Development and Implementation of a Collaborative Nurse Practitioner Clinical Training Program

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Background

Increased need for Advanced Practice Registered Nurses (APRNs)
- An undersupply of 100,000 physicians is expected by 2030¹
- U.S. will need over 1 million new nurses by 2026²
- National need for APRNs will increase by more than 25% over the next 10 years³

Primary challenges
- Doctoral APRN programs require 1,000 practice hours⁴
- Limited clinical sites and competent preceptors⁵,⁶,⁷
- Only one in four APRNs practice in non-urban areas⁸

University of Maryland Upper Chesapeake Health (UM UCH)
- Rural healthcare environment
- Health professional shortage area (HSPA)
- Medically underserved area (MUA)
- Emergency shortage of acute care providers

Project Goal

Build a collaborative partnership between University of Maryland Upper Chesapeake Health (UM UCH) and University of Maryland School of Nursing (UMSON) to improve education/clinical training of advanced practice students to provide care across the continuum.

Implementation

Developed a collaborative education and practice partnership
- Established an Advisory Board
- Participated in Nurse’s Week
- Attended integral UM UCH meetings
- On-site student recruitment at UM UCH
- Held monthly team meetings at UMSON
- Embedded behavioral health faculty
- Participation in NSP II-16-119 grant
- Recruited UMSON students

Increased clinical practice opportunities for nurse practitioner students
- Clinical training rotations
- Relationship-building
- Integration of faculty
- Leveraged faculty expertise to develop a post-graduate fellowship program
- Director of Advanced Practice Clinicians and Director of Education
- Needs assessment of advanced practice clinicians
- Implemented a Fellowship Lecture Series

Developed faculty practice sites to translate collaboration between UM UCH and UMSON
- Faculty practice position at the Comprehensive Care Center
- Funded through progressive transition of provider-billed services vs. grant-funded

Results

140 doctoral students had experiences at UM UCH
- 22 unique clinical areas
- 118 clinical NP rotations
- 39 preceptors/providers
- 16 CRNA rotations
- 30 practicum experiences
- 28 DNP projects

DNP Clinical Rotations at Upper Chesapeake

Discussion

Successes:
- Far exceeded the projected increase of NP students
- Originally acute care students, now open to all
- Collaborative buy-in and collaborative opportunities
- Utilization of the preceptor program
- Billable income and sites for rotations/projects

Challenges:
- Low attendance at the Fellowship Lecture Series
- Lock-step rotations are difficult to maintain
- DNP project course timelines do not align with UCH
- Lack of UMSON students applying for NP positions

Conclusions

- Relationship-building, imbedding faculty, and face-to-face interactions are key to successful partnerships.
- Moving into the community can improve clinician recruitment/retention and expand clinical experiences.
- Buy-in and support from advanced practice leaders is essential in increasing competent preceptors.
- Nursing schools and health care institutions must continue to collaborate to improve the academic and clinical preparation of APRNs in the state of Maryland.

References

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