SUNY ADIRONDACK Healthcare Pathways

a·H·I Adirondack Health Institute

Strengthening the Rural Healthcare Workforce Through Integrated Pathways and Partnerships

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SUNY Adirondack

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AHI

Grant Partnership

HELP Grant:

Healthcare Education and Life-skills Program

Funded by the New York State Department of Health

Five-year grant

January 1, 2026 – December 31, 2030

https://www.sunyacc.edu/news-stories/suny-adirondack-receives-5-million-grant

Goal and Key Strategies

Goal:

Tackle critical healthcare workforce shortages, by improving access to healthcare education and training, in underserved and underrepresented communities.

- **Building Rural Healthcare Career Pathways**
- **Integrating Credit and Non-Credit Workforce Training**
- **Reducing Barriers through Student Support Models**
- **Leveraging Partnerships to Support Recruitment and Retention**

Building Rural Healthcare Career Pathways

Nursing Pathway
- PCA, HHA, CNA, LPN, RN

Certification Programs
- Medical Billing and Coding

Apprenticeships and Work-Based Learning
- Recruiting Employer Partners

Employer Connections

Integrating Credit and Non-Credit Workforce Training

- Non-credit training can benefit students at any stage of their career

- Students can transition from non-credit to credit bearing education

Reducing Barriers through Student Support Models

SUNY Healthcare Pathways

- Books
- Uniforms
- Transportation / Gas
- Food

AHI's HELP Scholarship

- Tuition
- Housing and utilities
- Vehicle repair
- Childcare

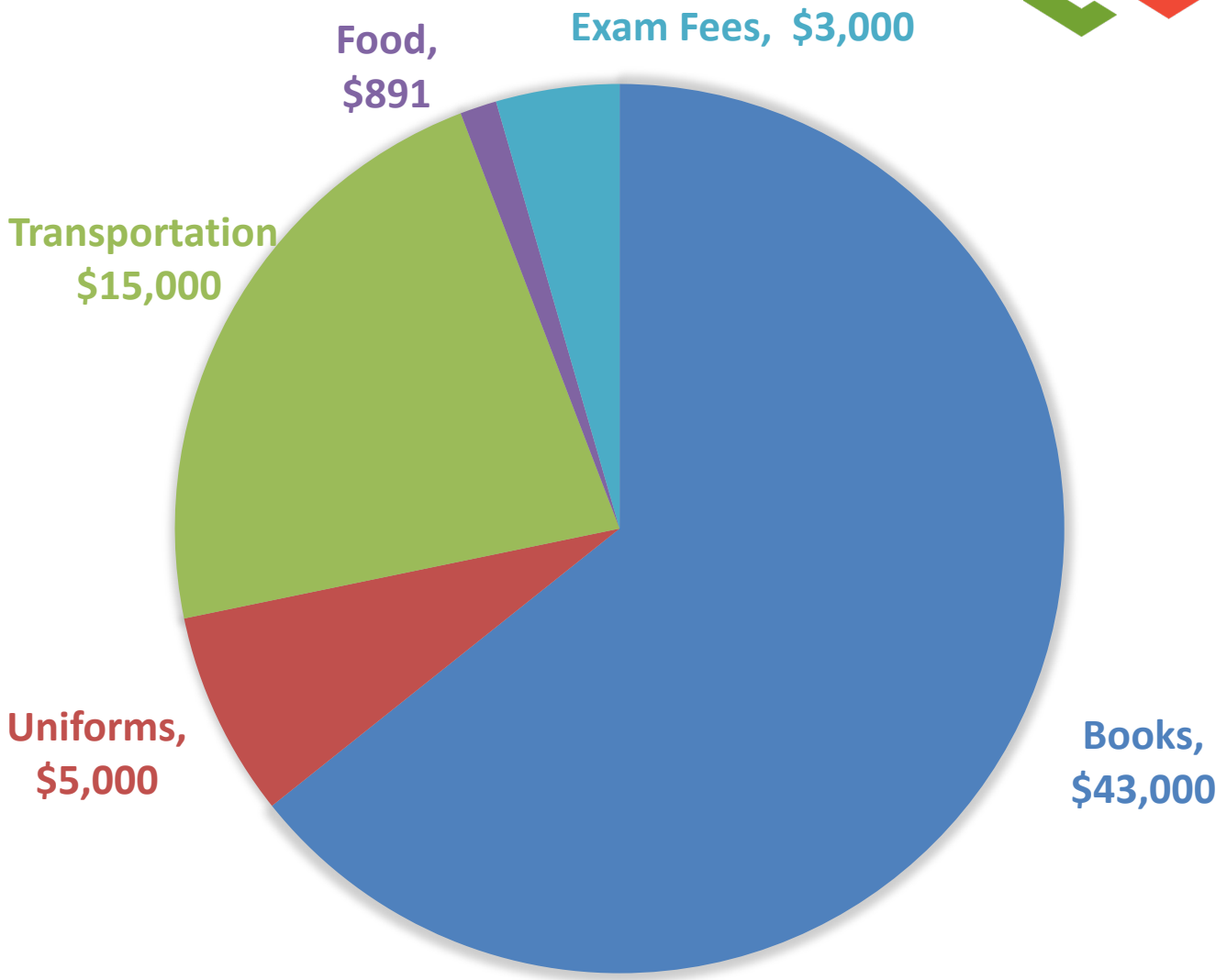
Leveraging Partnerships to Support Recruitment and Retention

- Fort Hudson, PACE Hudson Headwaters, Wesley- CNA
- BOOST program -> BOCES LPN Program
- HM-AHEC – Outreach for High School Students

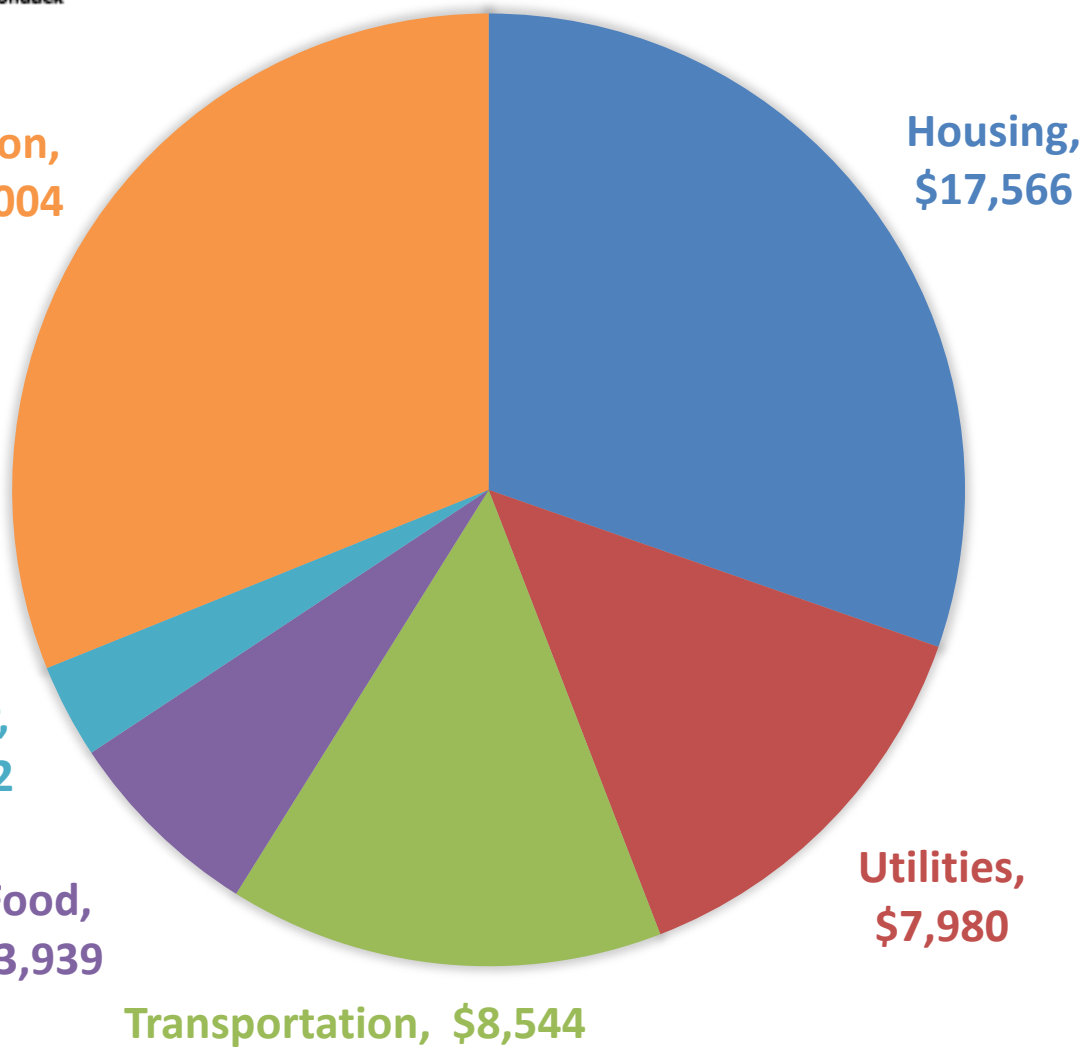
Progress To Date – Healthcare Pathways

155 Trainees served, with 102 completed so far

- **PCA**: 42 enrolled, 38 completed
- **HHA**: 15 enrolled, 14 completed
- **CNA**: 42 enrolled, 33 completed
- **RN**: 49 enrolled, 17 completed
- **Liberal Arts (HESS)**: 7 students enrolled



Progress To Date – HELP Scholarship



41 students awarded HELP Scholarships so far

- 13 Post-Graduates (RN)
- 28 Current Students
  - 21 Nursing (RN)
  - 4 Health Sciences
  - 2 Psychology Majors
  - 1 Medical Billing and Coding

Early Implementation Lessons and Promising Practices

- Individual relationships and availability matter
- Students don’t always tell you what you need
- Students need to see what’s in front of them
- There can be a stigma around asking for help
- Employer partnerships/apprenticeships early on

Student Experiences

SUNYADIRONDACK
Healthcare Pathways

a·H·I
Adirondack Health Institute

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https://www.sunyacc.edu/programs-courses/healthcare-pathways

https://ahihealth.org/program/healthcare-education-and-life-skills-program-help/

Building a More Equitable Healthcare Workforce: CVPHs APP Transition of Practice Program

Maurice Paquette II PA-C, CAQ-EM

Stephanie Drown, DNP, M.Ed, RN, NPD-BC, CMSRN, GERO-BC

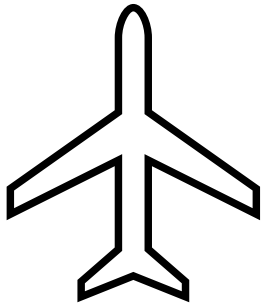
Objectives

University of Vermont Health

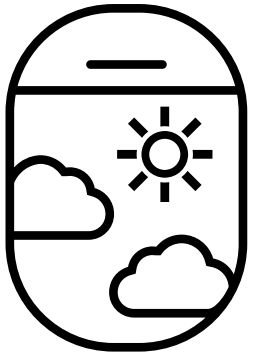
- Identify how structured Transition of Practice Programs can advance health equity, particularly in rural and underserved communities [by improving provider readiness, retention, and delivery of high quality, culturally responsive care]
- Describe the structure and key components of Champlain Valley Physician's Hospital Advanced Practice Professional Transition of Practice Program [including clinical preceptorship, simulation based training, and didactic education]
- Consider how to apply best practices and implementation strategy for APPs at your institution

Disclosures

Where we've been, and where we are going

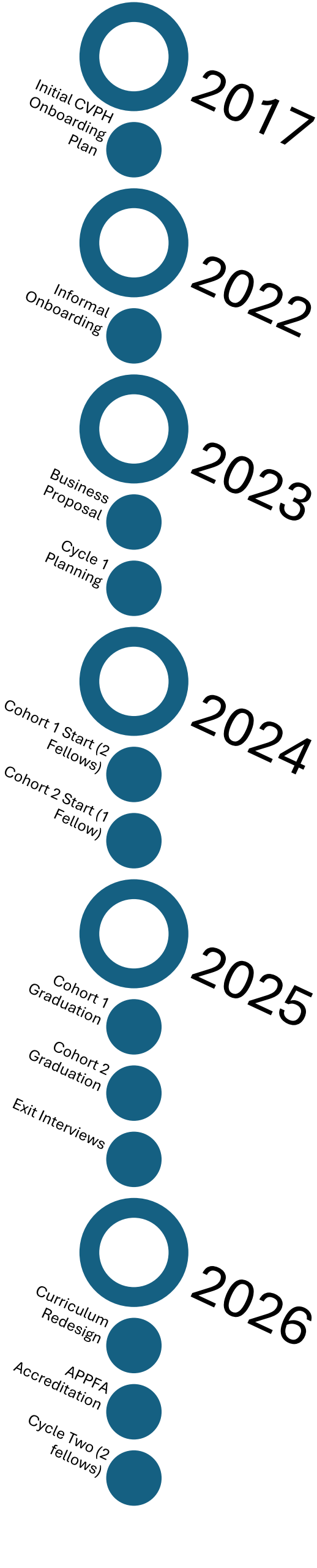


- University of Vermont Health Equity Summit (Fall of 2025)
- Champlain Valley Physician's Hospital (Spring of 2026)
- American Nurses Credentialing Centers Professional Development and Practice Summit (2027)



Champlain Valley Physicians Hospital

Advanced Practice Professional Transition of Practice Program in Emergency Medicine


2017
Initial CVPH Onboarding Plan
2022
Informal Onboarding
2023
Business Proposal
Cycle 1 Planning
2024
Cohort 1 Start (2 Fellows)
Cohort 2 Start (1 Fellow)
2025
Cohort 1 Graduation
Cohort 2 Graduation
Exit Interviews
2026
Curriculum Redesign
APPFA Accreditation
Cycle Two (2 fellows)

CVPH APP TOP Program in Emergency Medicine

12 month onboarding program

Designed for new graduate or new to specialty practice Advanced Practice Professionals

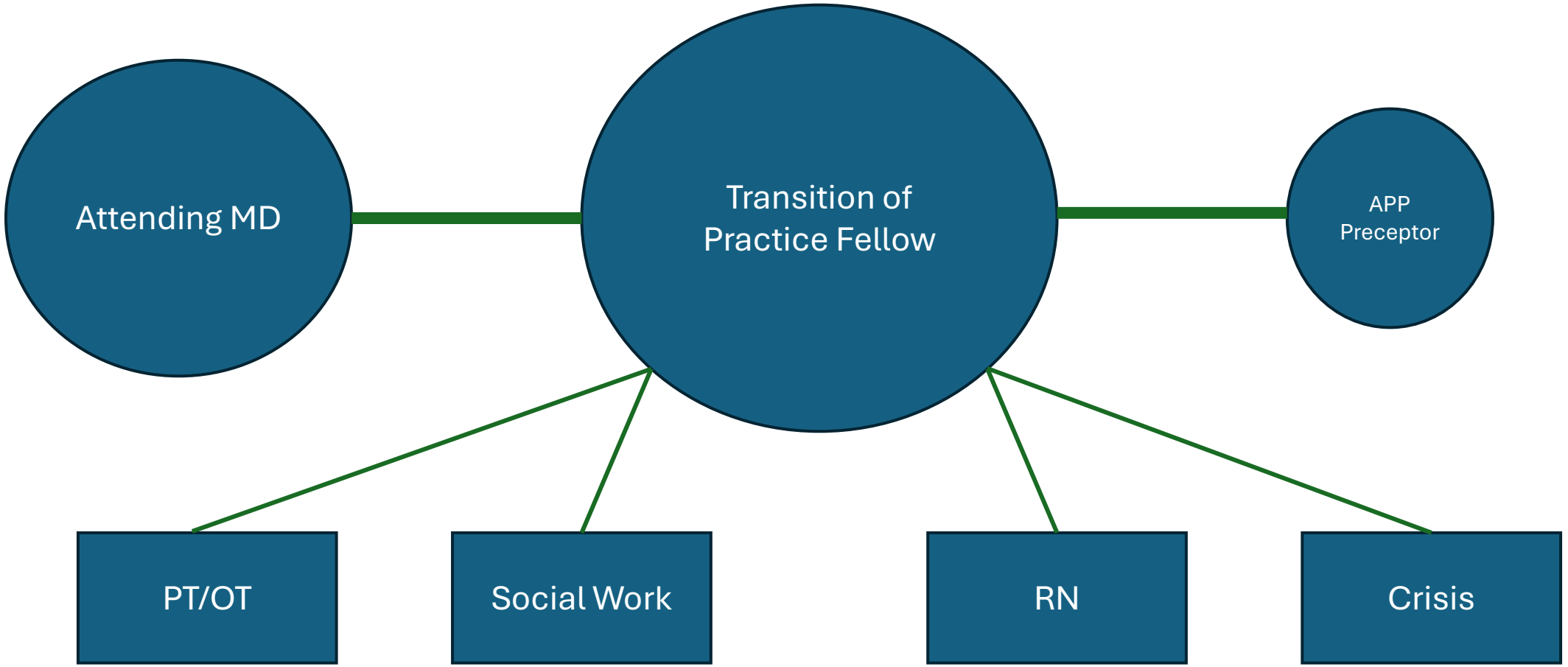
Includes:

Precepted Clinical Practice

Clinical and Communication Simulation

Didactic Education and Examination

Precepted Clinical Experiences



Simulation

Simulation

Beta Blocker Toxicity

Section 1: Case Summary

Scenario Title:	
Keywords:	Beta blocker overdose, high-dose insulin, glucagon
Brief Description of Case:	A 44-year-old male presents to the emergency department following the ingestion of an entire bottle of metoprolol. Decontamination strategies should be utilized alongside consultation with poison control. Patient clinically deteriorates as the drug reaches peak effects, requiring IVF, atropine, glucagon, multi-dose vasopressors, high dose insulin, and a discussion around potential salvage therapies.

Goals and Objectives	
Educational Goal:	To allow learners to identify and treat a severe beta blocker overdose requiring maximal medical therapy, including infrequently utilized therapies.
Objectives: (Medical and CRM)	**Medical** 1. Identify beta blocker toxicity 2. Provide decontamination and initial supportive care 3. Initiate appropriate management of severe beta blocker toxicity **CRM** 1. Mobilize resources to complete simultaneous investigation and treatment of an unstable patien[Font Color]oison control and relevant consultants 2. Anticipate and plan for a potentially critically unwell patient
EPAs Assessed:	**ME 2.4** Initiate medical treatment of the patient with an overdose, toxic ingestion or exposure, including specific antidote therapy.

Learners, Setting and Personnel				
Target Learners:	☐ Junior Learners	☒ Senior Learners	☒ Staff	
	☒ Physicians	☒ Nurses	☐ RTs	☐ Inter-professional
	☐ Other Learners:			
Location:	☐ Sim Lab	☒ In Situ	☐ Other:	
Recommended Number of Facilitators:	Instructors: 1-2			
	Confederates: 0-1			
	Sim Techs: 1			

Didactic Education

- Transformative process with each cohort
  - Initial: 6 days
  - Current: 12 days
- Dedicated Ultrasound didactic and hands on education

Dizziness	John Priester MD
Hepatititis, Biliary Pathology, Tylenol OD	Moe Paquette PA-C
Antibiotic Treatment	Kyle Dewitt PharmD
Stroke Medicine	Mike McMahon MD
Stroke vs Syncope	Tim Snow MD
Surgical Complications	Zachary Kanouse MD
Pediatric Resusciation	Ash Weisman MD
Exertional Syncope	Dan Peters MD
Making Medical Decisions	Moe Paquette PA-C

Buy In

Medical Professionals

MD, DO, RT, Social Work, Crisis Clinicians, Pharmacy, PT, OT, Wound Care, SAFE Program Director

Departments

Surgery, Oncology, OBGYN, Hematology, Oncology, Endocrinology, Pediatrics, Intensive Care Unit, Trauma

Program Orientation Day

Hours	Content	Lecture Tittle	Presenter
9.5			
0.75	Orientation and Tour	General Program Orientation and Department Tour	Moe Paquette
0.75	Policies and Binder	Departmental Policies and Binder	Moe Paquette and Nick Aunchman MD
0.5	Education Introductions	Welcome to Steph Drown and Em Doyle	Stephanie Drown and Emily Doyle
0.75	Billing and Coding	Billing, Compliance, and ED Observation	William Baker MD
0.5	Credentialing and Privileges, Scope	Credentialing and Privileges	Christine Reardon
0.5	Professionalism	Introduction to Professionalism	Moe Paquette and Steph Drown
0.5	Intro to US	Introduction to Ultrasound	Nick Aunchman MD
0.5	Provider Metrics and Performance	Provider Metrics and Performance	Moe Paquette
0.25	Code 66, Code 99, Stork	Hospital Policy and Codes	Moe Paquette
1	Fracture Reductions	Fracture Reductions	ED ATTENDING TBD
1	Splinting	Fracture Splinting	Moe Paquette
0.5	Efficiency	Provider Efficiency Introduction	Moe Paquette
2	Procedure Basics	Digital Blocks, Suture Lab, I&D, Trephination	Moe Paquette

July Education Day 1

Hours	Content	Lecture Tittle	Presenter	
11.5				
1	CBO and Welcome	CBO & Welcome	Moe Paquette PA-C	x
1	GI: GI Bleeds	GI Bleeds without GI	Ryan Mason	x
1	Respiratory Therapy: Basics and Intro	Supplies, Systems, Approach	Pete Rocha	x
1	Ultrasound: Cardiology	Cardiac US	Aunchman MD	x
1	Ultrasound: GI	Abdominal US and FAST Exam	Aunchman MD	x
1.5	Infectious disease: Tropical Medicine	Tropical Medicine	Moe Paquette PA-C	x
1	Pharmacology: Critical Care	RSI and Paralytics, Airway Pharmacology	Kyle Dewitt	x
2	Cardiology: EKGs	EKG Rapid Reviews	Moe Paquette	x
1	Environmental Medicine	Hypothermia	Sameer Sethi MD	x
1	Abdominal Pain in Females	Abdominal Pain and Reproductive Age Females	Moe Paquette PA-C	x
				x

August Education Day 2

Hours	Content	Lecture Tittle	Presenter
10			
1	Neurology: Dizziness	Dizziness	John Priester MD
2	GI	Hepatitis, Biliary Pathology, Tylenol OD	Moe Paquette PA-C
1	Pharmacology: ID	Antibiotic Treatment	Kyle Dewitt PharmD
1	Neuro: Stroke Medicine	Stroke Medicine	Mike McMahon
1	Neurology	Stroke vs Syncope	Tim Snow MD
1	Surgery: Surgical Complications	Complications	Zachary Kanouse MD
1	Pediatrics: RESUS	Pediatric Resuscitation	Ash Weisman MD
1	Cardiology: Exertional Syncope	Syncope	Dan Peters MD
1	Critical Thinking: Making Medical Decisions	Making Medical Decisions	Moe Paquette and Stephanie Drown

August Professionalism Day 1

Hours	Content	Lecture Tittle	Presenter
7.25			
0.75	Wellbeing	Introducion to Wellbeing	Rheta Recore
1	Risk Management	Risk Management	Heather Reynolds
1	Mentorship	Introduction to Mentorship	Stephanie Drown
1	SUD and Human Trafficing	SUD and Human Trafficing (SDOH)	Jessica Lavalley
1	De-Escalation	Code 66s and De-escalation	Linda Dumbaya RN
0.75	PT&OT	PT&OT at CVPH	Kathy Vanes and Troy Canada
0.75	Wound Care	Woundcare at CVPH	Deb Frank
1	Safe Logistics: Care of the SA Pt	Safe Logistics	Gail Bjelko
1.5	Diabetes	DM Technology and Introductory Education	Frankie
1	ED Equipment	ED Equipment Introduction	Colleen Bell and Christy Trim

September 1st, 2026

Hours	Content	Lecture Tittle	Presenter
9			
1	Pharmacology: Cardiac	Cardiac Pharmacology	Kyle Dewitt Pharm D
1	Surgery: Trauma Program	Trauma Program Introduction	Eric Gadway MD
1	US: FAST and RUQUS	FAST and RUQUS	Aunchman MD
1	RT: Ventilators	Ventilator Management	Pete Rocha RT
1.5	Communication and Feedback	Communication and Giving/Getting Feedback	Kassandra Beuregard and Zaide Laughlin
1	Endocrine: Endocrinology Emergencies	Endocrine Emergencies	Moe Paquette PA-C
1	Social Work	Placement and Resources when Considering Admit	Hilary Kelly
1	SDOH	Moe and SDOH in Plattsburgh	Moe Paquette
0.5	Peer Support	Peer Support w/ Zaidee	Zaidee Laughlin

October Education Date

Hours	Content	Lecture Tittle	Presenter
7			
0.5	Peer Support	Peer Support w/ Zaidee	Zaidee Laughlin
1	Pharmacology: TBD	Pharmacy Topics TBD	Kyle Dewitt MD
1	GI: Massive Upper GI Bleed	Management of Massive Upper GI Bleed	Dan Sanchez PA-C
1	Pacers, AICDs, and Rythm	Pacers, AICDs, and Rythm	Ryan Mason MD
1	US: ALL THE STUFF	Finish up US Teaching	Nick Aunchman MD
0.5	US: TEE	TEE	Neil Krulowitz
1	IFT and Pre-Hospital	Crush Injuries	David Weiss RN
1	Critical Care: The Crashing Patient	Crashing Patient	Jack Bates PA-C

January Education Day 5

Hours	Content	Lecture Tittle	Presenter
9			
1	Radiology: Chest Imaging	Chest Imaging	Josh Marlow MD
1	RT: Cases	Clinical Cases	Pete Rocha
0.5	OBGYN: LAHO	Easy OB	Ash Weisman MD
0.5	OBGYN: HALO	Deliveries and OB Emergencies	Ash Weisman MD
1	Pediatric: Emergencies	Pediatric Emergencies	Nate MH MD
1	Pharmacology: TBD	Pharmacology TBD	Kyle Dewitt MD
1	Endocrine: Day to day	Day to Day Endocrine	Ashly Williams and Frankie
1	Gerontology: Elder Abuse	Geriatric Champion	Natalie Elder MD
1	Trauma: Trauma Basics	Traumatic Cases	Moe Paquette PA-C
1	Neurology: Weird Neuro	Weird Neuro Cases	Derek Bush PA-C

February Education Day 6

Hours	Content	Lecture Tittle	Presenter
9			
1	Surgery: Trauma	Trauma Cases MD	Kathryn Giroux MD
1	OB: OB in the ED	OB Case Discussions	Rebecca Parad MD
1	SAFE	SAFE Cases	Gail Bjelko RN
1	Pharmacology	Pharmacology TBD	Kyle Dewitt
1	Neurology: Dizziness	I am Dizzy	Matt Siket MD
0.5	Mentorship	Mentorship and Work Life Balence	Pete Croft MD (Maine)
1	TBD	TBD	Dan Stratz MD
1	Elder Care	Elder Abuse	Natalie Elder MD
1.5	Critical Care: Pulm and Echmo	Pulmonary and Echmo	Cameron Upchurch MD

1	Environmental Medicine	Hyperthermia	Samar Sethi MD or Wendall Bliss MD
1	Radiology: Abdominal Imaging	Abdominal Advanced Imaging	Josh Marlow MD
1	Pharmacology	Sedation of the Agitated Patient	Kyle Dewitt PharmD
1	Cardiac: Chest Pain	Chest Pain Presentations	Moe Paquette
2	Palliative Care: End of Life	The Good Death	Erica Lash MD
1	Interventional Radiology: Bill Staub	IR Introduction	Bill Staub MD
1	Journal Club Intro	Journal Club Introduction	Moe Paquette
1	Nephrology: Basics	Nephrology	Moe Paquette PA-C
1	Research and Critical Thinking	Journal Club Introduction	Moe Paquette
1	Preparedness: MCI	Hazmat	Molly Furin MD

February Professionalism Day 2

Hours	Content	Lecture Tittle	Presenter
44.75			
1	Interprofessional Approach	Interprofessional Team Approach	Erica Lash, Moe Paquette, RN
1	Ethics and Palliative	Ethics and Palliative and the approach to Difficult Con	Erica Lash
1	Provider Wellness	Provider Wellness while working in the ED	Laura McPeak
0.5	Mentorship	Mentorship Next Steps	NEED
0.5	Peer Support	Peer Support w/ Zaidee	Zaidee Laughlin
0.75	Communication and Feedback	Communication Discussion	Zaidee Laughlin and Kassandra
1	SDOH	Care of the Amish Patient	Mendy Martin
1	Care Model/Standards/State	Care Model, Standards of Practice, and State Requirem	Moe Paquette and Stephanie Drown

March Education Day 7

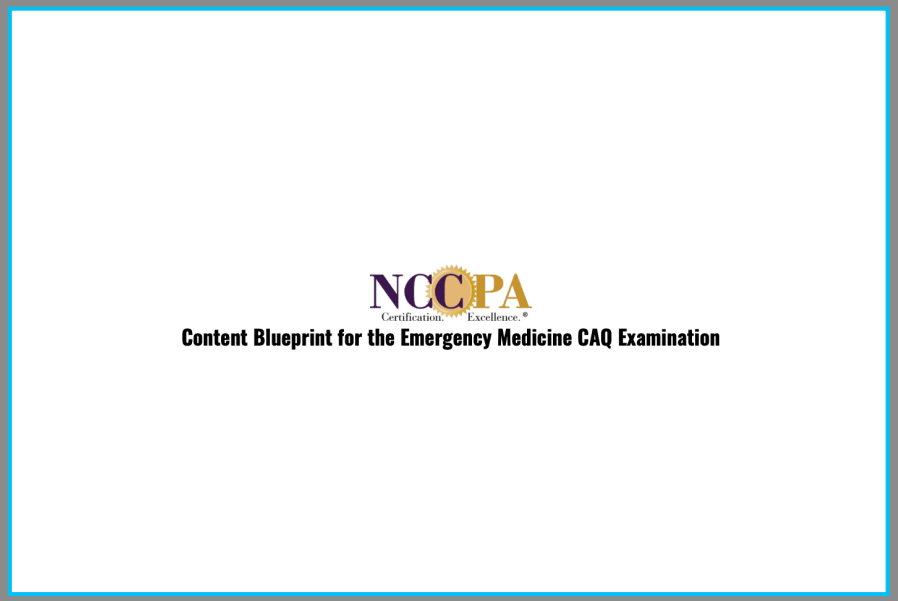
Hours	Content	Lecture Tittle	Presenter
9.5			
1	Oncology: Oncologic Emergencies	Oncologic Emergencies	Racheal Hite
1	Wilderness: Emergencies	Wilderness Emergencies	Moe Paqutte OR Sameer Sethi
1	Radiology: Head	Radiology Head Imaging	Josh Marlow
1	Respiratory Therapy: Cases	RT Cases	Pete Rocha
1	Urology	Urologic Emergencies	TBD
1	Critical Care: Procedures	Critical Care Procedures	TBD
1	Pharmacology: TBD	Pharmacology TBD	Kyle Dewitt Pharm D
1	Pediatrics: Critical Cases	Pediatric Critical Care Cases	Dave Nelson??
1.5	Gender Care: Transgender Care	Transgender Care	Jaylin Avilia?

April Education Day 8

Hours	Content	Lecture Tittle	Presenter
7.5			
1	Respiratory Therapy: Vent Settings 2	Ventilator Settings 2	Pete Rocha
1	Toxicology: Tox Cases	Toxicology Cases	Joe Kennedy
0.5	Peer Support	Peer Support w/ Zaidee	Zaidee Laughlin
1	Orthopedic: Emergencie	Orthopedic Emergencies	TBD
1	Critical Care: Cases	Critical Care Cases	TBD
1	Pain Management	TBD	Sergei Motov
1	Pain Management	TBD	Sergei Motov
1	PEdiatric Endocrine Emergency	DKA	Aunchman MD

May Education Day 9

Hours	Content	Lecture Tittle	Presenter
2			
1	Radiology: Cases	Radiology Cases	Josh Marlow
1	Pharmacology: Toxic Poisons	Toxic Pharmacology	Kyle Dewitt Pharm D



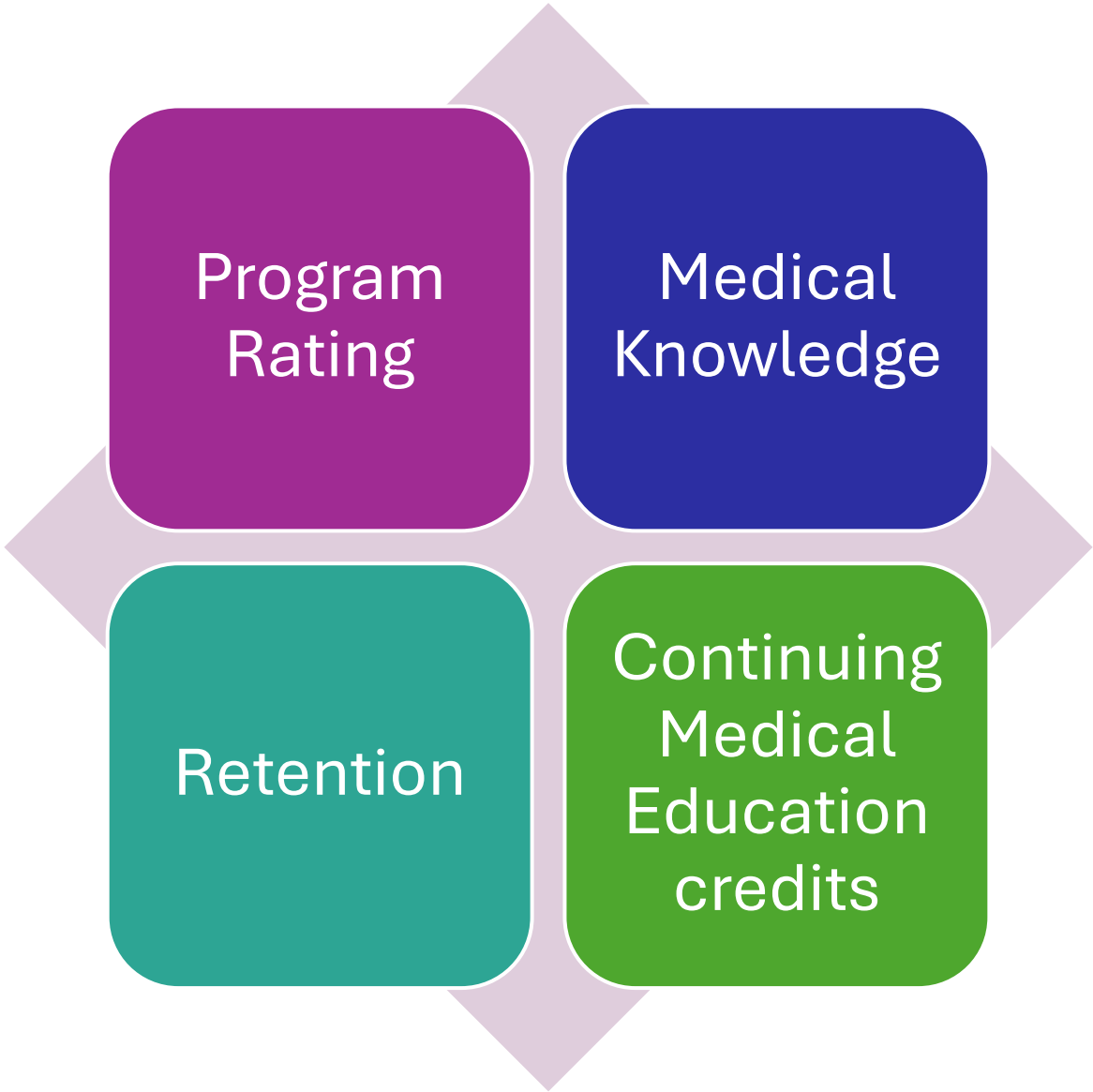
2023 ADVANCED PRACTICE PROVIDER FELLOWSHIP ACCREDITATION™ APPLICATION MANUAL

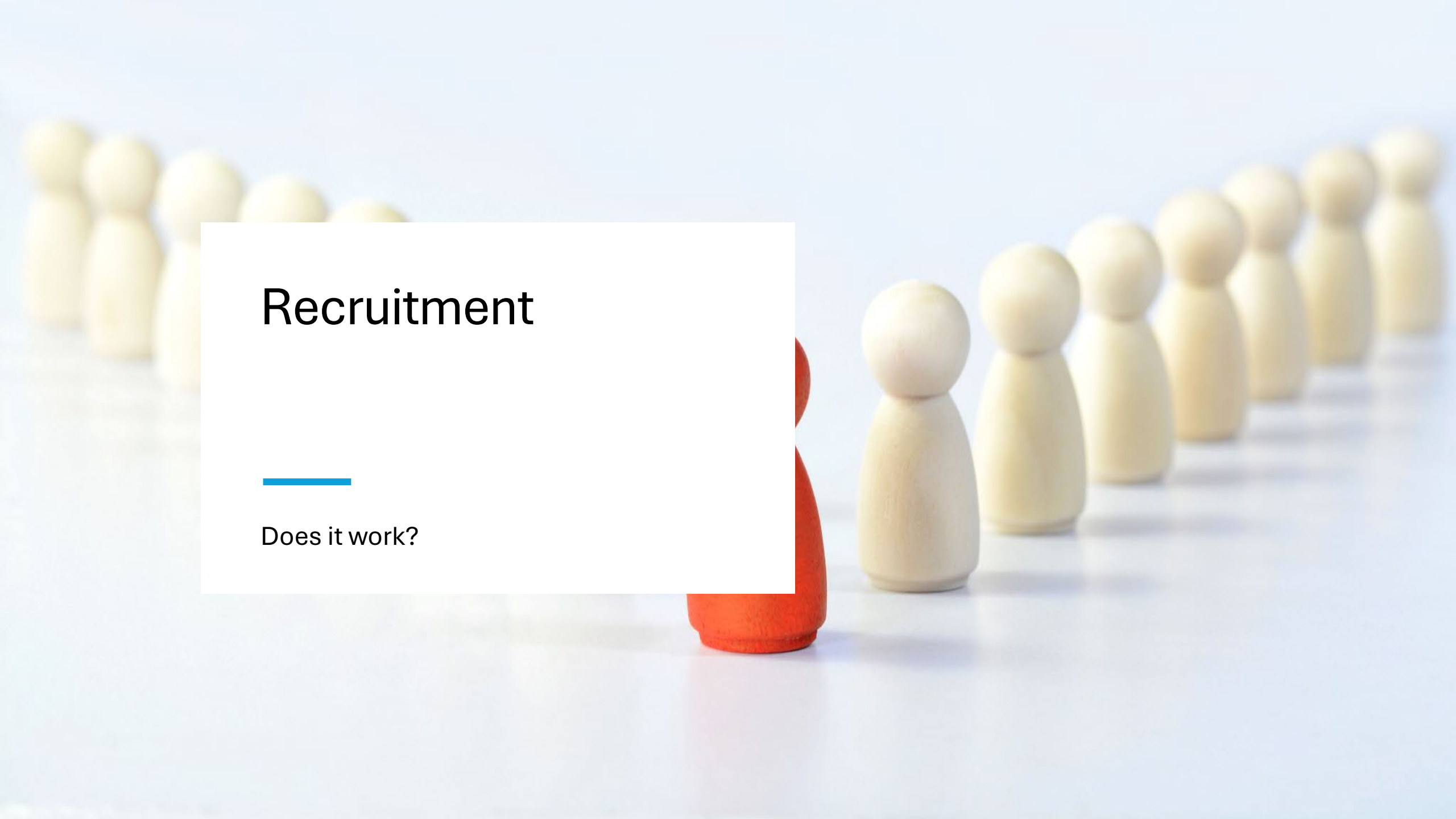
CBO

Cardiovascular					
Conditions considered should include but are not limited to: Abdominal Aortic Aneurysm, Acute Coronary Syndrome, Aortic Dissection, Dysrhythmia, Cardiac Arrest, Cardiac Tamponade, Cardiomyopathy, Endocarditis, Heart Failure, Hypertension, Hypotension, Myocarditis, Pericardial Effusion, Pericarditis, Valvular Disorders, Varicose Veins, VTE					
	Perform an appropriate history and physical exam based on the chief complaint and medical history				
	Incorporate history and physical exam findings to create an appropriate differential diagnosis				
	Based on the differential diagnosis created, order appropriate diagnostic testing				
	Interpret labs and imaging with clinical picture to accurately diagnosis, treat, and disposition based on the clinical visit				
	Interpret CXR				
	Interpret CT Chest Imaging				
	Interpret EKGs				
	Perform Echocardiography				
	Perform Cardioversion and Defibrillation				
	Understand and assist in Cardiac Pacing				
	Interpret Telemetry				

How do we judge “success”

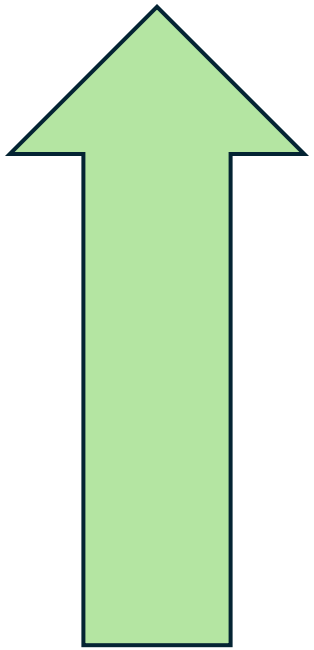
SMART Goals


Program Rating
Medical Knowledge
Retention
Continuing Medical Education credits



Recruitment

Does it work?



1 : 8

Conclusions

1

Post Graduate APP Training Programs can improve not only retention and recruitment, but new provider readiness and patient care

2

Community Hospitals can successfully create, implement, and grow these programs

3

In areas of limited medical provider pool, they can be used to entice new providers to the area OR train homegrown medical professionals

Cultivating the Rural Healthcare Workforce: Longitudinal Outcomes of a Decade Long Preparation Initiative

Dr. Nicole Rouhana, FNP-C, CNM, PhD

Nannette Cowen, PhD, FNP-BC

BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Learning Outcomes

01

Identify Key Factors

Identify two top factors that statistically influence long-term employment retention and independent practice initiation among rural registered nurses

02

Explore Strategies

Identify and describe at least three creative recruitment or pedagogical strategies to prepare rural nursing workforce.

03

Design Framework

Design a framework of rural workforce preparation that addresses the needs of rural populations.

Introduction

The Rural Challenge

Rural communities face persistent and critical gaps in healthcare access, creating urgent needs for qualified providers.

The Role of Nurse Practitioners

NPs significantly increase healthcare access through:

Independent Clinical Care

Performing independent assessment, diagnosis, and management of acute and chronic conditions.

Practice Autonomy

Utilizing expanded practice autonomy to deliver direct, high-quality treatment to patients.

Primary Care Health Professional Shortage Area (HPSA)

2024	2025	Mid 2026
75 Million People in HPSAs	92 Million People in HPSAs	108.5 Million People in HPSAs
7,718 Designated HPSAs	8,466 Designated HPSAs	9,003 Designated HPSAs
66.5% Located in rural areas	72.0% Located in rural areas	63-66% Located in rural areas

Advanced Nursing Education Workforce Program (ANEW)

Grant Initiative

Federal grant initiative funded by the U.S. Department of Health and Human Services (HRSA).

Program Purpose

Train and graduate advanced practice registered nurses (APRNs) to deliver primary care, mental health, substance use, and maternal care.

Key Focus

Expanding healthcare access in rural and medically underserved communities.

38

Recruitment Strategies

Methods to recruit:

- Targeted outreach with nursing associations, regional healthcare networks.
- Identify students who currently live in a rural area and/or working in rural clinics, local health departments or underserved areas.
- Discuss financial incentives
- Webinars
- Flyers

39

Framework of Rural Workforce Preparation

Coursework:

- Interprofessional Education
- Rural Clinical Placement
- Addiction Care and Management for Rural & Vulnerable

HRSA ANEW Activities:

- Monthly meetings with speakers
- TRUST

40

Longitudinal Outcomes

Study design, recruitment, data collection, and geographic analysis framework

PHASE 01
Design & Recruitment

Design: A cross-sectional survey conducted among 102 HRSA-funded ANEW program alumni.

Recruitment: Contacted through email, phone outreach, and social media to establish baseline.

PHASE 02
Data & Metrics

Analysis: Descriptive statistics and geographic mapping characterized workforce distribution.

Metrics: Practice location, specialty, employment status, and rural/underserved community involvement.

PHASE 03
Geographic Analysis

Practice locations were analyzed using:

- Rural-Urban Continuum Codes (RUCC)
- Rural Urban Commuting Area Codes (RUCA)
- Primary Care HPSA Designations
- Medically Underserved Area Population

HRSA ANEW Alumni Practice Locations

Geographic distribution of program alumni practicing across New York State counties

OVERVIEW

Geographic Focus

N = 84 Alumni Locations

Represented across New York State counties

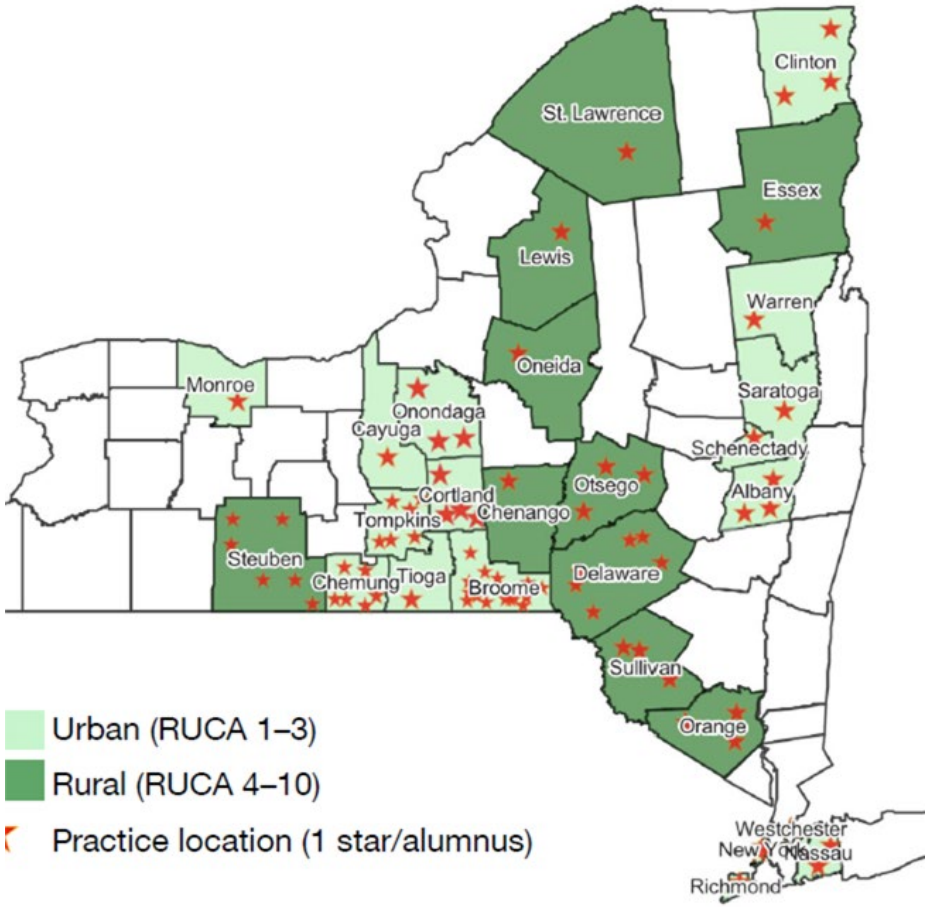
Classification Framework

Locations are classified using

Rural Urban Commuting Area (RUCA) criteria.

Key Objectives

- Track Distribution of ANEW program graduates across urban and rural counties.
- Evaluate workforce placement in high-need and medically underserved areas.
- Measure long-term outcomes of rural health training initiatives.



ANEW Alumni Practicing in Rural NY

Distribution of program alumni practicing across rural New York counties

OVERVIEW

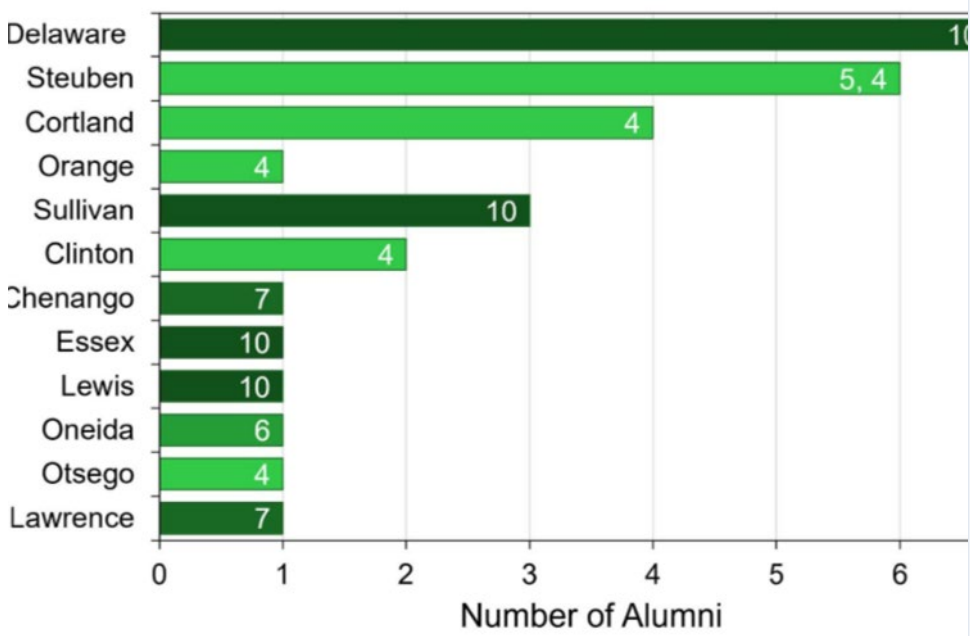
Geographic Focus

ProgramOverview

Distribution of ANEW program alumni practicing across rural New York counties.

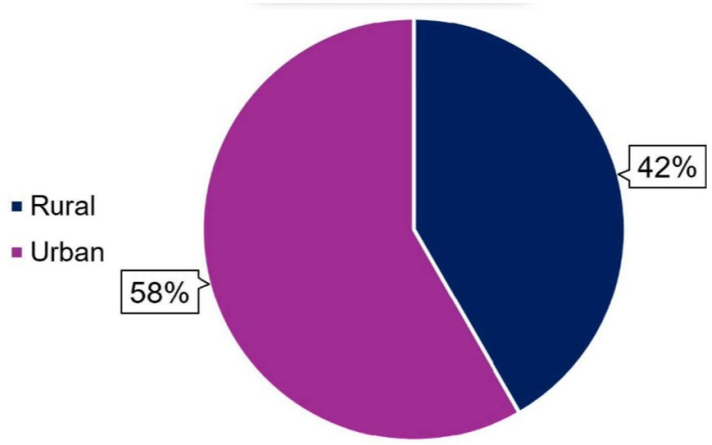
Classification Framework

Classifications are determined by HRSA utilizing **Rural-Urban Commuting Area (RUCA)** criteria.

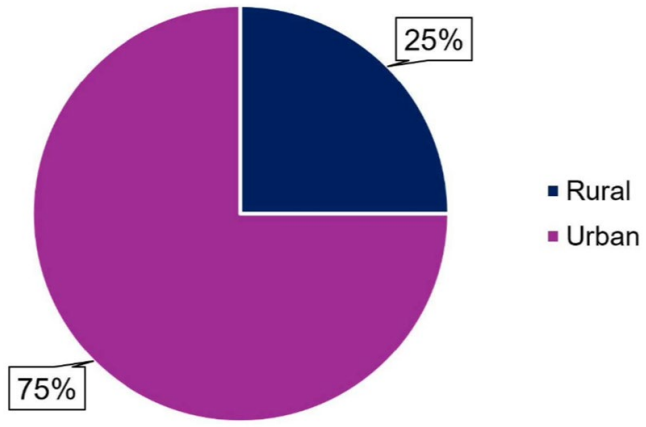


Proportion of Alumni Practice Settings by Rurality

A. Alumni Responders (N=84)



B. Alumni Non-Responders (N=16)



Note: Practice setting classifications are based on Rural Urban Commuting Area (RUCA) criteria.

Factors which Influence Employment Retention

Employment retention for rural primary care providers is influenced by multiple factors:

- Community and Social Factors
  - Sense of belonging
  - Family and spousal satisfaction
  - Rural background
- Professional and Practice Environment
  - Workplace support
  - Professional autonomy and development
  - Burnout mitigation
- Financial and Incentive Structures
  - Competitive compensation
  - Incentives

Alumni Practice Setting by Home Rurality

Practice Setting	Rural Home Community	Urban Home Community
Rural Practice (n=35)	**74%** (26)	26% (9)
Urban Practice (n=49)	27% (13)	**73%** (36)

Point of Interest

Early exposure to a rural health care system in young adults has been shown to increase interests in rural health careers.

For example:

- AHEC internships in middle school and high school.
- Offering shadowing opportunities by rural health care providers.
- Healthcare organizations offering volunteer experiences.

Factors which Influence Independent Practice

Determinants of Independent Practice:

- Workplace shortages

- Individual professional factors
  - Education
  - Mission-driven motivation to help the community

- Regulatory and State Policy Factors
  - Scope of practice
  - Prescriptive authority
  - Federal & Institutional Rules

Conclusion

- HRSA ANEW program alumni demonstrated a broad healthcare workforce presence, with a 42% of alumni practicing in rural communities.

- Alumni practicing in rural communities showed strong engagement with underserved areas, with 83% working in Primary Care HPSAs.

- This research not only highlights the long-term value of HRSA funded education initiatives, but also provides insight into how NP training supports rural community practice.

- ANEW programs with career preparation for the challenges of rural healthcare may result in longer increased career satisfaction.

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