Assuring Quality Clinical Practice Experiences for All Nurses
Summaries of Promising Models

Introduction: Between August 2017 and March 2018, one *Action Now!* solutions workgroup researched and proposed five evidence-based models for assuring quality clinical practice experiences for nursing students. The workgroup obtained wider stakeholder feedback on the five models via a series of three webinars and electronic surveys, obtaining prioritized ratings for each. The solutions workgroup then laid out the key components of a demonstration project plan for implementing and evaluating the highest-rated proposal (in terms of priority), which was "Preceptor Preparation and Support." This document summarizes the five models in the order they were favored by stakeholders. If you would like to read the full report and/or listen to the recorded version of the webinar, please contact Kathy Moisio at: Kathy.Moisio@doh.wa.gov

Preceptor Preparation & Support: The value of the role of a preceptor in both transition to practice (TTP) programs and in pre-licensure clinical experiential learning is well documented. There is wide variation regarding the definition of, and qualifications and preparation for, the preceptor role. Nurses in healthcare settings are often called upon to work with both students and with newly graduated nurses in TTP programs. When an organization's demand for this added responsibility is continuous, there is a risk of creating preceptor burnout. The clinical experience could be significantly enhanced if there was broad agreement—supported by evidence--regarding what the preceptor role entails, how nurses are prepared for the role, how nurses are rewarded for the role and how often they are expected to serve in the role.

Collaboration to Expand Simulation Experiences: An evidence base exists with regards to effective use of simulation in nursing education programs; yet, simulation is used formally for clinical practice experiences in nursing education curricula less than it could be. Formal use of simulation for clinical practice experiences could be expanded and enhanced with the identification and application of effective models of collaboration that address optimal use of simulation--in particular, with regards to resource synergy and sustainability (this includes but is not limited to: facilities; technology and equipment [new, maintenance, replacement, upgrades]; faculty; support staff; simulation training/education for faculty and support staff; and curriculum resources (e.g. scenario development with evaluation included and updates).

Accountable Communities of Health: Accountable Communities of Health (ACHs) are part of the Healthier Washington initiative, launched with the support of federal funds (State Innovation Model (SIM) Test Award. The ACH model partners state health policy makers with communities to activate wide community engagement to "integrate and align state health care delivery system transformation with community-based social services to create communities that promote health and well-being" (https://nashp.org/wp-

content/uploads/_2016/05/ACH-Brief-with-Appendix.pdf). There are nine ACHs with boundaries aligned with Washington's Medicaid regional service areas. Each ACH has established priorities within broad governmental guidelines. Priorities common to all ACHs include: access to care; behavioral health integration; oral health access; care coordination and care transitions; chronic disease prevention and management, specifically diabetes prevention/management; and population health improvements such as housing linkages, food security, economic and educational opportunities, and health equity. Linking clinical practice experiences in nursing education formally into this initiative could expand and enhance learning opportunities for students while supporting population health, system transformation, and cost savings.

CDC Lifestyle Change Program (National Diabetes Prevention Program or NDPP): This is a structured, federally recognized, evidence-based Lifestyle Change Program. The program focuses on improved health through modest changes in diet, physical activity, weight, and other self-care and self-management efforts. The CDC offers a complete year-long curriculum with free access to all materials for implementation, including metrics for data collection/ evaluation. A network of 65 active sites is currently listed as existing across Washington, including in areas in rural areas; integration of nursing student experiences into this existing network is a possibility. Potential benefits include the improved health of the population; expanded, structured student learning opportunities (all levels of nursing students); ability to "grid" placements across programs; potential to expand efforts gradually; and the possibility of acquiring funding support as a Title IIID Highest Tier Evidence-Based Program through the National Council on Aging (NCOA) (eligible for potential receipt of funding under the Older Americans Act.). More at: https://www.cdc.gov/diabetes/prevention/index.html

The HELP Model: A structured, cost-effective patient-care program designed to prevent delirium, functional decline, and falls in older adults in hospital and long-term care settings; the program also includes a transitional care component related to discharge processes. HELP is available through Harvard University (free access currently), has a long-standing, significant evidence base, and a **f**ree "toolkit" of manuals, forms, etc. is available for implementation and evaluation. National Centers of Excellence and online support can provide some technical assistance. On-site technical assistance, if requested, is fee-based as is use of Mini-Mental Status Exam (MMSE) (embedded in the program). Program modifications are allowable (for example, starting small and expanding over time or using the "short version" intervention list). Key patient outcomes include significant reductions in: delirium incidence, functional decline, falls, long-term institutionalization, and per person costs. Potential benefits for nursing education include: structured student learning opportunities (all levels); interdisciplinary or team-based care opportunities; and ability to "grid" placements. Potential challenges center around time needed for learning and partnering and the long-term commitment involved to achieve full and long-term benefits. More at: http://www.hospitalelderlifeprogram.org/

Questions for Discussion: Do you have ideas for optimizing the two models presented? How can we build diversity into the two models? Will you participate in these two models going forward? How and who could you partner with to do it? Do you have interest in implementing any of the other models?