2019 NCSBN APRN Roundtable Lessons from the Graduate Nurse Demonstration Project Video Transcript

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Demonstration, there really had never been funding that had been allocated for nursing education. Everyone was very familiar with the medical model, and where Medicare paid hospitals for residents and residency training.

The ones in the red were the ones that are part of the Greater Philadelphia GNE Project. We had nine schools that participated, the Texas group had four, and Arizona had four, and then there was Rush and Duke that had the one. And our goals were similar to what the goals were kind of set forward as a result of the GNE, was really to focus on providing increased care to Medicare beneficiaries, to create, like, partnerships...

create a partnerships that could be collaborative, to look at the ways in which we approach clinical training, and were there ways that we could work together in a different way to achieve the same goals? Also, we did a lot of exchange of information, trying to demonstrate best practices, and really to emerge from the demonstration with the new way of thinking about clinical training.

In terms of the Pennsylvania landscape, as many may know, it's a very densely medical community, you know, within our immediate reach. If you think about Pennsylvania in general, there's like... I think Philadelphia, Pittsburgh, and then there's the rest of Pennsylvania, when you think of all of the concentration of, like, the medical services.

But there are lots of hospitals, as you can see, in the state of Pennsylvania, you know, many emergency room visits on any given year, lots of admissions, ambulatory visits. And there's a projected shortage of

also saw during the course of the demonstration is that many of the sites that were previously private practice had really been brought up by major health systems.

And then that also changed the dynamic in terms of thinking about the clinical training because now we had to work through gatekeepers to sometime try to secure student placements. So some of the early challenges was related to the payment methodology. And as I already alluded to, the payment included, there was a baseline number that each school had in terms of their baseline APRNs.

There was what their current enrollment was and their current number of students in clinical training. The graduates at the baseline as well as their prior year graduates was all factored into this very complicated formula to come up with what was the increment. And that was very confusing to the schools as well, particularly to the large schools where perhaps...you know, some of our smaller schools had really, like, 100% percent growth, 200% growth, but a lot of our larger schools probably had in the range of anywhere from 30% to 40% growth.

So that still left, essentially, about two thirds of students in any given semester, where there was really

requirements that they have. And the one of my notions that I had when I came into this project is that clinical sites wanted students every day.

I quickly found out that wasn't the truth. And, you know, we really thought, you know, let's give them that immersive experience that we see with other disciplines. But a lot of partners told me they didn't want the student every day, but they wanted some consistency on how students kind of entered to our agency. The other concern to us is sustainability. We're starting to think about that now.

You know, the project is over, essentially, we're kind of in the final phase of the auditing of it. So, you know, what is the next steps? And I don't think that we've seen the true fallout, if you will, from the GNE Demonstration, because I think there's still some lag from Year 6. So I think next year as we look at the... particularly the schools that are in our geographic area, we'll really be able to get a true sense of

there's this scarcity to abundance. And I think that's one of our challenges. And I think things that we can think about and talk about today, how can we start to think about clinical precepting and clinical training in a different way?

Because, ultimately, we are going to continue to see enrollments, not only at our APRN schools, but also at some of the other schools, the PA Programs, the medical programs, the medical students. So is there a different way that we could start to look at these clinical training sites and think differently on how we place students actually into sites? And is there a different way to think about what that training opportunity might be?

And this is just one example that demonstrates that. In terms of increasing capacity, we recruited facilities that had no APRNs. We explained to them what the benefit of taking APRN students, so ultimately, that facility that had no students ends up taking

Also, we found that we could really place students in community-based settings. And I think that was a lot of concern early on. Also that, you know, students came from diverse backgrounds. The amount of data that we had to collect doing this project was really staggering. We had to hire coordinators, I think, at just about every one of the demonstration sites to just collect the data.

And so the amount of data that they were able to secure was tremendous in terms of trying to assimilate it and distil it into this report. And one thing, I think, that we also found is that there was increased

And then this is just another way of looking at that same kind of data, which shows that from the first three years of the demonstration project, that most of the clinical training is happening in the community-based settings. And this is just a diagram showing the scattering of the clinical training sites. And you can see that we really had a national footprint there with clinical training taking place pretty much across the country.

And the purple dots representing employment opportunities, which also kind of shows a little bit of convergence of where the clinical training was taking place, and also where the graduates were ultimately employed once they finished their APRN program. So it was quite a saturation of the demonstration graduates. And then if you, you know, think about each one of the separate demonstration sites, it probably looks, you know, similar.

We had a lot of folks across the country from our site, because of one of our programs was the distance learning program and they had students across the nation. And this data includes everyone except for the Duke employment data. But aside from that, all of the five sites are represented. So one of the next questions asked was, how was the GNE Demonstration project implemented and operationalized?

We could not count any additional new students for the fifth and sixth year of the project. So it had to be students that were still in the program from the first four years. So in terms of successes and challenges, I think there was increased awareness about the need for APRNs.

As you can see from the slides that were presented, enrollments and graduates ultimately did increase. The implementation, as I alluded to, related to the payment methodology, I think, was really a challenge, not a success. And then some of the qualitative data that was obtained from the evaluation had a couple of quotes that are listed here, relating to collaboration, concern for what happens when the GNE money is no longer there, some of the variations in which preceptor incentives actually take place, the relationships with the school of nursing and the project didn't...I think worked to strengthen the academic practice partnerships in the selected sites.

And then the opportunity to partner with community health centers, which also then led to increase awareness about the GNE Project and what APRN graduates can do. So some of the key results, we think that the demonstration was a success. As I said, there was growth in enrollment and graduates.

The training took place in community settings, which was the intent of the demonstration. The cost, as best we could tell from the data that was obtained, it's about $30,000, and that's only focusing on clinical training, the cost for clinical training. And there was a similar health teaching grant also at the time and the cost there for residents were about $150,000.

We also noted that the more schools that were engaged with the health system for the project, the cost of

probably no surprise, right? Every site that we tried to partner or engage with, "I'll take your students, but I want them in their last semester." But everybody wants that.