Welcome

Welcome to AMN Healthcare’s Staffing Matters! This brief newsletter brings relevant news to nursing leaders in a short, easy-to-read format. Created by AMN Healthcare’s clinical leadership team, Staffing Matters delivers the expertise of industry leaders whose hands-on experience and insights are influencing the trends and issues impacting healthcare staffing today.

This Issue’s Contributors

**Dr. Marcia Faller**  
*Chief Clinical Officer*  
*AMN Healthcare*

Marcia Faller, PhD, RN, joined AMN Healthcare in 1989. Dr. Faller is responsible for the clinical quality, competency and continuing education of all healthcare providers represented by the company. Her clinical background is in critical care nursing and nurse recruitment. She earned a bachelor of science in nursing from the University of Arizona, a master of science in nursing from the University of San Diego, and a doctoral degree in nursing from the University of San Diego.

**Karen Siroky**  
*Clinical Education Director*  
*AMN Healthcare*

Karen Siroky MSN, RN-BC is the Clinical Education Director for AMN Healthcare, RN.com and RxSchool. Karen received her BSN from the University of Arizona and her MSN from San Diego State University. Her nursing experience includes ICU, transplant coordination, recruitment, quality improvement, information and education. She has previously published articles on a variety of healthcare topics.

APRN Consensus Model: A Path Toward the Future

*By Dr. Marcia Faller, Chief Clinical Officer, AMN Healthcare*

Advanced Practice Registered Nurses (APRN) provide patient care in a variety of settings, often approaching care from a holistic health and wellness perspective that is frequently not found in medicine. It is extremely difficult to provide a consistent definition for advanced practice nurses due to significant variations in education, licensure, certification and scope of practice across the states. The National Council of State Boards of Nursing (NCSBN) has begun work to reduce the inconsistencies in current education and licensing models. In 2008, the Council first published its Consensus Model for APRN Regulation. The Model gives clarity to current and future roles, brings educational requirements into a more consistent framework, and proposes a consistent form of reference to the profession. NCSBN has set a target of 2015 for implementation of the Model.

The Advanced Practice Registered Nurse (APRN) title is a new comprehensive form of referring to the four distinct categories of nurses with advanced degrees. These four roles are:

- **CRNA – Certified Registered Nurse Anesthetist**
- **CNM – Certified Nurse Midwife**
- **CNS – Clinical Nurse Specialist**
- **CNP – Certified Nurse Practitioner**

Currently about 240,000 APRNs have an essential role in providing healthcare in a variety of settings and to various patient populations. In our current economic and legislative environment we know that the demand for health care services will continue to grow along with the role that APRNs play in care delivery.

In the future, the APRN role will be an important part of meeting the healthcare needs of our nation. National healthcare coverage, increased percentage of elders in our population, increased complexity of healthcare, and physician shortages will all place a strain on the healthcare system. Primary care settings are likely to be most affected, with APRNs positioned well to fill gaps due to physician shortages. With launch of the Model in 2015, a new definition for APRN will be born.

An APRN will be a nurse who:

- Has completed an accredited graduate-level education program in preparation for one of the four recognized APRN roles.
- Has passed a national certification exam.
- Has acquired advanced clinical knowledge and skills.
- Is educationally prepared to assume responsibility for health promotion, assessment, diagnosis and management of patient problems.
- Has clinical experience of sufficient depth and breadth to reflect the license.
- Has obtained a license to practice as an APRN in one of the four roles.

The act of licensure will govern the APRN role itself, so a nurse will be licensed as a CRNA, CNM, etc. and include the title APRN-CNM (as an example) after their name. In addition, professional certification will give further recognition and practice capabilities to APRNs -- in particular, population foci and/or specialty, (i.e. adult/older adult oncology).

A grandfathering process will be implemented as the transition progresses. When states adopt the Model through their legislative processes, APRNs currently practicing will be permitted to continue to practice in that state. If an APRN applies for licensure in a state that has adopted the Model, they must meet the following criteria:

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AMN Healthcare is the nation’s largest provider of comprehensive healthcare staffing and workforce solutions. As the leading provider of travel nurse, per diem (local) nurse, allied and locum tenens (temporary physician) staffing and physician permanent placement services, AMN Healthcare recruits and places healthcare professionals on assignments of variable lengths and in permanent positions with clients throughout the United States. For more information, visit www.amnhealthcare.com.

Ways you and your organization can deal with preceptor burnout:

- Prepare and educate preceptor on what to expect/how to manage responsibility.
- Provide solid guidance about role/goals of the preceptorship to participants.
- When making a “match,” consider each participant’s personality.
- Team up so that a new or student nurse has a primary and secondary preceptor; allow the preceptor shifts that do not include responsibility as a preceptor.
- Evaluate newer nurses who have solid clinical skills and may be ready to move into a preceptor role (Beecroft, 2008).
- Try a team approach; work with the unit staff so that the entire team realizes that the success of the preceptee benefits everyone (Case Di Leonardi & Gulanick, 2008).

References


In the Next Issue...

2011 Survey of RNs – An Overview

A recap of the 2011 Survey of Registered Nurses, exploring the career plans, satisfaction levels and professional concerns of RNs. Conducted by AMN Healthcare, the comprehensive survey offers a snapshot of current job satisfaction levels and is an important resource for healthcare industry leaders and those who follow clinical staffing and supply trends.

Staff Orientation and On-boarding

Orientation and on-boarding of new staff continues to be a challenge for nursing leaders across the country. With an ongoing nursing shortage, regular staff turnover, regulatory requirements, and computerized documentation, the costs and manpower needed to onboard a new nursing professional can be overwhelming. Learn how to successfully handle these challenges in our next issue.

Preceptor Burnout: Fact or Fiction?

By Karen Siroky, Chief Education Director, AMN Healthcare

As healthcare organizations deal with many different staffing challenges, the very real issue of preceptor burnout becomes apparent. Many healthcare organizations realize the difficulty in providing space and support for nursing students in addition to their new nursing employees. With a limited number of experienced nurses, and continuous staffing issues like planning for various shifts/weekends/vacations, recognizing and proactively responding to preceptor burnout becomes another, very real, problem that the nursing leader must manage (Dziedzic, 2010).

Many nurses enjoy working with both students and new nurses in a preceptor role. The preceptor role is associated with additional pay and prestige in some organizations. Preceptors can, however, burn out when every shift involves teaching and precepting a new/student nurse. The constant pressure of meeting the needs of both the preceptee and the patient can be overwhelming.

Preceptor burnout can include visible signs such as lack of enthusiasm, short temper with preceptee, ridiculing the novice’s enthusiasm, lack of interest in new ways to perform skills, and others. Less visible signs may include an increase in sick time or a diminished role in unit activities. Burned out preceptors may even request a transfer to another shift or unit (Dziedzic, 2010).

While burnout increases the stress and dissatisfaction of the preceptor, the preceptee is also negatively impacted. Studies have shown that the most common reason for employees to leave their job within the first year is that they don’t feel like they fit into the work setting (Baltimore, 2008). A burned out preceptor can add to the stresses and challenges of the preceptee, perhaps leading to higher turnover during that critical first year.

Although the preceptor retains primary responsibility for the preceptee, it is a team effort that makes the experience successful with each team member bringing a unique skill set and specific areas of expertise to the table. Ideally, the team approach will help ease stress for key participants and increase the feeling of belonging for the preceptee (Beecroft, 2008).

References