NOT WORKING WELL: Clinical Placement for Nursing Students in an Era of Pandemic

INTRODUCTION

In the winter of 2020, the Oregon Center for Nursing (OCN) began a series of meetings designed to bring nursing leaders from both clinical and educational settings together regularly to discuss new and emerging issues during the pandemic (Inset 1). These virtual meetings have identified several ongoing themes as key concerns. High on this list is the clinical placement of nursing students in the Portland Metro area. To understand more about this problem and its impact on the nursing workforce pipeline, OCN surveyed area healthcare agencies and nursing programs.

Inset 1 | OCN Friday Morning Huddles

| Attendees | On average, 30-40 leaders based in Oregon representing healthcare agencies, community colleges, workforce agencies, the board of nursing, consultants |
| Timing & Duration | Meets every Friday morning, from 8 am to 9 am. Huddles began in March 2020 and continue to meet weekly. |
| Format | Meetings take place virtually through video |
| Recurring Themes | COVID-19 (prevalence, guidelines, resources), nursing education curriculum changes, clinical placement modifications, employee health, racial health inequities, civil unrest, wildfire response, Nurse Practice Act |

IMPORTANCE OF CLINICAL PLACEMENT

All healthcare professional education programs use some form of clinical placement to complement the didactic elements of the educational process. During a clinical placement, students observe and participate in care delivery in a wide variety of settings. In nursing, clinical education models can vary widely both across institutions and across a particular curriculum (Inset 2). Clinically-based education is mandated by accreditors and regulators, and is a strong historical norm in nursing education. For a clinical placement to be made, educational institutions must gain the permission and support of a clinical agency willing to host their students. Due to the limited clinical sites, the additional workload student presence can place on healthcare providers, and the growing number of nursing programs in the U.S., there has long been a shortage of clinical placements. This shortage is one of the most significant nationwide constraints on the growth of the nursing workforce.

Over the past two decades, nursing educators and healthcare providers have implemented several solutions to alleviate the clinical placement shortage. These innovations have included development of dedicated education units (DEU), which devote one floor of a health facility for education purposes, building online software to help track...
and coordinate clinical placements, and creating a consortium of nursing and clinical partners in the Portland Metro area to regionally manage placements.

When the pandemic struck, many healthcare agencies stopped allowing students to access their clinical sites. Concerns over personal protective equipment (PPE), risks related to the spread of COVID-19, and workforce burden, among other factors, brought a swift end to the clinical experiences of many nursing students in the Portland Metro area. Programs were forced to quickly find other solutions, and most turned to simulation. In recent decades, simulation has emerged as a trend in both supplementing and offsetting clinically-based education. While some nursing programs have replaced up to 50 percent of clinical hours with simulation, the majority of programs remain highly dependent on healthcare and community agencies to provide placements for their students. While solid evidence exists for the effectiveness of simulation, it is not known to what extent simulation can be used to offset clinical experience and still achieve learning outcomes at a comparable level.

### SURVEY METHOD

In August of 2020, 30-minute phone interviews were conducted with acute care and long-term care healthcare agencies and nursing programs in the Portland Metro area. Of the 20 institutions contacted, 17 agreed to an interview. The interviews were semi-structured and guided by seven prompts. Respondents ranged in position from clinical coordinators to deans and chief nursing officers.

Due to quickly changing circumstances and the uncertainty of clinical settings disposition toward students, no attempt was made to collect quantitative data as it was at high risk of being inaccurate shortly after it was gathered. Rather, the qualitative data collected was reviewed for broad themes describing the response to clinical education difficulties during the pandemic. Themes are reported by group, that is, healthcare agencies or nursing programs. All information is aggregated and de-identified. The prompts used in the interview guide are listed in (Inset 3).

### Inset 3 | Interview Guide

<table>
<thead>
<tr>
<th>Healthcare Agencies</th>
<th>Nursing Programs</th>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>What is your plan for students this fall? What do you anticipate being the disposition toward students after fall if the pandemic continues? If it does not continue?</td>
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<td>Do you have sufficient clinical placements in number and type for your students this fall? If not, what are your greatest areas of need? What steps are you taking to deal with the shortage of placements in the short and long-term?</td>
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<td><strong>3</strong></td>
<td>What is your current workforce plan? Are there concerns over stress in the workplace, retirements, and new hires?</td>
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<td>Are nursing faculty being negatively impacted by the current challenges? Are there concerns over stress in the workplace, retirements, or exacerbations of shortages?</td>
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<td><strong>4</strong></td>
<td>What is the current status of your new nurse residency program? What is your disposition toward this program in the future? How can educators help?</td>
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<td>How are you talking with your new grads and current seniors about changes they may encounter in the workplace as a new nurse?</td>
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SURVEY FINDINGS

Plans for Students This Fall and Beyond

**Healthcare Agencies.** Generally, healthcare agencies are accepting student placements in the Fall of 2020. However, all agencies accepting student placements have modified their approach (see question 2). Approximately half of the respondents indicated the intent to continue accepting placements in 2021. Others were either uncertain or believed that student placements were unlikely.

**Nursing Programs.** In August of 2020, just as most programs were preparing to begin the fall term, respondents reported a quickly changing and unpredictable scene concerning clinical placements. Excepting one program, all reported insufficiencies in either the number of placements or the type of placements and in most cases, both. One respondent stated, “For heaven’s sakes, no... it’s hideous now.” Shortages tended to be in long-term care and community sites though some struggled to identify acute care placements as well. All programs reported making significant changes in their approach to clinicals and the use of simulation.

Criteria, Modifications, and Influences on Student Placement

**Healthcare Agencies.** The majority of agencies described an approach to student placements that observed several “bright lines” while maintaining fluidity with other more subjective parameters. For example, most agencies indicated that students would not be allowed to take care of positive COVID patients. In some cases, this extended to entire units where patients with COVID or suspected COVID were present. The most prominent rationale for this modification concerned preserving PPE supplies. Less frequently, concerns over patient risk, student risk, and virus spread were voiced. Another example involved denying student placements with certain populations or in certain settings, though examples given varied widely from the aged to home care to urgent care to critical care.

Other measures such as smaller clinical groups, shorter rotations, and mandatory COVID testing, were occasionally described as modifications. Some noted, however, that measures such as smaller clinical groups and shorter rotations only contributed to the number of different people working with patients exacerbating the risk of COVID transmission. Influences on decision making included guidelines or rules issued by state and national level regulatory agencies, centralized corporate structures, and staff burden. In several cases, innovation transpired secondary to clinical limitations including pipeline programs with students in their final year of education, placements in agency-owned simulation settings, and increased placements in telehealth.

**Nursing Programs.** The nursing programs interviewed did not report any clear criteria related to the pandemic in place for determining whether or not students would be placed in certain settings. Most expressed that going along with the parameters set by healthcare agencies was the operational default. However, some respondents identified external forces, such as centralized administration at academic institutions and state regulators, as impacting decisions about student placement. For example, one program shared that the President of the academic institution had instituted a strict “no face-to-face” policy, which posed significant problems for the nursing program.

The list of modifications programs are making to accommodate the reduction in available clinical placements is long. Almost every program reported reducing the size of clinical groups and reducing the length of clinical experiences. These steps were taken to accommodate the need to move more students through sites that were still accepting students and to comply with some clinical sites’ requirements that fewer students be allowed into settings. To offset the reduction in clinical hours, all schools turned to significant increases in skills labs, simulation labs, and screen-based simulation as well as alternate clinical activities involving community care (e.g. volunteering at the YWCA) and indirect patient care activities (e.g. chart review). Concern was frequently expressed over the rapid increase in simulation and the impact it might have on students’ outcome achievement. Several programs mentioned removing students from sites that either did not have clear COVID guidelines in place or were not stable enough to ensure that students would have the opportunity to meet their learning objectives.
Similar to modifications, many influences were identified by respondents. Some programs discussed the financial implications of exigencies experienced by their host institutions and the increase in the raw number of clinical groups to be overseen by faculty with no additional fiscal or human resources. Others shared how clinical groups of students were formed according to a student’s risk level and anticipated exposure to COVID in the clinical setting.

### Impact on Staff and Faculty

#### Healthcare Agencies
Most employers described difficulty recruiting nurses, especially for specialty areas. Fewer shared that increases in resignations or retirements had occurred. In addition to hiring, staffing was frequently identified as a challenge, described by one respondent as a game of “Whack-a-mole” requiring the shifting of staff RNs to unfamiliar environments. All respondents identified increased stress as a factor negatively impacting the nursing workforce. Clinical sources of stress included “layers” of requirements such as changes in PPE requirements; staffing changes, concerns over patient and provider safety, and the experience of ongoing uncertainty. Other sources of stress included childcare, working from home, and concerns over the safety of family members secondary to being exposed to COVID by a provider-family member. Many institutions have responded to these concerns by stepping up employee assistance programs, providing additional stress management resources, and offering additional pay.

The tension between building the pipeline of future nursing professionals and the practical burden of student placements was identified by several respondents. Concerns over the limited and potentially shrinking capacity to host student placements in contrast with the growing number of nursing students being educated in the Portland Metro area figured prominently. Nursing students, while valued, place an additional burden on staff who are concerned to ensure that students are given quality clinical education and kept safe from COVID exposure, all while delivering safe, effective, and efficient care to patients.

#### Nursing Programs
One word, more than any other, was mentioned by respondents, stress; in the words of one interviewee, “Incredibly stressed.” Many factors contributed. For most programs, faculty headcount has been reduced due to resignations or retirements. Several eluded to the possibility of furloughs. In many programs, the reality of very heavy workloads without additional compensation or even less compensation (pay cuts) contributed to low morale. Quickly learning new teaching approaches and attempting to compensate for the loss of substantive clinical hours also contributed to stress levels. Some faculty were reported to be concerned about their personal exposure to COVID due to age or other health risks. Some faculty opted out of taking students to clinicals to avoid exposure. Several programs reported faculty constraints due to changes in schooling and childcare.

### Scene for New Grads

#### Healthcare Agencies
Most agencies have a transition to practice, nurse residency, or extensive orientation program in place for new graduates. While several agencies have temporarily canceled these programs, the majority made modifications to adjust to the new norms of the pandemic. Changes included extending the length of the program, incorporating social distancing, supplementing technical skills potentially missed during the final terms of the student’s clinical experience, and utilizing alternatives to direct patient care hours.

#### Nursing Programs
Programs uniformly reported student conversations about the decrease in opportunities they would experience in the job market. Of particular concern to students was the possibility of not landing a residency. Programs generally encouraged students to be flexible in their expectations. Faculty prepared students to explore opportunities in settings other than acute care and outside of the Portland Metro area. Some programs reported conversations with students designed to help them advocate for themselves with employers by explaining the strengths that may be associated with increased simulation time and other curricular changes.

### Clinical vs. Simulation Experience

#### Healthcare Agencies
Respondents shared a wide diversity of opinions on the sharp increase in the substitution of simulation experiences for clinical time. Almost all acknowledged concern that new gaps in readiness may appear and that attention should be given to mitigating these gaps in new grad hires. Most discussed increasing the length and adjusting the focus of orientation and residency programs. Importantly, many agencies noted that they have
NCLEX® & Clinical Readiness

During the spring of 2020, the mechanism for administering the qualifying exam for RN licensure experienced difficulty. Like most institutions, the organization responsible for administering the NCLEX® was not prepared to handle the challenges of a pandemic. In some areas in the United States, this led to delayed testing. From this disruption, several discussions concerning the value of the NCLEX® emerged including a conversation over how to best deal with pass rates as a measure of program success.

Healthcare Agencies. While the majority of respondents acknowledged the NCLEX® as a kind of baseline, there was widespread ambiguity about its helpfulness as an indicator of clinical readiness. The inadequacies identified included the lack of attitudinal measures, lack of competency measures, and the high pass rates. One respondent commented, “Even a driver’s license test has a competence component...” Another stated, “I never see the students who don’t pass, so I can’t really tell how the nurses who do pass compare.” This is not an unusual phenomenon, and is known as range restriction. The range of scores in one variable is restricted (only those who pass become nurses) compared to the other variable (clinical readiness).

Nursing Programs. Programs supported the use of the NCLEX® as a measure of basic safety or minimal competency but not as a strong indicator of a student’s readiness for practice. Like healthcare agencies, ambiguity characterized the majority of responses. Opinions about the use of first-time versus total pass rates were divergent. Some saw first-time pass rates as “useless” while others viewed them as an important distinguishing metric for programs. Concern was also voiced that if the focus is shifted to total pass rates, students would be subjected to unnecessary stress due to the possibility that programs would not be as attentive to preparing students to be successful on the first attempt.

Improving Collaboration

Healthcare Agencies. The strongest theme emerging from healthcare agency respondents’ comments was the need to find “new ways” of partnering to accomplish clinical placement, clinical education, and new grad transition to practice. Many diverse concerns were shared about the
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We have been sharply reminded of the need to both incrementally and disruptively innovate our way toward better approaches for clinical education in nursing. It has been established that a communal sense of urgency is a key component in any large-scale change effort. Our current challenges have brought with them an authentic and, some would say, visceral, sense of urgency. Consequently, all members of the nursing workforce pipeline have an opportunity to leverage the motivation for rapid and, potentially, paradigmatic change. All that is needed now is a clear vision for the future and nurses who are willing to lead the way.

**CONCLUSION**

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