

Preceptors in APRN Programs

1. How many clinical sites do you currently have for APRN students?

WSU	FHSU	KU SON	Washburn
Varied sites and most are in high demand for APRN students. Clinical sites vary from semester to semester because preceptor agree to take student one semester at a time	We have around 500 clinical sites, with 300 active preceptors. This number changes frequently.	<u>Midwifery</u> : For the academic year 2022 – 2023. We had 15 clinical sites for midwifery students <u>FNP</u> : Approximately 20 sites each semester that are active for the FNP Specialty <u>PMHNP</u> : Approximately 10 sites per course per semester	DNP and PMHNP-Certificate have contracts with and have placed NP students at 52 clinical sites located in Kansas during calendar year 2023

2. How many of those sites would potentially have PA's to use as preceptors?

WSU	FHSU	KU SON	Washburn
About 25% of current sites	It's hard to say because we don't routinely get information about preceptors who are not approved. I would estimate in Western Kansas at least would have PAs (this is a conservative estimate). When trying to find information to better answer this question, I found a list of PAs from the NPI registry. It has around 1200 PNs listed in Kansas, but some are practice groups; I think you could safely say this would add a potential for upwards of 1000	<u>Midwifery</u> : None <u>FNP</u> : Most, if not all <u>PMHNP</u> : None	We do not have direct data related to this, but clinical sites associated with or in geographic proximity to physician assistant programs often hire PAs to fill inpatient and outpatient positions. If sites have PAs on staff, this creates opportunities for them to precept NP students if the organization is willing to allow them to share teaching/learning opportunities with NP students.

	preceptors – many in western Kansas		
--	-------------------------------------	--	--

3. Would being able to use PA's as preceptors increase the number of potential clinical sites for your program?

WSU	FHSU	KU SON:	Washburn
Yes, there is a high need for this	I think the total number of sites would increase modestly, but the number of potential preceptors would increase significantly. There are some clinics in rural areas staffed exclusively by PAs and physicians, and we are currently unable to use them – Hoisington is a good example of this. The more common scenario is that a clinical has a mix of PAs, APRNs and physicians but we are limited to whom we can assign students. Russell, Hays, and Wakeeney are good examples of this.	<u>Midwifery</u> : Would possibly aid placements for advanced clinical residency (NRSG 964), but our midwifery accreditation requires 51% or greater of clinical time be with a CNM <u>FNP</u> : Yes	This could be particularly advantageous for students who desire to have precepted experiences and plans to later practice in a rural underserved area. It is unclear if this would be an advantage in healthcare organizations affiliated with PA programs, where priority for preceptor placements is given to PA students.

4. What is your position/opinion on use of PAs as preceptors for APRN education:

WSU	FHSU	KU SON	Washburn
PAs utilize assessment, diagnosis, and management of disease in patient care which is almost identical for APRN practice. PAs like APRNs are	Rural Kansas faces a shortage of providers and APRNs can help solve this problem. To do so, they need to have opportunities to do clinical in rural areas. Interprofessional	<u>Midwifery</u> : If possible and available, the use of PAs would benefit APRN programs (particularly in specialty areas, such as derm, surgery, etc.)	Our position is that shared learning experiences with approved and qualified PAs would offer additional opportunities to our NP students. It would also help

prescribers and see patients in the same settings as APRNs. Healthcare is an interdisciplinary profession that requires interprofessional collaboration and teamwork for the best patient care outcomes. APRNs should have a range of sites and preceptors that allow for varying and diverse experience which includes working with APRNs, MD/DOs, PAs and other members of the healthcare team.	experiences are paramount to a well-rounded education. Interprofessional experiences are encouraged by National Organization for Nurse Practitioner Faculty (NONPF) as well as Commission on Collegiate Nursing Education (CCNE). It is important to understand the scope of each clinician you could potentially work with in practice. While the background and training are different, I think working with PAs in rural training and practice is an asset to communities and patients.	<u>FNP</u> : All for PAs precepting. That would help tremendously. Here are the NTF criteria, which address PAs. We may be holding ourselves back by not allowing PAs to precept. <u>PMHNP</u> : students need more opportunities to work with Master-prepared therapists (social workers, psychologists (MS/PsyD/PhD), marriage and family therapists or licensed clinical professional counselors.	address Domain 6 Advanced Level AANC Essentials (2021) competencies 6.1, 6.4, and sub-competencies 6.1g, 6.1h, 6.1j, 6.4i related to interprofessional education.
---	--	---	---

Program	Clinical Hours	Simulation Hours	Direct Clinical Hours
WSU	1120	12 hrs. standardized patients	820
FHSU	900	65-70 lab/sim	900
KU SON Midwifery	960	8	768
KU SON – FNP	1024	16 hrs. includes standardized patients	832
KU SON – PMHNP	1024	10	960
Washburn – FNP	1170	45	1125
Washburn – PMHNP	1045	45	1000

Other comments:

WSU: There is also a significant need for more clinical sites throughout all healthcare programs. If we plan to address the healthcare shortage, we need to increase the number of clinical sites.