

Executive Summary:  
Advanced Practice Provider Child and Adolescent Psychiatry Fellowship Program Planning

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## INTRODUCTION

Seattle Children's Hospital (SCH) currently offers an advanced practice provider (APP) fellowship program for general medical providers, but no such program has been offered by the Department of Psychiatry and Behavioral Medicine. Recently, SCH has extended funding for an APP fellowship to the Department of Psychiatry and Behavioral Medicine in order to improve APP retention and provide a more structured provider orientation. Two new-graduate Psychiatric-Mental Health Nurse Practitioners (PMHNPs) have been hired into fellowship positions. The purpose of this Doctor of Nursing Practice (DNP) project was to facilitate the development of the Child and Adolescent Psychiatry Fellowship program for APPs at SCH by developing key recommendations and resources for program planning and implementation.

## OBJECTIVES

- Identify best practices and key components to include in the development of an APP fellowship program from the literature and develop recommendations.
- Identify opportunities to leverage resources, increase efficiency, and facilitate interdisciplinary networks by collaborating with existing SCH training activities and develop key recommendations.
- Operationalize best practices in a fellow handbook to serve as a resource for fellows, provide an overview of the program, and tailor the educational experience to an individual fellow's needs.

## BACKGROUND

Postgraduate training programs are relatively new developments in APP preparation, so little is known about their benefits for transition to practice. Because there is so little published on Physician Assistant (PA) programs,<sup>1</sup> and the agency faculty and fellows are Nurse Practitioners (NPs), this review will focus on literature pertaining to NPs. A search of the literature yielded four published articles reporting outcomes of postgraduate NP training programs, specifically benefits to the fellow or the organization (Appendix 1). No large outcome studies were identified, which is not surprising given the short history of these programs and scarce number of published studies. Only one of the retrieved studies was a quality quasiexperimental design, while the others were an integrative review and case reports. Most of the retrieved articles were descriptive reports of program characteristics and were excluded due to a lack of reported outcomes. Currently, programs are not standardized in level of participant education, objectives, duration, competencies, evaluation methods, or terminology,<sup>2,3</sup> making comparisons in outcomes difficult. Of the included studies, the strongest level of evidence indicates increased job satisfaction for participants.<sup>2,3</sup> The quasiexperimental study found a significantly greater proportion of NPs who had completed postgraduate training reported high levels of job satisfaction compared to those NPs who had not completed such training.<sup>2,3</sup> There is some evidence of improved retention in a case report that found the turnover rate of APPs decreased by 50%.<sup>4</sup> Additionally, there is some preliminary evidence suggesting improved clinical competency,<sup>2,5</sup> improved confidence,<sup>2,4</sup> and improved interprofessional relationships,<sup>2,4</sup> but it is important to note these studies did not include comparison groups of NPs who did not participate in postgraduate training and may have made these same gains with work experience.

Because of the limited number<sup>5,8</sup> and duration of these programs, there is limited published literature on their impact,<sup>6</sup> on key components that constitute a successful program, and specifically, information to inform the development of subspecialty fellowships for APPs. This project therefore sought to select best practices for program development from case reports

found in the literature and adapt them to the needs of the SCH Department of Psychiatry and Behavioral Medicine. Particular attention was paid to accreditation standards and published lessons learned.

### **SUMMARY OF IMPLEMENTATION PROCESS**

The Knowledge-to-Action (KTA) framework (Appendix 2) was used to systematically approach this project, as it is appropriate for application with interdisciplinary users and for use at the organizational level.<sup>7</sup> Its flexibility accommodates an iterative process<sup>8</sup> such as can be expected in the development of a new program. A summary of how this framework was applied in the context of this project is outlined below:

#### **Identify, review, and select knowledge**

The National Nurse Practitioner Residency & Fellowship Training Consortium (NNPRFTC) Accreditation Standards<sup>9</sup> were retrieved. A review of the literature was conducted to identify NP fellowship program planning considerations to elaborate on the program guidance provided by the Accreditation Standards.

Key components for inclusion in program planning were identified from the Accreditation Standards and the literature. Practices for inclusion in a fellow handbook were identified.

University of Washington Leadership Education in Adolescent Health (LEAH) fellow handbook was selected as a handbook model as the program is co-sponsored by SCH, and so is internally available.

#### **Adapt knowledge to local context**

A focused list of the most salient components was developed for program planning from the Accreditation Standards (Appendix 3). The identified literature was then compared, and any key program components not identified by the Accreditation Standards were added.

A list of key recommendations was developed from the accreditation guidelines. Program descriptions from the literature were used to provide more specific and actionable recommendations. The list was limited to items that were determined to be high impact and high feasibility for immediate implementation or high impact and feasible long term (Appendix 4).

Schedules of didactic presentations from other SCH departments, including the Child & Adolescent Medical Residency, the General Medical APP Fellowship, and LEAH were merged (Appendix 5) to form an initial training schedule from which program planners can begin to plan fellow schedules and identify training gaps.

Previously identified components for handbook inclusion were compared with the LEAH fellow handbook. The handbook was tailored to the Department of Psychiatry and Behavioral Medicine and formatted in an electronic Word template (Appendix 6).

Several tools were adapted for inclusion in the fellow handbook. An Individualized Training Plan and several evaluation tools were adapted for use from LEAH by permission (L Straight, oral communication, January 2019). A Competency Evaluation Tool, unpublished and originally developed by the Veterans Affairs Centers of Excellence in Primary Care Education, was adapted with permission (Rugen, KW, email communication, January 2019).

Feedback from the APP Manager and/or Supervisor was elicited and incorporated into each deliverable. Based on this feedback, the handbook was left intentionally general for later adaption as the program develops.

### **Assessment of barriers to knowledge use**

An a priori Strengths, Weaknesses, Opportunities, and Threats analysis, including potential barriers and facilitators to uptake of project deliverables, creating and using the handbook, and program sustainability was conducted (Appendix 7) and this project was approached with these in mind.

Additionally, the LEAH Program Coordinator was consulted regarding barriers to uptake of the LEAH fellow handbook. An increased uptake of the fellow handbook was reported when the program began printing it for the fellows in addition to emailing an electronic copy. It was also reported that a potential barrier to the handbook is the need for staff time to make updates. To address this issue in LEAH, a single coordinator, who is full-time staff in the program, owns the handbook document and makes notes throughout the fellowship cycle for annual updates.

### **Select, tailor, and implement interventions**

The APP Manager and Supervisor will implement recommendations after conclusion of this project.

### **Monitor knowledge use**

Because the recommendations provided will be implemented after the conclusion of this project, program administrators will be responsible for monitoring successful uptake. Monitoring the uptake and continued use of recommendations and the handbook should be included in program evaluation.

### **Evaluate outcomes**

- Process evaluation: The APP Manager reviewed the draft recommendations, training schedule, and handbook for feedback during development at regular intervals and revisions incorporated with each iteration.
- Outcome evaluation: Recommendations for program evaluation, informed by best practices, are included (Appendix 4). Per agency request, a specific evaluation plan was not developed in this project.

### **Sustain knowledge use**

An electronic handbook format will facilitate iterative updates (e.g. based on program evaluation and annual updates) and instructions for revisions are embedded in comments. Sustained use of the handbook will require at least annual updates.

In regard to program planning, the accreditation process will support program sustainability. Notably, fellows billing for patient care time as licensed providers was identified in the literature as an important sustainability consideration for fellowships not addressed in Accreditation Standards.<sup>4,10</sup> A billing section was added to the fellow handbook to address this.

### **OUTCOMES/DELIVERABLES**

- A complete list of high-impact, actionable recommendations are provided in Appendix 4.
- A copy of the merged SCH didactic presentation schedules, as an initial training schedule, is included in Appendix 5. An electronic spreadsheet has been provided separately.
- A copy of the fellow handbook is included in Appendix 6. An electronic document has been provided separately.
- Evaluation tools, including a competency evaluation tool, are included in the fellow handbook (Appendix 6; links are active).

This project is primarily focused on PMHNP fellows, but project deliverables are also intended to be adaptable for any newly hired provider to the Department of Psychiatry and Behavioral Medicine, including PA fellows. The handbook may be adapted as an orientation handbook for any newly hired provider to the Department or as a fellow learning portfolio/portfolio guide to assemble competency assessment elements.<sup>11</sup> The handbook might be used as documentation for accreditation purposes.<sup>12</sup>

### **Barriers and facilitators**

A limitation to this project is a combination of the scope and the timeframe. By the time it became clear that a program planning handbook would be useful there was insufficient time for development. Additionally, it was communicated during the project that the General APP Fellowship is planning to publish the development of their fellowship and so was unable to share program planning information, so collaboration was somewhat limited.

As a former LEAH Fellow, this author's experience of this internal SCH training program facilitated access to program resources. LEAH granted permission to adapt resources, facilitating the development of the fellow handbook and the many of the tools and forms contained therein.

### **RECOMMENDATIONS**

The program planning recommendations (Appendix 4) reflect high-impact, priority activities.

- As most of these recommendations were developed from Accreditation Standards,<sup>9</sup> it is recommended that program planners review these Standards prior to implementation. Knowledge of its contents will provide rationale for the fellow handbook components as well as a framework for interpretation of the recommendations included in this summary.
- Provide the handbook to fellows in both printed and electronic formats to address the barriers discussed above.
- Dedicate a staff member involved in program planning to take ownership of all documents and ensure content is updated at least annually.
- Use internal SCH resources, such as LEAH, to facilitate uptake of the fellow handbook and leadership project. Ms. LauraBeth, Straight, LEAH Program Coordinator, has offered support.

### **IMPLICATIONS FOR FUTURE PRACTICE INQUIRY**

The program may wish to consider development of a program implementation guide to further assist in program planning and implementation. This could take the form of a program planner and staff handbook, analogous to the fellow handbook, mapping accreditation and evaluation competencies onto each activity. It is hoped that the creation of this fellowship and the implementation resources developed during this project will support APP transition to practice, resulting in improved retention and increased job satisfaction, clinical competence, provider confidence, and interdisciplinary collaboration.

### **CONCLUSION**

NP fellowships are recent innovations to support transition to practice for new graduates. This project to assist in the development of a psychiatry fellowship at SCH has taken important first steps to provide direction and resources. Recommendations were developed from Accreditation Standards and made actionable based on practices and resources from existing training programs, lending support to the accreditation process. It is hoped these resources will continue to be tailored to program needs based on ongoing evaluation.

## APPENDIX 1

## Outcomes of NP postgraduate training programs

| Study   | Type of Evidence  | Population; Setting   | Purpose  | Outcomes   | Clinical Relevance <sup>19</sup>   |
|---|---|---|--|--|--|
| Bush and Lowery (2016) <sup>3</sup><br><br><i>(included in Harper and colleagues review, below)<sup>2</sup></i> | Posttest only non-equivalent groups design (quasi-experimental) | Convenience sample of NPs who have completed $\geq 1$ year of postgrad ed;<br><br>Multiple settings | Compare job satisfaction for NPs who completed postgrad training to those who did not.<br><br>Secondary outcomes: Job satisfaction compared by years experience, predicted total job satisfaction, MNPJSS 6 subscale items.<br><br>Controlled for state regulatory environment, years of experience. | N=254<br>Completed postgrad ed n=80;<br>Without postgrad ed n=174<br><br>Measured by MNPJSS<br><br>Primary outcome: Median job satisfaction, <i>Satisfied (5)</i> or <i>Very satisfied (6)</i> :<br><br>69% NPs w/postgrad ed vs. Just over 50% those w/o postgrad ed<br><br>Secondary outcomes:<br>NPs with postgrad ed scored sign. higher on work challenge ( $p < .05$ ) and autonomy ( $.001$ ) (2-tailed).<br><br>Timing ( $p < .05$ ): 2 groups $>$ , $\leq 3$ yrs practice<br><br>NPs with postgrad ed:<br>No difference when years exp considered separately.<br><br>NPs w/o postgrad ed:<br>Less satisfied when $< 3$ yrs experience<br><br>Total job satisfaction (multiple linear regression, $p < .05$ ):<br>Highest job satisfaction reported by NPs who competed postgrad ed, worked in full-practice authority state, and had $> 3$ years of exp ( $R^2 = .04$ , $p < .05$ ) | Level II evidence these programs improve job satisfaction<br><br>Well-designed, using validated tool<br><br>Specialty practice not collected/reported<br><br>Convenience sample, survey distribution method did not allow for calculating response rate<br><br>Parametric tests on ordinal data<br><br>Small variance associated with postgrad ed in regression analysis, but this maybe expected in human behavior studies. |

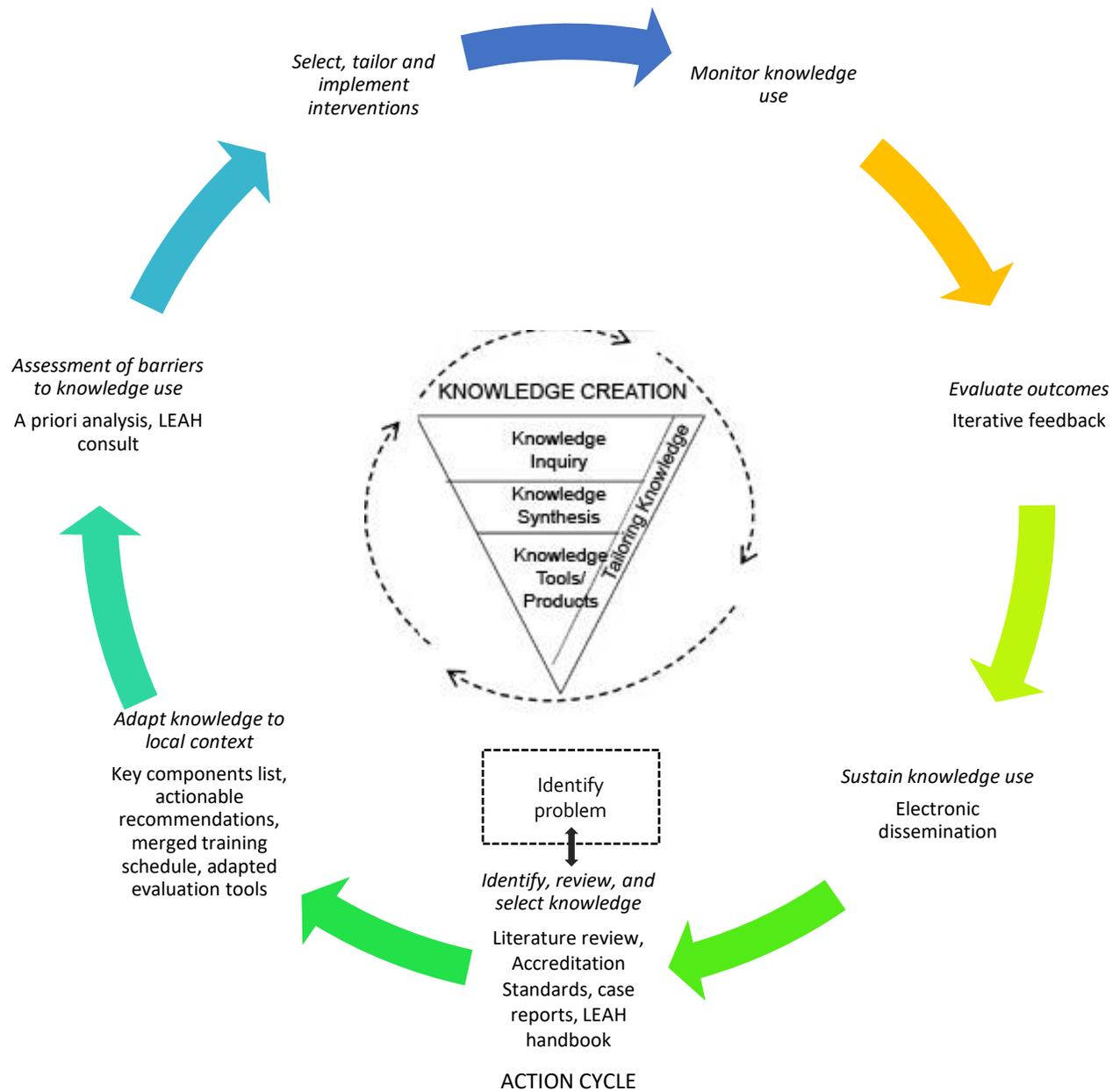
NP-Nurse Practitioner, MNPJSS-Misener Nurse Practitioner Job Satisfaction Scale, DNP-Doctor of Nursing Practice, VA-Veterans Affairs, CoEPCE-Centers of Excellence in Primary Care Education, PA-Physician Assistant, APP-Advanced Practice Provider

| Study   | Type of Evidence   | Population; Setting    | Purpose  | Outcomes   | Clinical Relevance <sup>19</sup>   |
|---|--------------------|------------------------|--|--|--|
| Harper, McGuinness, Johnson (2017) <sup>2</sup> | Integrative review | NPs; Multiple settings | <p>a) Describe within context of DNP Essentials, particularly VIII</p> <p>b) Describe history and policy implications</p> <p>c) Recommend policies</p> | <p>1) 1 qualitative study (2015) (<i>unable to retrieve</i>):<br/>N=28, primary care<br/>Reflective journals over 8 years, reported—</p> <ul style="list-style-type: none"> <li>• Greater clinical proficiency</li> <li>• “superior skill in interprofessional teamwork”<sup>2</sup></li> <li>• Improved understanding of community health</li> <li>• Improved confidence</li> </ul> <p>2) Bush and Lowery (2016)<sup>3</sup> (see above)</p> <p>3) 1 survey (2015) (<i>not retrieved, did not examine participation in postgrad ed</i>):<br/>Primary care<br/>NPs reported they would benefit from more clinical experience in transition to practice.</p> <p>Authors conclude results suggest postgrad training would improve transition to practice issues, reduce role confusion, improve recruitment and retention.</p> <p>Personal communication (2016):<br/>Cost savings of hiring NP with postgrad ed \$25,916;<br/>Compared to physician, cost savings \$52,392</p> | <p>Level V<br/>Suggests some evidence for—</p> <ol style="list-style-type: none"> <li>a) Clinical competency</li> <li>b) Interdisciplinary / teamwork</li> <li>c) Confidence</li> </ol> <p>Identifies some limitations, weakness of included studies.</p> <p>Search criteria, selection of studies not described</p> <p>Conclusions drawn from survey introduce bias, as outcomes were not addressed in the survey<br/>No method of calculations for cost savings disclosed.</p> |

| Study  | Type of Evidence | Population; Setting  | Purpose  | Outcomes   | Clinical Relevance <sup>19</sup>   |
|--|------------------|--|--|--|--|
| Rugen, Dolansky, Dulay, King, Harada (2018) <sup>5</sup> | Case report      | NPs (master's); VA primary care, 5 sites   | Describe NP resident outcomes on 7 competency domains:<br>1) Clinical<br>2) Leadership<br>3) Interprofessional collaboration<br>4) Patient-centered care<br>5) Shared decision making<br>6) Sustained relationship<br>7) Performance improvement / population management | VA CoEPCE NP resident competency assessment tool:<br>a) NP progress (self and mentor ratings) using mean score of aggregate highest and lowest scores at 1 & 12 months<br>b) Difference between aggregate mean self and mentor scores at 1, 6 & 12 months<br><br>Significant improvement in self, mentor ratings across all domains (p < .0001)<br><br>No significant difference between NPs, mentors <i>except</i> at 1 mo in performance improvement / population management (p=.04)<br><br>At 1 and 12 mos:<br>• Clinical, leadership and quality improvement / population management lowest scores<br>• Patient-centered care, interprofessional team collaboration, shared decision-making and sustained relationships highest scores | Level V, some promising initial evidence for effectiveness in improving competency<br><br>Well designed, detailed report. Some evidence for evaluation method. Goal of program explicit. Published data psychometric properties of rating tool. <sup>13</sup><br><br>No job satisfaction or retention data, reasons for attrition not discussed<br><br>No pre-intervention data<br><br>Limited sample and setting, evidence may not generalize |
| Taylor, Broyhill, Burris, Wilcox (2017) <sup>4</sup>     | Case report      | NPs (master's level) & PAs; North Carolina<br><br>Multiple inpatient and outpatient setting tracks | Describe program retention (primary outcome) and clinical (secondary) outcomes.<br><br>Describe fellowship program development and components.   | N=158<br>Primary outcome: 80% retention (measured by permanent employment), APP turnover decreased by 50%<br><br>Secondary outcomes (3 months):<br>Clinical knowledge- 27% increase in general clinical  | Level V, some initial evidence of improved retention<br><br>Describes key components of program per track<br><br>Describes return on investment, business plan components  |

| Study  | Type of Evidence | Population; Setting | Purpose | Outcomes   | Clinical Relevance <sup>19</sup>   |
|--|------------------|---------------------|---------|--|--|
| Taylor, Broyhill, Burris, Wilcox (2017) <sup>4</sup><br><i>continued</i> |                  |                     |         | <p>Confidence-<br/>43% increase in self-evaluation of preparedness to respond to codes</p> <p>Observed outcomes:<br/>Social group cohesion, improved recruitment, improved leadership, higher satisfaction/ engagement, better career opportunities, improved physician/APP partnerships</p> | <p>No lessons learned reported.</p> <p>No comparison data or methods of measurement reported for secondary outcomes.</p> <p>No timeframe reported for most outcomes.<br/>Results not reported by specialty or level of education</p> |

## APPENDIX 2 Knowledge-to-Action Framework<sup>8</sup>



## APPENDIX 3

### Key fellowship program components<sup>9</sup>

- Curriculum
  - Regularly scheduled educational didactic sessions<sup>9</sup>
  - Clinical-based practice and patient care experience<sup>9</sup>
    - Precepted and mentored clinics<sup>9,15</sup>
    - Specialty rotations<sup>9</sup>
  - “Procedural practice”<sup>9</sup>/diagnostic skill development<sup>18</sup>
  - Special events within the organization<sup>9</sup>
  - Training in applied QI strategies<sup>9,18</sup>
  - Leadership and professional development<sup>9,18</sup>
  - Interprofessional practice<sup>18</sup>
  - Increasing experience and exposure to volume, variety, and complexity<sup>9</sup>
  - Focus on progressive mastery, confidence, and competence<sup>9</sup>
- Develop products of learning, developed through feedback and peer review, shared broadly within and outside the program,<sup>9</sup> such as--
  - Case presentations<sup>9</sup>
  - Grand rounds presentations<sup>9</sup>
  - Practice improvement project<sup>9</sup>
- Formal written enrollment agreements for fellows<sup>9</sup>
- 8 core Accreditation Standards<sup>9</sup>
  - Mission, goals, and objectives
  - Curriculum
  - Evaluation; program eligibility
  - Administration
  - Operations
  - Staff
  - Fellow services/support services
- Evaluation<sup>15</sup>
  - Annual program self-assessment
    - Operational and financial impact assessment
  - Based on—
    - 8 core standards<sup>9</sup>
    - Competency
    - Curriculum components
- Fellow support
  - Mentorship<sup>13,18</sup>
  - Orientation calendar/schedule<sup>14,15,20</sup>
  - Observation tracking<sup>15</sup>
  - Competency tracking list<sup>15</sup>
- Sustainability considerations
  - Retention of faculty and fellows<sup>10</sup>
  - Protected time for faculty<sup>10</sup>
  - Fellow billing as licensed providers<sup>4,10</sup>

## APPENDIX 4 Recommendations

### Immediate

#### *Curriculum*

- Curriculum content and learning objectives should be finalized prior to the start of the program.<sup>9</sup>
- Provide learning objectives to fellows for each didactic session, clinical experience and/or rotation.<sup>9</sup>
- Leverage resources and build sense of fellow community by using existing SCH and external training resources.
- Under supervision of their mentor, fellows might precept students and other trainees in the second half in their fellowship, building their skill as teachers and offering other programs their expertise.<sup>13</sup>
- Establish objectives for number of patients by relevant factors (e.g. age, gender, diagnosis/symptom cluster) and skills necessary to achieve the goals of the program.<sup>9</sup> Establish a method for fellows to case log these characteristics,<sup>14</sup> perhaps by adapting the existing APP Fellowship Competencies document.

#### *Competency tracking/evaluation*

- Fellow evaluation should include both formative and summative methods.
- Fellows should perform reflective self-assessment of competency at the start of training then at regular intervals.<sup>11,15</sup> One-, six- and 12-month intervals are used by the Veterans Affairs program and well-documented.<sup>13</sup>
- Compare the Competency Evaluation Tool (Appendix 6)<sup>5</sup> to common conditions encountered in the Department of Psychiatry and Behavioral Medicine.
- Fellow evaluation should incorporate reflective self-assessment of learning and experience.<sup>9</sup> This may include regular (e.g. weekly) submission of a reflective journal,<sup>14</sup> a learner-driven journal club, or descriptive essays.<sup>16</sup>
- Because Washington State's prescribing practice is progressive in that NPs are granted full-practice authority, prescribing practices including pharmacology academic accommodations should be included.<sup>17</sup>
- In consultation with a mentor, fellows should identify learning goals<sup>9</sup> and complete an Individualized Training Plan.<sup>15,16</sup>

#### *Program evaluation*

- An evaluation plan should be developed following NNPRFTC Accreditation Standards and should be in place at the start of the program, based on the eight core standards outlined: Mission, goals, and objectives; curriculum; evaluation; program eligibility; administration; operations; staff; and fellow services.<sup>9</sup>
  - The program evaluation should include an operational and financial impact assessment.<sup>9</sup>
  - Program self-assessment should be conducted at least annually.<sup>9</sup>

### Long-term

- Consider affiliation with a university NP program<sup>18</sup> to support development and implementation of key program elements (e.g. curriculum and faculty development),

nurture a source of potential applicants,<sup>9</sup> address a potential barrier of faculty availability,<sup>10</sup> and parallel for the nursing profession some of the support UW School of Medicine provides physician colleagues.

- Consider implementing a Fellowship Advisory Committee to advise and assist in the development and review of the fellowship program. Suggested committee members are laid out in the Accreditation Standards.<sup>9</sup>
- Continue to revise curriculum to reflect emerging research and changes in best practice.<sup>9</sup> An academic affiliation or Fellowship Advisory Committee may assist with revisions.
- Consider a learning portfolio to assemble assessment elements.<sup>9</sup> Sciacca and Reville recommend an electronic format and describe potential components:<sup>16</sup>
  - Competency (or capability) self-assessments
    - Learning plan
  - Self-reflection
  - Mentor notes
  - Learning goals and documentation towards progress

## APPENDIX 5

## Training schedule / Merged didactic presentation schedules

|  |  |
|--|--|
|  | <a href="#">Psychiatry Residency</a>                             |
|  | <a href="#">Leadership Education in Adolescent Health (LEAH)</a> |
|  | <a href="#">Gen APP Fellowship</a>                               |

| Date    | Start    | End      | YR     | Title                                | Lecturer(s)          | Room                                   | Series       |
|---------|----------|----------|--------|--------------------------------------|----------------------|--|--------------|
| 2/1/19  | 8:00 AM  | 9:20 AM  | F1/F2  | Grand Rounds:                        | TBD                  | Wright Auditorium                      |              |
| 2/1/19  | 9:45 AM  | 10:50 AM | F1/F2  | Developmental Influences             | Karen Bearss, PhD    | OB.5.430                               |              |
| 2/1/19  | 9:00 AM  | 11:50 AM |        | Juvenile Justice Field Trip          | Mick Storck, MD      |  |              |
| 2/1/19  | 11:00 AM | 11:50 AM | Chiefs | RESC Committee Meeting               | RESC Committee       | OB.5.430                               |              |
| 2/1/19  | 12:00 PM | 12:50 PM | Com m  | Curriculum Committee                 | Curriculum Committee | OB.5.430                               |              |
| 2/1/19  | 1:15 PM  | 3:30 PM  |        | Health Disparities and Implicit Bias | Emily Ruedinger, MD  | Springbrook 4500 Bldg, 1st flr conf rm | LEAH Seminar |
| 2/8/19  | 8:00 AM  | 8:50 AM  | F1/F2  | Evidence Based Learning Group: POTS  | Laura Black, MD      | OB.5.430                               |              |
| 2/8/19  | 9:00 AM  | 9:50 AM  | F1/F2  | Trauma/Stressor                      | TBD                  | OB.5.430                               |              |
| 2/8/19  | 10:00 AM | 11:50 AM | F1/F2  | Trauma/Stressor                      | TBD                  | OB.5.430                               |              |
| 2/15/19 | 9:00 AM  | 11:50 AM | F1/F2  | Patient Advocacy Panel               | TBD                  | OB.5.430                               |              |
| 2/15/19 | 1:00 PM  | 1:50 PM  | F2     | School Consults Meeting              | French/F2            | OB.5.430                               |              |
| 2/15/19 | 1:15 PM  | 2:15 PM  |        | Psychosocial Ado Dev Processes       | Laura Kastner        | Springbrook 4500                       | LEAH Seminar |

 Psychiatry Residency

 Leadership Education in Adolescent Health (LEAH)

 Gen APP Fellowship

| Date    | Start    | End      | YR    | Title  | Lecturer(s)         | Room  | Series       |
|---------|----------|----------|-------|--|---------------------|---|--------------|
|         |          |          |       |  |                     | Bldg, 1st flr<br>conf rm                        |              |
| 2/15/19 | 2:30 PM  | 2:30 PM  |       | Ethical and Legal Issues   | Nanibaa Garrison    | Springbrook<br>4500<br>Bldg, 1st flr<br>conf rm | LEAH Seminar |
| 2/21/19 | 8:00 AM  | 9:00 AM  |       | Grand Rounds/Cases/Round Table   |                     | SPLC  | MSK/Rheum    |
| 2/21/19 | 9:00 AM  | 10:00 AM |       | Suggested: Ortho - neurovascular -<br>Suzanne Yandow - Taylor (1) 1 hour |                     | SPLC  | MSK/Rheum    |
| 2/21/19 | 10:10 AM | 11:00 AM |       | Neonatal Cholestasis/Biliary Atresia                                     | Simon Horslen       | SPLC  | MSK/Rheum    |
| 2/21/19 | 11:00 AM | 12:00 PM |       | Suggested: Case-based MSK Injuries<br>- ED/UC - Tavis (2) - 1 hours      |                     | SPLC  | MSK/Rheum    |
| 2/21/19 | 12:00 PM | 1:00 PM  |       | Suggested: In-depth MSK exam -<br>Jeanette Kotch (1 hour)                |                     | SPLC  | MSK/Rheum    |
| 2/21/19 | 1:00 PM  | 2:00 PM  |       | Suggested: Pediatric Rheumatology  | Niviann Blondet, MD | SPLC  | MSK/Rheum    |
| 2/21/19 | 2:00 PM  | 3:00 PM  |       | Acute Hepatitis and Acute Liver<br>Failure                               |                     | SPLC  | MSK/Rheum    |
| 2/21/19 | 3:00 PM  |          |       | Suggested:   |                     | SPLC  | MSK/Rheum    |
| 2/22/19 | 9:00 AM  | 9:50 AM  | F1/F2 | Diversity  | TBD                 | OB.5.430  |              |
| 2/22/19 | 10:00 AM | 11:50 AM | F1/F2 | Diversity  | TBD                 | OB.5.430  |              |
| 2/22/19 | 1:15 PM  | 2:15 PM  |       | TBD  | TBD                 | Springbrook<br>4500<br>Bldg, 1st flr<br>conf rm | LEAH Seminar |

|  |  |
|--|--|
|  | <a href="#">Psychiatry Residency</a>                             |
|  | <a href="#">Leadership Education in Adolescent Health (LEAH)</a> |
|  | <a href="#">Gen APP Fellowship</a>                               |

| Date    | Start    | End      | YR     | Title   | Lecturer(s)   | Room                                     | Series       |
|---------|----------|----------|--------|---|---|--|--------------|
| 2/22/19 | 2:30 PM  | 2:30 PM  |        | Culturally Competent Care   | Abena Knight  | Springbrook 4500 Bldg, 1st flr conf rm   | LEAH Seminar |
| 3/1/19  | 8:00 AM  | 9:20 AM  | F1/F2  | Grand Rounds:   | TBD   | Wright Auditorium                        |              |
| 3/1/19  | 9:45 AM  | 10:50 AM | F1/F2  | Developmental Influences  | Aditi Sharma, MD                                    | OB.5.430                                 |              |
| 3/1/19  | 12:00 PM | 12:50 PM | Comm   | Curriculum Committee  | Curriculum Committee                                | OB.5.430                                 |              |
| 3/1/19  | 1:15 PM  | 3:30 PM  |        | Adolescent Health: Moving Beyond the Medical System Community Panel | Community Panel of Leaders Working with Adolescents | Springbrook 4500 Bldg, 4th flr Penthouse | LEAH Seminar |
| 3/8/19  | 8:00 AM  | 8:50 AM  | F1/F2  | Evidence Based Learning Group: TADS                                 | Phaedra Pascoe, MD                                  | OB.5.430                                 |              |
| 3/8/19  | 9:00 AM  | 9:50 AM  | F1/F2  | Pediatric Psychology  | TBD   | OB.5.430                                 |              |
| 3/8/19  | 10:00 AM | 11:50 AM | F1/F2  | Pediatric Psychology  | TBD   | OB.5.430                                 |              |
| 3/15/19 | 9:00 AM  | 9:50 AM  | F1/F2  | Pediatric Psychology  | TBD   | OB.5.430                                 |              |
| 3/15/19 | 10:00 AM | 11:50 AM | F1/F2  | Pediatric Psychology  | TBD   | OB.5.430                                 |              |
| 3/15/19 | 12:00 PM | 12:50 PM | Chiefs | RESC Committee Meeting  | RESC Committee                                      | SDR 1                                    |              |
| 3/15/19 | 1:00 PM  | 1:50 PM  | F2     | School Consults Meeting   | French/F2   | OB.5.430                                 |              |

|  |  |
|--|--|
|  | <a href="#">Psychiatry Residency</a>                             |
|  | <a href="#">Leadership Education in Adolescent Health (LEAH)</a> |
|  | <a href="#">Gen APP Fellowship</a>                               |

| Date    | Start    | End      | YR    | Title  | Lecturer(s)    | Room                                   | Series                                |
|---------|----------|----------|-------|--|----------------|--|---------------------------------------|
| 3/15/19 | 1:15 PM  | 3:30 PM  |       | LEAN Methodology: QI and Systems Based Practice        | Taraneh Shafii | Springbrook 4500 Bldg, 1st flr conf rm | LEAH Seminar                          |
| 3/21/19 | 9:00 AM  | 10:10 AM |       | Case Presentations                                     | Fellows        | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/21/19 | TBD      |          |       | Suggested: Pediatric Strokes                           |                | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/21/19 | TBD      |          |       | Suggested: Pharmacology                                | Jennifer Pak   | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/21/19 | TBD      |          |       | Suggested: ENT/Airway abnormalities/aerodigestive d.o. | K. Johnson     | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/21/19 | TBD      |          |       | Suggested: Craniofacial anomalies/Syndromes            | Carrie Heike   | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/21/19 | 1:00 PM  |          |       | Suggested: Differential Cases                          | Karen Killien  | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/28/19 | 9:00 AM  | 10:00 AM |       | Case Presentations                                     | Fellows        | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/28/19 | 10:00 AM | 11:15 AM |       | Family Advisory Panel                                  | Sheryl Kalbach | SPLC                                   | OTO/CRF, Ophtho, Pharm, Urgent Probs  |
| 3/22/19 | 9:00 AM  | 11:50 AM | F1/F2 | Clinical Skills Evaluation                             |                |  |                                       |
| 3/29/19 | 9:45 AM  | 10:50 AM | F1/F2 | Developmental Influences                               | TBD            | OB.5.430                               |                                       |
| 3/29/19 | 11:00 AM | 11:50 AM | F1/F2 | Typical Development: F1 Talk                           | TBD: F1 Fellow | OB.5.430                               |                                       |
| 4/4/19  | 9:00 AM  | 10:10 AM |       | Case Presentations                                     | Fellows        | SPLC                                   | Surgery, General, Urology, Nephrology |

 Psychiatry Residency
 Leadership Education in Adolescent Health (LEAH)
 Gen APP Fellowship

| Date   | Start    | End      | YR     | Title                            | Lecturer(s)                 | Room              | Series                                |
|--------|----------|----------|--------|----------------------------------|-----------------------------|-------------------|---------------------------------------|
| 4/4/19 | 1:00 PM  | 2:00 PM  |        | Journaling/Staff Support Session | Carol Parry, Martha Dimmers | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Wound Healing                    | Leslie Newell               | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Care of the Perioperative Child  | Jeff Avansino?              | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Pediatric Urology                | Katie Canalichio            | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Acute Kidney Injury              |                             | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Nephrology                       |                             | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Tubes and Devices                | Jenny Kreiss                | SPLC              | Surgery, General, Urology, Nephrology |
| 4/4/19 | TBD      |          |        | Round Table                      |                             | SPLC              | Surgery, General, Urology, Nephrology |
| 4/5/19 | 8:00 AM  | 9:20 AM  | F1/F2  | Grand Rounds:                    | TBD                         | Wright Auditorium |                                       |
| 4/5/19 | 9:45 AM  | 10:50 AM | F1/F2  | Developmental Influences         | Aditi Sharma, MD            | OB.5.430          |                                       |
| 4/5/19 | 11:00 AM | 11:50 AM | Chiefs | RESC Committee Meeting           | RESC Committee              | OB.5.430          |                                       |
| 4/5/19 | 12:00 PM | 12:50 PM | Com m  | Curriculum Committee             | Curriculum Committee        | OB.5.430          |                                       |
| 4/5/19 | 1:00 PM  | 1:50 PM  | Com m  | Diversity Workgroup              | Workgroup                   | OA.5.149          |                                       |

 Psychiatry Residency

 Leadership Education in Adolescent Health (LEAH)

 Gen APP Fellowship

| Date    | Start    | End      | YR    | Title                                    | Lecturer(s)            | Room       | Series                                |
|---------|----------|----------|-------|--|------------------------|------------|---------------------------------------|
| 4/12/19 | 8:00 AM  | 8:50 AM  | F1/F2 | Evidence Based Learning Group: CAMELS    | TBD                    | OB.5.430   |                                       |
| 4/12/19 | 9:00 AM  | 9:50 AM  | F1    | Cultural Formulation                     | Annabelle Simpson, MD  | OB.5.430   |                                       |
| 4/12/19 | 9:00 AM  | 9:50 AM  | F2    | Scholarly Inquiry                        | Self-Directed Learning | F2 offices |                                       |
| 4/12/19 | 10:00 AM | 11:50 AM | F1/F2 | Diversity Seminar                        | TBD                    | OB.5.430   |                                       |
| 4/18/19 | 9:00 AM  | 10:10 AM |       | Case Presentations                       | Fellows                | SPLC       | Surgery, General, Urology, Nephrology |
| 4/19/19 | 9:00 AM  | 9:50 AM  | F1/F2 | Mood Disorders                           | TBD                    | OB.5.430   |                                       |
| 4/19/19 | 10:00 AM | 11:50 AM | F1/F2 | Mood Disorders                           | TBD                    | OB.5.430   |                                       |
| 4/19/19 | 1:00 PM  | 1:50 PM  | F2    | School Consults Meeting                  | French/F2              | OB.5.430   |                                       |
| 4/26/19 | 9:00 AM  | 9:50 AM  | F1/F2 | Mood Disorders                           | TBD                    | OB.5.430   |                                       |
| 4/26/19 | 10:00 AM | 11:50 AM | F1/F2 | Mood Disorders                           | TBD                    | OB.5.430   |                                       |
| 5/2/19  | 9:00 AM  | 10:10 AM |       | Case Presentations                       | Fellows                | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Common Newborn                           | Ronna Smith Yay        | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Sacral Dimples                           | Rason Hauptman         | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Rashes                                   | Dr. Sidbury            | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Prenatal Medicine and Prenatal Screening | Lani Wolfe             | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Diabetes Education and Pump class        | Ronna and Angie        | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Diabetes Overview                        | Kate Ness              | SPLC       | NB, Genetics, Derm, Endo              |
| 5/2/19  | TBD      |          |       | Table Top Simulation                     |                        | SPLC       | NB, Genetics, Derm, Endo              |

|  |  |
|--|--|
|  | <a href="#">Psychiatry Residency</a>                             |
|  | <a href="#">Leadership Education in Adolescent Health (LEAH)</a> |
|  | <a href="#">Gen APP Fellowship</a>                               |

| Date    | Start    | End      | YR     | Title                                      | Lecturer(s)          | Room              | Series                   |
|---------|----------|----------|--------|--|----------------------|-------------------|--------------------------|
| 5/2/19  | TBD      |          |        | Tentative Journaling/Staff Support Session |                      | SPLC              | NB, Genetics, Derm, Endo |
| 5/3/19  | 8:00 AM  | 9:20 AM  | F1/F2  | Grand Rounds:                              | TBD                  | Wright Auditorium |                          |
| 5/3/19  | 9:45 AM  | 10:50 AM | F1/F2  | Developmental Influences                   | Karen Bearss, PhD    | OB.5.430          |                          |
| 5/3/19  | 12:00 PM | 12:50 PM | Com m  | Curriculum Committee                       | Curriculum Committee | OB.5.430          |                          |
| 5/10/19 | 8:00 AM  | 8:50 AM  | F1/F2  | Evidence Based Learning Group:             | TBD                  | OB.5.430          |                          |
| 5/10/19 | 9:00 AM  | 11:50 AM | F1/F2  | <b>Program Review</b>                      |                      | OB.5.430          |                          |
| 5/17/19 | 9:00 AM  | 9:50 AM  | F1/F2  | Neurodevelopmental Disorders               | TBD                  | OB.5.430          |                          |
| 5/17/19 | 10:00 AM | 11:50 AM | F1/F2  | Neurodevelopmental Disorders               | TBD                  | OB.5.430          |                          |
| 5/17/19 | 11:00 AM | 11:50 AM | Chiefs | RESC Committee Meeting                     | RESC Committee       | RC.3.906          |                          |
| 5/17/19 | 1:00 PM  | 1:50 PM  | F2     | School Consults Meeting                    | French/F2            | OB.5.430          |                          |
| 5/24/19 | 9:00 AM  | 9:50 AM  | F1/F2  | Neurodevelopmental Disorders               | TBD                  | OB.5.430          |                          |
| 5/24/19 | 10:00 AM | 11:50 AM | F1/F2  | Neurodevelopmental Disorders               | TBD                  | OB.5.430          |                          |
| 5/24/19 | 11:00 AM | 11:50 AM | F1/F2  | Typical Development: F1 Talk               | Laura Black, MD      | OB.5.430          |                          |
| 5/24/19 | 1:15 PM  | 3:30 PM  |        | TBD  | TBD                  |                   | LEAH Seminar             |
| 5/31/19 |          |          |        |  |                      | OB.5.430          |                          |

 Psychiatry Residency

 Leadership Education in Adolescent Health (LEAH)

 Gen APP Fellowship

| Date    | Start    | End      | YR     | Title                            | Lecturer(s)                   | Room              | Series                    |
|---------|----------|----------|--------|----------------------------------|-------------------------------|-------------------|---------------------------|
| 5/31/19 | 1:15 PM  | 3:30 PM  |        | TBD                              | TBD                           |                   | LEAH Seminar              |
| 6/6/19  | 9:00 AM  | 10:10 AM |        | SI/General Psych Overview        | Erika Miller, Maureen O'Brien | SPLC              | Overflow, Substance Abuse |
| 6/6/19  | 1:00 PM  | 2:00 PM  |        | Journaling/Staff Support Session | Carol Parry, Martha Dimmers   | SPLC              | Overflow, Substance Abuse |
| 6/6/19  | TBD      |          |        | Substance Abuse                  | Erik Schlocker, Andrew Gehl   | SPLC              | Overflow, Substance Abuse |
| 6/6/19  | TBD      |          |        | Mechanical Ventilation           | Mandy Striegl                 | SPLC              | Overflow, Substance Abuse |
| 6/6/19  | TBD      |          |        | TBD                              | Memet Toprak                  | SPLC              | Overflow, Substance Abuse |
| 6/7/19  | 8:00 AM  | 9:20 AM  | F1/F2  | Grand Rounds:                    | TBD                           | Wright Auditorium |                           |
| 6/7/19  | 9:45 AM  | 10:50 AM | F1/F2  | Developmental Influences         | Karen Bearss, PhD             | OB.5.430          |                           |
| 6/7/19  |          |          | F1/F2  | CAM                              | TBD                           | OB.5.430          |                           |
| 6/7/19  |          |          | F1/F2  | Diversity                        | TBD                           | OB.5.430          |                           |
| 6/7/19  | 11:00 AM | 11:50 AM | Chiefs | RESC Committee Meeting           | RESC Committee                | OB.5.430          |                           |
| 6/7/19  | 12:00 PM | 12:50 PM | Com m  | Curriculum Committee             | Curriculum Committee          | OB.5.430          |                           |
| 6/14/19 | 8:00 AM  | 8:50 AM  | F1/F2  | Evidence Based Learning Group:   | TBD                           | OB.5.430          |                           |
| 6/14/19 | 9:00 AM  | 9:50 AM  | F1/F2  | Forensics and Ethics             | TBD                           | OB.5.430          |                           |
| 6/14/19 | 10:00 AM | 11:50 AM | F1/F2  | Forensics and Ethics             | TBD                           | OB.5.430          |                           |
| 6/20/19 | 12:00 AM | 10:10 AM |        | Case Presentations               | Fellows                       | SPLC              | Overflow, Substance Abuse |
| 6/21/19 | 9:00 AM  | 9:50 AM  | F1/F2  | Integrated Care                  | TBD                           | OB.5.430          |                           |

|  |  |
|--|--|
|  | <a href="#">Psychiatry Residency</a>                             |
|  | <a href="#">Leadership Education in Adolescent Health (LEAH)</a> |
|  | <a href="#">Gen APP Fellowship</a>                               |

| Date     | Start    | End      | YR    | Title                            | Lecturer(s)                 | Room     | Series              |
|----------|----------|----------|-------|----------------------------------|-----------------------------|----------|---------------------|
| 6/21/19  | 10:00 AM | 10:50 AM | F1/F2 | Integrated Care                  | TBD                         | OB.5.430 |                     |
| 6/21/19  | 11:00 AM | 11:50 AM | F1/F2 | Typical Development: F1 Talk     | TBD                         | OB.5.430 |                     |
| 6/21/19  | 1:00 PM  | 1:50 PM  | F2    | School Consults Meeting          | French/F2                   | OB.5.430 |                     |
| 8/1/19   | TBD      |          |       | TBD                              |                             |          | Neuro, Brain, Spine |
| 8/15/19  | TBD      |          |       | TBD                              |                             |          | Neuro, Brain, Spine |
| 9/5/19   | TBD      |          |       | TBD                              |                             |          | Neuro, Brain, Spine |
| 9/19/19  | 1:00 PM  | 3:00 PM  |       | Journaling/Staff Support Session | Carol Parry, Martha Dimmers |          | Cardiac             |
| 9/19/19  | TBD      |          |       | TBD                              |                             |          | Cardiac             |
| 10/17/19 | TBD      |          |       | TBD                              |                             |          | Pulmonary           |
| 11/7/19  | TBD      |          |       | TBD                              |                             |          | H/O                 |
| 11/21/19 | TBD      |          |       | TBD                              |                             |          | H/O                 |
| 1/16/20  | TBD      |          |       | TBD                              |                             |          | Development         |
| 1/31/20  | TBD      |          |       | TBD                              |                             |          | Development         |

# *APP FELLOW HANDBOOK*

Department of Psychiatry and Behavioral  
Medicine  
*2019-2020*



**Seattle Children's**<sup>®</sup>

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## Program Goals

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Our fellowship program supports and mentors nurse practitioners (NPs) and physician assistants (PAs) as you develop your ability to provide high-quality care to diverse pediatric behavioral health patients with complex conditions.

Building on your graduate school preparation, the Advanced Practice Provider (APP) Fellowship Program strives to:

- Strengthen your confidence, critical thinking, knowledge and procedural skills as you gain experience in a professional clinical setting.
- Introduce you to a variety of patient care populations and build your skills in a subspecialty that matches your interests.
- Hone your aptitude for self-directed, motivated, life-long learning.
- Help you develop your own practice style by providing opportunities to work with and receive feedback from skilled mentors.
- Reinforce the advanced practice provider's role on multidisciplinary clinical care teams that provide stellar patient care.
- Bolster your resilience and introduce you to methods to prevent burnout.

The APP fellowship combines:

- Practice as a fully credentialed provider, seeing patients independently with mentorship and feedback
- Rotations through related services
- Didactic opportunities, including lecture, simulation and case-based learning

The year-long fellowship:

- Provides a comprehensive introduction to family-integrated pediatric healthcare at Seattle Children's
- Is structured so fellows' time is spent doing the work with feedback, learning by observing others, and didactic.
- Provides a minimum of 1,500 mentored clinical hours with specific feedback tailored to your goals
- Introduces you to Seattle Children's workplace culture and processes
- Practices 360-degree evaluation, inviting feedback from you on mentors and the fellowship program
- Is designed to increase your clinical independence as the program progresses

## Training Requirements

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All APP fellows are required to complete clinical, didactic, and individualized training. Fellows will be expected to demonstrate mastery related to child and adolescent psychiatry as well as quality improvement, leadership, professional development, and interdisciplinary practice.

Clinical practice experiences include patient care experiences on both the inpatient and outpatient Psychiatry and Behavioral Medicine services. Psychiatry and Behavioral Medicine experience will progress through shadowing to precepted and

mentored clinic experiences. Fellows will also have the opportunity to shadow specialty services.

- 70% doing the work with feedback
- 20% learning by observing others
- 10% on didactic, including evidence-based best practices

Learning objectives will be provided for each didactic session, clinical experience and/or rotations. Fellows are responsible for mastery of didactic knowledge and subsequently demonstrate application to practice and achievement of competency. Fellows are expected to produce evidence of learning, including leading case conferences, staff meeting presentations, and a Leadership/Professional Development Project.

Each fellow will perform a self-assessment at the beginning of the fellowship program and develop an Individualized Training Plan. In addition to participating in required training activities, fellows will have the opportunity to tailor learning experience to individual needs and professional goals.

## Competencies<sup>1</sup>

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At the completion of the fellowship program, you must be able to—

1. Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of both common and uncommon health conditions and the promotion of health
2. Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care
3. Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation and life-long learning
4. Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues
5. Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles
6. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
7. Demonstrate the ability to practice within an inter-professional team in a manner
8. Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader

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<sup>1</sup> Barton A, Case G, Dennehy P, et al. Postgraduate nurse practitioner training program accreditation standards. *National Nurse Practitioner Residency & Fellowship Training Consortium*. 2017. <https://www.nppostgradtraining.com/Accreditation/Standards>. Accessed December 28, 2018

## 2019-2020 Calendar

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| January 2019 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
|              |    | 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 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
|          |    |    |    |    | 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 |    |    |

Jan 1                      New Year's Day  
 Jan 28 – Feb 8        HR Boot Camp  
 Feb 18                   Presidents Day

| March |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|
|       |    |    |    |    | 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 |

| April |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|
|       | 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 |    |    |    |    |    |    |
|-----|----|----|----|----|----|----|
|     |    |    | 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 |    |    |    |    |    |    |
|------|----|----|----|----|----|----|
|      |    |    |    |    |    | 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 |

May 27      Memorial Day

| July |    |    |    |    |    |    |
|------|----|----|----|----|----|----|
|      | 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 |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|
|        |    |    |    | 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 |

Jul 4 Independence Day

| September |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| 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 |    |    |    |    |    |    |
|---------|----|----|----|----|----|----|
|         |    | 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 |    |    |

Sep 2 Labor Day

| November |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
|          |    |    |    |    | 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 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| 1        | 2  | 3  | 4  | 5  | 6  | 7  |
| 8        | 9  | 10 | 11 | 12 | 13 | 14 |
| 15       | 16 | 17 | 18 | 19 | 20 | 21 |
| 22       | 23 | 24 | 25 | 26 | 27 | 28 |
| 29       | 30 | 31 |    |    |    |    |

Nov 11 Veterans Day  
 Nov 28 Thanksgiving Day  
 Dec 25 Christmas Day

| January 2020 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
|              |    |    | 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 |    |

## Clinical Activities

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Clinical activities will progressively expose fellows to increasing volume, variety, and complexity of patient care experiences. The clinical experience will focus on progressive mastery, confidence, and competence.<sup>2</sup>

Clinical assignments are made by the fellowship leadership team and are designed to provide an overview of pediatric psychiatric care. Fellows have the opportunity to choose from a menu of electives and observations during their fellowship year. This training is designed to prepare new grads to work in this complex, highly collaborative environment and begin their career as a confident provider in child and adolescent psychiatry.

## Mentorship

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You will be assigned both a Psychiatry and Behavioral Medicine Unity (PBMU) preceptor and a mentor. Additionally, you will be assigned a preceptor for other clinical assignments.

## Clinical and Patient Care Experiences

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### *Inpatient*

Fellows will begin training by shadowing their preceptor on the inpatient Psychiatry and Behavioral Medicine Unit (PBMU). Fellows will then be assigned patient(s) to manage with supervision and consultation from the preceptor.

### *Outpatient*

In consultation with your preceptor and mentor, you will rotate through each of the outpatient services in the Department of Psychiatry and Behavioral Medicine.

### *Specialty Services*

You will have the opportunity to shadow in specialty departments. Your mentor will coordinate.

## Case Conferences

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### *Objective*

Case conferences provide the presenting fellow the opportunity to increase interrater reliability in DSM-5 diagnoses, elicit feedback around patient care, and develop leadership skills around managing group dynamics. They provide the participating fellows simulated patient care experience.

### *Requirements*

Each fellow is required to present comprehensive psychiatric case presentations of their own choosing. Cases may be selected from shadowing or clinical experience and should include background information from the patient record.

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<sup>2</sup> Barton A, Case G, Dennehy P, et al. Postgraduate nurse practitioner training program accreditation standards. *National Nurse Practitioner Residency & Fellowship Training Consortium*. 2017. <https://www.nppostgradtraining.com/Accreditation/Standards>. Accessed December 28, 2018

Each presentation should include—

- A patient overview of pertinent data
- Presentation of cultural, linguistic, socio-economic, and family factors which might influence equitable care
- A consultative question
- A journal article related to the case

Fellows may present this information in the ways most effective for the case. This may or may not include handouts or use of a white board.

#### *Structure*

1. 10 minutes uninterrupted case presentation
  - Consultative question
  - Identifying data, chief complaint, and pertinent history of present illness
  - Pertinent psychiatric review of systems, pertinent history, and pertinent data points
    - i. Mental status examination
    - ii. Family history
    - iii. Developmental history
    - iv. Psychosocial assessment (family, education, employment, financial)
    - v. Psychiatric/mental health history
    - vi. Medical history
  - Formulation of DSM-5 diagnoses, treatment goals/plan, and risk assessment
2. Reflection on how your therapeutic relationship impacted the treatment process.
3. 35 minutes of discussion, including presentation of relevant learning (e.g. sharing new resources)

This video may assist in preparation for effective case presentations:

[https://www.youtube.com/watch?v=isM2MJdRjyE&index=22&t=0s&list=P L2uqBMUSkTeUNLFRzItbZFoHulbL0EN\\_p](https://www.youtube.com/watch?v=isM2MJdRjyE&index=22&t=0s&list=P L2uqBMUSkTeUNLFRzItbZFoHulbL0EN_p)

This article may assist in discussing therapeutic use of self:

[Heffron, M, Ivins, B, Weston, D. Finding an authentic voice: use of self: essential learning processes for relationship-based work. \*Infants Young Child\*. 2005;18\(4\):323-336. http://alliance-primo.hosted.exlibrisgroup.com/UW:all:TN\\_gale\\_hrca137362396.](http://alliance-primo.hosted.exlibrisgroup.com/UW:all:TN_gale_hrca137362396)  
[Accessed January 12, 2019.](#)

#### *Scheduling*

Case conferences will occur regularly. Fellows will be given the opportunity to select dates for their case conference presentations. If conflicts arise, fellows are responsible for switching dates with another fellow and notifying their mentor of the switch.

#### *Preceptor and Mentor Participation*

At least one member from the APP training team will attend each case presentation. All preceptors and mentors are encouraged to attend and may lead case presentations for simulated learning.

*Location*

To be determined.

*Tracking*

Fellows track their case conferences using their *Individualized Training Plan (ITP)*.

## **Didactic Activities**

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*Required Activities*

Participation in regularly-scheduled didactic sessions is required. Some of the didactic activities may be scheduled with other training cohorts, which is designed to foster community and increase interdisciplinary care. As specialists in psychiatry, you will also participate in didactic sessions and self-directed study designed to increase your mastery of child and adolescent psychiatry for complex patients.

*Individualized Learning*

After completing a self-assessment, you and your mentor will develop an *Individualized Training Plan (ITP)*.

*Attendance*

You will be required to track your attendance at all didactic activities.

*Participation*

Fellows are expected to complete all pre-assigned work prior to each seminar. Active engagement during didactic activities is highly encouraged. Please complete evaluations for each activity, as the feedback is used to inform improvements in the fellowship program.

## **Leadership Activities**

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### **Staff Meeting Presentations**

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You may be asked to present learning at a staff meeting. Your preceptor or mentor will provide more information prior to the presentation regarding expectations.

### **Leadership/Professional Development Project**

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For this year-long project, you will select from two domains, *systems of care/quality improvement or population-based health/social determinants of health*. You are encouraged to consider a project that involves interdisciplinary practice. You will develop the project through feedback and peer review throughout the program. You will then develop a poster to share your project at graduation.

- **Systems of care/quality improvement:** Develop a plan for and implement a change at the systems level or apply quality improvement tools to impact patient care. The project should address the context

- and system of health care and other resources in the system that impact optimal care.
- **Population-based health/social determinants of health:** Data-driven assessment of a population of focus, including an assessment of community, environmental, or socioeconomic influences on the health of that population. Develop a plan that could be realistically implemented and affect change on the population served by the Department of Psychiatry and Behavioral Medicine.

### [Poster Template](#)

### **Reflective Journaling**

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You will maintain a reflective journal which you will regularly submit to your mentor or other training staff. In it, you will explore and document your transition to a novice to competent APP, including the challenges you encounter and overcome.

### **Evaluation**

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In addition to self-evaluation, you will be asked to evaluate program activities. Your feedback is important to help inform program planning.

### **Billing**

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As a fully licensed and credentialed provider, you are expected to bill clinical services you deliver. [Link to billing information.](#)

## Reading List

| Assigned | Reviewed |   |
|----------|----------|---|
|          |          | <b>Interviewing Children:</b> Interviewing Children and Adolescents by James Morrison and Thomas Anders   |
|          |          | AACAP practice parameter <b>Prescribing Psychotropics to Children</b>   |
|          |          | <b>ADHD Seminal Article:</b> MTA  |
|          |          | AACAP practice parameter <b>ADHD</b>  |
|          |          | <b>Pediatric ADHD Seminal Articles:</b> PATS  |
|          |          | <b>Maladaptive Aggression:</b> Knapp P, Chait A, Pappadopulos E, Crystal S, Jensen PS; T-MAY Steering Group. Treatment of maladaptive aggression in youth: CERT guidelines I. Engagement, assessment, and management. <i>Pediatrics</i> . 2012 Jun;129(6):e1562-76. doi: 10.1542/peds.2010-1360. Epub 2012 May 28. Review.  |
|          |          | <b>Maladaptive Aggression:</b> Scotto Rosato N, Correll CU, Pappadopulos E, Chait A, Crystal S, Jensen PS; Treatment of Maladaptive Aggressive in Youth Steering Committee. Treatment of maladaptive aggression in youth: CERT guidelines II. Treatments and ongoing management. <i>Pediatrics</i> . 2012 Jun;129(6):e1577-86. doi: 10.1542/peds.2010-1361. Epub 2012 May 28. Review. |
|          |          | AACAP practice parameter <b>Atypical Antipsychotics</b>   |
|          |          | AACAP practice parameter <b>ODD</b>   |
|          |          | <b>Depression Seminal Article:</b> TADS   |
|          |          | <b>Depression Seminal Article:</b> TORDIA   |
|          |          | AACAP practice parameter <b>Bipolar</b>   |
|          |          | <b>Self-Harm:</b> Ougrin D, Tranah T, Leigh E, Taylor L, Asarnow JR. Practitioner Review: Self-harm in adolescents. <i>Journal of Child Psychology and Psychiatry</i> . 2012;53(4):337-350.   |
|          |          | <b>Self-Harm:</b> <a href="#">Bridge JA</a> , <a href="#">Goldstein TR</a> , <a href="#">Brent DA</a> . Adolescent suicide and suicidal behavior. <i>J Child Psychol Psychiatry</i> . 2006 Mar-Apr;47(3-4):372-94.  |
|          |          | <b>Anxiety:</b> Kodish I, Rockhill C, Ryan S, Varley C. Pharmacotherapy for anxiety disorders in children and adolescents. <i>Pediatr Clin North Am</i> . 2011;58(1):55-72.   |
|          |          | AACAP practice parameter <b>Anxiety</b>   |
|          |          | <b>Anxiety Seminal Article:</b> CAMS  |
|          |          | AACAP practice parameter <b>OCD</b>   |
|          |          | <b>OCD Seminal Article:</b> POTS  |
|          |          | AACAP practice parameter <b>PTSD</b>  |
|          |          | <b>Autism:</b> Toth, K. & Stobbe, G. (2011). Diagnosis of autism spectrum disorders. <i>Pediatric Annals</i> , 40(10), 488-492.   |
|          |          | <b>Autism:</b> Kaplan, G., & McCracken, J. T. (2012). Psychopharmacology of autism spectrum disorders. <i>Pediatric Clinics of North America</i> , 59, 175-187.   |

## Resources

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### 1. PAL

The Partnership Access Line (PAL) and the PAL Care Guide are evidence-based practice resources funded by the Washington State Health Care Authority and administered by Seattle Children's.

PAL provides free pediatric mental health consultation to primary care providers throughout the state during business hours.

The Care Guide is a practice resource covering assessment and management of common pediatric mental health conditions, as well as other practice resources. It is available in hard copy by request at

[PALAdmin@seattlechildrens.org](mailto:PALAdmin@seattlechildrens.org) and online at <https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/resources/>

### 2. Interpreter Services

To request an interpreter for an inpatient or ED family, place an order in CIS including special instructions. To reach a telephone interpreter dial SPEAK (77325) and press 1. Your department code is \_\_\_\_\_

If the family is present, always access a phone interpreter so as not to delay care or service while waiting for an in-person interpreter

Interpreters for clinic appointments are scheduled in Pathways. Last minute requests less than 2 business days in advance, require an order in CIS.

[http://child.childrens.sea.kids/People\\_and\\_Places/Programs\\_and\\_Services/Interpreter\\_Services/](http://child.childrens.sea.kids/People_and_Places/Programs_and_Services/Interpreter_Services/)

### 3. Library and Information Commons

This technical medical library located at OB.8.520 (8<sup>th</sup> floor of Ocean, zone B, near the Octopus elevators) provides access to electronic databases, books, journals, and other practice resources. It has study spaces and print/copy resources.

*Open Monday through Friday from 8 a.m. to 4:30 p.m.*

[http://child.childrens.sea.kids/Resources\\_and\\_Information/Library/Information\\_Technology](http://child.childrens.sea.kids/Resources_and_Information/Library/Information_Technology)

### 4. Practice management (templates, schedules)

- Your mentor will coordinate templating prior to outpatient service rotations.
- Your mentor will coordinate shadowing or clinical rotations outside the inpatient service.

### 5. Information Technology (IT) Service Desk

**For non-urgent issues, use the [IS Help online service](#). For urgent issues, call the IT Service Desk at ext. 7-1111.**

IS Help is monitored from 6 a.m. to 6 p.m. Monday through Friday. During these times someone from IT will respond to your request within 2 hours. If the request is received after-hours, it will be processed on the next business day.

**What is an urgent issue?**

Urgent issues prevent you from doing your work, like problems with CIS, Epic or Lawson. Call the IT Service Desk, available 24 hours/day, 7 days/week, at: **ext. 7-1111 (206-987-1111), option 1.**

**What is a non-urgent Issue?**

Non-urgent issues do not cause a work stoppage. Instead of calling the Service Desk, please submit an [IS Help](#) request.

6. *Quality, Safety, and Improvement Support Services*

A division of quality, safety, and improvement experts who provide event response, support for operational performance improvement, contribute to goal and strategic planning, and are available for consultation services.

[http://child.childrens.sea.kids/People\\_and\\_Places/Programs and Services/Quality/Quality Resources.aspx](http://child.childrens.sea.kids/People_and_Places/Programs_and_Services/Quality/Quality_Resources.aspx)

7. *Human Resources*

[human.resources@seattlechildrens.org](mailto:human.resources@seattlechildrens.org) or call ext. 7-2111

[http://child.childrens.sea.kids/People\\_and\\_Places/Departments/Human Resources/](http://child.childrens.sea.kids/People_and_Places/Departments/Human_Resources/)

## Forms

### Competency Evaluation Tool

**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

Please rate NP Trainee's level of skill, knowledge and abilities on the following PACT Nurse Practitioner professional activities:

To be completed by Nurse Practitioner Trainee and Preceptor/Mentor at 1, 6 and 12 months of training.

**Scale:**

**1** = Observes task only

**2** = Needs direct supervision

**3** = Needs supervision periodically

**4** = Able to perform without supervision

**5** = Able to supervise others

**NA** = Not applicable, Not Observed or Not performed

| <b>Clinical Competency in Planning and Managing Care</b>   |                               |
|--|-------------------------------|
| Able to perform comprehensive history and physical exam  | <b>1 = Observes task only</b> |
| Construct pertinent differential diagnosis   | <b>1 = Observes task only</b> |
| Order appropriate screening and diagnostic tests   | <b>1 = Observes task only</b> |
| Order appropriate consults   | <b>1 = Observes task only</b> |
| Order appropriate medications  | <b>1 = Observes task only</b> |
| Perform comprehensive medication review and reconciliation   | <b>1 = Observes task only</b> |
| Recommend appropriate academic accommodations  | <b>1 = Observes task only</b> |
| Present case to preceptor in clear, concise and organized fashion  | <b>1 = Observes task only</b> |
| Able to assess for, diagnose, treat and manage over time common conditions experienced by patients in child and adolescent psychiatry: |                               |
| • ADHD   | <b>1 = Observes task only</b> |
| • PTSD   | <b>1 = Observes task only</b> |
| • Depression   | <b>1 = Observes task only</b> |
| • Autism   | <b>1 = Observes task only</b> |
| • Disruptive behavior  | <b>1 = Observes task only</b> |
| • Anxiety  | <b>1 = Observes task only</b> |
| • Eating disorders   | <b>1 = Observes task only</b> |
| • Psychosis  | <b>1 = Observes task only</b> |
| • Substance abuse  | <b>1 = Observes task only</b> |
| • Gender dysphoria   | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |

**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

| <b>Clinical Competency in Planning and Managing Care</b>   |                               |
|--|-------------------------------|
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| •  | <b>1 = Observes task only</b> |
| Care for acute illness, chronic disease and health maintenance needs using evidence based guidelines and other forms of decision support |                               |
| <b>Leadership</b>  |                               |
| Lead team huddle   | <b>1 = Observes task only</b> |
| Lead case conference   | <b>1 = Observes task only</b> |
| Lead team meeting using conflict management/resolution as needed   | <b>1 = Observes task only</b> |
| Lead group educational activities for patients/families, team, peers   | <b>1 = Observes task only</b> |
| Lead team quality improvement project  | <b>1 = Observes task only</b> |
| Lead shared/group medical appointments   | <b>1 = Observes task only</b> |
| Apply leadership strategies that support collaborative practice and team effectiveness   | <b>1 = Observes task only</b> |

**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

| <b>Interprofessional Team Collaboration</b>  |                                    |
|--|------------------------------------|
| Develop own professional identity and clearly explains one's role and responsibilities to patients, families, and other professionals  | <b>1 = Observes task only</b>      |
| Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict   | <b>1 = Observes task only</b>      |
| Understand and appreciate contribution of other team members to the plan of care   | <b>1 = Observes task only</b>      |
| Function as a resource to other health professionals   | <b>1 = Observes task only</b>      |
| Maintain open communication with team members for quality and efficient care   | <b>1 = Observes task only</b>      |
| Safely transition patients among team members and settings, including giving and receiving hand offs   | <b>1 = Observes task only</b>      |
| Seek feedback from faculty and team members  | <b>1 = Observes task only</b>      |
| Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families | <b>1 = Observes task only</b>      |
| Engage in continuous professional and interprofessional development to enhance team performance  | <b>NA = Not applicable, Not Ob</b> |
| <b>Patient Centered-Care</b>   |                                    |
| Elicit patient's values, preferences, and cultural belief regarding care   | <b>1 = Observes task only</b>      |
| Identify, accommodate, and customize care for patients with language, cognitive, functional or cultural barriers   | <b>1 = Observes task only</b>      |
| Assess and provide education to empower the patients to self-manage their behavior and psychiatric conditions  | <b>1 = Observes task only</b>      |
| Coordinate care for patients ensuring follow-up on messages, tests, consults, and care at other facilities   | <b>1 = Observes task only</b>      |
| Engage other health professionals, appropriate to the specific care situation, in shared patient-centered problem-solving  | <b>1 = Observes task only</b>      |
| Use motivational interviewing to help patients change health-related behaviors   | <b>1 = Observes task only</b>      |
| Communicate with patient between office visits by telephone, secured email messages  | <b>1 = Observes task only</b>      |

**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

| <b>Shared Decision Making</b>   |                               |
|---|-------------------------------|
| Use active listening skills and open ended questions throughout each patient visit  | <b>1 = Observes task only</b> |
| Counsel and support patients in their self-management of psychiatric conditions   | <b>1 = Observes task only</b> |
| Facilitate patients participation in health care decisions using shared decision-making (or using formal decision-aids)   | <b>1 = Observes task only</b> |
| Engage patients in advanced care planning   | <b>1 = Observes task only</b> |
| Activate community resources to meet patients or populations needs  | <b>1 = Observes task only</b> |
| Engage patients as care team members in tracking and coordinating care  | <b>1 = Observes task only</b> |
| Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care  | <b>1 = Observes task only</b> |
| <b>Sustained Relationships</b>  |                               |
| Devise, follow, review, and adjust longitudinal care plan to meet assigned patient panel health care needs, including acute care, chronic disease management, modification of high risk behaviors and preventive care | <b>1 = Observes task only</b> |
| Develop and sustain respectful and trusting relationship with clinic staff, preceptor and/or mentor   | <b>1 = Observes task only</b> |
| Develop and sustain a respectful and trusting relationship with peer trainees   | <b>1 = Observes task only</b> |
| Develop and sustain a respectful and trusting relationship with interprofessional team (which includes all clinic staff)  | <b>1 = Observes task only</b> |
| Develop and sustain a respectful and trusting relationship with patients and families   | <b>1 = Observes task only</b> |
| Give timely, sensitive, instructive feedback to others about their performance on team, responding respectfully as a team member to feedback from others  | <b>1 = Observes task only</b> |



**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

| <b>Quality Improvement and Population Management</b>  |                               |
|---|-------------------------------|
| Access and interpret performance data   | <b>1 = Observes task only</b> |
| Improve care via Plan-Do-Study-Act cycles   | <b>1 = Observes task only</b> |
| Perform root cause analyses and reflect upon critical incidents (medical error, near miss, preventable emergency room visit or readmission) | <b>1 = Observes task only</b> |
| Query registries to determine the health status and health care needs of entire practice and/or specific population of interest             | <b>1 = Observes task only</b> |
| Reflect on individual and team performance and introduce strategies for improvement   | <b>1 = Observes task only</b> |



**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

List two things that you do well:

List two things you would like to improve:

Set two short term goals that can be achieved in the next 3 months:

Set one long term goal to achieve by the end of the fellowship/residency:

Describe how you will know if you have achieved these goals:

Describe any potential opportunities/obstacles you might encounter as you try to reach these goals:

Describe your strategies for achieving these goals:

Other comments:

*Use to inform Individualized Training Plan (ITP)*



**Name of Trainee:**

**Evaluation: 1 Month**

**Name of Preceptor:**

**Date:**

**Completed by: Preceptor/Mentor**

**Preceptor/Mentoring (6 and 12 month evaluation)**

Assists in precepting nurse practitioner, physician assistant, pharmacy and medical students:

Provides quality feedback to trainee from direct observation:

**Teaching (6 and 12 month evaluation)**

Teach topic of choice to the team and others:

Create learning objectives and content outline for the lesson:

Provide journal articles, handouts, clinical resources, etc:

Provide evaluation form to obtain feedback from team to improve teaching skills:

*Use to inform Individualized Training Plan (ITP)*

*Individualized Training Plan (ITP)<sup>4</sup>*

**Fellowship Requirements**

Competency

- Self-assessment
- Tracking

Clinical

- Shadow preceptor on PBMU
- PBMU patient care with preceptor support
- Outpatient service rotations
- Specialty service rotations

Didactic

- Attend didactic sessions
- Independently complete self-directed learning content

Evidence of learning

- Lead case conferences
- Present at staff meetings
- Leadership/Professional Development Project

*To be signed at the completion of the training program:*

\_\_\_\_\_ has completed the above training requirements.

Fellow signature & date:

Mentor signature & date:

| Quarter 1: Building a Foundation   |   |
|--|---|
| Required Activities  | Complementary Activities  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Competency               <ul style="list-style-type: none"> <li>○ Self-assessment</li> <li>○ Track your progress</li> <li>○ Write a reflection of your role as a new independent practitioner. Share this with your mentor.</li> </ul> </li> <li><input type="checkbox"/> Clinical               <ul style="list-style-type: none"> <li>○ Shadow preceptor on PBMU</li> <li>○</li> </ul> </li> <li><input type="checkbox"/> Didactic               <ul style="list-style-type: none"> <li>○ Attend didactic sessions</li> <li>○ Independently complete self-directed learning content                   <ul style="list-style-type: none"> <li>▪</li> </ul> </li> <li>○ Begin reading list</li> </ul> </li> <li><input type="checkbox"/> Evidence of learning               <ul style="list-style-type: none"> <li>○ Lead case conference</li> </ul> </li> <li><input type="checkbox"/> Choose Leadership/Professional Development Project topic               <ul style="list-style-type: none"> <li>○ Conduct a literature search to inform your project. You may wish to schedule an appointment at the Library and Information Commons</li> <li>○ Or, if more appropriate, retrieve relevant data. Establish a need for your project.</li> <li>○ What competencies does your project tie into? This should be addressed in your proposal.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Leadership               <ul style="list-style-type: none"> <li>○ Join a professional organization</li> <li>○ Write a reflective statement on your skills and goals as a leader</li> </ul> </li> <li><input type="checkbox"/> Advocacy               <ul style="list-style-type: none"> <li>○ Advocate for a population that you serve</li> <li>○ Join an advocacy group of your interest.</li> </ul> </li> <li><input type="checkbox"/> Complete <a href="#">Implicit Assumptions Tests</a></li> </ul> |
| <p><i>Mentor meetings:</i></p><br><p><i>Comments on progress:</i></p>  |   |

| Quarter 2   |   |
|---|---|
| Required Activities   | Complementary Activities  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Competency               <ul style="list-style-type: none"> <li>○ Continue to track your progress. Look for gaps in your progress and talk to your mentor about opportunities to find experiences to meet your needs.</li> </ul> </li> <li><input type="checkbox"/> Clinical               <ul style="list-style-type: none"> <li>○</li> </ul> </li> <li><input type="checkbox"/> Didactic               <ul style="list-style-type: none"> <li>○ Attend didactic sessions</li> <li>○ Independently complete self-directed learning content</li> <li>○ Continue reading list</li> </ul> </li> <li><input type="checkbox"/> Evidence of learning               <ul style="list-style-type: none"> <li>○ Lead case conference</li> <li>○ Perform a critique of an article from peer-reviewed literature that has informed your care</li> </ul> </li> <li><input type="checkbox"/> Continue Leadership/Professional Development Project               <ul style="list-style-type: none"> <li>○ Submit revised proposal, 1-page summary of progress to date.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Take an <a href="#">IHI QI course</a></li> <li><input type="checkbox"/> Complete a <a href="#">LEAN Training</a></li> <li><input type="checkbox"/> Begin a journal club for your fellowship cohort</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul> |
| <p><i>Mentor meetings:</i></p><br><p><i>Comments on progress:</i></p>   |   |

| Quarter 3  |  |
|--|--|
| Required Activities  | Complementary Activities   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Competency               <ul style="list-style-type: none"> <li>○ Continue to track your progress. Look for gaps in your progress and talk to your mentor about opportunities to find experiences to meet your needs.</li> </ul> </li> <li><input type="checkbox"/> Clinical               <ul style="list-style-type: none"> <li>○</li> <li>○</li> </ul> </li> <li><input type="checkbox"/> Didactic               <ul style="list-style-type: none"> <li>○ Attend didactic sessions</li> <li>○ Independently complete self-directed learning content                   <ul style="list-style-type: none"> <li>▪</li> </ul> </li> <li>○ Complete reading list</li> </ul> </li> <li><input type="checkbox"/> Evidence of learning               <ul style="list-style-type: none"> <li>○ Lead case conference</li> <li>○ Perform a critique of an article from peer-reviewed literature that has informed your care</li> </ul> </li> <li><input type="checkbox"/> Submit 1-page summary of progress to date and poster draft.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff meeting presentation</li> <li><input type="checkbox"/> Specialty rotations:               <ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul> </li> </ul> |
| <p><i>Mentor meetings:</i></p><br><p><i>Comments on progress:</i></p>  |  |



| Quarter 4   |  |
|---|--|
| Required Activities   | Complementary Activities   |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Competency<ul style="list-style-type: none"><li>○ Continue to track your progress. Look for gaps in your progress and talk to your mentor about opportunities to find experiences to meet your needs.</li><li>○ Write a reflection of your growth as an independent practitioner. Share this with your mentor.</li></ul></li><li><input type="checkbox"/> Clinical<ul style="list-style-type: none"><li>○</li><li>○</li></ul></li><li><input type="checkbox"/> Didactic<ul style="list-style-type: none"><li>○ Attend didactic sessions</li><li>○ Independently complete self-directed learning content<ul style="list-style-type: none"><li>▪</li></ul></li><li>○ Complete reading list</li></ul></li><li><input type="checkbox"/> Evidence of learning<ul style="list-style-type: none"><li>○ Lead case conference</li></ul></li><li><input type="checkbox"/> Present Leadership/Professional Development Project poster on graduation day</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Staff meeting presentation</li><li><input type="checkbox"/> Specialty rotations:<ul style="list-style-type: none"><li><input type="checkbox"/></li><li><input type="checkbox"/></li></ul></li></ul> |
| <i>Mentor meetings:</i>   |  |
| <i>Comments on progress:</i>  |  |

### *Research Article Critique Templates*

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Use for case presentation or leadership project articles.

- Systematic Reviews: [AMSTAR](#)
- Randomized Controlled Trial: [CONSORT](#)
- Guidelines: [AGREE](#)

**AMSTAR** a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both.

- 
- 1. Was an 'a priori' design provided?**  Yes  
 The research question and inclusion criteria should be established before the conduct of the review.  No  
 Can't answer  
 Not applicable
- 2. Was there duplicate study selection and data extraction?**  Yes  
 There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.  No  
 Can't answer  
 Not applicable
- 3. Was a comprehensive literature search performed?**  Yes  
 At least two electronic sources should be searched. The report must include years and databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.  No  
 Can't answer  
 Not applicable
- 4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?**  Yes  
 The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.  No  
 Can't answer  
 Not applicable
- 5. Was a list of studies (included and excluded) provided?**  Yes  
 A list of included and excluded studies should be provided.  No  
 Can't answer  
 Not applicable
- 6. Were the characteristics of the included studies provided?**  Yes  
 In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.  No  
 Can't answer  
 Not applicable
- 7. Was the scientific quality of the included studies assessed and documented?**  Yes  
 'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.  No  
 Can't answer  
 Not applicable



**8. Was the scientific quality of the included studies used appropriately in formulating conclusions?**

The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.

- Yes
- No
- Can't answer
- Not applicable

**9. Were the methods used to combine the findings of studies appropriate?**

For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity,  $I^2$ ). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e. is it sensible to combine?).

- Yes
- No
- Can't answer
- Not applicable

**10. Was the likelihood of publication bias assessed?**

An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).

- Yes
- No
- Can't answer
- Not applicable

**11. Was the conflict of interest stated?**

Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.

- Yes
- No
- Can't answer
- Not applicable

## CONSORT 2010 checklist of information to include when reporting a randomised trial\*

| Section/Topic                    | Item No | Checklist item  | Report on page |
|----------------------------------|---------|---|----------------|
| <b>Title and abstract</b>        |         |   |                |
|                                  | 1a      | Identification as a randomised trial in the title   | _____          |
|                                  | 1b      | Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)   | _____          |
| <b>Introduction</b>              |         |   |                |
| Background and objectives        | 2a      | Scientific background and explanation of rationale  | _____          |
|                                  | 2b      | Specific objectives or hypotheses   | _____          |
| <b>Methods</b>                   |         |   |                |
| Trial design                     | 3a      | Description of trial design (such as parallel, factorial) including allocation ratio  | _____          |
|                                  | 3b      | Important changes to methods after trial commencement (such as eligibility criteria), with reasons  | _____          |
| Participants                     | 4a      | Eligibility criteria for participants   | _____          |
|                                  | 4b      | Settings and locations where the data were collected  | _____          |
| Interventions                    | 5       | The interventions for each group with sufficient details to allow replication, including how and when they were actually administered   | _____          |
| Outcomes                         | 6a      | Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed  | _____          |
|                                  | 6b      | Any changes to trial outcomes after the trial commenced, with reasons   | _____          |
| Sample size                      | 7a      | How sample size was determined  | _____          |
|                                  | 7b      | When applicable, explanation of any interim analyses and stopping guidelines  | _____          |
| Randomisation:                   |         |   |                |
| Sequence generation              | 8a      | Method used to generate the random allocation sequence  | _____          |
|                                  | 8b      | Type of randomisation; details of any restriction (such as blocking and block size)   | _____          |
| Allocation concealment mechanism | 9       | Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned | _____          |
| Implementation                   | 10      | Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions   | _____          |



|  |     |   |       |
|--|-----|---|-------|
| Blinding   | 11a | If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how          | _____ |
|  | 11b | If relevant, description of the similarity of interventions   | _____ |
| Statistical methods                                  | 12a | Statistical methods used to compare groups for primary and secondary outcomes   | _____ |
|  | 12b | Methods for additional analyses, such as subgroup analyses and adjusted analyses  | _____ |
| <b>Results</b>                                       |     |   |       |
| Participant flow (a diagram is strongly recommended) | 13a | For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome    | _____ |
|  | 13b | For each group, losses and exclusions after randomisation, together with reasons  | _____ |
| Recruitment  | 14a | Dates defining the periods of recruitment and follow-up   | _____ |
|  | 14b | Why the trial ended or was stopped  | _____ |
| Baseline data  | 15  | A table showing baseline demographic and clinical characteristics for each group  | _____ |
| Numbers analysed                                     | 16  | For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups           | _____ |
| Outcomes and estimation                              | 17a | For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval) | _____ |
|  | 17b | For binary outcomes, presentation of both absolute and relative effect sizes is recommended   | _____ |
| Ancillary analyses                                   | 18  | Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory         | _____ |
| Harms  | 19  | All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)   | _____ |
| <b>Discussion</b>                                    |     |   |       |
| Limitations  | 20  | Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses                                  | _____ |
| Generalisability                                     | 21  | Generalisability (external validity, applicability) of the trial findings   | _____ |
| Interpretation                                       | 22  | Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence                                     | _____ |
| <b>Other information</b>                             |     |   |       |
| Registration   | 23  | Registration number and name of trial registry  | _____ |
| Protocol   | 24  | Where the full trial protocol can be accessed, if available   | _____ |
| Funding  | 25  | Sources of funding and other support (such as supply of drugs), role of funders   | _____ |

\*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see [www.consort-statement.org](http://www.consort-statement.org).



## AGREE GLOBAL RATING SCALE INSTRUCTIONS

### I. Background

Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (1), including health promotion, screening, diagnosis, and treatment. The 23-item AGREE II tool has become an international standard to direct the development, reporting and quality appraisal of guideline (2,3); however, user feedback indicates that there is need for a shorter appraisal tool as an alternative to the AGREE II when resources are sparse and application of a comprehensive tool is not feasible. A shorter tool was tested and published in 2012 as the Global Rating Scale (GRS) (4). Reliability testing indicates that the AGREE GRS was able to predict important outcome measures related to guideline adoption despite its lower sensitivity in detecting differences in guideline quality when compared to AGREE II (4). We continue to recommend the AGREE II as the primary tool to assess the methodological quality of clinical practice guidelines.

### II. Preparing to Use the AGREE Global Rating Scale

#### i) Accompanying Guideline Documents

Before applying the AGREE GRS, users should first carefully read the guideline document and any relevant supporting documents published elsewhere.

#### ii) Number of Appraisers

We recommend that each guideline be assessed by a minimum of two appraisers to increase the reliability of the assessment.

### III. AGREE Global Rating Scale Items

#### i) Items and considerations

The tool consists of four core items:

1. Process of development,
2. Presentation style,
3. Completeness of reporting
4. Clinical validity.

To guide the appraisal, a list of considerations is provided for each item.

#### ii) Rating Scale

The four AGREE GRS items are rated on the following 7-point scale:

|                |   |   |   |   |   |   |                 |  |
|----------------|---|---|---|---|---|---|-----------------|--|
| Lowest Quality |   |   |   |   |   |   | Highest Quality |  |
| 1              | 2 | 3 | 4 | 5 | 6 | 7 |                 |  |

**Score of 1 (Lowest Quality).** A score of 1 should be given when there is no information that is relevant to the AGREE GRS item, if the concept is very poorly presented in the guideline, or if the authors explicitly state that the criteria were not met.

**Score of 7 (Highest Quality).** A score of 7 should be given if the quality of reporting and presentation is exceptional and if the considerations have been fully met.



Scores between 2 and 6. A score between 2 and 6 is assigned when the reporting of the AGREE GRS item does not meet the full considerations. A score is assigned depending on the completeness and quality of reporting and presentation.

It is important to note that item ratings require a level of judgment. The considerations are provided to guide, not to replace, these judgments. Thus, none of the AGREE GRS items provide explicit expectations for each of the 7 points on the scale.

#### IV. Overall Assessment

Upon completing the four items, AGREE GRS users are asked to provide three overall assessments of the guideline. The overall quality assessment requires the user to make a judgment as to the quality of the guideline (1=lowest quality, 7=highest quality), taking into account the criteria used in the assessment of the four core items. Users are also asked whether they would recommend the guideline for use in practice and whether they would make use of a guideline of that quality in their own professional decisions (1=strongly disagree, 7=strongly agree).

#### References

1. Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. *BMJ*. 1999;318(7182):527-30.
2. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, Fervers B, Graham ID, Grimshaw J, Hanna SE, Littlejohns P, Makarski J, Zitzelsberger L, for the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *CMAJ* 2010;182(18):E839-42.
3. Makarski J, Brouwers MC. The AGREE Enterprise: a decade of advancing clinical practice guidelines. *Implement Sci*. 2014 Aug 15;9(1):103.
4. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, Fervers B, Graham ID, Grimshaw J, Hanna SE, Littlejohns P, Makarski J, Zitzelsberg L, for the AGREE Next Steps Consortium. The Global Rating Scale complements the AGREE II in advancing the quality of practice guidelines. *J Clin Epidemiol* 2012;65:528-34.



## AGREE GLOBAL RATING SCALE

### PROCESS OF DEVELOPMENT

1. Rate the overall quality of the guideline development methods.

Consider:

- Were the appropriate stakeholders involved in the development of the guideline?
- Was the evidentiary base developed systematically?
- Were recommendations consistent with the literature?

|                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Lowest Quality |   |   |   |   |   | Highest Quality |
| ①              | ② | ③ | ④ | ⑤ | ⑥ | ⑦               |

Comments

### PRESENTATION STYLE

2. Rate the overall quality of the guideline presentation.

Consider:

- Was the guideline well organized?
- Were the recommendations easy to find?

|                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Lowest Quality |   |   |   |   |   | Highest Quality |
| ①              | ② | ③ | ④ | ⑤ | ⑥ | ⑦               |

Comments



**COMPLETENESS OF REPORTING**

**3. Rate the completeness of reporting.**

Consider:

- Was the guideline development process transparent and reproducible?
- How complete was the information to inform decision-making?

|                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Lowest Quality |   |   |   |   |   | Highest Quality |
| ①              | ② | ③ | ④ | ⑤ | ⑥ | ⑦               |

Comments

**CLINICAL VALIDITY**

**4. Rate the overall quality of the guideline recommendations.**

Consider:

- Are the recommendations clinically sound?
- Are the recommendations appropriate for the intended patients?

|                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Lowest Quality |   |   |   |   |   | Highest Quality |
| ①              | ② | ③ | ④ | ⑤ | ⑥ | ⑦               |

Comments



## OVERALL ASSESSMENT

---

1. Rate the overall quality of this guideline.

|                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Lowest Quality |   |   |   |   |   | Highest Quality |
| 1              | 2 | 3 | 4 | 5 | 6 | 7               |

2. I would recommend this guideline for use in practice.

|                   |   |   |   |   |   |                |
|-------------------|---|---|---|---|---|----------------|
| Strongly Disagree |   |   |   |   |   | Strongly Agree |
| 1                 | 2 | 3 | 4 | 5 | 6 | 7              |

3. I would make use of a guideline of this quality in my professional decisions.

|                   |   |   |   |   |   |                |
|-------------------|---|---|---|---|---|----------------|
| Strongly Disagree |   |   |   |   |   | Strongly Agree |
| 1                 | 2 | 3 | 4 | 5 | 6 | 7              |

Comments

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*Fellow Assessment of Program Components*<sup>3</sup>

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*Presentations*

Didactic lectures, clinical placements, Grand Rounds, handbook, etc

Topic:

Presenter:

Date:

*Please indicate your rating for items 1-4 and then respond to items 5-7.*

|    |  | Outstanding | Good | Fair | Poor |
|----|--|-------------|------|------|------|
| 1) | Usefulness of the subject matter                           |             |      |      |      |
| 2) | How well did this presentation meet its objectives?        |             |      |      |      |
| 3) | Overall effectiveness of the presenter                     |             |      |      |      |
| 4) | Responsiveness of the presenter to questions and reactions |             |      |      |      |

|    |   | Yes | Somewhat | No | N/A |
|----|---|-----|----------|----|-----|
| 5) | Were diversity and cultural issues addressed? |     |          |    |     |

6) What was effective about this presentation?

7) Suggestions for improvement:

8) How will this presentation inform or change your clinical practice?

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<sup>3</sup> Adapted from UW LEAH Handbook. Used with permission.

*Clinical experiences*

Topic:  
Preceptor(s):  
Date:

*Please indicate your rating for items 1-4 and then respond to items 5-7.*

|    |  | Outstanding | Good | Fair | Poor |
|----|--|-------------|------|------|------|
| 1) | Usefulness of the experience                               |             |      |      |      |
| 2) | How well did this clinical experience meet its objectives? |             |      |      |      |
| 3) | Overall effectiveness of the preceptor                     |             |      |      |      |
| 4) | Responsiveness of the preceptor to questions and needs     |             |      |      |      |

|    |   | Yes | Somewhat | No | N/A |
|----|---|-----|----------|----|-----|
| 5) | Were diversity and cultural issues addressed? |     |          |    |     |

6) What was effective about this clinical experience?

7) Suggestions for improvement:

8) How will this clinical experience inform or change your clinical practice?

*Please indicate your rating for items 1-2 and then respond to items 3-4. Please submit to your mentor, the APP Supervisor or APP Manager.*

|    |   | Outstandi<br>ng        | Good              | Fair                  | Poor             |
|----|---|------------------------|-------------------|-----------------------|------------------|
| 1) | Usefulness of the handbook                              |                        |                   |                       |                  |
|    |   |                        |                   |                       |                  |
|    |   | Extremely<br>satisfied | Very<br>satisfied | Somewhat<br>satisfied | Not<br>satisfied |
| 2) | How satisfied are you with the content of the handbook? |                        |                   |                       |                  |

3) What is most effective about this handbook?

4) Suggestions for improvement:

*Fellow Evaluation of Preceptor and Mentor*<sup>4</sup>

| Patient Care                            |   |           |           |      |      |      |     |
|---|---|-----------|-----------|------|------|------|-----|
|   |   | Excellent | Very Good | Good | Fair | Poor | N/A |
| 1                                       | Models developmentally-appropriate care that supports children/adolescents and their families   |           |           |      |      |      |     |
| 2                                       | Models patient-centered care that is developmentally appropriate and effective for the treatment of health problems and the promotion of health                                   |           |           |      |      |      |     |
| 3                                       | Demonstrates and/or teaches psychiatric evaluation and management skills effectively  |           |           |      |      |      |     |
| Teaching                                |   |           |           |      |      |      |     |
|   |   | Excellent | Very Good | Good | Fair | Poor | N/A |
| 4                                       | Demonstrates a high level of interest in teaching   |           |           |      |      |      |     |
| 5                                       | Discusses evidence or best practices with fellows when appropriate/possible   |           |           |      |      |      |     |
| 6                                       | Overall quality of teaching didactic, case-bases and patient care   |           |           |      |      |      |     |
| Interpersonal Skills and Communication  |   |           |           |      |      |      |     |
|   |   | Excellent | Very Good | Good | Fair | Poor | N/A |
| 7                                       | Serves as a role model in communicating with children/adolescents and their families, using effective interview, counseling and patient education strategies                      |           |           |      |      |      |     |
| 8                                       | Maintains an excellent relationship with other providers, other disciplines, and health-related agencies to create and sustain information exchange and teamwork for patient care |           |           |      |      |      |     |
| 9                                       | Effective teaches fellows, students, colleagues, other professionals and/or laypersons  |           |           |      |      |      |     |
| Practice-based Learning and Improvement |   |           |           |      |      |      |     |

<sup>4</sup> Adapted from UW LEAH Handbook. Used with permission.

|                               |  | Excellent | Very Good | Good | Fair | Poor | N/A |
|-------------------------------|--|-----------|-----------|------|------|------|-----|
| 10                            | Encourages, models, and/or facilitates self-directed learning  |           |           |      |      |      |     |
| 11                            | Provides feedback on my performance  |           |           |      |      |      |     |
| <b>Professionalism</b>        |  |           |           |      |      |      |     |
|                               |  | Excellent | Very Good | Good | Fair | Poor | N/A |
| 12                            | Serves as a role model for professional behavior in interactions with patients, staff and professional colleagues  |           |           |      |      |      |     |
| 13                            | Adheres to ethical and legal principles of care; demonstrates appreciation of understanding of issues pertinent to adolescents (e.g. treatment of minors, confidentiality) |           |           |      |      |      |     |
| 14                            | Is sensitive to diversity and recognizes one's own biases that may affect one's responses to patients and families   |           |           |      |      |      |     |
| 15                            | Demonstrates a consistent commitment to patient safety (e.g. timely assessment of the use of seclusion and restraints, safe medication prescribing)                        |           |           |      |      |      |     |
| <b>Systems-based Practice</b> |  |           |           |      |      |      |     |
|                               |  | Excellent | Very Good | Good | Fair | Poor | N/A |
| 16                            | Identifies key aspects of health care systems as they apply to the care of children/adolescents and their families   |           |           |      |      |      |     |
| 17                            | Considers cost and resource allocation without compromising quality of care  |           |           |      |      |      |     |
| <b>Global Assessment</b>      |  |           |           |      |      |      |     |
|                               |  | Excellent | Very Good | Good | Fair | Poor | N/A |
| 18                            | How would you rate this person overall?  |           |           |      |      |      |     |

Comments for teaching portfolio:

Comments for Program Director only:



*Fellow Exit Survey Questions*

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Copy of questions

**APPENDIX 7**

**Strengths, Weaknesses, Opportunities, Threats analysis summary**



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