Lessons Learned: Developing FNPs for Rural and Underserved Areas

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Abstract

Preceptors are key to developing student clinical skills and knowledge base for advanced practice. However, the market for clinical placements is becoming increasingly competitive. Preceptors are pressed to see more patients and be more productive. The time constraints of private practice make it difficult for preceptors to "give back" by hosting clinical students in this fast-paced environment. A needs assessment was conducted investigating preceptor preparation to precept and available resources. Quantitative and qualitative data analysis informed the development of the Preceptor Consortium to provide educational resources and support for clinical preceptors who provide valuable teaching to DNP students.
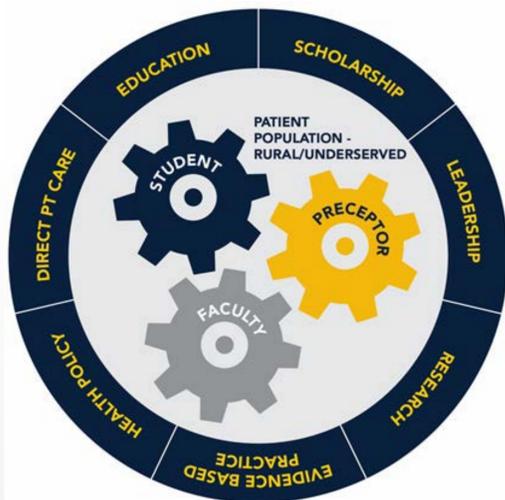
Introduction

The Preceptor Consortium is an innovative model that leverages our collective knowledge, technology, and tools for educating and preparing doctoral students who will practice in rural and underserved areas, while improving the delivery of evidence-based clinical care in a complex healthcare environment. The model depicts the three-way interconnected partnership of faculty, preceptors, and students.

Research Questions

1. What education preparation and resources do preceptors of DNP students have available for use in the clinical setting?
2. What are the opinions and preferences of participants in the Preceptor Consortium?

Methods

Two separate IRB approved studies were conducted.

Quantitative Methods:
First, a SurveyMonkey was used to assess the type of educational resources available in the clinical areas and access to internet/technology resources for teaching and learning. Quantitative descriptive analysis provided details of current resources available and practices observed by preceptors in the DNP program.

Qualitative Methods:
Then, semi-structured interviews gathered responses reflecting the preceptor experiences of precepting DNP students. Preferences and recommendations regarding essential components of the precepting were assessed.
- Preceptor experience in precepting DNP students.
- Previous formal teaching experience.
- From past experience, what information would have been helpful when working with students.
- Perception of needed resources to expand/improve clinical teaching skills.
- Description of barriers/challenges to being a "good" preceptor.
- Examples of how the preceptor managed difficult clinical situations and resources used for resolution.

Qualitative content analysis was used to evaluate interview transcripts. The researchers inductively developed codes and categorize codes into themes.

Participants:
A convenience sample of 75 active DNP Preceptors were sent a SurveyMonkey link. 43% response rate. A purposive sample of 5 members of the Preceptor Consortium were interviewed.

Quantitative Results

- Many clinical sites are a significant distance from the University.
- Preceptor experience ranged from no experience to 7 years.
- Majority of preceptors host 2-3 students/year.
- Most had internet access at clinic and used EPIC or Cerner HER.
- Most common resources: Textbooks & Smartphone Apps (Epocrates, UpToDate, ASCCP, STD Guidelines)

Qualitative Themes

Knowing more about my Preceptee
"Something that would have been helpful, if a student has a really strong skill set but they lack in certain areas, It would be helpful to get that information from their professor because that's something I know that they need particular help on that I may not pick up right away and may help the student to progress much more smoothly."

"I think maybe knowing more of their background and their interests...They've been a nurse in the ICU for this many years and they're used to seeing that, that kind of stuff would be helpful"
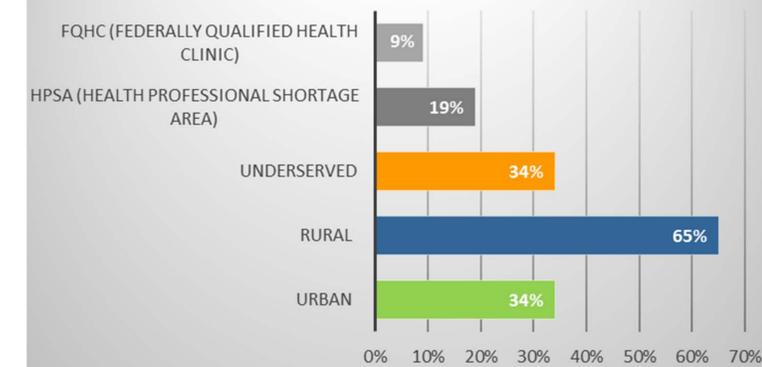
How do deal with difficult students, situations
"If I had something like a teaching handbook, that would give me some ideas on some different ways to change clinical...if there was something where somebody wasn't doing as well as they should or how to approach somebody when they are not dressed appropriately or they're not professional, something like that would be beneficial"

The importance of observation and colleague mentoring
"Start off where they feel comfortable and go from there. As far as the computer documentation goes, if they want to learn it I teach them. If they don't okay. I felt that in my experience I didn't get the autonomy I needed...so its important for them to feel comfortable in that role going into the patients room, asking the questions, being the nurse practitioner versus getting the charting completely done as far as the computer...when they get hired they are going to learn that computer stuff."

Clinic Location

Clinic Location	
FQHC (FEDERALLY QUALIFIED HEALTH CLINIC)	9%
HPSA (HEALTH PROFESSIONAL SHORTAGE AREA)	19%
UNDERSERVED	34%
RURAL	65%
URBAN	34%

Conclusion

Lessons Learned:
- Everyone has a very busy schedule!
- Share teaching resources with preceptors.
- Provide access to clinical resources assigned to students.
- Online resources must be easy to navigate.
- Collaboration is key to success.
- Keep it simple and focused.

PRECEPTOR Teaching Resources

Our Solution:
An online resource with links to:
- Individual course syllabi and teaching strategies
- Clinical preparation and evaluation materials
- All University Library resources and data bases
- Current CEU topics.

Limitations:
- Small convenience and purposive sample.
- Results and conclusions are specific to one university and geographical area.

Acknowledgements

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