

Title:

AP4NP: Academic Partnerships for Nurse Practitioner Students - Creating Designated Preceptorships in Primary Care Clinics

Constance J. Creech, EdD, MSN, BSN¹

Janet M. Paulson, MPH, BSN¹

Tiffany J. Bishop, BS (Psych)¹

Margaret Andrews, PhD, MSN, BSN¹

Denise Cooper, DNP, MSN, BSN²

(1)Department of Nursing, University of Michigan-Flint, Flint, MI, USA

(2)Department of Nursing, University of Michigan-Flint, Flint, MI, USA

Session Title:

Leadership Poster Session 2

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 7:00 AM-8:00 AM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 9:45 AM-10:15 AM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 12:00 PM-1:30 PM

Slot (superslotted):

LDP PST 2: Monday, 19 September 2016: 3:15 PM-3:45 PM

Purpose:

The purpose of this presentation is to share the lessons learned in the first year of the Academic Partnership program to enable Schools of Nursing to develop Partnerships to increase clinical preceptorships for nurse practitioner students, and to improve the student-preceptor experience using education modules for preceptors.

Keywords:

Academic Partnership, Nurse practitioner student preceptor and Primary Care Clinics

References:

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Abstract Summary:

Discovering how Academic Partnerships between the University of Michigan-Flint Department of Nursing and Primary Care Clinics in underserved settings create designated clinical preceptors for nurse practitioner students to increase their readiness to practice. Understand the value of preceptor education modules to provide quality improvement of the student-preceptor experience.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<p>1.The learner will be able to discuss the importance of the role of nursing faculty leadership in developing Academic Partnerships.</p>	<p>Description of community outreach and contacts to develop new partnerships: • Meetings between DON faculty and healthcare organizational nurse executives • Clinical contacts of the program Infectious Disease Specialist • Clinics within healthcare networks • Nurse practitioners who were interested in precepting students. An actual Partnership could not be formed without including input from the faculty leaders and nurse executives. Conclusion: Meetings between UM-Flint DON faculty leadership and healthcare organizational nurse executives are necessary to form Academic Partnerships and establish contracts.</p>
<p>2.The learner will be able to identify three program practices that facilitate developing and fostering Academic Partnerships.</p>	<p>Description of outreach and program practices to create Partnerships: Initial Partnership was formed with a primary care clinic that serves HIV-positive population. Students were also placed with preceptors in HCV and geriatric primary care clinics. Preceptors participated in the program prior to development of contracted Partnerships. Communication with partners and preceptors included monthly meetings, meeting minutes, informational letters, email, phone calls and clinic visits. Conclusion: The following activities facilitate the development of Academic Partnerships:1) The demand for quality preceptorships requires that Partnerships are not limited to one kind of clinic or healthcare network. 2) Recruitment of nurse practitioners to be preceptors leads to forming Partnerships with healthcare systems. 3) Informal communication (emails, phone calls, clinic visits) is more effective than formal communication to foster relationships between the program and clinic preceptors.</p>
<p>3.The learner will be able to discuss how providing and evaluating Preceptor Learning Modules increases preceptor skills and leads to quality improvement of the student-preceptor experience.</p>	<p>Preceptor Learning Modules were developed to train preceptors in teaching, assessment and evaluation of students. The goal of the modules was to ensure quality preceptorships to improve the student-preceptor experience. The Preceptor Learning Modules were</p>

	consolidated and reorganized per preceptor feedback, to increase preceptor use and satisfaction with the modules. Student feedback reflects that the students were engaged in their clinics, and highly rate their preceptors. Conclusion: The Preceptor Learning Modules lead to quality improvement of the student-preceptor experience.
4. The learner will be able to identify two practices that increase the number of nurse practitioner students who intend to practice in primary care in underserved settings.	Program objective: place nurse practitioner students in clinics that provide primary care to vulnerable populations in underserved settings (HPSAs, MUAs). Working in underserved settings should increase students' willingness to work with vulnerable populations (Rasmor, Kooienga, Brown, & Probst, 2014). All students were asked to sign a voluntary Letter of Intent to practice in underserved settings. All participating students (100%) signed the Letter of Intent. Conclusion: 1) Placing students in clinics in underserved settings 2) Use of the Letter of Intent to practice in underserved settings increases the number of nurse practitioner students who intend to practice in underserved settings.

Abstract Text:

Purpose statement: The University of Michigan-Flint Department of Nursing (UM-Flint DON) is providing and evaluating Academic Partnerships with Primary Care Clinics to create designated clinical training preceptorships for nurse practitioner (NP) students. The UM-Flint DON has experienced the same challenges to APRN clinical education that has been noted nationwide: an increase in enrollment in Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) NP programs, a lack of available clinical sites with qualified preceptors, and competition for sites with other educational programs (Fitzgerald, Kantrowitz-Gordon, Katz & Hirsh, 2012). The creation of Academic Partnerships was selected as a problem-solving strategy to increase the number of preceptorships for nurse practitioner students and improve readiness to practice for graduates, which are both expected outcomes of effective Academic Partnerships (Beal, 2012). The American Association of Colleges of Nursing and American Organization of Nurse Executives Task Force stated that Academic Partnerships “prepare nurses to practice and lead” (2012, p.1). Additionally, creating quality preceptorships and clinic sites are key factors that influence NP students to choose to practice in primary care (Budd, Wolf & Haas, 2015).

Methods: The initial Partnership program was developed in July 2015 with the Genesee County Health Department (GCHD) Primary Care Clinic through HRSA Advanced Nursing Education grant funding. The Primary Care Clinic is in a medically underserved setting that provides primary care to HIV positive patients and their families within the HIV Treatment Cascade model. The model utilizes an interprofessional team approach including a nurse practitioner with a joint appointment at the GCHD and the UM-Flint DON and an HIV Infectious Disease Specialist, which ensures high-quality clinical training and preceptor preparedness. Partnerships will be expanded to additional clinic sites that are within Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in

Michigan. Placing students in underserved settings increases their willingness to practice with vulnerable populations (Rasmor, Kooienga, Brown, & Probst, 2014). This aligns with the 2015 HRSA statutory purpose of Title VIII and Healthy People 2020.

The nurse Program Director chairs an interprofessional program planning committee to provide leadership to the partners to reach the program objectives. **The project objectives include:** 1. Increase the number of high-quality primary care clinical practice placements for the DNP and MSN nurse practitioner programs at UM-Flint. The goal of this program is to create more than fifty designated preceptorships over the next three years. Meetings were held between UM-Flint DON faculty leadership and healthcare organizational nurse executives to develop Academic Partnerships. Outreach to recruit partners was made using clinical contacts of the program Infectious Disease Specialist, to clinics within healthcare networks, and to nurse practitioners who were interested in precepting students. Communication with partners included meeting minutes, informational letters, and informal clinic visits, emails, and phone conversations. 2. Provide and evaluate preceptors in assessment, teaching, and evaluation of students by creating online preceptor training modules with learning assessment outcome measures and feedback surveys. Online training is an effective and satisfactory way to educate preceptors (Wilkinson, Turner, Ellis, Knestrick, & Bondmass, 2015); 3. Evaluate DNP and MSN student clinical experiences for increased effectiveness in primary care management of HIV positive patients via HIV/HCV online learning modules including pre- and post-clinical placement surveys of students and preceptors and knowledge testing of NP students; 4. Evaluate and make quarterly improvements in the learning modules and preceptor-student experiences using the Plan, Do, Study, Act model. Evaluation tools include: preceptor evaluation of student, preceptor satisfaction survey of program, and student evaluations of preceptors and clinic sites; 5. Increase the number of graduates who practice with underserved populations from 40% to 50% by requiring commitment letters from students in clinical placements to practice in these areas.

Results: Participation: Four graduate nurse practitioner students (3DNP, 1MSN) participated in the program during the Fall 2015 and Winter 2016 school semesters. Two nurse practitioners served as preceptors, with an additional three preceptors and six-seven graduate students expected to participate in the Spring/Summer 2016 semester. The preceptorships are in primary care clinics serving the HIV, HCV and geriatric populations. Recruitment of new partners via leadership meetings are in progress and the program expects to place eleven to twelve students with preceptors in the Fall, Winter and Spring semesters over the next two years, which will result in seventy-six students finding clinical placements through this program. Preceptors showed increased interest in the program with informal communication and clinic visits from program staff. **Evaluation:** Student feedback about the preceptors and clinic sites was consistently the highest-rank of Likert-scales. The Preceptor Learning Modules were consolidated and reorganized per preceptor feedback. Both the preceptor evaluation of students, and student self-evaluations reflected an increase in readiness to practice following student completion of the HIV/HCV Learning Modules. All participating students (100%) signed a Letter of Intent to practice as Primary Care Providers in underserved settings after graduation.

Conclusions: Program practices that facilitate Academic Partnerships: Involvement of nurse faculty leadership and nurse executives is necessary to establish contracts and form Academic Partnerships. The demand for quality preceptorships requires that Partnerships are not limited to one kind of clinic or healthcare network. Recruitment of nurse practitioners to be preceptors leads to forming Partnerships with healthcare systems. Informal communication (emails, phone calls, clinic visits) is more effective than formal communication to foster relationships between the program and clinic preceptors. **Program evaluation identified:** Student feedback reflects that the students are engaged in their clinics, and highly rate their preceptors, which have been identified as key factors influencing students to become primary care providers. Modifications to the Preceptor Learning Modules should be ongoing, to increase preceptor satisfaction and knowledge of precepting skills. The Preceptor Learning Modules provide quality improvement to the student-preceptor experience. Preceptors' evaluation of students and student self-evaluation demonstrate that students have an increased readiness to practice when participating in this program. **Program practices that increase students' intent to work in underserved settings:** Placing students in underserved settings, and use of the Letter of Intent are

effective approaches to increase the number of students who intend to practice in primary care in underserved settings.