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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

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TRACK Two: Established Programs

Expansion, Enhancements and Best Practices for Existing Programs

TRACK TWO: Capitol Peak A

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Accreditation A-Z: When and How to Approach Accreditation and Re-Accreditation

Shay Etheridge, MBA; Margaret Walsh, MS, FNP-BC; Stephanie Ngsee, MSN, RN, FNP-BC; Sandra Sanchez, M.A.Ed.

Introductions

- **Margaret Walsh, MS, FNP-BC**: Program Director at The Institute for Family Health
- **Stephanie Ngsee, MSN, FNP-BC**: Associate Program Director at AltaMed Health Services
- **Sandra Sanchez, M.A.Ed.**: Program Manager at AltaMed Health Services

THE INSTITUTE FOR FAMILY HEALTH

AltaMed
QUALITY CARE WITHOUT EXCEPTION™

Getting Started

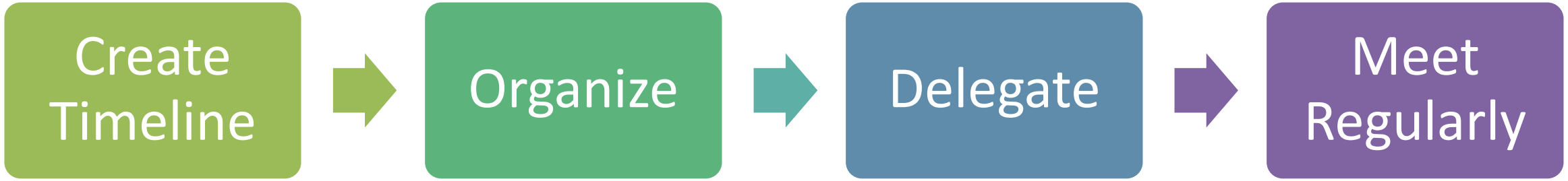
- **What made your program decide it was the right time to pursue accreditation?**
  - There is no right time – Just start!
  - Recognition and credibility

- **How did you prepare internally before starting the application?**
  - Buy-in from senior leadership
  - Familiarized ourselves with standards
  - Make friends
  - Use Consortium Resources

- **Who did you involve from your team, and what roles were essential?**
  - NP Program Director: Clinical
  - Program Manager: Operations
  - Academic Partner: Educational Framework
  - Cross-Departmental Collaboration

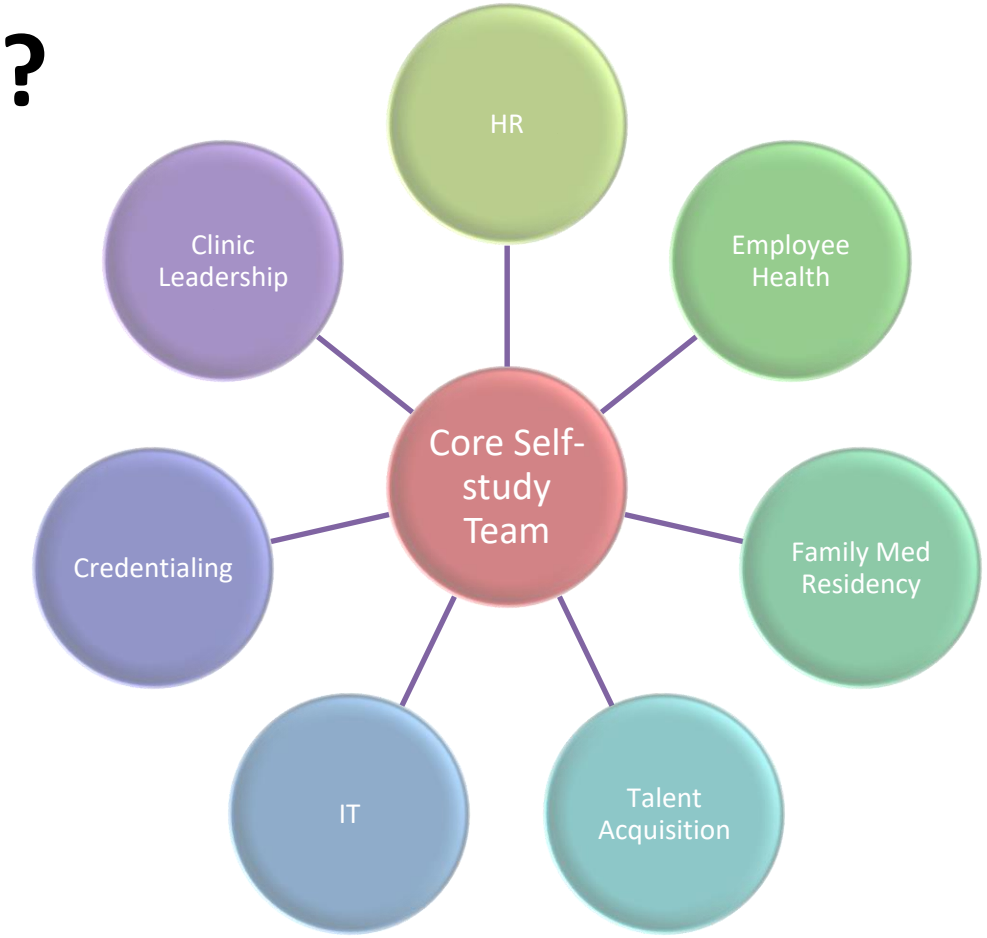
The Self-Study Process

- **How did you approach the Self-study?**
  - Visual of Standards each of us took on



- **Were there any surprises during this phase?**
  - How long it took
  - Unexpected strengths

How did you manage collaboration across departments or roles?



Site Visit Preparation

- **What steps did you take to prepare for the site visit?**
  - Start with C-suite schedule
  - Consider geography and logistics

Sample Schedule

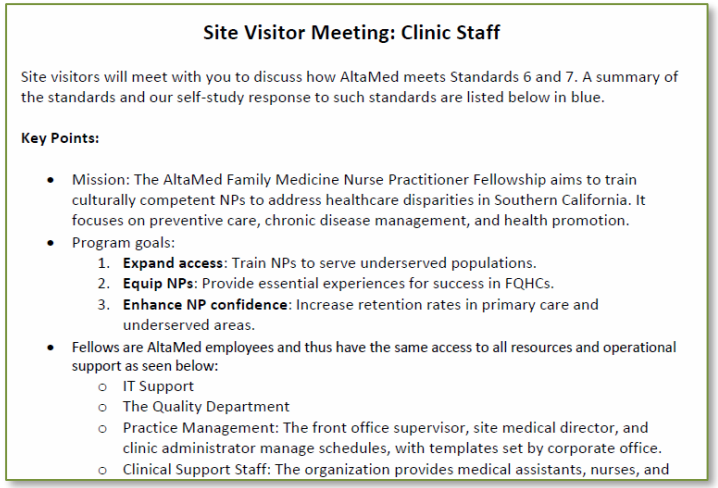
Day 1: Tuesday, April 9, 2024

Location: 123 Main St., Winston Salem, NC 27106 (Clinic Name)

Time	Meeting	Attendees
8:30 - 9:30 am	Welcome Meeting with Senior Leadership	President/CEO, CMO, CNO, CFO, COO, Program Director, Program Manager
9:30 - 10:00 am	Meeting with CFO and COO	CFO, COO
10:00 - 10:30 am	Meeting with HR, Credentialing, Education Department	HR, Credentialing
10:30 - 11:00 am	Meeting with Program Graduates	Program Graduates
11:00 - 11:30 am	Meeting with Board Member	Board Member
11:30 - 12:00 pm	Stakeholder/ Residency Advisory Committee Meeting	Advisory Committee Members, Community Partners, External rotations
12:00 - 1:00 pm	Site Visit Working Lunch	Site Visitors Only
		Medical Assistant, Nurse, Medical Provider

How did you prepare your team, residents/fellows, and preceptors for interviews?

- Met individually with each interviewee
- One-pagers/talking points:

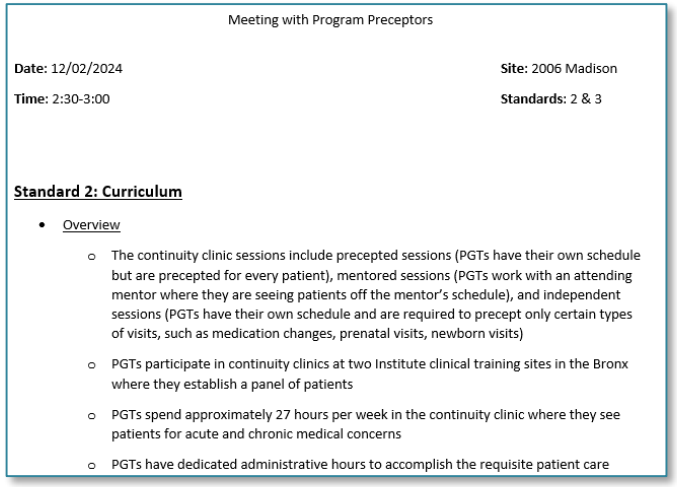


Site Visitor Meeting: Clinic Staff

Site visitors will meet with you to discuss how AltaMed meets Standards 6 and 7. A summary of the standards and our self-study response to such standards are listed below in blue.

Key Points:

- Mission: The AltaMed Family Medicine Nurse Practitioner Fellowship aims to train culturally competent NPs to address healthcare disparities in Southern California. It focuses on preventive care, chronic disease management, and health promotion.
- Program goals:
  1. **Expand access**: Train NPs to serve underserved populations.
  2. **Equip NPs**: Provide essential experiences for success in FQHCs.
  3. **Enhance NP confidence**: Increase retention rates in primary care and underserved areas.
- Fellows are AltaMed employees and thus have the same access to all resources and operational support as seen below:
  - IT Support
  - The Quality Department
  - Practice Management: The front office supervisor, site medical director, and clinic administrator manage schedules, with templates set by corporate office.
  - Clinical Support Staff: The organization provides medical assistants, nurses, and



Meeting with Program Preceptors

Date: 12/02/2024 **Site:** 2006 Madison

Time: 2:30-3:00 **Standards:** 2 & 3

Standard 2: Curriculum

- Overview
  - The continuity clinic sessions include precepted sessions (PGTs have their own schedule but are precepted for every patient), mentored sessions (PGTs work with an attending mentor where they are seeing patients off the mentor's schedule), and independent sessions (PGTs have their own schedule and are required to precept only certain types of visits, such as medication changes, prenatal visits, newborn visits)
  - PGTs participate in continuity clinics at two Institute clinical training sites in the Bronx where they establish a panel of patients
  - PGTs spend approximately 27 hours per week in the continuity clinic where they see patients for acute and chronic medical concerns
  - PGTs have dedicated administrative hours to accomplish the requisite patient care

- **Any practical tips for organizing documentation or scheduling?**
  - Block provider calendars early/schedule around patient care responsibilities
  - Documents are organized and accessible
  - Food/snacks

Site Visit Experience

- **What was the visit like from your perspective?**
  - Nervous, but felt prepared
  - Less intimidating than expected
  - You are given an opportunity to provide any information that is missing/unclear

- **Any moments that stood out as particularly successful or unexpected?**
  - Tour of the clinic was a success
  - Blocking more time than expected
  - Shared final report with all members

- **What feedback from the site visitors stuck with you?**
  - More NP representation
  - More preceptor development
  - More NP advocacy and collaboration with other NP programs
  - Changing term from “mid-level” to “advanced practice”
  - Sufficient administrative time for Residency Director

After Visit: Lessons and Outcome

- **How did you feel once the site visit was over?**
  - Relief!
  - Encouraged!
  - Validated!

- **What changes or improvements has your program made based on feedback?**
  - Added an NP to the Advisory Board
  - Launched Preceptor Workshop and joint training with Family Med Faculty
  - Growing NP Leadership by adding new specialty and clinic preceptors

- **What advice would you give to someone just starting this process?**
  - Documentation
  - Gap analysis
  - Break up the Self Study into smaller pieces
  - Don’t rush the process

- **How long overall did it take your program to go through the accreditation process?**
  - Total 1 - 2 years
    - Self-Study took ~ 9 months - 1 year

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Refreshment Break

Session Two will begin at 2:15pm

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Managing the Struggling Learner

Garrett Matlick, DNP, MPH, APRN, FNP-BC, PMHNP-BC
Sarah Freiberg, MSN, APRN, PMHNP-BC

Approaching the Struggling Learner

Garrett Matlick DNP, MPH, APRN, FNP-BC, PMHNP-BC
Sarah Freiberg APRN, PMHNP-BC

Objectives

- Identify common characteristics and warning signs of struggling learners in APP postgraduate training.
- Apply evidence-based strategies for early intervention, support, and remediation tailored to the needs of struggling learners.
- Demonstrate effective communication techniques for providing constructive feedback and fostering a growth mindset.
- Collaborate with preceptors, mentors and human resources to support learner success and professional development.

Trends/Data

- Burnout rates among primary care physicians, according to the 2024 State of the Primary Care Workforce report by HRSA, increased from 42% in 2020 to 53% in 2022, with a slight decrease to 49% in 2023 (HRSA, 2024).

- Among all clinicians (including NPs and PAs) can be as high as 60%
  - Contributing factors: heavy workload, long hours, admin burdens
  - (Abraham, Zheng, & Poghosyan, 2020)

- Rates of remediation in medical school 15% (3rd year), 11% (4th), 7-15% (residency) (Guerrasio, 2018).

Audience Polling

Community Health Center, Inc.

Common Areas of Struggle

Poor Time Management

- Clinical Schedule Management
  - Too much time in the room
  - Too much time presenting cases
- Clinical Inbox Management
  - Unresolved labs, diagnostic imaging, messages
- Incomplete or Inadequate Documentation
  - Notes not done on time/Too much time spent thinking about notes
  - Notes too lengthy (common issue out of academic programs)
  - Documentation of medicolegal pertinent negatives/patient communication

Common Areas of Struggle

Clinical Acumen

- Lack of sufficient training
  - Academic
    - Programs that teach to the test
      - Limited faculty: student ratio/support
  - Clinical Rotations
    - Programs that require students to locate their own preceptors
    - Preceptors that require payment and take multiple students at once
      - Results in limited time with preceptors
    - Limited preceptors in institutional context
      - i.e. FQHCs → limited rotations with complex, vulnerable populations
  - Insufficient Documentation Practice
    - May never have had a preceptor allow them to document in the chart
      - Academic documentation software (i.e. Exxat, Typhon, etc.) inadequate

Common Areas of Struggle

Unprepared for Complexity

- Variable clinical experiences in academic programs
- Inexperience with volume
  - Anecdotally, 6-10 patients per day maximum (seen independently)
  - Caution on applicant that reports 12-18 patients per day
    - Often reporting those *discussed* and/or shadowed

Common Areas of Struggle

Professionalism

- Provider-patient interactions
- Interprofessional collaboration
    - Provider to Provider
    - Provider to MA, RN
- Friction with residency team

Lack of fit for Environment

- Positive intentions → Realization of disinterest in career in your setting
- Interest limited to training with no interest in setting

Anticipating Areas of Struggle

Pre-Program

- Application Materials
  - Essays
  - CV
  - Interview

*Be explicit in application materials and during the interview process

Anticipating Areas of Struggle

During the Program

- Have a system of *checks and balances*:
  - Journaling
    - Provides close to real-time feedback on a weekly or bi-weekly basis
  - Preceptors
    - The eyes and ears of the program. Residents may not be willing to be up front on allaying fears/concerns with journals.
    - Can notice changes in: body language, lateness to clinic, struggles in finishing notes during the session, concerns with knowledge or clinical reasoning
    - CHC created a system of “Point Preceptors” for FNP and PNP to meet once monthly to discuss concerns with Clinical Program Director.
      - PMHNP program has a similar meeting once monthly.

Anticipating Areas of Struggle

During the Program

- Have a system of *checks and balances*:
  - 1:1 Conversation with Trainees (ad hoc)
    - Periodic check-ins with residents.
      - Overall temperature check on how they are doing
      - Recent successes? Concerns/stresses?
  - Evaluations (formal)
    - Direct observations, written evaluations (i.e. 90 day, mid-year, final), and simulation-based assessment

Anticipating Areas of Struggle

Clinical Observation and Feedback Form

Psych Intake

Date:
Resident:
Preceptor:

Introduces self and explains role	
Reviews Privacy/HIPPA and what would constitute privacy exception	
Elicits patient's treatment goals	
Demonstrates active listening and utilizes communication style that facilitates the building of therapeutic rapport with client	
Utilizes interview style that invites patient to share cultural factors (i.e. Cultural Formulation)	
Explores what is distressing client; explores underlying and contributing factors	
Captures information elicited by CHC Psychiatry Intake Template (HPI, Associated symptoms, Psychiatric history, ROS, Family history, etc)	
Assesses for risk factors and protective factors	
Reviews and reconciles medication list	
Discusses clinical impression with client and recommendations for treatment options	
Performs safety planning as needed	
Discusses risks and benefits of any proposed medication options	
Orders labs, testing as appropriate	
Collects ROIs as needed	
Elicits feedback, questions from patient and confirms patient's agreement with plan before end of visit	

PMHNP Track

Mid-Year Clinical Observation and Feedback Form

DATE:

RESIDENT:

PRECEPTOR:

VISIT TYPE (please circle): Intake / Follow-Up Virtual / In-Person

1. Please describe provider strengths that you saw at play during the visit:

2. Please describe areas for improvement and/or guidelines to keep in mind for future visits:

Anticipating Areas of Struggle

During the Program

- Have a system of *checks and balances*:
  - Supervision/Balant Groups
    - CHC PMH Track:1 hour of weekly 1-to-1 psychiatry supervision, 1 hour of weekly psychotherapy consultation in group setting, and monthly meeting with last year's cohort.
    - CHC FNP/PNP Tracks: Balant groups (or similar) are a great way for learners to share with an objective observer. Otherwise…
  - Communication within and between Program Leadership/Preceptors
    - At regularly scheduled meetings and ad hoc; keep lines of communication open. Having close relationships with preceptors and regular journaling are key to understanding learner progress.

Anticipating Areas of Struggle

Anticipating and recognizing the need for remediation early is critical

Modes of Remediation

Verbal Warnings

- Be direct and timely. As concerns become clear to program leadership, speak with the trainee about those concerns and come up with

Written Warnings

- Involve HR at this point (some organizations may have a PIP before this)
- An e-mail with the context of the situation, organizational and program expectations, when you will follow up with the trainee.

Performance-Improvement Plan (PIP)

- An official document noting organizational policy that has been breached, what the trainee needs to do to meet those expectations, what the program will do to help them meet those goals, a specific date when it will be reviewed, what the consequences will be if expectations are still not met at that point.

Dismissal/Voluntary Withdrawal

- If remediation is not successful, particularly if patient safety a concern
  - Also consider: program reputation by graduating individual with where they go next.
- Trainee may simply realize this is not the right environment for them

PIP Example

Community Health Center

PERFORMANCE IMPROVEMENT DOCUMENTATION

NP RESIDENT NAME: [redacted]

SITE LOCATION: NP RESIDENCY PROGRAM – [redacted]

DATE OF WARNING PRESENTED: MAY 31, 2024

SUPERVISOR NAME: GARRETT MATLICK, APRN – NP RESIDENCY CLINICAL DIRECTOR

STEP IN THE PERFORMANCE IMPROVEMENT PROCESS (CHECK APPLICABLE BOX BELOW):

☐Verbal Counseling

☒Formal Improvement Documentation (Written Warning)

☒Eligible for consideration for retained employment after June 30, 2024

Description of Performance Issue(s) (Violation of rules, standards, practices of unsatisfactory performance):

- Untimely and unsatisfactory clinical documentation
- Untimely management of inbox ("Bubbles")
- Unsatisfactory improvement in clinical skills over the course of the residency
- Unsatisfactory time management of clinical visits

Prior discussion(s) or warning(s) on this/these subject(s) (Dates):

- October, 2023 – Clinical ramp-up postponed for one month (Verbal Discussion)
  - Not yet returned to expected residency ramp-up goals
- December, 2023/January, 2024 – 90-day evaluation
  - Clinical expectations made known that resident has not met expectation by that point in the residency verbally
- February/March, 2024 – 6-month evaluation
  - Clinical expectations made known that resident has not met expectations by this point in the residency verbally
- May, 2024 – 9-month evaluation, clinical ramp-up postponed indefinitely
  - Clinical expectations made known that resident has not met expectations by this point in the residency
  - Goal for residency program for June is 20 visits/day

Competency Domains and Goals and Action Steps:

Competency Domain to be Improved	Action to be taken by Resident to Improve Performance	Action to be taken by Program to help improve performance	Specific training or assistance recommendations	Date expected to be completed by:
Domain 1: Patient Care - Develops pertinent differential diagnosis - Maintains Comprehensive Clinical Documentation	1. Timely acquisition of information for history 2. Lists 2-3 differential diagnoses for each assessment as appropriate 3. Explain to the preceptor/mentor why or why not any given test is ordered based on evidenced-based practice 4. Documentation that is completed in a timely manner: morning notes at least 2/3 completed by the beginning of the afternoon session and afternoon notes completed within one hour of the last patient appt. Note then locked per	1. Preceptor/mentor will remind the resident if she is running behind schedule. 2. Preceptor/mentor will provide information/references/sources regarding differential diagnosis/disease process as needed. 3. Will provide education around reasoning for or against various tests 4. Will provide concurrent feedback on notes including suggestions for improvement such as streamlining documentation, word choice, and suggestions as indicated. Final review will be done during last hour of preceptor clinic.	1. Practice time management skills- by improving focus of visit. a. Take time outside of clinic to complete self-assessment of ways to improve time management. 2. Look up clinical findings and report to preceptor/mentor next clinic. 3. Review medication list of scheduled patients. 4. Review/research the meds which the resident struggles with understanding the most (either self-identified or made aware of by preceptors). Take advice of in-house Pharmacist.	June 30, 2024

PIP Example

Your signature below indicates your receipt and understanding of this performance documentation. **Should you disagree with any or all of the contents of this document, you may submit a written statement explaining your position. A copy of your written statement will be placed in your Human Resources Employee file.**

NP RESIDENT SIGNATURE	**DATE**

Garrett Matlick, APRN		05/31/2024
SUPERVISOR NAME	**SUPERVISOR SIGNATURE**	**DATE**

The Employee Assistance Program (EAP) is available to you should you want additional professional resources. Whether or not you utilize EAP, you are responsible for meeting the goals outlined above.

Employee Comments:

Responsibility of the Learner

- Commitment to the program's learning objectives.
- Adhere to program policies and procedures.
- Demonstrate behavior that supports the institution's mission, goals, and core commitments.
- Exhibit commitment to continuous learning and professional growth, including openness to feedback during the learning process.

Responsibility of the Program

- Provide clear clinical learning objectives, program policies and procedures.
- Model behavior that supports the institution's mission, goals, and core commitments.
- Create a safe learning space where learners can be vulnerable; where questions and concerns are met with support and compassion.
- Exhibit commitment to continuous learning and professional growth as a program; be open and receptive to feedback.

Giving Difficult Feedback

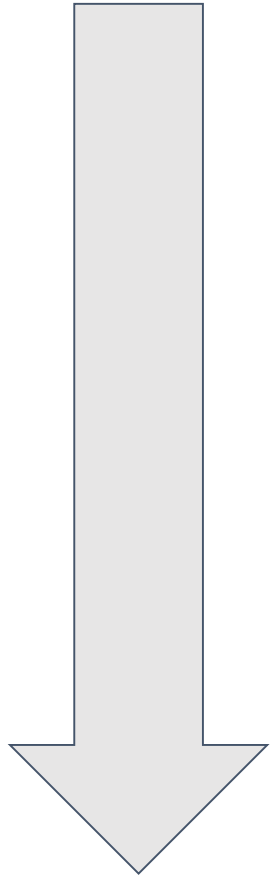
- It's AWKWARD!...
- Remember that residents voluntarily sought out a residency for additional training and mentorship. It is our responsibility to them, and their current and future patients, to give them full, honest, accurate feedback.
  - Try to give feedback as soon as possible
  - Use the actual word "feedback" when giving it because if it is not labeled, the learner may not remember that you gave them feedback
  - Be specific. Depersonalize the feedback by clearly addressing their work and not them personally
  - After giving formal or constructive feedback, follow-up with an email summarizing your discussion, concerns and steps for moving forward (helps the resident to process, and important legal documentation)
  - Encourage the learner to be proactive in eliciting specific feedback from their faculty going forward

  (Guerrasio, 2018)

Examples of Remediation

In Psychiatry:

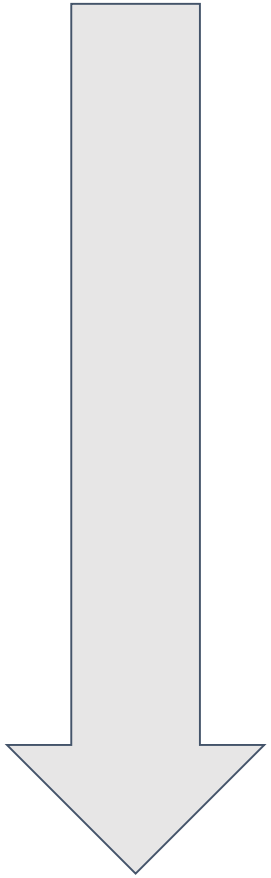
- From Sarah Freiberg
  - Feedback from preceptor re: resident's poor attunement with a client (end of November)
  - Collected feedback from faculty team
    - verbally and in writing (90 Day Evals) with specific examples
  - Identified competencies in need of remediation
  - Met with resident to discuss feedback, areas for remediation and plan.
    - Preceptor to model skills for resident in precepted clinic
    - Preceptors to resume visit observations of resident in clinic
    - Supervisor to provide targeted mentorship in this area during weekly Supervision meetings
    - Reassess in January



Examples of Remediation

In Medical:

- From Garrett Matlick
  - Feedback from preceptors early on re: resident's poor clinical knowledge (in October/November)
  - Collected feedback from faculty team
    - verbally and in writing (90 Day Evals) with specific examples
  - Identified competencies in need of remediation
  - Met with resident to discuss feedback, areas for remediation and plan.
    - Preceptor to model skills for resident in precepted clinic
    - Program Director to provide additional learning modules through online CEs to do in dedicated administrative time and at home
    - Preceptors to resume visit observations of resident in clinic
    - Reassesed in January (ramp-up slowed) → then at several points throughout the program. 2 PIPs were eventually required.



Legal & HR Consideration

- Direct communication with trainees regarding any issues first are critical.
  - Do this **early**

- If issues persist, have direct communication in **written form** and ask that the **trainee responds in acknowledgement**

- If the trainee requires more formal remediation:
  - **Include HR**
  - **Note any previous documented conversations**
  - **Note expectations of the trainee *and* program**
  - **Include any dates when remediation is expected to be resolved**

Precepting Strategies

One-Minute Preceptor (OMP)

- 4 Easy Steps, Preceptor-led

1) Get a commitment
2) Probe for supporting evidence
3) Reinforce what was done well
4) Give guidance about errors/omissions
5) Teach a general principle

SNAPPS (Wolpaw, 2003)

- 6 steps, learner-led

Summarize briefly the hx and finding

- Obtains hx, performs exam, presents summary of findings

Narrow the differential

- Provides 2 to 3 differentials

Analyze the differential

- Discusses out loud why presentation and hx support or don't support differentials

Probe the preceptor

- Learner asks specific questions they may need to help them come to a conclusion

Plan management

- Committment to a plan

Self-directed learning

- Learner chooses a specific area they want to research in their own time and will present to preceptor at a later date

Evaluation Strategies

RIME (Pangaro, 1999)

Reporter – Gathers and communicates clinical information accurately.

- 3rd Year Med Students

Interpreter – Interprets data to form differential diagnoses.

- 4th Year Med Students/Interns

Manager – Begins to prioritize, make decisions, and manage care.

- Interns/Early Residents

Educator – Teaches others and continues self-directed learning.

- Senior/Chief Residents

(Guerrasio, 2018)

Beginner to Expert Model (Dreyfus/Benner)

Novice

- 3rd Year Med Student

Advanced beginner

- 4th Year Med Student → Intern

Competent

- 2nd- to 3rd-Year Resident

Proficient

- Chief Resident

Expert*

- Attending

(Guerrasio, 2018)

ACGME Milestones 2.0 (2020)

Level 1 – Beginner

Level 2 – Basic performance

Level 3 – Advanced beginner

Level 4 – Ready for unsupervised practice

Level 5 – Role model or aspirational level

Resources

Remediation of the Struggling Medical Learner by Jeannette Guerrasio, MD

- 2nd Edition

SNAPPS

- https://pubmed.ncbi.nlm.nih.gov/14507619/
- Worksheet: https://paeaonline.org/wp-content/uploads/imported-files/SNAPPS.pdf

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Remaining General Session Presentations begin at 3:30pm