

NP Preceptors

Information Brief for Discussion: September 2019

Brief Summary: The Hawai'i-Pacific Basin AHEC, in its 2018 provider study, identified a statewide shortage of 396 APRN FTEs in addition to the existing primary care physician shortageⁱ. DLIR projects that the number of NP positions in the state will increase by 37% by 2026, likely exacerbating the need of NPs.ⁱⁱ National estimates indicate that 67% of new primary care providers entering the workforce between 2016 and 2030 will be NPs or PAs.ⁱⁱⁱ

To respond to the workforce demands, schools of nursing in Hawai'i are actively engaged in developing this needed workforce. In Hawai'i, in academic year (AY) 2017-2018, 256 students were enrolled in post-license programs. Of these, nearly half were enrolled in MSN and DNP programs (46%).^{iv} However, securing needed placements for clinical education remains a challenge. The APRN Consensus model and the Criteria for Quality Nurse Practitioner Education Programs (National Task Force on Quality Nurse Practitioner, 2012) require at least 500 hours of direct supervised clinical education as a requirement for all APRN education programs.^v

In 2017, a shortage of clinical providers who volunteer as preceptors were reported. The Hawai'i State Center for Nursing conducted a national clerkship survey.^{vi} This survey found that of graduate health education programs in the state:

- 100% were moderately or very concerned about the number of clinical training sites; and
- 83% of programs report it is somewhat or much more difficult to secure new clinical sites than in 2015.

In 2018, the legislature passed Act 43, establishing Preceptor Tax Credits for primary care APRN, MD, DO and Pharmacists who precept in-state enrolled APRN, MD, DO and Pharmacist students.

Current Status: In the 2019 Nursing Workforce Supply Survey, one in three nurses, including NPs, reported precepting. Additionally, 3,900 hours of clinical education were recorded to be completed by APRNs from January 2019 through August 2019 in the Preceptor Tax Credit database.^{vii}

Constraints:

- 1) NP employees may be coordinated through physician's groups, not the nursing department, making the coordination strategy for LPN, ADN and BSN education programs difficult to apply to advance practice clinical education.
- 2) NP students may be precepted by physicians, physician assistants, and other providers. This requires additional strategies for outreach than those used with nursing.

Despite these activities, access to needed preceptors continues to be a constraint for nursing programs. Innovation, strategy, and shared goals will be needed by schools of nursing and the healthcare industry, alike, in order to respond to clinical placement demands needed to address the NP shortages today, and in the future.

References:

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- ⁱⁱⁱ Auerbach, D. I., Staiger, D. O., & Buerhaus, P. I. (2018). Growing Ranks of Advanced Practice Clinicians — Implications for the Physician Workforce. *N Engl J Med*, 3.
- ^{iv} Hawai‘i State Center for Nursing (2019). Hawai‘i State Nurse Education Capacity Report: Academic Year 2017-2018.
- ^v The National Organization of Nurse Practitioner Faculties. (2012). *Criteria for Evaluation of Nurse Practitioner Programs, 4th Edition*. Retrieved from <https://cdn.ymaws.com/nonpf.site-ym.com/resource/resmgr/docs/ntfevalcriteria2012final.pdf>
- ^{vi} Hawai‘i State Center for Nursing. (2017). *Preceptor and Clerkship Demand Survey* [Data Tables]
- ^{vii} Hawai‘i State Center for Nursing. (2017). *A Snapshot of Lifelong Learning in Hawaii’s Nursing Workforce*. Retrieved from: <https://www.hawaii-center-for-nursing.org/wp-content/uploads/2019/08/Lifelong-Learning-2019-2.pdf>