

2009  
Survey of Clinical  
Coordinators

Arizona State Board of Nursing  
Education Committee Meeting  
February 2009

# Background

- This survey was sent to Coordinators from Clinical sites throughout Arizona in January 2009. The purpose of the survey was to obtain the clinical site coordinators perception on the following topics:
  - Current remaining capacity in each specialty area of their hospital
  - Challenges they face in providing clinical scheduling for nursing programs
  - Estimates as to the quality of learning in clinical experiences given the current load of students
  - Suggestions to improve scheduling and quality of clinical experience

# Background

- This survey was conducted in a time of flux in clinical agencies due to changing census levels and high number of new graduate employees. As such the information obtained may change over time.
- The Arizona Board of Nursing Education Committee reviewed the results and felt the information should be disseminated to interested stakeholders who may use it to further discussion on the issues.
- Questions on the survey can be forwarded to:
  - Jane Werth RN MS, Director of Community Partnership Programs, Maricopa Community Colleges
  - 480 731 8260

# Who answered survey?

- Survey sent to 52 clinical site coordinators northern, central , southern Arizona
- 32 Responses
  - 27 General hospital services
  - 3 specialty hospitals
  - 1 Rehabilitation hospital
  - 1 Mental Health Hospital
  - Other
    - Pediatric Hospital
    - Community Hospital
    - OB/Labor Delivery Couplet Care

# Size of facilities

## ● Range <100-700 beds

- <100-8
- 101-200 beds-4
- 201-300 beds-6
- 301-400 beds-4
- 401-500 beds-4
- 501-600 beds-3
- 601-700 beds-1
- Others
  - 7500 clients;1 inpatient psych unit
  - 250 patients civil and forensics
  - 225 deliveries/month

# Types of Services Offered

- Med Surg-28
- ICU/Critical Care-28
- Emergency Care-27
- Ambulatory Care-21
- Maternity-23
- Mental Health-10
- Pediatrics-9
- Other
  - Disease management-1
  - In patient rehabilitation/out patient rehabilitation-3
  - Transplant-1
  - Palliative care-1

# Where the coordinators are located

- Metro Phoenix-25 (78%)
- Metro Tucson-5 (16%)
- Rural Az-North-1 (3%)
- Rural Az-West-1 (3%)

# How long have you been in your position?

● 27 answered

- <1 yr-4
- 1 yr-4
- 2 yr-2
- 3 yr-4
- 4 yr-5
- 5 yr-2
- 7 yr-2
- 12 yr-1
- 17 yr-1
- 20 yr-1
- 25 yr-1

# How many students placed each semester in your facility

- <10-1
- 11-20-4
- 21-100-8
- 101-200-2
- 201-300-3
- 301-400-2
- 401-500-1
- 501-600-0
- 601-700-2
- 750-1
- Other
  - 9,137 slots per year-109,644 hours
  - 1352 RN per year
  - 30! Excessive

# How many requests for clinical placement did you have to deny in last year?

- None-9
  - 1-5 requests-7
  - 15 requests-1
  - 24 requests-1
  - Unknown number/don't keep data-1
  - Comments
    - Senior practicum-30
    - Declined because site coordinator required groups of 6
    - Census related OB, CC
    - New Grad related-ED
- Few-They are filtered by Clinical Coordination system

# How would you rate the quality of clinical learning given the current load of students in your facility?

Area	Poor	Fair	Good	Excellent
Med Surg (24)	0	8%	46%	46%
CC (23)	0	9%	30%	61%
Step down unit (14)	0	7%	21%	71%
OB (21)	0	5%	33%	62%
Peds (9)	0	0	33%	66%
Mental Health (8)	0	0	25%	75%
Rehab (10)	0	20%	10%	70%
OP Amb Care (18)	0	11%	39%	50%

Describe the quality of clinical learning in areas not listed.

- “Student surveys indicate that we are providing excellent learning opportunities.”

Are other groups of allied health students scheduled for clinical learning in your facility that compete with nursing student placements?

72% Yes

28% No

# What allied health professions students are also scheduled in your agency?

- Scrub Techs and MA Students
- EMT's and Paramedics
- Psychology Interns and MSW students
- Respiratory, Med. Imaging, Surgical Techs
- Radiology, Ultrasound, Nuc. Med., Chaplain, Lab Techs
- PT, OT, Speech, TPD Lab Draw
- Military Nursing
- CNA's and Patient Care Assistants
- Pharmacy Technicians
- Cardiac Rehab
- "Too Many"

# In what clinical areas are these placements?

- All
- OR, ER, Peds. ED
- Inpatient and Outpatient Psych
- Peds., L & D, OB, Nursery
- Diagnostic Imaging, CardioPulmonary, Spiritual
- Critical Care
- Pharmacy
- Rehab

Do you believe additional groups of nursing students can be accommodated by your agency over the next year?

● 28% Yes

● 72% No

# What additional capacity is available?

Area	0	1D	2D	1E	2E	Wkend	NA
Med-Surg	2	0	1	2	1	3	1
Maternity	3	0	1	0	1	2	1
Pediatrics	1	1	0	0	0	3	4
Critical Care	2	0	1	2	0	4	1
Step Down	2	0	1	2	0	2	2
Mental Health	2	0	0	0	0	0	5
Rehab	1	0	1	1	0	0	3
Preceptorship	3	0	1	1	0	3	2

Please describe specific availability.

- Wound Care , Palliative Care
- Night Shifts
- Some Evening Shifts
- “Really not sure, but I believe we could handle more if organized and supervised appropriately.”

# Feedback from staff/managers: Clinical experiences & clinical capacity

## Positives:

- “Nurses like having students”
- “See the value of ‘growing’ new professionals”
- Community College Clinical Coordination system is very organized

## Negatives:

- “Overwhelmed” “Inundated” “Burnt out” “Hard to provide attention” Concerns re: “pt. safety & staff morale”
- “Too many schools”
- “Stretched” to have new hires, new grads, precepted students and clinical groups all at once
- Programs need to be more flexible for orientation, scheduling beyond day shift

# Staff/managers' ability to limit student assignments on unit?

## One extreme...(the minority)

- “ We accommodate”
- “It is an expectation that all areas will accept students”

## To the other...

- “Managers always approve clinical placement”
- “We negotiate with the clinical managers for student clinical placement”
- “Managers have the authority to limit student preceptorships when a large number of new hires is anticipated”
- “Unit-based educators and managers always have the final say”

How many times in the past year has an already-approved clinical rotation of nursing students been rescinded?

Very few overall:

- Few re-scheduled/moved due to remodeling, low census, unit closures
- School cancelled because cannot meet clinical objectives in that facility
- One group displaced due to lack of communication adding a summer clinical group
- In regards to one specific nursing program concerns re: low NCLEX pass rate/lack of student preparation in clinical

# Challenges of nursing student preceptorships:

- Precepting students are a priority; not enough preceptors
- “Preceptorships are difficult”: compete with new hires ,new grads and RN refresher, time “drains” to schedule, various start/end dates are confusing, some students must still attend class, many faculty refuse night shifts for students
- “I never saw or had an interaction with the instructor”

# Additional suggestions for improved scheduling:

- Smaller clinical groups
- Improved instructor preparation/advanced arrangements
- Vary student days/shifts across the week; allow for time without students
- Regular meetings to discuss placements/scheduling with programs
- Finalize schedules sooner
- Stronger clinical instructors (especially in specialty areas)
- Students need to be better prepared for clinical experiences
- New programs need to schedule around existing arrangements for clinical
- Night shifts?

# Additional suggestions for process of committing to new/expanding programs' requests for clinical placement

- “Non-traditional timeframes such as summer” “12 hr. shifts” “night shifts” “flexibility”
- Simulation labs to count for some clinical hours
- Partnerships with other agencies/non-hospital—especially for Block 1 students
- Phoenix is maxed out-- “Schools should start to consider enrollment quotas”
- Moratorium on all new programs
- More interaction with instructors/staff
- Better-prepared students

# What else do we need to know?

## Instructor issues:

- New instructors not aware of hospital agency policies, procedures, equipment, etc.
- Clinical faculty assigned to area other than their expertise/limited experience
- “Rely on staff to do teaching”
- Clinical faculty not oriented/mentored by program

## School issues:

- Multiple “revised” schedules
- Plan/work with managers &/or education director in advance
- Should hospitals only accept students from NLN or CCNE accredited programs?
- Plan for “downtime” on unit/activities when census is low

## What else do we need to know? (cont.)

“I think the schools have done a great job increasing their enrollment...,but there are other factors that may not have been initially considered. ..My concern is the number of clinical hours required has decreased significantly and students hardly have a chance to get acclimated before their clinical ends...My other concern is that some programs are hiring clinical instructors at the last minute, with no experience in teaching...Some clinical instructors have the impression that clinical instruction is “easy money”. Some programs think that the only criteria to be a clinical instructor is a BSN and a nursing license.”

## What else do we need to know? (cont.)

- Suggestion for schools to partner with hospitals for a program “internship” that is post-graduation new grad orientation.