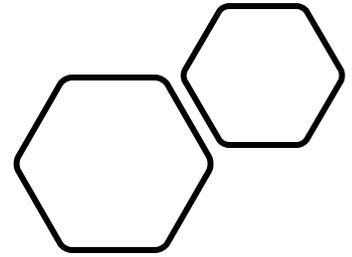




Increasing Practice Hours Discussion (Fall Summit 2022)

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My Background

5 years as a CNS – full scope of practice

23 years as Academic CNS at Detroit Mercy

Started Adult CNS program 2007 in partnership with Nurse Education

Started post-graduate certificate ACNS 2010

Name change of program from Adult – Adult-Gerontology

Rubrics started Day 1

Competencies linked with assignments (signature assignments)

Little change since 2007 except for stand-alone in 2018 – very few NE interest

Cohorts of 12-18 since then with 35-40 students in master's with DNP option, and post-grads



100%

Pass Rate on



500 Clinical Hours at Detroit Mercy

CNS I = 200 hours (focus is advanced direct care – acute & population health)

Wellness CNS = 100 hours (focus is advanced direct care – non acute care setting and population health)

CNS II = 200 hours (focus is nursing and systems spheres)

Prescribing hours are in each clinical = 3 full days with a prescriber in each clinical practicum

Michigan has prescriptive authority and CNSs starting to gain leverage with C & P occurring in health care systems – slow process

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500 Clinical Hours at Detroit Mercy (AG- CNS)

All CNS role competencies matched to clinical assignments

Rubrics used for everything – even reflections, to capture the evaluation of competencies

Regardless of preceptor's role, the student focuses on the assignments

Assignments must be met to meet the course objectives and progress.

Sometimes students need fewer hours

Sometimes students need more hours

All stop at 500

Parkinson's Law

Task swells in "perceived" importance and complexity relative to the time allotted

The end-product of the shorter deadline is almost inevitably equal of higher quality due to greater focus

Key is to limit tasks to the important

Application of Parkinson's Law

- Task swells in "perceived" importance and complexity relative to the time allotted.

Consider 500 hours or 650 hours?

- The end-product of the shorter deadline is almost inevitably equal of higher quality due to greater focus

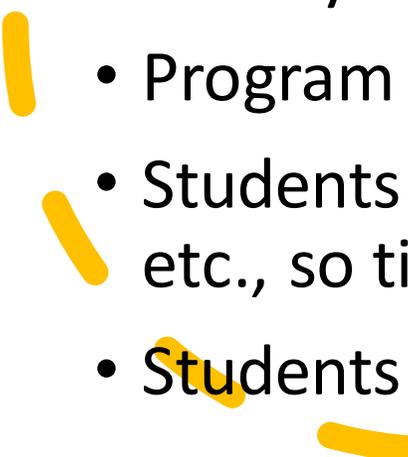
If the CNS role competencies can be met at 500, why change?

- Key is to limit tasks to the important

Prioritize CNS student work to the CNS role competencies



Reasons to Stay at 500 minimum

- Fewer credit hours, cost, and time for the student and faculty
 - Growing difficulty finding preceptors and time involved in affiliation agreements and MOUs – resources
 - More faculty time securing additional clinical hours
 - Faculty shortage
 - Program outcomes are being met and students are practice ready
 - Students are given precise directions for clinical hours ie., rubrics, etc., so time is not wasted
 - Students are doing and not shadowing
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Final Thoughts

- CNS students put in approximately 700 clinical hours for the BSN
- CNS students - for most programs 2000 practice hours before they start their clinical hours
- Add in the minimum 500 hours in a CNS program
- Would another 250 hours matter when they will not reach full scope of practice as a student.
- NP program will continue to range in hours of 750-1500
- Physicians with residency will still accrue around 10,000 clinical hours
- Nurse anesthesia and PA students will still have more hours too – 2000
- Is it quality or quantity we are seeking?

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Final, Final Thoughts

- The real work of the CNS does not begin until graduation day and passing the national CNS exam and getting a license to practice (depending on state requirements)
- Should we be more concerned with the post academic hours? Residency hours? On-boarding and orientation of CNSs in their first job?
- Again, the potential for full scope of practice begins after graduation
- The first prescription crafted by a CNS will not happen in CNS education



Time for Discussion – Let's talk!

Thank you!

