Introduction

The general shortage of primary care providers is well documented within the United States, where over the past ten years, work force issues have been raised regarding the availability, incentives, and specialization of providers and training of those providers for vulnerable populations in primary care. Such is the case in Florida, where many rural Floridians living in Hendry and Glades County have limited access to healthcare services and primary care providers. 1,3

Purpose

The purpose of this program is to prepare primary care advanced practice nurses to practice in rural and underserved areas through an academic and clinical traineeship. This innovative traineeship will determine nurse practitioner student attitudes and beliefs regarding primary care practice in rural underserved areas. Including preceptor mentorship practice and clinical training effects on student performance. These outcomes measures will help clarify persisting issues in student clinical competency training while simultaneously addressing health equity in rural communities. 1,3,4,5

Innovation

Our project model provides graduate nursing students traineeship awards using specific recruiting, selection, matching students with designated preceptor to serve in rural clinical primary care sites for clinical traineeships, tracking student progress and collecting graduate level data. 2,4,5

Figure 1.

Results

Over the course of 12 weeks five Nurse Practitioner students completed their traineeship with over 1,050 combined clinical hours in Hendry and Glades County clinics. Each trainee assessed and treated 11-14 patients per day - in primary care with experience in women’s health, adult and pediatric. Preceptors complete daily and weekly Process and Outcome measures monitoring student progress. 4

Table 1. Process and Outcome Scoring Criteria for Students

<table>
<thead>
<tr>
<th>N/A</th>
<th>No opportunity to perform or not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Omits required critical element</td>
</tr>
<tr>
<td>1</td>
<td>Requires <strong>extensive</strong> prompting to perform behavior - obtains relevant data 50% of the time</td>
</tr>
<tr>
<td>2</td>
<td>Requires <strong>much</strong> prompting to perform behavior - obtains relevant data 5% of the time</td>
</tr>
<tr>
<td>3</td>
<td>Requires <strong>moderate</strong> prompting to perform behavior - obtains relevant data 50% of the time</td>
</tr>
<tr>
<td>4</td>
<td>Requires <strong>minimal</strong> prompting to perform behavior - obtains relevant data 90% of the time</td>
</tr>
<tr>
<td>5</td>
<td>Performs behavior independently</td>
</tr>
</tbody>
</table>

Table 2. Process Measure Results

Table 2 demonstrates improvement rate of students receiving a score of 5 on clinical performance from initial, mid, and final stages. Process Measures include 4 daily measures per student with a total of 540 data points.

Table 3. Outcome Measure Results

Table 3 demonstrates improvement rate of students receiving a score of 5 on performance from initial, mid, and final stages. Outcome Measures include 39 measures per student per week with a total of 2,540 data points.

Discussion

This project serves as a replicable model for increasing ARNP training and availability for primary care services in rural underserved communities. Through this traineeship graduate nursing students have gained experience working in rural areas, opioid use disorder, mental health, telemedicine, and other clinical skills necessary for their career as a nurse practitioner, while simultaneously serving as an effective and efficient model for academic and clinical traineeships addressing and increasing trained primary care NP practice in vulnerable and underserved areas. This project has increased understanding of nurse practitioner student attitudes and beliefs regarding primary care practice in rural underserved areas.

Next Steps:

At the time of this presentation Hurricane Irma significantly impacted our rural community partners, providing structural damage to facilities limiting access to clinical sites. We currently have doubled our nurse practitioner students accepted to the program as well as increased available preceptors and added one additional clinical site. Moving forward, we plan to expand our clinical partners to increase ARNP availability.

Funding

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1.39Million Grant # T94HP30899, with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

References