

Thank you for your interest in the Request for Proposals (RFP) for the creation of team-based teaching sites in rural North Carolina.

Quick links

- RFP: <https://public.3.basecamp.com/p/APg7qLhPmdkKQnvtJ5Nn8idy>
- Informational Webinar Slides: <https://public.3.basecamp.com/p/euxyWULqmKyp6WUkgFZReijg>
- Informational Webinar Recording: <https://vimeo.com/manage/videos/900420287/66433291cf>
- Partner Interest Form: https://unc.az1.qualtrics.com/jfe/form/SV_9RkkR6YG0XQx8yy
- Proposal submission link:
<https://app.smartsheet.com/b/form/def7001a063e4eabb79e5a43290f8bcf>

Frequently Asked Questions

Who is the target audience?

Community based primary care medical practices or groups of practices (Family Medicine, General Internal Medicine, General Pediatrics) in rural NC are eligible to apply in partnership with NC institutions that train medical students and nurse practitioner and/or physician assistant students.

The clinical site (practice partner) is the primary applicant.

The academic partners for medical students and nurse practitioner students and/or physician assistant students must be in NC. Medical students in both MD and DO programs are eligible.

We encourage but do not require the incorporation of additional interprofessional learners in addition to medical students and nurse practitioner students and/or physician assistant students. Additional learners may include medical residents. Examples of other professional students include pharmacy, physical therapy, social work, speech and language pathology, exercise physiology, radiology technicians, etc.

How do we find an academic or practice partner?

If you would like us to share your information with others looking for partners, please complete the partner interest form (linked above) before midnight on Tuesday, January 16. We will send a list of partners who want to share contact information on Wednesday, January 17.

What is the definition of rural?

The practice site must be in a rural NC county. Counties are defined as rural by the Rural Center as counties with an average population density of 250 people per square mile or less:

<https://www.ncruralcenter.org/about-us/>

What is the definition of Interprofessional Education (IPE)?

According to the World Health Organization, IPE occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes.

Three great IPE resources:

- <https://nexusipe.org/> (specifically: <https://nexusipe.org/informing/about-ipe>)
- https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf
- <https://www.caipe.org/>

*Practice partners will need to work with their academic partners to ascertain accreditation requirements as it relates to the required clinical objectives of each participating profession.

*Practice partners will need to work with their academic partners to ascertain accreditation and other governing requirements as it relates to the preceptor requirements of each participating profession.

What is an example of interprofessional education and practice?

Students should come together intentionally in team huddles, quality improvement projects, and case studies, as examples.

We are placing a high value on interprofessional practice as a place where interprofessional education can take place, but we also know that some particularly smaller practices or rural practices may not have well-developed interprofessional practice. Our goal in the grant process is to identify sites that either do have interprofessional practice or are interested in developing interprofessional practice where those professionals work with each other, not just next to each other.

What is meant by “practice site”?

Community based primary care medical practices or groups of practices (Family Medicine, General Internal Medicine, General Pediatrics) in rural NC are eligible practice sites. The emphasis is on outpatient primary care training in rural NC.

Who needs to precept the students?

The preceptors’ professions need to align with the requirements of the academic partner for the students’ curriculum. Please work with your academic partner to determine what staff is eligible to precept each interprofessional student, for preceptor development planning, and for interprofessional curriculum development.

How much time is required for students to be in the clinical learning site?

We are looking for an immersion experience for students in an interprofessional clinical learning setting, and the length of the immersion will depend on each type of students’ curriculum requirements. At a minimum, sites need to accommodate two students (medical student and nurse practitioner and/or

physician assistant student) at the same time. In your proposal, be clear on what the students' intended schedules will be (days per week, hours per day), for what length of time (how many weeks/months), and where there will be interprofessional overlap.

What reporting is expected from awardees?

We anticipate quarterly reports and/or progress updates, regular site visits and annual reporting as required by the General Assembly.

The General Assembly requires annual reporting on the financial impact of training students on the site(s) and the impact of the site(s) on the learning and success of students and on the health and well-being of the sites' service areas.

We anticipate quarterly progress updates to include:

- Timeline updates
- Budget progress report and/ or request for revision
- Student participation and demographics
- Preceptor participation and demographics
- Other metrics as related to the proposal's goals (to be determined in collaboration with awardees)

Some additional annual reporting measures include:

- Students' contribution to clinical care
- Staff and preceptor experience teaching students including extra time spent at work, change in preceptor and staff satisfaction.
- Student ratings of learning and learning environment in the practice(s)
- Other interprofessional education and practice measures (to be determined in collaboration with awardees)

How will the strength of partnerships be viewed?

The American Association of Colleges of Nursing have excellent resources that can be used interprofessionally for developing and sustaining academic-practice partnerships, including guiding principles, toolkits, and exemplars:

<https://www.aacnnursing.org/our-initiatives/education-practice/academic-practice-partnerships>

How will NC AHEC decide who receives funding?

NC AHEC Program is developing a standardized rubric that an interprofessional committee will use to score each proposal. We are intentional about using a system that does not unfairly advantage applicants with more resources.

Budget Questions

- What is the funding cycle?

Please see the RFP for budget details. The fiscal year (FY) runs from July 1 to June 30. The first \$150,000 available to each awardee may be used to address start-up and other costs incurred from the award date through the end of the fiscal year (June 30, 2024). We hope to release funds on April 15, 2024. An additional \$150,000 is available in FY25 (July 1, 2024, through June 30, 2025) for each awardee. You do not have to spend \$150,000 in the first fiscal year. Budgets need to be justifiable, reasonable, realistic, and feasible.

- Will the funding be renewed after two years?
The funding is recurring so we expect it to remain in state appropriations. Our goal is for these partnerships to turn into long-term, sustainable interprofessional clinical learning sites. Sites that are awarded funding are only committing to the remainder of FY24 and FY25 now. We will use what we learn from the first awardees to determine the best next steps including whether to allow funded sites to re-apply after the FY25 funding cycle and/or if we will offer the opportunity to new sites.
- Can the funding be used for student housing?
Yes. Students can use AHEC housing, but it is subject to availability in the region. If no AHEC housing is available, the funding can be used for non-AHEC housing. Please contact [Elyssa Tucker@ncahec.net](mailto:Elyssa.Tucker@ncahec.net) if you need more information on AHEC housing.
- Can the funding be used for direct payment to patients?
No. This funding is to pay the direct costs of teaching.
- Can the funding be used for mileage?
Yes, but keep in mind that we are also looking for the level of student immersion and engagement in the community.
- Are indirect administration costs allowed in the budget?
Yes, you can include overhead costs that are associated with your practice participating in this activity.
- Can funding be used to pay preceptors?
Yes.

Who can I contact for more information?

Jill Forcina: [Jill Forcina@ncahec.net](mailto:Jill.Forcina@ncahec.net) and Adam Zolotor: [Adam Zolotor@med.unc.edu](mailto:Adam.Zolotor@med.unc.edu)

Accessed from: <https://www.ncleg.gov/Sessions/2023/Bills/House/PDF/H259v7.pdf> (Pages 160-161)

NC AHEC TO ESTABLISH TEAM-BASED CARE CLINICAL TEACHING HUBS AND STUDY IMPEDIMENTS TO THE AVAILABILITY OF COMMUNITY-BASED PRECEPTORS

SECTION 8.4.(a) Of the nonrecurring funds appropriated in this act from the ARPA Temporary Savings Fund in the 2023-2024 fiscal year and the recurring funds appropriated in this act from the General Fund in the 2024-2025 fiscal year to the Board of Governors of The University of North Carolina to be allocated to the University of North Carolina at Chapel Hill for the North Carolina Area Health Education Centers Program (NC AHEC) to create team-based teaching sites, NC AHEC shall contract with up to five rural community-based medical teaching practices for at least one hundred fifty thousand dollars (\$150,000) per teaching practice per year to establish and maintain up to five outpatient, clinical, team-based healthcare teaching sites across the rural areas of the State. At least one site shall be located in each of the three regions of the State. For purposes of this subsection, the regions of the State are the Western region, the Piedmont region, and the Eastern region. The teaching sites shall serve as team-based locations for medical students to learn alongside nurse practitioners or physician assistants in rural clinical primary care rotations. Community-based medical teaching practices receiving funds pursuant to this subsection shall contract with clinical preceptors to provide instruction, including significant time devoted to clinical instruction, to medical students and student nurse practitioners or student physician assistants. In establishing and maintaining these teaching sites, NC AHEC shall provide technical assistance to the teaching sites and consult, as appropriate, with schools within institutions of higher education that provide instruction for medical students, nurse practitioner students, and physician assistant students. No later than March 15 of each year funds are provided under this subsection, NC AHEC shall study the impact of the teaching sites and report at least the following information to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services:

- (1) The identity of the community-based medical teaching practices receiving funds.
- (2) An analysis of the financial impact of providing these services on a community-based medical teaching practice.
- (3) The impact of the teaching sites on (i) the learning and success of students and (ii) the health and well-being of the respective service areas for each site.