



AP4NP: Academic Partnerships for Nurse Practitioner Students

Creating Designated Preceptorships in Primary Care Clinics

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Purpose

- **Objective/Aim:** To provide and evaluate academic partnerships with primary care clinics in underserved settings to create designated clinical training preceptorships that will increase nurse practitioner students readiness to practice and intent to work with underserved populations.
- **Background:** The University of Michigan-Flint (UM-Flint) Department of Nursing (DON) has experienced the same clinical education challenges that have been noted nationwide: an increase in enrollment in Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) nurse practitioner (NP) distance-learning programs, a lack of available clinical sites with qualified preceptors, and competition for sites with other educational programs (Fitzgerald, Kantrowitz-Gordon, Katz & Hirsh, 2012).
- **Plan:** The creation of academic partnerships was selected as a problem-solving strategy to increase the number of preceptorships for nurse practitioner (NP) students and improve readiness to practice of graduates, which are both expected outcomes of effective academic partnerships (Beal, 2012). Academic partnerships “prepare nurses to practice and lead” (AACN-AONE Task Force, 2012, p.1).
- **Rational:** Providing quality preceptorships and clinic sites are key factors that influence NP students to choose to practice in primary care (Budd, Wolf & Haas, 2015).
- **Goal:** The AP4NP program will create 54 designated preceptorships for nurse practitioner students between July 2015 and June 2018.



Designated preceptor with DNP student

Methodology

- Partnerships were developed with primary care clinics that provide care to underserved populations and sites within Health Professional Shortage Areas and Medically Underserved Areas in Michigan. Placing students in underserved settings increases their willingness to volunteer or practice with vulnerable populations (Sheikh, 2014).
- Meetings were held between UM-Flint DON faculty leadership and organizational nurse executives to develop academic partnerships.
- Outreach to recruit partners was made to clinics within healthcare networks, through the Michigan Primary Care Association, and to individual nurse practitioners.
- Monthly partnership meetings were led by the nurse Program Director. Communication with partners included meeting minutes, informational letters, a program website and Facebook page, and informal clinic visits, emails, and phone conversations.
- Online Preceptor Learning Modules were developed to train preceptors in assessment, teaching, and evaluation of students to ensure quality preceptorships. Online training is an effective and satisfactory way to educate preceptors (Wilkinson, Turner, Ellis, Knestrick, & Bondmass, 2015).
- Online HIV/HCV Learning Modules were developed to increase student readiness to practice.
- Students participating in the program were asked to sign a Letter of Intent to practice in primary care in underserved settings as professional practitioners.

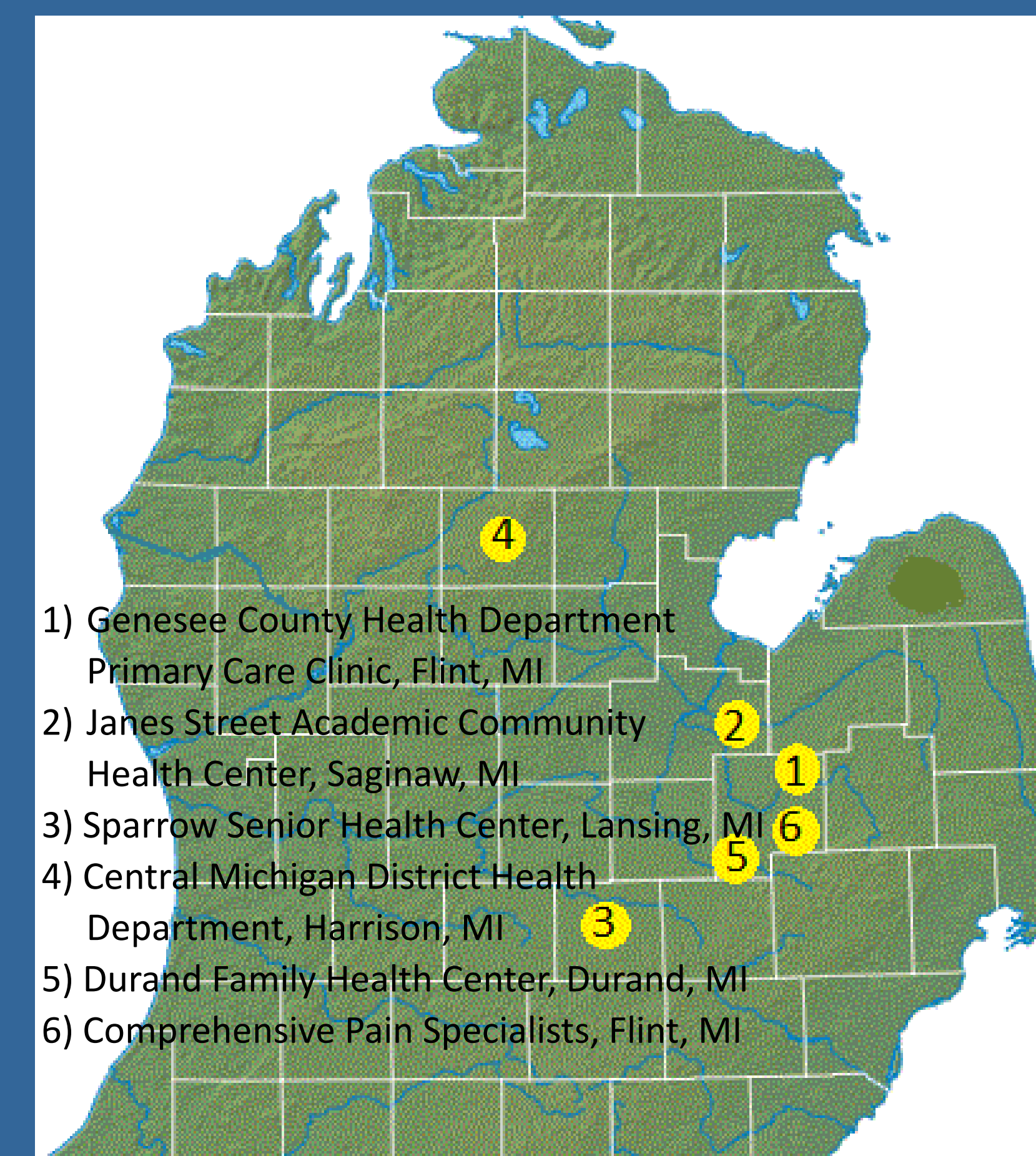
Evaluation

- Evaluation of the learning modules and the preceptor-student experiences were made using the Plan-Do-Study-Act model for Rapid Cycle Quality Improvement.
- Evaluation tools include:
 - Preceptor evaluation of student performance
 - Preceptor satisfaction survey of AP4NP program
 - Preceptor evaluation of Preceptor Learning Modules
 - Student evaluation of preceptor and clinic site
 - Student evaluation of HIV/HCV Learning Modules
 - Patient evaluation of clinics using the Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey (scheduled for October 2016)

Results

- **5** Designated Clinic Preceptors
- **6** Clinic sites in underserved settings
 - 2 HIV clinics
 - 1 HCV clinic
 - 1 Gerontology primary care clinic
 - 1 Patient-Centered Medical Home
 - 1 Comprehensive pain clinic
- **16** Nurse practitioner students placed in designated preceptorships
- **15** (100%) Students signed a Letter of Intent to practice as primary care providers in underserved settings after graduation
- **10** Contact hours approved for program learning modules
 - 5.7 contact hours for preceptor modules
 - 4.3 contact hours for HIV/HCV modules
 - Modules for other clinic target populations to be developed
- **3** Average number of months needed to create new partnerships and establish an affiliation agreement with new clinic sites

Our Partners



This project is funded by the USDHHS, Health Resources and Services Administration, Advanced Nursing Education Program, Grant # D09HP28677.

Conclusions

- Involvement of faculty leadership and nurse executives is necessary to establish contracts and form academic partnerships. Allow time for the contractual process when forming new 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.
- Student feedback supports previous data that key factors influencing students to become primary care providers are 1) active engagement in their clinics; 2) high ratings for their preceptors on end-of-course evaluations (Budd, Wolf & Haas, 2015).
- Quality Improvement modifications to the Preceptor Learning Modules were necessary to increase preceptor satisfaction and knowledge of precepting skills. Modules should be structured to recognize preceptor time constraints.
- Preceptors’ evaluation of students and student self-evaluation demonstrate that students have an increased readiness to practice when participating in this program.
- 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.

References

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