

Critical Gaps Team Leads, with Leaders in Nursing Education

June 30, 2022

Convened by:



Facilitated by:



To improve access to clinical practice experiences for students & established nurses, we intend to:

Expand Professional Development Pathways to Create a Ladder of Progress from Student - Educator	Recruit & Retain Diverse Faculty via PD Pathways	Increase Professional Accountability	Increase Preceptor Pool	Partner with Employers to Create a New System of Non-traditional Placements	Increase Intentional Academic Practice Partnerships	Demand State and Federal Accountability	Create Targeted Student Experiences that consider Community Needs
Establish specialty CE programs for RN movement; clinical shadows	Create a support pathway for Clinical Faculty at the BSN level	Support preparation of graduate prepared nurses for nursing education	Advocacy with CMS for student practice experience	Non-traditional clinical placements/	Utilize Joint Appointments	CMS accountability for nursing funding, similar to medicine	Prioritize student experiences based on community needs
Create a delivery system for clinical sites, recruitment	Create Leadership Development Programs (Reserve Program Model noted)	Improve transparency between programs	Build online preceptor training; \$ support for preceptors	Develop new experiences: nonclinical (insurance, risk management) and new technology: telehealth	Enhance partnership between healthcare and education	Recruit grants and funding to support structures for growth	Prepare students to use telehealth, specialty practicum use
		Standardize clinical hours	Training for nurses in practice to optimize and support student experiences	Establish long term residency structure	Reciprocal investment from employers	State, federal, industry funding to champion nurses and clinical placements	Engage employers- create incentives (stipends, or other options)
		Every nurse is a recruiter/Expectation to support our future healthcare workforce	Leverage retired nurses and those out of industry	Better collaborative approach with community partners	Increase access to hybrid e-learning	Resolve issue around preceptor payment for all levels of nursing ed- parity with medical programs	
		Orientation prior to clinical practice	Increase preceptor pool-train early (school) or recruit practicing nurses	Utilize Home visiting placements	Increased use of simulation in academia and industry	Compensation for preceptors (monetarily and otherwise)	
		Develop rural practicum with BSN/ partner with WAMI	Obtain federal funding for preceptor payment/ incentives, equitable to medical education for all levels of nursing education	Expand clinical opportunities (health fairs/ procedures)	Enact 1-2 simulation	State salary for 4 year colleges and universities equitable to CTCs	
			Incentivize Preceptorship	Support underutilized clinical opportunities	Enhance Academic-Practice partnership		
				Outreach to employers for placement			
				Create community health nursing projects-share, critique, and prioritize			
				Work across state to local agencies (DOH, local)			