

In 3-5 years as a result of our efforts, we will see in place...

Sustained local collaborative partnerships

Partnership and increase clinical collaboration to avoid competitions between schools. Having a shared pool of teachers

Increase # of university partnerships with healthcare organizations (tuition discount/scholarships)

Structured, formalized supportive components for preceptors

Mentor programs for students

Standardized preceptor training

Concise and collaborative requirements for preceptors

Incentivize preceptors at all levels (not just final quarter students)

Expansion of clinical and educational competencies through continuous skill development and collaboration

Tailored programs for student skills

More robust rotations/preceptors to gain skills

Collaboration and shared resources for simulation

Improved requirements for outpatient clinical rotations

Education for leaders/educators on how to write a grant (to increase funding)

Innovative approaches to address capacity (entry points & creative assignments)

Increase # of entry points (not just one time per year) for pre-licensure students

Increase # of HOSA to increase pipeline of high school students.

Nighttime/weekend nursing clinical rotations

Year round clinical starts for programs

Increased capacity and consistent rotations

Increased capacity in the education system

Pay for preceptorship and increase in salaries for nurse educators for all not just the Community College system

Creating a new incentive for funding for facilities to taking on more students. and reward facilities for taking on more students.

Incentives for professional development

Education discounts for site employees' professional advancement

Retention of nurse educators through pay increase to avoid them turning down jobs in HE

Incentivizing advanced education

Explore Hospital grants to increase participation for students or facilities for clinical space. Create an incentive

Standardization of placement process

Simplify the application process for the preceptors to grant

Uniform process of arranging placements.

Platform for clinical placements for all degree levels

Objective assessment of school and facility satisfaction with CP process.

A focus on DEI work

Recruitment of diverse educators

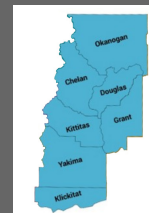
emphasis on social justice principles in designing the process

Strategies for recruitment

Marketing strategy to increase excitement for nursing.

Shared recruitment system of clinical faculty

Central WA Regional Vision
Developed May 15th, 2024



Facilitated by Una McAlinden
Creative Strategy Solutions



Washington Clinical Placement Initiative

In 3-5 years as a result of our efforts, we will see in place...

Continued strong regional consortium

Continue collaborative work with an NNCP

Colleges to create/participate in regional consortiums

Transparency and collaboration between schools and healthcare facilities

Robust preceptor programs with training & financial support

Grow your own preceptors/practice advocates.

Continue preceptor reimbursement through state grants

Creating or identifying preceptor training programs regionally

Preceptor training

Standardized streamlined onboarding

streamlined and automation of onboarding

standardized onboarding requirements

standardized onboarding/roster development

Standardized regulatory requirement for students

Robust options for community/non-traditional placements

support for/integration with clinically diverse community placements

Adding additional non-traditional clinical placement options.

Support for small clinical sites

Expanded facility opportunities

clear expectations of diverse/non-traditional student clinical objectives

Create partnerships that address local needs & address SDOH

Practice partners articulate benefit of serving as a site.

Shared accessible platform that connects schools & facilities

shared database on information on schools, curricula, and objectives, placements, etc.

common tech to track students and performance

Communication tools and platforms to communicate with facilities schools about their objectives

Strong seamless feedback practice and education for CBE

Shared simulation labs

how to involve other stakeholders in decision making/curricula and program making, such as bedside staff (including charge nurses) and students

Transparent data that supports consistent equitable access to placements

Consistent clinical hour requirements across schools/programs

data and numbers on where students are being placed and how many are being placed

The ability to track students by unit for each organization

Data that supports placements

Revenue to support sustainable clinical placements

attach onboarding fees to classes to connect to financial support

Financial support for clinical coordinator

Increase/standardize clinical instructor and preceptor pay or incentives (not just at community college level) to be on campus to help with students on nights, weekends

North Sound Regional Vision
Developed May 15th, 2024



Facilitated by Una McAlinden
Creative Strategy Solutions



Washington Clinical Placement Initiative

In 3-5 years as a result of our efforts, we will see in place...

Flexible adaptive regulation that meets changing needs

WABON support for curriculum changes to support broader CP

BSN instructor availability

Increased number of diverse nurses & knowledge of diverse populations

Bring students and partners together for DEI challenges

Open discussions with graduates, challenges, and gaps.

How do we provide care to different populations

Platforms for increased communication & collaboration between schools & facilities

Collaboration between schools who share facilities (minimize scheduling conflicts)

Improved collaboration between schools and facilities-Open forum/communication

Increase ease of matching students to placements (real-time)

Clinical coordinator support (clinical and academic)

Create algorithms for clinical placement coordinators to align students with facilities with the best experience

Resource sharing to achieve equity of learning experiences

Equity within programs, placements. Bring Sim to table

Sharing resources (eg.simulation)

Equitable access to high quality simulation

Equitable placements prioritizing schools with diversity goals

Instructor Float Pool for multi-school coverage

Collaborative Simulation opportunities (Resource Share)

HC & ED partnerships to establish Pre-nursing Requirement Programs

Balance of SBE and clinical, to better meet student learning needs

Partnerships with Healthcare adjacent opportunities

An expanded range of nontraditional CP options that provide increased access

Nursing students as public Health interns are partnered with community Orgs to build relationship with local orgs

Utilization of Amb./Community Health based experiences

Broader LTC placements

Pathway practicum to practice transition

Strong Community partnership and public health nurses' options for students

Utilization of Clinical Placements across Days and Nights

Use the existing events/clinics such as "The Seattle King County Public Health Day" to engage students

Broader outreach to non-hospital based clinical sites and discussions on where we are going

More members and partnerships with CPI and consortiums to expand beyond hospital.

Support for small site placement

Streamlined, standardized onboarding

Standardized student onboarding

Streamline onboarding requirements (state-regulated)

Streamlined, Automated Onboarding Process, Accessible to All

standardized onboarding reqs for clinical orgs

to enhance the experience, increase information on what students learning objectives are throughout the year

One platform for schools to submit clinical requirements (unite MCE & CPNW users)

the students clinical passport

Standardization of CP expectation across all schools

Shared vision for clinical placement opportunities

standard clinical program hours for clinical placements

Diversity of clinical placements-more rounded

consistent clinical requirements between schools (varying hours) for equity in access

Increased use of technology to maximize resources for training and simulation

Community partners in simulation

Use of AI with clinical staff and faculty

Simulation Community Advisory Board (ID gaps, strategizing, collaboration)

King County Regional Vision
Developed May 14th, 2024



Facilitated by Una McAlinden
Creative Strategy Solutions



Washington Clinical Placement Initiative

In 3-5 years as a result of our efforts, we will see in place...

innovative placement models that expand capacity & variety of student opportunities

Develop a model to support utilization of non acute care sites.

Increase involvement of smaller healthcare organizations - individualized outreach

More variety of clinical experiences, inpatient, outpatient

consistent & streamlined clinical onboarding requirements

Streamline onboarding process

Establish consistent regional student clinical onboarding requirements.

Reduce barriers to clinical onboarding, more consistency

enhanced clinical & educator capacities through collaboration

Joint appointment of nursing staff

Joint appointment of faculty

Joint appointments between school and clinical sites.

Develop innovations to enhance retention of nurses in practice.

shared resources that provide sustainable capacity & consistency for facilitation of learning

Incentivize preceptorship to expand capacity for student placements

Shared resources and consistency in training for preceptors and frontline leaders.

Continuing funding workforce development.

Develop regional expertise in simulation facilitation.

Regional resources site for new educators (academic or clinical)

Interprofessional education opportunities in clinical settings

outreach & inclusion strategies for improved system access & increased representation

Collaborate with local tribes while honoring them.

Expand partnerships with regional tribal communities

Holistic admissions for nursing programs

Mentorship for diverse students-graduate students and nursing associations

Affinity groups for students-race/ethnicity, culture, gender identity

collaborative engagement across partnerships that are mutually beneficial

Developing closer relationships between academia and partners.

Partnerships to share resources between schools and clinical agencies

Shared advisory committee meetings across organizations

supports that encourage & provide access to rural clinical experiences

Exploring both rural and international options for clinical experience.

Enhanced funding for rural hospital clinical education programs

Incentives for graduate nurses to go rural!

tools & strategies for collaborative placement processes

Ongoing coordination of regional sites, capacity, and contacts

Create channel for information sharing in region (clinical sites, faculty, etc.)

Southwest WA Regional Vision

Developed May 13th, 2024



Facilitated by Una McAlinden
Creative Strategy Solutions

In 3-5 years as a result of our efforts, we will see in place...

pipeline for clinical instructors with potential for future employees

expanded preceptorship opportunities & funding

interdisciplinary, collaborative use of simulation

rural & other non-traditional expansion

standardized, streamlined onboarding process

centralized formal electronic structure for maximizing access to clinical experiences

collaborative communications & relationships between stakeholders

equitable student access

system of support for education partners

Hospitals invested in "growing their own" by having their own nurses be enrolled in online courses and doing clinicals at their home hospital.

Increased interprofessional opportunities. Clinical and simulation, share workload

Increased joint shared faculty positions.

The WA State Preceptor Grant increase and more access

Expansion of state supported programs to encourage or enhance preceptorship opportunities (ie. similar to nurse practitioner preceptorship)

Nurse Tech to RN residency allowing for transition to independent practice sooner based on competency rather than designated # of precepted hours

Grant to reward facilities to offset productivity.

Collaborative work via simulation between healthcare & education

Academic simulation with focus on multidisciplinary interactions and prioritization of multiple patient assignments. Supports students during clinicals with nursing role.

Simulations/mock scenarios in the hospital/facility settings

Utilizing Simulation Centers for DEI

Increased use of rural facilities

A steady flow of students and returning nurses to Critical Access Hospitals

Utilize rural, critical access hospitals/facilities for more placement opportunities

Expansion of formalized clinical rotations in non-traditional settings (ie. traditional inpatient beds vs. Ashley House, life rights vs ICU setting, urgent care setting)

More programs being offered in alternative formats (hybrid, online), which will help reach rural students.

Additional opportunities to help students understand the economics of healthcare; students need a better understanding of the financial landscape of health care.

Standard elements to onboarding expectations.

Improved onboarding process for students

Universal low-cost onboarding system

Standardization of facilities with requirements across an area to ease the way for schools, etc

Streamlined communication platform between schools and organizations r/t placements and onboarding

Annual "bootcamp" led by facilities with education partners to review expectations, requirements, etc.

Standardized placement communication between all participants

Streamlined onboarding process so that every clinical site does not have a completely different process; takes a lot of manpower and time to get students ready for their clinical rotations.

App to help manage routine/overflow of unplaced students.

A way to find gaps in grids especially for precepting/capstone. As mentioned in group, possibly a app.

A clinical placement app or simplified software that helps with student placement (use pharmacy student process as an example); facilities post open clinical spots and schools fill them

Facility maximum limits on clinical group sizes

"Mapping Tool" that shows us what centers are available for the area resources

Use data to inform the knowledge of providers in the area and measure improved access

Building relationships with healthcare & education

Clinical Placements- annual meeting among all schools to identify goals, needs, etc. Supports collaboration and not competition.

Engaged Alumni to support to sustain the relation

Communication is key!!!

Facilities work to find housing options for students so they are able to do rural clinical rotations

Grant Addressing issues beyond the programs. Gas, transportation

DEI and Health equity embedded within the culture for schools and facilities

All nursing schools across the state move to a Holistics Admissions model

Standardized preceptor/mentor education

Standardized communication template about student objectives/levels

Eastern Regional Vision
Developed May 13th, 2024



Facilitated by Una McAlinden
Creative Strategy Solutions



Washington Clinical Placement Initiative

In 3-5 years as a result of our efforts, we will see in place...

State health systems being accessed and maximized (*Initial focus on behavioral health*)

Utilize DSHS/BHA facilities throughout the state of WA to ensure more opportunities for behavioral health experiences

Specialty areas are maximized

Investment into faculty & incentivized involvement

Remote faculty - training and access to hospital based

Incentivize staff nurses to support student learning

pay faculty for training (in simulation)

Partnerships (new & existing) that provide creative options for clinical learning

Clinic collaboration between sites. Cohort experience

Alternative care settings involved in clinic placements

Looking at clinical sites outside of hospitals for students

Options for students to partner at small sites 1:1 or 2:1

Increase public health office availability/access

Collaboration between all parties & open communications

Collaboration between schools and facilities to minimize conflicts

increased collaboration between college directors and chief nursing officers

Communication between schools with a message board/slack regarding good experiences/poor

take advantage of clinical partnerships to ensure student placement (PLU+MultiCare, for example)

Communication within HC facilities between administration and nursing staff

Collaborative faculty/school workgroup to finalize or negotiate placements

Standardized Statewide Process that's streamlined and efficient

Onboarding requirements are universal across state

One platform for clinical onboarding (uniting CPNW and mCE)

Statewide platform for onboarding for students and faculty

Same onboarding requirements for all facilities - state requirement

Shared directories to facility and school contacts

Schools submit precise clinical dates

Resources for labs and vaccines are widely available

Online tool for facilities and employers to share potential sites

Intentional engagement of student voice that honors their power

Including students in the conversation

Increased student employment to strengthen investment in facilities/students

Tools to include online students in placement process

Finding new ways to communicate with students via tech

Tools for students to suggest potential clinic sites that they're aware of

Community presentations amplifying student projects and perspectives to reinforce the value diverse set of clinic engagement

A structure and system for sharing simulation resources across partners

Share resources (ie: simulation)

Use more simulation to decrease demand for clinical placements

Simulation education is optimized

Simulation is used more evenly across specialties in schools

Regular regional communication with policymakers

All sites participating in advocacy for legislation that supports the needs of students and providers. Health and Safety concerns

Make this issue a priority!

South Sound Regional Vision
Developed May 9th, 2024



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