The Results Are In... Now What?

Building Actionable Evaluation Structures for APP Fellowships

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Disclosures

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Objectives

Repeatable Structure

Build an evaluation structure that can be repeated over time.

Identify Patterns

Look across multiple feedback sources to identify meaningful patterns.

Actionable Data

Turn evaluation findings into fellow development plans and program-level changes.

Oak St. Health

Oak Street Health

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Introduction to Oak Street Health, part of CVS Health

We are a patient-centric network of primary care centers for Medicare-eligible patients

Our mission is to rebuild healthcare as it should be

230
Oak Street Health centers

900
employed primary care providers

27
states currently covered

8,500
team members, all aligned with our mission and vision

~500K
Patients receiving our care

Our patient base is complex and requires a multi-dimensional care model

69

average age

>40%

of patients are dually eligible for Medicare and Medicaid

>45%

of patients have a housing, food or isolation risk factor

9

Average number of medications

~65%

of patients have two or more chronic conditions

67%

Of centers are in Medically Underserved or Health Professional Shortage Area

Fellowship at Oak Street Health

2022	8	99	22	37	86	140
Launch	Cohorts	Fellows	States	Cities	Centers	Preceptors

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The Evaluation System

1

Inputs

Self-Assessment

Quality Metrics

Chart Audits

Feedback

2

Structure

Templates

Tracking System

Timeline

3

Insights

Individual Patterns

Program Signals

4

Action

Individual Development

Program-Level Adjustments

Using the Dreyfus Model to Define Growth

NOVICE

ADVANCED BEGINNER

COMPETENT

PROFICIENT

EXPERT

Inputs

Self-Assessment

Chart Audits + Quality Metrics

Preceptor Evaluations

Patient Feedback

Structure

Build Once

- Evaluation surveys
- Email templates

Run Every Cycle

- Timeline
- Completion tracking

Close the Loop

- Reminders
- Action tracking

Structure makes this repeatable

Consistency in Cadence

Orientation

Cycle 1

Cycle 2

Cycle 3

Alumni

Same Process

Same Tools

Same Structure

Repeatable structure ensures consistent growth

What Happens Each Cycle?

Collect

Surveys +
Completion Tracking

Compile

Individual + Cohort
Summaries

Review

Fellow 1:1s +
Program Review

Validate & Act

Confirm Findings,
Make Changes,
Recheck

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Turning Data Into Action: Individual Level

Introducing the Fellow Snapshot

An individualized tool for fellow development

- **Growth Summary**
- **Chart Audit**
- **Preceptor Highlights**
- **Patient Feedback**
- **Faculty Reflection**
- **Constructive Tips**
- **Next Steps**
- **Resources**

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NP Fellow Snapshot

Faculty Advisor

Growth Summary

- **Since the start:** Marked increase in confidence and independence across core primary care skills, particularly in clinical history-taking, care planning, and patient education. Strong progression in communication, team collaboration, and professional presence, consistently noted by preceptors and patients. Significant growth in chronic disease management, showing better recognition of red flags, interpretation of labs/imaging, and optimization of long-term plans. Improved comfort with panel complexity and ability to manage multi-morbidity more efficiently.
- **Since the last evaluation:** Documentation continues to strengthen with clearer assessments, more organized HPIs, and consistent updating of medication lists, PMH, and orders. Notable improvement in clinical reasoning, including ability to differentiate acute vs. chronic concerns and outline appropriate follow-up steps. Steady gains in self-awareness; areas for improvement were accurately identified and addressed with visible progress. Confidence scores increased across nearly every category, particularly in accurate clinical history, self-management counseling, documentation, and interpersonal communication.

Chart Audit Summary

- Documentation is consistently strong, scoring above 95% in recent audits for scribe involvement, CC documentation, HPI detail, PMH/PL updates, orders/consults, AVS completion, and lab review. HPIs are thorough and include psychosocial factors, while AVS notes are comprehensive and align with the plan. Medication lists are generally updated and reconciled appropriately.

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- Inconsistencies persist in several areas. Physical exam documentation needs more specificity (e.g., ROM, neuro checks, PAD). The MEAT principle is sometimes missing full linkage in assessments, especially with multiple chronic issues. Opportunities exist to reduce subjectivity in ROS and improve consistency in documenting nursing/PCP coordination. Finally, documentation sometimes lacks clear next steps or follow-up plans tied directly to assessment findings.

Preceptor Highlights

- Preceptors consistently describe them as thorough, thoughtful, and patient-centered, with strong communication skills and a calm, approachable demeanor.
- Clear strengths in listening deeply to patients, formulating plans collaboratively, and balancing empathy with clinical judgment.
- Noted improvement in time management and ability to synthesize clinical information under pressure.
- Demonstrates strong commitment to learning, regularly incorporates feedback, and applies new knowledge effectively in future visits.

Patient Feedback

- *"I think very highly of my nurse practitioner."*
- *"Very thorough analysis. Friendly and helpful."*
- *"Professional, prompt, and kind."*
- *"My provider is very efficient and knowledgeable! Happy they are on my team!"*

Constructive Tips

- Continue strengthening MEAT-based assessments, ensuring clear linkage between diagnoses, supporting data, and interventions.
- Maintain focus on physical exam precision (especially neuro findings, vascular checks, and tying abnormal findings to your plan).

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- Keep pushing documentation toward conciseness while retaining thoroughness, especially in complex multi-problem visits.
- Continue refining chronic disease management workflows (e.g., follow-up timing, medication adjustments, guideline-based steps).
- Build confidence in closing care gaps proactively and consistently (screening, vaccinations, chronic disease targets).

Faculty Reflection

- The Fellow has demonstrated excellent growth throughout the fellowship, reflecting dedication, curiosity, and a clear desire to provide high-quality care. They consistently incorporate feedback, demonstrate high emotional intelligence, and bring a thoughtful, empathetic approach to encounters. They are becoming increasingly confident in navigating complex chronic disease states and are emerging as a dependable, collaborative, and reflective clinician. Overall performance aligns with or exceeds expectations for this stage of training.

Next Steps

- Work-life integration and re-engaging with community/social support systems.
- Prioritizing personal wellness and self-care routines (exercise, etc.).
- Personal reflection on professional identity and long-term interests.

Resources/Links and Faculty Advisor Recommendations

- Addressing Suspects One Pager
- NP Fellowship Panel Management
- Stanford 25
- Physical Diagnosis
- EAP Resources (TalkSpace, discounted gym memberships)
- Utilize PTO strategically

Growth Summary + Chart Audits

Growth

- Since program start
- Since last evaluation

Chart Audits

- What’s done well
- What’s inconsistent

Preceptor Highlights + Patient Feedback

Preceptor Highlights

- Clinical growth
- Professionalism
- Areas for continued development

Patient Feedback

- Patient voice
- Experience scores
- Connection opportunities

Faculty Reflection

- Patterns over time
- **What matters now**
- Where to focus next

From Feedback to Follow-Through

Constructive tips

Specific, actionable advice to drive improvement.

Next steps

Fellow defined goals focusing on what they choose to prioritize.

Resources

Dedicated support and tools provided to help reach those goals.

The fellow owns the plan

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Turning Data Into Action: Program Level

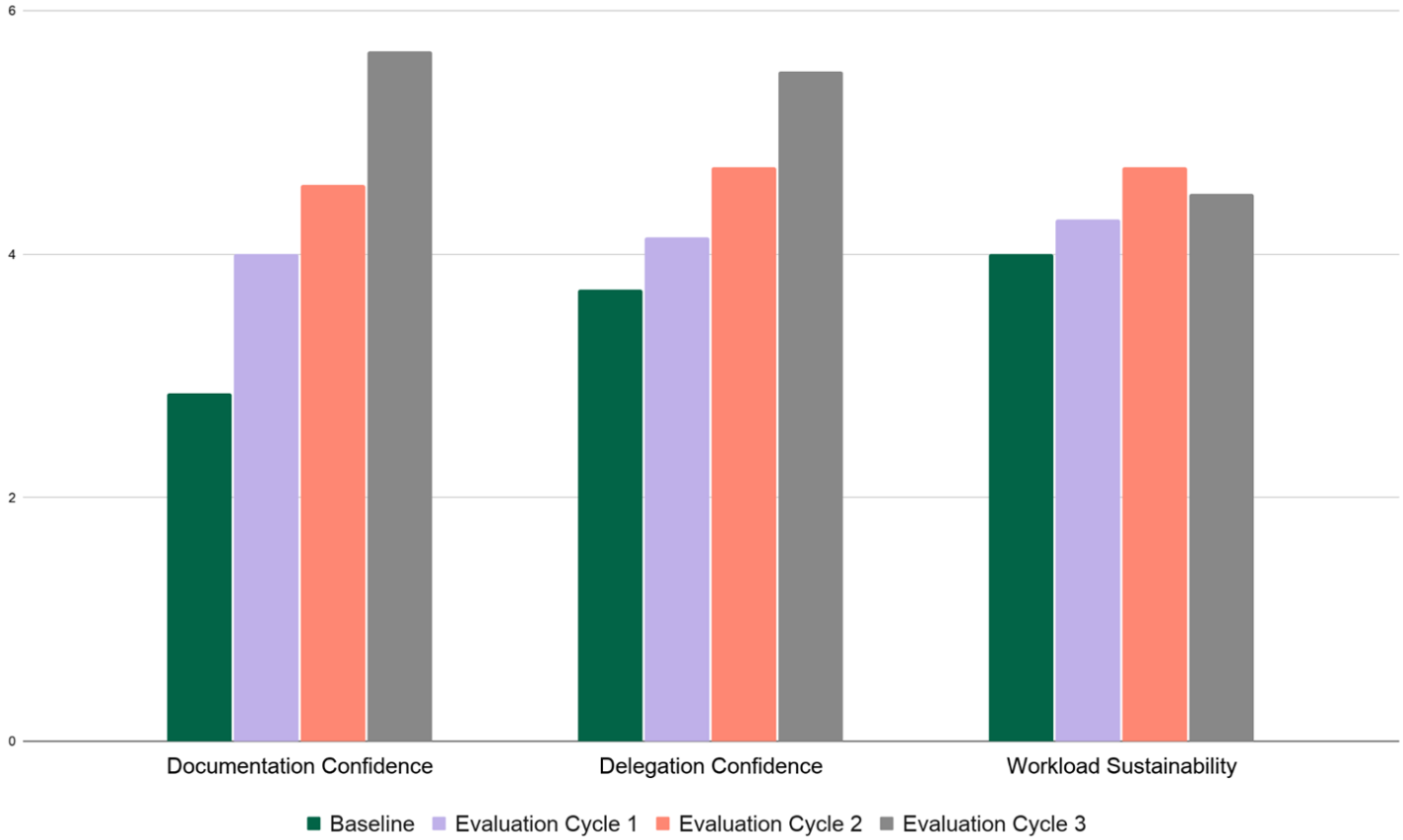
We Don’t React. We Look for Patterns.

Not one comment

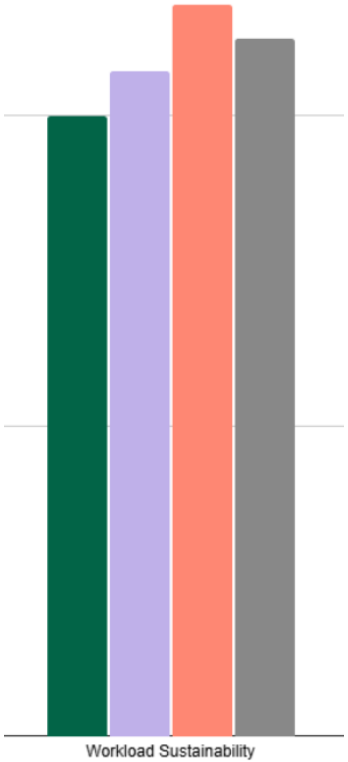
Not one data source

What keeps showing up

Signal: Workflow Sustainability



Signal: Fellows Felt Overwhelmed



*"I feel like I am **constantly running behind**,*
draining my mental energy
and making it hard to stay motivated."

"The transition from student to provider is steep.
The cognitive load is heavy
and by the end of the week,
*I feel **completely depleted.**"*

What We Changed

Repurposed Hours

Dedicated time for workflow, documentation, and efficiency strategies

Recovery + Sustainability Strategies

Practical approaches for recharging after clinic and managing cognitive load

Restructured Mentor Sessions

Mentor sessions include workflow and documentation strategies

Signal: Fellowship-Center Disconnect

“The fellowship felt like something that happened on didactic days.”

*“**There was a lack of integration**…*
…it felt like I was navigating two different worlds.”

What We Changed

Faculty-preceptor alignment

Built strong, supportive connections between fellowship faculty and their preceptors.

Center leadership alignment

Structured 30/60/90 day check-ins with center leadership to ensure alignment.

Role clarity with center staff

Clarified the fellow role with the full care team to foster better integration.

Creating Programmatic Insights and Actions

Step 1: Internal Synthesis

Identify what matters most.

Step 2: External Synthesis

Clarify what we got right and what we missed.

Step 3: Action

Make changes and communicate them back.

How We Know It’s Working

Performance Metrics

Fellows reach experienced-level quality metrics by graduation

Continuous Improvement

Consistent improvement across evaluation cycles

Cultural Shift

The conversation changes

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What Actually Transfers

Minimum Viable Toolkit

Set Up

- Pick an owner
- Choose 2-3 inputs
- Build a way to organize feedback

Run the Cycle

- Set a cadence
- Review findings
- Track actions and recheck

Patterns drive actions.

Q&A

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