Assessing Health Center Readiness to Train Health Professionals

Tuesday, April 26, 2022
1:00-2:00pm Eastern/ 10:00-11:00am Pacific

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NTTAP
National Health Center Training & Technical Assistance Partners

A PROJECT OF Community Health Center, Inc. and the weitzman institute

National Training and Technical Assistance Partnership

Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care

- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation

- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue

- HIV Prevention

Objectives

1. Describe how to support health professions students
2. Discuss Strategic Workforce Planning through the lens of Health Professions Training (HPT)
3. Learn how to use the RTAT to support strategic HPT planning and identify replicable models for HPT

Essential components to organizing and supporting safe, high quality, satisfying, and productive educational and training experiences

Identify your wishes and priorities

Identify your capacity

Identify your infrastructure requirements

Nurse Manager, Patrick Murphy, with Quinnipiac University DEU Nursing Students

CHC/NIMAA Inaugural Medial Assistants

Health Professions Training

- Any formal organized education or training undertaken for the purposes of gaining knowledge and skills necessary to practice a specific health profession or role in a healthcare setting.
- Types of HPT programs (e.g., shadowing, rotations, affiliation agreements, accredited or accreditation-eligible programs)
- At any educational level (certificate, undergraduate, graduate, professional and/or postgraduate)
- In any clinical discipline

Strategic Workforce Planning

1. Relationships with academic partners for pre-licensure pipeline
2. Sponsoring programs for postgraduates: MD (THC), NP/PA, Post Doc
3. Unique opportunities for certificate level are growing: MAs/CHWs
4. MUST HAVE someone coordinating it all! Strategically vital

Program	Established Date	Contact	Contact Email
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003	Julie Ringelheim	ringelj@chc1.com
Wesleyan University Communities Class Research	2006	Victoria Malvey	malveyv@chc1.com
Nurse Practitioner (NP) Residency Program	2007	Charise Corsino	charise@chc1.com
Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician)	2009	Victoria Malvey	malveyv@chc1.com
Postdoctoral Psychology Residency Program	2011	Chelsea McIntosh	McIntoC@chc1.com
National Nurse Practitioner Residency and Fellowship Training Consortium – NNPRFTC	2015	Kerry Bamrick	Kerry@chc1.com
National Institute for Medical Assistant Advancement – NIMAA	2016	Elena Thomas Faulkner	Elena.Thomasfaulkner@nimaa.edu
Administrative Fellowship	2017	Meredith Johnson	johnsome@chc1.com
Center for Key Populations Fellowship	2017	Kasey Harding	HardinK@chc1.com
Community Health Workers	2018	Marie Yardis	yardism@chc1.com
AmeriCorps / ConnectiCorps	2019	Anna Rogers	rogersa@chc1.com
CLIC MD & CUPS Grant	2019	Victoria Malvey	malveyv@chc1.com
Psychology GPE Doctoral Practicum Students	2019 – 2021 funding period	Chelsea McIntosh	McIntoC@chc1.com
Weitzman Education – Joint Accreditation	2020 (accreditation rec.)	Karen Ashley	ashleyk@chc1.com
Summer Fellows	2020	Victoria Malvey	malveyv@chc1.com
Truman-Albright Health Policy Research Fellowship	2020	April Joy Damian	damiana@chc1.com
AcademyHealth Delivery Science Systems Fellowship	2022	April Joy Damian	damiana@chc1.com

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Nurse Practitioner Student Population (NP)

- Coordinated through Inter-professional Student Specialist and academic affiliate of student
- Semester-long placements
  - 1-2 days/week
  - Working with single provider as preceptor - NP/Physician
- Variety of educational affiliates including Yale University, Sacred Heart University, Fairfield University & University of Connecticut
  - 47 NP students in 2021-2022 academic year

- PATH to PCNP Grant Students: **P**rovide **A**cademic **T**ransformational **H**elp for disadvantaged nursing students **to** become **P**rimary **C**are **N**urse **P**ractitioners
  - Capstone nursing students
  - 270 hours, 14 weeks
  - 9 NP students, grant-funded & CHC instructor led
  - Reoccurring, instructor identified as needed w/ Mary Blankson

Clinical Students: Dental Hygiene

- Tunxis Community College affiliate
  - Yearly, reoccurring program
  - New London, New Britain, Middletown 675 sites
  - 36 students in 2021-2022 academic year
- Students perform shadowing opportunities with patients as scheduled
- Access to clinical applications eCW/Centricity
- Onsite placements only, no telehealth needed/provided
  - Onsite Dental Director and Hygienists supervise
  - Tunxis Dental Faculty scheduled onsite as needed

Clinical Students: BSN Nursing

- Academic affiliates including University of Connecticut & Western CT State University
  - Reoccurring for spring, summer, fall semesters
  - BSN students complete clinical hours for onsite shadowing, vitals, medication administration
  - 29 students 2021-2022 academic year
- Shadow with onsite nurses, supervisors listed as Nurse Managers for respective sites
- Onsite placements, telehealth limited
- Access to clinical applications eCW/Centricity

Behavioral Health Students

- Academic affiliates including Springfield College, University of Hartford, Central CT State University, Fordham University, Yale University
- Psychiatric Mental Health Nurse Practitioner, Master's Social Work, Licensed Clinical Social Work, Marriage & Family Therapy, Clinical Mental Health Counseling & Psychology Doctorate
  - Academic year placements
  - 43 students in 2021-2022 AY
- Hybrid/remote placements
  - Access to clinical applications eCW/Centricity
    - Bomgar accounts for telehealth opportunities
  - Outcome expectation: patient interaction without supervision. Students begin program working closely with supervisor during patient care; eventually, students take on patient visits on their own. Supervisors still approve/review visit notes prior to submitting.

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NP Residency Program

(Established 2007)

National model with a CHC-based cohort

<u>Specific Profession/Workforce Role:</u>

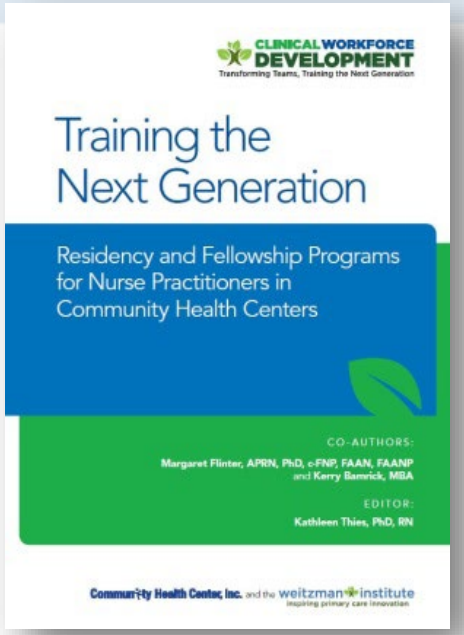
- Provides new NPs with the depth, breadth, and intensity of training for clinical complexity and high performance in integrated primary care within community-based health centers – increasing competence/confidence of NPs and improving health outcomes of patients.

<u>Additional Details:</u>

- Didactic series and QI seminar series
- Accredited: FNP and PMHNP
- Program Length: 12 months, full time

<u>Applicant requirements:</u>

- Recent graduates (less than 18 months) from an accredited MA or DNP program
- Licensed (APRN) *must be in place prior to the start of the program*
- Credentialed as NP based on their specialty (Family, Psych, Pediatric, Adult-Gero)



<u>NP Residency Specialty Tracks</u>

- Family NPs (est. 2007)
- Psych MH NPs (est. 2015)
- Pediatric NPs (est. 2019)
- Adult Gero NPs (est. 2019)

NP Residency Program (continued)

Program supported by HRSA grants – ANE-NPR and ANE-NPRIP

Core Curricular Components

1. **Precepted Continuity Clinics** (40%); NP Residents develop and manage a panel of patients with the exclusive and dedicated attention of a preceptor.
2. **Specialty Rotations** (20%); Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice.
3. **Mentored Clinics** (20%); Focused on diversity of chief complaints, efficiency, and acute care working within a primary care team.
4. **Didactic Education Sessions** (15%); High volume and burden topics most commonly seen in primary care. Includes participation in Project ECHO sessions.
5. **Quality Improvement Training** (5%); Training to a high performance QI model, including front line QI improvement, data driven QI, and leadership development.

USE OF DISTANCE LEARNING AND TECHNOLOGY

- Didactics and QI Seminar delivery using distance education model – participant engaged through the use of chat, polling, and break out rooms
- Delivery of training through the use of telehealth clinical session and virtual precepting model (telehealth specialty pilot)
- Use of New Innovations platform to manage evaluations, didactic content, scheduling

Alumni Outcome Data: 2007-2019 cohorts

- 92% working as an NP in clinical care
- 74% in primary care
- 66% working in an FQHC or other safety-net setting
- 97% report residency is extremely important or very important in today's healthcare environment
- 20% involved in the development or launch of a NP Residency program

Center for Key Populations Fellowship

(Established 2017)

- Currently available CHCI only (CHC Center for Key Populations)
- Post-residency training opportunity available to CHC NP Residents
- 12-months, full time

1. **Clinical Sessions**: NP Fellow paired with a faculty of preceptors to progressively manage a CKP patient population.
2. **Didactic Education Sessions:** 1:1 educational sessions to review topics related to care for CKP, starting with general education and becoming more tailored based on each Fellow's interests/needs.
3. **Capstone Project:** NP Fellow develops a formal capstone project to research and study with the potential for formal research opportunity with CHC's Weitzman Institute.
4. **Project ECHO** – participation in Project ECHOs related to the CKP pop.

Outcomes To Date

Graduated 4 fellows
2 currently enrolled

100% of fellows current working at CHC

3 Fellows serve as NP Residency faculty for specialty rotations, didactic sessions, and office hours as well as faculty for Project ECHO

Postdoctoral Psychology Residency Program

(Established 2011)

- Accredited by American Psychological Association (APA)
- One-year residency, meeting the requirements for psychologist licensure in the state of Connecticut
- Requirement that residents must have successfully completed their doctoral training program. (Experience working in integrated primary care encouraged)
- Residents provide four clinical days and participate in one didactic day (40 hour week)
- Three concentrations: Child, Opioid use disorder/substance use disorder (OUD/SUD) treatment & Key populations
- Trainees participate in group and individual supervision as well as a biweekly quality improvement (QI) seminar
- Opportunity to further tailor experience by participating in agency QI initiatives and ECHO
- CHC funded, residents are salaried
- Approximately 60% of residents stay with CHC post program

Strategic Workforce Planning

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   [redacted]pc
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National Institute for Medical Assistant Advancement – NIMAA

(Established 2016)

- Training medical assistants specifically for advanced team-based primary care practices, creating a workforce pipeline
  - 8-month Medical Assistant diploma program – prepares students for national credentialing exams (CMA, CCMA, RMA)
  - National accredited
    - Currently enrolling students in 14 states
    - Authorized in 8 more states, including California

- Admission requirements
  - High-school diploma or equivalent
  - 18 years old by the end of the program
  - Reside in a state where NIMAA has status to operate

- UpSkill courses for traditionally trained MAs. Ongoing skill building for professional development and advancement

NIMAA (continued)

- Core Components
  - Traditional MA content + team-based care content
  - Externship experience begins Day 1, fully concurrent with academics
    - Clinical partners recruited first, then students recruited from within their communities
  - Accessible
    - Distance delivery model, high-touch instruction via Moodle, simulation, Zoom and a variety of learning tools
    - $6,000 tuition + $785 fees – far lower than private programs

- Revenue/Funding
  - Tuition, health workforce grants, founder support (CHC)
  - NIMAA business model can include employer tuition sponsorship, apprenticeship models, and third-party student support

- Outcomes to date
  - 205 graduates, 46 clinical partners.
  - 2020-2021 program year outcomes: 89% retention, 86% credentialing exam pass, 81% placement

National Need

- Increasing efforts and interest by health centers to develop and implement Health Professions Training (HPT) programs
- Many questions and concerns regarding capacity, resources, organizational abilities, and potential impact
- A clear need to determine if HPT programs align with organizational priorities and the nature of any adjustments that would be needed to successfully implement a training program
- Uniqueness of health centers as teaching settings emphasizes the need for a measure to assess their readiness and capacity

HRSA Health Professions Education and Training Initiative (HP-ET)

The HP-ET Initiative will use the Readiness to Train Assessment Tool (RTAT) developed by Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), to help health centers assess and improve their readiness to engage in health professions training programs. The tool covers dimensions of health center readiness for developing and engaging with health professions training programs.

NTTAP National Health Center Training & Technical Assistance Partners

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RTAT Webpage

www.chc1.com/RTAT

RTAT@chc1.com

If needed, a PDF version of the electronic RTAT instrument is linked below. Please note that the PDF does not include the same functionality as the electronic version.

Download a PDF of the RTAT Tool

Contact the Team

Amanda Schiessl
Project Director/Co-PI, NTTAP, Clinical Workforce Development
rtat@chc1.com
(860) 266-8665

Resources

Readiness to Train Assessment Tool Training Slides

FAQs

- Q. What counts as a Health Professions Training (HPT) Program?
- Q. Who should I contact with questions about the tool?
- Q. How long should it take to complete the survey?
- Q. I haven't heard from my PCA. Who should I contact?

HOMEPAGE > READINESS TO TRAIN ASSESSMENT TOOL™

About the Tool

The Readiness to Train Assessment Tool (RTAT) is a 41-item, 7-subscale validated survey instrument that covers dimensions of health center readiness for engaging with Health Professions Training (HPT) programs that were deemed critical to evaluate by subject matter experts.

The RTAT uses the following definition of organizational readiness: *'the degree to which health centers are motivated and capable to engage with and implement a health professions training program'.*

The Seven Subscales of the RTAT

Sub-scale	Brief Description
Readiness to Engage	Indicators of the health center's overall readiness and commitment to engage with health professions training.
Evidence, Strength & Quality of the	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the HPT program will have desired outcomes at their health center

The Seven Subscales of the RTAT – representing seven areas of readiness at the organization

Visit: **https://www.chc1.com/nca** | Contact: **NCA@chc1.com**

Goal

"Develop a Readiness to Train Assessment Tool, which will help health centers assess and improve their own organization's readiness to engage in health professional training programs. Additionally, a report on the "readiness to train" status of health centers will also be an outcome of this strategy, for the purpose of directing HRSA workforce investments to address the priority needs of health centers in the future".

Readiness to Train Assessment Tool

- The resultant 41-item, 7-subscale structure of the survey was derived through exploratory factor analysis. Cronbach's alphas (.79 - .97) indicated good to excellent reliability.
- The instrument covers dimensions of health center readiness for engaging with HPT programs that were deemed critical to evaluate by the project's subject matter experts.
- The advantage of the RTAT™ is that it covers organizational readiness dimensions that are relevant to all kinds of health professions training programs and types of health centers.

Subscales of the RTAT

The seven sub-scales that emerged from the data analysis represent seven areas of readiness:

- **Readiness to engage** (8 items),
- **Evidence strength** and **quality of the HPT program** (4 items),
- **Relative advantage of the HPT program** (4 items),
- **Financial resources** (3 items),
- **Additional resources** (3 items),
- **Implementation team** (4 items), and
- **Implementation plan** (15 items).

Overall Readiness Scale and 7 Subscales

Sub-scale	Readiness to Engage	Evidence Strength & Quality of the HPT Program	Relative Advantage of the HPT program	Financial Resources	Additional Resources	Implementation Team	Implementation Plan
Brief Description	Indicators of the health center's overall readiness and commitment to engage with health professions training.	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the HPT program will have desired outcomes at their health center.	Stakeholders' perceptions of the advantage of engaging with/implementing the HPT program versus an alternative solution.	The level of financial resources dedicated for implementation and ongoing operations.	The level of additional resources dedicated for implementation and on-going operations, including appropriate staff and assistance for staff (e.g. evaluation resources, tools, training, and coaching).	This subscale is about the individuals involved with the HPT implementation process who can formally or informally influence this process through their knowledge, attitudes, and behaviors. They are effective in overcoming indifference or resistance that the implementation of an HPT program may provoke in the health center.	This subscale is associated with the implementation process. Successful engagement usually requires an active change process aimed to achieve effective implementation of the HPT program(s). The subscale measures the degree to which a scheme or method of behavior and tasks for implementing an HPT program are developed in advance, and the quality of those schemes or methods.
Number of Survey Items	8	4	4	3	3	4	15

Scoring the RTAT

- The survey allows for **three levels of assessment** and scoring: at the survey item, subscale, and overall scale levels by obtaining their mean (average) scores.
- Mean scores may range anywhere from 1 to 5 with 5 indicating highest readiness to engage with and implement a specific program.
- Scores expressed as **a single number** to ease interpretation but RTAT permits more sophisticated **disaggregation and analysis**
- **The scores can be used to assign one of three levels of readiness** for each survey item, subscale, and for the overall scale.

Likert Scale	Mean Score	READINESS
Strongly Agree	5	Ready
Agree	4.00-4.99	
Neutral	3.00-3.99	Approaching Readiness
Disagree	2.00-2.99	Developing Readiness
Strongly Disagree	1.00-1.99	

Using the RTAT

Results usable to inform:

- Determinations of individual health center readiness to engage with HPT programs
- Determinations of readiness at various levels for the purposes of evaluation and support
- Development of a system of effective and instructionally useful strategies to improve readiness
- Readiness improvement

Strategic Workforce Planning

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Scaling Up: Making It Work
Assemble a team and a coach

- Create a process map of the student experience from start to finish
- Develop a comprehensive “playbook” to solidify the program and process to use as a base for continual improvement
- Working towards creating a strong quality improvement infrastructure including coaches

CHC Clinical microsystem goes to work on designing a system

Next Steps for Using RTAT Data

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete RTAT again with the working group
3. Write down what they are interested in improving to determine what they are ready to tackle

Key Takeaways

- Decisions cannot happen in silos
- The RTAT is designed to take again and again – can download the PDF on our website (www.chc1.com/RTAT), create survey, and follow instructions on how to aggregate the data

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5. Recruit and retain a diverse team of providers and professionals
6. Commitment to being a JEDI committed organization

Questions?

Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit https://www.chc1.com/nca