CHALLENGES IN EXPERIENTIAL LEARNING

ROLE OF CLINICAL PRECEPTORS IN COMMUNITY SETTINGS

JILL S. BUTERBAUGH MSN, CRNP, FNP-BC
EXPERIENTIAL LEARNING

STUDENTS ARE ENCOURAGED TO APPLY AND AUGMENT CLASSROOM LEARNING THROUGH A WIDE RANGE OF EXPERIENTIAL OPPORTUNITIES, INCLUDING INTERNSHIPS.....

FROSTBURG STATE UNIVERSITY MISSION STATEMENT

“EXPERIENTIAL [LEARNING] IS A PHILOSOPHY AND METHODOLOGY IN WHICH EDUCATORS PURPOSEFULLY ENGAGE WITH STUDENTS IN DIRECT EXPERIENCE AND FOCUSED REFLECTION IN ORDER TO INCREASE KNOWLEDGE, DEVELOP SKILLS, AND CLARIFY VALUES”

ASSOCIATION FOR EXPERIENTIAL EDUCATION, PARA. 2, ACCESSED AT HTTP://WWW.AEE.ORG/
"AN EXPERIENCED APRN, PHYSICIAN, OR OTHER HEALTH CARE PROVIDER WHO ASSUMES THE ROLE OF CLINICAL TEACHER FOR A STUDENT”

COMMUNITY PRACTICUM REQUIREMENTS

▪ Advanced practice nursing
  ▪ 500 hours

▪ Doctorate of Nursing Practice
  ▪ 1000 hours

▪ The National Organization of Nurse Practitioner Faculties states that simulation experiences may not be used to meet the 500 minimum clinical practice hours required by NP programs (2010).
“Students acquire expected skills, confidence and competences when learning in a clinical setting with trained preceptors.”


Learning is experience. Everything else is just information.

-- Albert Einstein

John Dewey
meetville.com
INSTITUTE OF MEDICINE HEALTH CARE QUALITY INITIATIVE

STATES THE POTENTIAL FOR APRN’S TO CONTRIBUTE TO THE PROVISION OF INCREASED QUALITY HEALTH CARE AS PART OF ITS COMPREHENSIVE HEALTH CARE REFORM

IS THERE REALLY A NEED?

▪ “Employment of nurse anesthetists, nurse midwives, and nurse practitioners is projected to grow 31 percent from 2014 to 2024, much faster than the average for all occupations. Growth will occur primarily because of the effects of healthcare legislation, an increased emphasis on preventive care, and demand for healthcare services from the large, aging baby-boom population as they live longer and more active lives than previous generations.”

IT ISN’T JUST THE POPULATION THAT IS AGING…..

- In the September 21, 2015 issue of Science Daily, healthcare economist David Auerbach released findings from a new study, which found that almost **40% of registered nurses are over the age of 50**. “The number of nurses leaving the workforce each year has been growing steadily from around 40,000 in 2010 to nearly 80,000 by 2020. Meanwhile, the dramatic growth in nursing school enrollment over the last 15 years has begun to level off.”

www.sciencedaily.com/releases/2015/09/150921153457.htm
IS CLINICAL PLACEMENT REALLY AN ISSUE?

Lack of Clinical Placements is Main Obstacle to Expanding Capacity by Program Type: 2012 and 2014

- PN/VN: 51% (2012), 43% (2014)
- ADN: 50% (2012), 49% (2014)
- Diploma: 13% (2012), 15% (2014)
- BSN: 36% (2012), 41% (2014)
- BSRN: 5% (2012), 12% (2014)
- Master’s: 44% (2012), 46% (2014)
- Doctorate: 7% (2012), 14% (2014)

NLN Biennial Survey of Schools of Nursing, 2014

National League for Nursing
WE ARE TURNING THEM AWAY......

- According to AACN’s report on 2016-2017 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to a shortage of faculty and/or clinical preceptors as a reason for not accepting all qualified applicants into their programs. www.aacn.nche.edu/researchdata
REASONS FOR DECREASED ENROLLMENT

- Less accessibility
  - Rural vs. urban
  - Long commutes
  - Limited space
    - Faculty/Student
    - Highly selective programs
- Decrease in employer tuition reimbursement programs
- Medicare funding supports medical residency programs and not advanced practice nursing preceptorships

(Fitzgerald, et al., 2012)
WHY IS IT DIFFICULT TO FIND COMMUNITY PLACEMENT AND CLINICAL PRECEPTORS?

▪ Volunteer
▪ Competition for residency positions
▪ Lack of incentives
▪ Lack of compensation
▪ Inability to provide faculty titles
▪ Inability to provide educational resources
▪ Challenge to maintain productivity
▪ Time commitment
▪ Lack of formal education

Fitzgerald, et al. (2012); Payne, et al. (2013)
“...NP STUDENTS WHO ENGAGED IN RURAL CLINICAL PRACTICUMS DURING THEIR EDUCATION WERE MORE LIKELY TO PRACTICE IN RURAL AREAS AFTER GRADUATION.”

“....EXPAND THE EDUCATIONAL PROCESS BEYOND RURALLY LOCATED PRACTICUMS TO DELIVER THE ENTIRE EDUCATIONAL PROCESS TO THE NP STUDENTS’ RURAL HOME.”

Jill Buterbaugh MSN, CRNP, FNP-BC
ASSISTANT PROFESSOR OF NURSING
FROSTBURG STATE UNIVERSITY
Cost-related Risks and Benefits of Employer Sponsored Incentives to Support Nurse Practitioner Students and Preceptors

Dr. Heather Gable
Chair/Associate Professor
Department of Nursing
What are we doing in academics to help the workforce shortage?

• Listening to stakeholders
• Developing programs
• Creating real-world curriculum
What can our practicing partners do to help with the workforce shortage?

• Provide clinical placement sites
• Encourage and support clinicians to mentor and precept
Employers: You Are Not Alone
What can we do together?

• Collaboration/Partnerships
  o Work toward meeting the demand
  o Share resources
  o Develop Curriculum
  o Create incentive programs
Collaboration to support NP Students: Practice Partners

- Identify promising candidates
  - “Grow your own”
- Provide clinical site placement
- Share simulation resources
- Tuition Reimbursement/Scholarships
- Flexible work schedule
- Childcare access/costs
- Post-graduate Fellowships/Residency Programs
Collaboration to support NP Students: Academics

- Develop real-world curriculum
- Provide meaningful experiences
- Share simulation resources
- Mentor and advise students
- Partner to provide college credit for post-graduate fellowship/residency program
Collaboration to Support NP Preceptors: Practice Partners

• Incentive Programs
• Performance payments
• Reduced workload
• Non-financial Incentives
Collaboration to Support NP Preceptors: Academics

• Provide CE/CME
• Develop certificate programs
• Library access
• Offer education courses in precepting
• Provide teaching opportunities
Contributors to Growing an Advanced Practice Workforce

“Having a rural upbringing and clinical training in rural areas was reported to be associated with RN’s choices to practice in rural settings” (Skillman et al., 2015).
The Statistics Show...

<table>
<thead>
<tr>
<th>Employment</th>
<th>Employment Change</th>
<th>Job Openings (Growth and Replacement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners</td>
<td>126,900</td>
<td>2014-2024</td>
</tr>
<tr>
<td>2014</td>
<td>2024</td>
<td>%</td>
</tr>
<tr>
<td>171,700</td>
<td>44,700</td>
<td>35.2</td>
</tr>
</tbody>
</table>

US Department of Labor, Bureau of Labor Statistics, Employment Projections
Strategies

• Incentive Plans
  o Financial and Non-Financial

• Characteristics of an effective incentive plan
  o Clear objectives
  o Realistic and deliverable
  o Reflect health professionals’ needs and preferences
  o Well designed, strategic and fit-for-purpose
  o Contextually appropriate
  o Fair, equitable and transparent
  o Measureable
  o Incorporates financial and non-financial elements (Weller, 2008)
Strategies (cont.)

• Developing an incentive package
  o No one size fits all or a template
  o There are development stages and key questions to help define the approach (Weller, 2008).

• Collaboration is a key strategy
Supportive Resources

• Rural Health Information
  o https://www.ruralhealthinfo.org/

• Maryland
  o NSP I - https://nursesupport.org/nurse-support-program-i/about-nsp-i/
  o NSP II - https://nursesupport.org/nurse-support-program-ii/

• West Virginia
  o Loan Repayment - https://www.ruralhealthinfo.org/funding/3526
  o Health Sciences Service - https://www.ruralhealthinfo.org/funding/3527
Supportive Resources (cont.)

• Virginia
  
  o Psychiatric and Mental Health Scholarship - [https://www.ruralhealthinfo.org/funding/3411](https://www.ruralhealthinfo.org/funding/3411)
  
  o Loan Repayment - [https://www.ruralhealthinfo.org/funding/1223](https://www.ruralhealthinfo.org/funding/1223)
  
  o Nursing Scholarship Program - [https://www.ruralhealthinfo.org/funding/1228](https://www.ruralhealthinfo.org/funding/1228)

• Pennsylvania

  o Primary Health Care Loan Repayment - [https://www.ruralhealthinfo.org/funding/3513](https://www.ruralhealthinfo.org/funding/3513)
Supportive Resources (cont.)

• Rural Nurse Practitioner
  o Scholarship -
    https://www.ruralhealthinfo.org/funding/3893

• National Health Service Corp
  o Loan Repayment -
    https://www.ruralhealthinfo.org/funding/312
  o Scholarship -
    https://www.ruralhealthinfo.org/funding/311

• NURSE Corp
  o Loan Repayment –
    https://www.ruralhealthinfo.org/funding/313
Supportive Resources (cont.)

• Nursing Workforce
  o Diversity Program – [https://www.ruralhealthinfo.org/funding/246](https://www.ruralhealthinfo.org/funding/246)

• Faculty
  o Loan Repayment – [https://www.ruralhealthinfo.org/funding/314](https://www.ruralhealthinfo.org/funding/314)

• Indian Health Services
  o Loan Repayment - [https://www.ruralhealthinfo.org/funding/373](https://www.ruralhealthinfo.org/funding/373)
  o Scholarship - [https://www.ruralhealthinfo.org/funding/2086](https://www.ruralhealthinfo.org/funding/2086)
References


Questions
DEVELOPING AND PREPARING TO LAUNCH THE FIRST AND ONLY FAMILY AND PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER (NP) PROGRAM IN RURAL, WESTERN MD

Frostburg State University
**PRESENTERS:**

- Kelly Rock, DNP, PMHNP
- Jill Buterbaugh, FNP
- Heather Gable, DNP, RN, LNHA, RAC-CT©
OBJECTIVES:

- Identify at least one financial, political, or regulatory barrier to the propagation of NP programs.
- Identify at least two challenges related to securing quality clinical preceptors and appropriate site placements for NP students.
- Identify cost-related risks and benefits of employer-supported incentives to support NP students and preceptors of NP students.
FINANCIAL, POLITICAL, AND REGULATORY BARRIERS TO THE PROPAGATION OF NP PROGRAMS

Kelly M. Rock, DNP, PMHNP
Nurse Practitioner Program Director
Assistant Professor
HISTORY OF THE NP ROLE

- Rooted in the Henry Street Settlement program developed by Lillian Wald in 1893
- Influenced by the Frontier Nursing Service pioneered by Mary Breckenridge and the Indian Health Service
- Launched in 1965 as collaborative vision shared by nurse Loretta Ford and pediatrician Henry Silver
  - “Envisioned a nursing role that could ‘bridge the gap’ between health care needs of children and families’ ability to access and afford primary health care”
  - Intent: educate graduate pediatric nurses to provide healthcare services in rural clinics in Colorado, essentially expanding the nurse’s role in well-child care

CURRENT NP STATE OF THE UNION

- NP role legitimatized by decades of research and supported by a multitude of interdisciplinary national organizations and advocacy groups (RWJF, IOM, AARP…)

- NPs are educationally & experientially prepared to serve as primary care providers in diverse settings in primary and specialty care areas and are helping to address the healthcare provider shortage

- As of 2017, there are more than 234,000 NPs in the U.S.
  - 62.4% certified as Family NP
  - 4% certified as Psychiatric & Mental Health NP

- Practice act and scope of practice varies by state
  - Maryland: NPs have full practice authority

https://www.aanp.org/all-about-nps
## Maryland's Healthcare Shortage

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Primary Care HPSA Designations</th>
<th>Population of Designated HPSA</th>
<th>Percent of Need Met</th>
<th>Practitioners Needed to Remove HPSA Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>51</td>
<td>981,412</td>
<td>54.89%</td>
<td>169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Mental Health Care HPSA Designations</th>
<th>Population of Designated HPSA</th>
<th>Percent of Need Met</th>
<th>Practitioners Needed to Remove HPSA Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>51</td>
<td>1,431,003</td>
<td>63.34%</td>
<td>30</td>
</tr>
</tbody>
</table>
At time of consideration in 2014/2015:

- Almost all delivered traditionally (on-campus; live courses)
- Most located in urban areas
- Most moving exclusively to doctoral degree vs. master’s degree
- Only one PMHNP program
IS THERE A NEED FOR AN NP PROGRAM IN RURAL, WESTERN MD?

- YES!
  - Needs survey revealed a need and support for NP program at FSU (both FNP & PMHNP)
  - No NP programs focused on unique nuances of healthcare delivery in rural settings
  - Gap in educational programs available to nurses representing rural communities and for those who could not attend traditional programs
  - Worsening opioid crisis in the state
CAN FSU HELP TO BRIDGE THE GAP?

- Past success with online RN-BSN program
- Past success with securing grant funding for nursing initiatives
- Presidential support for rural health focused programmatic initiatives
- One NP on faculty
- Significant financial limitations
- Commitment, dedication, support, encouragement and energy from within the department of nursing
CAN WE DELIVER DESPITE BARRIERS?

Political

Regulatory

Financial
AND IT BEGINS...

- Step 1: Secure funding for the planning process
  - Maryland Higher Education Commission (MHEC) [NSP II] funded at just over $250,000 for a period of 2 years
- Deliverable:
  - Completed program proposal submitted fall of 2016
  - Two NP faculty dedicated to meeting all grant objectives in 18 months with 50% ‘release time’
FSU INTERNAL APPROVAL PROCESS

Step I:
Department/Program (Chair)

Consult: Dean, Office of Graduate Services, and Registrar’s Office for all program changes.
For Type 3 Program Proposals: Consult the Associate Provost and Budget and Financial Aid

Step II.1:
Dean/College Curriculum Committee (Dean)

Step II.2:
IPR [Any Type 3 Program Proposal] (Chair)
Step II.2:
GC Graduate Council (Chair)

Step II.3:
Faculty Senate

Step II.4:
Provost / President
INTERNAL BARRIERS

- Ambiguity in internal processes at time of submission
- Number of new and interim administrative positions
- Difficulty moving through process in correct sequence in timely fashion
- Concerns about NP program costs with limited resources/funds
EXTERNAL APPROVAL PROCESS

Step II.5:
Off Campus Reviews & Approvals: USM/ BOR, MHEC
[New programs (majors, concentrations, tracks, minors), change of name, discontinue, off-campus or online]

Step II.6:
Implementation
Program (new/change); Course (new/change) in Catalog/Supplement/PAWS;
New courses in schedule/PAWS
EXTERNAL BARRIERS

- Communication barriers
- Unexpected delays due to personnel shortages
Frostburg State University internal governance

University System of Maryland

Maryland Higher Education Commission

American Association of Colleges of Nursing (accreditation body)

Maryland Board of Nursing

BON will approve once national accreditation is received

Can apply for accreditation after program has been delivered for 2 full semesters
WHERE WE ARE NOW

- MHEC approval obtained August, 2017
- $3.8+ million grant funding received for implementing the NP program for period of 5 years (MHEC)
- $200,000 grant funding received for simulation center/skills lab (ARC matched by FSU)
- Program anticipated to begin August, 2018
WHAT WE MUST DO TO SUCCEED
Collaboration With and Interdependency on Community Partners

Our role

- Secure institutional support at all levels
- Address all requirements of outside accreditation
- Ensure financial sustainability of program within 5 years

Your mission... should you choose to accept

- Partner with us as a clinical site
- Partner with us as a preceptor
- Partner with us as an educator
- Partner with us as an advocate