



PREMERA RURAL NURSING HEALTH INITIATIVE

UNIVERSITY *of* WASHINGTON

School of Nursing

ARNP Fellowship:

Handbook

2022-2023 Cohort



TABLE OF CONTENTS

Introduction	5
The Need	5
Our Mission	5
Our Commitment to Diversity, Equity, and Inclusion	6
The Partnership	6
The Clinics.....	6
Programmatic Components, Objectives & Competencies	10
Accreditation Standards	11
Postgraduate ARNP Training Program Competency Domains	13
Fellowship Objectives	15
Fellowship Program Overview	17
Table of UW Premera RNHI Curriculum Elements.....	21
Roles and Responsibilities.....	25
Faculty Development Workshops	26
Weekly Schedule.....	27
Weekly Didactics.....	27
Didactic Schedule 2022-2023.....	28
Didactic Topics.....	28
Skills Workshops.....	29
Quality Improvement/ Quality Assurance.....	30
Special Project.....	30
Rural Health Focus	31
Well-being Sessions.....	33
Complaints and Grievance Policy	35
Fellowship Issue Resolution Log.....	36
Evaluations	37
Evaluation Schedule.....	37



Chart Review	39
Preceptor Evaluation of Fellows	42
Preceptor Evaluation of Fellows-Specialty Clinic	46
Competency Development Checklist	47
Quarterly Comprehensive Review Worksheet.....	57
Site Evaluation of Fellows	61
Patient Evaluation of Fellows	62
Weekly Didactic Evaluations	63
Fellow Evaluation of Specialty Rotation.....	64
Fellow Comprehensive Self Evaluation.....	66
Fellow Self Reflection Guide.....	70
Fellow Evaluation of Faculty	72
Fellow Evaluation of Well-being Session	74
Year End Comprehensive Evaluation.....	75
Fellow Evaluation of Program Director.....	76
End of Program Interview	77
Misener Nurse Practitioner Job Satisfaction Scale	80
Novice Nurse Practitioner Role Transition Scale	81
Additional Resources and Contact Information	83
Resources	83
Key Personnel	84

Our Partnerships and Gratitude

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**Odessa Memorial
Healthcare Center**



**Mattawa Community
Medical Clinic**

TOGETHER, WE CREATE

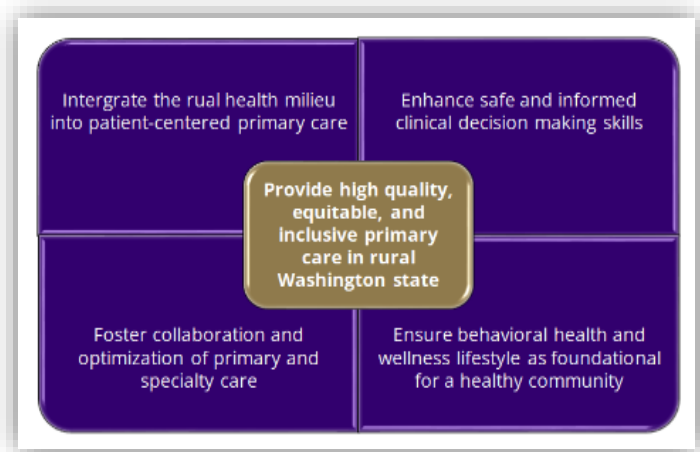
ACADEMIC EXCELLENCE | CLINICAL EXPERIENCE | HEALTHCARE EQUITY

Introduction

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 University of Washington (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.

Our Mission



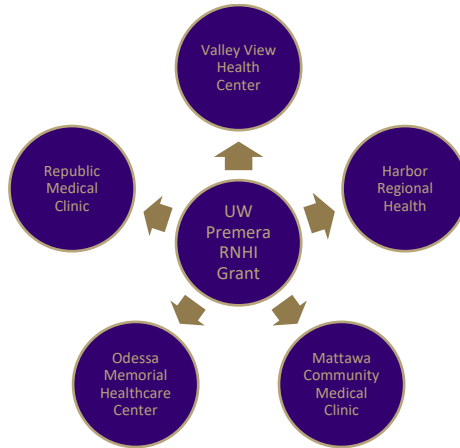
The mission of the UW Premera Rural Nursing Health Initiative (RNHI) ARNP fellowship is to cultivate autonomous, confident, and competent nurse practitioners through collaborative and structured clinical education, providing continuity for compassionate, evidence-based health care that improves access and health outcomes in rural populations.

Our Commitment to Diversity, Equity, and Inclusion

The UW Premera Rural Nursing Health Initiative is committed to ensuring that the education provided through this program fosters growth and understanding of diversity, equity, and inclusion principles. Specifically, graduates from this fellowship will understand and work to mitigate social and structural determinants of health including racism, classism, ableism and other sources of discrimination that impact rural residents. We commit to foster lifelong learning within our faculty and fellows, including understanding of one's own positionality and sources of power and privilege, and we hope to support fellows who can bring these lessons to their clinical agencies for institutional and community change. By cultivating equity-focused and inclusive

primary care providers, we strive to do our part in reducing health care disparities within rural communities.

The Partnership



The Clinics

*UW Premera RNHI has partnered with **five** rural primary care organizations for the 2022-2023 fellowship year: Harbor Regional Health (HRH) in Aberdeen, WA, Mattawa Community Medical Clinic in Mattawa, WA (MCMC), Ferry County Public Health District – Republic Medical Clinic in Republic, WA (RMC), Odessa Memorial Healthcare Center (OMHC) in Odessa Washington, and Valley View Health Center (VVHC) in Chehalis, Tenino, and Centralia, WA to deliver a post graduate ARNP fellowship program for the 2022-2023 cohort.*





Aberdeen, Washington (Cohorts: 2021-2022, 2022-2023)

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.



Mattawa, Washington (Cohort: 2022-2023)

Grant County Public Hospital District No. 5, formed in 1984, operates the Mattawa Community Medical Clinic (MCMC) to provide primary care to citizens in and around Mattawa, Desert Aire, Schawana, Beverly, and the Wahluke Slope communities. Mattawa Community Medical Clinic seeks to make its community a happier, healthier place to live by providing comprehensive primary care services for children and adults and has bilingual staff who are fluent in both English and Spanish. In addition to family medicine, the clinic offers prenatal care, minor surgery, dental care, behavioral health, onsite imaging, health education, lab services, massage services, and WIC services. Mattawa Community Medical Clinic seeks to provide these services regardless of ability to pay and encourages those who cannot afford services to seek out payment plans or apply for their sliding fee program.

Between Wanapum and Priest Rapids Dams on the Columbia River, on Wahluke Slope, Mattawa enjoys a desert-like climate and bountiful fruit orchards. Mattawa is a beautiful place to live and raise a family, offering many opportunities to experience nature and to be part of a tight knit, welcoming community. It has a population of 4,818 people and is 99% Latino.



Odessa, Washington (Cohort: 2022-2023)

Odessa Memorial Healthcare Center (OMHC) is a 25-bed Critical Access Hospital with a 24-hour Level V Emergency Room and a 12-unit Assisted Living Facility on campus. The Odessa Rural Health Clinic provides routine family medical care, well-baby checks, pediatrics, foot care, physicals, telemedicine, vaccinations/immunizations, and offers the following specialty clinics: orthopedics, surgery, and dietary.

Incorporated in 1902, Odessa is a vibrant, friendly community of 1,000 residents located in Lincoln County, within the geographically unique area known as the Channeled Scablands of Eastern Washington. Residents and visitors enjoy plenty of sunshine and beautiful rolling wheat fields, with multiple recreational opportunities including golf, swimming, camping, hiking, and horseback riding. Odessa hosts one of the longest running German-style festivals in Washington State; Duetschesfest, held on the third weekend of September, attracts thousands of visitors annually.



Republic, Washington (Cohort: 2022-2023)

Republic Medical Clinic (RMC) as part of Ferry County Public Health, offers a broad range of primary care services including routine check-ups, annual well-visits, childhood immunizations, screening tests, physicals, and individual guidance to manage a healthy lifestyle. Adjacent to the Ferry County Hospital, Republic Medical Clinic enjoys convenient access to diagnostic services, such as Bone Density Testing, x-ray, ultrasound, CT and MRI scans, EGD services, colonoscopies, lab services and physical or occupational therapy. Specialty providers visit throughout the year including orthopedic, cardiology, and mammography services.

Republic, the county seat of Ferry County, has a population of 1,182 residents. It's a wonderful place to live and work and offers a multitude of scenic attractions and abundant wildlife. Republic has many beautiful parks and hosts the annual Ferry County Fair. Residents and visitors enjoy fishing, camping, ATV adventures, birding, hiking, and hunting. With an average snowfall of 43 inches a year, winter sports enthusiasts have ample opportunities to go snowmobiling and snowshoeing.



Chehalis and Tenino, Washington (Cohorts: 2021-2022, 2022-2023)

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, Objectives & Competencies



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.



Standard 1: Mission, Goals and Objectives

The mission of the postgraduate NP training program must be clear, concise, and communicate to program staff, postgraduate trainees, and stakeholders the essential components of a mission: the core purpose of the program, the reason for investment of resources and energy in creating the program, and the focus of the program which will remain over time, even while individual components and activities of the program may change. The mission statement should be reflected in the core documents of the program that guide decision making internally, and prominently featured in external communication vehicles for the benefit of potential applicants, stakeholders, and interested parties.

Standard 2: Curriculum

Program curriculum is designed to build upon the comprehensive knowledge and skills gained through the preceding high quality NP education and academic preparation. The program curriculum expands on the existing knowledge and skills of the new NP through intensive and progressive clinical practice as the postgraduate trainee builds and cares for a panel of patients throughout the postgraduate NP training program. It promotes the practice of patient-centered and team-based care and supports the use of evidence-based practices, information technology and data. The implementation of program curriculum requires organizations to appropriately adapt curriculum to remain current with changes in clinical practice and in the evolution of high-performance practices. Within the postgraduate NP training program, the curriculum functions as a link from education to practice and facilitates its application with patients, often in settings where both the patients and the system are highly complex. The curriculum should promote

postgraduate trainees as active learners who grow in experience by applying acquired knowledge and skills in the clinical setting and reflecting on the process. The curriculum builds upon a model of continuous learning through educational didactic sessions, precepted and mentored clinics, specialty rotations, procedural practice, special events within the organization, training in applied QI strategies, leadership and professional development, and also provides increased experience and exposure to volume, variety, and complexity with a focus on progressive mastery, confidence, and competence.

Standard 3: Evaluation

Program evaluation is a critical component to a high-quality educational training program. Programs must demonstrate they have an established process of intensive, ongoing, and cumulative evaluation of postgraduate trainees, core program components and program self-assessment. A strong program evaluation component will assure the quality, effectiveness, and continuous improvement and re-design of programmatic structure, practices, and content of the program itself. Further, such systematic evaluation provides an opportunity to compare and contrast outcomes within and between sponsoring organizations and to further advance the depth of knowledge and measurable outcomes for the field itself.

Standard 4: Program Eligibility

Postgraduate NP training programs are formal postgraduate training programs that offer a structured curriculum with intensive clinically based practice experience in a high-performance practice environment, as well as on-going didactic education for new Nurse Practitioners. Programs must be a minimum of twelve months, full time training opportunities within an appropriate health care delivery organization

Standard 5: Administration

The success of a postgraduate NP training program is inextricably linked to the full support of the sponsoring organization and an alignment of their respective mission, values, and strategic objectives. Vertical and horizontal support at the level of the board of directors, executive team, senior leadership, clinical faculty, clinical teams, and non-clinical support functions create an environment in which the operational aspects of the program work smoothly. Well-defined policies reflect the missions and goals of both the program and sponsoring organization. A program's organizational chart describes key functional areas and clearly documents the roles, responsibilities, and contributions of multiple individuals and departments. The sponsoring organization documents the resources dedicated to the support of the program in carrying out its objectives and accomplishing its missions, and these resources are sufficient for that purpose.

Standard 6: Operations

Operational policies and procedures are the foundation for a strong postgraduate NP training program. The program must meet all of the required standards in this section but should utilize the organization's established policies and procedures to support how the program is operated. The operations of the program establish clear guidelines on how a program will implement the following standards and create consistency across all programs. The program's policies and procedures should be established by the organization and published and made available to program staff and postgraduate trainees. Program leaders are responsible for ensuring that all applicable state and federal regulations are adhered to, and that the required program elements as documented in the program's publicly available materials are accurately reflected.

Standard 7: Staff

The staff that directs and supports the postgraduate NP training program is a critical component to the effective operations of the program. The sponsoring organization must provide the Program leadership and key staff roles to operate, manage and support the program that allows it to meet goals of the program as well as the NNPRFTC standards. The key program staff includes a program director, chief clinical director, clinical faculty (preceptors) and required organizational support staff.

Standard 8: Postgraduate Trainee Services

A sponsoring organization must provide the postgraduate trainees with adequate services during the program. The services should be in line with the policies and procedures of the organization as it relates to other postgraduate trainees, health professions trainees, and health professionals, although services may be modified based on the established agreement.

More about the standards can be found here: https://www.nppostgradtraining.com/wp-content/uploads/2019/11/NNPRFTC-accreditation-standards-2019_Rev2.pdf

Postgraduate ARNP Training Program Competency Domains

The following nine competencies are sourced from NNPRFTC and mapped to the American Association of Colleges of Nursing (AACN) DNP Essentials to ensure that the UW Premera RNHI Fellowship Program is built from the foundation of ARNP graduate education.

At completion of the UW Premera RNHI fellowship program, fellows must be able to demonstrate 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 Essentials 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 Essentials 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 Essentials VIII)
4. Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues (DNP Essentials VI, VII, VIII)
5. Demonstrate a commitment to carry out professional roles and responsibilities and adherence to ethical principles (DNP Essentials 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 Essentials 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 Essentials VI, VII, VIII)
8. Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader (DNP Essential VIII)
9. Demonstrate abilities to utilize technology to transform the healthcare system with the goal of improving patient outcomes. (DNP Essentials II, IV, VII)

Fellowship Objectives*

CLINICAL COMPETENCY
<i>UW Premera RNHI fellows will:</i>
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 congruent with the fellow's certification.
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.
Build and maintain appropriate level of efficiency in clinical practice.
Demonstrate an understanding of one's personal knowledge base, and work within scope of practice.
INTEGRATIVE HEALTHCARE
<i>UW Premera RNHI fellows will:</i>
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
<i>UW Premera RNHI fellows will:</i>
Demonstrate appropriate level of confidence through commitment to a working diagnosis and care plan.
CULTURAL HUMILITY & HEALTH EQUITY
<i>UW Premera RNHI fellows will:</i>
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 and/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

UW Premera RNHI fellows 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.

RESILIANCE

UW Premera RNHI fellows 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.

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

Fellowship Program Overview

Clinic-based practice and patient care experiences	
Partner Clinic 	<p>The objective is to have exposure to different patient acuity, community demographics and practice styles while learning 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. Phases out after about one month.</p>
Independent Clinic 	<p>In the independent clinic setting the objective is for fellows to provide care to patients from their own panel. This typically begins in the second quarter of the fellowship program. Fellows have access to a senior clinician for support, as needed. Frequency of 1 or more days per week. Occurs in tandem with continuity clinic.</p>
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. During continuity clinic, NP fellows will have dedicated preceptors who will be fully available to assist and guide the fellows as needed.</p>
Specialty Clinic 	<p>Specialty rotations occur throughout the fellowship year with an average of 6-9 unique experiences per fellow. However, the exact number and duration of each specialty rotation is dependent on a multitude of factors including specialty site availability, travel distance, and specialty skills needed by you and/or your fellowship site.</p>

Didactic Learning	
Weekly Didactics	<p>Didactic sessions are provided a half day each week and include 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</p>



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 rural 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 RNHI may collaborate with outside organizations to host didactics jointly with other residencies and fellowships in the region, to expand and synergize learning experiences.

**Skills
Workshop**



The UW Premera RNHI Grant Team will host two intensive skills workshops throughout the fellowship year: a 3-day session at the beginning of the fellowship (September 12-14, 2022) and a one-day intensive on March 22nd 2023. Utilizing the Simulation (SIM) Center housed within the UW School of Nursing, we will bring the fellowship cohort together to engage in a wide range of hands-on skill development. More information about these sessions can be found on the UW Premera RNHI Canvas page.

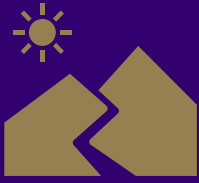
Systems-based learning

**Quality
Improvement/
Quality
Assurance
Special Project**



The purpose of the special project is to develop a project that is of interest and will serve the needs of the rural community. The project should be developed in collaboration with the partnering agency. 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.

Rural Health Focus - assessment of community, environmental, and socioeconomic influences on health of patients, and data driven assessment of the *rural* primary care population



Supporting healthy communities is the foundation of the UW Premera RNHI Fellowship program. Fellows will engage with their communities beyond the clinic walls. They will begin making connections in the first month of the program by completing a survey and assessment of resources in their communities.

Leadership and Professional Development

Well-being Sessions



The purpose of the well-being sessions is to provide a consistent space for new nurse practitioners to reflect on and grow in their professional role through the sharing of patient encounters. The focus is not on the diagnostic challenge of the patient but the interpersonal exchange.

Sessions are intended to support resiliency and help fellows feel less isolated as they navigate the day-to-day work as a provider in the primary care environment. The structure of the group is modeled after Balint Groups (<https://www.americanbalintsociety.org/>) More information and resources about the Balint Groups can be found on the Canvas page under the Well-being session module.

Reflective Journaling



Reflective journaling is an important component to the fellowship program. Fellows are expected to journal weekly and share their reflections with their program directors. Reflective journaling helps fellows make the professional adjustment to practice and has been shown to contribute to resiliency.

Conference Attendance



The UW Premera RNHI Fellowship program encourages fellows to continue to expand their learning and professional development through conference attendance. Fellows may request up to \$2,000 in reimbursement from the UW Premera RNHI Grant for pre-approved travel and/or registration fees (note: time off to attend conferences is at the discretion of the fellowship sites' program directors).

Additionally, conference attendees will be expected to brief fellow colleagues.

The following conferences are encouraged:

- National Nurse Practitioner Residency & Fellowship Training Consortium (NNPRFTC)
Dates / location TBD (typically Summer)
[Home \(nppostgradtraining.com\)](https://www.nppostgradtraining.com)
- American Association of Nurse Practitioners (AANP)
June 20 – 25, 2023 in New Orleans, Louisiana
<https://www.aanp.org/events/2023-aanp-national-conference>
- Northwest Regional Primary Care Association (NWRPCA)
Spring Summit
Dates / location TBD
[Northwest Regional Primary Care Association \(nwrpca.org\)](https://www.nwrpca.org)

More details about the conference reimbursement can be found on the UW Premera RNHI Canvas page.

[Course Modules: UW Premera RNHI Fellowship \(Fellows\)-Cohort 2 \(instructure.com\)](https://instructure.com)

Table of UW Premera RNHI Curriculum Elements

CURRICULUM ELEMENT:	Clinic-based practice and patient care experiences
Activities	<ul style="list-style-type: none"> • Precepted clinics (partnered, independent, continuity) • Specialty rotations • Skills workshops
Time & Frequency	<ul style="list-style-type: none"> • Precepted Clinics: 3 days per week average • Specialty rotations: Site dependent. Can be weekly rotation or could be a week-long intensive. Generally, 6-9 unique experiences over the fellowship year. • Skills Workshops: 3-day skills workshop September 12-14th, 2022 and 1-day skills workshop on March 22, 2023
Competencies expected	<ul style="list-style-type: none"> • Patient care • Knowledge for practice • Practice-based learning and improvement • System-based practice • Communication and interpersonal skills • Interprofessional collaboration • Professionalism
How outcomes are measured	<ul style="list-style-type: none"> • Chart Reviews • Preceptor Evaluation of Fellows (Partner, Continuity, Comprehensive) • Preceptor Evaluation of Fellows Specialty Clinic • Competency Development Checklist • Quarterly Reviews • Site Evaluation of Fellows • Patient Evaluation of Fellows • Baseline Competency Self-Assessment • Fellow Evaluation of Specialty Rotations • Fellow Comprehensive Self-Evaluation • Fellow Self Reflection Guide

	<ul style="list-style-type: none"> • Skills Workshop Evaluations • Year End Interview • Comprehensive Program Evaluation • Reflective Journaling
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CURRICULUM ELEMENT:	Didactic Learning
Activities	<ul style="list-style-type: none"> • Attendance at all regularly scheduled didactic sessions via Zoom: https://washington.zoom.us/j/98302614924 • In the event of a missed session, please watch the recorded session and complete the evaluation form • Session links are available on the UW Premera RNHI Canvas page • Skills workshops
Competencies expected	<ul style="list-style-type: none"> • Knowledge for practice • System-based practice • Interprofessional collaboration • Professionalism
How outcomes are measured	<ul style="list-style-type: none"> • Baseline Competency Self-Assessment • Weekly Didactic Evaluations • Reflective Journaling

CURRICULUM ELEMENT:	Systems-based learning and quality improvement tools that underlie effective front-line improvements in care within the <i>rural</i>/primary care environment.
Activities	Completion of a population-based Quality Improvement/Quality Assurance project. The focus and scope of the project is developed in conjunction with your fellowship site.
Time & Frequency	Dedicated time is allotted each week for focused work on the project.
Competencies expected	<ul style="list-style-type: none"> • Knowledge for practice • System-based practice • Interprofessional collaboration

	<ul style="list-style-type: none"> • Practice Based learning and improvement • Professionalism
How outcomes are measured	<ul style="list-style-type: none"> • Weekly Didactic Evaluations • Reflective Journaling • Quarterly meetings with Program Directors • Final presentations of project to fellowship site and to UW Premera RNHI Grant Team • Year End Interview • Comprehensive Program Evaluation

CURRICULUM ELEMENT:	Rural health focus - assessment of community, environmental, and socioeconomic influences on health of patients, and data driven assessment of the <i>rural</i> primary care population
Activities	<ul style="list-style-type: none"> • Inter-professional communication • Patient panel management • Community engagement and education • Application of rural focused care in clinical sites
Time & Frequency	This curricular element is woven throughout the program
Competencies expected	<ul style="list-style-type: none"> • Knowledge for practice • System-based practice • Interprofessional collaboration • Practice based learning and improvement • Professionalism
How outcomes are measured	<ul style="list-style-type: none"> • Fellow Comprehensive Self-Evaluation • Fellow Self Reflection Guide • Weekly Didactic Evaluations • Reflective Journaling • Quarterly meetings with Program Directors • Year End Interview • Comprehensive Program Evaluation

CURRICULUM ELEMENT:	Leadership and professional development, particularly in inter-professional practice
Activities	<ul style="list-style-type: none"> • Well-being groups

	<ul style="list-style-type: none"> • Reflective Journaling • Conference attendance • Active participation in weekly didactic sessions
<p>Time & Frequency</p>	<ul style="list-style-type: none"> • Well-being groups: bi-monthly via Zoom • Reflective Journaling: weekly practice • Conference Attendance: Advanced Practice in Primary Care 2022 Day 1 and 2 UW School of Nursing October 27-28th. • Didactic session participation: weekly via Zoom <p><i>* UW Premera RNHI will fund up to \$2,000 to support conference related travel and registration in addition to the primary care conference mentioned above.</i></p>
<p>Competencies expected</p>	<ul style="list-style-type: none"> • Interpersonal communication skills • Interprofessional collaboration • Personal and professional development
<p>How outcomes are measured</p>	<ul style="list-style-type: none"> • Well-being Group Evaluations • Reflective Journaling Review with Program Directors • Fellow Self Reflection Guide • Conference Evaluations • Year End Interview • Comprehensive Program Evaluation

Roles and Responsibilities*

Fellow Responsibilities

Fellows should demonstrate the following attitudes and actions:

- 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
- Arrive on-time and be prepared for the clinical day
- Confirm best communication with preceptors, i.e., cell phone, email, etc.
- Communicate with preceptors and fellowship director if schedule adjustments need to be made
- Be aware of and communicate clinical deficiencies and needs to program directors, preceptors and grant faculty.
- Be proactive to seek out experiences that address specific deficiencies in clinical skills, practice management, and leadership
- Participate in safe, effective and compassionate patient care under supervision commensurate with the level of fellows' advancement and responsibility
- Complete charting and send to preceptor for sign-off before end of day
- Be responsible for required evaluations as outlined in the evaluation schedule

Preceptor / Faculty Responsibilities

Faculty preceptors should demonstrate the following attitudes and actions (the roles and responsibilities of the preceptor will vary throughout the year with the most intense time being early in the program):

- 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
- Exemplify UW Premera RNHI's mission and commitment to Diversity, Equity, and Inclusion
- Review and sign off NP fellows' notes as per site policies
- Provide feedback in clinical skills, development of plan, acquisition of resources, and in time management
- Assist all NP fellows in developing weekly and monthly goals and objectives for all clinical rotations
- Complete evaluations as outlined in the evaluation schedule
- Communicate any concerns to the fellowship directors as appropriate.
- Attend quarterly Faculty Development Workshops and regular meetings with the UW Premera RNHI Grant Team

UW Premera Team Responsibilities:

- Support fellowship sites with logistics and infrastructure
- Schedule weekly didactic sessions in consultation with fellowship program directors and site faculty
- Develop evaluation materials and protocols
- Assist sites with Specialty Rotation arrangements
- Meet with fellowship faculty bi-weekly and with fellows quarterly
- Arrange skills workshops
- Arrange quarterly faculty development workshops and CME

The UW Premera Team will hold quarterly check-ins with fellows via Zoom at 12pm on the following dates (30-45 minutes):

- Wednesday, Oct 19, 2022
- Wednesday, Jan 18, 2023
- Wednesday, April 5, 2023
- Wednesday, July 19, 2023

<https://washington.zoom.us/j/98302614924>

Meeting ID: 983 0261 4924

*This list is not intended to be all inclusive. Please review your site-specific documents for a full description of job responsibilities.

Faculty Development

Faculty Development Workshops will occur quarterly throughout the fellowship year. Agenda's will be available on Canvas: [UW Premera RNHI Fellowship \(Faculty\) \(instructure.com\)](#)

Weekly Schedule

This chart represents a sample weekly schedule that fellows and sites may follow. Sites have flexibility to alter this schedule as needed. For example, some sites might have a week focused on specialty rotations rather than a day per week dedicated to a specialty rotation.

Patient panels will be built slowly over the course of the program at the discretion of your Program Director.

The weekly didactic sessions and well-being groups will be held on Wednesdays. If changes occur to the weekly didactic schedule or to the well-being sessions you will be notified via email.

	Mon.	Tues.	Wed.	Thurs.	Fri.
Partner Clinic*	X				X
Continuity Clinic				X	X
Independent Clinic	X				
Specialty Rotations		X			
Weekly didactic			X		
QI/QA Project focus time			X		
Well-being Session			X		

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

Weekly Didactics

Throughout the fellowship year the UW Premera Team, in collaboration with site faculty, will present a robust schedule of weekly didactics covering a wide range of topics from a variety of presenters.

All didactic presentations will occur over zoom. Given our small cohort size and the interactive nature of our sessions we do encourage you to keep your cameras on during these sessions. If you need to miss a session, please contact Rebecca Wood at rew@uw.edu. We record and post all sessions to the Canvas page. These are available for later viewing, if needed.

First session: September 21st, 2022

Wednesdays from 1-5pm

<https://washington.zoom.us/j/98302614924>

Meeting ID: 983 0261 4924

Didactic Schedule 2022-2023

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

Dec 2022							Jan 2023							Feb 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28				

Mar 2023							Apr 2023							May 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4									1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7		7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14		14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21		21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28		28	29	30	31			
							30													

Jun 2023							Jul 2023							Aug 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3							1			1	2	3	4	5
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31		
							30	31												

Purple = Zoom Didactic, Gold= Skills Workshop or Conference

Didactic Topics

The didactic schedule is set for the first quarter of the fellowship. Additional topics / dates will be updated and listed on the Canvas page (*and are subject to change*):

Didactic Topics	Dates
Rural Health	9/21/22
Fellowship Survival Toolkit, Clinical Decision Making, and Charting overview	9/28/22
Depression Prevention Toolkit for Healthcare Professionals	10/5/22
QI / QA Project Overview	10/12/22
Queering Healthcare in the Primary Care Setting	10/19/22
NO DIDACTIC - CLINIC DAY	10/26/22
UW CNE Primary Care Conference in Seattle	10/27/22 - 10/28/22
NO DIDACTIC - CLINIC DAY	11/2/22
5 Lines of Defense Against Depression	11/9/22
Sexual & Reproductive Health	11/16/22
NO DIDACTIC	11/23/22
Pediatrics	11/30/22
Dermatology	12/7/22
Gastroenterology Cases Commonly Encountered in Rural Primary Care	12/14/22
NO DIDACTIC	12/21/22
NO DIDACTIC	12/28/22

Skills Workshops

Agendas and presentations from Skills Workshops will be posted on Canvas [UW Premera RNHI Fellowship \(Fellows\)-Cohort 2 \(instructure.com\)](#)

Quality Improvement/ Quality Assurance Special Project

Types of Projects

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

Project 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

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 during the last month of the fellowship program
2. Publishable findings and recommendations
3. A roadmap to a program ready for implementation

Rural Health Focus

Assessment of community, environmental, and socioeconomic influences on health of patients, and data driven assessment of the rural primary care population

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, 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.



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

Well-being Sessions

The purpose of the well-being sessions is to provide a consistent space for new nurse practitioners to reflect on and grow in their professional role through the sharing of patient encounters.

Sessions are intended to support resiliency and help you feel less isolated as you navigate the day-to-day work as a new provider in the rural primary care environment. The structure of the group is modeled after Balint Groups (<https://www.americanbalintsociety.org/>) More information and resources about the Balint Groups can be found on the Canvas page under the Well-being session module.

First session: September 28th, 2022

2nd and 4th Wednesdays from 12:00 – 12:45pm

<https://washington.zoom.us/j/98302614924>

Meeting ID: 983 0261 4924

Well-being sessions are facilitated by **Diana Liebner, PMHNP-BC**, and occur twice a month on the second and fourth Wednesday from noon to 12:45 pm over Zoom.

Attendance:

If you are unable to make a session, please contact Ms. Liebner. Sessions are not recorded due to confidentiality.

Activities:

- Fellows should come to the sessions prepared to discuss a patient interaction that lingered with them. The presentations are not formal but rather a discussion with the group. No notes or pre-work is expected. *For example: The patient who was rude and questioned your qualifications.*
- Facilitated group-based discussions following the presentations. These are an opportunity for peers to provide feedback and insight on the situation. The focus of discussion is not on the diagnostic challenge of the patient but the interpersonal exchange.

Ground Rules:

- All discussions within the well-being sessions are confidential. Violation of this confidentiality rule may result in disciplinary action. *The only exception to confidentiality is when safety is compromised, which may require further escalation and intervention.*

- The well-being sessions are a place for all participants to be listened to and respected.

The role of the well-being group facilitator is to:

- Hold and create an emotionally safe space for fellows
- Encourage reflection and resiliency in fellows

What the group is NOT:

- A traditional case consultation group
- A traditional support group or therapy session
- A place to air grievances about your workplace, preceptors, coworkers, or other fellowship components (*If these issues are coming up for you, please follow-up with your program director to discuss site-specific policies and procedures*)

“A listening ear was very helpful in building my confidence. The group provided advice on how to reframe and do things differently.”

Complaints and Grievance Policy

Fellows are employees of their fellowship sites. The UW acts as a partner and coordinating center to facilitate the fellowship program. If complaints and grievances arise, please work with your program director and the human resource department. The following is provided as a guide if sites do not currently have a complaints and grievance policy.

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 their Program Director.
 2. Program 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 Program Director fails 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.

Fellowship Issue Resolution Log

The Issue Resolution Log is designed to help Program Directors keep track of program issues and challenges that come up on a day-to-day basis with fellows and the program in general. The log also tracks the resolution to each of the issues and then any developed program improvements or enhancements.

The template is provided for site-based implementation by program directors. Implementation is optional as sites might adopt their own process to track issues and resolutions.

Date	Issue/Question/Concern	Site	Resolution	Program Improvement or Enhancement

Evaluations

Evaluation Schedule- 2022-2023

Fellowship Program Evaluations	September 2022 - August 2023
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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 - Partner Clinic*												
Preceptor Evaluation of Fellows - Comprehensive												
Preceptor Evaluation of Fellows - Continuity Clinic												
Preceptor Evaluation of Fellows - Specialty Clinic												
Competency Development Checklist												
Fellowship Quarterly Comprehensive Review												
Site Evaluation of Fellow		3-5			3-5			3-5			3-5	
Patient Evaluation of Fellow		3		3	3		3	3	3		3	3

*Partner clinic phases out in first quarter. Variability by site.

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Fellows	Q 1			Q2			Q3			Q4		
Baseline Competency Self-Assessment												
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												
Year End Interview												
Comprehensive Program Evaluation												
Fellow Evaluation of Program Director												

Meisner Nurse Practitioner Job Satisfaction Survey													
Novice Nurse Practitioner Role Transition Scale													

	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*												

Evaluation data will be collected electronically using REDCap. Program Directors will be provided with printable paper copies.

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 and in accordance with the certification of the fellow. 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 (*Excluded for AGNP Providers*)

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 (increase to 2 adults for AGNP)

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

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

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 (Benchmark)	Able to perform without supervision (6 months)	Able to supervise others (Final)	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							

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:
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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						
The fellow was engaged with learning specialty skills or knowledge for use in the primary care setting.						

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 / Furuncles *						
Contact dermatitis						
Diaper dermatitis *						
Folliculitis						

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:						
Musculoskeletal *	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Bursitis						
Cancer						
Carpal Tunnel Syndrome *						
Gout *						

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:

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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 / Hyperthyroidism						
Prolactinomas						
Thyroid Nodule						
Juvenile Diabetes						
Type 1 diabetes mellitus						
Type 2 diabetes mellitus						
Hormone therapy						
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:						
Behavioral 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						
Healthy Nutrition and movement						
OCD						
Pain & addiction management						
• Pharmacologic						

• Non-pharmacologic						
Personality disorders (borderline, dissociative etc.)						
Psychosis						
PTSD						
Schizophrenia & schizoaffective disorders						
Substance Use Disorders/Addictions						
Smoking assessment cessation						
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: • Trigger point • Keloid scar						
Suturing						
Radiology Interpretation						
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						
Wound management						
Respiratory distress						
Overdose *						
Poison Ingestion/toxicity assessment and management						
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.) (Note: This is a repeat specific to the pediatric population)						
Congenital disorders						
Growth Failure						
Food allergies						
Neglect and abuse						
Vaccinations						
Well Child Care						
Developmental delay						
Abnormal health screening						
Common Pediatric Infections/Illnesses						Include specifics
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 • Skin • Colon 						
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 						
Substance Use						

Other:						
Health Related Social Needs*	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Education status						
Isolation and loneliness						
Food insecurity						
Assessment of Food Housing Employment Financial Strength & Challenges						
Geographical barriers to healthcare access						
Housing insecurity						
Implicit biases						
Gender affirming care						
Employment Status						
Financial Insecurity						
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:						

*=critical skill

Notes/Additional Comments:

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 | No | No Opinion

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

Please provide any additional comments:



Your Feedback Matters!

Please take a moment to fill out this brief survey about your visit today.



<https://redcap.link/91crhkq5>

Sample of the postcard that fellows and staff at fellowship sites provide to patients to solicit feedback.

Also available in Spanish.



University of Washington | School of Nursing

UW PREMERA RNHI: <https://premerarnhi.nursing.uw.edu>

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 facilitator 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-readings 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 provided me with specialty skills and knowledge for use in the primary care setting.							
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:					

Collegial Support				
	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				
Communications and Relationships				
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.

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

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

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

GENERAL CONTRIBUTION	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Is open for advice or counseling if I need or request it						

Is flexible in making changes to the precepting style and techniques, to meet my learning needs						
Comments:						

Fellow Evaluation of Well-being Session

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
The group supported my role transition						
The facilitator was professional and helpful						
I felt I had ample opportunity to share and listen						
I would recommend this to group to future fellows						
I liked the format of this group						
Comments:						

Year End Comprehensive

Reporter: Fellow

Frequency: End of Program Evaluation

Process: This evaluation will be reviewed by UW Premera Grant faculty and Fellowship site program directors, site administrators and site 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 experiences and satisfaction with their experiences in the program.

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
My fellowship workday was as I envisioned it would be.						
The fellowship program provided new educational learning opportunities that built on my nurse practitioner program.						
The fellowship prepared me for a smooth transition to independent practice.						
The fellowship gave me the skills I needed to manage the role transition from new graduate to independent provider.						
My nurse practitioners program prepared me to practice in primary care.						
My nurse practitioner program prepared me to practice in the rural environment.						
I feel competent to independently managing a full patient load.						
I feel competent in billing and coding procedures.						
I feel confident in my communications with other health care providers.						
I feel competent to perform a wide range of common primary care procedures on my own.						
I feel confident in my skills to address behavioral health needs of my patients.						
I feel confident in my skills to support the overall wellness goals of my patients.						
I feel competent in ordering and interpreting labs and images.						
My role as a fellow was well understood by my patients.						
My role as a fellow was understood by my management.						
My role as a fellow was understood by support staff (MA, Front Desk, etc.)						

Fellow Evaluation of Program Director

Reporter: Fellow

Frequency: End of Program Evaluation

Process: This evaluation will be reviewed by UW Premera Grant faculty and Fellowship site program directors, site administrators and site 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 fellowship program directors.

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Comments
Program Director communicated with me prior to starting the fellowship program						
Program Director was helpful throughout the program orientation period and was clear about all expectation of the program						
Program Director was a good source of information when I had questions about the program and expectation of the program.						
Program Director maintained constant communication with me as I went through the program.						
Program Director provided useful feedback that enhanced my skills.						
Program Director served as a positive role model in working with other health professionals to establish and maintain a climate of mutual respect, dignity, ethical integrity and trust.						
Program Director supported my short- and long-term goals for further career and professional development.						
Program Director was responsive to my concerns.						
Program Director was proactive in assisting me grow my skills and confidence?						
Program Director was effective in handling issues and content related to diversity, equity and inclusion.						
Program director showed respect and fostered inclusivity for all patients, families, and colleagues including myself as a fellow						

Please use this space to provide constructive and actionable comments that can be used to support program improvement.

Premera RNHI- End of Program Interview

Basic Demographics

Fellow's Name/Site: Fellows Name/Site Date: Enter date Time: Enter time
Interviewer Name: Enter Interviewer Name
Note Taker: Enter Note Takers Name

Introduction

Thank you for meeting with us. We are going to spend about an hour discussing your experiences during the Premera RNHI fellowship.

We would like to take notes about our conversation. **Would that be ok with you? Response: Y/N**

Would you be ok with us recording the interview? **Response: Y/N**

If at any time you would like us to stop note taking or recording please let us know.

Your responses will be used to support our program improvement efforts. Information will be shared with clinic sites in an aggregate form. We will not link comments to individuals.

Fellow Interview Questions

Question #1: How has the fellowship program impacted your overall *confidence* as a rural primary care provider? Probe: What proved most beneficial? (Clinic, Specialty Rotations, Didactics, QI, Wellbeing, Journaling, Skills Lab)

Notes: _____

Question #2: How has the fellowship program impacted your overall *competence* as a rural primary care provider? Probe: What proved most beneficial? (Clinic, Specialty Rotations, Didactics, QI, Wellbeing, Journaling, Skills Lab)

Notes: _____

Question #3: Overall, what do you consider to be the program's greatest strength, and why?

Notes: Enter notes

Question #4: What aspect of the program is most in need of improvement. Probe: Why? How?

Notes: Enter notes

Question #5: What aspects of this program *most* prepared you to independently practice as a nurse practitioner in the rural environment?

Notes: Enter notes

Question #6: What aspects of this program *most* supported your knowledge of the rural healthcare environment?

Notes: Enter notes

Question #7: What were some additional learning and clinical opportunities that you engaged in that you found to be valuable to your overall development?

Notes: Enter notes

Question #8: Please share with us your experiences in precepted clinic. What worked well and what areas could be improved?

Notes: Enter notes

Fellowship Components

In the next set of questions, we will ask for feedback on specific components of the fellowship. We are looking for your broad overall feedback in each of these areas.

Question #9: Please provide feedback on the weekly didactic sessions. What worked well and what areas could be improved? Probe: Any additional topics you would have wanted?

Notes: Enter notes

Question #10: Please provide feedback on the skills lab sessions (1 +2). What worked well and what areas could be improved? Probe: Any additional topics you would have wanted?

Notes: Enter notes

Question #11: Please provide feedback on your specialty rotations. What worked well and what areas could be improved? Probe: Any additional rotations you would have wanted?

Notes: Enter notes

Question #12: Please provide feedback on the well-being sessions. What worked well and what areas could be improved?

Notes: Enter notes

Question #13: Please provide feedback on the weekly journaling practice. What worked well and what areas could be improved? Probe: Did you share journals with your program director? If so, how did this support your transition to practice?

Notes: Enter notes

Question #14: Did you utilize the text book resources provided by Premera RNHI? Which of these was most helpful? Are there any others that you would recommend? (List will be shared over zoom screen.)

Notes: Enter notes

Thank you! This concludes the structured interview. Are there any areas that we did not discuss that you would like to?

Additional Notes

Misener Nurse Practitioner Job Satisfaction Scale ©

Reporter: Fellow

Frequency: End of Program Evaluation

Process: This evaluation will be reviewed by UW Premera Grant faculty and Fellowship site program directors, site administrators and site 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 job satisfaction.

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

	Very Satisfied	Satisfied	Minimally Satisfied	Minimally Dissatisfied	Dissatisfied	Very Dissatisfied
Vacation leave policy						
Benefits package						
Retirement plan						
Time allotted for answering messages						
Time allotted for review of labs and other test results						
Your immediate supervisor						
Percentage of time spent in direct patient care						
Time allotted for seeing patients						
Amount of administrative support						
Quality of assistive personnel						
Patient scheduling policies and practices						
Patient mix						
Sense of accomplishment						
Social context at work						
Status in the community						
Social contact with your colleagues after work						
Social interaction with other disciplines						

Novice Nurse Practitioner Role Transition Scale ©

Reporter: Fellow

Frequency: End of Program Evaluation

Process: This evaluation will be reviewed by UW Premera Grant faculty and Fellowship site program directors, site administrators and site 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 role transition.

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

	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
I feel that I am appreciated by my patients.						
I enjoy helping patients.						
The work I do is important.						
Patient satisfaction is important to me.						
I enjoy working with my patient population.						
I feel accepted by my patients.						
I am excited by the work I am doing.						
I make a difference in the community I serve.						
I belong in the NP role.						
I have good relationships with physicians.						
I have a sense of purpose.						
I am pleased with my NP education.						
I feel comfortable managing my patient load.						
I am comfortable in my role.						
I am able to meet my patients' clinical care needs.						
I need more time than I am scheduled to complete my responsibilities.						
I feel that my compensation is fair for the work I do.						
I feel underpaid for the work I do.						
I am satisfied with my compensation.						
I am pleased with the pay raise structure in my practice setting.						
There is a lack of respect for NPs in my practice setting.						
Administration has negative attitudes towards NPs.						
I feel supported by administration.						
I have a voice in the organization.						
My suggestions for improving practice are respected.						
Administration understands the NP role.						
I feel supported by administration.						

I have a voice in the organization.						
My suggestions for improving practice are respected.						
Administration understands the NP role.						
I am treated as a professional by my colleagues.						
I am given independence to manage my patients.						
My physician colleagues understand the NP role.						
I understand what is expected of me in my role as an NP.						
NP role expectations were clearly communicated to me when I started.						
I belong in my practice setting.						
I am satisfied with my benefits						
I am able to schedule time off when needed.						

Additional Resources & Contact Information

The following free resources are open to all providers in Washington State.

UW Medicine Pain Medicine TelePain - free weekly service funded by WA state Legislature for community providers intended to increase knowledge and confidence in chronic pain management, and to present difficult chronic pain cases for consultation:

<https://depts.washington.edu/anesth/care/pain/telepain/mini-site/index.shtml>

UW Medicine Department of Psychiatry & Behavioral Sciences Provider Consultation (Telehealth) - provider-to-provider consultation lines help eligible providers who are seeking clinical advice regarding patients with mental health and/or substance use disorders. All consultation lines provide on-demand service and are free for the caller:

<https://psychiatry.uw.edu/clinical-care-consultation/provider-consultation/>

UW Library Services

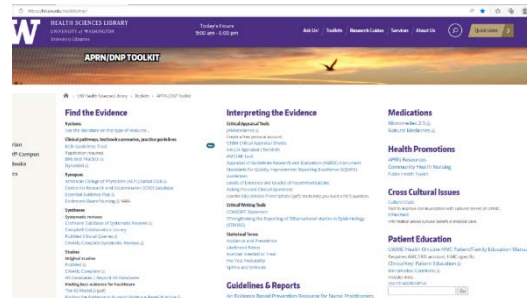
As a UW Premera RNHI Fellow you will have access to the UW's online Health Sciences Library (<https://hsl.uw.edu/>). You will need to login with an active UW Net ID to access these restricted resources.

Please contact the grant team if you run into access issues.

[Off-Campus Access FAQ | UW Health Sciences Library](#)

The UW SoN Librarian [Home - Caitlin Maloy - Library Guides at University of Washington Libraries \(uw.edu\)](#)

APRN / DNP Toolkit <https://hsl.uw.edu/toolkits/dnp/>



Textbooks

A selection of textbooks have been purchased for each site. Please contact your site Program Director for additional information.

Key Personnel

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