CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2025 Annual Conference:

Navigating the Future: Sustaining Excellence in APP Postgraduate Training

July 14-15, 2025

CONSORTIUM
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Setting the standard for postgraduate training

TRACK Two: Established Programs

Expansion, Enhancements and Best Practices for Existing Programs

TRACK TWO: Capitol Peak A

CONSORTIUM
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Maximizing Technology to Manage Your Program

Danise Seaters MS, ACNP-BC

UC DAVIS HEALTH

APP Fellowships and Innovations in Technology

MEDICAL CENTER

Danise Seaters MS, ACNP-BC

Director of Advance Practice

Education & Fellowship

UC Davis Health

Disclosures

No Financial Disclosures

Recognition

Acknowledgements:

- **Christi Delemos, MSN, ACNP-BC** Chief of Advanced Practice, UC Davis Fellowship Program Founder
- **Mario Eguizabal, PHR,** Advanced Practice Administrative Officer
- Fellowship Advisory Board Members & Precepting Staff
- Betty Irene Moore School of Nursing Partners: Primary Care Fellowship Program
- Health System Leadership
- Fellowship Program Participants

Lecture Objectives

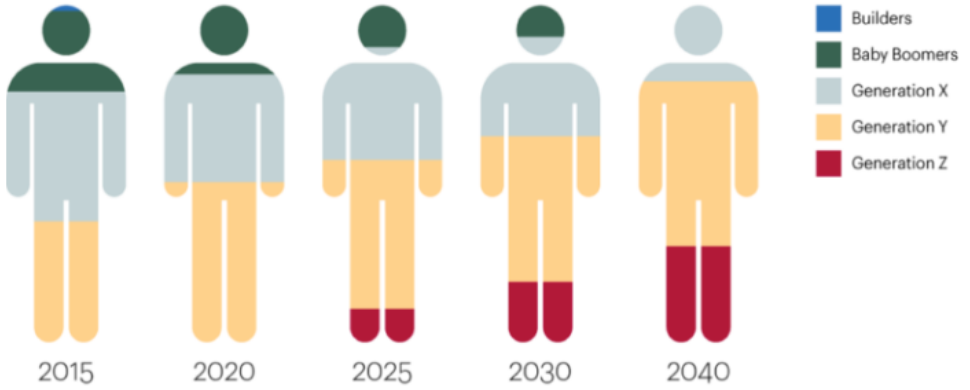
- Describe how technology can streamline program development, management and education.
- Identify key technology platforms and tools to support clinical training and program evaluation.
- Evaluate clinical simulation to enhance the learning environment and maintain quality and safety.
- Develop strategies to integrate technology into daily program operations.
- Recognize potential barriers to technology adoption and propose solutions to improve.

Evolution of Technology

- Fellowship program technology is an evolutionary process requiring continual re-evaluation
- What are the workforces' generational needs and skills

Figure 1

Millennials will comprise the majority of the workforce by 2025



Source: U.S. Census Bureau

Next Generation in the Workforce

Understanding the Workforce:
Values, Trends & Drivers

- Work life balance
- Professional development and growth
- **Technology**
- Collaboration
- Recognition and feedback

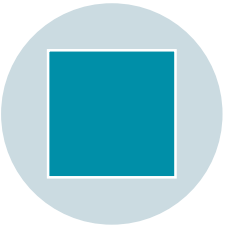
https://www.dol.gov/sites/dolgov/files/ETA/opder/DASP/Trendlines/posts/2024_08/Trendlines_August_2024.html

Technology to Streamline Program Management

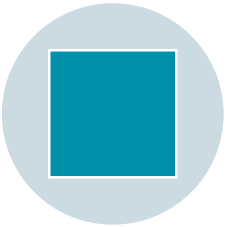
RECRUITMENT & MARKETING

APPLICATION PLATFORM

APPLICANT REFERENCES



EDUCATION DEVELOPMENT



PROGRAM EVALUATION

Technology in Program Management

- Recruitment Strategies: Targeting the workforce
- Marketing: Utilizing virtual meeting and platforms
- Social Media: Outreach and engagement

Upcoming Information Sessions

Is this fellowship right for me?

May 8, 2025
12:00pm – 1:00pm

Meet the fellowship specialty leaders/Q&A Session

June 12, 2025
12:00pm – 1:00pm

UCDAVIS HEALTH

Danise Seaters ACNP-BC, MS reposted this

Mario Eguizabal • You
Advanced Practice Administrative Officer at UC Davis Health
1w •

Do you have questions about the UC Davis Health Specialty Care Advanced Practice Fellowship Program? Here's your chance to speak to the experts and gain valuable insight into this unique program opportunity.

Join the Office of Advanced Practice on Thursday, June 12, 2025 from 12:00pm-1:00pm for a Q&A session: Meet the Fellowship Specialty Leaders with Danise Seaters ACNP-BC, MS Christi DeLemos Stephanie Bianchi MSN, AGACNP, FNP, RNFA

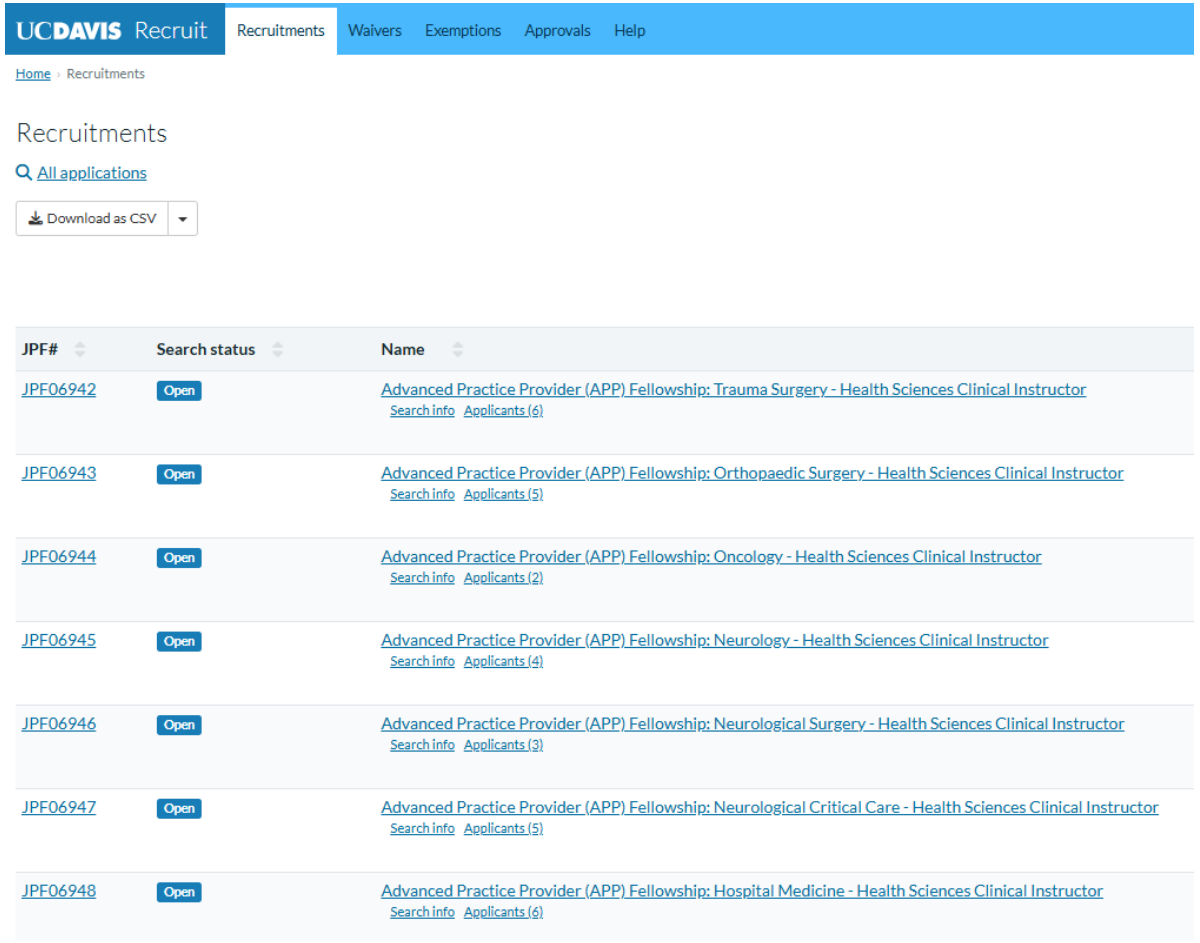
Register now: https://lnkd.in/gvybt8jB

#ucdavishealth #careerwithpurpose #appfellowship #ucdavisjobs

Program Management & Recruitment

Evolution of the application process

- Transition from email application submission to an online application portal
- Reference request evolution
  - Email submission
  - Application portal
  - Survey link for evaluation



Program Management & Recruitment

- From letters of recommendation to Skills Survey

SKILLSURVEY
an iCIMS company

Reference Survey Form

To Answer Questions:
Please answer each question throughout the survey by clicking on the appropriate button under the number that best describes the extent to which you feel John Doe uses these skills, **compared to others in the workplace.**

As you read each item, please keep in mind:
The scale below is on a continuum of 1 - 7, where a "1" indicates that compared to others in the workplace, John Doe **never** uses the skill **under any circumstances.** A "4" indicates that John Doe uses the skill to a moderate or average extent. A "7" indicates that compared to others in the workplace, John Doe uses this skill **at all times** and **under all circumstances.**

If you cannot answer a particular question based on your own personal experience or observation of the Candidate, click the **"Not Observed" (N/O)** button for that question.

EXTENT SCALE	1 Never	2 Little Extent	3 Some Extent	4 Moderate Extent	5 Above Average Extent	6 Great Extent	7 Always

Compared to others in the workplace, to what extent does John Doe	Never 1	2	3	4	5	6	Always 7	N/O
1. Demonstrate dependability (e.g., report consistently, and on time, for work, appointments, and meetings)?	○	○	○	○	○	○	○	○
2. Work in a disciplined and organized way to complete tasks and other activities in a timely manner?	○	○	○	○	○	○	○	○
3. Ensure accuracy and clarity when documenting patient information, such as medical history and examination results?	○	○	○	○	○	○	○	○
4. Use basic technology as a tool for communication (e.g., email, scheduling appointments)?	○	○	○	○	○	○	○	○
5. Perform necessary diagnostic and therapeutic procedures as indicated within scope of practice?	○	○	○	○	○	○	○	○
6. Interpret common screening and laboratory tests?	○	○	○	○	○	○	○	○
7. Prescribe appropriate medications within scope of practice privileges?	○	○	○	○	○	○	○	○
8. Take responsibility for their actions and quality of work without blaming others or making excuses?	○	○	○	○	○	○	○	○
9. Consistently meet or exceed goals and expectations?	○	○	○	○	○	○	○	○
10. Listen carefully to patients/clients, their families, and coworkers; take time to understand and ask appropriate questions without interrupting?	○	○	○	○	○	○	○	○

REFERENCE COMPLIANCE
60%
(3 of 5 References provided feedback)

Manager ✓ | Manager ✓ | Manager ✗
Non Manager ✓ | Non Manager ✗

ALL REFERENCES
4.60 (Out of 7.00) Meets Some

MANAGERS ONLY
4.48 (Out of 7.00) Meets Some

Paul Jonas is being compared to others in the Advanced Practice New Grads norm group which contains 7,791 individuals.

Meets Some Meets Exceeds

Competency Summary & Behaviors

The Candidate's References rated them on the extent to which they display job-specific behaviors, which are grouped into competencies. Expanding these views show the behaviors that make up each Competency Cluster.

Meets Some Meets Exceeds

	All References Avg Rating		Managers Avg Rating	
Overall Average Rating	4.60	Meets Some	4.48	Meets Some
Professionalism	4.61	Meets Some	4.56	Meets Some
Interpersonal Skills	4.55	Meets Some	4.33	Meets Some
Problem Solving and Adaptability	4.78	Meets Some	4.67	Meets Some
Personal Value Commitment	4.30	Meets Some	4.13	Meets Some
Alignment with Patient Satisfaction [HCAHPS]	4.65	Meets Some	4.67	Meets Some
Ability to Work Remotely	4.69	Meets Some	4.59	Meets Some

Program Education

Fellowship Program Education

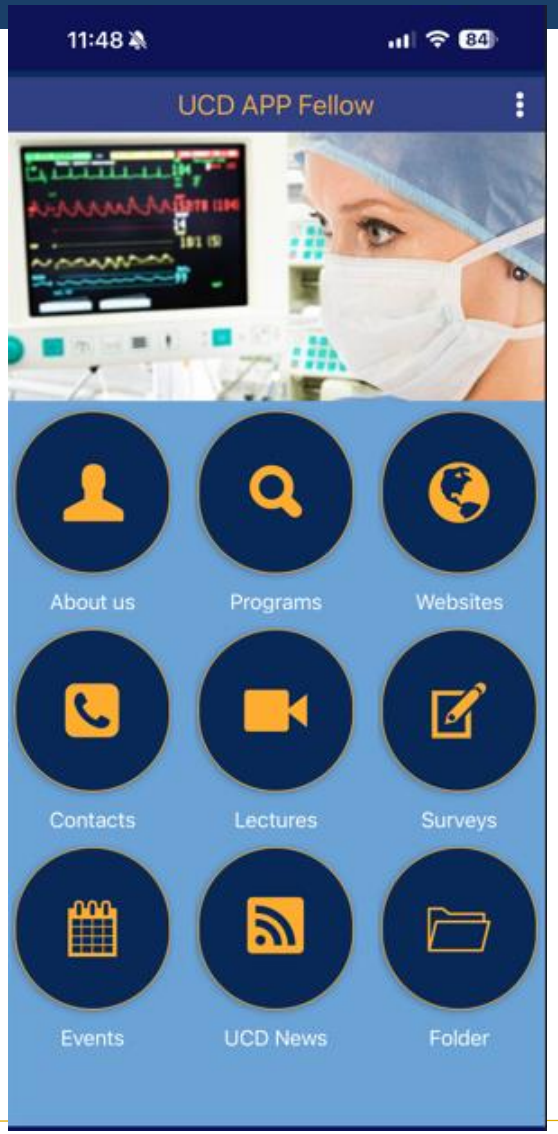
- Specialty Track Specific
- Curriculum
- Mobile Application
- Didactic Education
- Simulation

Program Curriculum

- Must be specific to specialty and add to existing knowledge base
- Developed by content experts
- Maintained annually if not more frequently
- Should promote rapid acquisition of clinical skill
- Easy to access from any environment

Mobile Learning Environment

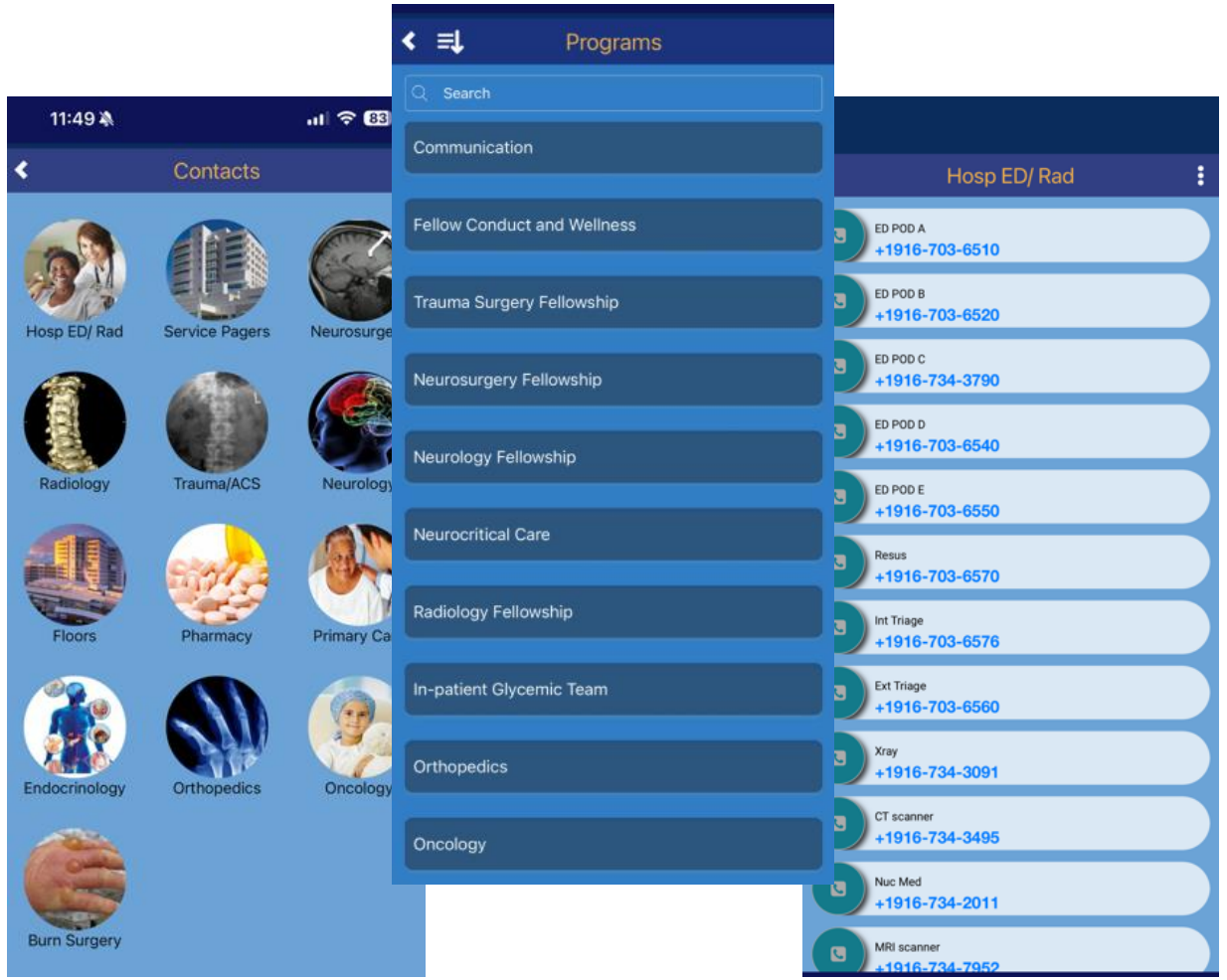
- Access and education content maintained by fellowship program leadership
- Mobile application development
- Tool to support fellow education
  - Disease specific management reference
  - Access contacts on the go
  - Role guidance
  - EMR tips
  - Survey their experience
  - Hospital system enculturation
  - Curriculum updated annually and through rapid cycle quality improvement



Mobile Learning Environment

Mobile Application Resources

- Focused on hospital enculturation
- Provider acclimation to advanced practice role & setting specific needs
- Quick references accessible on smart devices

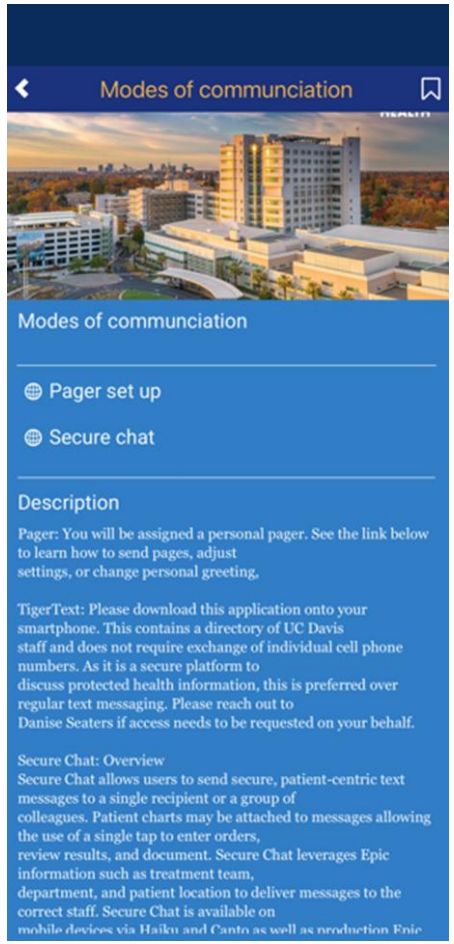


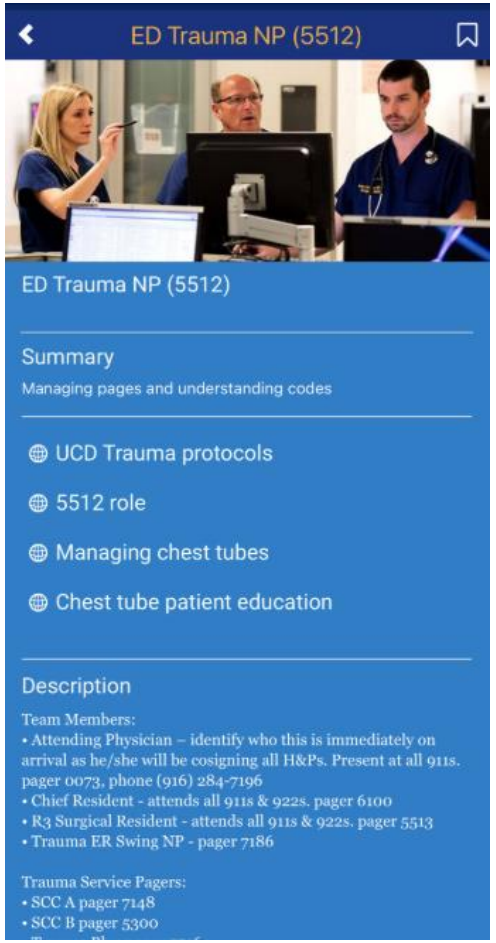
Mobile Learning Environment

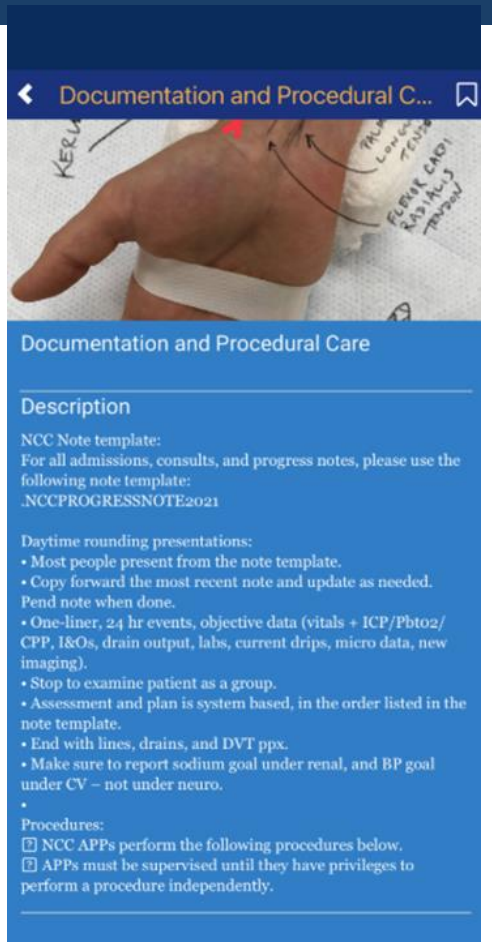
Communication & Documentation Resources

Communication:
- Pager & secure chat
- APP roles & responsibilities
- Hospital policies & protocols

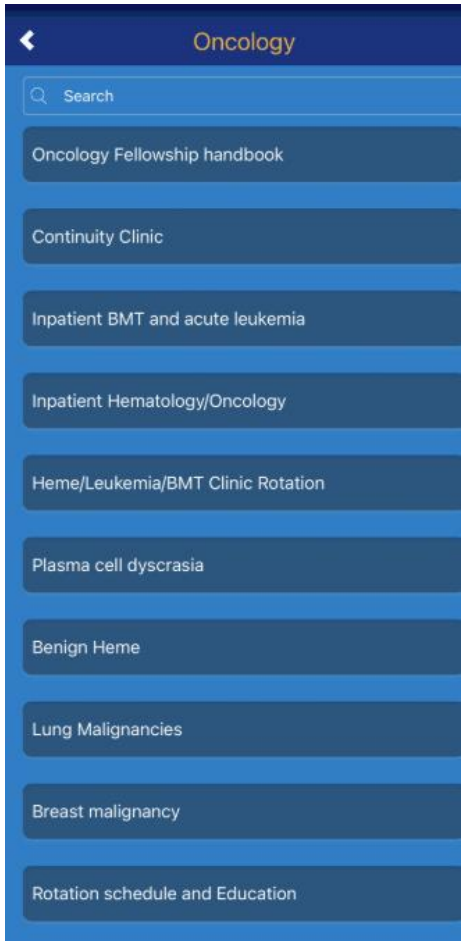
Documentation:
- Links for documentation guides
- Service line note templates
- Specialty specific procedural care & documentation







Mobile Learning Environment



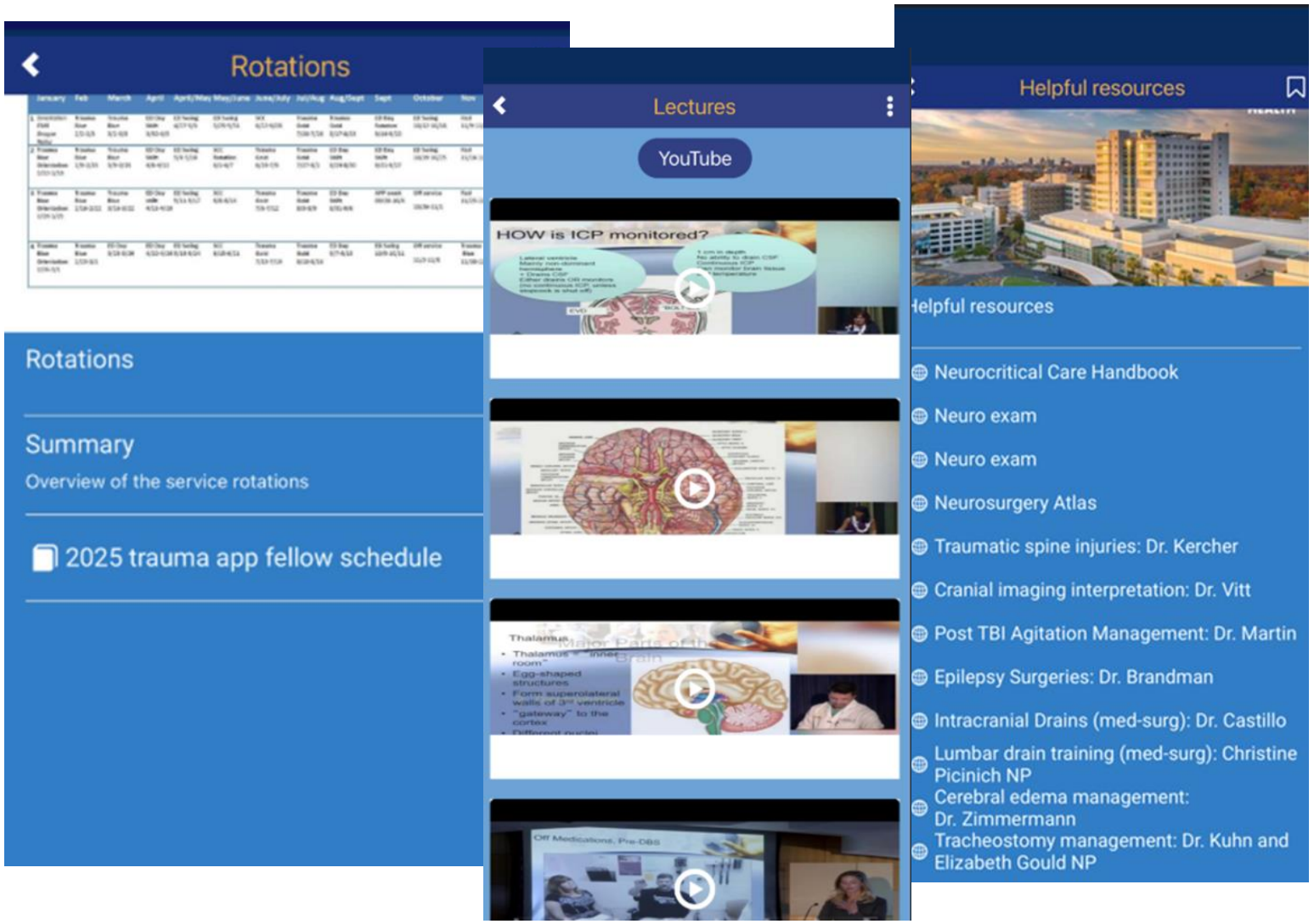
Real Time Quick References

- References & resources to support rapid skill acquisition
- Links to pertinent scholarly publications
- Links to clinical decision tools
- System wide resources & websites

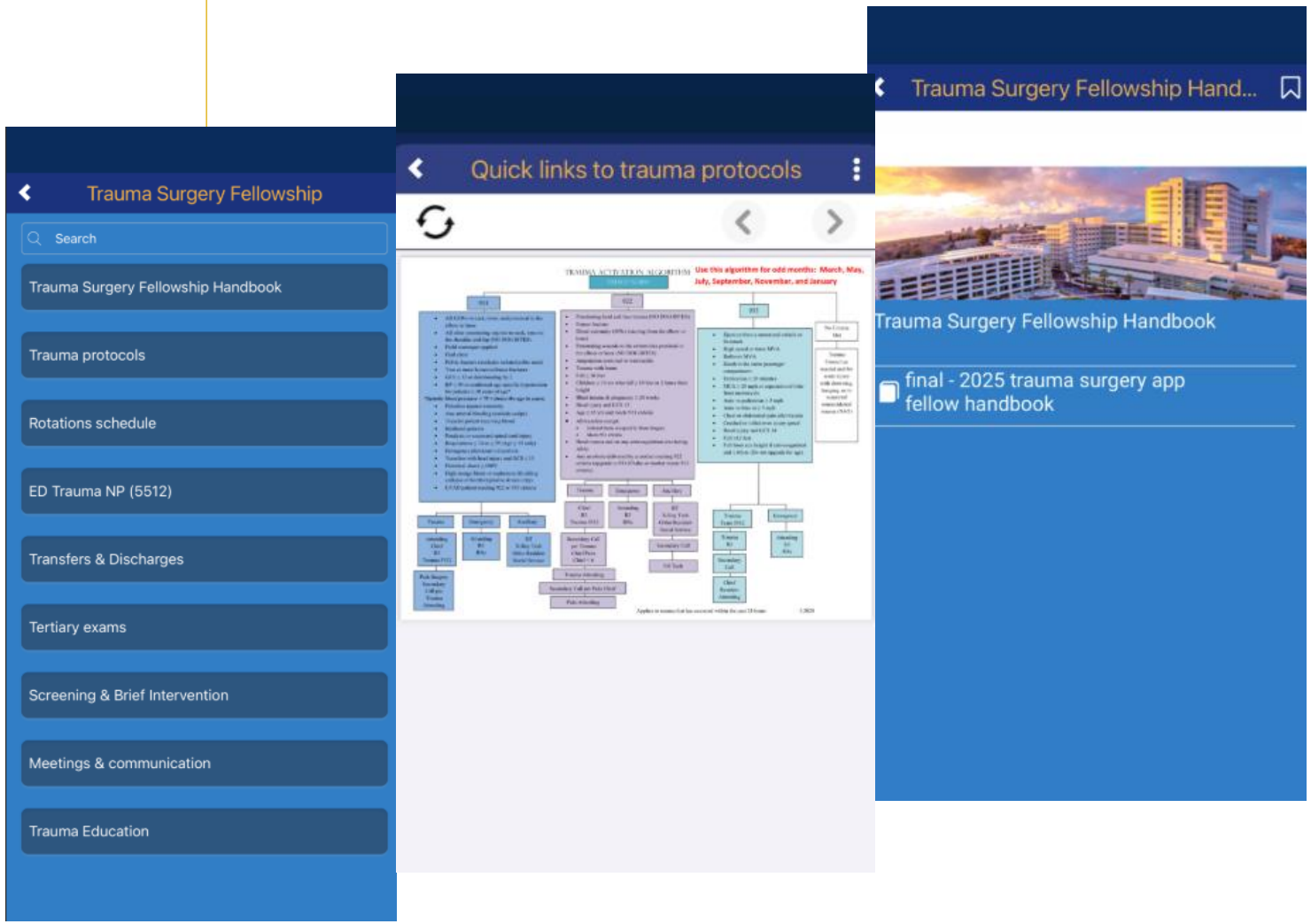
Mobile Learning Environment

Rotation Schedules & Resources

- Annual rotation schedules
- Pre-recorded lectures
- Specialty specific helpful resources



Mobile Learning Environment



Specialty Track Specific Curriculum & Policy

- Curriculum and policy developed to be accessed from cell phone
- Active links to health system policies, procedures & standardized procedures

Mobile Application Support & Logistics

APPLICATION COST (ANNUAL FEES)

ANNUAL HOURS ESTIMATED TO SUPPORT APPLICATION 40-80 HOURS

DEDICATED PROGRAM STAFF TO BUILD APPLICATION

Leveraging Technology: Didactic Education

Didactic Lectures & Fellow Projects

Didactic Lectures:

- Monthly
- Utilizing in person and virtual attendance capacity
- Session recordings obtained and shared with fellows for additional referencing

Fellow Project Education:

- Evidenced based practice (EBP) fellow projects
- Utilizing MS TEAMS platform for references and educational resources
- Prerecorded lectures and prior cohort recordings shared

Didactic Lecture Content

Monthly Didactic Lectures:

Provider Wellness

Evidence Based Practice

Managing Diabetes

CV and Interview Prep

Managing Respiratory Emergencies

Specialty specific Content:

Grand Rounds

M&M review

Specialty Specific Journal Club

Specialty Education

Educational Opportunities & Professional Development

- APP Journal Club
- APP Grand Rounds
- APP Mentorship Program

Advanced Practice Grand Rounds

- Monthly virtual meetings over lunch hour, session recordings
- APP ownership and leadership, separate from departmental grand rounds
- Content experts from throughout the health system
- Access to care, quality improvement, credentialing and privileging
- Review evidenced-based practices
- Leadership and growth for fellows and staff
- A platform to promote professional competence

APP Journal Club

Quarterly virtual meetings

Content with broad relevance

Learn methods for critical appraisal and practice implementation

Review evidence based-practice topics and professional role development

History of Simulation

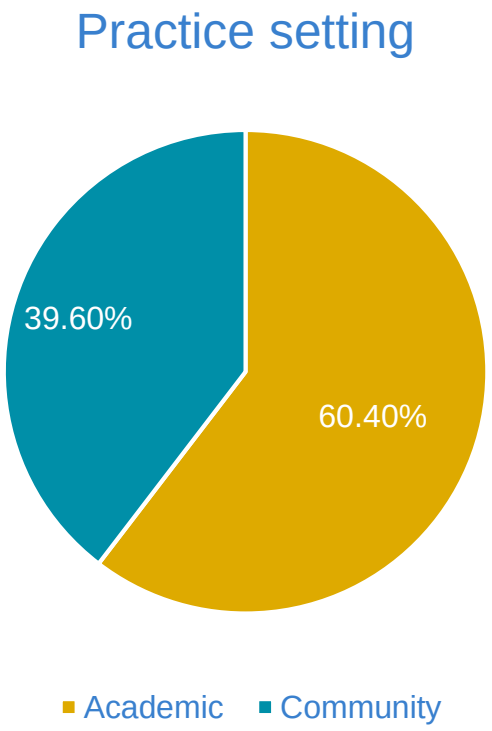
- Improves competency in technical procedures and consequently procedural safety.
- Historically simulation was utilized to demonstrate techniques, acquire skills, maintain best practices in healthcare & aviation for centuries
- In the aerospace industry simulation is the standard in training aviators and it has become the safest industry despite the extraordinary inherent risks.
- Simulation is underutilized in the healthcare industry

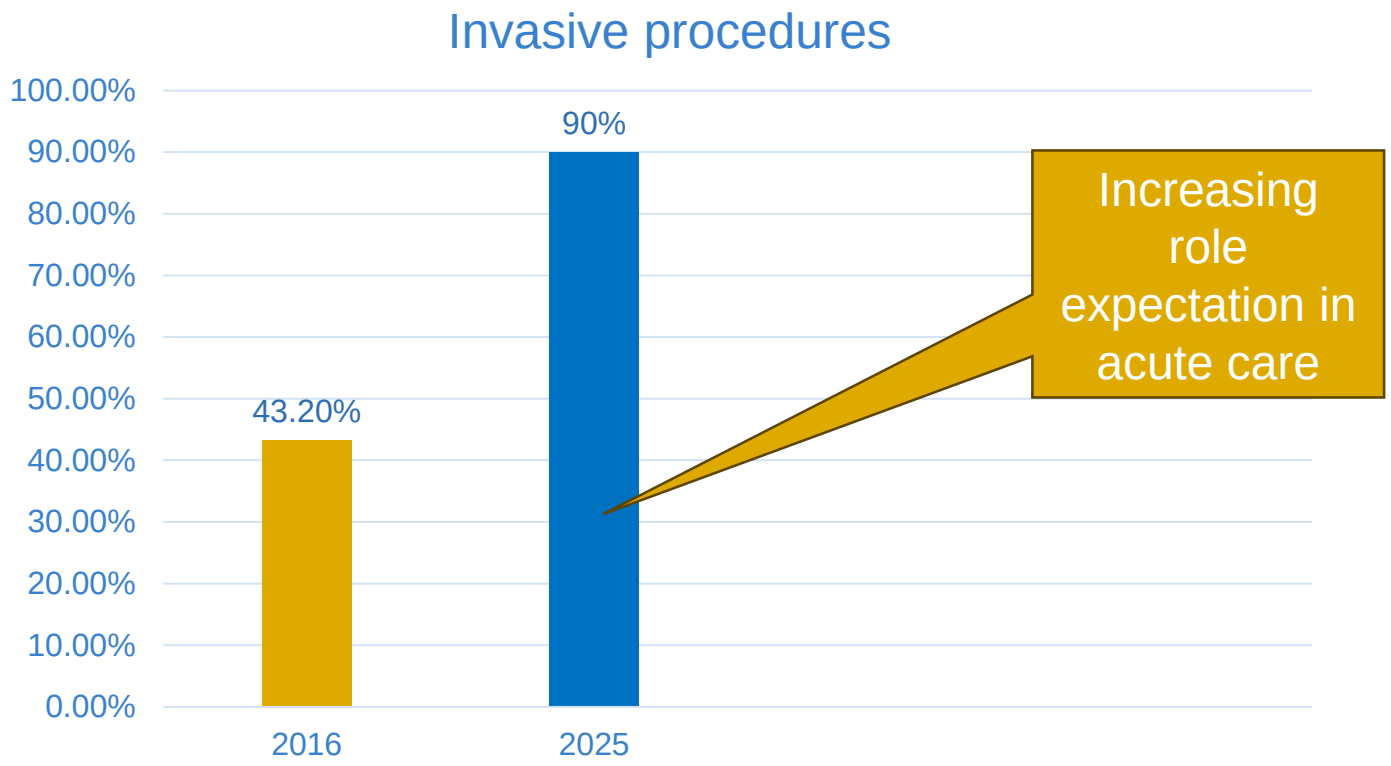
Simulation in Healthcare: Improve Outcomes

- Approximately one in every ten patients worldwide is harmed during their care in a hospital in high-income countries, where 50% is preventable.

- Simulation has been underutilized in medical education and training. This is despite evidence that the number of preventable errors and harm from medical care makes admission to hospital many times more dangerous than air travel.

Performing Procedures





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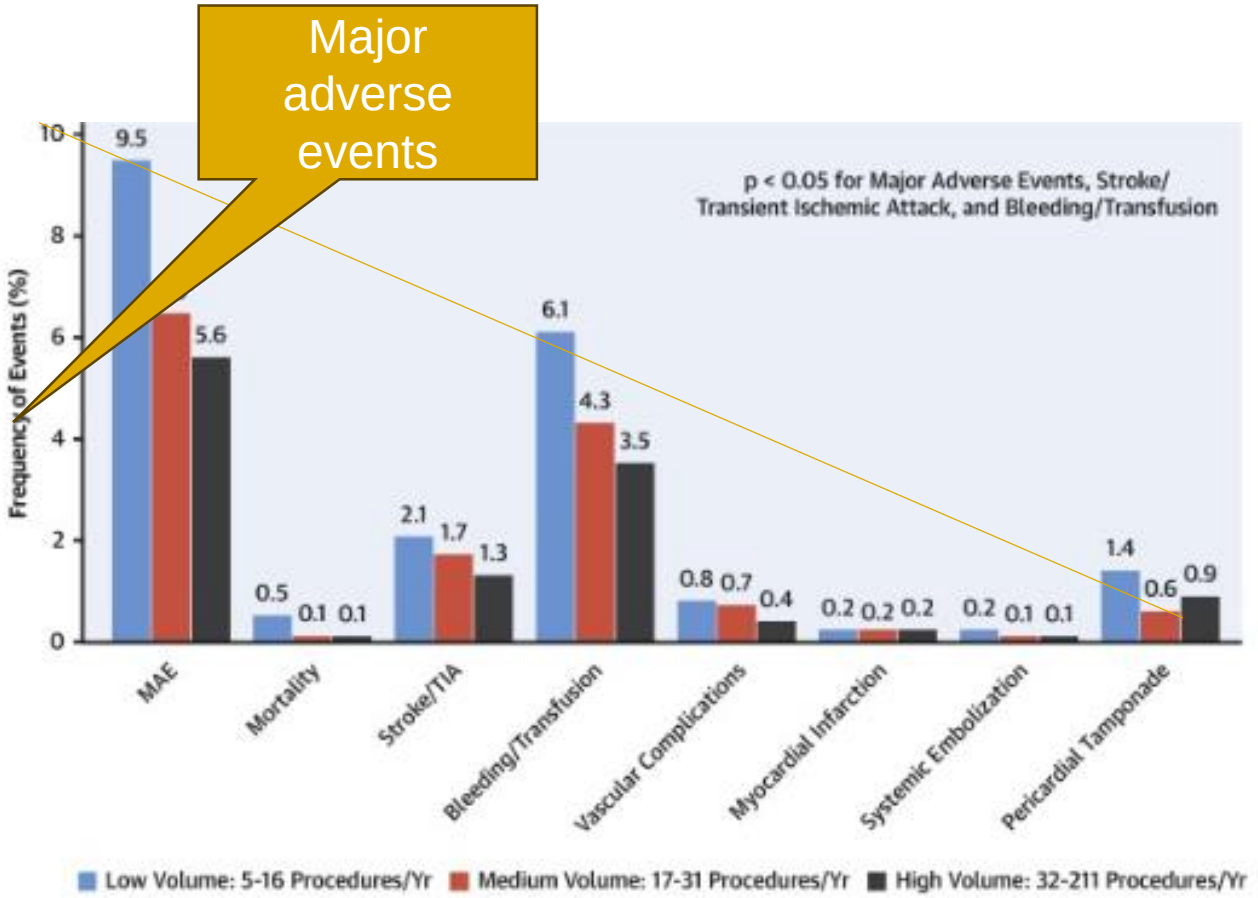
Procedural Volume

- Hospitals and providers that perform **higher volumes** of procedures generally have **better clinical outcomes**



Simulation and Appropriate Utilization

Simulation Utilization:

- Fellows working in acute care setting and or APP's performing procedures in pediatric and adult patient care settings
- Intensive Care Units
- Emergency Department
- In-Patient Acute Care
- Specialty Care

Simulation for High Risk, Low Opportunity Procedures

SIMULATION PROCEDURES

- Intubation
- Central line insertion
- Arterial line insertion
- Chest tube insertion and removal

Technology for Program Evaluation

Using technology for program and fellow evaluation

Online quick survey links

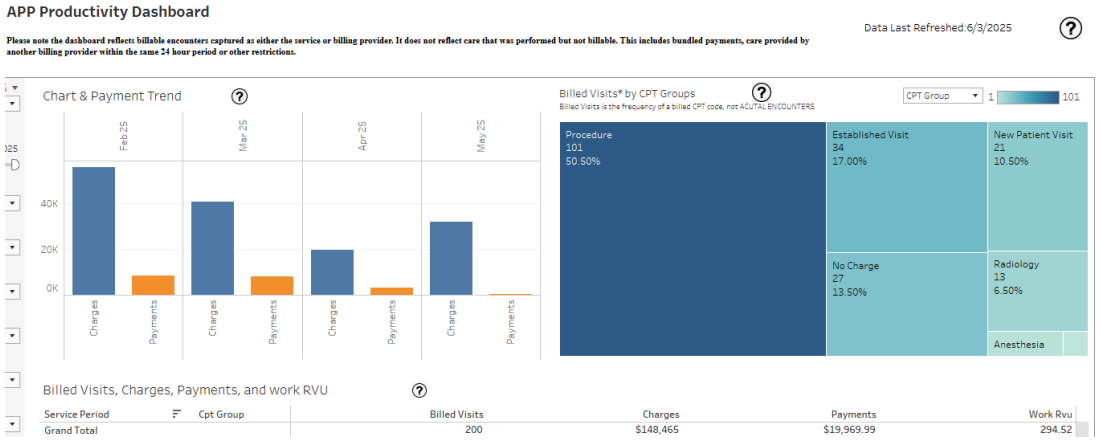
Data processing and surveillance using pivot tables and visual aids to monitor performance, progression and variances.

Technology for Program Evaluation

Program and Fellow Evaluations:

- Monthly Bidirectional Evaluations
- Productivity Dashboards
- Fellow and Preceptors
- Exit Interviews at Program Completion
- Annual Site Visits

Fellowship	Year to Date Payments	Year to Date Billed Visits
Trauma	Chg $19,291 Pmt $4,831	YTD 77 June 23
NSG	Chg $141,744 Pmt $35,197	YTD 321 June 43
Radiology	Chg $296,956 Pmt $36,032	YTD 323 June 111
Radiology	Chg $168,824 Pmt $15,328	YTD 314 June 84
Glycemic	Chg $108,717 Pmt $20,799	YTD 371 June 123
Oncology	Chg $14,773 Pmt $2,370	YTD 32 June 3
Orthopedics	Chg $34,454 Pmt $6,995	YTD 138 June 18
Neurology	Chg $17,809 Pmt $4.514	YTD 64 June 14



Technology for Program Evaluation

Monthly Evaluations:

Focus on Rapid Cycle Quality Improvement

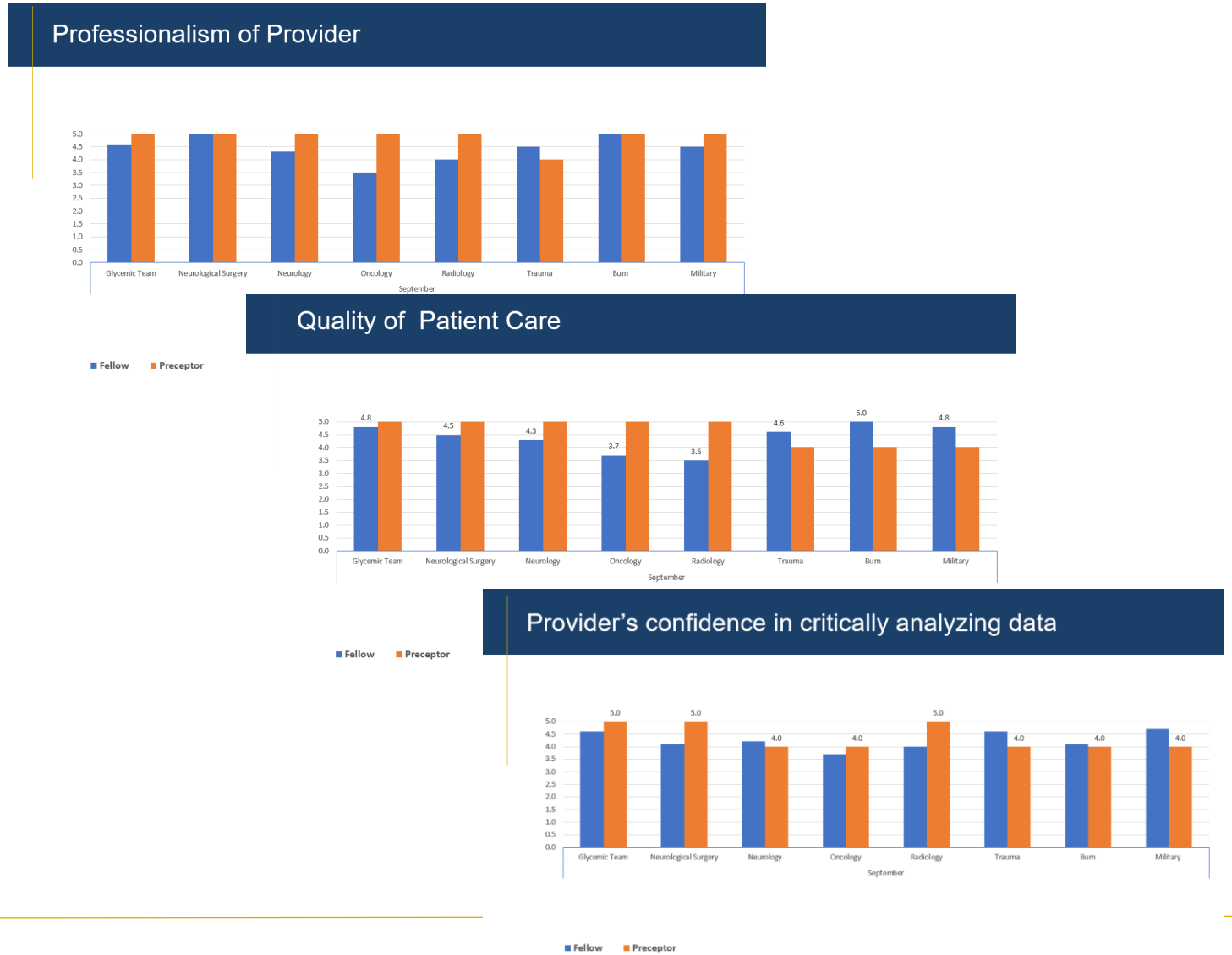
Measurement Outcomes

- Professionalism of the Provider
- Confidence in Critically Analyzing Data
- Quality of Patient Care
- Interpersonal Skills
- Clinical Fund of Knowledge
- Ability to Recognize Limitations
- Clinical Decision Making
- Pairing of questions answered by fellow and preceptor to compare

Technology for Program Evaluation

Fellow Performance Evaluation:

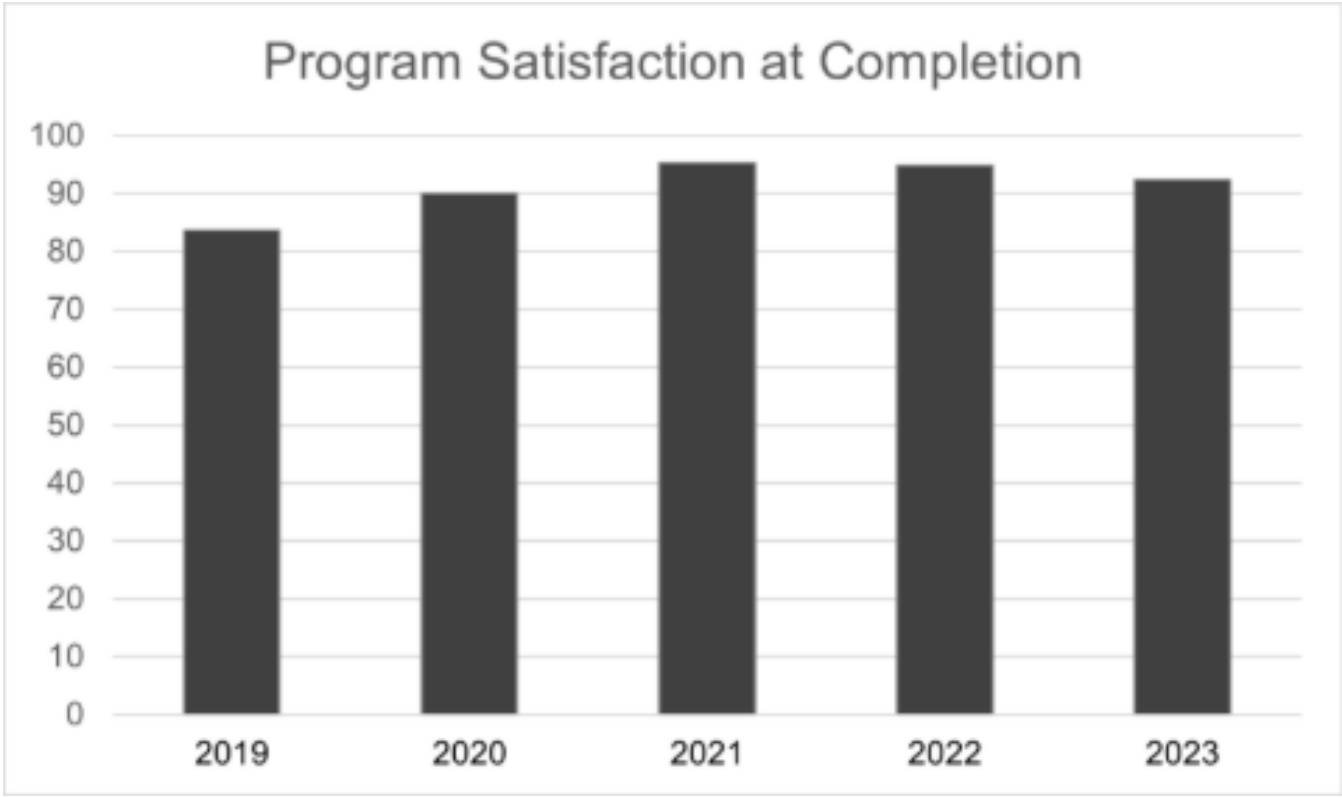
- Advisory board oversight with bidirectional survey outcomes being reported
- Track monthly progression
- Develop and track performance improvement and effectiveness of interventions



Technology for Program Evaluation

Overall Program Evaluation:

- Fellow satisfaction at program completion
- Surveys allow for trending of programmatic adjustments

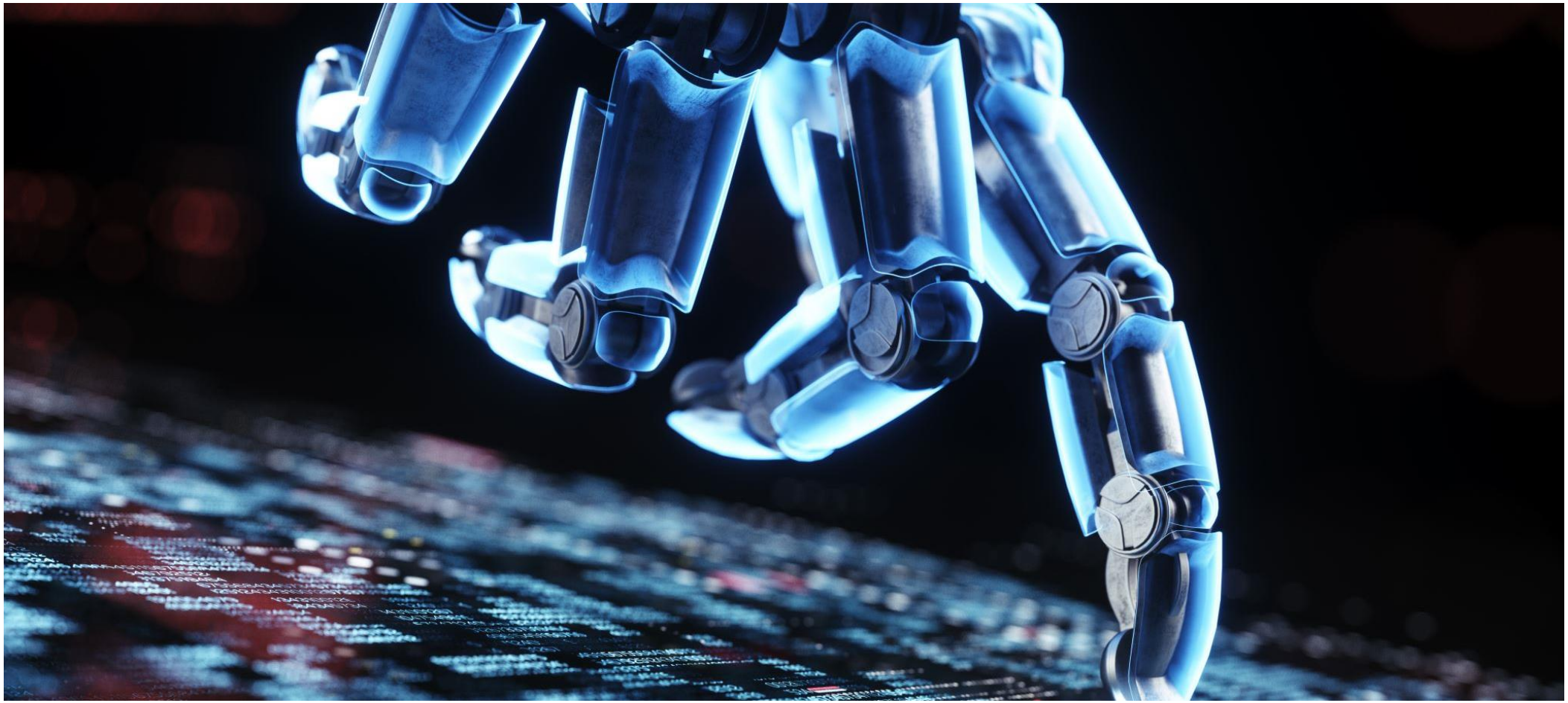


Tools in Technology

Early Adoption of Technology:

- Identify work force needs and barriers to technology adoption
- Identify stakeholders and leadership team to spearhead technology development
- Create a business proposal for the need of technology
- Obtain frequent evaluation and feedback of tools being used

Technology Evolution



Questions

References

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CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS
Setting the standard for postgraduate training

Refreshment Break

Session Two will begin at 2:15pm

CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

An Innovative Preceptor Platform and Supporting Your Preceptors

Stephania Dottin, MSN, AGPCNP-C

Ensuring Best Outcomes:

Innovating Preceptor Support and Training in the Digital Era

Stephania Dottin **MSN, AGPCNP-C**

Program Director

Oak Street Health New Graduate Nurse Practitioner Fellowship in Adult Primary Care

Consortium for Advanced Practice Providers Annual Conference

July 2025

Fellowship Team

Jean Reidy, NP
National Director, Provider Education
Chicago

Stephania Dottin, NP
Program Director , NP fellowship, Philadelphia

Jaclyn Hoey , MHA
Sr Program Manager, Post graduate training
Connecticut

Elizabeth Haberkorn,
NP, Clinical Assistant professor UMSN

Beth Ammerman, NP
AGPCNP & FNP Program Lead, UMSN

Carolyn Read, NP
Faculty, Chicago

Laurie Peercy, NP
Faculty, Chicago

Mark Stolspart, NP
Faculty, Chicago

Kathy Petrie, NP
Faculty, Georgia

Angela Fahrni
Senior Program Coordinator
Ohio

Disclosures

I own a small amount of equity in CVS Health, which acquired Oak Street Health in April of 2023.

Potential intellectual conflicts: none.

Learning Objectives

At the end of the presentation, participants will be able to:

1. Describe the key components and structure of an innovative virtual precepting model for new graduate nurse practitioner fellows.

1. Identify effective strategies and tools to successfully support preceptors and nurse practitioner fellows in an ever changing healthcare environment.

1. Develop an action plan to implement a virtual precepting model or similar technology within participants' own post graduate training programs.

Agenda

1. Introduction to Oak Street Health
2. Our NP Fellowship program
3. Implementation of Virtual Precepting
4. Lessons learned
5. Virtual precepting considerations

Introduction to Oak Street Health

- Founded in 2012.
- Network of primary care centers for adults on Medicare, including dual eligible individuals, with a focus on driving value, not volume.
- Innovative care model integrating team-based care with population health analytics and a proprietary suite of workflow applications.
- Fully capitated, risk-based contracts with Medicare Advantage insurance plans to capture the savings earned by keeping our patients healthy.
- Acquired by CVS Health in May 2023

CVS Health

What is value-based healthcare?

What is "value" in healthcare? It's the quality of the outcome, including the experience, divided by the cost.

Value = Outcome ÷ Cost

So, value-based means optimizing value **– creating better outcomes at lower costs.**

The Centers for Medicare & Medicaid Services (CMS) define value-based care as: "paying for health care services in a manner that directly links performance on cost, quality, and the patient's experience of care."

How we pay for care affects the cost and quality of that care.

Source: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/meetings/2018/nacnep-sept2018-CMS-Value-Based-Care.pdf

230+

Oak Street Health centers with an average capacity for 3,500 patients

~900

Primary care providers delivering care in a value-focused model, with smaller panels

>350k

Patients receiving our care

Why value-based is needed: Complexity of patient population

Age: Median: 69 **|** Range: 20 – 103 **|** 23% under 65

Average # of Rx: 7.2

Dual status: 48%

Average income: <$17,500

Behavioral health diagnosis: >40%

Social factors: >45% with a housing, food, or isolation risk factor

Reading level: 6th grade average

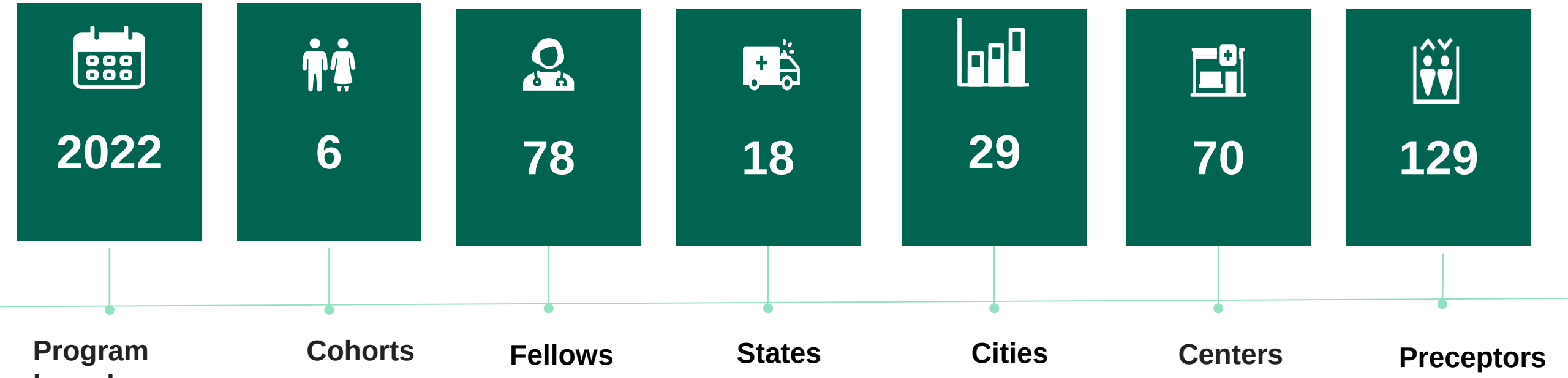
Languages: Care delivered in more than seven languages

1.Benchmark based on 2014 data sourced from CMS' Mapping Medicare Disparities Tool; weighted for OSH county-level enrollment and non-dual vs. dual population weights.
2.On patients with >12 months with Oak Street

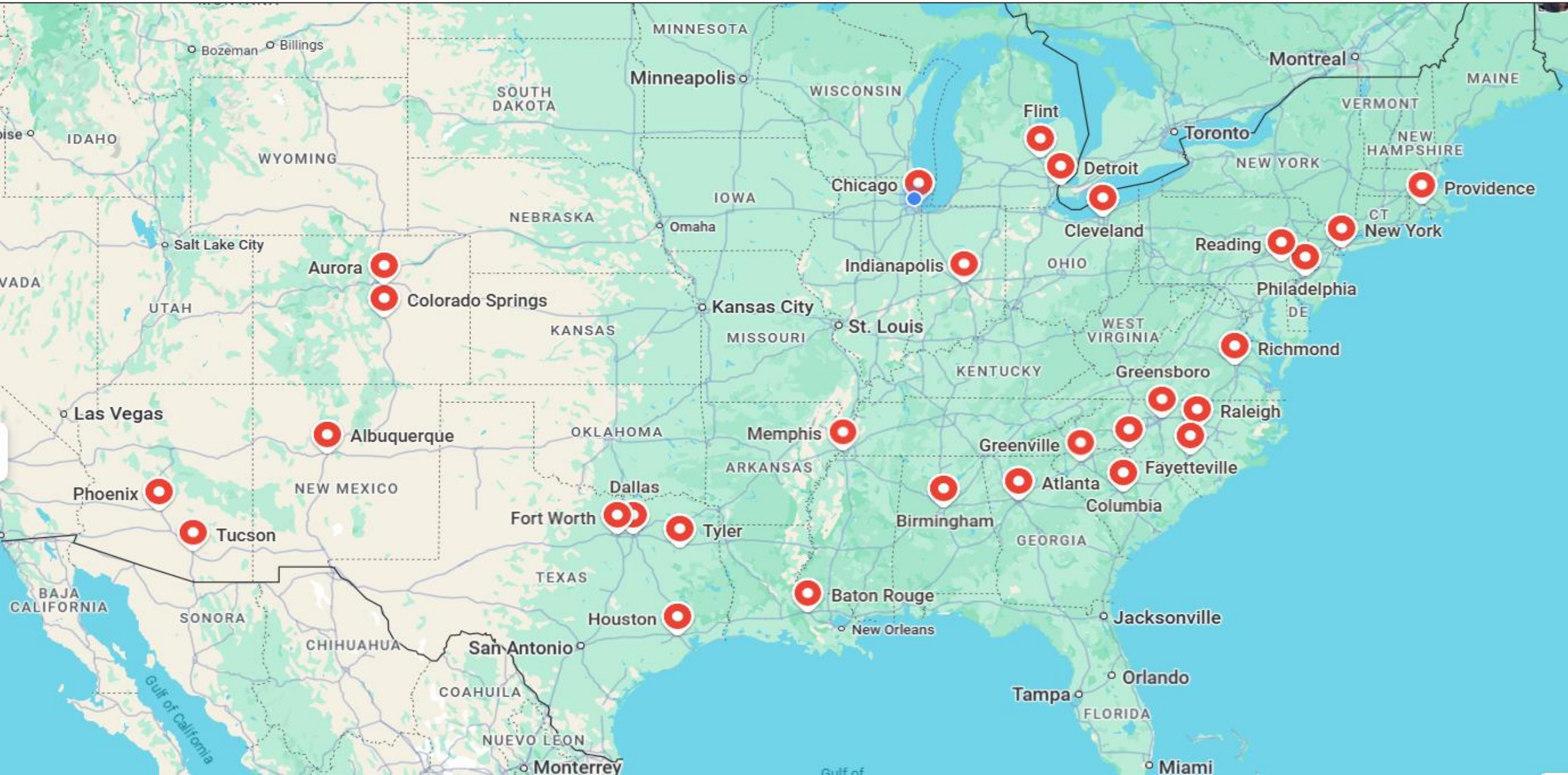
Our Program

The NP Fellowship in Adult Primary Care is a multi-state post graduate training program developed in collaboration with **University of Michigan School of Nursing** with a focus on mastery of the care of older adults and the value-based care model while facilitating the transition to practice for new graduate nurse practitioners.

Fellowship Snapshot



NP Fellow Placement



Program Elements

Didactic Learning

Fellows have 4 hours of didactic learning on a weekly basis, **2 hours are asynchronous** and 2 hours are in live learning sessions with other fellows. We have over 80 different learning topics!

Advising

Fellows will have bi-weekly sessions with a faculty advisor and other fellows in their cohort to support their professional development. Also leveraged for coaching/remediation strategies as needed.

Preceptin g

Fellows work with clinical preceptors throughout the program to support their clinical development. Fellows begin working without a preceptor 1 day a week in month 10 to support their growing independence.

Care Delivery Model

	Continuity clinic	Mentored Clinic
Fellow schedule	Fellow builds their own patient panel and have their own schedule of patients for the day	Fellow sees patients off the preceptors schedule
Method of precepting delivery	Virtual preceptors In person preceptors	In person preceptors
Who signs notes	Fellows	In person preceptors

Preceptor Responsibilities

	Continuity clinic	Mentored Clinic	Virtual
Preceptor responsibilities	Clinic navigation Consultant for in person physical examination Consultant for urgent or emergent patient cases	Daily huddle Primary consultant for patient cases Documentation and coding Value Based Care Model	Daily huddle on continuity clinic days Primary consultant for patient cases on continuity clinic days Documentation/Coding Value Based Care Model

The Why & How of Virtual Precepting

Pre Virtual Precepting Feedback

Fellow

- Variable relationship dynamics with preceptors
- Desire for more on demand consultation from preceptors
    - Due to 1:1 ratio of preceptor to fellow in a center, preceptors are also seeing patients

Fellowship faculty

- Limited visibility to fellow progress beyond the fellowship structure

Organization leadership

- Staff turnover
- Limited patient access due to reduced capacity on preceptors' schedule

Why Virtual Precepting ?

Develop centralized precepting model

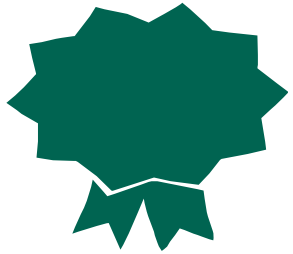
Standardize learning support for fellow

Create visibility into fellow progress and streamline workflow for preceptors

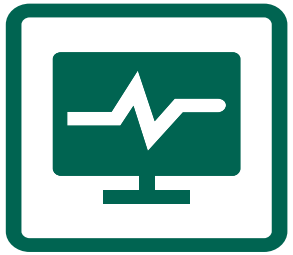
Improve patient access across geographic regions

Virtual Precepting Implementation

Stakeholders



Preceptor selection & training



Operations

Stakeholders

Our stakeholders include:

- Fellows
- Fellowship Faculty
- Local & central clinical leaders
- Local & central operation leaders

Virtual Preceptor Profile

- Frontline provider, not currently in a leadership role
- Able to dedicate a full day a week 8am - 5pm without interruption to precepting
- 3+ year tenure at Oak Street
- Demonstrates strong clinical abilities and mastery of value-based care model
- Demonstrates passion for teaching
- Demonstrates a strong, supportive communication style
- Upholds and promotes Oak Street Health values

Meet the Virtual Preceptors!

Bernie Chance, NP

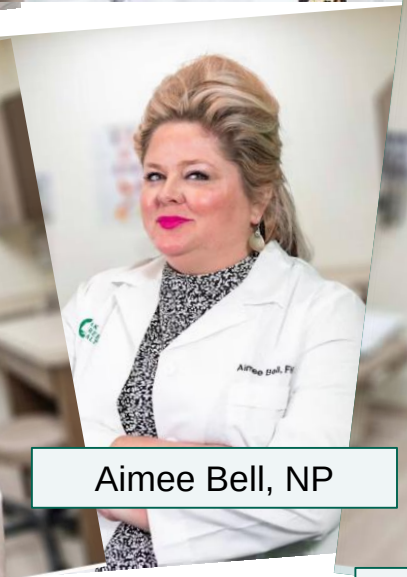
Nikki Owens, NP

Raisa Rojas, NP

Morgan Allison, NP

Michelle Morrison, MD

Rachel Van Dyken, PA



Aimee Bell, NP

Claudia Navarrete, NP

Enaia Nabha, MD

Udo Ariwodo, NP

Bernadette Ashley, NP

Preceptor Training

All preceptors attend a virtual 4 hour training which includes:

- Program overview
- Role expectations and responsibilities
- Fellowship evaluation process
- Precepting evidence based practices
- Overview of virtual precepting monitoring tool

Laurie Peercy
Lead Faculty- Precepting

Virtual preceptor support

Support for virtual preceptors include :

- Ongoing learning opportunities
- Individualized support
- Mid-year and end of year evaluation
- Camaraderie with other virtual preceptors

A Day in the Life of a Virtual Preceptor

- Virtual Precepting is provided Monday-Friday 8-5 PM in EST and CST
- Fellow to preceptor ratio is 1:6
- Fellows are required to access virtual precepting ***for at least 3 cases per session***

Review assigned fellow schedule

Participate in morning huddle for assigned fellow

Provide clinical guidance on patient cases and value-based care model

Conduct proactive outreach to engage fellows

Access Productivity tracker to document precepting encounters

Audit fellow notes

Case consultation

The Productivity Tracker

Monitor fellows progress

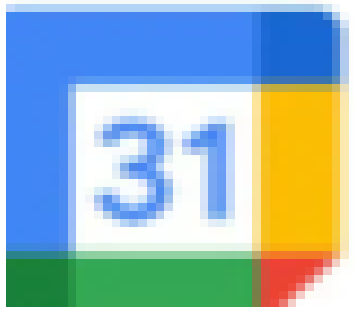
Streamline virtual preceptor workflow

Promote collaboration between virtual preceptors and fellowship faculty

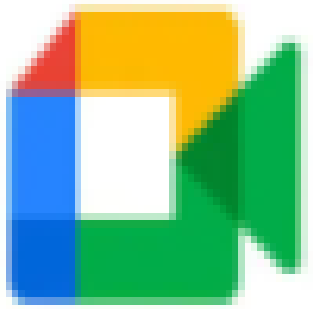
The productivity tracker is a monitoring tool utilized to complement and enhance the virtual precepting model

Productivity Tracker Demo

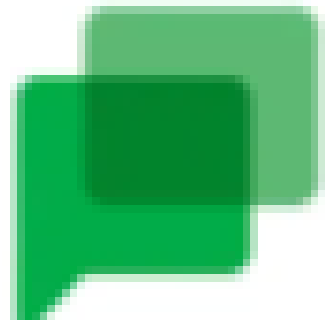
Virtual Precepting Technology



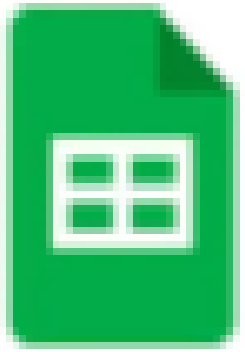
Precepting Links



Case consultation



Instant messaging



Productivity tracker

Evaluation

Virtual Precepting Cost

There is no cost associated with the technology of virtual precepting.

Virtual preceptors receive a quarterly stipend similar to in person preceptors.

Fee for service models would need to assess the cost implications of lost patient care time for preceptors.

Virtual preceptor stipend is the only additional direct cost associated with the virtual precepting model.

Benefits of Virtual Precepting

Enhanced clinical development
NP fellows learn from multiple expert clinicians, which strengthens their clinical development and helps with their transition to practice

Expanded support
The fellowship team partners with in person and virtual preceptors to provide individualized support for fellows despite geographic spread

Retention tool
The virtual precepting model expanded the role of 11 frontline providers & reduced burnout risk

Technology
Virtual precepting leverages existing technology to meet program needs

Cost effective
There is overall minimal cost associated with developing the model

Stakeholder satisfaction
Fellows, preceptors and leadership have given positive feedback

	Before Virtual Precepting	After the Introduction of Virtual Precepting
Impact on Preceptor Availability	Time constraints with in person preceptors **balancing their own patients' care needs** while trying to concurrently support and educate fellows **Precepting blocks did not always align with the exact timing** fellows may have needed guidance which may have led to delays in care	**Guaranteed precepting** is available from 8am-5pm in EST & CST Virtual preceptors offer **flexibility in timing for case consultations** Virtual preceptors **create longitudinal relationships with fellows and provide continuity of advising** even when in person preceptors are unavailable
Impact on Patient Outcome	In person preceptors had **limited capacity to shadow the fellows' huddle** and provide effective feedback. Fellowship faculty had **limited ability to identify and address fellows' knowledge gaps**	**Fellows learning experience is standardized** across geographic regions Fellows receive **consistent information** **Fellows receive additional feedback** on Daily Huddles and note audits
Impact on center workflow	**Patient access was impacted** due to reduced slots on in person preceptor's schedule. **Admin time was often utilized** for case discussions and fellow education.	Preceptors **schedule slots are unaffected** thus improving appointment availability for patients In person preceptors can better **balance patient care** responsibilities with teaching

“The virtual precepting has had a significant positive impact on my fellowship experience. I feel like this has really increased the support for my clinical decision making and my overall knowledge and critical thinking skills.” ***NP Fellow***

“Virtual precepting not only takes you away from the daily grind of seeing patients, it more importantly helps you see your why every day. In the process of lifting NP fellows up into their new practice, guiding their lights as unique providers, we ourselves are lifted back to our original selves as NPs, seeing the reason we do this every day. This program has definitely helped me find further joy in my daily life, inside and outside of the clinic.” ***Virtual preceptor***

“Virtual preceptors provide the nurse practitioner fellows wrap-around support and guidance throughout the day during busy clinic hours, when other providers are also caring for their own patients. Working with a variety of different preceptors allow the NP fellows to experience how to approach each clinical scenario in a unique way, based on the preceptor he/she is working with for that day.and his/her clinical expertise.” ***Medical Director***

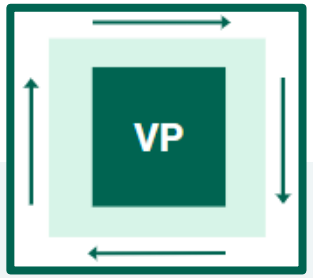
Lessons Learned

Engagement

As fellows schedules becomes busier, it becomes harder for them to come on the platform to receive real time feedback

Regional difference

Virtual preceptors may have limited insight into specific clinic culture and scope of practice across geographic regions



Process Improvement

Virtual precepting is an iterative process requiring flexibility and ongoing adjustment

Layered support

Virtual precepting is not intended to replace on site support.The goal of virtual precepting is to standardize and enhance fellows learning experience across geographic regions

Considerations for Your Program

- Expand preceptor pool
- Provide layered support for fellows
- Promote visibility into fellows progress
- Create professional development for front line providers
- Improve patient access

- Conduct a need assessment
- Gather feedback from relevant stakeholders
- Pilot with a small group of fellow
- Develop your own version of “ The Productivity Tracker”

CVS Health

Oak St. Health

Thank you!

Q&A

Contact Information

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CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Final General Session Presentation begins at 3:30pm