

Clinical Placements Committee Proposal for the Massachusetts Centralized Clinical Placement Management System and Clinical Placement Processes

December 2023

Executive Summary

Clinical education is how new nurses are trained and educated to enter the workforce and is a key factor in the quality of nursing education. The clinical education component is predominantly accomplished through nursing students' clinical hours in the patient care setting. Healthcare organizations (HCOs) like acute care hospitals and long-term patient care facilities most often serve as the site for these clinical placements.

Each semester, nursing schools place students in HCOs for clinical rotations to provide students with the necessary education to translate nursing theory into clinical practice. Clinical rotation availability is determined by many factors including:

- Clinical spot availability determined by the HCO
- Faculty to direct the clinical education
- Student schedules

Additionally, each clinical student must go through an administrative process, usually varying at each hospital, to ensure compliance with standards of infection prevention, patient privacy, and healthcare and educational institution policies. Many placements require multiple steps of student clearance, and less available HCO clinical placements often require applications to multiple facilities. Clearance processes must be completed for each application, equaling significant time and resources to secure just one clinical placement. Any number of these factors can limit the number of available clinical placements, which makes this process arduous and time-consuming.

Current System: Historical Perspective and Functionality

In 2006, the Massachusetts Department of Higher Education supported the development of the Centralized Clinical Placement System (CCP) within the commonwealth. The CCP provides a secure web-based system that allows education programs and HCOs the ability to manage and

track clinical requests and placements for students. The CCP serves as a platform and does not govern clinical placements or processes surrounding placements.

Since 2006, the CCP has been adopted by four additional states: Maine, New Hampshire, Rhode Island, and some schools within Vermont. To date, there are over 230 educational programs and HCOs that utilize the CCP, and the system manages approximately 45,000 student slots per year. The CCP operates on a fee-for-use system collected from academic centers and HCOs. Every year since 2006, the CCP has improved and enhanced features based on needs and user feedback.

Opportunities for Improvement

In 2019, the Healthcare Collaborative in Massachusetts began work on an initiative to strengthen the nursing pipeline by improving clinical placements. Through this work, questions and concerns began to emerge regarding clinical placements, the CCP, and the mutually exclusive nature of each entity. These included:

- Lack of universal adoption of the CCP across the commonwealth
- Increased administrative burden on both educational programs and HCOs, potentially limiting the availability of clinical placements
- Questions about the CCP's functionality
- Opportunities for improvement through the adoption of a new system
- Overall frustration with the clinical placement processes outside the scope of the CCP

Examining Other Clinical Placements Systems

Through the National Forum for State Nursing Workforce Centers, four states were identified that had clinical placement processes that were recognized in the industry as best practices (Hawaii, Connecticut, Mississippi, and California). Each of these states has a clinical placement system being utilized in their state and some models have been adopted by additional states. Furthermore, each state has clinical placement processes in place which has fostered greater availability of placements and decreased administrative burdens on schools and care sites.

The systems and processes of each of the four states were reviewed at length and on multiple occasions to gain answers to the following questions:

- What are the best practices for clinical placements?
- What are the key features of a highly efficient clinical placement system?
- Should Massachusetts replace the current CCP with a system already in use in other states?

Additionally, the committee undertook an in-depth review of the current state of the Massachusetts CCP, which included a comprehensive review of the system, processes of HCOs and educational institutions regarding clinical placements, dialogue with current CCP technology staff, and end-user interviews from both the HCO and academic arenas. These findings were compared to the standard high-reliability systems throughout the industry and within the commonwealth.

Key Findings and Recommendations

The clinical placement systems all operated with the same basic elements. Many elements already exist to some degree within the current Massachusetts CCP but are strategically underutilized within the end-user community. However, each state, in addition to a highly functioning system, has high-reliability processes that HCOs and educational institutions have adopted to ensure clinical placements move forward seamlessly each semester with the most available site facility opportunities.

The Clinical Placements Committee recommends that the commonwealth keep the current CCP system in place. The Committee also recommends that key changes be made to the system to promote knowledge, ease of use, and access. Additionally, strategic changes should be made around clinical placement processes beyond the scope of the CCP so that clinical education opportunities for students can be enhanced and resources can be utilized more appropriately.

The Clinical Placements Committee recommends the following changes to the CCP system and processes used by HCOs and educational institutions to manage clinical placements within the commonwealth:

Intervention	Explanation
Mobile Accessibility	The current system does not allow full functionality to users using a cell phone. This creates an access disparity as some students may not have full access to laptops, desktops, or internet service. Making the CCP mobile-responsive or creating a CCP app to optimize the mobile experience creates greater access and ease of use for the end-users.
Training	The functions of the CCP are not being fully optimized by end-users. The committee recommends a CCP online training center with video tutorials for an overall review of basic functions and easily accessible tools for training, problem-solving, and overall education of system capabilities.
Data Utilization	<p>The current CCP system hosts data for both educational programs and HCOs. Data can be obtained that offers the HCOs an overview of clinical schedules and opportunities for additional clinical placements. This data is not currently being reported, and the committee could find no end-user that was aware of the available data or using it to manage clinical opportunities. The Committee recommends:</p> <ul style="list-style-type: none">• Facility-specific data be made available to HCOs and educational programs each semester as a guide to enhancing clinical education• Generalized semester-by-semester data dashboard published on the CCP website

- Calendar-year dashboard available to key stakeholders and governing bodies and published on the CCP website

Website Redesign

Currently, the website for CCP is inadequate to host the recommended system modifications, a training center, and a data dashboard. The CCP should be moved to a new platform with a rewrite of the current CCP site code. This will incorporate the new features recommended by the committee as well as give the CCP an enhanced look, functionality, and improved user experience.

Standardize Usage

The CCP should be the recommended and required platform for clinical placements across the commonwealth. By incorporating best practices into clinical placements, the CCP’s universal adoption creates a unified method by which to approach and improve clinical placements equally for all students in the commonwealth.

Paperwork Standardization¹

The varied and burdensome process for students to enter clinical placements does not optimize the use of staff resources, which passes unneeded expenses on to the student. Paperwork for student clinical experiences should be standardized across the commonwealth and standardized clinical credentialing requirements should be adopted according to the most current guidelines from the Massachusetts Department of Public Health as well as the best and standardized practices for Human Resource Management. Educational institutions should keep records of student paperwork, and students should be placed in clinical settings via an approved Clinical Passport that attests to the appropriate needed paperwork and verifications on file. This standardizes student placement and relieves significant administrative burdens on educational programs and HCOs, likely producing more available clinical rotations.

Ongoing PI Process

Oversight of the CCP is divided into regions, and CCP staff meets with regional representatives every quarter. The committee recommends continuing these meetings as a formalized process improvement (PI) initiative with full engagement from HCOs and educational institutions as well as the reporting of key data points from CCP. This formalized PI process can then address the ever-changing world of healthcare, student needs, and technological advances to ensure that the CCP is an ever-improving, evolving, and

¹ Paperwork standardization is outside of the scope of the CCP. However, the CCP will continue to serve as a platform to facilitate the exchange of clinical credentialing requirements of specific HCOs and accessibility to standardized paperwork as well as a Clinical Passport for students.

effective mechanism to serve students, educational programs, and HCOs.

Moving Forward

Pervasive staffing shortages as well as experienced nurses leaving the profession combined with the lack of clinical faculty make clinical placements and preceptorships a growing problem. The Clinical Placements Committee appreciates these continued challenges and fully understands that changes to the CCP and surrounding processes are only one measure that can be employed to both sustain and improve the nursing workforce across the Commonwealth.

Resources

California Centralized Clinical Placement System: <https://centralizedplacements.org/>

Connecticut Center for Nursing Workforce: <https://www.ctcenterfornursingworkforce.com/>

Hawaii State Center for Nursing: <https://www.hawaiiicenterfornursing.org/collaboratives/clinical-placement-cycle/>

Jafarian-Amiri SR, Zabihi A, Qalehsari MQ. The challenges of supporting nursing students in clinical education. J Educ Health Promot. 2020 Aug 31;9:216. doi: 10.4103/jehp.jehp_13_20. PMID: 33062749; PMCID: PMC7530418.

National Forum for State Nursing Workforce Centers: <https://nursingworkforcecenters.org/>

Nielsen AE, Noone J, Voss H, Mathews LR. Preparing nursing students for the future: an innovative approach to clinical education. Nurse Educ Pract. 2013 Jul;13(4):301-9. doi: 10.1016/j.nepr.2013.03.015. Epub 2013 Apr 13. PMID: 23591129.

Massachusetts CCP: <https://www.mass.edu/mcncps/welcome.asp>

Mississippi Center for Quality and Workforce:
<https://www.mhanet.org/Online/Online/MCQW/Home.aspx>

Mississippi Clinical Placement:
https://www.mhanet.org/Online/Online/MCQW/Clinical_Placement.aspx