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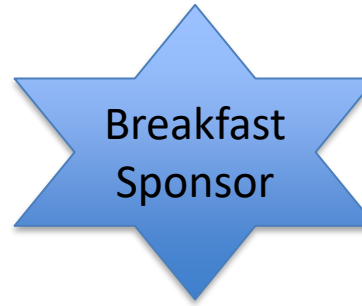
*Setting the standard for postgraduate training*

## 2025 Annual Conference:

**Navigating the Future: Sustaining Excellence in APP  
Postgraduate Training**

**July 14-15, 2025**

Please visit the Exhibitors during the dedicated refreshment breaks



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# CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

*Setting the standard for postgraduate training*

**Welcome Back**



**CONSORTIUM**  
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*Setting the standard for postgraduate training*

# **Artificial Intelligence in Training and Clinical Practice**

**Presenters:** Grace H. Sun, DNP, APRN, FNP-BC and Kay Burke, MBA, BSN, NE-BC



The background image is a futuristic hospital room. It features several large, curved digital screens mounted on the walls and ceiling, displaying various medical data, including anatomical diagrams and patient vitals. A patient is lying in a hospital bed in the center. Several healthcare professionals in white coats and masks are standing around the room, some looking at the screens. The overall color scheme is a cool blue and white, with a high-tech, clean aesthetic.

# Utilizing Artificial Intelligence in APP Postgraduate Training and Clinical Practice

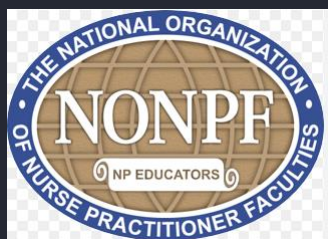
Strengthening  
NP/PA Fellowship &  
Residency  
Programs

Consortium for Advanced Practice  
Providers

Annual Conference  
July 15<sup>th</sup>, 2025



Grace H. Sun, DNP, APRN, FNP-BC  
Assistant Dean of APRN Programs-  
University of Texas at Tyler  
Executive Board Member-  
National Organization of Nurse Practitioner Faculties  
Steering Committee Member, Practice Leadership Network-  
American Association of Colleges of Nursing



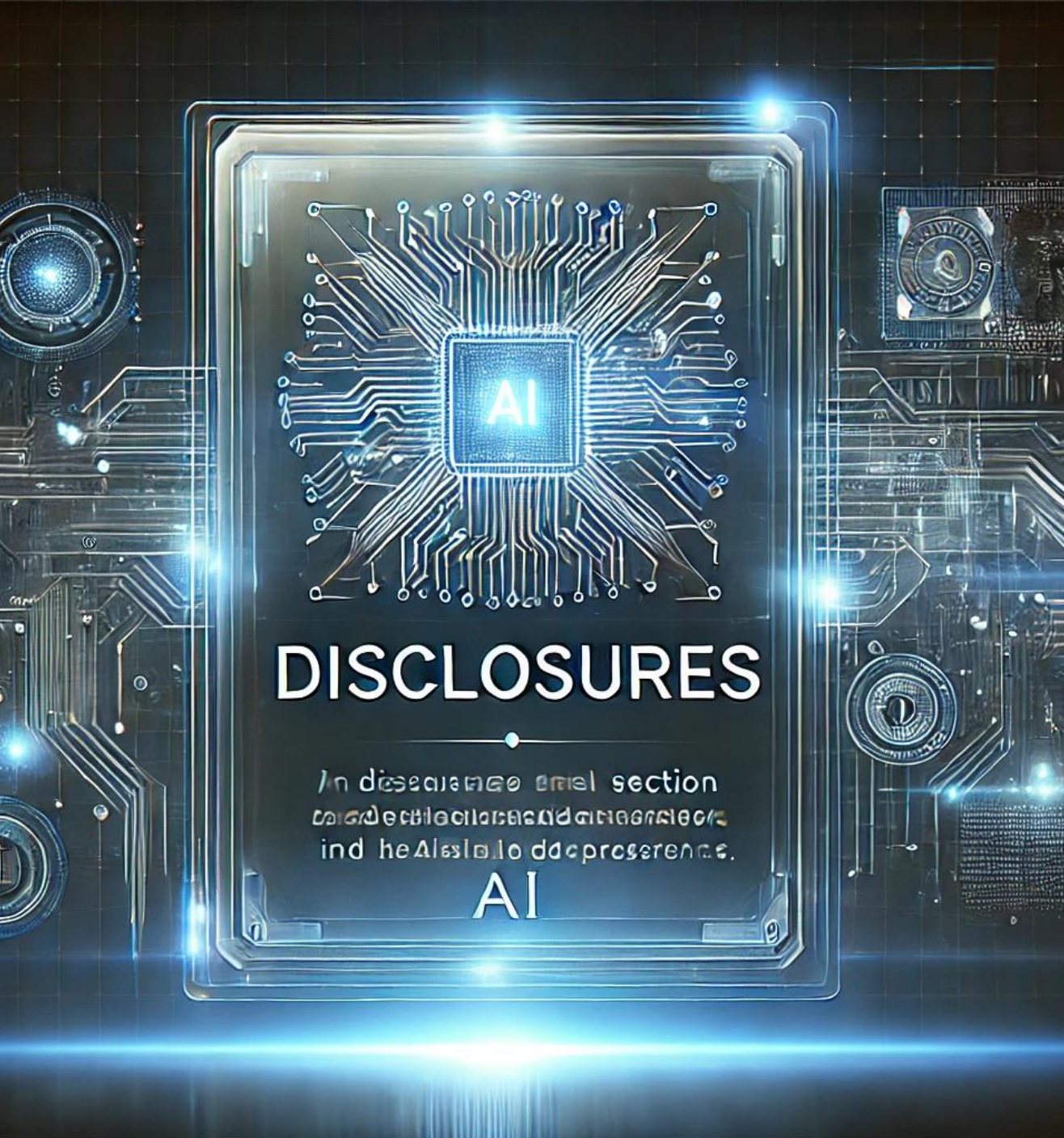
*Kay Burke, MBA, RN, NE-BC  
VP, Chief Nursing Informatics Officer  
UCSF Health*





# Objectives

1. Explain the fundamental concepts of artificial intelligence (AI) and its current applications in healthcare relevant to Advanced Practice providers.
2. Describe how AI tools can be integrated into APP postgraduate training programs to enhance clinical decision-making and learner engagement.
3. Discuss strategies for APP Postgraduate programs to incorporate AI literacy into the curriculum and prepare trainees for future technology-driven healthcare environments.
4. Identify potential benefits and limitations of AI-assisted clinical practice for APPs, including ethical considerations and patient safety.
5. Demonstrate practical examples of AI applications, such as predictive analytics, clinical documentation support, and diagnostic assistance, in everyday APP practice.
6. Evaluate the impact of AI on clinical workflows and patient outcomes, and propose ways APPs can adapt to evolving AI technologies.



## Disclosures

- We hereby declare that the content presented in this discussion is solely for educational purposes. The mention or reference to any products, companies, entities, or affiliations is intended purely as illustrative examples to enrich the educational experience.
- We explicitly affirm that we do not endorse any specific product, company, entity, or affiliation discussed during this presentation.
- Furthermore, we hold no financial interests or obligations in any of the mentioned or referenced companies, entities, or products.
- Our objective is to provide insights and foster understanding, without any











# AI isn't coming...It is Here







# AI is Here: The Shift We Must Make

1

## Present Reality

AI isn't coming, it's already integrated into daily practice

2

## Philosophical Shift

Rethinking knowledge, teaching, clinical reasoning

3

## Adaptation Required

Healthcare education must evolve and adapt to this new reality

# What is AI?<sup>1</sup>

1. Machines/systems → tasks requiring human intelligence
2. Interdisciplinary
3. Algorithms/Models → Simulate cognitive abilities
4. Analyze/Interpret vast amounts of data
5. Machine Learning (ML)
6. Natural Language Processing (NLP)
7. Neural Networks and Deep Learning

***Ultimate goal: Exhibit human like intelligence across a wide range of tasks***





# Generative Artificial Intelligence

1. Not just process and analyze
2. Creates and generates
3. Algorithms, statistics, patterns
4. “Garbage in = Garbage out”
  - Misinformation
  - Bias
  - Quality of output
5. Has no discernment



# The Imperative for Healthcare Educators

## Prepare Learners for Integration

Our mandate:  
Equip learners for AI-integrated healthcare

## Teach With, Not Just About

Incorporate AI into pedagogy and training

## Augment, Not Replace

Enhance human intelligence and critical thinking







# AI vs. Human Thought

## AI Strengths



Information processing,  
pattern recognition, data synthesis

## Human Strengths



Judgment, critical thinking, ethics, empathy

## Cognitive Freedom



AI frees cognitive load for higher-order  
thinking



*AI is a powerful tool and can be an  
expedient assistant.. but it should  
**NEVER** be a replacement for  
human thought*

# The Promethean Fire





# Bridging the Gap: AI and Postgraduate Healthcare Education

Student  
Academic learning

AI-Enhanced Transition  
Advanced clinical reasoning  
Complex diagnostics  
Patient management

Autonomous Clinician  
Independent practice





# AI in Clinical Reasoning



Knowledge Access

Rapid retrieval of vast medical literature



Pattern Recognition

Identifying subtle patterns in patient data



Differential Diagnosis

Comprehensive possibilities with likelihood



Outcome Prediction

Forecasting patient risks based on data

# AI in Patient Management



## Personalized Treatment Plans

AI analyzes individual patient data to develop customized treatment approaches that address specific needs and health conditions.



## Optimized Medication Management

Smart systems that monitor, adjust, and optimize medication regimens to improve effectiveness while reducing adverse effects.



## Customized Education Materials

Educational resources tailored to each patient's learning style, health literacy level, and specific medical conditions.



## Improved Patient Engagement

Interactive tools that encourage active participation in healthcare decisions and treatment adherence through personalized feedback.



# AI in Professional Development



## Curated Learning

Personalized  
educational  
paths



## Real-time Feedback

Immediate performance  
assessment



## Diverse Simulations Challenging clinical scenarios



## Collaborative Learning

Facilitated peer  
problem-solving



# Getting Started Low Stakes Use Cases

- 1 Start Small  
Low-stakes experimentation in curriculum
- 2 Create Content  
Teaching cases, scenarios, guidelines
- 3 Draft Individualized Feedback  
Individualized learner assessments
- 4 Build AI Literacy  
Learn alongside your students



# The Leadership Mandate

| If we don't lead this work, someone else will

- Shape identities in AI-integrated world
- Lead with integrity and purpose
- Prioritize ethics, rigor, reasoning
- Bring others forward
- AI, if used well,  
can be a powerful tool for good



# Walk Forward and Lead Others

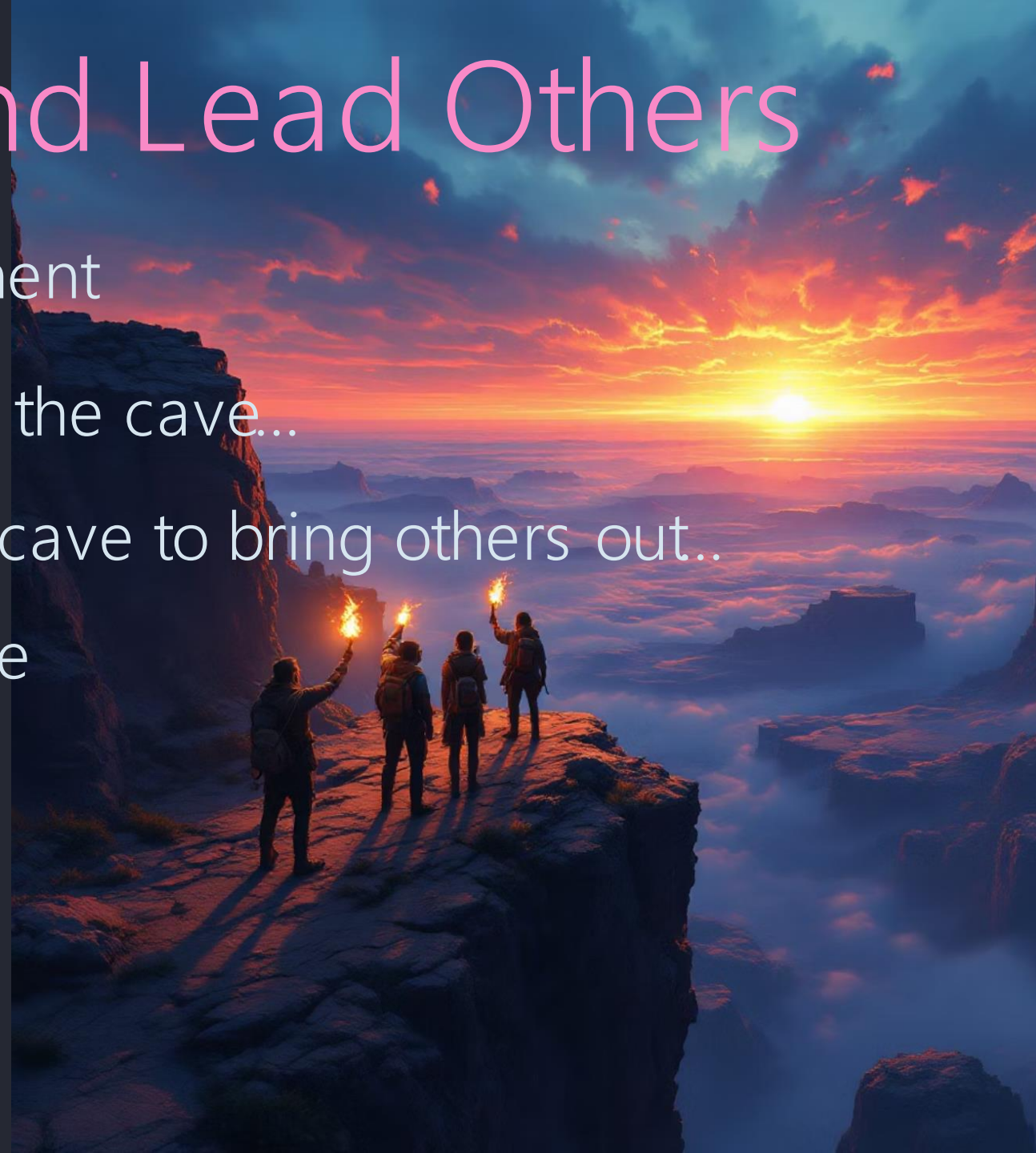
We are in a transformational moment

Let's not go back to be chained in the cave...

But we do need to go back to the cave to bring others out..

Let's recognize the Promethian fire  
that we hold

*Together, we can walk into the  
light of a new era and be wise  
stewards of what we have been  
given.. to build, to enhance, to  
improve, and to inspire.*





# Artificial Intelligence: Promise & Reality for Advanced Practice Providers?

*Consortium for Advanced  
Practice Providers Annual  
Conference*

*Kay Burke, MBA, RN, NE-  
BC*

*VP, Chief Nursing Informatics  
Officer  
UCSF Health*



**UCSF Health**

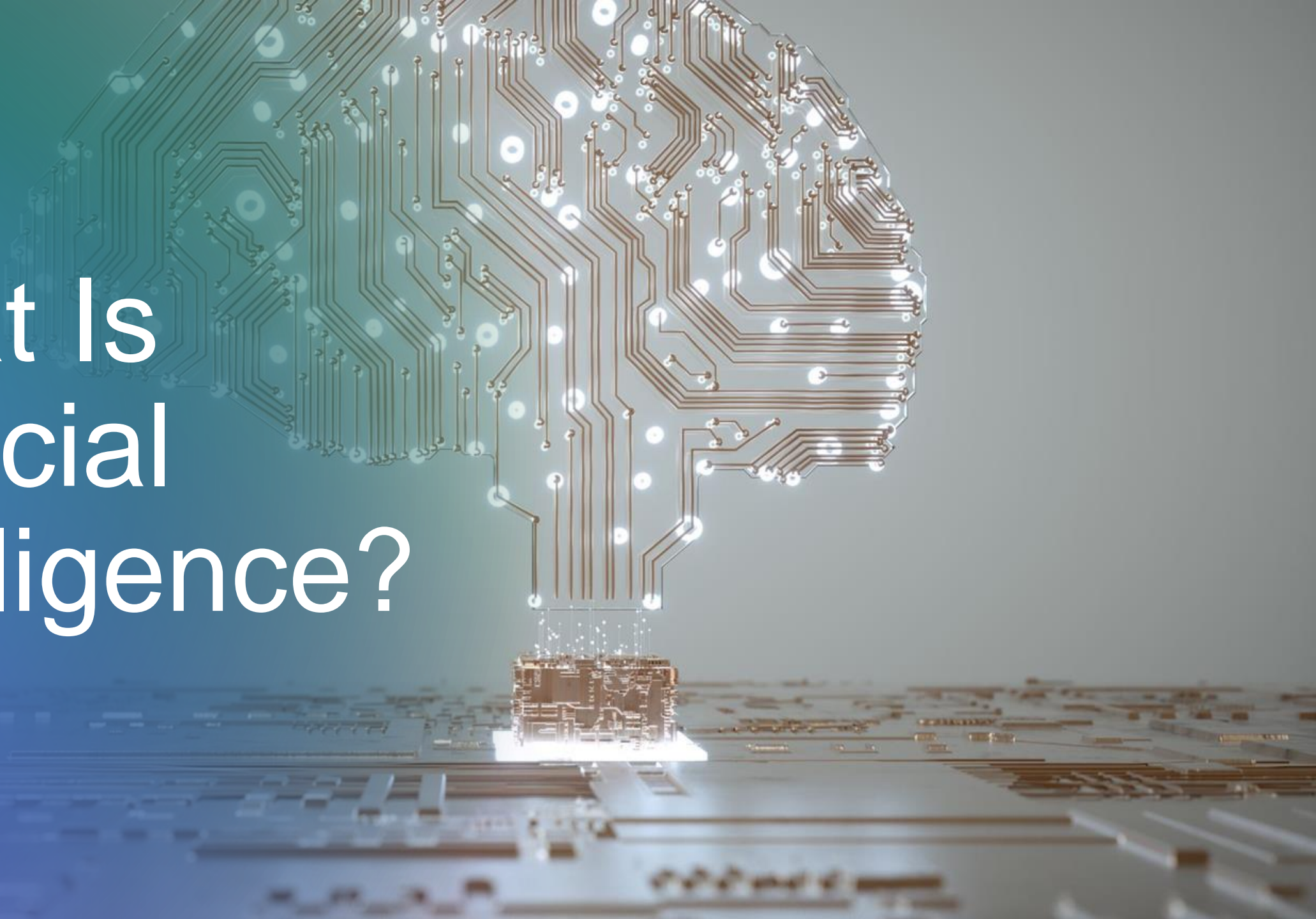


# Discussion

- AI Overview
- Practical Examples: AI for APPs
- Impacts on Clinical Workflows & Patient Outcomes
- Benefits & Limitations
- Adapting for the Future



# What Is Artificial Intelligence?



# AI:

*Computer programs that process reasoning, thus eliminating routine, repetitive tasks*

## Capability Examples:

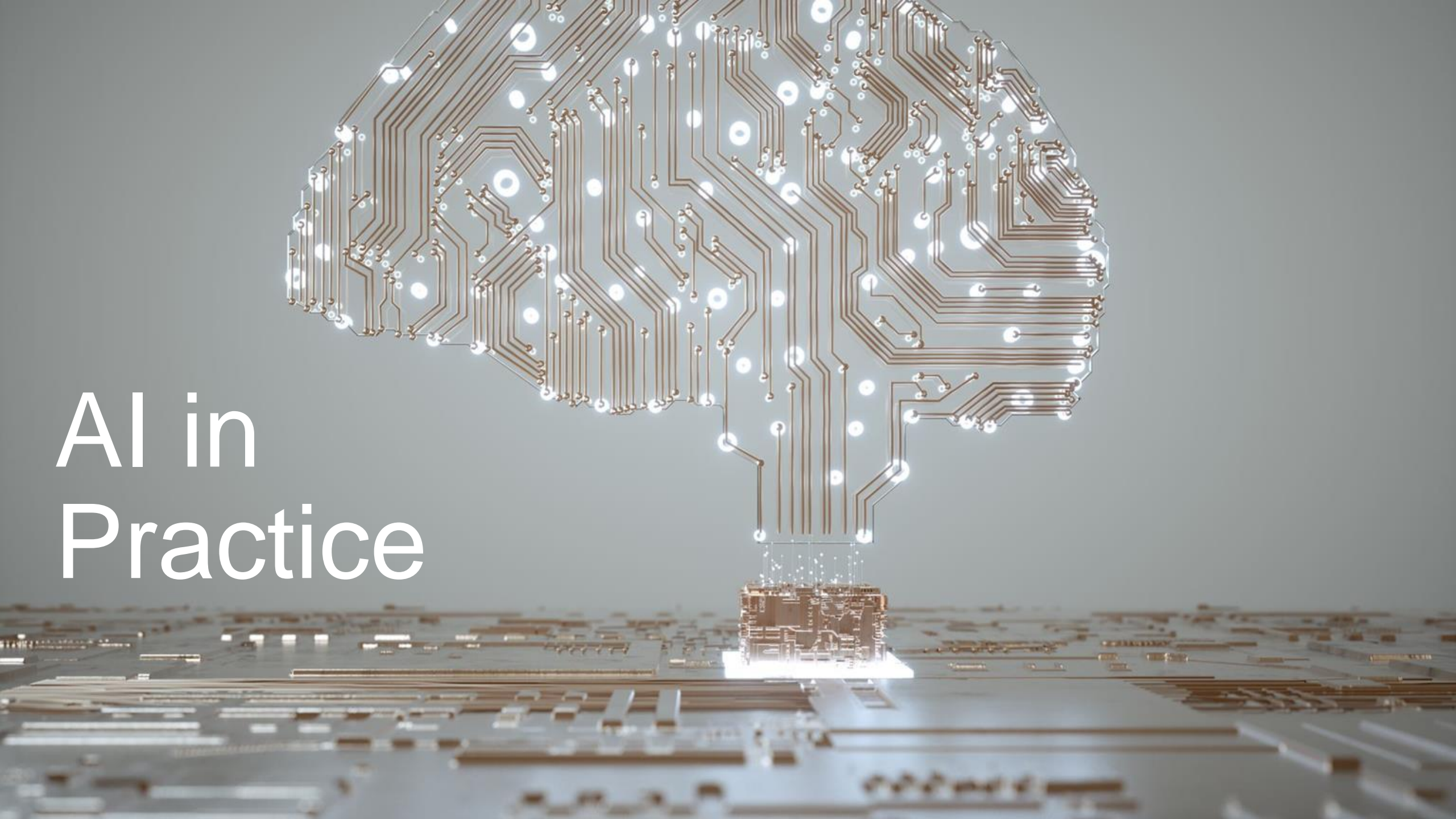
- Natural Language Processes (NLP)
- Image analysis
- Predictive analytics
- Machine learning
- Generative AI & Ambient Intelligence\*\*



# Overhyped & Underhyped

*“A generative AI system like GPT-4 is both smarter than anyone you’ve met and dumber than anyone you’ve met. I think we both assume too much and too little about its potential in health care.”*

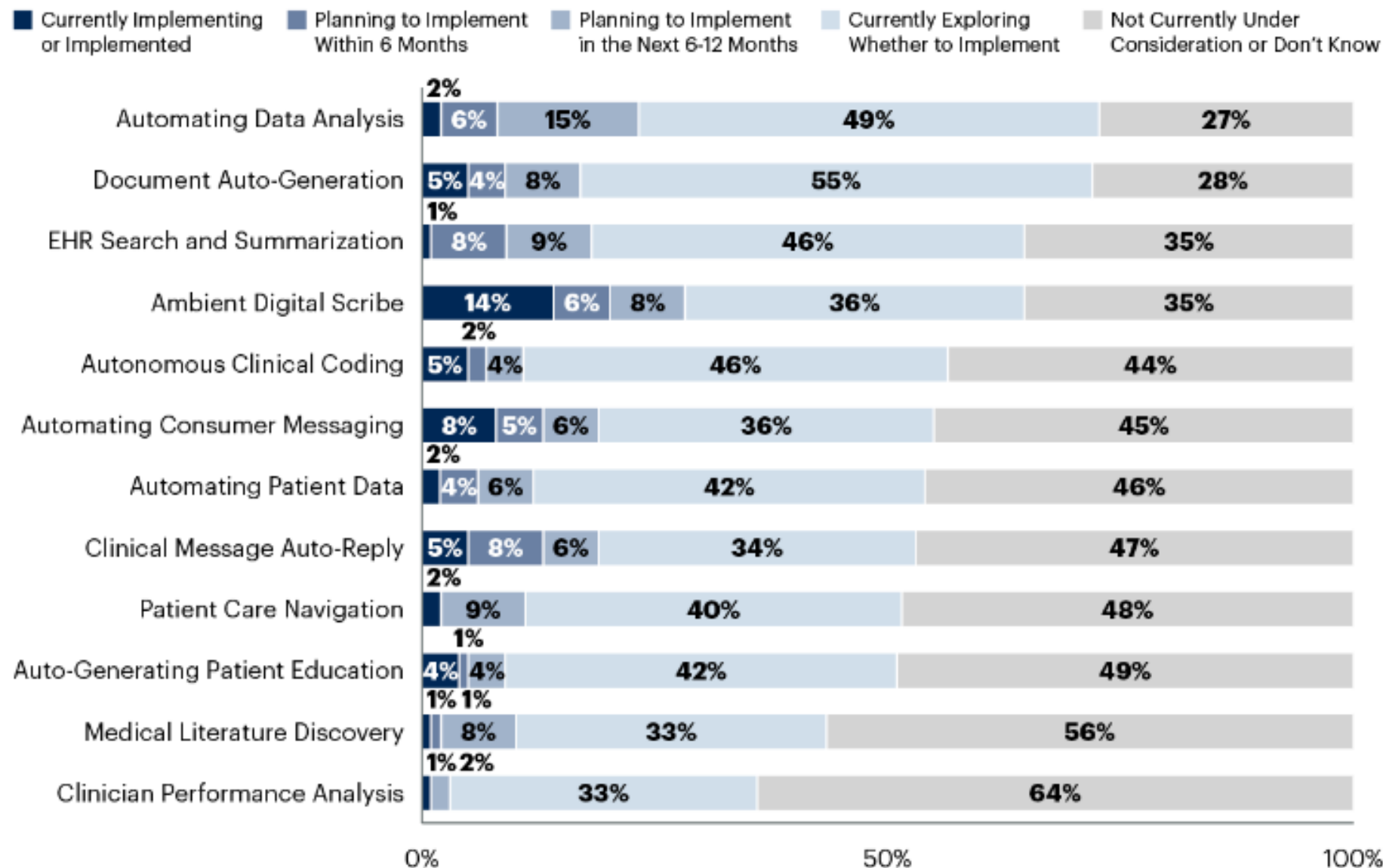
- Peter Lee, President of Microsoft Research



# AI in Practice

## LLM Use Cases and Timeframes

### Percentage of Healthcare Provider Executives





# Impacts on Clinical Workflows and Patient Care



# Advanced Practice Nursing Opportunities

Clinical Care &  
Workflow Efficiency

Business Operations



## UCSF Versa and Other General Purpose Chatbots

General purpose chatbots (e.g., Versa Chat) are applications that leverage artificial intelligence trained to have human-like responses and conversations about specific topics or use cases.



## What are UCSF AI Scribe users saying?

**"I won't cry, but it's big.** This is what I love to do but **I was thinking about quitting... so this is really, truly a game changer.** I can't thank you enough...I'm so happy."

Absolutely saving me time. **I had 25 patients in clinic this Monday and it was the first time ever I walked out of the office with all my notes done.** Even with a real person scribe, a lot of times I have to wait till they are done with all the notes before I can finish the following day.

**"[My AI Scribe] has reduced after-visit charting time by more than 50%."**

**15%**

decrease in  
documentation  
time

**16%**

decrease in time  
in patient  
instructions

**63%**

of clinicians  
report decrease  
in burnout

**85%**

of people that try  
an AI scribe want  
to keep it

# EHR\* Developments

## LEVERAGING GENERATIVE AI

- Documentation Simplification
- Streamlined & Tailored Communications
- Chart Summarization
- Task Automation



*\*specific to Epic's development roadmap*



# Documentation Simplification

REDUCE TIME SPENT AT THE KEYBOARD BY HAVING THE SYSTEM:

- Document based on the nurse-patient conversation with ambient voice technology
- Generate In Basket responses to MyChart Messages
- Generate care plan notes
- Document patient education level of understanding and adjust for reading level

# EHR\* Developments

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*\*specific to Epic's development roadmap*



# Streamlined & Tailored Communication

COMMUNICATE BETTER BY HAVING THE SYSTEM:

- Help translate clinical questionnaires into additional languages
- Transforming questions into reporting queries
- Simplify text to patient-friendly language
- Draft handoffs

# Chart Summarization

REDUCE TIME SPENT SEARCHING THE CHART BY HAVING THE SYSTEM:

- Analyze dashboards for key takeaways
- Summarize recent notes before a visit
- Provide a review of the previous shift
- Identify social drivers of health (SDOH) in the context of the patient's care journey



# Task Automation

REDUCE TIME SPENT ON ADMINISTRATIVE WORK BY  
HAVING THE SYSTEM:

- Use conversational language to search the chart
- Update care plan goals

# Patient Safety & Improved Outcomes

LEVERAGE MODELS THAT CAN PREDICT AND ENABLE  
EARLIER INTERVENTIONS BY:

- Using surveillance scores and systems (i.e. MEWS, EDI)
- Falls prevention models and two-way cameras
- Patient communications and education using Ambient Intelligence
- Patient monitoring with AI-Enabled Virtual Care Assistants



# Business Operations





# Forecast Capacity & Access

MANAGE PATIENT THROUGHPUT BY LEVERAGING MODELS:

- ED Likelihood to Occupy a Bed
- Forecasted House Census
- Likelihood to Discharge by EOD, EOD+1
- Likely Surgical Admit Destination
- Remaining Length of Stay (LOS)
- Projected Block Utilization
- Risk of Patient No-Show







# Benefits & Risks

# Benefits AI in Healthcare

There are incredible benefits to be seized by AI for diverse patient populations using human-centered design and care delivery pathways

- Can lead to better health outcomes
- Can improve clinician efficiencies and care productivity through automation
- Can reduce cognitive burden
- Allows clinicians to spend more time in patient care and off computers
- Improves morale, retention / combats burnout
- Improves patient experience



# Risks of AI in Healthcare

Need to consider not just performance of the algorithms but the fairness of the technology

- AI governance must support ethical & responsible data collection, analysis, deployment, and use of AI in healthcare settings
- AI & ML tools need to be transparent and trustworthy
- Blackbox AI (as opposed to explainable AI)
- Risk of creating or perpetuating bias

# Data Governance and AI

*Promoting responsible and safe data use systemwide*

## Presidential Task Force on Health Data Governance

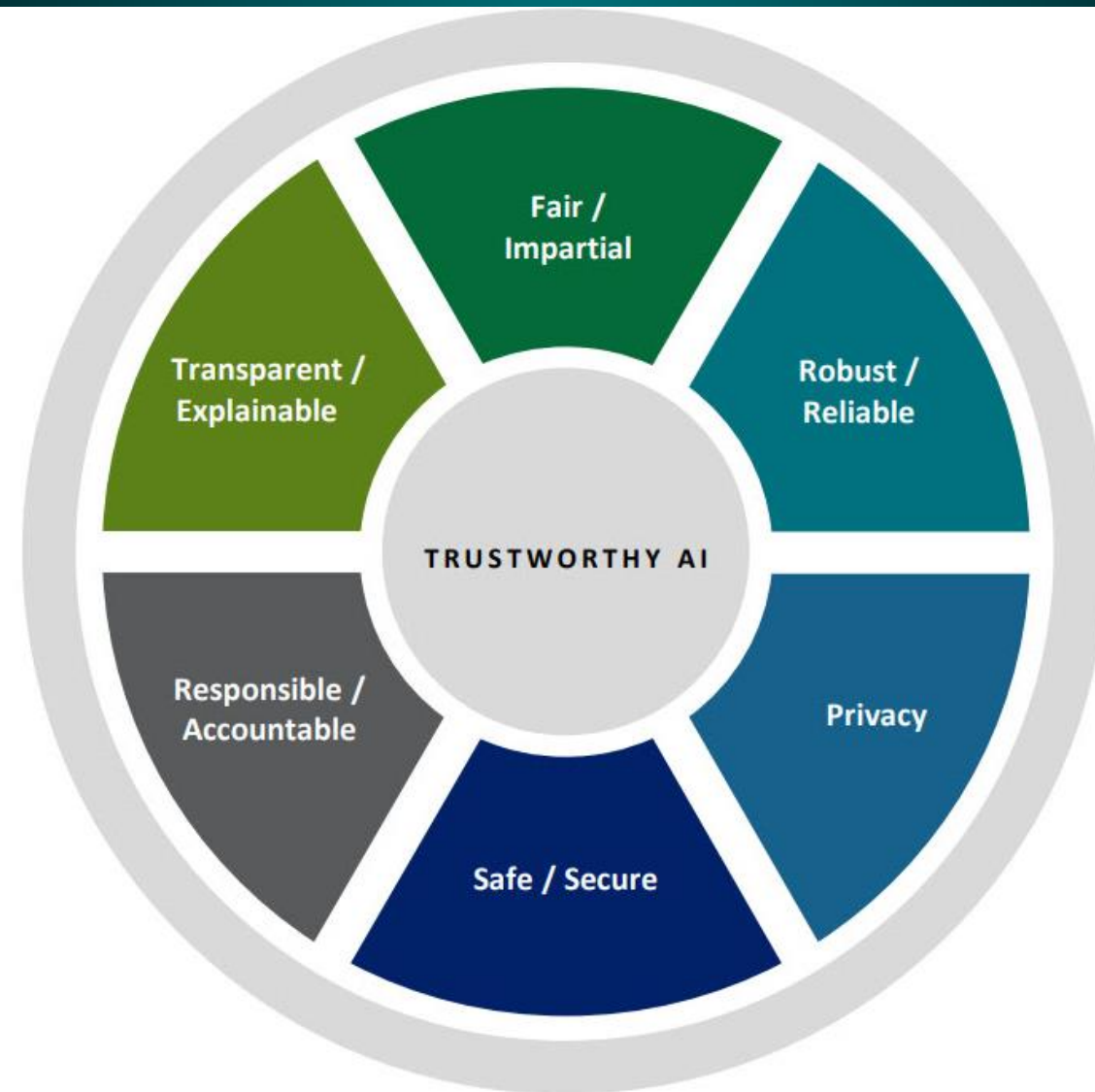
- CDI2 convenes Systemwide Task Force.
- 30 health campus members from all academic health locations volunteer time to help craft recommendations.
- Three work groups, steering committee of senior leadership.
- Work groups have developed initial draft report and recommendations.

## Presidential Task Force on Artificial Intelligence

- CDI2 led health subcommittee to develop recommendations on mitigating harms and maximizing benefits of AI use in connection with UC Health data and services.







Trustworthy AI (TAI) is a framework to mitigate the various forms of risk arising from AI. Created by the US Department of Health and Human Services in 2021, the framework offers detailed guidance to ensure that health-related AI is implemented in a way that is ethical, effective and secure.

# Futures





# Where are we going in healthcare?

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Generative AI for all Note Drafts

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Additional AI Ambient Use Cases

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Chronic Care Pathways and Population Health

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Precision Staffing

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Personalized Medicine

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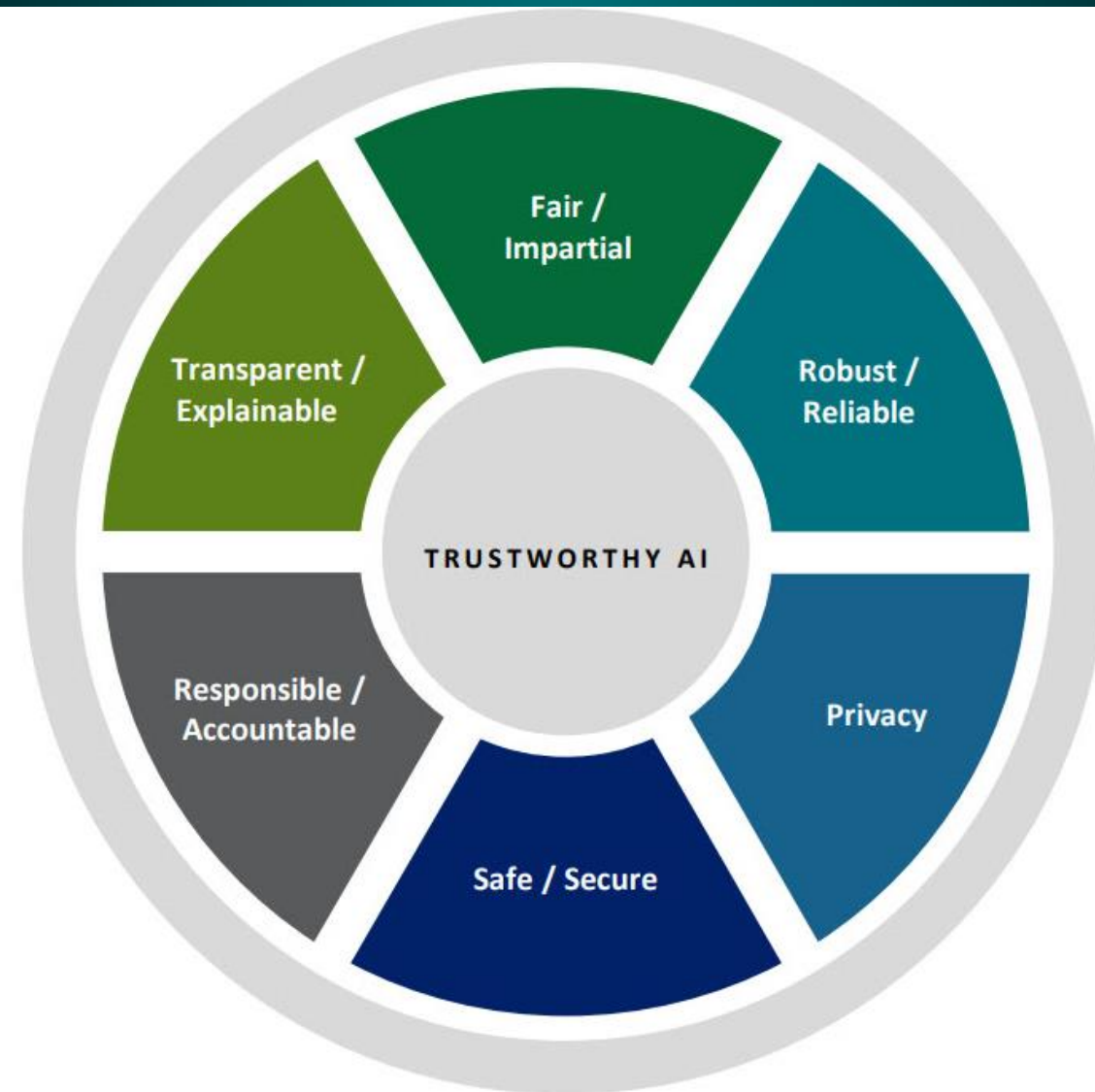
Robotics

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Predicting Patient Experience Outcomes

“Nurses are natural innovators with an unmatched perspective on what works in healthcare, and what doesn’t work. As the largest group of health professionals and representing the frontlines of care, nurses are well-equipped to create and develop innovative solutions to address a complex and ever-changing healthcare landscape.”

Dr. Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE, Vice  
President of Innovation, ANA

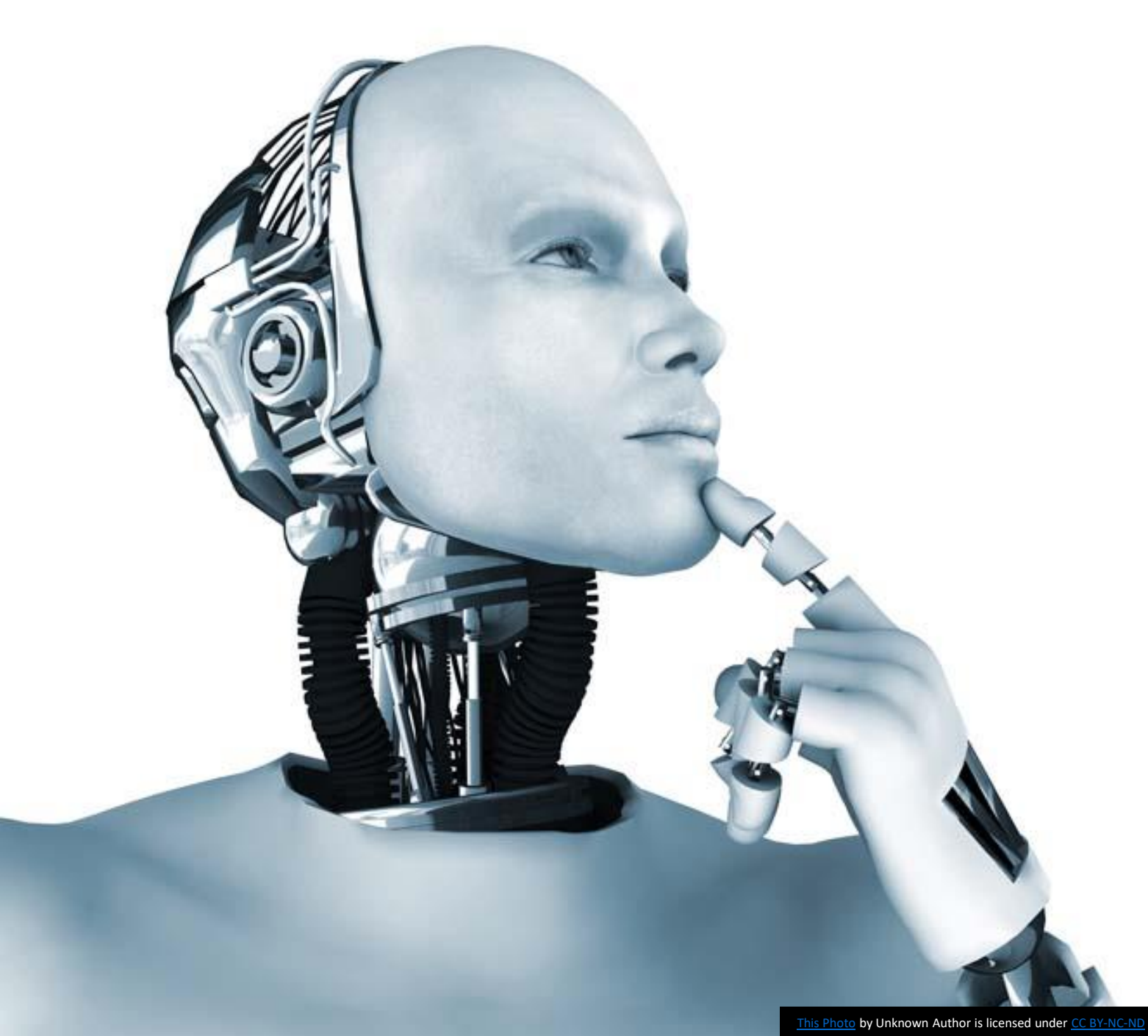


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Thank you!



# Questions?

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FOR ADVANCED PRACTICE PROVIDERS

*Setting the standard for postgraduate training*

# **Consortium for Advanced Practice Providers Accreditation**

**Presenters:**

Ann Marie Hart, PhD, FNP-BC, FAANP  
DoQuyen Huynh, DNP, FNP, ARNP, FAAN



# CONSORTIUM

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## **ACCREDITATION PROCESS - 2025**

**Ann Marie Hart, PhD, FNP-BC, FAANP – Commission Chair**  
**DoQuyen Huynh, DNP, FNP, ARNP, FAAN – Vice Chair**



# About the Consortium

- ◆ **The Consortium for Advanced Practice Providers (CAPP)** is an affiliate of the Moses/Weitzman Health System (MWHS), created to advance the model and rigor of postgraduate nurse practitioner, physician assistant and joint nurse practitioner/physician assistant residency and fellowship training programs.
- ◆ It is a membership, education, advocacy and programmatic accrediting organization for postgraduate NP, PA and joint NP/PA training programs
- ◆ **The Consortium is Federally recognized by the U.S. Department of Education as a National Accrediting Agency.**
- ◆ The Consortium provides programmatic accreditation for postgraduate NP, PA and joint NP/PA training programs, ensuring that the programs adhere to high quality, rigorous standards developed by nurse practitioners, physician assistants and experts in clinical care, adult learning and professional training. In this way, the Consortium is making a significant contribution to the health and healthcare of the public.



U.S. Department of Education



- ◆ **2010:** Convened as informal consortium in 2010 by 4 FQHC-based postgraduate NP training programs
- ◆ **2013:** Identified accreditation as a goal early on; no available existing sources of accreditation at the time; committed to developing program that is eligible for US Dept. of Education Federal recognition
- ◆ **2013–2015:** Accreditation Standards: authored by 10 NP nationally recognized expert authors—written by NP program directors for NP program directors; Self Study Guide
- ◆ **2015:** Community Health Center Inc. (CHCO) formally incorporated a new 501c3, the NNPRFTC, to advance the postgrad NP training movement, including developing of accreditation program
- ◆ **2016:** Accreditation action for first two programs
- ◆ **2017-present:** 41 accredited programs, several in the accreditation pipeline
- ◆ **2019:** U.S. Department of Education Petition for Federal Recognition as an Accreditor
- ◆ **2020:** Three programs received renewal of accreditation. Awaiting US Dept. of Education on next step in the recognition process.
- ◆ **2022:** The consortium receives Federal Recognition by the United States Department of Education
- ◆ **2023:** Consortium Name Change, 2023 Accreditation Standards Released and Expansion of Scope petition submitted to the U.S. Department of Education.
- ◆ **2024:** Expansion of Scope Approval to become Federally recognized for NP/PA Postgraduate Training Programs
- ◆ **2025:** Accreditation Standards Review Committee assembled to review and revise the Accreditation Standards



# The Consortium is the **ONLY** Federally Recognized Accrediting Agency to Accredite Joint NP/PA Postgraduate Training Programs



U.S. Department of Education



# National Growth of APP Postgraduate Training Programs

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



## 564 Postgraduate APP Programs

Including primary care, mental health, and specialty programs

# Accreditation Defined

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

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



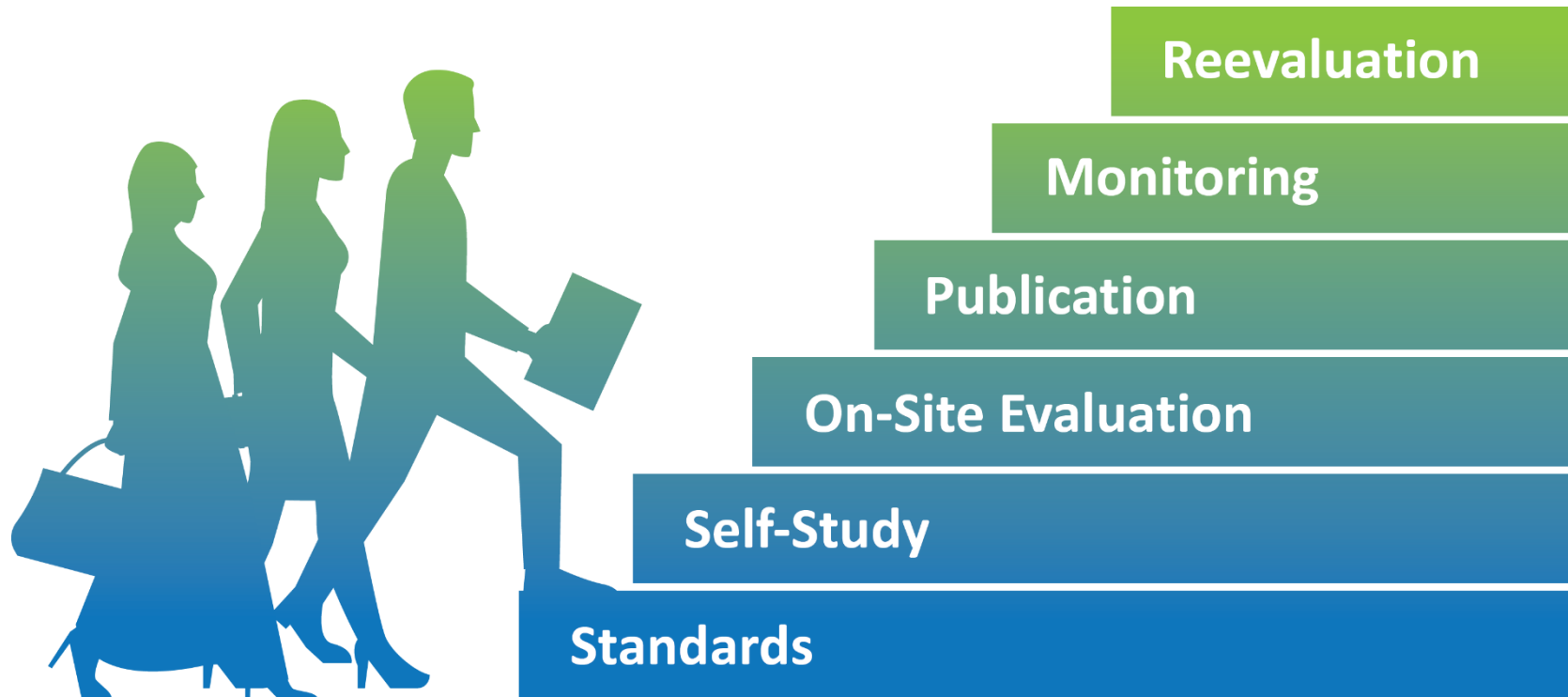
# Benefits of Accreditation





# U.S. ED Accreditation Process

## 6 Major Steps the Consortium follows:



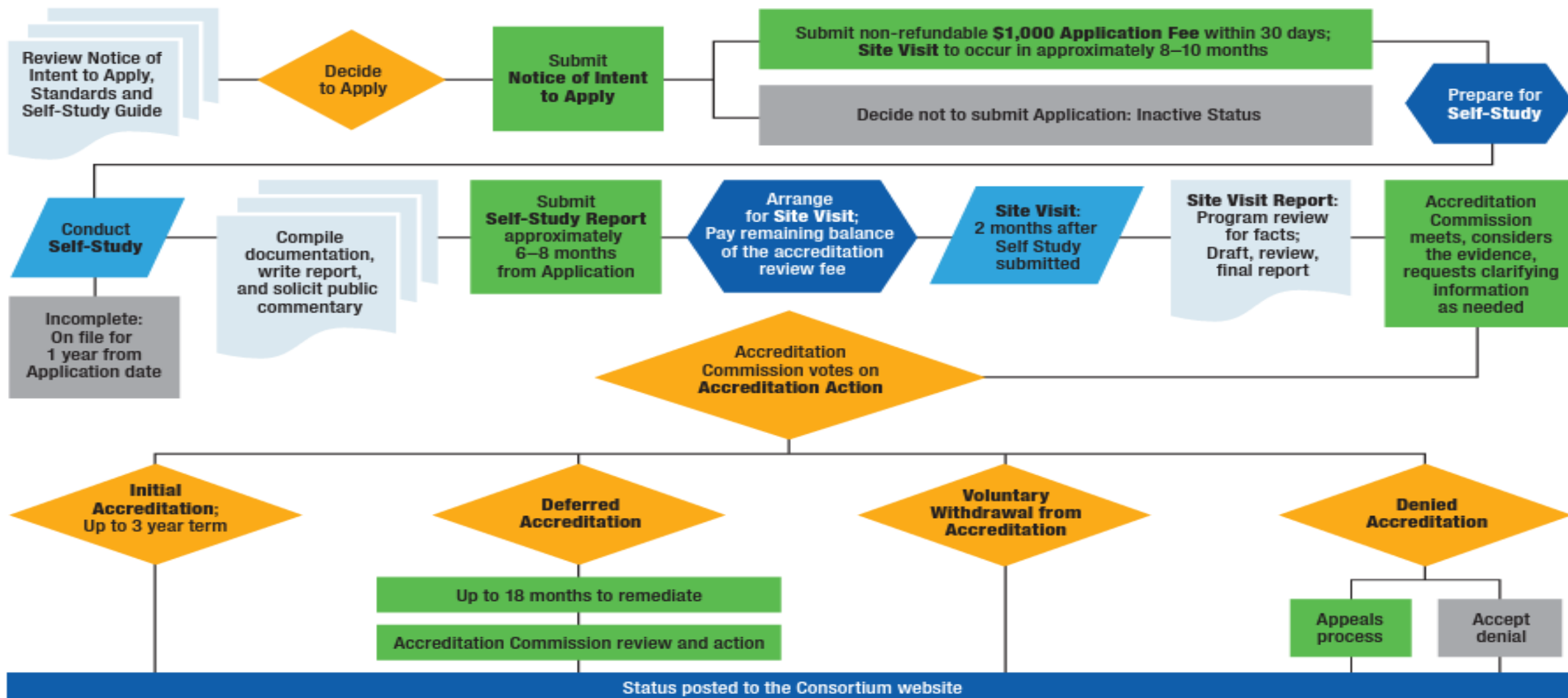
# Consortium Standards Driving Excellence in Program Design

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





# Initial Accreditation Process





# Consortium Accreditation Sample Timeline

## General Timeframe, Application to Decision (10-12 months)

- ◆ Intent to Apply
- ◆ Application
- ◆ Self Study: internal program evaluation
- ◆ 1.5 day On-site Visit: external program evaluation (completed by 2 trained site visitor peers (educator, administrator, clinician))
- ◆ Site Visit Report: reviewed by program, submitted to Accreditation Commission for accreditation consideration
- ◆ Decision: Accredited, Deferral, or Denial of Accreditation
- ◆ Posted to Consortium website
- ◆ Annual and Interim Reports

**Extensive technical support available throughout the process**

# Consortium Accreditation Costs

## **Total Cost: \$11,000**

- ◆ \$1,000 non-refundable application fee
- ◆ \$10,000 Initial accreditation review fee: due prior to the site visit  
(discounted fee schedule for Federal Programs)
- ◆ For programs with multiple tracks:
  - \$11,000 plus \$6,500 for second track, \$2,500 for each additional track  
(possible additional travel costs)

# The Elephant In The Room

- ◆ Diversity, Equity, Inclusion and beyond
  - New governmental directives to eliminate all forms of DEI as a requirement for accreditation
    - Presidential executive orders
- ◆ Organizations/Programs struggle to stay true to their missions vs. following orders that may impact financial sustainability
- ◆ Our commitment:
  - To serve ALL people, especially those most disenfranchised
  - To all of you and your programs
- ◆ New changes:
  - Accreditation sub-committee: rewrite standards to align with new requirements, while keeping with the spirit of the work
  - Public Comment period



# Words change, the **WORK** continues

- ◆ You have done important work to serve all people of all backgrounds for many decades
- ◆ The words can change
- ◆ The **WORK** will not
- ◆ We are committed to you and will work with you!

# Accreditation Anchors Program Development



# Accredited Programs

- ◆ As of July 2025: Consortium has accredited **45** APP Postgraduate Training Programs, including **11 joint NP/PA programs**, with several programs pursuing accreditation in the pipeline.
- ◆ View Accredited Programs here:  
<https://www.apppostgradtraining.com/accreditation/accreditation-status-and-public-commentary/>



# Contact Info:

*Setting the standard  
for postgraduate training*

**Kerry Bamrick, MBA**

*Executive Director*

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**11:00-11:30am**

**Poster Presentations and Coffee Break with Exhibitors**

**Posters are displayed in Crystal Ballroom II**



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# **Evaluations and Research: How to Engage, What Do We Know Now and Where Should We Go in the Future**

Monica K. O'Reilly-Jacob, PhD, APRN, FNP-BC, FAAN, FAANP



# Learning Objectives

1. Recognize the robust evidence that NPs deliver high-quality, cost-effective care—often to medically and socially complex patients—particularly in underserved communities.
2. Understand how engaging in research using electronic health record (EHR) data can help fellowship programs demonstrate impact in improving outcomes for vulnerable populations.

# Part 1: What We Know



Quality



Cost



Complexity



Access

# NP Workforce Snapshot

431 K

NPs in 2024

45%

Projected Growth  
From 2022–2032

4%

National Average Occupational  
Growth Rate

Little is known about the current size and distribution of the primary care NP workforce.



# NP Quality Literature



## *Comparable quality between Primary Care NPs and MDs*

- Systematic Reviews (Barnett, 2022, Swan, 2015, Laurant, 2018)



## *Better Quality for NPs with At-Risk Populations*

NPs may provide **better care** in vulnerable groups (DesRoches, 2017; Morgan, 2019)

**Potential Mechanisms:** NPs adept at social needs assessments, care coordination & patient education (Auerbach, 2022, Morgan, 2015, Kurtzman, 2017)

# NP Cost Literature

Mixed findings, but trends suggest lower cost for NPs

- Systematic Reviews (Abraham, 2019, Martin-Misener, 2015, Newhouse, 2011)
- Equal cost, more referrals, fewer hospitalizations in diabetes management (Kuo, 2015)
- 6% lower cost in complex VA patients due to fewer ED/hospital visits, (Morgan, 2019)
- NPs order fewer advanced imaging tests and broad-spectrum antibiotics (Roblin, 2017)
- Similar costs in VA system, but lower utilization (Liu, 2020)

Do NPs order more tests than MDs to compensate for fewer years of training? (O'Reilly-Jacob, 2019)



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)



NURS OUTLOOK 67 (2019) 713–724

**NURSING  
OUTLOOK**

[www.nursingoutlook.org](http://www.nursingoutlook.org)

# **Comparing the rates of low-value back images ordered by physicians and nurse practitioners for Medicare beneficiaries in primary care**

Monica O'Reilly-Jacob, RN, PhD, FNP-BC<sup>\*,a</sup>, Jennifer Perloff, PhD<sup>b</sup>,  
Peter Buerhaus, RN, PhD, FAAN, FAANP(h)<sup>c</sup>

<sup>a</sup>Boston College, William F. Connell School of Nursing, Chestnut Hill, MA

<sup>b</sup>Brandeis University, The Heller School for Social Policy and Management, Waltham, MA

<sup>c</sup>Montana State University, Center for Interdisciplinary Health Workforce Studies, Bozeman, MT



# Provider Variation in Low-value Back Imaging

## Definition

Imaging for uncomplicated Low Back Pain (X-ray, MRI, CT)

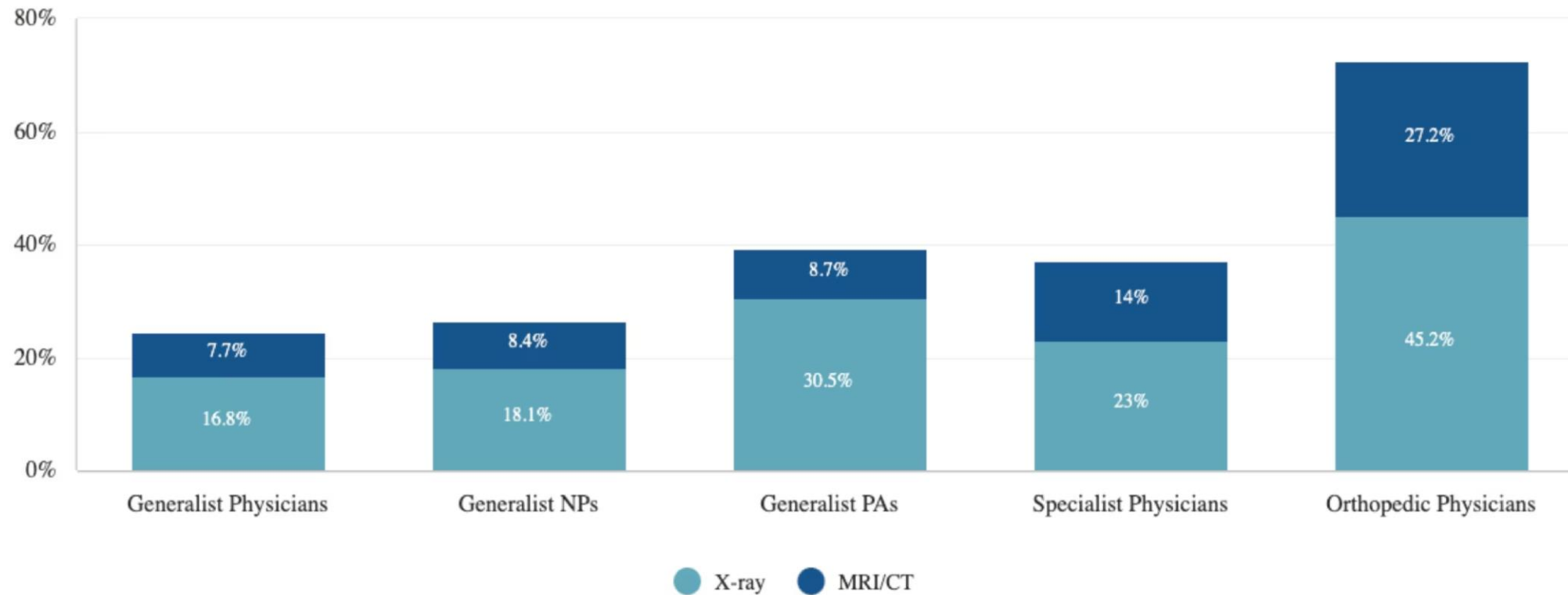
## Data

Medicare Part B (2012–2013)

## Sample

45,568 incident cases with no red flags

# Unadjusted Rates of Low-value Back Imaging



# Why does NP-led primary care cost 17% less? (Razavi, 2019)

## ORIGINAL ARTICLE

[OPEN](#)

### Drivers of Cost Differences Between Nurse Practitioner and Physician Attributed Medicare Beneficiaries

*Moaven Razavi, PhD,\* Monica O'Reilly-Jacob, RN, PhD, FNP-BC,† Jennifer Perloff, PhD,\* and Peter Buerhaus, RN, PhD, FAAN, FAANP(h)‡*

**Background:** Although recent research suggests that primary care provided by nurse practitioners costs less than primary care provided by physicians, little is known about underlying drivers of these cost differences.

**Research Objective:** Identify the drivers of cost differences between Medicare beneficiaries attributed to primary care nurse practitioners (PCNPs) and primary care physicians (PCMDs).

**Study Design:** Cross-sectional cost decomposition analysis using 2009–2010 Medicare administrative claims for beneficiaries attributed to PCNPs and PCMDs with risk stratification to control for beneficiary severity. Cost differences between PCNPs and PCMDs

**Key Words:** nurse practitioners, cost decomposition, Medicare, primary care

(*Med Care* 2020;00: 000–000)

To control the rising cost of health care and curb overutilization of services,<sup>1,2</sup> the health care industry is shifting away from a system that rewards volume to one that incentivizes efficiency and value.<sup>3</sup> In October 2019, the US Department of Health and Human Services announced plans to transition 50% of Medicaid and 100% of Medicare fee-for service reimbursements to alternative payment models (ie,



# Decomposition of NP-MD Cost Differences



## Data

Medicare Part B claims



## Sample

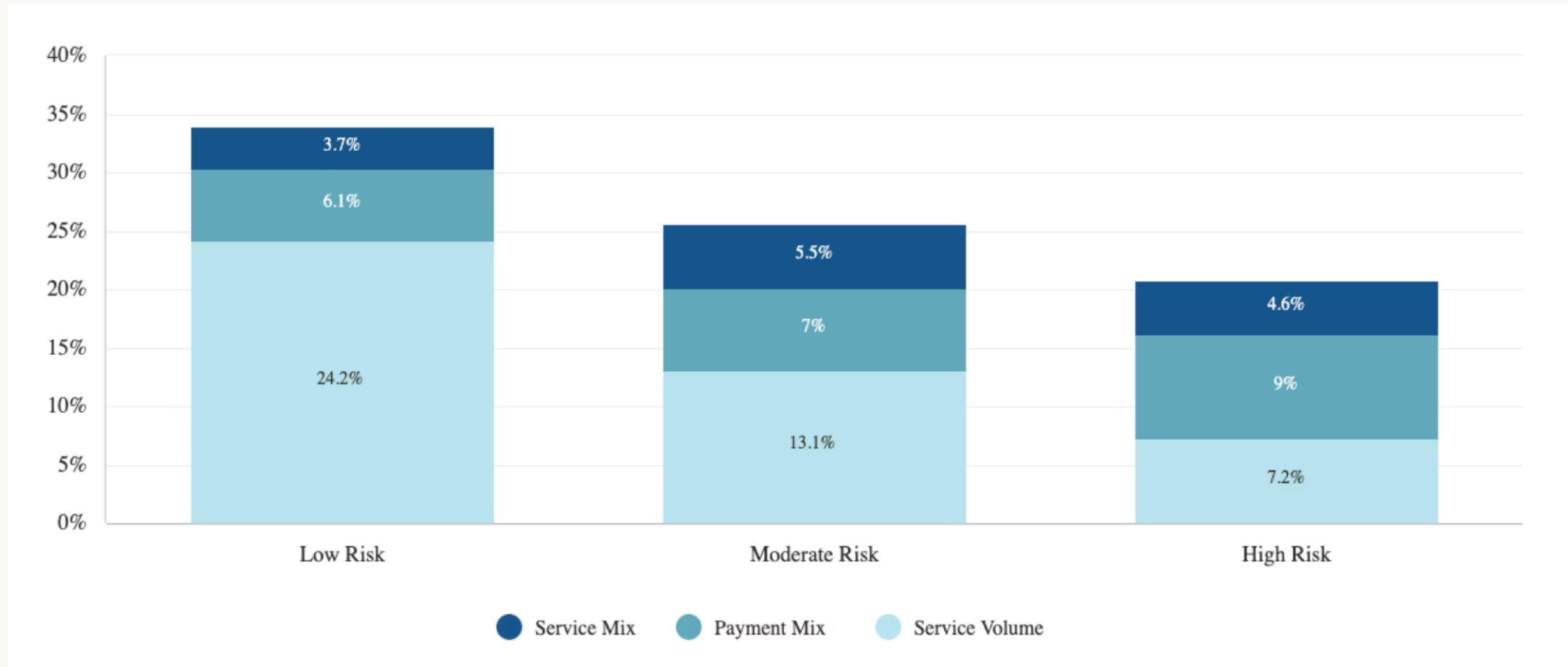
468,000 beneficiaries, 77,000 providers



## Examined Drivers

- Payment differences
- Volume of services
- Intensity of services

# Drivers of Cost Differences between MDs & NPs



# NP Patient Complexity Literature

## *Social Complexity -NP higher*

NPs more likely to manage patients with complex social needs (Buerhaus, 2015, Cody, 2020, Morgan, 2017, DeRoches, 2017, Barnes, 2017, 2018 & Ying, 2019)

- Rural residents
- Women
- People of color
- Individuals with disabilities
- Underinsured or dually eligible
- Insured by Medicaid
- Those with LEP (Limited English Proficiency)

## *Medical Complexity - mixed bag*

- 26% of NPs vs. 21% of MDs treat patients with >3 chronic conditions (Frazee, 2021)
- Slightly higher medical complexity in MD caseloads, (Morgan, 2017)
- No difference (Cody, 2020)

# NP Access Literature

- NPs are increasing in rural areas, low-income communities, and shortage areas (Xue, 2016; Naylor, 2019; Barnes, 2018)
- Little known about the size of the primary care NP workforce and if it is filling primary care gaps.



# Are primary care practices with NPs more prevalent in disadvantaged communities?



## Data Sources

- IQVIA's OneKey, 2023
- USCensus, 2020, ACS, 2017–2022
- Area Deprivation Index, 2021



## Analysis

- Unequal variance t-tests
- Chi-square tests

# Summary Results (O'Reilly-Jacob, 2025)

79,743

Primary Care Practices  
in 2023

53.4%

Employ NPs

32%

Increase  
in primary care practice employment of  
NPs since 2012

**Primary care practices with NPs are more common in:**

Rural areas

Low-income and less-  
educated communities

Neighborhoods with high  
deprivation

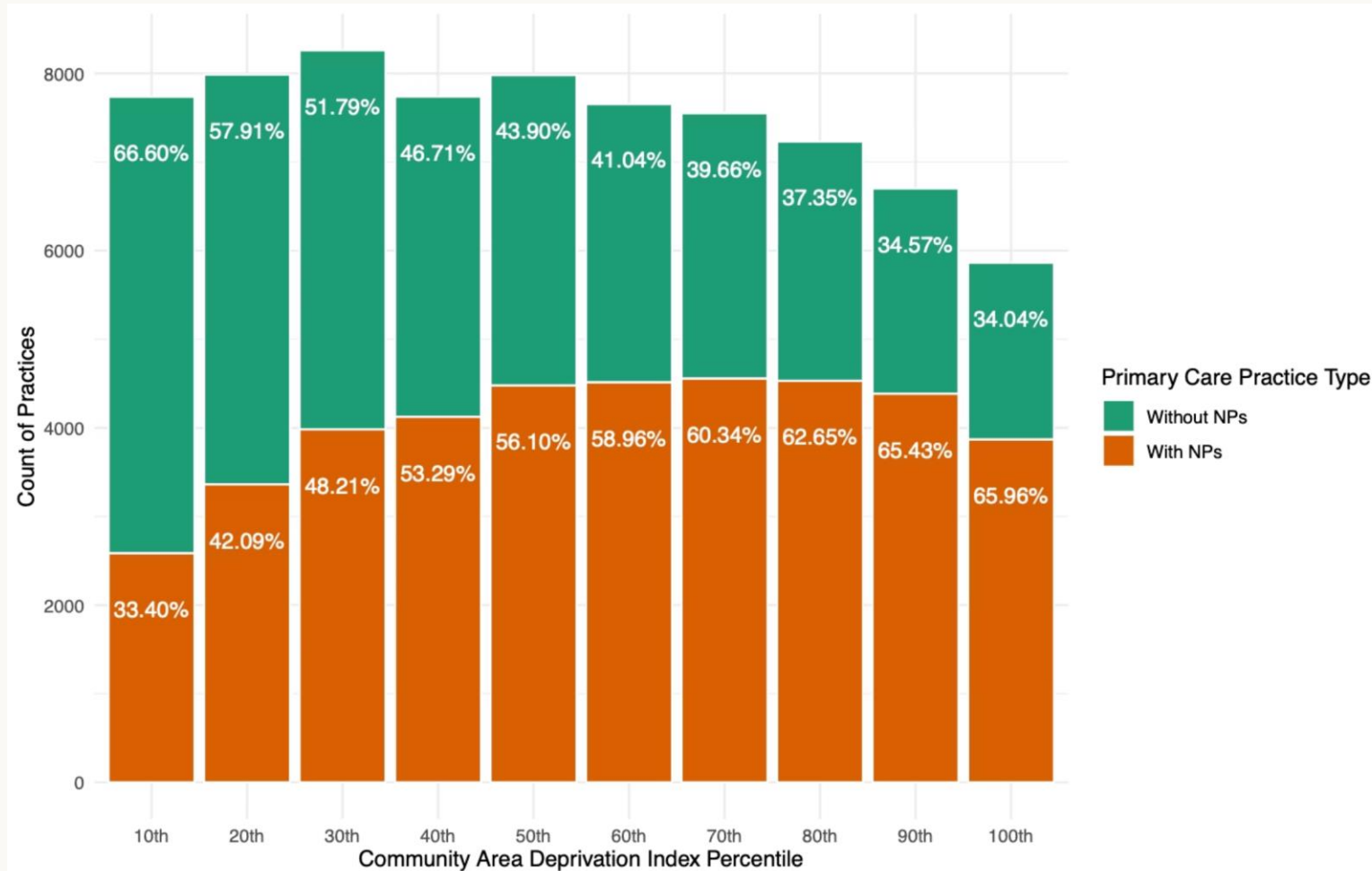
# Comparing Communities w/wo Primary Care NPs

All differences in NP vs. non-NP practice locations are statistically significant ( $P < .001$ )

Characteristic	Primary Care Practices with NPs	Primary Care Practices without NPs
Rural location (%)	11.9	5.5
Median household income (\$)	74,437	85,621
Population below poverty line (%)	14.4	12.8
Adults with bachelor's degree (%)	33.2	39.1
Area Deprivation Index of Census Block (national %-ile)	53.3	42.5

# Primary Care NP Presence in Low-Income Areas

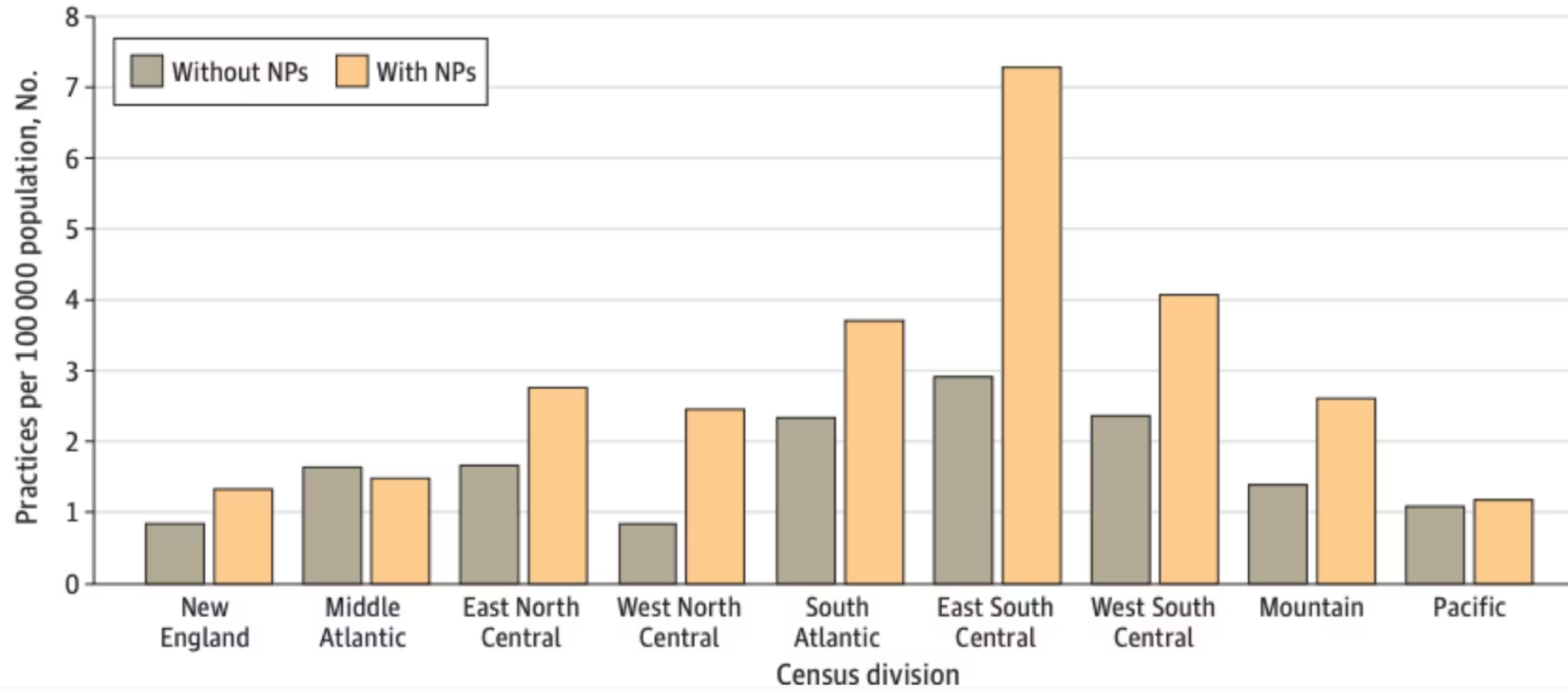
Comparison of the Area Deprivation Index (ADI) Between Communities With Primary Care Practices With or Without NPs





# Primary Care Practices in Low-Income Census Tracts w/wo NPs

per 100,000 People Across Census Divisions



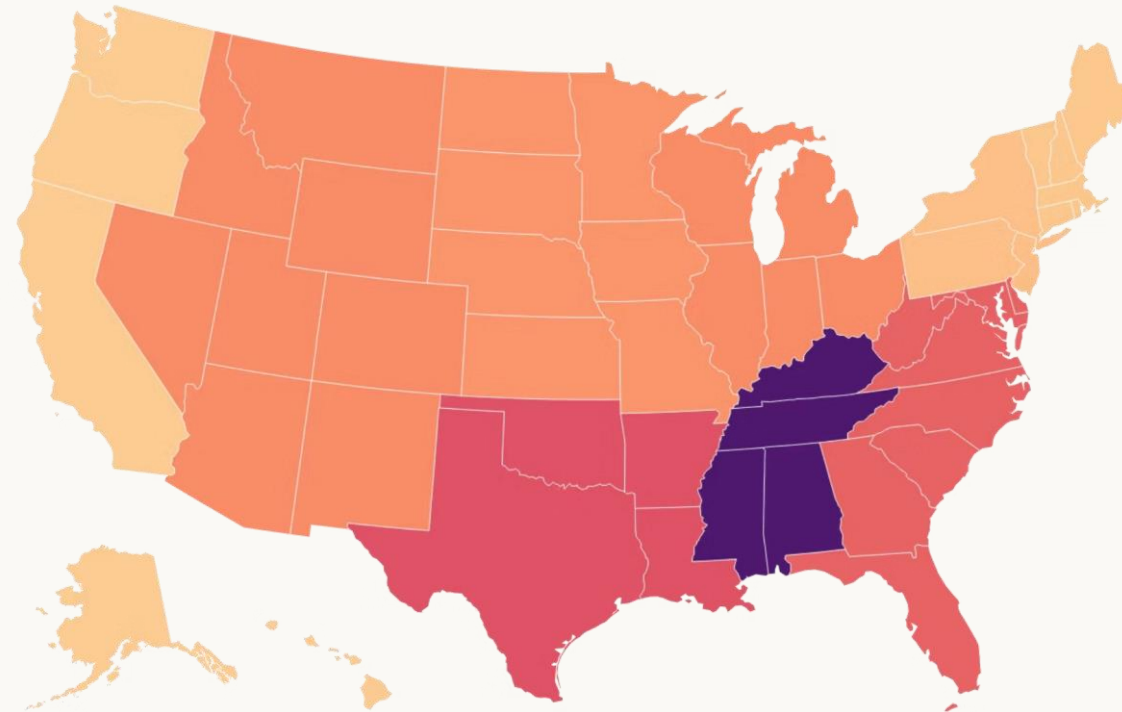
# Take aways

Primary care practices with NPs cluster in **low-supply, high-need areas**

Especially concentrated in **Southern U.S. low-income regions**

**Distribution of Primary Care Practices with NPs in Low-Income Census Tracts Per 100,000 people**

NP Practices per 100,000



Created with Datawrapper

# Recap of what we know

Compared to physicians, NP care is...

- Quality: equal, sometimes better (with at-risk pts)
- Cost: probably equal
- Capacity for medical complexity: probably equal
- Capacity for social complexity: sometimes better
- Access to care for vulnerable populations: better



# Part 2: Where Should We Go?

Leveraging Research in Postgraduate Training Programs to Improve Outcomes in Underserved Communities

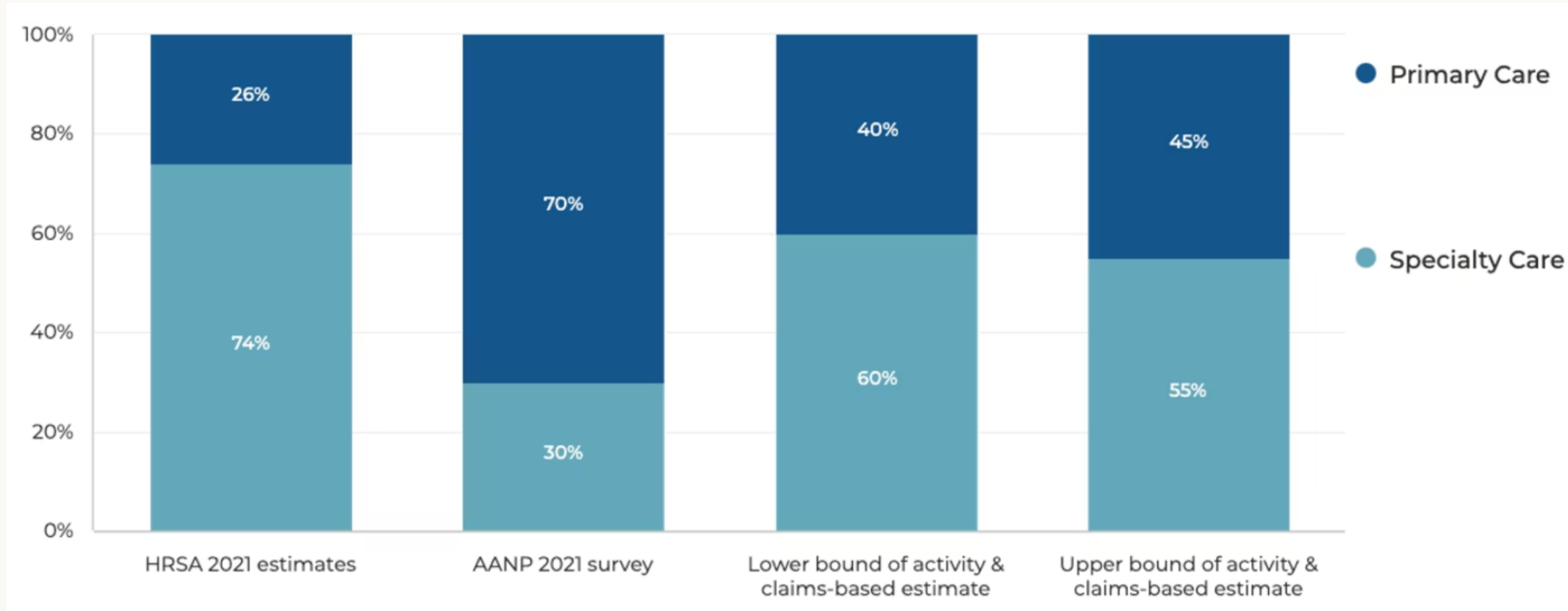




EHR offers rich data to  
address questions that billing data cannot.



# Case Study: Finding Primary Care NPs in Big Data (O'Reilly-Jacob, 2023)



# How EHR Data Can Fill the Gaps

## True provider identification

Accurate identification of the actual care provider

## Insight into visit content and complexity

Captures the complexity of patient visits

## Team structure and coordination details

Reveals how teams function - communication patterns and care coordination

# Understanding NP & PA Practice Styles

## Use EHR to examine:

- Differences in communication, documentation, referral rates
- Variability in practice patterns across providers







# Team-Based Models



## Study optimal team structures

- Maximize the available resources & expertise



## Explore key factors

- Division of labor
- Communication patterns
- Role clarity



## Assess care continuity in team-based care

# Use ALL your Tools to Fill Information Gaps

Use EHR and surveys to study:

- Care continuity
- Patient-reported satisfaction metrics
- Natural Language Processing
- NP & PA impact in rural/FQHC environments



# Part 3: How Do We Engage?

Partnering, Collaborating, Publishing: A Research Roadmap for Postgraduate Training Programs





# Joining Clinical & Research

## Post-grad programs are data-rich environments

Researchers + clinical leaders can:

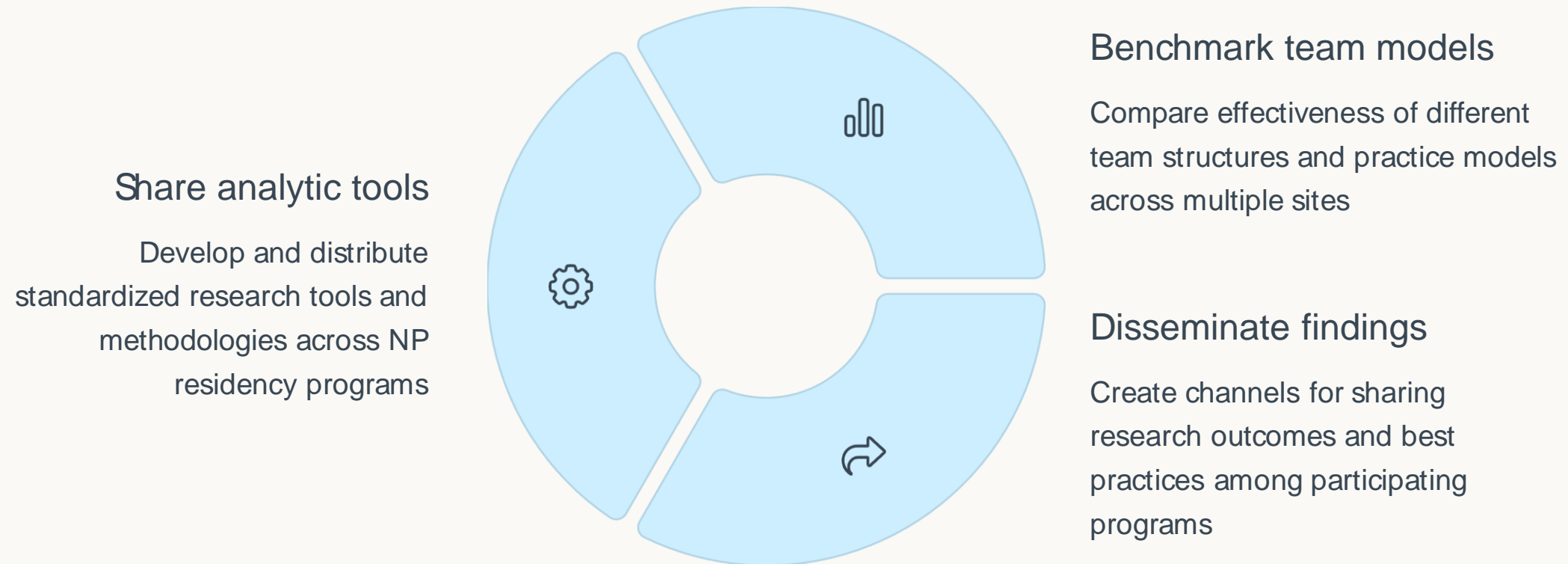
- Co-produce actionable studies
- Expand residency-led QI into publishable work
- Build shared infrastructure for impact evaluation
- Build your network now, so you're ready when an opportunity comes.



Visual: Two-way bridge between "Clinical Programs" and "Research Partners"



# Establishing Learning Collaboratives



# Moving Forward Together

Unlock the full potential of EHR data to drive research

Leverage electronic health records to gain deeper insights into NP practice patterns and outcomes

Build research partnerships to maximize NP & PA impact in underserved communities

Create sustainable collaborations between clinical programs and research institutions to improve care delivery



# Questions?

Monica O'Reilly-Jacob, PhD, APRN, FNP-BC, FAANP,  
FAAN

[mo2986@cumc.columbia.edu](mailto:mo2986@cumc.columbia.edu)



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**12:15-1:00pm- Lunch and meet with Exhibitors**

**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**

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
<b>Session 1</b> <b>1:00–2:00 p.m.</b>	<b>Fundamental Requirements of a Successful APP Postgraduate Training Program</b> <i><b>Presenter:</b> Ginger Vaughn-Pullin, DNP, FNP-BC, Director of Quality, Director of Clinical Programs at Sam Rodgers Health Center</i> <i><b>Moderator:</b> Lisa Budka, FNP-BC; Residency Program Director at HealthLinc</i>	<b>Maximizing Technology to Manage Your Program</b> <i><b>Presenter:</b> Danise Seaters, MS, ACNP-BC, Director of Advanced Practice Education and Fellowships at UC Davis Health</i> <i><b>Moderator:</b> Jill Terrien, PhD, ANP-BC, Associate Dean Interprofessional &amp; Community Partnerships, Associate Professor Nursing and Medicine at UMass Chan Medical School Tan Chingfen Graduate School of Nursing</i>
<b>Session 2</b> <b>2:15–3:15 p.m.</b>	<b>How to Test Competencies, Structure Your Evaluations and Gather Metrics</b> <i><b>Presenter:</b> Cate Brady, MPAS, PA-C, Assistant Professor, Division of Gastroenterology &amp; Hepatology, Program Director of the Gastroenterology APP Fellowship at the University of Colorado</i> <i><b>Moderator:</b> Danielle Hebert, DNP, MBA, MSN, ANP-BC, Assistant Professor/Coordinator, Primary Care NP Track, Tan Chingfen Graduate School of Nursing at UMass Chan Medical School</i>	<b>An Innovative Preceptor Platform and Supporting Your Preceptors</b> <i><b>Presenter:</b> Stephania Dottin, NP, Nurse Practitioner Director of the NP Fellowship Program at Oak Street Health</i> <i><b>Moderator:</b> Nicole Seagriff, DNP, APRN, FNP-BC, Vice President Western Region at Community Health Center, Inc.</i>



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**Welcome Back**



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## **The Power of Emotional Intelligence: Building Resiliency, Preventing Burnout, and Promoting Wellness is Postgraduate Training**

Lisa Budka, FNP-BC



# The Power of Emotional Intelligence: Building Resiliency, Preventing Burnout, and Promoting Wellness in Postgraduate Training

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Lisa M. Budka, FNP Residency Program  
Director Healthlinc





I have no disclosures.

Disclosures

# Learning Objectives



UNDERSTAND THE ROLE  
OF EMOTIONS AND  
RECOGNIZE EMOTIONAL  
RESPONSES



DEFINE EMOTIONAL  
INTELLIGENCE AND  
IDENTIFY ITS ESSENTIAL  
COMPONENTS



IMPLEMENT STRATEGIES  
THROUGHOUT THE  
POSTGRADUATE  
TRAINING YEAR TO  
ENHANCE EQ



EXPLORE HOW EQ  
IMPROVES RESILIENCY  
AND WELLNESS DURING  
POSTGRADUATE  
TRAINING



RECOGNIZE HOW EQ  
PRACTICES CAN  
PREVENT BURNOUT IN  
POSTGRADUATE  
TRAINEES

# What are emotions?

- Emotions are reactions that human beings experience in response to events or situations.
- Responses to triggers/events/actions in day-to-day life
- Key components
  - Subjective experience
  - Psychological response
  - Behavioral Response

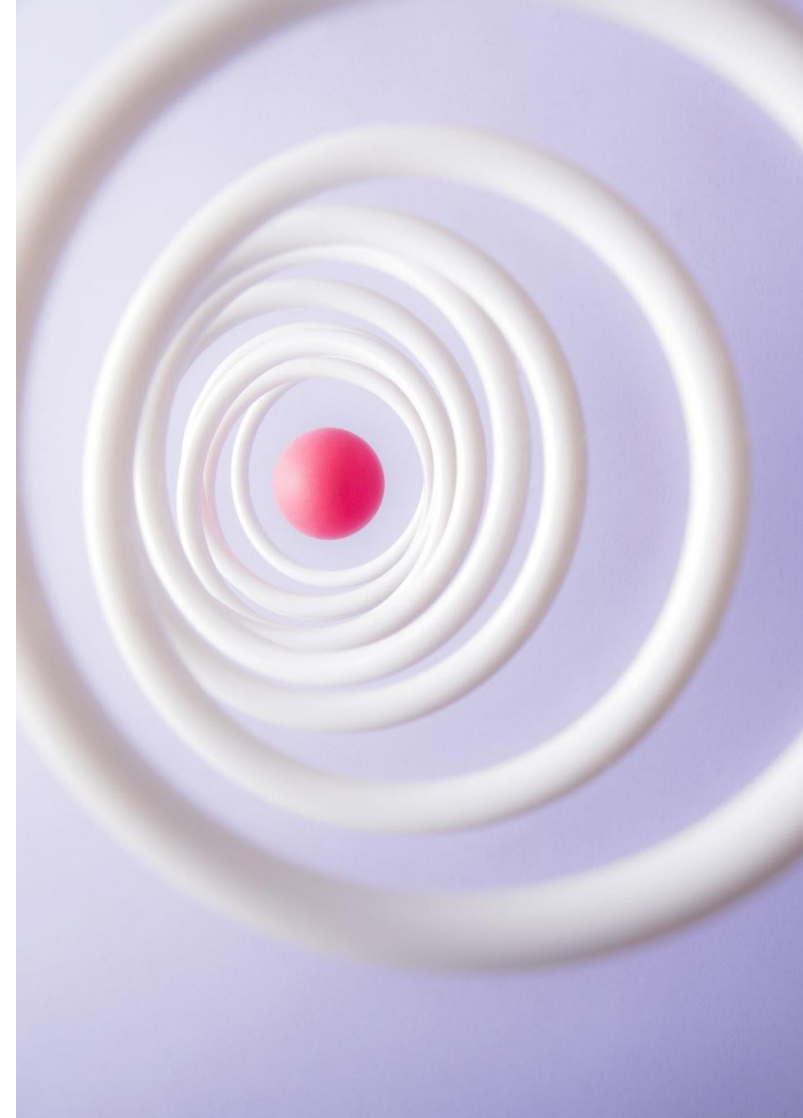




# Stop Reacting- Start Responding

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- **According to Simon Sinek:**
  - Step 1: Recognize your emotional triggers
  - Step 2: Use physical Cues
  - Step 3: What is the best response for long-term
  - Step 4: Pause



# Guage your emotional response



# What is Emotional Intelligence (EQ) ?



Emotional intelligence (EQ) can be described as the ability to adaptively perceive, understand, regulate, and harness emotions in self and others



Healthcare is dominated by relationship building



Higher EQ=compassionate, empathic, resilient, caring, and able to manage emotions in others



Cornerstone of patient care=Rapport Building



# Emotional Intelligence

Understanding  
Emotions  
(Self-Awareness)

Using Emotions  
(Social Skills)



Perceiving  
Emotions  
(Social Empathy)

Managing  
Emotions  
(Self- Regulation)

Emotional Driver  
(Self motivation)



# EQ starts with SELF



---

A person's essential being that distinguishes them from others, especially considered as the object of introspection or reflexive action.

---

the union of elements (such as body, emotions, thoughts, and sensations) that constitute the individuality and identity of a person

---

an individual's typical character or behavior

---

the entire person of an individual

# Take a selfie



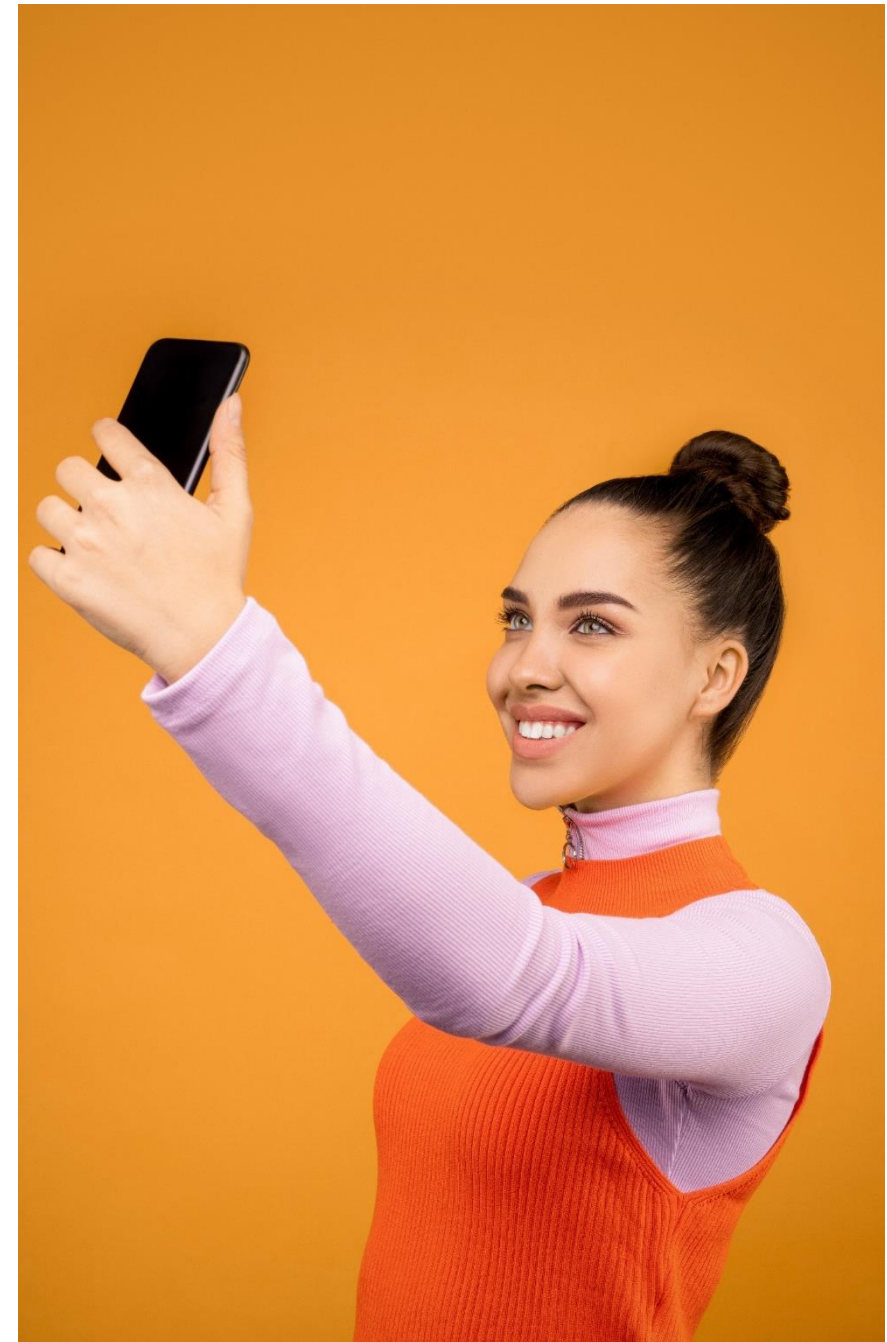
To better understand  
this concept of self



Now look at the picture  
you just took of yourself



How did you describe your selfie?



My Selfie- This is a challenge!!!

- What emotion am I expressing?
- Does this emotion reflect how I feel?
- Do these selfies reflect emotional intelligence?





***If your emotional abilities aren't in hand, if you don't have self-awareness, if you are not able to manage your distressing emotions, if you can't have empathy and have effective relationships, then no matter how smart you are, you are not going to get very far.***

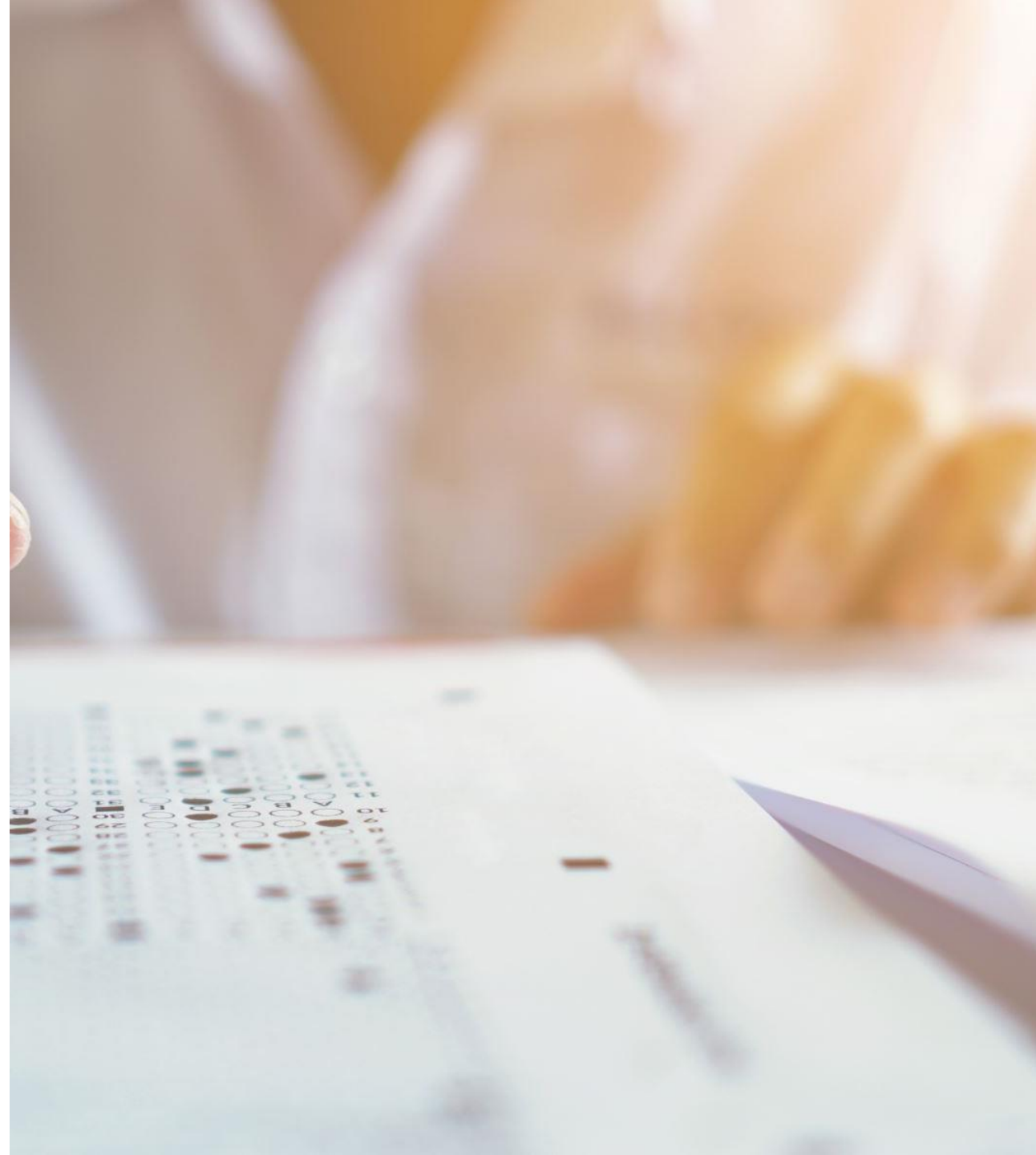
***---Daniel Goldman***





# Ways to assess EQ

- Online Self-Assessments
  - [Emotional Intelligence Test / Quiz | Psychology Today](#)
  - [Test Your Emotional Intelligence, Free EQ Quiz, EI Test](#)
- Ability Quizzes/Tests
  - The Emotional Quotient Inventory 2.0 (EQ-i-2.0)
  - Profile of Emotional Competence (PEC)
  - Trait Emotional Intelligence Questionnaire (TEIQue)
  - Wong's Emotional Intelligence Scale (WEIS)
- Self Reflection
- Seek Feedback from others
  - Observation
  - Constructive Feedback
- Impulse app is great



# Ways to Improve EQ

## Self- Awareness

- Constructive Feedback, Growth Mindset, journaling, mindfulness-meditation, reflection, positive self talk, pursue passions, live with purpose

## Self- Regulation

- Challenges=opportunities, Build tolerance to distress, cognitive reframing, Manage difficult emotions

## Empathy

- Actively Listen, Share emotions, BE Purposeful, Meet new people, put yourself in their shoes

## Social Skills

- Eye contact, body language, open-ended questions, show interest/engagement, ice-breakers

# Is EQ essential for Health Care Providers?

## Key Insights:

- **95%** of people think they are **Self-Aware**, but only 10% really are
- EQ is used in **75%** of fortune 500 companies
- EQ is 4 times **More** important than IQ in determining success in your field
- Leaders with **Empathy** perform **40%** higher in employee engagement, decision making, and coaching

## Search Results:

- **11,000 articles** (Ackley, 2016)
- **Collective Analysis** (Chaudry, Hussain, Halari, et al., 2024)
  - **Positive Correlation:** Quality care, provider well-being, and workplace performance
- **EQ in Medical Education** (Arora S, Ashrafian H, Davis R, et al., 2010)
  - **Professional Identity:** Ethical decision making and resiliency



"We're looking for managers that demonstrate high levels of emotional intelligence. Here, please try on this mood ring."

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- **Avoid Icebergs**
  - Understand EQ
  - Motive check
  - Accept Feedback
  - Be flexible
  - Growth Mindset
  - Buy a book
  - Reflection





# Growing the Coaches

- **Focus on Growth**

- Provide support
- Regular communication
- Give gratitude and grace
- Build a solid TEAM
  - Professional Development Profile
  - Applying to be a preceptor





# EQ recruiting strategies

- **Seek to Understand**
  - Essay Questions
  - Meet and Greet
  - Interview Day





- 
- When dealing with people, remember you are not dealing with creatures of logic, but with creatures of emotion.“

--- Daniel Carnegie



# Set the Stage-orientation

- **Build Them**
  - Networking events
  - Collaborative efforts
  - Graduation attendance
  - White coat Ceremony
  - Topics that are fun







# Leveraging EQ through Postgraduate Training

- **Teach Them**
  - Leadership Didactic
  - Evaluation
  - Pay attention to Residents behaviors
  - Provide adequate Admin time!!!!
  - Ask them to present Cases together
  - Laugh and play together

- 
- "No one cares how much you know, until they know how much you care."

----- Theodore Roosevelt





# Resiliency and Wellness is built through EQ practices



View setbacks as learning experiences

Managing strong emotions and impulses

Maintaining a positive outlook

Building and Relying on your support network

Setting and Achieving Goals

Practicing self-care

Reframing Negative thoughts

Demonstrate Flexibility and Adaptability

Practice Gratitude

Seek continuous Improvement Opportunities



# EQ prevents burnout

- Recognizes symptoms of burnout (Self- awareness)
- Stress Management and Maintaining Professionalism (Self- Regulation)
- Building Strong Relationships and providing compassionate care (Empathy)
- Effective Communication and Conflict Resolution (Social Skills)
- Positive, goal-orientated, and focused on internal rewards (Intrinsic motivation)



# EQ Improves Wellness

- Prioritizing Self Care
  - Practice what you preach
  - Eat, move, rest, destress- Rinse and repeat
- Build a village
  - Support systems are essential
  - Make a network
- Set Boundaries
  - Know when your plate is full
  - SAY NO!
- Know thyself



Back to that  
selfie

---

Now I want you to pull out your  
selfie

---

I want you now to show your  
neighbor your selfie

---

Could taking an image of ourselves  
daily improve how we view  
ourselves?





# Homework





# Key Takeaways

- **Understand Emotions-** Emotions aren't distractions—they're data. Use them to connect, not correct
- **Recognize Thy Self-** Self-awareness is the foundation of leadership. You can't lead others well if you don't know what's going on inside you
- **Reflect on Your Leadership EQ-** Ask yourself: *How do I show up in stress, in feedback, in conflict?* Your team feels your emotional tone—set one worth following
- **Engage Change in Preceptors-** Model what you want to see. Help preceptors grow their EQ to support and shape residents with intention
- **Balance Knowledge with EQ-** It's not just about clinical skills—it's about building resident confidence, competence, and resiliency through empathy, trust, and psychological safety
- **Prioritize Self-Care & Self-Compassion-** You can't pour from an empty cup. Tending to your own emotional health boosts motivation, self-regulation, and insight
- **Be Okay Not Being Okay-** Growth happens in discomfort. Let's normalize sitting in the hard moments—because that's where transformation lives










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The image features a dense field of three-dimensional question marks. Most are a dark, matte grey, creating a textured, almost carpet-like surface. In the center, one question mark stands out as a vibrant, glossy orange. The word "Questions" is written in a white, serif font, positioned horizontally across the middle of the image, partially overlapping the central orange question mark.

Questions



# Contact Information

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# **Closing- Conference Wrap up**



## 8th Annual Conference:

**Navigating the Future: 20 Years of Sustaining  
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For the conference, we are partnering with the Weitzman Institute so that you can claim CE credits.

To claim CE credits, you will need to do the following steps:

1. Create an account or login into your existing account on the Weitzman Institute Platform at [education.weitzmaninstitute.org/](https://education.weitzmaninstitute.org/)

2. Go to the 2025 Conference Activity Page and enroll in the activity. Access the credit claiming activity by scanning the QR Code on the right.



3. After each session, select the session title and complete the session evaluation. At the end of the conference, you will be able to download your conference certificate.



If needed, reference step-by-step instructions on how to claim credits by scanning the QR Code on the left.

Complete the Conference Presentation Evaluations in the Weitzman Institute Platform to claim your CE certificate

Overall Conference Evaluation:

[https://chc1.iad1.qualtrics.com/jfe/form/SV\\_1MIgrGmPSz05bwy](https://chc1.iad1.qualtrics.com/jfe/form/SV_1MIgrGmPSz05bwy)

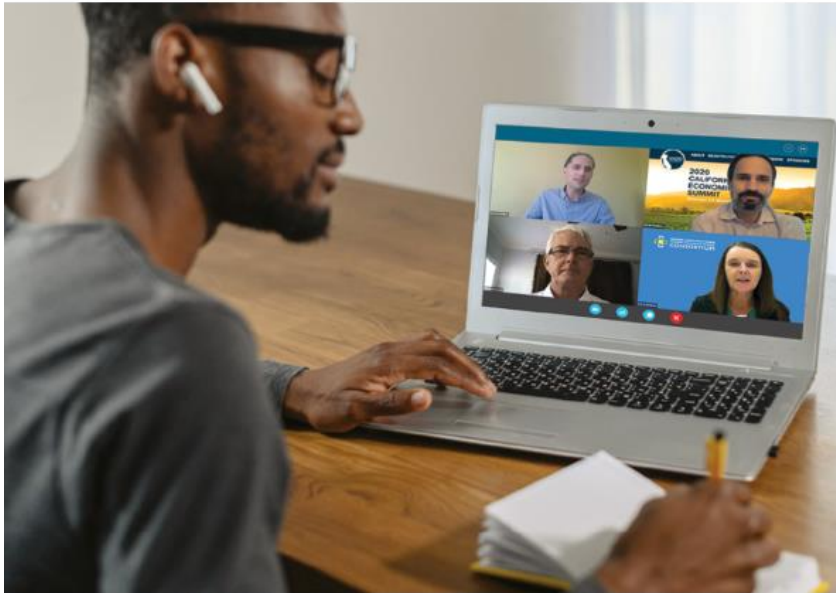
Conference Materials:

[www.appostgradtraining.com/2025-consortium-for-advanced-practice-providers-conference-resources/](https://www.appostgradtraining.com/2025-consortium-for-advanced-practice-providers-conference-resources/)

Consortium's Strategic Planning Survey

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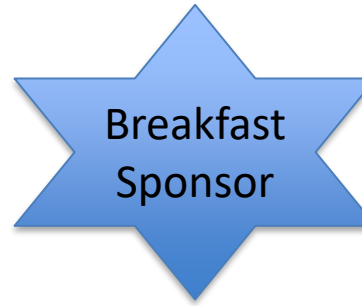
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**Thanks Everyone!**