

## **AACN-AONL Clinical Preceptor Survey Summary Report**

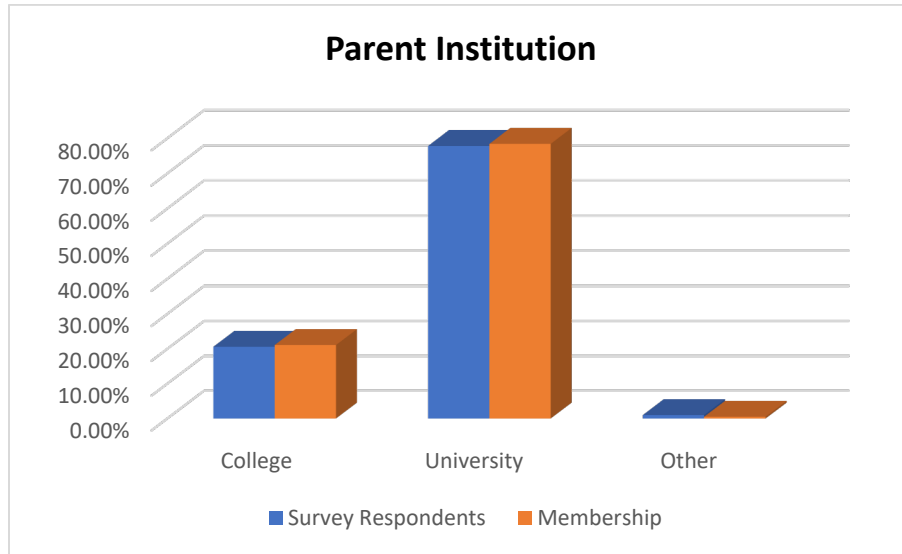
**March 2020 (Addendum added May 2020)**

In response to the recent increase in anecdotal reports of payments for preceptors and access to clinical sites, the AACN-AONL Advisory Committee launched a survey in September 2019 to the 825 AACN member schools of nursing to explore these concerns. Participants were asked to complete the survey by October 28, 2019; a second request was sent three weeks later. Three hundred six schools of nursing completed the survey for a 37.1% response rate.

### **Executive Summary**

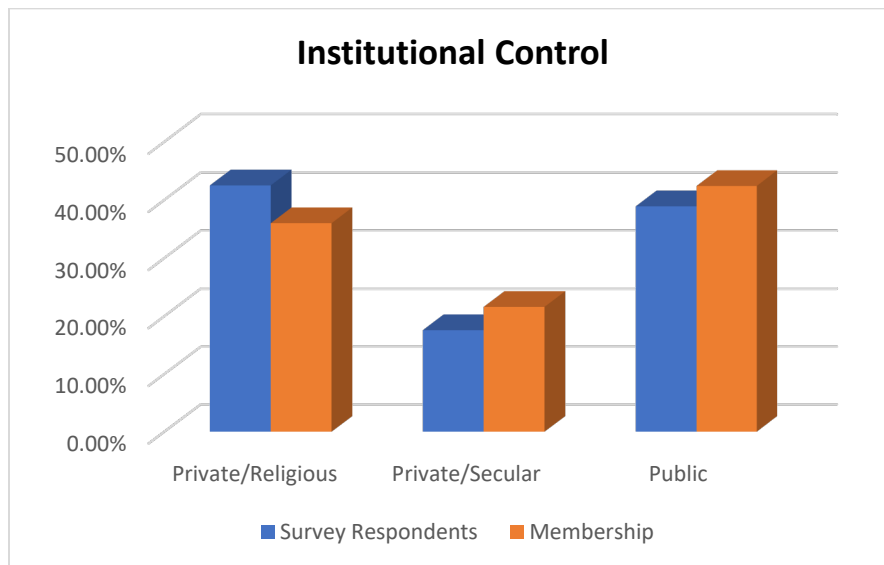
- The study sample was representative of all AACN member schools and had a 37% response rate.
- The majority of schools are not currently paying nor have they paid in the past for clinical preceptors or clinical placement sites.
- A small percentage of schools are or have paid for clinical placements or preceptors. This is true for both baccalaureate and graduate programs. Only 9% of schools with baccalaureate programs have or are paying for preceptors, and 9% have or are paying for clinical placements. Of the schools with graduate programs, 10% and 9% are paying for preceptors and clinical placement sites, respectively.
- The data show there are some areas of the country that are more likely to pay and that there are certain types of schools paying as well. For baccalaureate programs, a slightly higher percentage of schools were paying for preceptors in the North Atlantic and for clinical placements in the Midwest. For graduate programs, a slightly higher percentage of schools in the South were paying for preceptors; a slightly higher percentage of schools in the North Atlantic and in the South were paying for clinical placement sites.
- A large majority of schools expressed concerned about the future demand to pay for preceptors and clinical sites. This is true across all geographic regions and all types of institutions.
- The most difficult types of clinical placement sites for baccalaureate programs to find were pediatric acute care, obstetrics, and mental health sites/experiences. The most difficulty placement sites for graduate programs to find were family practice/primary care, pediatric primary care, and women's health sites.
- Many schools (47%) are part of a regional or state consortium whose purpose is to address clinical placements.

## Survey Respondent & Membership Institutional Characteristics



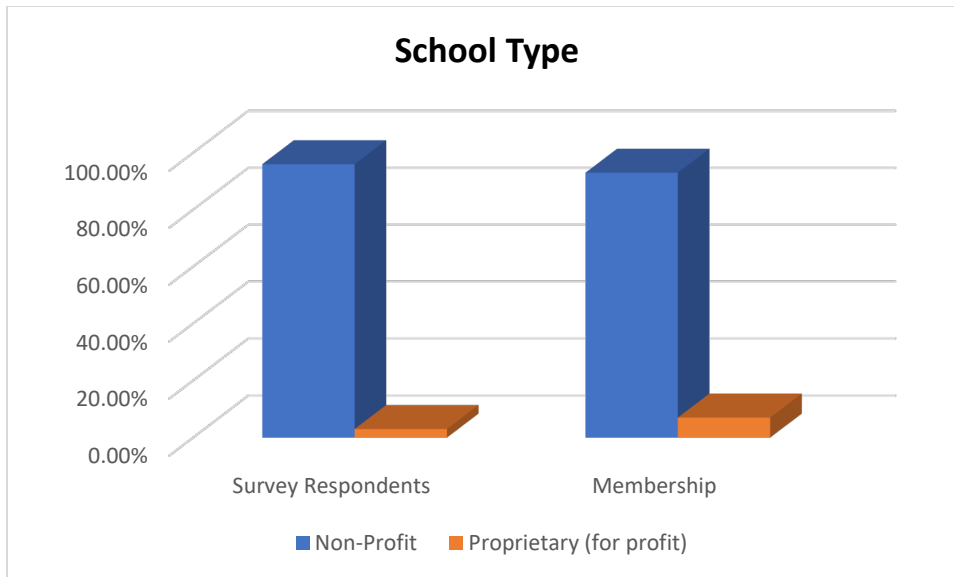
<b>Parent Institution</b>		
	<b>Survey Respondents (N=306)</b>	<b>Membership (N=825)</b>
College	20.6% (n=63)	21.1% (n=174)
University	77.8% (n=238)	78.4% (n=647)
Other	0.98% (n=3)	0.5% (n=4)
New School (no data from 2018)	1% (n=2)	NA

**Table & Graph 1. Comparison of Survey Respondents to AACN Member Schools by Type of Institution**



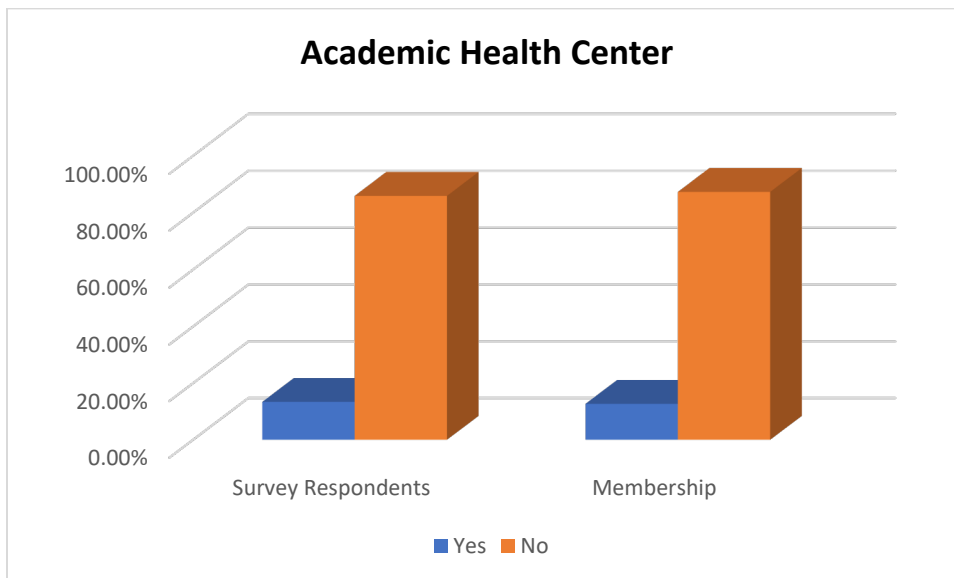
<b>Institutional Control</b>		
	<b>Survey Respondents (N=306)</b>	<b>Membership (N=825)</b>
Private/Religious	42.5% (n=130)	36% (n=297)
Private/Secular	17.6% (n=54)	21.6% (n=178)
Public	38.9% (n=119)	42.4% (n=350)
New School (no data from 2018)	0.65% (n=2)	NA

**Table & Graph 2. Comparison of Respondents to AACN Membership by Institutional Control**



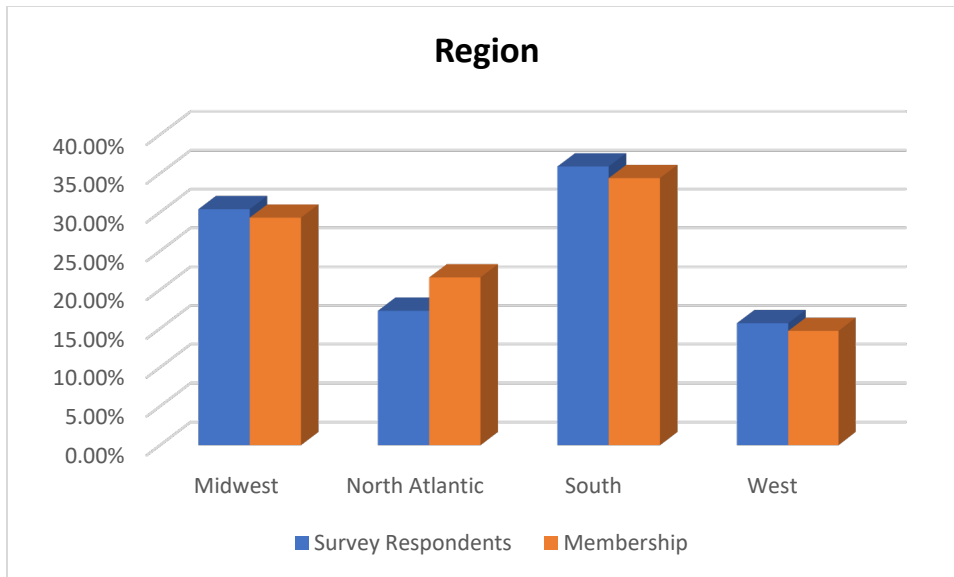
School Type		
	Survey Respondents (N=306)	Membership (N=825)
Non-Profit	96% (n=292)	93% (n=767)
Proprietary (for profit)	3% (n=11)	7% (n=58)
New School (no data from 2018)	1% (n=2)	NA

**Table & Graph 3: Comparison of Survey Respondents and AACN Membership by School Type**



Academic Health Center		
	Survey Respondents (N=306)	Membership (N=825)
Yes	13.4% (n=292)	12.7% (n=105)
No	85.9% (n=263)	87.3% (n=720)
New School (no data from 2018)	0.65% (n=2)	NA

**Table & Graph 4: Comparison of Survey Respondents and AACN Membership by AHC Status**



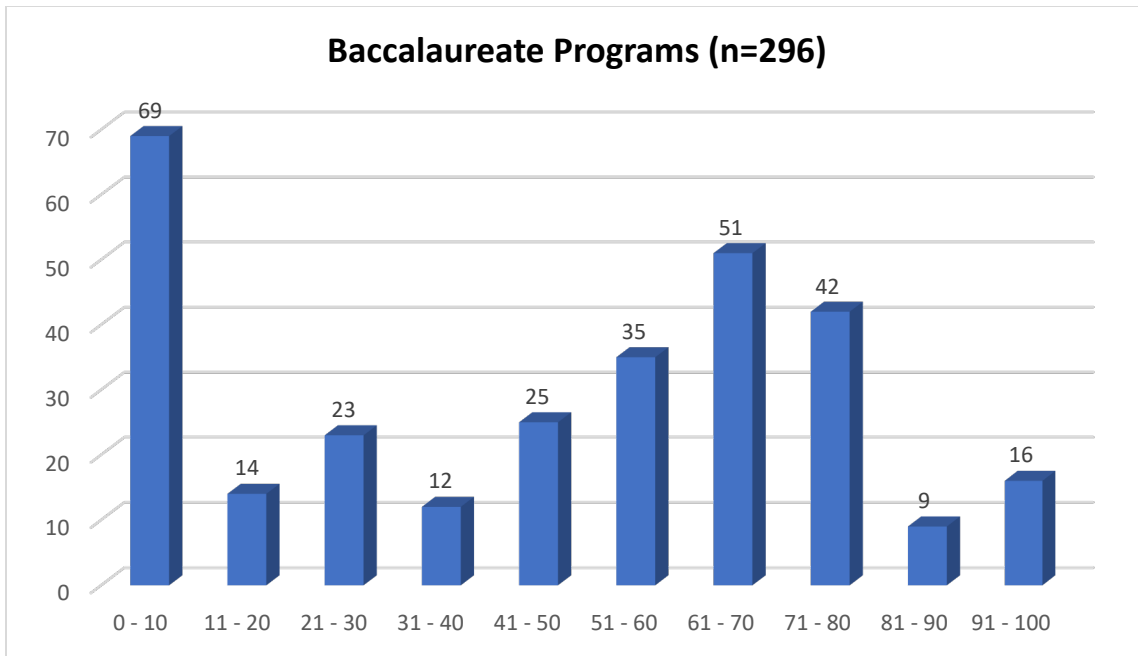
<b>Region</b>		
	<b>Survey Respondents (N=306)</b>	<b>Membership (N=825)</b>
Midwest	30.4% (n=93)	29.3% (n=242)
North Atlantic	17.3% (n=53)	21.6% (n=178)
South	35.9% (n=110)	34.4% (n=284)
West	15.7% (n=48)	14.7% (n=121)
New School (no data from 2018)	0.65% (n=2)	NA

**Table & Graph 5. Comparison of Survey Respondents and AACN Membership by Geographic Region**

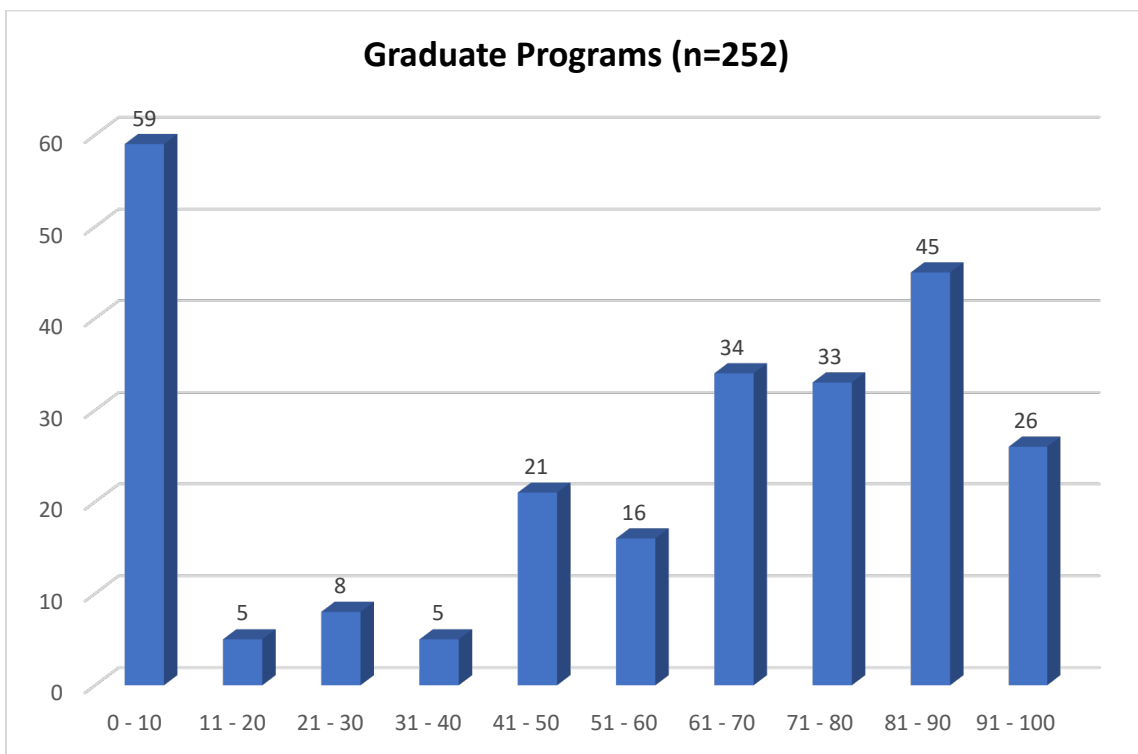
## Survey Responses

### Difficulty Obtaining Quality Clinical Placements

Respondents were asked on a 0-100 scale (with a 0 being not difficult at all to a 100 being extremely difficult) to indicate the level of difficulty they were experiencing in obtaining quality placement sites. For both baccalaureate and graduate programs, Graphs 6 & 7 below show the distribution of responses.

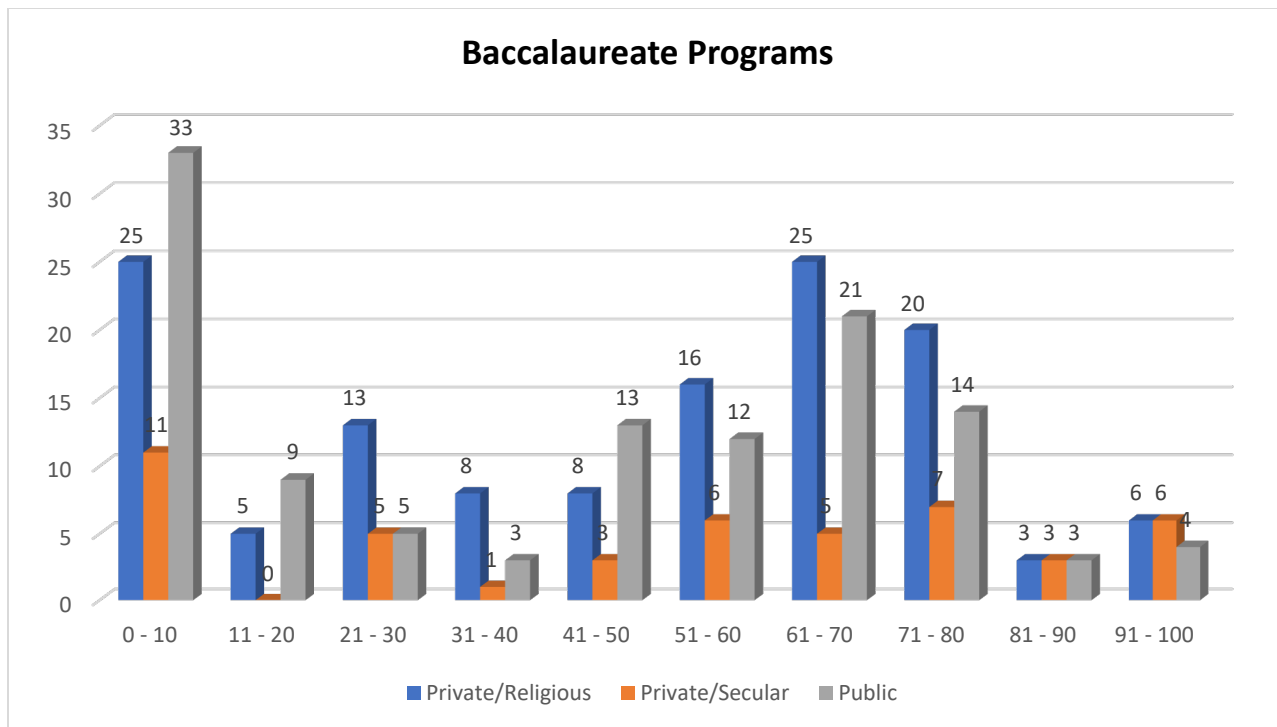


**Graph 6. Distribution of Responses from Baccalaureate Programs on Degree of Difficulty Obtaining Quality Clinical Placements**

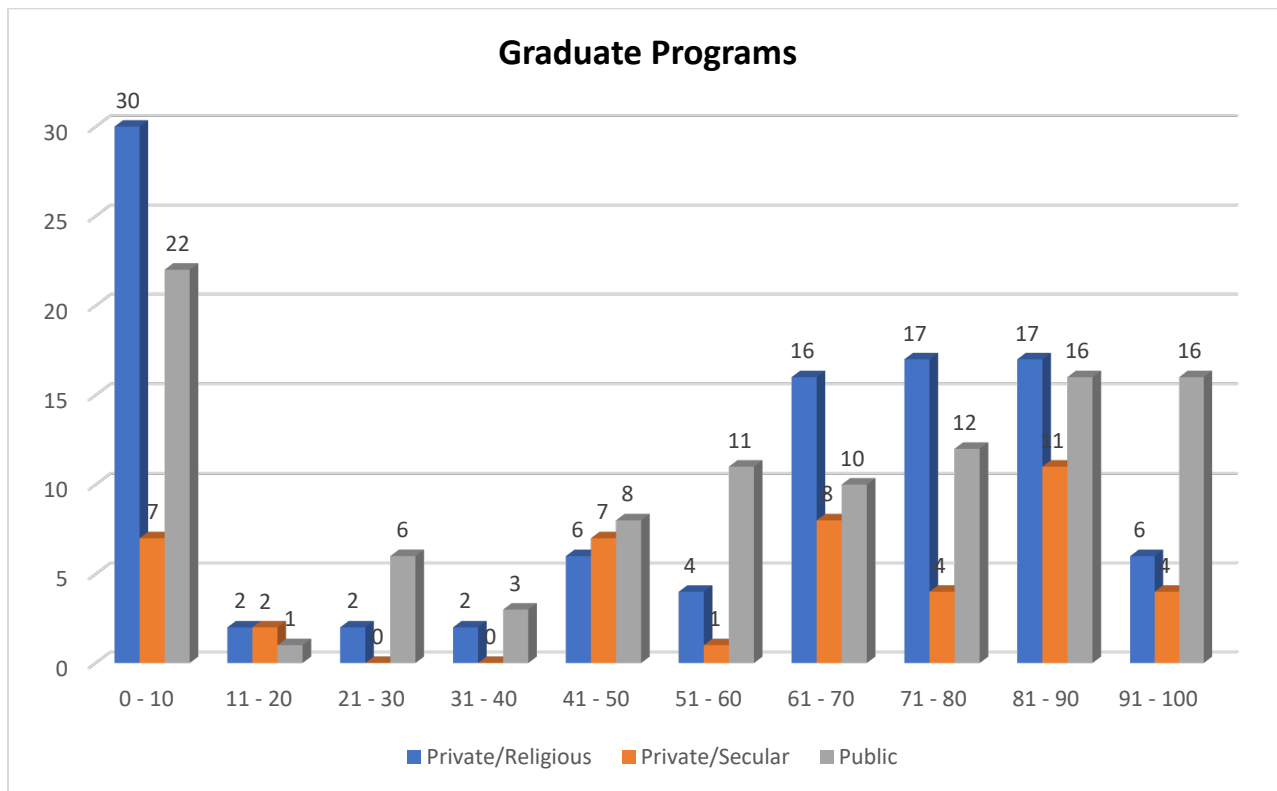


**Graph 7. Distribution of Responses from Graduate Programs on Degree of Difficulty Obtaining Quality Clinical Placements**

Graphs 8 & 9 below show the distribution of responses on the level of difficulty obtaining quality placement sites for baccalaureate and graduate programs by type of institutional type or locus of control (private/religious, private/secular, and public).

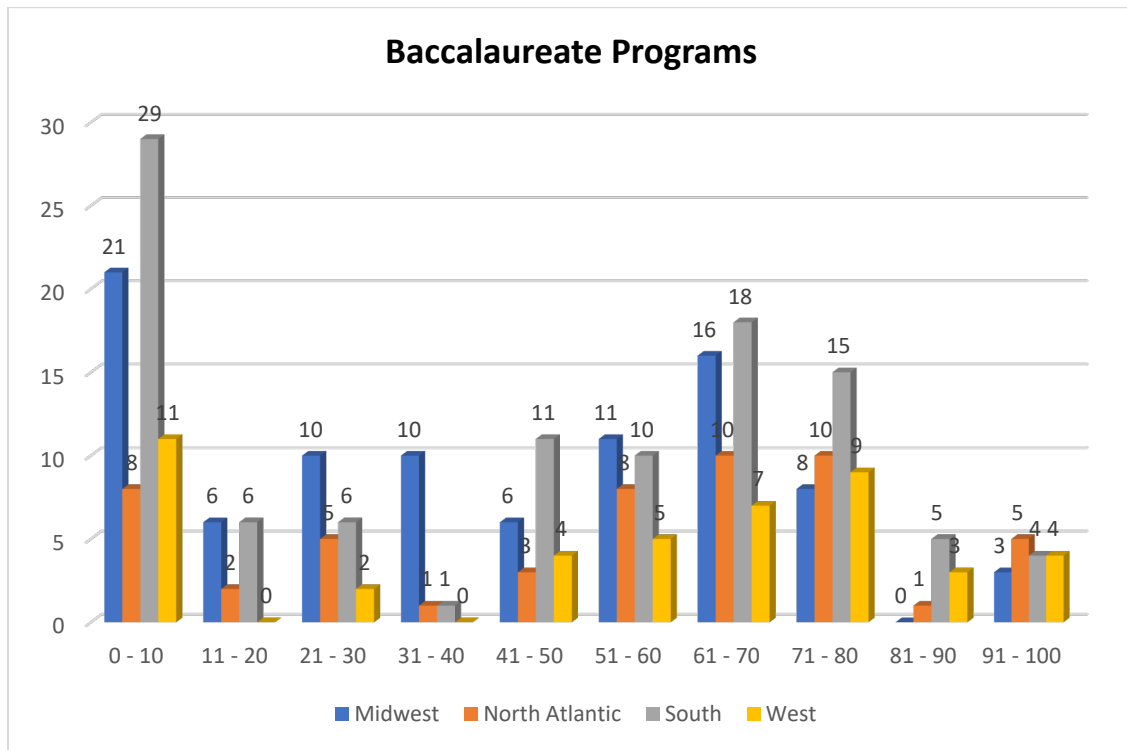


**Graph 8. Distribution of Responses from Baccalaureate Programs on Degree of Difficulty Obtaining Quality Clinical Placements by Institutional Type**

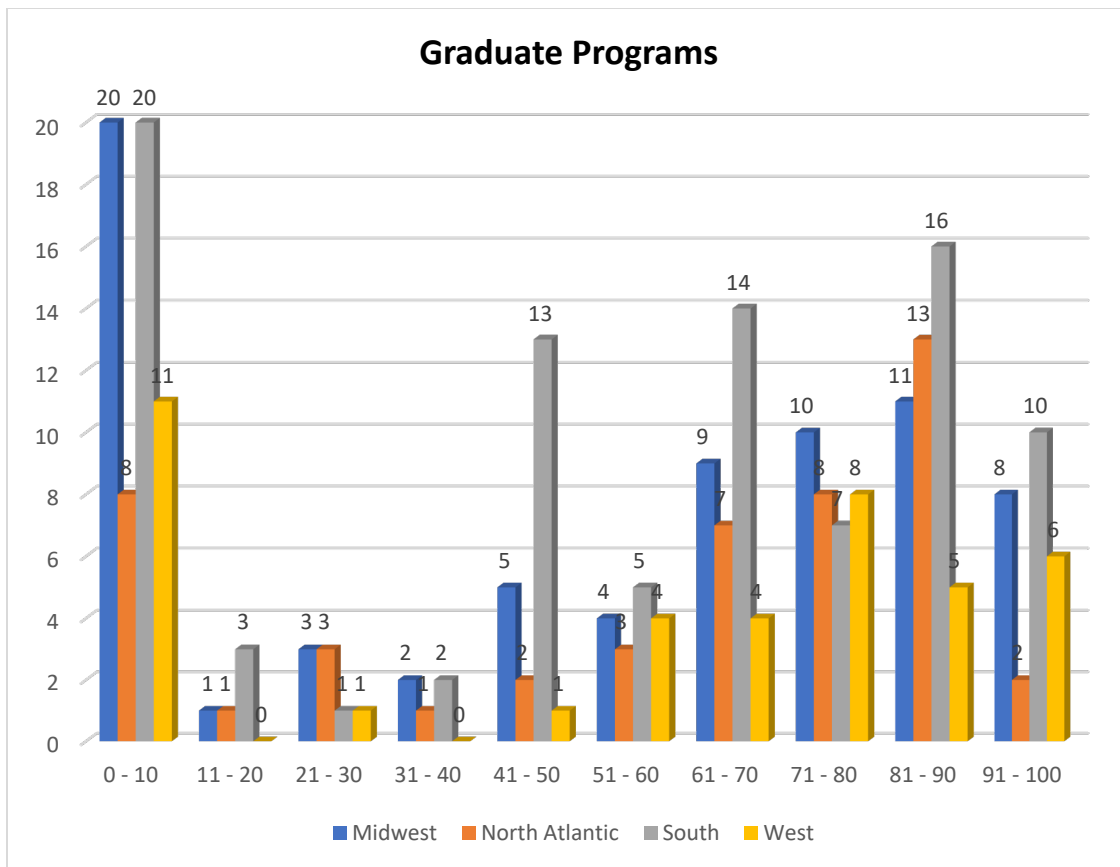


**Graph 9. Distribution of Responses from Graduate Programs on Degree of Difficulty Obtaining Quality Clinical Placements by Institutional Type**

Graphs 10 & 11 below show the distribution of responses on the level of difficulty obtaining quality placement sites for baccalaureate and graduate programs by geographic region (Midwest, North Atlantic, South, and West).

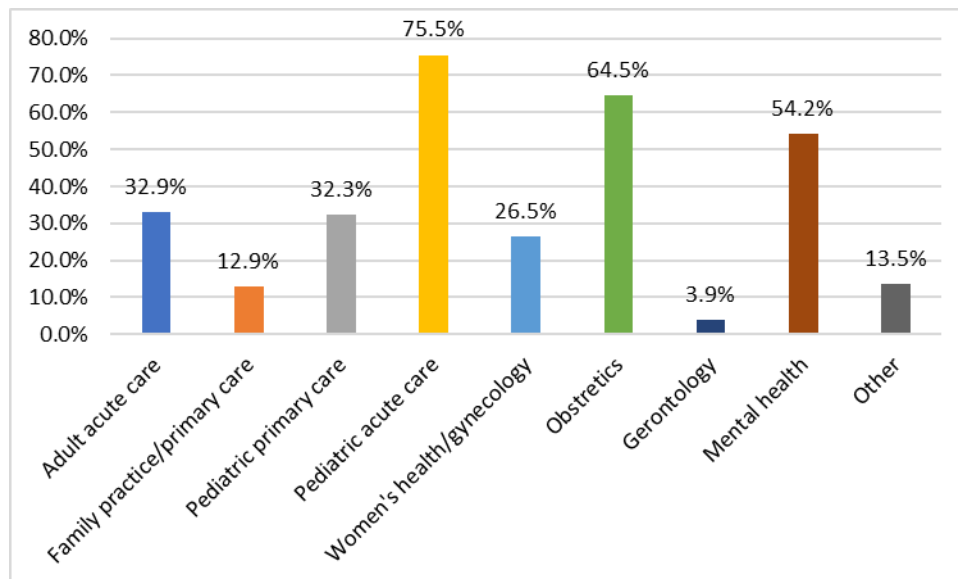


**Graph 10. Distribution of Responses from Baccalaureate Programs on Degree of Difficulty Obtaining Quality Clinical Placements by Geographic Region**



**Graph 11. Distribution of Responses from Graduate Programs on Degree of Difficulty Obtaining Quality Clinical Placements by Geographic Region**

All respondents who indicated the level of difficulty obtaining quality clinical sites was greater than a 60 were then asked the type of sites that were most difficult to obtain. Respondents who indicated the level of difficulty was greater than a 60 in obtaining quality clinical placement sites for baccalaureate clinical experiences identified the following types of settings/experiences as the most difficult to obtain (n=155). See Graph 12 below.

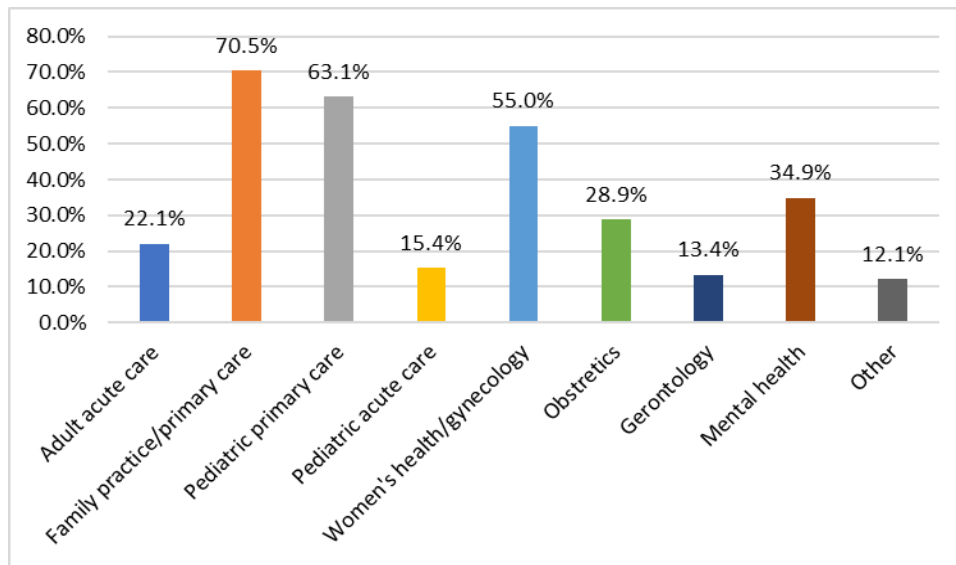


**Graph 12. Types of Clinical Sites Most Difficult to Obtain for Baccalaureate Programs**



Graph 12 above shows that pediatric acute care (75.5%), obstetrics (64.5%), and mental health (54.2%) were the top three most difficult types of settings/experiences to obtain for baccalaureate clinical opportunities. Respondents who indicated “other” specified that community/public health and leadership were difficult settings/experiences to obtain for baccalaureate students.

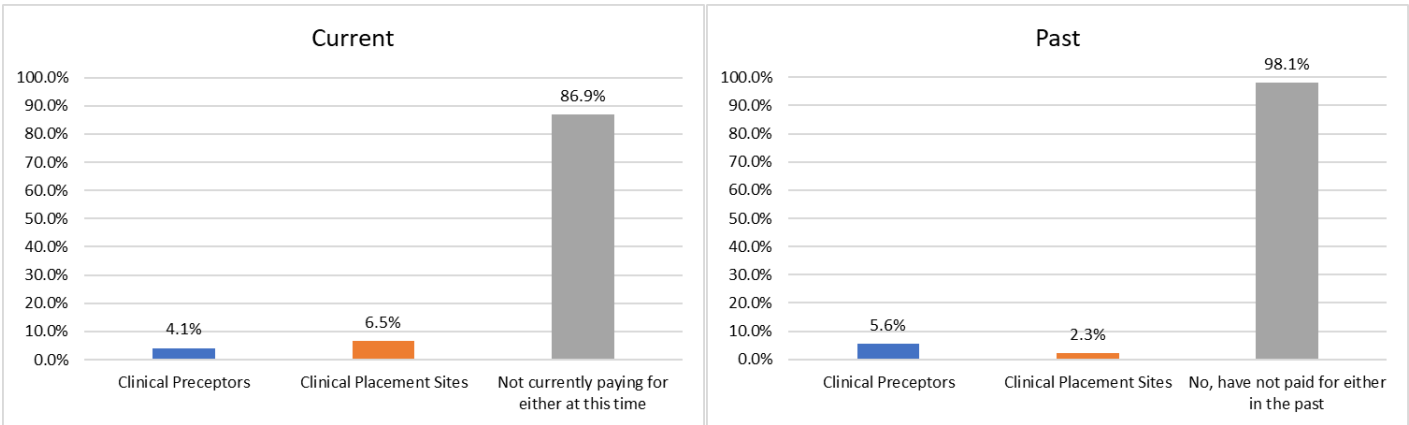
Respondents (n=149) with graduate programs who indicated the degree of difficulty was greater than a 60 identified family practice/primary care (70.5%), pediatric primary care (63.1%), and women’s health/gynecology (55%) as the top three most difficult types of settings/experiences to obtain for graduate clinical experiences. (See Graph 13 below.) Respondents that indicated “other” specified that nurse midwifery, education, and leadership were difficult settings/experiences to obtain for graduate clinical experiences.



**Graph 13. Types of Clinical Sites Most Difficult to Obtain for Graduate Programs**

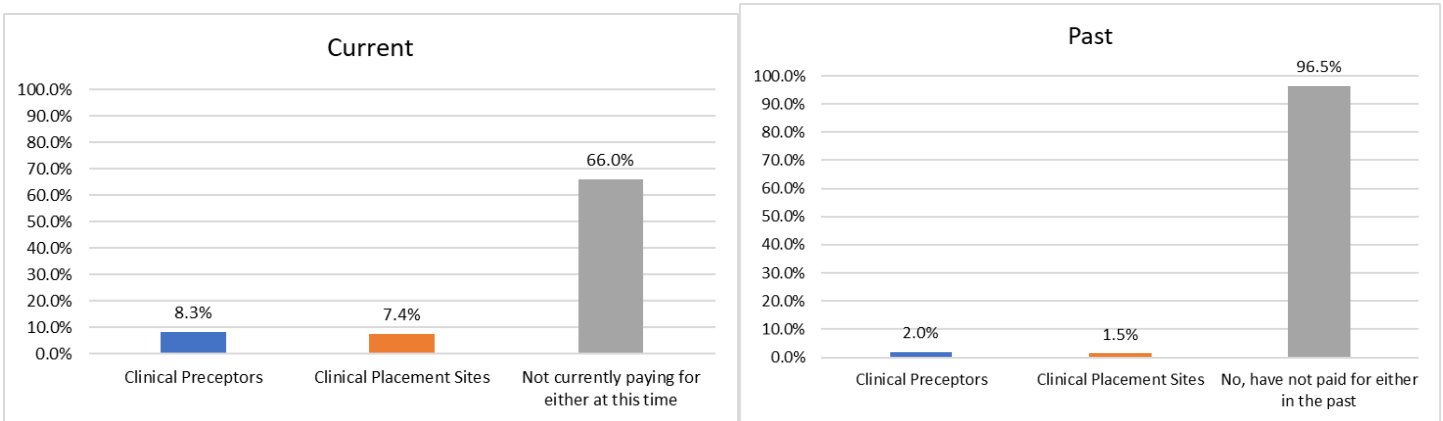
### **Clinical Preceptor and Site Compensation**

Of the 294 respondents with a baccalaureate program, only 12 (4.1%) indicated they are currently paying for clinical preceptors, and 19 (6.5%) are paying for clinical placement sites for baccalaureate clinical experiences. (See Graph 14 below) For the respondents with a baccalaureate program and not currently paying for clinical preceptors or clinical placement sites, 261 (98.1%) indicated they also have not paid for either in the past for their baccalaureate program. However, 15 (5.6%) had previously paid for clinical preceptors, and 6 (2.3%) had paid for clinical placements sites for the baccalaureate program. (See Graph 15 below.) ***These results indicate that most respondents with a baccalaureate program do not currently pay and have not paid in the past for either clinical preceptors (90.8%) or clinical placement sites for baccalaureate programs (91.5%).***



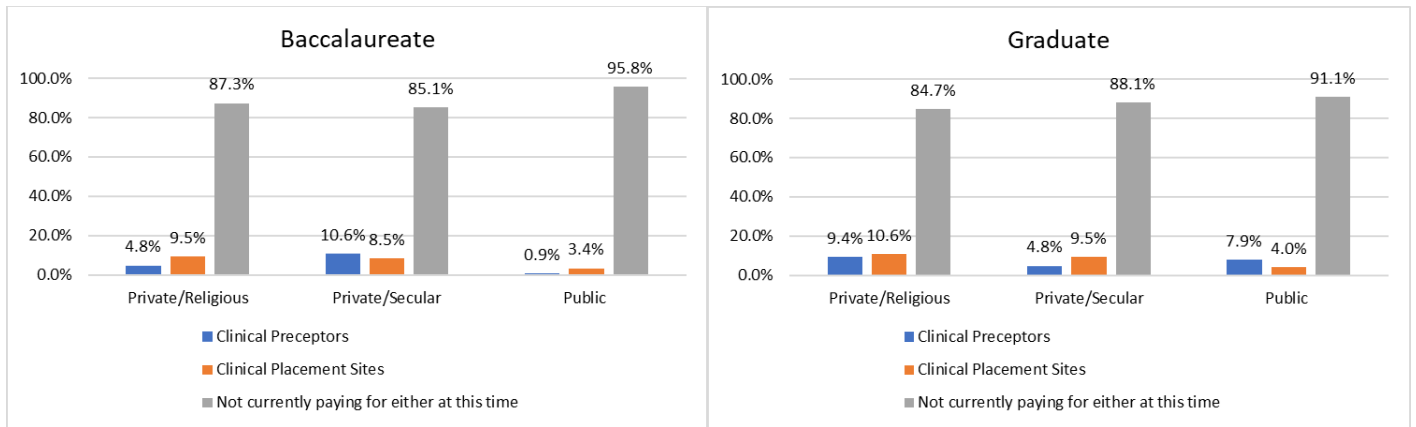
**Graphs 14 & 15. Percentage of Baccalaureate Programs Currently or Previously Paid for Clinical Preceptors or Sites**

Of the 229 respondents with a graduate program, only 19 (8.3%) indicated they are currently paying for clinical preceptors, and 17 (7.4%) are currently paying for clinical placement sites for graduate student clinical experiences. (See Graph 16 below) For the respondents with a graduate program and not currently paying for clinical preceptors or clinical placement sites, 209 (96.5%) indicated they also have not paid for either in the past for graduate programs. (See Graph 17 below.) Of those that have previously paid, 4 (2%) paid for clinical preceptors, and 3 (1.5%) paid for clinical placements sites for graduate student clinical experiences. *These results indicate that most respondents do not currently pay and have not paid in the past for either clinical preceptors (90%) or clinical placement sites for graduate clinical experiences (91%).*



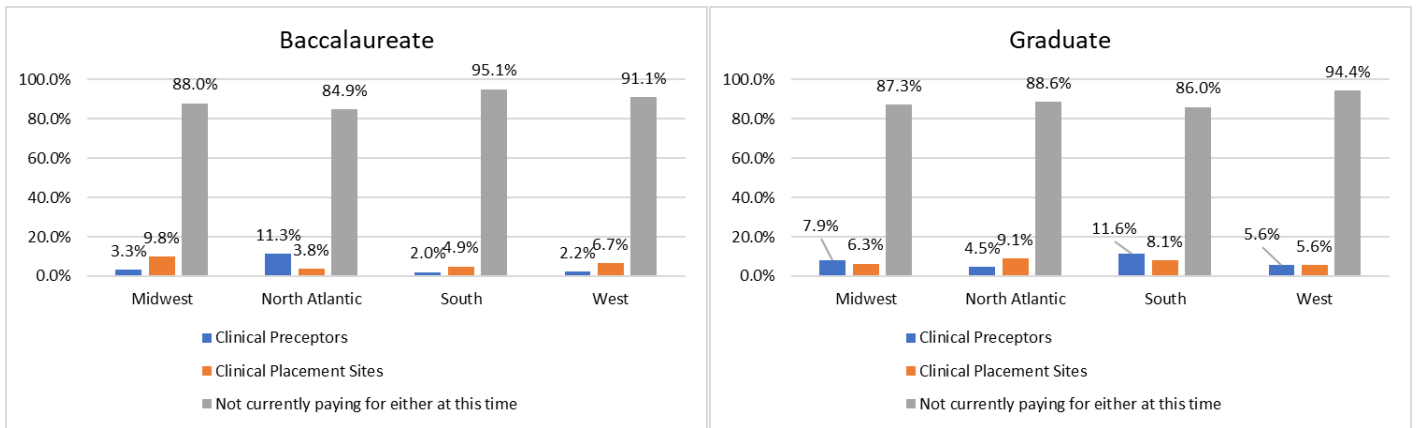
**Graphs 16 & 17. Percentage of Graduate Programs Who Currently or Previously Paid for Clinical Preceptors or Sites**

Graphs 18 & 19 below show the percentages of baccalaureate and graduate programs that are currently paying for clinical receptors or clinical placement sites by institutional type or locus of control.



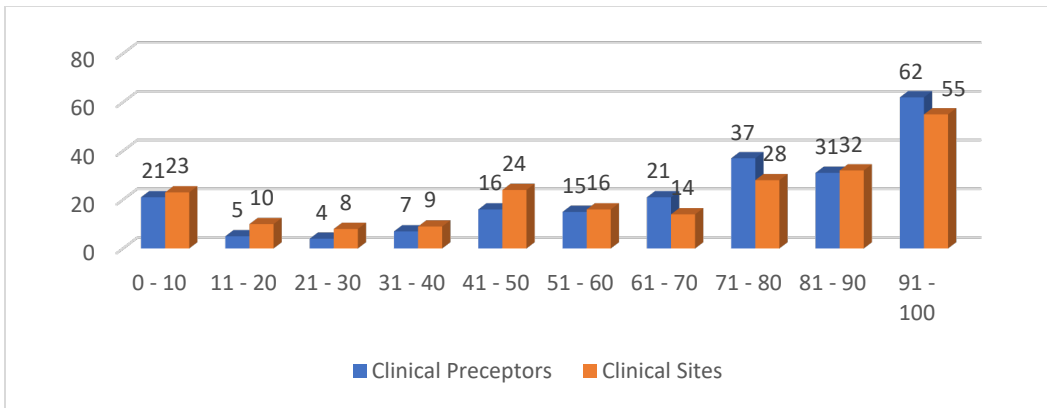
**Graphs 18 & 19. Percentage of Baccalaureate and Graduate Programs that Currently Pay for Clinical Preceptors or Sites by Institutional Type.**

Graphs 20 and 21 below show the percentages of baccalaureate and graduate programs that are currently paying for clinical preceptors or clinical placement sites by geographic region.



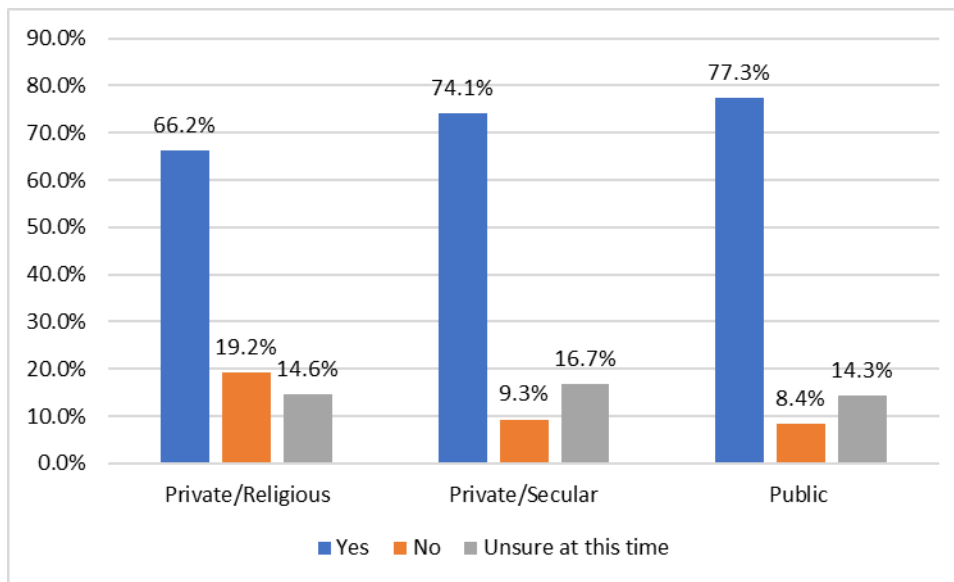
**Graphs 20 & 21. Percentage of Baccalaureate and Graduate Programs that Currently Pay for Clinical Preceptors or Sites by Geographic Region**

Among all respondents, 71.6% (n=219) indicated they were concerned about having to pay for preceptors and/or clinical placements in the next two years for either graduate or baccalaureate programs. Of the remaining respondents, 13.1% (n=40) said they were unconcerned, and 15.4% (n=47) said they were unsure at this time. The 219 concerned respondents were asked to indicate their degree of concern of having to pay for clinical preceptors and clinical sites in the next two years (with 0 being not concerned at all to 100 being extremely concerned). Graph 22 below shows the distribution of responses regarding the level of concern for having to pay for either clinical preceptors or clinical sites in the next two years.

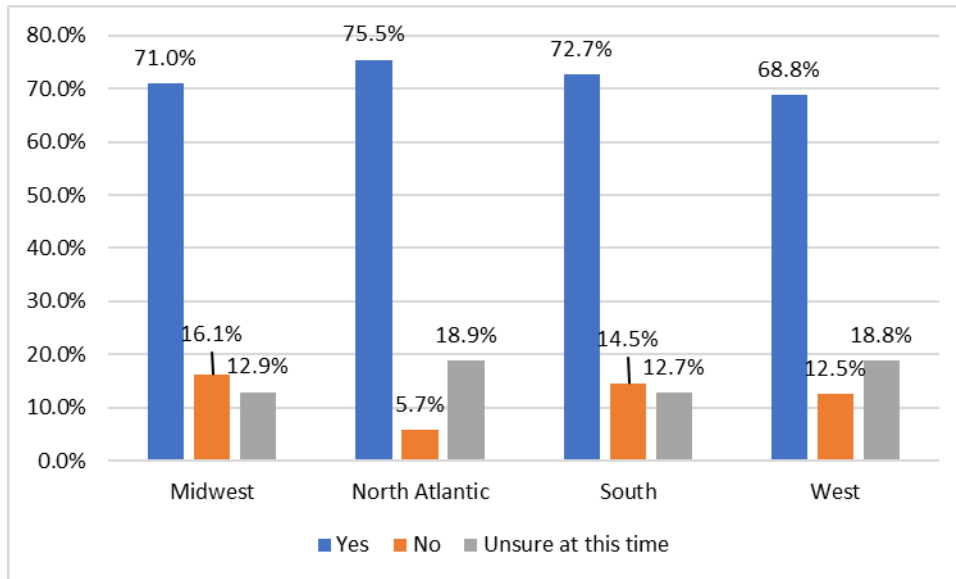


**Graph 22. Distribution of Degree of Concern Regarding Having to Pay for Clinical Preceptors or Clinical Sites in the Next Two Years.**

Graphs 23 and 24 show the percentages of respondents concerned about having to pay for preceptors or clinical placements in the next two years for either graduate or baccalaureate programs by institutional type/control and geographic region.

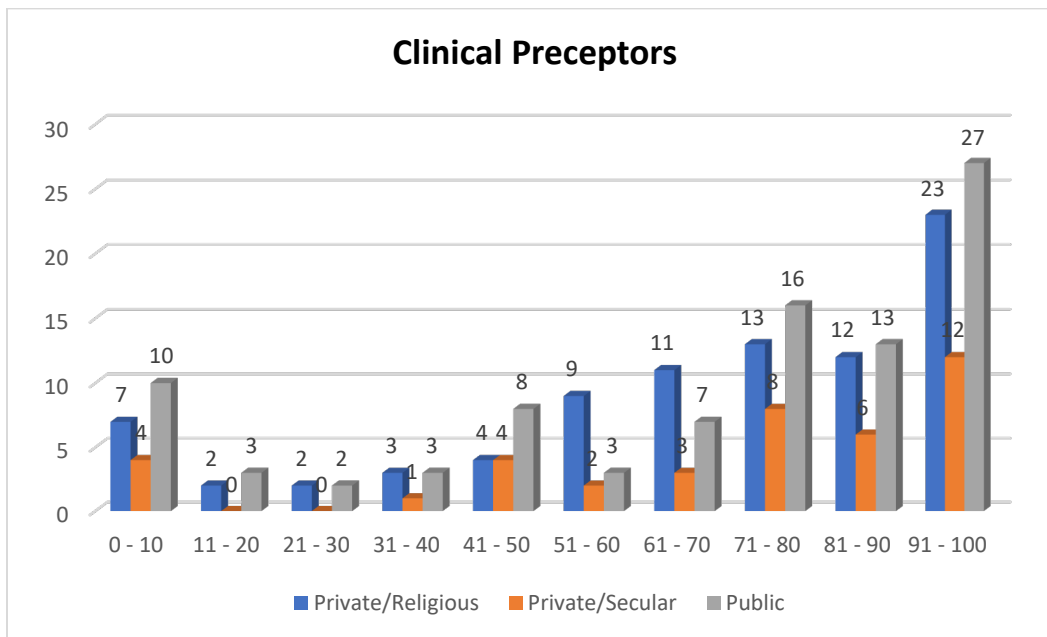


**Graph 23. Degree of Concern Regarding Having to Pay for Clinical Preceptors or Clinical Sites in the Next Two Years by Institutional Type/Control.**

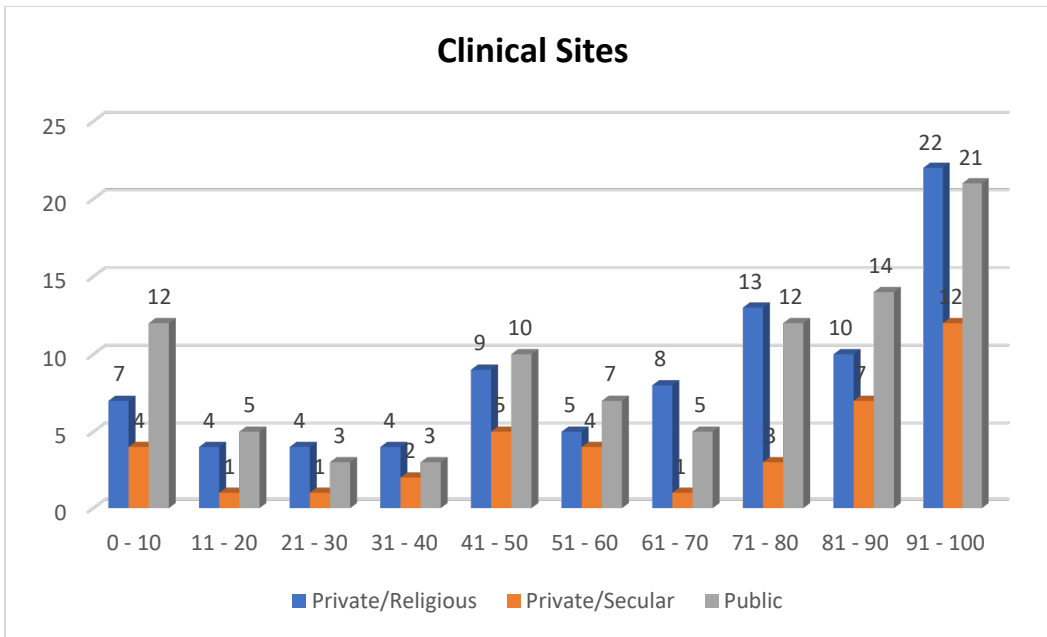


**Graph 24. Percentage of Respondents by Geographic Region Concerned About Having to Pay for Preceptors or Clinical Placements in the Next Two Years.**

Graphs 25 through 28 show the distribution of responses for the degree of concern that respondents have paying for clinical preceptors and clinical sites separately in the next two years by institutional type and geographic region.

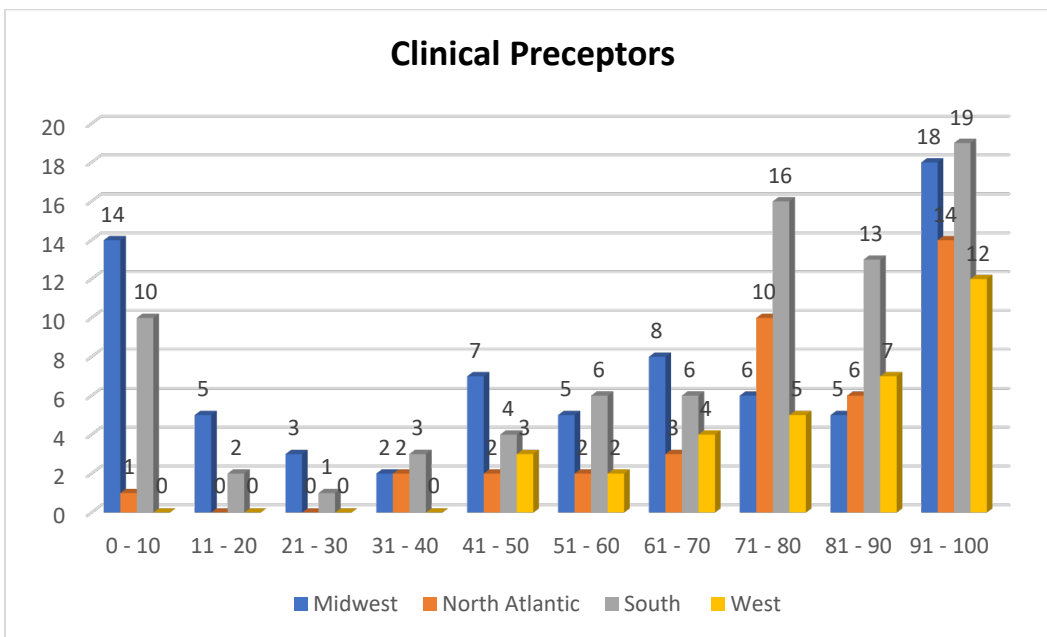


**Graph 25. Distribution of Concern by Respondents Regarding Having to Pay for Clinical Preceptors Over the Next Two Years by Institution Type/Control**

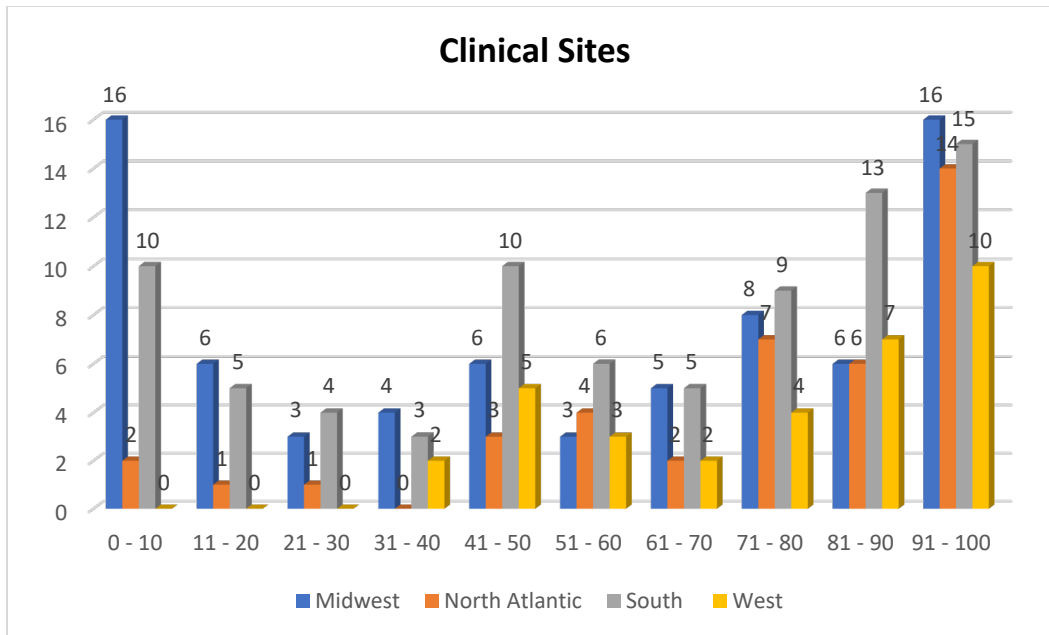


**Graph 26. Distribution of Concern by Respondents Regarding Having to Pay for Clinical Sites Over the Next Two Years by Institution Type/Control**

The graphs below indicate the distribution of responses for the degree of concern that respondents have paying for clinical preceptors and clinical sites in the next two years by geographic region.



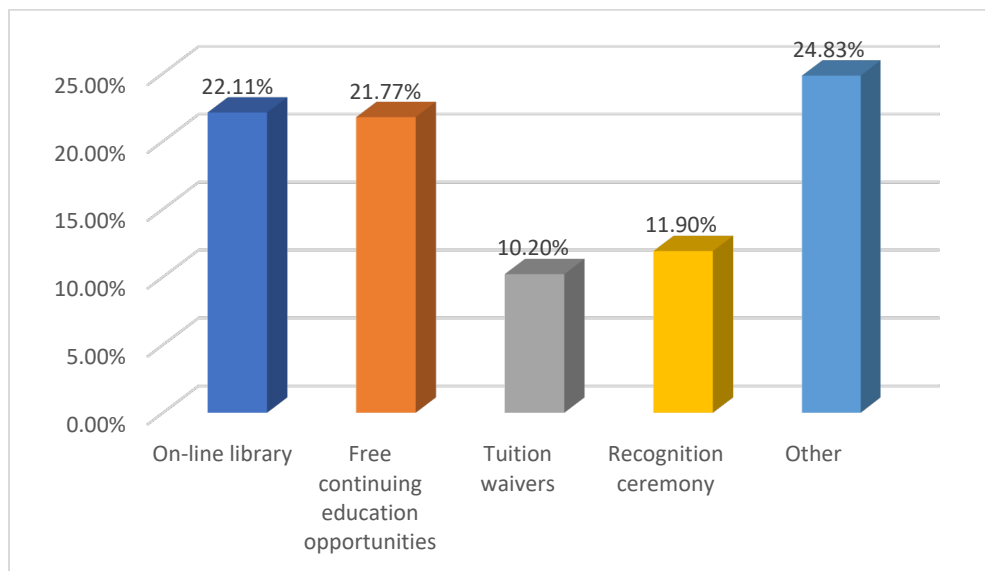
**Graph 27. Distribution of Concern by Respondents Regarding Having to Pay for Clinical Preceptors Over the Next Two Years by Geographic Region**



**Graph 28. Distribution of Concern by Respondents Regarding Having to Pay for Clinical Sites Over the Next Two Years by Geographic Region**

### Non-Monetary Incentives Provided to Preceptors

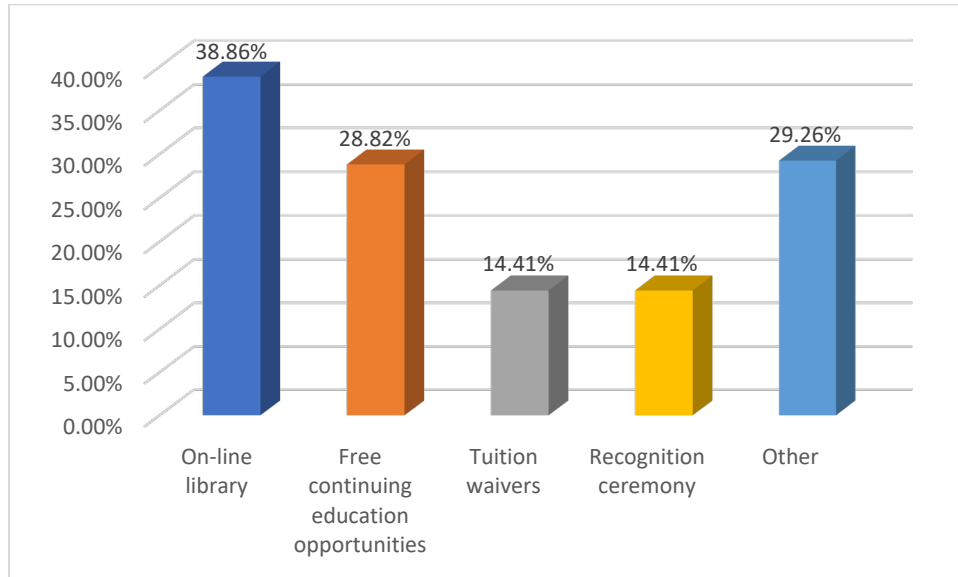
Of the 294 respondents with a baccalaureate program, 45.58% (n=134) indicated they do provide non-monetary incentives to preceptors for baccalaureate programs. Of those providing non-monetary incentives, 22.11% (n=65) provide access to an online library, 21.77% (n=64) provide free continuing education opportunities, and 24.83% (n=73) indicated “other” specifying certificates/letters/gifts of appreciation/recognition/thanks. See Graph 29 below.



**Graph 29. Types of Non-Monetary Incentives Provided to Preceptors in Baccalaureate Programs**

Of the 229 respondents with a graduate program, only 29.69% (n=68) indicated they do provide non-monetary incentives to preceptors for graduate programs. (See Graph 30 below.) Of these, 38.86% (n=89) provide access to an online library and 28.82% (n=66) provide free continuing education opportunities. In addition, 29.26%

(n=67) indicated “other” specifying certificates/letters/gifts of appreciation/recognition/thanks for hours of service and adjunct faculty appointments.



**Graph 30. Types of Non-Monetary Incentives Provided to Preceptors in Graduate Programs**

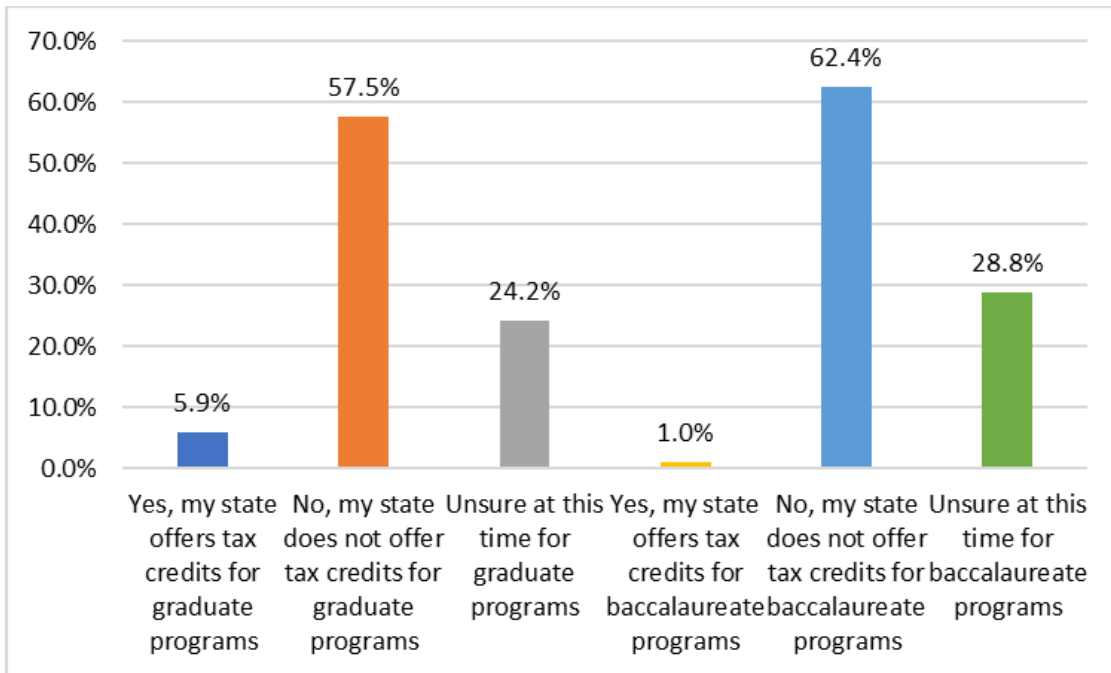
#### **States that Offer Tax Credits to Preceptors**

Only 5.9% (n=18) and 1.0% (n=3) of respondents indicated their states offer tax credits for preceptors in graduate or baccalaureate programs, respectively<sup>1</sup>. See Graph 31 below.

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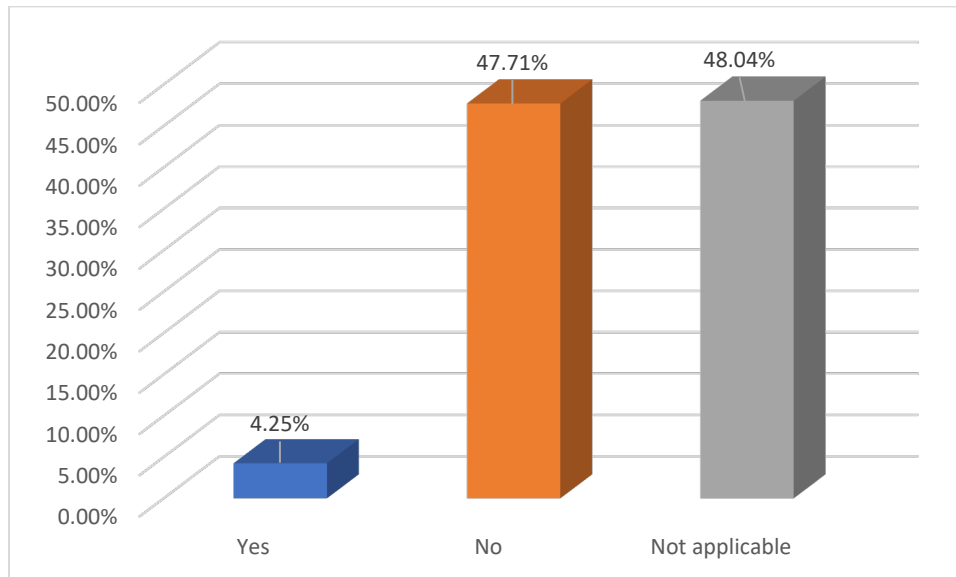
<sup>1</sup> According to an unpublished AACN survey on Preceptor Tax Credit, 6 states have passed preceptor tax credit legislation. These states include Texas (RN), Maryland (APRN), Colorado (APRN), Hawaii (APRN), Georgia (APRN), and South Carolina (APRN). The following four states have pending preceptor tax credit legislation: Oregon (NP, CRNA, CNS), New Mexico (APRN), New York (APRN), and Maine (APRN).





**Graph 31. Percentage of Respondents Who Indicated the States in which They Reside Offer Tax Credits to Preceptors in Graduate or Baccalaureate Programs**

Of the 306 respondents, 4.25% (n=13) said nurses in their state are eligible for tax credit. These states include Colorado, Georgia, Maine, Maryland, South Carolina, and Texas. See Graph 32 below.

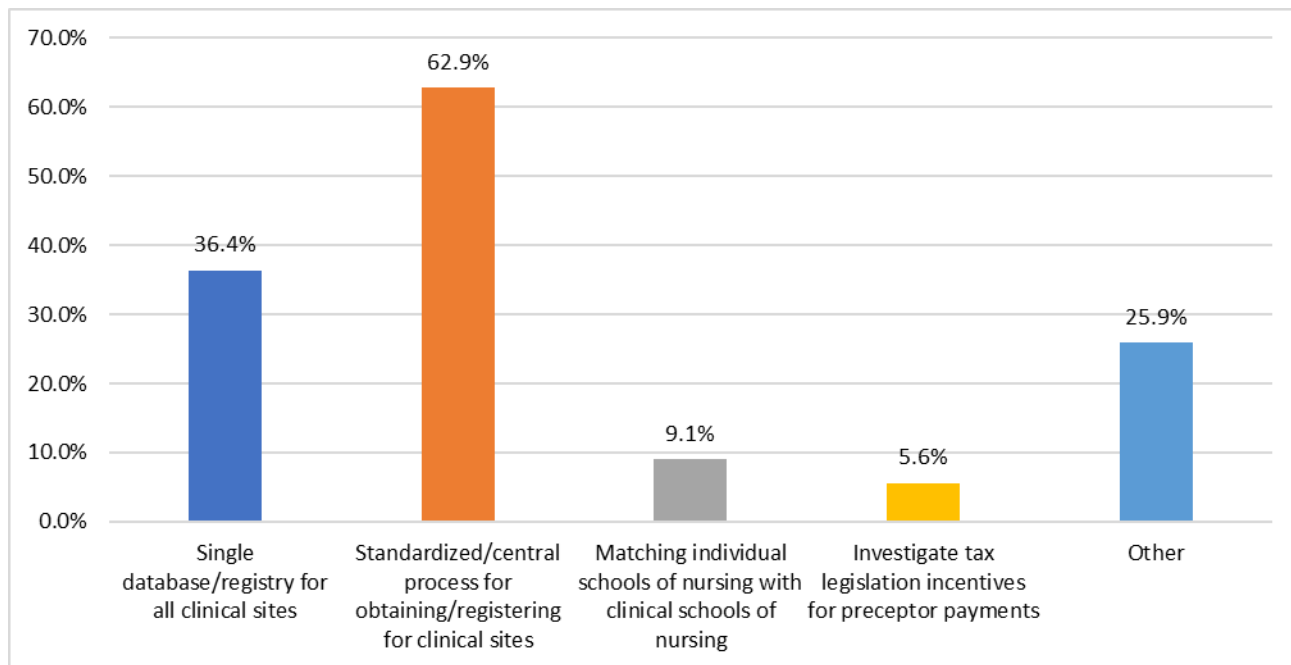


**Graph 32. Respondents who Indicated the Tax Credit in Their State Was Available to Nurses Who Precept**

**Schools of Nursing in State or Regional Consortia that Address Clinical Placements**

Of the 306 respondents, 46.7% (n=143) indicated their school was part of a state or regional consortium that addresses clinical placement issues while 53.3% (n=163) indicated that they are not part of a state or regional

consortium that addresses clinical placement issues. The distribution of consortia purposes identified by the respondents is shown in Graph 33.



**Graph 33. Purposes of State/Regional Consortia That Address Clinical Placements**

### **Conclusion and Recommendations**

The AACN-AONL Advisory Committee believes that the survey results presented here are representative of the AACN membership. While a majority of member schools report they are currently not paying for clinical placements or preceptors, they are concerned about a future demand for payment. In the most recent issue of *Nursing Outlook* (January-February 2020), Doherty and colleagues confirmed the findings of this pilot study. In a national sample of 227 nurse practitioner program directors, fewer than 3 percent reported paying preceptors. The study pointed out the many complexities in and barriers to finding quality NP placements and preceptors. We believe these data can serve as a springboard for future discussions and brainstorming around solutions. One such opportunity for formal discussion is the upcoming Academic-Practice Partnership invitational summit hosted by this committee in October. The summit will have a broad focus around re-envisioning clinical education. Also, a suggestion for future work that has been discussed by the committee is to survey practice leaders for their perspectives on the issues around clinical education and preceptors.

## ADDENDUM to the AACN-AONL Clinical Preceptor Survey

### Comparison of States with and without CMS Graduate Nurse Demonstration Project Funding

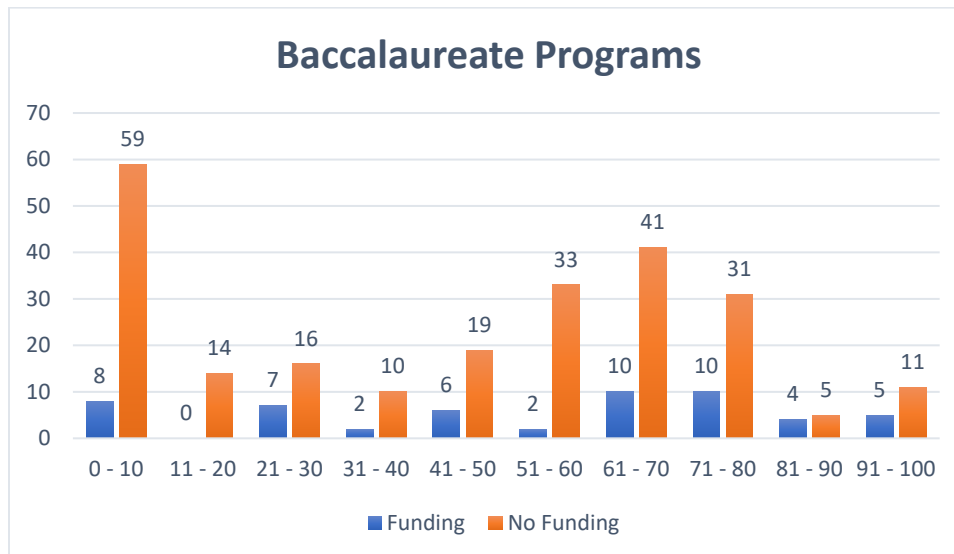
Under the Graduate Nurse Education (GNE) Demonstration, established under the 2010 Patient Protection and Affordable Care, the Centers for Medicare and Medicaid (CMS) provided funding to five eligible hospitals in partnership with schools of nursing from 2012 to 2015. The purpose of the monies was to reimburse reasonable costs incurred for providing clinical education to additional advanced practice registered nursing (APRN) students. Although using different models, sites used project monies to support clinical sites and preceptors. The participating sites included:

- Hospital of the University of Pennsylvania (Philadelphia, PA)
- Duke University Hospital (Durham, NC)
- Scottsdale Healthcare Medical Center (Scottsdale, AZ)
- Rush University Medical Center (Chicago, IL)
- Memorial Hermann-Texas Medical Center Hospital (Houston, TX)

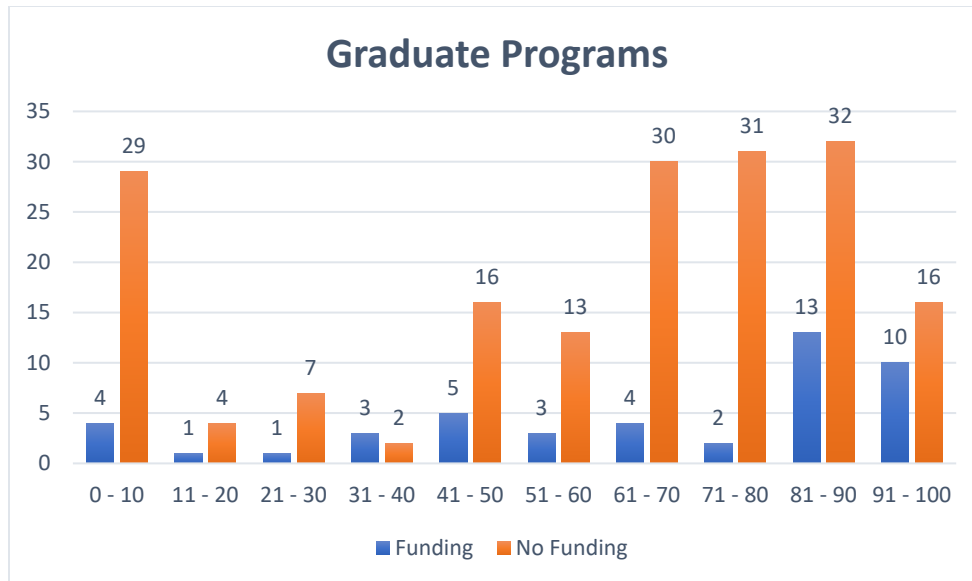
One question raised by the AACN Board in reviewing the AACN-AONL Survey results was whether the percent of schools paying preceptors or clinical sites has remained higher in those states, which had received GNE Demonstration monies. To address this question, a follow-up analysis was done comparing the responses from these five states to the rest of the respondents. Fifty-seven (57) schools of nursing in Pennsylvania, North Carolina, Arizona, Illinois, and Texas completed the survey, which equals 18.6% of the 306 schools of nursing that completed the survey.

#### Difficulty Obtaining Quality Clinical Placements

Respondents were asked on a 0-100 scale (with a 0 being not difficult at all to 100 being extremely difficult) to indicate the level of difficulty they were experiencing in obtaining quality placement sites. For baccalaureate programs, the graph below shows the distribution of responses from schools of nursing in states with CMS funding (n=54) vs. schools of nursing in states with no CMS funding (n=240).



For graduate programs, the graph below shows the distribution of responses from schools of nursing in states with CMS funding (n=46) vs. schools of nursing in states without CMS funding (n=182).

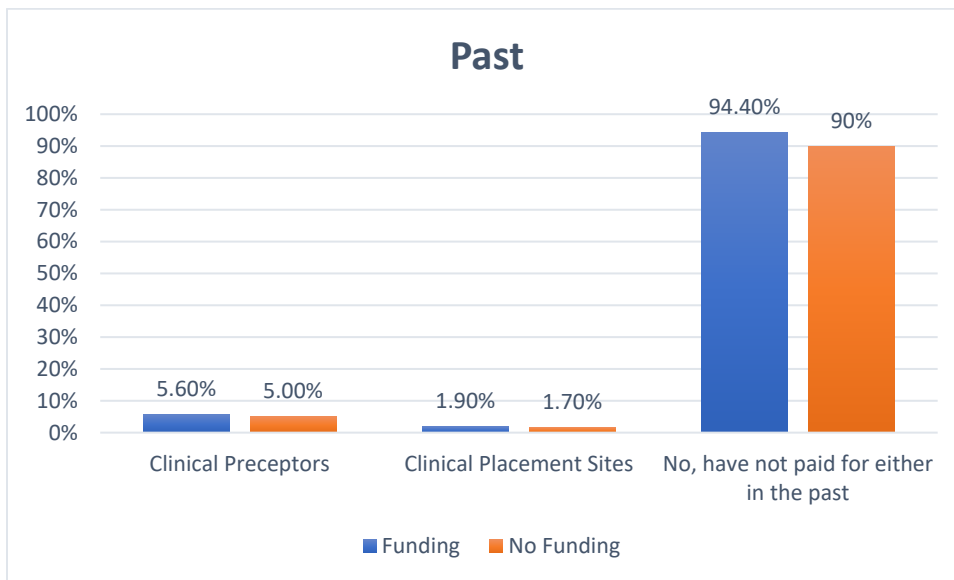
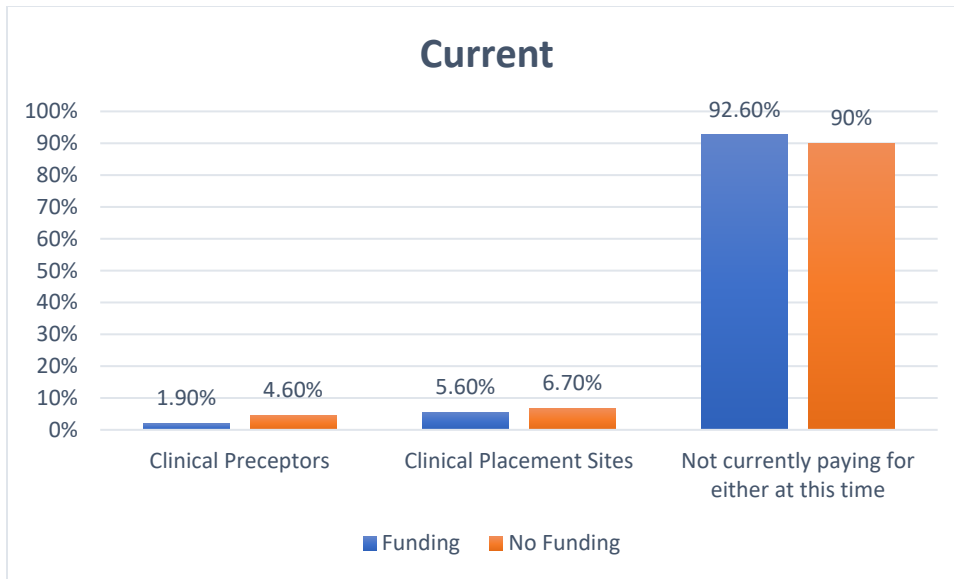


### Clinical Preceptor and Site Compensation

Of the 57 responses from schools of nursing in states with CMS funding, 3 (8.1%) indicated they do not have a baccalaureate program. Of those with a baccalaureate program (n=54), 1 (1.9%) indicated they are currently paying for clinical preceptors, and 3 (5.6%) are paying for clinical placement sites for their baccalaureate program. For the respondents with a baccalaureate program and not currently paying for clinical preceptors or clinical placement sites, 49 (98%) indicated they also have not paid for either in the past for their baccalaureate programs. However, 3 (5.6%) respondents have paid for clinical preceptors, and 1 (1.9%) respondent had paid for clinical sites in the past for their baccalaureate program.

Of the 249 responses from schools of nursing in states without CMS funding, 9 (3.6%) indicated they do not have baccalaureate programs. Of those with baccalaureate programs (n=240), 11 (4.6%) indicated they are currently paying for clinical preceptors, and 16 (6.7%) are paying for clinical placement sites. For the respondents with a baccalaureate program and not currently paying for clinical preceptors or clinical placement sites, 212 (98.1%) indicated they also have not paid for either in the past for their baccalaureate programs. However, 12 (5%) respondents have paid for clinical preceptors, and 4 (1.7%) respondents have paid for clinical sites in the past for their baccalaureate programs.

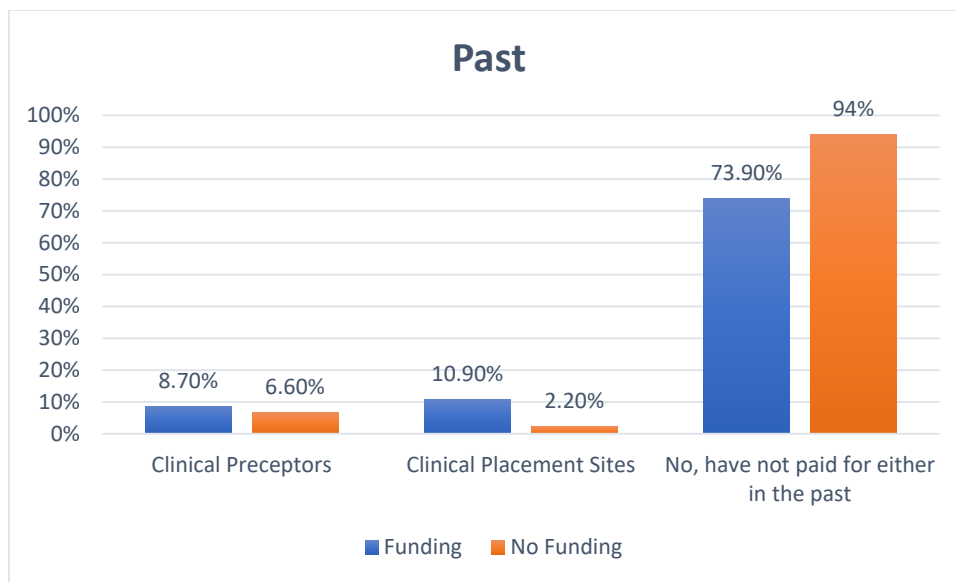
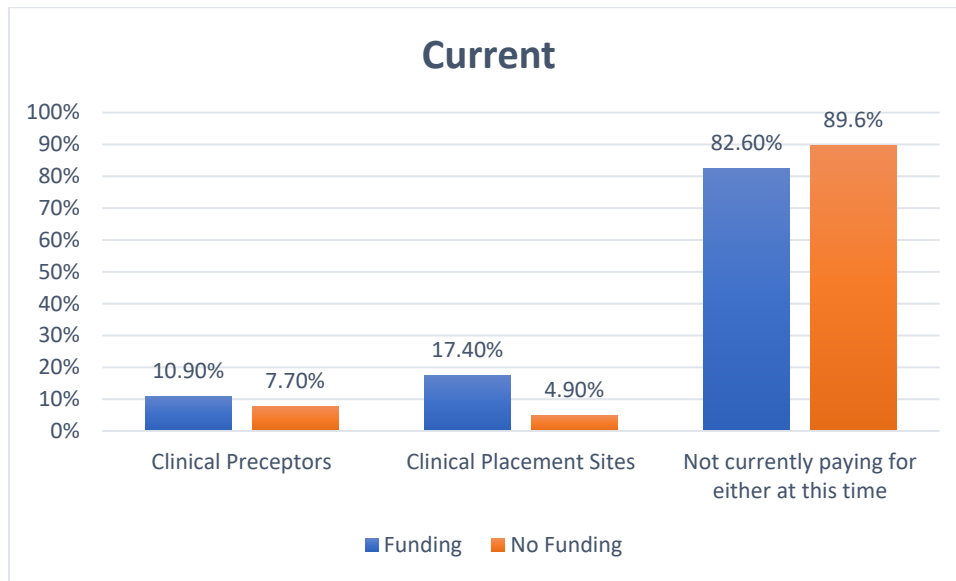
These results indicate that most respondents with a baccalaureate program from both schools of nursing in states with and without CMS funding do not currently pay and have not paid in the past for either clinical preceptors or clinical placement sites for baccalaureate programs.



Of the 57 responses from schools of nursing in states with CMS funding, 46 (81%) indicated they have a graduate program. Of those with a graduate program, 5 (10.9%) indicated they are currently paying for clinical preceptors, and 8 (17.4%) are currently paying for clinical placement sites for their graduate program. For the respondents with a graduate program and not currently paying for clinical preceptors or clinical placement sites, 38 (82.6%) indicated they also have not paid for either in the past for graduate programs. However, 4 (8.7%) respondents have paid for clinical preceptors, and 5 (10.9%) respondents have paid for clinical placement sites in the past for their graduate programs.

Of the 249 responses from schools of nursing in states without CMS funding, 182 (74%) indicated they have a graduate program. Of those with a graduate program, 14 (7.7%) indicated they are currently paying for clinical preceptors, and 9 (4.9%) are currently paying for clinical placement sites for graduate student clinical experiences. For the respondents with a graduate program and not currently paying for clinical preceptors or clinical placement sites, 171 (94%) indicated they also have not paid for either in the past for graduate programs. However, 12 (6.6%) respondents have paid for clinical preceptors, and 4 (2.2%) respondents have paid for clinical placement sites in the past for their graduate programs.

These results indicate that most respondents with a graduate program from both schools of nursing in states with and without CMS funding do not currently pay and have not paid in the past for either clinical preceptors or clinical placement sites for graduate programs. However, some differences are noted.

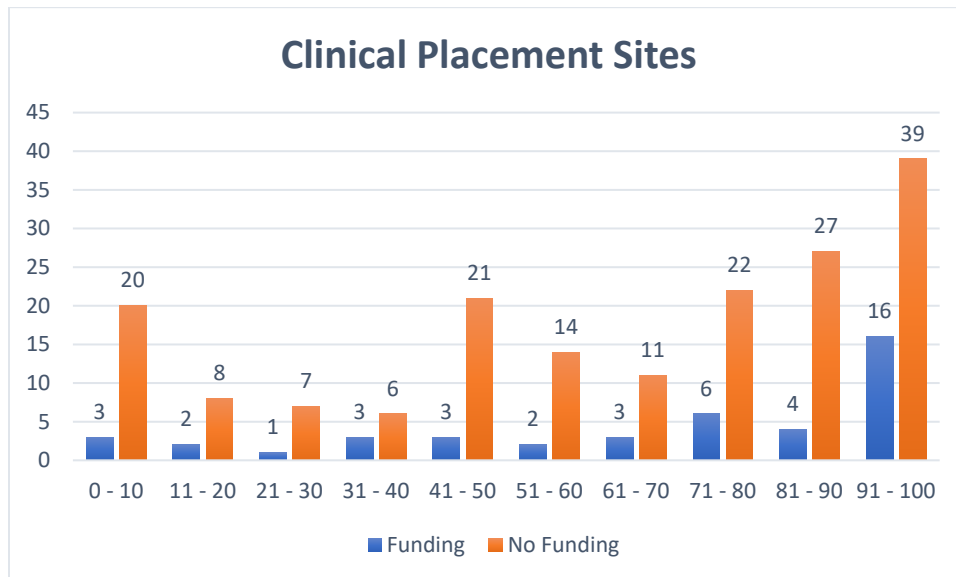
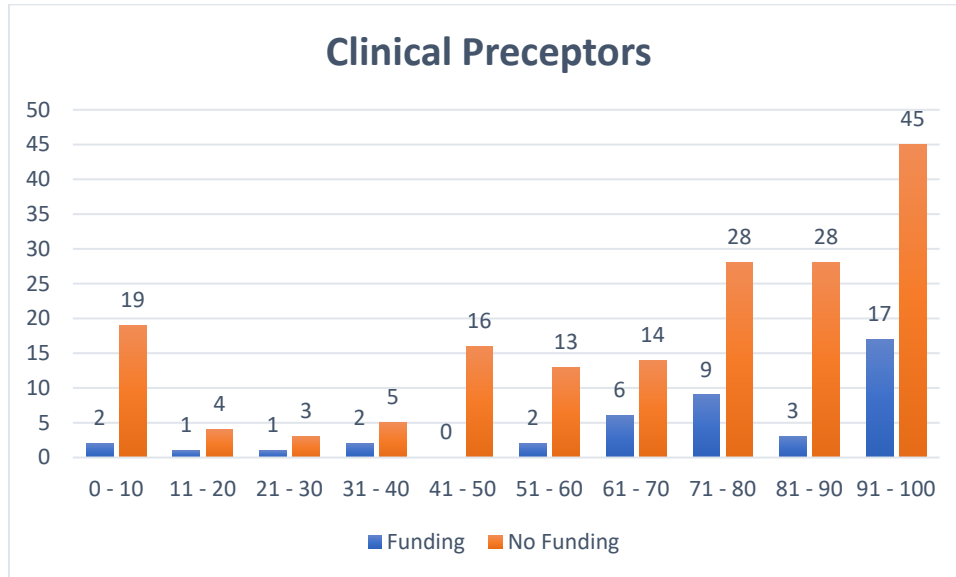


Among respondents from schools of nursing in states with CMS funding, 75.4% (n=43) indicated they were concerned about having to pay for preceptors and/or clinical placements in the next two years for either graduate or baccalaureate programs. Of the remaining respondents, 7% (n=7) said they were unconcerned, and 7% (n=7) said they were unsure at this time.

Among respondents from schools of nursing in states without CMS funding, 70.3% (n=175) indicated they were concerned about having to pay for preceptors and/or clinical placements in the next two years for either graduate or baccalaureate programs. Of the remaining respondents, 13.3% (n=33) said they were unconcerned, and 16.5% (n=41) said they were unsure at this time.

The respondents were asked to indicate their degree of concern of having to pay for clinical preceptors and clinical sites in the next two years (with 0 being not concerned at all to 100 being extremely concerned). For

both clinical preceptors and clinical sites, the graphs below show the distribution of responses among schools of nursing in states with and without CMS funding.



## Summary

Fifty-seven (57) schools or 19 % of the total number of schools (306) who responded to the survey were in the five states where CMS GNE monies had been awarded nursing to expand the number of APRN students/graduates. Under the GNE Demonstration project, funding had been used under different models to monetarily support clinical preceptors and/or clinical sites. Comparing the responding schools that have baccalaureate programs located in the five states (54) to responding schools in the other 45 states (240) showed that 2% and 5%, respectively, were paying for preceptors, and 6% and 7% were paying for clinical placement sites for their baccalaureate programs. Comparing the schools in the 5 states that have a graduate program (46) to responding schools in the other states (182) that have a graduate program showed that 11% and 8%, respectively, were paying for preceptors, and 17% and 5% were paying for clinical placement sites for their graduate programs. Also, in states with past GNE funding, 75% indicated they were concerned about having to pay for preceptors or clinical placement sites in the next two years, whereas only 70% in states without past

GNE funding indicated they were concerned about having to pay for preceptors or clinical placement sites in the next two years. Although not all schools in the five states that received GNE monies were part of the demonstration project, it is reasonable to assume that a larger percent of schools in those states would be more likely to continue to pay for or be expected to pay preceptors and/or clinical placement sites for their graduate programs only.