



Berkshire  
Health Systems

# APP Primary Care Residency Handbook

2026



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# Introduction

Welcome to the APP Primary Care Residency at Berkshire Health Systems (BHS). You are joining a dynamic, regional healthcare system committed to advancing health and wellness for everyone in our community. As a primary care resident, you will gain immersive clinical experience, mentorship, and professional development in alignment with BHS's commitment to high quality, inclusive, patient-centered care.

## **BHS Mission, Vision, & Values**

### Mission:

We will advance health and wellness for everyone in our community in a welcoming, inclusive, and personalized environment.

### Vision:

We will be the region's trusted healthcare partner and community advocate for improving overall quality of life.

### Values (BHS CAREs):

- **Compassion** – We treat each other with kindness, as if each patient and colleague were a member of our own family.
- **Accountability** – We set goals, expect results, and lead by example.
- **Respect** – We understand and honor our differences.
- **Excellence** – We continually strive to achieve the highest standards for quality of care and patient experience.

As an APP Primary Care resident, you are expected to model these values in your clinical practice, interactions with patients and colleagues, and your professional growth.

## **Benefits & Wellness Resources**

As BHS employees, residents are eligible for benefits including health, dental, and vision coverage, retirement plans, paid time off, and participation in wellness initiatives. Additionally, residents have access to the Employee Assistance Program (EAP).



# Program Overview

The APP Primary Care Residency Program at BHS is designed to transition newly graduated APP clinicians from academic preparation to autonomous practice. The 12-month program includes rotations in primary care and specialty settings. Residents will participate in mentorship, didactic sessions, an optional quality improvement project aligned with the BHS mission of advancing community health, and a presentation.

## Eligibility:

- Graduation from an accredited PA or FNP program (MSN, DNP, or PA) within the last 18 months.
- Active state NP license (or eligibility).
- Demonstrated interest in practice setting consistent with BHS mission.
- Commitment to the full year of residency, with required rotations, education sessions, and program requirements.

## Key Features:

- Rotations across inpatient, outpatient, specialty clinics, and transitional-care settings.
- Dedicated preceptor for each rotation.
- Weekly didactic sessions (clinical, professional, leadership topics).
- Quarterly competency assessments & milestone tracking.
- Focus on health equity, wellness, team-based care, and community-oriented practice.

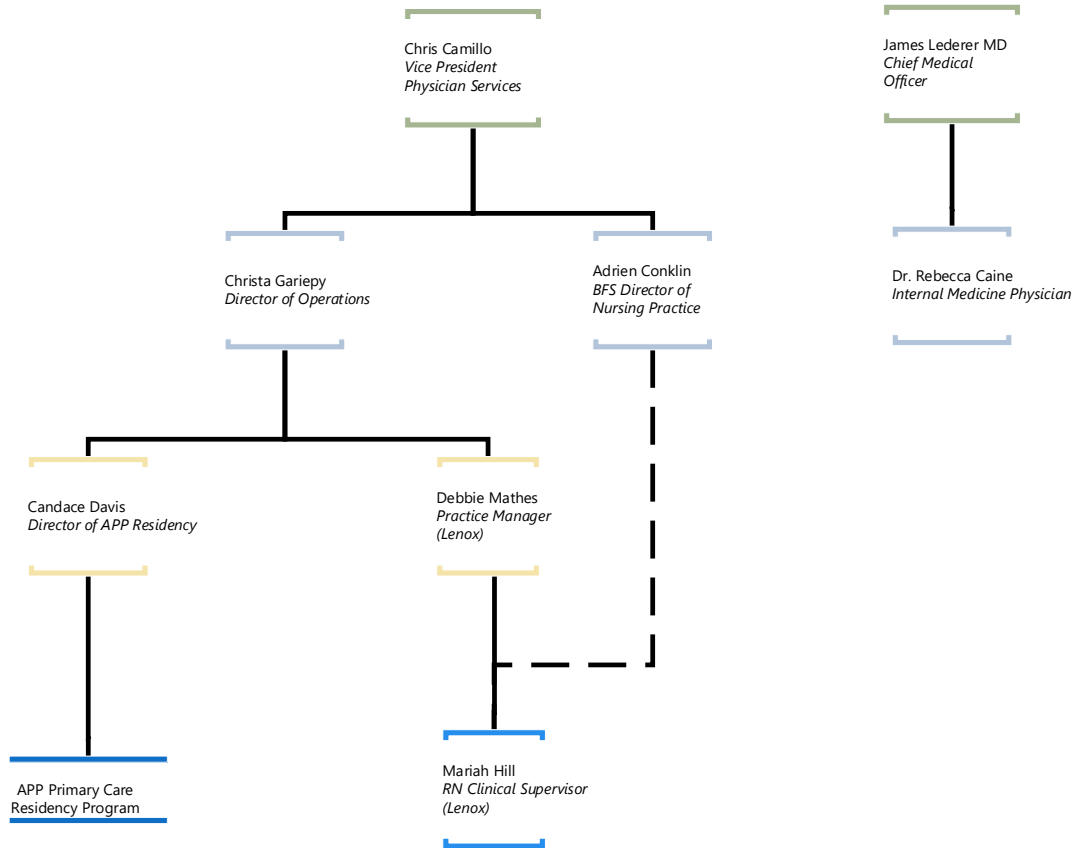
## Program Goals:

- Develop APP residents who practice safe, high quality, evidence based care in alignment with BHS standards.
- Foster leadership, interprofessional collaboration, and community engagement consistent with the BHS mission.
- Promote a culture of lifelong learning and reflective practices to support the ongoing professional development, adaptability to changing healthcare trends, and commitment to delivering excellence in patient care while building resilience and creating a positive transitional experience from academia to practice as valued BHS providers.



# Organizational Structure & Governance

The program is led by the APP Primary Care Residency Program Director and supported by preceptors and BHS leadership. Residents report to both their preceptors and the Program Director, following BHS employment and clinical supervision policies.



# Residency Curriculum & Rotations

Residents rotate through outpatient and specialty settings across BHS. Each block includes objectives, mentorship, and evaluation milestones. Weekly didactic sessions address clinical knowledge, professionalism, leadership, and wellness.

## Continuity Clinic

Each resident is assigned a **continuity clinic** in a BHS primary care site for the duration of the program. This continuity experience allows residents to follow their own patient panel longitudinally, fostering continuity of care, clinical growth, and relationship-based practice.

## Weekly Rotations

In addition to their continuity clinic, residents participate in **one day per week of rotation** in a specialty or subspecialty area (e.g., cardiology, women's health, behavioral health, urgent care). This model ensures steady exposure to core primary care while diversifying clinical experience, broadening professional skills, and creating professional networks.

## Didactic Curriculum:

Weekly seminars covering topics such as:

- Advanced physical assessment and diagnostics
- Management of chronic disease (hypertension, heart failure, diabetes)
- Women's health issues in primary care
- Behavioral health integration
- Health equity & social determinants of health
- Professional development (leadership, billing/coding, quality improvement)
- Wellness, self-care for clinicians

## Milestone Tracking:

Residents will complete a competency checklist each rotation, aligned with program objectives, including:

- Clinical reasoning & decision-making
- Diagnostic testing & interpretation
- Treatment planning & execution
- Interdisciplinary coordination
- Patient education & counseling
- Documentation & billing accuracy



# Expectations & Standards of Conduct

## **Professional Practice:**

Residents must deliver patient-centered care consistent with BHS values: compassion, respect, excellence, accountability. They must maintain professionalism in all interactions, model ethical behavior, and engage in continuous learning.

## **Patient Safety & Quality:**

Report adverse events, near misses or safety concerns per BHS policy. Participate in quality improvement initiatives and reflect on performance data.

## **Documentation & EMR Usage:**

Use BHS electronic health record (EHR) per institutional policy. Documentation must be timely, accurate, clear, and reflective of APP resident level of practice. Follow billing/coding guidance as applicable and appropriate supervision guidelines.

## **Interprofessional Collaboration:**

Work in partnership with physicians, pharmacists, nurses, social workers, and other team members. Respect scopes of practice, promote open communication, and engage in shared decision-making.

## **Patient Rights & Diversity:**

Provide equitable care to all patients, regardless of background, ability to pay, or personal characteristics. BHS's mission emphasizes welcoming, inclusive care. Uphold confidentiality, dignity, and respect.

## **Conduct & Accountability:**

Residents must adhere to the BHS Community Code of Conduct. Failure to meet professional and performance standards may result in remediation or termination from the program.

## **Professional Expectations:**

Residents are expected to demonstrate professionalism, accountability, respect, and excellence in all interactions. They must adhere to the BHS Community Code of Conduct, confidentiality policies, and patient-centered care principles.



# Onboarding & Employment Policies

## **Employment Status:**

APP Primary Care residents are employed by BHS with appropriate benefits and responsibilities. They must comply with BHS standard employment policies and procedures.

## **Orientation:**

- System-wide orientation (HR, compliance, EHR, safety, BHS culture)
- Department/clinic orientation
- Residency-specific orientation (program schedule, mentorship expectations, rotation overview)

## **Licensure & Credentialing:**

Residents must maintain active PA/FNP licensure, DEA registration, MA Controlled Substances Registration, credentialing and privileging in line with BHS policies.

## **Work Hours & Schedule:**

Work hours will follow department/rotation guidelines, typically 40 hours per week plus on-call/coverage as defined. Residency schedule will be provided in advance.

## **Professional Appearance & Identification:**

Residents must follow BHS dress code, wear name badge, and adhere to professional appearance standards. Your appearance has a significant impact on how others view you personally, gauge your professional competence, and judge the residency.

## **Policies & Notices:**

Residents are subject to all BHS standard policies, including:

- BHS Community Code of Conduct
- Patient Care & Privacy (HIPAA)
- Non-discrimination & DEI policies



# Time Off & Callout Requests

## Time-Off Requests

To request time off the following actions must be completed:

- Contact your practice manager and Program Director
- Time off requests will be approved by Program Director only after the Practice Manager has responded to your email correspondence.
- Once these items have been completed, you will receive notification of approval and coverage for the time off request.
- Upon approval, enter calendar request for EP intoTA-SS

## Callouts

If resident calls out:

- Resident must notify the Program Director and the Practice Manager.
- Upon return to office, enter calendar request for EU intoTA-SS.
- If the resident is calling out due to illness, BHS policy related to Return to Work must be followed.
- If the resident is calling out while on rotations, it is incumbent upon them to communicate with the clinical site and their preceptor, as well as the Program Director.



# Supervision, Mentoring, & Preceptorship

## **Preceptor Assignment**

Each resident will be paired with a dedicated preceptor for each rotation. Preceptors will meet at least weekly for direct observation, case review, and feedback.

## **Mentorship Program**

Residents will have access to Program Director and senior APP mentors for career guidance, professional development, and wellness/support resources.

## **Evaluation & Feedback**

Weekly check-ins with Program Director

Quarterly formal evaluation using competency checklist

Resident self-reflection and goal setting for next quarter

## **Faculty Development**

Preceptors and mentors are expected to engage in training on adult learning, feedback delivery, culture of coaching, and the BHS values mission.



# Academic Counseling

The BHS APP Primary Care Residency program leadership believes strongly in the partnership for learning approach between faculty/Director and residents. Feedback to the residents on their performance, their accomplishments, and the areas of needed study is an important part of that partnership.

You will meet with the Director weekly throughout your year of training, and they are committed to making your experience here the most productive possible.

Your Program Director will also be your advocate and someone to turn to if you are encountering problems during your time with us.

## **Goals of academic counseling are:**

- To improve communication between residents and Program Director.
- To allow residents an opportunity to voice concerns about their own educational needs and about residency teaching.
- To provide feedback to residents on their progress and performance/
- To provide a regular format to discuss problems and develop plans to correct these.

## **Process:**

Each resident will meet with the Program Director weekly during the year. Meetings will be scheduled in advance at a mutually acceptable time and should last about a half hour, which can include the following:

- Review of preceptors' evaluation of resident including core competencies
- Discussion goals and plans after residency
- Discuss rotation planning and opportunities
- Review family practice clinic data including individual and clinic productivity, medical records chart audit, including plan of study for identified areas of deficiency.
- Discussion of academic problems residents may be encountering.
- Summarize areas of needed improvement.
- Provide an overall performance evaluation of satisfactory, unsatisfactory, or marginal.



# Performance Evaluation & Feedback

## **Evaluation Framework:**

Residents will be assessed across domains such as clinical competence, professionalism, patient care, systems-based practice, interprofessional collaboration, and scholarly activity.

## **Milestones & Progression:**

Progress will be documented quarterly and as necessary. Remediation plans will be developed if performance is below expectations

## **Final Evaluation:**

At program completion, a summative evaluation will be conducted. Successful graduates will receive a graduation certificate and support toward permanent employment.

## **Documentation:**

All evaluations and feedback will be documented in the resident's portfolio.

## **Evaluations:**

Evaluation and feedback are essential to knowing if residents are meeting intended goals. In the BHS APP Primary Care Residency program, this is true for resident performance, didactic instructor performance, curriculum composition, rotation performance, conference quality, and significantly, graduate assessment of the effectiveness of their training.

Evaluations may be formative, where feedback is given at the time of performance and helps to correct, or confirm, the appropriateness and effectiveness of the performance (e.g. "You did that procedure just right. Your performance could be improved by..."). Evaluation may also be summative, which occurs following input of all evaluation information and results essentially in a grade, or score.

1. Resident Evaluations: Director Evaluation of the Resident will occur quarterly and final evaluation which will occur prior to graduation. On each rotation, the Residency Director will complete the milestone-based evaluation.
2. Peer Evaluations - Residents will evaluate each other via charting evaluations.
3. Presentations are evaluated by faculty in addition to a general audience evaluation.
4. Rotation Evaluations: Rotation strengths, weaknesses and opportunities for improvement are incorporated into the resident evaluations.



5. This collated data is available for review during the Annual Program Evaluation in the spring. Based on these evaluations, program modifications are made for the upcoming cohort.
6. Reflective Journaling

*Evaluations are a professional responsibility of the resident and a requirement of the residency. Failure to turn them in completed and in a timely (within one week) fashion will result in a record of communication and withholding of the residency graduation credential.*

Informal and formal discussions Informal discussions with the Program Director, faculty advisors, faculty and peers are valuable ways to improve the partnership of teachers and learners, and to improve the quality of care we deliver to our patients.

Residents have the opportunity to provide feedback at regularly scheduled resident/ Director meetings (“Conference with Candace”), residency check-ins.

## **REFLECTIVE JOURNALS**

The APP Primary Care Residency calls for the residents to submit a weekly reflective journal. The journals serve many purposes from a curriculum perspective. They are only read and responded to by the Program Director. Journaling is specifically designed to support Residents in their personal and professional growth. Journaling and reflection are powerful tools that can enhance self-awareness, promote self-discovery, and facilitate learning from experiences. Explore the numerous benefits of journaling and reflection in the context of your residency. This practice can enhance self-awareness, improve critical thinking skills, and support emotional well-being.

- Through the journaling, residents can share their reflections on their experience of the past week with patients, co-workers, and the program, and to do a self-assessment of their own sense of progress in the context of real-time bi-directional communication with program staff.
- The journals are also a key component of evaluation of residents and of the program.
- The journals are submitted electronically to the evaluation platform.
- Residents are required to maintain confidentiality and anonymity of patients and colleagues at all times.
- For guidance, we suggest that you write about a difficult patient encounter, a professional challenge the resident experienced, observations and experiences with the healthcare system, your experience with the residency, and so on.
- Also, residents are encouraged to share their thoughts on all aspects of the residency experience, **although we ask that logistical and time-**



**sensitive issues be raised with program staff via email, telephone or in person so they may be resolved in a timely manner.**

- The weekly journaling also helps the program staff to stay abreast of how things are going in the residency.
- According to the literature, residents' journal entries have provided scholarly confirmation of their successful transition experience from new graduate to self-confident and skilled primary care provider as a result of their experience in a residency.
- Reflecting on Clinical Experiences
  - Patient Encounters: Explore techniques for reflecting on patient encounters and clinical experiences. Learn how to analyze and evaluate your interactions, clinical decisions, and the impact of your care on patients' outcomes.
  - Discover strategies for reflecting on challenging cases or situations. Learn how to identify areas for improvement, explore alternative approaches, and develop resilience in the face of professional challenges.
  - Collaborative Practice: Reflect on your experiences working within interprofessional teams. Explore the dynamics of teamwork, effective communication, and your role as an APP in the collaborative care model.
  - Self-Assessment: Engage in self-assessment exercises to identify your strengths, areas for growth, and professional goals. Reflect on your progress and create action plans to enhance your knowledge, skills, and competencies.
  - Explore ethical dilemmas encountered during your residency and reflect on the decision-making process. Consider the ethical principles involved, potential consequences, and strategies for resolving ethical conflicts.
  - Emotional Well-Being: Use journaling as a tool for processing and managing emotions related to your residency experiences. Reflect on the emotional impact of patient care, challenging situations, and self-care practices to promote emotional well-being.
  - Integrating Theory and Practice: Reflect on the application of theoretical knowledge in your clinical practice. Explore how your residency experiences have shaped your understanding of nursing theory and its practical implications.
  - Professional Identity Development: Reflect on your evolving professional identity as a clinician. Consider the values, beliefs, and attributes that define your role and shape your approach to patient care.



- Reflect on feedback received from preceptors, colleagues, and patients. Explore ways to integrate feedback into your practice, embrace a growth mindset, and continually improve your skills as a clinician
- Remember, journaling and reflection are personal practices, and **there is no right or wrong way to approach them**. Use this handbook as a guide, adapting the techniques and prompts to fit your own style and preferences.
- By incorporating journaling and reflection into your weekly routine, you'll deepen your self-awareness, enhance your learning, and foster personal and professional growth throughout your residency and beyond.



# Due Process Procedure

A number of administrative actions may affect the continued participation of a resident. These include but are not limited to: periodic evaluations; letters of counseling/Record of Communication, warning, admonition, reprimand, and censure; probation; reduction of privileges; suspension from the residency program, which may include suspension of clinical privileges for medical record delinquency, or for other reasons; and dismissal.

Grounds for disciplinary action include, but are not limited to, the following:

- Failure to rectify deficiencies of which the resident has been notified in one or more letters of warning, censure, probation, or suspension.
- Incompetence or conduct adversely affecting quality of patient care.
- Unethical or illegal conduct.
- Violation of standards of the residency program, or of the Bylaws or the Rules and Regulations of the Medical Staff of BHS.

**Medical Record Delinquency:** Suspensions of clinical privileges, which arise from medical record delinquencies under the provisions of the bylaws of the Medical Staff of BHS, shall automatically result in a suspension of participation in the residency program, without right of hearing or appeal. Participation shall be reinstated upon reinstatement of clinical privileges pursuant to the bylaws of the Medical Staff of BHS. Continued medical record delinquency may be cause for other disciplinary action.

**Letters:** Letters of counseling/Record of Communication shall be issued by the Program Director when a resident's performance fails to meet the standards set by the training program. Receipt of such a letter requires that the resident correct the deficiency as presented within the letter. The letter shall stipulate the specific reasons for any actions noted and the recommended course for correction. If patient care activities are involved, a copy of the letter will be submitted to the respective HR business partner and will also be placed in the resident's HR and credentialing file. Continued failure to correct the deficiencies may result in suspension or dismissal from the residency training program.

## Remediation

To best support each Resident, a structured team approach will be taken to address any areas of concern, or performance improvement plans.

1. Identify areas of concern: Throughout the year-long residency program, feedback and assessments from preceptors, supervisors, and colleagues is gathered. This is used to identify not only areas of strength, but specific areas where resident



is struggling or needs improvement. This could include clinical skills, communication, documentation, knowledge gaps, or professional behavior.

2. Set clear objectives: Once the areas of concern are identified, clear and measurable objectives or goals will be created that the resident needs to achieve. These objectives will be specific, realistic, and time-bound to facilitate focused improvement, and will be recorded on the Residency Record of Communication.
3. Create a learning plan: Collaboration with the resident and Program Director to develop a comprehensive learning plan that addresses the identified areas for improvement. The plan should include strategies such as additional clinical experiences, targeted educational resources, workshops, simulation training, or specific mentoring.
4. Educational resources: Each resident will have access to appropriate educational resources, including textbooks, journals, online courses, or clinical guidelines that can aid in their learning and skill development. Other resources may be offered based on the identified needs of the resident.
5. Scheduled feedback and evaluations: There will be weekly scheduled evaluations with the Program Director for regular feedback and evaluations to monitor the resident's progress. This may also involve periodic meetings with preceptors or Medical Directors to review the performance of the resident in question, provide constructive feedback, and track improvement over time.
6. Offer mentoring and support: The Program Director will provide guidance, support, and feedback to the resident throughout the remediation process. The Program Director can serve as a resource for addressing questions, offering clinical insights, and helping the resident navigate challenges. The BHS Employee Assistance Program (EAP) may be considered in this context.
7. Monitor progress and adjust the plan: Continuously monitor the resident's progress and adjust the remediation plan as needed. Regularly assess performance against the previously established objectives and make modifications to the plan based on their strengths, weaknesses, and evolving learning needs.
8. Document the process: Maintain thorough documentation of the entire remediation process, including the identified areas for improvement, objectives, learning activities, feedback, and assessments. This documentation will help ensure transparency, track progress, and serve as a record of the resident's professional development. See Record of Communication. Additionally, the assistance of Human Resources will be requested when necessary, which will add an additional layer of support for the resident.



It is critical that each remediation plan should be tailored to the individual resident's needs and circumstances. It is the goal of the BHS APP Primary Care Residency Program to approach the process with empathy, support, and a focus on fostering growth and improvement.



# Professional Development & Education

## **Continuing Education:**

Residents are expected to attend weekly didactic sessions, conferences, journal clubs, and in-house educational sessions.

## **Career Transition:**

At the end of the residency, residents will be eligible for APP positions within BHS, dependent upon sufficient progress in the training program. Career counseling and job-placement support will be provided.

## **Wellness & Self-Care:**

Self-care, personal resilience, and adaptive competencies are an important foundation to the first-year clinician's career. Residents are encouraged to prioritize their own wellness. BHS offers employee assistance programs (EAP) and a comprehensive Wellness at Work program for personal and professional support.



# Code of Conduct, Diversity, Equity, & Inclusion

## **Code of Conduct:**

All residents must follow the BHS Community Code of Conduct. Disrespectful, discriminatory, violent, or harassing behavior is not tolerated.

## **Diversity, Equity & Inclusion:**

BHS is committed to inclusive practice and health equity, as reflected in its mission to serve all in the community, regardless of ability to pay. The APP Primary Care Residency curriculum will incorporate cultural humility, social determinants of health, and equitable care practices.

## **Professional Behavior:**

Residents must demonstrate respect for differences, collaborate across disciplines, and hold themselves accountable for continuing improvement and excellence consistent with BHS values.



# Safety, Compliance, & Risk Management

## **Safety Protocols:**

Residents must follow BHS policies for infection control, workplace safety, fire safety, patient safety initiatives, and incident reporting.

## **Compliance & Privacy:**

HIPAA and other privacy/confidentiality laws

Mandatory reporting obligations

Avoidance of conflicts of interest

Adherence to billing and coding regulations

## **Risk Management:**

Residents are expected to engage proactively with risk management processes, participate in root cause analyses if applicable, and contribute to a culture of safety and continuous improvement.



# Program Completion & Certification

To successfully complete the APP Primary Care Residency Program, residents must:

- Fulfill all required rotations and didactic sessions.
- Complete all required evaluations.
- Demonstrate achievement of milestones in core competencies.
- Receive satisfactory final evaluation and sign-off from Program Director

## Certification:

Upon completion, residents will receive a Certificate of Completion from BHS. They will be eligible to apply for full APP positions within BHS or elsewhere and will have support from the program for transition.

## Acknowledgment of Receipt

I acknowledge that I have received and reviewed the Berkshire Health Systems APP Primary Care Residency Handbook. I agree to abide by all policies, expectations, and professional standards outlined herein.

Resident Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

