Agenda Item: 5.2.7.a.
Prepared by: V. Ayars/J. Hooper/P.Yoder-Wise
Board Meeting: January 2013

Consideration of the Report, Products, and Recommendations from the Task Force to Study Implications of Growth in Nursing Education Programs in Texas

Summary of Request:
Consider the report, products, and recommendations for future action from the Task Force to Study Implications of Growth in Nursing Education Programs in Texas.

Historical Perspective:

- The Board approved the appointment of a Task Force with members representing nursing practice and education constituents at the October 2011 meeting.
- The Board accepted and approved nominations for the Chair and members of the Task Force at the January 2012 meeting:
  - Patricia Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN, Chair
  - Mary M. LeBeck, MSN, RN, BON Liaison
  - Gail Acuna, RN, MA – Nursing Practice
  - Betty Adams, PhD, RN -Texas Organization of Baccalaureate and Graduate Nursing Education
  - Catherine Bingle – Texas Workforce Commission
  - Vangie DeLeon, PhD, RN – Vocational Nursing Education
  - Chris Fowler – Texas Higher Education Coordinating Board
  - Aileen Kishi, PhD, RN – Texas Center for Nursing Workforce Studies
  - Mary Koch – Health Liaison H-GAC/Workforce Solutions
  - Cheryl Livengood, MSN, RN – Associate Degree Nursing Education
  - Liz Poster, PhD, RN – Baccalaureate Degree Nursing Education
  - Cheryl Ratliff, RN, MS, MN – Career Schools and Colleges
  - Betty Sims, MSN, RN – Texas Association of Vocational Nurse Educators
  - Sally Harper Williams – Workforce Center Director, DFWHC Foundation
  - Deborah Yancy, MSN, RN – Texas Organization for Associate Degree Nursing

- Others who have provided feedback and assistance to the Task Force include:
  - Jan L. Keller-Unger, PhD, MS, RN, CENP
  - Dayna Davidson, MSN, RN
  - April Ernst, MSN, RN
  - Mary E. Mancini, PhD, RN, NE-BC, FAHA, ANEF, FAAN
  - Helen Reid, EdD, MSN, RN
  - BON Staff

- At the first meeting, it was determined that the **purpose** of the *Task Force to Study Implications of Growth in Nursing Education Programs in Texas* is to create a forum for dialogue among stakeholders on how to ensure that the State of Texas will continue to provide quality nursing education and produce safe, competent graduates in a changing environment.

- The Task Force has met three times since May 2, 2012, and has identified themes and issues for consideration.

- During the May 2 meeting, the Task Force was provided background information regarding to common issues related to the increasing enrollments in established nursing programs and the growing number of new programs approved by the Board. Task Force members were divided into

four subgroups, and each subgroup (1) focused on the issues associated with an identified theme, (2) suggested strategies and actions toward solution or resolution, and (3) developed products to help constituents respond to the issues. In addition, recommendations have been offered for future activity and consideration.

- The four major themes identified and assigned to a subgroup are listed:
    - Availability of Clinical Learning Experiences
    - Inadequate Number of Qualified Nursing Faculty
    - Workforce Issues Related to Readiness of Nursing Graduates for Employment
    - Need for Testing and Development of Emerging Models of Nursing Education and Practice

- Each subgroup developed a template (See Attachment #1) describing the issues from various perspectives and providing a guideline for discussions and decisions:
    - an imbedded question,
    - strategies to address the question,
    - proposed actions,
    - urban/rural consideration,
    - quality metrics to evaluate the potential effectiveness of the strategies,
    - products to assist in the resolution, and
    - items for possible future consideration.

- Subgroups met through conference calls led by a facilitator from the subgroup. A summary of each subgroup's accomplishments and recommendations follows:

    - Theme Number 1: Availability of Clinical Learning Experiences:
        - Issue A: The scarcity and congestion of clinical facilities for clinical learning experiences in nursing education programs has been voiced as a major issue in nursing education by programs, potential programs, and clinical settings.
        - Product: Data from current surveys related to clinical availability is provided in Attachment #2. The range of clinical hours among the professional programs from data in the 2011 Nursing Education Program Information Survey (NEPIS) is also provided in Attachment #2. A further breakdown of clinical hours by program type (ADN and BSN) is included. The NEPIS data related to clinical hours have not been verified and appear unreliable. However, a clustering of clinical hours may be seen toward the mean (555 hours for ADN programs; 694 for BSN programs).
        - Recommendation: Development of a methodology to clarify the number of reported clinical hours (especially among outliers) and to explore more detail about the definitions and use of patient care clinical hours among the different programs to determine quality indicators and best practices. This survey would include vocational nursing education to have a comprehensive analysis of all types of nursing programs.

        - Issue B: Another issue that impacts clinical availability is the inconsistent use of preceptors in clinical learning experiences.
        - Product: The subgroup developed a revised preceptor guideline (See Attachment #3) to ensure that all programs are utilizing preceptors in a consistent and effective manner.

        - Possible Items for Future Consideration:
          A list of alternate clinical sites and clinical models for nursing programs that will ensure that students meet clinical objectives
          Data related to the use of simulation by programs in the clinical learning process.
          A publication about "best practices using preceptors"
          A statewide faculty workshop on effective clinical instruction in nursing education programs

- Theme Number 2: Inadequate Number of Qualified Nursing Faculty:
  - Issue A: Since an increasing number of programs are using part-time faculty for clinical instruction and there is high turnover among part-time clinical faculty, consistency in orientation and guidance to these faculty is paramount.
  - Product: A new education guideline on the use of part-time faculty for clinical instruction has been developed to assist programs in their optimal use (See Attachment #4).

  - Possible Items for Future Consideration:
    Strategies to recruit nurses into nursing education
    Strategies to encourage nurses to pursue advanced degrees

- Theme Number 3: Workforce Issues Related to Readiness of Nursing Graduates for Employment:
  - Issue A: Previous surveys indicate a need for better understanding about the gap between educational preparation and the transition of new graduates into practice.
  - Product: A survey tool adapted from a previously conducted study in the Houston area related to transition into practice (See Attachment #5) will be developed and submitted to nursing programs across the state. Data from the survey may provide information helpful to nursing programs to effectively prepare graduates for a successful transition into practice.

  - Issue B: Data reporting the number of LVNs who pursue education to become RNs will provide workforce data related to this pool of potential new RNs.
  - Product: A five-year report of the number of newly licensed RNs who also hold LVN licenses (See Attachment #6).

  - Possible Items for Future Consideration:
    Collect data related to RN-to –BSN, LVN-to-RN, and LVN-to-BSN education models and number of graduates (See Theme Number 3)
    Collect employment data from nursing programs to determine employment rate of new graduates.

- Theme Number 4: Need for Testing and Development of Emerging Models of Nursing Education and Practice:
  - Issue A: It was recognized that accessible data related to performance measures of Texas nursing programs would provide information to potential students and potential employers.
  - Product: A new link on the BON web page presenting a "dashboard of outcomes" of program performance including:
    Board of Nursing approval status
    NCLEX examination pass rates for five years
    Number of students enrolled for the past two years
    Number of graduates for the past two years
    National nursing accreditation status
    Board stipulations/sanctions
    Faculty turnover
    Persistence rates
    Full-time/part-time/online courses
    Student support services
    Percentage of students on financial aid through the school

  - Issue B: The Institute of Medicine (IOM) Report recommends that 80% of registered nurses become BSN-prepared nurses by 2020.
  - Product: A list of RN-to-BSN and LVN-to-BSN programs offered in Texas with descriptive information about innovative approaches on the BON web page.
  - Product: An investigation of innovative models for nursing education including the currently proposed new nursing education model (Consortium to Advance

Baccalaureate Nursing Education in Texas or CABNET) to be piloted in Texas that facilitates articulation.

- o Possible Items for Future Consideration:
  Information on additional innovative educational models

The commitment of the Task Force is to suggest strategies to ensure quality nursing education in Texas to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in this state is competent to practice safely.

Rationale for Recommendation:
The Task Force has identified major issues related to the growth in nursing education programs in Texas, has suggested products to assist programs and constituents with some of the issues, and has projected future activities related to the remaining issues.

The Task Force has completed or suggested the following products that can be managed by Board Staff:

- Report of Data Related to Clinical Hours and Clinical Availability (Attachment #2)
- Education Guideline for Precepted Clinical Learning Experiences (Attachment #3)
- Education Guideline for Utilization of Part-time Clinical Nursing Faculty (Attachment #4)
- Plans for a "dashboard of program outcomes and data" on the BON web page
- Listing of RN-to-BSN and LVN-to-RN nursing programs in Texas on the BON web page

Though there are a number of worthy projects and strategies outlined in this report that may be addressed in the future, the Task Force recommends an initial focus on the clinical learning experiences for the immediate future.

Task Force Recommendation: Move to accept the report, approve the products, and direct the Task Force to:

- Engage in further data collection and information gathering related to clinical learning experiences to define parameters for the optimal clinical experience in nursing programs.
- Develop elements for consideration for the dashboard data
- Develop definitions for critical elements such as patient care clinical hours

Texas Board of Nursing
Task Force to Study the Implications of Growth of Nursing Education Programs in Texas
Subgroup Templates of Major Themes/Issues

- **Availability of Clinical Learning Experiences**
- **Inadequate Number of Qualified Nursing Faculty**
- **Workforce Issues Related to Readiness of Nursing Graduates for Employment**
- **Need for Testing and Development of Emerging Models of Nursing Education and Practice**

Subgroups have studied and discussed each issue and have outlined the following plans for action:

I. Availability of Clinical Learning Experiences

Question: What strategies could ease the scarcity of clinical learning experiences in affiliating agencies, especially hospitals?

Strategy 1: Examine the disparities among programs related to the number of clinical hours for faculty-supervised hands-on patient care.
Action: Compare NEPIS data for disparities among patient care clinical hours across professional nursing programs.
Urban/Rural Consideration: Is a difference apparent in patient care clinical hours when comparing urban and rural communities?
Quality Metric: Analyze data to determine quality indicators for effective clinical instruction/practice and the relationship to program success (benchmarks in Theme Number 3).
Product: In order to provide a background for the issue, develop a report analyzing recent studies related to availability of clinical placement for hands-on patient care clinical experiences and including NEPIS data comparing patient care clinical hours across professional nursing programs.

Strategy 2: Consider measures to address concerns about the scarcity of preceptors, preceptor burnout, and inconsistencies in the use of preceptors by nursing programs.
Action: Review and revise Education Guideline 3.8.3.a. for its adequacy to address preceptor issues.
Urban/Rural Consideration: Do issues seem to be related to urban or rural areas, or are they pervasive across all regions?
Quality Metric: Nursing education programs are utilizing preceptors in a consistent manner by suggested standards.
Product: Revise the Education Guideline on the Use of Preceptors to be presented to nursing programs and clinical affiliating agencies to promote consistency in preceptor use.

Items for Future Consideration:
Document providing “best practices using preceptors”
Alternative clinical sites for nursing programs that will meet clinical objectives
Data on the use of simulation in the clinical learning process
Statewide workshop on effective clinical instruction in nursing education programs

II. Inadequate Number of Qualified Nursing Faculty

Question: What strategies are needed to ensure an adequate numbers of qualified nursing faculty?

Strategy 1: Consider the increasing use and turnover of part-time nursing faculty employed to provide clinical supervision but who receive minimal orientation to program objectives or

policies related to evaluation of students for clinical learning experiences. Develop education guidelines to assist programs in preparation and support of part-time clinical nursing faculty.
Action: Develop education guideline on the use of part-time nursing faculty employed to supervise nursing students in the clinical area.
Urban/Rural Consideration: Anecdotal information indicates that it is more difficult to hire qualified faculty in rural areas where there are fewer master's-prepared nurses and a lack of graduate programs in the community.
Quality Metric: More effective use of part-time clinical faculty leading to optimal instruction in the clinical area.
Product: Education Guideline on utilization of part-time nursing faculty who provide clinical instruction.

Ideas for Future Consideration:
Strategies to recruit nurses into nursing education
Strategies to inspire nurses to pursue advanced education

III. Workforce Issues Related to Readiness of Nursing Graduates for Employment

Question: Is there a way to promote meaningful dialogue about competencies for entry into practice and subsequent measurement of these competencies in the workplace?

Strategy: Consider data to inform nursing education programs about perceptions from the practice area related to deficiencies in nursing graduates when they enter the workforce.
Action: Identify or produce helpful data related to this issue.
Quality Metric: A meaningful dialogue between nursing education and practice about dealing with the transition of the new nurse into practice.
Product: Develop a survey tool adapted from a previously conducted study to collect information related to nursing graduates' readiness to practice. The findings may be helpful to nursing programs for educational purposes and to practice for initial orientation for new graduates and for planning internship programs. Data will be used to develop recommendations for education and practice.

Strategy: Consider trends in data related to LVNs completing professional nursing programs and receiving licenses as registered nurses to determine the relevance of LVNs as a potential pool for new registered nurses.
Action: Develop a report showing trend data.
Quality Metric: Indication that an increasing number of LVNs are moving on to become registered nurses.
Product: Report with trending data for five years (See Attachment #6).

Ideas for Future Consideration:
Develop data related to RN-to-BSN graduates, LVN-to RN, and LVN-to-BSN or (See Theme Number 3)
Replicate study for graduate readiness for practice
Pursue employment data from nursing programs to determine employment rates of new graduates

IV. Need for Testing and Development of Emerging Models of Nursing Education and Practice:

Question: How can the BON encourage innovation and success in nursing education programs and ensure the production of graduates ready to enter practice?

Strategy 1: Develop a "dashboard of outcomes" for nursing programs providing current benchmarks that demonstrate the performance of each program and a common definition of terms.

Action: Propose a list of program benchmarks to be included in the "dashboard of outcomes" for programs.
Quality Metric: Value to stakeholders and the general public in assessing the quality of the nursing programs.
Product: The "dashboard of outcomes" presenting each nursing program's performance based upon:

- Board of Nursing approval status
- NCLEX examination pass rates for five (5) years
- Number of students enrolled for past two (2) years
- Number of graduates in the past two (2) years
- National nursing accreditation status
- Board stipulations/sanctions
- Faculty turnover
- Persistence rates
- Full-time/part-time/online courses
- Student support services
- % of students on financial aid from the school

Strategy 2: Investigate innovative models of nursing education including the proposed CABNET curriculum model and their effectiveness in promoting a growth in BSN-prepared nurses in the state.
Action: Identify and document innovative models of nursing education in the state that promote articulation among programs.
Quality Metric: Significant increase in the number of BSN-prepared nurses in the state while maintaining quality nursing education.
Product: Information on the BON web page listing innovative nursing education models, both pre-licensure and RN-to-BSN programs.

Ideas for Future Consideration:
Consideration of innovative models across the country

Texas Board of Nursing
Data Related to Clinical Hours and Clinical Availability for Nursing Programs in Texas
October 2012

The following information and data have been gathered since July 2010 in response to concerns about clinical availability for nursing programs and provide a background for this report.

BON Clinical Availability Survey, July 2010

An online survey was submitted to both vocational and professional nursing education programs and to their clinical affiliating agencies. Ninety-eight (98) or about fifty percent (50%) of nursing programs and two hundred twenty-one (221) clinical agencies completed the survey. Other surveys submitted were incomplete but data from them were used where appropriate.

The demographics of the respondents who completed the survey - nursing education programs:

Type of Program	Number of Respondents	Percentage of Respondents
Vocational Nursing Program	45	45.92%
Associate Degree Nursing	31	31.63%
Baccalaureate Degree Nursing	21	21.43%
Diploma Program	1	1.02%
Total	98	100.00%

The demographics of the respondents who completed the survey – clinical agencies:

Type of Agency	Number of Respondents	Percentage of Respondents
Acute Care Hospital	87	39.37%
Other Hospital	50	22.62%
Community Health	37	16.74%
Long Term Care	30	13.58%
Clinic	17	7.69%
Total	221	100.00%

The following responses to this survey are pertinent to this report:

Participation in Organized Scheduling Plan:

When asked if they participate in a collaborative group or process with other education and clinical affiliates to schedule clinical learning experiences, eighty-eight percent (88%) of the clinical agencies and seventy-six percent (76%) of the nursing programs indicated that they do participate in such groups or processes.

Difficulty in Scheduling Clinical Time:

When asked if it is becoming more difficult to schedule hands-on clinical learning experiences for students, forty-nine percent (49%) of the clinical agencies and eighty-nine percent (89%) of the nursing programs indicated that the difficulty level is increasing.

Nursing programs ranked the difficulty of scheduling clinical placement in the following clinical areas:

Pediatrics	33%
Obstetrics/Labor & Delivery/Women's Health	31%
Psychiatric Nursing	15%
Medical/Surgical	11%
Critical Care	4%
Other Areas	6%

Clinical affiliating agencies identified the same areas but the ranking is different:

Obstetrics/Labor & Delivery/Women's Health	22%
Critical Care	20%
Pediatrics	18%
Medical/Surgical	16%
Psychiatric Nursing	6%
Other Areas	8%
No Particular Area	10%

Clinical Instruction:

Seventy-nine percent (79%) of the programs agreed that there is increasing difficulty in identifying and hiring qualified clinical instructors. From the clinical affiliating agencies' perspective, forty-eight percent (48%) find that it is increasingly difficult to identify qualified clinical preceptors for students.

Clinical Capacity:

Only twenty-three percent (23%) of the nursing programs indicated that the clinical affiliates they are using are able to support increasing enrollments of students.

Clinical affiliating agencies provided many comments related to factors contributing to difficulty with clinical learning experiences. Their comments suggest there are gaps in the relationships between nursing programs and clinical settings, and suggest possible areas for conversation between nursing education programs and clinical affiliating agencies.

- The expectation for using preceptors with students is creating a shortage of preceptors and preceptor-burnout.
- There may be availability for clinical placements on evening, night, and weekend shifts in some facilities.
- Better orientation strategies to prepare nursing faculty to supervise students may help ensure a quality clinical experience for students.
- Clinical rotations seem too short to provide adequate experiences for students.
- Clinical agencies experience stress as more nursing programs are requesting clinical placement.

Texas Team Clinical Placement Sub-Committee Survey Report, September 2011

The Texas Team Clinical Placement Sub-Committee developed and conducted a survey in Summer 2011 to collect feedback from Texas professional nursing programs to identify challenges specific to programs' abilities to increase enrollment. A review of the 2010 NEPIS data and anecdotal responses indicated ongoing issues related to limited clinical availability for nursing students. The survey was designed to examine and explore concerns related to clinical site availability and utilization of clinical preceptors.

Responses to this survey indicated difficulties in obtaining clinical placements in the same clinical areas but placed greater emphasis on areas in critical care and medical/surgical units. Though the findings only represented twenty-five percent (25%) of the total responses, it appeared that clinical availability is a major barrier to increasing nursing enrollments.

However, the survey identified many concerns related to the use of preceptors for nursing students. It is felt that most of these concerns could be resolved if nursing programs followed the BON Education Guideline 3.8.3.a. on using preceptors.

Texas Association of Vocational Nursing Educators (TAVNE) Survey for Clinical Placement Shortage for Obstetrics and Pediatric Courses, September 2011

This survey of vocational nursing programs focused on the clinical placement shortage specifically for obstetrics (OB) and pediatrics clinical. Vocational nursing (VN) education faculty report difficulty in scheduling acute care experiences for their students in these specialty areas. Fifty percent (50%) of the VN programs responding to the survey indicated their students carry out twenty-five percent (25%) or less of their OB experiences in an acute care health care facility. Twenty percent (20%) responded their students carry out twenty-six percent (26%) to fifty percent (50%) of the OB experiences in an acute care health care setting. Fewer respondents indicated higher percentages. Most indicated that this is sufficient to meet their course objectives.

Most VN programs utilize the eight-hour (8) shifts and few utilize weekend shifts. Ninety-five percent (95%) use in-patient facilities, though a significant number use out-patient facilities and physician offices. The students' experiences occur under the direct supervision of a faculty member (65%) or with a preceptor (51%). More than half of the experiences are for observation only. (These responses do not total one hundred percent (100%) because programs report using several types of clinical experiences.)

About half of the respondents use simulation, either moderate or high-fidelity, but about the same number do not use simulation. Simulation experiences used for OB are reported to be twenty-five percent (25%) or less for most respondents.

Similarly, programs were asked the percentage of time students spend in pediatric clinical experiences in an acute care health facility. Fifty-five percent (55%) indicated their students spend twenty-five percent (25%) or less in pediatric clinical experiences in an acute care setting, though some programs are able to provide more of the pediatric experiences in acute care settings. Sixty-seven percent (67%) reported that their clinical experiences are sufficient to meet course objectives. About seventy-seven percent (77%) use hospital settings that provide care for patients of all ages; only four percent (4%) are able to schedule experiences in a children's hospital. Students are using mostly eight (8) hour shifts and few use weekend shifts.

The types of facilities scheduled for pediatric rotations are in-patient facilities (79%), out-patient facilities (31%), physician offices (61%), schools (43%), day care settings (45%), and head start programs (22%). Direct faculty supervision is planned for most experiences; respondents reported that about half of the experiences involve preceptors and half are for observation only.

About half of programs are using low, moderate, or high fidelity simulation activities as a part of their clinical learning experiences for pediatrics. Most are using simulation labs for twenty-five percent (25%) or less of the experiences.

2011 Nursing Education Program Information Survey (NEPIS) Data for Professional Nursing Education Programs

Data from the 2011 VN NEPIS are not included since Rule 214 requires a specific number of clock hours in clinical learning experiences in vocational nursing programs. However, VN programs are affected by a shortage of clinical placements, especially in acute care settings.

The following information is compiled from NEPIS data for one hundred three (103) professional nursing education programs' responses to questions about the number of patient care clinical hours required in their programs:

Reported Patient-Care Clinical Hours	**Number of Total Programs Reporting Range**	**BSN Programs Reporting Range**	**ADN and Diploma Programs Reporting Range**	**LVN to ADN Programs Reporting Range**
288	1	0	1	
360-384	3	0	1	2
468-492	5	1	2	2
504-576	18	4	12	2
608-696	21	8	12	1
700-787	25	1 MSN + 6	1 diploma + 17	
800-896	14	5	9	
900-960	8	5	3	
1018-1098	7	5	1	1
1220	1	1		
Total Programs	103	36	59	8

These data indicate a clustering of commonly used (hands-on patient care) clinical hours beginning at about 504 hours through 896 hours, with the majority of programs in the 700-787 hour range. The number of patient care clinical hours has no correlation with high or low NCLEX examination pass rates. The information about the number of clinical hours does not indicate the quality of the experiences, nor does it describe the types of clinical experiences (such as clinical settings, objectives, and clinical activities). Reported data from the NEPIS for hands-on clinical hours have not been substantiated and appear to be unreliable. There is a need for clarification of the reported hours, especially outliers.

The NEPIS clinical hours data were further analyzed by program type (ADN and BSN). This information was prepared to indicate any differences in clinical hours between the two types of programs.

PROFESSIONAL NURSING PROGRAM CLINICAL HOURS **Self-reported data from 2011 NEPIS**					
Legend: CLH = computer lab hrs; SLH = skills lab hrs; SIM = Simulation hrs; PTCH = patient care clinical hrs					
Program Type	**Program Name**	**CLH**	**SLH**	**SIM**	**PTCH**
Diploma	Covenant School of Nursing	84	246	277	777
(N = 1)					
LVN-RN	Galen College of Nursing	0	96	0	360
	Lamar State College – Port Arthur	136	32	72	384
	Lamar State College – Orange	160	64	108	468
	Paris Junior College	48	36	0	482
	St. Phillip's College LVN-ADN Mobility Program	0	96	84	540
	San Jacinto South – LVN/Paramedic to ADN	0	0	48	576
	Southwest Texas Junior College LVN to ADN Program	0	32	192	672
	Texas State Technical College West Texas LVN-ADN	96	64	144	1024
(N = 8) Median PTCH = 482; Mean PTCH = 555.75					
ADN	South Texas College	80	120	40	288
	Coastal Bend College	0	224	100	380
	Hallmark College Martha Fessler SON	32	144	360	472
	Wharton County Junior College	56	263	42	492
	Laredo Community College	40	96	168	504
	Angelina College	120	304	80	522
	Alvin Community College	70	190	54	525
	San Antonio College	128	150	0	538
	Lamar University ADN	6	144	96	544
	Temple College	96	248	136	544
	Blinn College	0	464	79	546
	Lone Star College – Montgomery	0	192	28	548
	Lone Star College – Kingwood	30	144	90	576
	Lone Star College – Tomball	120	224	12	576
	Lone Start College – North Harris	64	116	12	576
	Weatherford College	0	208	88	576
	Del Mar College	65	607	20	620
	Dallas Nursing Institute	48	96	48	624
	Lee College	52	146	72	626
	Hill College	24	552	24	632
	Victoria College	11	48	60	634
	El Centro College	96	112	48	640
	Kilgore College	120	220	24	644
	Odessa College	0	288	48	656
	Midland College	149	274	146	672
	Houston Baptist University ADN Program	34	181	12	675
	Howard College	32	96	88	692
	Collin County Community College	24	96	48	696
	Austin Community College	24	448	12	704
	Angelo State University ADN Program	45	80	80	720

Program Type	Program Name	CLH	CLH	SIM	PTCH
ADN	Baptist School of Health Professions	0	144	112	720
	College of the Mainland	60	128	72	720
	Houston Community College	0	48	0	720
	University of Texas at Brownsville & Southmost College	48	128	0	720
	Panola College	25	80	203	732
	El Paso Community College	38	240	130	734
	Tyler Junior College	108	288	0	736
	Texarkana College	20	156	0	744
	Amarillo College	137	58	56	751
	Brookhaven College	0	96	12	768
	Lone Star College – CyFair	0	144	76	768
	Breckinridge School of Nursing @ ITT Technical Institute	0	126	0	774
	Northeast Texas Community College	57	135	36	774
	McLennan Community College	30	128	182	784
	Vernon College	48	152	32	784
	Grayson County College	0	105	42	822
	Brazosport College	34	192	96	840
	San Jacinto College Central	32	160	24	840
	Trinity Valley Community College	0	144	20	844
	Cisco College	45	277	0	848
	Galveston College	32	544	0	864
	Ranger College	0	72	0	864
	Tarrant County College	155	48	0	864
	Navarro College	112	192	78	896
	Central Texas College	22	144	32	954
	North Central Texas College	20	148	40	960
	South Plains College	0	128	32	960
	Mountain View College	0	96	0	1056
(N = 58) Median PTCH = 704; Mean PTCH = 694.53					
BSN	Patty Hanks Shelton SON	150	162	47	492
	Texas State University SON	0	150	120	540
	Stephen F. Austin State University	244	177	86	557
	Texas Tech University HSC –SON	16	221	201	575
	Chamberlain College of Nursing	0	112	192	576
	University of Houston – Victoria SON	128	192	32	608
	Tarleton State University MEEP	77	248	98	657
	Midwestern State University Wilson SON	0	81	71	658
	University of Texas @ Arlington College of Nursing	80	116	43	658
	Schreiner University	0	336	36	663
	TWU	9	133	63	672
	East Texas Baptist University	142	176	0	680
	University of Texas HSC @ Houston SON	0	59	123	682

Program Type	Program Name	CLH	SLH	SIM	PTCH
BSN	Texas A & M HSC College of Nursing	80	80	300	700
	Texas A & M University – Corpus Christi	100	90	110	700
	University of Texas @ El Paso SON	0	90	110	700
	Angelo State University	45	80	80	720
	Concordia University Texas	90	293	67	765
	West Texas A & M University	38	169	95	766
	University of Texas @ Tyler	10	75	20	800
	UT Health Science Center @ San Antonio	0	200	40	840
	Baylor University Louise Herrington SON	0	72	107	847
	University of Texas Medical Branch	4	209	71	853
	Wayland Baptist SON	0	66	48	865
	TCU Harris College of Nursing	0	135	0	900
	Lamar University	32	192	110	914
	University of Mary Hardin – Baylor	260	195	100	922
	Texas A & M International University	0	315	0	945
	University of Texas – Pan American	0	195	0	960
	Southwestern Adventist University	0	80	222	1018
	Gayle Greve Hunt SON	0	180	0	1035
	University of Texas @ Austin SON	1	75	20	1044
	Prairie View A & M College of Nursing	20	168	96	1080
	Houston Baptist University SON	34	181	12	1098
	University of the Incarnate Word	100	57	40	1220
(n = 35) Median PTCH = 766; Mean PTCH = 791.71					
MSN -AE	University of Texas @ Austin SON	2	70	16	787

Identified Areas for Future Study:

Questions to consider:

- What are some common elements of “patient care clinicals”?
- Do we need more definitions? Do we need common definitions of “learning experience”?
- Does planning faculty workload enter into setting clinical hours?
- How many hours are needed? What is the relationship between clinical hours and clinical competencies?
- How much could be safety cut from clinical hours?
- How much clinical time in specialty areas is optimal? Could some of this be diverted to medical surgical experiences?
- Are hours based upon regulations from The Texas Higher Education Coordinating Board?

Things that make a difference in the clinical experiences:

- The clinical site and activity level make a difference in the experience.
- Students need a minimum number of exposures to procedures, care, etc.
- A psych nursing clinical seems like an essential but mental health can be a component in all clinical areas.
- Switching to simulation would free some clinical time.
- Clinical competencies may be achievable in most settings.
- Reevaluation means new opportunities for efficiencies.
- Should we measure variation toward the mean by understanding the extremes and collect information to determine where it comes together?
- We want to maintain hours that have the most benefit for the students.
- Clinical agencies want students to have more clinical experiences and a high competency level before employment.

TEXAS BOARD OF NURSING
3.8.3.a. EDUCATION GUIDELINE
Precepted Clinical Learning Experiences

Many nursing education programs use preceptors in the clinical instruction since it allows the student to experience working more closely with employed nurses and to gain from their expertise.

There are two (2) preceptor models identified in the Board rules. One model allows the clinical group to be expanded to twelve (12) students with two (2) students being rotated off to spend a day with the identified preceptor. In the second model, the entire clinical group of up to twenty-four (24) students is being precepted by assigned preceptors. In both models, the faculty is responsible for the clinical experience and for the final evaluation of students.

Rules 214 and 215 define a clinical preceptor as a licensed nurse (for vocational nursing programs and a registered nurse for professional nursing programs) who meets the minimum requirements in the rule, who is not employed as a faculty member by the nursing program, and who directly supervises clinical learning experiences for no more than two (2) students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of the nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (as applicable).

A preceptor is a licensed nurse who has agreed to serve in this role either in a one-day capacity with no more than two (2) students as described in the first model, or as a long-term mentor for no more than two (2) students as described in the second model. There are differences in the students' clinical assignments when the faculty is supervising the total experience and when preceptors are used:

- When no preceptors are being used, a student may be assigned to a patient or a group of patients under the supervision of the faculty member and in collaboration with the patient or patients' assigned primary (staff) nurse. **The student nurse is learning to provide competent, safe care for the assigned patients** focusing on their diagnoses and total assessment.
- When the student is assigned to a preceptor, **the student is learning the nurse's role in providing all aspects of nursing care** to one (1) or more patients. The faculty member is accountable for the learning experience but the preceptor collaborates in the supervision and evaluation of the student's clinical performance.

Clinical affiliating agencies may select nurses to serve as preceptors for nursing students and may provide an orientation for nurses serving as preceptors. Nursing programs who use preceptors should also provide a preceptor orientation to familiarize the preceptor with the program objectives and curriculum, as well as the program's expectations of the preceptor.

Rule 214.10 sets forth the requirements for use of clinical preceptors in vocational nursing education programs. Rule 215.10 sets forth the requirements for use of clinical preceptors in professional pre-licensure nursing education programs (diploma, associate degree, baccalaureate degree, or entry-level master's degree).

Rule 214.10(i) related to *Clinical Learning Experiences* requires, in pertinent part, that "When faculty use clinical preceptors to enhance clinical learning experiences and to assist faculty in the clinical supervision of students, the following applies: (1) Faculty shall develop written criteria for the selection of clinical preceptors. (2) When clinical preceptors are used, written agreements between the vocational nursing education program, clinical preceptor, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved. . ."	Rule 215.10(j) related to *Clinical Learning Experiences* requires, in pertinent part, that "When faculty use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies: (1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants. (2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved. . ."

The following are suggested items to be included in a written agreement between program, clinical preceptor and/or affiliating agency, and student, indicating delineation of functions and responsibilities, as appropriate. An actual written agreement should include areas for appropriate signatures and dates.

Nursing Education Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications in Rule 214.10 or Rule 215.10, as appropriate. It is recommended that the preceptor has been licensed and in practice for at least one (1) year.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor, nursing program, and student.
3. Ensure that clinical experiences using preceptors should usually occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to clients (within course or curriculum),as appropriate.
4. Inform the preceptor of the skill level of the student to guide the preceptor's expectations of the student.
5. Orient both the student and the preceptor to the clinical experience.
6. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.
7. Approve the scheduling arrangement for the student and preceptor to assure availability for contact during the precepting experience.
8. Assume overall responsibility for teaching and evaluation of the student.
9. Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.
10. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
11. Collaborate with the preceptor to ensure appropriate student assignments and clinical experiences.
12. Communicate assignments and other essential information to the agencies.
13. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
14. Monitor student progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
15. Be readily available, e.g., telephone, pager or email for consultation when students are in the clinical area.
16. Receive feedback from the preceptor regarding student performance.
17. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
18. Provide recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty plaque, certificate.

Preceptor Responsibilities:

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two (2) students during one (1)clinical rotation.
4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives. Supervise the student's performance of skills and other nursing activities to assure safe practice.
6. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
7. Provide direct feedback to the student regarding clinical performance.
8. Contact the faculty if assistance is needed or if any problem with student performance occurs.
9. Collaborate with the student and faculty to formulate a clinical schedule.
10. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
11. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

Agency Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Provide basic information about the agency's expectation of the preceptor experience to the program and nurses.
4. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

Student Responsibilities:

1. Coordinate personal schedule with the preceptor's work schedule to avoid any conflicts.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience as needed.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures, as appropriate.
7. Contact faculty by telephone, pager or email if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during clinical experience.
9. Adhere to safety principles and legal standards in the performance of nursing care.

Some Factors to be Considered in Selecting Precepted Experiences:

1. The preceptor's nursing responsibilities that might impact his/her teaching time with the students.
2. The location and accessibility of the facility for the student.
3. Safety measures taken into account.
4. The diversity of population served.
5. Willingness to accommodate nursing students.
6. Number of other programs/students using the same setting.
7. The interdisciplinary nature of the setting.
8. Current trends in health care delivery in the setting.
9. Appropriateness of the precepted experience for the level of educational preparation for the students.

Important: Please be aware that references to Rule 214 and Rule 215 are not all inclusive.

TEXAS BOARD OF NURSING
EDUCATION GUIDELINE
Utilization of Part-Time Clinical Nursing Faculty

Nursing faculty and faculty extenders include the following:

- Full and part-time nursing faculty – licensed nurses employed by the nursing program to provide didactic and clinical instruction to nursing students. It is required that full and part-time faculty meet the same qualifications in the education rule. Nursing faculty are responsible for supervising students in clinical learning experiences; developing, implementing, and evaluating the curriculum; and participating in the development, implementation, and enforcement of student policies. Faculty workload may vary in the expectations regarding didactic and clinical instruction, depending upon the contract.
- Clinical teaching assistants (CTA) – licensed nurses employed by the nursing program to assist in clinical instruction ONLY. The use of CTAs allows for an increase in the faculty-to-student ratio from 1:10 to 1:15, with supervision by the master's-prepared faculty member. The qualifications for the CTA only require that the nurse is competent in the area of practice.
- Preceptors – licensed nurses employed by the clinical affiliating agency but providing direct supervision of up to two (2) students based upon an established agreement between the facility, preceptor, and nursing program, and an orientation of the preceptor provided by the nursing program. Using preceptors allows for an increase in the faculty-to-student ratio from 1:10 to 1:12 or 1:24, depending upon whether a model is used for the entire group of students in the course to be precepted. The qualifications for the preceptor only require that the nurse is licensed and competent in the area of practice.

Unit nurses employed by the clinical affiliating agency also provide a level of supervision to students caring for patients assigned to the unit nurse. The full time or part-time faculty supervising students is responsible for the clinical instruction and student evaluation, but the student is accountable to the unit nurses since they share a patient assignment. The unit nurse may serve as a role model for the student and may assist the student with procedures, but the unit nurse does not evaluate the student nor plan for the student's learning experience in meeting clinical objectives in the education program.

Though many of the suggestions apply to all part-time nursing faculty, this guideline focuses on the part-time nursing faculty employed by the nursing education program when they are supervising students in clinical learning experiences. Part-time faculty should meet the faculty qualifications outlined in Rule 214.7(c)(2) and Rule 215.7(c)(2):

Rule 214.7(c)(2) related to *Faculty* requires that "Each nurse faculty member shall:(A) hold a current license or privilege to practice nursing in the State of Texas; (B) have been actively employed in nursing for the past three years or have advanced preparation in nursing, nursing education, and/or nursing administration; (C) have had three years varied nursing experiences since graduation; and (D) show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in subject area of teaching responsibility."	Rule 215.7(c)(2) related to *Faculty* requires that "Each nurse faculty member shall: (A) hold a current license or privilege to practice as a registered nurse in the State of Texas; (B) show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in subject area of teaching responsibility; (C) hold a master's degree or doctorate degree, preferably in nursing; (D) a nurse faculty holding a master's degree or doctorate degree in a discipline other than nursing shall hold a bachelor's degree in nursing from an approved or accredited baccalaureate program in nursing; and (i) if teaching in a diploma or associate degree nursing program, shall have at least six graduate semester

	hours in nursing appropriate to assigned teaching responsibilities, or (ii) if teaching in a baccalaureate level program, shall have at least 12 graduate semester hours in nursing appropriate to assigned teaching responsibilities."

Responsibilities of Part-Time Nursing Faculty Employed to Supervise Student Clinical Experiences:

- supervising and evaluating students in all clinical learning experiences;
- ascertaining that the student is competent before the student performs an actual nursing procedure independently; and
- other responsibilities assigned by the nursing program.

Responsibilities of the Nursing Program to Part-Time Faculty Supervising Students in the Clinical Experience:

- In order to assist part-time nursing faculty to provide quality instruction, it is recommended that the program provide:
  - a thorough faculty orientation designed for part-time faculty with attention to the faculty role in the clinical area;
  - guidelines for making clinical assignments, supervising students, evaluating student performance, and planning effective post-conference sessions;
  - an overview of the program of study including mission, program objectives, and the implementation of the DECs;
  - an assigned full time faculty member to serve as mentor to the part-time faculty member in the clinical experience;
  - assurance of faculty clinical faculty competence in area of assigned teaching; and
  - instructional resources and copies of texts.
- The program director should:
  - reduce the workload of full time faculty members who are serving as mentors to part-time faculty to allow the time for this responsibility;
  - include and encourage part-time faculty to participate in all aspects of the program;
  - ensure that there are clear lines of communication related to program policies, objectives and evaluative criteria;
  - include part-time faculty in the faculty evaluation process and provide constructive feedback to part-time faculty to encourage faculty development;
  - provide funding for part-time faculty development activities;
  - document methods part-time clinical faculty utilize to verify clinical competency; and
  - schedule seasoned faculty to supervise students in early courses in the program.

Important: Please be aware that references to Rule 214 and Rule 215 are not all inclusive.

Agenda Item: 5.2.7.a.
Attachment #5

This summary report was provided by Mary Koch, Health Liaison for the Houston-Galveston Gulf Coast Workforce Solutions:

Summary of report by the *Task Force on Transition from Education to Employment,* Education Workgroup of the Gulf Coast Health Services Steering Committee- Houston-Galveston Gulf Coast Region. June 2011.

Background: The Gulf Coast Health Services Steering Committee (HSSC) is a collaborative employer-led committee comprised of healthcare employers and educators in the 13-county Houston-Galveston area. The HSSC is jointly sponsored by Workforce Solutions/Houston-Galveston Area Council (H-GAC) and the Greater Houston Partnership. In existence since 2000, the purpose of the HSSC is to assure that the health care industry in the H-GAC region has sufficient workforce to compete in the global economy. Since its inception, members of the HSSC have agreed that the primary regional healthcare workforce issue is to plan for sufficient numbers of RNs.

Situation in 2010-2011: Educators reported that inexperienced new graduates were having difficulty finding their first job. Although this information was only anecdotal, employers also reported that they were reducing enrollment in RN residency programs and institutions without residency programs reported they were employing fewer initial RNs. This again brought up the cost on "on boarding" initial RNs and the perceived lack of preparedness of this group to assume full RN professional responsibilities. The HSSC asked the Education Workgroup to form a task force to examine the transition from education to practice in the Houston-Galveston region.

Task Force Creation: A task force was formed and included employers and educators from all levels of nurse education programs (health science centers, universities, colleges and community colleges). The Task Force was chaired by Dr. Vivian Dawkins from The Methodist Hospital (now Director of Nurse Education-Houston Community College System).

Charge to the Task Force:

- Review, from employers' points of view, the Differentiated Entry Competencies (DECS) of the Board of Nursing
- Identify key skill and/or knowledge gaps as experienced by employers of new initial RN graduates from schools in the Gulf Coast Region
- Develop recommendations, jointly with employer and education representatives, on strategies to narrow the gap between education and employment.

Findings: The primary finding of the Task Force was that all employer-expected competences as identified by the Nursing Executive Center of The Advisory Board Company were covered in

the DECs. The Task Force concluded that the deficiency experienced by employers was not a knowledge gap but lack of experience with skills and knowledge. The Task Force prepared a Venn diagram presentation identifying responsibilities of three critical players in narrowing this experiential gap: educators, healthcare employers and the learner/student. The Task Force highlighted the responsibilities of the learner to play an active role in assuring his/her own skill and knowledge development during the educational process.

Recommendations:

Short-term Recommendations

- Providers and educators work together to develop dedicated units for a school/s during clinical placements. Schools will assign specific faculty to that dedicated unit to facilitate the development of relationships between clinical faculty & provider staff, among provider staff and students, and among patients, faculty and students. Ideally, dedicated units would also allow for clinical immersion, or compressed clinical time for students by encouraging them to be placed in a dedicated unit for a block of days over a shorter period of time instead of single days over several weeks. Texas Children's Hospital and Alvin College have experimented successfully with this concept.

- Identify specific procedures and skills and the minimum frequency that a student must complete for each clinical course. Establishing frequency of skill acquisition is to be in addition to clinical course learning objectives.

- Students as well as educators and preceptors are responsible for assuring that the students meet the specific procedure and skill frequency requirements of each clinical rotation. For example, if a student has not done sufficient number of IV's, s/he is responsible to work with the clinical instructor and arrange for sufficient numbers of performance opportunities.

- Improve the communication and understanding between clinical educators and provider staff. An orientation to the school and the clinical objectives for the course will be provided to the unit staff by the clinical faculty. The provider staff will provide an orientation to the clinical faculty about the provider's expectations and operations of the unit (having dedicated units will improve this).

- Providers and educators need to identify skill sets for preceptors and providers need to select preceptors carefully and match them in collaboration with the clinical faculty.

- Providers in collaboration with educational institutions will increase the number of specialized electives available to students e.g. electives in OR, PACU, procedure areas, etc.

Long-term Recommendations

- Encourage dedicated units to "adopt" a cohort of students to invest in their learning and professional development.

- Encourage educational programs and providers to work together to implement immersion clinical placements or compressed clinical time in the region to the greatest extent possible.

- Encourage evaluation and development of programs such as the Pacesetter program between University of Texas Health School of Nursing and Memorial Hermann Healthcare System in which didactic nurse education is front-loaded and clinical education is concentrated in the last semesters of the program.

- Support the creation of 6- to 12-month trainings/apprenticeships to be offered post-initial RN program and licensure. Such a program would resemble medical staff traineeships (internship and residency programs) wherein the primary focus is that of skill set enhancement and refinement of critical thinking and reasoning skills. The program would not be dependent upon an employer/employee relationship. These trainings/apprenticeships would be distinguished from nurse residency programs in that they are designed to provide a structured mentorship for new graduates to build skills and initial competencies through practice experience and some additional didactic content. This program is conceived as a time to develop stronger clinical reasoning skills in either general acute care or a specialized area of practice. Though training/apprenticeships could be offered by either the provider or by the educational institution, a collaborative model is deemed preferable. However there is consensus that the program be based in a practice setting. Depending how the training was offered, students may or may not pay tuition to participate. The question of stipends or support for the participants would need to be addressed. This concept requires further development and is felt to be fertile ground for seeking external funding sources for research and development. The Memorial Hermann Healthcare System is in the process of moving forward with the development of such a model.

The Task Force suggests that the most immediate needs of initial RN graduates during their initial six months of practice are improved specific skills, and then in next six months, honing softer skills such as responding to death and dying, palliative care and communications. According to the UHC Nurse Residency study (2009), the skills needing the most attention in the first six months are: responses to codes; placement of chest tubes**;** *thoracentesis procedures; use of defibrillators.*

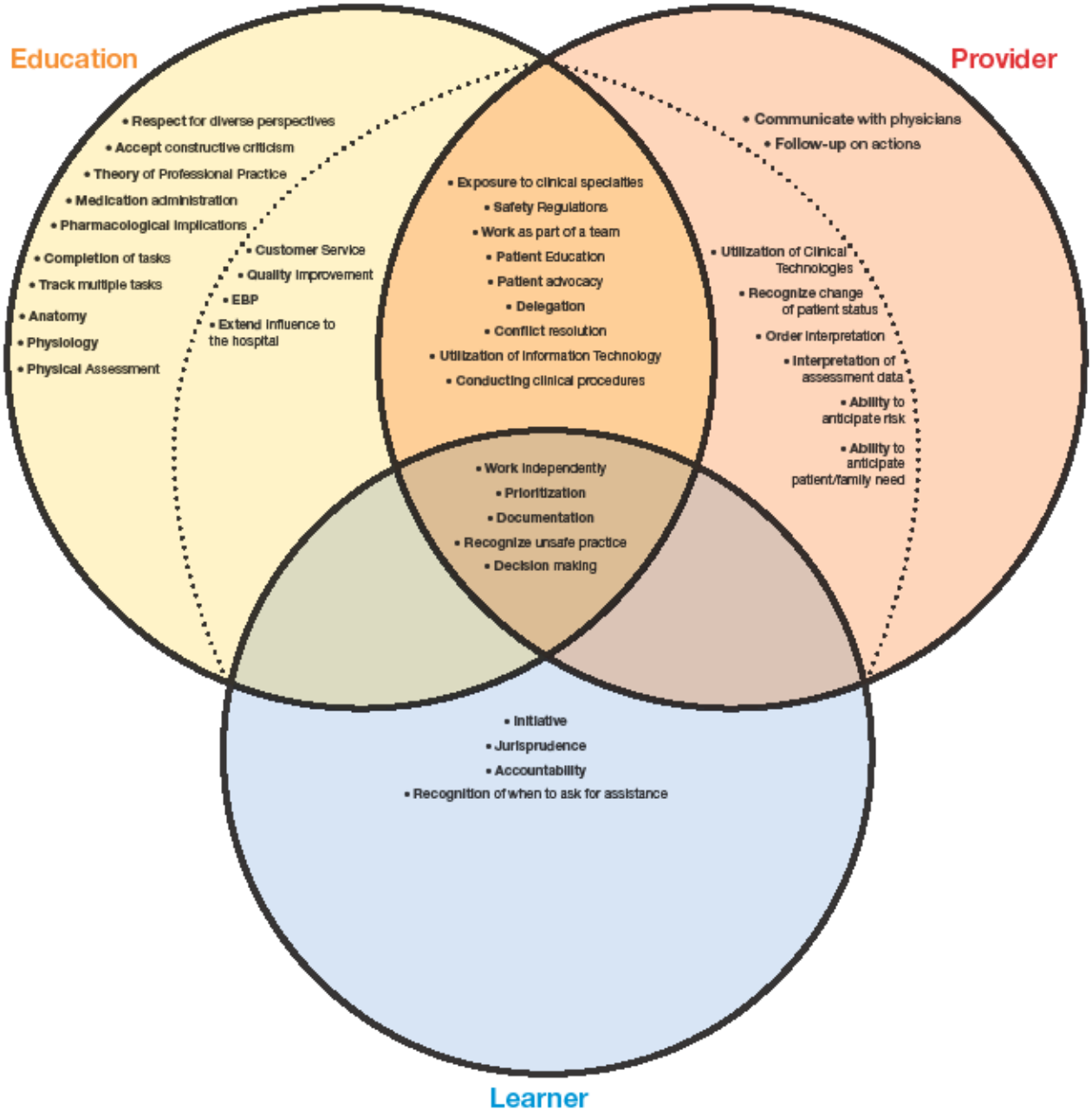
The Task Force agrees that all these areas require increased practice and experience and the common denominator for this is time. After analysis of the DECs and Advisory Board's entry level competencies, the Task Force agreed that all of the elements are covered in current initial nurse curricula but they require more time and practice.

The Task Force additionally discussed challenges raised by initial nurse programs focusing on educating generalists. There are different skill sets for RNs caring for acute patients, critical care patients and/or peri-operative patients. Given the patients' differing needs, it is very difficult to prepare an initial RN to have a holistic perspective of patients in all these classes of care. The skill sets for competency are very different. No conclusion was drawn regarding specialization vs. generalization at the initial RN level. It was suggested that service partners increase the number of specialized courses available as electives to initial nurse students to support the increasing complexity of today's patients.

Validation Survey: A validation survey of stakeholders was developed to see if: (1) there was support for the assumptions of this report and (2) if there was support for the recommendations. Surveys were sent to student nurses, new graduates, faculty, RN preceptors, nurse residency coordinators, nurse directors and nurse managers in the Gulf Coast region. Two hundred and one (201) responses were received. Because of survey and study design limitations, we could not make statistically valid conclusions but percentage responses indicated the following:

1. Most respondents felt that adequate knowledge is provided in both classroom and clinical areas to support entry into practice.
2. There is positive support for development of dedicated home units, for development of skill metrics and establishment of student accountability for skill development.
3. There was strong support for the development for an orientation program for nursing staff on units receiving students.
4. There was support for developing transition to practice program for new graduates to develop and practice skills –but differing support for whether such a program should be employment-based or non-employment based.
5. There was support for developing specialty electives.

Attached is (1) the Venn diagram of the individual and shared roles and responsibilities of education, health care provider and learner and (2) the validation survey.


Education
Provider
Learner
• Respect for diverse perspectives
• Accept constructive criticism
• Theory of Professional Practice
• Medication administration
• Pharmacological implications
• Completion of tasks
• Track multiple tasks
• Anatomy
• Physiology
• Physical Assessment
• Customer Service
• Quality Improvement
• EBP
• Extend influence to the hospital
• Exposure to clinical specialties
• Safety Regulations
• Work as part of a team
• Patient Education
• Patient advocacy
• Delegation
• Conflict resolution
• Utilization of Information Technology
• Conducting clinical procedures
• Communicate with physicians
• Follow-up on actions
• Utilization of Clinical Technologies
• Recognize change of patient status
• Order interpretation
• Interpretation of assessment data
• Ability to anticipate risk
• Ability to anticipate patient/family need
• Work independently
• Prioritization
• Documentation
• Recognize unsafe practice
• Decision making
• Initiative
• Jurisprudence
• Accountability
• Recognition of when to ask for assistance

Validation Survey

Background:

The Transition from Education to Practice Task Force was charged with identifying gaps in education or experience between the end of formal education and the beginning of practice as an employed RN. The task force submitted a report to the Gulf Coast Health Services Steering Committee based on assumptions from the literature and our collective experience and offered recommendations to strengthen the transition from education to practice.

We would like your help in validating these assumptions and recommendations. This survey will ask for your opinion about our basic assumptions, and then will ask for you to either affirm the recommendations, or offer others in the comments section.

Demographics

1 Position:

2 Age (Years):

Highest Nursing Degree

3

Associates	Bachelors	Masters	Doctorate
1	2	3	4

Highest Non-Nursing Degree

4

Associates	Bachelors	Masters	Doctorate
1	2	3	4

Type of Program Completed

5

Generic program	Pacesetter program	Accelerated program	Block curriculum	Integrated curriculum
1	2	3	4	5

6 Years of experience as a RN:

Assumptions that supported the conclusions in the report:

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
The didactic knowledge provided in a nursing degree program is sufficient to enter into practice.					
7 The clinical knowledge provided in a nursing degree program is sufficient to enter into practice.					
The clinical skills learned in a nursing degree program are sufficient to enter into practice.					
The clinical skills learned were sufficient to enter into practice.					
There was sufficient time to practice the clinical skills before graduation.					

Recommendations from the report: (*Creation of dedicated or home units for faculty and students)*

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Clinical education will benefit from having students and faculty on fewer units.					
8 Clinical education will benefit from having dedicated, or home, units for faculty and students to complete the majority of their rotations.					
Facility units will benefit from having faculty on dedicated units with increased opportunities for professional development through collaboration with academic faculty.					

9 **Recommendations from the report: (*Creation of metrics for skill practice)***

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Clinical education will benefit from knowing how many times a skill must be performed during the semester in which it is taught.					

Recommendations from the report: (*Establishment of guidelines for student accountability for learning)*

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
10 Students would benefit from accepting more accountability for completing the skills needed to complete a clinical rotation.					
Students would benefit from accepting more accountability for practicing the skills needed to complete a clinical rotation.					

Recomendations from the Report: (*Development of an orientation program for the staff on the units to assist in understanding the schools goals for the clinical rotation)*

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
11 Clinical education will benefit from the staff understanding why students are on their units for the rotation.					
Clinical education will benefit from the staff understanding the goals for the students rotation.					

Recommendations from the report: (*Development of specialty electives such as OR, geriatrics and skilled nursing, rehab nursing, etc.)*

	1 Strongly Diagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
12 Clinical education will benefit from having more specialty electives offered by the school.					

Recommendations from the report: (*Development of a six month transitions program to strengthen and enhance the acquisition of nursing skills)*

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
The transition to practice would be strengthened by a six month program focused on gaining clinical skills.					
The transition to practice would be strengthened by a six month program focused on practicing clinical skills.					
13 I would participate in a transitions program that strengthened my clinical skills.					
I would be willing to be a part of a "non-employment" transitions program, not to exceed 6 months, that will pay a small stipend to strengthen my clinical skills.					
I would be willing to pay a small registration fee to participate in a "non-employment" transitions program that will strengthen my clinical skills.					

14 **Additional Comments:**

Texas Registered Nurses, also recognized as Texas Licensed Vocational Nurses,
by basic RN degree and Fiscal Year of RN licensure

	Diploma	Associate Degree	Baccalaureate Degree	EnRoute to MSN	Grand Total
FY 2008	49	1505	105	1	1660
FY 2009	25	1669	112		1806
FY 2010	31	1995	162		2188
FY 2011	25	2049	102		2176
FY 2012	26	1973	126	1	2126
Grand Total	156	9191	607	2	9956

08/16/2012

Agenda Item:
Attachment #6