





Delivering Master's Education for Students Living in Rural/Frontier Environments

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Objective

· Explore approaches to the development of graduate nursing education programs with academic-practice partnerships impacting nurses in rural and frontier communities.

Background

- Lack of providers in rural/frontier environments
- Health challenges facing the nation are associated with the rapidly aging population, increased demand from health care reform measures and concerns about access and barriers to care.
- · CMS goals to prevent readmission
- · Health promotion needs
- Part of the efforts to improving patient access to high-quality care is to the increase in the number of Advanced Practice Nurses who practice in rural and/or underserved areas.



Southwest Virginia Rural Appalachia



Historically distressed/at-risk counties in Appalachia



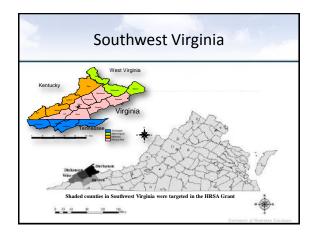
Denham SA, Wood LE, Remsberg K. (2010) Diabetes care: provider disparities in the US Appa (Online) Available: http://www.rrh.org.au

Appalachian Health Disparities

The rural population of the Appalachian region of the United States is plagued by enormous health disparities due to extensive poverty, lack of education, and minimal access to care providers.

Merwin, E. **Snyder**, **A**, Katz, E. (2006). Differential Access to Quality Rural Health Care: Professional and Policy. *Fam Community Health*, 29 (3), 186-194.





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Project Goals

- To improve access to primary care, specialty care and wellness/preventative services by increasing service capacity by 25% to 4,000 people annually.
- 2) To expand primary care services to provide high quality health care initiatives built upon the chronic care and vulnerable populations models to area residents without regard to income or insurance status.
- 3) To expand clinical training sites for students in primary care and enhance nursing practice by increasing the number of structured clinical teaching sites for advanced practice primary care nursing students by working in collaboration with the faculty of the UVA School of Nursing and the Department of Nursing at UVA Wise.
- 4) To implement the use an electronic medical record and improve computerized data collection via Uniform Data Systems (UDS) reporting systems.

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Access to health care

 Origin of the student is the biggest determinant on where they choose to practice.

(Milgron & Tishendorf, 2001)

 Rural populations are smaller, leading to less representation in medical, dental and nursing schools which contributes to smaller numbers of rural practitioners

Student demographics

- 145 undergraduate (48.3%) or graduate (51.7) nursing students were scheduled to receive clinical training opportunities at the Health Wagon over the course of the three year grant.
- 82.1% were female
- 96.6% of students were non-Hispanic (only 5 were Hispanic)
- Most were White, non-Hispanic (79.3%), with 8.3% (n=12) Asian, 6.2% Black (n=9) and 6.2% (n=9) all others combined.

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Student origin

- 67.6% (n=98) reported residing in a nonrural location
- 32.4 (n=47) resided in a rural location
- Almost all of the students (89%, n=129) resided in Virginia while 5 students 3.7% lived in other states.

Incorporate IPE



Larese, S., Goerman, E., Snyder, A. & Syverud, S. (2012). Teaching Clinical Sonographic Skills to Medical and Nursing Students. *Journal of Diagnostic Medical Sonography*, published online 27 January,1-4. Funding: Sonography Education for Students: Use of the RAM, Wise, VA event to teach clinical skills. (7/1/09-6/30/10). The Academy of Distinguished Educators, The University of Virginia School of Medicine, Innovation in Medical Education Grant \$15,000.

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Challenges to Goal 3: Expand clinical training sites for nurses...

- Some delay occurred in Year 01 of the grant due to the need to move the Health Wagon clinic from Clincho, VA to Clintwood due to safety issues related to drugs and violence (area of high prescription drug abuse). Following the move more students were scheduled to meet program goals.
- Since the HW is a working rural mobile clinic, flexibility is needed in scheduling students within a structured academic environment.
- · Distance between school and site

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Outcomes

- Overall, long distance academic and free clinic partnerships that train nurses of all levels, such as the one described are feasible
- In this project, students from both urban and rural backgrounds successfully received training.
- Success depends on commitment to the goals of the training, trust among all partners, an understanding of the time commitment, and ensuring that all partners are equal players in the process of implementation and participation in student evaluations.

Snyder, A., Milbrath, G., Gardner, T., Meade, P. & McGarvey, E. (2015). An academic and free clinic partnership to develop a sustainable rural training and clinical practice site for the education of undergraduate and advanced practice nurse. Journal of Nursing Education and Practice, 5(4), 7-12. DOI:10.5430/jnepv5n4p7 URL:http://dx.doi.org/10.5430/jnepv5n4p7

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An Academic-Practice Partnership to educate AGACNPs to improve care of rural adults across the transitions of care



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Timing

- · UNC's desire for additional graduate students
- Market analysis practice based master's degrees
- Healthcare systems needs
 - Feedback from Banner and UC Health
- Existing regional AGACNP programs
 - CO: CSU Pueblo- distance learning
 - WY: no programs
 - NE: Creighton college, PM certificate, and DNP Omaha Clarkson College Omaha

University Nebraska Medical Center, ACNP PM certificate, MS, BSN-DNP

Community Partners

Banner Health'

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- Centennial AHEC
- Preceptor training CEs Student lodging coordination
- Banner Health
- - Rural site placement
 Greeley, CO
 Brush, CO

 - Brush, CO Sterling, CO Fort Collins, CO Loveland, CO Ogallala, NE Torrington, WY Wheatland, WY Worland, WY
- Medical Center of the Rockies,
- University of Colorado Health, Loveland, CO
- Platte Valley Medical Center,
 - Brighton, CO

Working Definition

Academic-Clinical Partnerships

Defined as strategic relationships between educational (academic) and clinical practice settings established to advance their mutual interests related to practice, education and research

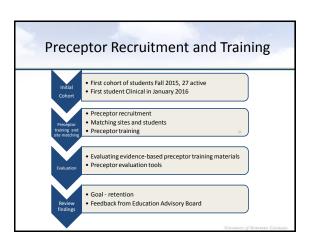
Purpose

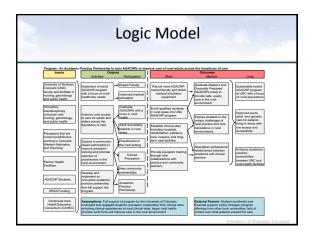
- · Implement an Adult Gerontology Acute Care Nurse Practitioner Program (AGACNP) program with a focus on rural cultural and rural healthcare needs and challenges for elders across the transitions of care.
- Develop and implement an innovative academicpractice partnership that supports the program.
- Expand a community-based partnership to improve preceptor training and promote retention of preceptors in the rural environment.

Program Details

- Joint collaboration of UNC nursing, community and public health, and gerontology programs with community partners.
- A predominantly on-line program with a focus on recruiting BSN prepared nurses from rural areas or who work with patients from northern Colorado, Wyoming and western Nebraska, and will continue to work in their current position while in graduate school.
- Two required summer intensives at UNC for health assessment check off, advanced practice skills, competencies, simulation, and a community engagement project.
- This program will develop additional clinical partnerships in the rural region. If students can complete their practicums where they live, preceptors and contracts will be arranged. If this is not a possibility, the student will complete their practicums in the UNC region with Centennial AHEC (CAHEC) assisting with lodging placement.

Partnerships Figure 1: Location of AGACNP Expanded Clinical Partnership Site the University Non-rural site @ Rural site CAHEC Region University of Northern CO. McKee Medical Center North Colorado Medical Cente NEBRASKA Medical Center of the Rockies Platte Valley Medical Center East Morgan County Hospital Sterling Regional MedCenter nited States Ogallala Community Hospital Banner Community Hospital Platte County Memoria Washakie Medical Center





Goals

- This program will prepare more nurse practitioners graduates with expertise in acute care, gerontology, rural health and public health care, and the use of evidencebased practice that will enable them to improve quality and access to health care in rural/frontier and underserved communities; reduce health barriers and disparities; and assure the adequacy of the nursing workforce and infrastructure of public health and healthcare in rural/frontier and underserved regions.
- This innovation will promote retention of preceptors in the rural environment. This program will improve transitions of care for rural elders and prepare more nurse practitioners to practice in rural/frontier underserved areas.

Challenges with development of predominantly on-line education program

Lessons learned

- · Courses must meet Quality Matters standards
- Some students do not have high speed internet access at home
- Computers break lack of local computer repair
- · Faculty availability weekends and nights
- Licensure of faculty in state of clinical site required
- · Licensure of NP student as RN in state of clinical site
- Hospitals bought out by other parent companies- need to rewrite collaborative agreements
- · Integrate telemedicine into curriculum
- Equipment needs

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Skill development Skill development

Ideas to contemplate

- Strategic workforce development
- Helping hospitals develop positions for APRNs
- Faculty participation on organization boards
- Bill proposal tax cuts for preceptors
- Scholarships for rural nurses
- · Targeted recruitment

Thank you!

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Resources to share

- Roth, J. (Ed). (2014). Core Curriculum for Preceptor Advancement. San Bernardino, CA: American Academy for Preceptor Advancement. ISBN: 9781511793919
- Roth, J.W., Figueroa, S. & Swihart, D. (Eds.).(2014). Scope and Standards of Practice for Preceptor Advancement. San Bernardino, CA: American Academy for Preceptor Advancement. ISBN:1495264505.
- Webb, J., Lopez, R.P. & Guarino, A.J. (2015). Incentives and Barriers to Precepting Nurse Practitioner Students, JNP, 11(8), 782-289.

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