



PREMERA RURAL NURSING HEALTH INITIATIVE

UNIVERSITY of WASHINGTON

School of Nursing

A Partnership for Healthier Rural Communities: Progress Report

August 15, 2024

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Cover Letter

To the Premera Social Impact Team:

The University of Washington (UW) School of Nursing (SON), in partnership with the Premera Foundation, is in its fifth year of developing and implementing the Rural Nursing Health Initiative (RNHI). We are delighted to share with you our progress and accomplishments since last year's report. Highlights include:

- 16 APRNs will have completed rural post-graduate fellowships between 2021-2024
- 4th cohort of 9 APRN fellows to begin rural fellowships in September 2024 at 5 partnering sites (to include 4 PMHNPs and 5 FNP)
- UW Premera RNHI fellowship partner, Valley View Health Center, applying for accreditation with the Consortium for Advanced Practice Providers (CAPP)
- APRN fellowship featured in presentations at national conferences and in Rural Health Information Hub

Additionally, we will summarize our plans for the remainder of this budget period and for the second year of our no cost extension.



Anne Hirsch, PhD, ARNP, FAANP, FAAN
Premera RNHI Project Director

Visit the [UW Premera RNHI](#) webpage for additional information. Email [Premera RNHI](#) to ask questions and to provide input regarding this report.

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Photo of Premera RNHI FNP fellows, 2023-2024 cohort (from left to right): Danielle de la Pena (VWHC), Sally Myer (MCMC), Thongsamouth Louangamath (HRH), and Amy Dupuis (VWHC)

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Accomplishments

Objective #1 - Collaboration: The Premera RNHI grant team, housed at the University of Washington School of Nursing, meets regularly with faculty from each of our partner universities – Gonzaga University (GU), Pacific Lutheran University (PLU), Seattle Pacific University (SPU), Seattle University (SU), and Washington State University (WSU) – as well as with key stakeholders across the state, including representatives from the Washington Center for Nursing, Washington State Health Care Authority, Washington State Nursing Quality Assurance Commission, Washington State Department of Health, and the Northwest Consortium of Advanced Practice and Education (NW CAPE).

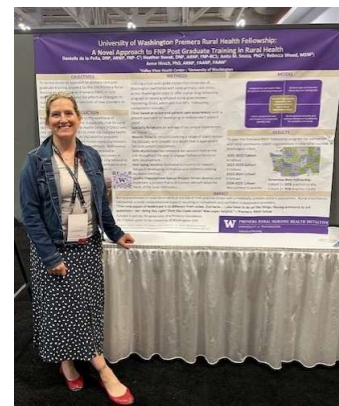
Accomplishments: RNHI continues to be led by Project Director, Dr. Anne Hirsch, who has a strong, collaborative grant team working alongside her. Rebecca Wood continues to provide overall grant management on a full-time basis. Dr. Anita Souza, Clinical Professor and Co-Project Director, leads overall evaluation of the fellowship program and has been instrumental in guiding one of our fellowship partners through the accreditation application process. Satoyo Kawaguchi, part time Program Operations Specialist, oversees all fiscal operations under Rebecca's supervision. Finally, Dr. Molly Altman, UW Faculty in Midwifery and Co-Project Director, provides support for didactics and faculty development workshops and facilitates skills workshops. She brings expertise in sexual & reproductive health, gender-affirming care, and diversity, equity, and inclusion initiatives. The grant team continues to work closely with Shannon Fitzgerald, ARNP and Dr. Quyen Huynh, our expert consultants, as needed.

Over the past year, we've continued to develop and maintain a robust steering committee (SC) that actively oversees the development and implementation of the post graduate APRN fellowship program and the rigorous evaluation of our initiatives. The SC is comprised of university representatives from each of the six partnering DNP programs as well as key stakeholders from across Washington State. Representatives from Valley View Health Center (one of our inaugural fellowship sites) were invited to join the SC this past year, including the CEO, their Medical Education Program Director, a VVHC board member, and a VVHC fellowship alum from the first cohort (see Appendix A for steering committee membership as of July 2024). Steering committee meetings have been well attended and were held quarterly via Zoom. Committee members receive updates from the grant team and provide input to guide processes and next steps. Minutes are recorded and posted on SharePoint, as well as emailed to committee members.

In this fifth year of the grant, we continued to network with various rural primary care and/or fellowship-focused organizations to market our initiative, seek input, and collaborate, including:

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- **American Association of Nurse Practitioners (AANP)** – Dr. Danielle de la Pena, Premera RNHI FNP fellow at Valley View Health Center (2023-2024 cohort), presented a poster at the AANP national conference June 25-29, 2024 in Nashville, TN titled, *“A Novel Approach to FNP Post Graduate Training in Rural Health”* in collaboration with Drs. Heather Novak, Anita Souza, and Anne Hirsch as well as with Rebecca Wood.



- **Consortium for Advanced Practice Providers (CAPP) (formerly the National Nurse Practitioner Residency and Fellowship Training Consortium)** – Drs. Anita Souza and Heather Novak attended the CAPP annual conference July 21-23, 2024 in San Diego, CA and presented at a session for new post graduate fellowship programs titled, *“Getting Started – Shared Experiences of Starting a Postgraduate Training Program: Successes, Challenges and Lessons Learned.”* They were able to attend other break-out sessions geared towards existing programs and Dr. Novak will share an update from the conference with her fellowship preceptor colleagues at a Premera RNHI faculty retreat in September.



- **Northwest Consortium of Advanced Practice Education (NW CAPE)** – the UW Premera RNHI team continues to be actively involved with the NW CAPE. This collaborative, volunteer-driven collective organized two fellowship/residency job fairs to recruit for the 2024-2025 cohort – a virtual fair in November 2023 (hosted by Rebecca Wood and the UW School of Nursing) as well as an in-person fair in January 2024 (hosted by SeaMar in Seattle). We also shared speakers for several didactic sessions with other NW CAPE members, SeaMar and CHAS, either inviting their fellows/residents to join our Premera RNHI funded sessions or having our Premera RNHI fellows joining their sessions virtually.
- **Rural Health Information Hub (RHI hub)** – the UW Premera RNHI grant was a *featured project* in the “Rural Health Models and Innovations” section of the RHI Hub in January 2024. The article is available at: <https://www.ruralhealthinfo.org/project-examples/1131>
- **UW CNE Primary Care Conference 2023** – the UW Premera RNHI grant team and the FNP fellows attended the annual conference October 19-20, 2023 in Seattle. Rebecca Wood and Anita Souza hosted an informational table, providing an opportunity to network and disseminate information about the initiative, as well as build camaraderie with the 2023-2024 cohort of rural FNP fellows.



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Objective #2 – ARNP students in rural settings: DNP students from all six universities will enthusiastically apply for rural clinical placements and associated stipends. Our goal is to provide high quality rural primary care clinical rotations and 80 stipends over the four years of the grant.

Accomplishments: Our last stipend recipient (a FNP student from Seattle University) completed their rural rotation in Autumn 2023 at Mattawa Community Medical Clinic. As previously reported, we have met our goal of providing clinical learning opportunities in rural and underserved communities, awarding 80 stipends to 70 DNP students between Autumn 2020 and Autumn 2023. The following table breaks down the number of stipends awarded by university and by cohort:

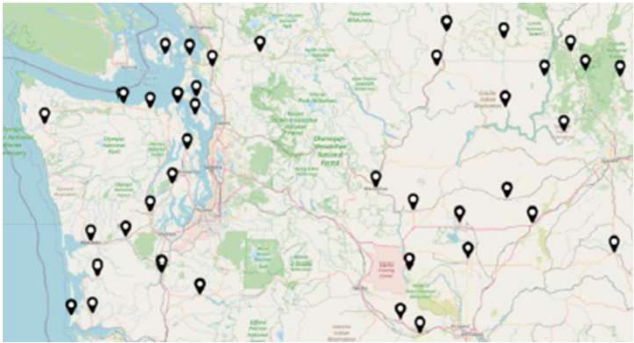
	GU	PLU	SPU	SU	UW	WSU	TOTALS
Autumn 2020	1	1	0	3	5	1	11
Winter / Spring 2021	1	0	2	4	2	2	11
Summer / Autumn 2021	1	1	0	3	7	3	15
Winter / Spring 2022	2	0	2	2	4	3	13
Summer / Autumn 2022	2	1	1	3	6	2	15
Winter / Spring 2023	0	2	2	2	3	2	11
Summer / Autumn 2023	0	0	0	1	2	1	4
Total stipends awarded	7	5	7	18	29	14	80

Stipend recipients regularly share with us the profound impact their Premera RNHI funded rural clinical experience had on their APRN practice post-graduation. A FNP stipend recipient from Seattle University (Autumn 2021 cohort) completed a rural rotation at Forks Community Hospital. He later shared:

"I chose to apply to UW's RNHI program because I wanted to gain the necessary tools to deliver the best care to my patients facing unique circumstances in rural settings. I believe good medicine centers evidence-based practice... to feel seen and heard culturally, emotionally, geographically, and individually is imperative to delivering the best care possible. Having a background in refugee health, emergency medicine, and primary care, I knew that the robust experiences gained through the RNHI program were parallel to my values."

His story was highlighted on our UW Premera RNHI website in December 2023 and is available here: <https://premerarnhi.nursing.uw.edu/2023/12/28/rural-clinical-experience-impact-on-arnp-practice-post-graduation/>

As previously reported, UW Premera RNHI was able to establish partnerships with 47 rural clinical sites in 21 counties across the state. The locations of our rural primary care clinical partners are provided in the map at right.



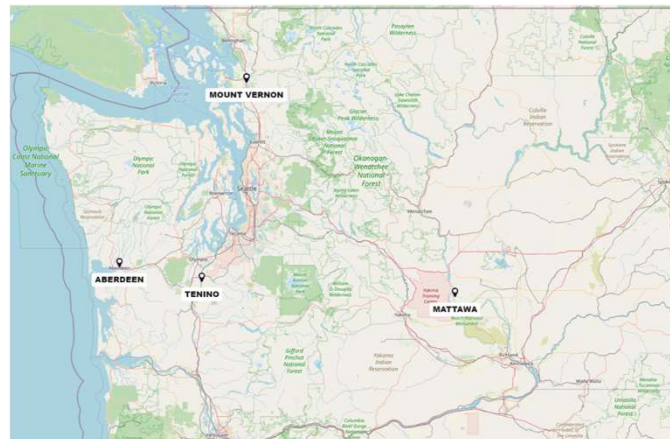
PROGRESS TO DATE

Objective #3 – Post graduate APRN

fellowship: Our rural APRN fellowship will provide transition to practice that is evidence-based, structured, collaborative, and supportive. Our goal is to partner with 5-6 rural primary care clinics to recruit, mentor, and support 30 APRN fellows over three years.

Accomplishments: Our third cohort of rural APRN fellows (2023-2024 cohort) began on September 5, 2023. Site specific orientations and trainings were held the first week at our five partnering sites: Harbor Regional Health (HRH) in Aberdeen, Mattawa Community Medical Clinic (MCMC) in Mattawa, Psychiatric Nurse Consulting & Therapy LLC (PNCT) and Shifa Health (SH) in Mount Vernon, and Valley View Health Center (VVHC) in Tenino.

The fellows attended 3 days of skills workshops at the UW School of Nursing's Simulation Center on the Seattle campus September 11-13, 2023. In addition to connecting the cohort at a Tuesday evening dinner, fellows and faculty (either in person or via Zoom) were oriented to the fellowship and welcomed by Kitti Cramer, Molly Daniels, and Amanda Lansford from Premera (pictured middle right). The FNP and PMHNP fellows practiced critical skills together in combined sessions including ECG interpretation, neuro exams, psychiatric case simulations in primary care, and role-playing giving and receiving feedback. Family Nurse Practitioner fellows practiced joint injections, dermatological procedures, sexual & reproductive health procedures, and participated in Nexplanon training. The PMHNP fellows took part in psychiatric specific topics related to adrenal fatigue, the involuntary commitment process, and a full day of transcranial magnetic stimulation (TMS) training at Shifa Health.



PROGRESS TO DATE



At the mid-point of the program, the FNP fellows were invited back to attend a one-day skills workshop at the UW SON on March 20, 2024, where they practiced splinting, additional sexual & reproductive procedures, and motivational interviewing for tobacco cessation. Agendas for both sets of skills workshops are included in Appendix B.

The 2023-2024 cohort also attended one of two conferences – the FNPs attended the UW Continuing Nursing Education (CNE) Advanced Practice in Primary Care conference at the Bell Harbor International Conference Center in Seattle (October 19-20, 2023) and the PMHNP fellows attended the Association of Advanced Practice Psychiatric Nurses (AAPPN) annual conference on November 4, 2023 at Bastyr University in Kenmore, WA. Both conferences provided opportunities for professional development and to further build camaraderie amongst the fellows. UW Premera RNHI grant funds paid for their conference registrations and travel / accommodations. The fellows were able to choose from a variety of concurrent breakout sessions, earning CE hours, while networking with other providers.

Curriculum. The fellowship curriculum continues to be updated with input from our newest fellowship sites and based on feedback from our first two cohorts of fellows and faculty preceptors. Weekly didactics and skills workshops have been mapped to clinical competencies and accreditation standards, building on the fellows' graduate NP education. PMHNP-specific content was added for our two PMHNP fellows and separate case consultations were set up with psychiatric providers twice monthly, one hour each session, for the first quarter of the fellowship with Dr. Rozina Lakhani (psychiatrist and owner of Shifa Health) and Dr. April Gerlock (UW PMHNP faculty). FNP fellows were also invited to bring psychiatric cases from their own rural patient panels.

Weekly schedules vary by fellowship site, but all sites allot time for continuity clinic, partner clinic, and specialty rotations. Wednesdays are blocked out for virtual didactic sessions with the cohort, dedicated time to work on QI/QA projects, as well as twice monthly well-being sessions.

51 unique topics were provided for the 2023-2024 cohort's didactics, with 19 of those being joint sessions for both the FNPs and the PMHNPs. Didactics are facilitated by experts in the field and are outlined in Appendix C. Sessions are case based and typically between 2-3 hours long, with rich discussion and participation. They are recorded, converted to Vimeo, and made available to both fellows and faculty on Canvas. Fellows provide feedback on a weekly basis (via REDCap) and adjustments to format and topics are made, as needed.

PROGRESS TO DATE

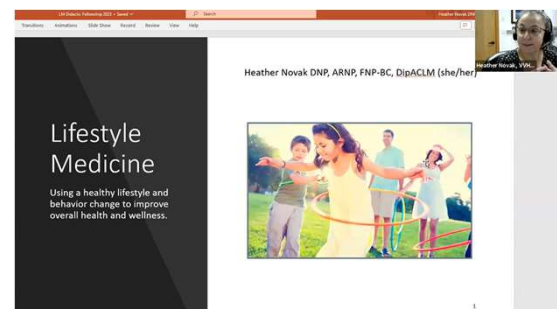
The first table below illustrates the top 10 didactic presentations in which fellows felt the content was new to them. The second table reflects fellows' top 10 ratings of didactic presentations that contributed to their professional development as rural healthcare providers.

The speaker presented content that was new to me	
1	Pulmonary infections
2	Hepatitis C and liver disease
3	Weight management in primary care
4	Chronic kidney disease
5	Rural health priorities / lobby day preparation
6	Substance use and addiction medicine
7	Atypical antipsychotics & treatment-resistant conditions
8	Chest imaging interpretation
9	Sexual and reproductive health "murky" case review
10	Pediatric psychopharmacology

The didactic content was applicable to my professional development as a rural healthcare provider	
1	Rural health priorities / lobby day preparation
2	Substance use and addiction medicine
3	Pulmonary infections
4	Dementia
5	Chest imaging interpretation
6	Complex pediatric cases
7	Gastrointestinal in primary care
8	De-prescribing
9	Weight management in primary care
10	Dermatology in primary care

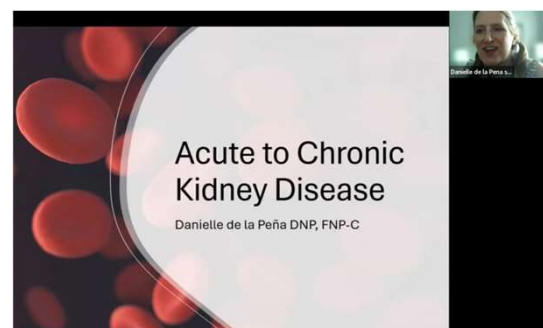
PROGRESS TO DATE

Faculty preceptors are invited to teach didactic sessions. Dr. Heather Novak from Valley View Health Center provided didactics on coding & billing as well as on lifestyle medicine. Our fellows also participated in didactic sessions with residents from NW CAPE organizations – FNP's from SeaMar joined our Hep C & liver disease and dermatology sessions and our fellows were invited to attend their session on stimulant use. Our Premera RNHI FNP's also joined the CHAS clinic residency program for their session on rheumatology, held virtually to accommodate our rural fellows.



In June, our UW Premera RNHI fellows were asked to teach one session on a topic of their choosing; these included:

- Sally Myer (MCMC) - Pre-exposure prophylaxis (PrEP) and sexually transmitted infections: a case study
- Amy Dupuis (VVHC) - Dental issues in primary care
- Danielle de la Pena (VVHC) - Murky case study: acute to chronic kidney disease
- Thongsamouth Louangamath (HRH) - Case study: atrial fibrillation



Fellows also had dedicated time throughout the program to explore and develop special population projects (quality improvement or quality assurance) that are of personal interest and meet the needs of the fellowship site. Fellows presented their projects to stakeholders at their fellowship sites as well as at a didactic session via Zoom on August 7, 2024. Their projects are summarized in the table below:

Fellowship site	Project title
Harbor Regional Health	Self-monitoring blood pressure program
Mattawa Community Medical Clinic	Antibiotic stewardship in a rural FQHC
Valley View Health Center	Cervical cancer screening PDSA

Well-being. Twice monthly wellbeing sessions were again facilitated by Diana Liebner, a PMHNP and UW alum. These 45-minute sessions are optional and held via Zoom to provide a confidential, safe space for our fellows to check in with one another and with themselves and to cultivate their professional development.

Handbook. The UW Premera RNHI APRN Fellowship handbook is updated annually and is customizable by each fellowship site (a link to the handbook for the 2023-2024 cohort is available [here](#)). It includes fellowship objectives, competency domains, fellow and preceptor responsibilities, policies and procedures, resources, the weekly didactic schedule, evaluations, special population project guidelines, and contact information for the grant team and the fellowship sites. Revisions for the 4th edition of the handbook are underway for the 2024-2025 cohort and will be made available in next year's final report.

PROGRESS TO DATE

Fellowship Program Evaluation. The handbook outlines the robust internal evaluation that is led by Dr. Anita Souza. The evaluation schedule is similar to last year's and is included below. We continue to utilize a comprehensive set of tools that were developed to evaluate each component of the fellowship from the perspective of the sites, the fellows, the patients, and the specialty providers. Additionally, we finalized tools that were tailored to incorporate the PMHNP fellows that joined our 2023-2024 cohort.

	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												
Primary Care Conference Evaluation												
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												

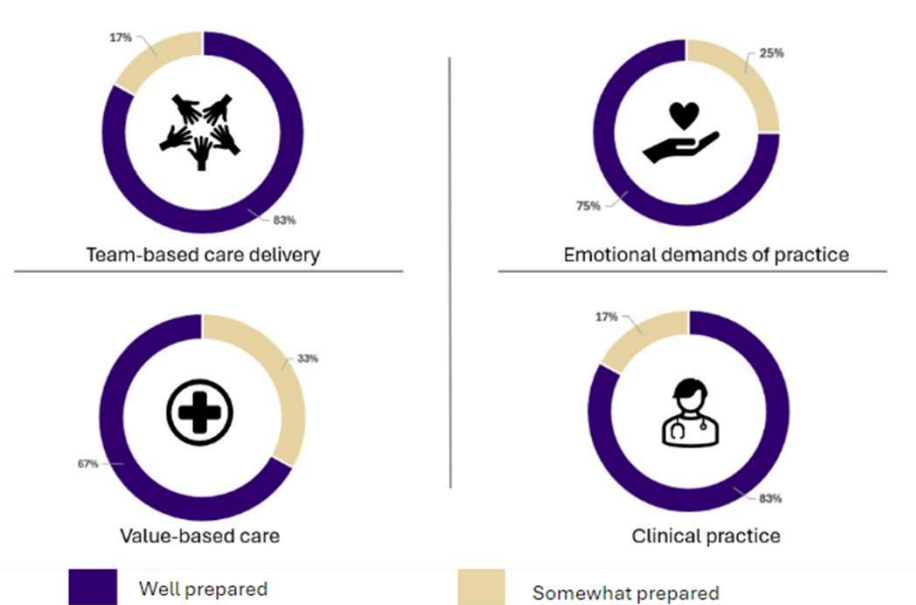
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Sites	Q 1			Q2			Q3			Q4		
Fellowship Site: Preceptor Evaluation of Fellows												
Specialty Clinic: Preceptor Evaluation of Fellows												
Competency Development Checklist												
Site Evaluation of Fellow			3-5			3-5			3-5			3-5
Patient Evaluation of Fellow			3			3			3			3
Chart Review*												

*Chart reviews are implemented by sites. If fellowship site **does not** have an existing chart review process, we encourage program directors to adapt and adopt the Premera Chart Review process.

PROGRESS TO DATE

Alumni survey results. With the additional time afforded through the no cost extension, we have successfully tracked all twelve fellowship completers through our UW Premera RNHI Fellowship Alumni Survey. This survey is administered to fellowship alumni on the anniversary of their completion of the program. All twelve completers are working in the APRN role with 75% of the fellows reporting that they serve rural populations 80% of the time. Additionally, over 92% of the respondents feel that they are well prepared to meet the demands of practice in rural areas and feel prepared to address the social determinants of health that affect their patient populations.

An overarching goal of the fellowship program is to build a foundation for our fellows to thrive as they move from novice to expert in the years following the completion of their degree program. We do this by engaging in building confidence and competence in the key areas of clinical practice during the fellowship year. The preliminary results of our survey demonstrate that the fellowship program has met these goals. The graphs at right illustrate the pooled responses showing that in key areas of value-based care, team-based care delivery, emotional demands of practice and clinical practice skills - our alumni feel that they were well prepared.



Our fellowship alumni have also reported moving into leadership roles within their organizations. ***"I have become a member of two hospital committees - the Wellness Committee and the EHR Steering Committee. And I have started as a wound care provider part time."*** Another alum told us, ***"I took over the SMBP (self-measured blood pressure) program that allowed for low-income patients who could not afford a blood pressure machine to lease one from us and monitor their blood pressures until controlled."***

Fellowship completers were also asked, *"In reflection, what three things in your program were most impactful?"* The following represents their responses:



PROGRESS TO DATE

Recruitment. In anticipation of a larger fourth and final cohort, the grant team recruited additional primary care organizations and led a national search to recruit MN and DNP applicants from across the country. The following rural primary care organizations agreed to partner with us to deliver post-graduate APRN fellowship programs for the 2024-2025 cohort (new sites are bolded below):

- Harbor Regional Health in Aberdeen, WA
- **Family Health Centers in Omak, WA**
- **Indian Health Services – Colville Service Unit in Nespelem, WA**
- **Lake Chelan Health in Chelan, WA**
- Mattawa Community Medical Clinic in Mattawa, WA
- Psychiatric Nurse Consulting & Therapy, LLC in Mount Vernon, WA
- Republic Medical Clinic in Republic, WA
- Shifa Health in Mount Vernon, WA
- Valley View Health Center in Tenino, WA

Family Health Centers in Omak was a later addition (added in Spring 2024), after the initial recruitment cycle. Unfortunately, Indian Health Services in Nespelem and Lake Chelan Health both withdrew (prior to conducting any interviews), as did Republic Medical Clinic (after they were unable to hire their top pick, who chose one of the other Premera RNHI sites). The specifics of these withdrawals from the fellowship program are discussed in the Project Barriers and Resolutions section later in this report.

Like prior years, announcements were posted to our UW Premera RNHI website as well as on UW SON social media channels. Fellowship openings were also communicated to each of our partnering schools of nursing via email and at steering committee meetings. The fellowship program was again promoted at the NW CAPE residency/fellowship fairs in November 2023 (virtual) and in January 2024 (in person). Advertisements (both free and paid) were posted in the following locations:

- 3RNet
- AANP
- AAPPN conference table and career center ad
- ARNPs United
- Consortium for Advanced Practice Providers website
- ENP Network
- Facebook groups, including NW CAPE page
- Handshake
- Indeed
- NW Regional Primary Care Association
- UW CNE Primary Care Conference exhibitor table
- UW DNP virtual job fair
- Washington Center for Nursing

Virtual outreach visits were made by members of the grant team to most of our partnering universities. Another 18 universities across the country were contacted directly via email or Handshake. And prospective applicants (searched in resume banks) were contacted directly by Rebecca Wood via ENP Network, AANP, and Handshake.



ARNP Rural Fellowship | 2024-2025 Cohort

Augment your ARNP education with our supportive transition to practice!

Timeline:

- Application closes: 2/12/2024
- Offer date: 4/8/2024
- Fellowship starts: 9/3/2024

Apply here: <https://premera.edu/fellowships/2024-2025>

Eligibility:
Recent graduates (or anticipate graduating by Summer 2024) from an accredited Masters or DNP program, board certified by September 2024 as a FNP, AGNP-PC, or PMHNP

Locations:
<https://premera.edu/nursing/our-excellence/fellowships/locations>



Find out why a post graduate ARNP fellowship in rural primary care is the next best step in your career: <https://vimeo.com/901946152>

Developed and led by Premera Health Initiative

PROGRESS TO DATE

35 applicants applied for the 2024-2025 cohort via REDCap survey on the UW Premera RNHI website and were pre-screened for basic eligibility prior to sending their materials to the fellowship sites for their consideration. 22 of 35 applicants applied to more than one fellowship site. Fellowship sites reviewed their applications and decided which applicants to invite for interviews. Appendix D provides application, offer, and acceptance data by fellowship site. As of the writing of this report, 9 APRN fellows were hired across five of our partnering fellowship sites; their fellowship sites, graduate institutions, and degrees earned are included in the table below:

Fellowship site	Graduate institution	Degree earned
Family Health Centers	Gonzaga University	MN - PMHNP
Harbor Regional Health	Seattle University	DNP - FNP
Harbor Regional Health	Seattle University	DNP - FNP
Mattawa Community Medical Clinic	Seattle University	DNP - FNP
Shifa Health	Gonzaga University	MN - PMHNP
Shifa Health	Gonzaga University	MN - PMHNP
Shifa Health	Walden University	MN - PMHNP
Valley View Health Center	University of Washington	*DNP - FNP
Valley View Health Center	Simmons University	MN - FNP

* Premera RNHI Stipend Recipient

The grant team held a virtual “meet and greet” with the incoming cohort of fellows via Zoom on June 25, 2024. Didactic sessions for the first quarter of the fellowship year are already being scheduled for both the FNP and the PMHNPs, in collaboration with NW CAPE colleagues at SeaMar, CHAS, and Heritage. And a half day faculty retreat is being planned for the fellowship faculty preceptors at the Burke Museum in Seattle on Sunday, September 8th, 2024.

Objective 4 – Evaluation and Outcomes: The UW Center for Health Workforce Studies (CHWS) team continues to lead our efforts to evaluate outcomes for the initiative. Susan Skillman, MS, Natalia Oster, PhD, and Bianca Frogner, PhD are conducting a comprehensive evaluation to assess the effectiveness of the UW Premera RNHI to contribute to preparing the next generation of APRNs to practice in rural areas. The UW CHWS team authored an interim report for this objective which can be found in Appendix E.

PROGRESS TO DATE

Project barriers and resolutions

The UW Premera RNHI faced several challenge, and even barriers, since the last report.

Challenge #1: Two PMHNPs were hired for the 2023-2024 cohort in Mount Vernon, WA – one at Psychiatric Nurse Consulting & Therapy and one at Shifa Health. Both fellows withdrew from the fellowship early, the former in December 2023 and the latter in May 2024.

Resolution: The grant team provided extensive guidance and additional support to the directors/preceptors at the two clinical sites. Establishing post-graduate APRN fellowships for new PMHNP hires was a new endeavor for the team and the challenges related to psychiatric mental health care supervision were not fully anticipated. Efforts to connect the new directors/preceptors with seasoned FNP/AGNP preceptors/faculty were made. It is expected that these interventions will be helpful for the new cohort of fellows including the PMHNP fellows.

Challenge #2: Indian Health Services in Nespelem and Lake Chelan Health both withdrew from the fellowship (prior to conducting interviews), as did Republic Medical Clinic (after the initial recruitment period). Psychiatric Nurse Consulting & Therapy was also unable to hire a fellow for the 2024-2025 cohort.

Resolution: Significant efforts were made to attract qualified applicants for all fellowship sites through enhanced marketing, in-person recruitment events and support for the hiring process. The team also explored possible ways that the sites might be able to participate in the RNHI fellowship and encouraged future partnerships with all sites should funding become available. There continues to be interest from these sites despite the challenges (economic and provider availability) faced by these rural communities and the RNHI continues to be viewed positively. It was clear in our discussions that the financial resources provided by the UW Premera RNHI to support a year-long fellowship are essential to these clinical sites.

Challenge #3: Establishing high quality specialty rotations for the fellows – particularly for those sites located in the eastern half of the state – continues to be challenging.

Resolution: The team continues to actively seek partnerships with potential clinical specialty sites and provide guidance/support to fellowship sites seeking specialty opportunities. Fellows are fully supported financially to travel to quality sites as this can be a true barrier. All fellows did complete specialty rotations with the assistance of the directors/preceptors and the grant team. Team members also actively participate in statewide discussions regarding the challenges of finding clinical sites for APRN students and fellows. Most recently meetings with the Executive Director of the Washington Center for Nursing, focused on exploring solutions for clinical APRN training in rural communities, were promising.

PROGRESS TO DATE

Funding – expenses for 2024

During this fifth year of the grant (first year of the no cost extension), we project spending approximately 45% of our Year 5 / NCE Year 1 budget, which included an additional \$1,387,364 in funds carried forward from Years 1-4. We anticipate carrying forward approximately \$763,771.54 to Year 6 / NCE Year 2. The following is a breakdown of the Year 5 / NCE Year 1 budget (1/1/2024 – 12/31/2024):

Description / Expenditures		Spent YTD	Projected Year 5 Expenses	Expected Carry Forward to Year 6
01 Salaries & Benefits		\$226,334.22	\$188,399.19	\$ (414,733.41)
02 Contract Pers Srvs		\$ 7,025.00	\$ 22,575.00	\$ (29,600.00)
03 Other Contract Srvs		\$ 91,362.69	\$ 14,318.00	\$ (105,680.69)
04 Travel		\$ 14,087.81	\$ 39,890.56	\$ (53,978.37)
05 Supplies/Materials		\$ -	\$ 16,850.00	\$ (16,850.00)
06 Equipment		\$ -	\$ 2,750.00	\$ (2,750.00)
07 Benefits				\$ -
08 Stipends (student)		\$ -	\$ -	\$ -
38 Unallocated		\$ -		\$ -
Total Direct Costs		\$338,809.72	\$284,782.75	\$ (623,592.47)
CARRY FORWARD YR4	\$ 1,387,364.02			\$ 1,387,364.02
TOTAL COSTS	\$1,387,364.02	\$338,809.72	\$284,782.75	\$763,771.54

LOOKING AHEAD

Activities planned and progress expected

Current budget period (2024). Between now and the end of December, we will continue to meet as needed with our consultants and our next steering committee meeting is scheduled for October 4, 2024.

Although we have no additional student stipend money to distribute, we will continue to collaborate with the HRSA ANEW grant teams at the UW School of Nursing and at Seattle University, as well as our other university partners – encouraging their DNP students to complete clinical rotations at previously established rural clinical sites across the state.

Fellowship preceptors are invited to attend a half-day faculty retreat on the UW Seattle campus at the Burke Museum on Sunday, September 8, 2024, along with the grant team and our consultant, Shannon Fitzgerald. The tentative agenda is included below:

Time	Topic / Activity	Speaker
Noon-1 pm	Welcome, lunch, and speed-meeting exercise	
1:00-2:00 pm	Consortium conference ‘pearls” and precepting best practices	Dr. Heather Novak, Valley View Health Center
2:00-3:00 pm	Adult learning styles	Dr. Renee Rassilyer, Providence Swedish
3:00-4:00 pm	Communication strategies	Dr. Sara Kim, UW School of Medicine
4:00-5:00 pm	Time to enjoy the museum and/or <u>indigenous walking tour on UW campus</u>	

Our third cohort of APRN fellows will complete their 12-13 month fellowships in September (with one HRH fellow completing in October due to a delayed start). The UW Premera RNHI Grant Team will host a “completion celebration” dinner at Ivar’s Salmon House in Seattle on September 8, 2024. Fellows, their families, and faculty are invited to attend. The four FNP’s will receive certificates of completion.

Our fourth and final Premera RNHI supported cohort of 9 APRN fellows will begin their 12-13 month fellowship journeys on September 3, 2024 and will attend the 3-day skills workshops at the UW Simulation Center September 9-11 as well as the ARNPs United conference and AAPPN conference in October.

LOOKING AHEAD

Valley View Health Center will submit their final self study guide to the Consortium and participate in a site visit this Autumn. With all the stellar work that went into writing up and submitting the self study guide by Drs. Anita Souza and Heather Novak, we anticipate that the rural fellowship program at VVHC will be awarded initial accreditation and will continue their post graduate residency after the Premera RNHI grant has come to an end. Premera RNHI funds are earmarked to reimburse VVHC for the application fee and the accreditation fee.



Upcoming budget period (2025). Year 2 of our no cost extension activities will mirror the first year of our no cost extension to a great extent. We will continue to meet with the steering committee on a quarterly basis. We will continue to support fellows and directors traveling to offsite locations for skills workshops, specialty rotations, and conferences as well as site visits by the grant team to current rural fellowship sites and national conferences.

This final year of the no cost extension will focus on refinement of the UW Premera RNHI fellowship program, particularly the PMHNP track. The 2024-2025 cohort will complete their fellowships in Autumn 2025. And the grant team will work with our fellowship partners to identify who is able to continue, who is interested in applying for accreditation, and to transition their residencies to self-sustaining programs, should they choose to continue without UW Premera RNHI support.

The grant team will also write a lay-audience report on the efficacy, efficiency, and effectiveness of the UW Premera RNHI with dissemination via presentations at national conferences and in peer-reviewed publications. Outcomes and evaluations being conducted by the UW CHWS group will accelerate as we continue to analyze data from the final two cohorts of post-graduate APRN fellows and their fellowship sites.



LOOKING AHEAD

Funding – projected expenses for 2025

Premera RNHI Budget: No Cost Extension Year 2 (1/1/2025 – 12/31/2025)

Description / Expenditures		Spent YTD	Projected Year 6 Expenses	Projected balance at end of the grant
01 Salaries & Benefits		\$ -	\$ 398,580.90	\$ (398,580.90)
02 Contract Pers Srvs		\$ -	\$ 40,450.00	\$ (40,450.00)
03 Other Contract Srvs		\$ -	\$ 188,300.00	\$ (188,300.00)
04 Travel		\$ -	\$ 119,450.00	\$ (119,450.00)
05 Supplies/Materials		\$ -	\$ 15,300.00	\$ (15,300.00)
06 Equipment		\$ -	\$ -	\$ -
07 Benefits				\$ -
08 Stipends (student)		\$ -	\$ -	\$ -
38 Unallocated		\$ -		\$ -
Total Direct Costs		\$ -	\$ 762,080.90	\$ (762,080.90)
CARRY FORWARD YR5	\$763,771.54			\$ 763,771.54
TOTAL COSTS	\$763,771.54	\$ -	\$ 762,080.90	\$1,690.64

LOOKING AHEAD

Anne Hirsch, Premera RNHI Project Director, will continue to direct the overall project at 25% FTE for the final year of the initiative, with an increase to 50% FTE in the final quarter of the grant to provide time to write and publish peer-reviewed research papers, the lay-audience report, and dissemination through presentations, publications, and policy proposals. Dr. Hirsch will oversee all aspects of the project including supervision of grant faculty and staff, collaborating with the steering committee and consultants, working with our collaborators at the UW Center for Health Workforce Studies, assuring sound fiscal management, and communicating outcomes to Premera and stakeholders.

Rebecca Wood, Premera RNHI Assistant Director will continue to oversee operations and implementation of the UW Premera RNHI and will remain at 100% FTE for the duration of the no cost extension. Ms. Wood's role is central to the strategic advancement of all grant objectives. She will continue to serve as liaison to academic partners, steering committee members, faculty preceptors, fellowship program directors, and grant consultants. Ms. Wood will continue to apply project management skills to facilitate consultation services, monitor budget expenditures, and to schedule didactic sessions and skills workshops. She will assist the Project Director in communicating program outcomes to Premera and stakeholders and will supervise our Grant Operations Specialist, Satoyo Kawaguchi.

Anita Souza, Premera RNHI Faculty and Co-Investigator will oversee program evaluation of the APRN fellowship program to ensure intensive, ongoing, and cumulative evaluation of the trainees, faculty preceptors, specialty sites, and the organizations. She will continue to work closely with VVHC on their accreditation process with CAPP. Her FTE for the remainder of the no cost extension will be 25% with an increase to 50% FTE in the final quarter of the grant to provide time to write and publish peer-reviewed research papers, the lay-audience report, and dissemination through presentations, publications, and policy proposals.

Molly Altman, Premera RNHI Faculty and Co-Investigator left the University of Washington School of Nursing in August 2024 for a faculty position at the University of Hawai'i in Manoa. Dr. Altman has agreed to make herself available to facilitate the Sexual & Reproductive Health Workshop in September 2024 and to provide didactic content via Zoom in 2025, if needed.

Satoyo Kawaguchi, Premera RNHI Operations Specialist will continue to provide critical budget management and administrative support, increasing to 100% FTE in 2025.

April Gerlock, Premera RNHI Instructor (UW PMHNP Faculty) will provide once monthly group consultation for psychiatric cases for our PMHNP fellows (and interested FNP fellows) and will provide quarterly didactic content on trauma informed care, PTSD, and other topics as needed. Her FTE during the no cost extension will be 5%.

Joelle Fathi, Premera RNHI Instructor (UW AGNP Faculty) will provide quarterly didactic content on tobacco cessation, motivational interviewing, telehealth best practices, and other topics as needed. Her FTE during the no cost extension will be 5%.

LOOKING AHEAD

UW Center for Health Workforce Studies (CHWS) will continue their work supporting our overall evaluation and outcome data collection via FTEs for Dr. Bianca Frogner (CHWS Director), Susan Skillman (Senior Deputy Director), and Natalia Oster (Research Scientist). They have been able to reallocate funds in their existing sub-budget to accommodate the no cost extension through the end of 2025.

Consultants. We will continue to engage our consultants as needed for the post-graduate APRN fellowship program.

Curriculum. We will continue to pay instructors, as needed, to facilitate didactic sessions for our fellows, as well as instructors for skills workshops and faculty development workshops. Much of the didactic content is relevant to both FNPs and PMHNPs; however, additional instructors will be needed to provide FNP and PMHNP specific content (whenever possible, we will share didactic instructors / content with NW CAPE residency programs). Additionally, we are providing Behavioral Activation Training through the UW AIMS Center for the entire cohort (\$475 per fellow). A detailed overview of this training is available here: <https://aims.uw.edu/interventions/behavioral-activation/>

Travel. Increased travel expenses are anticipated during this final year of the grant due to the larger fellowship cohort size. Funds are needed for the grant team to travel to/from fellowship sites and will also support the fellows' travel to/from the UW for skills workshops, to conferences (including ARNPs United and AAPPN), and to specialty clinical rotations. We will also fund travel to conferences for grant team members to disseminate outcomes and for core fellowship faculty to collaborate with other fellowship/residency programs at national meetings.

Fellowship site stipends. We will continue to pay stipends to our fellowship partners to help offset some of the cost associated with hiring their post-graduate APRN fellows and support staff. Subawards will be updated or set up (for new sites) with the UW Office of Sponsored Programs (OSP) to extend the end date of the no cost extension. Sites will invoice the grant for the \$20,000 per fellow stipend as well as laptops, as needed. Additionally, VVHC will be reimbursed by the grant for their application and accreditation fees (\$11,000 total).

Unallocated. Approximately \$1,690 remains unallocated for incidental expenses.

Appendix A: Steering Committee Membership

Name	Credentials	Professional Title	Institute/Organization
Almo, Eli		President & CEO	Era Living
Aragon, Sofia	JD, BSN, RN	Executive Director Mayor, City of Burien	Washington Center for Nursing
Berry, Sharon	BSN, RN	Clinical Consulting Manager	Premera Blue Cross
Birch, Sue	MBA, BSN, RN	Director	Washington State Health Care Authority
Bowie, Bonnie	PhD, MBA, RN	Associate Dean for Graduate Programs, Professor, Premera Endowed Professor of Nursing in Health Promotion and Care Innovations	Seattle University
Burger, Bobby	MBA	VVHC Board Member	Valley View Health Center
Childress, Kristen	DNP, ARNP, FNP-BC, AGNP-C, CWCN-AP	Associate Teaching Professor, Vice Chair of Education	UW School of Nursing
Eti, Deborah Udoka	PhD, ARNP, FNP-C, PMHNP-BC, MSN-Ed, CNE, CEN	Clinical Assistant Professor, FNP Track Coordinator	Washington State University
Fitzgerald, Shannon	MSN, ARNP	Consultant; Provider; Chief, Advanced Practice Services (Retired)	Bainbridge Pediatrics; Seattle Children's
Flores-Montoya, Angelina	PhD, RN RWJF Nursing & Health Policy Fellow	Research Associate	Washington Center for Nursing
Gallagher, Elizabeth	DNP, ARNP, FNP-BC	Assistant Clinical Professor; Director, Family Nurse Practitioner Program	Seattle University
Gorski, Mary Sue	PhD, RN	Research and Policy Analyst	Washington State Nursing Quality Assurance Commission
Hardman, Ma'ata	BSN, MBA, CCM	Vice President of Health Services	Community Health Plan of Washington
Hirsch, Anne	PhD, ARNP, FAANP, FAAN	Professor; Child, Family and Population Health Nursing; Premera RNHI Project Director	UW School of Nursing
Huseby, Katie	DNP, FNP	Family Nurse Practitioner; VVHC advisory board & Premera RNHI ARNP fellowship alum (2021-2022 cohort)	The Polyclinic
Huynh, DoQuyen	DNP, FNP	Consultant; Health Equity Manager	Bridgestone Consulting, LLC; WA State Health Care Authority (HCA)
Kaplan, Louise	PhD, ARNP	Associate Professor (retired), Vancouver	Washington State University
Kawaguchi, Satoyo	BS	Premera Grant Program Specialist	UW School of Nursing
Kottwitz, Carol	DNP, ARNP	Assistant Professor, Lead Faculty PMHNP Option School of Nursing and Human Physiology	Gonzaga University
Lange, Pat	MA	Workforce Improvement and Innovation Manager	WA Association for Community Health
Marckmann, Cydne	DNP, ARNP	Nurse Practitioner	Multicare
Mason, Anne	DNP, ARNP, PMHNP-BC	DNP Program Director, Clinical Associate Professor	Washington State University
Matyac, Carrie Ann	DNP, ARNP, FNP-BC	Assistant Professor of Nursing, FNP Lead Faculty	Pacific Lutheran University
McCarthy, John	MD	Assistant Dean for Rural Programs, University of Washington School of Medicine; Clinical Professor Family Medicine; WWAMI Area Health Education Center (AHEC) Program Director; NATIVE Project Chief Medical Officer	UW School of Medicine
Miller, Benjamin	PhD, APRN, FNP, ACNP	Associate Professor	Montana State University - Bozeman
Novak, Heather	DNP, ARNP	Chief Medical Officer (CMO)	Valley View Health Center
Rolfe Witham, Bethany	DNP, MSN, BSN	Associate Professor; DNP Program Director	UW School of Nursing
Schwinck, Jessica	DNP, RN, CEN, ACCNS-AG, AGACNP-BC, FNP-BC	Clinical Assistant Professor	Pacific Lutheran University
Senger, Brenda			Gonzaga University
Shaw, Kelly		Rural Health Workforce Director	WA State Department of Health
Souza, Anita	PhD	Clinical Associate Professor	UW School of Nursing
Spradley, Gaelon		Chief Executive Officer	Valley View Health Center
Swadener, Suzanne	MHA, RN	Senior Health Policy Analyst	Washington State Health Care Authority
Wood, Rebecca	MSW	Premera RNHI Assistant Director	UW School of Nursing

Appendix B: Fellowship Skills Workshop Agendas

Workshop Topics	ARNP tracks	Location	Times	First name	Last name	Credentials	Organization
Monday, September 11, 2023							
Orientation to UW Premera RNHI ARNP Fellowship	ALL	UW SON T661	8:30am - Welcome & coffee 9:00-11:00 – Opening remarks, orientation, and alumni panel	UW Grant Team, with opening remarks from Kitti Cramer, JD, MHA (Executive Vice President, Chief Legal and Risk Officer for Premera Blue Cross) 2022-2023 Cohort Panel from 10:30-11:00 via Zoom: - Melissa Mitchell (RMC) - Britney Allison (VVC) - Elaine Olbertz (MCMC)		UW SON & Premera	
LUNCH: 11:00am – noon							
ECG Interpretation	ALL	UW SON T661	12:00-1:00pm	Laurie	Soine	PhD, ARNP	UW Medical Center
PMHNP topics: Adrenal Fatigue and Involuntary Commitment Process	PMHNP	UW SON T513	1:00-4:00pm	Rozina	Lakhani	MD	Shifa Health
				Nikki	Behner	DNP, ARNP	Psychiatric Nurse Consulting & Therapy
Joint Injections	FNP	UW SON T627	1:00-2:45pm	Dave	Little	DO	Valley View Health Center
Nexplanon training	FNP	UW SON T627	3:00-5:00pm	Anna	Alston	ARNP	Organon trainer; Clinical Director at Planned Parenthood
Tuesday, September 12, 2023							
Neuro Exams	ALL	UW SON T627	9:00-11:00am	Judy	Ozuna	ARNP	VA Puget Sound Healthcare System - Epilepsy Center of Excellence
LUNCH: 11:00am – noon							
Psychiatric Case Simulation in Primary Care	ALL	UW SON T627	12:00pm-3:00pm	Elaine	Walsh	PhD, RN, PMHCNS-BC, FAAN	UW SON / Seattle Children's
Giving & Receiving Feedback - role plays	ALL	UW SON T627	3:30-5:30pm	Sara	Kim	PhD	UW School of Medicine
Dinner hosted by Grant Team	ALL	6:00-7:30pm		Mamma Melina Ristorante & Pizzeria – 5101 25 th Ave NE Seattle, WA 98105			
Wednesday, September 13, 2023							
TMS Training	PMHNP	Shifa Health, 10333 19th Ave SE Suite #109 Everett, WA 98208	8:30am-4:30pm	Rozina	Lakhani	MD	Shifa Health
Dermatological Procedures	FNP	UW SON T627	8:30am-noon	Sarah	Matthews	DNP, APRN, FNP-BC	DermTech; Adjunct Faculty and Researcher, UW SON
LUNCH (FNPs): 12:00-1:00pm							
Sexual & Reproductive Health	FNP	UW SON T627	1:00-3:00pm	Molly	Altman	PhD, CNM, MPH	UW SON
				Meghan	Eagen-Torkko	PhD, CNM, ARNP, FACNM	UW SON Bothell; Public Health Seattle-King County Family Planning Program
Wrap up / evaluations	ALL						

Appendix B: Fellowship Skills Workshop Agendas

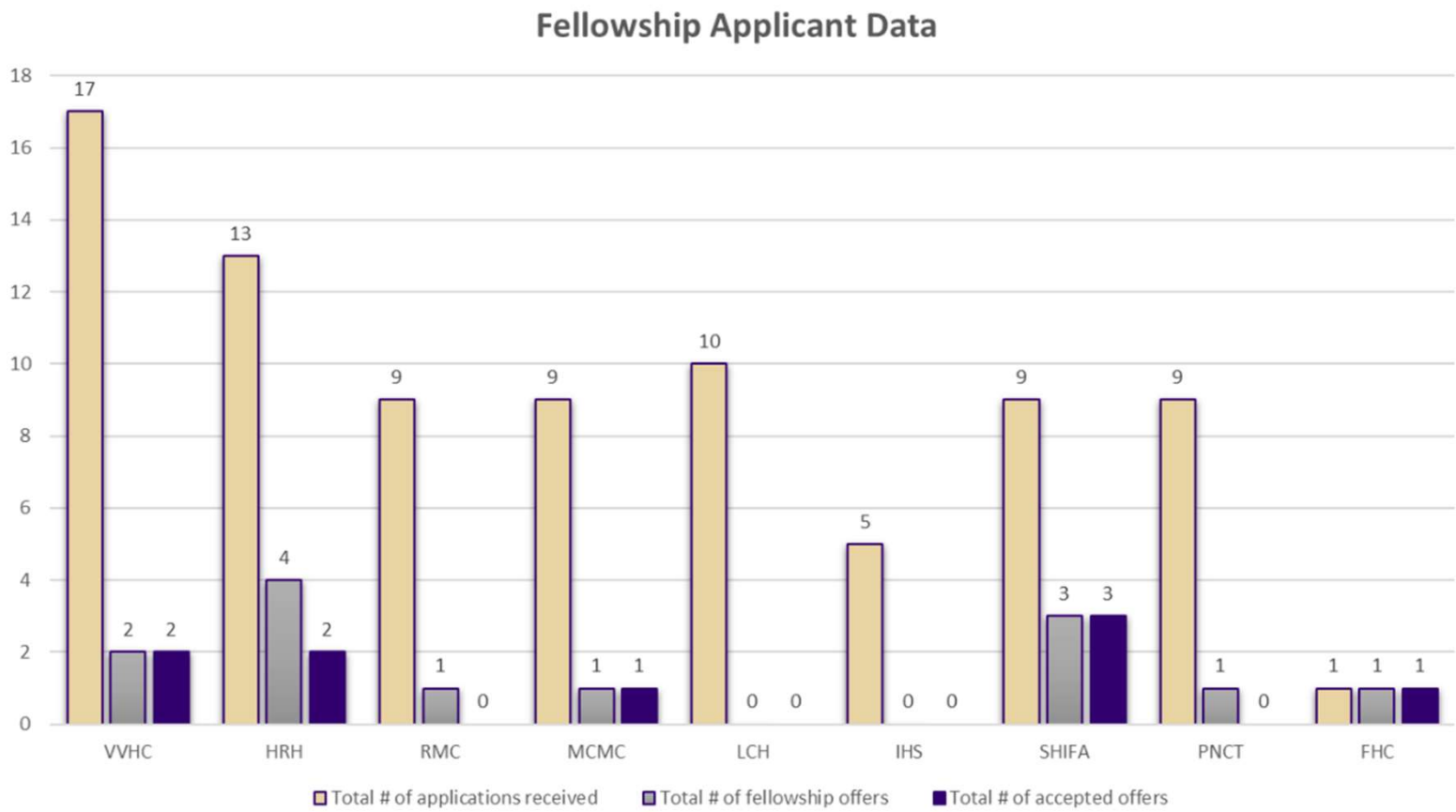
Wednesday, March 20, 2024

Time	Location	Workshop Topic	Presenter(s)
8:30 AM – 9:00 AM	T627	Coffee and welcome	
9:00 AM – 11:00 AM	T627	Splinting	Karen Kilian, ARNP Annie Shic, ARNP Seattle Children's Hospital (SCH)
11:00 AM – 12:00 PM	LUNCH		
12:00 PM – 2:00 PM	T627	Sexual reproductive health procedures Part II	Molly Altman, PhD, CNM, MPH UW School of Nursing - Seattle Meghan Eagen-Torkko, PhD, CNM, ARNP, FACNM UW School of Nursing - Bothell Family Planning Program, Public Health Seattle-King County
2:00 PM – 2:30 PM	BREAK		
2:30 PM – 4:30 PM	T627	Motivational Interviewing / Tobacco Cessation (role plays)	Joelle Fathi, DNP, RN, ARNP, FAAN UW School of Nursing – Seattle GO2 Foundation for Lung Cancer Deb Person
4:30 PM	Wrap up and evaluation		

Appendix C: Fellowship Didactic Topics

Didactic Topics	Presentation Dates :	Tracks:
Fellowship Survival Toolkit, Clinical Decision Making, and Charting	9/20/2023	ALL
5 Lines of Defense Against Depression (prescribing and case studies)	9/27/2023	ALL
Power and Positionality in Rural Healthcare	10/4/2023	ALL
Rural Health, results of windshield survey discussion	10/11/2023	ALL
ADHD	10/18/2023	PMHNP
Advanced Practice in Primary Care Conference in Seattle	10/19/23-10/20/23	FNP
PTSD	10/25/2023	PMHNP
QI/QA Project Overview + HSL Overview + Coding/Billing	11/1/2023	ALL
AAPPN Conference at Bastyr	11/4/2023	PMHNP
SRH part 1	11/8/2023	FNP
Complementary medicine for mental health	11/8/2023	PMHNP
Sports Medicine	11/15/2023	FNP
Bipolar & OCD	11/15/2023	PMHNP
L&I Claims	11/29/2023	ALL
Pediatric psychopharmacology	12/6/2023	ALL
STIs	12/13/2023	FNP
Sleep Management		PMHNP
Lifestyle Medicine	1/3/2024	ALL
Pregnancy care	1/10/2024	FNP
Psych charting / documentation	1/10/2024	PMHNP
Rural Health Priorities / Lobby Day Prep	1/17/2024	ALL
Substance use/Addiction Medicine	1/24/2024	ALL
Depression Prevention Toolkit for Healthcare Professionals	1/31/2024	ALL
Pulmonary Infections (CHAS residents attending)	2/7/2024	FNP
NEI self-guided continuing education	2/7/2024	PMHNP
ADA Diabetes Guidelines - updates	2/14/2024	FNP
Diabetes management - with case discussion	2/14/2024	FNP
NEI self-guided continuing education	2/14/2024	PMHNP
Dementia	2/21/2024	ALL
Palliative Care/Hospice	2/28/2024	ALL
Determining Decisional Capacity / Approaching Ethical Dilemmas	3/6/2024	ALL
SRH part 2	3/13/2024	FNP
Atypical antipsychotics & treatment-resistant conditions	3/13/2024	PMHNP
One-Day Skills Workshop at UW SIM Center	3/20/2024	ALL
Hep C and Liver Disease (SeaMar residents attending)	3/27/2024	FNP
Management/considerations when prescribing controlled substances	3/27/2024	PMHNP
Pharmacy didactic (antidepressants)	4/3/2024	ALL
Chest imaging interpretation	4/10/2024	FNP
NEI self-guided continuing education	4/10/2024	PMHNP
Assessment and Management of Eating Disorders	4/17/2024	ALL
Queering Healthcare	4/24/2024	ALL
Complex Pediatric Cases	5/1/2024	ALL
Rheumatology for Primary Care - with CHAS residents	5/8/2024	FNP
GI in primary care	5/15/2024	FNP
De-prescribing	5/22/2024	ALL
Weight management in primary care	5/29/2024	FNP
Dermatology in Primary Care (SeaMar residents attending)	6/5/2024	FNP
Chronic Kidney Disease	6/12/2024	FNP
Fellows' Didactic Topics / Presentations	6/26/2024	ALL
Treatment & management of headaches	7/10/2024	ALL
SRH "murky case reviews"	7/17/2024	FNP
Telehealth best practices & policy considerations	7/24/2024	ALL
Special Project Presentations	8/7/2024	ALL
Professional issues and post fellowship transition	8/14/2024	ALL
FINAL DIDACTIC: interpreting lab results	8/21/2024	ALL
Individual Evaluations	8/28/2024	ALL

Appendix D: Fellowship Applicant Data (2024-2025 Cohort)



VVHC = Valley View Health Center (Tenino)
HRH = Harbor Regional Health
RMC = Republic Medical Clinic
MCMC = Mattawa Community Medical Clinic
LCH = Lake Chelan Health

IHS = Indian Health Services, Colville Service Unit
SHIFA = Shifa Health (Mount Vernon)
PNCT = Psychiatric Nurse Consulting & Therapy
FHC = Family Health Centers (Omak)

Appendix E: UW CHWS Interim Evaluation Report



August 1, 2024

Premera Rural Nursing Health Initiative: A Partnership for Healthier Rural Communities Rural Clinical Placements for Advanced Registered Nurse Practitioner (ARNP) Students Interim Evaluation Report

Susan M Skillman, MS, Natalia V Oster, PhD, Bianca K Frogner, PhD, University of Washington Center for Health Workforce Studies

BACKGROUND AND PURPOSE

The University of Washington (UW) School of Nursing has established the Rural Nursing Health Initiative (RNHI) in partnership with Premera. The Premera RNHI program aims to enhance clinical placements for advanced registered nurse practitioner (ARNP) students from the UW Doctor of Nursing practice (DNP) program, in collaboration with DNP programs across Washington state, with the goal of encouraging interest in, and successful transition to, practice in rural communities. The UW Center for Health Workforce Studies (CHWS) is conducting a comprehensive evaluation to assess the effectiveness of the Premera RNHI to contribute to preparing the next generation of ARNPs to practice in rural areas.

The outcome of interest for the evaluation of the RNHI's DNP student rural clinical placement program is increased understanding of factors that contribute to interest in practicing in a rural community among DNP students (in this program, all ARNP students are enrolled in DNP programs). The evaluation is designed to learn about the backgrounds and characteristics of students prior to participation, experiences during clinical training, characteristics of the rural clinics providing clinical rotations, and resulting attitudes of the students regarding future rural practice.

In this report, the fourth interim evaluation report produced by UW CHWS, we describe findings from ARNP (interchangeably referred to as DNP) student cohorts that completed the RNHI rural clinical training (n=70 students) in the 43 rural clinics that precepted these students. The final DNP student cohort completed their RNHI rural clinical rotations in December 2023 and their findings are included in this interim evaluation. After all DNP participants are at least six months post-graduation (in July 2025) we will finalize the analysis and include findings regarding the students' post-graduation practice location. The final report will be released in August 2025.

METHODS

Data for this evaluation comes from surveys of DNP students when they enter the RNHI program, exit surveys at completion of their 10–15-week clinical rotation, surveys of the rural primary care clinics that precepted the students, and internal tracking of DNP students' practice location six months post-graduation.

Survey questionnaire content is described below and copies are available upon request. All questionnaires use validated research questions when applicable, were pilot tested within our research group and advisory committee, and were developed using a conceptual framework. Questionnaires were administered using the REDCap platform.

Appendix E: UW CHWS Interim Evaluation Report

Throughout this report the unit of analysis is the individual student, rather than clinical rotation. Ten DNP students completed more than one rotation and each of these 10 students are included only a single time in the analyses.

Student baseline survey. Students were invited to complete a research questionnaire within 7-10 days of starting their rural clinical placement. Seventeen closed-ended questions identified the students' educational background, nursing experience, demographic characteristics, experience and exposure to rural settings, satisfaction with their clinical placements during their DNP program, and evaluated the student's future interest in working in rural primary care settings. Six open-ended questions invited comments and additional detail to the questionnaire responses.

Student exit survey. Students were invited to complete the exit survey 7-14 days before the end of their rural clinical placement. Twelve closed-ended questions and seven open-ended questions identified the characteristics of the students' rural clinical placement (e.g., percent of patients from rural communities, exposure to interprofessional learning experience, preceptor provider type), satisfaction with their rural clinical placement, and their future interest in working in rural primary care settings.

Clinic survey. Rural clinics that precepted Premera RNHI students were surveyed within 14 days of the start of the DNP students' rotation at the clinic. The clinic questionnaire included 18 closed-ended questions which assessed the clinic's practice setting (e.g., private practice, federally qualified community health center), practice model, provider composition (e.g., physicians, nurse practitioners), affiliation with larger health systems, percentage of clinic patients covered by Medicare, Medicaid and other health insurance, and the clinic's current and future planned involvement in DNP education and preceptorships.

Practice location assessment. In collaboration with colleagues at the UW School of Nursing, UW CHWS summarizes and tracks DNP students' practice location (urban, rural) and practice type (safety net, rural serving, etc.) six months after RNHI DNP students' anticipated graduation date.

RESULTS

Among RNHI DNP students all 70 (100%) participants responded to the baseline survey and 68 (97.1%) responded to the exit survey. (Two DNP students declined the exit survey.) Forty of the total 43 clinics providing clinical placements for RNHI DNP students (93.0%) responded to the clinic survey. **Tables 1-9** and **Figure 1** show results from DNP students, and **Tables 10-12** and **Figure 2** describe participating clinic responses.

Following are highlights of the descriptive findings from the surveys.

RNHI DNP students

Below are highlights of findings describing DNP students who completed RNHI clinical placements between Autumn 2020 and Winter 2023. More details are shown in **Tables 1-9**.

Academic characteristics

- Two-thirds (68.6%) of respondents were on the Family Nurse Practitioner track.
- More than three-quarters (78.6%) had previously obtained a bachelor's degree in nursing before entering the DNP program and 57.1% also had non-nursing academic degrees.

Appendix E: UW CHWS Interim Evaluation Report

Demographic characteristics

- About half (50.7%) of students were 30-39 years of age when they entered the RNHI program, and 30.4% were aged 20-29 years.
- Most (84.3%) identified as female.
- Two-fifths (45.7%) reported that one or more parent had completed a four-year degree.
- Ten respondents (14.5%) were of Hispanic, Latino or Spanish origin.
- Most reported their race as white (80.0%).

Rural experiences

- More than half of the students (59.4%) reported living in a rural community while growing up.
- Among the students who did *not* live in a rural community while growing up (40.6%), the majority (67.9%) reported spending significant time with family, friends, or other contacts in rural areas.
- Only 9 respondents (13.0%) reported having *no* prior rural experience, including living in a rural area as a child or teen or spending significant time with family, friends or other contacts in rural areas (data not shown).
- Over half (59.4%) of the students reported living in a rural community as an adult.
- Nearly half (44.1%) attended college or university in a small town or rural area.
- About one third (34.8%) worked as an RN in a rural area.

DNP clinical placements prior to Premera RNHI program

- Respondents completed an average of 2.5 clinical placements and 349.8 clinical hours for their DNP program.
- Of the clinical placements noted above, an average of 93.3 clinical hours were completed in a rural clinic.
- Most (91.4%) respondents agreed or strongly agreed with the statement "I am satisfied with my clinical placement(s) during my DNP program to-date."

DNP clinical placements during Premera RNHI program

- During their RNHI rotations, students completed an average of 169.8 clinical placement hours over an average of 8.9 weeks.
- Nearly all DNP students (94.1%) estimated that 76-100% of the patients that they saw during their clinical placement were from rural communities.
- Over half (59.7%) reported obtaining an interprofessional learning experience, alongside students in pharmacy, social work, and lab technician programs, among many other professions.
- Nearly three quarters (73.9%) reported that their primary preceptor was a nurse practitioner.

Satisfaction with clinical placements and incentives for future rural work

- Students rated their satisfaction with their clinical placement experiences.
 - Nearly all ($\geq 95\%$) agreed or strongly agreed that they were satisfied with their clinical placement, educational resources, and supervision their preceptor provided.
 - There were no statistically significant differences in satisfaction ratings when comparing responses by the type of primary preceptor (physician, nurse practitioner (NP), nurse midwife, or physician assistant (PA)) (data not shown).

Appendix E: UW CHWS Interim Evaluation Report

Incentives for future rural work

- Incentives to work in rural areas rated most highly (strongly agree or agree) by students were receiving loan repayment assistance (80.9%), having a variety of provider types in the practice (79.1%), and having other DNP in the practice (78.0%).

Students' interest in future rural work after completing a RNHI rural clinical rotation

We compared DNP students' response to the question "I am considering working in a rural location following my graduation" at baseline and exit.

- Most students (89.7%) continued or increased interest in future rural work following their rural RNHI clinical rotation.

Students' interest in future rural work, by preceptor and clinic characteristics during RNHI clinical rotation

- We assessed agreement at exit with the statement "I am considering working in a rural location following my graduation" by clinic characteristics.
 - We found no statistically significant differences in DNP student interest in future rural work based on the practice model, practice type, or estimated percentage of patients covered by Medicare or Medicaid in the clinic in which the DNP student completed their RNHI rotation.
 - Across clinic characteristics (excluding practice model), most (85.0-94.7%) DNP students reported that they were considering working in a rural location following graduation.

RNHI DNP Clinic Characteristics

The clinic survey response rate was 93.0% (40 of 43 rural clinics that precepted RNHI DNP students). Tables 10-12 and Figure 2 show results of clinic responses.

Characteristics of clinics supporting student clinical rotations

- The most common clinic types were Federally Designated Rural Health Clinic (32.5%) and Federally Qualified Community Health Center (25.0%).
- 25.6% of the clinics were single-specialty group practices and 38.5% were multi-specialty group practices.
- Over half of clinics (65.0%) were independent practices, while the remaining clinics were affiliated with larger health systems (35.0%).
- Among physician, NP and PA providers, 13 clinics (32.5%) reported having only physicians and NPs (i.e., no PAs) and 8 (20.0%) clinics employed only NPs and no physicians or PAs.

Educational involvement and preceptorship

- Clinics reported that, in a typical year, they precept an average of 3.6 DNP students.
- Nearly three quarters of clinics (72.5%) also precepted other health care occupation students, such as pharmacy, medical assistant and dental students.
- Most (85.0%) of the clinics expect to precept health care occupation students for the next few years.
- Most clinics expect to precept about the same number of health care occupation students and DNP students in the coming year compared to the number they precepted before the COVID-19 pandemic (79.4% and 73.5%, respectively).
- Most clinics strongly agreed or agreed with the following statements, with the exception of the role of financial resources in supporting precepting:

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- Our practice has providers who are willing to precept advanced practice nurse students (96%).
- Education of advanced practice nurse students is important to the mission of our practice (93%).
- Our practice has good communication with the educational institutions of the advanced practice nurse students we precept (93%).
- Education of students from multiple health care occupations is important to the mission of our practice (93%).
- Providers in our practice have the time to serve as preceptors to advanced practice nurse students (82%).
- Precepting advanced practice nurse students is an important recruitment strategy for our practice (75%).
- Our practice could precept more advanced practice nurse students if additional financial resources were available (48%).
- There were no statistically significant differences by practice model (e.g., solo practice, multi-specialty) regarding clinic level of agreement with the statement “Precepting advanced practice nurse students is an important recruitment strategy for our practice”.

Practice location six months post-graduation

- A key RNHI evaluation outcome measure is where DNP students are practicing six or more months post-graduation. To-date, six months has elapsed for 64 of the 70 RNHI DNP students and of the 64, practice locations are available for 55 RNHI DNP students.
 - Of the 55 RNHI DNP students with available post-graduation practice location information, our initial analysis suggests that 9 (16.4%) were practicing in rural locations, 2 were working in Native/Tribal clinics, 16 in urban safety net clinics (such as community health centers), and the remaining 28 were in a variety of other sites including clinics located in urban or suburban communities, some of which may also serve adjacent rural populations.

DISCUSSION

The evaluation results indicate high levels of student satisfaction with the RNHI DNP program and strong interest in future rural practice. Additional data regarding the practice location of DNP students at least six months after graduation, to the extent data are available, will support final and expanded analyses, including examining associations of clinic and program characteristics with students’ satisfaction and plans for future practice in rural communities. All RNHI DNP participants will be six or more months post-graduation by July 2025. At that time, we will finalize the analysis and include these data in the final report which will be released in August 2025.

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TABLES

- Table 1. Premera RNHI DNP Student Characteristics
- Table 2. Premera RNHI DNP Student Prior RN Education and Practice
- Table 3. Premera RNHI DNP Student Demographic and Service Characteristics
- Table 4. Premera RNHI DNP Students' Rural Experience, by Respondents Who Did/Did Not Live Rurally at Any Time Between Ages 0-18 years
- Table 5. Premera RNHI DNP Students' Prior Clinical Placement Experience
- Table 6. Students' Clinical Placement Satisfaction Ratings Prior to RNHI DNP Program
- Table 7. Premera RNHI DNP Student Clinical Experiences During Rural Rotation
- Table 8. Pre-post Change in Response to "I am considering working in a rural location following my graduation"
- Table 9. Agreement at Exit with the Statement "I am considering working in a rural location following [my](#) graduation"
- Table 10. Practice Characteristics of Rural Clinics Precepting Premera RNHI Students
- Table 11. Patient Characteristics of Rural Clinics Precepting Premera RNHI Students
- Table 12. Educational Involvement of Rural Clinics Precepting Premera RNHI Students
- Table 13. DNP Clinic Level of Agreement with Recruitment Strategy Statement

FIGURES

- Figure 1. Satisfaction With Premera RNHI Student Clinical Placement and Level of Agreement with Factors Supporting Future Rural Work
- Figure 2. DNP Clinic Level of Agreement with Student Preceptorship Statements

Table 1. Premera RNHI DNP Student Characteristics (n=70) ^{a,b}

<u>Cohort^c</u>	n	Percent
Cohort 1 (Autumn 2020)	11	15.7%
Cohort 2 (Winter-Spring 2021)	11	15.7%
Cohort 3 (Summer-Autumn 2021)	15	21.4%
Cohort 4 (Winter-Spring 2022)	12	17.1%
Cohort 5 (Summer-Autumn 2022)	13	18.6%
Cohort 6 (Winter-Spring 2023)	4	5.7%
Cohort 7 (Summer-Autumn 2023)	2	2.9%
Cohort 8 (Winter-Spring 2024)	2	2.9%
School enrolled (n=70)^c		
Gonzaga University	5	7.1%
Pacific Lutheran University	5	7.1%
Seattle Pacific University	6	8.6%
Seattle University	18	25.7%
University of Washington	24	34.3%
Washington State University	12	17.1%
DNP program track (n=70)^c		
Family Nurse Practitioner (FNP)	48	68.6%
Psychiatric Mental Health Nurse Practitioner (PMHNP)	11	15.7%
Adult Gero Nurse Practitioner – Primary Care (AGNP-PC)	4	5.7%
Pediatric Nurse Practitioner	1	1.4%
Nurse Midwifery (NM)	6	8.6%
Expected DNP graduation, year (n=70)^c		
2021	20	28.6%
2022	23	32.9%
2023	21	30.0%
2024	6	8.6%

a. All DNP students who completed rotations in the Premera RNHI program (N=70) are included in [table](#).

b. Table includes only data from students' first rotation and excludes data from second rotations completed by N=10 students.

c. No missing data (N=70).

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Table 2. Premera RNHI DNP Student Prior Registered Nurse (RN) Education and Practice (n=70)

Type of RN education completed ^{a,b}	n	Percent
Diploma	5	7.1%
Associate	9	12.9%
Bachelor's	55	78.6%
Master's	3	4.3%
Other ^c	12	17.1%
N/A – no previous RN	0	0%
Received non-nursing academic degree(s) ^d		
Yes	40	57.1%
No	30	42.9%
Type of non-nursing academic degree(s) ^{b,e}		
Associate	9	12.8%
Bachelor's	30	42.9%
Master's	3	4.3%
Doctoral	1	1.4%
Other	0	0%
Years worked as an RN ^d		
Mean number of years worked as RN	(6.7 years)	
Min, Max number of years worked as RN	(0, 32 years) ^f	

a. Year of graduation with RN degrees ranged from 1990-2021.

b. Respondents requested to "Check all that apply" thus total exceeds 100%.

c. Responses included: Advanced practice nursing immersion; accelerated program with no degree, just certification; direct entry RN program.

d. No missing data (N=70).

e. Year of graduation with non-RN degrees ranged from 1983-2018.

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Table 3. Premera RHNI DNP Student Demographic and Service Characteristics (n=70)

	n	Percent
Age (n=69)^{a,b}		
20-29	21	30.4%
30-39	35	50.7%
40-49	7	10.1%
50-59	6	8.7%
Gender identity (n=70)^c		
Female	59	84.3%
Male	10	14.3%
Other ^d	1	1.4%
Served on active duty in the U.S. Armed Forces, Reserves, or National Guard (n=70)^e		
Yes	4	5.7%
No	66	94.3%
Served in U.S. or international service program (n=70)^e		
Yes	9	12.9%
No	61	87.1%
Among respondents (n=8) who have served in U.S. or international service program^{e,g}...		
Peace Corps	2	2.9%
International Volunteer HQ	0	0%
AmeriCorps	3	4.3%
Teach for America	0	0%
Other ^f	4	5.7%
One or more parent(s) completed 4-year degree (n=70)^{c,h}		
Yes	32	45.7%
No	38	54.3%
Hispanic, Latino, or Spanish origin (n=69)^a		
Yes	10	14.5%
No	59	85.5%
Race^{c,h}		
American Indian or Alaska Native	2	2.9%
Asian	7	10.0%
Black or African American	1	1.4%
Native Hawaiian or Other Pacific Islander	0	0%
White	56	80.0%
Other race	6	8.6%

a. Missing one response, not included in calculations of percentages.

b. Age in years at time of survey response.

c. No missing data (n=70).

d. Nonbinary (n=1).

e. Response restricted to those who reported that they have served in U.S. or international service programs (n=9).

f. Responses include Council on International Educational Exchange; Doctors Without Borders; U.S. State Department Social Development; various humanitarian organizations.

g. Full question: "In your household when you were growing up, had one or more of your parents completed a bachelor's (4 year) degree?"

h. Respondents requested to "Check all that apply" thus total exceeds 100%.

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Table 4. DNP Students' Rural Experience, by Respondents Who Did/Did Not Live Rurally at Any Time Between Ages 0-18 years^a

	Lived rurally at any time between ages 0-18 years ^b		Total, N=69
	No, did not live rurally n=28 (%)	Yes, lived rurally (any time between ages 0- 18 years) n=41 (%)	
Lived rurally ages 14-18	N/A	30 (73.2%)	30 (43.5%)
Lived rurally ages 0-18 years ^b	N/A	22 (53.7%)	22 (31.9%)
Spent significant time with family, friends, other contacts in rural areas (n=69)			
Yes	19 (67.9%)	38 (92.7%)	57 (82.6%)
No	9 (32.1%)	3 (7.3%)	12 (17.4%)
Lived in a rural community as an adult (n=69)			
Yes	15 (53.6%)	26 (63.4%)	41 (59.4%)
No	13 (46.4%)	15 (36.6%)	28 (40.6%)
Attended college in rural area (n=68) ^{c,d}			
Yes	6 (21.4%)	24 (60.0%)	30 (44.1%)
No	22 (78.6%)	16 (40.0%)	38 (55.9%)
Ever worked in a rural area (n=69)			
Yes	10 (35.7%)	32 (78.1%)	42 (60.9%)
No	18 (64.3%)	9 (22.0%)	27 (39.1%)
Ever worked in health care in a rural area ^{e,f}			
No	2 (7.1%)	6 (14.6%)	8 (11.6%)
Yes, as an RN	6 (21.4%)	18 (43.9%)	24 (34.8%)
Yes, in a role other than an RN	3 (10.7%)	10 (24.4%)	13 (18.8%)

a. One missing response (N=69) for all questions in table.

b. Respondents selected all available age categories: 0-5 years of age, 6-13 years, 14-18 years of age.

c. Two missing responses, not included in calculations of percentages.

d. Full question reads: "Prior to starting your DNP program, did you attend college or university in a small town or rural area?"

e. Question only viewed by those who reported ever working in a rural area (n=42).

f. Respondents requested to "Check all that apply", thus column percentages do not equal 100%.

Table 5. Premera RNHI DNP students' Prior Clinical Placement Experience (n=70)

Number of DNP clinical placements completed to date (n=70)^a

Mean	2.5
Min, Max	1, 6

Number of DNP clinical hours completed to date (n=69)^b

Mean	349.8
Min, Max	60, 980

Number of rural clinical hours completed prior to current placement (n=70)^a

Mean	93.3
Min, Max	0, 400

a. No missing data (n=70).

b. Missing one response, not included in calculations of percentages.

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Table 6. Students' Clinical Placement Satisfaction Ratings Prior to Premera RNHI Program (n=70)

	Strongly Agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
I am satisfied with my clinical placement(s) during my DNP program to-date	35 (50.0%)	29 (41.4%)	5 (7.1%)	1 (1.4%)	0 (0%)

Table 7. RNHI DNP Student Clinical Experiences During Rural Rotation (n=68)^a

Regarding the rural clinical placement that you just completed...

Clinical placement hours (n=68)^b

Mean number of clinical placement hours 169.8

Min, Max number of clinical placement hours 50, 327

Clinical placement weeks (n=68)^b

Mean number of clinical placement weeks 8.9

Min, Max number of clinical placement weeks 4, 16

Estimated percentage of patients from rural areas (n=68)^b

	n	Percent
None	0	0%
1-25%	0	0%
26-50%	2	2.9%
51-75%	2	2.9%
76-100%	64	94.1%
Don't know	0	0%

Clinical placement provided an interprofessional learning experience (n=67)^{c,d}

Yes	40	59.7%
No	27	40.3%

Your primary preceptor, type (n=65)^e

Physician	10	15.4%
Nurse Practitioner	48	73.9%
Nurse Midwife	4	6.2%
Physician Assistant	3	4.6%

a. Two students completed the baseline questionnaire but did not complete the exit questionnaire (total of N=68 exit questionnaires).

b. No missing data (n=68).

c. Respondents noted the following interprofessional students at their rural training clinics: Pharmacy, mental health counseling/substance use disorder programs, medical students, nursing students, medical assistant, physician assistant, naturopathic doctor; social work; specialists in nephrology and cardiology; radiologist and lab technician.

d. Missing one response, not included in calculations of percentages.

e. Missing three responses, not included in calculations of percentages.

Table 8. Pre-post Change in Response to "I am considering working in a rural location following my graduation" (n=68)^a

Baseline response	Exit response		
	Strongly Agree	Agree	Neutral or disagreement ^b
Strongly Agree	25 (36.8%)	10 (14.7%)	1 (1.5%)
Agree	8 (11.8%)	14 (20.6%)	6 (8.8%)
Neutral or disagreement ^b	1 (1.5%)	3 (4.4%)	0

a. Removes baseline data from two participants who completed the baseline questionnaire but did not complete the exit questionnaire.

b. Neutral or disagreement includes the following response categories: Neither disagree nor agree/disagree/strongly disagree.

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Table 9. Agreement at Exit with the Statement “I am considering working in a rural location following my graduation”, by preceptor and clinic characteristics (n=68)^a

	Strongly agree/agree N=61	Neutral or disagreement ^b N=7
Practice model (n=66)^c		
Solo practice	12 (85.7%)	2 (14.3%)
Single-specialty group practice	19 (90.5%)	2 (9.5%)
Multi-specialty group practice	24 (96.0%)	1 (4.0%)
Other	4 (66.7%)	4 (33.3%)
Practice type (n=66)^c		
Affiliated with larger health system	17 (85.0%)	3 (15.0%)
Independent practice	42 (91.3%)	4 (8.7%)
Estimated percent of patients covered by Medicare^d		
≤50%	41 (91.1%)	4 (8.9%)
>50%	9 (90.0%)	1 (10.0%)
Estimated percent of patients covered by Medicaid^d		
≤50%	31 (86.1%)	5 (13.9%)
>50%	18 (94.7%)	1 (5.3%)

a. Comparisons of agreement not statistically significant for any categories in table.

b. Neutral or disagreement includes the following categories: Neither disagree nor agree/disagree/strongly disagree.

c. Missing two responses, not included in calculation of percentages.

d. Thirteen responses missing or responded “Don’t know”, not included in calculation of percentages.

Table 10. Practice Characteristics of Rural Clinics Precepting Premera RHNI Students (n=40)^a

	n	Percent
Practice setting (n=40)^b		
Rural Health Clinic (federally designated)	13	32.5%
Community Health Center (federally qualified)	10	25.0%
Private practice (not RHC)	8	20.0%
Indian Health Service or tribal facility	2	5.0%
Public health department	0	0%
Veteran’s health service	0	0%
Other ^c	7	17.5%
Practice model (n=39)^d		
Solo practice	9	23.1%
Single-specialty group practice	10	25.6%
Multi-specialty group practice	15	38.5%
Other ^e	5	12.8%
Practice type (n=40)^b		
Affiliated with larger health system	14	35.0%
Independent practice	26	65.0%
Provider type(s) associated with the practice^f		
Physicians only (without NPs or physician assistants [PAs])	0	0%
Nurse practitioners only (without MDs or PAs)	8	20.0%
Physician assistants only (without MDs or NPs)	0	0%
Physicians and nurse practitioners only (no PAs)	13	32.5%
Physicians, nurse practitioners, and physician assistants	17	42.5%
Practice includes any of the above and...		
Practice includes nurse midwives	7	17.5%
Practice includes pharmacists	11	27.5%
Practice includes social workers and/or mental health counselors ^g	19	47.5%

a. Table includes all clinics that responded to questionnaire (N=40). Three clinics declined to submit questionnaires and are not included in denominator.

b. No missing data (n=40).

c. Other responses: Community mental/behavioral health center; homebirth midwifery clinic; jail setting; residential co-occurring disorders treatment; not for profit.

d. Missing one response, not included in calculations of percentages.

e. Other responses: Integrated health care; medical and mental care, including substance abuse treatment.

g. Respondents instructed to “Check all that apply” (column percentages will not equal 100%).

f. Question specifies that these practitioners are licensed.

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Table 11. Patient Characteristics of Rural Clinics Precepting Premera RNHI Students (n=40)^a

	n	Percent
Estimated percent of patients covered by Medicare (n=38)^b		
None	4	10.5%
1-25%	14	36.8%
26-50%	10	26.3%
51-75%	4	10.5%
76-100%	3	7.9%
Don't know	3	7.9%
Estimated percent of patients covered by Medicaid (n=39)^c		
None	1	2.6%
1-25%	7	17.9%
26-50%	10	25.6%
51-75%	10	25.6%
76-100%	7	17.9%
Don't know	4	10.3%
Estimated percent of uninsured patients (n=39)^c		
None	0	0%
1-25%	33	84.6%
26-50%	2	5.1%
51-75%	0	0%
76-100%	0	0%
Don't know	4	10.3%
Estimated percent of patients from rural communities (n=39)^c		
None	0	0%
1-25%	1	2.6%
26-50%	1	2.6%
51-75%	4	10.3%
76-100%	31	79.5%
Don't know	2	5.1%

a. Table includes all clinics that responded to questionnaire (N=40). Three clinics declined to submit questionnaires and are not included in denominator.

b. Missing two responses, not included in calculations of percentages.

c. Missing one response, not included in calculations of percentages.

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Table 12. Educational Involvement of Rural Clinics Precepting Premera RNHI Students (n=40)^a

Number of DNP students precepted in a typical year (n=38) ^b		
Mean number of students precepted (min, max) ^{c,d}		3.6 (1,20)
	n	Percent
Number of ARNPs from non-Washington schools precepted at clinic (n=37) ^e		
0	24	64.9%
1	3	8.1%
2	7	18.9%
3	3	8.1%
Clinic precepts non-ARNP students (n=40) ^{f,g}		
Yes	29	72.5%
No	11	27.5%
Clinic expects to precept health care occupation (HCO) students for next few yrs (n=40) ^f		
Yes	34	85.0%
No	2	5.0%
Don't know	4	10.0%
Number of expected HCO preceptees in the coming year vs. last year (n=34) ^{h,i}		
More	5	14.7%
About the same number	27	79.4%
Fewer	0	0%
Don't know	2	5.9%
Number of expected ARNP preceptees in the coming year vs. last year (n=34) ^{h,j}		
More	8	23.5%
About the same number	25	73.5%
Fewer	0	0%
Don't know	1	2.9%

- a. Table includes all clinics that responded to questionnaire (N=40). Three clinics did not submit questionnaires and are not included in denominator.
- b. Missing two responses, not included in calculations.
- c. Mean based on the high range reported by the clinic. For example, if a clinic reported that they precept "1-2" students, "2" was used to calculate mean.
- d. One clinic reported 20 APNP students and noted that this includes total ARNP students at all their rural satellite sites.
- e. Missing three responses, not included in calculations of percentages.
- f. No missing data (n=40).
- g. Responses include dental, pharmacy, radiology; behavioral medicine; RN students; medical assistant students; medical students and residents; physician assistant students.
- h. Missing six responses, not included in calculations of percentages.
- i. Question specifies that we are differentiating between the coming year and the year prior to the COVID-19 pandemic.

Table 13. DNP Clinic Level of Agreement with Recruitment Strategy Statement

"Precepting advanced practice nurse students is an important recruitment strategy for our practice"

	Strongly agree/agree n=29 (%)	Neutral or disagreement ^a n=10 (%)
Practice model (n=39)^{b,c}		
Solo practice	7 (77.8%)	2 (22.2%)
Single-specialty group practice	6 (60.0%)	4 (40.0%)
Multi-specialty group practice	13 (86.7%)	2 (13.3%)
<u>Other^d</u>	3 (60.0%)	2 (40.0%)

- a. Neutral or disagreement includes the following response categories: Neither disagree nor agree/disagree/strongly disagree.
- b. Missing one response, not included in calculations of percentages.
- c. Comparisons of agreement by practice model not statistically significant.
- d. Other responses: Integrated health care; medical and mental care, including substance abuse treatment.

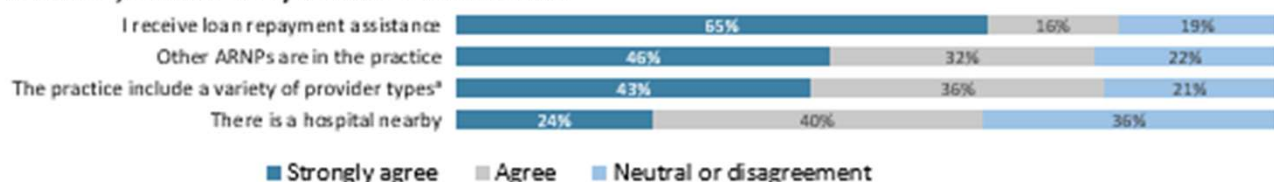
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Figure 1. Satisfaction With Premera RNHI Student Clinical Placement and Level of Agreement With Factors Supporting Future Rural Work (n=68)^{a,b}

Regarding the rural clinical placement you just completed...



Regarding future ARNP work, I am more likely to work in a rural area if...

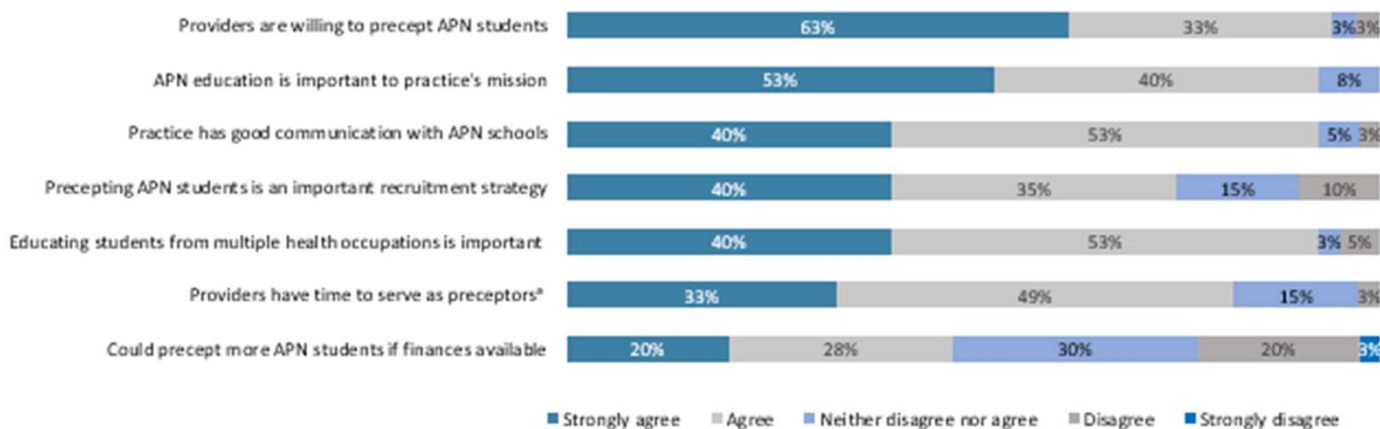


NOTE: Advanced Registered Nurse Practitioner (ARNP)

a. Missing one response, not included in calculations of percentages.

b. Neutral or disagreement includes the following response categories: Neither disagree nor agree/disagree/strongly disagree.

Figure 2. DNP Clinic Level of Agreement With Student Preceptorship Statements (n=40)



a. Missing one response, not included in calculations of percentages.

NOTES: Advanced Practice Nurse (APN)

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August 1, 2024

Premera Rural Nursing Health Initiative: A Partnership for Healthier Rural Communities Rural Clinical Placements for Advanced Registered Nurse Practitioner Fellows Interim Evaluation Memo

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BACKGROUND AND PURPOSE

In partnership with the Premera Foundation, the University of Washington (UW) School of Nursing has established the Rural Nursing Health Initiative (RNHI) Fellowship program. The Premera RNHI Fellowship program is a 12-13 month paid fellowship in which newly graduated advanced registered nurse practitioners (ARNPs) from across the U.S. train in rural healthcare practices across Washington state. The Premera RNHI Fellowship includes structured clinical education and didactics, training in specialty areas relevant to rural practice, and supportive transition to practice. The UW Center for Health Workforce Studies (CHWS) is conducting a comprehensive evaluation designed to learn about the backgrounds and characteristics of Premera RNHI fellows prior to participation, experiences during clinical training, characteristics of the rural clinics providing fellowship training, and resulting attitudes of the fellows regarding future rural practice.

EVALUATION AND METHODS

Thirty ARNPs are anticipated to complete the Premera RNHI Fellowships by October 2025. To date, 12 ARNPs have completed the Premera RNHI Fellowship and 6 began their clinical placement in September 2024. Approximately 5 rural primary care clinics are providing fellowship clinical sites.

Evaluation data come from baseline surveys of RNHI fellows at the start of their clinical placement and in-depth, semi-structured interviews at the completion of their 12-month training. We additionally conduct annual in-depth interviews with administrators at each rural fellowship clinical site.

FINDINGS

Findings from the RNHI Fellowship program will be included in a final report after a sufficient number of program completions have accrued to ensure confidentiality of results and support numbers adequate for meaningful analyses. The Premera RNHI Evaluation final report is expected to be released by the end of 2025.