

Head Start Partnership to Expand Pediatric Clinical Opportunities

Amanda Roesch, DNP, MPH, FNP-C; Bridgitte Gourley, DNP, FNP;
Ann Felauer, DNP, CPNP-AC/PC; Ashley Witt, RN, BSN

Background

Increased demand to educate primary care Advanced Practice Registered Nurses (APRNs).

- Shortage of primary care physicians of ~50,000 by 2033¹ → 52% increase in demand for nurse practitioners by 2029²
- National shortage of clinical sites,^{3,4} especially pediatric primary care sites, limits class sizes and APRN graduates

Academic-community partnerships are one solution to increase clinical opportunities for APRN students.

- Federally-funded early head start (EHS) and head start (HS) programs provide early childhood education to low-income children birth through age 5.⁵
- Enrollment requires an updated medical record including physical exams, screenings, and immunizations.

COVID-19 pandemic has impacted delivery of preventive care services and availability of primary care clinical sites.

- ↓ 22% immunizations⁶; ↓ 44% child screening services⁶; ↓ 69% dental services⁶; ↓ 50% lead testing⁷
- Limited in-person clinical opportunities for APRN students.

Project Goals

Academic Goal: Expand partnerships with EHS and HS programs to increase pediatric clinical opportunities for Doctor of Nursing Practice (DNP) Pediatric Nurse Practitioner (PNP) and Family Nurse Practitioner (FNP) students at Baltimore and Shady Grove campuses.

Community Goal: Expand access to healthcare for children and families enrolled in EHS and HS programs.

Implementation

Identify EHS & HS programs to form partnership:

- Previously established relationships
- Maryland Family Network (MFN)
- Referrals from other EHS/HS programs

Chart review by RN-to-BSN students & instructors to identify children

Center identifies children

Exams scheduled by project staff or center staff

DNP faculty and students perform exams on-site & make referrals as needed

Results

Growth of Academic-Community Partnerships

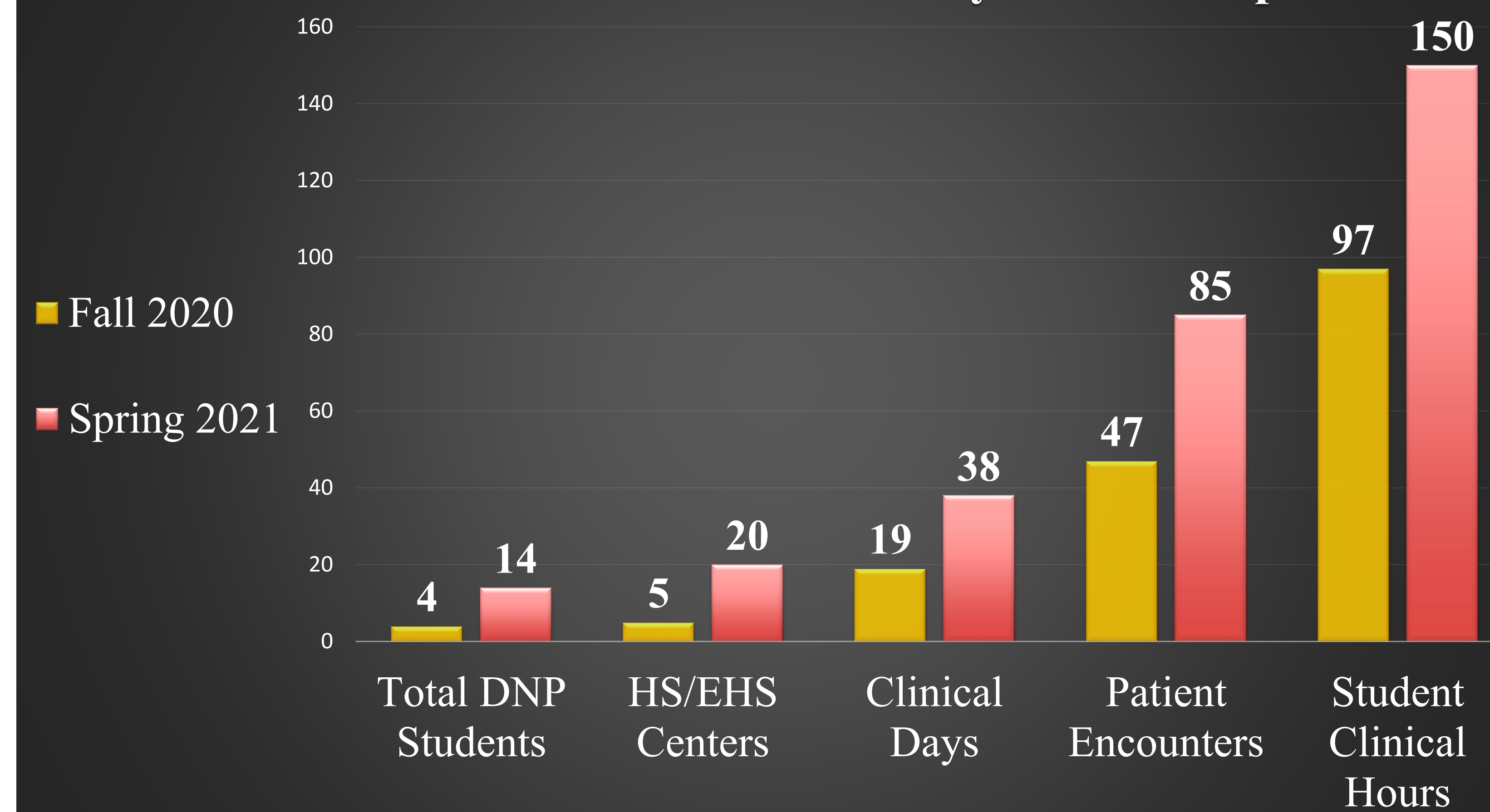


Figure 1: Growth of Academic-Community Partnerships. Over the course of two semesters, increases were observed in total participating centers (n=22), days at each center (n=57), and patient encounters (n=132). Clinical opportunities for Family NP students (n=13) and Pediatric NP students (n=5) increased over time and totaled 247 hours, with a mean of 13.7 hours.

Identified Healthcare Needs

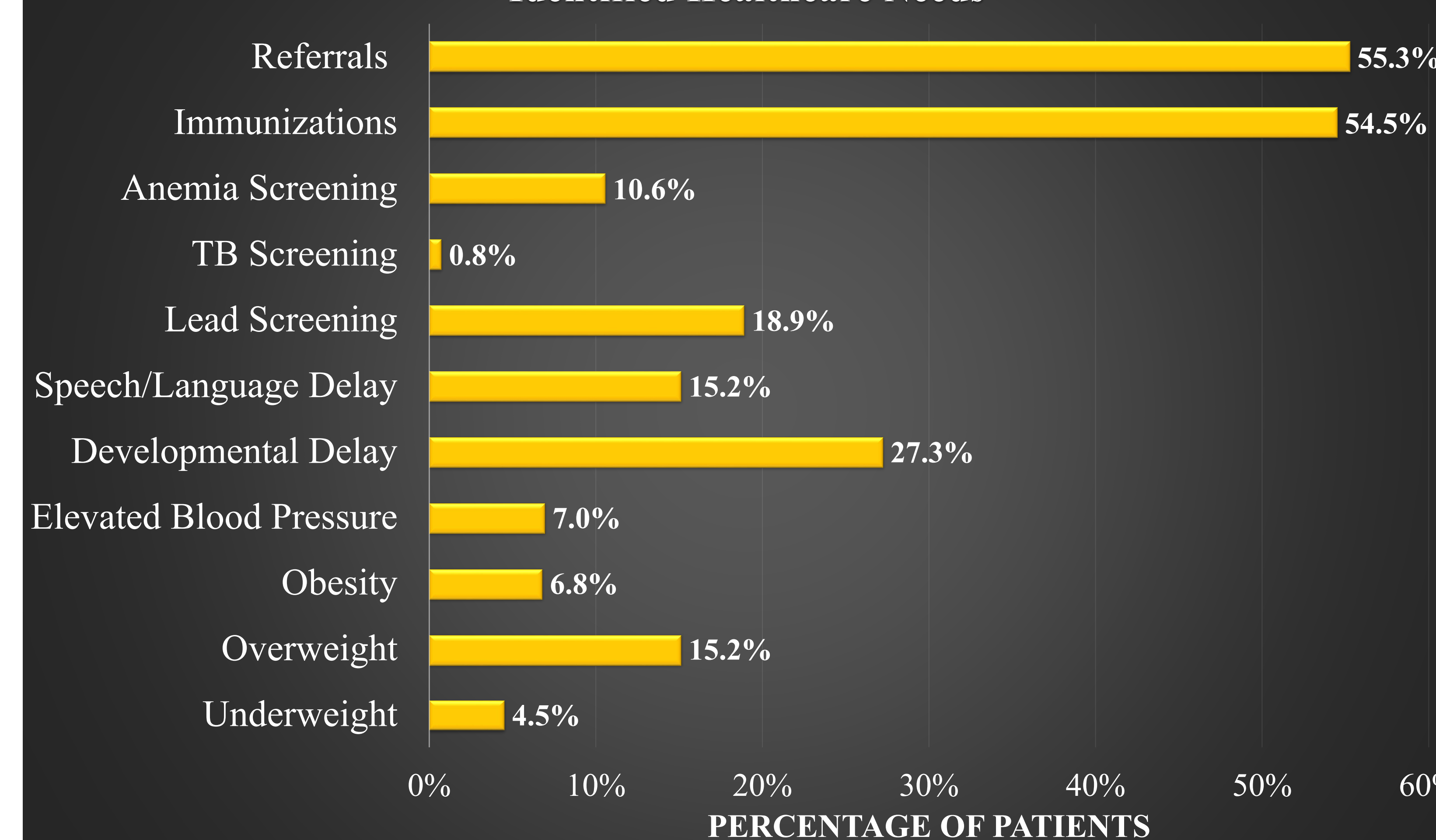


Figure 2: Healthcare needs identified by Family NP and Pediatric NP DNP students and faculty during 132 patient encounters at 22 EHS & HS centers.



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Discussion

Successes:

- Face-to-face clinical opportunities for students during a time when many experiences were limited to telehealth
- EHS and HS programs enthusiastic to build partnership
- Children received preventive exams to continue enrollment in EHS/HS program.
- Identified unmet health needs and referred for services to address these needs

Challenges:

- Centers working and teaching remotely → ↓ site availability and ↓ children
- Parents/guardians required to bring children to center → frequent “no shows”
- Pandemic protocols → ↓ appointment availability

Conclusions

- Academic-community partnerships with EHS and HS programs provide an excellent learning opportunity for FNP and PNP students.**
 - Increased pediatric primary care clinical hours
 - Opportunities to care for a vulnerable population
- EHS/HS programs and the children and families they serve also benefit from these partnerships.**
 - Improved access to healthcare → EHS/HS medical enrollment needs met
 - Potential for improved healthcare outcomes
- Future Implications:**
 - Increase appointment slots to adjust for “no shows”
 - Expansion of community partnerships

References

- Association of American Medical Colleges. (2020, June). The complexities of physical supply and demand: Projections from 2018 to 2033. <https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf>
- United States Bureau of Labor Statistics. (2021, April 9). *Occupations outlook handbook: Nurse anesthetists, nurse midwives, and nurse practitioners*. <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-6>
- Clark, C. A., Kent, K. A., & Riesner, S. A. (2018). A new approach for solving an old problem in nurse practitioner clinical education. *The Journal for Nurse Practitioners*, 14(4), e69-e75. <https://doi.org/10.1016/j.nurpra.2018.01.012>
- Drayton-Brooks, S. M., Gray, P. A., Turner, N. P., & Newland, J. A. (2017). Building clinical education training capacity in nurse practitioner programs. *Journal of Professional Nursing*, 33(6), 422–428. <https://doi.org/10.1016/j.profnurs.2017.02.002>
- United States Department of Health & Human Services. (2020, November 3). *Head start services*. Office of Head Start. <https://www.acf.hhs.gov/ohs/about/head-start>
- Centers for Medicare and Medicaid. (2020, September 23). *CMS issues urgent call to action following drastic decline in care for children in Medicaid and Children's Health Insurance Program Due to COVID-19 pandemic*. Newsroom. <https://www.cms.gov/newsroom/press-releases/cms-issues-urgent-call-action-following-dramatic-decline-care-children-medicare-and-childrens-health>
- Zeltner, B. (2020, September 10). Kids' lead testing plummets due to missed doctor visits in pandemic. *CNN*. <https://www.cnn.com/2020/09/10/health/lead-poisoning-in-children-wellness-partner/index.html>