Discovering Innovation in NP and Preceptor Roles

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Professor and Verna Adwell Rhodes Endowed Chair in Nursing
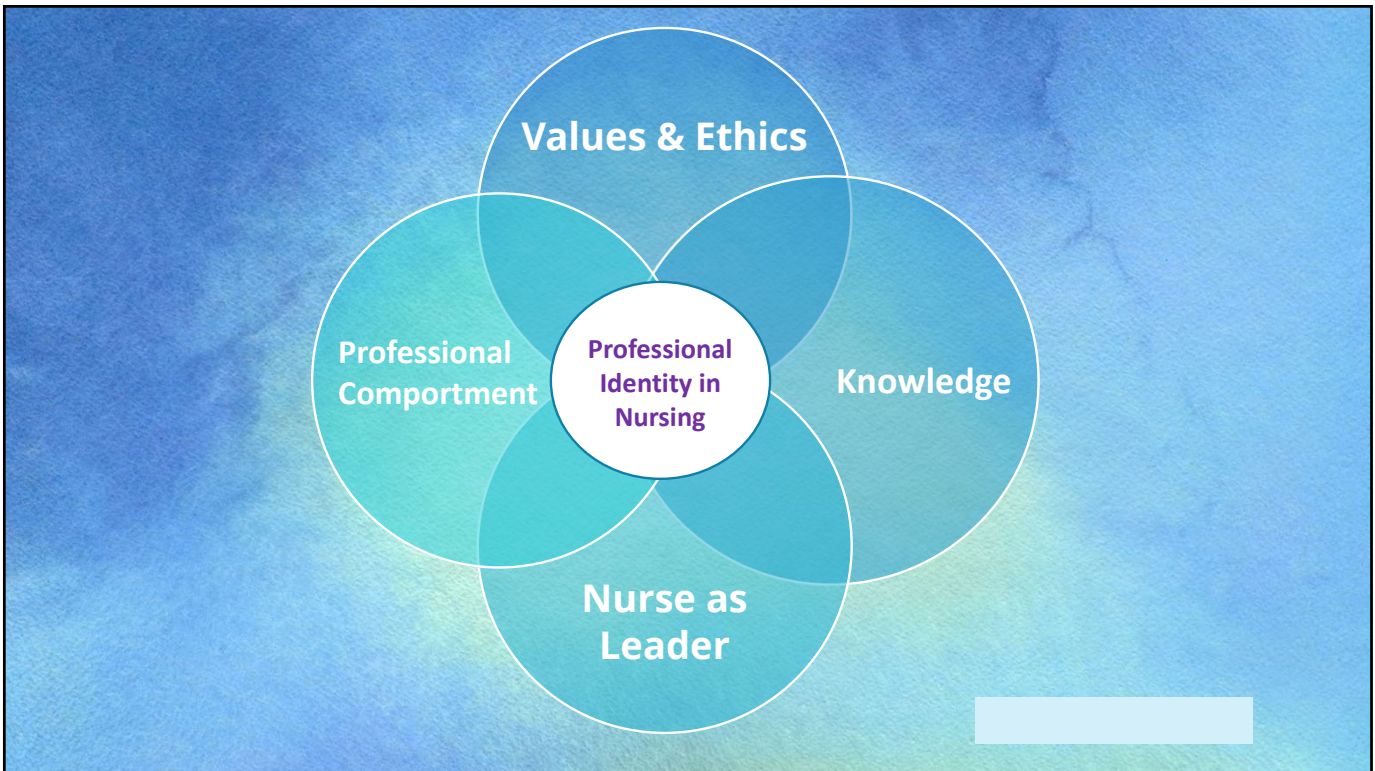University of Missouri

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Learning Outcome:

- Explain the importance of including professional identity in nursing as roles and scopes change.

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Values & Ethics

Professional Comportment

Professional Identity in Nursing

Knowledge

Nurse as Leader

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Professional Identity in Nursing

| Values and Ethics	• *A set of core values and principles that guide conduct.*
Knowledge	• *Analysis and application of information derived from nursing and other disciplines, experiences, critical reflection and scientific discovery.*
Nurse as Leader	• *Inspiring self and others to transform a shared vision into reality.*
Professional Comportment	• *A nurse's professional behavior demonstrated through words, actions and presence.*

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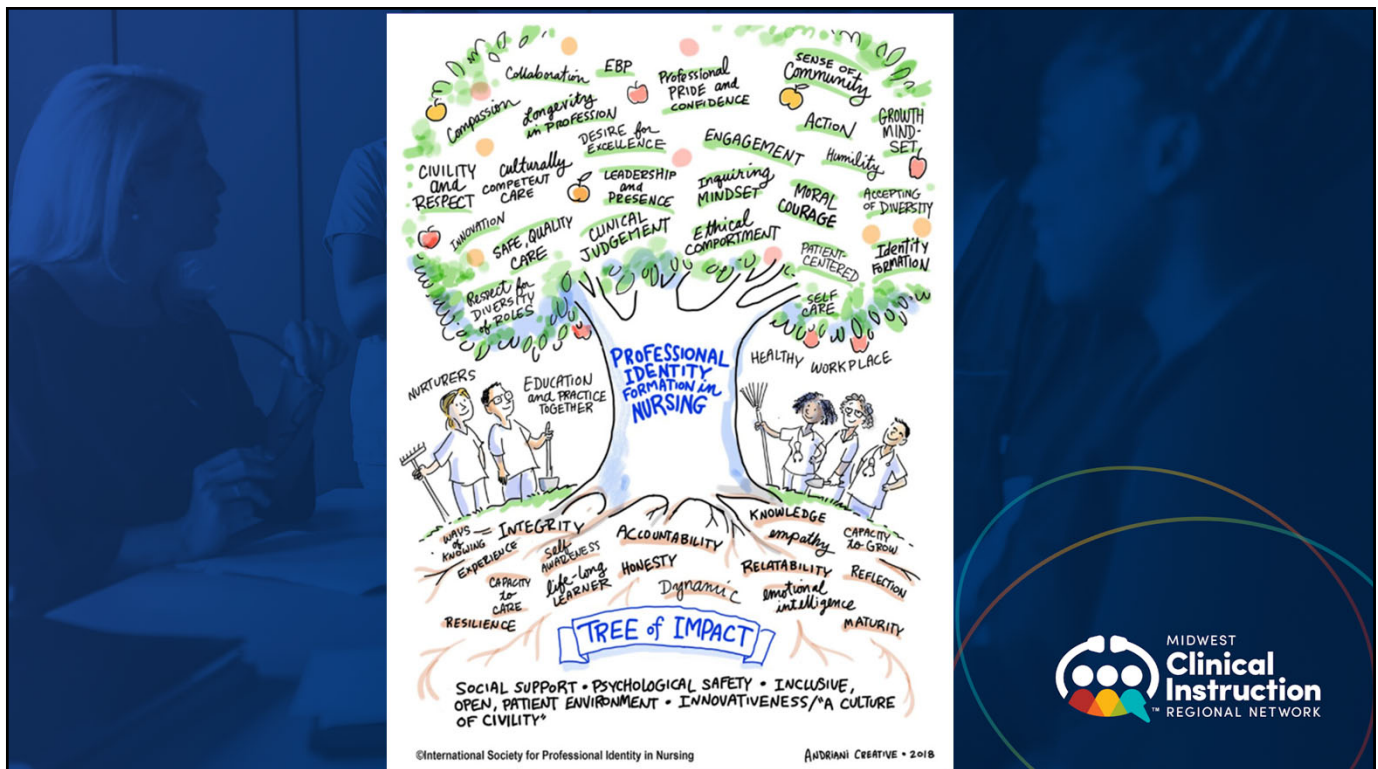
Professional identity in nursing: Why it is important in graduate education

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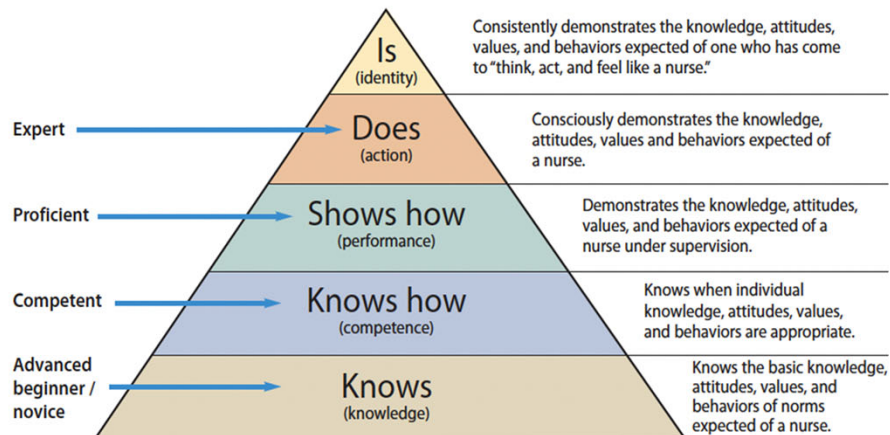
ABSTRACT

Possessing a clear identity in nursing is a guiding principle to professional comportment. In graduate nursing education, transitioning and expanding one's professional identity requires role evolution. Nurses transitioning into the advanced professional nursing role shifts their thinking to a new level. The Conceptual Model of Professional Identity in Nursing constitutes how values and ethics, knowledge, nurse as a leader, and professional comportment are intertwined. Competency-based education requires curricular redesign. The *Essentials* Tool Kit aligns *The Essentials* with learning activities to support competency-based curriculum and assessment. The Douglass and Stager Toolkit intertwines these resources for graduate nursing educators to inform professional identity in nursing for curriculum revisions. This article aims to illustrate how faculty educate graduate nursing students in the development of professional identity using a conceptual framework to achieve competencies outlined in *The Essentials* (AACN, 2021).

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Amended Miller's Pyramid: Nursing

The Amended Miller's Pyramid depicted below outlines how to assess nurses as they transform from novice to expert.

Is (identity) — Consistently demonstrates the knowledge, attitudes, values, and behaviors expected of one who has come to "think, act, and feel like a nurse."

Expert → Does (action) — Consciously demonstrates the knowledge, attitudes, values and behaviors expected of a nurse.

Proficient → Shows how (performance) — Demonstrates the knowledge, attitudes, values, and behaviors expected of a nurse under supervision.

Competent → Knows how (competence) — Knows when individual knowledge, attitudes, values, and behaviors are appropriate.

Advanced beginner / novice → Knows (knowledge) — Knows the basic knowledge, attitudes, values, and behaviors of norms expected of a nurse.

Adapted from Cruess RL, et al 2016; ©University of Kansas/ISPIN; used with permission

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Owens, et al. (2024). Professionalism and professional identity: Clarification will strengthen nursing. *American Nurse, 19,* 9. 14-19.

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Slide 9

Conceptual Model

Joseph, M. L., Edmonson, C., Godfrey, N., Kuhl, L., Shaffer, F., Owens, R., Bickford, C., Cusack, C., Dickow, M., Liebig, D., O'Rourke, M., Priddy, K., & Sommer, S. (2023). A conceptual model for Professional Identity in Nursing: An interdependent perspective. *Nursing Science Quarterly*, 36(2), 143–151. https://doi.org/10.1177/08943184221150265

Conceptual Model of Professional Identity in Nursing

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Conceptualizing Professional Identity Formation in Medicine
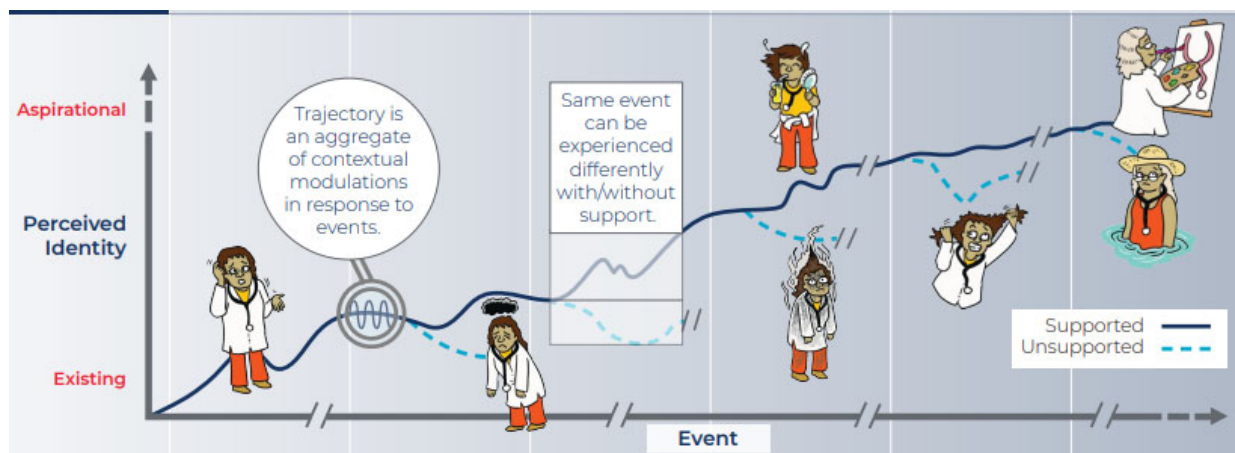
Sarraf-Yazdi, S., Goh, S., & Krishna, L. (2024). Conceptualizing Professional Identity Formation in Medicine. Academic medicine : journal of the Association of American Medical Colleges, 99(3), 343. https://doi-org.kumc.idm.oclc.org/10.1097/ACM.0000000000005559

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. . . What does innovation look like within the context of **professional identity** within the NP Role?

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Burnout, Barriers & Bureaucracy:
Securing Preceptors in Rural Areas

Haley Hays, DNP, APRN, FNP-BC, ENP-C, AGANP-BC
College of Nursing

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Disclosure

- I do not have any disclosures for this presentation

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Objectives

- Identify barriers to securing nurse practitioner preceptors in rural healthcare settings

- Describe innovative and sustainable strategies for recruiting and retaining rural preceptors

- Explain the role of academic-practice partnerships in strengthening rural clinical education capacity

- Discuss the potential impact of improved preceptor availability on NP workforce development and rural patient outcomes

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Barriers to Rural Preceptors

Fewer NPs & healthcare professionals per capita	Time and productivity constraints	Burnout and fatigue
Limited clinic space, employer restrictions, and documentation burden	Lack of incentives	Geographic isolation
	Lack of academic engagement	

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Innovative Strategies:
Recruiting & Retaining Rural Preceptors

- Microcredentialing & Digital Badging
- Teleprecepting models
- Preceptor peer pods
- Grow-your-own pipeline
- Incentives:
  - CE, adjunct faculty titles, student loan assistance, tuition credit for preceptor or family members, tax credit
- Intrinsic motivations matter

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Academic-Practice Partnerships

Academic ownership

- Dedicated liaisons reduce administrative burden on clinics

Faculty support

Shared resources

Data-drive collaboration & strategic alignment

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Impact of Improved Preceptor Availability: Workforce & Rural Patient Outcomes

More preceptors = more clinical slots

Rural training = rural retention

Improved access to care with more NPs in rural regions

High retention of providers familiar with local systems

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Closing

➕ Barriers to rural NP preceptorship are real but not insurmountable

💡 Innovation lies in creative partnerships, flexible models, and meaningful recognition

🩺 Strong rural preceptor network is a strategic investment in both NP profession and rural population health

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Advanced Practice, Basic Support:
Building an APRN-Specific Program for Professional Development

Christopher Reeves, MSN, CNP, NPD-BC
Senior Professional Development Specialist
Boston Children's Hospital – Boston, MA

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Who am I?

- Nurse
- Acute Care Nurse Practitioner
- Nurse Practitioner
- Lead Nurse Practitioner
- Nursing Professional Development Practitioner
- PhD Student

- Advocate
- Policy Enthusiast
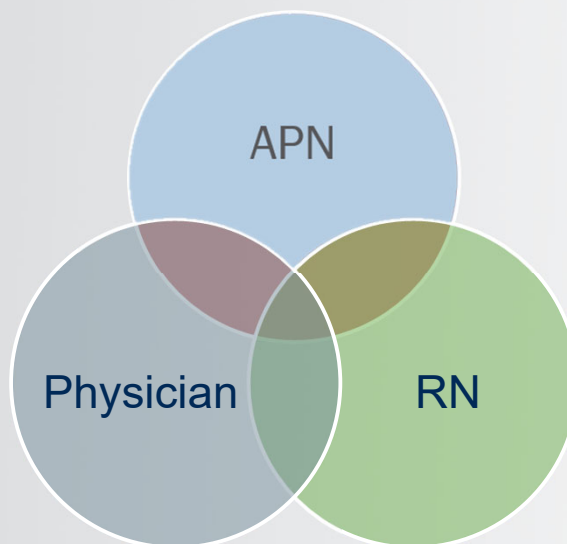- Innovator

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Objectives

- Identify gaps in existing nursing professional development (NPD) structures as they relate to the needs of advanced practice nurses (APRNs).

- Propose practical, scalable approaches to expand and tailor NPD offerings for advanced practice nurses within their own institutions.

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Why it Matters – the APN Gap

"Straddling Two Identities"
(Barnes, 2015)

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Why it Matters – the APN Gap

APN

Why it Matters – Money and Access

- Total direct turnover cost for an advanced practice provider (APP) ranges between $85,832 and $114,919 (Hartsell & Noecker, 2020).

- The cost of unfilled APP positions is estimated at $1,500 per day or more in lost revenue potential (Alencar et al., 2018).

- APNs provide a significant amount of primary care
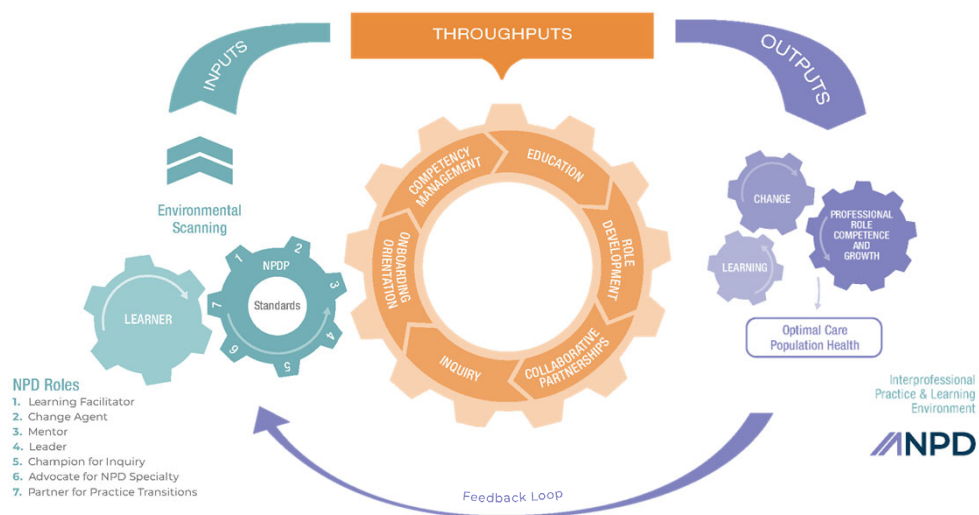   - Attrition from the practice decreases access to primary care.

Expanding our Mindset from Educator to Nursing Professional Development Practitioner

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Nursing Professional Development (NPD)
PRACTICE MODEL

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NPD Practice Model – Six NPD Throughputs

Orientation and Onboarding	Role Development	Education
Inquiry	Collaborative Partnerships	Competency Management

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NPD Practice Model – Six NPD Throughputs

- Orientation vs Onboarding
- Job satisfaction, retention, performance, and effectiveness.
- What is the process in place?
- What value does your organization assign to the benefits above?

Orientation and Onboarding

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NPD Practice Model – Six NPD Throughputs

- Role vs Responsibilities

- Professional Identity of the NP

- Scope of practice

- Stage of practice – Novice to Expert

- *Novice* transition to practice or *expert* leadership and management skills?

- Who is responsible for identifying role development opportunities?

Role Development

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NPD Practice Model – Six NPD Throughputs

- What are gaps in knowledge and skills?

- What is the process in place for identifying and monitoring for learning needs?

- What education is required for regulatory and certification reasons?

- What education is required for patient safety and patient access to care?

Education

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NPD Practice Model – Six NPD Throughputs

- What arm of inquiry is most useful and able to be resources within your practice setting – EBP, QI, research?

- What routines exist to evaluate current practice literature?

- How do you know what clinical and practice problems are relevant and worth exploring?

- Who are nursing and non-nursing resources that can formally and informally support this work?

Inquiry

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NPD Practice Model – Six NPD Throughputs

Internal

- Whose practices do you intersect with that could strengthen? (e.g., billing/coding, social workers, etc.)

- What could both of you gain from collaboration?

External

- Are there local institutions that you can partner with? Could this lead to resource sharing?

- Can you use precepting as a pathway to practice grow?

Collaborative Partnerships

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NPD Practice Model – Six NPD Throughputs

- What kind of recordkeeping are you keeping on competency?

- Are there clear expectations around what and how competency is being measured?

- How do you know your assessment/validation is truly measuring competency?

- What are strategies in place when competency isn't demonstrated?

Competency Management

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Justifying a New NPD Position

- Highlight the unique value, unmet needs of APRNs.

- Develop alliances with key partners – early!

- Remember, it's costly to replace an APRN

- Use data, organizational goals, and equity language to build the case.

- Advocate - take every opportunity to highlight APRN contributions and the missed opportunity/loss by choosing not to invest.

- Show-up

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Thank You

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Questions?

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