

## INFORMATION BRIEF

### Clinical Placements for Nursing Students in the Commonwealth of Massachusetts

6/22/2023

#### Executive Summary

According to a study published by the National Council of State Boards of Nursing (NCSBN), about one-fifth of registered nurses (RNs) nationally are projected to leave the healthcare workforce by 2027.<sup>1</sup> These unprecedented staffing shortages across the healthcare sector are impacting clinical placements and will continue to affect clinical education in countless ways. Clinical practice is a core component of nurse education; therefore, it is critical that policymakers and stakeholders understand the key issues surrounding clinical nursing education. The Nursing Council on Workforce Sustainability (NCWS) developed a Clinical Placements Committee (CPC) to investigate how schools of nursing and healthcare organizations are providing students with clinical placements. The committee would also identify ways to support the educational system to mitigate the alarming number of nurses leaving the workforce.

#### Nursing Council on Workforce Sustainability's Evaluation of the Clinical Educational System in Massachusetts

##### Shortages

Due to pervasive staffing shortages in healthcare organizations nationwide, fewer nurses are available to work with students. This makes it more difficult to provide the number of preceptors needed, and it also makes it more challenging to offer high-quality clinical experiences for nursing students. Additionally, with many experienced nurses leaving the profession due to retirement, burnout, or other factors, many clinical students are supported by novice nurses.<sup>2</sup>

Healthcare organizations face a recurring barrier of preceptors' bandwidth, especially those able to educate nurse practitioner students.<sup>3</sup> Again, due to staffing shortages, these key staff members often precept or orient new employees and nursing students simultaneously. Finally, many schools of nursing (SONs) in Massachusetts have faculty and clinical faculty shortages, limiting the number of clinical placements schools can offer students. SONs often must release holds in the system for a placement when they are unable to find faculty members to cover a clinical group. Additionally, late faculty assignments to clinical groups can result in the facility orientation not being completed in time to begin the placement. Subject matter experts across

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<sup>1</sup> Source: <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>

<sup>2</sup> Source: <https://www.americanprogress.org/article/fact-sheet-easing-the-american-nursing-shortage/>

<sup>3</sup> <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-26-2021/No1-Jan-2021/The-Significance-of-the-NP-Preceptorship-Shortage.html>

the Commonwealth agree that there is a need for more nursing faculty, both as classroom instructors and clinical instructors.

## **Environment**

Nursing students' clinical placement experiences can affect their learning outcomes and satisfaction as well as influence their future career choice. Unlike theory courses where a student's learning is structured, students in clinical settings are exposed to rapidly developing unscripted events, such as dealing with challenging patients and their families. Students have experienced more difficulties attending clinicals since the onset of the COVID-19 pandemic, and this may contribute to students' increasing rates of burnout, stress, and anxiety. High-quality and effective clinicals are required to ensure nursing students can advance their competencies and increase their confidence as independent nursing professionals. Clinical instructors support the professional development of nursing students in clinical practice and ideally create positive experiences which enhance students' motivation to continue in the nursing profession.

## **Paperwork**

The CPC comprises numerous state leaders from hospitals, long-term care organizations, educational institutions, simulation centers, and the Department of Higher Education. Members of the CPC agreed that one of the pain points for orchestrating clinical placements is the amount of paperwork required by the various healthcare organizations. Hospital accrediting agency requirements may exacerbate the redundancies in paperwork. Currently, SONs must fill out paperwork unique to each healthcare organization. Students are onboarded as new employees; therefore, if a clinical placement falls through, SON must complete a separate set of paperwork. In addition to paperwork, students must provide proof of vaccinations, including TB, which is required every six months and costs approximately \$400 out of pocket each time. This process leads to faculty spending many additional unnecessary hours tracking paperwork requirements for hundreds of placements—creating intense frustration for students.

## **Expansion of the Centralized Clinical Placements Database**

The CPC was tasked with expanding clinical placements on the Centralized Clinical Placements Database; however, there are processes in place for expansion handled by the Department of Higher Education experts who run the database. The CPC focused on determining the ability to increase clinical spots on the Centralized Clinical Placements Database to include areas such as home health and long-term care. It is important to note that many long-term care settings and home health agencies offer opportunities for in-depth learning experiences since a growing number of patients with multiple chronic conditions reside in these settings. However, expansion into these different care settings is contingent upon staffing and the healthcare organizations' capacity to support students. The CPC continues to work on this issue with all the committee members and members from the Centralized Clinical Placements Database. See Attachment 1 for a detailed description of the Centralized Clinical Placements Database provided by David Cedrone, Associate Commissioner Workforce Development, Massachusetts Department of Higher Education and Marie Tobin Director, Centralized Clinical Placement Program Massachusetts Department of Higher Education.

## Policies

Clinical rotations are typically run in groups led by a clinical faculty member employed by a SON or individually with “preceptorships” led by a hospital clinical “preceptor.” Some hospitals allow clinical groups to be led by a hospital clinical instructor, but that situation is rare. All regulations for clinicals and faculty are overseen by the Massachusetts Board of Registration in Nursing (BORN). Recently there have been changes to elevate the type of degree or certificate a nurse must have to oversee clinicals. These changes may affect the ability of SONs and healthcare systems to offer clinical rotations and preceptorships to students. Without a thorough analysis of nursing education data in Massachusetts, it is difficult to say what effect these changes will have on our nursing education system. Additional research should be undertaken to understand the long-term outcomes.

## Simulation

The National Council of State Boards of Nursing established that simulation learning can be used to substitute for 50 percent of required clinical experience.<sup>4</sup> NCSBN’s National Simulation Study (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014) was the largest and most comprehensive study to date examining student outcomes was a longitudinal, randomized, and controlled study replacing clinical hours with simulation in prelicensure nursing education. Simulation was substituted for up to and including 50 percent of clinical experiences. In 10 nursing programs across the country (five bachelor of science in nursing and five associate degrees in nursing programs), students were followed through all clinical courses in their nursing programs as well as through their first six months of practice. The study provides evidence that when substituting clinical experiences with up to 50 percent simulation, there were no statistically significant differences between the groups using 10 percent or less of simulation (control), 25 percent of simulation, or 50 percent of simulation regarding knowledge acquisition and clinical performance.<sup>5</sup>

Following the pandemic, many hospital units have decreased the number of students allowed on their units. In addition, schools cannot increase the number of smaller clinical groups due to the shortage of qualified clinical instructors. Simulation has provided an alternative experience for students to practice complex patient scenarios. Nursing workforce leaders across the state need access to better data and research to more thoroughly understand how SONs can most effectively include simulation as part of clinical education.

Simulation training is used to train nurses and other medical professionals, including surgeons. The commonwealth has invested state funding to support simulation centers across the state. The CPC Simulation Workgroup completed a catalog of simulation centers. However, additional assessments and collaborative discussions are needed to better understand how we can collectively tap into the vast potential for these existing resources.

Legislators and nursing workforce experts across the commonwealth should begin to ask the following questions: What simulation practices are educational and healthcare centers using? Do they meet or exceed industry standards? Do we have enough Healthcare Simulation Educators and Simulation Technology Specialists? Can we better utilize existing simulation

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<sup>4</sup> Source: [https://ncsbn.org/public-files/16\\_Simulation\\_Guidelines.pdf](https://ncsbn.org/public-files/16_Simulation_Guidelines.pdf)

centers to focus on areas that need nurses with additional education, such as intensive care units and operating rooms?

### Standardizing Clinical Paperwork

Clinical requirements vary at hospitals and long-term care facilities, leaving already strained nursing faculty members with hours of additional work. The CPC determined that centers that offer clinical placements should come together to improve the efficiency and effectiveness of the paperwork process and requirements and eliminate redundancies when possible. Long-term care facilities may have different regulatory requirements than hospitals, so it may be difficult to standardize this across the board. The Centralized Clinical Placements Database does not have these requirements; it is up to the BORN and facilities that offer clinical placements to work together to eliminate unnecessary burdens on the educational system. A study should be conducted to see if other states have been able to standardize any paperwork.

### Additional Barriers that Affect Clinical Placements

Additional barriers that may affect the success of clinical placements in the Commonwealth of Massachusetts include the perception that nurses only practice in hospital environments. The focus of the clinical experience should be more in line with current nursing practice. According to the U.S. Bureau of Labor Statistics, 60 percent of nurses work in hospitals.<sup>6</sup> Areas of specialty practice for new graduates are growing exponentially and new graduates are choosing non-hospital-based workplaces in greater numbers. When faced with shortages of clinical sites, we should focus on innovation and new and emerging areas of nursing practice that can serve as clinical learning opportunities, including community health, behavioral health, and allied health.

## CPC and NCWS RECOMMENDED AREAS TO BE EXPLORED

- The CPC suggested that there may need to be an analysis of the Centralized Clinical Placements Database if more options outside of hospitals are added. Questions surrounding the database's age exist, but the CPC does not have the funding or expertise to do this kind of in-depth technical analysis.
- The Centralized Clinical Placements Database owners (not the CPC members) would be subject matter experts for additional future areas to be added to the database, such as non-acute clinical facilities and smaller long-term care facilities or home care settings.
- The BORN should provide data in line with the National Forum of State Nursing Workforce Centers' recommendations for collecting and analyzing nursing education data. This could help users of the Centralized Clinical Placements Database to determine if there is a need or ability to increase placements.
- The NCWS faculty committee (which includes BORN) could help address these issues by determining the best use of our limited supply of nursing faculty, simulation faculty and clinical faculty to produce safe and effective practicing nurses in all areas of practice, not limited to only the hospital environment.
- The NCWS faculty committee could conduct an in-depth review of policies affecting clinical placements.

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<sup>6</sup> Source: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-3>

- The NCWS faculty committee could study the BORN policies and other regulatory agencies of educational institutions to understand the impact of guidelines and policies on hospital-based clinical experiences compared to other clinical locations.
- A formal NCWS simulation committee could be formed to address the many questions the CPC could not answer surrounding simulation education, including the education of nursing simulation experts. This committee should explore a state-wide simulation collaboration effort, including ensuring simulation in Massachusetts meets acceptable standards of practice and is up to date with the latest innovations in simulation.
- The NCWS faculty committee should provide an analysis of nursing faculty and clinical faculty salaries to assess if this is creating a barrier to clinical placements in our state.
- Users of the Centralized Clinical Placements Database suggested that the state analyze other nationwide clinical database systems like the Centralized Clinical Placement System (CCPS) used in California and Hawaii or the common portal used by Connecticut community colleges.
- The NCWS student committee or a separate apprenticeship committee should evaluate the possibility of nursing training or apprenticeships to alleviate the number of nursing school clinical placements while ensuring that new graduates receive quality clinical learning.

## Attachment 1

### **The Massachusetts Centralized Clinical Placement Management System**

The Centralized Clinical Placement (CCP) management system is a web-based program that streamlines the scheduling and management of clinical education placements between healthcare organizations and nursing programs. It was established in 2006 as part of the Massachusetts Department of Higher Education's Nursing and Allied Health Initiative.

The CCP is built on an operating framework of collaboration, cooperation, and teamwork. The healthcare organization is the decision maker on all clinical placement requests and details such as affiliation agreements and clinical requirements. Participation in the CCP system is voluntary. Individual institutions contribute funding based on a scale of usage model to sustain the support of the system. The user community (healthcare organizations and nursing programs) determines and prioritizes ongoing program enhancements. The Department of Higher Education convenes the CCP community three times per year and supports a collaborative leadership governance model.

The CCP has two goals: 1- facilitate the efficient and optimized placement of nursing students at clinical healthcare organization sites, and 2- expand the number of clinical sites for nursing students. The system spans seven regions across four states: Massachusetts, Maine, New Hampshire, and Rhode Island. This geographic range supports Massachusetts nursing programs and healthcare organizations in placing nursing students from bordering states. Clinical placements are often a pathway to initial employment for graduates of nursing programs. The CCP is comprised of three integrated components: the clinical placement scheduling program, the online orientation program, and the clinical faculty database.

### **CCP Overview for Academic Year 2022-2023**

The CCP managed over 6,000 group placements (representing 38,000+ student slots) and over 5,000 one-on-one preceptorship experiences.

The CCP database reflects two types of clinical placement based on size: a group placement comprised of a group of nursing students, typically five to eight, or a preceptorship, which is an individualized placement for one student with a preceptor. Open placements are available for a nursing program to request from a healthcare organization and represent potential additional clinical placement capacity. The CCP helps make available placements easy to identify, request, and track.

### **The CCP Online Orientation Program**

The CCP Online Orientation program has three goals: 1- increase the amount of time students spend in the patient care setting by decreasing the amount of time spent in often-repetitive orientation sessions; 2- provide comprehensive and consistent orientation to students and faculty; and 3- reduce the administrative burden of providing orientation to nursing students. In the academic year 2022-2023, over 20,000 students and faculty have completed the CCP's centralized online orientation certification process.

## **The CCP Nursing Faculty Database**

This database is designed to connect and support nursing programs and nursing faculty candidates. With this database, nursing programs can post open positions, search/view profiles that match their needs, and manage responses through the site. Additionally, prospective faculty candidates can post a profile, search/view open positions, and express interest in a posted position. In the academic year 2022-2023, 60 faculty candidates added or updated profiles; 20 faculty candidates indicated availability for the current academic year, and 34 posted positions for winter 2023 or later.