



January 13th, 2020

Kansas State Board of Nursing
900 SW Jackson St. # 1051
Topeka, KS 66612

Executive Administrator Moreland:

We are writing the Kansas State Board of Nursing (KSBN) to express our collective desire to continue the dialog with the Kansas Board of Nursing as we navigate through COVID-19. KSBN has been very accommodating to our institutions throughout this COVID-19 pandemic by allowing us to conduct lectures via zoom and other modalities without having to submit a curriculum change. KSBN has also allowed institutions to add virtual simulation to help meet some of the clinical requirements. Unfortunately, COVID-19 has had a dramatic impact on our nursing programs, including our inability to continue clinical training in hands-on health care settings. This has been challenging as many facilities have not allowed our students to receive training in the traditional hands-on fashion. As a result, our faculty have not been able to spend as much time working directly with students and patients in an actual health care setting to ensure students' skills are adequately prepared for an actual health care setting. We have done our best to train using virtual training methodologies, but there is no substitution for students having the opportunity for hands-on learning. We understand the KSBN is considering implementing a change in clinical hour requirements that would establish a standard where at least 50% of clinical hours need to be provided to students in face-to-face settings. While we hope to never again face a pandemic like COVID-19, we feel there is a need to plan as if we may face another similar situation, and with this in mind we encourage KSBN to ensure that any changes related to clinical hours being required face-to-face also have an emergency provision which would allow this to be waived if another emergency arises.

Our sector is committed to ensuring a well-trained and high-quality health care workforce exists in Kansas and is ready to meet the healthcare needs of all Kansans. However, given the backdrop of COVID-19 and the challenges experienced within the past year and the pending increase in the KSBN program benchmark standard changes, we urge the KSBN to dialog with each nursing program to understand and identify any extenuating circumstances faced by each program during this unprecedented year. Please understand we are collectively writing to you, not to lower the standards that KSBN has set forth, but rather in hopes that the Board will exhibit some level of flexibility on the rigidity of the proposed standards and pass rates given the challenges experienced over the past year by all Kansans and particularly nursing students. Thank you for your time and consideration.

Kansas Community College Presidents,

Butler County Community College	Cloud County Community College	Coffeyville Community College
Colby Community College	Fort Scott Community College	Highland Community College
Garden City Community College	Hutchinson Community College	Johnson County Community College
Neosho County Community College	Pratt Community College	Seward County Community College
Kansas City Kansas Community College		

Taskforce Report – Practice-Academic Partnerships

March 5, 2021

Charge for the taskforce (from Dec 8, 2020 Education Committee meeting):

- Bring back data currently available regarding Practice-Academic Partnerships

Taskforce members:

- Amy Hite, Education Committee
- Janelle Martin, Nursing Education Compliance Office, Agency Staff

Task force meetings:

- December 14, 2020
 - Reviewed the charge for the taskforce from the Education Committee
 - Discussed currently known information
 - Identified possible contacts for getting more information and data if available
 - Initial discussion about what information and data might be helpful
 - Assignments given for making contacts and reviewing documentation before next meeting
- December 22, 2020
 - Touch base to check progress and plan next meeting
 - Identified two new reports for Idaho and Iowa state on topic
 - Kentucky has a unique partnership plan – 100% first time pass rate for first 3 groups of participants – contact for more info
 - NCSBN policy brief (attached)
- January 29, 2021
 - Reviewed notes from discussion with 4 key contacts
 - Reviewed notes from articles on topic
 - Reviewed AACN report: Advancing Healthcare Transformation: A New Era for Academic Nursing, (March 2016)
 - J Martin to write up notes for Education Committee report and send to A Hite for final drafting before meeting

Highlights from information reviewed:

- **NSCBN Policy brief: Practice / Academic Partnership**
 - Benefits:
 - clinical for students that meets requirements,
 - opportunity for students to assist in time of crisis – learn principles of emergency and health management,
 - brings together practice and academia to support and care for patients and communities, and
 - demonstrates that even in crisis innovation can occur.

- Recommendations:
 - work with healthcare leaders to align skills and competencies with student / employee work roles and responsibilities,
 - healthcare facilities collaborate for appropriate faculty supervision to help achieve end of program student learning outcomes
 - consult with BON to make sure collaboration aligns with regulatory requirements
- Key Learnings:
 - Communication to plan and implement – extension of the established relationship (clinical agreement); BON part of conversation to help facilitate regulatory compliance and stay abreast of benefits and issues of these relationships
 - Practice involvement: build on clinical agreements
 - Engage students (volunteer or paid)
 - Provide orientation – esp. COVID policies
 - Provision of PPE – HCF or school – agreement?
 - Collaboration with nursing faculty essential
 - Faculty:
 - Develop SLO's
 - Evaluate students
 - Collaborate with practice to meet clinical requirements / course objectives
 - Preceptors collaborate with faculty
 - As partnership evolves, practice can engage with student outcomes development
 - Student Involvement – include them in expectations of participation and ability to meet outcomes
 - Read / attest to HCF guidelines, including COVID-19 education
 - Attest to personal responsibility at all times in the community (responsible behavior outside of class)
 - Informed of rights & responsibilities of working during pandemic
 - In Idaho, student nurse leaders attended meeting with BON and served as ambassadors to the program
 - Evaluation:
 - Students, faculty and institutions were surveyed
 - Suggestions for improvement based on survey results
 - BON may require updates and could be involved in evaluation
- **VA Portland / OHSU SON** – faculty and staff both worked to educate students; students were place in many areas of the VA and then brought back together for debriefing as a group. Able to share experiences and learn from each other as well as from VA staff they worked with. Faculty onsite and facilitated entire process. Partnership agreement – payment to students not discussed.
- **MO: Freeman Hospital-Crowder College**
 - Freeman Hospital - FINALE (Fellowship in Nursing and Learning Experience) program - available to student nurses during their last semester as part of the Student Assistant Program at

Freeman. FINALE provides student nurses with the opportunity to strengthen patient care skills and critical thinking skills in the acute care nursing environment.

- Each student nurse works under the direct supervision of a registered nurse preceptor and practices Freeman patient care standards.
 - When graduation is done, license obtained, these RNs require little to no orientation.
 - Pay Stipends- agreement that they will come to work @ Freeman
 - Always with nurse never in my room alone- nurse preceptor is an Employee of Freeman for any liability
 - Standard 4th semester – 10 shifts -12° - entire last semester. 10 days to work with same preceptor; RN's self schedule; nurses commit & evaluate the students- every shift or per semester (what school requires). Schedules may vary and not be the days the other students in the class complete clinicals. Could be weekends or nights. Should not interfere with didactic courses.
 - Freeman Student Employee- COVID-19 Units allowed
 - Flexible dependent on what school needs
 - They are also employed as Tech for Freeman but different roles for shifts working as a Tech; wear school scrubs when doing precepted student role
 - Only areas that hire new grads for the precepted experience
 - Top Performers- Recommendation from faculty, ask that we NOT recommend students who are struggling, this is not a remediation.
 - These students will be given first preference over schools for clinical spots.
 - Win – Win – Win; Student – Hospital – School
- Crowder College - Lots of Prep / Organization prior to starting.
 - Tracking- not difficult but time consuming to set up. Student's responsibility, esp if they have to miss a shift, to get it made up.
 - Both badges – Freeman Hospital and Crowder student badge – School scrubs
 - Faculty oversight - stop in and check on students (10-15 min or other faculty doing clinicals there, before or after their shifts); faculty available to student and preceptor by phone.
 - Capstone experience - use familiar language
 - Less students to schedule. Offsets hiring for 4 clinical groups 36 students (cost savings for School of Nursing). Hire adjuncts to make site visits.
 - Currently only allow 4th Semester students
 - 100% placement - Apprenticeship model- more clinicals; more prepared to start RN role and benefits everyone involved
 - Benefits- students get paid, they make 1-year employment commitment (the hospital & unit benefits) – have less students working too many shifts and struggling in school
 - Flexibility - Student bases their clinical days, works around clinical days.
 - Responsibility on Students.
 - Meet clinical hours and course objectives
 - Preceptors- training- mainly done by facility but based on school requirements for level of student
- **Idaho – Statewide Implementation model w/ BON at hub**
 - BON contacted by schools when clinical facilities shut down and shut students out at beginning of COVID pandemic
 - BON had discussion w/ programs individually then as a group; worked on implementation plan with eye toward safety for patients and students, SLO's, and patient needs; BON said they

would recognize one hour of work as one hour of clinical for supervised time with an RN preceptor

- BON reached out to two largest HC employers in the state (most coverage) and they were interested; biggest surprise was the rural aspect of ID partnership – involved many CAH, LTC, rehab settings – were very excited about the model and engaged in partnerships before the big HC groups
- Student Nurse leaders attended meetings with BON and school to serve as ambassadors; BON invited them to the table to be in conversation
- Harder to get faculty to all the places in the state that had students; used faculty/preceptor joint appt.'s in some cases
- Employer feedback was that students were more confident, competent

- **Iowa Academic-Practice Partnership**

- Academic-practice summit held in June, 2019 and subsequent regional meetings
- Iowa Board of Nursing, Iowa Hospital Association, Iowa Organization of Nurse Leaders, BSN and ADN programs throughout the state
- Partnership between Academic Medical Center (University of Iowa Hospital & Clinics), University of Iowa, College of Nursing and Kirkwood Community College (not a paid experience for students but partnership keeps clinical going)
 - University Iowa Hospitals and Clinics agreed to complete scheduled senior internships
 - Added internships for current and future
 - Employees (129 students across 5 schools)

- **Kentucky Experience**

- Center for Nursing Practice, Director – Dr. Burke
 - 1st Student Nurse Apprenticeship Program (SNAP) in U.S. – 5 years of data – worked with Norton Healthcare, Institute for Education & Development
 - Paid student nurse employment opportunity
 - SNAP has 3 levels of student experience:
 - Tier 1 – Nurse Explorer
 - Tier 2 – Nurse Extern
 - **Tier 3 – Nurse Apprenticeship**
 - Norton HC – Louisville, KY – 5 acute care hospitals & Cancer Institute
 - 2017 – 1st year of Nurse Apprenticeship level
 - 7-week summer program
 - Cohort 1 - Almost 200 applicants from across the state and various nursing programs
 - **Cohort 5 starts 1/2021 (over 200 apps)**
 - Culture
 - 799 applicants so far
 - 19 schools of nursing represented – all accepted clinical hours for either M/S or capstone courses
 - 531 employees work with SNAP program
 - Ages 20-41

- 6 ethnicities
- 138 zip codes
- Apprenticeship (clinical) – can do in spring semester
 - 280 hours clinical (over and above all school clinical reqs)
 - 66+ hours of education time
 - 14,700+ hours clinical completed in response to COVID-19 pandemic support
 - Worked COVID hotline
 - Did COVID testing
 - Worked on floors to help with furloughed nurses
- Results – 1st 4 cohorts
 - 91% SNAP grads stayed with Norton HC (without contract being signed)
 - 96% of those who stayed were still there 2 years later
 - \$18 mil avoided cost for organizational turnover
 - Statistical significance ($p < 0.05$) for 1) increase in perceived self-confidence and 2) increased pt. safety (H-PEPSS tool used)
 - Pass rates – 100% first-time pass rates for first 3 cohorts (for those that stayed with Norton HC – they are checking with schools for complete data)
- Tier 2 – Nurse Extern experience (June-July each year)
 - 32-36 hrs/week for 6-week experience
 - Hybrid – 3 weeks clinical, 3 weeks virtual learning
 - 70+ web-based trainings via LMS – clinical focus aligned with NHC graduate RN requirements
 - Multiple virtual modalities to promote engagement
 - Clinical – COVID hotline, mask-fitting, facility temp screening, LT surveillance program, data entry and bedside clinical

Additional Information:

- Precepted hours may have requirements and are different in each of these states.
 - KS – K.A.R. 60-2-105 (g) Clinical experiences with preceptors shall be no more than 20 percent of the total clinical hours of the nursing education program. This prohibition shall not apply to the capstone course.
 - MO – no limit on precepted clinical hours
 - ID – no rules found for preceptors
 - IA – no limit defined in rules for clinical