NWONL | Northwest Organization of Nurse Leaders

CNO & Dean Rounding, February 16th 2022

Focus

"Re-thinking Academic and Practice Partnerships to Align with new AACN Essentials in a Changed Healthcare Environment"

Presenters

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Summary

- **Organization Leaders - the ask is - remove barriers and allow students in for hands-on clinical training**. It's as shared dilemma, nursing programs are on the input side of the pipeline, the clinical organizations are the ultimate end points. Both are dependent upon each other to deliver enough nurses, of the right capabilities, with consistency and in a timely manner.
- We must partner more and work together to strengthen the workforce pipeline to ensure properly trained, licensed nurses are ready to enter the workforce.
- There appears to be awareness and desire to move forward in improving placements (as well as the entire pipeline of nursing). However, are the "right people" at the table to both strategize and activate a myriad of steps to activate and initialize improvements?

Persistent Challenges

- We are generally mired in the current state and need to focus on rethinking how our nursing pipeline is crafted and what its focus is going forward.
- Overall, placements are low, and they are constrained.
- **Many students report an experience of where practicing nurses infer their clinical placement is inadequate and degraded insinuating their practice will be inferior.** This is potentially exacerbated by turnover of experienced clinical nursing staff and use of travelers (as they themselves are not as familiar or experienced with organizational culture, norms, process, and clinical practices)

- The expectation is based on historical practices. The current state is very different from historical practices, that is not wrong, but both offer constraints and challenges and we need to collaborate to continue to adapt and improve.
- Historically, Instructor with students in clinical (historical) but currently challenged and not sustainable.
- Historically clinical assessment and acumen was the priority. Demands for more "clinical judgement" have increased by practicing nursing leaders.

Clinical Placement

- **It's complicated**: many nursing schools are vying for limited clinical placements; many organizations can have widely varying requirements on top of state requirements.
- Refer to CPNW presentation for statistics.

Use of Simulation

- It is increasingly common, in discussions around challenges for clinical placements, for simulation as the default stopgap.
- **Simulation is not a panacea**. It still requires multiple people to run simulation at scale. It does not, nor was intended, to replace clinical practices.
- Complimentary, not a replacement.

Increased Pressure

- **Programs across the state in response to are applying for expansion of nursing programs to offset the growing outflow of nurses from practice**. The potential to amplify the problem of placements is high.

Clinical Educators

- Often stuck in the middle of organizational policies and lived experience of trying to balance the placements of students with overburdened and understaffed nursing units.

What about Nurse Techs? LPNs?

- Some organizations in Washington have leveraged the role of nurse techs to work in clinical areas to gain exposure to the RN role and patient interactions while also pursuing RN licensure. It was not intended to be a "nurse onboarding" transition from Tech to RN but does provide much need experience. This is a "win-win" allowing both techs and the organization a better ultimate fit.
- Oregon is considering changes that allow RN students to work as LPNs and then "mandatory credit" is given towards their RN education. This is concerning to academia who is focused on training RN's not LPN's in their programs LPNs have

been diminished by the demands for BSN nurses (from larger organizations, magnet status, even the military and VA).

- Hiring techs and LPNs require policy and procedure that many organizations simply do not have on hand or updated.