Agenda Item: 5.2.1.
Prepared by: KBenton
Meeting Date: October 22, 2020

Report on Task Force to Study Implications of Growth of Texas Nursing Education Programs

Summary of Request:
The purpose of this report is informational only to update the Board on the work of the Task Force to Study Implications of Growth of Texas Nursing Education Programs.

Historical Perspective:
The Task Force (TF) was originally established by the Board at the October 2011 meeting to study issues surrounding the rapid growth of nursing education programs in Texas since 2006. The Board appointed members representing nursing practice and education constituents at the January 2012 meeting.

The TF determined that their purpose was 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 Board approved a report from the TF at the January 2013 meeting that included two education guidelines designed to improve clinical instruction:

- *Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences; and*
- *Education Guideline 3.8.5.a. Utilization of Part-Time Clinical Nursing Faculty*.

Two new charges were issued to the TF by the Board at the October 2013 meeting:

- Develop a guideline describing optimal clinical instruction in pre-licensure nursing programs; and
- Provide an analysis of findings from the 2013 Nursing Education Program Information Survey related to required clinical hours in pre-licensure nursing programs.

Following three TF meetings during 2013 and 2014, the Board approved a new Education Guideline, Promoting Optimal Clinical Instruction, and a monograph, *Towards Defining Excellence in Clinical Instruction in Pre-licensure Nursing Education Programs* at the October 2014 quarterly Board meeting.

At the October 2014 meeting, the Board issued two new charges:

- Disseminate the information to the nursing education programs and clinical partners through the website, webinars, publications, and a statewide nursing faculty workshop; and
- Create a dialogue between nursing education and clinical partners to facilitate optimal clinical learning experiences for all constituents.

Board Staff and the TF held a statewide conference on March 6, 2015 entitled *Excellence in Clinical Instruction in Pre-Licensure Education* to disseminate the new education guideline, monograph, and highlight innovative clinical education strategies that was well-attended by nursing faculty from pre-licensure nursing education programs across the state.

The TF met three times from November 2018 through July 2019 to address the last outstanding charge to create a dialogue between nursing education and clinical partners to facilitate optimal clinical learning experiences for all constituents. Through these meetings the TF began collaborating with the Texas Organization for Nursing Leadership (TONL) to convene a statewide summit entitled, *The Future of Nursing in Texas: Stakeholders Moving Towards Alignment.* The Summit was held in Austin on February 24 & 25, 2020. The purpose of this Summit was to develop a coordinated approach to address gaps between and within academia and practice and optimize clinical learning experiences for the future of nursing in Texas. Stakeholders from various national and state nursing organizations were invited to nominate member participants. Over 130 nurses from academia and practice settings across Texas attended the two-day Summit, engaging in open discussion and problem solving in a world café format.

Current Perspective:

A comprehensive report of the Summit results is in the final editing stages and will be disseminated to nursing stakeholders once completed.

On July 27, 2020, the Board, TONL, and the Texas Tech University Health Sciences School of Nursing co-hosted a virtual meeting entitled, *The Future of Nursing in Texas Summit Follow-up Meeting: Back to the Future for Action*, which aimed to continue the rich dialogue among nursing practice and academia partners that began at the invitational Summit.

The significant impact of the pandemic on nursing education and practice since the Summit presented the need for additional dialogue and creative problem solving. The July virtual meeting aimed to engage participants to develop recommended actions to address current and anticipated future challenges to transitioning new vocational, registered, and advanced practice registered nursing program graduates to practice. The virtual meeting participants formed 10 breakout groups to discuss what education and practice can do now to address current and anticipated future challenges to transitioning new vocational, registered and advanced practice registered nursing program graduates to practice. A summary of the breakout group discussions is provided in Attachment “A”.

Recommended Action: This is a non-action item for informational purposes only.

Summary of Breakout Group Discussions from July 27, 2020 Virtual Meeting:
The Future of Nursing in Texas Summit Follow-up Meeting: Back to the Future for Action

Question 1: ***What can education and practice do now to address current challenges to transitioning new graduates (LVN, RN, APRN) to practice?***

Key Discussion Points	Recommended Actions
Group 1	
• Some programs back in clinicals while others are not. • It is harder to do clinical rotations but can work with patients without COVID-19. • Some APRN students can't complete because preceptors are redirected; not hiring new grads. • One program uses "shared" learning e.g., students divided into two groups with one being remote and the other live and then switching. • For the summer semester, students went early (ahead of usual start) and did evenings; had high attrition due to students impacted by COVID-19. • Some BSN students are in clinical; school provides masks; NPs: many furloughed, so finding a preceptor is challenging. Psych Mental Health is using telehealth and has many clinical experiences. Students are wear proper protective equipment in simulation. • Issue of packed schedule so there is no "making up" time.	1. Set minimal number of hours for clinical. 2. Allow petitioning of hours not met due to restrictions on clinical. 3. Focus on competencies rather than number of hours.
Group 2	
Key Discussion Points	**Recommended Actions**
• Lack of clinical hours/some staff are making students feel unwelcome or discounted due to this issue.	1. Have a webinar to demonstrate the simulation students are doing. Many do not understand the sophistication of simulation.

	2. May need to extend the residency—important to assess each student who is hired. 3. Final semester includes leadership—student has 4-6 patients in simulation and also have charge nurse simulation.
• Students have had faculty as a resource person to go to while in school. It would be great to match them with a mentor (outside of unit) who can help them with the transition into the profession. Also would be great to discuss their role development to see what their goals may be for the profession.	4. Discuss the idea of having a mentor(s) the students can be assigned so they have ongoing support as they transition into their nursing role.
Group 3	
Key Discussion Points	**Recommended Actions**
• Changing strategies by practice organizations related to accepting students for clinicals have been challenging to programs. • Students needing hours to address incomplete courses. • Fear of the backlog of clinical hour needs for current and future students when allowed back in clinical sites • Virtual costs to the organizations/universities for increased services (ie: library resources) • Students/universities needing to provide their own PPE is cost and supply issue • Solidifies the importance of a nurse residency program	1. Use students in areas that limit need for PPE and not on COVID units. 2. Frontload courses with clinical instead of waiting until the last portion of program to start clinicals to increase confidence of students; as well as, spacing out organization need. 3. Strong focus on need for Communication for students. Need to elevate the importance of speaking up and sharing goals for the day, how they best learn (watch or hands-on), and advocating for what they need for their clinical experience. Share those needs with preceptors daily. 4. Teach the application of the knowledge they have from didactic…the students have the knowledge but just cannot apply it *(allow for negative simulation scenario outcomes and have strong conversations about what was missed…what happened…what could have been done to change the outcome?)*; teach clinical judgement. 5. Organizations work with preceptors to encourage them to speak up when a student has a knowledge deficit…many times the staff recognize it but it may not be shared with faculty.

	6. Preceptor/educator/student daily de-briefs to combine a summary of the experience at the end of the shift.
Group 4	
Key Discussion Points	**Recommended Actions**
• Building resilience in nursing students • Direct care and simulated clinical experiences • Teaching advocacy • Career planning	1. Nursing programs should be a little "tougher" and evaluate students' resilience as an attribute for successful nurses. This includes life skills for handling conflict and difficult decisions. 2. Nursing students should be allowed to practice skills in the clinical setting to gain the experience they will need in the work setting. 3. Simulation activities should be realistic, reflecting the every-day decisions facing nurses in practice. 4. Nursing students should be taught how to assume the patient advocate role. Nursing students can learn many nursing skills such as advocacy and communication in settings other than hospitals. 5. Coach students in their career path.
Group 5	
Key Discussion Points	**Recommended Actions**
• No discussion notes-see recommended actions	1. Academia and Practice partners should enhance communication to change curriculum and simulation to be more suitable for the final practice environment. 2. Increase frequency of Professional Advisory Committee meetings 3. Consider the updates coming to the differentiated essential competencies. 4. More clinical placement opportunities will decrease the cost of orientation
Group 6	
Key Discussion Points	**Recommended Actions**
• Students who did not have a complete last semester may have difficulty with skill acquisition • Restrictions on clinicals	1. Start the conversation between academia/practice to understand issues/ find solutions- be open to new ideas, how to optimize our “new normal”; how can academia help

• Difficulty finding jobs • One school developed PRN pool for nursing students to help practice needs; counts towards clinicals and they can get paid; front loaded didactic work; use Nurseify.app • How will "new normal" affect NCLEX pass rates?	support practice during COVID; how to get students clinical hours-" Asking how we can help?" Must understand our needs so we can work on solutions. 2. Have networking groups (APRN, RN, etc.) 3. Formalize collaborative conversation in systematic manner 4. Actualize the NCSBN Policy Brief Practice-Education Partnership with students obtaining clinical experience in paid positions
Group 7	
Key Discussion Points	**Recommended Actions**
• No discussion notes-please see recommended actions	1. Simulation for students in lower levels and transition to practice for experience for last year. 2. Take measures to increase therapeutic communication. Utilize alternate sites outside of acute areas including community sites to focus on face to face communication. 3. Need to train the trainer if new sites are utilized 4. Mobilize faculty to speak with health departments to assist in low income areas at clinics. 5. Study economics of inability to be at the bedside with patients.
Group 8	
Key Discussion Points	**Recommended Actions**
• Discussed several issues including the need for practice to be made aware of the DECs as a way to better manage employer expectations of new graduates and nursing students in clinical, especially now that COVID-19 has impacted direct care clinical experiences of recent and coming graduates. • Discussed the differences in preceptor skills, responsibilities and attributes needed to effectively precept nursing students versus new graduates. It was shared that when some practice partners become aware of the Board preceptor guidance for precepting pre-licensure students, they may hesitate.	1. Deliberately engage practice partners to update the DECs and market them to increase awareness. 2. Develop a method of clearly communicating clinical experiences and gaps in direct care of current and future graduates to employers so they can adjust transition to practice programs accordingly. 3. Education programs should partner with practice regionally to offer preceptor development to create consistent expectations. 4. Encourage practice to develop nomenclature to differentiate preceptors for nursing students from preceptors for newly hired nurses. 5. Explore avenues for ordering PPE for students to reduce this barrier to continuing clinical education. Suggested this could

• Discussed the current barriers to returning to clinical the pandemic presents. Rural programs in general are having an easier time returning to clinical than those in urban areas. One barrier is the supply of PPE, so many programs are offering to supply their own. However, some facilities will not allow outside PPE to be brought in. AACN has negotiated a PPE purchasing option, but it is only available to AACN member schools. The facility and school concerns of liability in both nursing and medical education were discussed.	be led by a partnership of practice and education organizations, and could even stretch beyond just nursing and consider medicine, and other health profession education programs.
Group 9	
Key Discussion Points	**Recommended Actions**
• Major learning experience from 2020 during COVID-19 is to value and support one another.	1. Develop mentoring programs, especially with VN and RN graduates, in partnership with schools/facilities. For APRN grads, offer mentorship in the role/population setting. May need longer mentoring programs than currently utilized. 2. To assist with job retention, offer students/new grads rotations in specialty areas to explore the myriad roles in nursing. Acute care jobs are not the only career path. 3. Use the Nurse Coach model from school, to facility, and in the community. 4. Offer additional support to new grads and assist all to find the sense of joy in nursing.
Group 10	
Key Discussion Points	**Recommended Actions**
• Communication among Academia and Practice needs consistent dialogue. • Meet to discuss gap between Academia and Practice Example: One program started meetings with clinical sites and one arear identified as a gap was new nurses not knowing anything about admissions and discharges. It was	1. Academic institutions and practice sites should meet at least once per semester to identify gaps and how to address them. 2. Promote APRN transition to practice programs with employers.

identified that when a student was with the practicing nurse and an admission or discharge was to take place, the practicing nurse would ask the student nurse to find something else to do because the admission or discharge takes a while. This program meets one time monthly with practice. • Faculty can help relieve the burden on the practice side. • Bridge between Academia and Practice should be embedded in clinical site education departments. • Service lines change in facilities and this is not communicated to schools—cause workplace challenges and frustration among practicing nurses and student nurses; • Computer & EHR access issues—documentation gaps • APRN educators/schools should inform APRN students about the six-hour Transition to Practice symposium provided/sponsored by the Texas Nurse Practitioners Association. This is held annually. • The gap is related to some employers wanting an APRN to begin practice with no orientation of any kind.	

Summary of Breakout Group Discussions from July 27, 2020 Virtual Meeting: The Future of Nursing in Texas Summit Follow-up Meeting: Back to the Future for Action	
Question 2: *What can education and practice do now to address predicted future issues with transitioning new graduates (LVN, RN, APRN) to practice?*	
Key Discussion Points	**Recommended Actions**
Group 1	
• Exorbitant number of applications (accepting 50 instead of 40) for fall. Hiring part time faculty to provide adequate coverage. Have sufficient applicants for these positions due to nurses wishing to transition out of hospitals. • Applications are up (LVN) but need faculty • Concern for support for APRNs in first position. Some organizations have a program, but many do not. • Curriculum requires 300 hours of clinical in Summer and ½ have to be in direct patient care. • **One ADN program reported** paying a fee just to be considered for access to the clinical facilities in acute care. • Students love clinical—do not eliminate it.	1. This issue is not unique to nursing. We need to address the problem health care wide. 2. Make sure students don't overburden a facility. Hire clinical faculty to lessen the burden to the organizations. 3. Students love clinical—do not eliminate it.
Group 2	
Key Discussion Points	**Recommended Actions**
• Some organizations are re-thinking the idea of not allowing students to care for COVID 19 patients. They think this is going to become part of the "real world" and should change.	1. Practice and academia need to discuss if this is going to potentially change. Risks must be assessed and proper training would be needed.
• **Quality indicators of programs discussed**	2. Accreditation standards may need to be re-evaluated. 3. Are there schools that need to be taking more ownership of finding preceptors? 4. Educate students about what they should look for when they are deciding on a program.
• Clinical judgement and competency focus is needed. Skills are enhanced in simulation. • Public health needs to be integrated better into the curriculum.	7. Need to be sure simulation labs/experience meet certain quality standards. 8. Advocate for more public health and social determinants of health being focused on in

• Telehealth and access to care are essential to address as the **primary care shortage.**	the curriculum. Reimbursement models need to support this as more rural hospitals have closed and more are at risk. 9. Highlight programs that are doing innovative work—example: TX A&M Corpus Christi has a grant where the curriculum in their undergraduate program is focused on rural and clinics and ambulatory/public health. 10. Loan forgiveness for APRNs who practice in underserved areas should be advertised to try to attract nurses to these areas.
Group 3	
Key Discussion Points	**Recommended Actions**
• Changing strategies by practice organizations related to accepting students for clinicals…one day they are told they can and the next day told they cannot. • Students needing hours to **address** incomplete **courses** • Fear of the backlog of clinical hour needs by current and future students when allowed back in clinical sites • Virtual costs to the organizations/universities for increased services (ie: library resources) • Students/universities needing to provide their own PPE…cost and supply issue • Solidifies the importance of a nurse residency program • Organizations may be unclear of what the new hires experiences have been related to clinical vs non-clinical time…what the needs of the new grads will be.	1. Preceptor/educator/student daily de-brief to combine a summary of the experience at the end of the shift. 2. Individualized orientation for new hires even more important. 3. Task force of this collaborative to develop: Common communication tool for students to bring to clinicals to identify needs, concerns, goals 4. Academia and practice to 'reinvent' the transition to practice programs through continuing of this collaborative work. 5. Wisconsin has an open RN curriculum that is worth investigating at www.cvtc.edu/landing-pages/grants/open-rn
Group 4	
Key Discussion Points	**Recommended Actions**

• Building better relationships between education and practice • Competence is not measured by clinical hours or degrees.	1. Bridge the gap and disconnect between education and practice through communication and partnerships.
Group 5	
Key Discussion Points	**Recommended Actions**
• No discussion notes- see recommended actions	Enhance communication through Professional Associations, Academia and Practice partners to: 1. Work on technology that would ultimately allow clinical rotations with virtual visits (able to allow preceptor and student to be in different places during patient interaction); 2. Establish mentors and preceptors through Professional Associations (APRN); and 3. Organizations should consider paying preceptors.
Group 6	
Key Discussion Points	**Recommended Actions**
• What does nursing look like at global level? See 4/7/2020 release: https://www.aacnnursing.org/Portals/42/Policy/Policy-Brief-US-Nursing-Workforce-COVID-19.pdf?ver=2020-03-26-074555-750 • How do we take care of the workforce?	1. Develop pandemic staffing models- use last semester students/new transitioning nurses 2. Train APRNs in telehealth 3. Develop best practices around civility; nurses need each other as a collective voice 4. Re-engineer transition to practice programs; look at academic challenges 5. Academic/practice work together to provide strategy on self-care practices
Group 7	
Key Discussion Points	**Recommended Actions**
• No discussion notes-see recommended actions	1. Evaluate the future of nursing and what lies ahead- then change the nursing school curriculum to mirror the future 2. Use tele-health for clinical experience 3. Change nursing curriculum to include clear expected competencies and include education/clinicals to meet those expectations.

	4. Utilize a clinical scholar in the hospital to bridge the transition from academia to practice 5. Increase patient engagement and include expectations for the students to assist with increasing it and empowering patients 6. Consider hybrid classes moving forward 7. Change teaching strategy 8. Online modules with face-to-face for case studies
Group 8	
Key Discussion Points	**Recommended Actions**
• Discussed the issue of students and/or programs in both pre-licensure and graduate (APRN) nursing education programs having to pay for clinical experiences and/or preceptors. Highlighted the negative financial impact this could have on students and programs.	1. Create a broader awareness of the issue of payment for clinical by engaging an audience including policy makers and legislators.
Group 9	
Key Discussion Points	**Recommended Actions**
• Resiliency • Budget • Innovation • Incivility • Clinical opportunities for APRN students	1. Focus on the Nurse Innovator Role in education/practice to empower future and currently licensed nurses 2. Use innovative strategies to promote resiliency and to address burn-out concerns 3. Budgetary issues will be paramount 4. Must be innovative to deal with funding and budgetary challenges 5. Develop ways to foster innovation as most nurses are not willing to challenge the status quo 6. Work to change the mindset of veteran RNs who will be receiving new grads in the workplace. Remind them to embrace the new grads. 7. Strive to eliminate the "Nurses eat their young" mindset

	8. Another major concern is access to care due to funding cutbacks. Offer residencies in rural health settings for APRNs to minimize the disparity between urban and rural nursing.
Group 10	
Key Discussion Points	**Recommended Actions**
• Communication among Academia and Practice needs consistent dialogue. • Meet to discuss gap between Academia and Practice • Example: One program started meetings with clinical sites and one arear identified as a gap was new nurses not knowing anything about admissions and discharges. It was identified that when a student was with the practicing nurse and an admission or discharge was to take place, the practicing nurse would ask the student nurse to find something else to do because the admission or discharge takes a while. This program meets one time monthly with practice. • Faculty can help relieve the burden on the practice side. • Bridge between Academia and Practice should be embedded in clinical site education departments. • Service lines change in facilities and this is not communicated to schools—cause workplace challenges and frustration among practicing nurses and student nurses; • Computer & EHR access issues—documentation gaps • APRN educators/schools should inform APRN students about the six-hour Transition to Practice symposium provided/sponsored by the Texas Nurse Practitioners Association. This is held annually. The gap is related to some employers wanting an APRN to begin practice with no orientation of any kind.	1. Academic institutions and practice sites should meet at least once per semester to identify gaps and how to address them. 2. Promote APRN transition to practice programs with employers.