Background

Demand for primary care practitioners has increased and can be answered with more available NPs (Robert Wood Johnson Foundation, 2012). Additional needs for NPs include the use of the NP in the hospital setting due to reduced medical intern hours, the recognition of NPs as cost-efficient healthcare providers, and an aging population that requires more care coordination (Forsberg, Swartwout, Murphy, Danko, & Delaney, 2013). Student enrollment in NP programs has increased. One major barrier to education of NPs includes lack of available qualified preceptors (Roberts, Wheeler, & Tyler, 2017). The American Association of Colleges of Nursing in the March 2015 White Paper stated, “over 60% of schools with NP programs expressed extreme concern over the limited number of clinical sites, and 59% over an inadequate supply of qualified primary care preceptors”. NP students require at least 500 clinical hours in an NP program. The clinical hours are completed in healthcare settings with direct one on one supervision by a clinical preceptor. Preceptors often appreciate the importance of the preceptor role and find it rewarding. Many preceptors express the desire to “give back” (Barker, 2010). However, despite the desire to precept, barriers exist.

Objectives

1. Describe the barriers and motivators to precepting nurse practitioner students.
2. Discuss ways to advance skill and knowledge of preceptors about vulnerable populations.

Development

Academic and practice relationships assist positive NP clinical experiences with highly qualified preceptors in supportive settings. The team started with assessing preceptor’s needs and perceptions in order to provide valued support. A literature review revealed research is limited about solutions to the preceptor problem or information on preceptor needs and perceptions. The few surveys that have been done on preceptors reveal they value the relationship with NP faculty, want preceptor training, seek the opportunity to learn about new medications and clinical guidelines, and access to online clinical and continuing education materials. From the literature and focused discussion with five experienced preceptors, a survey was created to solicit preceptors reported barriers and their reasons for precepting.

Methods

The project team emailed 536 clinicians a survey on the reasons and barriers to precepting advanced practice students. The survey included questions on the length of time they had precepted, their practice site and professional degree, the most compelling reason for precepting, barriers to precepting, and what they would like in return from the school of nursing for precepting students. Preceptors were asked to choose from a list of options in order of importance they would like from the School of Nursing for precepting students. Preceptors were asked to list the barriers to precepting from a list in order of significance. Preceptors were asked to check the most compelling reason they choose to precept nurse practitioner students: Professional obligation, passion for teaching students, credit towards recertification, relationship with the school of nursing, or “other.”

Results

Of the 126 preceptors who completed the survey, the majority (n=75) worked in an outpatient setting, 25 worked in an inpatient setting, and 6 worked in an emergency or urgent care setting. The remaining 210 worked in settings that were a blend of inpatient, outpatient, and emergency. Most were nurse practitioners (n=88), and 28 were physicians. The majority of preceptors had over 4 semesters experience precepting a student (n=91), and currently had a student (n=64). Preceptors listed “Confidence in Teaching” and “Difficulty Providing Feedback” as the two most important barriers to precepting. Preceptors reported most importance incentives, ranked 0-12, that the school of nursing could provide are described in figure 2. Preceptor events offered by the school of nursing, access to institution’s library, mentoring from the school of nursing, and formal training were all ranked as being of high importance.

Conclusions

An increase in the number of qualified preceptors is needed for the advanced practice nurse practitioner students. The team’s survey revealed the preceptor barriers and the top rankings for incentives. Aided by the results, the team has increased a commitment to an annual preceptor recognition event and maintained access to the university library for preceptors; created a preceptor guidebook to mentor preceptors on aspects of the role and giving feedback; began building free continuing education modules for preceptors to improve health care management and teaching abilities on aspects of vulnerable populations including motivational interviewing, social determinants of health, trauma-informer care, and culturally competent care. An additional module in development is on excellence in education of students in the clinical setting. These efforts combine to increase support for preceptors for advanced practice nurses.

Bibliography


Notes

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• The institution’s IRB reviewed this study and determined it qualified as exempt.
• Thanks to project coordinator Jill Williams for her assistance on this survey.