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Growing Your Own APRNs in Rural and Underserved Communities

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Rural healthcare leaders are increasingly tasked with the responsibility of providing health access to 21% of the national population with only 10% of the provider workforce (Sonenberg, Knepper, & Pulcini, 2015). Provider recruitment strategies offering loan repayment have had some success in the short term, but are less impactful at creating a long-term retention rate, unless the providers have an existing connection to either the community in which they are working or rural healthcare (Renner et al., 2010). Responding to this data, a demonstration project and study has been created in Colorado to test a rural focused “grow your own” advanced practice registered nurse (APRN) model. The model is designed to recruit RNs from inside rural communities to return to school and become primary care providers within those communities upon graduation. The project offers stipend support with assistance in the school application process, educational support, clinical and job placement assistance, and monthly coaching. Additionally, communities are asked to provide matching funds to support the APRN students with a goal of creating a self-sustaining model that will build a continuous pipeline of APRN providers. This strategy avoids the costly need to recruit and relocate providers who have no ties to the community.

Thirty-six nurses from rural and underserved communities in Colorado who had opted to return to school and become APRN providers in their communities were invited to participate in taking the Nursing Community APGAR Questionnaire, a validated instrument used to measure rural nurse recruitment and retention. Thirty-four participated in the survey, which is a 94% response rate. The survey indicated that rural nurses can be recruited from within their communities to become APRN providers when they are given added support, including financial assistance, employer flexibility to return to school and certainty that policies will allow them to practice at the top of their education and scope. An unexpected outcome of the study indicates that when APRN schools collaborate with rural communities to create educational programs aimed at educating rural and underserved providers, local nurses are very eager to participate. Building a cohort of rural nurses who may not have considered themselves candidates to become APRNs in a traditional program, can be recruited and successfully complete school if educational institutions are willing to utilize holistic admission techniques (Glazer et.al, 2016). Additionally, creating a hybrid educational process allowing rural nurses both face to face didactic education in combination with distance learning can create an avenue for school admission for these nurses, allowing them to generally stay in their communities while attending school. Doing so supports rural communities in building a local provider workforce using local talent without the need to relocate outside providers to the area. The early outcomes of this model suggest that with financial support, employer support and community/university collaboration, rural and underserved areas could create an internal and sustainable pipeline of future providers to care in their communities.

Title:

Growing Your Own APRNs in Rural and Underserved Communities

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Abstract Summary:

APRN educational programs have the opportunity to respond to primary care provider shortages in rural communities by collaborating with those communities to build programs aimed at recruiting local nurses to become local providers. This model could create a sustainable pipeline of rural APRN providers, thus improving health access in rural.

Content Outline:

1. Introduction
2. Description of problem
 - i. Rural provider access data
 - ii. Healthy People 2020 goal
 - iii. Colorado data
 - iv. Evidence
3. Foundation of Project
 - i. Evidence Based Practice Model – Tyler Collaborative Model for EBP
 - ii. Explanation of Rural Recruitment
 - iii. Funding/Community Engagement
 - iv. Collaboration with Regis University Loretto Heights School of Nursing
 - a. Holistic Admission
 1. Student success nationally

2. Student success in this program
3. Community Collaboration
4. Methods
 - i. IRB approval
 - ii. K-S Non-Parametric Testing
 - iii. Nursing Community APGAR Questionnaire
5. Outcomes
 - i. Project Impact in Colorado
 - ii. Sustainability of program
 - iii. Recommendations for further research
 - a. Measure graduation rates
 - b. Measure retention rates in communities 5 years post-education
6. Conclusion
 - i. Local nurses in rural communities can be mobilized to become a sustainable source of local healthcare providers. They need:
 - a. Financial support
 - b. Assistance with school applications
 - c. Community support
 - d. Statutory support (allowing practice at the top of scope)
 - e. Employer flexibility
 - f. Hybrid education opportunities

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