

Academic Practice Partnerships: Role Development for the Nurse Practitioner Student

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Disclosure

- We have no potential conflicts of interest to report pertaining to this presentation.
- The UMMS Medical School IRB has determined that the data reported here is not human subjects research.
- Our intent in this session is to promote inclusive learning while avoiding bias, we welcome feedback regarding areas for improvement.

Acknowledgements

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Objectives

- Summarize the advantages of Academic Practice Partnerships and longitudinal placements for Nurse Practitioner (NP) students
- Describe the transformational learning that occurred as a result of these partnerships
- Understand how practice focused projects can be a win-win for all

NEEDS ASSESSMENT

What are your objectives?

Why did you choose this session?

Key Points - CMAAPP

- The **Central MA ANE Practice Partnership (CMAAPP)**
 - expands and strengthens the relations between the University of Massachusetts Medical School Graduate School of Nursing (GSN) and three underserved primary care organizations:
 - Edward M Kennedy Community Health Center, a federally qualified health center
 - Reliant Medical Group
 - Heywood Medical Group

Why focus on an Academic Practice Partnership?

- Expands real world training opportunities as critical learning experiences for NP students:
 - Caring for chronic and complex co-morbidities including behavioral health, in underserved populations as mainstream healthcare needs also evolve, regarding access, managing chronic disease, and neglected health care services

CMAAPP Project Goals

1. Develop and implement an organizational structure that
 - **defines roles and responsibilities** for education, evaluation, communication, feedback and quality improvement to ensure practice partner input and learner success
2. Expand **experiential and clinical** learning opportunities for APRNs (FNP and AGPNP) in **medically underserved communities**

CMAAPP Project Goals

3. Develop, implement and evaluate **curriculum specific to the needs of the underserved populations** served by these sites.

4. Identify:

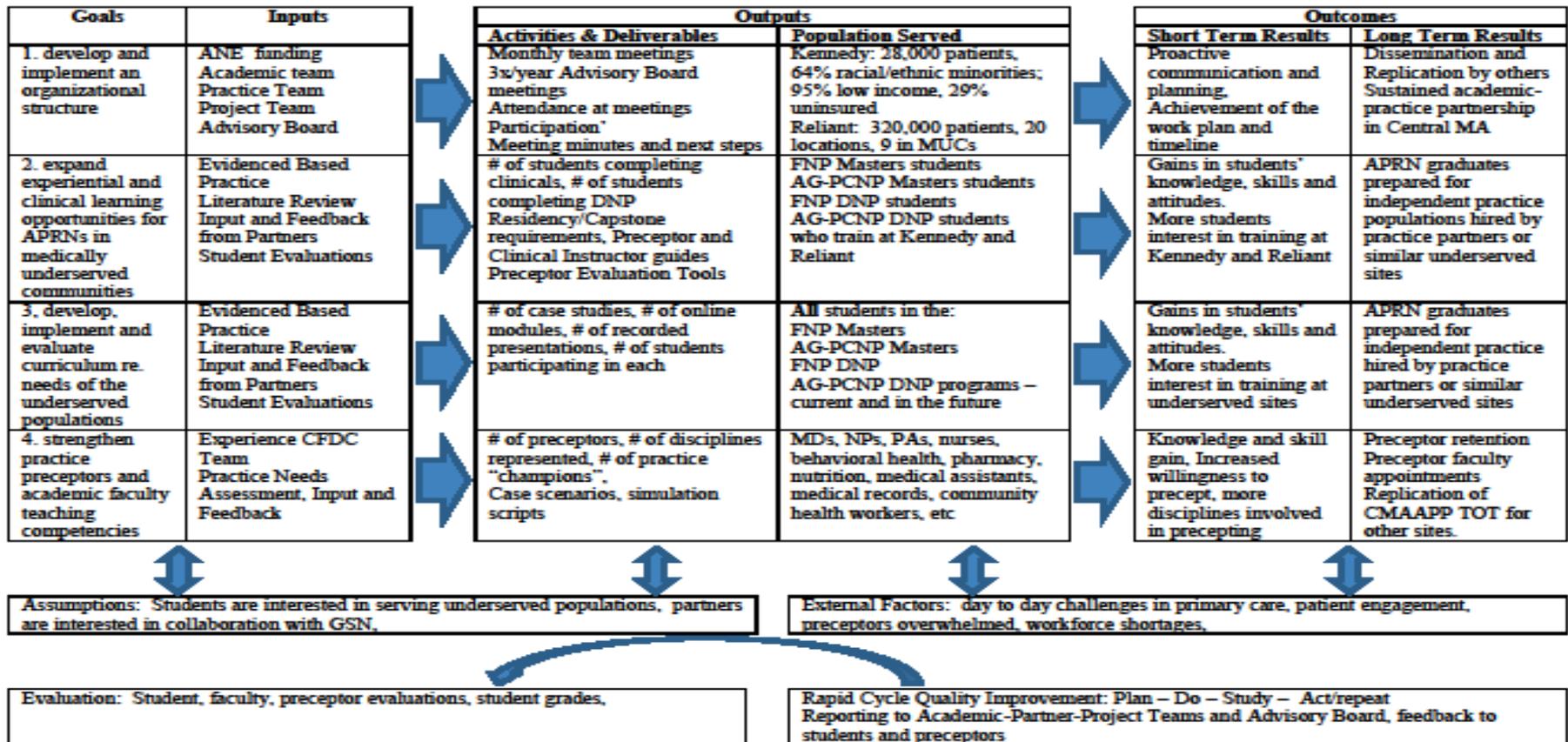
- **New and strengthen existing** community-based preceptors' **competencies** with a corollary effort to **better equip institutionally-based faculty to ultimately prepare NPs for practice in underserved primary care settings**



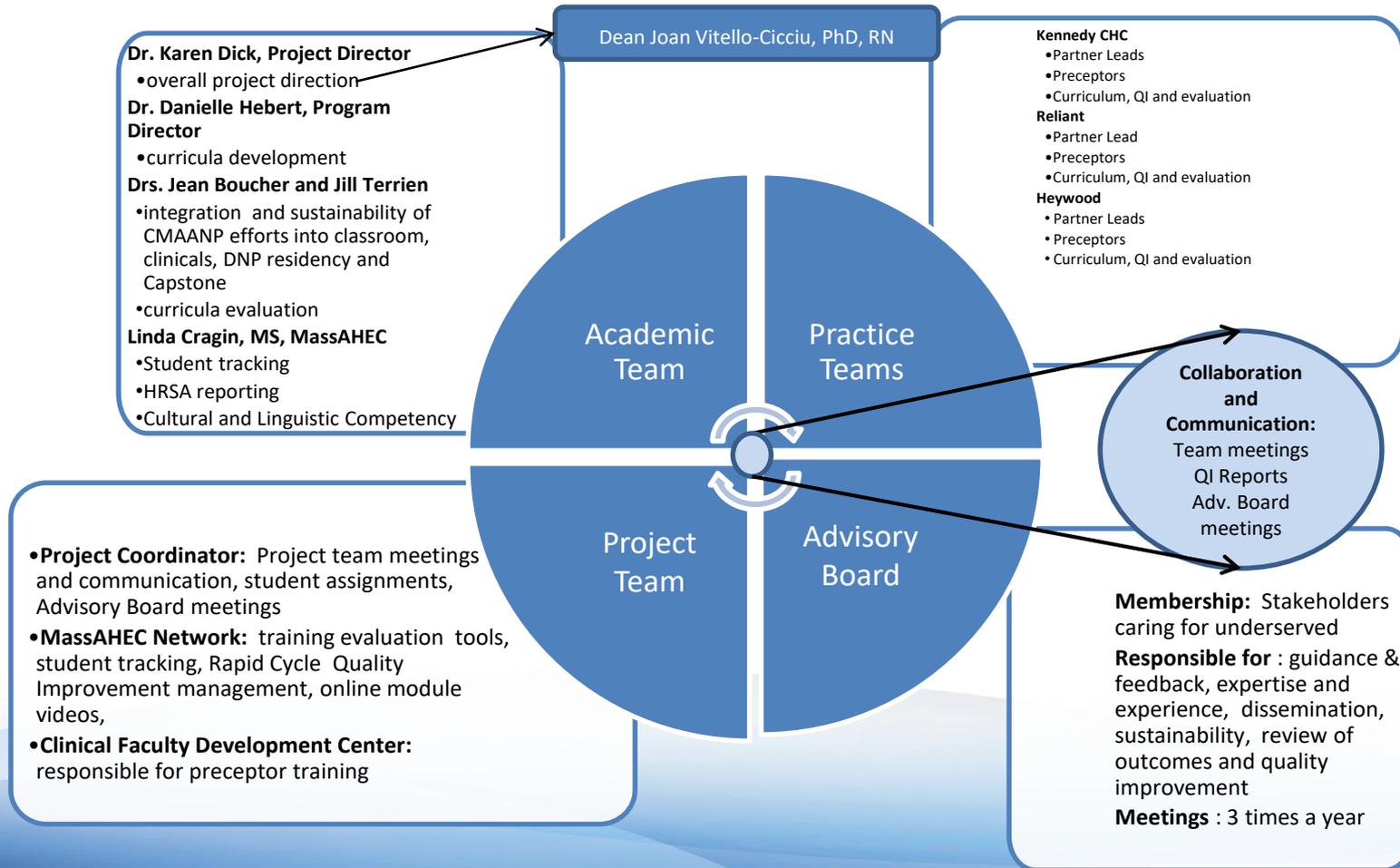
GSN's Aims for the CMAAPP Grant

- Develop a new model of an Academic-Community Partnership
- Address fragmented student placements, especially for FNP students
- Address demonstrated student interest in caring for underserved populations
 - Need to provide experiences for students to learn
 - New model of longitudinal, immersion experience for quality NP placements
 - Develop and cultivate relationships with preceptors to provide these experiences
- Address preceptor concerns
 - Academic – community disconnect
 - Classroom disconnect with exam room
 - Need more real world experience, classroom needs to reinforce community and vice versa
 - Provide resources to burdened preceptors

Logic Model- RCQI



Central MA ANE Practice Partnership



Discussion Around NP Competencies

- How to develop trust and be respectful of dignity issues among vulnerable populations.
- How to do a better job letting patients tell us what THEIR needs are? Work more toward patient-centered care.
- Provide focus on Health Policy.
- Additional focus and training on pain management and addiction management.
 - Examine the need for more education of how to intertwine treatment for chronic pain and treatment and prevention of addiction.
- Expose the students to different cases that address critical community issues. Need to examine the curriculum thread relevant to these issues.

Discussion Around NP Competencies continued

- Focus on behavioral Health Care – diagnosis and treatment
 - Understanding how to work with and advocate for this populations.
- Look at the whole person in terms of family care.
 - Dental care – elderly, DM, children
 - Vision care
- Information on the service delivery system for the underserved.
 - How is healthcare evolving, where is it going and how is it SUPPOSED to work.
 - Understanding legislative activism and what that means; what is the impact of various House and Senate bills?

EMK

Reliant

Heywood Health

ACADEMIC PARTNERS

Moving in the Direction of a TRUE Academic Partnership

- The disconnect that exists between academics and real life practice can be resolved or lessened
- We worked directly with preceptors in order to better equip them to be better teachers and mentors
- The definition of preceptor was expanded
 - Include all community-based staff, not just the clinicians
 - A team approach is stressed in an attempt to reduce the burden within the partner practices of taking on a student

PRECEPTOR TEAM MEMBERS SUPPORT

Preceptor Supports

- Preceptor Facilitator Guide:
 - Offers clear objectives and strategies for integrating social determinants of health, community considerations, and team based approaches of care

Preceptor Supports

- Clinical teaching and educational planning for preceptors and practice teams
 - Preceptor training for partners utilizing established program (UMMS – Teachers of Tomorrow)
 - Providing strategies for working with students
 - Identifying learner needs
 - Effective strategies for feedback
 - Efficient teaching methods
 - Engaging primary care team in precepting
 - » Development of JOB AIDES and promoting teaching skills for team members

Preceptor Supports

- Creation of video with a practice partner
 - Identify factors contributing to burnout in new PCP providers
 - Strategies to address and prevent burnout
 - Sent to 1st cohort who had been in practice for 9-12 months for evaluation and feedback
- Development of a Preceptor Portal embedded on GSN webpage with supportive documents and modules

Provider “Burnout” Video

Academic Partner Preceptor Video

- Video sent to CMAAPP students 9-12 months after graduation
 - Guide for discussion of online video module
 - Feedback prompts for online video module
 - Post-review questions of video

Preceptor Portal

UMMS GSN Portal Link

[About](#) | [Prospective Students](#) | [Education](#) | [Research](#) | [Faculty](#) | [Giving](#)



Preceptor Portal

Graduate School of Nursing

DEAN'S WELCOME

PRECEPTOR ORIENTATION/HANDBOOK

RESOURCES

TRAINING & EDUCATION

Preceptor Portal

Dean's Welcome

Preceptor Orientation/Handbook >

Resources

Training & Education

Welcome to the Graduate School of Nursing Preceptor Portal

STEP 1



WATCH

Dean's Welcome

STEP 2



WATCH

Preceptor
Orientation/Handbook

STEP 3



COMPLETE

Preceptor Orientation
and Updates Evaluation

STEP 4



ACCESS

Track Specific
Information

This is an official Page of the University of Massachusetts Medical School

GSN Preceptor Portal • 55 Lake Ave North, Worcester, MA 01655

Questions or Comments? Email: XXX@umassmed.edu

RE-ENVISIONING CLINICAL EDUCATION FOR NURSE PRACTITIONER PROGRAMS: THEMES FROM A NATIONAL LEADERS' DIALOGUE

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As the need for primary care providers increases, nursing education programs face significant challenges to meet future workforce needs. A more resource-efficient approach for the clinical education of nurse practitioner students is needed. A think tank involving 20 thought leaders representing multiple disciplines was convened to discuss this issue. This article presents seven themes that emerged from this national leaders' dialog: academic practice co-design, standardized preclinical preparation, standardized student assessment, entrusted professional activities, immersive clinical experiences, interprofessional education for team-based care, and innovative education practices. (Index words: Nursing education; Advanced practice registered nurse) *J Prof Nurs* 30:273–278, 2014. © 2014 Elsevier Inc. All rights reserved.

THE DEMAND FOR an expanded advanced practice registered nurse (APRN) workforce, especially those expertly prepared to assume roles in primary care, has never been greater, and this demand is projected to grow even further. Several changes in demographics and in health care delivery systems have fueled this need. These changes include an increased incidence of complex, multimorbid conditions among the aging American population, an increased demand for primary care

services, and a call for less restrictive and more nationally uniform regulation of scope of practice for nurse practitioners (NPs). Thus, the outlook is ripe with unparalleled prospects for advanced practice nurses, particularly NPs, to transform these evolving systems and to lead the nation in achieving optimal health.

Despite this unique opportunity, challenges exist for the nursing profession to respond effectively to this demand. Concerns have been raised about the ability of academic programs to meet future workforce needs (Lauzon-Clabo, Giddens, Jeffries, McQuade-Jones, Morton, Ryan, 2012). It is logical to assume that schools of nursing could address the issue by simply increasing the number of applicants they admit. Many programs have reached their capacity for expansion, as evidenced by the fact that over 13,000 qualified applications were turned away from graduate programs in 2011 (American Association of Colleges of Nursing [AACN], 2012). Two primary reasons applicants are denied admission, at a time when workforce expansion is needed, include a shortage of qualified nursing faculty and restricted clinical education opportunities resulting from an antiquated clinical education system designed at a time when the demand for this workforce was much less (Lauzon-Clabo, et al., 2012).

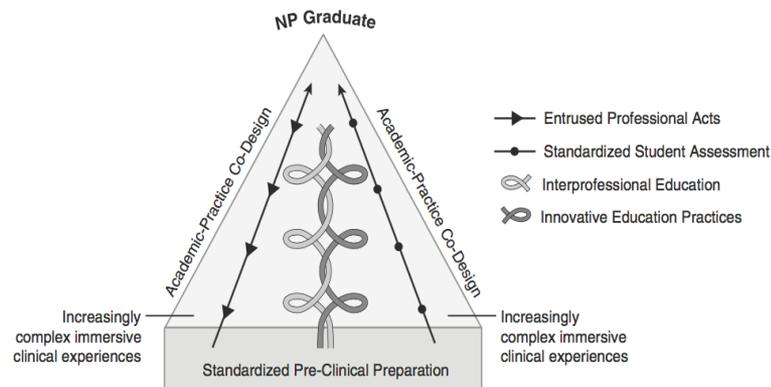


Figure 1. Clinical Education Model Themes.

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EDUCATION

Training Nurse Practitioners and Physicians for the Next Generation of Primary Care

January 2013 Andrew Schwartz



From left: nurse practitioner student Jonathan Van Nuys, medical resident Michael Wongchaowart, nurse practitioner preceptor Kristin Weaver, RN Leonides Penafo and LVN Marbing Medina (photos by Elisabeth Fall).

It's just before 8 a.m. in a cramped exam room at the San Francisco VA Medical Center's primary care clinic.

<https://scienceofcaring.ucsf.edu/future-nursing/training-nurse-practitioners-and-physicians-next-generation-primary-care>

RELATED STORIES

Education

January 2013



Are Residencies the Future of Nurse Practitioner Training?

UCSF and UCLA schools of nursing partner with community clinics to give newly minted NPs an extra year of training.

Patient Care

May 2011



Teamwork Makes Hospitals Safer

Patient safety expert Mary Blegen describes ways for nursing leaders to maximize their impact.

Education

September 2012



PrimeRISK: Learning to Care for the Most Vulnerable Among Us

With help from a federal grant, the UCSF School of Nursing PrimeRISK program is teaching family nurse practitioner students how to better serve vulnerable populations that often remind students of themselves.

Page 1 of 22

"The VA recognized that the future is team-based care and that in order to perform effectively as a team, students need to learn on a team," says NP Susan Janson, a faculty member at

<https://scienceofcaring.ucsf.edu/future-nursing/training-nurse-practitioner>

Training Nurse Practitioners and Physicians for the Next Generation of Pr

UCSF School of Nursing and co-director of the program.

"The literature suggests and we believe that patient care improves when the primary care team learns how to communicate, understands each others' roles and utilizes team members effectively," says physician and co-director Rebecca Shunk, who is on the faculty at UCSF School of Medicine.

Utilizing the Team

Objectives

1. Identify ways in which each member of the team can support learning for students and new NPs
2. Generate 3 specific Action Plans for utilizing the whole team at their worksite

CMAAP Aim

To mirror the concept of team based care from a teaching perspective, CMAAPP proposes to expand the concept of preceptor to include the medical home team when appropriate. Clinical supervision must be provided by the appropriately trained clinician; however, CMAAPP envisions integrating new learning opportunities that will include team members such as behavioral health professionals, care managers, medical interpreters, community health workers, specialists, etc. This broader concept will require preparation for preceptors that will be developed through this grant. The GSN faculty and clinical instructors who work directly with the students in the sites also need to be better prepared to understand the needs of underserved practices and work in concert with practice-based preceptors; learning together through the proposed seminars will foster this.

Agenda

1. Ice Breaker Activity
2. Small Group Discussion for Action Planning

If you were going to teach the NP students how to “utilize the team”, what would they need to know in order to accomplish this task?

1. What are my patient’s “problems/issues”?
2. Which of these problems are in my purview to solve?
3. Which of these problems can’t I solve or don’t have the time to deal with?
4. What skills do each member of the team possess?
5. Does the team member have the time/bandwidth to accomplish this task?
6. How do I contact the appropriate team member?
7. What information do I need to give that team member in order to have them accomplish this task?
8. Do I need to get the “team” together to discuss?
9. Who are the members of the team (don’t forget, MA, RN, greeter, etc).
10. How to use the day-to-day team (MA, RN, etc). Huddles.
11. What are the needs, perspectives, barriers, and *skills* of the patient?
12. In the limited time a provider has, how can team members best be used for this visit and for ongoing care—daily huddles, care coordination meetings, warm handoffs, curbside consults, etc.



How do we use a/the team to teach NP students?

The Educational Planning Process: The GNOME



The GNOME

- GOALS
- NEEDS
- OBJECTIVES
- METHODS
- EVALUATION

Teaching of Tomorrow (TOT)



Clinical Faculty Development Center



Our Signature Program

Teaching of Tomorrow (TOT) is a nationally recognized and highly acclaimed Faculty Development Program for preceptors of medical students and residents. First offered in 1994, this program is presented by UMass faculty from the departments of Family Medicine, Internal Medicine and Pediatrics; over 1,500 clinical faculty and preceptors throughout the Northeast and beyond have participated. The course is designed for clinicians (MDs/DOs/PAs/NPs) from any specialty--*anyone who is interested in refining their clinical teaching skills and networking with other clinician educators.*

Two levels are offered:

- Track 1 - Foundation of Clinical Teaching and Educational Planning
- Track 2 - Building Your Career as a Clinician Educator (Advanced Program for Graduates of Track 1)

CMAAPP TOT Experience

- Workshop Leaders
 - 4 UMMS Faculty
- Participants
 - 40 Preceptors (NPs, PAs, MDs) from three practice partners
 - Attended two workshops 4-6 months apart
 - 21 non-provider team members registered to attend workshop in May

Workshop One:

The Education Planning Process

- The workshop will focus on educational skills that are central to all teaching activities.
- The first is to be able to efficiently obtain a **needs assessment** from learners using *questioning styles*. This enables us to target what we teach, dramatically increasing its efficiency and effectiveness.
- The second skill is to be able to have **feedback conversations** with learners in such a way as to maximize the chance that the feedback is heard and acted upon in a positive way.
- Lastly we will discuss **teaching methods** that will speed up the learning curve for our NP students who have the daunting task of “hitting the ground running” when they graduate from this program.

Workshop Two:

The Educational Planning Process-Application to Teams

- The goals of this workshop are:
- Describe **effective and efficient teaching methods**.
Demonstrate the skillful use of the “One Minute Preceptor”.
- Completing the elements of the educational framework (GNOME), participants will describe and demonstrate the steps involved in **feedback conversations**.
- Develop ways to **utilize the whole team** to improve teaching and learning on the job.

Workshop Three:

Educational Planning Process-Utilizing the Team

- This 4 hour workshop is designed to help members of the Medical Home Team engage in the teaching of Nurse Practitioner students. It will provide specific skills for team members (other than physician and nurse practitioner preceptors) to effectively participate in training and education activities.
- As the learner, you will:
 - Identify the parts of your job that NP students should know.
 - Practice writing specific learning objectives so that what you want to teach is clear to the NP student
 - Discuss methods to achieve the learning objectives

Recognition of preceptors' needs

- *“We are asked to teach with no real training in teaching except a lifetime of being a student (which does count but is not sufficient).”*
- *“It was wonderful to be able to put words/lingo to various topics/methods so that I can begin to understand what I’ve BEEN doing and what I want to BE doing.”*

Providing tools for teaching

- *“The surprisingly straightforward GNOME approach is appreciated – because it makes a difficult and sometimes daunting role of teacher feel much more manageable. WE can do this and the practice sessions/role play helped us to see this in use.”*
- *“It is helpful to have a method to follow with specific examples on how to improve feedback as well as how to assess students and to evaluate. This workshop was very helpful to give us tangible strategies to use.”*

Preceptors

Strengths

- GSN very connected to the sites
 - Lots of continuity
 - Lots of contact with sites/preceptors
- Resources
 - Preceptor Portal
 - Faculty Development
 - Procedures workshop
 - Teaching of Tomorrow Program

Preceptor Challenges

- Challenging for the sites to make a long term commitment
 - Especially if there is a challenging student or bad “fit” between preceptor and student
- Challenging for sites to accommodate the needs of FNP students
 - Primary care, Pediatrics, OB/GYN
- Sites/preceptors more accustomed to precepting MD students, not NP students

Our Job Aid

- What service you provide:
- How to access the service:
 - Forms? Which one and where to find it?
 - Proper wording? Wording to avoid?
- Think about the *sequence* of steps – what has to come first?
 - Task 1 ... What and how
 - Task 2 ...What and how
- Contact information
- Summary of key points
- Resources

JOB AID Workshop Goals

- Recognize the impact on effective patient care of a well-integrated Interprofessional (IP) Team
- Build on Yr. 2 workshops to enhance teaching abilities of non-provider members of the IP teams at each participating site
- Develop materials and an approach to teaching about the IP team – for use at each site and at GSN

Introducing Senora. X

- 72 yo Spanish speaking female
- Relatively new to practice (<6 mos)
- PMHx:
 - CVA at age 50
 - R hemiparesis
 - Hypertension
 - Depression
 - Heart Failure
 - Diabetes, Type II
 - Chronic pain

Senora X (cont'd)

Social Hx:

- Lives alone in subsidized housing; recently received eviction notice
- Currently has no health insurance (Medicare and Medicaid in past but not active)
- Grandson used to live with her and support her, but moved out; Daughter lives on Cape (chronic mental health issues)
- Some home care supports: PCA and Visiting Nurse
- Transportation issues – previously used company but now must use public options

Current Issues:

- Follow-up post hospital discharge (1 week ago) – recurrent CHF exacerbation
 - 6 hospitalizations in past 6 mos (diuresis)
- Due to worsening mobility, uses a scooter which is breaking down (6 years old)
- Medications: Poor compliance with diuretics; insurance recently limited amount of Losartan
- Provider wants to order brain imaging for recent changes in mental status and vision

Senora. X (cont'd)

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Needs Assessment

- From the time she enters your health center, to the time she leaves
- What does Senora X need
- What does Senora X need *from you*
- What might happen if Senora X doesn't get what she needs ... from you?
- Introducing the 5 Whys



The 5 Whys



- From Toyota Production System
- To determine the root cause of unexpected result
- Ask Why? – 5 times
- **It's important to note that the purpose of the 5 whys isn't to place blame, but rather to uncover the root cause of why something unexpected occurred. Additionally, it helps a team create small, incremental steps so that the same issue doesn't happen again (to anyone).** <https://open.buffer.com/5-whys-process/>

Template for Job Aid

- **What** service you provide:
- **How** to access the service:
 - Forms? Which one and where to find it?
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- Think about the *sequence* of steps – what has to come first?
 - Task 1 ... What and how
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- Contact information
- Summary of key points
- Resources

Brief
Presentations:
A Definition

- A 3-5 minute didactic talk on a narrow topic to address an immediate learning need.

Why and When Do We Do Brief Presentations?



- To teach primarily knowledge objectives
- When the “need to know” is high
- At “teachable moments” (we recognize that not all “moments” are good for teaching!)

STUDENTS FACULTY CURRICULUM

Cohorts

- Three cohorts of students
 - Cohort 1 (2017) 11 students
 - 9 of the 11 (82%) working in underserved areas
 - Cohort 2 (2019) 12 students
 - Just graduated all DNPs
 - 3 have jobs at the sites
 - Cohort 3 (2020) 12 students

Learning Activities – Curricular Enhancements

- Designated seminars
 - Discuss clinical experiences and practice strategies for effective oral presentation of patients in the clinical setting
 - Facilitating ability to consider patients holistically and their SDH
- Reflective writing - six themed prompts
 - Practice site/preceptor expectations
 - Interprofessional teams
 - Health literacy challenges
 - Community resources
 - Complex chronic conditions
 - Meaning of underserved and vulnerable populations
- Medical Team Discovery Exercise
 - Identification of primary care interdisciplinary team and their day-to-day contributions to care

Learning Activities – Curricular Enhancements

- Getting to Know Your Community exercise
 - Identified & integrated data (epidemiologic, demographic, & social supports - markets, transportation, etc.) into care
- “*Implicit Bias*” exercise (Harvard University)
 - Discussion board posts and responses
- Evolving case study
 - Expose students to a common patient with a complex medical, social history, from a vulnerable population

Learning Activities – Curricular Enhancements

- Behavioral Health Module
 - Completed 6 modules on common BH concerns in primary care
 - 2 hour class discussion with BH specialist on PCP BH issues
- Physician expert in SUD presented to students on Medication Assisted Therapies for SUD
- Motivational Interviewing Workshop
 - One day workshop offered to full cohort
 - Intensive workshop offered to several CMAAP students

Reflection Prompts

- Tell us about your preceptors and site for this semester: What are your first impressions of the clinical site? Do you anticipate any concerns being able to meet the objectives as outlined in the preceptor facilitator guide?
- You've heard the terms "underserved" and "vulnerable" populations. What do these terms mean in your current clinical site? Have you cared for someone who you feel meets the criteria for either or both terms? How did the experience affect you? Has your thinking changed about how to care for these patients?
- One of your objectives to work on with your preceptor is to identify community resources. What has been your greatest challenge in utilizing the available community resources that support your practice? How did you overcome this/these challenges? If you have not been able to overcome the challenges, what were the barriers?

Reflection Prompts

- Define health literacy. Please provide an example where you were challenged by this issue in caring for a patient and their family. How did you handle this?
- You've been working now as a member of an interprofessional team in your student role. How has this impacted your ability to care for complex patients with complex socioeconomic situations? Please provide an example where you have had to involve the multi-disciplinary team members.
- Envision that this is your first month on your new job as NP. You have a 45-year-old non-English speaking single mother who is caring for her own elderly non-English speaking mother. She has a limited income, smokes and has been recently diagnosed with Type 2 diabetes. In addition, she has a 16-year-old daughter who is pregnant. She is here today to be educated about her illness. What are your priorities for this visit and for your plan moving forward? What other members of the team in your setting could be helpful to this patient in developing a plan of care?

Underserved Populations:

“The elderly who are often barely making ends meet due to their very low fixed income. Many of the elderly that we take care of are unable to make decisions about their health due to their decline in mental status.”

Interprofessional teams

“I find that the CHWs are the key in managing the care of these patients!”

Health Literacy

“I think in this case it was my receptor’s repetition of information to both the patient and his wife that broke the barrier in his health literacy. I believe it was also my preceptor’s relationship which had occurred over 20 years that helped the patient gain an understanding and acceptance of both his condition and care that he needs.”

CMAAP Accomplishments

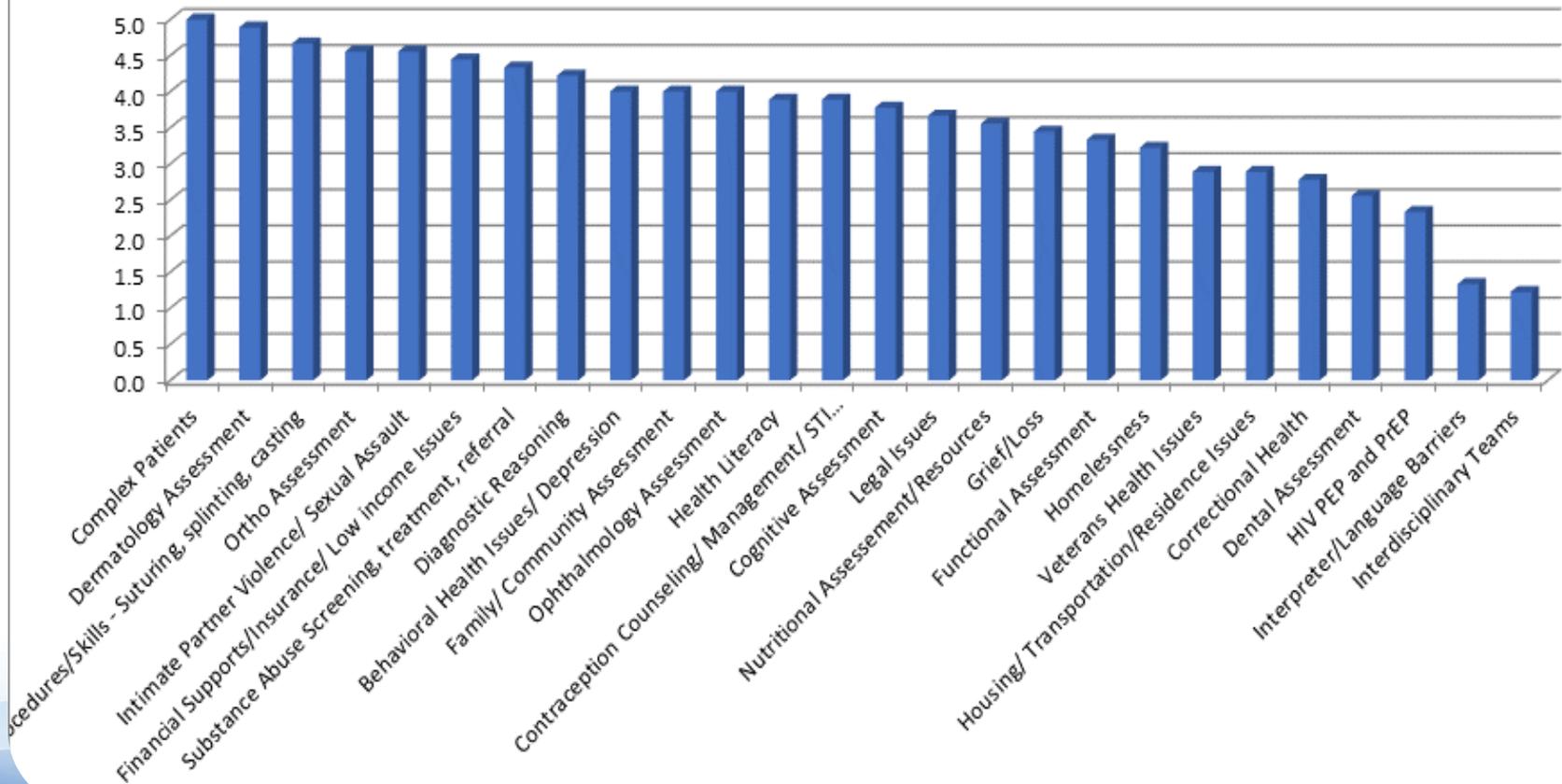
<u>Grant Year Activity</u>	<u>Activity</u>
<u>Initiated</u>	
1	Preceptor Facilitator Guide
1	Medical Team Discovery Exercise
1	Designated CMAAPP Seminars
1	Oral Presentations and Outline
1	Reflections
1	Preceptor TOT Training
2	Getting to Know Your Community
2	Implicit Bias Survey
2	Evolving Case Study
2	Leadership Meeting Exercise (PAC or Board)
2	Public Health Learning Modules
2	Practice Leader to Present
2	On-line Video – Preventing Burnout
2	PCP Behavioral Health Modules and Seminar

CMAAP Accomplishments

<u>Grant Year Activity</u>	<u>Activity</u>
<u>Initiated</u>	
2	MI Course for CMAAPP Students to Attend
2	DNP Projects (Antibiotic Stewardship, Diabetes, Interpreters)
2	Students, Preceptors, and faculty attend Annual ACU Conference
3	Motivational Interviewing training for full cohort
3	Preceptor portal
3	CFDC Training at Sites to Develop Job Aids of Interprofessional Staff
3	Procedures Course
3	Scholarly + Leadership projects

Student rankings of CMAAPP Experiences

Question Response Pareto by Avg Score



COMMUNITY COMMITMENT TO THE UNDERSERVED

DNP Scholarly Projects

NF -JW: EMK FQHC

- *Implementation of an antibiotic stewardship program to optimize antibiotic prescribing practices at a FQHC*
- *Poster Presented at NHNPA, MCNP and ACU conferences*

SA: EMK FQHC

- *Hypertension Program evaluation at an urban community health center*

MB-KC: Reliant System

- *Implementation of a routine depression screening in patients with T2DM : A practice improvement project*

MS-JY: Heywood System

- *Mindfulness in substance use disorder treatment: Incorporating technology to improve patient outcomes*

RW: Heywood System

- *Integration of primary care in the outpatient substance use disorder treatment setting*

Leadership Projects and Practicums

GSN leadership project

- Medical Interpreter training for nurse practitioner students

Leadership practicums:

- SA EMK: Worked with Medical staff and preceptor to address improving quality measures-found gaps in A1C testing in diabetics and colonoscopy screening at health clinic
- MB Reliant: Worked with NP – practice liaison - to develop a framework for new APNs to enhance team based care
- JY Heywood: Worked with Dr. O’Hara to establish an ongoing educational program within the Heywood Medical Group called ACE lectures

Implementation of an Antibiotic Stewardship Program at a Federally Qualified Health Center

Natalie Fleming FNP- BC & Jessica Wilson FNP – BC
University of Massachusetts Medical School
Graduate School of Nursing



A Retrospective Evaluation of a Hypertension Initiative at an Urban Community Health Center

Samia Ahmed, MS, FNP-BC

DNP Student, Class of 2019

UMass Graduate School of Nursing

April 30, 2019



umassmed.edu

Professional Medical Interpretation Training for Nurse Practitioner Students: A Pilot Quality Improvement Project

Jamie Kerr MS, FNP-BC

UMMS Graduate School of Nursing

April 23, 2019

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Lessons learned

- Academic practice partnerships- challenges of combining missions
- Longitudinal placements- the good and bad
- Supporting and developing preceptors
- Developing the practice team

Next steps

- New training sites
- Received grant for DNP Residency development in underserved areas
 - Traineeship support for tuition, housing and travel, curriculum that address the needs of vulnerable populations with web-based teaching approaches, and strategies to prepare and support preceptors

Lessons learned

- On the ground running
 - A lot of work is required
 - Student's needs are varied and expansive
- Barriers to role development
 - Disconnect
 - Academic side vs. clinical side
 - Academic exercises in tandem with clinical practice exercises
- Reaching out to Like minded organizations
 - Membership in ACU!!

Moving toward the future

- Investment in our preceptors
 - Limited resources and time
- Stronger relationships with partners
 - Open communication
 - Transparent curriculums
 - Preceptor Portal- access to resources
- Efficiency in teaching
 - Deliberate teaching
 - Bi-directional teaching - learning
 - Framework of teaching
 - Techniques to challenge and engage learners
- Utilizing the team

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