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APRN Transition-to-Practice Fellowship

South Boston Community Health Center

# Responsive Postgraduate Training:

## Strategies for Success and Organizational Impact

Consortium for Advanced Practice Providers

Annual Conference

July 2026

# Session Overview

- Why we started a NP postgraduate training program
- How the program became integral to daily health center operations
  - How is it "responsive"?
  - Strategies other health centers can adapt
- What we have learned in two years
- Summary of organizational impact and future directions

# South Boston CHC "At-a-Glance"

- Located in Boston, MA
- Affiliated with Boston Medical Center
- Multiple service lines: Pediatrics, Internal Medicine, Family Medicine, Women's Health, Urgent Care, Eye, Dental, Behavioral Health
  - Also, specialty providers
- 40 PCPs
- 21,000 patients

# Why NP Postgraduate Training?

- Workforce challenges:
  - Shortage of RNs and NPs with sufficient primary care experience
  - No formalized approach to training new NPs who were hired and lack of experienced MDs/NPs willing to precept or mentor
- Structured pathway from novice to competent
- "Leveling up" all primary care work

# Program Snapshot

- Launched: June 2024
- NP Fellows:
  - 3 graduates
  - 7 Fellows currently in the Fellowship
  - 1 Fellow starting next week
  - Total Fellows to-date: 11
- Departments: Internal Medicine, Pediatrics, Women's Health, Family Medicine, Urgent Care
- Preceptors: NPs, PAs, MDs
- Part of the **Nursing Department**

| Traditional NP Residency | Our Fellowship Model | Rationale |
|---|---|---|
| •1 year as a "NP Resident", sometimes contracted for 1+ additional year(s) as a "non-resident" PCP | •Depends on individual progress, average 18 months until "ready for independent practice" | •Flexibility due to learning and experience differences |
| •Cohort group | •Rolling starts and staggered "graduations" | •Responsive to health center needs<br>•Allows peer mentorship |
| •Didactics, up to 1 full day | •Didactics, monthly (Fellow-led)<br>•Participation in department case reviews<br>•Opportunity to join IM physician resident lectures | •Flipped classroom model<br>•Interdisciplinary learning (NP/MD trainees)<br>•Department case reviews allow for integration and learning alongside senior/more experienced PCPs |
| •Clinical work taught by preceptor, scheduled office visits | •Clinical work taught by preceptor, scheduled office visits *and triage* | •Same support<br>•Fellows learn full-scope primary care (in/out of the exam room) |
| •Added program to IM/FM/Clinical Department | •Fellows are within the *Nursing Department* | •NPs are RNs<br>•Foundational RN work is basis of NP training<br>•Reducing cost of the Nursing Department makes program sustainable |

# Strategy #1: Frame NP Postgraduate Training as a Solution

- Workforce shortages require strategic solutions
- NP Fellows fill critical staffing gaps
- NP Fellows reduce reliance on temporary/per diem staffing models
- NP Fellowship builds long-term workforce pipeline
- NP Fellows create access and enhance continuity of care

# Strategy #2: Keep "Nurse" in Nurse Practitioner

- NP Fellowship makes (more) visible the nursing work that is the backbone of high-quality primary care
- Training within the NP Fellowship supports foundational RN skills in primary care, then builds competence in the APRN role
- NP Fellows are an interdisciplinary "link" for RNs and PCPs within specific departments

# Primary Care Work: In and Out of the Exam Room

**Phone Triage**

Fellows handle complex triage calls, ensuring patients receive timely advice and "on-demand" care when they call.

**Digital Comms**

Fellows manage high volumes of electronic patient messages efficiently, improving response times and patient satisfaction.

**Telemedicine**

Fellows conduct virtual visits to expand access to care, demonstrating clear ROI for the health center.

# MD Engagement: A Surprising Win

- MDs became enthusiastic champions and are now asking to precept the NP Fellows
- "Leveled up" nursing work done by the NP Fellows has reduced PCP burnout and increased job satisfaction
  - Less messages back-and-forth
  - Fewer interruptions during clinic sessions
- NP Fellows are assigned to primary care teams and enhance team-based care

# Strategy #3: Demonstrate Organizational ROI

- Measurable value
  - Reduced turnover within the Nursing Department
  - Cost savings for the Nursing Department (by ~**$70,000**)
  - Increased patient access (new patient appointments within **30 days**)
  - Decreased response time to patients' calls & MyChart messages
  - Increased job satisfaction for PCPs

# Strategy #4: Academic Partnership

- Access to expertise
- Pipeline for hiring into the Fellowship
  - Continuity clinical for 1-2 students/academic year
  - Our SY '23-24 NP student completed the Fellowship and is now an Urgent Care provider
  - Our SY '25-26 NP student started in the Fellowship mid-June

# Lessons Learned

- Postgraduate training is worth it!
  - Strengthens and expands care delivery
  - Builds internal talent
  - Can reduce cost
- NP Fellows within the Nursing Department was a new role
  - Supervision best done by an experienced NP, not RN
  - Types of tasks sent to nursing (triage) desktops had to change or we risked role dissatisfaction
  - PCPs needed time to observe the Fellows' work before becoming champions
- Programmatic success rooted in responsiveness and collaboration

# Future Directions

- Program expansion
  - Into Family Medicine Department
  - Rotations with in-house specialists to augment primary care learning
- Administrative track/leadership pathway
  - Not just clinical training but administrative training (for nursing leadership) too!

# Contact Information

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