



Brave New World: Empowering and Transforming Health Centers to Grow Their Own

**Breakout Session A: Readiness to
Train Assessment Tool (RTAT)**

BIO:

Amanda Schiessl, MPP, Project Director/Co-Principal Investigator, Community Health Center Inc./Weitzman Institute



As the Project Director/Co-Principal Investigator of the National Cooperative Agreement on Clinical Workforce Development, Amanda leads CHC's work in creating, implementing and executing innovative training and technical assistance nationally to health centers in the key areas of training the next generation and transforming teams. Amanda started at CHC as the Interprofessional Student Coordinator.

Her diverse background in higher education provided her with the skills to develop systems needed to support the efforts to train the next generation of health care professionals as outlined in the CHC Healthcare Student Playbook. She served as faculty on the NCA on increasing health professions training in FQHCs.

As the Interprofessional Student Coordinator, Amanda provided support to two HRSA grant partnerships with affiliated academic institutions with the objectives of providing comprehensive didactic and clinical experiences that prepare students to deliver effective integrated care services and preparing students upon graduation to provide high-value care within complex health settings for medically underserved communities. Amanda completed her Bachelor's Degree in Allied Health at the University of Connecticut and received a Masters of Public Policy degree with a Health Policy concentration from Trinity College.

Readiness to Train Assessment Tool™

The Development and Validation of a Tool to Assess
Health Center Readiness to Train Health Professionals

Research Team



Principal Investigator
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Community Health Center Inc.

Locations and Service Sites in Connecticut



CHCI Profile:

- ⊙ 204 sites service delivery sites
- ⊙ 1300 staff
- ⊙ Patients/year: 105,000
- ⊙ Visits/year: 600,000
- ⊙ Specialty access by eConsult to all specialties

Weitzman Institute:

- ⊙ NTTAP Clinical Workforce Development
- ⊙ Formal Research
- ⊙ Leads Quality Improvement /Practice Redesign
- ⊙ Educational arm for both current and future workforce nationally
- ⊙ Consults to other FQHCs and health systems through WILA

Health Professions Student Education and Training:

Fall 2020: 168 students/20 university/school relationships across all disciplines and levels, certificate through doctoral

- ⊙ Accredited CHC postgraduate training programs
 - ⊙ Postgraduate NP residency (est. 2007): (family, adult, pedi, psychiatry)
 - ⊙ Postdoctoral clinical psychology (est. 2010)

Summary

The final survey instrument, the *Readiness to Train Assessment Tool™ (RTAT™)*, is a multi-item, multi-subscale, organizational readiness scale that is both valid and reliable.

- Theoretically-based, valid and reliable 41-item measure with 7 subscales.
- Designed to assess readiness at the health center level
- Demonstrates psychometric and pragmatic strength.

The *Readiness to Train Assessment Tool*:

- Meets a need at the national level to help health centers address concerns regarding capacity, resources, organizational abilities when launching any health professions training program(s).
- Can support implementation of HPT programs at health centers
- Can serve as a platform meant to encourage dialogue and action at various levels

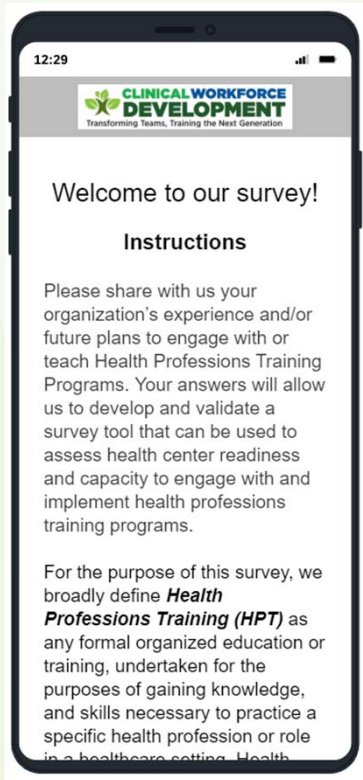
Subscales of the RTAT

The seven sub-scales that emerged from the data analysis represent seven areas of readiness:

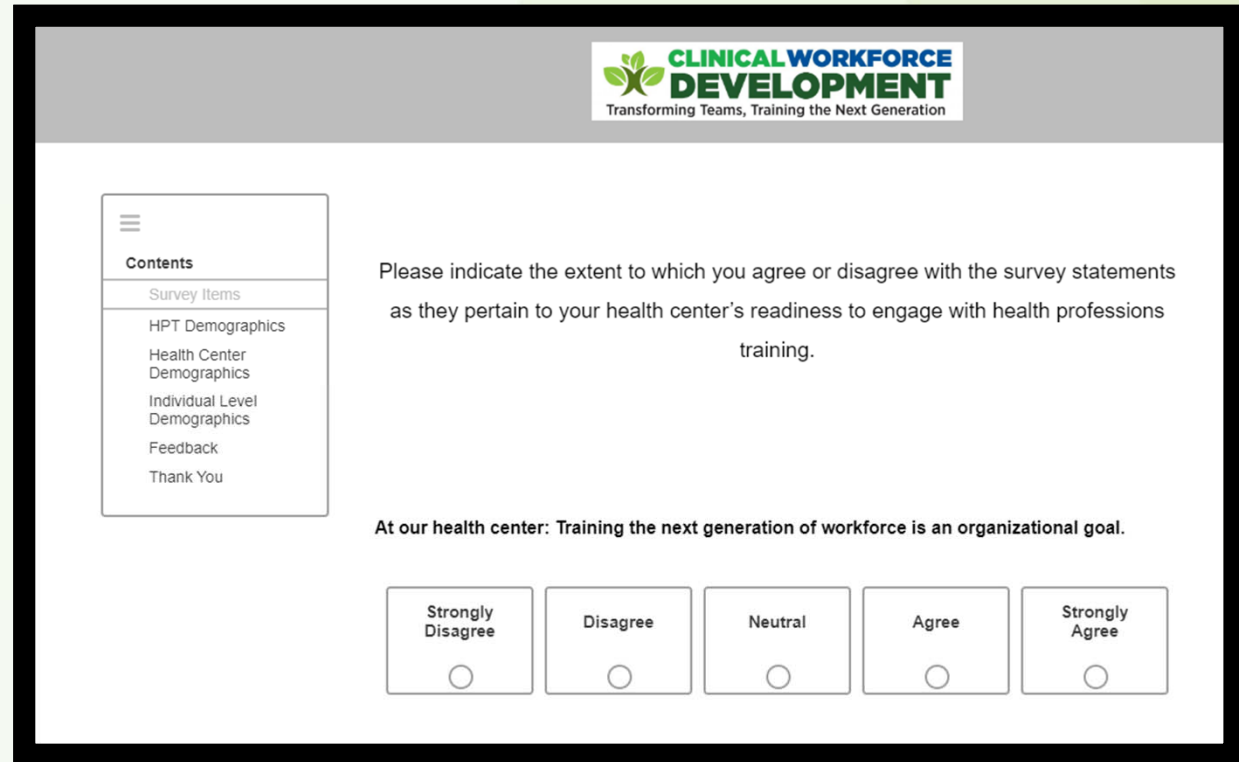
- Readiness to engage (8 items),
- Evidence strength and quality of the HPT program (4 items),
- Relative advantage of the HPT program (4 items),
- Financial resources (3 items),
- Additional resources (3 items),
- Implementation team (4 items), and
- Implementation plan (15 items).

RTAT Survey Link Distribution

- CHC sent the RTAT survey link to an identified key PCA contact for the RTAT initiative on September 23rd
- The PCA key contact is charged with sending the link to an identified key individual at every FQHC/FQHC Look-alike in their state/region by email following the webinar on September 23rd
- The identified key individual at every FQHC/FQHC Look-alike is asked to distribute the RTAT survey to ALL employees.
 - Everyone is encouraged to complete the first baseline assessment on general perception of the health centers readiness to engage with HPT.
 - The second portion of the survey on the health centers' level of readiness for implementing a specific HPT program. This section can be completed for up to three different types of HPT programs. "Those 'interested and/or knowledgeable' about a specific HPT program, or those 'directly or indirectly involved' with a specific program are encouraged to continue forward with the second portion of the survey." Those individuals will need to select a specific HPT program. We recommend thinking about the programs that are the most important or of the greatest interest to YOU or what you feel is most important for your organization.



Mobile Version



Web-Based Version

Results

- The survey allows for **three levels of assessment and scoring**: at the survey item, subscale, and overall scale levels by obtaining their mean (average) scores.
- Mean scores may range anywhere from 1 to 5 with 5 indicating highest readiness to engage with and implement a specific program.
- Scores expressed as a **single number** to ease interpretation but RTAT permits more sophisticated disaggregation and analysis
- **The scores can be used to assign one of three levels of readiness** for each survey item, subscale, and for the overall scale.

Likert Scale	Mean Score	READINESS
Strongly Agree	5	Ready
Agree	4.00-4.99	
Neutral	3.00-3.99	Approaching Readiness
Disagree	2.00-2.99	Developing Readiness
Strongly Disagree	1.00-1.99	

Expected Impact: FQHCs/FQHCS Look-Alikes, PCAs and Workforce NTTAPs

- Determine the level of readiness (i.e., full readiness, approaching readiness, or developing readiness) of health centers to engage in HP-ET.
- Increase in the number of health centers who have implemented a HP-ET program.
- Identify potential barriers (including lack of initial assessment, accreditation standards, academic-community partnerships, preceptors, training space, simulation equipment/technology, paid traineeships, or any other identified barrier) that prevent a health center from advancing HP-ET.
- Development of effective T/TA at the level of state, regional and national



RTAT Web Page

www.chc1.com/RTAT

RTAT@chc1.com

If needed, a PDF version of the electronic RTAT instrument is linked below. Please note that the PDF does not include the same functionality as the electronic version.

[Download a PDF of the RTAT Tool](#)

Contact the Team

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Resources



Readiness to Train Assessment Tool Training Slides

FAQs

- Q. What counts as a Health Professions Training (HPT) Program?
- Q. Who should I contact with questions about the tool?
- Q. How long should it take to complete the survey?
- Q. I haven't heard from my PCA. Who should I contact?

HOMEPAGE > [READINESS TO TRAIN ASSESSMENT TOOL™](#)

About the Tool

The Readiness to Train Assessment Tool (RTAT) is a 41-item, 7-subscale validated survey instrument that covers dimensions of health center readiness for engaging with Health Professions Training (HPT) programs that were deemed critical to evaluate by subject matter experts.

The RTAT uses the following definition of organizational readiness: *'the degree to which health centers are motivated and capable to engage with and implement a health professions training program'*.

The Seven Subscales of the RTAT

Sub-scale	Brief Description
Readiness to Engage	Indicators of the health center's overall readiness and commitment to engage with health professions training.
Evidence, Strength & Quality of the	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the HPT program will have desired outcomes at their health center.



The Seven Subscales of the RTAT – representing seven areas of readiness at the organization

Questions?

CONTACT INFORMATION:

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