

There are opportunities to leverage existing state and federal infrastructure to support apprenticeship development in healthcare. There are also challenges to developing any new apprenticeship and unique challenges related to healthcare occupations. This document provides an overview of our experience exploring apprenticeship under the Health Professions Opportunity Grant (HPOG) initiative.

CHALLENGES WE FACED

- ***Capacity:*** there is significant state infrastructure to support apprenticeship in our state, but that is largely in the skilled trades and capacity to support employer engagement and apprenticeship development in healthcare was lacking when our HPOG project began.
- ***Regulation and Credentialing:*** achieving an industry-recognized credential and becoming licensed for many healthcare occupations can be complex and multi-layered (e.g., national credentialing bodies may require that students graduate from a training program that is accredited by that body in order to sit for the credentialing exam; states often have their own set of educational requirements in order to get a license to practice; etc.)
- ***Employer Engagement:*** many factors can contribute to challenges in engaging healthcare employers in the development of apprenticeship models, including lack of knowledge about apprenticeship and how it works, distraction (in the current climate, healthcare executives and administrators have a lot on their plates and often many fires burning at once), resistance (there is some history in occupations such as nursing of moving away from an apprenticeship-like model of training to a more institution-based training approach in what was seen as a long-fought battle to professionalize the occupation), etc.
- ***Start-up Costs:*** although apprenticeship is a self-sustaining model once it is operational and at scale, there are few if any resources available to support development and start up costs.

OUR APPROACH

Under HPOG the WDC partnered with the state apprenticeship agency to do several things:

- increase the capacity within the state infrastructure to support healthcare employers to explore and potentially implement apprenticeship as a training model
- review and compile promising practices related to apprenticeship approaches for healthcare occupations
- develop a business case for apprenticeship in healthcare and collateral materials to disseminate the business case and support outreach to employers (see <http://www.mapyourcareer.org/HealthCareApprentice/index.php>)

Subsequent outreach by the apprenticeship agency to employers resulted in a connection with community health. As community health centers have prepared for implementation of the Patient Centered Medical Home (PCMH) model of healthcare service delivery required by the Affordable Care Act, many have identified potential new roles and competencies for their medical assistants.

On behalf of its constituents, the Washington Association for Community and Migrant Health Centers partnered with the state apprenticeship agency to explore the feasibility of apprenticeship as a training model to meet this need, both in terms of enhancing the competencies of incumbent MA's but also as a vehicle for bringing new and more culturally and linguistically diverse candidates into the pipeline to become MAs in the community health field.

HPOG supported this effort, which included a formal feasibility analysis, identification of specific skills and competencies required, and development of learning objectives and a formal curriculum, following the "DACUM" (Developing A CURriculum) model commonly used in apprenticeship development.

The newly developed MA apprenticeship program was approved by the state and is currently being piloted for the first time:

- The apprenticeship program is comprised of a set of "PCMH" modules that teach the additional skills and competencies MAs will need on top of core MA skills in order to meet the needs of PCMH service delivery model, and a set of "technical skills" modules that teach the core skills for new MAs
- The PCMH modules were beta-tested in a train-the-trainer format in fall 2013/winter 2014 with incumbent MAs
- The pilot of the full apprenticeship (technical skills plus PCMH modules) began in late February 2014 with 19 apprentices from 6 community health centers.
- The apprenticeship is comprised of online coursework + work-based learning + labs and the full pilot will be complete in winter 2015
- The curriculum is being refined based on the pilot and will be finalized in spring 2015

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Workforce Development Council of Seattle-King County

2003 Western Ave., Ste. 250 • Seattle, WA 98121-2162

206.448.0474 • www.seakingwdc.org

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