

**Report and Presentations on the Emergence of Partnership Models  
Between Nursing Education Programs and Clinical Settings  
To Create Opportunities for Clinical Learning Experiences for Students  
That May Alleviate the Nursing Shortage**

**Background:**

The pandemic abruptly changed nursing education programs in March 2020 when most clinical settings were closed to students and all didactic instruction was switched from face-to-face delivery to online formats. Faculty amazingly adapted to the rapid change by learning new technologies and revising teaching strategies. Programs increased high-fidelity simulation experiences and incorporated virtual clinical excursions to substitute for hands-on clinical learning activities in health care facilities. Initially these measures seemed adequate since most enrolled students had experienced providing nursing care to actual patients during their earlier courses. Board Rules 214.10(e)(3) and 215.10(e)(3) were waived by the Governor to allow the percentage of simulation to be increased from a routine benchmark of not more than 50% to a high of 100% for students in their final year of a nursing education program. Even though some facilities have now allowed nursing students to return to the clinical setting, schools have reported that fewer numbers of students have been scheduled for shorter periods of time. At the same time, hospitals and health care facilities experience serious nursing shortages as nurses are leaving to retire, due to exhaustion, or to take a position in contract nursing.

One idea that arose during the pandemic suggested partnership arrangements between clinical facilities and nursing programs. On March 27, 2020, the National Council of State Boards of Nursing (NCSBN) posted a Policy Brief on their web page that was endorsed by 10 national nursing organizations (See Attachment #1, a document emailed to every nursing program and posted on the BON web page). In recent months Board Staff have engaged in inquiries and conference calls with hospital administrators and nursing program directors to discuss regulations that might impact clinical partnerships. Board Staff are aware of several programs that have begun using clinical models involving partnerships or they are planning to incorporate such models into their curricula. A number of the partnerships were initiated by clinical settings, recognizing the positive aspects of including skilled nursing students in patient care as needs grow for nursing care during the pressures of COVID-19. Board Staff have been impressed that administrators of both clinical facilities and nursing programs recognize the importance of considering all aspects of safe nursing care and compliance with regulations when designing partnerships.

Several representatives from nursing education programs will present their experiences in partnering and creating innovative models to provide experiences for nursing students and assist nursing staff during a time of extreme need and stress.

This report is for information only and does not require action.

## **Practice-Education Partnerships for Clinical Practice During COVID-19**

Background: On March 27, 2020, the National Council of State Boards of Nursing (NCSBN) posted a Policy Brief on their web page entitled [Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis](#). This Brief was endorsed by NCSBN and:

- National League for Nursing
- American Organization for Nursing Leadership
- Accreditation Commission for Education in Nursing, Inc.
- Organization for Associate Degree Nursing
- NLN Commission for Nursing Education Accreditation
- American Association of Colleges of Nursing
- Commission on Collegiate Nursing Education
- Nursing Student Nurses Association
- American Nurses Association

The recommendation in the Brief proposed that nursing education programs and health care facilities collaborate in a clinical agreement that would allow students to continue to practice in the settings to gain nursing practice skills and alleviate the stresses of the nursing shortages resulting from the COVID-19 crisis. Frequently Asked Questions regarding this recommendation are available here: <https://www.ncsbn.org/14573.htm>

As a new semester begins during the lingering issues from COVID-19, Board Staff are encouraging nursing programs to consider a new or updated partnership with clinical facilities. Such a partnership requires collaboration, planning, and coordination among clinical staff and nursing faculty. There are some MUSTS for any clinical learning activities in order to stay in compliance with the Board of Nursing Rules:

1. The clinical activities are defined by a partnership agreement that specifies the responsibilities of the program to the agency and the responsibilities of the agency to the program.
2. Hands-on patient care by students is supervised by nursing faculty or by trained preceptors who receive orientation and guidance from the program.
3. The clinical learning activities are “incidental” to the student’s practicing in a student role. Incidental may be defined as “accompanying but not a major part of something, meaning the activities are connected to course or clinical requirements, or program and clinical objectives.

Options for Consideration:

- The clinical activities may be a required part of a clinical course, or an extra learning activity that is optional.

- The clinical activities may meet clinical objectives or clinical hours, or be considered ancillary to the required curriculum.
- If it is a voluntary activity, students apply and are selected by the program based upon grade point, clinical evaluations, achievement, and competence. The facility may elect to have input into the selection.
- If it is a required activity, all students will participate.
- Students engaged in the clinical activities may receive wages or a stipend for the experience.
- Preceptor-supervised activities follow Rule 214.9 or Rule 215.9.
- Faculty either supervise students on-site or serve as a resource with possible visits for the precepted experiences.
- Various terms for the experiences include: internship, externship, immersion, capstone, high-impact practice (THECB).
- Evaluation of students is handled by nursing faculty or preceptors using a program tool or a facility tool.
- Students carry out competencies they have been taught and have demonstrated in the program.
- Program and clinical setting agree on their joint responsibility for student actions.
- Student may receive credits, grades, certificates, or recognition at graduation.

Pros:

- Students receive an intense clinical experience and are better prepared for transition to practice.
- Student involvement may assist clinical settings during a high-stress period.
- Clinical settings may expect a pool of new nurses who possess a higher level of skill and confidence.
- Students receive compensation.
- Nursing staff will have extra hands available during a busy time.

Cons:

- Students are involved in more clinical hours while managing their regular coursework.
- The experience may not be available for all students.
- Students need supervision by preceptors and faculty.

Suggested Clinical Areas for Partnerships:

- Acute Care Hospitals
- Rehabilitation Facilities
- Long Term Care/Nursing Homes
- Clinics
- Public Health Settings
- Emergency Care Settings
- Surgical Centers
- Home Health