

# Medicare Graduate Nurse Education Demonstration Project My Experience as a Student

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# Finding a Clinical Site

- Students were responsible for finding our own clinical sites.
- We had access to a database of clinics and individuals that had previously served as preceptors.
- Students were encouraged to attempt finding a site on our own first, and to seek help if we were unsuccessful after a thorough effort.
- Assistance was available from the clinical site coordinator if needed.

# Finding a Clinical Site

- I began early, essentially “cold calling” for clinical sites.
- Often, I was unable to speak directly to the practitioner and was instead directed to the office manager or voicemail.
- Training a student, or precepting, takes a great deal of time and attention and adds the burden of existing patient care activities.
- Generally, there is no incentive to precept other than being granted credit toward recertification.

# Common Reasons for Rejection

- Time constraints
  - “The providers barely have enough time for their patients, and adding a student would slow them down too much.”
- The "burn-out" effect
  - "We just had a student the last two semesters and need a break".
- Competition
  - "We already have a list of students filled up for the next two years".
- Unfamiliarity with the role of NPs or a negative bias
  - “We have never trained an NP student” or “our office only takes MD and PA students.”
- One NP said she loved teaching students, but could not afford to precept me, as her compensation was linked to productivity.

# Family Practice Medicare GNE Demonstration Site

- Discouraged with my lack of prospects, I turned to our site coordinator who was able to match me with a fantastic Medicare GNE Demonstration site.
- Family Practice clinic serving primarily Medicare patients (75%).
- Providers were expected to see many patients per day, with short appointment times typically lasting 5-10 minutes per patient.
- There was stress to efficiently see as many patients as possible.
- It was very difficult if patients needed to come in for a same-day appointment for an unexpected illness such as cough/cold/flu symptoms.

# “Brown Bag Check”

- Take all medications from the “brown bag” or pill sorter, including prescriptions, over-the-counter meds, herbs and supplements, and set them out on the table.
- Provides the opportunity to talk about what each one is for, answer any questions they may have, confirm whether they are being taken correctly, and identify errors and drug interactions.
- Scenario:
  - One of my patients did not realize he had two bottles of the same medication because one pill bottle had the brand name printed on it while one had the generic name. He was taking a double dose of the beta-blocker, a medication which lowers blood pressure and slows the heart rate. He reported feeling dizzy and tired the past few days, a side-effect of too high of a dose of a beta blocker.
- By doing the “brown bag check”, we discovered the medication error and prevented potential hazards, such as a fall resulting in a broken hip with surgery and a lengthy hospital stay.



# Medicare GNE Demonstration Project

## Benefits to the Community

- I found that most patients and providers overwhelmingly supported the NP role.
- Patients appreciated the extra time I was able to spend with them, and the ability to communicate complicated health information in layman's terms.
- Providers liked that I was able to spend time with patients doing things like the “brown bag check” and providing education.

# Medicare GNE Demonstration Project

## Benefits to the Community

- GNE placements help integrate more NPs into community clinics and will ultimately help address the shortage of primary care providers.
- One of my clinical sites hired their first nurse practitioner last year after she completed a clinical rotation through the GNE placement.
- I am tremendously thankful for the Medicare GNE demo project, and honestly do not know how I would have found a clinical site without it.