



# Hosting Nursing Students With Confidence: A Practical Toolkit for Clinical Placements

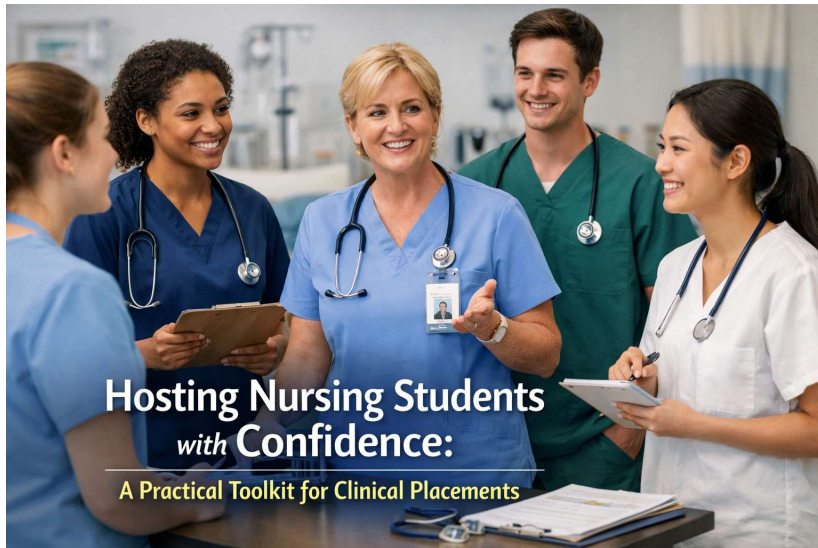
March 17, 2026



**HAMPDEN COUNTY  
WORKFORCE BOARD**

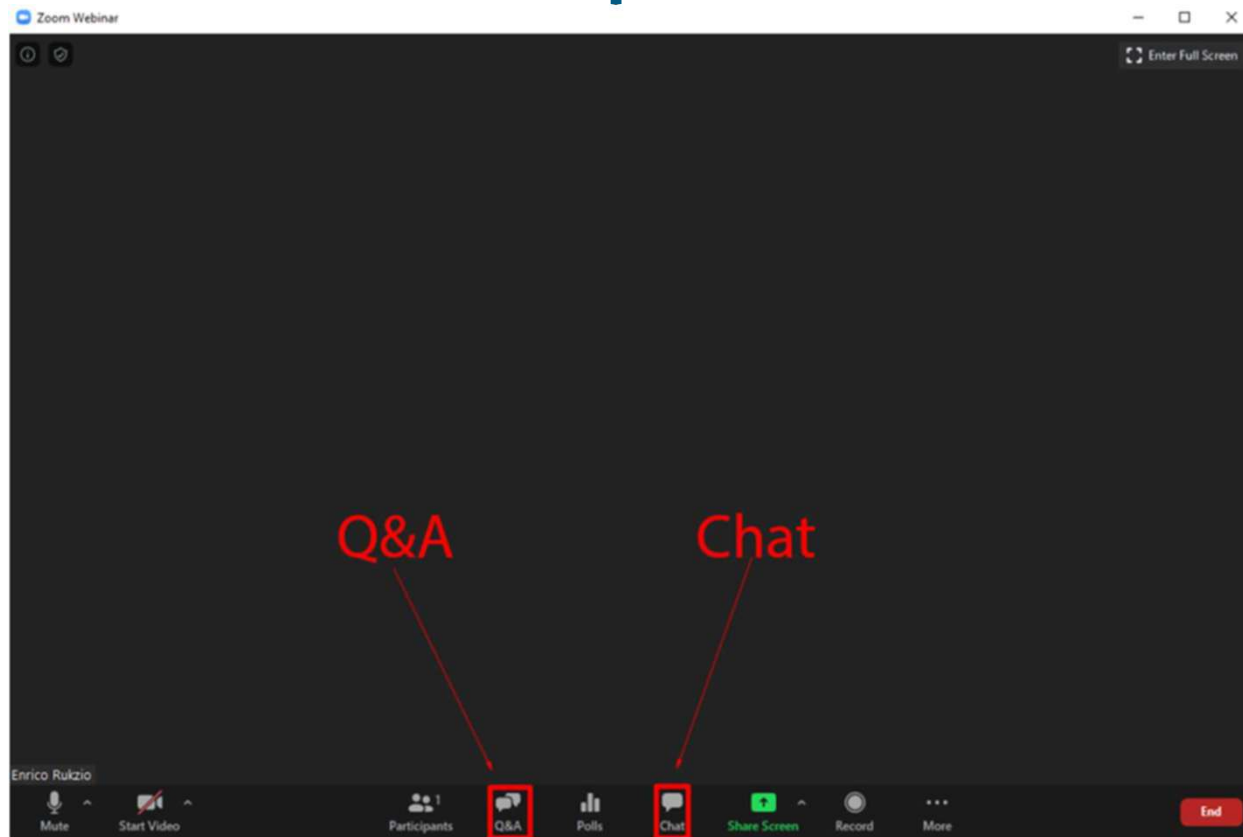


# Housekeeping



- 
- Type your name and organization in the chat box.
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- During the presentation, all attendees will be muted.
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- Questions can be submitted through the chat or the Q&A box.
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# Zoom: Attendee Participation



# Today's Presenters

1

**Peta-Gaye Johnson**, Director of Healthcare Workforce Initiatives, MassHire Hampden County Workforce Board

2

**Sarah Miller**, Director of Education and Training, Integritus Healthcare

3

**Susan Misiorski**, VP of Workforce Development, MA Senior Care Association

4

**Leonora Thomas, MS, APRN, ACNP-BC**, Undergraduate Clinical Placement Coordinator and Senior Lecturer, Umass Amherst, Elaine Marieb College of Nursing

# Western Massachusetts Nursing Collaborative (WMNC)

The WMNC leads efforts to strengthen the nursing workforce in Western Massachusetts. The Collaborative engages activities and programs to increase the supply, diversity, and quality of nursing professionals.

## Key Activities:

- Facilitates **regional collaboration** on clinical placements and preceptor and instructor development to strengthen experiential learning opportunities for nursing students.
- Coordinates **nursing faculty recruitment efforts**, including research on compensation strategies and faculty pipeline development.
- Facilitates **data collection and analysis on nursing program outcomes**, student experience and graduate employment and retention to inform continuous improvement.
- Promotes **student clinical placements and internships** in high-need settings such as long-term care, behavioral health, home health, and public health.
- Collaborates to develop and implement **employer learning experiences focused on high-impact practices** (e.g., preceptor programs, mentorship, resilience training).



Jessica Holden DNP, RN, NP-D-BC  
Westfield State University  
Associate Dean of Nursing



Melissa Kline, MSN, RN  
Mercy Medical Center  
Manager, Nursing Professional Practice  
and Education





WESTERN MASSACHUSETTS NURSING COLLABORATIVE

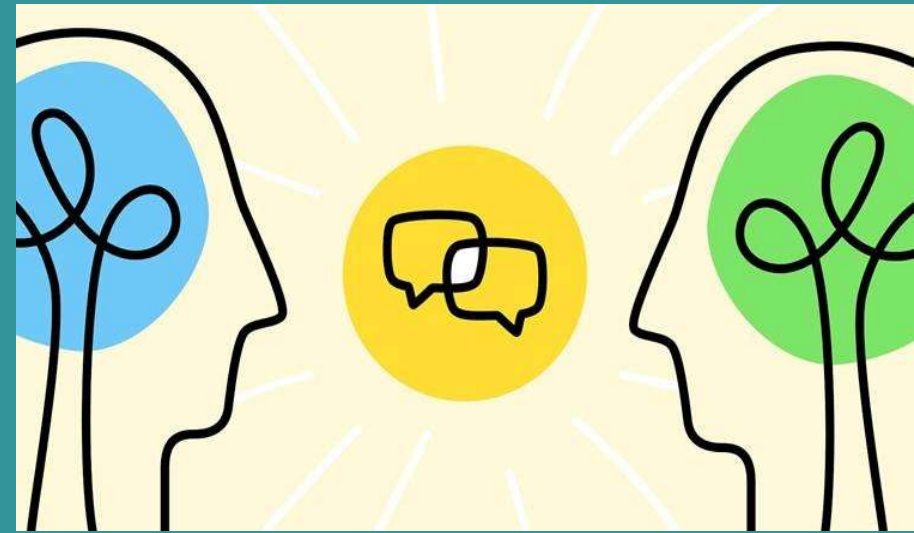


MASSACHUSETTS SENIOR CARE ASSOCIATION



# The Genesis of the Toolkit

- Long-term care provides critical clinical training in core nursing skills
- Nursing programs and facilities recognize the value of these placements and want to expand them
- Clinical placements in LTC are often inconsistent and lack standardized processes
- Partners identified a need for clearer communication and coordination
- Toolkit developed to strengthen partnerships and improve the quality of LTC clinical placements



# The Toolkit Committee

Under the leadership of Peta-Gaye Johnson-MassHire Hampden County Workforce Board

- Tom Accomando, Trinity Health Of New England - Mary's Meadow at Providence Place
- Danuta Budzyna, Legacy Lifecare
- Theresa Cooper, Springfield Technical Community College
- Lisa M. Dahrouge, Trinity Health Of New England - Mary's Meadow at Providence Place
- Julie Deraway, Integritus Healthcare
- Jessica Holden, Westfield State University
- Sarah Miller, Integritus Healthcare
- Susan Misiorski, Massachusetts Senior Care Association
- Deana Nunes, Elms College
- Celeste Surreira, UMass Amherst School of Nursing
- Leonora Thomas, UMass Amherst School of Nursing

[Clinical Placement Toolkit for Nursing Students in Long-Term Care.](#)

# Massachusetts Nursing Facility Workforce

58,000 Strong!



**90% of Staff are Female**

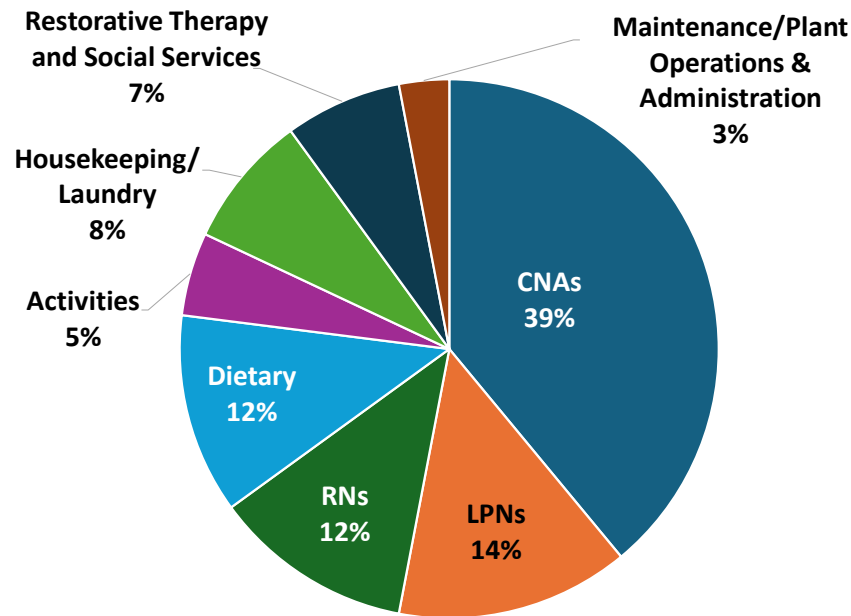


**40% of Staff are Immigrants**



**51% of Staff are People of Color**

**58,000 Nursing Facility Staff**



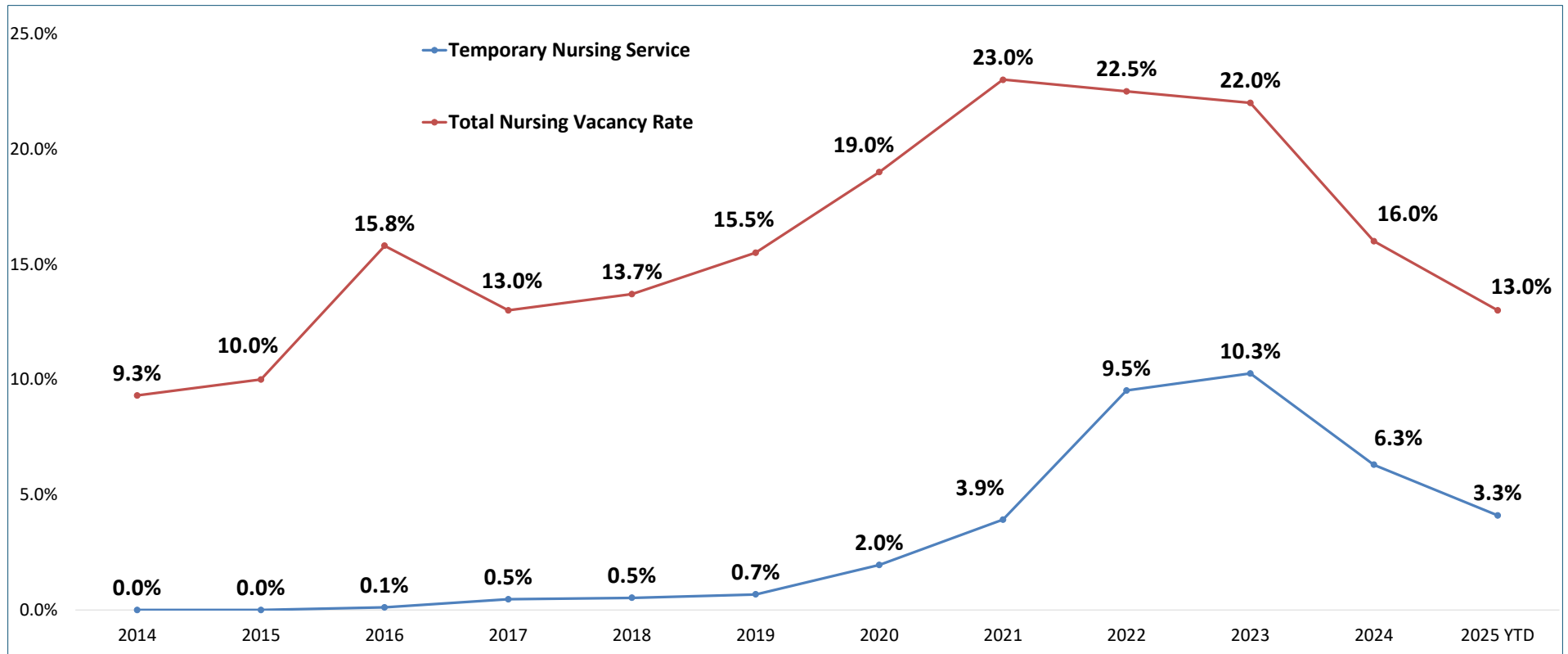
Annually over 100,000 Massachusetts residents access nursing facility care.

Direct Care Wages have grown by more than 40% over the past six years

82% of total nursing facility funding is invested in direct care staff (EOHHS DCCQ)

# Vacancies and TNS Improving

4,100 Vacant Direct Care Positions:  
 RNs: 1,060 LPNs: 1,180 CNAs: 1,860



# It's Imperative To Prepare Nurses to Care for Older Adults

- 18.7% of Massachusetts residents are age 65+, representing about 1.22 million people
- The number of MA residents age 65+ is steadily increasing
- **The fastest growing age group is 85+**

Year	Residents Age 65+	Residents Age 85+
<b>2025 (approx. current)</b>	<b>~1.25 million</b>	<b>~180,000</b>
<b>2030</b>	<b>~1.45 million</b>	<b>~220,000</b>
<b>2040</b>	<b>~1.65 million</b>	<b>~290,000</b>
<b>2050</b>	<b>~1.85 million</b>	<b>~380,000</b>

Source: UMass Donahue Institute, *Massachusetts Population Projections*

# Effective Partnerships Grow Skilled Nurses

- Nursing home staff view themselves as “teachers” of students and have accountability for students’ learning.
- School provides access to resources and shared support to the professional development of the staff.



# Partnering with Nursing Schools:

Leonora Thomas, MS, APRN, ACNP-BC  
Undergraduate Clinical Placement  
Coordinator and Senior Lecturer, Umass  
Amherst, Elaine Marieb College of Nursing

UMassAmherst

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Elaine Marieb  
College of Nursing

# Benefits of LTC Clinical Experiences

## Strong Foundation in Fundamental Nursing Skills

Long term care facilities provide high volume opportunities to practice:

- Bedside nursing skills (ADLs, vitals, hygiene, mobility assistance)
- Communication and therapeutic presence
- Documentation and care planning

Because residents have stable and predictable care needs, students can practice repeatedly and build confidence

## Enhance Development of Holistic Person-Centered Care

Students learn to care for older adults as whole persons, not just diagnoses. They gain experience with:

- Chronic disease management
- Psychosocial and cognitive needs (ie: dementia care)
- Long term relationships and continuity of care

This environment reinforces empathy, dignity, and respect for aging adults.

# Benefits of LTC Clinical Experience



## Deepened Understanding of Chronic and Complex Conditions

LTC facilities expose students to common geriatric conditions such as:

- Heart failure, COPD, diabetes
- Dementia and delirium
- Mobility impairment and fall risk
- Skin integrity issues and wound care

**This helps students link pathophysiology with real-world manifestations.**

## Interprofessional Collaboration Experience

Students interact daily with:

- CNAs and licensed nurses
- Physical and occupational therapists
- Social Workers
- Dietary and activities staff

**This collaboration teaches teamwork, leadership, and communication, all essential competencies**

# Benefits of LTC Clinical Experiences

## Opportunities to Practice Delegation and Leadership

LTC settings are ideal for:

- Learning how to delegate to nursing assistants
- Prioritizing care for multiple residents
- Organizing workflows
- Practicing supervisory skills in a supportive environment

These experiences build readiness for the RN role.

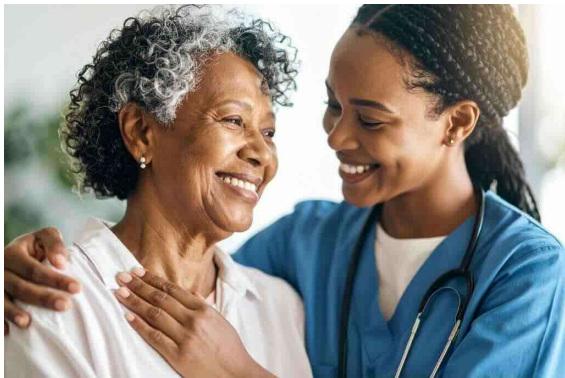
## Exposure to Ethical and End of Life Care Issues

Students often encounter:

- Advance directives
- Goals-of-care discussions
- Palliative and hospice care
- Resident autonomy and consent issues

This environment encourages reflective, ethical practice and patient-centered decision-making.

# Benefits of LTC Clinical Experience



## Strong Communication Skill Development

Because LTC residents often have cognitive or sensory impairments, students gain proficiency in:

- Nonverbal communication
- Simplifying health information
- Building rapport with residents and families

**These skills transfer to every clinical specialty.**

## Stable, Supportive Learning Environment

Compared to acute care settings, LTC facilities offer:

- Less chaotic pace
- More time for teaching moments
- Consistent staff who can mentor students
- Opportunities for students to follow the same residents over multiple shifts

**This is especially helpful for novice students.**

# Benefits of LTC Clinical Experiences

## Increased Comfort with Older Adult Population

Programs emphasize gerontological nursing, and LTC exposure helps reduce:

- Age related bias
- Fear or discomfort caring for elders
- Misconceptions about aging

Students often leave with greater respect for and interest in geriatric nursing.

## Valuable Workforce Preparation

Many new graduates begin their careers in LTC. Clinical experience helps students:

- Understand the workflow
- Build realistic expectations
- Transition more smoothly into RN practice

It can also inspire interest in high-demand gerontology and long-term care roles.

# How to Operationalize a Clinical Placement Between a College of Nursing and a Long-Term Care Facility



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# Four Phases of Effective Clinical Placement



**Phase 1** – Establishing a New Clinical Site: Initiating the relationship and completing foundational planning and agreements.



**Phase 2** – Pre-Placement Communication: Coordinating the details of the upcoming placement, including student preparation, orientation planning, and final confirmations.



**Phase 3** – Ongoing Communication: Supporting real-time, week-to-week engagement and troubleshooting throughout the clinical rotation.



**Phase 4** – Evaluation and Feedback: Enables structured reflection, the identification of best practices, and opportunities to address challenges collaboratively.

# School of Nursing Roles

UMassAmherst

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Marieb College of Nursing

## 1. Clinical Placement Coordinator

Role: Serves as the administrative lead for student placements, managing the logistics of clinical assignments, coordinating affiliation agreements, verifying student compliance, and acting as the bridge between academic leadership and clinical sites.

## 2. Health Compliance Coordinator

Role: Manages immunization and health documentation for students and instructors and provides the roster along with the attestation letter. Serves as the primary contact for clinical sites to obtain CORIs, immunization records, COVID exemption status, and other detailed health information as needed.

## 3. Faculty Member / Clinical Instructor

Role: Acts as the frontline academic contact during the clinical rotation. They guide students in achieving learning objectives, maintain regular communication with site staff, address day-to-day concerns, and support the overall success of the placement.

# Phase 1: Establishing a Relationship with a New Site

Role	Responsibility
<b>School of Nursing</b>	
Clinical Placement Coordinator	<b>Request:</b> Initiates the clinical placement request to the facility's Staff Development Coordinator or Educator, typically one semester in advance.
	<b>Agreements:</b> Manages administrative logistics including documentation, student rosters, and affiliation agreements. Obtains clinical placement essential contact details.

## Phase 2: Pre-Placement Communication

Role	Responsibility
<b>School of Nursing</b>	
Clinical Placement Coordinator(s)	<b>Placement requests:</b> Submits placement requests and confirms intent to return.
	<b>Affiliation agreements:</b> Updates affiliation agreements when necessary.
	<b>Placement requirements:</b> Coordinates with faculty and LTC facility to confirm schedules, student rosters, placement numbers, and compliance requirements (e.g., immunizations, background checks).
	<b>Primary contact:</b> Serves as a bridge between academic administration and clinical site leadership. Verifies that facility contact information is current and accurate.
Faculty Member ( <i>Clinical Instructor</i> )	<b>Group placement details:</b> Confirm student roster and submits objectives in advance.
	<b>Coordinates Assignments:</b> Coordinates students' assignments and addresses anticipated challenges.

## Phase 3: Ongoing Communication

Role	Responsibility
<b>School of Nursing</b>	
Clinical Placement Coordinator	<b>Monitors placement:</b> Monitors the clinical partnership and remains available for escalation or support.
Faculty Member ( <i>Clinical Instructor</i> )	<b>Primary onsite school contact:</b> Maintains open, weekly communication with the site liaison.
	<b>Primary student support:</b> Serves as the primary student support while on-site.
	<b>Adheres to attendance expectations:</b> Reports on-site arrival and departure to the School's Clinical Placement Coordinator. Manages and communicates adjustments to student assignments or schedules.

# Phase 4: Evaluation and Feedback

Role	Responsibility
<b>School of Nursing</b>	
Director of Nursing or Director of Clinical Education	<b>Collects feedback:</b> Collects feedback from faculty and clinical partners to assess satisfaction, communication effectiveness, and overall experience.
	<b>Student learning outcomes:</b> coordinate and submit the evaluation with a follow-up conversation.
Faculty Member ( <i>Clinical Instructor</i> )	<b>Qualitative Feedback:</b> Facilitates student reflection and gathers qualitative feedback.

# School-to-Facility Communication Checklist

Item	Information to be included	Times of Communication	Example
<b>Affiliation Agreement</b> ( <i>School to Facility</i> ) <i>The colleges use a standardized affiliation agreement that applies to all partner clinical sites.</i>	<ul style="list-style-type: none"> <li>Responsibilities of the college</li> <li>Responsibilities of the host facility</li> <li>Indemnification, and other applicable conditions</li> </ul>	Phase 1 – Establishing a New Clinical Site	see “uniform affiliation” on pages ...
<b>Attestation Letter</b> ( <i>School to Facility</i> )	<ul style="list-style-type: none"> <li>Full names of all students and instructor</li> <li>Confirmation that all individuals meet the health requirements of the facility</li> </ul>	Phase 2: Pre-Placement Communication	see “Attestation Letter” on pages ...
<b>Placement Specific Information</b> ( <i>School to Facility</i> ) <i>Both faculty and students must complete all facility-specific orientation materials and training requirements prior to, or at the start of, the clinical rotation.</i>	Clinical Instructor: <ul style="list-style-type: none"> <li>Full name, professional title, and role</li> <li>Faculty contact information, including email and phone number</li> <li><b>Cell phone number for immediate onsite communication</b></li> <li>Preferred method and timeframe for non-urgent communication</li> </ul>	Phase 2: Pre-Placement Communication	see “Attestation Letter” on pages ...
	Students: <ul style="list-style-type: none"> <li>Full names of all students</li> <li>Academic year and level</li> <li>Any required accommodations or accessibility needs (i.e., including Title IX accommodations)</li> <li>Start and end dates of the rotation</li> <li>Days and times students will be on-site</li> <li>Rotation break periods, holidays, or canceled sessions</li> </ul>		

# School-to-Facility Communication Checklist

*It is standard practice for clinical instructors or faculty to initiate contact with the long-term care (LTC) facility prior to the start of the clinical rotation. This communication may occur in person or via electronic means. It typically takes place close to the beginning of the clinical term, as clinical placement agreements and faculty employment contracts are often established on a semester-by-semester basis, with faculty contracts commencing shortly before the academic term begins.*

<p><b>Placement Specific Information</b> <i>(within Facility)</i></p> <p><b>Ways to Share:</b></p> <ul style="list-style-type: none"> <li>• <b>Share clinical placement information within the facility through appropriate channels, such as email, morning meetings, or pre-placement meetings.</b></li> <li>• <b>Post student schedules and placement details on calendars located in unit manager offices.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Name of school</li> <li>• Full names of all students</li> <li>• Academic year and level</li> <li>• Start and end dates of the rotation</li> <li>• Days and times students will be on-site</li> <li>• Rotation break periods, holidays, or canceled sessions</li> <li>• Cell phone number for immediate onsite communication</li> <li>• <i>Requests prompt notification if any issues arise so they can be addressed early</i></li> <li>• Nursing student restrictions</li> </ul>	<p>Phase 2: Pre-Placement Communication</p>	<p>None available</p>
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# School-to-Facility Communication Checklist

Item	Information to be included	Times of Communication	Example
<p><i>It is standard practice for clinical instructors or faculty to initiate contact with the long-term care (LTC) facility prior to the start of the clinical rotation. This communication may occur in person or via electronic means. It typically takes place close to the beginning of the clinical term, as clinical placement agreements and faculty employment contracts are often established on a semester-by-semester basis, with faculty contracts commencing shortly before the academic term begins.</i></p>			
<p><b>Learning Objectives for the Day</b> <i>(School to Facility)</i></p>	<ul style="list-style-type: none"> <li>• Planned clinical skills to be practiced (e.g., medication administration, wound care, ADLs)</li> <li>Anticipated observations or participation (e.g., interdisciplinary team meeting, resident assessments)</li> <li>Recommendations on resident assignments by complexity and student level</li> <li>Noteworthy considerations (e.g., palliative care exposure, behavioral challenges)</li> <li>Student restrictions originating from the school (unable to provide care to a resident recently identified with an airborne illness, etc.)</li> <li>Clinical cancellation: instructor illness, inclement weather – usually the instructor calls the unit to report.</li> <li>Self-disclosed COVID positive student/instructor- School clinical coordinator reaches out to determine the facility’s return to clinical policy for the student</li> </ul>	<p>Phase 3: Ongoing/Weekly Communication</p> <p><i>Typically, clinical instructors finalize clinical assignments at the end of their clinical day for the following week. Since faculty are generally available only on their assigned clinical days, they provide this information to the clinical site approximately one week prior to their return. If the facility determines that any changes to the assignments</i></p>	<p>See “clinical assignment sheet on page ...</p>

# School-to-Facility Communication Checklist

Item	Information to be included	Times of Communication	Example
<p><b>Learning Objectives for the Day</b> <i>(Facility to School)</i></p>	<ul style="list-style-type: none"> <li>• Site-specific student opportunities outside the student’s direct assignment (administering flu vaccines to multiple residents, COVID testing, etc.)</li> <li>Student restrictions originating from the facility <i>(is there a patient who is no longer able to be assigned to a student?)</i></li> <li>Clinical cancellation: DPH visit- if applicable, site contacts the instructor and the clinical coordinator of the school if students are not allowed on the site during a state inspection ahead of time as able.</li> </ul>	<p><i>are necessary, they typically communicate these adjustments the night before or on the morning of the clinical day.</i></p>	
<p><b>Debrief and Feedback</b></p>	<ul style="list-style-type: none"> <li>• End of clinical collaborative review meeting (can be 5- 10 mins) between instructor with unit manager or designee</li> <li>Feedback from student evaluations</li> <li>Notes on student engagement, professionalism, or learning needs.</li> </ul>	<p>Phase 4 – Evaluation and Feedback:</p>	

# Operationalizing Clinical Placements in the Nursing Facility Setting

Sarah Miller

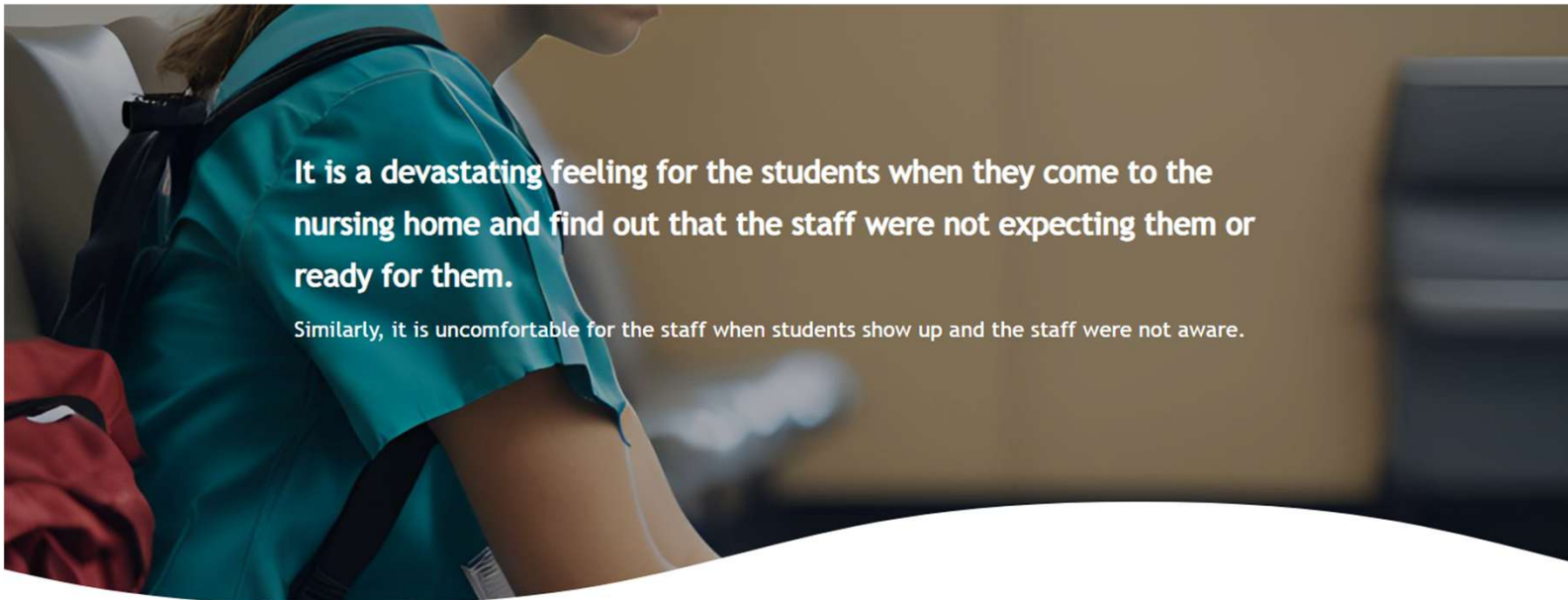


# The goal of this clinical placement toolkit

- To strengthen academic-clinical partnerships
- Elevate the role of long-term care in nursing education
- Inspire student to explore geriatric nursing as a rewarding and impactful pathway



# Use the Toolkit to Create a Welcoming Experience



**It is a devastating feeling for the students when they come to the nursing home and find out that the staff were not expecting them or ready for them.**

Similarly, it is uncomfortable for the staff when students show up and the staff were not aware.

*Planning the clinical experience for student learning starts with the basics. The students need to feel welcomed and that involves planning for communication, orientation, and logistics.*

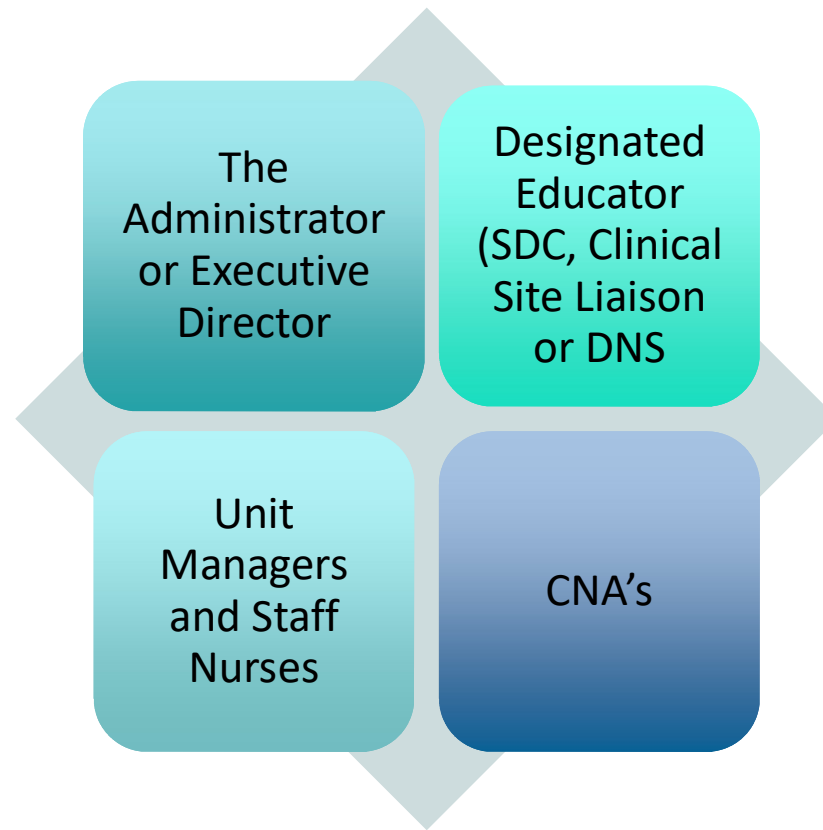
## LTC Facility Roles and Responsibilities

Using a team approach is crucial for welcoming students into long term care clinical sites

Students can feel overwhelmed, nervous and stressed. Important to foster a collaborative and supportive environment.

A collaborative environment helps eliminate “us vs them” mentality creating a comfortable environment allowing students the opportunity to ask questions, increase their skill base and grow

# THE CORE FOUR



# THE ADMINISTRATOR ROLE

Provides organizational commitment to student learning and engagement.

Integrates student education into the facility's mission, vision and operations

Promotes a culture that values students, and professional development.

## Creating a Positive Clinical Experience for Nursing Students in LTC



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Welcoming and Supportive Environment

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Greet students warmly on arrival and introduce them to the team

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Assign a “buddy” or mentor for initial guidance

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Encourage staff to be approachable and open to questions

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Promote a respectful learning environment inclusive of supportive teaching, not criticism

## Create a Culture of Learning

- Teach and encourage staff to mentor, guide, and support students
- Long-term care facilities play an important role in shaping the next generation of nurses
- Questions and learning opportunities should be welcomed
- A supportive environment helps students feel confident, engaged, and valued

**“A culture of learning begins with those willing to teach and support others.”**

## Promote a Supportive Learning Culture

- Encourage mentoring and teaching
- Welcome questions and curiosity
- Model best practices, professionalism, teamwork and compassion
- Support students as future nurses



## The Designated Staff Educator

Coordinates and initiates student orientation

Provides mandatory LTC education topics

Communicates with staff about student rotations to ensure smooth integration and positive welcome of students

Supports students and clinical instructor throughout their clinical rotation

Resolves onsite issues

# Clear Communication and Coordination

Use clinical shift assignment tools for planning and accountability

Communicate student schedules and learning goals with staff

Ensure feedback loops between students, instructors, and staff

## Nursing Clinical Shift Assignment

Name of School:

Day/date:

Instructor/contact:

Hours ON unit:

Time Off Unit:

**Special Note from Facility (i.e. residents designated for staff-only care):**

<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td>other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other		<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td>other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other		<p>ROOM #/ Pt. initials: Student Nurse: Staff nurse:</p> <p>Medication pass: YES NO Scheduled YES NO PRN YES NO Time last med pass: _____</p> <p>Anticipated procedures:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Wound care</td></tr> <tr><td><input type="checkbox"/></td><td>Vital signs</td></tr> <tr><td>other</td><td></td></tr> </table>	<input type="checkbox"/>	Wound care	<input type="checkbox"/>	Vital signs	other	
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# Unit Manager Role/Staff Nurses

Supports students during clinical rotations

Models' best practices for staff and students

Encourages mentoring and teaching

Helps students understand the value and complexity of LTC

Helps debunk myths about LTC

# Exposure to Diverse Nursing Skills

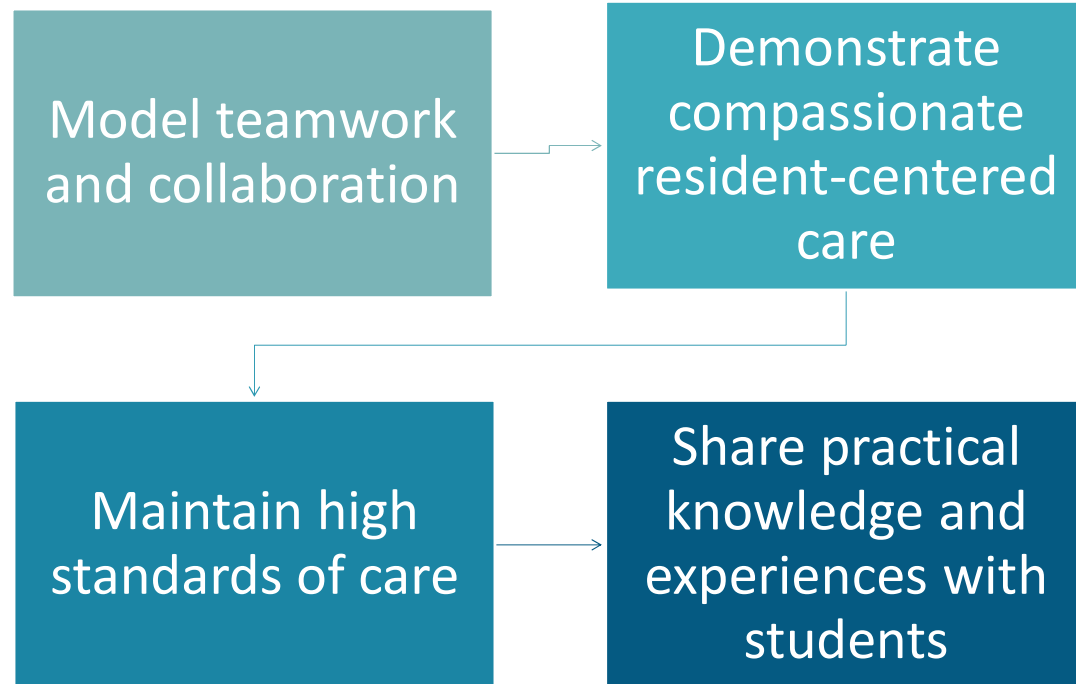
Include medication administration, assessments, wound care, chronic care management, rehab care

Provide opportunities for interdisciplinary collaboration (therapy, social work, dietary, activities)

Show students the complexity of nursing practice in long term care environments

Help students appreciate that LTC nursing requires skill, judgement and adaptability

# CNA/LEAD CNA'S



# Impact on Residents

Residents enjoy interacting with nursing students

Students bring energy, curiosity, and engagement

Student interactions are often a highlight of the resident's day



# Debunking Myths About Long-Term Care Nursing



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Myth: You don't do real nursing skills in LTC →  
Reality: assessment, meds, wound care, IV therapy,  
chronic care

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Myth: LTC is boring compared to hospitals →  
Reality: dynamic environment requiring critical  
thinking

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Myth: LTC is only end-of-life care → Reality:  
rehabilitation, chronic care, and palliative care

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Myth: LTC is a dead-end job → Reality: career  
pathways to leadership and specialization

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Myth: No teamwork in LTC → Reality: strong  
interdisciplinary collaboration



# Speaker Contact Information

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