

Strategy Session 3: Recommendations, Priorities, and Implementation March 30, 2021 Summary Report

Categories/Buckets based on Strategy Sessions 1, 2, and 3.

- Pre- and Post-Secondary **Nursing Education**
- **Clinical Training** for Nursing Students and first-year nurses
- **Employment Retention** (corporate culture and work environment, career path, wrap-around services, and supports)
- **Policy** (shared staff, tax incentives, other)
- **Partnerships** (large and small hospitals, employers, and schools)
- **Financial** (Incentives, scholarships, financial aid, other)

Session 3 Strategy Session: Polling High Priorities

- More clinical training for nursing students and first-year nurses.
- Create a clear career path for bedside nurses.
- Providing mentoring/coaching and other supports for students and nurses.
- Developing and providing wrap-around services for new nurses and students.
- Developing partnerships between large and small institutions, employers, and nursing schools.

Priorities to Be Considered – Education and Retention

- Mentoring and guiding students is important. Align students with a nurse with clinical skills, provide more academic support, and need to interact with nurses with experience.
- Academic success coach and other academic supports are needed given the academic rigor of a nursing program. Some do not know how to read a textbook or how to study from a textbook.
- Lab simulations are needed to provide more clinical instruction.
- Coordination could help to ensure students are ready – use ACEMAP, all institutions could also use it.
- Need quality nursing staff as instructors. Incentives could be given to be instructors. The question is if they all have to be full-time faculty, especially if we need more instructors with more clinical experience. Invest in a teacher loan forgiveness program if you become faculty.
- Identify barriers to collaboration – for example sharing part-time faculty. We need some innovative solutions.
- Growing our applicant pool is important to grow enrollment and graduation rates. Need focus on college remediation before they enroll in nursing. More coordination with dual enrollment and advance classes.
- Focus on ways we can think differently about slots, prerequisites for programs, courses, and how do we change to meet the future demands.
- There has been a dramatic increase in individuals going into NP school. What can we do to drive the same increase for bedside nursing? Should we make NP more stringent? How do we get people to stay in nursing?

Priorities to Be Considered – Employment and Retention

- Staffing ratios are an issue and contribute to burnout.
- Give loan forgiveness for years of service – model after medical programs. Are there government grants, funding to pay for student loans?
- Need honest feedback from students and employees to address retention
 - Changes in work environment, flexible scheduling, and involvement in decision making. The ability to set a schedule is an important incentive. Having a say in shared decision-making is important, creates a healthy work environment.
 - Bedside nursing can be stressful, time to debrief the day, address wellbeing in regular ways and on the job. Need to be more innovative.
- More simulations will improve confidence and may need nurse residency, externs, and preceptors they can look up to. They need to see that they play a key role in the organization and can invest in training to show that they can be a long-term employee. What is the career path for a bedside nurse?
- Leverage the travel nurse pool so that they are not competing against each other. A regional nurse pool also should not compete with each other as employers.
- We keep pushing advanced degrees but may need to look at how we push and support bedside nurses. instead. Use incentives, pay increases, and not always push degrees to have a career path.
- Use Artificial Intelligence with virtual sitters or other investments in technology for safety and protection for patients.
- How do we address a metric-driven work environment? Have to create a more proactive environment. Need focus on the ROI of retained staff and investment into staff.

Open discussion and comments added at the end of Session 3

Education and Retention

- Nursing programs could/should work collaboratively.
- Need clinical spots if more students are admitted – onboarding for students use this collaboratively – ACEMAPP.
- To fulfill the need for more bedside nurses would require more students, career paths, and different incentives.
- Schools could all use ACEMAPP to work collaboratively.
- Alternative clinical rotation opportunities, in general, we are underutilizing off-shift rotations, evening, nights, weekend open – encourage partners – outside normal hours
- Retaining students- improve match academic ability and commitment
- How good are we in objectively assessing the academic rigor and commitment to complete?
- Is there a better way to judge – how can we produce the greatest number and improve the selection process? Compared to the rigor of the medical school application process, are we doing enough to make sure we are admitting the right candidates? Do applicants really understand what is needed?
- Need to understand different types of students now – old way may be the best way, how do we update how we teach?
- Are students working – try to limit the number of hours they work- need more financial aid, some have to work while in school

- SNAP – may depend on the type of work they are doing; the program helps them perform better in school and matching application to what they need to learn.
- For those that have to work, can we find something that will benefit the program and provide them with paid work so that the working hours could be beneficial to their education?

Employment and Retention

- What does our core staffing look like – internal flex, external flex and what is traveling staff, how do we partner, collaborate in the region and beyond, creative to get staff and meet their expectations.
- Support services that surround the nurse – strong support and clear pathways, strong team working around them, all the services to support the bedside nurse.