

Nurse Practitioner Residency Program

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ABSTRACT

There is a shortage of healthcare providers in rural and underserved areas of the United States. The State of Wisconsin has a deficit of 153 providers in these health professional shortage areas (HPSAs). Research indicates new providers are reluctant to practice in rural and underserved areas due to a lack of preparation, fear of isolation, and insufficient access to collegial consultation. Additionally, nurses in Wisconsin report a reluctance to advance their education due to financial barriers. To address these issues, a Doctor of Nursing Practice (DNP) Family Nurse Practitioner (FNP) student and DNP-FNP faculty member at a northeast Wisconsin University's College of Nursing (CON) applied for a Health Resources and Services Administration (HRSA) grant to secure funding to develop an innovative Rural Health Care Nurse Practitioner Residency (RHCNPR) program. The RHCNPR would come to fruition by optimizing an academic-practice partnership and making changes to the FNP curriculum. If successful, selected DNP-FNP student residents would be immersed for two years in rural health clinical, skills, and theory while earning a stipend that would fund their tuition and ensure a position in a HPSA upon graduation. After four years of program implementation, the RHCNPR would add forty rurally-trained DNP-FNP providers to the workforce. Unfortunately, this grant was not funded, but the collaboration that occurred during the development and writing of this \$3.1 million-dollar grant application has led to a stronger academic-practice partnership, increased faculty engagement, and focus on rural health throughout the DNP-FNP curriculum.

INTRODUCTION

The Need:

- Lack of access to care due to a provider shortage. Per HRSA data (2019), The State of Wisconsin has a primary care provider deficit of 153.
- According to the Wisconsin Office of Rural Health, 60% of those deficits are in rural areas. This shortage of rural providers affects 1.5 million residents or a quarter of Wisconsin's population.
- The 6 counties of the geographic target area have some of the lowest health outcomes in the state.
- The target population has significant health disparities among predominant racial and ethnic groups:
 - CVD is the leading cause of death in Wisconsin at 35%. CVD caused death in 68% of Hispanic, 73% of American Indian, 42% of white men under the age of 75. Stroke has similar disparities. (Healthiest Wisconsin 2020: Baseline and Health Disparities Report {HW2020}, 2014).
 - American Indians are 2.3 times more likely, and Hispanics are 1.5 times more likely to be diabetic when compared to White adults (HW2020, 2014).

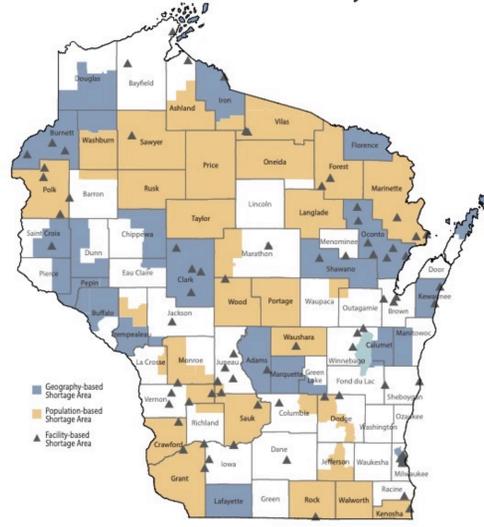
The Cause:

- Why do new to practice providers chose not to go into rural health?
 - Rural providers are very isolated, meaning that new to practice providers do not have experienced colleagues with whom to discuss cases, provide consultation, or double check physical assessment findings.
- Are there rural-specific training and support for DNP-FNP's?
 - One program nation-wide that focuses on rural health.
- Why are nurses in Wisconsin not continuing their education at similar rates as other states?
 - Per the Wisconsin Center for Nursing, the majority of nurses cited financial reasons as why they would not pursue further education.

PROJECT OBJECTIVES

- Expand and enhance DNP-FNP curriculum related to rural and underserved populations.
- Grow and cultivate clinical sites and preceptors, creating a longitudinal, immersive clinical experience in rural and underserved communities throughout the program.
- Increase the number and diversity of DNP-FNPs working in rural and underserved communities by decreasing financial burden related to education and giving priority to residency applicants from underrepresented backgrounds.

Health Professional Shortage Areas Primary Health Care



To determine if a specific location has a HPSA designation, visit HPSA.Find.

Source: Health Resources and Services Administration, Geospatial Data Warehouse, Oct 2018.



METHODS

Create and Fund an APRN Rural Health Residency

Apply for a Health Resources and Services Administration federal grant:

\$3.1 Million Advanced Nursing Education Workforce Grant.

Components of the Application:

- Optimize an academic-practice partnership between the University's DNP-FNP program and the third largest healthcare organization in the State of Wisconsin in which 51% of their clinics are in designated rural areas of Northeast Wisconsin.
- The partnership creates an RHCNPR in which the student residents are immersed in rural health clinical, skill, and theory training for two years.
- Healthcare organization administration, University administration, as well as experts in rural health were recruited to participate in the coalition.
- Clinicals will include rotations through hospitalist, primary care, and acute care roles, as well as nursing home rounding roles.
- After successful completion of the RHCNPR, students will be offered positions at the healthcare organization. Currently, the cooperating healthcare organization has over 17 vacancies in areas designated as Healthcare Provider Shortage Areas (HPSA).
- Both HRSA and the Wisconsin Center for Nursing has called on Schools of Nursing to increase the number of APRN's practicing in rural health as well as the diversity of this group. As part of the selection process for the resident applicants, preference will be given to applicants representing underrepresented backgrounds.
- In order to address the barrier of financial hardship as a reason for not continuing nursing education, student residents shall be allocated stipend funding that will cover the cost of tuition, books, travel, lodging, and some living expenses while enrolled in the two-year immersion.

RESULTS

- The grant application was not selected for funding.
- Valuable academic-practice connections and foundations were laid for future partnerships.
- Despite not being funded, the University's College of Nursing is committed to the goals identified in the grant.
- 4 additional rural clinical sites were obtained.
- 6 new rural-experienced providers precepted DNP-FNP students.
- Hospitalist clinical rotations have increased from 0 to 4 from Spring 2019 to Spring 2021.
- Residency class has new rural health hands-on simulation and modules on acute care and treatment of hospitalized patients.
- Faculty are more engaged. Faculty members are more involved in developing rural health simulations, adding content both hands on and lecture, and work to seek rural and acute care preceptors/opportunities.
- Telehealth didactic and simulation has been implemented into 5 courses throughout the FNP curriculum. DNP-FNP curriculum now contains enhanced education related to EKG and x-ray interpretation.

REFLECTIONS

- Despite the grant not being selected for funding, the University is committed to preparing DNP-FNP students to fill the gap in access to high quality healthcare in rural Wisconsin by revising curriculum, strengthening academic practice partnerships and recruiting rural and acute care nurse practitioners to be preceptors.
- Historically the grant is offered every 2 to 4 years. The University's College of Nursing plans to apply again with the next opportunity.
- A debriefing of members of the University's Office of Sponsored Programs team was completed in order to pass on any pearls of wisdom to the next student who writes a grant as their scholarly project.
- One of the biggest challenges of the project was the condensed timeframe in which we had to complete the application: 2 months.

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