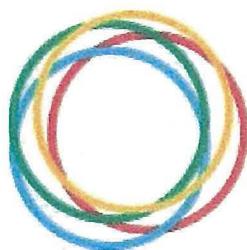


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NORTH DAKOTA CENTER FOR NURSING

A unified voice for nursing excellence.

Advanced Practice Registered Nurse Preceptors

Expanding North Dakota's APRN Education Capacity Policy Brief

April, 2016

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was created to represent over 18,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration to guide ongoing development of a well-prepared and diverse nursing workforce to meet healthcare needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

Advanced Practice Registered Nurse (APRNs) education includes clinical experiences that traditionally has been facilitated by pairing the APRN with an experienced, practicing APRN / or a physician that serves as a preceptor. Matching the student with the preceptor in North Dakota has become increasingly difficult for a number of reasons. This lack of preceptors has left North Dakota's three APRN universities with a substantial obstacle that impacts the number of students that can be accepted into programs and who can complete their education in a timely manner. Given that North Dakota is experiencing a healthcare provider shortage, it is critical innovative and practical solutions are found to increase the number of qualified preceptors.

Solution 1: A bill during the 2017 legislative session to provide an income tax credit to preceptors based on the number of hours and number of rotations.

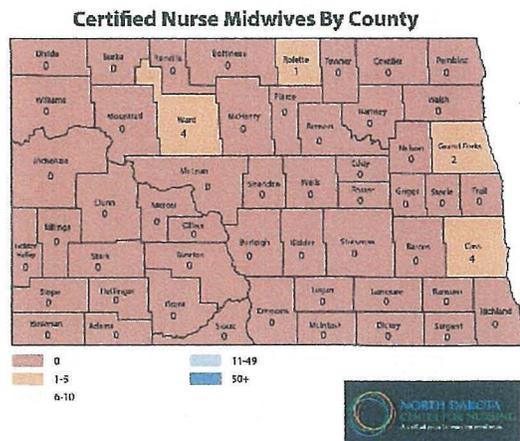
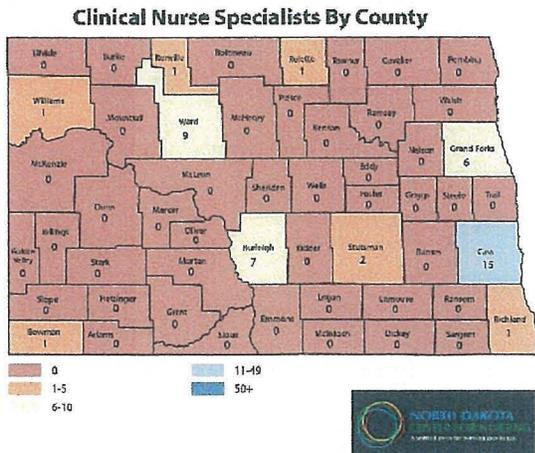
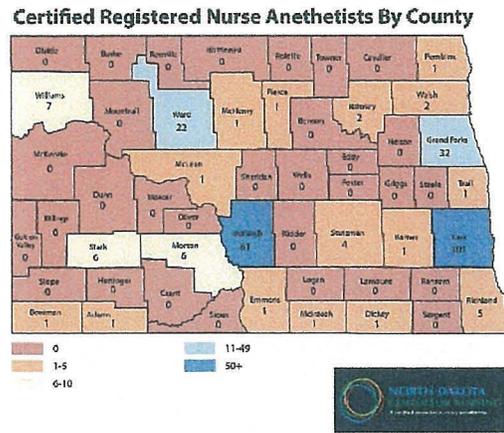
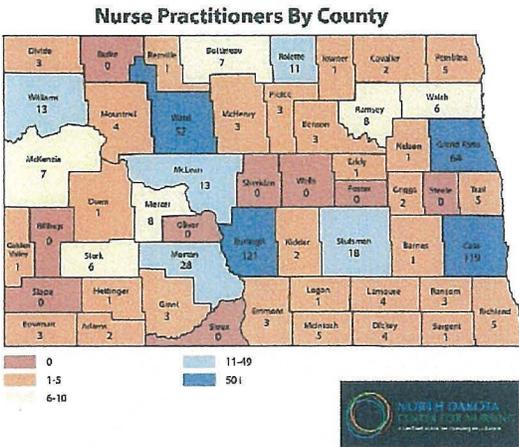
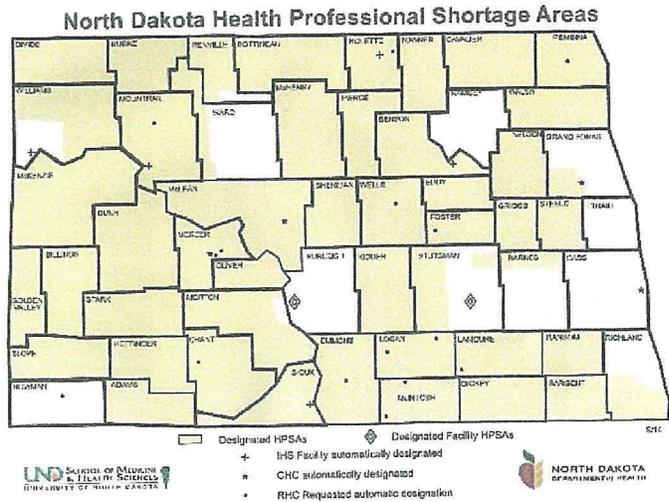
Solution 2: A bill during the 2017 legislative session to provide a state appropriation for financial reimbursement to preceptors for students of the three North Dakota Advanced Practice Registered Nurse programs (private and public) that are completing their clinical experience at a healthcare organization within North Dakota.

Solution 3: A bill during the 2017 legislative session to provide increased funding for loan repayment for APRNs that graduate and stay in our state to work for a period of time.

North Dakota is currently experiencing a shortage of primary care providers with much of the state classified as Primary Care Health Professional Shortage areas. The shortage is projected to continue especially with increased utilization of medical services with the Affordable Care Act and our increased and aging population.

Advanced Practice Registered Nurses provide critical services to patients across all of North Dakota. At times the Advanced Practice Registered Nurse is the only provider available in rural areas. Nurse Practitioners are educated to practice independently in a range of settings. Certified Registered Nurse Anesthetists are prepared to provide the full spectrum of patients' anesthesia care and anesthesia-related care across the lifespan. Certified Nurse Midwives provide a full range of primary healthcare services to women throughout the lifespan. Clinical Nurse Specialists have advanced education in a specialty area such as psychiatric/mental health or adult/gerontology (National Council of State Board of Nursing Consensus Model, 2008).

There are currently 706 Nurse Practitioners, 321 Nurse Anesthetists, 55 Clinical Nurse Specialists and 17 Certified Nurse Midwives licensed in North Dakota (North Dakota Board of Nursing 2015 Licensure Data).



Many of North Dakota's APRN received their education from one of the three in-state graduate programs at the University of North Dakota, North Dakota State University or University of Mary. These three programs have produced 69% of currently licensed Nurse Practitioners, 73% of Nurse Anesthetists and 76% of Certified Nurse Specialists (North Dakota Board of Nursing 2015 Licensure Data).

According to data from Job service North Dakota from their Jobsnd.com for 2014-2015, there were a total of 722 job openings for Nurse Practitioners with an average of 60 openings/month. There were a total of 4 openings for Nurse Anesthetists and Nurse Midwives (Job Service North Dakota, 2015). These continue to be high or exceptional growth fields in North Dakota (ND Labor Market Information Center Employment, Education and Training Projections 2012-2022).

Preceptors are a vital component of the APRN clinical education experience. Practicing APRNs volunteer their time to serve as a clinical preceptor. However healthcare systems and independent practitioners across the United States are now seeking financial compensation for preceptor services. Thus, financial reimbursement for the service of the preceptor has emerged as an element for matching academic and clinical education partnerships (AACN, 2015). Healthcare organizations have increased the productivity expectations of the primary care providers due to changes in reimbursement for healthcare services. Now APRNs who would like to serve as preceptors find that their heavy patient workload is a barrier to accepting students. Healthcare institutions are increasingly reluctant to add additional teaching experiences which may impact APRN productivity.

North Dakota graduate programs have indicated that an ongoing barrier to placing students in clinical sites is the availability of preceptors (ND Center for Nursing 2014 APRN Program Preceptor Interview Results). Physicians who serve as preceptors for MD and APRN, PA students and residents are of increased demand with the increased enrollment at the UND School of Medicine and Health Sciences. Regional and online programs are increasing the demand for preceptors. These barriers are particularly problematic in rural areas. Education programs are working to increase student exposure to rural healthcare, but preceptors are not available to facilitate this. By encouraging preceptors to serve for in-state programs this will strengthen our in-state programs and strengthen North Dakota overall.

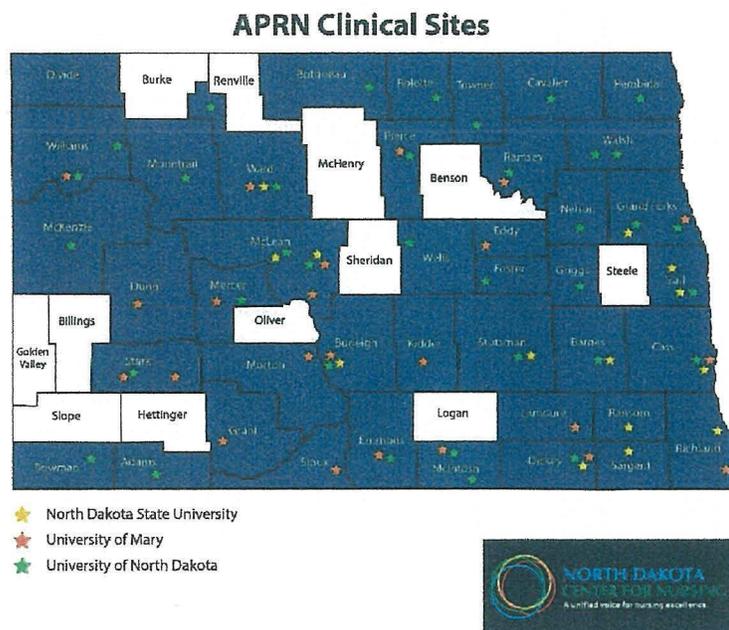
In a 2014 survey, North Dakota APRNs indicated that they felt precepting is a very valuable service to their profession; but, indicated that several barriers prevent them from serving as preceptors including a heavy workload and that the organization does not support their role as a preceptor due to loss of patient load (ND Center for Nursing 2014 APRN Survey Results).

APRN Preceptor shortages have been addressed by several other states. A few examples:

- South Dakota has implemented a number of initiatives as a part of an overall package of policy actions to ensure accessibility to primary care and to increase the capacity of education programs (Governor Daugaard's Primary Care Task Force Oversight Committee Annual Report, 2014). These include:
 - Fiscal year 2015 budget of \$260,000 for payments to South Dakota Nurse Practitioner preceptors. Physician and PA preceptors also receive reimbursement.
 - Provided non-monetary incentives to South Dakota providers serving as nurse practitioner/physician or PA preceptors. These include faculty appointments, access to electronic libraries, a large ad in newspapers thanking preceptors etc. Students are also encouraged to write letters thanking their preceptors.
 - Deans of education programs meet quarterly to enhance preceptor availability and to coordinate opportunities.

- Minnesota started working on examining the need to provide funding to healthcare facilities with preceptors in 1996 and have been providing Medical Education grants since then. Most recently funding for these grants came from cigarette tax revenue, federal Medicaid matching funds and a carve out of medical education funds from the Prepaid Medical Assistance Program and is administered by the Minnesota Department of Health (Medical Education and Research Costs Website, Minnesota Department of Health).
- Georgia enacted a preceptor tax incentive program in 2014 that provided a tax incentive for primary care community based faculty precepting 3rd and 4th year medical students, nurse practitioner and physician assistant students and is based on the number of clinical rotations with a \$1,000 per clinical rotation (160 hours of clinical training) and a maximum of 10 rotations (Georgia Senate Bill 391).

The complex issue of providing for increased education capacity requires a multi-faceted solution with multiple entities playing a role. The University of North Dakota, North Dakota State University and University of Mary have been working towards increasing the number of preceptors across the state. Compared to 2012, many new clinical sites have been added. There are currently 12 counties with no clinical sites as compared to 30 in 2012. Preceptor sites are based on student need and the expectations of the nursing program and can vary from year to year.



During the 2015-2016 academic year of 72% of APRN students completed their clinical in North Dakota. It has been demonstrated that students that complete clinical placements in rural areas are more likely to stay and work (World Health Organization, 2010).

All three graduate programs have also actively participated in the development of this policy brief and plan to implement additional program-specific incentives such as access to electronic campus library resources and other innovative ways to thank and incentivize preceptors. Several research studies have indicated these types of incentives are important to both the recruitment and retention of quality preceptors (Aiken, Cheung & Olds, 2009; Webb, Lopez & Guarino, 2015).

The ND Center for Nursing launched an APRN Preceptor Bureau in January of 2015 in an effort to match interested APRN preceptors with North Dakota's graduate education programs. To date, 12 preceptors have been included in the bureau and several have received additional preceptor training materials. These preceptors are from Burleigh, Cass, Cavalier, Grand Forks, Lamoure, McIntosh, Richland, and Wells, counties. The ND Center for Nursing continues to work to increase the number of preceptors participating in the bureau and examine the need for additional training materials.

Healthcare facilities have also been working to provide opportunities for APRNs to serve as preceptors. Although, in some cases this is an expected part of the professional work ethic and a component of the facilities' recruitment program. For example, one facility sends thank you notes to the departments where providers serve as preceptors. Another facility provides the opportunity for preceptors to receive a score of "Exceeds" for their professionalism standard which as a part of the overall performance appraisal system and can be correlated with increased merit pay.

Although many entities across the state have been working to increase the availability of preceptors through non-monetary incentives, online matching programs, additional training opportunities and facility based programs- additional support is needed from the create additional enticements.

Solution 1: A bill during the 2017 legislative session to provide an income tax credit to preceptors based on the number of hours and number of rotations.

Based on the Georgia tax incentive program, a ND tax incentive program would provide an income tax credit to a preceptor serving as a preceptor to an APRN student from one of the three North Dakota nursing programs. The preceptor would receive a \$1,000 tax credit for each clinical rotation of at least 160 hours to a maximum of \$10,000 for 10 rotations. The preceptor would keep track of the hours which would be confirmed by the instructor and submitted with income tax forms.

Solution 2: A bill during the 2017 legislative session to provide a state appropriation for financial reimbursement to preceptors for students of the three North Dakota Advanced Practice Registered Nurse programs (private and public) that are completing their clinical experience at a healthcare organization within North Dakota.

As preceptor reimbursement has evolved as a standard across the United States, North Dakota education programs are at a distinct disadvantage when placing students within North Dakota healthcare organizations. In addition, with changes in healthcare reimbursement, providers have increased patient workloads which prevent them from providing preceptor experiences to the next generation of providers.

Based on a similar program in SD, the proposed legislation would provide for \$10 per hour to preceptors in North Dakota based on 2015-2017 clinical experiences and projecting to the 2017-2019 biennium for a potential total cost if all of the students completed their clinical in ND \$1,307,800 (30,600 hours for NDSU, 28,000 hours for University of Mary, and 72,180 hours for University of North Dakota).

Solution 3: A bill during the 2017 legislative session to provide increased funding for loan repayment for APRNs that graduate and stay in our state to work for a period of time.

House Bill 1396 was passed during the 2015 legislative session and provided for an expansion of the loan repayment program to all APRNs. The new loan repayment program is still in its early stages of implementation. However, the amount budgeted for the full program even with the expansion was not increased. Increased funding is needed to fully implement this program in order to provide loan repayment to APRNs who serve in shortage areas. The required community match is also a barrier especially in small and rural facilities. During the March 2016 application cycle, seven applications were submitted from APRNs.

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