



2020 LEAD Capstone Poster Session

Expansion of APP Education and
Mentorship in the Emergency
Department
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Abstract

- There is an important gap and wide variation in the education of subspecialty Advanced Practice Provider (APP) onboarding and training.
- Practical live experience becomes an APP's continuing education with often very limited oversight and/or clinical support.
- Documented success of APP subspecialty training in the ICU.



Objectives

- Expand the current EM APP training program to mirror that of residency education
 - Invitations to trainees and employed APP staff
 - Interactive lecture-based conferences with EM faculty
- Increase EM faculty interactions with APP trainees and staff
 - On shift teaching and mentorship opportunities



Background Information

- APP's have a lot of varied clinical experiences.
- Post-graduate specialty training is not ubiquitous.
- Few Emergency Medicine based training programs
 - Most ED training is on the job
- ICU based training programs are successful
 - Faculty mentorship and continuing education contributed to success



Specific Aims

- Increase proficiency of our APP trainees in EM based topics and practice
- Improve morale of our trainees and employed APP staff
- Strengthen relationships between EM faculty and APP staff



Project Plan

- Residency based interactive lectures
 - EM faculty taught practice specific topics
 - SIM Labs for procedure proficiency
 - Flipped conference style learning
- Establish new shifts in the department where APP and faculty work side by side
 - Faculty will be expected to provide on- shift teaching as with residents
 - Procedure supervision





Application of What You Learned at LEAD

- Utilize negotiation skills to promote faculty buy-in for additional conference involvement and on-shift teaching
- Increase collaborative efforts between residency leadership, APP training leadership and executive leadership.





Proposed Budget

- Creation of new APP shifts with faculty
 - Transition current split-flow APP shifts on low volume days to the main ED Attending only pods.
- Decrease pay scale of non-GME (\$35/hour) shift to a new APP shift (Shift differential – \$10/hour – proposed)
 - Due to reduced physician compensation for the new “APP shift”, it will save the department approximately \$220,000 in salary costs
- Expectation of additional miscellaneous education costs - \$5000/year
 - SIM LAB/Procedure Lab materials and costs



Innovation and Significance

- Enhance competency and proficiency and competency of our APP cohort
 - Improvement in patient safety and care
- Improvement in morale and retention of our APP staff



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