Finding Clinical Placements for NP Students

Academic–practice partnerships may offer the best hope.

NP programs are having trouble finding enough clinical sites where their students can interact with patients. The problem is not new or confined to nursing, but skyrocketing enrollment in NP programs has probably made things worse. Doctor of nursing practice program enrollment has been growing for two decades, according to the American Association of Colleges of Nursing (AACN), topping 40,000 nationwide in 2021.

According to 2018 survey data from Doherty and colleagues published in *Nursing Outlook* in 2020, almost 14% of responding NP programs required students to find clinical placements "entirely on their own." This practice so troubled one former university student that he launched a social media campaign in 2018, asking the nation's leading accreditor of NP programs, the Commission on Collegiate Nursing Education (CCNE), to act.

The organization was already aware of the challenges students faced, says Jennifer Butlin, EdD, the CCNE's executive director. "We started receiving complaints from programs, primarily from students or alumni, who felt that they had to work really hard to get an appropriate placement, or that it delayed their education," she says. In response, as part of its regular revision process, the CCNE amended its *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* in 2018 to clarify and strengthen the language regarding clinical placements, noting, "The program is responsible for ensuring adequate physical resources and clinical sites."

That doesn't mean programs must locate every student placement. NP program accreditors allow students to find their own preceptors, and stakeholders haven't requested an end to the practice, Butlin says. Nevertheless, according to the CCNE standards, programs are responsible for making sure that "clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes," regardless of how the site and preceptor are initially identified.

Despite the strengthened standards, finding clinical placements remains a challenge. Andrew Penn, MS, RN, NP, CNS, PMHNP-BC, associate clinical professor in the University of California, San Francisco, School of Nursing, says he still gets cold calls from NP students hoping he will precept them. The calls seem to have increased with the proliferation of online programs, he says. "I feel like programs that don't provide preceptors, it's like being sold a car and told, 'If you want to drive it home, you have to buy wheels.'" Students might choose to enroll elsewhere, he believes, if they understand how burdensome it can be to find preceptors.

PAYING FOR PRECEPTORS

To locate preceptors, several private firms have sprung up. They provide a service and compensate preceptors, but at students' expense. NPHub, for example, charges students $12.50 per clinical hour to search for and secure a match with a preceptor. At a minimum of 500 clinical hours per NP degree (most programs require many more), using the service could saddle some students with thousands of dollars in payments plus service fees, in addition to tuition.

Penn, a former preceptor, favors protected teaching time instead of payments. He calls the $800 to $1,000 that firms have repeatedly offered him "more like an honorarium." The payment doesn't compensate for the time it takes to precept a student, he says.

Several states, including Colorado, Georgia, Hawaii, and Maryland, have adopted a form of compensation that shifts the cost from students and programs to taxpayers, through NP preceptor tax credits. These range from a few hundred dollars up to $1,000 per clinical rotation, with a cap on how many credits a preceptor may receive. Several states are considering similar legislation, despite a lack of evidence that these tax incentives are effective.

THE GRADUATE NURSING EDUCATION EXPERIMENT

In 2012, the Centers for Medicare and Medicaid Services launched the Graduate Nurse Education Demonstration Project to test whether payments for clinical education would increase the number of graduates from NP and other advanced practice

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registered nurse (APRN) programs. Nineteen nursing schools participated, and their enrollment and graduation rates rose after their involvement in the project. But as precepting payments shrunk in the final two years of the project, competition for clinical placements returned to pre-demonstration levels, according to a 2019 final report about the project. One of the project's unintended consequences? "Clinical education sites began to expect, and in some cases demand, payment from [schools of nursing] in order to precept their APRN students," the report concluded.

An NP program cannot say, 'You guys are on your own. It's all on you.'

"It was disheartening," says Anne Derouin, DNP, APRN, CPNP, FAANP, assistant dean of the MSN program at Duke University's School of Nursing, which took part in the demonstration project. "Our preceptors and clinical sites could see that they had a tremendous impact on the progression of students—the pipeline for the future of advanced practice—but without that financial incentive, many were like, 'I'm good.'"

NONFINANCIAL INCENTIVES

According to a 2019 survey by the AACN member schools of nursing, 10% of schools with graduate programs paid for preceptors, and 9% paid for clinical placement sites. Other surveys suggest preceptors prioritize nonfinancial incentives above payment. According to Doherty and colleagues, for instance, preceptors noted they also value using their preceptor hours for recertification.

"Opportunities for professional growth and development, over and over again, are seen as high value," says April Kapu, DNP, APRN, ACNP-BC, FAANP, FCCM, FAAN, president of the American Association of Nurse Practitioners (AANP) and associate dean for community and clinical partnerships at the Vanderbilt University School of Nursing. "If we could have a consistent, standard way of acknowledging our preceptors and all the work they do, that would be ideal." She says the AANP is addressing this by letting institutional members offer their preceptors AANP continuing education courses, conference attendance, and other resources at no additional cost.

IMPROVING THE PLACEMENT PROCESS

Training the next generation of the health care workforce is part of the mission of Connecticut-based Community Health Center, Inc. (CHC), but placing 40 NP students and more than 200 other trainees each semester in CHC's dozens of statewide locations is no mean feat. That's why Margaret Flinter, PhD, APRN, FAAN, the organization's senior vice president and clinical director, once proposed to several academic partners that they contribute to funding a CHC-based position to coordinate student and trainee experiences. That funding ended long ago, but CHC chose to keep the highly valued position.

Having a dedicated coordinator in the practice not only eases the placement process, Flinter says, but also reduces the burden of precepting on clinicians. "What sense does it make for the provider to have to figure out where the trainees are going to get a computer and passwords, or get oriented to the facility?" she asks. "That should not be on the shoulders of the provider."

Notably, all the Graduate Nurse Education Demonstration Project schools used project funds to improve administration of the clinical placement process, and two-thirds reported that they viewed coordination- or recruitment-related positions as "indispensable and sustainable," even without the infusion of government dollars.

ACADEMIC–PRACTICE PARTNERSHIPS

"One solution to our preceptor problem is leadership talking to leadership and creating relationships at the institutional level," says Mary Beth Bigley, DrPH, APRN, FAAN, chief executive officer of the National Organization of Nurse Practitioner Faculties (NONPF).

At Duke, an academic health center, that relationship boils down to "our students, our system," says Derouin. The school's health professions students have first dibs on clinical placements at the university hospital, but the relationship is not exclusive. The nursing school also places NP students at summer camps, school-based health centers, federally qualified health centers, and Veterans Administration facilities. Such partnerships may start with a single student, but the nursing school tries to establish multiyear contracts with clinical sites, she says. "We're thinking longitudinally, not just to hurry up and find something."

In addition to being built to last, Flinter says a good partnership should transcend the transactional. "There should be a strategic reason for working with a particular school," she says. "If there's a school that you recognize has a real focus on diversity and you are striving for that, or the emphasis is on underserved populations and that's your goal, that's a good basis for partnership."

NEW STANDARDS

With the pandemic disruptions of the past two years, it's hard to know what has changed since the CCNE revised its standards, but if Doherty and colleagues surveyed programs today, Butlin thinks their results would be different. "We have stated very clearly in our workshops and forums about the revised standards that a program cannot say, 'You guys are on your own. It's all on you.'" Butlin says. "And CCNE's expectations apply to programs with distance education offerings, too."

Even so, finding enough NP clinical placements may get harder in the short run. The NONPF and the AACN have spent two years leading a multistakeholder task force charged with revising the national *Standards for Quality Nurse Practitioner Education*. In April, task force members, including accreditors and certifiers, endorsed the new standards, which raise the minimum number of direct patient care clinical hours for NP programs from 500 to 750.—*Nicole Fauteux* ▼