



ARNP Fellowship: **HANDBOOK**

2021-2022 Cohort



We would like to acknowledge the following for their contributions to this handbook: Anne Hirsch, PhD, ARNP, FAANP, FAAN (UW School of Nursing), Anita Souza, PhD (UW School of Nursing), Rebecca Wood, MSW (UW School of Nursing), DoQuyen Huynh, DNP, FNP (Bridgestone Consulting), Shannon Fitzgerald, MSN, ARNP (Bainbridge Pediatrics), Heather Novak, DNP (Valley View Health Center), Ron Oman, MNE, FNP (Harbor Regional Health), John McCarthy, MD (UW School of Medicine), Northwest Consortium of Advanced Practice Education (NW CAPE), and the Premera Foundation.

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Introduction

MISSION

To develop an innovative ARNP postgraduate fellowship program to ensure a robust pipeline and network of primary care ARNPs to improve health outcomes and access in rural Washington communities.

THE NEED:

Rural residents have less access to primary and preventive care, which creates complex medical needs and reduces longevity and/or the chance of surviving a major heart attack, stroke, or other health event. Additionally, healthcare agencies in rural settings are challenged to recruit and retain primary care providers, increasing the disparity of health care access for rural patient populations. The UW School of Nursing in partnership with the Premera Foundation is addressing the urgent need to improve access and health outcomes for rural populations in rural Washington state. With support from the Premera Foundation, the Rural Nursing Health Initiative (RNHI) invites new post graduate Nurse Practitioners from across the country to apply for a 12-month fellowship designed to partner newly graduated ARNPs with rural healthcare practices for employment opportunities in Washington state. Partnerships between rural primary care organizations and UW Premera Rural Nursing Health Initiative will offer a unique fellowship experience of **programmatic expertise, academic excellence, and a robust professional network** intended to enhance fellows' professional competency and confidence in the rural clinical setting.

Together, we create:

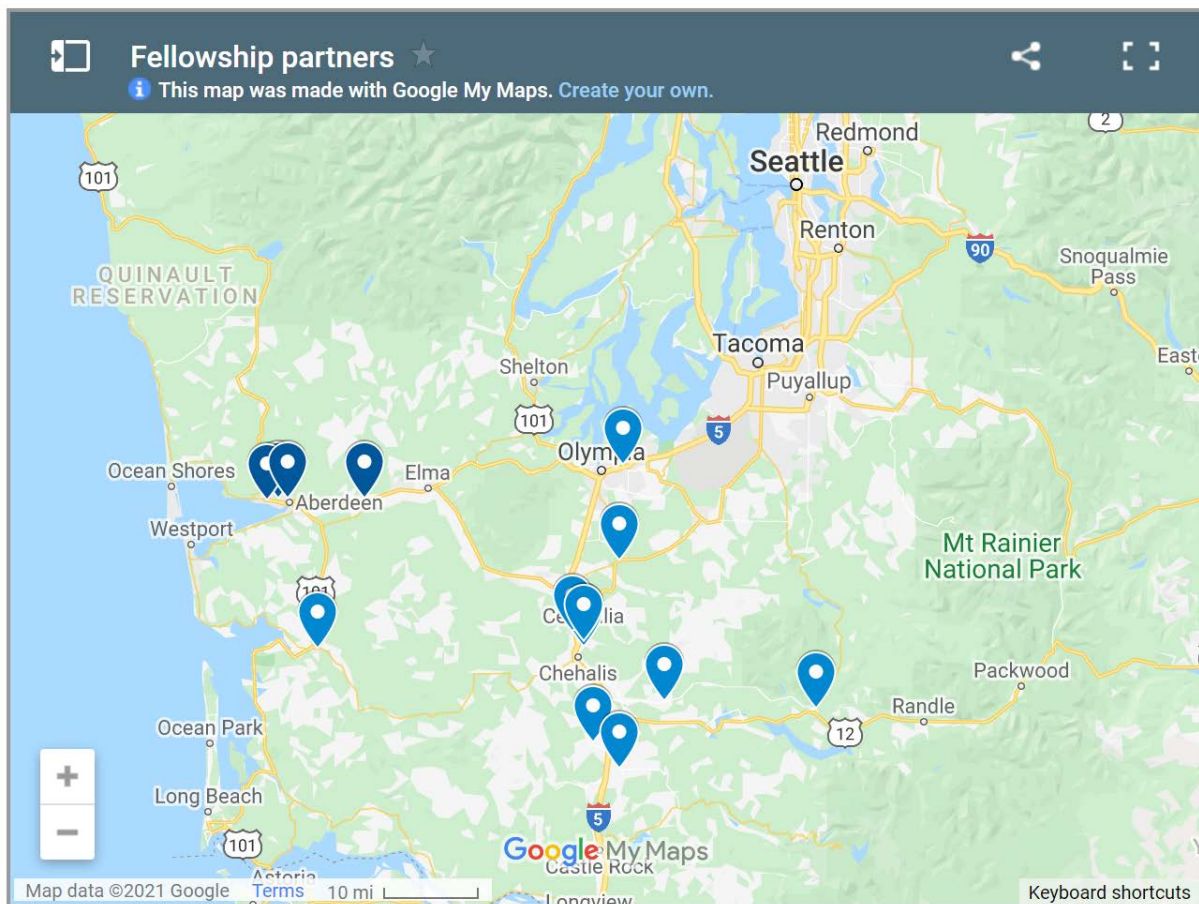
- Enhanced clinical rotations for DNP students by partnering with healthcare providers across the state.
- A rural, collaborative postgraduate ARNP fellowship program to deliver a year-long, high quality, distance-friendly program for recent DNP graduates.
- Outcomes and evaluation studies for both the clinical learning opportunities and for the postgraduate ARNP fellowship program in rural and underserved communities led by the [UW Center for Health Workforce Studies \(CHWS\)](https://premerarnhi.nursing.uw.edu/).

For more information about the UW Premera RNHI Grant, please visit: <https://premerarnhi.nursing.uw.edu/>



ABOUT THE CLINICS

UW Premera RNHI has partnered with two rural primary care organizations: Harbor Regional Health (HRH) in Aberdeen, WA and Valley View Health Center (VVHC) in Chehalis and Tenino, WA to deliver a post graduate ARNP fellowship program for the 2021-2022 cohort.



Aberdeen, Washington



Harbor Regional Health (HRH) is a not-for-profit Public Hospital District that serves over 72,000 residents. They provide 28 different services and specialties with 8 conveniently located clinics, with the primary location for the fellowship taking place in Aberdeen, WA. If selected as a fellow with Harbor Regional Health, you will be integral in providing access to quality health care in a growing environment. Aberdeen is the largest city located on the southern edge of the Olympic Peninsula, in the mostly rural Grays Harbor County. The city is situated at the mouth of two rivers, Chehalis and Wishkah, and has a population of 16, 896 as recorded in the 2010 census. This historic community is rich in natural resources, with top industries including fishing and

logging. Recently an emphasis on tourism is bolstering Aberdeen's economy and is developing into the top retail center on the Washington coast. Aberdeen offers beachcombing, birdwatching, kayaking, hiking in the surrounding pristine forests.

Chehalis and Tenino, Washington



Valley View Health Center (VVHC) is a non-profit, federally qualified health center that began in 2004 and is now providing quality health care throughout its 13 locations serving patients across three counties, with the primary locations for the fellowship taking place in Chehalis and Tenino. Each location provides health care to distinct and varying populations within their surrounding rural communities they serve. If you are a fellow of Valley View, there will be scheduled opportunities to work in each of its clinic locations throughout the year. The Valley View Health Center Administrative Office is located in Chehalis, Washington. Chehalis is about 5.55 square miles nestled in the valley of forested hills with the Chehalis River winding through the city. The city offers easy access to Interstate 5 and is almost exactly halfway between Seattle, WA, and Portland, OR. Chehalis' historic downtown and businesses are situated on the east side of the freeway with the west side offering parks, subdivisions, farmland, and shopping district. The mild summers make it a great location to explore the numerous hiking/biking trails in the hills that have vantage points to see Mount Rainier, Mount St. Helen, and Mount Adams. The population from the 2010 census (most recent data) was 7,259.



Programmatic Components, Competencies & Objectives



Programmatic Components: Anchored in Accreditation Standards

The UW Premera Rural Nursing Health Initiative's ARNP Fellowship Program was designed using accreditation standards as anchors for the program. Currently, there are three accrediting bodies for NP Postgraduate Training: National Nurse Practitioner Residency & Fellowship Training Consortium (NNPRFTC), American Nurses Credentialing Center (ANCC) and Commission on Collegiate Nursing Education (CCNE). This program and its clinical and didactic curriculum were designed with all three of the accrediting bodies in mind to ensure that when the clinical partners are ready, they will be well positioned to seek accreditation.

The following programmatic components utilized NNPRFTC's standards, which has some of the most rigorous benchmarks:

1. Mission, goals, objectives
2. Clinical Curriculum (content/resources)
 - a. Focuses on clinical experience
 - b. Didactic is about 20% of the learning activities
 - i. Benchmarks & milestones
 - c. Guidelines for patient experience: breadth & depth
 - i. Progressive responsibilities
 - ii. Panel management
3. Evaluations: Comprehensive & systematic, summative & formative
 - a. Organizational
 - b. Programmatic
 - c. Learners
 - d. Faculty/Preceptors
 - e. Staff
 - f. Patients
 - g. Communities & stakeholders
4. Administration
5. Operations
6. Staff & trainee services
 - a. Clinical & administrative staff



Postgraduate ARNP Training Program Competency Domains

The following nine competencies are sourced from NNPRFTC and mapped to the DNP Essentials to ensure that the UW Premera RNHI Fellowship Program is built from the foundation of NP graduate education.

The program must integrate the following NP competency domains.

At completion of the NP fellowship program, fellows must be able to demonstrate mastery of the following:

1. Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of both common and uncommon health conditions and the promotion of health for rural populations, specifically in WA State. (DNP I, VII, VIII)
2. Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care (DNP I, III, VIII)
3. Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, self-evaluation and life-long learning (DNP VIII)
4. Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues (DNP VI, VII, VIII)
5. Demonstrate a commitment to carry out professional roles and responsibilities and adherence to ethical principles (DNP V, VIII)
6. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care (DNP II, V)
7. Demonstrate the ability to practice within an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care (DNP VI, VII, VIII)
8. Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader (DNP VIII)
9. Demonstrate abilities to utilize technology to transform the healthcare system with the goal of improving patient outcomes. (DNP II, IV, VII)

Fellowship Objectives

Adapted from the Northwest Consortium of Advanced Practice Education (NW CAPE)

Clinical Competency: The fellow will
Demonstrate critical thinking and adequate fund of knowledge including appropriate application of evidence-based medicine, ordering diagnostic and screening tests, as well as safe and effective prescribing of pharmacotherapy and other treatments
Elicit appropriate and relevant history and demonstrate proficient physical exam skills
Provide presentations and documentation that are organized, concise, thorough and timely
Provide comprehensive care to the complex patient by prioritizing acute illness and chronic disease states appropriately
Maintain appropriate level of efficiency in clinical practice
Understand personal knowledge base, and work within scope of practice
Integrative Healthcare: The fellow will
Request referrals and consultations appropriately using professional and community resources; consider alternative approaches
Provide patient-centered care, recognizing the impact of psychosocial factors and the rural environment
Confidence: The fellow will
Demonstrate appropriate level of confidence through commitment to a working diagnosis and care plan
Cultural Humility and Health Equity: The fellow will
Provide patient-centered care, recognizing health equity as a key component to rural health care, which includes but is not limited to cultural, linguistic, and gender diversity.
Include patient or designee as a full partner in decision making
Provide appropriate education and instruction within the context of patient's healthcare literacy and culture, including anticipatory guidance
Leadership: The fellow will
Collaborate effectively with colleagues and other multidisciplinary team members, including support staff
Delegate appropriately so that all team members are functioning at the top of their skillsets
Provide feedback that is respectful, direct, timely, and constructive
Recognize and participate in quality improvement initiatives to improve health systems
Resilience: The fellow will
Reflect on and evaluate their own clinical progress, strengths, and areas for improvement
Receive, reflect on, and integrate respectful feedback to continually improve their own clinical practice
Express their needs for professional and clinical growth effectively with colleagues, including supervisors and support staff



Clinical Curriculum: Continuity Clinic, Partnered Clinic, & Specialty Clinic



ARNP FELLOWSHIP: SIX-PILLAR CURRICULUM

Pillars	Description	Goals	Timeline
Partner Clinic	<p>NP fellows will see patients from the preceptor's schedule, under the consultation of the preceptors</p> <p>Similar to the student role</p> <p>Phase out after 2 months, becomes independent clinic (see below)</p>	Bridge between NP student role and fellow role	1 day per week
Independent Clinic	<p>Independent clinical practice at a slow ramp-up starting the 2nd quarter</p> <p>Own panel</p> <p>Access to a senior clinician in the clinic as needed</p>	<p>a minimum of 1,100 hours of total patient contact hours, where fellows will build up a panel of patients with breadth and depth of medical conditions across the lifespan</p> <p>to be budget neutral (1,200-1,500 billable visits per fellow per year)</p>	1 day a week
Precepted Continuity Clinic	<p>The objective is for NP fellows to sharpen their clinical and professional skills while building their own patient panel with a ramp-up schedule. Patients will be a combination of new and established patients</p> <p>Dedicated preceptors will be fully available to assist and guide the fellows as needed</p> <p>Progressive responsibilities and autonomy</p>	See above	2 days a week
QI/QA Project	<p>Similar to DNP capstone projects</p> <p>Population based</p>	<p>Meets the needs of community/population</p> <p>Feasible and sustainable</p>	Weaved hours throughout program
Specialty Rotations	The objective is to expose NP fellows to high-burdened specialty issues that are common in rural primary care, and to learn how and when to refer to appropriate specialists	between 6-9 specialty rotations	1 day/week, 1 month per rotation

Didactic	consistent weekly didactic Based off commonly seen diagnoses in rural WA populations	Curriculum that is tailored to the specific fellowship site and their rural population	3-4 hours weekly
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Weekly Calendar: 2021 – 2022 Cohort

	Mon.	Tues.	Wed.	Thurs.	Fri.
Continuity Clinic	HRH			HRH & VVHC	VVHC
*Partner Clinic	VVHC				HRH
Specialty Rotations		HRH & VVHC			
Weekly didactic QI/QA project			HRH & VVHC		

*Phase out after approx. 2 months and becomes independent clinic



Continuity Clinic

OBJECTIVE

Continuity Clinic is one of the primary pillars of the ARNP fellowship curriculum. The objective is for NP fellows to sharpen their clinical and professional skills while building their own patient panel with a ramp-up schedule. During continuity clinic, NP fellows will have dedicated preceptors who will be fully available to assist and guide the fellows as needed. Through continuity clinic, the following competencies will be met:

COMPETENCIES:

NNPRFTC Standards: 2, 3, 8

DNP Essentials: I, II, VI, VII, VIII

ATTITUDES

The fellows should demonstrate attitudes that encompass:

1. An interest in caring for diverse and underserved rural populations
2. An open mind to experiencing new learning opportunities
3. An understanding of common medical conditions that are specific to these patient groups
4. An understanding of the barriers to healthcare access in rural communities
5. Promotion of multidisciplinary approach to improve health

PROCESS

- The NP fellow, medical assistant, and preceptor meet before the day starts and review goals and patient schedule for the day.
- The NP fellow evaluates the patient and formally presents the case to the preceptor.
- As needed, the preceptor provides guidance and feedback. The preceptor may choose to repeat any or all parts of the visit as needed.
- The NP fellow documents fully in EMR, and using the preceptor-template, sends a completed chart to their preceptor to review and sign off within 24 hours of the patient's office visit.
- The NP fellow submits billing.

FELLOW RESPONSIBILITIES

- Arrive on-time and be prepared for the clinical day.
- Confirm best communication with Preceptors, i.e., cell phone, email, etc.
- Communicate with the Preceptor(s) and fellowship director(s) if schedule adjustments need to be made.
- Be aware of and communicate clinical deficiencies and needs.
- Be proactive to seek out experiences that address specific deficiencies in clinical skills, practice management, and leadership skills.
- Complete charting and send to Preceptor within 24 hours of the patient's office visit.
- Be responsible for evaluations required of Continuity Clinic.



PRECEPTOR / FACULTY RESPONSIBILITIES

- Be dedicated to teaching and supporting fellows during the assigned clinics.
- Be present and fully available to the fellows in the clinical area until the last scheduled patient is seen.
- Provide leadership and direction for the fellows on the patient centered model of care.
- Set an example of UW PREMERA's mission
- Review and sign off NP fellows' notes within 4 days of patient's office visit.
- Provide feedback in clinical skills, development of plan, acquisition of resources, and in time management.
- Complete the NP fellow quarterly evaluations as requested by the program directors.
- Communicate any concerns to the fellowship directors as appropriate.

EVALUATION

The NP fellow will be formally evaluated at least quarterly to measure clinical and professional growth. It is important that preceptors provide ongoing feedback throughout the rotation, as well as a formal review at the end of the quarter with recommended goals for further growth. These evaluations and goals will also be reviewed with the NP fellow by the program directors. Evaluation tools can be found under the "Evaluation" section of this handbook.



Partnered Clinic

OBJECTIVE

Partnered Clinic is one of the five key components of the ARNP fellowship curriculum. The objective is to have exposure to different patient acuity, community demographics and practice style, and to learn the art of medicine from clinicians who are experienced in rural primary care. During partnered clinic, NP fellows will see patients from the preceptor's schedule, under the consultation of the preceptors.

COMPETENCIES

NNPRFTC Standards: 2, 3, 4, 8

DNP Essentials: I, II, VI, VII, VIII

ATTITUDES

The Fellows should demonstrate attitudes that encompass:

1. An interest in caring for diverse and underserved rural populations
2. An open mind to experiencing new learning opportunities
3. An understanding of common medical conditions that are specific to these patient groups
4. An understanding of the barriers to healthcare access in rural communities
5. Promotion of multidisciplinary approach to improve health

PROCESS

- The NP fellow and preceptors meet before the day starts and review goals and patient schedule for the day.
- The NP fellow evaluates the patient and formally presents the case to the preceptor.
- As needed, the preceptor provides guidance and feedback. The preceptor may choose to repeat any or all parts of the visit as needed.
- The NP fellow documents fully in EMR, and using the preceptor-template, sends a completed chart to their preceptor to review and sign off before end of day.
- The preceptor reviews the chart, submits billing, and signs off before the end of the day.
- The preceptor keeps all productivity associated with the NP fellow's work.

FELLOW RESPONSIBILITIES

- Arrive on-time and be prepared for the clinical day.
- Confirm best communication with preceptors, i.e., cell phone, email, etc.
- Communicate with the preceptors and fellowship director if schedule adjustments need to be made.
- Be aware of and communicate clinical deficiencies and needs.
- Be proactive to seek out experiences that address specific deficiencies in clinical skills, practice management, and leadership.
- Complete charting and send to preceptor for sign-off before end of day.



- Be responsible for evaluations required of Partnered Clinic (i.e., remind preceptors to complete evaluations and turn them in).

PRECEPTOR / FACULTY RESPONSIBILITIES

- Be dedicated to teaching and supporting fellows during the assigned partnered clinics.
- Be present and fully available to the fellows in the clinical area until the last scheduled patient is seen.
- Provide leadership and direction for the fellows on the patient centered model of care.
- Set an example of UW PREMERA's mission
- Review and sign off NP fellows' notes within 24 hours of patient's office visit.
- Provide feedback in clinical skills, development of plan, acquisition of resources, and in time management.
- Complete the NP fellow rotation evaluation within three days of the end of the rotation.
- Communicate any concerns to the fellowship directors as appropriate.

EVALUATION

The NP fellow will be officially evaluated at the end of the Partnered Clinic rotation to measure clinical and professional growth. It is important that preceptors provide ongoing feedback throughout the rotation, as well as a formal review at the end of the rotation with recommended goals for further growth. These evaluations and goals will also be reviewed with the NP fellow by the fellowship directors. Evaluation tools can be found under the "Evaluation" section of this handbook.



Specialty Clinic

OBJECTIVE

Specialty Clinic is one of the five key components of the UW Premera Fellowship curriculum. The objective is to expose NP fellows to high-burdened specialty issues that are common in rural family practice, and to learn how and when to refer to appropriate specialists. During specialty rotations, NP fellows will usually have 1 day per week for 1 month, with a total of 4 full clinic days, at each specialty site.

COMPETENCIES

The following competencies are mapped to this clinical activity:

NNPRFTC Standards: 2, 3, 8

DNP Essentials: I, II, VI, VII, VIII

ATTITUDES

The fellows should demonstrate attitudes that encompass:

- An interest in caring for diverse and underserved rural populations
- An open mind to experiencing new learning opportunities
- An understanding of common medical conditions that are specific to these patient groups
- An understanding of the barriers to healthcare access in rural communities
- Promotion of multidisciplinary approach to improve health

PROCESS

- The NP fellows and specialty clinic preceptors meet before the rotation starts and review goals for the rotation.
- Depending on the specialty site's policy and procedures, and depending on the preceptor's comfort, the NP fellows may participate in patient care or may only observe.
- If the NP fellows participate in patient care, they will evaluate the patients and formally present the case to the preceptors.
- The preceptors provide daily feedback and clinical pearls regarding the NP fellows' clinical experience.

FELLOW RESPONSIBILITIES

- Arrive on-time and be prepared for the clinical day
- Confirm best communication with specialty clinic preceptors, i.e., cell phone, email, etc.
- Communicate with the specialty clinic preceptors and NP fellowship program directors if schedule adjustments need to be made
- Be aware of and communicate clinical deficiencies and needs



- Be proactive to seek out help that address specific deficiencies in clinical skills, practice management and leadership.
- Be responsible for evaluations required of Specialty Clinic (i.e., remind specialty clinic preceptors to complete evaluations and turn them in).

SPECIALTY CLINIC PRECEPTOR RESPONSIBILITIES

- Be dedicated to teaching and supporting fellows.
- Be present and fully available to the fellows in the clinical area
- Provide learning tools and resources specific to the specialty
- Provide feedback in clinical skills, development of plan, acquisition of resources, and in time management.
- Complete the NP fellow rotation evaluation within three days of the end of the rotation.
- Communicate any concerns to the fellowship program directors as appropriate.

EVALUATION

Evaluation forms will be sent to the specialty clinic preceptors to be filled out for each fellow. The NP fellow will be officially evaluated at the end of each specialty rotation, to measure clinical and professional growth as appropriate. It is important that preceptors provide ongoing feedback throughout the rotation, as well as a formal review at the end of the rotation with recommended goals for further growth. These evaluations and goals will also be reviewed with the NP fellow by the fellowship directors. Evaluation tools can be found under the “Evaluation” section of this handbook.

Specialty Rotation Sample Schedule by Site

(subject to change)

October 2021 / November 2021		
HRH	Orthopedics	Urology
VVHC	ENT	Cardiology
December 2021 / January 2022		
HRH	OB/GYN	Addiction Medicine
VVHC	Gastroenterology	Orthopedics
February 2022 / March 2022		
HRH	Neurology	Pediatrics
VVHC	Foot & Ankle	OB / GYN
April 2022 / May 2022		
HRH	General Surgery	Cardiology
VVHC	<i>TBD</i>	<i>TBD</i>
June 2022 / July 2022		
HRH	Endocrinology	ENT
VVHC	<i>TBD</i>	<i>TBD</i>
August 2022		
HRH	Women's Health (D.M.)	IM/Hospitalist (M.A.)



Specialty Rotation: Medication Assisted Treatment (MAT) and Substance Use Disorders (SUDs)

INTRODUCTION & OBJECTIVES

MAT and SUDs are crucial components of the fellowship program. MAT and SUDs education will be weaved into specialty clinics, continuity clinics and didactic sessions. The purpose of MAT and SUDs training is to provide compassionate care to some of the most vulnerable and underserved patients who suffer from addictions.

ACTIVITIES

- Fellows will complete MAT certification during the first month of the program
- Fellows will attend MAT and SUDs clinical rotation as available
- Fellows will attend all MAT and SUDs didactic sessions

ATTITUDE

The fellows should demonstrate attitudes that encompass:

- An interest in caring for diverse and underserved rural populations
- An open mind to experiencing new learning opportunities
- An understanding of common medical conditions that are specific to these patient groups
- An understanding of barriers to health as related to addiction
- Promotion of multidisciplinary approach to improve health

SKILLS

By the end of the program, the fellow should be able to demonstrate the ability to:

- Deliver evidence based and culturally sensitive primary care to patients with addiction
- Evaluate and treat common chronic, acute and urgent rural health issues
- Appropriately coordinate with community partners to maximize usage of limited resources

Specialty rotations can be provided by both internal and external specialists. Several specialty rotations led by internal faculty are: community & rural health block, pediatrics, and geriatrics.



Specialty Rotation: Community & Rural Health

EDUCATIONAL OBJECTIVES:

The objective of the Community & Rural Health rotation is to learn the principles of providing health care to underserved rural communities, and to develop programs to meet the community needs. The rotation will begin with the first month of the fellowship program, but knowledge and skills will be honed throughout the fellowship year.

ROTATION ACTIVITIES:

Fellows will participate in a Community & Rural Health rotation which will coincide with the first month of the fellowship. During this time, the fellows will become oriented with clinics and the rural communities they serve. The rotation combines providing patient care in clinics, developing a community project, attending didactic presentations, interacting with community members, and meeting with local community organizations to gain knowledge and skills in optimizing the care of the community and its constituents.

The rotation might include the following activities: tour of the neighborhoods where patients reside (this may include the trailer parks, the food banks, the homeless shelters), meet and tour with community patient advocates, visit the local community centers, churches, and other types of businesses.

Didactics include topics most relevant to the health issues of rural populations. Fellows will learn to provide care through attending didactics, visiting the community, and assessing community needs. Fellows will perform a needs assessment for a particular population and formulate a project idea to address these needs. At the end of this rotation, the fellows will present their project proposals to the clinic leadership members and the community involved. They will implement this project over the following 11 months of the fellowship program, and present their project findings to the faculty, community involved, and new fellows in the final month of the program.

ATTITUDES:

The fellow should demonstrate attitudes that encompass

- An interest in creating a community with each other, colleagues and staff in the clinics, and other teachers that the fellow works with throughout the fellowship.
- An awareness of how language and cultural barriers impact rural health (social determinants of health)
- An understanding of the strengths of families from different rural backgrounds
- A perspective on background differences that reflects humility and curiosity
- An interest in a team approach amongst various agencies and community organizations to serve a specific community.
- An interest in providing evidence-based healthcare through team-based approach
- An interest in the health of populations as well as that of individuals and families.

KNOWLEDGE:

By the end of the community & rural health rotation, the fellow should be able to demonstrate knowledge regarding:

- population demographics and rural/urban differences
 - travel and implications to the patient
 - internet connectivity
- social determinants of health
 - education
 - financial stability
 - many others
- firearms
- agricultural/industrial issues
- LGBTQ
- homelessness
- migrant health
- substance abuse
- reproductive options
- dual relationships/boundaries
- limited resources
- ongoing professional education
- teaching/role modeling
- personal needs
 - child education
 - spousal employment
- the clinic's patient population
- team-based care
- community needs assessment
- community resources
- community advocacy

SKILLS:

By the end of the community & rural health rotation, the fellow should be able to demonstrate the ability to:

- Collaborate with community members and relevant data to assess the needs of a specific community
- Prepare an outline for a community project and present it to leadership and community involved
- Appropriately refer to and coordinate with social service agencies and community partners
- Appropriately utilize interpreters to optimize communication with non-English speaking patients
- Educate patients and colleagues about community resources
- Appropriately utilize local and national data in advocating healthcare policy changes that affect the rural community

REFERENCES:

Medicare and access in rural; from 9/21 pgs. 11-12 https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2021/09/RHRC_PBSEP2021_LARSON.pdf

Meta-analysis from 8/21 discussing rural retention. Conclusion is most relevant

[Interventions for health workforce retention in rural and remote areas: a systematic review | Human Resources for Health | Full Text \(biomedcentral.com\)](#)

Decline in rural medical students which has some implications for workforce; need to attain through library connections as abstract only here 12/19

[The Decline In Rural Medical Students: A Growing Gap In Geographic Diversity Threatens The Rural Physician Workforce - PubMed \(nih.gov\)](#) [The Decline In Rural Medical Students: A Growing Gap In Geographic Diversity Threatens The Rural Physician Workforce - PubMed \(nih.gov\)](#)

Supply and distribution of primary care workforce in rural America 4/20

https://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2020/06/RHRC_PB167_Larson.pdf

Competencies unique to rural health

<https://journals.stfm.org/familymedicine/2018/january/longenecker-2017-0030/>



Specialty Rotation: Pediatrics

EDUCATIONAL OBJECTIVES:

The objective of the Pediatrics rotation is to provide the fellows with training and tools so that they can competently provide primary care to a rural pediatric population.

ROTATION ACTIVITIES:

- Clinical care through various pediatrics clinics
- Participation in orientation
- Didactic learning
 - Topics may include
 - well child checks
 - acute visits
 - urgent and emergent situations
 - adolescent health
 - the newborn
 - the sick child

ATTITUDES:

The fellows should demonstrate attitudes that encompass:

- An interest in caring for rural, diverse, and vulnerable pediatric patients
- An understanding of various developmental milestones in the pediatric patient population
- An understanding of common medical conditions that are specific to rural pediatric patients of diverse backgrounds
- An understanding of strengths and barriers of rural families
- Promotion of multidisciplinary approach to improve health

KNOWLEDGE:

By the end of the pediatric rotation, the fellow should be able to demonstrate knowledge in:

- The rural community's pediatric patient population
- Developmental milestones in the pediatric population
- Common chronic, acute and urgent or emergent medical conditions
- Community resources
- Incorporation of behavioral health as appropriate



SKILLS:

By the end of the pediatric rotation, the fellow should be able to demonstrate the ability to:

- Deliver evidence based primary care to the pediatric population
- Evaluate and treat common chronic, acute and urgent pediatric health issues
- Identify abuse and neglect
- Appropriately refer to specialists
- Appropriately coordinate with community partners to maximize usage of limited resources, especially in vulnerable and rural populations
- Appropriately utilize interpreters to optimize communication with non-English speaking pediatric patients and their caregivers.
- Explore issues of immigration, language, culture and family background relevant to pediatric health.



Specialty Rotation: Geriatrics

EDUCATIONAL OBJECTIVES:

The objective of the geriatrics rotation is to provide the fellows with training and tools so that they can competently provide primary care to a rural older adult population.

ROTATION ACTIVITIES:

- Assisted Living Facility
- Home Visits
- Geriatrics Assessment
- Hospice Care
- Didactic Learning
 - Topics may include
 - The Medicare Wellness exam
 - Functional Decline
 - Diagnosis/Treatment of Dementia
 - Urinary Incontinence
 - Falls
 - Geriatric Assessment
 - Prevention
 - Hospice and Palliative Care
 - Advance Directives
 - Symptom Management at End-of-Life
 - Polypharmacy
 - Failure to Thrive
 - Osteoporosis

ATTITUDES:

The fellow should demonstrate attitudes that encompass:

- The promotion of the older patient's dignity through self-care and self-determination.
- Recognition of the importance of family and home in the overall lifestyle and health of older adult patients.
- Promotion of the multidisciplinary approach
- An awareness of cost-effectiveness when treating elderly patients.
- An awareness of the benefits and limitations of advance directives, living wills and durable powers of attorney.

KNOWLEDGE:

By the end of the rural geriatric rotation, the fellow should be able to demonstrate knowledge in:

- Normal underlying physiologic changes due to aging in the various body systems
 - Diminished homeostatic abilities
 - Altered metabolism and effects of drugs
 - Physiology of aging in various organ systems
 - Other changes relating to the assessment and treatment of elderly patients
- Normal psychological, social and environmental changes of aging
 - Reactions to common stresses such as retirement, bereavement, relocation and poor health
 - Changes in family relationships that affect health care of the elderly
- Unique modes of presentation for care, including altered and nonspecific presentations of specific diseases in elderly patients
- Risks and adverse outcomes in geriatric care
 - Polypharmacy
 - Iatrogenic illness
 - Immobilization and its consequences
 - Over-dependency
 - Inappropriate institutionalization
 - Non-recognition of treatable illness
 - Over-treatment
 - Inappropriate use of technology
 - Unsupported family
- Means for promoting health and health maintenance through screening for and assessment of risk factors
- Services available to promote rehabilitation or maintenance of an independent lifestyle for elderly people, increasing their ability to function as long as possible in their existing family, home and social environments
- Indications and benefits of the house call in the assessment and management of elderly patients
- Characteristics of the various types of long-term care facilities and alternative housing available to the elderly in the rural community
- Specific regulations for patient care in long-term facilities
- Financial aspects of health care of the elderly and the way this influence health care patterns and decisions
 - Federal prescription benefit programs (Medicare)
 - Medicare benefits for the elderly
- Means to actively promote health in the elderly through exercise, nutrition and psychosocial counseling
- Elder abuse and neglect



- Community resources, including those used to help patients avoid institutionalization
- Evaluation of the functional status of the elderly patient
- Problems that are characteristic of older patients or that differ significantly in presentation and/or management in older adults
 - Special senses: hearing and vision loss, speech disorders, decubiti and pressure ulcers, gait disorders
 - Respiratory: pneumonia and other respiratory infections
 - Cardiovascular: hypertension, congestive heart failure, myocardial infarction, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, postural hypotension
 - Oral Conditions: caries, periodontal disease, tooth loss and denture care, oral-pharyngeal cancers, oral-systemic linkages
 - Gastrointestinal: dentition problems, acute abdomen, anorexia, constipation, fecal impaction
 - Genitourinary: incontinence, urinary tract infections, bacteriuria and sexual dysfunction
 - Musculoskeletal: degenerative joint disease, fractures, contractures, osteopenia/osteoporosis, podiatric problems, falls
 - Neurological: delirium, dementia (e.g., Alzheimer's Disease), altered mental status, dizziness, tremor, memory loss, gait disorders, sleep disorders
 - Metabolic: dehydration, diabetes, hypothyroidism, drug-induced illness, malnutrition, anemia, hypothermia, malignancies
 - Psychosocial: abuse (physical and psychological), alcoholism and other substance abuse, grief reactions, depression, anxiety, psychological effects of illness, pain, terminal care, anorexia, failure to thrive

SKILLS:

The fellow should be able to demonstrate the ability to perform

- Basic elements of geriatric assessment, including the standardized methods for assessing physical, cognitive, emotional and social functioning as appropriate
- Screening examinations for mental status, depression and functional status including activities of daily living (ADL) and instrumental activities of daily living (IADL)
- Physical diagnosis, including
 - Mobility, gait and balance assessments
 - Recognition of normal and abnormal signs of aging
 - Preoperative assessment
- Obtain a comprehensive history and mental status examination, utilizing all available sources of information
- Conduct an efficient and comprehensive physical examination in office, hospital and nursing home settings, mindful of the patient's modesty and mobility
- Appropriate selection, interpretation and performance of diagnostic procedures
- Appropriate house calls and coordination of home care
- Develop problem lists in practical, clinical, functional, psychological and social terms
- Set appropriate priorities and limitations for investigation and treatment



- Communicate to the patient and/or caregivers the proposed investigation and treatment plans in a way that promotes understanding, compliance and appropriate attitudes
- Communicate hope and empathy
- Counsel patients about psychological, social and physical stresses and changes of aging, dying and death
- Coordinate a range of services appropriate to the patient's needs and support systems
- Integrate factors of the patient's family life, home life and general lifestyle into the diagnostic and therapeutic process
- Consult with physicians, dentists and other health care professionals, including the critical evaluation and selective use of consultant advice and the in critical care situations
- Deal with ethical issues, including advance directives, decision-making capacity, euthanasia, assisted suicide, health care rationing, and palliative and end-of-life care

REFERENCES:

<http://www.pogoe.org>

<http://www.geriatricsatyourfingertips.org>

The American Geriatric Society: <http://www.americangeriatrics.org>

<http://eperc.mcw.edu>

Geriatrics journal: <http://www.geri.com>

American Geriatrics Society's *Clinical Geriatrics* journal: <http://www.clinicalgeriatrics.com>

Geriatrics & Aging journal: <http://www.geriatricsandaging.com>

British Geriatrics Society: <http://www.bgs.org.uk>



Didactic Curriculum: Didactic & Special Population Project





Didactic Curriculum

OBJECTIVES

The purpose of didactic sessions are to provide half a day each week of formal learning in a variety of complex clinical challenges most encountered in rural primary care. Didactics can be presented in the form of lectures, workshops, discussions, case studies or a combination of these methods. The content of these presentations is designed to correspond to the fellows' current clinical experiences. Didactic sessions will cover topics ranging across the lifespan, with breadth and depth that is appropriate for the UW Premera Fellowships' patient populations. Fellows must attend all sessions unless prior arrangement is made with the program directors. Non-fellow Advance Practice Providers may be invited to attend but must request approval for attendance in advance. Occasionally, UW Premera may collaborate with outside organizations to host didactic jointly with other residencies and fellowships in the region, to expand and synergize learning experiences.

COMPETENCIES

NNPRFTC Standards: 2, 3, 6, 8

DNP Essentials: I, II, V, VIII

PROCESS

- Program directors will work with the UW Premera grant team and consultants to review didactic curriculum at the beginning of the year, and quarterly as deemed necessary, to make changes to meet the fellows' learning needs.
- The UW Premera grant team will work with program directors and consultants to invite speakers based on expertise, teaching skills, and availability.
- All didactic sessions are screened and evaluated by the UW Premera grant team.
- All fellows are required to evaluate and report immediately to program directors and UW Premera grant team any concerns regarding speakers and content.
- Should extenuating circumstances occur where a session must be canceled or changed, the UW Premera grant team will attempt to replace that session with other activities and will notify fellows and program directors of the changes as soon as possible.

ATTITUDES

The fellows should demonstrate attitudes that encompass:

- An interest in learning about clinical care for diverse, rural populations.
- An understanding of common medical conditions that are specific to patients of diverse and rural backgrounds.
- An understanding of strengths and barriers of health-related social factors/needs.
- Promotion of multidisciplinary approach to improve health.



- Being open to learning new, evidence-based information that may conflict with previous knowledge and experiences.
- A commitment to lifelong learning.

FELLOW RESPONSIBILITIES

- Always be present and on time; in the case of an excused absence, fellow is responsible for watching the recorded didactic session
- Be willing to fully participate in all activities
- Support other learners
- Contribute to the knowledge and practice
- Complete evaluation surveys for each didactic session

PRECEPTOR/FACULTY/PRESENTER RESPONSIBILITIES

- Always be present and on time
- Lead and/or facilitate all learning activities using multimodal approach
- Support learners and the program
- Contribute to the knowledge and practice

EVALUATION

All didactic sessions will be evaluated using the forms detailed in the evaluation section in this handbook. The program director and faculty members will conduct regular meetings to evaluate the didactic curriculum as appropriate.

Skills Workshops

Date	Topics	Presenters
9/13/21	Splinting and casting	Karen Kilian, ARNP and Annie Shic, ARNP
	Reproductive Health Procedures (IUD insertion, EMB, Nexplanon)	Meghan Eagen-Torkko, PhD, CNM, ARNP, FACNM
9/14/21	Psychiatric Mental Health in the Primary Care Setting – simulation	Elaine Walsh, PhD, RN, PMHCNS-BC, FAAN
	Joint injections	Dave Little, DO
9/15/21	Dermatology procedures: laceration repairs, biopsies	Sarah Matthews, DNP, FNP-BC

Weekly Didactics

Weekly Didactics – Wednesdays from 1-5pm via Zoom

Please download and import the following iCalendar (.ics) files to your calendar system.

Weekly: https://washington.zoom.us/meeting/tJMqcOqpgD0iHdWGrI7xHwp5JmKzC_dTlhOe/ics?icsToken=98tyKuCvqTwpG9KTuB6GRowEB4_Cb-vwpiFHgqdquw3pVDh7dROjHO9pKJFAFOz5

Join Zoom Meeting: <https://washington.zoom.us/j/97773166871>

Meeting ID: 977 7316 6871

One tap mobile

+12532158782,,97773166871# US (Tacoma)

+12063379723,,97773166871# US (Seattle)

UW Premera RNHI Didactic Calendar 2021-2022

Fellowship Start Date

47 weeks of didactic

Sep 2021						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Oct 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
	31					

Nov 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Dec 2021						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Jan 2022						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Feb 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

Mar 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Apr 2022						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2022						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jun 2022						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Jul 2022						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Aug 2022						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Didactic Topic	Date
Rural Health Part I	9/15/2021
Fellowship Survival Toolkit and Clinical Decision Making	9/22/2021
Special Population Project overview	9/29/2021
Behavioral Health in the Primary Care Setting	10/6/2021
Trauma Informed Care	10/13/2021
Ordering and Interpreting labs / imaging	10/20/2021
Addiction/SUDs/MAT	10/27/2021
Cardiology	11/3/2021
Pediatrics Part I	11/10/2021
LGBTQ+, transgender care, gender-affirming care	11/17/2021

Additional Didactic Topics – To Be Arranged:
Rural Health Parts II & III Pediatrics Part II Older Adults Parts I & II Motivational Interviewing & patient interactions Tribal Health Developmental Disabilities Billing, coding, and provider reimbursement Implicit bias in healthcare + social determinants of health (ACEs) Procedures crash course Allergies and infectious diseases + Travel medicine Reproductive health / prenatal care Diabetes Mellitus Type I & II + chronic kidney disease Common neurological complaints, TBI, Strokes/TIA Hematology/Oncology Managing chronic conditions: GI, Thyroid, liver disease, rheumatology Oral pathology in primary care Pain management Sports medicine / orthopedics Integrative medicine: acupuncture, herbals + palliative / hospice care Occupational injuries + L&I Project presentations

Pharmacy integration: Rapid fire pharmacology once a month during first or last 30 minutes of didactic

Special Population Project

OBJECTIVES

The fellowship special population project is one of the main components of the program. Fellows will have dedicated time throughout the program to do research and develop a project that is of interest, which will meet the needs of UW Premera and the community served. Although similar to the academic capstone projects that NP fellows have completed during school, the special population project focuses on clinical practice. There will be at least 200 hours dedicated throughout the program for this project.

PURPOSE OF THE PROJECT

The purpose of the special population project is to develop or explore programs or to address a research question that will meet the needs of the sponsoring organization and the rural community served.

COMPETENCIES

NNPRFTC Standards: 2, 3, 5

DNP Essentials: II, V, VIII

TYPES OF PROJECTS

1. Feasibility studies
2. Program development
3. Quality improvement and research studies

PROJECT CRITERIA

Projects need to meet the following criteria:

1. Does it benefit the sponsoring organization and the rural community?
2. Does it improve clinical practice and advance the nursing profession which can include:
 - a. Models of care
 - b. Health policies
 - c. Technological advancement in clinical practice
 - d. Evidence-based clinical interventions
3. Is it feasible?
 - a. At initial evaluation, the projects should be likely feasible. The fellows will have time to determine detailed feasibility

ATTITUDES

The fellows should demonstrate attitudes that encompass:



- An interest in learning about diverse, rural populations
- An interest in learning about health systems and change management through quality improvement tools
- An understanding of common healthcare needs that are specific to rural patients of diverse backgrounds
- An understanding of strengths and barriers of health-related social factors/needs in the rural population
- Promotion of multidisciplinary approach to improve health
- A commitment to lifelong learning

PROCESS

1. To determine the project of interest, the fellows will spend dedicated time during the first 2 months of the fellowship to study community services and the patient populations
2. With the guidance of the directors, the fellows will perform a gap analysis in services and programs
3. The fellows will then formulate or identify the topic or issue that needs to be addressed
4. This topic will be presented for approval from the program director and the executive team, as deemed necessary
5. The fellows will develop steps to either study the problem further or develop solutions
6. The final project will then be presented to appropriate organizational leaders for implementation
7. If approved, the fellows may choose to lead the implementation of new programs and/or publish findings

FINAL PRODUCT

The final product will be one or more of the following:

1. Power Point presentation to staff, leaders and appropriate community partners. This presentation will occur during the last month of the fellowship program.
2. Publishable findings
3. A roadmap to a program ready for implementation

Evaluations

Evaluation Schedule

Fellowship Program Evaluations	September 2021 - August 2022
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	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Sites	Q 1			Q2			Q3			Q4		
Chart Review												
Preceptor Evaluation of Fellows - Comprehensive												
Preceptor Evaluation of Fellows - Continuity Clinic												
Preceptor Evaluation of Fellows - Partner Clinic												
Preceptor Evaluation of Fellows - Specialty Clinic												
Competency Development Checklist												
Fellowship Quarterly Comprehensive Review Worksheet												
Site Evaluation of Fellow												
Patient Evaluation of Fellow				3			3			3		3

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Fellows	Q 1			Q2			Q3			Q4		
Weekly Didactic Evaluations												
Fellow Evaluation of Specialty Rotations												
Fellow Comprehensive Self Evaluation												
Competency Development Checklist												
Fellow Self Reflection Guide												
Fellow Evaluation of Faculty												
Skills Workshop Evaluations												
Wellbeing Session Evaluation												

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Joint UW Premera RNHI Grant / Site Evaluation	Q1			Q2			Q3			Q4		
Annual Programmatic Evaluation*												
Faculty Development Workshops												

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
UW Premera RNHI Grant	Q 1			Q2			Q3			Q4		
Post Program Evaluation*												

*These evaluations will be comprehensive and will include multiple sources of information



Chart Review – Approach and Criteria

Approach: The program director will choose 6 charts/quarter to review. Charts should be chosen at random per criteria identified below. Program Director will evaluate each chart using the CHART REVIEW CHECKLIST. The results of the review and any plans for improvement will be reviewed with the fellow each quarter.

Criteria: Selected charts should be comprehensive and include well visits for each of the age ranges listed below. Minimize using duplicate acute and chronic visit types.

6 charts/quarter: Should include 1 Adult CPE, 1 WCC, 2 acute, and 2 chronic

Adult CPE: At least 2 female and 1 male patient over the year

1. Young Adult: age 20-40
2. Middle Adult: age 40-65
3. Geriatrics: age 65+

Well Child Checks

1. Infant: age up to 12 months
2. Toddler and Preschool: age 12 months – 4 years
3. School aged: age 5-12
4. Adolescents: age 13-19

Acute: 1 pediatric and 1 adult each quarter

1. Chest pain
2. Abdominal pain
3. Joint or muscle pain
4. Headache or dizziness
5. Rash or other skin complaints
6. Upper respiratory symptoms or cough
7. Genitourinary symptoms
8. Ear pain, sore throat, or other ENT symptoms
9. Acute Injuries

Chronic:

1. Cardiovascular, at least 2 charts/year
2. Psychiatric, at least 1 chart/year
3. Endocrine, at least 2 charts/year
4. Neurologic
5. Respiratory
6. GI
7. Dermatology
8. GU/GYN
9. MSK and rheumatologic
10. Hematology
11. Infectious disease

Chart Review Checklist

To be completed by Program Director
 Quarter 1: November
 Quarter 2: February
 Quarter 3: May
 Quarter 4: August

Fellow: _____ Date: _____ Quarter: _____

Reviewed by: _____ Pt ID/MRN: _____ DOS: _____

Visit Type: Chronic Acute WCC Adult CPE Age: ____ Sex: ____

Chief Complaint: _____

	Present	Not Present	Incomplete	Unclear	Comments (examples of excellence & what is missing)
Documentation of Client Status					
Subjective Findings					
Reason for visit clearly documented					
Pertinent positive and negative history documented					
Objective Findings					
Congruent with history					
Pertinent positive and negative findings documented					
Uses appropriate screening tools					
Advanced procedures documented appropriately; consistently documented.					
Diagnosis (s)/Differential Diagnosis					
Evidence of synthesis of pertinent positive and negative information to formulate differential					

diagnosis; rules in/out differential; confirms most likely					
Plan of Care					
Identifies priorities for management					
Appropriate diagnostic investigations (ordered or performed)					
Education/Health Promotion					
Follow-up plan					
Collaboration, consultation and referral as necessary					
Pharmacotherapy					
Prescriptions thorough, clear and appropriate					
Drug allergies or No Known allergies noted, prominently highlighted and visible					
Prescribing/Safety					
Controlled Drug and Substance Prescribing & Opioid Agonist Therapy					
Documented use of site-specific systems/protocols for prescription review					
Documented safety plan when initiating, monitoring and titrating					
Appropriate use of Controlled Prescription Pad program					
Safety					
Documentation consistently demonstrates safe and appropriate care					
Documentation shows evidence informed practice					
Documentation is organized and systematic					
Documentation meets the following standards:					
• Clinical					

<ul style="list-style-type: none">• Coding• Compliance• Legal• Continuity Standards					
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Overall Comments:

Preceptor Evaluation of Fellows (Comprehensive, Continuity, Partner)

Reporter: Program Director/Preceptor

Frequency: At the end of Month 2 Continuity Clinic & Quarterly

Survey Platform: REDCap

Objective: Provide effective evidence-based patient-centered care for the treatment of health problems and the promotion of health.

Directions: Fill out the following survey based on your work with the fellow over the last quarter.

Note: This pairs with Fellow self-evaluation

History and physical exam skills	Observes task only	Needs direct Supervision	Needs supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
Develops pertinent differential diagnosis							
Orders appropriate screening and diagnostic tests							
Orders appropriate consults and e-consults							
Orders appropriate medications							
Performs comprehensive medication review and reconciliation							
Presents cases to preceptor in a clear, concise and organized fashion							

Cares for acute illness, chronic disease, and health maintenance needs using evidence-based guidelines							
Elicits relevant history and has proficient physical exam skills							
Assesses for safety (i.e., abuse)							
Makes necessary adjustments for care over virtual systems							
Patient-centered care	Observes task only	Needs direct Supervision	Needs Supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
Tracks/coordinates care for patients ensuring follow-up							
Demonstrates appropriate patient/family communication							
Interactions are culturally appropriate							
Care reflects unique aspects of rural populations							
Provides teaching for chronic and acute illness							
Uses shared decision making for plan development							

Provides education and instruction within the context of patients' healthcare literacy, background(s) and culture							
Provides patient-centered care, recognizing health equity as a key component to healthcare which includes but is not limited to cultural, linguistic, and gender diversity.							
Interprofessional Collaboration	Observes task only	Needs direct Supervision	Needs Supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
Independently diagnoses and develops plans of care							
Collaborates and includes other members of the care team on a daily basis							
Uses appropriate resources (professional and Community)							
Safely transitions patients among teams/providers							
Uses respectful and inclusive language							
Incorporates feedback of other team members (provide examples)							
Recognizes and participates in quality improvement initiatives to improve health systems.							

Seeks appropriate help and feedback							
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Professional Growth and Resilience	
Approach: This section is intended to capture your comments based on a multitude of sources. This information can be gleaned from conversations, journaling etc.	
Reflects on and evaluates strengths and areas for improvement in their own clinical practice.	Comments:
Receives, reflects on, and integrates respectful feedback to continually improve their own clinical practice	Comments:
Expresses needs for professional and clinical growth effectively with colleagues, including supervisors and support staff	Comments:
Recognizes the need for and development of sustainable personal and self-care systems	Comments:

Is the Fellow practicing within their scope of practice? Please elaborate:

Overall Comments and SMART* Objectives for next evaluation period:

*SMART: Specific, Measurable, Attainable, Reasonable, Time Specific

Fellow's Name: _____
 Survey Completed by: _____
 Date: _____
 Review Period: _____

Preceptor Evaluation of Fellows - Specialty Clinic

Reporter: Specialty Preceptor

Frequency: To be collected at the conclusion of each specialty rotation

Survey Platform: REDCap

Objective: To collect feedback from specialty clinics about the rotation experience

Directions: Please identify the rating that most clearly captures your assessment of the fellow during their time with you.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Observed
The fellow came prepared to clinical						
The fellow was actively engaged in all learning opportunities						
The fellow acted in a professional and courteous manner						
The fellow had an opportunity to engage in direct practice						
The fellow received and integrated feedback to improve their clinical practice						

Please provide us with any additional comments:

Fellow:

Date:

Preceptor:

Specialty:

Length of Specialty Rotation:



Competency Development Checklist

Reporter: Program Director/Preceptor/Fellow

Frequency: Ongoing throughout the fellowship year. Monthly check in with Program Director/Preceptor

Survey Platform: REDCap

Objective: Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care.

Directions: This is an ongoing checklist of skills as well as a method of assessing your professional proficiency.

Fellows: Please self-assess your skills

Preceptors/Program Directors: Please rate skills as observed, comments are encouraged

Respiratory	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Asthma						
Bronchitis						
COPD						
Croup						
Influenza						
RSV						
Pneumonia						
Tracheobronchitis						
URI						
Bacterial vs. Viral infections						

Cardiovascular system	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Angina						
Arrhythmias						
Congenital heart disease						
Congestive heart failure						
Coronary artery disease						
Heart murmurs						
Hypertension						
Myocardial infarction						
Pericarditis						
Stasis ulcer of lower extremities						

OB/GYN Reproductive Health	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Nausea/vomiting-pregnancy						
Dysmenorrhea						
Candida vaginitis						
Pap smears						
Abnormal pap smear findings						

Bacterial Vaginitis						
Atrophic vaginitis						
Fibrocystic breast disease						
Menopause						
Bartholin's cyst /abscess						
Dysfunctional uterine bleeding						
Rh blood factor						
Mastitis						
Medications Post-Partum						
Birth Control methods						
Pre-natal care						
Postpartum mental health						
Pregnancy complication						
Fetal well-being						

GI System	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Acute gastroenteritis						
Appendicitis						
Cholecystitis						
Colic						
Constipation						
Diarrhea						
Duodenal ulcer						
GERD						
GI Cancer (colon, stomach, etc.)						
GI infections (viral, bacterial and parasitic)						
Hemorrhoids						
Hepatitis						
Hiatal hernia						
Irritable bowel syndrome & Irritable bowel disease						
Pyloric stenosis						
Other abdominal pain:						
Other:						

Skin	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Abnormal rash						
Acne						
Basal skin carcinoma						
Carbuncles						



Contact dermatitis						
Diaper dermatitis						
Folliculitis						
Furuncles						
Herpes simplex						
Herpes zoster						
Impetigo						
Malignant melanoma						
Pityriasis Rosea						
Scabies						
Tinea corporis						
Tinea pedis						
Warts						
Other:						

Ears, Nose, and Throat	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Allergic rhinitis						
Epistaxis						
Gingivitis, dental caries, and infections						
Hearing loss & Screening						
Oral candidiasis						
Otitis Media and Externa						
Pharyngitis						
Serous otitis media						
Tinnitus						
Tonsil and peritonsillar abscess						
Oral lesions						
Other:						

Eye	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Cataract						
Chalazion						
Conjunctivitis						
Eye Emergencies						
Eye Pain & injuries						
Glaucoma						
Strabismus						
Stye						
Vision disturbances, vision loss & screening						

Other:

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Musculoskeletal	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Bursitis						
Cancer						
Carpal Tunnel Syndrome						
Gout						
Juvenile diabetes						
MSK infections						
Multiple sclerosis						
Muscular dystrophy						
Osteoarthritis						
Osteomyelitis						
Osteoporosis						
Rheumatoid arthritis						
Scoliosis						
Sprains, strains and fractures						
Tendonitis						
Other:						

Infections	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Ascariasis						
Dermatologic infections						
ENT infections						
GI infections						
GU/GYN infections						
MSK infections						
Neuro infections (meningitis)						
Pediculosis						
Pinworms						
Respiratory infections						
Sepsis						
Other:						

Genitourinary System	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Benign prostatic hypertrophy						
Cancer: bladder, prostate						
Chlamydia						
Cystitis						



Gonococcal infections						
Hematuria						
Herpes						
Hydrocele						
Hypospadias						
Prostatitis						
Pyelonephritis						
Sexual dysfunctions						
Syphilis						
Urinary incontinence						
Urinary tract Infection						
Vulvovaginitis						
Other:						

Nervous System & Neurology	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Autism						
Bell's Palsy						
Dizziness						
Head injury						
Headaches						
Memory loss: amnesia, delirium and dementia						
Migraine headaches						
Multiple sclerosis						
Pain management						
Parkinson's						
TIA (Transient ischemic attacks) & strokes						
Trigeminal neuralgia						
Tumors & Cancer						
Vasovagal syncope						
Other:						

Endocrine	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Addison's disease						
Adrenal insufficiency						
Cushing's Syndrome						
Dwarfism						
Giantism and Marfan syndrome						
Graves' disease						
Hashimoto's thyroiditis						
Hypoglycemia						



Hypothyroidism						
Prolactinomas						
Thyroid Nodule						
Type 1 diabetes mellitus						
Type 2 diabetes mellitus						
Other:						

Hematological & Oncology	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Aplastic anemia						
Cancer- Breast						
Cancer screening						
Cancer- Stomach						
Cancer-Bladder						
Cancer-Blood						
Cancer-Colon						
Cancer-Liver						
Cancer-Lung						
Cancer-Pancreatic						
Cancer-Prostate						
Cancer-Skin						
Clotting disorders: Factor V Leiden, Prothrombin gene mutation, protein S deficiency etc						
Deep vein thrombosis & pulmonary embolism						
Disseminated Intravascular Coagulation						
Folic acid deficiency anemia						
Folic acid deficiency anemia						
Iron deficiency						
Pernicious anemia						
Sickle Cell anemia						
Tumors						
Other:						

Psychiatric and Mental Health	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Anxiety Disorders						
Behavioral issues in pediatric patients (autism, oppositional defiant, ADD, ADHD etc.)						
Bipolar						



Depression						
Eating Disorders						
Grief						
Integrative behavioral health strategies						
Motivational Interviewing						
Obesity/Weight Loss						
OCD						
Pain & addiction management						
• Pharmacologic						
• Non-pharmacologic						
Personality disorders (borderline, dissociative etc.)						
Psychosis						
PTSD						
Schizophrenia & schizoaffective disorders						
Substance Use Disorders/Addictions						
Suicide Ideation						
Other:						

Procedures	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Anoscope						
Aspiration (cyst)						
Biopsies for skin: shave & punch						
Birth Control: Nexplanon (R/I)						
Birth Control: Paragard IUD (R/I)						
Birth Control: Hormone IUD (R/I)						
Casting and splinting						
Cerumen removal						
Colposcopy						
Cryotherapy (skin lesion)						
Cyst Removal						
Endometrial Biopsy						
EKG						
Intubation						
Fluorescein eye exam						
Incision and drainage of superficial abscess						



Joint aspiration						
Joint injection <ul style="list-style-type: none"> • Small joints: trigger fingers • Medium joints: carpal tunnel • Large joints: Bursitis, frozen shoulder etc. 						
Laceration repair						
Local anesthesia						
Nail Removal						
Other soft tissue injections: <ul style="list-style-type: none"> • Trigger point • Keloid scar 						
Suturing						
Other:						

Emergency	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Anaphylaxis						
Animal bites						
Cardiac arrest & myocardial infarction						
Dental extraction						
Eye emergencies						
Gunshot wound						
Labor & delivery						
Minor burns						
Open wounds						
Overdose						
Poison Ingestion						
Seizures						
Shock						
Snake bites						
Stroke						
Other:						

Appropriate care across lifespan & age appropriate immunizations	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Newborn (Birth-30 days)						
Infant (30days-1 year)						
Toddler (1-3 years)						
Preschooler (3-5 years)						
School Age (5-12 years)						



Adolescent (12-18 years)						
Young Adult (18-39 years)						
Middle Adult (39-64 years)						
Older Adult (64+ years)						
Other:						

Pediatrics	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Behavioral issues in pediatric patients (autism, oppositional defiant, ADD, ADHD etc...)						
Congenital disorders						
Failure to thrive						
Food allergies						
Neglect and abuse						
Vaccinations						
Well child checks <ul style="list-style-type: none"> Growth & development 						
Other:						

Geriatrics	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Cancer screenings: <ul style="list-style-type: none"> Breasts: <ul style="list-style-type: none"> Mammogram GYN: PAP Prostate Lungs: Low dose chest CT 						
Dementia & delirium						
End of Life Care <ul style="list-style-type: none"> Palliative Hospice POLST 						
Medicare Wellness Exams						
Screenings <ul style="list-style-type: none"> Physical assessment Cognitive function tests Elder abuse & neglect Osteoporosis: DEXA Depression/isolation 						
Other:						



Health Related Social Needs	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Education status						
Food insecurity						
Geographical barriers to healthcare access						
Housing insecurity						
Implicit biases						
Income status						
Language barriers						
Race, ethnicity considerations: <ul style="list-style-type: none">• BIPOC populations• Tribes						
Religious considerations						
Sex & Gender considerations						
Transient farm workers						
Trauma informed care <ul style="list-style-type: none">• Domestic violence• Population specific historical violence• Sex work• Human trafficking						
Other:						

Notes/Additional Comments:

ARNP Fellowship Quarterly Comprehensive Review Worksheet

Preceptor Evaluation of Fellows Comprehensive / Fellow-self-evaluation Review Worksheet

Reporter: Program Director/Preceptor

Frequency: At the beginning of the following months: December, March, June, August

Survey Platform: REDCap

Objective: Provide effective evidence-based patient-centered care for the treatment of health problems and the promotion of health.

Directions for Program Directors/Preceptors: This worksheet is intended to help you review and identify discordance between evaluators (Preceptors + Fellow). These areas will be discussed in the Fellow/Program Director review meeting. Score from each category is entered. Whole numbers only.

History and physical exam skills	December		March		June		August		Comments
	Preceptor	Fellow	Preceptor	Fellow	Preceptor	Fellow	Preceptor	Fellow	
Develops pertinent differential diagnosis									
Orders appropriate screening and diagnostic tests									
Orders appropriate consults and e-consults									
Orders appropriate medications									
Performs comprehensive medication review and reconciliation									
Presents cases to preceptor in a clear, concise and organized fashion									

Cares for acute illness, chronic disease, and health maintenance needs using evidence-based guidelines									
Elicits relevant history and has proficient physical exam skills									
Assesses for safety (i.e., abuse)									
Makes necessary adjustments for care over virtual systems									
Patient-centered care									
Tracks/coordinates care for patients ensuring follow-up									
Appropriate patient/family communication									
Culturally appropriate interactions									
Care reflects unique aspects of rural populations									
Provides teaching for chronic and acute illness									
Uses shared decision making for plan development									
Provides education and instruction within the context of patients' healthcare literacy, background (s) and culture									

Provides patient-centered care, recognizing health equity as a key component to healthcare which includes but is not limited to cultural, linguistic, and gender diversity.									
Interprofessional Collaboration									
Independently diagnoses and develops plans of care									
Collaborates and includes other members of the care team on a daily basis									
Appropriate use of resources (professional and Community)									
Safely transitions patients among teams/providers									
Uses respectful and inclusive language									
Incorporates feedback of other team members (provide examples)									
Recognizes and participates in quality improvement initiatives to improve health systems.									
Seeks appropriate help and feedback									
Professional Growth and Resilience									

Approach: Review to identify areas for improvement as well as areas that are working well.	
Reflects on and evaluates strengths and areas for improvement in their own clinical practice.	Comments/Examples:
Receives, reflects on, and integrates respectful feedback to continually improve their own clinical practice	Comments/Examples:
Expresses needs for professional and clinical growth effectively with colleagues, including supervisors and support staff	Comments/Examples:
Recognizes the need for and development of sustainable personal and self-care systems	Comments/Examples:

Is the Fellow practicing within their scope of practice? If no, please elaborate:

Overall Comments and SMART* Objectives for next evaluation period:

*SMART: Specific, Measurable, Attainable, Reasonable, Time Specific

Fellow's Name: _____
 Survey Completed by: _____
 Date: _____
 Review Period: _____

Site Evaluation of Fellow

Reporter: Site providers & staff (this is not intended for providers who are continual preceptors)

Frequency: Quarterly

Survey Platform: REDCap

Objective: To provide feedback to fellows on their collegial interactions

Directions: Please fill out based on your interactions with the Fellow.

Name of Fellow: _____

Role of person completing survey: (optional) _____

Date: _____

Frequency of your interaction with the fellow: Daily Weekly Monthly Infrequent

This fellow:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Exhibits appropriate personal and interpersonal behaviors					
Is punctual and timely with responses					
Is dependable and accountable					
Is respectful of others					
Demonstrates ability to work with others, as part of a team					
Responds appropriately feedback					
Is sensitive and responsive to issues of gender, age, culture, socioeconomic status, religion, sexual preference, and disabilities of both patients and colleagues					
Exhibits effective verbal and non-verbal skill when communicating with patients and Families					

Comments:

Patient Evaluation of Fellow

Reporter: Patient

Frequency: Collect 3-5 randomly throughout the quarter

Survey Platform: REDCap [Might be best as a paper/pencil survey]

Objective: To collect feedback from the patients about their interaction with the fellow in the last quarter.

Directions: Please identify the rating that most clearly captures your assessment of the fellow. Your name and responses will not be shared with the fellow.

This nurse practitioner fellow:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Introduced themselves and greeted me in a way that makes me feel comfortable					
Managed their time well during our appointment and is respectful of my time					
Was truthful, upfront, and did not keep things from me that I believe I should know.					
Talked to me in a way that I can understand, while also being respectful					
Understands how my health affects me					
Asked thoughtful questions					
Took time to explain my treatment options, including benefits and risks					
Provided resources and referrals that are accessible to me					

Would you recommend this fellow to others? (circle one): Yes, definitely Yes No No Opinion

What did you like most about this fellow? Please be as specific as possible.

Please provide any additional comments:

Weekly Didactic Evaluations

Reporter: Fellow

Frequency: To be collected at the conclusion of each weekly didactic

Survey Platform: REDCap

Objective: To collect feedback from fellows about the weekly didactic content.

Directions: Please identify the rating that most clearly captures your response to the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The speaker was knowledgeable about the content topic being presented					
The speaker was professional throughout the presentation					
The speaker presented content that was new to me					
I received useful feedback from the instructor					
I was able to ask questions and clarify information					
The pre-reading were relevant to the didactic topic and added to my learning					
The content presented added to my learning					
The didactic content was applicable to my professional development as a rural healthcare provider					
I would recommend this didactic to other fellows					
	High level of knowledge	Moderate level of knowledge	Average level of knowledge	Limited knowledge	No knowledge
Please rate your perception of your knowledge in this area					

What would you suggest to improve this didactic session?

Fellow:

Didactic Presentation Date:

Presenter:

Didactic topic title:

Fellow Evaluation of Specialty Rotation

Reporter: Fellow

Frequency: After the conclusion of each Specialty Rotation

Survey Platform: REDCap

Objective: To collect feedback from the fellows about their specialty rotation experiences. Fill out based on your experiences with your primary preceptor at the Specialty Clinic

Directions: Please complete the following survey about your experiences in your specialty rotation. Your individual responses will not be shared with the specialty site or preceptor.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Unable to Answer	Comments
Medical Knowledge							
I was impressed by my preceptor's knowledge base specific to this specialty rotation							
The preceptor modeled excellent patient care							
Interpersonal and Communication Skills							
This preceptor communicated effectively with me							
This preceptor communicated effectively with patients							
I received feedback that was helpful to me							
The learning objectives were clear and relevant							
Teaching							
This preceptor was an effective teacher							
This preceptor spent a sufficient amount of time teaching me							
The preceptor understood the NP role							
The preceptor understood the Fellowship role							
My preceptor actively engaged me in learning opportunities							
This experience provided me with new knowledge							
This experience provided me with hands on experiences							
The experiences at this site have prepared me for rural primary care practice							

This rotation prepared me to recognize when to refer and when to manage patients in my clinical setting							
Overall							
I felt this rotation was well organized							
I felt prepared for this specialty rotation							
I would recommend this rotation to future fellows							

Please use this space to provide any addition comments or recommendations regarding your specialty clinic rotation:

Name of Fellow:
 Date:
 Specialty Location:
 Primary Preceptor at Specialty Location:

Fellows Comprehensive Self-Evaluation (Pairs with Preceptor Evaluation of Fellow)

Reporter: Fellow

Frequency: At the end of Month 2 Continuity Clinic & Quarterly

Survey Platform: REDCap

Objective: Provide effective evidence-based patient-centered care for the treatment of health problems and the promotion of health.

Direction for Fellows: Please fill out the following survey independent of your Program Director/Preceptor. They will be filling out a similar survey. This survey is a self-assessment of your experiences and supervision needs with the following categories.

History and physical exam skills	Observes task only	Needs direct supervision	Needs supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
AS A FELLOW I...							
Develop pertinent differential diagnoses							
Order appropriate screening and diagnostic tests							
Order appropriate consults and e-consults							
Prescribe appropriate medications							
Perform comprehensive medication review and reconciliation							
Present cases to preceptor in a clear, concise and organized fashion							
Care for acute illness, chronic disease, and health maintenance needs using evidence-based guidelines							

Elicit relevant history and has proficient physical exam skills							
Assess for safety (i.e., abuse)							
Make necessary adjustments for care over virtual systems							
Patient-centered care	Observes task only	Needs direct Supervision	Needs Supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
AS A FELLOW I...							
Track/coordinate care for patients ensuring follow-up							
Engage in appropriate patient/family communication							
Engage in culturally appropriate interactions							
Provide care that reflects unique aspects of rural populations							
Provide teaching for chronic and acute illness							
Use shared decision making for plan development							
Provide education and instruction within the context of patients' healthcare literacy, background (s) and culture							

Provide patient-centered care, recognizing health equity as a key component to healthcare which includes but is not limited to cultural, linguistic, and gender diversity.							
Interprofessional Collaboration	Observes task only	Needs direct Supervision	Needs Supervision periodically	Able to perform without supervision	Able to supervise others	NA	Comments
AS A FELLOW I...							
Independently diagnose and develop plans of care							
Collaborate and include other members of the care team appropriately and as needed							
Appropriately use resources (professional and community)							
Safely transition patients among teams/providers							
Use respectful and inclusive language							
Incorporate feedback of other team members (provide examples)							
Recognize and participate in quality improvement initiatives to improve health systems.							
Seek appropriate help and feedback							

Professional Growth and Resilience
AS A FELLOW I...

Reflect on and evaluate my strengths and areas for improvement in my own clinical practice.	Comments/Examples:
Receive, reflect on, and integrate respectful feedback to continually improve my own clinical practice	Comments/Examples:
Express the need for professional and clinical growth effectively with colleagues, including supervisors and support staff	Comments/Examples:
Recognize the need for and development of sustainable personal and self-care systems	Comments/Examples:

As a Fellow, am I practicing within my scope of practice? Please elaborate:

Overall Comments and SMART* Objectives for the next evaluation period:

*SMART: Specific, Measurable, Attainable, Reasonable, Time Specific

Fellow Self-Reflection Guide

Reporter: Fellow

Frequency: Quarterly

Survey Platform: REDCap

Objective: To measure fellows' self-reported confidence and competence in NP role with patient population and interdisciplinary teams.

Directions: Please respond to the following statements. We welcome any comments or reflections in the comment section below.

Developing Comfort and Competence					
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
I feel competent managing my patient case load					
I feel confident in my role					
I feel confident in my clinical setting					
I feel confident managing the population of patients in this rural care setting					
I feel I have the skills to make autonomous clinical decisions					
I feel confident as a nurse practitioner					
I feel able to complete my responsibilities in the allotted time					
Comments:					

	Most of the time	Some of the time	Seldom	Never
I feel that I get the right amount of support overall				
I feel that I am supported by management				
I feel that I am supported by my APP colleagues (NPs & PAs)				
I feel that I am supported by my physician colleagues (MDs and DOs)				
My feelings of isolation are minimal				
I am treated as a professional by my colleagues				
I feel that I bring value to the team				
My mentors/preceptors are nurturing				
I am respected by other healthcare professionals				

I feel that I am a visible provider on the healthcare team				
I feel I can effectively communicate with senior clinicians				
I feel I have a good relationship with the Advance Practice Providers (NPs & PAs)				
I feel I have a good relationship with the Physician Providers (MDs and DOs)				
I feel that I have a good relationship with office support staff				
I feel I can manage conflict with other team members				

Comments:



Fellow Evaluation of Faculty

Reporter: Fellow

Frequency: Quarterly

Process: This evaluation will be reviewed by the program director(s) with faculty. The Fellow's name will remain anonymous unless necessary when severe disciplinary actions are required to ensure the safety of, but not limited to, the fellows, faculty, staff, and patients.

Survey Platform: REDCap

Objective: To collect feedback from fellows about their learning experiences with clinic preceptors/faculty

Directions: Please identify the rating that most clearly captures your agreement with the following questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
PRECEPTING						
1. Is readily available in the clinic						
2. Leads me to answer when appropriate rather than answering questions						
3. Gives meaningful praise						
4. Gives constructive criticism						
Comments:						

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
PROCEDURES						
1. Faculty guides me during procedures, and only steps in when appropriate						
2. Helps me to relax during procedures						
3. Debriefs with specific feedback afterwards						
Comments:						

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
CHART REVIEW						
1. Gives helpful suggestions on charts after review						
2. Provides both praise and criticism on chart review						
Comments:						

GENERAL CONTRIBUTION	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1. Is open for advice or counseling if I need or request it						
2. Is flexible in making changes to the precepting style and techniques, to meet my learning needs						
Comments:						

Well-being Session Evaluation by Fellow

Reporter: Fellow

Frequency: Every 6 months

Survey Platform: REDCap

Objective: To collect feedback from fellows about their experiences in the well-being groups

Directions: Please identify the rating that most clearly captures your agreement with the following questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1. The group supported my role transition						
2. The facilitator was professional and helpful						
3. I felt I had ample opportunity to share and listen						
4. I would recommend this to group to future fellows						
5. I liked the format of this group						
Comments:						

Miscellaneous



Well-being Sessions

Well-being sessions are facilitated conversations lead by **Diana Liebner, PMHNP** twice a month on the second and fourth Wednesdays from noon to 1pm.

- **GOALS:**
 - “Explore and transform uncertainty and difficulty in the clinician-patient relationship into a greater understanding and meaning that nurtures a more therapeutic alliance between clinicians and patients.” (American Balint Society)
 - Explore and transform uncertainty and difficulty in the day-to-day work of the Fellowship program into a greater understanding and meaning that nurtures a professional and educational environment.
 - Promote well-being and self-care within the NP fellowship program.
- **ACTIVITIES:**
 - Leader-facilitated conversations
 - Participants present cases or situations while others can give constructive feedback or can simply provide support through active listening.
- **CONFIDENTIALITY:**
 - What goes on in Well-being stays in Well-being. Violation of this confidentiality rule will result in disciplinary action, including removal from the group permanently and termination of appointment. The only exception to confidentiality is when safety is compromised, which may require further escalation and intervention.
- **ZOOM LINK:**

Topic: Diana Liebner's Zoom Meeting

Time: 2nd and 4th Wednesday of each month at 12:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/3650113128?pwd=SldLNWUxaDk2eHFYNXczNmdhdGVMQT09>

Meeting ID: 365 011 3128

Passcode: 6SFWB7

- **CONTACTS:**
 - **Facilitator: Diana Liebner, PMHNP** dianaliebner@gmail.com
 - UW Point of Contact: Rebecca Wood, MSW, UW Premera RNHI Grant Manager
PremeraRNHI@uw.edu



Educational Resources

TEXTS:

1. Symptoms to Diagnosis (Lange Publishing)
2. Pfeninger's Guide to Procedures
3. Sander's Guide to Antimicrobials
4. Ortho Text: Griffin Essentials of MSK Care
5. Rosen's Emergency Medicine (e-text)
6. Derm: Visual Dx
7. Habif – Clinical Dermatology
8. The Harriet Lane Handbook (Pediatrics)
9. Stahl's Prescriber's Guide for Psychopharmacology

DATABASES AND JOURNALS:

1. UW Health Sciences Library: <https://hsl.uw.edu/> (includes UpToDate)
2. Epocrates
3. American Family Physician
4. American Journal of Internal Medicine
5. Library Research: Bates video physical exam
6. Cochrane Review – RCT/Evidence-based medicine
7. American Academy of Family Physician Journals
8. The American Academy of Pediatrics "Red Book" online
9. CDC & NIH
10. American Association of Clinical Endocrinologists/American College of Endocrinology
11. American College of Emergency Physicians
12. American Diabetes Association American Heart Association
13. American Journal of Internal Medicine American Lung Association Emergency Nurses Association
14. New England Journal of Medicine Lexicomp
15. HEAL-WA - <https://heal-wa.org>

Community Resources by Fellowship Site

HARBOR REGIONAL HEALTH (ABERDEEN)

Community Organization	Address	Phone #
Assured Home Health	5617 Olympic Hwy, Aberdeen, WA 98520 ~6 mi	360-537-2743
Behavioral Counseling Associates	1812 Sumner Ave Ste I, Aberdeen, WA 98520 < 1 mi	360-532-0060
Behavioral Health Resources	205 8th St, Hoquiam, WA 98550 · ~1.9 m	360-236-5328
Coastal Community Action Program	101 E Market St, Aberdeen, WA 98520	360-533-5100
Grays Harbor Crisis Clinic	615 8th St, Hoquiam, WA	360-532-4357
Harbors Home Health	201 7th St, Hoquiam, WA 98550 · ~1.9 mi	360-532-5454
Union Gospel Mission	405 E Heron St, Aberdeen, WA 98520 · ~1.5 mi	360-533-1064

VALLEY VIEW HEALTH CENTER (CHEHALIS)

Community Organization	Address	Phone #
Cascade Mental Health Care	2428 W. Reynolds Ave Centralia WA	360-330-9044
Cowlitz Tribe Transportation Service		360-232-8585
Greater Chehalis Food Bank	750 SW 21 st St Chehalis, WA 98532	360-748-1226
Hope Alliance (Domestic Violence)	815 W Main St Centralia, WA	360-748-6601
Hub City Mission (Food Pantry, Hot Lunch, Bike Repair) Bethel Church	416 N Tower Ave Centralia WA 98531	360-748-0119
Twin Cities Senior Center (Mon-Fri) (group meals for seniors)	2545 N National Ave Chehalis, WA	360-748-0061

VALLEY VIEW HEALTH CENTER (TENINO)

Community Organization	Address	Phone #
Heritage Baptist Church (food bank)	1315 Sussex Ave Tenino, WA	360-264-2740
Tenino Food Bank	224 Sussex Ave Tenino, WA 98589	360-264-5505
Tenino Quarry House (Tues, Thurs)	399 Park Ave W Tenino, WA	360-264-5092

VALLEY VIEW HEALTH CENTER (OLYMPIA)

Community Organization	Address	Phone #
Behavioral Health Resources (BHR)	3857 Martin Way Olympia, WA 98506	360-704-7170
CIELO Olympia	1601 North Street SE Olympia, WA 98501	360-709-0931
Community Care Center (Providence)	225 State Ave Olympia WA	360-515-5646
Drexel House (Community Action Plan) Shelter		360-753-3340
Family Support Center (Shelter, Food, Other services)	3545 7th Ave SW, Suite 200 Olympia WA 98502	360-754-9297
Interfaith Works (shelter)	110 11th Avenue SE Olympia, WA 98501	360-357-7224
Rainbow Health Center (LGTBQIA)	1701 4 th Ave E Olympia, WA 98506	No phone number
Thurston County Food Bank	220 Thurston Ave NE Olympia, WA 98501	360-352-8597
YWCA	220 Union Ave SE Olympia, WA 98501	360-352-0593



Complaints and Grievance Policy

PURPOSE

To describe the procedure by which ARNP fellows can present any complaints about their preceptor or program staff.

PROCEDURE

Program Directors and Department Directors will resolve fellows' complaints & grievances in a prompt, professional and impartial manner.

- A. Complaints/Grievances against preceptor, staff, or project team
 - 1. Fellows are encouraged to bring any preceptor or program staff concerns or issues to the program Directors.
 - 2. Program Directors will investigate the complaint, evaluate the findings, take appropriate action, and meet with the complainant within 10 business days after receiving the complaint.
 - 3. If the Program Directors fail to respond within 10 business days, fellows can notify the Department Director immediately to resolve the complaint.
- B. Complaints/Grievances against the Program Director
 - 1. Fellows will file their complaints against the Program Director with the Department Director.
 - 2. The Department Director will investigate the complaint, evaluate the findings, take appropriate action, and meet with the complainant within 10 business days after receiving the complaint.
 - 3. If the Department Director fails to respond within 10 business days, the fellow will notify Human Resources and the Compliance Director immediately to resolve the complaint.
- C. Complaints/Grievances regarding accreditation
 - 1. Fellows will file their complaints against the program regarding accreditation non-compliance by following the accreditor's grievance and complaint process.
 - 2. The website for this process is:

*Fellows have the option to use the clinical organization's Grievance Policy per their HR protocols.

Contact Information

Organization	Title	Name	Phone	Email
UW Premera RNHI	Project PI	Anne Hirsch	509-385-7490	Hirsca2@uw.edu
UW Premera RNHI	Project Manager	Rebecca Wood	206.685.4606	PremeraRNHI@uw.edu or rew@uw.edu
UW Premera RNHI	Faculty and Clinical Placement Coordinator Liaison	Anita Souza	206-459-7627	asouza@uw.edu
UW Premera RNHI	Consultant	DoQuyen Huynh	206-265-9807	DH@Bridgestoneconsulting.com
UW Premera RNHI	Consultant	Shannon Fitzgerald	206-371-9942	shannonfitznp@gmail.com
Valley View Health Center	Medical Education Program Director / Faculty Preceptor	Heather Novak	360-583-3045	hnovak@vvhc.org
Valley View Health Center	Faculty Preceptor / Medical Director	Dave Little		dlittle@vvhc.org
Harbor Regional Health	Executive Director	Elizabeth Tschimperle	360-537-6185	etschimper@hmgcares.org
Harbor Regional Health	Program Director	Ron Oman		roman@hmgcares.org
Harbor Regional Health	Faculty Preceptor	Katha Gazda		kgazda@hmgcares.org