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CLINICAL GROUP PLACEMENTS IN 2008

In September 2008, at the direction of the Education Committee, the Arizona State Board of Nursing sought to quantify and objectively measure the clinical placement environment in the state. Committee members were concerned with reports from programs stating that clinical placements were increasingly unavailable and not suitable for meeting program outcomes. Board staff also noted that students frequently report that their clinical group was cancelled at one location necessitating travel to a remote location for clinical. With some rural programs the travel may involve hundreds of miles and an overnight stay. Students experience additional stress when these abrupt changes occur. Finally the Board continues to receive applications from entities seeking to establish a new nursing program in Arizona. When informed about the challenges in securing clinical sites, the applying programs tend to minimize the issues and state they will use “non-traditional sites” or alternative hours. Once they are approved however, they are reported to compete for the same traditional sites and hours as existing programs.

Survey Instrument

A survey instrument was developed by Board staff and approved by the Education Committee after being piloted by both a large program and a small rural program. The survey asked the programs to identify the following for the time-frame of July 1, 2007 through June 30, 2008:

- Total number of pre-licensure clinical groups placed in a patient care experience
- Average size of clinical groups
- Number of clinical groups that were placed in a patient care experience according to a pre-arranged plan
- Number of groups that were placed in a patient care experience in the same facility and days as planned but on different units
- Number of clinical groups that were placed in a patient care experience in the same facility and units as planned but on different days or hours than originally planned
- Number of groups that were placed in a patient care experience in a different facility but in a similar type of facility to the planned placement:
- Number of clinical groups placed in a patient care experience in a different facility type than the planned placement

- Number of clinical groups that were NOT placed in a patient care experience for any portion of the clinical AND had all clinical in a laboratory setting
- Number of clinical groups not accounted for in any other category
- TOTAL number of patient care experience days cancelled by the facility for any reason

The following definitions and explanations were provided.

- Clinical group means a group of no more than 10 students assigned to a clinical instructor for patient care experiences at a particular facility/setting e.g. if during one semester the same 10 students would rotate between pediatrics and psych-mental health, that would be 2 groups.
- To meet the criteria for a “pre-arranged plan”, the clinical arrangements should have been made at least 30 days before the start of the clinical rotation.
- Similar type of facility was defined as the same category such as acute care hospital. For example, the experience changed from Banner Desert to St. Joseph’s.
- A different type of facility would occur if an acute care pediatric experience was planned, but students were eventually placed in an outpatient pediatric clinic.
- Programs were additionally instructed not to include groups whose total clinical experience was planned in a skill lab.

The programs were additionally requested to provide the following information that will be reported in aggregate.

- Placement suitability in achieving objectives
- List of facilities that cancelled prearranged clinical groups with less than 30 days notice without assisting the program to obtain alternative sites
- Explanation of any groups not accounted for in the cells;
- Any facilities that cancelled one or more days of a clinical rotation
- Any other comments or explanations

Response Rate

The survey was sent electronically to all program directors in September with a due date of October 10, 2008. Approximately half the programs responded by the due date. Non-responding programs were sent additional reminders. Not all program sites consolidated their response therefore the number of responses does not accurately reflect the number of nursing programs. Two sites of a large metropolitan program were unable to provide the needed information. All other program either submitted a completed survey or indicated they did not place any clinical groups during the period of the survey. Some programs did not respond to the items relating to suitability of the clinical placement in meeting objectives and some of the responses did not account for all groups.

RESULTS

Usable responses were obtained from 33 entities offering pre-licensure nursing education in Arizona. Usable responses were broken down into type of program:

LPN=5

RN (diploma)=1

RN (AD)=21 (8 are sites of one program)

RN (BS)=6 (2 are sites of one program)

Group Placements According to Plan

Between July 1, 2007 and June 30, 2008 Arizona nursing programs placed 2109 clinical groups. Eighty-one percent (N=1718) of all groups were placed according to a prearranged plan known to the program at least 30 days in advance. Nine percent of groups (N=198) were placed within the same facility and unit as planned but on different days and times than planned. Three percent of groups (N=72) were placed on different units in the same facility at the same times as planned. Three percent (N=58) were placed in a different facility but similar to the planned facility. One percent (N=20) were placed in a different type of facility than planned. One group had their patient care experience cancelled and conducted all clinical in a laboratory and 33 groups (2%) are not accounted for in any of the categories. Although it may not seem significant that nearly 20% (N=391) of clinical groups were not placed according to plan, it must be remembered that this represents approximately 3900 displaced students.

RESULTS TABLE

	NUMBER	%
Total number of pre-licensure clinical groups ¹ placed in a patient care experience	2109	
Number of clinical groups that were placed in a patient care experience according to a pre-arranged plan ²	1718	81%
Number of groups that were placed in a patient care experience in the same facility and days as planned but on <u>different units</u>	72	3%
Number of clinical groups that were placed in a patient care experience in the same facility and units as planned but on <u>different days or hours than originally planned</u>	198	9%
Number of groups that were placed in a patient care experience in a different facility	58	3%

but in a <u>similar type</u> ³ of facility to the planned placement:		
Number of clinical groups placed in a patient care experience in a <u>different facility type</u> ⁴ than the planned placement	20	1%
Number of clinical groups that were <u>NOT</u> placed in a patient care experience ⁵ for any portion of the clinical AND had <u>all</u> clinical in a laboratory setting	1	
Number of clinical groups not accounted for in any other category	33	2%

Group Size

The majority of programs maintain an average clinical size of 10 students (N=23). Five programs average 8 students per clinical group and four programs average 9 per clinical group. One program has clinical groups of 6. The Board limits clinical groups to no more than 10 per instructor however there have been reports of facilities limiting group size to 8 students or less. One program has clinical sites in another state whose regulations limit clinical groups to 8 students. One private program has less than 10 in a clinical group because of difficulty attracting sufficient students. Additionally some programs voluntarily limit the size of clinical groups to provide students more instructor access during clinical.

Suitability of Placement to Meet Course Objectives

The programs were then asked to rate the placement suitability for meeting course objectives. While programs were promised anonymity in reporting the results, several program directors questioned whether any program would admit, to the Board, that a clinical placement was less than adequate. There were some programs that did not complete this section or did not account for all groups in this section, therefore the total groups represented is less than the total groups placed (N=1769). There were four categories of responses: optimal to meet all objectives, adequate to meet a majority of the objectives, adequate for some objectives but inadequate for a majority of the objectives, and wholly inadequate. Sixty-two percent (N=1095) of placements were rated as optimal to achieve all objectives while 32% (N=574) were rated as adequate for a majority of objectives. Five percent (N=96) were rated less than adequate for a majority of the objectives and only 4 (0.2%) groups were reported to have totally inadequate clinical experiences.

PROGRAM NARRATIVE RESPONSES

Results of the qualitative questions asked in the second part of the survey were analyzed. Actual responses are recorded with identifying information removed in Appendix A.

Cancellations

Only one clinical setting outright cancelled a clinical experience without offering alternative placements.

Groups Not Accounted For

The survey appeared to account for most group experiences. One school did not report their groups placed in community experiences and schools were instructed not to report preceptorship groups, however responses indicate that preceptorships are also difficult to obtain.

“Due to agency staffing and availability problems, preceptorship placements were usually not confirmed until < 30 days prior to the start of coursework. Students were required to relocate long distances (Yuma, Tucson, Chinle, Show Low) for placements, often < 1-2 weeks before the first day of class, resulting in hardship, dissatisfaction and significant expense to the students.”

Cancelled Clinical Days

Only a few facilities actually cancelled clinical days. There does not appear to be any pattern and both rural and urban facilities were reported.

Additional Information

Programs provided extensive responses to the last query asking to provide information that would help the Board understand clinical placements. Sixteen entities responded, many with multiple issues surrounding clinical placement. Responses were categorized into key themes. Many programs reported multiple issues. Most responses conveyed a sense of frustration. “Limited clinical space adversely influences the quality of the educational experiences and student preparation for entry into the nursing profession.”

The largest number of responses concerned restrictions imposed upon programs by clinical agencies. Sixteen responses were in this category. The most frequently cited restriction was in number of students allowed in a clinical setting. Clinical facilities are limiting clinical groups to 8 in many cases and 2-5 in some settings.

“Agencies impose their own restrictions, such as: limit to no more than 8 students in a group (now 4-5 agencies, up from 1 one year ago); Limit clinical experiences to 12 hr shifts (not an option for 8 hr shifts); Limit

clinical days/week to 4; Request a balance of AD/BSN students; Start times of 7 am or 7 pm only (1 system) (evening shift not an option); Request no weekend clinical experience; Reduce student numbers on weekends; Limit student experience to 1 group per day (many agencies impose this for specialty units)”

Other added clinical requirements seen as problematic were: requiring influenza immunization, added drug screens and requiring medical insurance.

Nine responses were in the category of system issues for both programs and facilities. Partnerships were reported to be both a help and barrier as were dedicated educational units. Untimely signing of a contract was cited as a reason for changing clinical sites in one case. Nurse burnout and the increasing numbers of new graduates and externs on the units was also a barrier. “When nurses employed by the facility are constantly assigned nursing students, the potential for fatigue and burn-out increases significantly.” System issues also were reported on the program side with competition from other programs and “countless hours” being spent securing clinical placements. Another program reported that in looking at the grid in Maricopa County, there appear to be openings, when there are none.

Five responses indicated that some available clinical experiences were not ideal for meeting the objectives of the program either due to census or acuity. “Patient acuity at one hospital was not as good for student experience as other facilities, but was adequate to meet the objectives of the course.”

Three programs reported supplementing clinical experiences with simulation. “We did use sim as part of our lab time to ensure our clinical objectives were met depending on census and variety of cases available in acute care setting”.

Areas of difficulty were reported to be pediatrics and maternity, however the comments also mention psych-mental health in other categories as problematic. “A psych clinical site will accept anywhere from 1 student at a time to 5 at a time. For the academic yr in question we had 44 student Psych clinical group rotations.”

DISCUSSION

During the time-frame of data collection, the majority of clinical placements in Arizona nursing programs were well planned and optimal to meet course objectives. It is of concern that 38% of clinical group placements were reported to be less than optimal to meet objectives and nearly 20% reflected a change in plans. 647 groups and over 6,000 student experiences were less than optimal and 391 group representing over 3,000 students were placed in unplanned clinical experiences. Clinical experiences that do not meet all objectives of the program may result in unsafe graduates. Responses reflect considerable frustration and concern regarding the difficulty obtaining placements and the future sustainability of the system in the midst of program expansion. Program responses revealed an awareness of the issues clinical facilities are also experiencing with

the rapid influx of students over the past 5 years. Nursing student population has doubled since 2002 and continues to grow (Randolph, 2008). Programs are facing additional stressors in recruiting qualified and talented faculty as budgets shrink and faculty salaries stagnate. Simulation has been viewed as an alternative to patient care, however the data regarding the value of simulation in replacing clinical is not compelling (NCSBN, 2009). Clinical placements are a scarce resource and may limit future expansion and establishment of nursing programs in Arizona.

REFERENCES

Randolph, P (2008) Annual Reports from Arizona Nursing Education Programs 2007.
www.azbn.gov/documents/education/annualreports.

NCSBN unpublished study (2009): The Effect of High-Fidelity Simulation on Nursing Students' Knowledge and Performance: A Pilot Study

APPENDIX A

Responses to the question: For any number other than “0” in cells 6 and 7, please list the facilities that canceled pre-arranged clinical experiences and did not facilitate alternate appropriate placement within the facility or the health care network:

Eight entities responded to this query:

- The clinical site was changed by the School related to Instructor preference.
- The agency did not cancel the experiences, the number of requests exceeded the agency’s capacity restrictions, therefore we moved to another facility
- During clinical resolution, part of the clinical coordination process, 15 groups had to be moved to resolve conflicts with other programs so that hospital overloads could be resolved.
- This number reflects the number of individual students in the preceptorship who were unable to attend scheduled work shifts w/ preceptors either due to preceptor illness and/or unscheduled cancellation of work shifts w/o other preceptors available to work w/ them
- Summit Healthcare did not cancel pre-arranged clinical experiences but the census was too low to support the number of student nurses scheduled from other schools, so alternate appropriate placement outside the facility was arranged.
- Carondelet Health Network removed one clinical group from Tucson Heart Hospital and offered placement at one of their other similar facilities, however the learning experience would not have been optimal so the students were placed at Tucson Medical Center.
- Agency was Northwest Medical Center Women’s Center – students were cancelled for the original dates, but agency facilitated the clinical rotation at a later time. While an acceptable clinical experience, the timing was not good – the students had completed the course and were already in their next clinical rotation making this a hardship for the students.
- Yavapai Regional Medical Center East Campus

Groups Not Accounted For In Any Other Category

Three entities responded to this query:

- ... also places students in community experiences, not through the clinical placement consortium. These experiences include the following:
Junior 1: Schools, Primary Care facilities, Well Elder Experiences
Junior 2: Community Psych agencies (Value Options, TERROS, etc)
Senior 1: Schools, Home Health, Community partners, Clinics, Jails

- Due to administrative constraints and clinical dates that did not coincide w/ those of regional preceptorship clinical placement programs, ... was unable to participate in those assignment processes. The course coordinator was required to contact each individual hospital's student coordinator to request preceptorship placements. This was done throughout the state of AZ. Due to agency staffing and availability problems, preceptorship placements were usually not confirmed until < 30 days prior to the start of coursework. Students were required to relocate long distances (Yuma, Tucson, Chinle, Show Low) for placements, often < 1-2 weeks before the first day of class, resulting in hardship, dissatisfaction and significant expense to the students.

List of Facilities That Cancelled One or More Clinical Days:

- Banner Baywood cancelled three clinical days during their implementation of the electronic medical record.
- Scottsdale and Flagstaff Medical Center
- Banner Behavioral Health
- Northwest Medical Center Women's Center
- Yavapai Regional Medical Center East Campus

Responses to" Please provide explanations to any responses above or other information you think might help the Board better understand clinical placements" include:

- Agencies impose their own restrictions, such as: Limit to no more than 8 students in a group (now 4-5 agencies, up from 1 one year ago); Limit clinical experiences to 12 hr shifts (not an option for 8 hr shifts); Limit clinical days/week to 4; Request a balance of AD/BSN students in limitations; Start times of 7 am or 7 pm only (1 system) (evening shift not an option); Request no weekend clinical experience; Reduce student numbers on weekends; Limit student experience to 1 group per day (many agencies impose this for specialty units); Agencies are increasing requirements in contracts for clinical placements: New this year: 1 agency requires flu shots, or a declination form; Same agency requires specific drug screen; Another system requires Medical Health Insurance;
 - Partnerships can either facilitate or impede placement;
 - Dedicated educational units can facilitate or impede placement;
 - Resolution of clinical placement conflicts takes countless hours for many educators. Resolution meetings are now down to 5.5 hours from 9 hours, due to much informal resolution occurring 2 weeks prior to our actual meeting.

Did not include preceptorship in the clinical groups. We had 40 students in preceptorship during this time period.

Placing students in pediatric clinical seems to be our most challenging area.

Most of our clinical sites are optimal for achieving our clinical instruction objectives. A small number of clinical sites have been adequate, but less than optimal. We are negotiating clinical agreements with new clinical sites that we hope will be more suitable.

Clinical placements in OB and Pediatric are limited so we use clinical simulation instructions to supplement those areas to achieve all objectives.

The facilities tried to keep students where scheduled. Once in a great while if the census fell too low, one or more students were moved to a similar unit elsewhere. No problems with this process.

Dwindling number of facilities; facilities allow 2-10 students per patient shift per day. Specific shift times facilities accept students—restrictions of which block student facility will accept--limited number of faculty available to teach smaller group number of students.

Many sites have reduced the number of students they will take per day / per week. For example, Banner Behavioral Health Hospital only takes 2 groups per week, 4 shifts per week and wants a balance of BSN and ADN students per week. All the detailed capacity requirements have contributed to reduced availability of clinical placements.

Patient acuity at one hospital was not as good for student experience as other facilities, but was adequate to meet the objectives of the course.

Limited clinical space adversely influences the quality of the educational experiences and student preparation for entry into the nursing profession.

When nurses employed by the facility are constantly assigned nursing students, the potential for fatigue and burn-out increases significantly. Many of our facilities and community partners do not recognize this additional occupational burden and do not compensate the nursing staff for this added responsibility. The nursing staff many times are unable to adjust the schedule or assignment of students to their units or turn students away because there is no alternative.

There are severely limited options to send our ... students to capstone experiences in the Valley. The system there is so saturated. Occasionally we get a student in but usually we are closed out.

The summer and winter orientations of fresh graduates and externships at facilities typically reduce the number of available clinical experiences and variety of offerings for student nurses.

The ... Program ..., in order to provide optimal learning experiences for students, has had to place students on the evening shift, night shift and on weekends. ...(person's name deleted) at the ... oversees a clinical placement grid that identifies all the pre-licensure nursing programs utilizing clinical sites in the greater ... area. The purpose of this grid is to have balanced placement of students to optimize clinical learning experiences. This clinical placement grid is approved by the various clinical sites.(facility name)

arranges clinical placements with pre-licensure nursing programs independently. Clinical placement issues are:

1. One pre-licensure nursing program will only place students in clinical sites on the day shift and weekdays.
2. To accommodate a clinical group of ten students, some students need to be rotated off the units for alternate learning experiences. Often other nursing programs are using the off unit sites that would most closely fit with the course content . Therefore less that optimal off site rotations must be used.
3. In some cases, after clinical placement has been decided and the students and instructor arrive for the learning experience, the facilities decide there are too many students on a particular unit and dictate a number that must be rotated off.
4. Even after the grid has been approved by the facilities months in advance, right before classes start the facilities want to limit the number of students on the floor

Some hospitals are unwilling to sign agreements with schools for clinical groups stating that they are inundated with students, however, light days and days with no nursing students are noted on coordination calendars.

Hospital systems with their own nursing schools of course take precedence over and limit or refuse other school placement in their own hospitals. The hospital based schools then also sign up for clinical spaces at other hospitals and clinical sites. This reduces the clinical capacity further

Facilities are now reducing the number of students per group from 10 to 8, when the groups are a full 10. Then 2 students are then sent to observation experience within the same facility. Clinical Lab Alternative days are now planned to cover a more comprehensive experience for students in an scenario situation that has team building and debriefing on the performance by group with the instructor.

Banner had the fully agreed upon contract to be signed but failed to signed in a reasonable amount of time and the clinical dates had to be rescheduled at a very less than optimal site.

We currently also have 8 clinical sites for 4th semester Psych experience that over a semester we send 3 clinical groups of students to. A psych clinical site will accept anywhere from 1 student at a time to 5 at a time. For the academic yr in question we had 44 student Psych clinical group rotations. We also have a Capstone program that students are sent to outlying facilities for 135 hrs before exit of program. During this academic period in question we used a total of 8 facilities which took anywhere from 1 student to a max of 22 students at a time.

We did use sim as part of our lab time to ensure our clinical objectives were met depending on census and variety of cases available in acute care setting.