



**CONSORTIUM**  
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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 ONE: New Programs

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

TRACK ONE: Capitol Peak B



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# **Fundamental Requirements of a Successful APP Postgraduate Training Program**

Ginger Vaughn-Pullin, DNP, FNP-C



**SAMUEL U. RODGERS**  
**HEALTH CENTER**

# Fundamental Requirements of a Successful APP Postgraduate Training Program

*Ginger Vaughn-Pullin, DNP, NE, FNP-BC*

Director of Quality and Clinical Programs

Nurse Practitioner Residency Program Director



# Disclosures

I do not have any financial relationships with any entities that sell or manufacture products or sell services.



# Objectives

- Recognize the fundamental requirements needed for a successful APP postgraduate training program
- Identify essential curricular components required for a successful APP postgraduate training program
- Summarize evaluation strategies to ensure continuous improvement of an APP postgraduate training program
- Consider common challenges and solutions to implementing and sustaining an APP postgraduate training program



# History of Postgraduate Residency Programs

- Institute of Medicine Report
  - *The Future of Nursing*
  - Cost of Programs
- Community Health Center (CHC), Connecticut
- Accreditation



# Current State of Postgraduate Residency

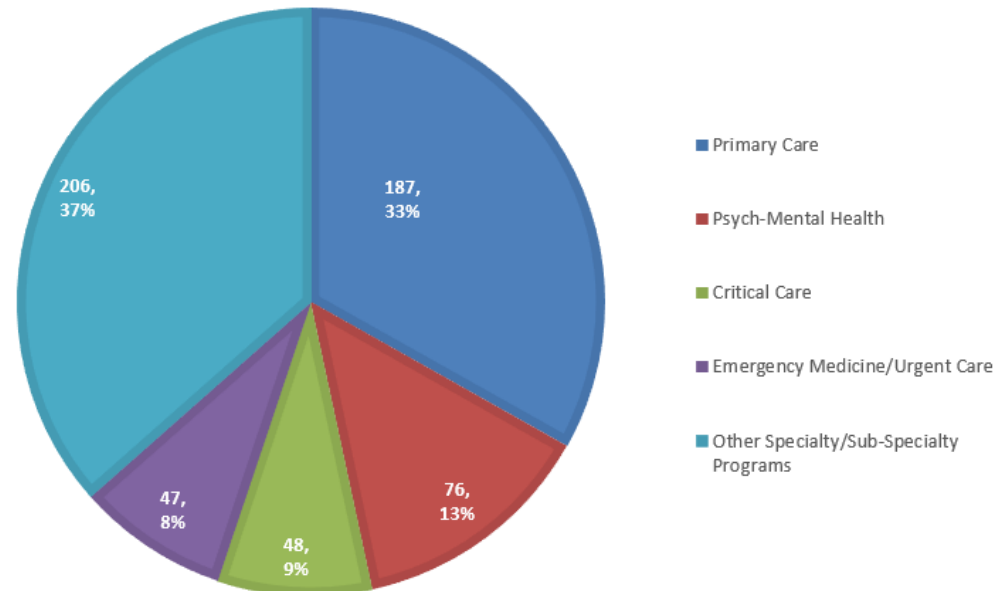
Programs



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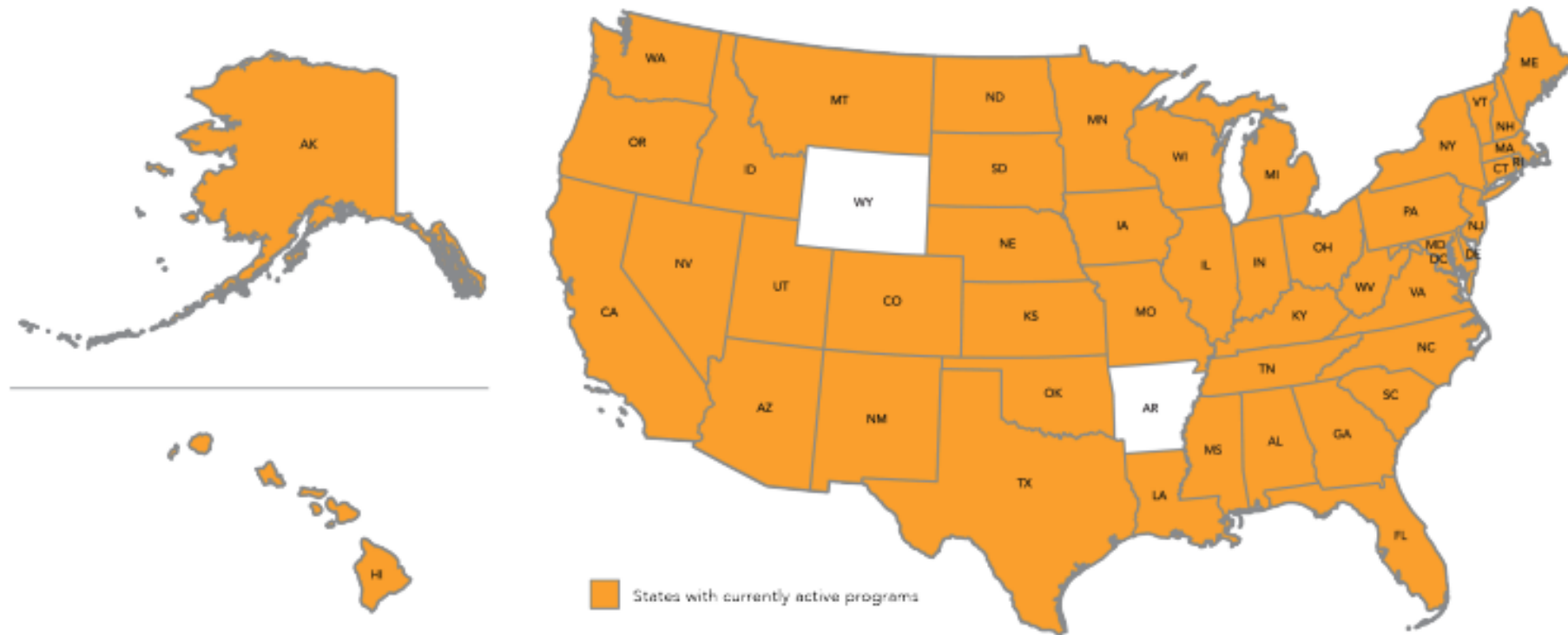
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## Today: Primary Care, Specialty, and Sub-Specialty Postgraduate Training Programs – Total 564 Programs Nationally



# Current State of Postgraduate Residency Programs

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



# Requirements for a Successful Program

- Before You Start
- As You Build
- Continuing Forward



# “Before You Start” Requirements

- Why
- Champions
- Staff
- Space
- Funding





# Samuel U. Rodgers Health Center



- 50+ years of service (1968 – present)
- 1<sup>st</sup> Federally Qualified Health Center (FQHC) in Missouri; 4<sup>th</sup> in the nation
- Mission: To provide high quality, compassionate and affordable healthcare for all.
- Vision: Healthy people in a healthy community.





# Program Drivers (The “Why”)

- Advanced training of new Nurse Practitioners
- Exceptional patient care
- Increasing access to care for underserved communities
- Clinically complex patients
- Increase specialty care in primary care
- Provider retention



# Gaining More Information and Creating a Plan

- Consortium for Advanced Practice Providers
- National Training and Technical Assistance Partners:  
Post-Graduate NP Residency Learning Collaborative
- HRSA Advanced Nursing Education Nurse Practitioner  
Residency and Fellowship (ANE-NPRF) Grant Recipient
- Space, Staff, Champions





# “As You Build” Requirements

- Accreditation Standards
- Curriculum
  - Clinical Experiences and Oversight
  - Didactic Sessions
- Evaluation



# A Successful Build: Accreditation Standards

- Standard 1 – Mission, Goals, and 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



# NPRP Mission



- To equip, educate, and support newly graduated Nurse Practitioners through intensive and comprehensive training experiences that create high quality providers competent in complex, culturally appropriate, and compassionate healthcare.



# NPRP Vision

- To graduate well-rounded, expert primary care providers who will provide high quality, compassionate and accessible healthcare to the underserved community.
- To improve provider and patient satisfaction while fostering collaborative relationships between departments, teams, individuals, and families.
- To build future leaders and healthcare advocates within our community that understand the intricate needs of our patient population.



# Key Curricular Components

- Precepted Continuity Clinics (40%)
- Specialty Rotations (20%)
- Mentored Clinics (20%)
- Didactic sessions/Quality Improvement Projects/Administrative Time (20%)



# Curriculum Development: Key Components

- Content
- Learning objectives
- Relevancy
- Timing
- Evaluation





# Implementation

- 12-month Program
- Weekly Outline:
  - 24 hours of Primary care
  - 8 hours of Specialty care
  - 4 hours of Didactic
  - 4 hours of Admin time



# NPRP Weekly schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Mentored Clinic	Precepted Clinic	Quality Improvement & Didactic Sessions	Specialty Rotation	Precepted Clinic



# Selecting Preceptors & Faculty



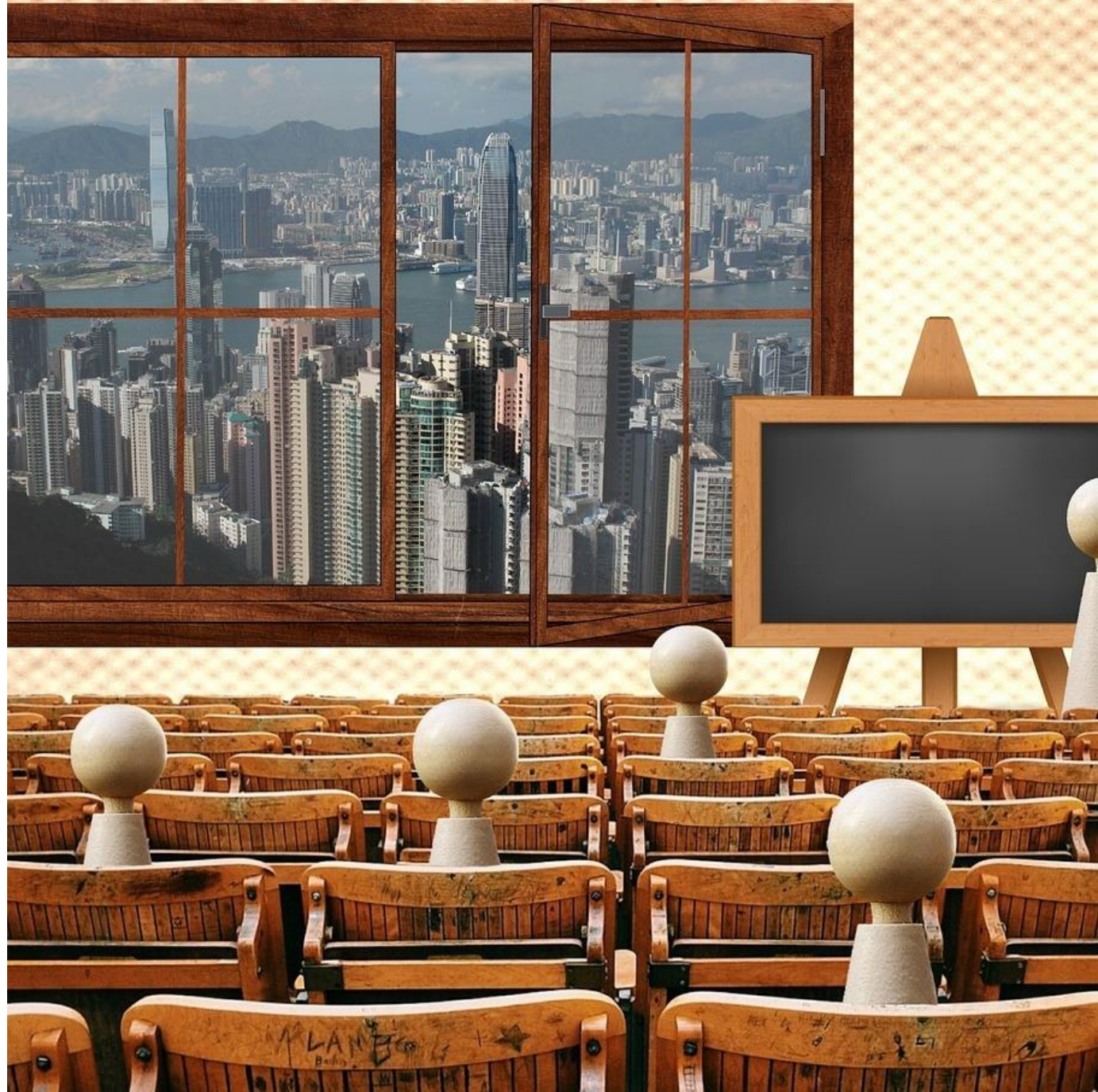
- Clinical Oversight
- Teaching/Coaching
- Subject Matter Experts
- Use Your Team!





# Didactic Sessions

- Network
- Use your resources
- Make it meaningful
- Make it fun
- Ask the residents



# Didactic Sessions

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Windshield Tour

---

Cultural Lunch & Learns

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Value Based Care

---

Hospital Follow-Up, Complicated Chronic Conditions

---

Refugee Screening

---

Clinical Pharmacist – T2DM

---

Newborn Visits, Pediatric Concerns

---

Pre-Visit Planning

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Quality Improvement

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HTN, Heart Failure, Hyperlipidemia

---

Advocacy and the NP Role – Legislative Day

---

Nexplanon Insertion and Removal, Advanced Skills Day

---

Wellness Sessions

---

Case Study Presentations/Journal Club









# Collaboration: A Key To Success

- Establish/Enhance Community Partnerships
- Establish/Enhance Academic Partnerships
- Establish/Enhance Hospital Partnerships
- Network, Conferences, Share Your Story



# Collaboration: Specialty Clinics

- Women's Health
- Podiatry
- Integrated Behavioral Health
- Unhoused Care
- Refugee Medicine
- Cardiology
- Endocrinology
- Orthopedics
- Nephrology
- Neurology
- Urology





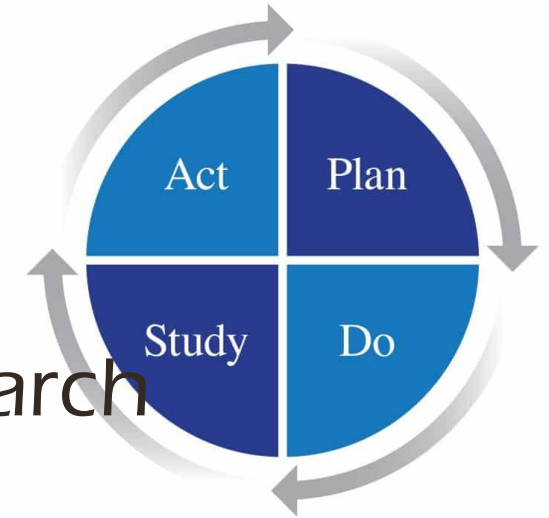


# Collaboration

- Successes
  - Enhances quality of training and broadens the scope of clinical experiences
- Challenges
  - MOU's
  - Understand requirements for outside specialty rotations (background checks, labs, NP as observer, computer-based training, etc)
- Lessons Learned
  - Tell your story

# Quality Improvement Project

- Topic of interest
- Needs assessment and Background Research
- PDSA Model
- Implementation
  - Team training, data collection
- Dissemination
  - Sustainability, strengths/weaknesses, recommendations



# Examples of Resident QI Projects

Standardization of Diabetes Visits

Opt-Out STI Testing in 16 to 24 year-old Females

Patient Satisfaction Survey Response Trial



# Evaluation & Improvement

- Baseline, 6 month, 12 month evaluations
- Didactic session evaluations
- Program Evaluations
- Evaluation Fatigue



# Self-Assessment Rating Scale



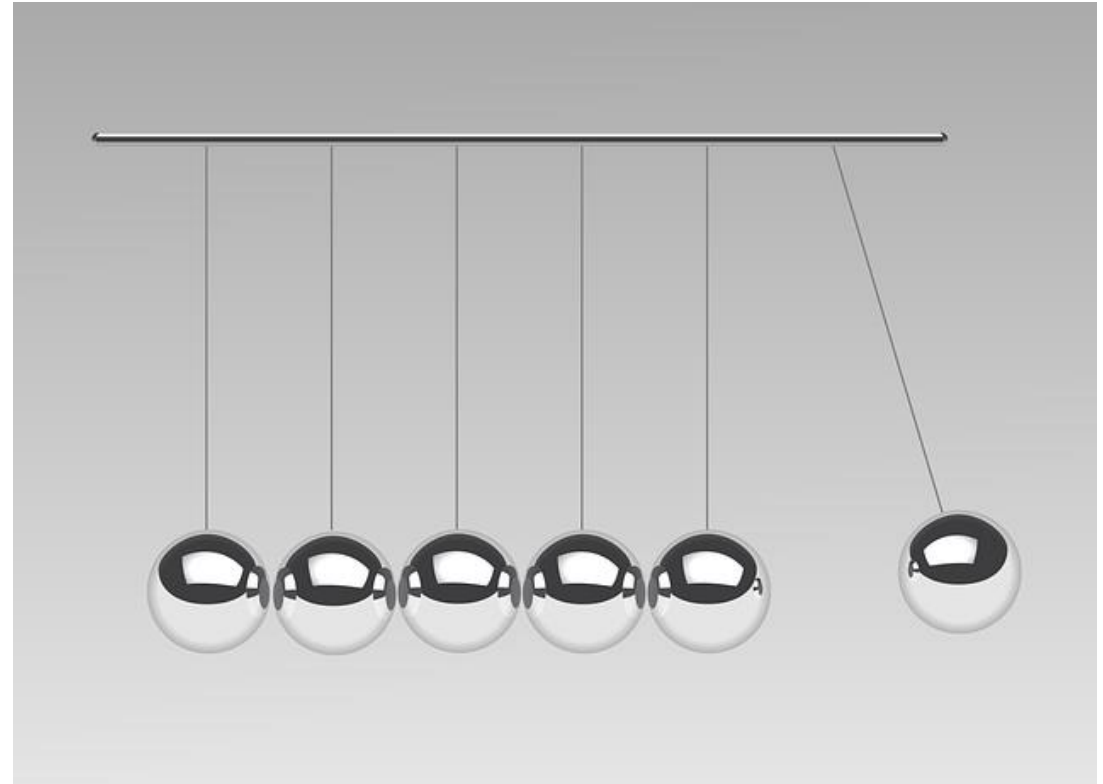
# “Continuing Forward” Requirements

- Keeping Momentum
- Marketing (Internal and External)
- Succession Plan
- Growth Plan
- Post-Program Resident Plan



# Keeping Momentum & Marketing: Sustaining a Program

- Staffing
- Resident to Preceptor Ratio
- Credentialing
- Continued Recruitment
- Continued Collaboration



# Internal Marketing: Sustaining a Program



- Administration
  - CEO, COO, CMO, CFO
  - Bottom Line
- Clinical Staff
  - MA, PCRs, Directors
  - Workflow
- Board Members
  - Strategic Plan, Longevity





# Next Steps Planning: Sustaining a Program

- Succession Plan
  - Leaders, Faculty, Providers
- Growth Plan
  - Specialties, Increasing Residents
- Post-Program Resident Plan
  - Making Connections, Loan Repayment, Open Positions

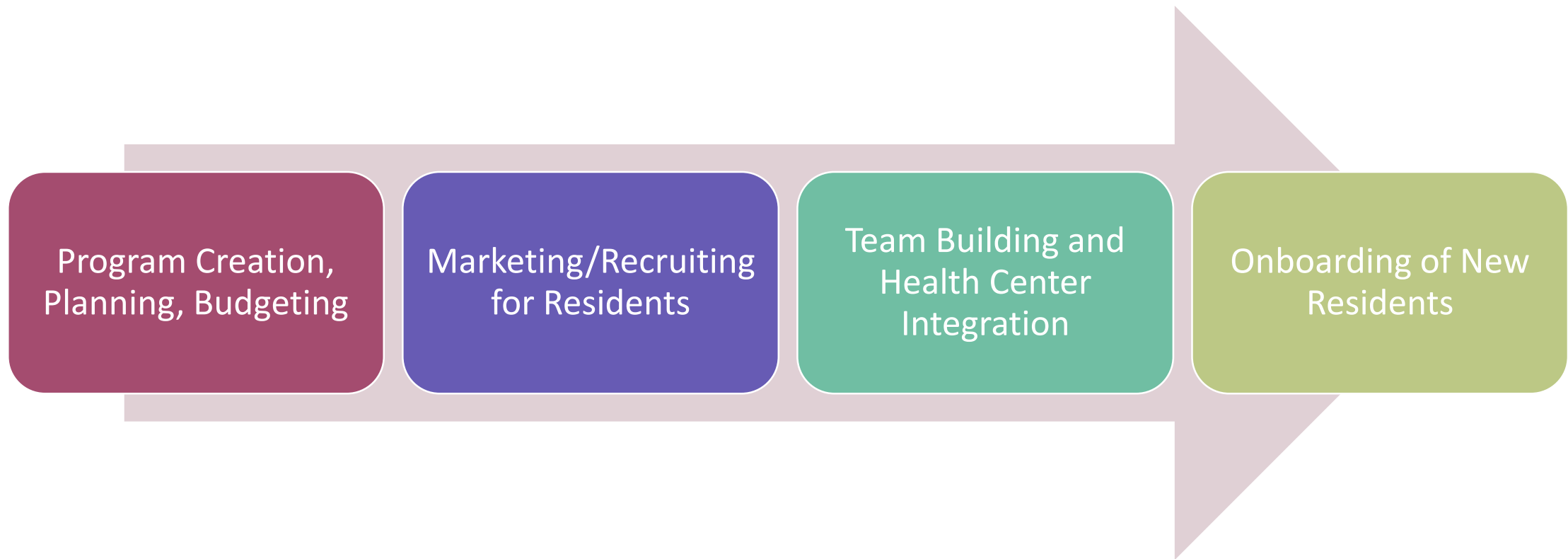




# Starting a Program: Challenges & Solutions

- Administrative Time
- Scheduling
- Student to Resident Role
- Staff Preparation
- Advisory Committee

# The First Year: Timeline



# Wrapping Up: Starting & Sustaining a Successful Residency Program

- What is your why?
- Find your champions and get buy-in
- Budget
- Create relationships and collaborative agreements
- Identify challenges
- Be ready for change



# Final Tips & Pearls

**Follow the Recipe**





# Contact Information

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# Refreshment Break

Session Two will begin at 2:15pm



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## **How to Test Competencies: Structure Your Evaluations and Gather Metrics**

Cate Brady, MPAS, PA-C





# *COMPETENCIES EVALUATIONS METRICS*

The Fundamentals of a Successful  
Postgraduate Fellowship

Cate Brady

*Assistant Professor, MPAS*

*Program Director of GI APP Fellowship*

*University of Colorado*



# Learning Objectives

1. Describe the foundational principles of competency-based medical education (CBME) and its application in the design and evaluation of postgraduate APP fellowship programs.
2. Apply the ACGME core competencies to curriculum development
3. Differentiate between assessment and evaluation and utilize tools to measure fellow progress and guide feedback.
4. Analyze fellowship program metrics to demonstrate program value and inform continuous improvement.
5. Integrate fellow performance data and program outcomes to support strategic goals such as workforce development, access to care, and APP engagement.





# What is Competency-Based Medical Education (CBME)?

Outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners across the continuum that uses competencies or observable abilities.

*Evaluation= "When and how do we give learners feedback to help them grow?"*

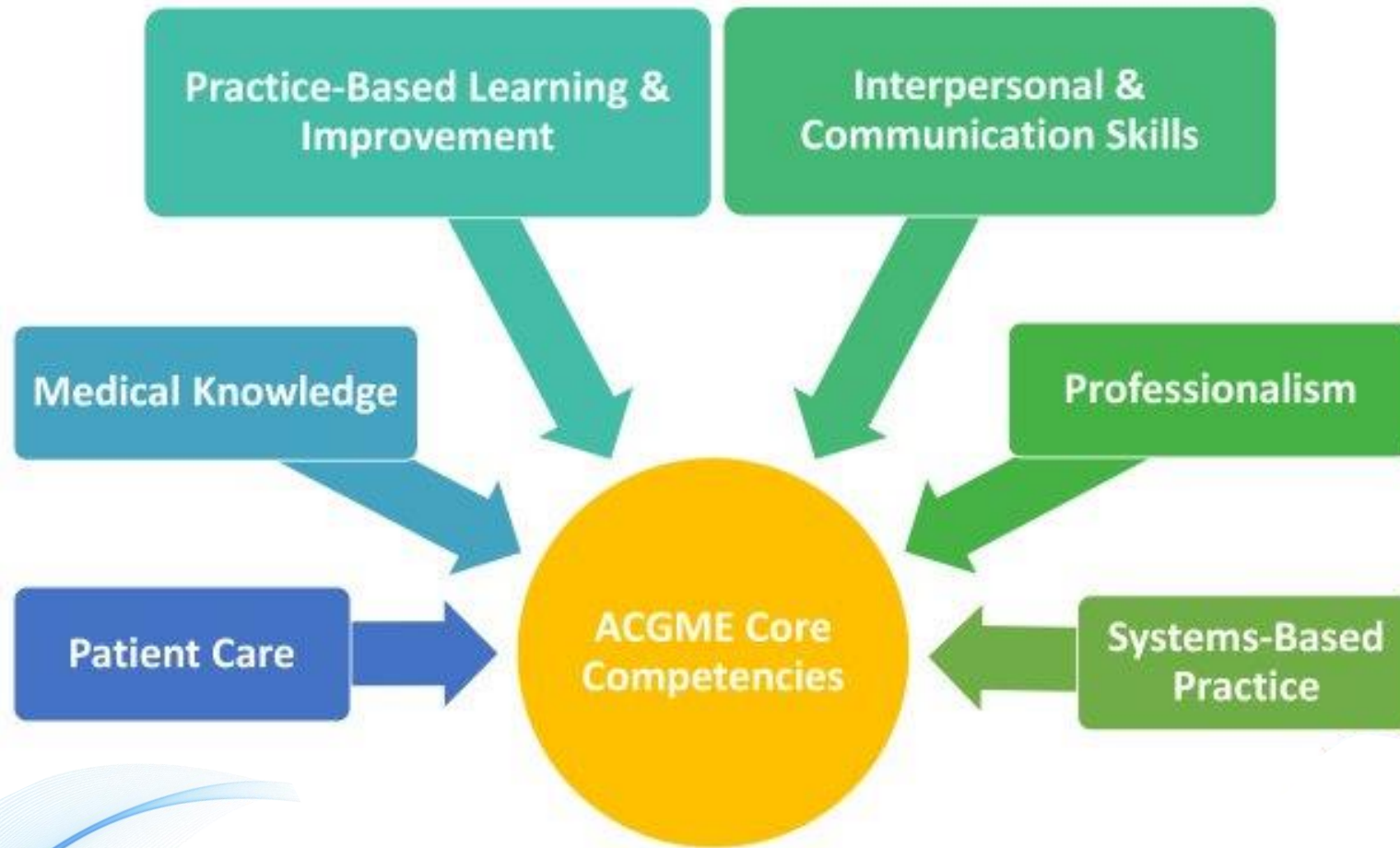
*Assessment= "When and how do we measure whether learners are achieving specific competencies?"*



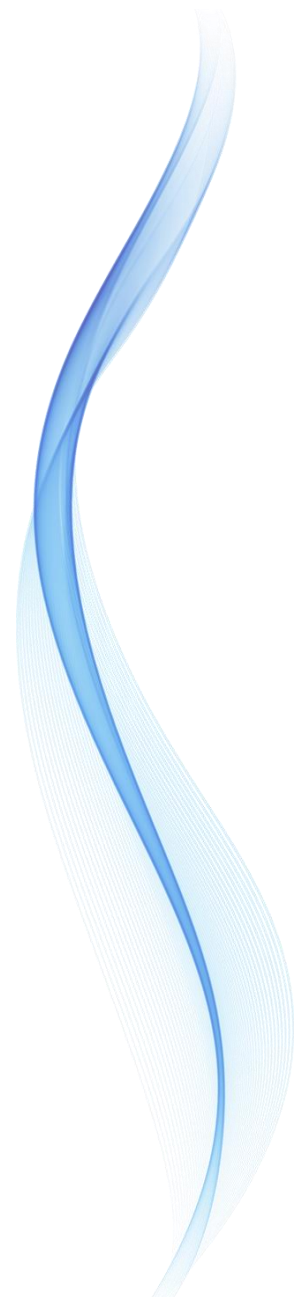
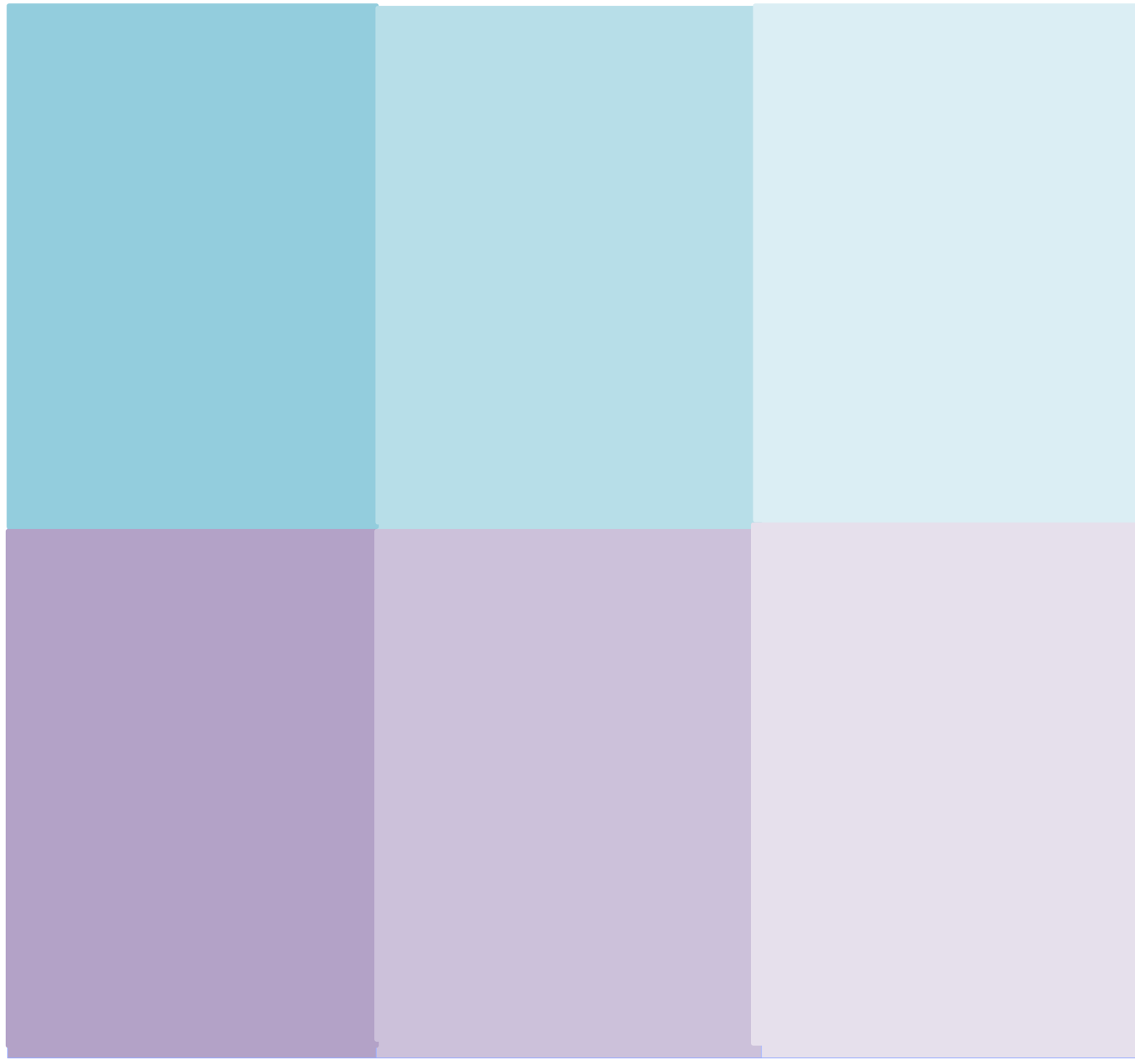
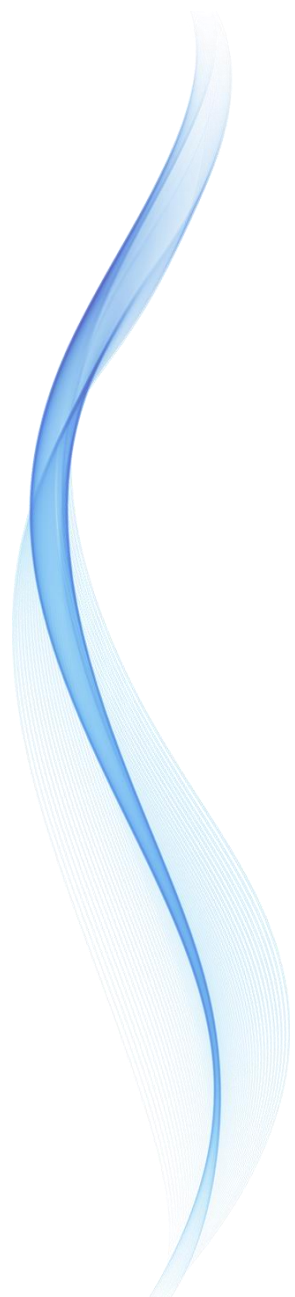
# Competency in Postgraduate Education



- 1.Ensures readiness for autonomous practice
- 2.Aligns with ACGME-like standards and institutional expectations
- 3.Enhances fellow confidence and clinical judgment
- 4.Fosters consistent training across specialties and preceptors



## The Framework



# MILESTONE EVALUATION GRID

<b>Competency Domain</b>	<b>Milestone</b>	<b>Level 1 (Beginning)</b>	<b>Level 2 (Developing)</b>	<b>Level 3 (Competent)</b>	<b>Level 4 (Ready for Independent Practice)</b>
<b>Patient Care</b>	Conducts focused and thorough GI evaluations	Requires direct supervision; misses key elements	Completes basic H&P with some prompting	Independently performs comprehensive GI consults	Confidently manages complex cases; integrates multidisciplinary input
	Clinical decision-making in GI	Relies heavily on preceptor guidance	Beginning to identify common GI issues	Synthesizes data and formulates safe plans	Independently prioritizes and adjusts care plans
<b>Medical Knowledge</b>	Applies GI pathophysiology to patient care	Recalls basic concepts	Applies knowledge to common conditions	Demonstrates knowledge across GI subspecialties	Teaches peers; manages rare/complex disorders
<b>Practice-Based Learning &amp; Improvement</b>	Seeks and applies feedback	Needs prompting to reflect	Accepts feedback and makes efforts to improve	Consistently integrates feedback into practice	Proactively seeks coaching; shows clear progression
	Engages in quality improvement	Passive participant	Participates in QI project	Contributes meaningfully to QI outcomes	Leads or presents QI project
<b>Interpersonal &amp; Communication Skills</b>	Communicates with patients/families	Basic communication; may need redirection	Builds rapport; communicates clearly	Explains complex GI issues in lay terms	Demonstrates empathy, clarity, and cultural sensitivity
	Team communication	Inconsistent documentation or sign-out	Communicates clearly with staff	Anticipates team needs; practices closed-loop communication	Functions as a team leader or liaison
<b>Professionalism</b>	Demonstrates accountability and integrity	Requires reminders for punctuality or follow-through	Reliable with tasks; accepts responsibility	Manages duties independently; admits errors	Models ethical behavior; mentors others on professional conduct
	Maintains patient confidentiality and respect	Needs reminders about boundaries or confidentiality	Follows professional norms with guidance	Demonstrates respect and confidentiality consistently	Advocates for patient dignity; handles sensitive issues independently
<b>Systems-Based Practice</b>	Understands healthcare systems and resources	Limited awareness of system impact on care	Identifies system barriers and seeks help	Navigates systems to improve care delivery	Advocates for system change; mentors others in resource utilization
	Works within interprofessional teams	Unfamiliar with roles of team members	Collaborates with support when prompted	Coordinates care with multiple disciplines	Proactively leads interprofessional collaboration and system navigation





# Curriculum Design

Use the ACGME core competencies as a framework for curriculum design.

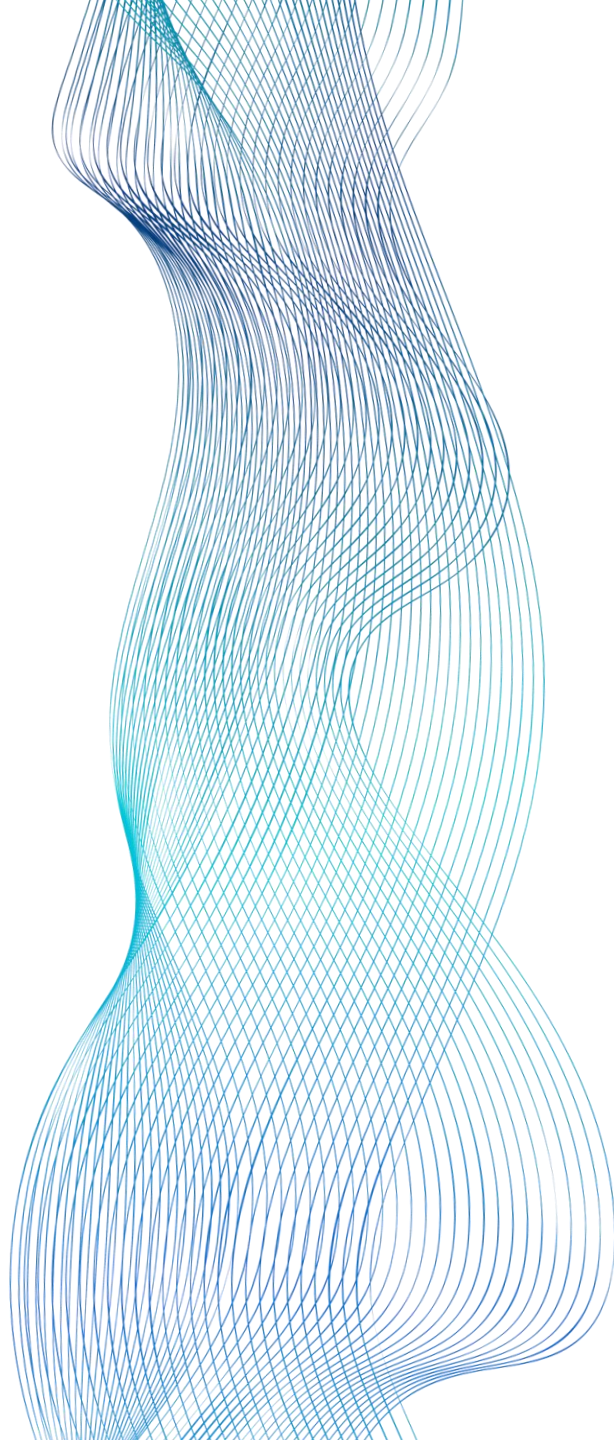
Identify how competencies apply to each rotation and assessment tool.



# Competency Mapping

Month	Rotation	Competencies	Assessment Tools
1–3	General GI	PC, MK	Pre & post confidence survey, end of rotation exam
3–4	Hep Clinic	PC, MK	Pre & post confidence survey, end of rotation exam
4–5	IBD Clinic	MK, ICS, PBL	End of rotation exam, self-assessment, faculty feedback
5-7	Inpatient	PC, MK, SBP, ICS	End of rotation exam, self-assessment, direct observation, preceptor milestone forms, case presentation
7-12	Electives and MDC	All 6	Milestone grid check-ins, QI project, final presentation, exit survey





## What is Good Assessment?

This video, recorded at the 2025 ACGME Annual Educational Conference, explores the key criteria for effective ("good") assessment using the concept of utility and the Ottawa criteria. It also explores issues in rater cognition and their implications for faculty assessments. Discussions will center around faculty members' roles in the assessment system and the need for faculty development.

[Enroll Now](#)


## FATCAT: The Frameworks of Assessment in Training and Choosing Your Assessment Tool(s)

[Enroll Now](#)

Ideal for faculty development, this interactive course provides an overview of the different assessment methods programs use to collect performance data on residents and fellows as they progress through their training. Frameworks of Assessment in Training (Part 1) will define assessment and discuss common assessment methods. Choosing Your Assessment Tool(s) (Part 2) will look at the purpose of different types of assessment tools, assess the utility of specific tools of your program, and help you assemble a set of assessment tools suited to your program's needs.





# *STORY TIME*





*COMPETENCIES*  
*EVALUATIONS*  
*METRICS*



# Effective Evaluations

Guides clinical growth

**Timely & Frequent**

*Conceptualized*

**Specific**

*Goal directed*

**Tied Directly to Competencies**

*Relevance*

**Self, Peer, & Preceptor Input**

*Mitigates bias*

**Supports Adaptive Learning**

*Growth*

**Feeds into Summative Progress Decisions**

*Programmatic assessment*

# Evaluation Tools

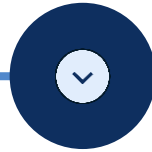
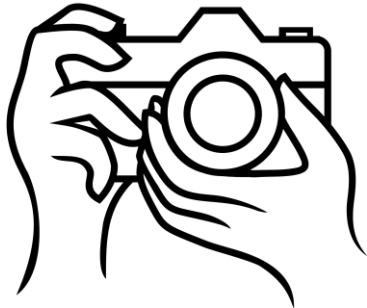
*Evaluation= "When and how do we give learners feedback to help them grow?"*

*Assessment= "When and how do we measure whether learners are achieving specific competencies?"*



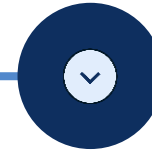
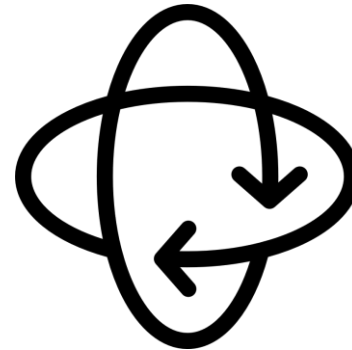
## Mini-CEX

The Mini-CEX is a 15 minute direct observation assessment or "snapshot" of a trainee/patient interaction that focuses on the core skills that trainees demonstrate in patient encounters.



## 360 Evaluation

Combines feedback from supervisors, peers, and self for broader insights.



## Confidence Survey

Measures learner perception of growth and alignment with objectives.



## Tips and Tricks for the Milestones, the Clinical Competency Committee, and Resident/Fellow Evaluations

[Enroll Now](#)

This video, recorded during the full-day course for Program Directors at the 2025 ACGME Annual Educational Conference, dives into the integration of milestones and program evaluation. Viewers will learn how the Clinical Competency Committee (CCC) plays a pivotal role in not just meeting ACGME standards, but also enhancing operational efficiency. It explores how milestones and the CCC process can be leveraged to create individualized education plans for trainees and drive program improvements.







# *STORY TIME*

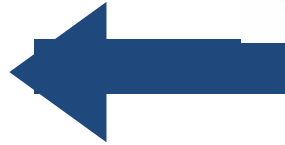




*COMPETENCIES*

*EVALUATIONS*

*METRICS*





# Why Metrics Matter

- Supports sustainability & funding
- Demonstrates impact
- Tracks return on investment
- Enhances stakeholder engagement
- Provides benchmarking data
- Publishing opportunities





# FELLOWSHIP METRICS

## Fellow's Progress

Quarterly milestone attainment

## Retention

Percentage of fellows hired by the institution

## Satisfaction

Fellow and faculty survey data, annual review, patient comments



## Program Completion

Graduation rate

## Institutional Impact

Reduced APP onboarding time, improved patient access, confident providers



# ALIGNING METRICS

01

**Workforce pipeline:** Closing the gap between academia and clinic.

- Pipeline to meet increasing workforce demands, especially in high-need specialties
- Transition into clinical practice faster and with greater confidence, reducing onboarding time and dependency

*Metrics: Time-to-independence, post-fellowship placement rates, provider vacancy rates, and number of APP hires from internal training programs.*

02

**Access:** APPs with More Availability

- Increased appointment availability and improving throughput across inpatient and outpatient settings
- Well-prepared to manage complex patient panels, triage appropriately, and maintain high productivity

*Metrics: Visit volume per provider, wait times for specialty consults, panel capacity, no-show rates, and RVU generation.*

03

**Culture:** Structured Training Improves APP Engagement and Retention

- Retention with the institution, reducing turnover and associated recruitment costs
- Fostering leaders, preceptors, or mentors

*Metrics: APP retention rates, engagement survey scores, internal promotion rates, and participation in teaching/mentorship roles.*

04

**Quality:** QI curriculum

- QI curricula embedded in fellowships align efforts with departmental goals
- APPs bring fresh perspectives and hands-on solutions to system inefficiencies, contributing to measurable outcomes.

*Metrics: Completion of QI initiatives, alignment with institutional priorities, impact on clinical metrics (e.g., readmission rates, guideline adherence), and conference presentations or publications.*

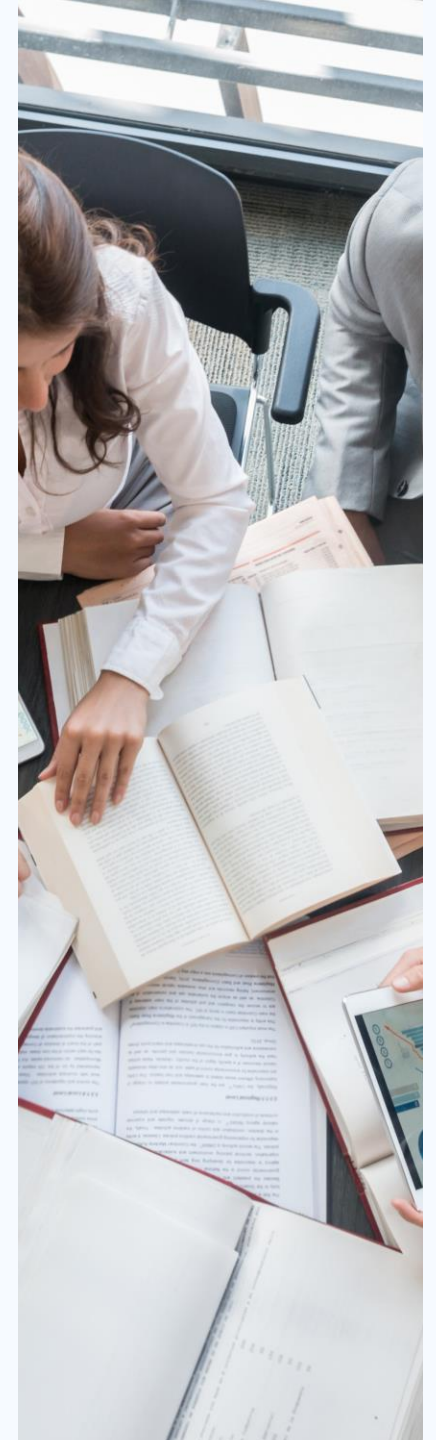




# KEY TAKEAWAYS

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1. Structure your curriculum around observable and measurable competencies
2. Use milestone-based, multi-modal evaluations
3. Embed assessments
4. Use metrics to track fellow progress and program impact
5. Evaluation is a tool for both education and advocacy
6. Don't reinvent the wheel



# REFERENCES

1. Eva KW, Regehr G. Self-assessment in the health professions: a reformulation and research agenda. *Acad Med*. 2005;80(10 Suppl):S46–S54. doi:10.1097/00001888-200510001-00015
2. Watling C, Driessen E, van der Vleuten C, Lingard L. Learning from clinical work: the roles of learning cues and credibility judgements. *Med Educ*. 2012;46(2):192–200. doi:10.1111/j.1365-2923.2011.04126.x
3. Ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? *Acad Med*. 2007;82(6):542–547. doi:10.1097/ACM.0b013e31805559c7
4. Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX: a method for assessing clinical skills. *Ann Intern Med*. 2003;138(6):476–481. doi:10.7326/0003-4819-138-6-200303180-00012
5. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev*. 1977;84(2):191–215. doi:10.1037/0033-295X.84.2.191
6. Lockyer J. Multisource feedback in the assessment of physician competencies. *J Contin Educ Health Prof*. 2003;23(1):4–12. doi:10.1002/chp.1340230103
7. Archer JC. State of the science in health professional education: effective feedback. *Med Educ*. 2010;44(1):101–108. doi:10.1111/j.1365-2923.2009.03546.x
8. Accreditation Council for Graduate Medical Education (ACGME). ACGME Core Competencies. Available at: <https://www.acgme.org/what-we-do/accreditation/competencies>. Accessed July 8, 2025.
9. Association of American Medical Colleges (AAMC). Competency-Based Medical Education. Available at: <https://www.aamc.org/about-us/mission-areas/medical-education/cbme>. Accessed July 8, 2025.
10. U.S. National Library of Medicine. Evidence-based medicine and the physician–patient relationship. *J Med Philos*. 2000;25(1):17–26. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC126659/>. Accessed July 8, 2025.
11. NNPRFTC. 2021 Fellowship Program Evaluation Report.
12. Flanagan ME, Ramanujam R, Doebbeling BN. The effect of provider experience on the quality of care: a systematic review. *Med Care*. 2021;59(Suppl 1):S20–S26. doi:10.1097/MLR.0000000000001464
13. Lenz KL, Monaghan MS. Postgraduate training for APPs: improving preparedness and retention. *Am J Health Syst Pharm*. 2019;76(10):698–704. doi:10.1093/ajhp/zxz026
14. Lucero KH, Smith ML. Evaluating the return on investment of APP fellowship programs. *J Am Assoc Nurse Pract*. 2022;34(7):859–867. doi:10.1097/JXX.0000000000000714
15. Association of American Medical Colleges. AAMC Physician Workforce Projections. 2021. Available at: <https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections>. Accessed July 8, 2025.
16. Cleveland Clinic Center for Advanced Practice. Annual Report. 2022.
17. Sullivan SS, et al. Developing QI competencies through APP fellowships. *J Healthc Qual*. 2020;42(5):263–270. doi:10.1097/JHQ.0000000000000245





# THANK YOU

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**Final General Session Presentation  
begins at 3:30pm**