

# Healthcare Workforce Task Force

## Workgroup 3: Bolstering Faculty and Preceptors

**Date of Workshop:** August 22, 2024

**Participants:** 60 in-person and virtual

**Workgroup 1 Co-Chairs:**

- **Dr. Jenifer Chilton**, UT Tyler
- **Dr. Susan Greenwood**, Hendrick Health

# Workgroup 3 – Bolstering Faculty and Preceptors

---

## **Bolstering Faculty and Preceptors.**

Workgroup 3 identified best practices to attract and retain qualified faculty for both the classroom and clinical experiences and investigate challenges to establishing and maintaining sufficient clinical rotation sites and clinical placements.

The discussion included identifying the barriers and opportunities to increasing the faculty pipeline for nursing and other health professions. They examined other innovative models which could be beneficial for increasing the faculty pipeline and clinical preceptors that will serve the needs of the healthcare system and ensure the healthcare workforce is reflective of all Texans.

# Workgroup 3 Advisory Members

- **Dr. Nina Almasy**, Austin Community College
- **Dr. Rhonda BeLue**, UT San Antonio
- **Dr. Marianne Bogel**, registered nurse
- **Dr. Mary Borchardt**, Del Mar College
- **Dr. Serena Bumpus**, Texas Nurses Association
- **Dr. Jenifer Chilton**, UT Tyler
- **David Contreras**, retired hospital administrator
- **Sandra DeLeon**, Del Mar College
- **Dr. Ruth Eby**, Texas Lutheran University
- **Dr. Susan Greenwood**, Hendrick Health
- **Dr. Holly Jeffreys**, West Texas A&M University
- **Dr. Jon Law**, University Medical Center of El Paso
- **Yessenia Longoria**, Moore County Hospital District
- **Dr. Jane McCurley**, Methodist Healthcare System
- **Dr. Kia Parsi**, Texas A&M Rural & Community Health Institute (ARCHI)
- **Dr. Linda Plank**, Baylor University
- **Dr. Gurjeet Shokar**, UT Austin
- **Darla Strother**, Victoria College
- **Michelle Trubenstein**, Blinn College
- **Roxanne Weisendanger**, El Paso Children's Hospital

# Workgroup 3 Stakeholder Presenters

---

- Board of Nursing
- Texas Hospital Association
- Teaching Hospitals of Texas
- Parkland Hospital Health System
- Texas Children's Hospital
- DFW Hospital Council Foundation
- Texas Health Care Association
- Texas Association of Home Care & Hospice
- Shared Nurse Academic Practice Partnership Initiative (SNAPPI)
- UT System Workforce/Nursing Collaborative
- MGH Institute of Health Professionals
- Moore County Hospital District
- Area Health Education Centers

# Policy Topic 1 -

---

**Investigate challenges and effective strategies to expand the availability of classroom faculty for the preparation of nurses at Texas institutions. Look at efforts both for recruitment and retention of faculty at all types of nursing programs. Identify any state, federal or other barriers to ensuring adequate classroom faculty supply.**

# Policy Topic 1

## Key Findings and Suggestions

### Consensus

- Difference between practice and academic compensation eliminates RNs and APRNs the opportunity to be faculty at a higher education institution because they can't afford it
- Disparities between HSC and Academic institutions related to formula funding, salaries, and contracts (12 vs 9 month) for nurse educators, limits recruitment
- Clinical nurses could be employed as part time faculty if hospitals and academic institutions will consider new models of joint appointments
- Limited clinical spaces requires clinical faculty to monitor students on nights and weekends creating 24/7 availability on top of daily responsibilities in the classroom
- MOU/Affiliation Agreement process is challenging and limits clinical experiences

# Policy Topic 1

## Key Findings and Suggestions

- Clinical management systems vary greatly among health care systems making it difficult for students to access multiple clinical sites (money and requirements differ)
- Adjunct faculty leave education because of the differences in policies across facilities, prefer single appointment
- Expertise related to AI and other technologies are needed within nursing departments to help bridge the gap between education and clinical practice
- Nursing Faculty Loan Repayment Program is good for faculty with loans, but those without loans do not receive a benefit
- The \$500 grant program for family members of nursing faculty should be increased
- Improve onboarding process for faculty to prepare them for success. Consider childcare benefits and behavioral health support for families

# Policy Topic 1

## Key Findings and Suggestions

### Barriers

- Limited flexibility on credentials for potential faculty
  - BON, CCNE, SACSCOC (Regional) accreditation barrier
  - Consider clinical competencies as well as degrees
- The required nurse to student ratio set by the BON for clinical experiences may not be relevant post COVID, need research to determine
- APRNs are required to work clinically to maintain license and to teach in an APRN program, but difficult to secure employment due to limited availability of one day a week
- MOU/Affiliation Agreements are roadblocks for student access
  - Hospital regulations vary by organization and are challenging to manage for all stakeholders

# Policy Topic 1

## Key Findings and Suggestions

- Limited clinical spaces requires clinical faculty to monitor students' nights and weekends
- Wide variation in simulation programs being offered
- Compensation and childcare issues for faculty
- Hospitals aren't flexible with nurse staffing to allow faculty hours
  - Hospital nurses aren't trained to be faculty
  - Clinical Educators may no longer have UTD competencies

# Policy Topic 1

## Key Findings and Suggestions

## Other Recommendations

- Consider policies that include competencies and not just degree for entry into nursing education
- Fund training for nurse educators using AI and other advanced technologies for the classroom and simulation
- Develop protocol about how to integrate virtual nursing into clinical training (who is the student working with, the extender or nurse?)
- Standardize Affiliation Agreements and requirements for students
- BON / More Support to manage nursing applications
- Equalize the funding between HCS and Academic Institutions
- State funding for faculty shift differentials for nights and weekends

# Policy Topic 1

## Key Findings and Suggestions

- Address childcare availability for workforce with nonstandard hours
- Schools of nursing support hospitals by training clinical nurses as preceptors and adjuncts
- Hospitals provide bridge training to allow faculty to work in hospital setting
- State marketing campaign to highlight nurse educators and the profession of nursing

# Policy Topic 2 -

---

**Investigate challenges and effective strategies to expand clinical training opportunities for nurses. Examine all facets of the issue, including ways to expand the number of training sites, location, and settings for training. Also identify strategies and challenges for attracting more clinical preceptors or nurse training supervisors. Identify any state, federal or other barriers to ensuring an adequate supply of clinical training opportunities and preceptors.**

# Policy Topic 2

## Key Findings and Suggestions

### Consensus

- Institutions bear the financial burden for multiple admission cycles to maximize nurse graduate numbers
- Clinical hour requirements vary by training institution
- Lack of benefit for preceptors
- 14K qualified applicants for nursing school declined in 2023 while 5K training slots remained unfilled
- Unique and non-traditional clinical sites are available throughout the state
- Hospital nurses are hesitant and/or refuse to precept
- Some hospitals refuse to allow precepting model
- Incentive to precept is effective recruitment tool but cost burden is unsustainable for training institution and/or hospital

## Policy Topic 2

### Key Findings and Suggestions

- Innovative and non-traditional settings for clinical experience should be embraced (i.e., ISD and clinic settings for pediatrics, home health, FQHC, Private Duty, etc.)
- Clinical assignments and preceptor scheduling needs to be simpler
- Students are not prepared for college level experience and education
- There should be greater collaboration between the state, institutions and academic centers and hospitals

# Policy Topic 2

## Key Findings and Suggestions

### Barriers

- Formula funding for nursing programs hasn't been studied in 30 years.
  - When institution allows multiple admission cycles to maximize nurse graduates, they outspend the formula
- Incentives for preceptors is an unfunded mechanism that the training institution and/or hospital has to bear
  - A standard incentive for precepting is not valued the same by all individuals (i.e., not all preceptors have student loans to forgive)
- Lack of common database for student slots, clinical site availability, and preceptors
- Hospital nurses lack formal training and preparation for preceptorship
- Lack of transparent data about clinical preceptors and student acceptance by organizations

## Policy Topic 2

### Key Findings and Suggestions

- The legalities for innovative clinical settings are a barrier for student placement (i.e., travel liability for home health, LVN preceptor for Private Duty, etc.)
- Student scheduling software is a financial burden that either the hospital or training program bears the cost or it is passed to student
- Faculty having to assist struggling students (ESL, literacy, life skills, wrap around services)
- Lack of academia/hospital/state partnership leads to poor communication, knowledge gaps, and duplicative work for innovation programs

# Policy Topic 2

## Key Findings and Suggestions

### Other Recommendations

- Standardize clinical hour requirements among programs
  - Competency-based requirement v. hour requirement
- Study and publish annually clinical preceptor hours or students per bed by organization
- Develop a common platform for available slots in nursing programs
  - Students declined from program of choice could access to apply at available program
- Develop common platform for clinical site and preceptor availability funding student travel expenses as needed
- Create a statewide standardized toolkit for administrative burdens to nursing education
  - Affiliation agreements, playbook for innovative programs such as designated training unit model, marketing campaigns for faculty, legal implications and model for innovative clinical settings such as ISDs and home health

## Policy Topic 2

### Key Findings and Suggestions

- State funded standardized preceptor bootcamp – award CE
  - Ex: SPIN model (UT Tyler)
- Draw down state/federal dollars for organizations that provide preceptors (similar to GME)
- Change/study formula funding for nursing programs and clinical preceptors.
- Incentives for organizations to provide post-licensure training, support, and simulation labs but come with standardization and a plan
- State funding or supplementary incentive for nurse retention
- Develop a menu of incentives, supplemented with state funds, for preceptors
  - Ex: student loan forgiveness, tax credit, tuition assistance, tuition assistance for dependents, low APR loans for housing/vehicles

## Policy Topic 2

### Key Findings and Suggestions

- Fund a statewide common platform to schedule student clinical experiences that also maintains a common, single database for student required documentation (i.e., immunization and TB testing)
- Start at the jr. high/high school level preparing students for college and incorporate “pre-nursing” training in prerequisites
  - ESL, literacy, life skills, wrap around services
  - Ability to work under stress and uncertainty
  - Professionalism
  - Critical Thinking
  - Organizational Skills
- Create statewide consortium between state, academia and hospitals (and other large employers) to develop programming, tools, and disseminate information

# Policy Topic 3 - Workforce Development

---

Investigate challenges and effective strategies to expanding education and training opportunities for allied health professionals, including barriers to stacking and earning credentials, and barriers to attracting new students to healthcare profession programs, particularly adult learners and non-traditional students.

# Policy Topic 3

## Key Findings and Suggestions

### Work Setting

- Significant emotional and physical impact and demands of the profession
- Need for physical and psychological safety, as well as feeling valued
- Importance of work-life balance and flexibility in scheduling
- Employers need to evaluate and address the needs of healthcare workers
- The importance of having appropriate staffing to avoid burnout and shortages
- Issues with compliance and accountability around hospital staffing committees
- Concerns about mandated staffing ratios

# Policy Topic 3

## Key Findings and Suggestions

### Data

- Lack of comprehensive data on workforce trends, retention, and reasons for leaving the industry
- Data is siloed across different entities and licensing bodies
- Missing demographic and employment data for some professions

# Teaching Hospitals of Texas

- Fund 88(R) Senate Bill 25
  - Clinical support programs including:
    - Clinical Site Nurse Preceptor Grants
    - Clinical Site Innovation and Coordination Grants
    - Nurse Faculty Grant Programs –Part-Time and Clinical Training

## Suggestions and Recommendations

# Dallas Fort Worth Hospital Council Foundation

- Academic Practice and Regional partnerships are key both sides need to recognize role they have to address nursing shortages.
- Clinical placements can be used as a recruitment tool to help fill vacancies.
- Standardize immunization requirements across the state. Varied immunization and clinical compliance requirements. Requires additional financial resources for administration/tracking/etc.
- Streamline onboarding process across systems or regions.
- Standardize clinical objectives across the state and better support facilities to host students while protecting staff and the overall organization in alignment with Texas
- Board of Nursing (TBON) and Joint Commission.
- Consider clinical rotations on night/weekend shifts. Many new grads start in these rotations.

## Suggestions and Recommendations

# Dallas Fort Worth Hospital Council Foundation

- Other clinical placement sites to consider: Long Term Care, Assisted Living, Home Health, Hospice, Community Clinics, Concierge nursing, Correctional Health, Outpatient, Mobile Health Clinic, Virtual Care, Cath Lab, Employee Health, Pre/Post OP, GI Lab
- Allow employees to earn clinical credit while they work towards nursing program.
- Competency based versus hours based clinical.
- Dedicated Education Unit (DEU) opportunities.
- Increase number of students per clinical site. TBON limits to 10 students.
- Incentivize hospital with financial resources to support admin resources needed or for frontline staff to train students.
- Consider dual appointment for salary nursing roles within acute care setting. Serve as clinical faculty and be well versed in the inner working for their organization.

## Suggestions and Recommendations

# Texas Association for Home Care and Hospice

## To expand home health as a clinical training site:

- Nursing students are not allowed to provide any hands-on care; they must only observe.
  - Clarification from the BON on what students are allowed to do regarding hands on care.
- Obtaining permissions from families to allow students in the home.
  - Building trust and ensuring compliance with privacy regulations.
- Conducting background checks on all students entering homes.
  - Find ways to coordinate background checks with the school.
- Nurses are already stretched thin and may not want to take on nursing students and the extra duties.
  - Offering a stipend for the preceptor to compensate for the additional responsibilities.
- Need to work while attending schools.
  - Offering a vocational dual credit opportunity in high school to allow a student to graduate with an LVN.

## Suggestions and Recommendations

# Shared Nurse Academic Practice Partnership Initiative (SNAPPI)

Using NIGP funds from the Texas Higher Education Coordinating Board (THECB) a coalition of 4 major healthcare systems, 1 academic partner, 1 Texas-based staffing company, and 1 strategy firm gathered in Summer of 2023 to explore what a solution might look like.

- **Goals:** Qualified RN bedside experts on their own units, improve retention, and enhance the recruitment pipeline.
- **Objective:** Adopt a model that allow undergraduate nurse educators to move seamlessly between practice and academic settings.
- The SNAPPI Workgroup representing all partners convened to develop a functional-contractual model and a detailed implementation plan.
- Now moving into the evaluation phase to measure outcomes.

## Suggestions and Recommendations

# Rural Nurse Education Consortium

- **Problem:** Rural areas with not enough nursing instructors at surrounding educational institutes, qualified candidates turned away, transportation/commute hardships for local residents
- Initial Agreement facilitated by TORCH and signed December 2019
- Members included multiple counties, health systems, and education institutions.
  - **Goal:** Resolve Nursing Workforce Shortage in those rural communities
  - **Method:** Alignment of curriculum between Academic partners and use of facilities. Partnering hospitals provide faculty and on-site clinical rotations
- The vision for the future includes expanding RNEC concept to other disciplines in healthcare and expanding partnership to more facilities in the Texas Panhandle.

## Suggestions and Recommendations