



PREMERA RURAL NURSING HEALTH INITIATIVE

UNIVERSITY *of* WASHINGTON

School of Nursing

APRN Rural Fellowship Handbook 2024-2025 Cohort

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Our Partnerships and Gratitude

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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 and psychiatric mental health 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 12-13 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



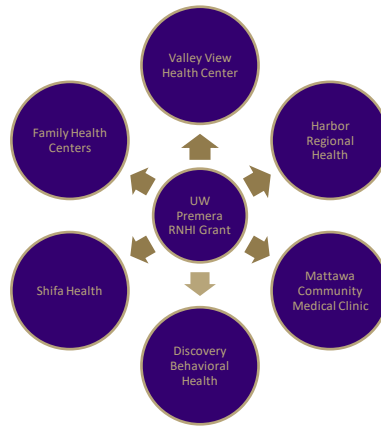
The mission of the UW Premera Rural Nursing Health Initiative (RNHI) ARNP fellowship is to cultivate autonomous, confident, and competent nurse practitioners through collaborative and structured clinical education, providing continuity for compassionate, evidence-based health care that improves access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

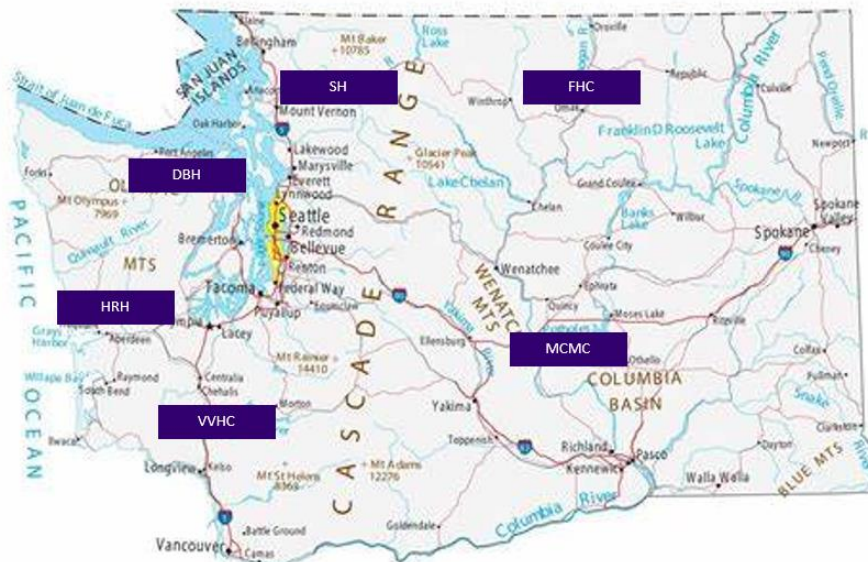
primary care and psychiatric mental health providers, we strive to do our part in reducing health care disparities within rural communities.

The Partnership



The Clinics

UW Premera RNHI is partnering with **six** rural organizations in Washington state for the 2024-2025 APRN fellowship year: Discovery Behavioral Healthcare (DBH) in Port Townsend, Family Health Centers (FHC) in Omak, Harbor Regional Health (HRH) in Aberdeen, Mattawa Community Medical Clinic (MCMC) in Mattawa, Shifa Health (SH) in Mount Vernon, and Valley View Health Center (VVHC) in Tenino.





Port Townsend, Washington (Cohort: 2024-2025)

At Discovery Behavioral Health, we believe a happy, rewarding life is everyone's right. That's why we make behavioral healthcare—eating, mental health and substance use disorders—accessible and affordable. With hundreds of healthcare centers nationwide, we connect people, professionals and payors through comprehensive, evidence-based community treatment programs.

Our residential treatment, intensive outpatient and partial hospitalization programs are in-network with most major insurance providers. All programs include aftercare and support groups for patients and their families, for life. Because when access is easy, recovery is possible—and so is happiness.



Omak, Washington (Cohort: 2024-2025)

Incorporated in 1985, Family Health Centers (FHC) is a nonprofit 501(c)3 and a National Health Service Corps (NHSC) site located in North Central Washington. FHC serves Okanogan County and parts of Douglas County, has six medical clinics, two pharmacies, four dental clinics, and two mobile units that serve a rural population of close to 44,000. In addition to medical and dental care, FHC offers behavioral health, naturopathic medicine, immunizations, children's health, obstetrics & women's care, and medication assisted treatment.

Located halfway between Seattle and Spokane, Okanogan County encompasses nearly 5,300 square miles of pristine, natural beauty and is bordered on the north by Canada, on the south by the Columbia River Basin and the west by the North Cascade Mountains.



Aberdeen, Washington (Cohorts: 2021-2022, 2022-2023, 2023-2024, 2024-2025)

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. Fellows with Harbor Regional Health are 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 beach combing, birdwatching, kayaking, hiking in the surrounding pristine forests.



Mattawa, Washington (Cohorts: 2022-2023, 2023-2024, 2024-2025)

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.



Mount Vernon, Washington (Cohort: 2023-2024, 2024-2025)

Established in 2003, Shifa Health (SH) has been dedicated to helping people decrease suffering, enhance functioning, and achieve their highest potential to live a happy and healthy life. SH is a group of highly skilled Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, and

Counselors who are passionate about enriching mental health and wellbeing, going beyond symptom relief and also focusing on prevention and wellness. SH specializes in the use of a combination of advanced treatments including TMS, Spravato, Medications, Psychotherapy, and evidence based natural remedies to treat disorders like depression, anxiety, ADHD, PTSD, and other stress related disorders.

Mount Vernon was established in 1870 and is the county seat of Skagit County, part of a regional behavioral support network covering 5 counties. Located 60 miles north of Seattle, it's a strong agricultural community that hosts an annual tulip festival in April of each year. It has a population of 35,404 people (as of 2021).



Tenino, Washington (Cohorts: 2021-2022, 2022-2023, 2023-2024, 2024-2025)

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 location for the fellowship taking place in 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. Tenino, a town in Thurston County, has a population of 1,958 (as of 2021).

Programmatic Components, Objectives & Competencies



Programmatic Components

Anchored in Accreditation Standards

The UW Premera Rural Nursing Health Initiative's APRN Fellowship Program was designed using accreditation standards as anchors for the program. Currently, there are three accrediting bodies for NP Postgraduate Training: Consortium for Advanced Practice Providers (CAPP), 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 CAPP 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 and provide 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 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 CAPP 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 they relate 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.apppostgradtraining.com/wp-content/uploads/2023/02/Accreditation-Standards-2023.pdf>

Postgraduate APRN Fellowship Objectives

At completion of the UW Premera RNHI fellowship program, fellows must be able to demonstrate the following:

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 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.

RESILIENCE

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)***

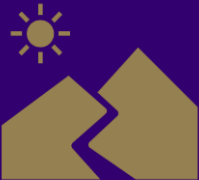
Fellowship Program Overview

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 at discretion of the fellowship site.</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 (but timing varies by site). 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 preceptor(s) who will be fully available to assist and guide the fellows as needed.</p>
Specialty Rotations 	<p>Specialty rotations occur throughout the fellowship year with an average of 6 unique experiences per fellow. However, <i>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. Specialty rotations are arranged by your fellowship site with assistance from the Premera team.</i></p>

Didactic Learning	
Weekly Didactics 	<p>Didactic sessions are provided a half day each week and include a variety of complex clinical topics that are encountered in rural primary care. Didactics can be presented in the form of lectures, workshops, discussions, case studies or a combination of these methods. The content of these presentations is designed to correspond to the fellows' current clinical experiences. Didactic sessions will cover topics ranging across the</p>

	<p>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. Most didactic sessions are recorded via Zoom and uploaded to Canvas for later viewing (or if you're unable to attend a session).</p>
<p>Skills Workshops</p> 	<p>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 9-11, 2024) and a one-day intensive on March 26, 2025. Utilizing the Simulation (SIM) Center housed within the UW School of Nursing in Seattle, 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.</p>

Systems-based learning	
<p>Quality Improvement/ Quality Assurance Special Project</p> 	<p>The purpose of the QI/QA 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 time dedicated throughout the program for this project.</p>

Rural Health & Community Engagement - assessment of community, environmental, and socioeconomic influences on health of patients, and data driven assessment of the rural primary care population	
	<p>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. Fellows will be asked to share what they've learned at the Rural Health didactic.</p>

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 between provider and patient.

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/>)

Reflective Journaling



Reflective journaling is an important component to the fellowship program. Reflective journaling helps fellows adjust to practice as an APRN and has been shown to contribute to resiliency. More information about the importance of journaling can be found on Canvas. Journaling will be a part of the well-being sessions. Fellows will be oriented to the format and structure at the first well-being session.

Conference Attendance



The UW Premera RHNI Fellowship program encourages fellows to continue to expand their learning and professional development through conference attendance.

As such, the **FNP and PMHNP fellows** will be attending a two-day UW Advanced Practice in Primary Care and Acute Care Conference in person at Hillton Garden Inn in Issaquah on October 18-19, 2024. Conference registration and associated travel will be paid for by the UW Premera RNHI Grant. More information about the conference can be found here: <https://auws.regfox.com/update2024>

The **PMHNP fellows** will be attending the Association of Advanced Practice Psychiatric Nurses (AAPPN) 2024 Annual Conference on Saturday, October 5, 2024 at Hilton Seattle Airport & Convention Center [2024 Annual Conference - Association of Advanced Practice Psychiatric Nurses \(aappn.org\)](https://aappn.org)

Additionally, fellows may request up to \$2,000 in reimbursement from the UW Premera RNHI Grant for additional **pre-approved** travel and/or registration fees for a conference of their choice (note: time off to attend conferences is at the discretion of the fellowship sites' program directors).

NOTE: conference attendees will be expected to brief fellow colleagues at a didactic session after the conference.

The following conferences are encouraged:

- American Association of Nurse Practitioners (AANP)
June 17-22, 2025 in San Diego, CA
<https://www.aanp.org/events/2025-aanp-national-conference>
- Northwest Regional Primary Care Association (NWRPCA) Spring Summit
Dates / location TBD
[Northwest Regional Primary Care Association \(nwrpca.org\)](http://nwrpca.org)
- Consortium for Advanced Practice Providers (CAPP) Annual Conference 2025
Dates / location TBD (typically Summer)
<https://www.apppostgradtraining.com/>

Travel reimbursement request forms for conferences can be found on the UW Premera RNHI Canvas page (in Modules)

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 • Specialty rotations • Skills workshops
Time & Frequency	<ul style="list-style-type: none"> • Precepted Clinics: 3 days per week average • Specialty rotations: Site dependent. An average of 6 unique experiences over the fellowship year. • Skills Workshops: 3-day skills workshop September 9-11, 2024 and 1-day skills workshop on March 26, 2025
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 • 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 • Skills Workshop Evaluations • Year End Interview • Comprehensive Program Evaluation • Reflective Journaling • Alumni survey

CURRICULUM ELEMENT:	Didactic Learning
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Activities	<ul style="list-style-type: none"> • Attendance at all regularly scheduled didactic sessions via Zoom • In the event of a missed session, please watch the recorded session and complete the evaluation form (recording 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 and the UW Premera RNHI grant team.
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 • 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

	<ul style="list-style-type: none"> • Final presentations of project to fellowship sites, to the cohort, and to the UW Premera RNHI Grant Team and Premera Foundation representative(s) • Year End Interview • Comprehensive Program Evaluation
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CURRICULUM ELEMENT:	Rural health and community engagement - 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 • Reflective Journaling • Conference attendance • Active participation in weekly didactic sessions

Time & Frequency	<ul style="list-style-type: none"> • Well-being groups: bi-monthly via Zoom • Reflective Journaling: bi-weekly practice • Conference Attendance: as scheduled • Didactic session participation: weekly via Zoom
Competencies expected	<ul style="list-style-type: none"> • Interpersonal communication skills • Interprofessional collaboration • Personal and professional development
How outcomes are measured	<ul style="list-style-type: none"> • Well-being Group Evaluations • Reflective Journaling Review with Program Directors and Wellbeing Session Facilitator • 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 their patient population
- 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 team.
- 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 prompt completion of required evaluations as outlined in the evaluation schedule
- Participate actively (and with camera on, if possible) at weekly didactic sessions and biweekly well-being sessions; watch recorded didactic sessions if you miss a live session
- Participate actively in skills workshops
- Participate in journaling activities
- Attend quarterly meetings with the UW Premera RNHI grant team

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
- Be responsible for prompt completion of required evaluations as outlined in the evaluation schedule
- Meet **quarterly** with fellows to discuss their progress utilizing evaluation criteria
- Communicate any concerns to program directors/preceptors, as appropriate
- Attend Faculty Development Workshops and monthly 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 monthly and with fellows quarterly
- Coordinate skills workshops
- Coordinate faculty development workshops

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

- **Wednesday, November 20, 2024**
- **Wednesday, February 19, 2025**
- **Wednesday, May 21, 2025**
- **Wednesday, July 16, 2025**

<https://washington.zoom.us/j/96056942872>

Meeting ID: 960 5694 2872

*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 throughout the fellowship year. Agendas and PowerPoints will be available on the Faculty Canvas site.

Skills Workshops

Agendas and presentations from Skills Workshops will be posted on Canvas.

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				
Weekly didactic			X		
Specialty rotations		X			
QI/QA Project focus time			X		
Well-being Sessions (2nd & 4th Wednesdays)			X		
PMHNP case consults (1st & 3rd Wednesdays)			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.

First session: September 18, 2024

Last session: August 20, 2025

Wednesdays – typically 2-3 hours between 1-5pm

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 links to all sessions in Canvas under “Modules.”

UW Premera RNHI APRN Fellowship: Didactic Schedule –2024-2025

September '24						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October '24						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November '24						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December '24						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January '25						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February '25						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March '25						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April '25						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May '25						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June '25						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July '25						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August '25						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Didactic Topics

Didactic topics / dates will be updated and listed on Canvas under “Modules” (*and are subject to change*).

Psychiatric Mental Health Nurse Practitioner Case Consultations

Throughout the fellowship year PMHNP Fellows will meet bi-weekly on the 1st and 3rd Wednesday of the month for Psychiatric Case Consultation.

The **1st Wednesday** session will be from **12:00-1:00pm** with April Gerlock, PhD, PMHNP-BC, ARNP. The **3rd Wednesday** session will be from **5:30-6:30pm** with Christina Pike, PMHNP-BC, ARNP.

If you are unable to attend a session, please contact the facilitator:

- April Gerlock (1st Wednesday) – aprila@uw.edu
- Christina Pike (3rd Wednesday) - christinampike@gmail.com

Orientation to Rural Community: Windshield Survey & Community Engagement

As a UW Premera RNHI fellow providing care in rural Washington, it is critical that you have an understanding of the community in which you live and work beyond the clinic walls. To support this understanding, we encourage all fellows to engage in a “Windshield” survey and other community engagement activities to deepen their connection and understanding of the rural community. The survey will begin with the first month of the fellowship program, but knowledge and skills will be honed throughout the fellowship year.

Educational Objectives

Windshield surveys are informal in nature but are used to increase your knowledge of the rural and underserved community in which you are working. The survey combined with other community engagement activities aims to illuminate the complex intersections of factors such as community, environmental, and socioeconomic that influence the health of your patients. Ultimately, the knowledge and skills gained will support you in optimizing the care of the community and its constituents. Activities will prepare you to:

- Collaborate with community members and utilize relevant data to assess the needs of a community
- Develop a QI/QA project that is relevant and reflective of community needs
- Appropriately refer to and coordinate with social service agencies and community partners
- Educate patients and colleagues about community resources
- Appropriately utilize local and national data in advocating healthcare policy changes that affect the rural community

Windshield Survey Activities

Fellows will implement a windshield survey & participate in community engagement activities within the first month of the fellowship. The full scope of activities will vary by site and should be done in collaboration with your program director and site faculty. A “windshield survey” template is available on Canvas.



Community Based Activities might include:

- Tour of the neighborhoods where patients reside (this may include trailer parks, food banks, and homeless shelters)
- Meet and tour with community patient advocates
- Visit the local community centers, churches, and other businesses that are germane to the community.

In tandem with site-based activities, the weekly didactics in the first month will include topics relevant to the health issues of rural populations including issues related to social determinants of health.

Collectively, these focused activities (windshield survey, community activities, and weekly didactics) will prepare fellows to select and pursue their QI/QA project in partnership with clinic leadership.

Fellows will present the results of their windshield survey during the rural health didactic session on a TBD date

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 a Power Point presentation to fellowship site staff, leaders and appropriate community partners during the last month of the fellowship program. Additionally, fellows will present to their cohort, the UW grant team, and Premera representative(s) during a weekly didactic session tentatively scheduled for **8/6/2025 or 8/13/2025**.

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.

First session: October 9, 2024
Last session: August 27, 2025
2nd and 4th Wednesdays from 12:00 – 12:45pm

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/>)

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 via email: **dianaliebner@gmail.com**. Sessions are never 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.” – UW Premera RNHI ARNP Fellow (2021-2022)

Complaints and Grievances

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 your fellowship site's 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 and fellows 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

***This log is provided to sites as an example. Sites may utilize a different form or process. Please check with your human resources department and program director for site specific practices.**

Evaluations

Evaluation Schedule- 2024-2025 Cohort

Fellowship Evaluations	September 2024 - August 2025											
------------------------	------------------------------	--	--	--	--	--	--	--	--	--	--	--

	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			1-2						1-2			
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.

	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		
Alumni Evaluation												

Evaluation data will be collected electronically using REDCap and Google Forms.

Chart Review – Approach and Criteria

Rationale: Chart reviews are a critical tool to support your fellow(s) competency and confidence. *If your site does not have a chart review process in place for new nurse practitioners, we encourage you to utilize the following process.*

Approach: The program director will choose 6 charts/quarter to review. Charts should be chosen at random and represent a diversity of diagnostic categories and age ranges. Program Director will evaluate each chart using the CHART REVIEW CHECKLIST. The results of the review and any plans for improvement should be reviewed with the fellow each quarter.

Criteria: Selected charts should be comprehensive and in accordance with the certification of the fellow (FNP, AGNP, PMHNP). Minimize using duplicate case/visit types.

Chart Review Checklist

Fellow: _____ Date: _____ Quarter: _____ Track: FNP AGNP PMHNP

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

Visit Type: _____ Age: ____ Sex: ____ Chief Complaint: _____

	Present	Not Present	Incomplete	Unclear	N/A	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.						
PMHNP						
Documents comprehensive psychiatric assessment						
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						
PMHNP						
Identifies common medical co-morbidities (ie. Hypertension, chronic pain, GI issues, and implications for plan of care)						
Appropriate diagnostic investigations (ordered or performed)						
Education/Health Promotion						
Follow-up plan						
Collaboration, consultation and referral as necessary						
Pharmacotherapy						
Prescriptions thorough, clear and appropriate						
Identifies/treats/manages adverse medication side effects						
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

Reporter: Program Director/Preceptor

Frequency: Quarterly

Survey Platform: REDCap

Objective: Provide evidence of 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							
Has proficient and relevant 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:

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 Rotation

Reporter: Specialty Preceptor

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

Survey Platform: REDCap/Google

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 (FNP & AGNP)

Reporter: Program Director/Preceptor/Fellow

Frequency: This form will be utilized during quarterly check in with Program Director/Preceptor.

Survey Platform: REDCap

Objective: Demonstrates knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences in order to provide 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

Note Sites and experiences will be different, you might not experience all these categories at your site.

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:						

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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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						
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:

Competency Development Checklist (PMHNP)

Reporter: Program Director/Preceptor/Fellow

Frequency: This form will be utilized during quarterly check in with Program Director/Preceptor.

Survey Platform: REDCap

Objective: Demonstrates knowledge of established and evolving bio-psycho-social, clinical, epidemiological, and nursing sciences in order to provide 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

Note Sites and experiences will be different, you might not experience all these categories at your site.

Neurodevelopmental Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Intellectual Disability						
Language Disorder						
Social (Pragmatic) Communication Disorder						
Autism Spectrum Disorder						
Attention-Deficit/Hyperactivity Disorder						
Specific Learning Disorder						
Tourette's Disorder						
Schizophrenia Spectrum and other Psychotic Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Schizotypal (Personality) Disorder						
Delusional Disorder						
Brief Psychotic Disorder						
Schizophreniform Disorder						
Schizophrenia						
Schizoaffective Disorder						
Substance/Medication-Induced Psychotic Disorder						
Catatonia Associated with Another Mental Disorder (Catatonia Specifier)						
Bipolar and Related Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Bipolar I Disorder						
Bipolar II Disorder						
Cyclothymic Disorder						

Substance/Medication-Induced Bipolar and Related Disorder						
Depressive Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Major Depressive Disorder, Single and Recurrent Episodes						
Persistent Depressive Disorder (Dysthymia)						
Premenstrual Dysphoric Disorder						
Substance/Medication-Induced Depressive Disorder						
Depressive Disorder Due to Another Medical Condition						
Anxiety Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Separation Anxiety Disorder						
Selective Mutism						
Specific Phobia						
Social Anxiety Disorder (Social Phobia)						
Panic Disorder						
Panic Attack (Specifier)						
Agoraphobia						
Generalized Anxiety Disorder						
Substance/Medication-Induced Anxiety Disorder						
Obsessive-Compulsive and Related Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Obsessive-Compulsive Disorder						
Body Dysmorphic Disorder						
Hoarding Disorder						
Trichotillomania (Hair-Pulling Disorder)						
Excoriation (Skin-Picking) Disorder						
Substance/Medication-Induced Obsessive-Compulsive and Related Disorder						
Trauma- and Stressor-Related Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Reactive Attachment Disorder						
Posttraumatic Stress Disorder						
Acute Stress Disorder						
Adjustment Disorders						

Dissociative Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Dissociative Identity Disorder						
Dissociative Amnesia						
Depersonalization/Derealization Disorder						
Somatic Symptoms Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Somatic Symptom Disorder						
Illness Anxiety Disorder						
Conversion Disorder (Functional Neurological Symptom Disorder)						
Psychological Factors Affecting Other Medical Conditions						
Factitious Disorder						
Feeding and Eating Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Pica						
Anorexia Nervosa						
Bulimia Nervosa						
Binge-Eating Disorder						
Elimination Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Enuresis	Enuresis	Enuresis	Enuresis	Enuresis	Enuresis	Enuresis
Encopresis						
Sleep-Wake Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Insomnia Disorder						
Hypersomnolence Disorder						
Narcolepsy						
Obstructive Sleep Apnea Hypopnea						
Circadian Rhythm Sleep-Wake Disorder						
sleepwalking						
Sleep terrors						
Nightmare Disorder						
Rapid Eye Movement Sleep Behavior Disorder						
Restless Legs Syndrome						
Substance/Medication-Induced Sleep Disorder						

Sexual Dysfunctions	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Delayed Ejaculation						
Erectile Disorder						
Female Orgasmic Disorder						
Female Sexual Interest/Arousal Disorder						
Genito-Pelvic Pain/Penetration Disorder						
Premature (Early) Ejaculation						
Substance/Medication-Induced Sexual Dysfunction						
Gender Dysphoria	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Gender Dysphoria						
Disruptive, Impulse Control and Conduct Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Oppositional Defiant Disorder						
Intermittent Explosive Disorder						
Conduct Disorder						
Antisocial Personality Disorder						
Pyromania						
Kleptomania						
Substance Use and Addictive Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Substance Use Disorders						
Substance Intoxication and Withdrawal						
Substance/Medication-Induced Mental Disorders						
Alcohol Use Disorder						
Alcohol Intoxication						
Alcohol Withdrawal						
Caffeine Intoxication						
Caffeine Withdrawal						
Cannabis Use Disorder						
Cannabis Intoxication						
Cannabis Withdrawal						
Phencyclidine Use Disorder						
Other Hallucinogen Use Disorder						
Hallucinogen Persisting Perception Disorder						
Inhalant Use Disorder						

Inhalant Intoxication						
Opioid Use Disorder						
Opioid Intoxication						
Opioid Withdrawal						
Sedative, Hypnotic, or Anxiolytic Use Disorder						
Sedative, Hypnotic, or Anxiolytic Intoxication						
Withdrawal						
Stimulant Use Disorder						
Stimulant Intoxication						
Stimulant Withdrawal						
Tobacco Use Disorder						
Tobacco Withdrawal						
Other (or Unknown) Substance-Related Disorders						
Gambling Disorder						
Neurocognitive Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Delirium						
Major and Mild Neurocognitive Disorders						
Due to Alzheimer's Disease						
Due to dementia with Lewy Bodies						
Due to Vascular Neurocognitive Disorder						
Due to Traumatic Brain Injury						
Due to HIV Infection						
Due to Prion Disease						
Due to Parkinson's Disease						
Due to Huntington's Disease						
Due to another medical condition						
Due to multiple etiologies						
Unspecified Neurocognitive Disorder						
Personality Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Cluster A Personality Disorders						
Paranoid Personality Disorder						
Schizoid Personality Disorder						
Schizotypal Personality Disorder						
Cluster B Personality Disorders						

Antisocial Personality Disorder						
Borderline Personality Disorder						
Histrionic Personality Disorder						
Narcissistic Personality Disorder						
Cluster C Personality Disorders						
Avoidant Personality Disorder						
Dependent Personality Disorder						
Obsessive-Compulsive Personality Disorder						
Other Disorders	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Persistent Complex Bereavement Disorder						
Internet Gaming Disorder						
Harm	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Suicidal Behavior Disorder						
Non-suicidal Self-Injury						
Therapy	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
EMDR						
Psychoanalysis						
Dialectical Behavior therapy						
Cognitive Behavioral therapy						
Brief Therapy (substance use)						
Other:						
Appropriate care across the lifespan	No Experience	Limited competency	Needs supervision	Acceptable competency	Competent	Comments
Perinatal						
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)						
Lifespan Specific Pediatrics	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Neglect and abuse						
Developmental delay						

Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure						
Substance Use						
Lifespan Specific Geriatrics	No Experience	Limited Competency	Needs supervision	Acceptable competency	Competent	Comments
Substance Use						
Elder Abuse						
Caregiver Issues						
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: • BIPOC populations • Tribes						
Religious considerations						
Sex & Gender considerations						
Transient farm workers						
Trauma informed care • Domestic violence • Population specific historical violence • Sex work Human trafficking • Other:						

*=critical skill

Notes/Additional Comments:

Site Evaluation of Fellow

Reporter: Site providers & staff (this is not intended for providers who are continual preceptors). Program director will select key individuals to provide feedback quarterly. Your name will not be shared with the fellow. Responses will be shared with Program Directors and Preceptors. This form is not collected by Premera RNHI but can be used as guide for program directors.

Frequency: Quarterly

Survey Platform: REDCap/ Google

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 to 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 von-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/Paper & Pencil Survey. At sites discretion.

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. Results will be shared with you and your site Program Director/Preceptor.

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>



University of Washington | School of Nursing

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

*Sample of the postcard that fellows and staff at fellowship sites provide to patients to solicit feedback.
Also available in Spanish.*

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 and presenter.

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					
The speaker used language that considered issues of diversity, equity, and inclusion as part of their presentation.					
The speaker used language that considered issues of diversity, equity, and inclusion as part of their presentation					
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/Google

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 and specialty site preceptor. Results will be shared with your fellowship Program Director/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:

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

Reporter: Fellow

Frequency: At the end of Month 2 & 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. Fellow & Program Director/Preceptor will share survey responses during the quarterly meeting.

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. Fellow & Program Director/Preceptor will share survey responses during the quarterly meeting.

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 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 (FNP, AGNP, PMHNP)

Frequency: Quarterly

Process: This evaluation will be reviewed by the UW Premera RNHI team results will not be shared with fellowship site and preceptor. Program Directors can utilize this survey for their own internal evaluation if they choose.

Survey Platform: REDCap/Google

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						
Provides formative feedback						
Promotes evidence-based practice						
Balances supervision and autonomy						
Comments:						

PROCEDURES (FNP/AGNP) / THERAPY (PMHNP)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Faculty guides me during procedures, and only steps in when appropriate						
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 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	N/A	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 APRN program prepared me to practice in a setting similar to my fellowship site. (primary care/private practice)							
My APRN 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: The responses to this evaluation will be reviewed only by the UW Premera RNHI team. Results will not be shared with fellowship site and preceptor(s). Program Directors can utilize this survey to conduct their own internal evaluation if they choose.

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 (Example-subject to change)

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:

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

Notes:

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

Notes:

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

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:

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

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:

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:

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:

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

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:

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:

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 the UW Premera RNHI team results will not be shared with fellowship site and preceptor. Program Directors can utilize this survey for their own internal evaluation if they choose.

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 the UW Premera RNHI team results will not be shared with fellowship site and preceptor. Program Directors can utilize this survey for their own internal evaluation if they choose.

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

All materials from didactic sessions and skills workshops (as well as a copy of this handbook) will be made available on the “Modules” section of Canvas.

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://anesthesiology.uw.edu/what-we-do/pain-medicine/telepain/>

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. This includes access to [UpToDate](#)!

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

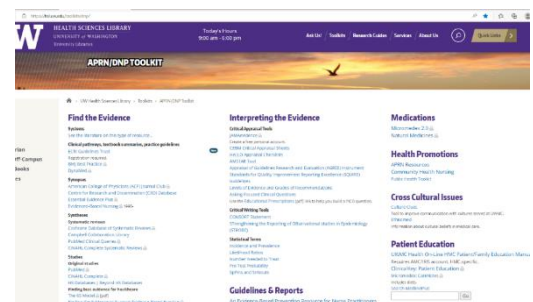
Off-Campus Access FAQ | UW Health Sciences Library

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 most sites. Please contact your site Program Director for additional information.



Contact Information: Key Personnel

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