

An Update to Tomorrow's Healthcare Workforce:

Strengthening NH's Clinical Placement Opportunities

NH AHEC Network | July, 2023



Introduction and Background

The Legislative Commission on the Interdisciplinary Primary Care Workforce identified a misalignment between workforce needs and placement of health professional students across New Hampshire. The NH AHEC, as suggested by the Commission, was asked to study the clinical placements “system” in New Hampshire in an effort to identify opportunities for improved processes that would better align these two forces. Based on the findings of this study, guidance would then be sought from the Forward Fund Advisors to identify long-term changes that would lead to an efficient and equitable system for clinical placements that supported the robust development of a healthcare workforce in New Hampshire.

The report, *Tomorrow's Healthcare Workforce: Strengthening NH's Clinical Placement Opportunities*, issued on December 14, 2021, summarized this study and included a literature review, the development of the Institutional Review Board (IRB) approved semi-structured interview protocols, and the completion of interviews with select national AHEC network partners, key stakeholders involved in community placements processes for health professions training (including preceptor sites, academic institutions and preceptors themselves), and the synthesis of the data collected.

The study used a qualitative research design, conducting semi-structured interviews with representatives of academic institutions, preceptors, and community-based practice sites, as well as individuals working within a sample of Area Health Education Centers (AHECs) across the country. Results of a literature review found that there are benefits and challenges to precepting students for community-based clinical rotations. This was reinforced by findings from interviews with AHECs across the nation, as well as our NH academic institutions, practice sites and preceptors. The full report is available here: [clinical_placements_report-digital-final.pdf \(snhahec.org\)](https://clinical_placements_report-digital-final.pdf (snhahec.org)).

The National AHEC Organization interviews highlighted the themes related to coordinating clinical placements for health professions students, incentives for preceptors, and systems. These interviews highlighted challenges in the areas of Housing, Competition, and Funding.

Emerging themes from the semi structured interviews included:

Relationship Building

Site Recruitment

Site Priority Setting

Recruitment/ NH Workforce

Preceptor Burnout

Administration

Centralized Clinical Placement

COVID-Response

Payment for Preceptors

Learners

Equity

Preceptor Expectations

Preceptor Development

Internal System Capacity

Policy Requirements

Interprofessional Experiences

Collaborative Planning

A brief summary of recommendations generated from the semi-structured interviews were categorized into themes of action at the individual, community, and systems level. Appendix A includes the summary of Community Placement Project (CPP) recommendations from the first year of the study.

Following the publication of *Tomorrow's Healthcare Workforce: Strengthening NH's Clinical Placement Opportunities*, the New Hampshire AHEC Network set out to complete the second and final year of work on the CPP.

Methods

The NH AHEC Network used a workplan to guide activities in Year 2 of the project. The workplan included four objectives:



1. Expand stakeholder engagement for community placement processes.



2. Collaborate with academic health professions training programs, health care organizations, and students to assess opportunities and barriers related to community/clinical placements in NH.



3. Synthesize data collected and environmental scan with actionable next steps.



4. Create an action and dissemination plan.

Objective 1: Expand stakeholder engagement for community placement processes

Building on suggestions made by AHECs during the interviews as reported in *Tomorrow's Health Care Workforce: Strengthening NH's Clinical Placement Opportunities*, the NH AHEC team reached out to the AHEC offices suggested during the first set of interviews with similar themes identified as in year one with some additional information provided (see right).

As a reminder, the Area Health Education Centers Program is authorized under Section 751 of the Public Health Service Act. A portion of funding for AHECs is through a Congressional appropriation administered through a cooperative agreement with Health Resources Services Administration (HRSA). The Program purpose is to enhance education and training networks within communities, academic institutions, and community-based organizations. The target populations served by the AHECs include high school students (grades 9-12); health professions students; and practicing health professionals, with program goals (FY 2022 – 2027) that focus on Enhancing Education; Advancing Health Equity; Increasing Workforce; Promoting Resilience; and Amplifying HRSA's Impact.¹

The AHECs have more than 50 years of experience working within rural and underserved communities with a focus on recruitment, training, and retention of the health care workforce, making them an ideal organization to interview for insight into strategies and innovative programmatic initiatives.

Methodology

Clinical placement 'systems' were identified through an environmental scan that included National AHEC partners interviewed in Year 1, Forward Fund advisor suggestions, and online searches. An initial review of systems was conducted online via website review of system websites. Upon completion of online review of each system, the NH AHEC team reached out via email or phone call to contact the person/address listed on site to set up demonstration of each system. Demonstrations were conducted, during which the AHEC reviewer compiled notes and developed further questions about the system/product based

on the initial demonstration. A second demonstration was conducted based on further questions and the information on the various systems was compiled into table format. The reviewer then completed an information fact-check for 2 of the 3 systems and a report of the work performed under this objective, including a table attached as Appendix B to this report.

Themes identified during additional National AHEC interviews

Challenge: Coordinate Clinical Placements for Health Professions Students

The AHECs who were interviewed conduct work with the academic institutions in their state to place health professions students in clinical or community-based experiences, focused primarily in rural or underserved locations. The AHEC's role varies across programs, however, most work with a select number of students, not the entire class and for specific primary care focused rotations. The AHEC's role in student placements across the AHEC network varies based on funding outside of the AHEC grant (i.e., State funding) and, in part, on when the AHEC program was established.

Over the 50+ years, HRSA, based on request by Congress, has implemented changes in the AHEC program. For example, the AHECs have developed an **AHEC Scholars** program nation-wide starting in 2018. This Scholars program is a core requirement of the AHEC funding for health professions students with a focus on exposing students to issues such as social determinants of health, cultural competency, diversity and equity, interprofessional education, and practice transformation. The AHEC Scholars program criteria include a 40-hour didact and a 40-hour community-based experience per year for two years for each

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¹ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/ahec-acicbl.pdf> (May 30, 2023).

scholar. While engaging with the AHEC Scholars, AHECs place their scholars in community-based experiences (in addition to their academic institution required clinical rotations) while offering them didactic learning opportunities.

Due to this AHEC Scholars requirement, AHECs nation-wide are creating community-based experiences for health professions students, which may impact the number of other types of clinical rotations in which AHECs place students.

As the New Hampshire AHEC team shifts federal grant resources to focus on the NH AHEC Health Equity Scholars program as required by federal grant, the program could utilize existing infrastructure to assist in promoting additional health professions students with community-based experiences in NH. State funding to support NH AHEC's infrastructure would be needed to do so.

Challenge: Placement Systems

Many AHECs including **New Hampshire** and **Nevada** collect data using excel spreadsheets. For statewide reporting, AHEC offices manually compile the data from each office-maintained spreadsheet. However, some states have created additional types of state-focused systems to compile data.

As noted in the *Tomorrow's Health Care Workforce: Strengthening NH's Clinical Placement Opportunities* (December 14, 2021), West Virginia created TRACKER, a statewide computer-based customized tool used to facilitate community-based student placements, data collection and reporting on rural outreach activities such as community service, continuing education, interprofessional activities, and K-12 outreach among others.

TRACKER is available to all colleges and universities in West Virginia and provides tools for scheduling rural and community-based housing for students who, as part of their curriculum, travel away from their home campuses to learn and serve throughout West

Virginia. In addition, universities from surrounding states may request access to housing via TRACKER, which includes tools that request, approve/deny, verify, and initiate billing for housing. These tools serve campus users, housing managers, financial services personnel and grant evaluators who manage a West Virginia Higher Education Policy Commission (HEPC) grant that partially funds rural housing. For more information, please see *Tomorrow's Health Care Workforce: Strengthening NH's Clinical Placement Opportunities* (December 14, 2021).

Like West Virginia, **Vermont AHEC** works closely with the academic departments at University of Vermont (UVM) to have a shared approach to preceptor outreach/recruitment/retention, and student clinical placements. VT AHEC uses its internal SANDI (Shared AHEC Network Data Infrastructure)

**For more information, please see
Tomorrow's Health Care Workforce:
Strengthening NH's Clinical Placement
Opportunities (December 14, 2021).**

database to track sites, preceptors, students, and clinical rotations (family medicine, internal medicine, Peds, Ob-Gyn, APRN, dental). SANDI is used for all participants (demographics, education, licensing credentials), places (practice sites and characteristics), and programs/events tracking (early pipeline, clinical rotations/community home-stay housing, AHEC Scholars, AHEC Scholarships, Continuing Education, educational loan repayment, and quality improvement projects). SANDI creates longitudinal "transcripts" for participants and linkages between people, places, and programs—and which participants are in (or end up in) the VT workforce. High level data including HRSA-required elements are included in SANDI. Additional spreadsheets may be involved for program specific details. Program evaluation data are not within SANDI.

SANDI uses Microsoft Access software. This software was based on internal expertise, affordability, and flexibility. Vermont began using this software in FY19 statewide. The VT AHEC program identified that the key to success of the program outcomes is the longitudinal

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tracking to reflect the various aspects or “layering” of experiences and training that lead to the outcomes.

Challenge: Preceptor Engagement

With the leadership of the **Georgia** AHEC in 2014, Georgia (GA) became the first state in the nation to offer a tax incentive for physicians who provided community-based training to medical students from Georgia’s academic institutions through the Preceptor Tax Incentive Program (PTIP). However, in 2019, the Georgia legislature replaced the tax ‘deduction’ with a tax credit applicable to an individual’s state income tax. The program allows community-based preceptors (licensed medical, osteopathic, advanced practice nurse, or physician assistant) to earn tax credits for providing community-based clinical training for students from the state’s public or private medical, osteopathic, advanced practice nursing, or physician assistant educational programs (this is only available to providers who are not already compensated to provide this type of training).

Physicians can earn a total of \$8,500 in tax credits per calendar year, while APRNs and PAs preceptors can earn up to \$6,375 in tax credits per calendar year. Credits are accrued by providing a rotation (160 hours

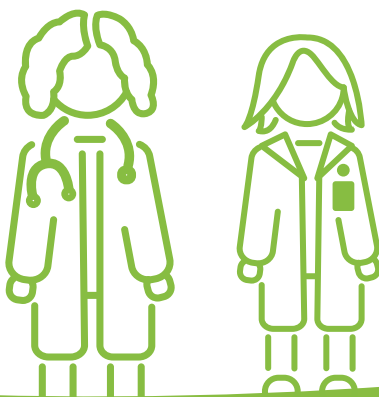
of training per credit) with a maximum of 10 possible credits earned. A \$500 tax credit is available for each rotation up to 3 for physicians. A \$375 tax credit is available for each rotation up to 3 for physician assistants (PA) and advance practice registered nurses (APRN). Following the first 3 rotations, physicians earn \$1,000 per rotation, or rotations four through ten (4-10), while APRNs and PAs earn \$750 each for rotations after the first three, or rotations four through ten (4-10)²

This tax program is administered by the GA AHEC, with funding provided by the GA Medical Society to administer the program. This provides a way for Georgia to increase their ability to offer community-based opportunities for health professions students from Georgia’s health professions training programs.

Challenge: Increase Exposure to Rural/ Underserved Community Experience

In Nevada, two of the three **Nevada** AHECs collaborate to create Student Outreach Clinics, which provide students with clinical experiences on a scheduled day each month. These experiences are in

2 <https://www.augusta.edu/ahec/ptip/preceptors.php>



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rural communities in Nevada (NV), and include clinical teams (interprofessional education), and include sites that are part of the Indian Health Services (IHS).

An established Student Outreach Clinic not only increases students' experiences in rural (or underserved) areas of the state, but it also allows for increased participation as academic institutions can schedule community-based experiences around academics.

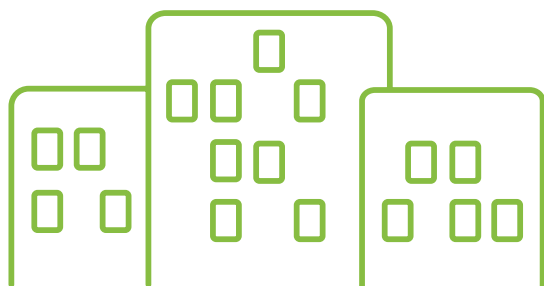
Challenge: Impact of COVID on Community-based Relationships

Many AHECs interviewed noted the impact of the COVID-19 pandemic on the workforce in relation to established relationships in community-based sites including leadership changes. Due to the abundance of change, **Nevada** AHEC illustrated the increased work to establish relationships within sites they had worked with for many years. In addition, there is recognition that the federal/state funding provided to sites during the COVID-19 pandemic is no longer available resulting in many changes to the workforce including layoffs, which increases stress on the existing workforce. These changes decrease the

availability of preceptors available to train the future workforce. This all creates a sense that we (AHEC) are 'starting over' in building relationships and training preceptors.

Recommendations:

- Continue to identify data collection tools available to best engage sites and academic institutions to develop NH-based effective and efficient community placement processes.
- Explore incentives to encourage precepting in New Hampshire, including but not limited to policy-related changes that could work within New Hampshire's infrastructure.
- Identify community-based preceptors that are currently not working with students and provide incentives (and training) so they may become trainers for the future workforce.
- Increase non-federal funding for NH AHEC to expand the reach of AHEC-related initiatives.



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Objective 2: Collaborate with Academic Health Professions Training Programs, Health Care Organizations, and Students to Assess Opportunities and Barriers Related to Community/Clinical Placements in NH.

Student Survey

In the first year of the project, working with the Institutional Review Board (IRB) of University of New Hampshire (UNH), the NH AHEC Network designed an online survey to collect information from health professions students on topics related to community placements.

In the second year, surveys were sent to representatives of academic institutions in NH and a selection of online universities with a history of placing students in NH. Representatives were asked to forward an email with the survey link to their students. As part of this process, we engaged with the leadership at the Geisel School of Medicine for approval to administer the health professions student survey as they have a separate process required before sending surveys to medical students. While the Senior Associate Dean of Medical Education (SADME) ultimately granted approval, due to the time needed to accommodate this process, the survey was only administered to a small subset of Geisel students. A total of 258 students responded to the survey. After reviewing missing data, 186 responses were analyzed.

We contracted with Cactus Consulting and Will Baum, APRN to analyze data from the CPP Student Survey. Responsibilities included cleaning data for analysis, including but not limited to variable recoding, generating descriptive statistics from the student survey data set, identifying and comparing specific groups of interest and analyzing differences among them, and providing a summary and/or presentation of significant findings.

The purpose of this IRB-approved study was to explore student perceptions of community and clinical placements. The excerpt on the right is from the informed consent students received prior to agreeing to participate in the study.



"The NH Area Health Education Program was asked to explore clinical and nonclinical placement processes by the Legislative Commission on Interdisciplinary Primary Care Workforce. Clinical and nonclinical placements refer to community-based rotations, internships, and externships where students work with a health care organization to gain clinical and other practical skills. The Commission works to promote policy changes related to maintaining and strengthening an effective primary care workforce in rural and underserved areas of New Hampshire."

Highlights from the student survey include: Characteristics of Student Population, Practice Preferences/Career Goals, Placement Experience, Financing of Education, and Experiences with Preceptors

Characteristics of Student Population



Women under 40

The vast majority are women, under the age of 40, White, not Hispanic or Latino, attending school in NH (especially UNH). See Appendix C for list of schools identified by participating students.

Advanced nursing students

Advanced nursing students are more likely to come from medically underserved communities.

Variety of disciplines

Students represented a variety of disciplines including nursing, physical therapy, public health and health administration, occupational therapy, behavioral health, and medicine.

Not from medically underserved backgrounds

The vast majority of students are not from medically underserved backgrounds.

Suburban or rural backgrounds

The largest percentage of students are from suburban or rural backgrounds.

Nursing students

The majority of respondents are nursing students.



Undecided preferences

More students report being undecided on their practice preferences, followed by preferences for urban, suburban, and rural areas.

Where to practice

Most students either had a clear goal in mind of where they wanted to go or felt rotations would help inform their decision of where to practice.

Urban environments

More nursing students reported an interest in urban practice environments.

Future locations

Just under half of students are neutral about whether they'll precept in the future.

Underserved communities

Not many students indicated a preference for working with medically underserved communities.

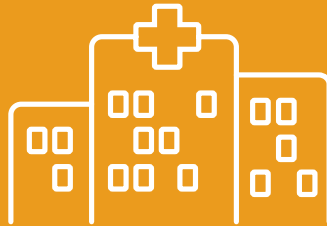
Precepting

Students state that they would be likely to begin precepting on average about 5 years from their graduation date.

Advanced nursing students

Advanced nursing students are more likely to report an interest in serving in a medically underserved practice.

Placement Experience



Coordinating placement

Most students' schools coordinate placement, with or without student involvement and without outside placement firm involvement.

COVID-19 impact

Students are divided as to whether COVID-19 impacted placement experience, but a slight majority said it did.

Placements and rotations

The majority of students reported experiencing 1-2 clinical placements (57%), with 24% doing 3-5 rotations, and 19% completing 6-9 clinical or community experiences before taking the survey.

Advanced nursing students

Advanced nursing students are more likely to coordinate their own placements, almost all nursing students' schools coordinate their placements.

Medically underserved communities

NP students spent more time in medically underserved communities, nursing students spent more time in medically under-served communities than behavioral students.

Urban areas

Most students tended to train in urban areas about half the time.



Stress

Most students find the placement process somewhat or very stressful.

Rural areas

Advanced nursing and behavioral health students spent more time in rural areas.

Rotation schedules

Most students' rotations are determined weeks or months in advance.

Expense influence

Twenty-four percent (24%) of students reported that educational expenses very much influenced their choice of career, with 46% reporting a little influence, and 30% stating education expense did not at all influence their decision.

Repayment

A little under half of students agreed that they had confidence they could repay their student debt, over half felt confident they could repay personal debt.

Education cost

Students expect on average about \$268k in total education costs (tuition, housing, books, fees, etc.) and expect about half of those expenses to be repaid in payments.

Education debt

Students on average expect to incur about \$168k in debt from their education.

Experiences with Preceptors



Knowledge

Students were asked to reflect on a series of statements related to the qualities of an effective preceptor as outlined in the literature. Students generally agree or strongly agree that preceptors are familiar with patients' specific complaints, are knowledgeable about patients' family and life circumstances and consider patients as part of a family and community. They also agree and strongly agree that preceptors analyze clinical evidence, communicate effectively, and motivate patients to best address the plan of care. Preceptors were seen as being role models for cultural competency and for teaching health equity. Preceptor familiarity with telehealth was the lowest rated item having more neutral responses than other questions.

Communication

Students were asked to reflect specifically on preceptor communication skills. Students generally agree or strongly agree that they engage in activities such as explaining the basis for actions & decisions, answering learning questions, connecting information to broader concepts, and communicating clear goals and expectations. There is some neutrality around preceptors being open to conflicting ideas and opinions and making learning fun.

Teaching Skills

Students generally agree or strongly agree that preceptors demonstrate skills in teaching and practice. This includes providing effective role modeling, demonstrating skillful interactions with patients, presenting information clearly, balancing clinical and teaching responsibilities and giving appropriate responsibility to learners.

Mentorship

Students generally agree or strongly agree that preceptors are effective in motivating learners. This includes emphasizing problem solving, promoting active involvement of the learner, demonstrating enjoyment and enthusiasm for patient care and teaching, and developing a supportive relationship with the learner. Some slightly higher neutral responses were related to a preceptor's ability to translate specific cases to general principles.

Effectiveness

Students generally agree or strongly agree that preceptors demonstrated effectiveness and efficiency. These skills include establishing a teaching environment, tailoring teaching to students' needs, sharing teaching responsibilities and broadening student responsibilities. Students expressed some disagreement with the item "keep observation teaching encounters brief".

Feedback

Students were asked to reflect on experiences with preceptors providing feedback. Students generally agreed (64%) that preceptors are comfortable giving feedback, while 29% of students strongly disagreed. Almost one third of students agreed that preceptors need more training to provide feedback. More than half of the students agreed that they were satisfied with the amount of feedback received from preceptors and that preceptors not only showed interest in the student's development but were also proactive in identifying areas of development. Three quarters of students felt that the feedback was both timely and specific. More than half of students agreed that they had a good grasp of how the preceptor was helping them and that the feedback enabled students to modify their practice.

Models of Precepting

In response to one of the suggestions in the earlier report, we set out to explore business models for precepting, and disseminate findings. We were able to leverage funds from UNH and their HRSA Advanced Nursing Education Workforce (ANEW) grant to develop a video describing different models of precepting. The goal of the video is to highlight different models of precepting that may help address the tension between the need for quality community based clinical rotations and the challenges of meeting productivity standards. We engaged four inter-professional preceptors to share their stories.

Our dissemination strategy involved promoting a continuing education program for preceptors and administrators. “Moving Beyond the Usual: Enhancing the Primary Care Workforce through Partnership Series: Choose Your Own Adventure: Exploring Different Models of Precepting” was offered on January 25th. Thirty-two people participated in this interactive session from NH and states across the nation. Evaluations (n=18) indicate that 94.45% of respondents thought the teaching strategies and resources were effective, and that their knowledge increased on the topic. Several participants reported that the video presentation of the models was helpful in sharing different precepting models. Seventeen respondents shared the changes they plan to make as a result of attending the session. Changes include sharing the ideas of longitudinal model to faculty, educating others about the models, and sharing the video. As part of our dissemination plan, each participant received an email with the video link. In addition, the session was recorded and is offered as an online educational model with continuing education credit on the SNHAHEC website (Preceptor Modules at snhahec.org).

Listening Session

Another part of our activities involved convening a listening session with stakeholders from academic institutions, health care organizations, and health professions students on themes identified in site and academic institution interviews. We contracted with Anna Adachi-Mejia of Adachi Labs to facilitate a listening session “Prioritizing Community Placement Recommendations”. The virtual meeting was held on Thursday October 20, 2022. The goal was to bring together the people who shared insight into the Clinical Placements Project. The focus was on prioritizing the recommendations that emerged from the interviews with a focus on next steps for

implementation. Fifteen participants from academic institutions, community practice sites and preceptors joined four AHEC staff and the facilitator.

We acknowledge that this priority setting may relate to the types of organizational representatives present at the session. The NH AHEC Network will continue to pursue recommendations in all six areas mentioned below.

Priorities ranked based on discussion and use of a Google Form

1. Value of Precepting

- Preceptor training / promote professional development
- Foster interprofessional education
- Preceptor recognition / promote precepting

2. Partnerships

- Consider innovative collaborative partnerships with academia and community-based sites
- Promote collaboration and planning
- Conduct outreach and awareness

3. Students

- Prepare students to go to the community / student readiness
- Consider equity
- Foster NH workforce
- Expand pipeline programs
- Develop career pathways

4. Funding

- Explore funding opportunities to pay for programs
- Explore financing to pay for preceptors for the work they do
- Share business models for precepting

5. Logistics

- Address scheduling
- Streamline processes

6. Other

- Pursue policy change (long term and short term)
- Expand data collection

Objective 3: Synthesize Data Collected and Environmental Scan with Actionable Next Steps

In the spring of 2023, the NH AHEC team completed a draft summary of work performed as part of the project to date. The NH AHEC Network then conducted presentations to the Forward Fund Advisors (May 31, 2023), the Legislative Commission on Interdisciplinary Primary Care Workforce (May 25, 2023), and the National AHEC Conference (June 2023). We will seek opportunities to present to other audiences in the future. Feedback from these groups was incorporated into the sustainability planning process and this final report.

Annual Recognition Program

As mentioned earlier, one of the opportunities that was clearly identified in Year 1 was recognition of the substantial contributions preceptors and mentors make to healthcare workforce development in our state. And as noted above, this was reinforced again during the listening session in Fall 2022. Almost universally, stakeholders have expressed appreciation for the contributions of time, expertise and knowledge preceptors give to students of health careers, and the impact their work has on the quality of skill and confidence in practice that new professionals bring to the workplace.

In response to these findings and as part of this second year of the Community Placement Project, the NH AHEC Network developed an annual recognition program for the interprofessional preceptors working in our state. It's worth noting that, for the purpose of this recognition program, we use the term preceptor. We understand that not all health professions disciplines use this term. Some professions use the titles Clinical Supervisor, Clinical Mentor, Experiential Teacher, or others. Within the boundaries of this project, we have considered a preceptor to be a person engaged in a formal relationship with an academic organization to provide clinical or public health experiences to an enrolled student.

At this time, program development is complete, and the NH AHEC Network will be launching the first year of the NH AHEC Preceptor Recognition Awards in June 2023, with the nomination window remaining open through the end of the summer semester. The goal is to announce award winners at the start of the next academic year. Recognition will include individual awards and will also be published collectively in an

eBook that can be readily shared with students, preceptors, site administrators, academic institutions, and professional associations. The program is structured as follows:

Structure

NH AHEC has opted to take a “no-wrong-door” approach to nomination, using an online nomination process that will be shared by the NH AHEC Network, and aligned with other NH AHEC programs and processes for consistency and adherence to best practices. Nomination criteria have been aligned with the precepting best practices highlighted in preceptor education modules already offered by the

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Southern NH AHEC. The goal is to recognize multiple preceptors each year, so the preceptor categories are aligned with the health career categories in NH AHEC Network's 5th Edition of the Finding Your Own Career in Health Care career catalog. During the nomination process, promotion of the program will be shared with professional associations, educational institutions, and preceptor sites to ensure that the candidate pool includes nominees representing a broad range of categories of interprofessional healthcare including behavioral and allied health fields identified in the NH Health Careers catalog.



Preceptor Recognition Award

- ☐ Demonstration of a commitment to guide students as they transition into professional practice through effective teaching, feedback, and critical thinking skills.
- ☐ Communicating effectively with students and patients modeling effective, high-quality patient care.
- ☐ Building professional relationships with students, encouraging them to excel and connect with the community.
- ☐ Demonstrating qualities of resiliency and professionalism within their field of practice through the navigation of practice challenges.
- ☐ A history of their career pathway that explains their commitment as a preceptor/mentor.
- ☐ In the case of self-nominations, answers to the following: Connection to purpose – why did you start doing this? Pearls of wisdom – what can you share with others contemplating precepting?

Candidates can self-nominate or be nominated by others. The nominator will be asked to provide the following information with their nomination:

- Name and contact information for the candidate, including their precepting location and position/role.
- Answers to open ended questions that allow the nominator to tell the story of why they are nominating the candidate. This includes demonstrating preceptor/mentor exemplary qualifications and the impact the nominee has within their organization/community/region. They will be encouraged to use the guidelines (see left) as nominating criteria.

In order to be qualified for nomination, candidates must be precepting or mentoring students in their profession or involved in the precepting process within a healthcare field. They must also be located, working, or volunteering in NH to be eligible and, in year 2 forward, must not have been recognized in the program in the prior 3 years.

After the nomination window closes, a varied selection of health professionals will be invited to review the nominations and select the year's award winners. The goal is that the selection committee will include individuals from a variety of health professions, and represent a diverse audience of different geographical locations, work environments, and cultural groups. In turn, they will ensure that the candidates selected to be recognized are equally representative of the rich population of healthcare professionals in the state of New Hampshire.

Once selected, recipients will be invited to share their precepting stories, which will then be featured in an eBook released in the fall highlighting all recognized preceptors. Notices will also be shared with recipient employers and professional organizations in the hopes that these organizations will be able to amplify this recognition through their own celebrations. As funding allows, the goal is also to provide a physical award to each recognized preceptor.

...recipients will be invited to share their precepting stories, which will then be featured in an eBook...

Each year's process will conclude with a debrief that uses quality improvement methods to evaluate the program and make improvements for the following year.

Outreach and Promotion:

In order to ensure that the program is truly state-wide and includes a solid representation of the healthcare workforce, promotion regarding both the nomination window and the recognized preceptors will be distributed by the three NH AHEC Network offices on their websites, social media accounts and networking groups. Additionally, information will be shared statewide with hospitals, federally qualified health centers, human service organizations, Sector Partnership Initiative (SPI) regions, other regional and state networks, licensing board members, the NH Office of Rural Health, Bi-State Primary Care Association and other professional associations, universities and colleges with health career degree programs, and educational programs with health career pathways that leverage preceptor experiences to deepen student experience.

In order to showcase a broad selection of preceptors, an electronic book of awardees will be created that provides a page for each preceptor's story. The eBook will be shared widely among different professional organizations, health care facilities and through media channels.

Identify Strategies for Sustaining the Project Beyond CPP Funding.

The NH AHEC Network is committed to this program becoming an important piece of preceptor recruitment and retention efforts in the state. To that end, sustainability weighed heavily in the program design. As previously mentioned, the NH AHEC team has worked to align this program with other NH AHEC initiatives. It has also leveraged low-cost platforms, many of which are already in use and therefore funded by existing NH AHEC programs, for the nomination and promotion processes. Finally, sponsorship pathways have been created to provide stakeholders the opportunity to materially support the purchase of awards and publication of annual reports.



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Objective 4: Creation of Action and Dissemination Plan

To conclude this work, the NH AHEC Team has presented findings of the project at listening sessions with stakeholder groups, including the Endowment for Health's Forward Fund Advisory Group, the Legislative Commission for Interprofessional Primary Care Workforce and SPI groups to solicit feedback on draft recommendations. This feedback was then synthesized into this final report, which will be shared with the Endowment for Health's Forward Fund Advisors and the Legislative Commission. This includes the action plan on the following page for the next steps beyond the end of this project.

Partnerships		
Opportunity	Responsible Party (ies)	Status
US Department of Labor Nursing Expansion Grant Program	Collaboration with Solution Health, CMC and Catholic Charities	Awarded; work pending

Funding		
Opportunity	Responsible Party (ies)	Status
Disseminate video on different business models of precepting	NH AHEC Network	Ongoing

Logistics		
Opportunity	Responsible Party (ies)	Status
Convene partners to discuss streamlining administrative processes	TBD	Pending

Value of Precepting		
Opportunity	Responsible Party (ies)	Status
Continuing education by way of preceptor training modules	Southern NH AHEC	Available on SNH AHEC website
Continuing education provided in interprofessional formats	NH AHEC Network	Ongoing expectation of AHEC programming
Preceptor Recognition Program	NH AHEC Network	Launching Spring 2023

Students		
Opportunity	Responsible Party (ies)	Status
Creation of one-pager with tips for students to prepare for community rotations	NH AHEC	Pending
Seek funding to expand pipeline programs	NH AHEC, state-wide stakeholders	Ongoing
Development of an online module highlighting precepting from the student perspective, including data from the student survey	NH AHEC Network	Pending

Other		
Opportunity	Responsible Party (ies)	Status
Nurse Practitioner Education session: History & Visions for the Future	Southern NH AHEC	Offered as part of the Moving Beyond the Usual: Enhancing the Primary Care Workforce through Partnership Series May 3, 2023
Pursue policy changes to support community precepting efforts	NH AHEC Network, Preceptor Committee, Professional Associations	Ongoing

Conclusion

The New Hampshire Area Health Education Center network appreciates this opportunity to research and report on the opportunities and barriers related to community placements for health career students in our state. Particular thanks are offered to those educational institutions, preceptor sites, preceptors and students who meaningfully and sincerely engaged in the research. Their honest and informative input has provided the workforce development community of New Hampshire with critical insight into a variety of actions – from policy making and funding to grassroots process changes – that have the potential to make community placement activities more efficient, financially viable and academically rigorous. The NH AHEC Network looks forward to future collaboration with our workforce development partners on these efforts.

Appendix A

Summary of Recommendations from *Tomorrow's Healthcare Workforce: Strengthening NH's Clinical Placement Opportunities*

Individual

- Offer Training to Preceptors
- Recognize Preceptors for their Work
- Prepare Students to go into Community

Institution/Site (aka Community)

- Conduct Outreach & Awareness
- Streamline Processes
- Foster Interprofessional Education (IPE)
- Consider Equity
- Explore Funding Opportunities
- Promote Professional Development
- Address Scheduling
- Consider Innovative Collaborative Partnerships with Academia & Community-based Sites

System

- Recognize & Promote Precepting
- Expand Pipeline Programs
- Develop Career Pathways
- Promote Collaboration & Planning
- Explore Financing
- Share Business Models for Precepting
- Foster NH Workforce
- Pursue Policy Change
- Expand Data Collection

Appendix B:

Overview of Three Clinical Placement Systems

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Brief description of services offered through the Clinical Placement Software		
Pre-clinical services, clinical placement/scheduling services, orientation /onboarding services, and record-keeping/ evaluation services. https://www.castlebranch.com	Specifically geared for central clinical placement provides a flexible approach to meet the unique needs of clients such as: Healthcare facilities, Educational Institutions, Consortium, Workforce Development and other organizations that are interested in healthcare professional students' Clinical Placement. The Open□platform concept allows Healthcare providers to work with any of their affiliated Educational Institutions https://www.myclinicalexchange.com/	"The Centralized Clinical Placement (CCP) software, developed by the Massachusetts Department of Higher Education, is a stand-alone Internet-based software system designed to facilitate the display, scheduling, and management of clinical nursing* education placements between health care organizations and nursing education programs. This system is regionally based and reflects the input of the participating regional nursing education and practice communities." https://www.mass.edu/mcnpcs/welcome.asp *Program primary focus is nursing but has recently expanded to include allied health

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Describe the process to initiate the system. For example, does the academic institution initiate the system for placement or clinical site or student?		
<p>Castle Branch products consist of a few options:</p> <p>BRIDGES program: System is designed around a DASHBOARD landing page. The process starts with health care organizations entering information on preceptor availability including dates and times they are available to work with students. Students or academic institutions (with membership to Castle Branch) can log into site and pick preceptor sites. If a student logs in to make selection, academic institution has to approve.</p> <p>Compliance Tracker: Driven by Academic institution to identify what to include (i.e., CPR, student insurance, vaccine, etc.). Takes less than 5 minutes to create the account. Castle Branch employees conducted the tracking review at 98.97% accuracy.</p> <p>Administrative portal at academic institution.</p> <p>Clinical Placements: For schools and clinical facilities to negotiate placements online for individuals or groups. Academic coordinator can view openings and request the spot, health care facilities can approve or deny request.</p> <p>Clinical Scheduling: enables administrators to schedule and assign clinical groups or individuals into facilities and units. Can be used to schedule students to participate in clinical shifts. This allows users to plan and manage the student's hours requirements and ensures the student's schedule meets his or her required course hours.</p> <p>Pro Advantage Tracker: CB Bridges™ Pro Advantage Tracker is for clinical onboarding and orientation information. It integrates and automates compliance tracking, clinical onboarding and orientation in one location—with student documentation customized to each hospital's exact requirements.</p>	<p>myClinicalExchange is a platform designed for centralizing clinical placement by leveraging web-based cloud technologies. This platform can be adopted by individual Hospitals, Educational Institutions, Consortiums, Workforce Development, and other organizations healthcare students' Clinical Placement. The open – platform concept allows Hospitals and Universities to work with their affiliated partners, their students and their preceptors, focused on an organized and streamlined approach to placing students.</p> <p>System is designed to track clinical rotations and compliance across student programs including Nursing (ADN, BSN, MSN, LPN, NP/FNP), Speech, PT, OT, Pharmacy, Lab, Medical, Physician Assistants, etc.</p>	<p>Initiate the system process includes health care organizations and academic health professions programs enter detailed information about clinical education placements on the CCP online forms. The website's forms and automated emails allow participants to post, edit and respond to clinical placement requests.</p> <p>The health care organization is the decision maker on who is in their facility, where they have access to in the building – and when. The health professions training programs request a placement; health care organizations accept or reject that request.</p> <p>The regional groups determine an appropriate timeframe for clinical placement postings.</p> <p>Each region sets its own timeframe guidelines. They set a: 'send by date' for education programs and a 'respond by' date for the healthcare organizations (HCOs). Group and preceptorship requests are included in the guidelines.</p> <p>The timeframe dates precede the actual academic term by several months and provide a 12-month structure to the scheduling of clinical placements. The Timeframes provide education programs time to plan and submit renewals and new opportunity requests in a coordinated and fair way and allow HCOs to see all of the nursing program requests before making any determinations.</p>

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Is an online orientation of the system provided for all users of the system?		
<p>Clinical onboarding and orientation through portal.</p> <p>CB Bridges™ Pro Advantage Tracker can manage clinical onboarding and orientation process. CB Pro Advantage Tracker integrates and automates compliance tracking, clinical onboarding and orientation in one location—with student documentation fully customized to each hospital's requirements.</p> <p>Option: Hospital administrators can also use the CB Bridges tool to automate the hospital's portion of the process, or they can continue with their existing process and tools.</p> <p>https://discover.castlebranch.com/CBBridges/cb-pro-advantage-tracker.html</p>	<p>Yes. An orientation tab is available for students with information they must complete before rotation is to begin.</p>	<p>Yes. Recommended that all students and faculty complete the online orientation.</p> <p>"The Online Orientation is part of the Centralized Clinical Placement Management System. It is a computer-based, clinical onboarding program for students and faculty. The Program provides common, standardized clinical orientation/ onboarding material and also allows healthcare organizations (HCO) to post facility-specific material for participating students and clinical faculty. The Online Orientation program directs you to the appropriate page and/or provides links to the appropriate forms. The program is completed in 3 steps online via the CCP site. Students/faculty:</p> <ol style="list-style-type: none"> 1. Complete the centralized modules and post-tests. 2. Submit required contact information to their clinical assignment facility. 3. Complete facility-specific material; agree to comply with facility specific instructions. Clinical Assignment Ticket is then released; students/faculty may print as instructed.

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
How does the system interface with placement for students? Does the placement manually with information entered into the system?		
<p>CastleBranch Bridges' CB Clinical Scheduling module enables administrators to schedule and assign clinical groups or individuals into facilities and units. CB Clinical Scheduling can be utilized to schedule students to participate in clinical shifts. This allows users to plan and manage the student's hours requirements and ensures the student's schedule meets his or her required course hours.</p> <p>Additionally, CB Clinical Scheduling will alert both students and instructors of any important schedule changes to their clinical shifts.</p> <p>https://discover.castlebranch.com/CBBridges/cb-clinical-scheduling.html</p>	<p>All interface is through the portal.</p> <p>The subscription is held by the student (although the academic institution can pay the fee)</p> <p>Each student has a unique ID to log in. Once in the system, student/academic institution populates information requested. Once the system is set up for each student, they can view available rotation slots at systems that use My Clinical Exchange. Once a request is made, the hospital must approve or deny the request.</p>	<p>Users of the system are Health Care Organizations and Academic Institutions. Students do not use the system to enter placement requests.</p> <p>Academic Institutions make requests in the system for clinical rotation at a health care organization. HCOs review request within the CCP system and either approves or denies the request, HCO is the decision maker.</p> <p>CCP staff at the MA Department of Higher Education manage and develop the system.</p>
Does the system have the flexibility to accommodate different disciplines?		
Yes.	Yes. As noted above: Nursing (ADN, BSN, MSN, LPN, NP/FNP), Speech, PT, OT, Pharmacy, Lab, Medical, Physician Assistants, etc.	Yes. The system started as only nursing professions but has been slowly adding other allied health professions. For example: PA; Radiation Technology; EMT; Parametric; PT Assistant; OT Assistant.
Is there a limit to the number of students or sites within the system?		
No	No	Presently there is no limit on the number of sites or students within the system.

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Who is able to view open placement spots?		
Academic Institution enters placement request. Health care organization accepts or declines.	Academic institutions, Students, Health Care organizations. No third-party option.	Both the academic programs and health care organizations (HCO) can view open placements in the CCP.
Describe communication loop between system, academic institution, placement site, and student.		
Communication occurs through the system. However, if questions – customer service is available.	All communication occurs on the system. Each user has a set of authorized areas they are able to view. Much of the focus is on the DASHBOARD.	<p>Each user of the system (academic institution or HCO) has access to the system. The academic institution requests placement sites; the HCO accepts or denies the request. Most communication about placements happens within the CCP system. But the CCP system is used in conjunction with other kinds of communication methods such as email, phone calls and meetings.</p> <p>The CCP is a very user driven system. The CCP meets with the regional groups three times per year to gather user feedback and support ongoing networking and relationship building</p> <p>Academic institutions complete a request for each student.</p> <p>CCP team meet with users of the system during the year and ongoing relationship building.</p>
Describe any reports that may be generated through the system.		
Reports can be generated through the system. Varies based on which product.	Reports can be generated from the system including Compliance, Affiliation agreements, Rotations & Requests, Attestation form.	Placement reports can be generated by the CCP system. They can be run for group or preceptorship placements looking at 'confirmed' or 'requested' placements. Reports can be customized by a variety of perspectives including Region, Term, Year and Program Level.

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Can forms be uploaded into the system (i.e., vaccination requirements)?		
Yes	Yes	Both the education programs and HCO can upload documents and forms to the CCP. Student vaccination records NOT stored in the system. BELOW
Capability of tracking agreements/ contracts		
All agreements can be uploaded into the system based on the request of the organization. Vary capacity based on product.	All agreements can be uploaded into the system. My Clinical Exchange System is set up based on the needs of the Academic intuition/Health care organization. If a form is missing, the missing item will be listed on the dashboard (as a 'to do' list). Items will continue to appear on the dashboard until they have been completed.	Hospitals/academic institutions take care of affiliation agreements outside of the CCP system. Yes, the CCP provides space to indicate the status of an affiliation agreement. But, the CCP system does not play a role in the review, approval/completion of affiliation agreements.
Describe the IT support for users of the system		
Technical assistance is available to users of the system by calling toll-free number, completing online form, or login to account and select "need help" link.	Customer service/IT has been responsive based on limited interaction.	Outstanding, hands-on customer service. Fairly immediate response.
Who creates the contract with the placement system (student? Academic institution? Sites? And/or Third party?		
Student, academic institution, and health care facility are all users of the Castle Branch system. The products available are all geared for different user needs.	Student or Academic institution.	Academic Institution and Health Care Organization.

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Describe the observation of ease to access customer support service as identified by AHEC researcher		
AHEC researcher's initial contact with company in 2021 was through an online form, without response. Phone number difficult to find on site (at the time) however a toll-free number was identified, and a demonstration of the product was scheduled.	Immediate, Easy, quick response to request demo. Conducted an abbreviated (30 minute) demo, a month later completed a full (60 minute) demo.	Immediate, easy, quick response from customer service or developers of the system.
Is the system available in NH?		
Yes	Yes	Yes – mainly New England. Users can also manage placements with any healthcare organization or education program even if they are not a member of the CCP through the CCP's self-managed placement tools.
Is the system used in other states? Regionally (New England) or nationally?		
Yes – national system	Yes – national system	Yes – mainly New England

Castle Branch	My Clinical Exchange	Centralized Clinical Placement System- Massachusetts Department of Education
Describe payment structure for use of system.		
Student or academic institution pays for the system. Prices vary based on products.	<p>Student pays for the system: \$39.50 for 12 months.</p> <p>An additional product includes Instructor Tracking Compliance.</p>	<p>\$6.50 per year for all users... "everyone pays" All users are invoiced annually.</p> <p>The current CCP fee model uses a dual fee structure. Two fees are calculated for each user.</p> <ul style="list-style-type: none"> • Capacity Fee - based on organization's size (licensed beds for HCOs and enrollment for education programs. • Usage Fee –Reflects/based upon an organization's use of the system. <p>A multiplier is applied to capacity values (licensed bed count/ enrollment) and usage value.</p> <p>The multiplier for FY 2024 is \$6.50.</p> <p>Each user is then invoiced the lesser of the two fees or the minimum fee of \$400.</p> <p>The fee model and multiplier are reviewed annually.</p>

Appendix C

List of Academic Institutions Identified by Students Participating in CPP Student Survey.

Antioch University

Dartmouth College

Franklin Pierce University

Geisel School of Medicine at Dartmouth

Great Bay Community College

Keene State College

New England College

Rivier University

Southern NH University

University of New Hampshire

White Mountains Community College

