Nursing Care Quality Assurance Commission (NCQAC)

Clinical Placements Solutions Summit Report

July 29, 2022

Introduction and Purpose

The Clinical Placement Solutions Summit was held on July 29, 2022, was designed to address the immediate needs for fall term 2022. The Nursing Commission partnered with the WA State Hospital Association (WSHA) and CNEWS to address clinical placements for nursing students in acute care and long-term care facilities.

Due to COVID, clinical placements for students were cancelled, some within 24 hours of the experience. Nursing students and their educational programs were then left to immediately arrange comparable experiences to meet graduation requirements.

A series of meetings were held in fall 2021 by legislators to explore options to meet clinical placement needs, including standardizing the hours of student experiences per program, opening more hours per facility, increasing the number of students per program, and grants for preceptors.

Goals and Objectives

The purpose of the Clinical Placements Solutions Summit was to provide an avenue for industry, education, Clinical Placement Northwest, and associations such as the Washington State Hospital Association to come together in regional groups. These groups were created to foster relationship building, discuss the goals and objectives with the overarching objective to facilitate clinical placements for nursing students and meet the workforce needs of WA state.

The Summit participants, in regional groups, were asked to identify solutions and three significant actions that would strengthen partnerships between and among Nursing Education, Industry, and Clinical Placement Northwest (CPNW).

1. Identify solutions and implement an action plan that will address the following three clinical placement barriers for various geographic regions:
    a. Insufficient numbers of clinical placements – Industry perspective, education perspective.
    b. Priority settings for placements and delays in clinical placement scheduling- industry perspective, education perspective.
    c. Cancellations to scheduled clinical placements – Industry perspective, education perspective.

Format of the Summit

The summit was held virtually via zoom, with over 300 registrations and 160 actual participants. The summit was facilitated by Dr. Heather Andersen, from HumanSource.

Breakout Sessions by Region (Regional Solutions Teams)

There were 16 regional groups organized in the Summit. The group leads included members from the Washington State Hospital Association, education, NCQAC Commissioners/Pro Tems, and nurses in practice. The summit began at 8:00am and included introductions followed by presentations about the interdependent role of nursing education and clinical partners. A second presentation outlined current clinical placement barriers.

Regional solutions teams began their work at 9:00am. The groups were comprised of the following regions: South Sound Programs, Seattle Area Programs, Central State Programs, Eastside (of Cascades) Programs, South Sound Programs, and North Sound Programs. Each group contained representatives from education, industry (acute care) and long-term care, associations, and CPNW. The groups were assigned in advance to provide a balanced perspective and to have manageable workgroups. Each group received contact information for the participants to be used for future regional meetings organized by each region if desired.

Breakout Group Questions & Themes

Question #1 Strengthening Partnerships in your Region

a) **Where can partnerships in your region be strengthened?**
   Summary of themes:
   - Being better partners for nursing students.
   - Critical Access Hospitals should be considered as clinical placement sites. Distance and transportation impact these placements. Need to figure out logistics for students to get there.
   - Facilities should consider such as housing, stipends, gas money, etc. Difficult to bring issues forward and collaborate with others when you don't have an established, trusting relationship.
   - Work closer with local schools.
   - Relieve clinical site stressors.
   - Good partnerships are already in place, healthcare obstacles get in the way (COVID).
   - Care for the caregivers.
   - Preceptor burnout or students being assigned to preceptors who have been "voluntold" vs trained to precept.
   - More compassion for the overall issues being experienced by healthcare workers.

b) What actions would support strengthening these partnerships?

Summary of themes:

- Every other month or quarterly get together to discuss how the last quarter went so we can have more dialogue as a collaborative. Regular form of communication not necessarily a meeting but a communication of proactivity. The more we can communicate the need the more we can meet the need as a collective.
- Summits like this may help build relationships and strengthen ways to meet the needs. General outreach.
- Having local hospital managers partner in the communication would be helpful.
- Partnering to support rural setting nurses to help increase master's prepared educators in those hospitals. This could strengthen clinical placement with having local educators who could help with student placement in particular with smaller groups.
- A database that has information to have contacts for more rural areas where students may live and need placement.
- Incentivize staff to become adjunct faculty.
- Do a better job working with the colleges to plan days students are available.
- What about weekends, evenings? Smaller groups so that instructors can support students closer.
- Usually send clinical requests a year in advance. Give clinical placement the flexibility to figure out when they can fit nursing programs clinical placements, then adjust classes to meet that. This might be difficult when rooms are tight on campus.
- Utilize the 24-hour clock at acute care settings. Not using just, the 7-3 shifts.
- Need to steer away from acute care and think about places where we don't typically send students to gain richer experiences (e.g., urgent care centers, surgical centers, LTC)
- How can we identify these sites? Meet collaboratively to determine what would specialty clinic experiences look like? What would the focus of student education be in a specialty clinic? Population health skills – which ones apply to specific types of skills and experiences you want students to gain?
- Have we fully explored all possible options?
- Do students come with a list of learning needs they have when they come to the clinical site?
- Student needs are either really broad or focused on a specific skill (i.e., IV, Foley)
- CPNW had idea for "badge buddies," that would provide a universally used colored stick-on student badges that facilitates preceptor understanding of level of skills and expertise of each student. The education partners will have an opportunity to update their badge buddy information this fall.

c) **Identify three actions you can make NOW to further these partnerships**.

Summary of themes:

- "Incentivize and support preceptors: Grants, funding; School instructors train and provide ongoing support to unit-based preceptors.
- Increase attendance to preceptor workshops already being offered in many clinical sites
- Advocate for increase pay for nurses.
- Re-establish advisory groups. Meet more frequently than just 1-2 times/year.
- Leverage simulation lab to enhance clinical training for nurses (OB, Peds to start to support gap with placement gaps).
- Engage extended care facilities to allow students to be placed even during Covid-19 outbreaks (supports facility staffing and students applying skills with acute illness, etc.)
- Engage in new ways to have direct feedback loop with clinical placement sites—communication on clinical training strengths and identify gaps so academic program can adjust/support learning deficiencies.
- Feedback framework-clinical placement assessment tool.
- Mindful of community needs-cultural and health of community to enhance education programs.
- Keep the “Clinical Placement Summit” collaborative as a space to connect key stakeholders in sharing successful strategies, challenges and overall improvement in communication/topics, perspective, and simple transparency."
- Seek out federal funding to support training and residencies.
- School health curriculum focusing on population health and program management; build training into public school system.
- Work with state legislature for funding.
- Premera example of building stipends for rural programs.
- Utilize the 24-hour clock in acute care settings. Day shift is over utilized and the most popular whereas night shift is hardly used.
- Getting more students to work in a Nurse Tech role. This allows students that are still in school to practice their current skills and get paid to work before they finish their education.
- A preceptor training program to teach preceptors how to adequately teach students.
- How does the new preceptor pay law work at various facilities?
- Need list of where agencies have openings for students especially outside of hospitals.

Action Items:

1. **Insufficient number of clinical placements**

   Summary of solution themes:

   - "Consistency in placing the same schools on the same floors and in the same facility.
   - Could we have a group of students on one floor and have the instructor there to help with a nurse helping to take the burden off the floor nurses.
   - Practicums – EBP? IS this the standard we should be keeping to?
   - Lived experience role? Experience in lieu of education.
   - Increase utilization of non-acute care clinical sites (assisted living, LTC, school nursing, community).
   - COVID cases in facilities – some consistency from county to county
   - Split experiences up for a cohort of students (try to limit the number of students at one time). "
   - Could we have a group of students on one floor and have the instructor there to help? With a nurse helping it takes the burden off the floor nurses. i.e., dedicated education units.
   - Having the rules reviewed and perhaps minimize education requirements (from master's degree to BSN).
   - Use ambulatory clinical sites to take burden off of acute care setting.
   - Consistency in hours among programs, come to a consensus.
   - Industry to explore flexible scheduling options outside of traditional 12-hour shifts.

2. **Delays in clinical placement and priority setting for placements by program type.**

   Summary of solutions themes:

   - Standardize clinical placement processes for onboarding students.
   - Onboarding paperwork works for one calendar year.
   - Clinical schedules made for one year for every school and given to clinical sites.
   - Have designated hospitals, LTC, clinics, HHA and community urgent cares, etc. assigned to designated schools.
   - Honor the agreements for timelines both school and industry as committed by CPNW agreements and willingness to onboard borderline students rather than onboard them late.
   - Some systems require additional modules, trainings, etc. Would love to standardize practices and get more CPNW partners to minimize onboarding variations.
   - Need to adjust manager and administrative culture around the importance of taking all students, need to meet students where they are at, and take what you can get.
   - Placement challenges – there was a preference for BSN nurses, but now, that does not exist.
   - Nursing programs do vary in the number of hours required.

- Creative placements outside of acute care should be considered now.
- Requiring licensed staff to be there when students are there
- Revisit WACs 246-40-533 related to use of proctors or interdisciplinary or perhaps another category – develop training for non-nurses to serve as preceptors. Maybe have look at NAC rule as an example for allowing other experts to provide the training.

3. Cancellations to scheduled clinical placements

Summary of solutions themes:

- Incentivize caregivers to take students. Can others on units take students? Charge nurse, unit manager?
- Cancellation of clinical experiences –not so much on East side.
- Schools need to have a good relationship with healthcare providers to establish clinical placements, especially on East side. Having a designated clinical placement coordinator at the school has been determined to help the nursing programs work better with clinical placement.
- Can the models for clinical placements be objectively evaluated by an outside group to obtain information on pros and cons of how we do this currently (again East verses West differences).
- Cancellations occur most in long term care (LTC) (not part of CPNW) where Covid outbreaks cause closure to students and other non-essential people. Alternate rotations if this occurs.
- Data base may help with cancellations (knowing what other facilities can support a cancellation).
- Allow student and NAC clinical placement amid C-19 outbreak or ratio of traveler staff.
- Use allied health for non-nursing services – such as pharmacy, PT, respiratory therapy, speech therapy.
- Staffing shortages not allowing to accommodate training additional students.
- Re-frame seeing students as helpers rather than a burden.

Recommendations

Promote positive relationships with clinical partners and education:

1. Regional industry and education partners take the initiative to arrange opportunities to connect at least quarterly to continue the clinical placement conversation.

2. Gather data to assess:
    - Clinical hours of each nursing education program
    - Clinical placements utilized (shifts, acute care, simulation, specialty)
    - What do education programs need to support clinical placement experiences?

3. Involve already existing entities whose work already coincides with clinical placement such as the State Board of Community and Technical Colleges, Washington Achievement Council, and Independent Colleges of Washington.

4. Support a bill to support clinical placements to help reduce the cost to students and encourage participation by industry, education, and LTC facilities.

5. Have the WSHA join CNEWS as an affiliate member.

6. Have CPNW join CNEWS as an affiliate member.

7. Continue to support the Critical Gaps workgroups as they develop a plan to improve clinical placement challenges.

The Clinical Placement Solution Summit adjourned at 12:00pm