



These subsequent pages summarize valuable information and key takeaways from webinars focused on:

- ▶ **Advancing Team-Based Care**
- ▶ **[Health Care Team Development](#)**
- ▶ **[Access to Comprehensive Care](#)**
- ▶ **[Postgraduate Nurse Practitioner \(NP\) and/or Physician Associate \(PA\) Training Programs](#)**

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Advancing Team-Based Care Summary

▶ Optimizing the Role of Integrated Oral Health in Health Centers

Overview: Dr. Sheela Tummala, Chief Dental Officer, at Community Health Center, Inc. (CHCI), presented an informative 60-minute webinar on the role of integrated oral health in improving patient care. Through an interdisciplinary panel discussion and practical case study, expert panelists illustrated how integration strengthens collaboration and enhances patient access.

View webinar at: <https://bit.ly/4iWF75U>

Takeaways:

● Oral Health Care is Integration of all Health Care:

- Oral health care is integration of all health care, and better integration of oral health care with other disciplines is increasingly recognized as best policy worldwide to optimize overall health.
- Using an interdisciplinary care model:
 - Establishes comprehensive and bi-directional complete care for patients.
 - Expands the potential for high-risk individuals to have access to care that prevents, halts, and even reverses dental disease, avoiding or reducing the need for expensive treatment later on, visits to emergency rooms, and absence from work or school due to acute dental problems.
 - Collaborate more easily with other disciplines to optimize patients' overall health.

● Integration of Oral Health:

- When patients come to get any service, the team works to provide services across all disciplines with warm handoffs.
 - Doing so also alleviates the burden of transportation issues as patients can see their dentist and primary care provider (PCP) within the same trip.
- The impact of effective integration of oral health into primary care is seen through increased prevention of oral health conditions, earlier identification of disease precursors and underlying conditions, reduced patient-specific barriers to accessing services, increased awareness of the importance of oral health, and improved chronic disease management and prevention.

● Best Practice for Optimizing Oral Health Care: Shared Information Technologies:

- Allows dental staff to communicate across our sites, as well as mobile sites.
- Allows dental staff to initiate a warm handoff to behavioral health or primary care.
- Example: Using new technologies with intraoral cameras, our school-based and mobile hygienists can capture the images in the electronic health record (EHR), which allows colleagues in the primary care to support clinical assessment and decision making in the field.

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Takeaways:

- Interprofessional Care Teams (See Figure 1)



Figure 1.
Interprofessional Care Teams

- Best Practices for Optimizing Oral Health Care (See Figure 2)

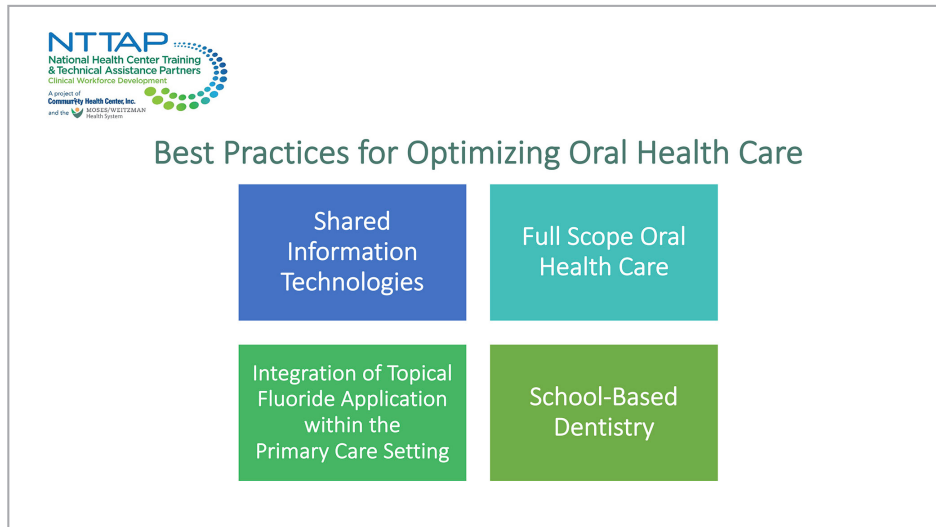


Figure 2.
Best Practices for
Optimizing Oral Health Care

- Medical/Dental Integration at CHCI to Date (See Figure 3)

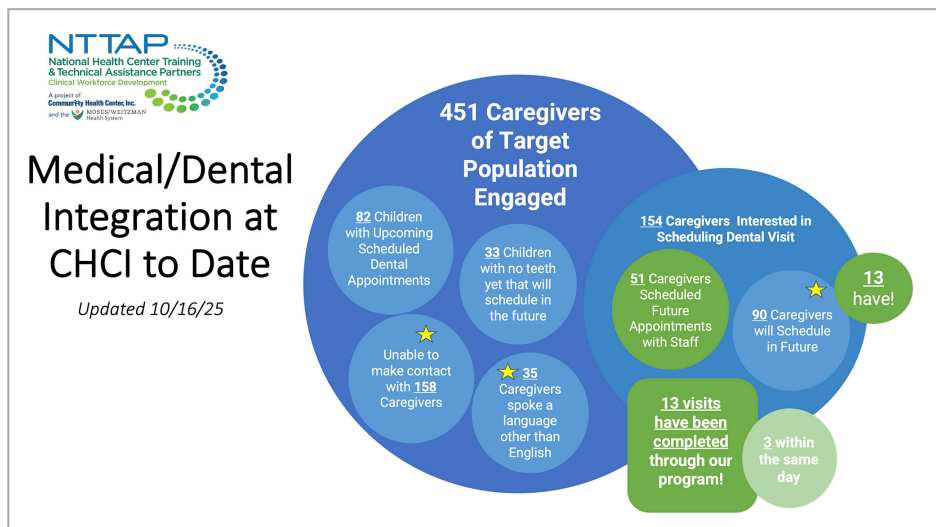


Figure 3.
Medical/Dental Integration
at CHCI to Date

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Takeaways:

- Case Study #1: Warm Hand-off Case (See Figure 4)

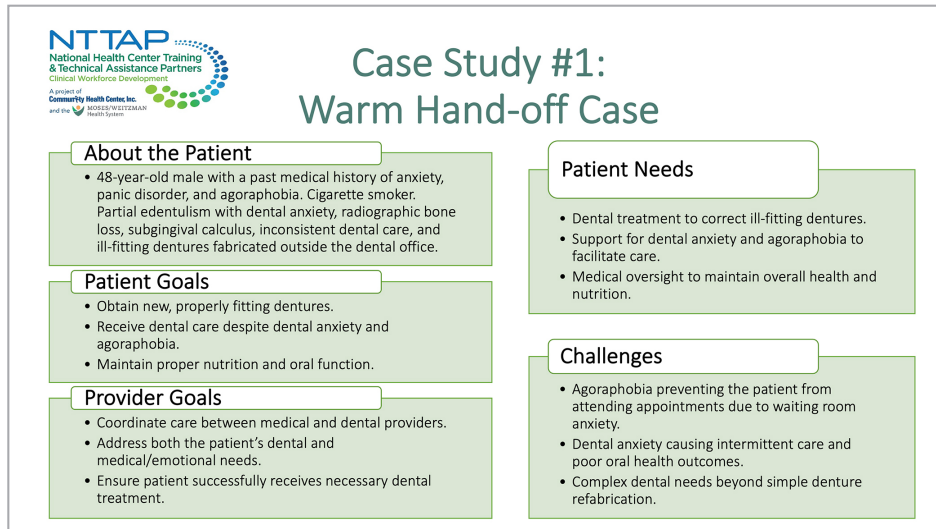


Figure 4.
Case Study #1:
Warm Hand-off Case

Notable Live Participant Feedback:

- *"All of the speakers were very knowledgeable and shared valuable information with clear, practical takeaways."*
- *"I appreciated the insights that were shared and found the content very informative."*
- *"The case study was especially helpful and provided a strong example of how the program can be implemented."*

To view archived resources, visit: www.chc1.com/nca

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Health Care Team Development Summary

▶ Training the Next Generation: Health Professions Students Roadmap (Part 1)

Overview: This two-part webinar explored how to train the next generation of health professionals by restructuring your organization's health professions student training program. Experts from Community Health Center, Inc. (CHCI) shared a roadmap, best practices, and lessons learned to build an effective and sustainable health professions student training program.

View webinar at: <https://bit.ly/48H81Uf>

Takeaways:

● What is Health Professions Training (HPT)?

- 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.

● 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 special medically underserved populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.

● Goals, Values, and Aims

- It is important before pursuing health professions training to ask yourself: What are our organization's goals, values, and aims for 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.

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Takeaways:

● **National Recommendation** (See Figure 5)



Figure 5.
National Recommendation

● **Health Professions Student Training Roadmap** (See Figure 6)



Figure 6.
Health Professions
Student Training Roadmap

● **Academic Partnership Best Practices** (See Figure 7)

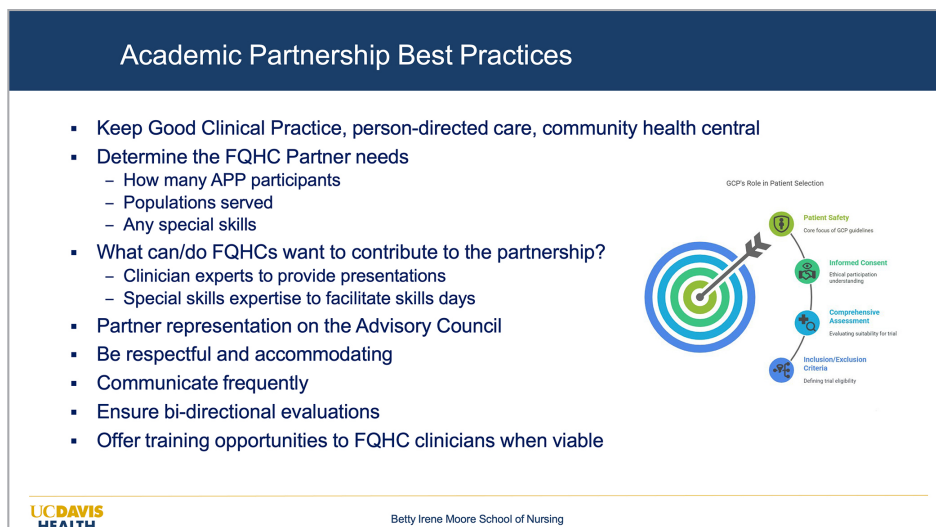


Figure 7.
Academic Partnership
Best Practices

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▶ Training the Next Generation: Health Professions Students Roadmap (Part 2)

Overview: This two-part webinar explored how to train the next generation of health professionals by restructuring your organization's health professions student training program. Experts from Community Health Center, Inc. (CHCI) shared a roadmap, best practices, and lessons learned to build an effective and sustainable health professions student training program.

View webinar at: <https://bit.ly/4s7UtZF>

Takeaways:

● Aspects of 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.

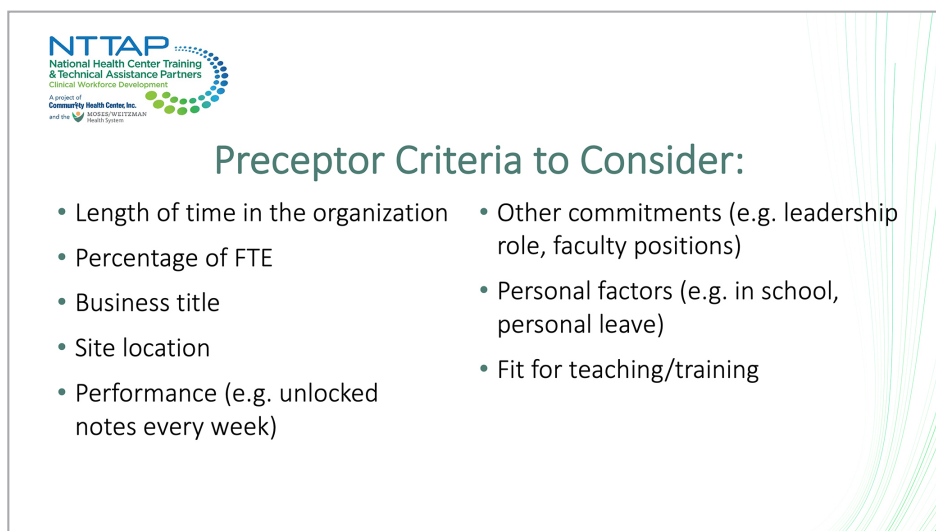
● Onboarding: Communication with Students

- Effective communication from the initial point of contact is key to a quality student experience
 - Formally welcome and communicate onboarding details to the student(s)
 - Ensure all onboarding paperwork is completed prior to beginning placement
 - Orientate students to company rules and regulations, including HIPAA regulations
 - Initiate onboarding process with Information Technology, Facilities, and Training

● Off-Boarding: Overview

- Off-boarding is a critical part of the student training program in order to maintain positive relationships with the students and academic partners.
- Off-boarding responsibilities include:
 - Notify the appropriate department of students' departure
 - Terminate students' access to the clinical sites, to the electronic health record (EHR), and/or other remote platforms
 - Collect equipment that belongs to your health center from the student
 - Collect feedback from student, and faculty if appropriate, regarding their experience at your health center either through surveys or discussions
 - Organize feedback and present to leadership team to evaluate your program and improve as needed
 - Assign outstanding EHR documentation to supervisor

● Preceptor Criteria to Consider (See Figure 8)



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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 role, faculty positions)
- Personal factors (e.g. in school, personal leave)
- Fit for teaching/training

Figure 8.
Preceptor Criteria
to Consider

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Takeaways:

- **Important Onboarding Best Practices** (See Figure 9)

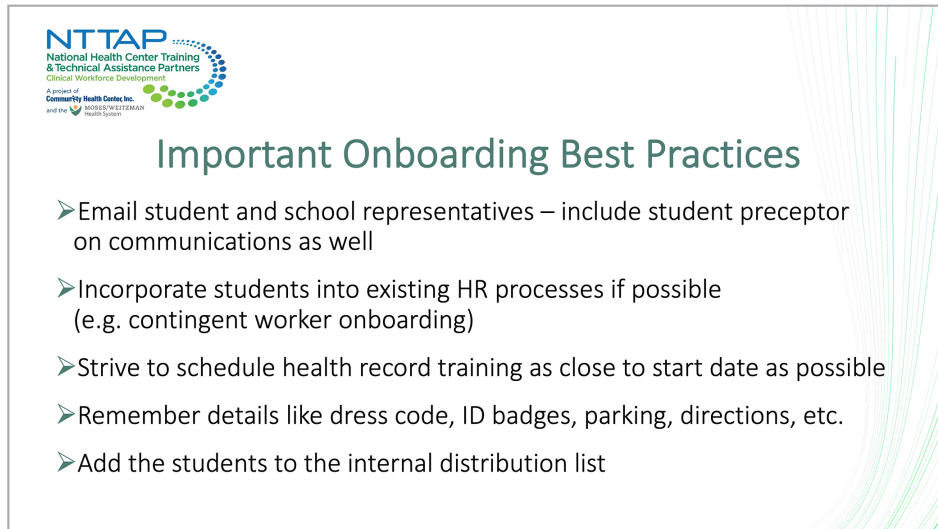


Figure 9.
Important Onboarding
Best Practices

- **Health Professions Student Training Playbook** (See Figure 10)



Figure 10.
Health Professions Student
Training Playbook

Notable Participant Live Feedback from Part 1 and 2:

- *"Very good and informative presentation!"*
- *"All of it was very informative. I especially liked the tool to analyze readiness—it will be very helpful."*
- *"The information on preceptor considerations was valuable and clearly presented."*

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Access to Comprehensive Care Summary

▶ Strengthening Diabetes Self-Monitoring Education and Support

Overview: Presented by Mary Blankson, Chief Nursing Officer, at Community Health Center, Inc. (CHCI), this 60-minute webinar discusses the importance of patient self-monitoring and self-education in improving A1c levels. Participants gained practical knowledge on identifying effective self-monitoring strategies, applying best practices in diabetes education, and developing an action plan to implement diabetes self-monitoring education and support within their health center.

View webinar at: <https://bit.ly/4alg7D9>

Takeaways:

● Why is Self-Management so Important?

- Patients spend the majority of their time on their own and at home
- Encourages patient to participate in their own care
- Works to build:
 - General health literacy/numeracy
 - Self-confidence
- Improves overall health outcomes by addressing individualized needs
- Can change the trajectory of whole families/communities (the rising tide raises all boats)

● Providing Guidance

- Stated goal: "I want to stop smoking."
- Guide this into an observational action:
 - Would you like to attend a group?
 - Would you like to see me to work on this over the course of weeks?
 - What are triggers for your smoking that you might start with?
 - Are there certain cigarette times you are sure you could cut out?
 - Are you interested in medication to assist?

● Turning Observations into SMGs or SMART GOALS with a Specific Action Plan

- SMG/Plan should:
 - Be something the patient wants to do
 - Be reasonable
 - Have a confidence level of 7 out of 10, reflecting the patient's confidence that they can reach the goal
- SMG/Plan should include:
 - What?
 - When?
 - How Often?
 - How Long/How Much?

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Takeaways:

- Standing Orders and Delegated Order Sets (See Figure 11)

Figure 11.
Standing Orders and
Delegated Order Sets

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Standing Orders and Delegated Order Sets

- **Standing orders:** authorized by a licensed independent health care provider and authorizes the RN to address, assess, and treat specific conditions across specific populations of patients, with recognition that patients who present with exceptions to the norm are referred back to a health care provider.
- **Delegated order sets:** established by a patient's PCP for a specific patient to be carried out by the RN in visits between the patient and the RN based on assessment criteria.



- Stages of Change (See Figure 12)

Figure 12.
Stages of Change

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Stages of Change

Stage	What the patient is thinking.
Pre-contemplation	Patient is not thinking about changing the behavior.
Contemplation	Patient is thinking about changing the behavior but has not taken any action steps.
Preparation	Patient is committed to changing the behavior and may have made an attempt in the recent past.
Action	Patient is in the process of making overt lifestyle change.
Maintenance	Patient has established the new habit. Focus is on maintaining behavior change.
Relapse	Patient returns to problem behavior. May have cycled back into a previous stage.

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- Managing Culture (See Figure 13)

Figure 13.
Managing Culture

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Managing Culture

- Create an environment of team-based care that is based on the value of every role (not just as a downstream catchall to support providers)
- Focus on measurement in everything that you do
- Normalize feedback and data as an invitation to partner and troubleshoot
- Invite patients to help you test new workflows
- Embrace failure as just another data point on the way to a best practice
- Celebrate success (often!)

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Notable Live Participant Feedback:

- *“Great information and ideas. I look forward to reviewing the slides and recording.”*
- *“This session was very helpful in providing reminders and strategies for supporting patients, especially when goals are not met and addressing barriers.”*
- *“Meaningful tools and examples, presented in an easy-to-follow and valuable way.”*

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Postgraduate Nurse Practitioner (NP) and/or Physician Associate (PA) Training Programs Summary

▶ Models for Integrating Quality Improvement into Your Postgraduate NP and/or PA Training Program

Overview: Join Community Health Center, Inc.'s (CHCI) NTTAP on Clinical Workforce Development for a 60-minute webinar on integrating quality improvement (QI) into Postgraduate Nurse Practitioner (NP) and/or Physician Associate (PA) Training Programs. Participants explored practical models, heard a former resident's perspective and real project examples, gained accreditation guidance, and best practices to strengthen their programs.

View the slide deck here to learn more: <https://bit.ly/4alz7RY>

Takeaways:

● QI Seminar Goals, Logistics, and Expectations

- Goals:
 - Provide residents with an opportunity to develop the knowledge and skills to improve care
 - Learn about multiple tools/methods and ways to use them
 - Apply knowledge and skills by carrying out a quality improvement effort during residency
- Logistics:
 - 17 sessions (all recorded), 90 minutes each from October-June
 - Monthly 60 minute office hours with faculty (optional)
- Project Expectations:
 - Topic should reflect the care model and a priority of health center
 - Completed as a team (dividing the work makes project more feasible)
 - Preparation for each session helps project advance and develop

● QI is a Fundamental Competency in Residency

- The Consortium for Advanced Practice Providers recently updated its accreditation standards (August 2025).
- Standard 2—Curriculum includes the following competency domains (which we include in our seminars).
 - Practice-Based Learning and Improvement
 - Interpersonal and Communication Skills
 - Systems-Based Practice
 - Interdisciplinary Collaboration
 - Personal and Professional Development

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Takeaways:

- **What is Success?**
 - Redefine the meaning of success
 - Projection completion
 - Learning
 - Growing
 - Collaborating and networking
 - Equate to profession development
 - “Failure” creates:
 - Resiliency and self-reflection of professional growth
 - Understanding ambiguity in healthcare
 - New drive and direction in residents
- **Standard 2: Curriculum** (See Figure 14)



Standard 2: Curriculum

The Program curriculum must include the following core elements:

1. Clinically based practice and patient care experience
2. Regularly scheduled didactic sessions
3. System-based learning and quality improvement (Postgraduate trainee learning and involvement in organization or system based improvements designed to improve front-line care)
4. Community-based health focus
5. Technology (use of technology for quality improvement efforts, and business intelligence)
6. Respect for Patient Values, Preferences, and Needs
7. Leadership and professional development
8. Health-Related Living Needs
9. Certificate of Completion

Postgraduate trainees must demonstrate that they are able to:
Practice using quality improvement methods, measures, and processes, and implement and assess impact of changes with the goal of practice improvement.

Identify and/or recognize the need for changes in organizational process or patient care to improve patient care outcomes. This could be demonstrated through dissemination of knowledge after successful leadership and implementation of a quality improvement or evidence-based project.

Figure 14.
Standard 2: Curriculum

- **Key Elements of CHCI’s QI Model: Stages of Improvement** (See Figure 15)



Key Elements of CHCI’s QI Model: Stages of Improvement

- Agency-wide Performance Improvement Committee
- Support and mentoring from QI staff
- Engagement of health center staff
- Leadership support
- Scientific Approach
- Front line teams doing improvement work

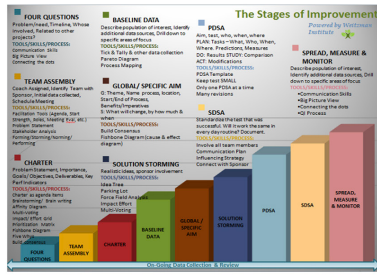


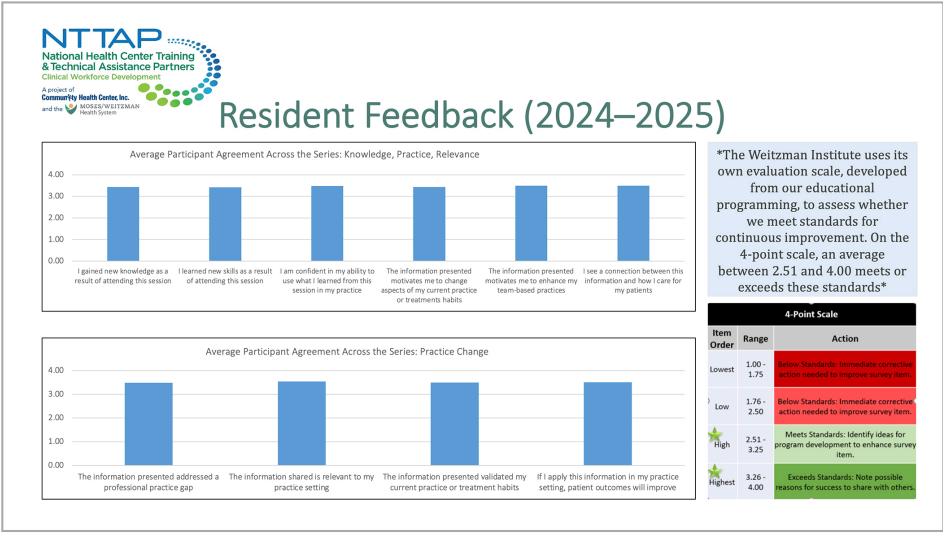
Figure 15.
Key Elements of
CHCI’s QI Model:
Stages of Improvement

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Takeaways:

- Resident Feedback (2024-2025) (See Figure 16)

Figure 16.
Resident Feedback
(2024-2025)



Notable Live Participant Feedback:

- *"The session was easy to follow and provided very valuable information."*
- *"I'm new to QI, and the content was very helpful. I plan to watch the recording again so the information can fully sink in."*
- *"I appreciated the meaningful tools, examples, and materials shared, especially the guidance on creating a curriculum."*

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