

2025 NJPCA ANNUAL CONFERENCE

September 17-18, 2025

Caesars Hotel | Atlantic City, NJ



COMMUNITY HEALTH CENTERS
A VISION FOR HEALTH, A MISSION FOR CARE

Agenda (75 minutes)

- 5 minutes – Welcome (Meaghan)
- 10 minutes – Training the Next Generation (Meaghan)
- 10 minutes – Strategic Workforce Planning (Meaghan)
- 15 minutes – Replicable Model: Health Professions (Mary)
- 20 minutes – Replicable Model: NIMAA (Mary)
- 5 minutes – Replicable Model: PGR (Mary)
- 10 minutes – QA / Wrap Up (Mary/Meaghan)



Training the Next Generation: Strategies for Strengthening the Healthcare Workforce

Thursday September 18th, 2025
10:15 – 11:30AM Eastern

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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Meaghan Angers



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National Training & Technical
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Clinical Workforce Development

**MORE THAN
WHAT WE DO.
IT'S WHO WE
DO IT FOR.**



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

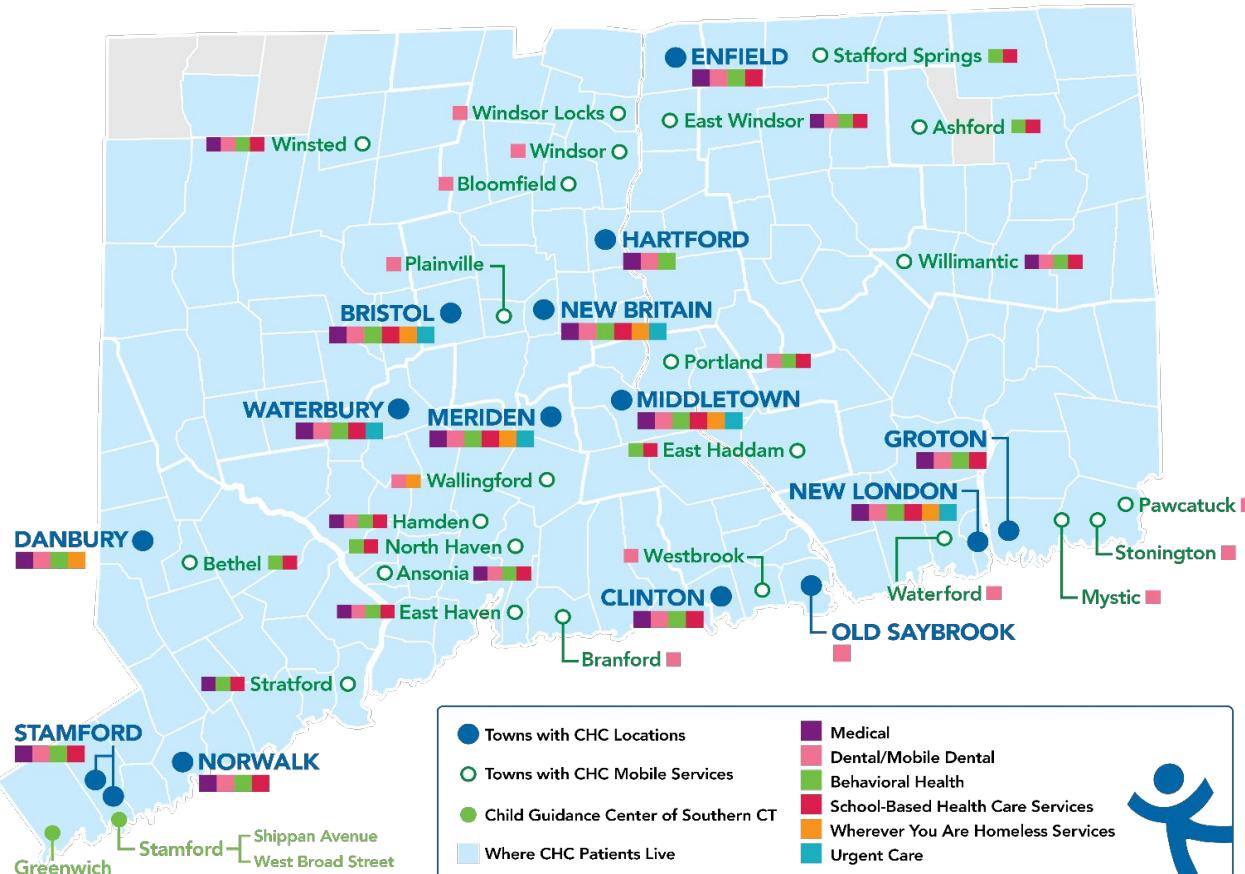
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1
Clinical Excellence

2
Research and Development

3
Training the Next Generation

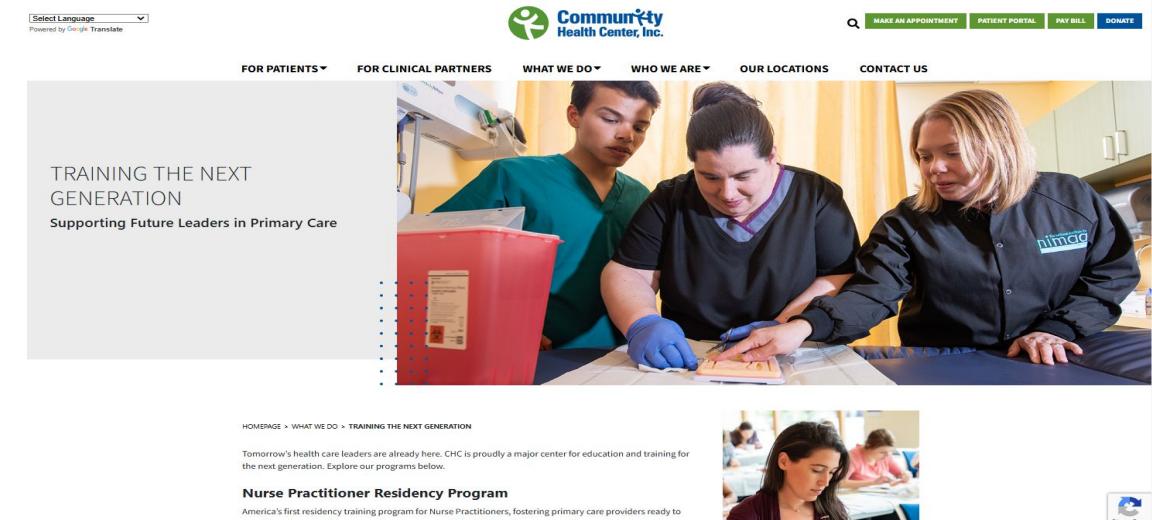
Overview

- Founded: **May 1, 1972**
- Staff: **1,400**
- Active Patients: **150,000**
- Patients CY: **107,225**
- SBHCs across CT: **152**

| Year | 2022 | 2023 | 2024 |
|---------------|---------|---------|---------|
| Patients Seen | 102,275 | 104,917 | 107,225 |

CHCI Training the Next Generation: Supporting Future Leaders in Primary Care

- Training the next generation is one of Community Health Center, Inc.'s (CHCI's) three foundational pillars that is core to our mission.
<https://www.chc1.com/what-we-do/training-the-next-generation/>



Community Health Center, Inc.

FOR PATIENTS ▾ FOR CLINICAL PARTNERS WHAT WE DO ▾ WHO WE ARE ▾ OUR LOCATIONS CONTACT US

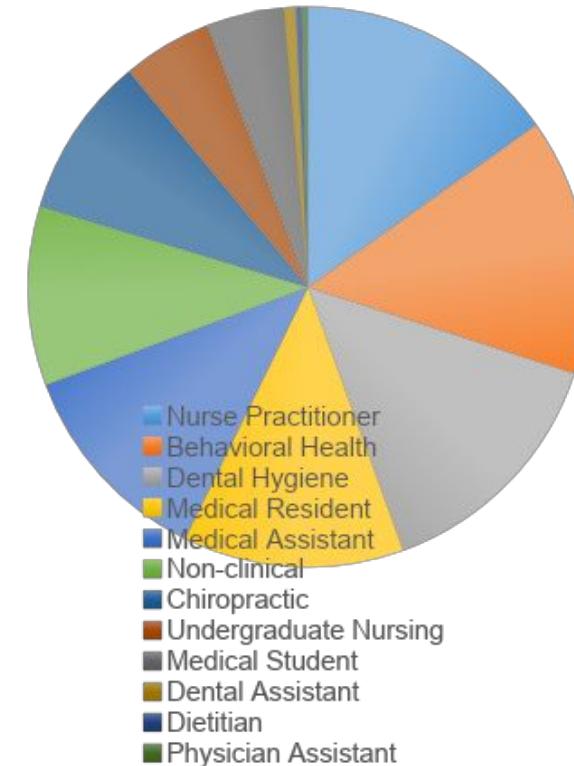
Training the Next Generation
Supporting Future Leaders in Primary Care

Tomorrow's health care leaders are already here. CHC is proudly a major center for education and training for the next generation. Explore our programs below.

Nurse Practitioner Residency Program
America's first residency training program for Nurse Practitioners, fostering primary care providers ready to

Training the Next Generation at CHCI

- **2024:** 290 students and medical, dental, and psychiatry residents completed training rotations
- Student disciplines include medical, nursing, behavioral health, dental, chiropractic, dietitians, public health, and more
- Placements primarily onsite



CHCI's Clinical-Related Workforce Development Efforts

| Program | Established Year |
|---------------------------------------------------------------------------------------------------------------------|------------------|
| Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician) | 1980 |
| Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC) | 2003 |
| Postgraduate Nurse Practitioner (NP) Residency Program | 2007 |
| Postdoctoral Psychology Residency Program | 2011 |
| The Consortium for Advanced Practice Providers | 2015 |
| National Institute for Medical Assistant Advancement (NIMAA) | 2016 |
| Center for Key Populations Fellowship | 2017 |
| Psychology GPE Doctoral Practicum Students | 2019 |
| Weitzman Education – Joint Accreditation | 2020 |

CHCI's Non-Clinical Workforce Development Efforts

| Program | Established Year |
|------------------------------------------------|------------------|
| Wesleyan University Communities Class Research | 2006 |
| Administrative Fellowship | 2017 |
| AmeriCorps / ConnectiCorps | 2019 |
| Health Policy Fellows | 2020 |
| Truman-Albright Health Policy Fellowship | 2020 |

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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Learning Objectives

1

Understand current research and best practices for training the next generation



2

Explore replicable models for training the next generation, including the National Institute for Medical Assistant Advancement (NIMAA)



3

Gain knowledge and confidence about tools, resources, and emerging best practices to implement and strengthen workforce development initiatives



Training the Next Generation within Health Centers

What is Health Professions Training?

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

National Landscape: Projected Workforce Shortages

- In November 2022, the National Center for Health Workforce Analysis (NCHWA) under the HRSA released workforce projections through 2035 to better understand how changes in population will affect workforce demands within health centers.
- Nationally, across all physician specialties in the United States, there is a projected shortage of 81,180 full-time equivalent (FTE) physicians.
- However, these workforce projections also demonstrate an excess of nurse practitioners (NP) and physician associates (PA), which will mitigate the shortage, but only if these health professionals are fully prepared for practice in the challenging setting of health centers.
- If not addressed now, these projected impactful workforce shortages will lead to poor patient outcomes and decreased quality and safety.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Primary-Care-Projections-Factsheet.pdf>

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Physicians-Projections-Factsheet.pdf>

Uniform Data System (UDS) 2024 Health Center Data

- From 2024 UDS data, 84.11% of responding health centers (n=1,359) provide health professional education/training that is hands-on, practical clinical experience; 86.18% (n=985) do so as a training site partner and 21.17% (n=242) sponsor their own programs.
 - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
 - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- Among health centers there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

Uniform Data System (UDS) 2024 Look-Alike Data

- From 2024 UDS data, 68.63% of responding look-alikes (n=153) provide health professional education/training that is hands-on, practical clinical experience; 73.33% (n=77) do so as a training site partner and 13.33% (n=14) sponsor their own programs.
 - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
 - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- Among look-alikes there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

New Jersey UDS 2024 Data – Health Centers

- Total Number of Reporting Program Awardees: 23
- Total Patients Served: 620,041
- 65.22% (15) of New Jersey health centers provide health professional education/training that is a hands-on, practical, or clinical experience.
 - If yes, which category best describes your health center's role in the health professional education/training process?
 - 86.67% (13) – training site partner
 - 33.33% (5) – sponsor
 - 13.33% (2) – other

New Jersey UDS 2024 Data – Look-Alikes

- Total Number of Reporting Program Awardees: 1
- Total Patients Served: 729
- 100% (1) of New Jersey health centers provide health professional education/training that is a hands-on, practical, or clinical experience.
 - If yes, which category best describes your health center's role in the health professional education/training process?
 - 0% (0) – training site partner
 - 0% (0) – sponsor
 - 100% (1) – other

National Recommendation

- The 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report on *Implementing High-Quality Primary Care: Rebuilding the Foundation of Healthcare* calls for the United States (U.S.) to:
 1. Pay for primary care teams to care for people, not doctors to deliver services
 2. Ensure that high-quality primary care is available to every individual and family in every community
 3. **Train primary care teams where people live and work**
 4. Design information technology that serves the patient, family, and interprofessional care team
 5. Ensure that high quality primary care is implemented in the U.S.

What does it mean to “Grow Your Own” workforce?

- Involves educating trainees on a career providing care for the medically underserved.
- Present a unique opportunity to prepare pre-licensure and postgraduate health professionals to practice with confidence and competence at a high level of performance, not to just fill a job vacancy.
- New graduates often lack training in settings that welcome vulnerable populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.

Benefits to “Grow Your Own” Workforce

- Training the next generation of your primary care team prepared to serve your patient population is an effective way to plan for the future and create workforce pathways.
- Investing in “growing your own” allows health centers to recruit individuals within their own communities who represent the community.
- Without a strong understanding of the population, the interprofessional care team cannot effectively provide access to comprehensive and affordable care that will address the needs of their patient populations.

<https://nap.nationalacademies.org/catalog/25983/implementing-high-quality-primary-care-rebuilding-the-foundation-of-health>

Investment in Your Workforce

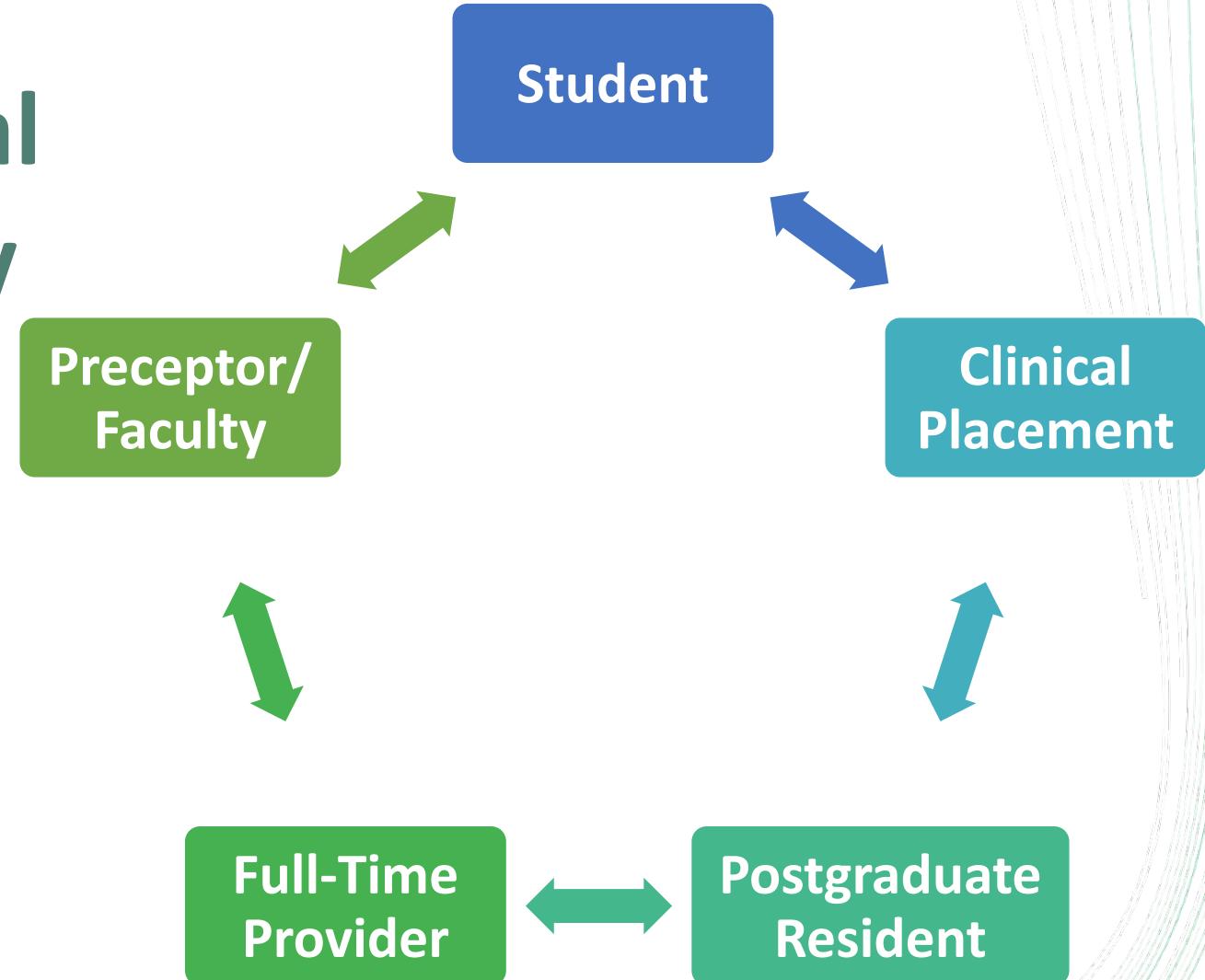
Objectives for Organizations

- ✓ Professional responsibility
- ✓ Creates clinical workforce pathways
- ✓ Provide clinical staff opportunity to teach

Objectives for Trainee

- ✓ Train to a high performing model of care
- ✓ Opportunity to increase confidence and competency
- ✓ Train to the needs of underserved populations

Developing a Clinical Workforce Pathway



Summary: National Need and Landscape

- Increasing efforts and interest by health centers to develop and implement Health Professions Training (HPT) programs due to project workforce shortages
- Address workforce well-being and burnout
- National recommendation by the National Academics of Sciences, Engineering, and Medicine (NASEM) to “train primary care teams where people live and work”

Strategic Workforce Planning: Assessing Your Readiness to Train the Next Generation

Goals, Values, and Aims

- It is important before pursuing health professions training to ask yourself:
What are our organization's goals, values, and aims of investing in health professions training?
 - It is imperative that you not only answer this question, but that you incorporate health professions training into your health center's mission and strategic plan, and communicate that it is a priority to the entire organization, as well as to all potential candidates.
 - To build a successful culture of training and education in your health center, teaching must be part of your mission.

What are your program drivers?



Organizational Readiness to Implement Change (ORIC)

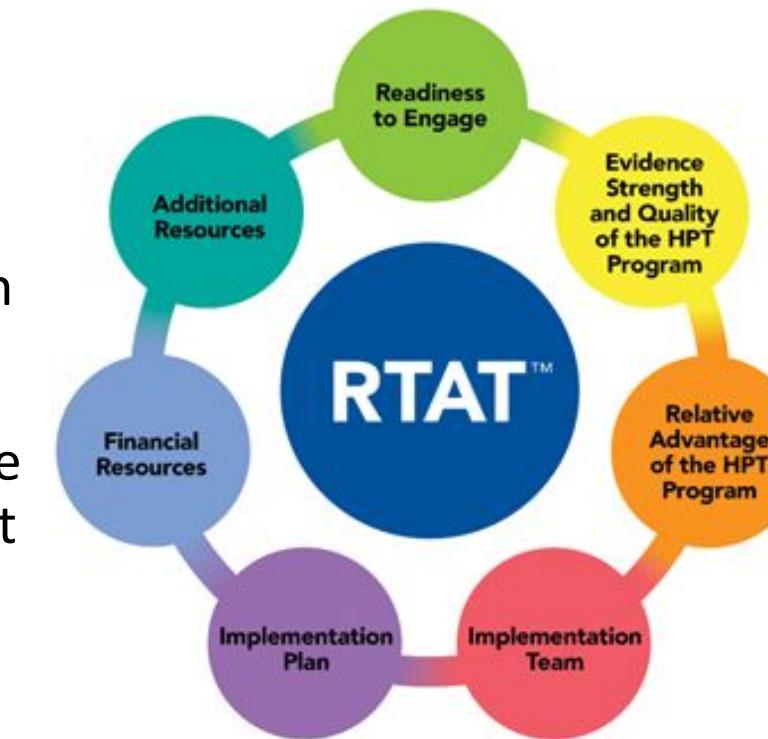
- **Description:** Organizational Readiness for Implementing Change (ORIC) is a 12-item instrument used to determine how well employees at an organization feel they can implement the change in processes required by a proposed intervention. Each item includes a Likert scale from 1 (Disagree) to 5 (Agree).
- **Definition:** An assessment of an organization's readiness to implement a change to their current processes. The change in this model relates to changes in processes that are important to address prior to implementing an intervention.
- **Purpose:** The ORIC assesses a variety of employees at an organization that is planning on implementing a new intervention (the change). It includes: (1) change efficacy, and (2) change commitment. The results can be used to both characterize the organization and help tailor which implementation strategies will be most effective in that organization.
- Items are scores on a 1 (Disagree) to 5 (Agree) Likert scale, and then averaged for each of the 12-items.
- This self-assessment is to be completed by multiple team members on their own.

Organizational Readiness to Implement Change (ORIC)

| | Organizational Readiness for Implementing Change (ORIC) | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| | Disagree | Somewhat Disagree | Neither Agree Nor Disagree | Somewhat Agree | Agree |
| People who work here feel confident that the organization can get people invested in implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here are committed to implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that they can keep track of progress in implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here will do whatever it takes to implement a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that the organization can support people as they adjust to a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here want to implement a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that they can keep the momentum going in implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that they can handle the challenges that might arise in implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here are determined to implement a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that they can coordinate tasks so that implementation of a Health Professions Student Training program goes smoothly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here are motivated to implement a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who work here feel confident that they can manage the politics of implementing a Health Professions Student Training program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Utilizing the Readiness to Train Assessment Tool (RTAT) for Strategic Workforce Planning

- As part of HRSA's Health Professions Education & Training (HP-ET) initiative, Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), received funding to develop a tool to help health centers assess and improve their readiness to engage in health professions training programs.
- Creating this tool required extensive literature review to create the framework/subscales and that process gave us expertise at to what health professions training is and made us realize there was no clear definition of HPT before creating this tool.





Subscales of the RTAT

- 1. Readiness to engage (8 items)**
All RTAT survey respondents provided responses for this subscale.
- 2. Evidence strength and quality of the HPT program (4 items)**
- 3. Relative advantage of the HPT program (4 items)**
- 4. Financial resources (3 items)**
- 5. Additional resources (3 items)**
- 6. Implementation team (4 items)**
Program implementation subscale
- 7. Implementation plan (15 items)**

Medical

1. RN Students: Pre-Licensure
2. NP Students: Pre-Licensure as NP/APRN
3. NP Postgraduate/Post Licensure: NP Residents or Fellows
4. Certified Nurse Midwifery: Pre-Licensure as CNM
5. Physician Assistants: Pre-Licensure
6. Medical Students: Pre-Licensure
7. Medical Residents
8. Medical Fellows
9. Medical Assistant Students
10. Other

Dental

1. Dental Students: Pre-Licensure
2. Dental Residents: Pre-/Post Licensure
3. Dental Fellows
4. Dental Assistant Students
5. Dental Hygienists: Pre-Licensure
6. Other

Clinical Disciplines with Health Professions Training Programs

Behavioral Health and/or Substance Abuse

1. Psychiatry MD/DO Residents
2. Psychiatry MD/DO Fellows
3. Psychiatric/Mental Health Nurse Practitioners: Pre-Licensure
4. Psychiatric/Mental Health Nurse Practitioners: Post Licensure Residents and Fellows
5. AA/BA/Paraprofessionals
6. Master Level Clinicians (MSW, LPC, MA, LDAC, Other)
7. Substance Abuse Counselors: Master's Level
8. Substance Abuse Counselors: Paraprofessional/Non-Licensed
9. Psychologists: Predoctoral Interns
10. Psychologist: Predoctoral Externs
11. Psychologist: Postdoctoral Residency
12. Other

Other

1. Chiropractic Students: Pre-Licensure
2. Chiropractic Residents: Post-Licensure
3. Registered Dietitian: Pre-Licensure
4. Community Health Workers
5. Other

How do we identify models using the RTAT?

- Results inform:
 - Determinations of individual health center readiness to engage with HPT programs
 - Determinations of readiness at various levels for the purposes of evaluation and support
 - Development of a system of effective and instructionally useful strategies to improve readiness
 - Readiness improvement
- These decisions cannot happen in silos.
- The RTAT is designed to take again and again – can download the PDF on our website (www.chc1.com/RTAT), create survey, and follow instructions on how to aggregate the data.

Road Map for Growing Your Own Training Programs

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete the Readiness to Train Assessment (RTAT) with your organization
3. Determine health professions pathway
4. Deeper dive into replicable models, best practice, and partnership opportunities
5. Assess your organization's capacity and infrastructure
6. Designate a champion for this initiative
7. Develop a plan and a team to go from planning to implementation

RTAT Resources

- Access the tool: <https://www.chc1.com/rtat/>
- Development and validation of the Readiness to Train Assessment Tool (RTAT):
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06406-3>

Replicable Models for Training the Next Generation

Workforce Pathways

CHC has followed the below workforce pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. Incorporating opportunities for certificate level training (MAs, CHWs)
3. Sponsoring programs for postgraduates (MD, NP, PA, Post Doc)

Workforce Pathways

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CHCI's Experience with Health Professions Students

- 2017: CHCI leadership establishes a year-long working group with staff from every department in which a student would interact during their experience.
 - The working group was tasked with redesigning the process in order to provide a quality, satisfying, and productive training experience for students
 - The working group concluded with a process that worked for all parties, which was developed into a playbook
 - The completed playbook was handed off to a staff member who was responsible for operationalizing and improving the existing systems.

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

Identify your **wishes and priorities**

Identify your **capacity**

Identify your **infrastructure requirements**



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



CHC/NIMAA Inaugural Medical Assistants

Choosing an Academic Partner

Decision to affiliate with an academic institution can be based on some of the following:

- Strategic partnership
- Historic relationship
- Geography & programmatic consideration
- Capacity for requested discipline
- Available and sufficient preceptors

Guiding Principles for Partnerships Between Health Care and Academic Institutions

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Collaborative relationships between academia and practice are established and sustained through:</p> | <ul style="list-style-type: none"> Formal relationships established at the senior leadership level and practiced at multiple levels throughout the organization Shared vision and expectations that are clearly articulated Mutual goals with set evaluation periods |
| <p>Mutual respect and trust are the cornerstones of the practice/academia relationship and include:</p> | <ul style="list-style-type: none"> Joint accountability and recognition for contributions Frequent and meaningful engagement Mutual investment and commitment Transparency |
| <p>Knowledge is shared among partners through mechanisms such as:</p> | <ul style="list-style-type: none"> Commitment to lifelong learning Shared knowledge of current best practices Joint preparation for national certification, accreditation, and regulatory reviews |
| <p>A commitment is shared by partners to maximize the potential of each registered nurse [or health professions student] to reach the highest level within his/her individual scope of practice including:</p> | <ul style="list-style-type: none"> Culture of trust and respect Shared responsibility to prepare and enable nurses [or health professions students] to lead change and advance health |

American Association of College of Nurses (AACN)–American Organization for Nursing Leadership (AONL) (AACN–AONL, 2012)

Best Practices for Communicating with Academic Partners

- Maintain clear and constant communication on expectations on capacity and possibility for placements
- Continue to respond accordingly to all application questions including providing updates
- An affiliation agreement creates the foundation to accept requests for placement – it does not mean a commitment to placements
- Sample Communication Plans on page 200 of the **Team-Based Primary Care in Health Centers** book

Assessing Organizational Capacity

- ✓ Assess and approve your organization's clinical staff on their availability to precept
- ✓ Maintain an available preceptor capacity report
- ✓ Communicate with available preceptors regarding their interest
- ✓ Assess secondary review for available space, day(s) of the week
- ✓ Formally match preceptors to students

Organizational Capacity

- Capacity changes rapidly in primary care and must be assessed regularly, at a minimum a few months before each semester starts for your academic partner programs.
- At some point, it is likely that you will be unable to informally manage the incoming volume of requests in an efficient, orderly, and safe way that ensures success for students, health center staff, and the academic partner.
 - This is the situation CHCI found itself in around 2017. After decades of various clinical and organizational leaders managing the process, we had to admit that we just could not continue without real focus and structure.

What makes a good preceptor?

- Preceptors are critical to the success of pre-professional students or postgraduate trainees in the health professions.
- Preceptors teach at the point of care, usually while also caring for their own patients, making for a complex work environment.
- Preceptors must be adept at teaching—creating and facilitating clinical learning experiences that foster student attainment of learning objectives, and assessing whether those objectives have been met.
- Preceptors must model professional behavior, including communication and collaborative skills with other professionals as well as with patients.

Who is available to precept?

- Begin by considering your capacity to train students or postgraduate trainees in a requested discipline, which is predicated on the availability of clinical preceptors in that discipline.
 - The number of students you can accept per semester is absolutely tied to how many willing and able preceptors are available.
 - Each preceptor's availability may change from time to time and will require review by your clinical leadership.
- Assess and approve your organization's clinical staff on their availability to precept.
 - Do you have a list of clinical staff to review?
 - Who will review/approve?
 - Who will maintain this list?

Preceptor Criteria to Consider:

- Length of time in the organization
- Percentage of FTE
- Business title
- Site location
- Performance (e.g. unlocked notes every week)
- Other commitments (e.g. leadership)
- Personal factors (e.g. in school, personal leave)

Additional Considerations:

- Ensure that you have someone at the table who can provide this information (e.g. leadership/supervisors)
- Ensure preceptors understand time commitment (e.g. one semester)

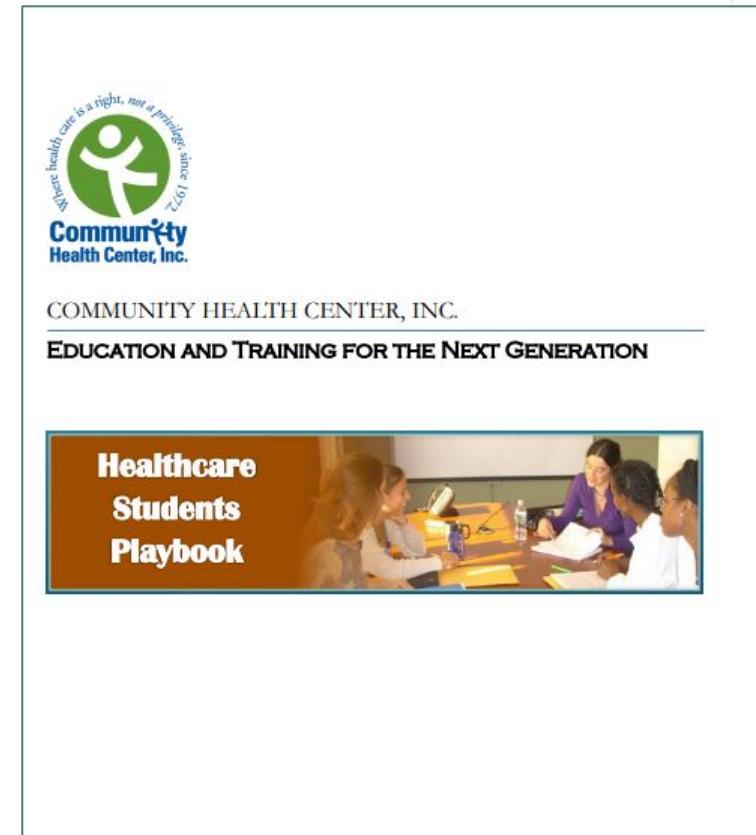
Conducting Secondary Review

- Although you may have a willing and available preceptor, a quality student training experience requires:
 - Adequate space on site (e.g. desk, set-up, parking)
 - Adequate training time to EHR
 - Set up in systems (e.g. email, EHR accounts)
 - Equipment (e.g. laptop)
 - Adequate onboarding to organization

Best Practice: Health Professions Student Training Playbook

Purpose: Tool to promote a highly organized, streamlined, and efficient process that supports the needs of the organization, the academic/training institutions, and the students

Link to [CHCI's Health Professions Student Training Playbook](#)



Playbook and Road Map

- Partnership Approval and Communications with Schools
- Affiliation Agreement Management
- Student Capacity
- Initiating the Onboarding of a Student
- Communication with Student
- Student is Trained
- Student Arrives
- Student Documentation and Reporting
- Off-boarding



Health Center Team Accomplishments by Investing in Health Professions Student Training:

- Developed a standardized **affiliation agreement template** for academic partners with direct oversight by the organization's Director of Risk and Corporate Compliance
- **Standardized the learner experience** across all departments and promoted interdisciplinary learning across the health center (e.g. uniform application and onboarding process, IT system access)
- Created **tools to evaluate student capacity and effectiveness** of the training program
- Successfully implemented a **playbook** and passed it off to the incoming Student Coordinator
- Equipped learners to be **interested in a career in a community health setting**

Health Professions Student Training Programs Resources

- 2025 Biennial Health Centers Workforce Summit | [Video and Slides](#)
- Investing in Community Health Workers: Strengthening Role Clarity, Training Pathways, and Resources | [Video](#) | [Slides](#)
- Training the Next Generation: Best Practices for Gaining Leadership Support and Implementation Planning [Slides](#) | [Video](#)
- Using the RTAT to Assess Organizational Capacity [Slides](#) | [Video](#)
- Health Professions Student Training Webinar: Assessing Organizational Capacity [Slides](#) | [Video](#)

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A Medical Assistant (MA) Workforce Solution for Community Health Centers

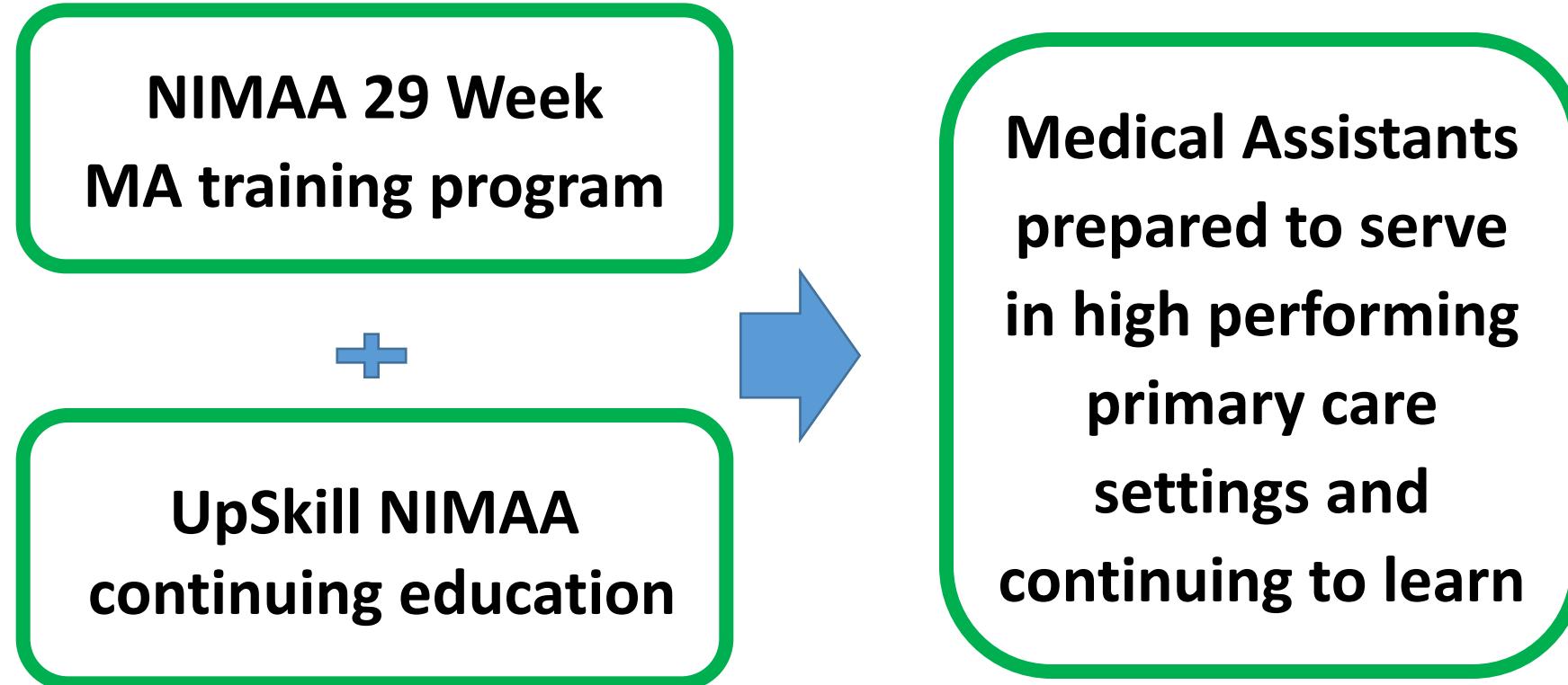
Institutional accreditation by the Accrediting Bureau of Health Education Schools, ABHES.



The Need for Medical Assistant (MA) Training

- MA employment predicted to grow by 18% from 2020 to 2030, faster than other occupations (Bureau of Labor Statistics, 2021).
 - 104,400 openings annually, net growth of 132,600 jobs over 10 years.
- Educational preparation for MAs varies from on-the-job training to apprenticeships to certificate programs. Time and costs vary.
 - For-profit certificate programs can be relatively short, but very expensive
 - Community college programs are more affordable, but can take 1 - 2 years
 - Registered apprenticeships = 2,000 hours
 - On the Job (OTJ) training

NIMAA's Focus: Training and Upskilling



Why NIMAA?

Nationally accredited
nonprofit educational
institute serving 25+
states

Trains Medical
Assistants to work in
today's
high-performing
primary care settings

Created to increase
education and
employment
opportunities

Understanding a
critical workforce
shortage in the
communities that we
serve.

Team-based care
content integrated
throughout entirety of
the program

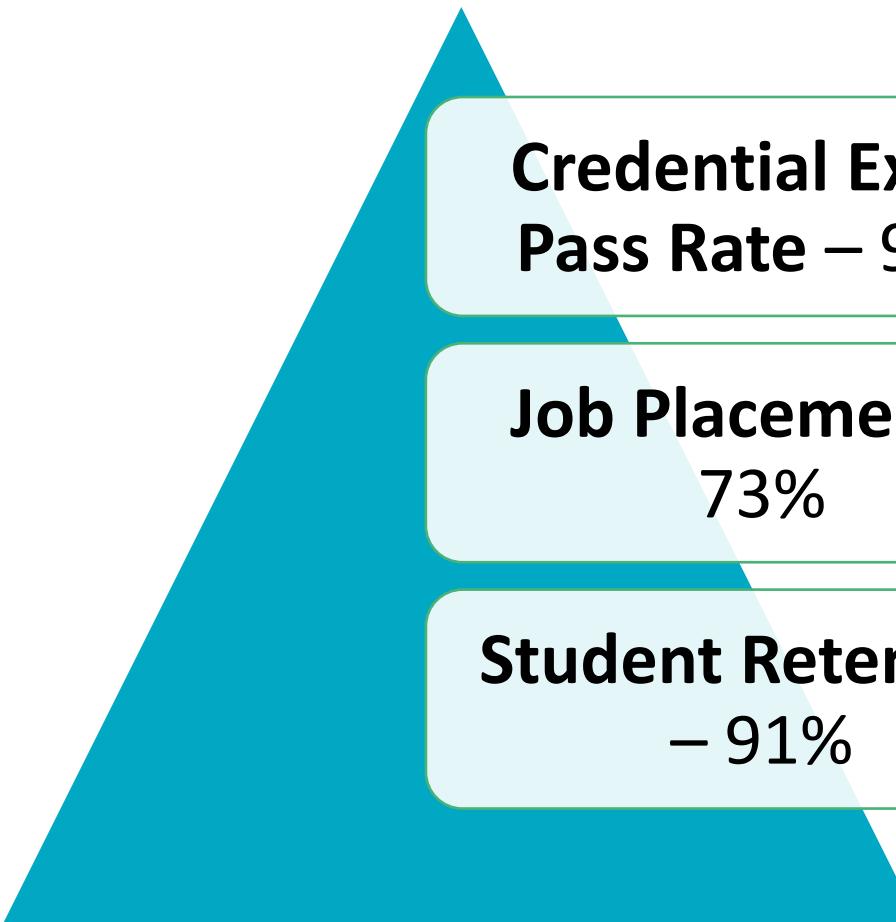
What Makes NIMAA Unique?

- Dual-focus Curriculum: Traditional Content + Team-based care
- Extensive in-clinic experience
- Concurrent online instruction
- Prepare MAs for national credentialing exam
- Affordable tuition \$7,502, fees \$760; no application fee



NIMAA Outcomes:

July 1, 2023- June 30, 2024



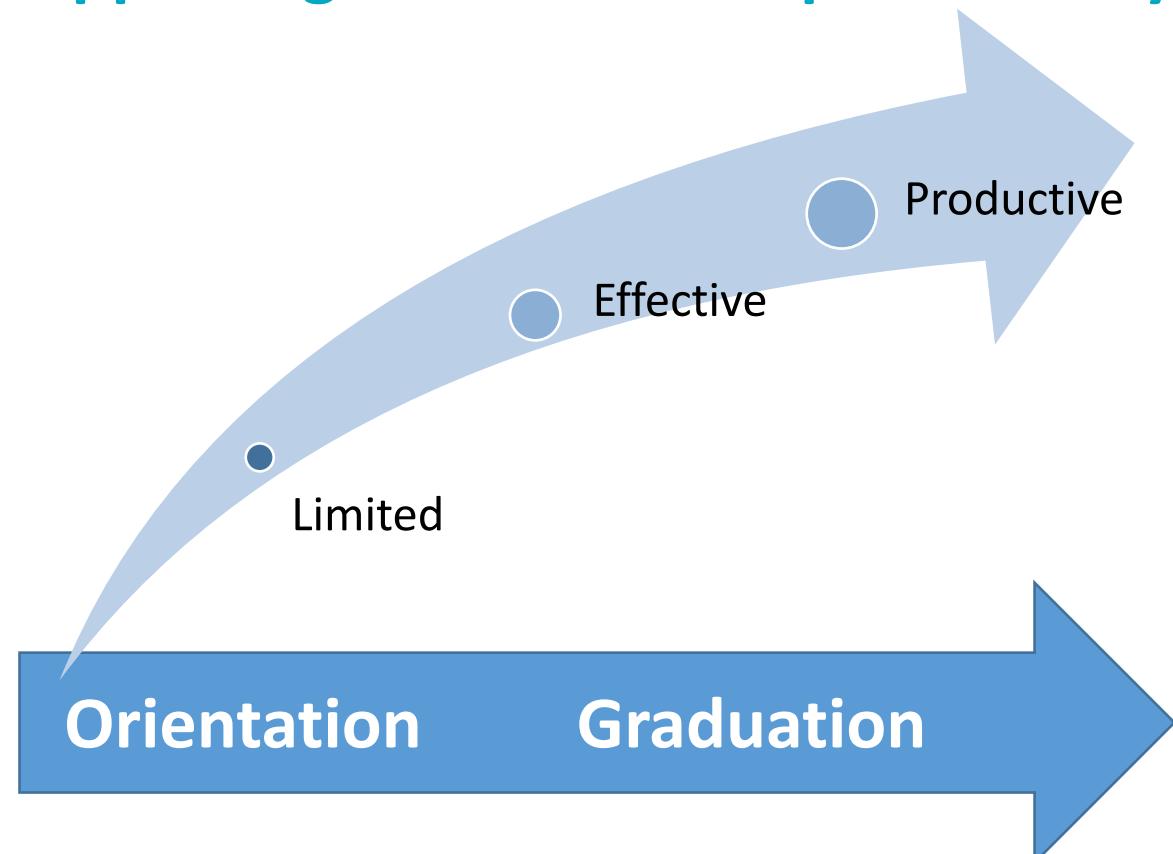
**Credential Exam
Pass Rate – 90%**

**Job Placement –
73%**

**Student Retention
– 91%**

NIMAA's Skills Model: How It Works

Students begin with limited skills and quickly become effective team-members supporting workflow and productivity.



NIMAA's Instructional Framework

Intro to Clinic Week:

- Introduction to online learning platforms and resources
- Externship onboarding

Weeks 1-6 of each block:

- Asynchronous curriculum
- Skills labs
- Instructor huddles
- Synchronous seminar
- Externship hours

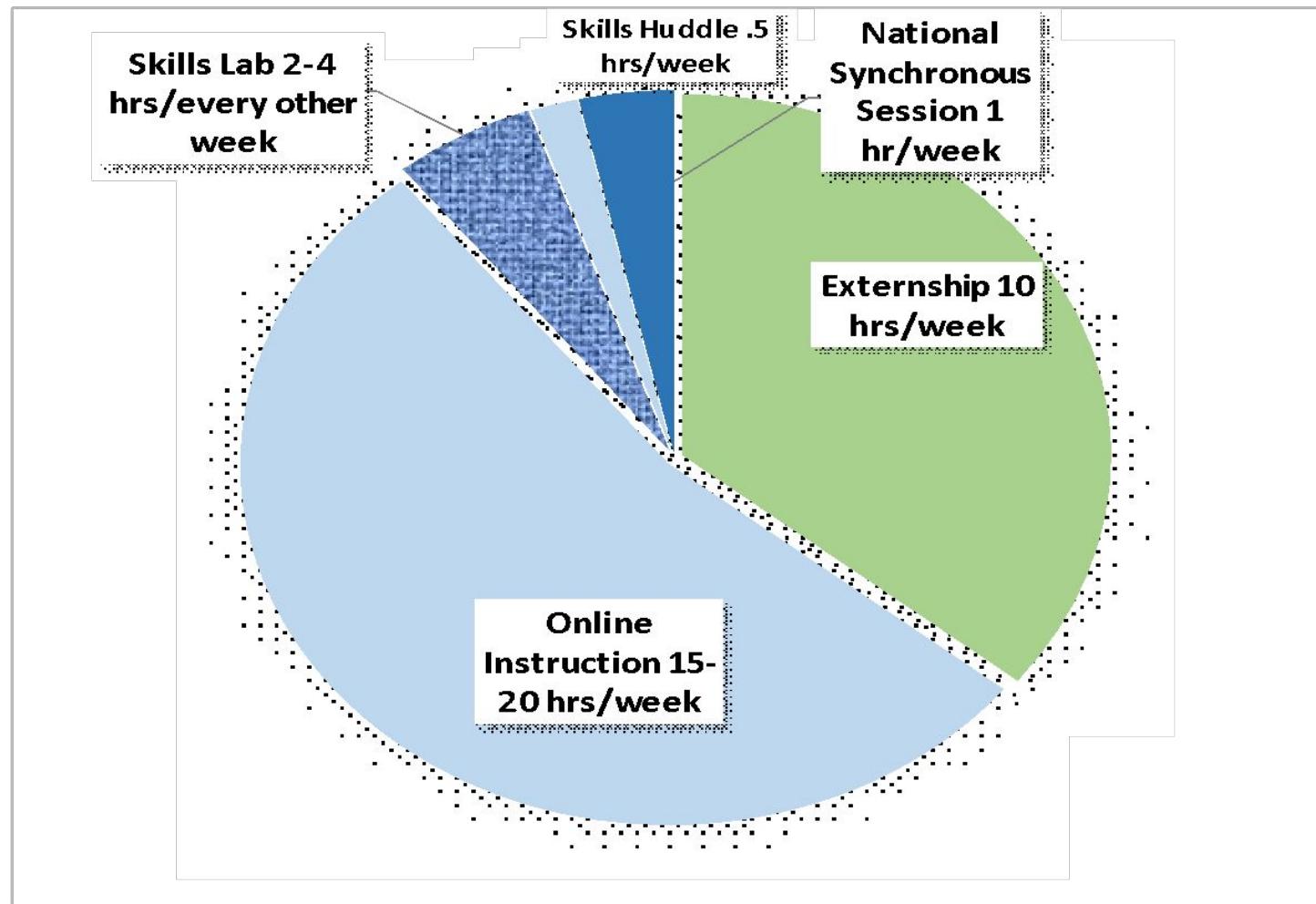
Week 7 of each block:

- “Applied Medical Assisting Week”
- Group Case Study
- No externship hours
- Makeup skills lab

“Pause” weeks in between blocks:

- No classes
- No externship hours
- No skills labs

A Closer Look: Weeks 1-6 Per Term



NIMAA Responsibilities

Maintain an ongoing, high-touch relationship with our externship partners

Provide timely onboarding activities to program coordinators, site facilitators and preceptors

Provide digital resources and technical assistance, as needed

Fulfill all school functions: Academic content, grading, primary care skills guide and check-off, transcripts, certificate, and exam prep

NIMAA Responsibilities

Collaboration in student recruitment

Active participation in NIMAA onboarding process

Feedback in regularly-scheduled meetings or ad hoc

Ensure an effective learning environment w/ participation in program roles

Externship Organization (EO) Team



Role of Program Coordinator

Estimated Time: 10-15 hrs per month

Primary Link Between NIMAA Staff and the Externship Team

Work closely with NIMAA on program implementation

Interview student applicants

Identify and support preceptors and site facilitator

Ongoing communication with key groups

Complete employment verification



Role of Site Facilitator

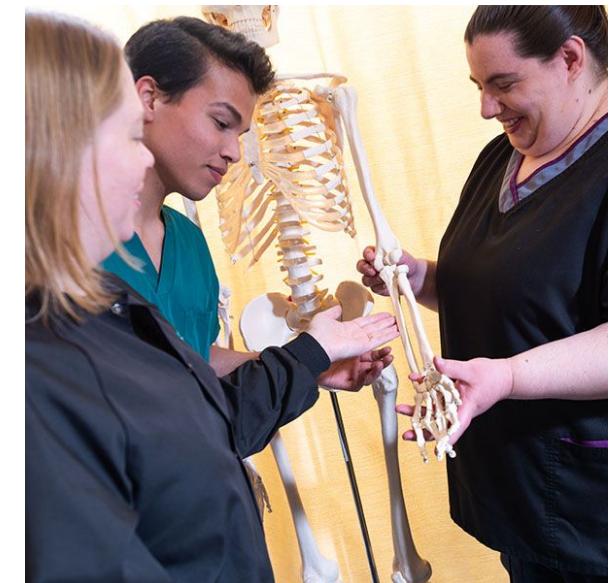
Estimated Time: 5-9 hrs per month

Primary Support for NIMAA Instructors During Skills Lab

Secure supplies, equipment, skills lab space, internet access

Review lab equipment, supplies, and skills in advance using NIMAA communications and skills binder

Attend and assist with equipment or safety needs throughout session



Role of Preceptor

Estimated Time: 40 hrs per month

Primary Link Between

NIMAA Students and the Program Coordinator

Provides and/or identifies opportunities for students to observe and practice MA skills according to NIMAA curriculum timeline

Communicates challenges and successes to the Program Coordinator, including attendance, professionalism, communication

Track and submit student externship attendance



NIMAA and Workforce Development

NIMAA preceptor role can align with career ladder step, professional development goal

Preceptors get exposure to/ refresher on team-based care concepts

EO discount on UpSkill courses for MA staff - NIMAA alumni get one course free/year

NIMAA-trained MAs are good candidates for further clinical education

Tuition and Financial Support Options

Tuition Support Can Facilitate Recruitment & Retention

Externship Organizations Can Choose to:

- Make tuition and/or fee payments on behalf of students
- Pay employee students for externship hours
- Establish a service agreement with the student in exchange for tuition support

NIMAA Will:

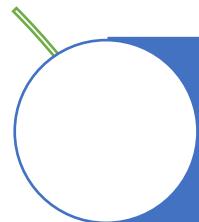
- Help applicants establish a financial plan
- Make available tuition resources, such as Federal Student Aid or WIOA Workforce funding
- Provide guidance for access to public resources, private loans



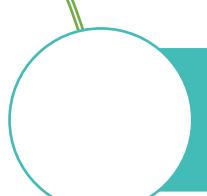
Important Timelines: Fall 2026 Cohort



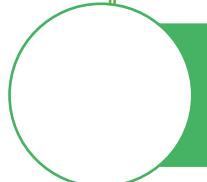
Potential Next Steps



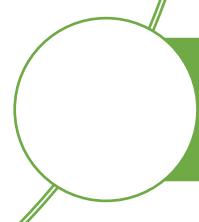
Discuss internally with your team if this is the right solution and you have the capacity



Continue meetings with NIMAA



Complete NIMAA's Viability Study



Review sample agreement and addendum

Contact us for more info:
Ali Murray, ali.murray@nimaa.edu

UpSkillNIMAA

Courses

- Community Health Workers in Primary Care
- Immunizations
- Immunizations for New Vaccinators
- Quality Improvement And Making The Data Count
- Run Charts

To learn more, visit: <https://www.nimaa.edu/upskill/>

Benefits of UpSkilling

Provides continuing education for career ladders/pathways

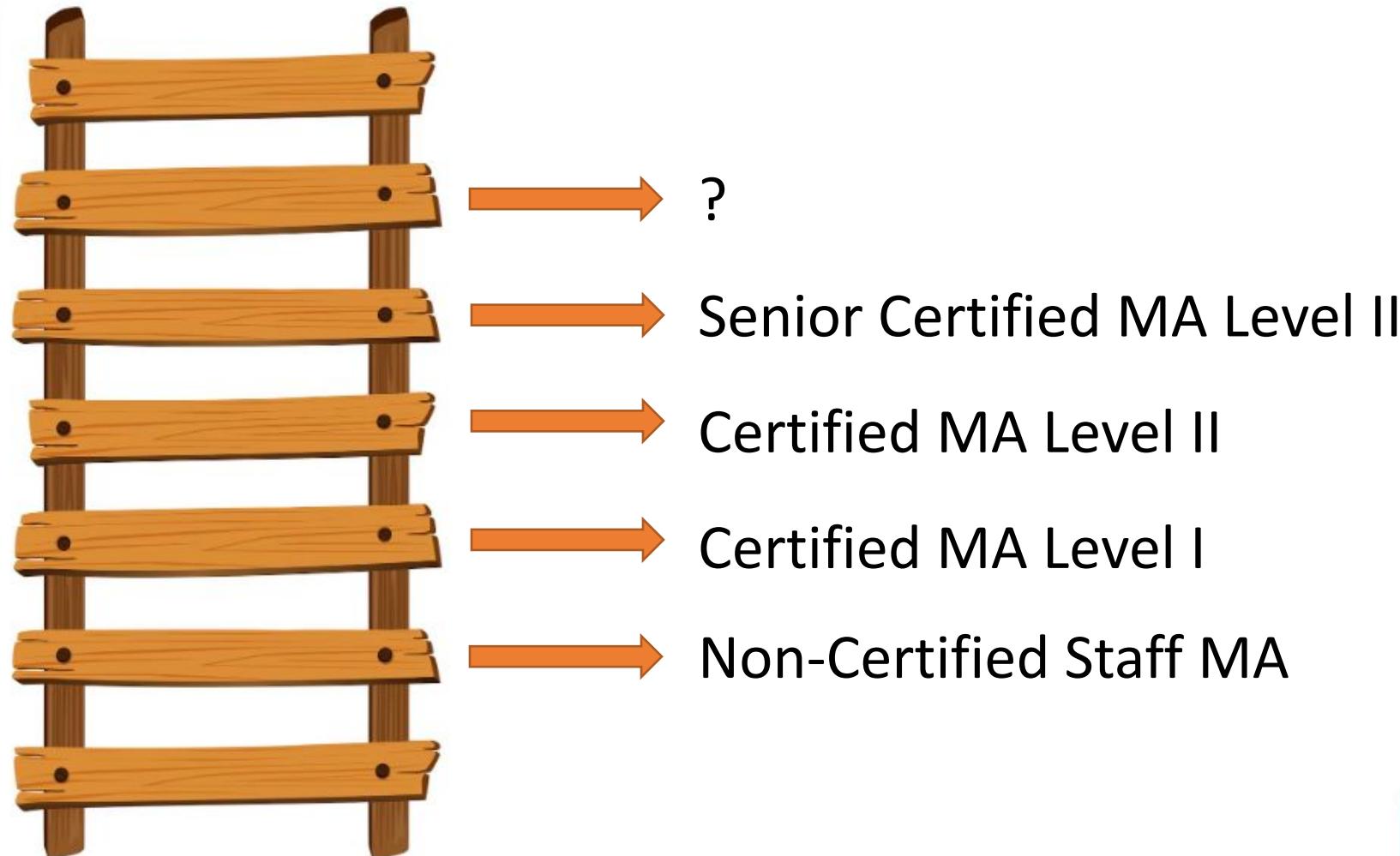
Promotes team integration

Helps build capacity for preceptors and other staff

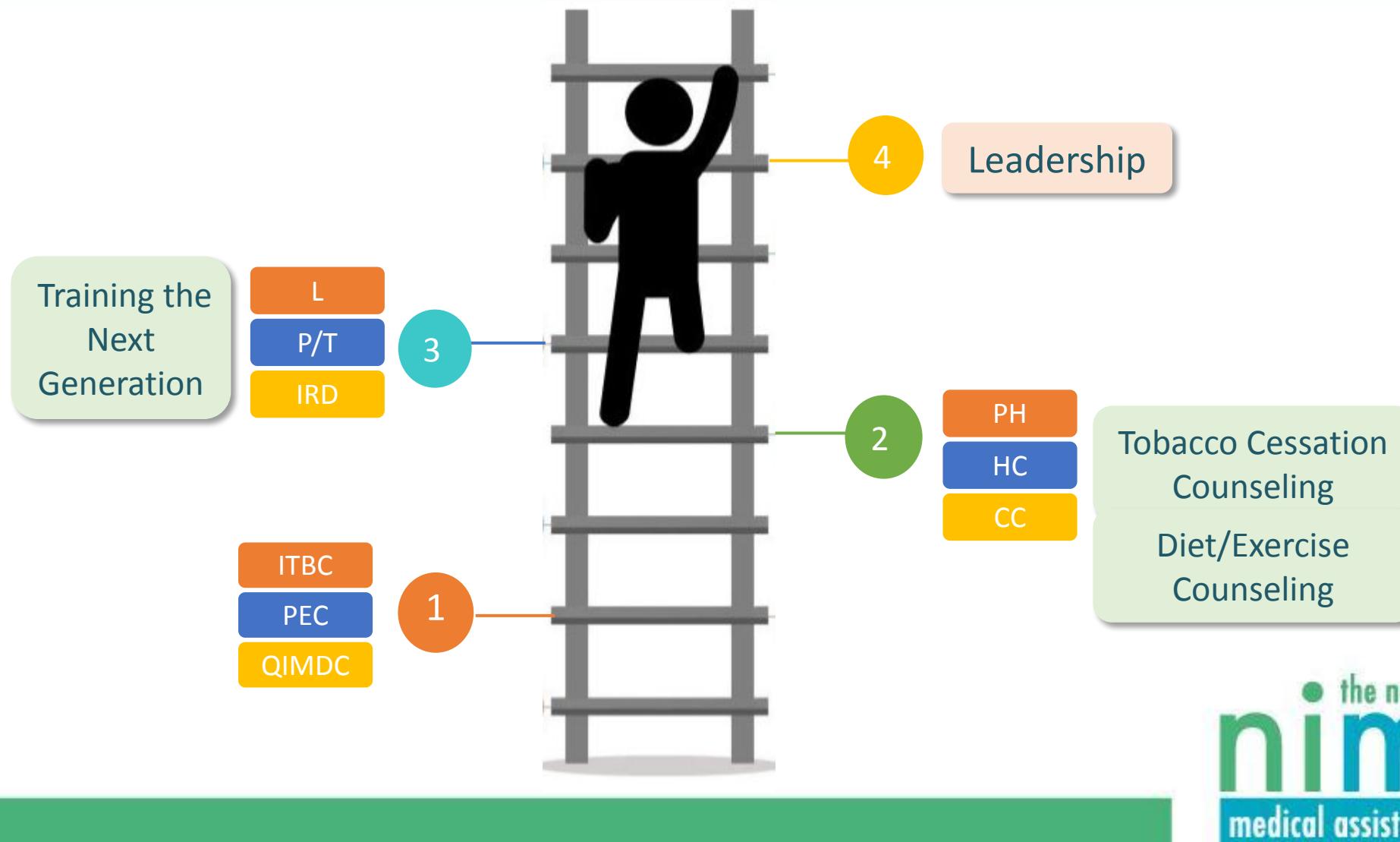
Provides additional staff retention tool

Levels the training playing field

CHCI Current MA Ladder



CHCI MA Ladder to Support TBC



The Value of Continuing Education and Skill-Building for MAs

Benefits to Practicing MAs:



Expand professional scope of work



Become more integrated and integral team members



Become change agents in their health centers



Gain schools for ongoing career development

Benefits to Health Centers:



MAs better prepared for organizational changes & payment reform



Enhance their ability to deliver patient-centered, team-based care in a value-based environment

Workforce Pathways

CHC has followed the below workforce pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. Incorporating opportunities for certificate level training (MAs, CHWs)
3. **Sponsoring programs for postgraduates (MD, NP, PA, Post Doc)**

The Road to Developing a Postgraduate NP and/or PA Residency Program

- ✓ Answer the question: What are your drivers for starting a program?
- ✓ Learn the core elements of a Postgraduate NP/PA Residency Program
- ✓ Assess your organizations resources – physical, human, and financial
- ✓ Secure top to bottom support
- ✓ Engage internal and external stakeholders
- ✓ Understand the benefits

Why Start a Postgraduate NP/PA Residency Program?

- Address the shortage of expert providers
- Give new primary care medical and behavioral health providers the opportunity for postgraduate residency training in fully integrated primary care settings
- Support the development of confidence and competence in the health center setting
- Reduce attrition due to burnout and distress during the initial postgraduate year
- Provide the depth, breadth, volume, and intensity of clinical training
- Prepare the next generation of leadership for health centers

Core Elements of Postgraduate NP and/or PA Training Program

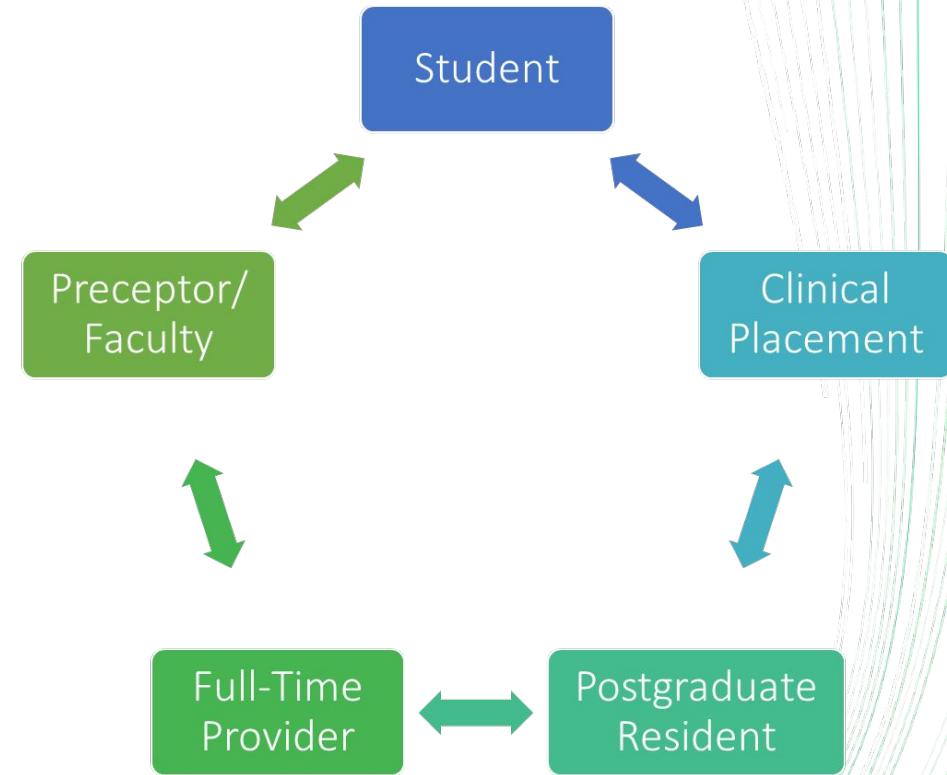
| 12 Months Full-time Employment | Training to Clinical Complexity and High Performance Model of Care Team-based care Integrated care Inter-professional collaboration | Data driven QI Expert use of technology Primary care innovations | Full Integration at Organization |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Clinical Based Training Experiences (80% of time) | | Education (20% of time) | |
| <ul style="list-style-type: none">Precepted Continuity Clinics (40%): Develop and manage a <i>panel of patients</i> with the <i>exclusive and dedicated</i> attention of an expert preceptor.Mentored Clinics (20%): Working alongside a primary care provider, seeing patients for/with them with a focus on chief complaints, practice efficiency, and mastery of skills.Specialty Rotations (20%): Experience in core specialty areas most commonly encountered in primary care focused on building critical skills and knowledge for primary care practice. | | <ul style="list-style-type: none">Didactic Education: High volume and burden topics most commonly seen in primary care.Project ECHO: Case-based distance learning in high complexity issues like chronic pain, treating HIV, Hepatitis C, and MOUD.Quality Improvement Training: Training to a high performance QI model, including frontline process improvement, and the clinical microsystem approach to identifying areas that need improvement and designing approach to implement and test improvement strategies. | |

Resource Assessment

| PROGRAMMATIC RESOURCE ASSESSMENT | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>PHYSICAL</p> <ol style="list-style-type: none"> 1. Have you identified the site will your residents be assigned? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified a dedicated workspace for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N 3. If Y to question 2, is the space integrated as part of a primary care team? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Do you have available conference space and video technology for weekly educational programming? <input type="checkbox"/> Y <input type="checkbox"/> N | <p>HUMAN</p> <ol style="list-style-type: none"> 1. Have you identified key program staff (if yes list positions)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified potential preceptors (NPs) or supervisors (Post Doc) for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 3. Have you identified potential specialty rotations for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Have you identified potential didactics/seminars presenters for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <p>FINANCIAL</p> <ol style="list-style-type: none"> 1. Have you established the terms of employment (salary and benefits)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you developed a program budget? <input type="checkbox"/> Y <input type="checkbox"/> N | <p>ORGANIZATIONAL</p> <p>Have you discussed with the following departments about the launch of your post-graduate residency program?</p> <ul style="list-style-type: none"> • <u>Board of Directors</u> <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Leadership</u> – commitment to training program <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Human Resources</u> – recruitment, retention, onboarding, credentialing, benefits <input type="checkbox"/> Y <input type="checkbox"/> N • <u>IT</u> – hardware, software, EMR, conferencing technology <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Finance</u> – resident salaries/benefits, payroll, billing <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Operations</u> – scheduling, front desk <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Clinical Support staff</u> – support of clinical care for resident patient care experiences <input type="checkbox"/> Y <input type="checkbox"/> N | |

Benefits of a Postgraduate NP or joint-NP/PA Training Program

- Expert workforce: 52 of 100 CHC PCPs, are alums of the CHC NP Residency Program.
- They serve as PCPs, Psych/MH NPs, leaders, preceptors, and program faculty
- **Goal by end of residency:** Achieve what Dr. Afaf Meleis defined as evidence of a successful transition: ***confidence, competence, mastery, and well being.***
- **Long term goal:** Successful, satisfying practice in primary care



Sustained Impact of a Postgraduate Residency Training Program on Nurse Practitioners' Careers

- This study sought to understand the impact over time of Community Health Center Inc.'s postgraduate NP residency program on the subsequent career paths of alumni who completed the program between 2008 and 2019.
 - Explored alumni's current reflections on the impact of their postgraduate residency training on their transition to the post-residency year and beyond, professional development and career choices
- The survey's response rate was 72%. Most (74%) of the participating alumni indicated they were still practicing as primary care providers. Of these, **57% were practicing at FQHCs**.
- Nine subthemes were identified from the interviews, with an overarching theme that the program was foundational to a successful career in community-based primary care and that the impact of the program continues to evolve.

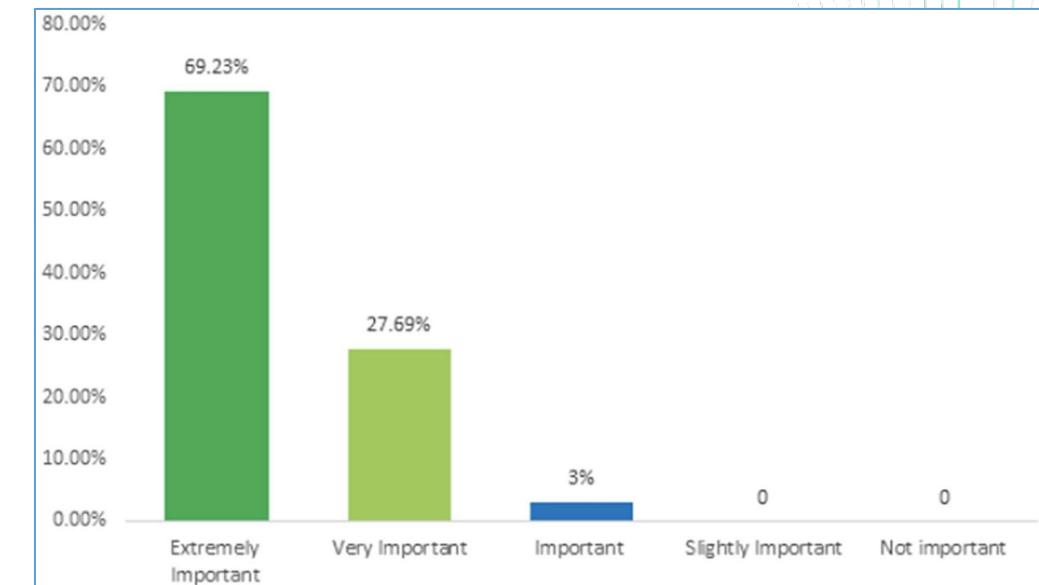
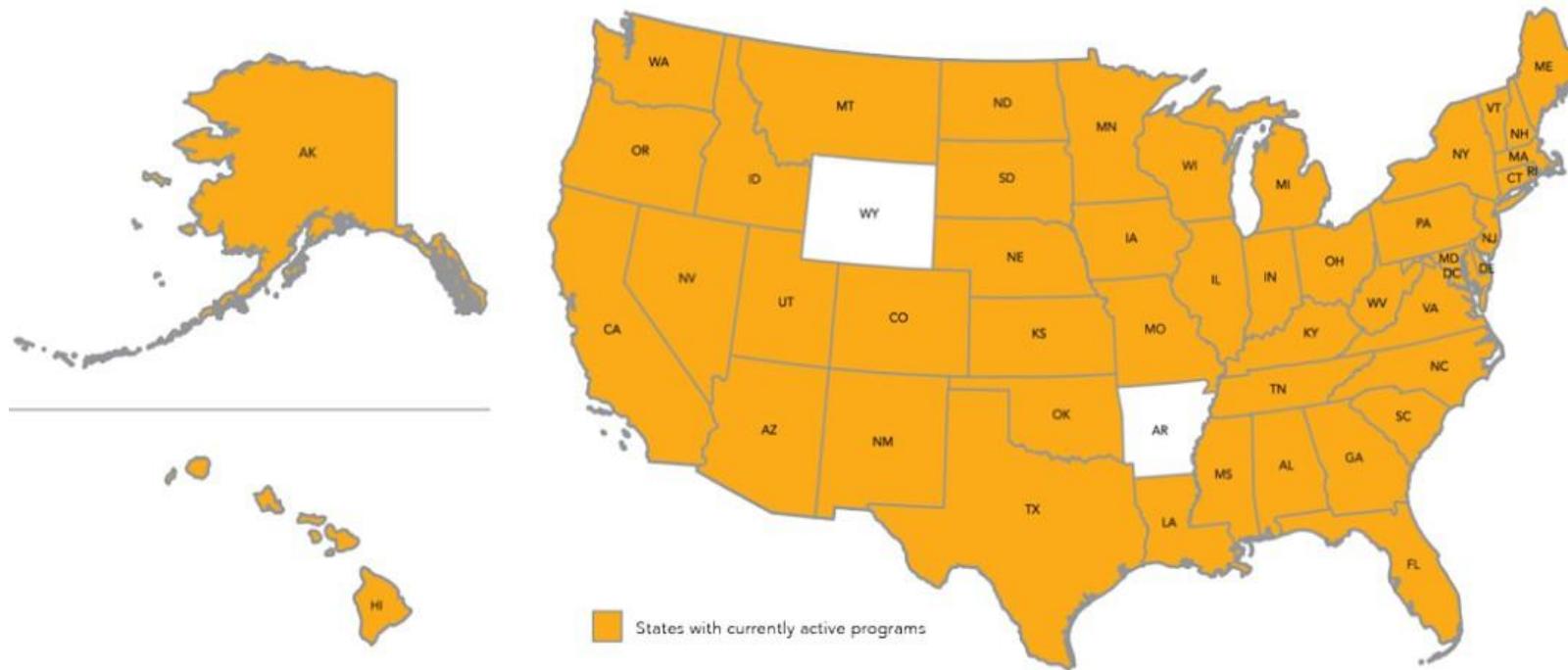
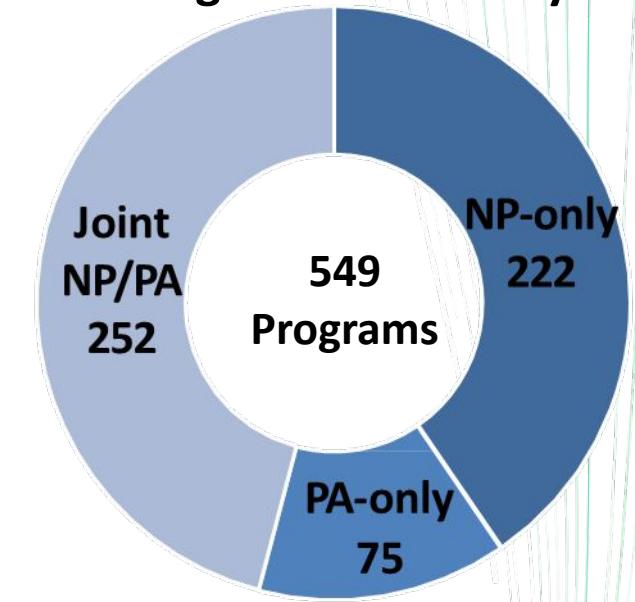


Figure 4. Importance of NP residency programs in today's health care environment (n = 65).

APP Postgraduate Training Programs Nationally



APP Postgraduate Training
Programs Nationally



- 549 APP Postgraduate Training Programs
- 259 Primary Care APP Postgraduate Training Programs
- 120 APP Postgraduate Training Programs in FQHCs
- 108 Health Centers participated in HRSA's National Training and Technical Assistance Program (NTTAP) Postgraduate Residency Training Community of Practice

Postgraduate NP and PA Training Programs Resources

- Training the Next Generation: Residency and Fellowship Programs for Nurse Practitioners in Community Health Centers [digital book](#)
- 6-month Community of Practice – email Meaghan Angers, angersm@mwhs1.com, to learn more!
- Strengthening NP/PA Residency Programs through Academic, Clinical, & Community Partnerships | [Slides](#) | [Video](#)
- Implementing Nurse Practitioner (NP) and NP/Physician Associate (PA) Postgraduate Training Programs: Program Development, Recruitment Strategies, and Accreditation [Slides](#) | [Video](#)
- Postgraduate Nurse Practitioner/Physician Assistant Residency and Fellowship Programs: Discussing Your Key Program Staff and Responsibilities [Slides](#) | [Video](#)
- Building the Case for Implementing Postgraduate NP Residency and NP/PA Training Programs | [Video](#) | [Slides](#)

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

CLINICAL WORKFORCE DEVELOPMENT

Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in **Learning Collaboratives** to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse



The screenshot shows the homepage of the Health Center Resource Clearinghouse. At the top, there is a logo for the Health Center Resource Clearinghouse and a navigation bar with links for About, Partners, Search, Learning, Priority Topics, Promising Practices, and Connect. Below the navigation is a red banner with the text "Health Center 101 Learning Bundle: Learn More About the Health Center Model through Videos and Resources" and "NTTAP National Health Center Training and Technical Assistance (TTA) Needs Assessment". The main content area features a search bar with the placeholder "Search the Clearinghouse: Enter Search Terms Here", a sidebar with a list of search methods (Simple Search, Guided Search, Advanced Search), and a "Quick Finds" section with links to Clinical Issues, Operations, Special & Vulnerable Populations, Emerging Issues: COVID-19, More..., Patient Materials, and Telehealth.

<https://www.healthcenterinfo.org/>

Questions?

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Evaluation Survey

