session Evaluation and Claiming your CE Credits

The Consortium conference is a CE-approved activity for up to 10.50 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 in your welcome bag and at each table!



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Poster Presentations

Monday from 10:30-11:15am and Tuesday at 11:00-11:30am

Setting the standard for postgraduate training

Enhancing Cervical Cancer Screening Rates Through Family Nurse Practitioner Post-Graduate Trainees: New Insights from Updated Data at an Urban FQHC

Maria Pizzirusso, DNP, MPH, RNP-BC, Nadeen Elyan, MS, RNP-BC, Isadora Kagan, MS, RNP-BC, Jasinth Ramsay-Green , MS, RNP-BC, Shirley Then, MS, RNP-BC, Emily Zhao, MS, RNP-BC, Amy Ballsirez, MS, MPH, RN , Anne Kuhner, MS, RN, Marie Toupou, BSN, RN, Allison Zimmerman , MS, MPH, RN, Brianna Bouchez, DNP, RNP-C, Daniel Napolitano, MD

A National Analysis of the Attributes of PAs Who Completed a Postgraduate Fellowship/Residency Program

Mirela Bruza-Augatis, PhD, MS, PA-C, Andrzej Kozikowski, PhD, Kasey Puckett, MPH, Dawn Morton-Rias, EdD, PA-C, ICE-CCP, FACHE, and Joshua Goodman, PhD
National Commission on Certification of Physician Assistants

Bridging the Workforce Gap
The Impact of an Advanced Practice Provider Fellowship on Provider Readiness and Patient Care

Catherine Brady
MPAS, Assistant Professor, Division of Gastroenterology & Hepatology
University of Colorado Anschutz Medical Campus

Facilitators and Barriers to Launch a Postgraduate Nurse Practitioner (NP) and/or Physician Associate (PA) Training Program

AUTHORS: Meaghan Angers, Manjari Mishra, MS, MPH, Amanda Schiesl, MPP, Margaret Flinter, APRN, PhD, cFNP, FAAN, FAANP, Cherise Corsino, MA, Kerry Barrick, MSN, Nicole Seagroff, DNP, APRN, FNP-BC, May Ou, MS, MPH
Community Health Center, Inc. and the Moses Vinnitsker Health System, Middletown, CT

Collaboration to Improve Primary Care Fellowship Outcomes

Optimizing academic partnership to meet learning needs for fellows

Esther Sauld MSN, APRN, FNP-BC, Natalie Raghu DNP, APRN, FNP-C, BC-ADM, Sarah Fitz DNP, APRN, ACNP-BC and Kiersten Solis MSN, APRN, FNP-BC
Erie Family Health Center / University of Illinois at Chicago, College of Nursing

Bridging Academic and Clinical Excellence: A Hybrid Model for Advanced Practice Provider Education through an Academic Partnership

Deb Bakerjian PhD, APRN, FAANP, FGSA, FAAN
Laura Van Auken DNP, FNP-BC
Edna Esguer PhD, FNP-BC
Marla Shaver, PhD, CNM
Holly Kirkland Kuhn, PhD, FNP-C, CNP-C, FAANP
Ana Maren Cachu, MPH
Jonathan Kwan, MPH
Molly Acton, MPH
Akash Lachs, MPH

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Poster Presentations

Setting the standard for postgraduate training

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NP Anchors: Postgraduate Training Designed to Bridge an Experience and Staffing Gap

Victoria Palmer, RN, MSN, FNP-C & Jocelyn Guggenheim, RN, MS, CPNP-PC

Dual Focus: Experience & Staffing Gaps

- Newly graduated APRNs missing RN experience in primary care
- Very few RN applicants
- PCPs left managing more work
- High interest from inexperienced new grad NPs
- Should we start a residency? What about the staffing shortage?

NP Anchor Program as an answer to both questions.

RN NP ANCHOR PCP

NP Anchor: A newly graduated, un-paneled nurse practitioner who "anchors" a primary care team and is fully supported in providing APRN-level care during and between office visits.

It's All Primary Care Work

Leveling up RN tasks · New NPs learn the PCP role · Primary care teams supported in providing timely, high quality care · PCPs focus on office visits with fewer interruptions · A hybrid role, with Anchors receiving precepted training in all their work

Program Details and Examples

- Anchors start full time in a support role - phone triage, MyChart messages, floor nurse visits.
- 1 scheduled clinic session is added quarterly, to a max of 4 clinic sessions/week
- 5 NPs working as PCPs successfully trained with this model informally

Sustainability

- 5 Anchors in first 12 months
- Plan for 8 per year in rolling admission
- 1,100 billed visits in first 6 months
- 9-24 months of intensive training to prepare for PCP transition
- Cost of running the Nursing Dept reduced by $70,000/year

Academic Partnership

- "Continuity" clinical for a NP student from Boston College each year - all clinical hours at South Boston CHC
- Student experience mirrors that of a NP Anchor
- Opportunity to become an Anchor upon graduation
- One Anchor on staff currently followed this model
- Another NP student starting August 2025

Recruiting with Purpose: Using Applicant Motivations to Guide APP Fellowship Outreach

Alexis Keyworth, PA-C, Program Director/APP Surgical and Critical Care Fellowship[1]; Katie Dickerman, ANP-BC, Associate Director/Office of Advanced Practice[2]; Colleen McIlvennan, DNP, PhD[3]; Christan Bartsch, PA-C, PhD, MPH, Former Program Director/APP Surgical and Critical Care Fellowship[3]; Jason Vance, MMS, PA-C, Site Coordinator, APP Surgical Fellowship[3], Erin McIntyre, PA-C, MPH, Educational Lead, APP Surgical Fellowship[1]; Ashleigh Morgan, MSN, ACNP, Educational Lead, Medical ICU Track[1]

(1) University of Colorado School of Medicine and University of Colorado Hospital
(2) Memorial Sloan Kettering Cancer Center
(3) Medical Center of the Rockies

Introduction

Advanced Practice Provider (APP) fellowship programs are voluntary and often involve working intensive hours for reduced pay compared to traditional APP jobs. For these programs to effectively recruit, it is important to understand factors that influence APPs to seek out fellowship programs. By identifying these motivators, programs can apply these findings for recruitment strategies.

Background

Despite the growing number of APP fellowships nationwide, there is a paucity of data on the reasons applicants seek these programs. Understanding some of these drivers may help fellowship programs recruit more effectively. As part of our application process, we asked applicants to share motivations for pursuing post graduate fellowship training. Using a rapid qualitative analysis approach, we were able to better understand motives for this group of early career professionals.

Methods

We collected survey data from applicants to the APP Surgical and Critical Care Fellowship at the University of Colorado. Applicants included both Nurse Practitioners and Physician Assistants applying to either the surgical or critical care tracks. The pre-screening survey asked the question: "Why did you decide to apply to an APP post-graduate fellowship?" Thematic analysis was performed by three independent reviewers to summarize responses using a structured template and iteratively reviewed to identify key themes.

Findings

We analyzed data from 93 applicants from 2021-2023. Several motivators emerged from the analysis: 1) desire to gain knowledge; 2) personal growth, including autonomy, confidence, and passion for the field; 3) commitment to excellence and improving patient care; 4) influence of mentors or peer role models; 5) attraction to the institution's reputation. Most participants expressed a desire to learn in a supportive environment as one of their reasons for pursuing fellowship training, citing factors such as structured transition to practice, need to feel more prepared, and wanting more exposure to the field.

Theme	Exemplar Quote
Desire to gain knowledge	*I am pursuing an APP fellowship for the opportunity to experience focused critical care training, enhancement of my critical skills, and to be in a structured learning environment.*
Personal growth- desire for confidence	*I believe a full year dedicated to surgical experience would increase my confidence.*
Desire for excellence	*I want to get specialty training after graduation so that I can become the most competent PA I can be. This will allow me to contribute more to whatever team I am a part of and provide better quality care for patients.*
Peer/alumni influence	*I have met nurse practitioners who have completed this program and they embody everything I desire to incorporate in my practice. They are compassionate, intelligent and great educators.*

Key Takeaways / Impact

Access to a large number of APP fellowship applicants allows for an opportunity to better understand personal motivators for pursuing post graduate training. Implementing tailored recruitment efforts that align with key motivators of early career APPs may increase interest in post graduate fellowships and grow applicant pools.

Based on our findings, tailored recruitment efforts can focus on the following:

uchealth

University of Colorado Anschutz Medical Campus

Making the Transition to the NP Role Through Residency

Danielle Hebert, DNP, MBA, ANP-BC, James Laford, BS, Philip Day, PhD, Jill Terrien, PhD, ANP-BC

UMass Chan Medical School — Tan Chingfen Graduate School of Nursing

Introduction & Background

- The purpose of this project is to describe a successful academic practice partnership collaboration to transition new family nurse practitioners (FNP) into five community health centers that provide primary care to complex underserved populations.
- In Massachusetts community health centers, the number of nurse practitioners (NPs) and physician assistants exceeds the number of MDs (Massachusetts Health Policy Commission, 2020).
- Primary care can be complex and intimidating to new NPs (Hooker, 2020).
- Completion of post-graduate training can lead to increased job satisfaction and retention (Anderson, 2016).

549 NP or NP/PA Residency Programs in 48 States (4/2023)

Didactic Session Evaluations

Survey Question	Session	Result	Session Comments
Rate value of session	Self-care and Burnout Prevention	98%	Excellent presentation on self-care and very relevant to this career
	Weight Management Pharmacology	99%	This was probably the BEST lecture I've ever had on any topic, and the next I've had on the topic of obesity. I found this lecture to be paradigm shifting, and despite having learned a lot about obesity in school, and other lectures, this one I'd say taught me the most.
	Newborn and Infant Care	96%	This was FABULOUS! I loved every minute and feel like I learned so much!
	Tuberculosis	95%	Excellent presentation, loved the conclusion of clinical pearls and ways to talk to patients about TB and treatment.
	Case Study Review Session	96%	Let's do this more frequently. I hope we can create a community where we as providers can share tough cases and learn from them even after residency.

Methods

- Foundation: Lessons learned from a prior HRSA funded grant (2019-2023) provided a replicable model for FNP's transition to practice.
- Expansion: Incorporation of behavioral health and maternal child content (per grant guidelines) with previous trainings and didactics.
- Components of Residency:
  - Weekly didactic education sessions (recorded, live via zoom, and in-person)
  - Dedicated precepting and mentoring within each site
  - Monthly sessions with TEND Health to support resident mental health and wellness
  - Quarterly resident feedback sessions
  - Monthly advisory team meetings with directors from all clinical partners

Conclusion/Implications for Practice

- Community health centers should consider partnering and collaborating with Academic partners to enhance new graduate NP transition to practice through residency training as a means to sustain the workforce:
  - Community Building:
    - Strong support and cohesion among residency directors and residents.
    - Residents report increased resilience, reduced burnout, and a desire to mentor future cohorts.
    - Creation of a supportive and collaborative learning environment.
  - Professional Development:
    - Strength in oneself and the ability to learn with and from each other.
  - Workforce Sustainability:
    - Development of skills for managing complex patients and building resilience.
  - Post-Graduate NP Residencies:
    - Support early growth and development during the first year of practice.
    - Focus on wellness to foster a sustained, confident, and strong workforce.

Initiating A Pediatric Nurse Practitioner Post Graduate Residency Program in San Diego at Children's Primary Care Medical Group

Pamela Fish FNP-C, PMHS; Jessica Coullahan, MD, FAAP; Patricia Lee, PNP-PC, FNP
Kenneth Morris, MD, FAAP; Hilary Bowers, MD, FAAP

Children's Primary Care Medical Group ...In Your Neighborhood

NTTAP — University of San Diego

Introduction

Mission & Vision

- Mission: Providing nurse practitioner graduates with an additional year of intensive training and a team based approach to primary care medicine, with structured support, at CPCMG.
- Vision: The CPCMG NP residency program will provide a comprehensive pediatric training focus aimed at guiding the top NP/PA PNP graduates through their first year. We seek to train you in a high performance model of care. We are proud to be leaders in the implementation of an integrative behavior health program in a pediatric care home. CPCMG offers you a team based approach to the care, competency in herself as well learning, resiliency in the workplace, then sustainability and mastery of core medical practice. We choose to improve patient care, the health system, and the health outcomes for all our patients. We believe this begins with the real preparation of NP.

- 1st program est. 2007 at Community Health Center in Middletown, CT
- 525 Programs Nationally in 48 states
- Primary Care, Psychiatric/MH, Specialty
- Very few primary care pediatric programs, most are acute care or specialty

Program Drivers - The Build

NP Residency Postgraduate Program

Academic Partnership - USD

Execution

Proposed Timeline

Financial Considerations

Benefits

- Multi-year project: 2-year ROI
- Labor cost is significantly less than experienced NP or physician
- Greater retention of residents and current providers
- Potential decrease in recruiting costs
- NPs trained to our clinical standards and processes, potentially reducing future costs
- Opportunity to evaluate a NP for a year before deciding to hire long term

Possible Expenses

- Staff Salary/Stipends
  - Program Directors/Leads
  - Preceptors (reduced # of visits)
  - Didactic speakers
  - Support staff (MAs, PSRs, RN Care Team)
  - Residents (76-80% market rate, benefits)
- Recruitment/Marketing Costs
- Computer, Software, EHR licensing cost
- Curriculum Materials
- Administrative Overhead

Possible Revenue

- Payor mix and reimbursement rates
- Quality Metrics, HEDIS
- Grant funding
- Productivity
  - 1st year- reduced number of visits in beginning with gradual increase to full schedule
  - 2nd year- more productive than new hire
- Collaboration with Rady Children's Hospital Specialty Clinics

UNMC — University of Nebraska Medical Center

Program Evaluation Framework for uNParalleled: A Family Nurse Practitioner Fellowship Program

Miranda Kinnard DNP, APRN-FNP *, Teresa Hultquist PhD, RN, PHCNS-BC, NE-BC *, LeAnn Holmes DNP, APRN-FNP, FAANP*
* UNMC College of Nursing

BACKGROUND: Nurse fellowship programs are designed to enable successful transition to practice for new NPs, particularly for those serving rural and/or vulnerable populations. Evaluation of the effectiveness & efficiency of such programs is important to ensure fellows have the resources, support, and skill building opportunities to develop competence and transition to expert practitioners serving these populations.

EVALUATION METHODS & TOOLS

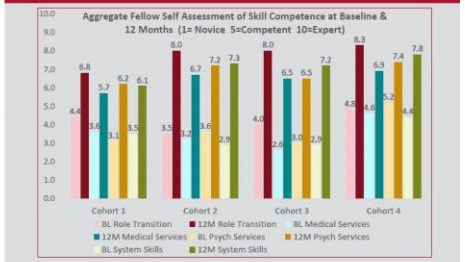
1. Fellow Patient Care & System Skill Competence Tools
   a. Fellow Self-Assessment BL, 6, 12 months
   b. Clinical Mentor Assessment 6, 12 months
   c. Preceptor Assessment 6, 12 months
2. Program Resources Tools
   a. Educational session evaluation by fellows
   b. Clinical site resources by preceptors 6, 12 months
   c. Clinical Mentor support by fellows & preceptors 6, 12 months
   d. Precepter support by fellows & program director 6, 12 months

EVALUATION RESULTS & USAGE

Results interpreted by Program Staff & Fellowship Advisory Council for Rapid Cycle Quality Improvement

SCAN ME!

Program evaluation is designed to assess family nurse practitioner fellow's competence and fellowship program resources to ensure that the program education and supports are effective, and fellows develop efficient patient care and systems practice skills serving vulnerable, high-need patient populations



Completion & Retention Table

	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Completion	100% (5/5)	100% (1/1) w 1 excluded	100% (2/2)	100% (4/4)
Retention w/ Vulnerable Pops	100% (5/5)	100% (1/1) w 1 excluded	100% (2/2)	100% (4/4)

Nebraska Medical Center

First Comes Residency, Then Comes Fellowship: Design and Benefits of a Successful Post-Residency Program

Jena Hoeft, PA and Carlin Chi, MD

Petaluma HealthCenter

Needs assessment

The Petaluma Health Center NP/PA Residency Program has graduated 31 residents since its founding in 2018. The 16 graduates retained after residency expressed the need for ongoing support while transitioning to full independence. Graduate needs:

- Complex case review
- Efficiency in documentation
- Work-life balance
- Continuing cohort approach

Organizational need:

- Improved retention of graduates

Learning objectives

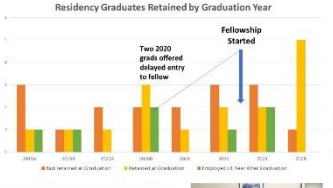
- Describe the components of a successful fellow/transition program
- Demonstrate benefits for both participants and health center
- Evaluate costs as well as return on investment

Purpose

Develop second year program to continue trajectory of growth for postgraduate APPs with additional support and connection

Components

Residency Graduates Retained by Graduation Year



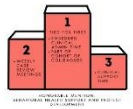
The Fellowship program has been a vital support during my transition into practice at PHC. Being part of a peer group provides much needed camaraderie and a space to share challenges, which has made a big difference. The dedicated admin time helps me stay organized and supports my mental health. Weekly case discussions are incredibly valuable for both learning and ensuring patient safety. Overall, the program has strengthened my skills and confidence as a provider.

It provides extra time to develop further clinical decision making within the fellowship group as well as in admin time. I think it acts as a space to grow as a clinician with strong support.

I was burned out when this started. I no longer am. Also, it made me realize how much I have learned in the last 2 years. When the responses to the questions I ask are I don't know either consult with a specialist, what you did is right, etc. It makes me feel good and made me realize I am no longer a beginner but halfway to becoming an expert. (started fellowship 1 year after graduating).

I really am grateful and appreciative of the unique opportunity I have doing the residency and fellowship. Everything about these experiences have positively impacted my career as a new provider.

Observations/Findings: Six Month Fellow Survey



Alumni Survey Results:

- Participation in the fellowship year was beneficial to my professional development: 100% Strongly Agree
- Fellowship year helped reduce stress and burnout: 100% Strongly Agree
- I would recommend the fellowship year to graduating residents: 80% Strongly Agree, 20% Agree

Cost/investments for organization

- 0.1 FTE per fellow non-patient care time
- 0.1 FTE for fellow director
- 0.05 FTE geriatrician for case review

Benefits for providers, patients, organization

- Improved retention
- Retention at graduation: 16/31 or 52%
- **Retention rate beyond one year:**
- **Before implementation of fellowship: 2/6 or 33%**
- **After implementation of fellowship 5/5 or 100%**
- Retention of 5 fellows even 1 year beyond fellowship is benefit of 4 FTE if each works 0.8 FTE

Projects resulting in value added for patients

- Diabetes group in Spanish
- Pediatric developmental assessment for Autism/ADHD
- Spirometry
- Weight management program
- 5 Ms and advance directives for geriatric patients

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WELLSPACE HEALTH

The Good, The Bad, and The Not-So-Pretty

Reflections on the APP Postgraduate Fellowship Experience from First-Timers

Introduction & Background

Needs Assessment Statement:

While Advanced Practice Provider (APP) postgraduate fellowships offer valuable clinical training, there is a lack of transparent, holistic evaluation from the fellows' perspective. This project addresses the need for candid insight into the experiential, emotional, and institutional challenges and rewards within these fellowships to inform future improvements.

Learning Objectives:

1. Identify common strengths and challenges faced by APP fellows and their preceptors during a two-year postgraduate training.
2. Analyze the impact of fellowship structure and support systems on fellow retention and job satisfaction.
3. Develop strategies to improve on-boarding, mentorship, curriculum needs, the need for flexibility and also moral support in APP fellowship programs.

The Good, the Bad, & the Not-So-Pretty

Wins, Highlights, and Growth

- Supportive mentorship and interprofessional collaboration
- Exposure to complex patient cases across diverse clinical settings
- Accelerated development of clinical judgment and confidence
- Increased autonomy within care teams
- Personal and professional growth exceeding expectations

Challenges and Growing Pains

- Steep learning curves in FQHC environments with high morbidity and high acuity patients
- Impostor syndrome and burnout vulnerability
- Balancing learning, life changes, life in general with patient care responsibilities
- Navigating EHR frustrations and bureaucratic or operations hurdles

The Grey Areas & Unspoken Truths

- Inconsistent preceptor support and availability
- Directors wear multiple hats, Specialists and Mentors are hard to pin down and keep
- Team Dynamic: Office politics and embodiment of new roles are challenging
- Internal conflict: *"Am I cut out for this role? Am I cut out for this place?"*
- Institutional and cultural barriers to full APP integration
- Emotional turmoil of juggling learner and provider roles
- Straddling Practice Management (Inbox/Administrative Items) with the daily rigors of patient care job

Lessons Learned & Recommendations

For Future Fellows and Program Leadership

- Foster vulnerability and normalize peer-to-peer support while increasing autonomy
- Implement structured and consistent feedback processes
- Designate protected time with and for Fellow wellness, reflection and feedback
- Cultivate balanced practice management and preceptor consistency
- Address systemic inefficiencies transparently and solicit ideas to improve

Impact & Outcomes

"I am so thrilled I chose a fellowship after graduation. This was the best decision for me!"

- A. Ortiz, FNP

For Future Fellows and Program Leadership

- 83% retention of fellows into full-time roles post-fellowship is expected
- High mid-fellowship satisfaction and self-reported confidence is reported after first 6 months
- Survey snapshot:
  - 100% of fellows reported the fellowship met or exceeded expectations
  - 100% of fellows would recommend the program to peers

Author(s) Information: Darcy A. Wilcott, MSN, FNP-C - *Clinical Director, APP Postgraduates*

Using Data to Improve IFH Residency Program, Program Advancements and Resident Knowledge

THE INSTITUTE FOR FAMILY HEALTH

Mars Dansky, MPH, Margaret Walsh, FNP, Miriam Ford, FNP, Diana Santiago

Who We Are & Where We Practice

- Family Nurse Practitioner Residency at the Institute for Family Health
- Year-long residency providing graduated entry to practice established in 2019, accredited in 2024
- Recruit 4 residents annually
- Continuity clinics in the Bronx, NY

Goals

- Use data models integrated in Epic for:
  - Quarterly resident evaluations
  - Annual program evaluations
- Determine program needs, accurate productivity numbers, and using data metrics to inform Residency learning

Methods

- Accessed quantitative data essential for continuous quality improvement (CQI) efforts
- Created templates to run quarterly reports consisting of patient census, demographics, and resident panel size

Results

- Advance resident engagement in use of data: improved learning opportunities
- Engage residents in using templates: improve understanding of patient metrics
- Trend productivity data over multiple years indicate: population trends, resident productivity & data for funding

Figure 1. 2024-2025 resident patient numbers by resident showing percentage of follow ups

Figure 2. 2024-2025 resident patient numbers by resident showing breakdown by age

"I was able to see that I had not done very many prenatal visits and was able to advocate for more."

"It was helpful to see the age range of patients I'm seeing"

"Seeing the numbers has increased my confidence because I didn't realize how many patients I have seen this year"

"It's helpful to be able to look at my follow ups and compare to specific patient populations"

Conclusions and Future Directions for Using Data

- Residents: variety of patients seen and increased awareness of progress in residency
- Program Director:
  - Monitor number of patients seen
  - Diversity of patient concerns and visit types
- Organization: the importance of residency and provide justification for funding

Molly S. Nemerwood, AGACNP [BC]
Lead APP
Cardiac Intensive Care Unit
Strong Memorial Hospital
Rochester New York

Structure and Support:

A Road to Safe New Graduate APP Practice

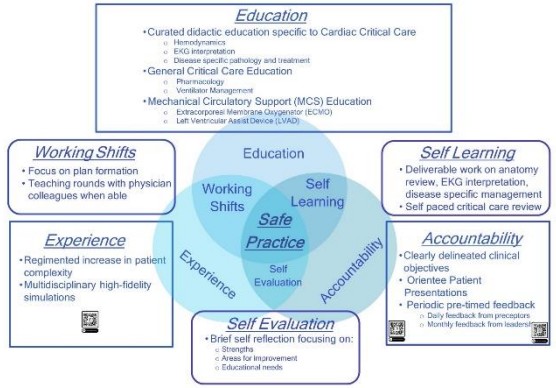
University of Rochester Medical Center
Strong Memorial Hospital
Cardiac Critical Care

Introduction

- Modern health-care needs providers.
- APPs are increasingly filling the "provider gap" in all clinical areas.
- PAs and NPs function identically in most clinical areas.
- Education between programs is highly varied and can effect how APPs transition to practice.
- Quaternary centers dealing with complex patients require specialized training that is often not available in an educational setting.
- To improve consistency and make transition to practice safer, a structured orientation program was developed.

Process and Rationale

- Focus on a quaternary Cardiac Critical Care Unit.
- Compared to previous "ad hoc" orientation, dependent on clinical conditions and preceptors.
- As acuity increased, new orientees and preceptors required more structured support to succeed.



Learning Objectives

- Attrition will decrease after implementation of structured orientation
- Orientees and preceptors will indicate feeling more supported after implementing structured orientation.
- Model will be adaptable to any clinical environment.

Resources

- For new graduate APPs, a comprehensive orientation manual with:
  - Schedule and expectations
  - Guide for disease Sheets
  - Guide for Self Evaluation
  - Academic and institution reference materials
- Learning Style Quiz to facilitate self awareness and improve communication with preceptors
- For preceptors:
  - Tips for giving feedback
  - Teaching Style Quiz
  - Quick Guide for combining teaching-learning

Results

- New Orientation Program
  - 22% failure to complete orientation
- Previous Orientation Program
  - 28% failure to complete orientation

Use of Simulation Education to Create a "Practice Without Risk" Environment for Advanced Practice Providers Participating in a Post Graduate Fellowship in Hospital Medicine

Division of Hospital Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Rudy Moravek, Instructor, MSPA, PA-C

Introduction/Needs Assessment

Advanced Practice Providers (APPs) in acute care need knowledge of caring for decompensating patients. Both the ACNPC-AG and NCCPA have requirement on what learners are expected to know, but real time application are skills that should develop in an environment where patient care is uncompromised

Objectives

Create environment for APPs to practice clinical reasoning in high stress situations without exposing patients to risk. Allow APPs to practice complex clinical scenarios where it is safe for mistakes to occur, provide feedback to observed knowledge deficits. Increase patient safety by enhancing APPs clinical skills in inpatient scenarios.

Purpose

Numbers of Advanced Practice Providers (APPs) are growing, many practicing in inpatient settings where patients carry an increased risk of decompensation. The University of Colorado Hospital Fellowship in Hospital Medicine trains Advanced Practice Fellows (APFs) who are early career providers with limited clinical experience. Supplementing APF training, "The Simulation Experience" creates a practice without risk environment using high-fidelity mannequins and live personnel to expose APFs to Rapid Responses (RR), building the skills of evaluating and treating decompensating patients.

Simulation Program set up

Advanced Practice Fellows are provided with two opportunities to participate in simulation education during their 13-month fellowship. The first session during the first few weeks of fellowship where they are introduced to the Simulation Center space and faculty. Simulations at this session revolve around common types of cases that are focused on common RRT scenarios. This session also serves as an introduction to the hospital in general and discussion of logistics of patient care such as what level of care constitutes "floor" vs "stepdown" vs "ICU". The second session occurs after about three months, the cases presented are more complex in regard to patient presentation and topics covered. All simulations are followed by a debriefing session where main learning points are discussed

First two weeks of fellowship

- Introduction Email
  Layout & expectations
- Pre-reading
- Introduction to simulation lab & staff
- Simulation
  - ACLS
    - Debrief
  - Respiratory Failure
    - Debrief
  - Hypotension
    - Debrief
  - Tachycardia
    - Debrief

Three months into fellowship

- Introduction to simulation lab & staff
- Simulation
  - Stroke
    - Debrief
  - Hypertensive emergency
    - Debrief
  - Hypotension AND Respiratory Failure
    - Debrief

Methods

APFs have two simulation sessions with similar formats, first within two weeks of fellowship, second after three months. First session covers common RR calls (tachycardia, hypoxia, hypotension) with emphasis on primary assessment. Second session covers complicated topics (hypertensive emergency, stroke, hypotension/hypoxia) with emphasis on primary, secondary, and tertiary assessment. During simulation, one APF participates while two others watch on a non-recorded screen. After the simulation, all APFs participate in an active debrief covering the main learning points.

Principal Observations

APFs report increased comfort with encountering decompensating patients in the inpatient setting.

Impact

Simulation education can supplement post-graduate education by providing "practice without risk" environment. This allows building increased competence of the growing APP workforce in acute care without putting patient safety at risk.

Tracking Growth: A Mixed Method Evaluation Framework for a Post Graduate Advanced Practice Provider Fellowship

UC DAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

Ana Marin Cachu, MPH
Deb Bakerjian PhD, APRN, FAANP, FGSA, FAAN
Jonathan Kaier, MPH
Kristen Bettega, BS

Introduction

Advanced Practice Providers (APPs) play a critical role in expanding access to care, particularly in rural and medically underserved communities. The Primary Care APP Fellowship launched in July of 2020 to accelerate the competencies of newly graduated primary care APPs to provide excellent primary care services to patients in underresourced areas. Graduates of this 12-month fellowship enter the workforce with a strong interest in caring for the underserved along with improved competence and confidence in their primary care knowledge and skills. There is a need to build comprehensive evaluation to assess the Fellowship Program, learners and curriculum

Methods

This evaluation framework for the Primary Care APP Fellowship Program utilizes a mixed method multi-level, longitudinal design to assess fellow development in clinical competency, confidence, and program effectiveness. We use both quantitative and qualitative methods to evaluate individuals (APP fellows, preceptors, educators), assigned clinical sites, educational content (lectures, discussions, case studies, simulation), APP fellows leadership activities, and overall program evaluation. For individuals, we have three quantitative evaluation components: (1) Self-assessment of clinical competence using Benner's novice to expert, collected at three time points across the program, capturing growth across nine domains; the data guides the program, and each fellow has access to their results with the goal of achieving competent or proficient levels (2) Retrospective pre-post evaluations conducted after each learning experience, enabling fellows to reflect on growth in confidence and competence; data are synthesized into concise, one-page summaries and disseminated to lead faculty facilitators. (3) Bi-directional evaluations, conducted quarterly, incorporate structured feedback between fellows and clinical preceptors to assess applied skills in real-world clinical environments; the dyad preceptor-fellow meet to discuss evaluations and create an improvement plan to address gaps.
For the program, we have a qualitative and a quantitative component. Clinical sites are evaluated through a site-visit conducted by a program faculty who completes an assessment tool to capture staffing, support, and resources available to APP fellow. Program faculty also observes patient encounters; site visit results are shared with the program director; any concerns discussed with the clinical site leadership, an improvement plan is created if needed. The program is evaluated through focus groups and a program evaluation survey. Focus groups are conducted at mid-point and end of program; findings are integrated into a rapid quality improvement process. At the end of the program, APP fellows complete a survey to capture their satisfaction with the program and feedback.

Results

Quantitative Evaluation

Qualitative Evaluation

Discussion

Data from four cohorts showed that fellows demonstrated progression across all nine clinical domains in the self-assessment, with >90% reaching "competent" or "proficient" by program completion (Benner framework) in most domains. Many of the proficient domains such as professionalism and communication are built upon past RN experience.

Bi-directional evaluations revealed consistent alignment between fellow and preceptor; these evaluations help recalibrate priorities for practice improvements. Educational sessions one-page summaries informed real-time curricular adjustments, improving session relevance and depth.

Focus groups provide insightful feedback on the overall program and curricular topics of interest that are relevant to the fellows' clinical practice. The exit group is particularly useful as the fellows often provide input on the curricular topics and the quarter in which they are most impactful to their practice.

This evaluation model effectively tracks fellow progression, informs educational strategy, and supports sustained program enhancement.

Conclusions/Further Study

Published research suggests that APP fellowship programs enhance job satisfaction, role confidence, retention, and performance while yielding organizational financial benefits. Yet, efforts are still needed to standardize fellowship structure, assessment tools, and long-term outcome monitoring. There is a clear need for standardizing evaluation frameworks and integrating validated outcome measures to strengthen the evidence base.
The Betty Irene Moore SON at UC Davis program is demonstrating evidence that mixed methods and retrospective pre/post evaluations can be used to measure outcomes at an individual and program level and the findings can also be used for quality improvement.

Acknowledgements

This project was supported by the Health Resources & Services Administration of the U.S. Department of Health & Human Services as part of two awards $498,679.20 (2019-2023) & $3,214,798 (2023-2027). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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Keynote Presentation

"The APP Leadership Journey: A Personal Perspective"

Surani Kwan, DNP, MBA, FNP-BC, FACHE, FAANP

The APP Leadership Journey

A Personal Perspective

Surani Kwan, DNP, MBA, FNP-BC, FACHE, FAANP
Providence Health & Services
UC Davis, Betty Irene Moore School of Nursing
West County Health Centers

Leadership Experience

CANP
CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS

Providence

CENTER FOR WELL-BEING

UCDAVIS HEALTH
BETTY IRENE MOORE SCHOOL OF NURSING

ACNL
Association of California Nurse Leaders

pdi
Pediatric Dental Initiative

Sutter Health

My Journey

*“We do not learn from experience, we learn from **reflecting** on experience.”*

– John Dewey

Transformational Experiences

Intentional reflection is the **purposeful practice of *pausing*.**

Core Elements of Intentional Reflection

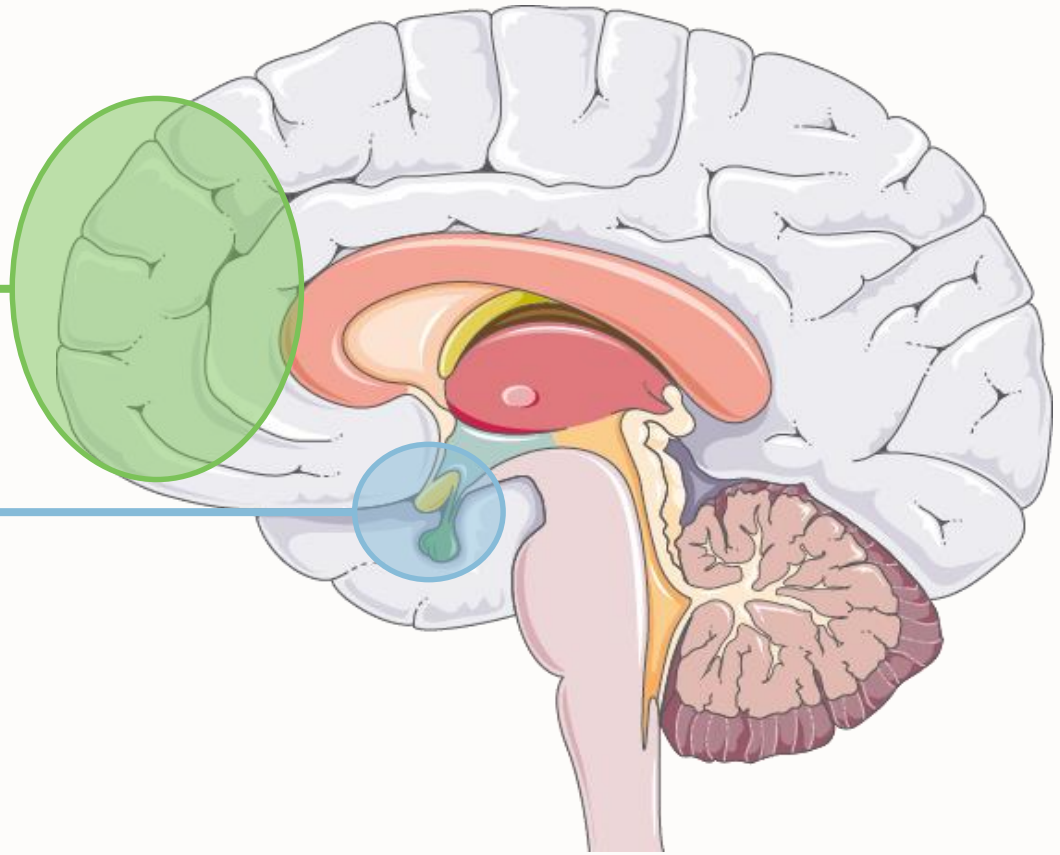
- Self-awareness
- Critical analysis
- Feedback integration
- Learning and application
- Future orientation

Intentional reflection turns everyday experiences into **leadership development opportunities**.

Mindful Reflection Changes Your Brain

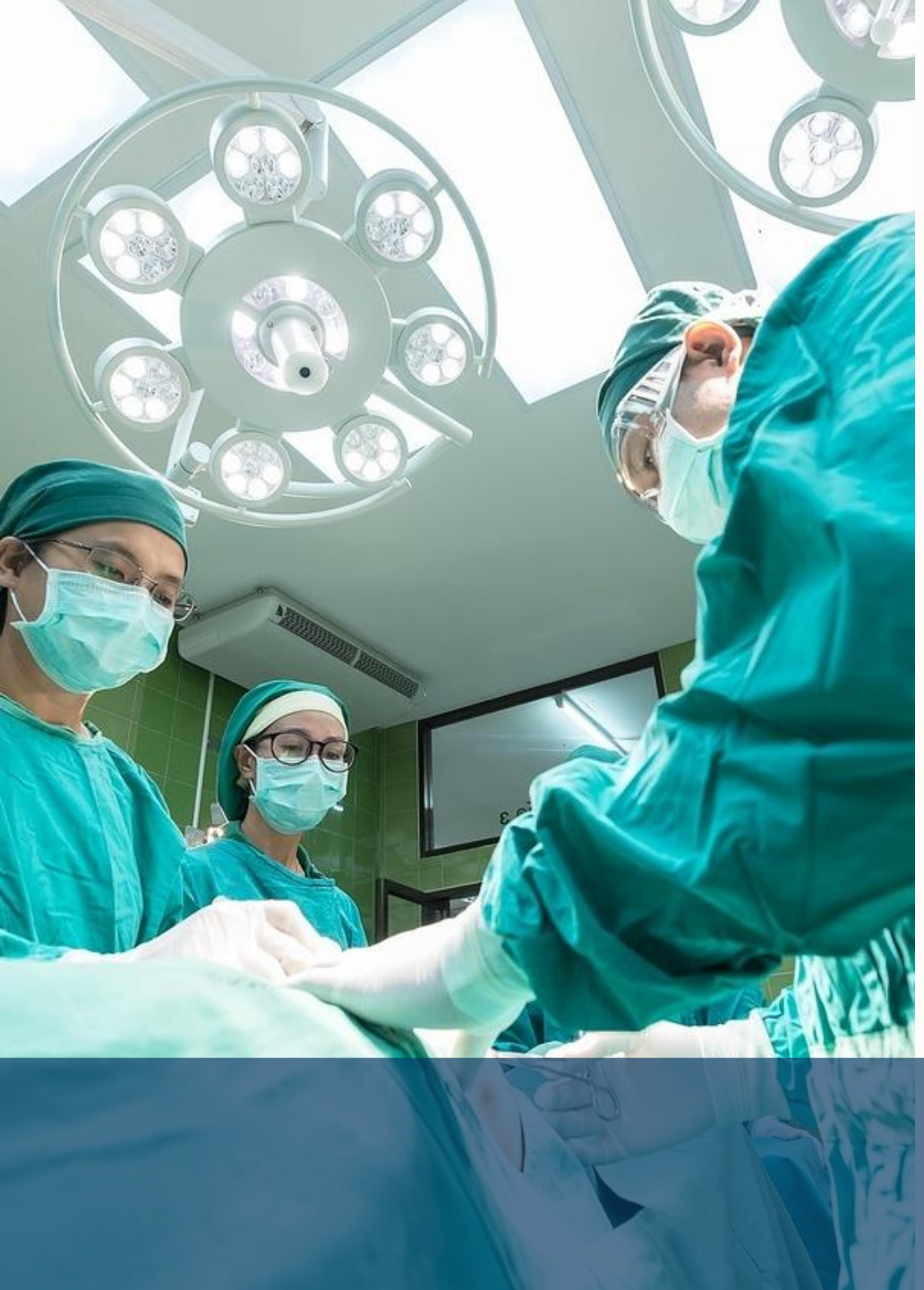
Medial Prefrontal Cortex

Amygdala



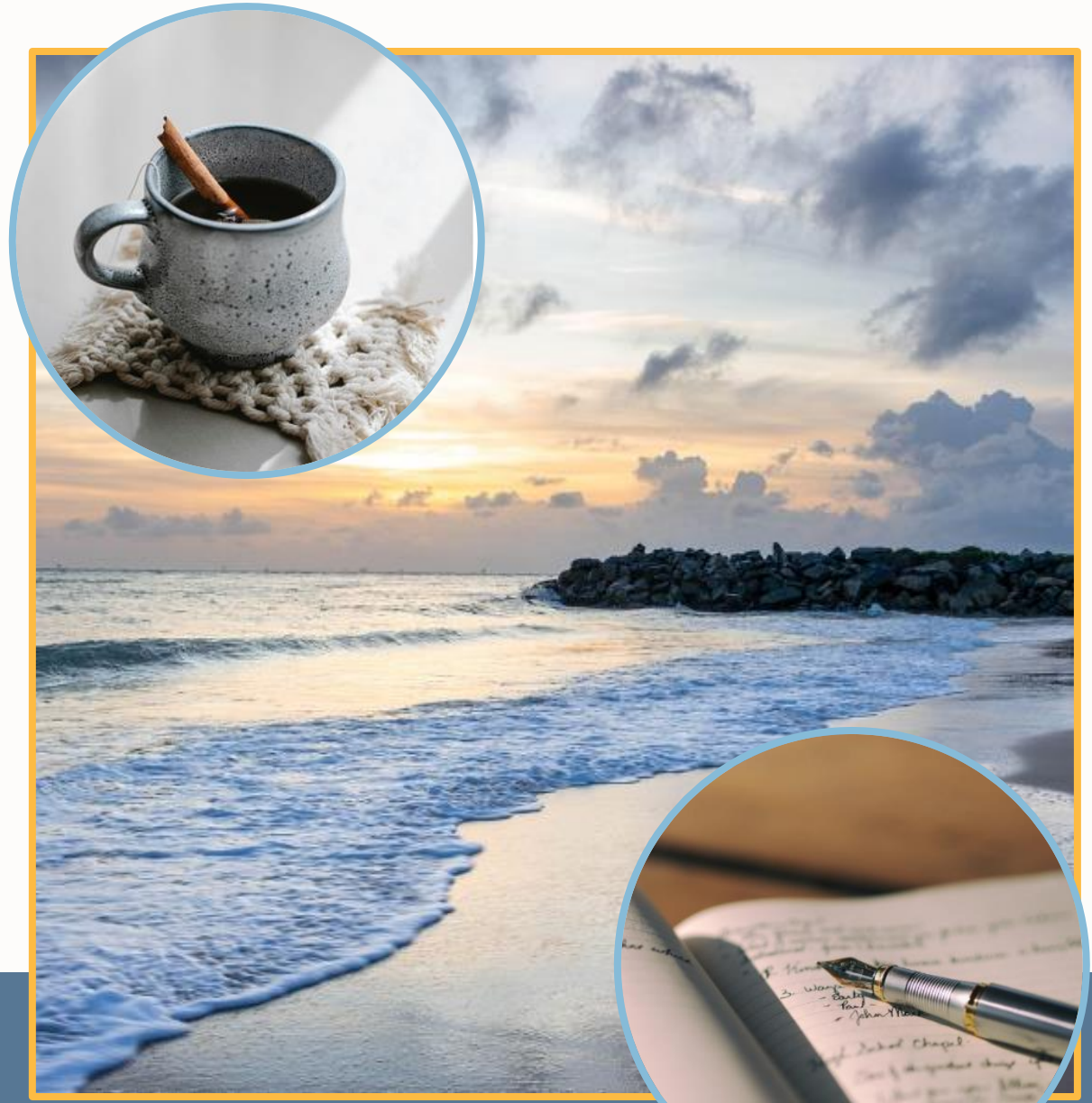
Neuroplasticity Enables Growth:

- The brain rewires through repeated reflection and action.
- *"What fires together, wires together"* – intentional leadership habits strengthen over time.



Reflection

1. Self-awareness
2. Critical analysis
3. Feedback integration
4. Learning and application
5. Future orientation




5

“Leader” is *not* your job title; it's your **purpose**, your **voice**, and the **difference** you aim to make.

Sense of Self as a Leader

Resilience

Anchors you when facing leadership stress or uncertainty.

Authenticity

Builds trust with patients, teams, and systems.

Impact

Aligns your influence with what truly matters to you.

Clarity

Guides decisions in complex, high-stakes environments.

How Leadership Identity Is Formed

Values

Your core beliefs - what you stand for.

Experiences

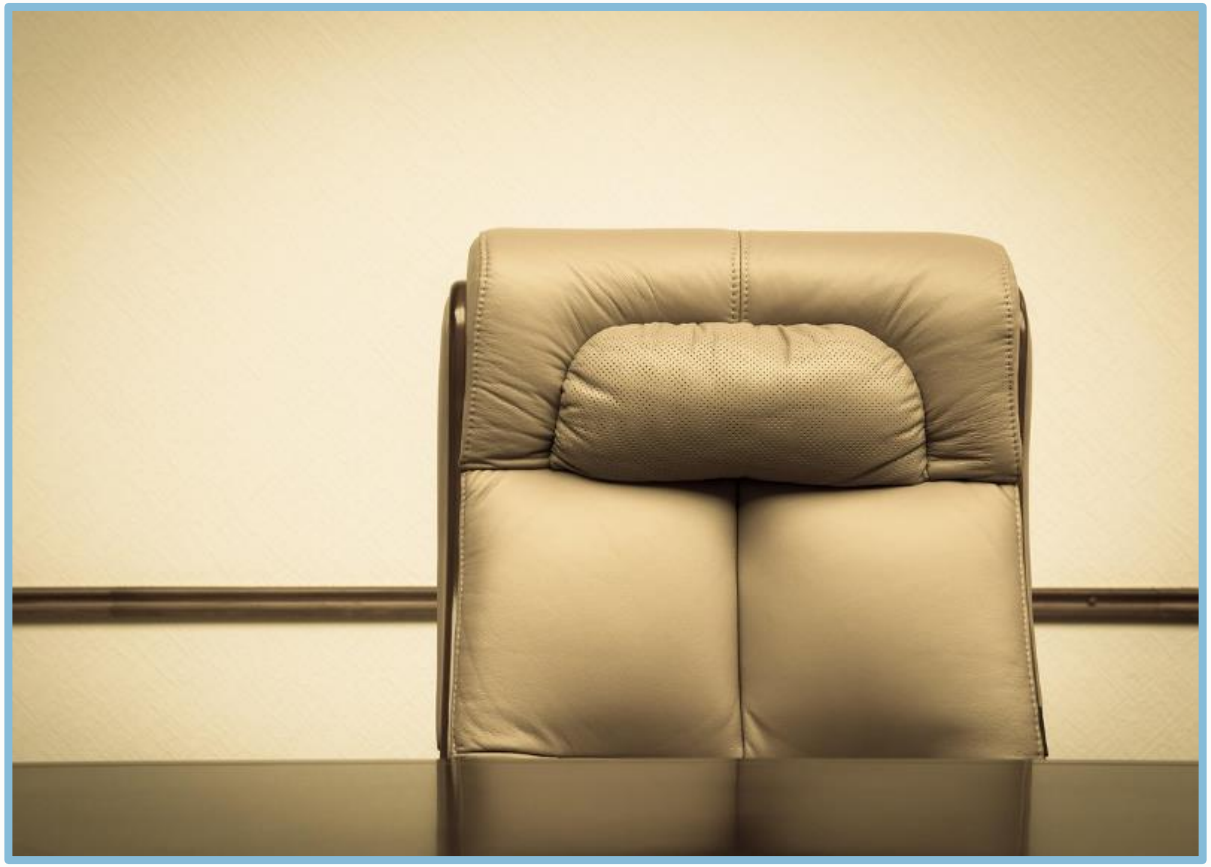
Successes, failures, role models, and defining moments.

Feedback

Insights from peers, patients, mentors - how others experience you.

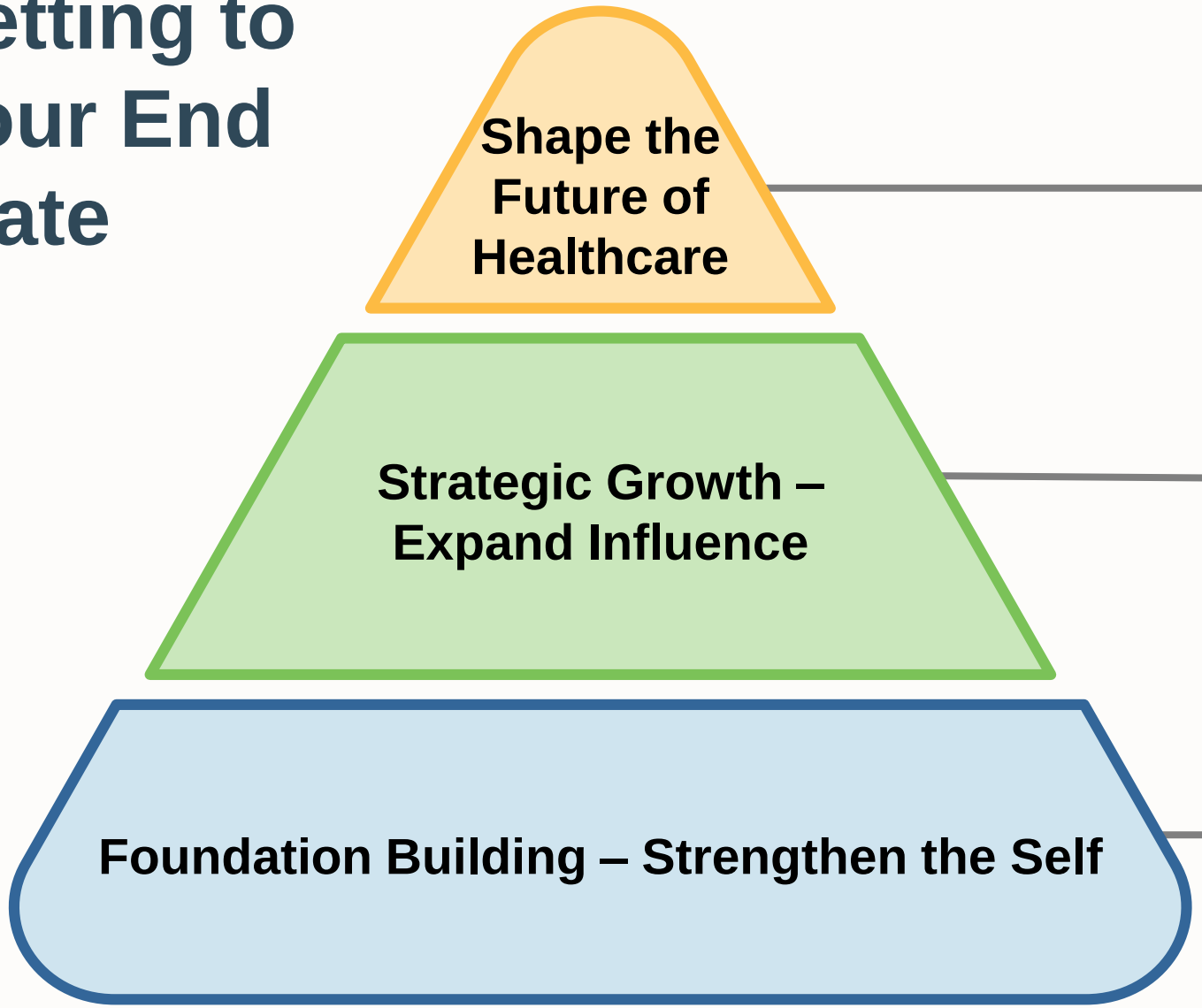
Finding Your “Why” as a Leader

- *Why did I step into leadership?*
- *What do I hope to change, protect, or improve?*



Leadership isn't a position — it's a **mindset** and a set of **behaviors** that can be nurtured.

Getting to Your End State



Become a transformational leader driving innovation and sustainability in healthcare delivery.

Leverage leadership capabilities to influence teams, systems, and policies.

Cultivate clinical excellence, emotional intelligence, and foundational leadership skills.

“The function of leadership is to ***produce more leaders***, *not more followers.”*

- Ralph Nader

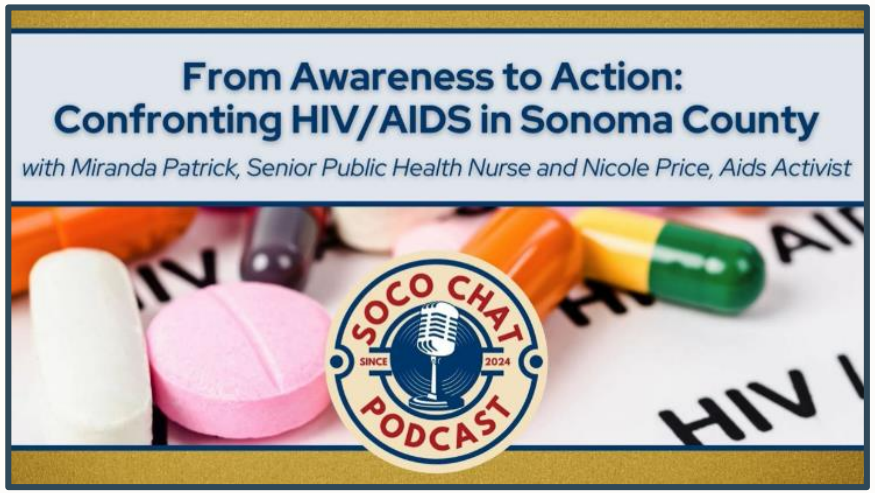
Recognizing Leadership Potential & Cultivating Emerging APC Leaders

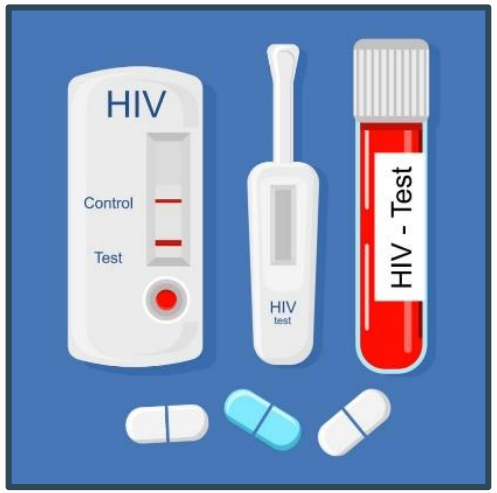
New HIV cases in Sonoma County:

- 2019: 24
- 2022: 42
- 2023: 37

HIV cases on the rise in North Bay, highlighting need for more prevention awareness, experts say

The data underscore an important public health message, according to experts: A larger share of the population should be testing more often for HIV.





What to Look for in Emerging APC Leaders

Initiative
Volunteers for new projects or offers solutions before being asked.

Growth Mindset
Open to feedback, embraces learning opportunities, and seeks development

Integrity
Makes decisions that prioritize patients and team well-being, even when its hard.

Self awareness
Demonstrates emotional intelligence and manages conflict respectfully.

Influence
Peers naturally turn to them for guidance and support

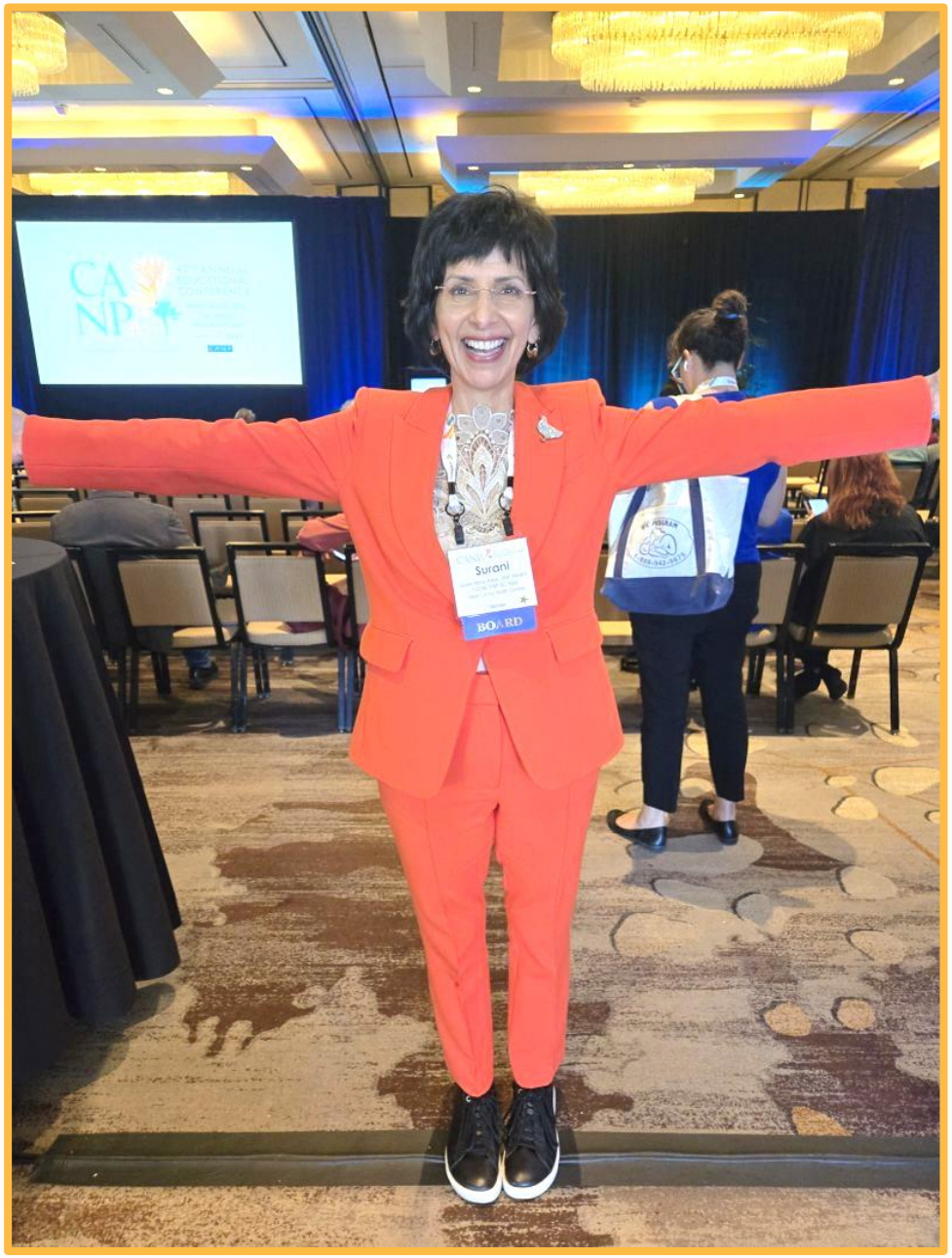
A coach talks to you, a mentor talks with you, and a sponsor talks about you.

COACH	MENTOR	SPONSOR
Provides guidance for your development, often focused on soft skills.	Informally or formally **helps you navigate** your career, providing guidance for choices and decisions.	Senior leader or other person who **uses strong influence** to help you obtain high-visibility assignments, promotions, or jobs.
Who Drives the Relationship? You and your coach.	**Who Drives the Relationship?** You drive the relationship.	**Who Drives the Relationship?** Sponsor drives relationship in many settings.

Strategies to Support APC Leaders

- Model reflective practice
- Create stretch opportunities
- Provide regular feedback
- Sponsor, don’t just mentor
- Encourage identity formation

- **Reflection** is essential.
- **Experiences** shape identity.
- You can **cultivate leadership** in yourself and others.



THANKS!

suranihayrekwan.com

APP Leadership in Action: A Diverse Perspective

Moderator:
Mitchel Erickson, DNP, MS, BSN, BSc, ACNP-C

Panelists:
Clair Kuriakose, MBA, PA-C

Kristy Wiese, MPP

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10:30-11:15am

Poster Presentations and Coffee Break

Posters are displayed in Crystal Ballroom II

11:15am-12:00pm

Regional Membership Meeting and Networking

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

Crystal Ballroom

ZUMBA

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

Track 1- New Programs- Capitol Peak B

Track 2- Existing Programs-Capitol Peak A

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

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

Track One- in Capitol Peak B

Track Two-Capitol Peak A

SESSION	TRACK ONE: New or Soon to be Implemented Programs	TRACK TWO: Existing Programs
Session 1 1:00–2:00 p.m.	**Curriculum Development and Design Selecting Your Curriculum Content and their Modalities** ***Presenter:*** **Natalie Raghu**, DNP, FNP-C, BC-ADM, APRN-FPA, Medical Director of Advanced Practice Providers at Erie Family Health Center ***Moderator:*** **Kameren Owens**, FNP-C, Medical Director at Alliance Medical Center	**Accreditation A–Z: When and How to Approach Accreditation and Re-Accreditation** ***Presenters:*** **Margaret Walsh**, MS, FNP-BC, Program Director, NP Residency in Primary Care for the Underserved, Institute for Family Health; **Stephanie Ngsee**, MSN, RN, FNP-BC, Associate Program Director, NP Fellowship at AltaMed; **Sandra Sanchez**, M.A.Ed., Project Coordinator, Medical Education Department at AltaMed ***Moderator:*** **Shay Etheridge**, MBA, Accreditation Program Manager, Consortium for Advanced Practice Providers
Session 2 2:15–3:15 p.m.	**Making the Case: Selling Your Program Financially** ***Presenter:*** **Alan Wengrofsky**, CPA, Chief Financial Officer at Community Healthcare Network ***Moderator:*** **Mitchel Erickson**, DNP, MS, BSN, BSc, ACNP-C, UCSF Geriatric Age-Friendly ED Consultant, Acute Care Nurse Practitioner, Division of Geriatrics Clinical Professor at UCSF Department of Physiological Nursing	**Managing the Struggling Learner** ***Presenters:*** **Garrett Matlick**, DNP, MPH, APRN, FNP-BC, PMHNP-BC, Clinical Program Director of Community Health Center, Inc.'s NP Residency Program; **Sarah Freiberg**, MSN, APRN, PMHNP-BC, Clinical Program Director of the PMHNP Program at Community Health Center, Inc.'s NP Residency Program ***Moderator:*** **Shannon Fitzgerald**, MSN, ARNP, Consortium for Advanced Practice Providers Board Member, Consultant & Former Chief, Advanced Practice at Seattle Children's Hospital, Bainbridge Pediatrics

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Welcome Back

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Understanding Your Program's Budget, ROI and How to be Financially Sustainable Panel

Presenters: Cate Brady, MPAS, PA-C and John Ringhisen, PMHNP-BC, NPP

Financing the Future

Budgeting & Return on Investment for APP Postgraduate Training Programs

Cate Brady
Assistant Professor, PA-C
Director of GI APP Fellowship
University of Colorado

John J. Ringhisen
Adjunct Professor, PMHNP-BC
Director Psychiatric NP Fellowship
SUNY Upstate

Disclosures

I have no financial disclosures

Learning Objectives

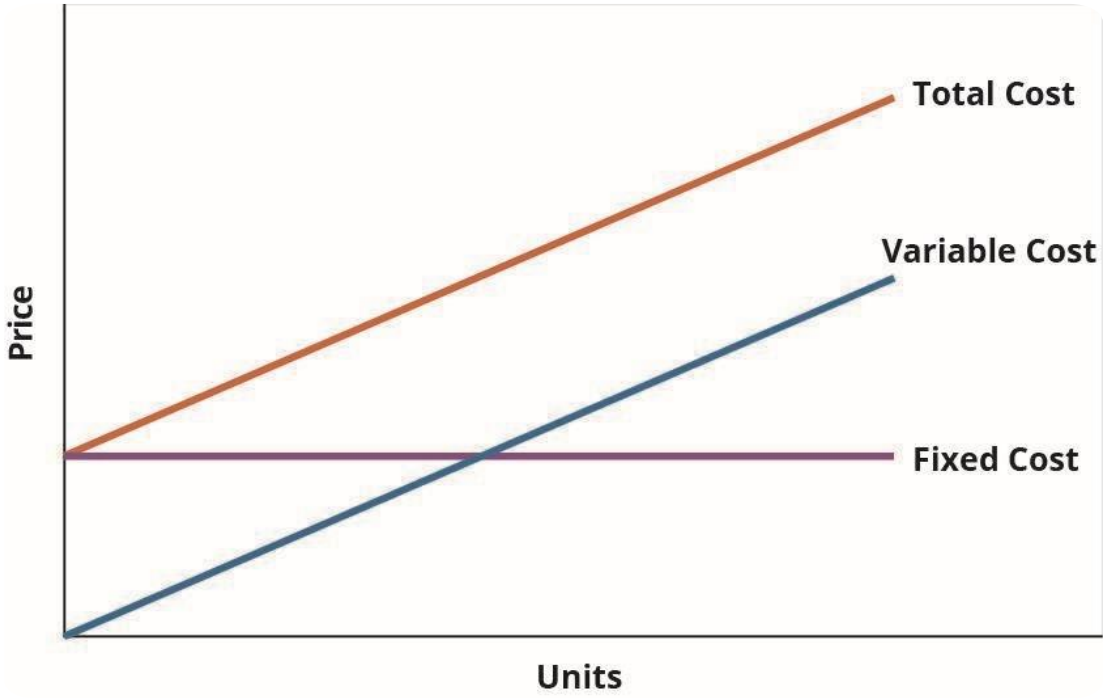
1. Identify key fixed and variable costs associated with launching and sustaining an APP postgraduate training program.
2. Describe common funding sources
3. Interpret basic financial documents and metrics to support program planning and oversight.
4. Calculate and explain return on investment (ROI) for APP training programs
5. Evaluate strategies to improve financial sustainability
6. Develop a data-driven narrative to effectively communicate the financial value of APP postgraduate programs to key stakeholders.


STOP BUDGETING THE HARD WAY
BUDGET
Netflix
Groceries
Beef Jerky
Gas

Financing the Future

Budgeting & Return on Investment (ROI)

Fixed and Variable Costs



Fixed Cost

Predictable, recurring expenses that remain relatively constant year to year, regardless of the number of fellows or program volume.

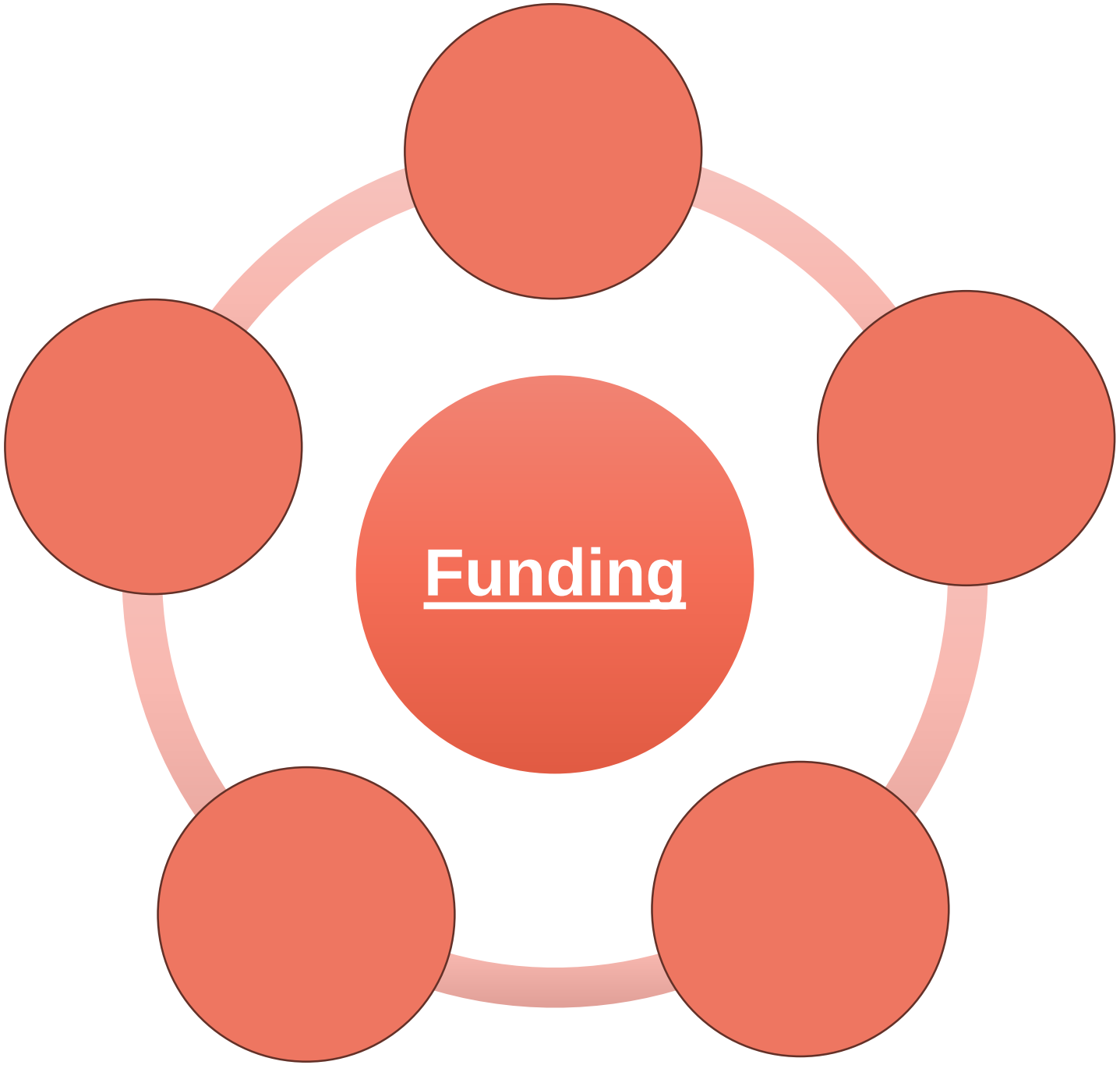
Variable Costs

Expenses that fluctuate depending on the number of fellows, available resources, or program changes. These may shift annually.

Postgraduate Fellowship Breakdown

Fixed Costs	Variable Costs	
Faculty FTE adjustments	Fellows' salary	
Administrative support	Supplies/materials	
Curriculum development	CME budgets subjected to change	
Educational platform licenses	Guest lectures?	
Facility overhead (if applicable)	Evaluation and assessment tools	

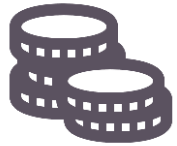
Funding, oh funding where art thou?


Funding

Realistic? Probably not.

Financial Challenges

Securing ongoing funding



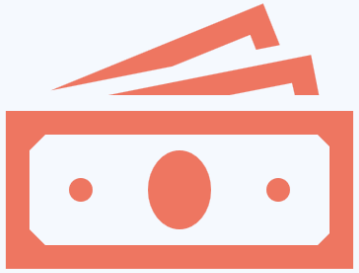
Justifying costs

Fluctuating enrollment

Competing priorities

Costs of job posting and clinical schedule adjustments

Interpreting Key Documents

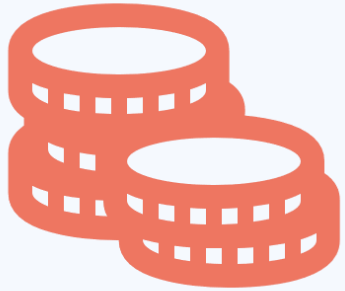


Income statement

Revenue

Expenses

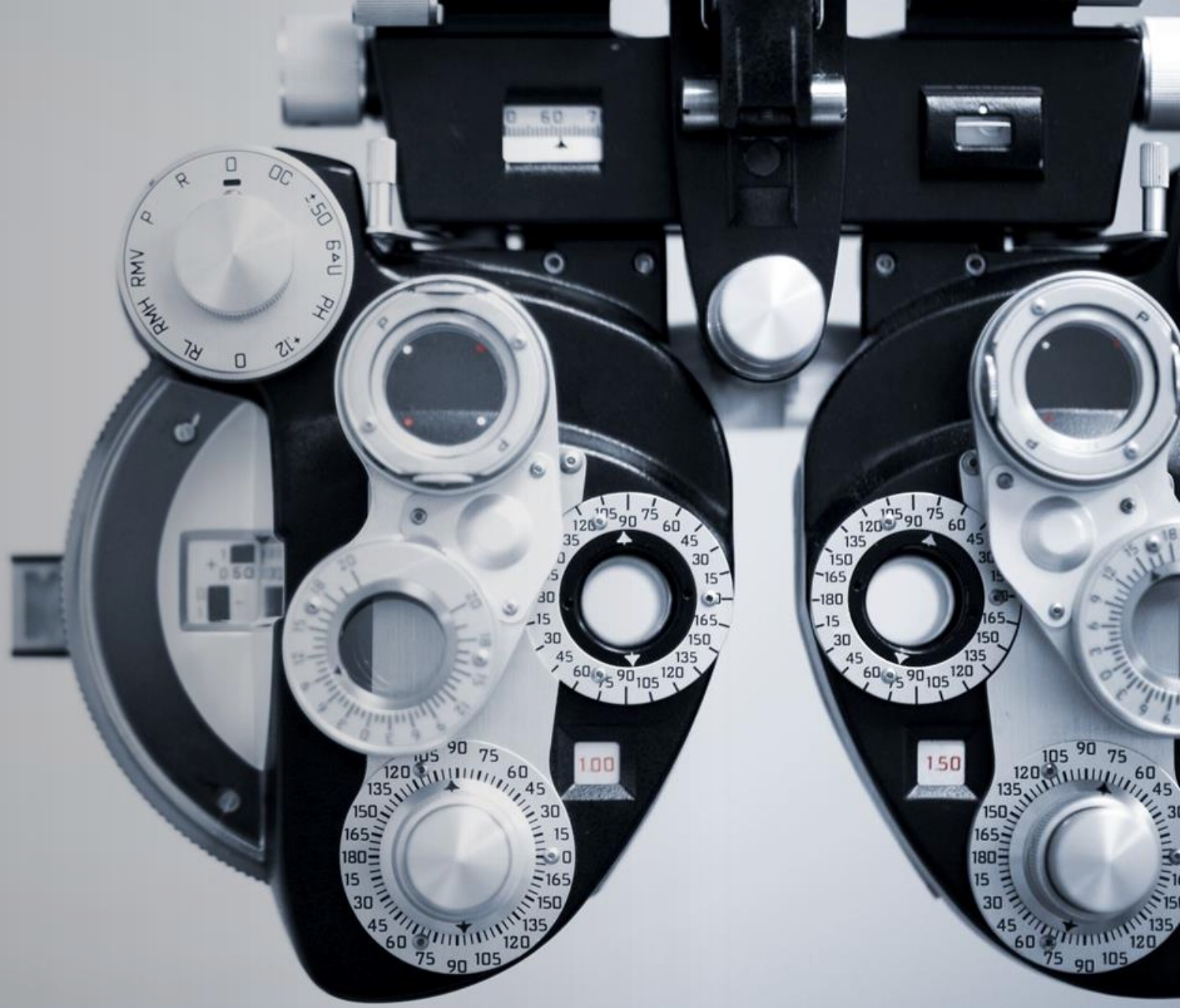
Net gain/loss over time



Cost per learner analysis

$$\text{Cost per Learner} = \frac{\text{Number of Fellows}}{\text{Total Program Cost}}$$

Optimize Operations



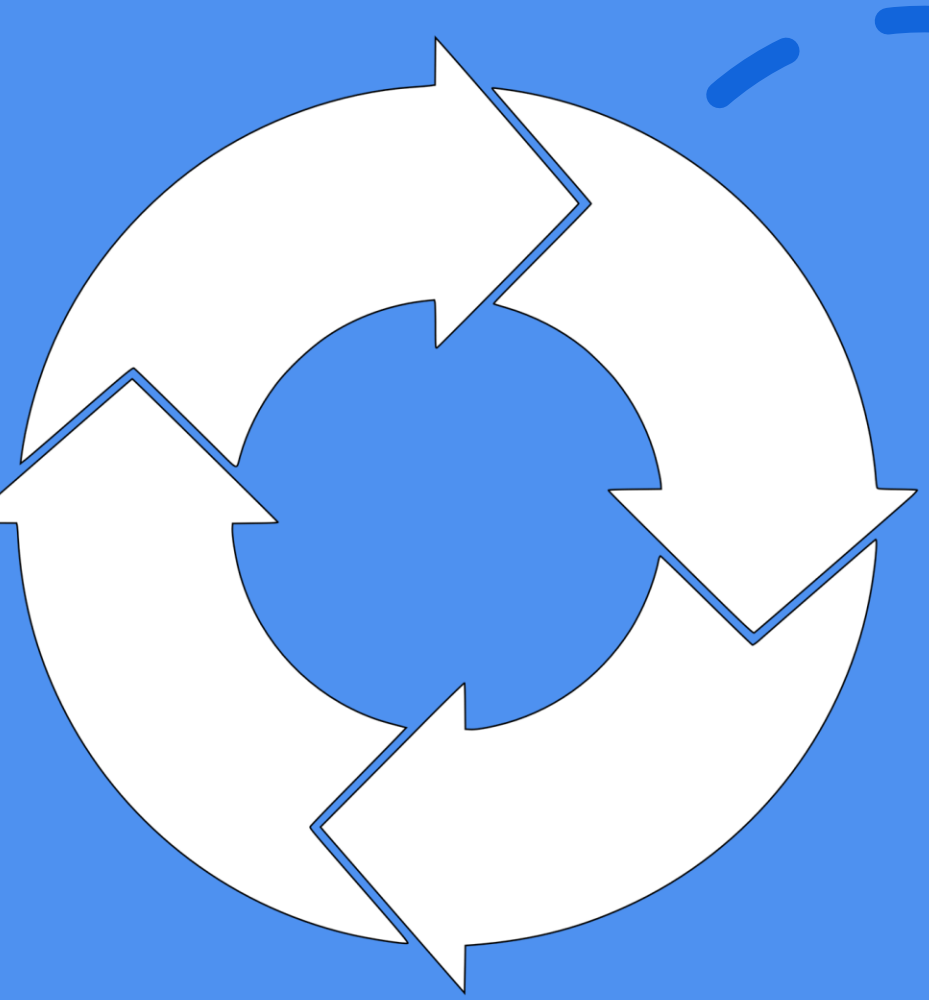
Efficiency at it’s finest.

Be Efficient. Optimize

Lean staffing model examples You take on some HR responsibilities like interviews, job postings, networking Use online didactics for education content instead of in person lectures Find committed providers who are clinical educators	**Preceptors** Set expectations Give them dot phrases for attestations for fellows Use scheduled send emails Make evaluations short and sweet	**Use Techology Efficiently** Implement LMS such as online education portals designed by subspecialties, MedHub online evaluations, share calendar invites on outlook	**Curriculum Sharing** Don’t reinvent the wheel Look on MedEd portal or Google Scholars for published

ROI Framework

- ***Direct Costs****: Clearly and exclusively associated with running the fellowship.*
- ***Indirect Costs****: Shared or institutionally absorbed expenses not always budgeted directly (e.g., faculty time, marketing, insurance).*



Input: *Resources invested*

Financials, Faculty availability, Infrastructure, Time

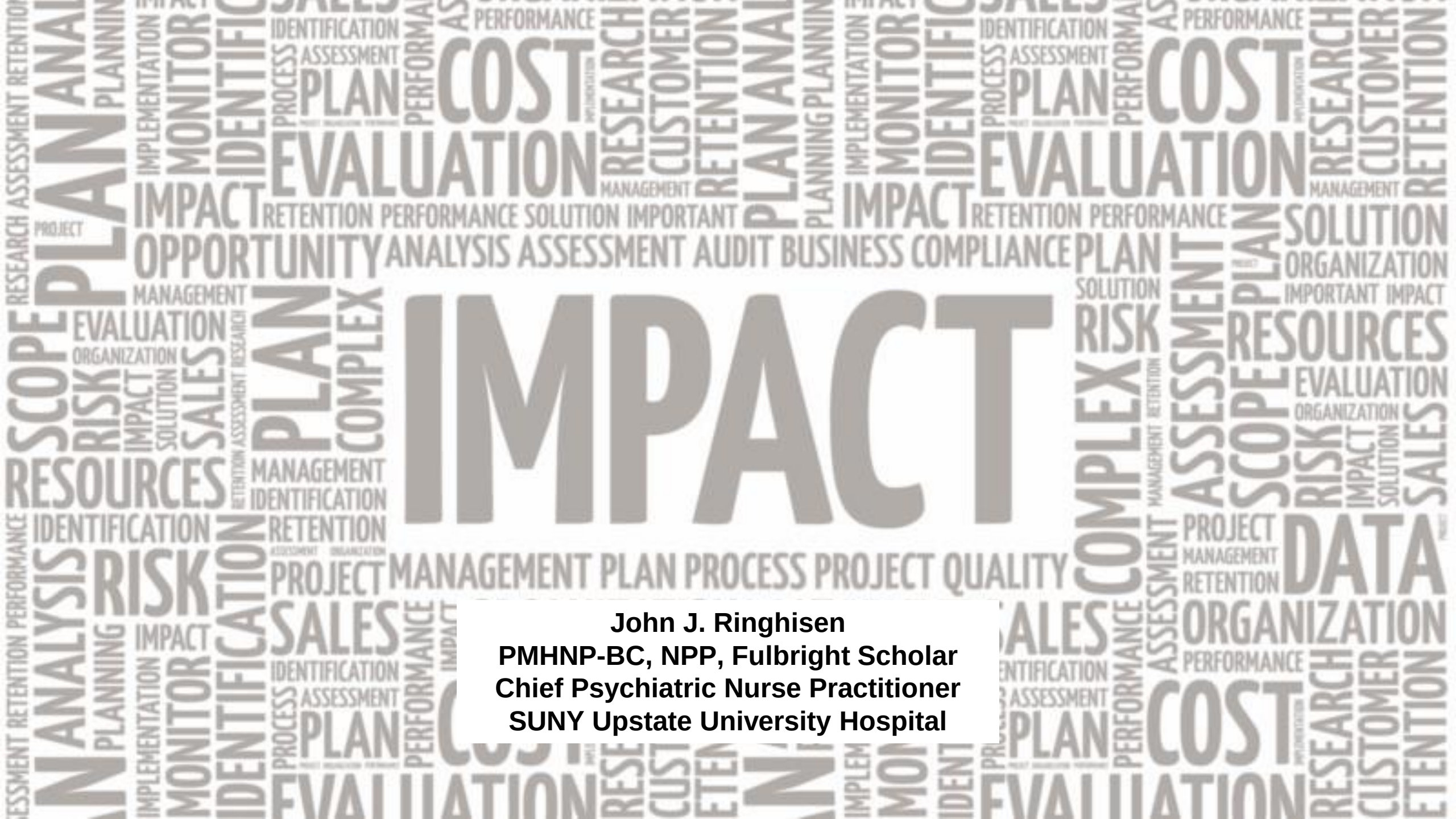
Process: *Development & training*

Rotations, evaluations, didactics, mentorship

Output: *Results or deliverables*

Reduced turnover, competent APPs, RVUs, increased access

Category	Amount	Type	Notes
Operating Expenses		Direct	Day-to-day programmatic costs
Fellow Salary		Direct	Core direct expense
Fringe Benefits (42%)		Direct	Typically includes health, retirement, etc.
White Coat		Direct	Onboarding expense
ACG Membership		Direct	Professional development
Computer and IT Equipment		Direct	Hardware and software
CME Allowance		Direct	Continuing medical education stipend
Office Supplies		Direct	Printing, binders, basic supplies
Malpractice/Liability Insurance		Indirect	Covered institutionally, not a direct program expense
Marketing and Recruitment		Indirect	Institutional or departmental overhead
Program Director (20% FTE)		Indirect	Faculty time often categorized as indirect or shared



John J. Ringhisen
PMHNP-BC, NPP, Fulbright Scholar
Chief Psychiatric Nurse Practitioner
SUNY Upstate University Hospital

HELLO!

I am John Ringhisen

PMHNP-BC, NPP

You can find me at
ringhisj@upstate.edu

Disclosures -

- I am a speaker for the American Professional Society of ADHD and Related Disorders (APSARD) for ADHD
- I am the Chair of the Medication Subcommittee for the US Based Guidelines for Adults with ADHD being developed by APSARD
- All relevant financial relationships have been mitigated.

Building a Strong Business Case

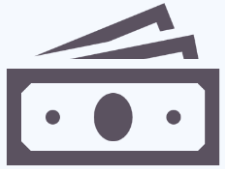
- Clearly defined Return on Investment (ROI)
  - Lower turnover rates; therefore, less recruitment cost
  - More productive staff, i.e. ‘cloning’
  - Improved Quality Initiatives
    - Patient satisfaction and HCAHPS scores
    - Increased awareness of ongoing initiatives
    - Knowing the System
- Benchmark Cost vs. Benefit
  - Capitalize on comparative data from existing systems
    - Vizient, Department of Defense and Veterans’ Affairs, Regional Academic Centers

Funding Strategies

Institutional Funding

Educational and Workforce Development

- Graduate Medical Education (GME)
- APP Specific
- Alumni Foundations



Revenue Offsets

Independently billing for services under their own license

Minimize productivity overlap with preceptors

External Funding

Grants*

Public-Private partnerships with industry or similar services

Service Line Investment

Optimize Operational Efficiency – Get LEAN

- Interdisciplinary teams with shared supportive resources
- Centralized training for preceptors
- Unified Curriculum
- Technology
  - Artificial Intelligence is here…like it or not.

Demonstrate and Communicate Value

- Track Key Performance Indicators (KPIs)
  - Retention, Clinical Competency, Time to Full Caseload, Patient Outcomes
- Annual Impact Report
  - ROI supported by KPI – proof is in the numbers
- Advocacy with Executives
  - Align program goals with organizational priorities
    - Representative Workforce, Workforce Resilience, Access to Services

Build a Sustainable Workforce Pipeline

- Internal Recruiting
  - Who’s training with you already?
  - Can you guarantee employment?
- Long-Term Commitment
  - Post-Residency service contract
- Strategic Expansion
  - Know when and where to grow

Key Performance Indicators (KPIs) An in depth look

Financial Sustainability KPIs

- Cost Per Resident – total program cost / number of residents
- Post-Residency Retention - % of grads who remain employed with your organization for 1+ years
- Time to Full Caseload/Productivity – average time to reach full clinical productivity
- Billing Revenue – independent revenue residents generate billing under their own credentials

Workforce and Recruitment KPIs

- Applicant-to-position ratio – how many apply : positions available, indicator of interest and reputation
- Graduate Placement Rate - % who secure jobs, especially within your organization
- Diversity Metrics – demographics representative of your patient population

Educational Quality KPIs

Competency Achievement - % meeting or exceeding competency benchmarks in pre/post assessment

Preceptor Satisfaction – surveys on support, workload, training, program design, curriculum

Resident Satisfaction – curriculum, support, experiential feedback – would you recommend?

Patient Care and Quality KPIs

- Patient Satisfaction Scores – HCAHPS, compare to other residents and providers
- Clinical Error Rates – track not only occurrence rates but outcomes, repetition, and correction plans
- Access to Care – appointment wait times, % of MEDICAID among the caseload, throughput reports
- Prescribing Trends – controls, incident reports, DEA and licensing agencies

CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS
Setting the standard for postgraduate training

Current State of APP Postgraduate Training and Evaluation of the Healthcare Landscape

Margaret Flinter, PhD, APRN, FNP-C, FAAN, FAANP
Sue Birch, MBA, BSN, RN

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Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Health of US Primary Care: 2024 Scorecard
No One Can See You Now

Webinar
February 28, 2024

THE PHYSICIANS FOUNDATION
Empowering Physicians Improving Healthcare

Milbank Memorial Fund
Using evidence to improve population health.

Opinion | The shrinking number of primary-care physicians is reaching a tipping point

By Elisabeth Rosenthal
September 5, 2023 at 8:34 a.m. EDT

Primary care saves lives. Here's why it's failing Americans.

By Frances Stead Sellers
October 17, 2023 at 6:00 a.m. EDT

Why you can't get in to see your primary care doctor. 'It's almost frightening.'

A wave of retirements, growing patient demand, and changing patterns of well visits are behind the crunch.

By Jessica Bartlett Globe Staff, Updated February 5, 2023, 4:28 p.m.

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"No One Can See You Now"

"Although the number of primary care physicians per capita is dropping, the number of NPs and PAs working in primary care is on the rise. As a result, the total number of primary care clinicians per capita is increasing, yet this clinician mix is evidently insufficient to meet demands. The patient population is growing, is aging, and has a higher chronic disease burden. Physicians tend to see more patients overall than NPs and PAs, and they also tend to see more complex patients on average. Therefore, while NPs and PAs are essential to the primary care team, they play different roles and have different skill sets than physicians, so they are not a one-to-one replacement when determining workforce sufficiency."

- The Health of US Primary Care: 2024 Scorecard Report No One Can See You Now: Five Reasons Why Access to Primary Care Is Getting Worse (and What Needs to Change)

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From New Nurse Practitioner to Primary Care Provider: Bridging the Transition through FQHC-Based Residency Training

Margaret Flinter, PhD, APRN, c-FNP

Article

Abstract

Community Health Center, Inc. (CHCI), a multi-site, federally qualified, health center (FQHC) in Connecticut, implemented a one-year-residency program for new nurse practitioners (NPs) in 2007. This residency program is specifically designed for family nurse practitioners intending to practice as primary care providers in federally qualified

November 28, 2011
DOI: 10.3912/OJIN.Vol17No01PPT04
https://doi.org/10.3912/OJIN.Vol17No01PPT04

Citation: Flinter, M., (November 28, 2011) "From New Nurse Practitioner to Primary Care Provider: Bridging the Transition through FQHC-Based Residency Training" *OJIN: The Online Journal of Issues in Nursing* Vol. 17 No. 1.

Capitol Hill Gets Briefed on NPs in FQHCs

By Eileen T. O'Grady, PhD, RN, NP

With economic stimulus funds working their way through federal agencies for disbursement, a group of inspirational NPs held a briefing on Capitol Hill on May 28 to tell congressional staff about unique workforce issues in Federally Qualified Health Centers (FQHCs) and steps they have taken to address those issues. FQHCs receive Medicare and Medicaid reimbursement for care for uninsured individuals. Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., in Connecticut, and other executives from that organization led the NPs as they shared their stories.

Margaret's organization is an example of community health centers, serving 70,000 patients in 160 locations across Connecticut. This FQHC is a model of a comprehensive, fully electronic, primary health care system.

Nationwide, there are 6,000 vacancies for primary care positions in community health centers. The turnover rate is very high. The NPs at the congressional briefing presented compelling cases about unique challenges that providers at these health centers face. The Capitol Hill visitors spoke of the need for NPs orientated to the underserved to have support in their first year of practice.

To address these needs, the Connecticut Community Health Center developed and implemented a model for a one-year residency training program to prepare new NPs for practice in any FQHC in the nation. New NP graduates (either MSN or DNP) receive a full salary and intensive, structured support while they develop competency and confidence as primary care providers in this challenging setting.

Two NPs, one just entering the residency training program (Kandree Hicks) and a graduate from the inaugural group of 2007-2008 (Monica O'Reilly) spoke of their journeys into nursing and their commitment to the underserved. They described how their classmates avoided community health centers or left after short stints because they felt overwhelmed and unprepared to serve such complex patients.

Monica told how the NP residency program smoothed her transition from NP graduate to provider. All elements of the residency, from preceptor clinics to additional training in specialty areas, prepared her to thrive in her new position as a primary care provider in another FQHC. The speakers eloquently shared powerful stories of the work of well-prepared NPs in this difficult setting.

Margaret Flinter, APRN, vice president and clinical director of the Community Health Center, Inc., speaks at the congressional briefing. Seated at the table are Mark Masselli, president and CEO of the organization, and Monica O'Reilly, APRN, a graduate of the inaugural class of the residency program who now works at Holyoke Health Center in Holyoke, Massachusetts.

The goal of the NP-led briefing was to educate congressional staff about the value of FQHC-based residency training and to propose a model for replication across the country. A proposal developed by the Connecticut Community Health Center was put forward to target specific Health Resources and Services Administration funds for this purpose.

Monica O'Reilly, APRN, a graduate of the inaugural class of the Community Health Center residency program, shares her experiences. Seated at the table are (left) Kandree Hicks, MSN, an incoming resident in the program, and Nwando Olayiwola, MD, chief medical officer of the Community Health Center.

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Developing Standards for Accreditation

- 2009: A group of leaders in developing programs came together as the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC).
- We agreed to work together to share best practices and develop rigorous standards with an ultimate goal of developing an accreditation program to assure consistency, rigor and excellence.
- We first sought a partner organization for this but finding none, took it on ourselves to develop an Accreditation program.

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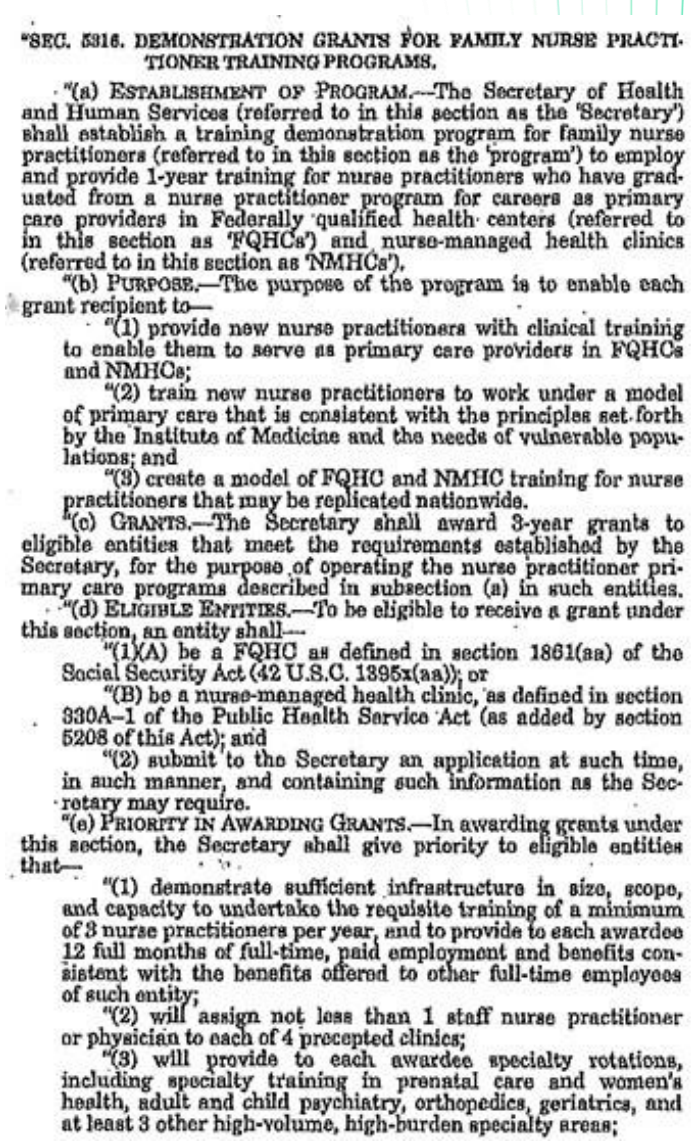
History and Milestones

- 2012: Veteran Affairs launched NP Residency program as a demonstration model and hospital/health systems adopted NP/PA programs
- 2015: Consortium officially launched accreditation pre-work with the Department of Education and became federally recognized as an accreditor of Postgraduate NP Residency and Fellowship programs in 2022
- 2018: HRSA-BHW announced 1st funding opportunity for NP postgraduate residency/fellowship programs
- 2024: Consortium received federal recognition for its expansion of scope to accredit joint NP/PA Postgraduate Training Programs
- What had started as an innovation model truly was now a national movement

Section 5316 PPACA

- SEC. 5316. DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONERS TRAINING PROGRAMS.
- (a) Establishment of Program.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary*) shall establish a training demonstration program for family nurse practitioners (referred to in this section as the ‘program’) to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health (referred to m this section as 'FQHCs’) and, nurse-managed health clinics
- (b) Purpose.—The purpose of the program is to enable each grant recipient to—
- (1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs
- (2) to train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations:
- (3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide



"SEC. 5316. DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS.

"(a) ESTABLISHMENT OF PROGRAM.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall establish a training demonstration program for family nurse practitioners (referred to in this section as the 'program') to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (referred to in this section as 'FQHCs') and nurse-managed health clinics (referred to in this section as 'NMHCs').

"(b) PURPOSE.—The purpose of the program is to enable each grant recipient to—

"(1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs;

"(2) train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations; and

"(3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide.

"(c) GRANTS.—The Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner primary care programs described in subsection (a) in such entities.

"(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

"(1)(A) be a FQHC as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)); or

"(B) be a nurse-managed health clinic, as defined in section 330A–1 of the Public Health Service Act (as added by section 5208 of this Act); and

"(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

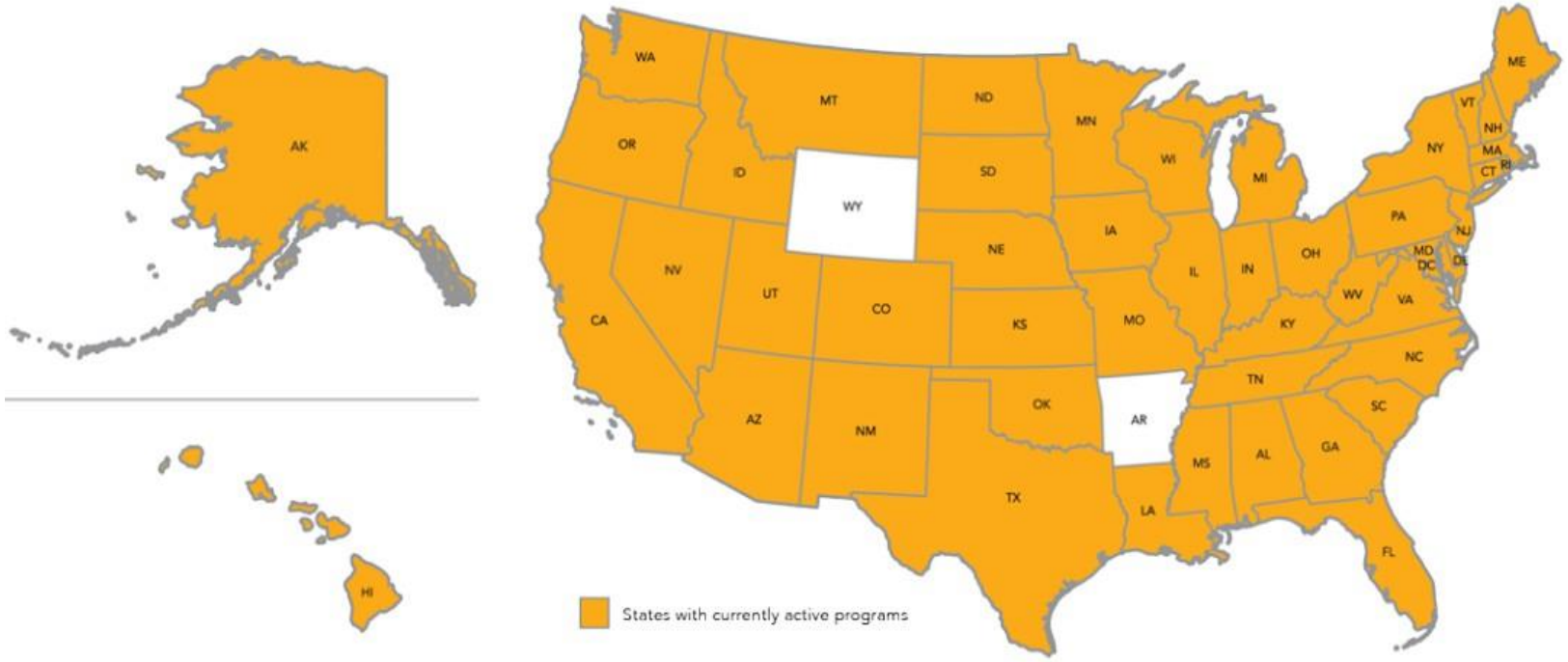
"(e) PRIORITY IN AWARDING GRANTS.—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

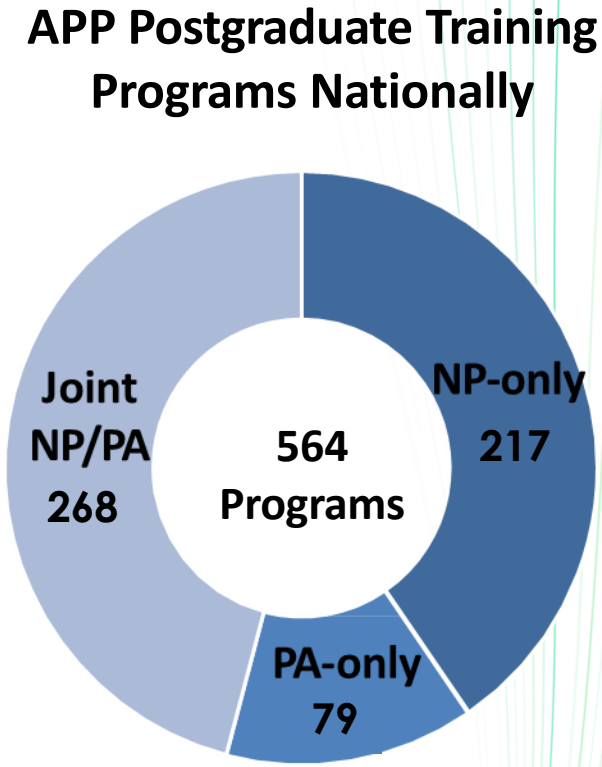
"(1) demonstrate sufficient infrastructure in size, scope, and capacity to undertake the requisite training of a minimum of 3 nurse practitioners per year, and to provide to each awardee 12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity;

"(2) will assign not less than 1 staff nurse practitioner or physician to each of 4 precepted clinics;

"(3) will provide to each awardee specialty rotations, including specialty training in prenatal care and women's health, adult and child psychiatry, orthopedics, geriatrics, and at least 3 other high-volume, high-burden specialty areas;

APP Postgraduate Training Programs Nationally





- 564 APP Postgraduate Training Programs
- 259 Primary Care APP Postgraduate Training Programs
- 120 APP Postgraduate Training Programs in FQHCs
- 108 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP) Postgraduate Residency Training Learning Collaborative

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Accreditation

- The Consortium for Advanced Practice Providers (CAPP) has accredited 45 APP training programs 11 of which are joint NP/PA Postgraduate Training Programs. There are 3 programs awaiting accreditation decisions, 19 programs in the pipeline working on their accreditation self-study and 33 programs in an "exploratory" phase considering accreditation
  - **Total gradates in 2023-2024:** 154 from 29 Programs
  - **Total current trainees (2024-2025):** 178
  - **Average program completion rate across programs:** 85%
  - **Average retention rate in sponsoring organization:** 82%
  - **Total number of graduates from program accredited by CAPP:** 980

Veteran Affairs (VA) Training

In 2024, there are now 99 NP Residency Training Programs within the VA:

49: Primary Care NP Residency Programs

43: Psychiatric Mental Health NP Residency Programs

7: Geriatric/Extended Care NP Residency Programs

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

OAA Office of Academic Affiliations
Passion to learn. Power to heal.

HEALTH PROFESSIONS TRAINEES' SATISFACTION SURVEY: ACADEMIC YEAR 2021-2022

91% of HPTs were satisfied or very satisfied with their VA training experience. Before their VA training experience, 50% of HPTs indicated they were interested in working for VA; after their VA training experience, 69% indicated they were interested in working for VA.

HIGHLIGHTS OF ACADEMIC YEAR 2021-2022

- VA established eight new Geriatric and Extended Care Nurse Practitioner Residency programs to help address the nursing shortage and meet the demands of the aging Veteran population. VA has 116 nurse residency programs, including 48 Post-Baccalaureate Registered Nurse Residency programs and 68 Nurse Practitioner Residency programs (34 Primary Care, 26 Mental Health and 8 Geriatric and Extended Care) with over 600 nursing HPT positions.
- Since 2013, VA's Mental Health Education Expansion initiative added more than 780 funded training slots across 10 disciplines, including Psychology, Marriage and Family Therapy, Professional Mental Health Counseling, Nursing, and Psychiatry.
- VA has expanded affiliations to Minority Serving Institutions with HPE programs, including 62% of Asian American, Native American, and Pacific Islander Serving Institutions, 57% of Historically Black Colleges and Universities, 34% of Hispanic Serving Institutions, and 20% of Predominantly Black Institutions.
- 72% of VA physicians, 30% of nursing staff, 41% of other clinical staff, and 18% of VHA administrative staff teach or supervise HPTs at VA.

ABOUT THE OFFICE OF ACADEMIC AFFILIATIONS

As one of four statutory missions and as authorized in Title 38 Section 7302, VA assists the Nation in training health professionals in over 60 professions. Health professions education is conducted in partnership with U.S. academic institutions in accordance with VA's 1946 Policy Memorandum No. 2. Overseen by the Office of Academic Affiliations (OAA), these training programs make the VA the largest platform for health professions education in the country and the second largest funder of graduate medical education in the United States. To learn more about OAA, visit www.va.gov/oaa/.

There are also 13 PA Residency Training Programs within the VA:

4: Primary Care PA Residency Programs

4: Mental Health PA Residency Programs

4: Emergency Medicine PA Residency Program

1: Geriatric Medicine PA Residency Program

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Federal Funding

- **Health Resources and Services Administration (HRSA) ANE-NPR:** In June 2019, HRSA awarded 36 grants to entities in 24 states. (8 in track one and 28 in track two) The grant ended on June 30, 2023.

- **HRSA ANE-NPRIP:** In September 2020, awarded 11 grants. FROM: 09/01/2020 THROUGH: 08/31/2023

- **HRSA ANE-NPRF:** In June 2023-June 30, 2027, Advanced Nursing Education Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program awarded 45 grants .

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Summary of where we are now

- The Postgraduate NP and PA residency and fellowship movement continues to grow and expand in systems of care such as FQHCs, Veteran Affairs, health systems, and hospitals. Public funding is limited and organizations invest directly in programs.
- Federal funding through BHW has been instrumental to the growth of NP residencies and fellowships in FQHCs and safety net settings and warrants our support but needs to be expanded and sustained.
- Healthcare organizations continue to make major direct investment in postgraduate training for NPs and PAs because it is in their strategic best interest as part of the workforce strategy.

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June 17, 2025

The Honorable Susan Collins
Chair
Senate Committee on Appropriations
S-128 The Capitol
Washington, D.C. 20510

The Honorable Patty Murray
Vice Chair
Senate Committee on Appropriations
S-146A The Capitol
Washington, D.C. 20510

The Honorable Tom Cole
Chairman
House Committee on Appropriations
H-307 The Capitol
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Chair Collins, Vice Chair Murray, Chairman Cole, and Ranking Member DeLauro:

We are writing to request that FY 2026 funding be appropriated in the amount of $40 million to continue to establish and expand eligible postgraduate Nurse Practitioner Residency and Fellowship Training Programs nationwide. Since FY 2019, these programs have been supported by both Advanced Nursing Education funds awarded by HRSA's Bureau of Health Workforce,[1] and by additional direct appropriations provided annually by both the Senate and the House Appropriations Committees. Postgraduate NP Residency and Fellowship Training Programs are now recognized as making a proven and significant contribution to addressing the critical primary care provider shortage in this country, particularly in underserved communities and populations. We must maintain this funding.

The purpose of this funding is to continue to implement what has been demonstrated to be a successful model of postgraduate NP training in health safety-net settings nationwide with a preference for Federally-Qualified Health Centers (FQHCs). The goal is to establish, maintain and expand community-based postgraduate NP Residency and Fellowship Training Programs that are accredited, or in the accreditation process, for postgraduate NPs in primary care, including primary care-based psychiatric/ mental health NPs. Education and training specialties supported by the program today include family, adult/gerontology, pediatric, women's health NPs, certified nurse midwives, and psychiatric/mental health NPs, with family NPs who are prepared to care for individuals across their life spans constituting the largest group.

Created by a single FQHC in 2007, which recognized the need for and benefit of such training, the original postgraduate NP Residency Training Program has evolved to become a highly respected, successful model capable of replication nationwide. There are now programs in 48 states. The model has been widely adopted not only by community health centers/ FQHCs, but also by the U.S. Department of Veterans Affairs, hospitals, large health care systems, and in specialty settings. While the focus of the program has always been primary care, the model has also been successfully adopted to provide postgraduate training of both nurse practitioners and physician associates (PAs) in acute care and specialty practices. Thus, today there are more than 560 postgraduate training programs for new NPs and PAs. However, primary care (which is the focus of this federal funding) continues to lead the way with 271 dedicated programs, of which 135 are located in FQHCs. One of the greatest recognized benefits of

[1] 42 U.S.C § 296j (Section 811 of the Public Health Service Act).

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From Kathleen Hatfield:

"It seems impossible to state with certainty where HRSA's funding will land for this Fiscal Year 2025 - which ends 9/30/25 - but here is a summary that you can attribute to Representative DeLauro's Labor-HHS Appropriations Subcommittee Staff:

- "It is difficult to know what HHS is going to do in FY 2025—they have not been forthcoming about HRSA's spending plans.

  In March, Congress passed the full-year Continuing Resolution (CR) for FY 2025, which included the same level of funding for HRSA programs in FY 2025 as had been appropriated in FY 2024. In other words, there is nothing to prevent HRSA from maintaining funding for programs in FY 2025—in fact, our position is that HRSA is legally required to maintain funding for programs in FY 2025 at the same levels as FY 2024. That was exactly the point of enacting a full-year CR.

  But as you've probably seen in media reports, the Trump Administration believes it has the authority to impound funds that were approved by Congress. (Based on Supreme Court rulings, it is clear the Administration does not have the legal authority to impound funds.) Altogether, I do not know whether the Administration will continue to award funds in FY 2025 for this program, but it is our strong view that the FY 2025 full-year CR requires HRSA to continue funding this program at the FY 2024 level."

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(continued)

“When I spoke with someone who handles the ANE account over there, that person said they had been told not to opine on whether or what ANE grant funding would be issued; he said it depends on whether appropriated funds are available. He could not tell me if any such funds are currently available under the FY 23 ANE-NFRP RFP that awarded the 4-year grants for the period that runs from August 1, 2023, through July 31, 2027 (4 years). Normally, they would be funded at the same level they were last year under the current CR.

“I know, though, that the appropriators always believe that they control the purse strings; not the President. So they are currently drafting the FY 2026 appropriations bills, which may not be enacted until late this calendar year or early next calendar year but will technically run from October 1, 2025, to September 30, 2026. Despite the President’s proposed budget for FY 26 eliminating Title VIII, including ANE and our program, that is merely his suggestion. The Senate to date shows no indication it intends to eliminate this funding, and that was hinted at by staff of the Senate Labor HHS Chair. “

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Questions?

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