Agenda Item: 5.2.6.a
Prepared by: P.Yoder-Wise/K.Benton/J.Hooper
Board Meeting: October 2014

Consideration of the Report, Products, Recommendations, and Request for Charge from the Task Force to Study Implications of Growth in Nursing Education Programs in Texas

Summary of Request:
Consider the report, products, recommendations, and request for new charges from the Task Force to Study Implications of Growth in Nursing Education Programs in Texas.

Historical Perspective:

- The Task Force (TF) was originally established by the Board at the October 2011 meeting to study issues surrounding the rapid growth of nursing education programs in Texas since 2006. The Board appointed members representing nursing practice and education constituents at the January 2012 meeting.
- The TF determined that their purpose was to create a forum for dialogue among stakeholders on how to ensure that the State of Texas will continue to provide quality nursing education and produce safe, competent graduates in a changing environment.
- The Board approved a report from the TF at the January 2013 meeting that included two (2) education guidelines designed to improve clinical instruction:
  - Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences
  - Education Guideline 3.8.5.a. Utilization of Part-Time Clinical Nursing Faculty
- Two (2) new charges were issued to the TF by the Board at the October 2013 meeting:
  - Develop a guideline describing optimal clinical instruction in pre-licensure nursing programs; and
  - Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in pre-licensure nursing programs.
- The current membership on the TF include:
  - Patricia Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN, Chair
  - Mary M. LeBeck, MSN, RN, BON Liaison
  - Gail Acuna, RN, MA – Nursing Practice
  - Betty Adams, PhD, RN – Texas Organization of Baccalaureate and Graduate Nursing Education
  - Dayna Davidson, MSN, RN – Associate Degree Nursing Education
  - Vangie DeLeon, PhD, RN – Associate Degree Nursing Education
  - Cole Edmondson, DNP, RN, FACHE, NEA-BC – Nursing Practice
  - Chris Fowler – Texas Higher Education Coordinating Board
  - Pamela Lauer, MPH – Texas Center for Nursing Workforce Studies
  - Cheryl Livengood, MSN, RN – Associate Degree Nursing Education
  - Mary E. Mancini, PhD, RN, NE-BC, FAHA, ANEF, FAAN – Texas Team/BSN Education
  - Maureen Polivka, JD, RN – Nursing Practice
  - Jessica Ruiz, MSN, RN – Nursing Practice
  - Steve Rye – The Texas Workforce Commission
  - Betty Sims, EdD, MSN, RN – Texas Association of Vocational Nurse Educators
  - Sally Harper Williams – Workforce Center Director, DFWHC Foundation
  - Shellie Withrow, MSN, RN – Vocational Nursing Education
  - Deborah Yancy, MSN, RN – Texas Organization for Associate Degree Nursing
  - Rebecca Zielinski, RN (through June 2014)– Career Schools and Colleges
  - Cindy Zolnierek, PhD, RN – Texas Nurses Association
  - Board Staff provided assistance to the work of the TF.

- The TF met in three (3) face-to-face meetings and several conference calls. Minutes from the three (3) face-to-face meetings are included in Attachments A-C.
  The Task Force carried out its charges by:
  - Reviewing pertinent nursing literature related to clinical instruction in nursing education;
  - Reviewing Board Standards for Nursing Education in Texas related to clinical learning instruction;
  - Developing and conducting an online survey to solicit responses that provided perspectives related to clinical instruction from nursing faculty and nursing students in vocational and professional nursing programs, and from clinical partners in settings where the clinical instruction occurs; data from the survey was analyzed according to the four (4) principles listed above with the intent to identify criteria for optimal clinical instruction and to make recommendations for nursing education to promote excellence in clinical learning experiences;
  - Analyzing data from the 2013 NEPIS Reports related to clinical hours in pre-licensure nursing education programs;
  - Developing recommendations for nursing education in Texas based upon the findings from the online survey and from the literature; and
  - Producing Education Guideline 3.8.7.a. to provide assistance to nursing education programs in their quest for optimal clinical instruction.

- The TF submits the following Monograph in Attachment D in response to the Board charges:
  Towards Defining Excellence in Clinical Instruction in Pre-licensure Nursing Education Programs
- The Monograph presents analyses of the findings from the surveys with recommendations for nursing education in Texas.
- The Monograph also includes an analysis of clinical hours data from the 2013 NEPIS Reports and a new Education Guideline entitled *Promoting Optimal Clinical Instruction.*

Rationale for Board Recommendation:
Board Staff wish to thank the TF members for their contributions and service. It will be necessary to disseminate the Monograph and the Education Guideline on *Optimal Clinical Instruction* to nursing education programs and their clinical partners in Texas. The TF determined that further dialogue between nursing education and nursing practice would greatly enhance the collaboration relationships among the constituents as well as the quality of clinical instruction.

Board Recommendation:
Move to accept the report from the Task Force to Study Implications of the Growth of Nursing Education Programs in Texas including the Monograph and the Education Guideline, and charge the TF to:

- Disseminate the information to the nursing education programs and clinical partners through the website, webinars, publications, and a statewide nursing faculty workshop; and
- To create a dialogue between nursing education and clinical partners to facilitate optimal clinical learning experiences for all constituents.

Attachment A

TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS

MINUTES
November 5, 2013
10:00 a.m. - 2:59 p.m.
Hobby Building, Room 101

Chair
Pat Yoder-Wise

Members Present	Representing
Gail Acuna	Nursing Practice
Betty Adams	Texas Organization Baccalaureate and Graduate Nursing Education
Dayna Davidson	Associate Degree Nursing Education
Vangie DeLeon	Associate Degree Nursing Education
Chris Fowler	Texas Higher Education Coordinating Board
Pam Lauer	Texas Center Nursing Workforce Studies
Mary LeBeck	Board liaison
Cheryl Livengood,	Associate Degree Nursing
Beth Mancini	Texas Team
Steve Rye	Texas Workforce Commission
Ellarene Sanders	Texas Nurses Association
Betty Sims	Texas Association of Vocational Nurse Educators
Sally Harper Williams	Workforce Center Director, DFWHC Foundation
Shellie Withrow	Vocational Nursing Education
Deborah Yancy	Texas Organization for Associate Degree Nursing
Rebecca Zielinski	Career Schools and College

Board Staff
Kristin Benton
Virginia Ayars
Janice Hooper
Sandi Emerson
Bruce Holter
Jackie Ballesteros

Recorded by Sandi Emerson
Approval Date: February 7, 2014

AGENDA ITEM AND DISCUSSION	ACTION
I. Call to Order (10:00a-10:27a) 10:00 a.m. The meeting was called to order by P. Yoder-Wise (PYW) and followed with welcome and introductions by all members and guests. The need for additional members from nursing practice was identified. PYW provided an explanation of the role of the Board liaison, thanking Mary LeBeck for her attendance and contributions.	Dr. Jan Hooper delegated to Gail Acuna the responsibility of identifying and inviting additional nursing practice representatives. New members will be approved at the Board at the January 2014 quarterly Board meeting
Review of New Charges: P. Yoder-Wise reviewed charges and goal for the group: Charges: • Develop a guideline describing optimal clinical instruction in prelicensure nursing programs. • Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program. Proposed Goal: • Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.	
PYW reviewed the one (1) page guideline used previously by the task force to facilitate meetings, asking for suggestions, input or comments.	With no additional suggestions, input, or comments, the meeting guidelines will be utilized for all task force meetings.
A review of the Task Force work and report at the January 2013 Board meeting was given by P. Yoder-Wise. The January 2013 Board report is available at http://www.bon.texas.gov/about/January13/5-2-7-a.pdf. A conference call to orient new members to the Task Force was held on 10/25/13 and attended by new members as well as many of the continuing members.	Power point slides included with packet of information provided to each member
II. Background – The Issue of Clinical Availability (10:27a-10:47a) • Kristin Benton reviewed the history of the task force creation and work done: the development of a guideline on preceptors and the development of definitions and changes to the 2013 NEPIS culminating with a report to the Board at the January 2013 Board meeting.	Informational Hand-out distributed to members
• Chair – P. Yoder-Wise remarked that another product from the task force work is to make a dashboard of quality indicators available to the public. She also commented that the work that the Task Force has done and continues to do is cutting edge work and recognized the work contributed by the TBON staff.	Informational
III. Review of Past NEPIS Data Related to Clinical Learning Experiences (10:47a-10:53a) • Pam Lauer reported that there was a wide variety of clinical hours reported in 2012 and that clinical hours outside an identified range were verified by staff. She said that not a lot of differences in reported hours are being noted between the years even though definitions continue to be refined/revised. Data are verified in November, analyzed and a report created. This report is then reviewed by the advisory group in May/June, edited, updated, and then published.	Informational

AGENDA ITEM AND DISCUSSION	ACTION
IV. Revised 2013 NEPIS Survey and Timeline (10:53a-11:18a) • Virginia Ayars reviewed the NEPIS collection process emphasizing that it is critical to have accurate data. Deans and directors were advised early in September of the NEPIS dates (10/1-10/18). An instructional webinar was provided this year. Dr. Ayars praised the collaborative relationship with TCNWS. A member inquired if data is collected from out of state programs conducting clinical in the state. Discussion on this topic was held with no specific action decided.	Informational
V. Updates from Organizations (11:18a-12:18p) • ***Texas Team, Dayna Davidson***: Distributed handouts of the findings from the Texas Team clinical hours sub-committee. Eight of the fourteen (8/14) programs reported decreased clinical hours when responding to the survey. The majority of programs with decreased clinical hours reported that they had included didactic lab hours as clinical. • ***Texas Higher Education Coordinating Board (THECB), Chris Fowler***: Reported on the pending RFAs for nursing for 2013-2014. 9.4 million dollars is available until 8/31/14. It is anticipated to encumber the majority of the money with the three (3) RFAs which will come out in January. One RFA addresses an extensive research project on clinical hours; a second RFA is focused on transition to practice and clinical competency, and the third RFA is focuses on faculty recruitment. THECB has coordinated with the BON and TNA in the development of the RFAs. • ***Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE), Betty Adams***: Reported that programs are exploring a change in curriculum to a "front-loading" model to address some of the constraints posed by clinical facilities for clinical placements and to ensure safety. It was reported that in some areas of the state, some facilities may be asked to accommodate forty (40) or more programs, inclusive of a variety of health education programs. It was noted that seamless transfer remains an issue and that students in BSN programs may be older than previous cohorts. • ***Texas Association of Associate Degree Nursing (TOADN), Cheryl Livengood***: Reported similar issues to BSN students and programs. The mandate for all associate degree programs to conform to a sixty (60) credit hour maximum by 2015 is driving AD nursing programs to make curriculum changes. Some programs are moving to the Concept Based Curriculum model while others will be using WECM to adopt other models. Outcomes from the Perkins grant have been helpful to program directors in making changes to be in alignment with the sixty (60) credit hour mandate. It was noted that stakeholders, including academic administrators lack understanding and knowledge of nursing education programs. • ***Texas Association of Vocational Nursing Education (TAVNE), Betty Sims;*** Reported that access to acute care clinical sites, is very tight. Specialty areas such as OB/Pedi are almost nonexistent. Questioned if there is a disconnect between the NCLEX-PN Test Plan and Scope of Practice. Discussion about the use of computerized clinical placement systems and that they do not account for preceptor/precepted assignments – question usefulness. The question was asked, "What model can be developed to accommodate the numbers of students and provide quality"? It was reported that termination clauses have changed to a thirty (30) day clause rather	

AGENDA ITEM AND DISCUSSION	ACTION
than allowing students to complete the rotation. Discussion around the amount of time required for facility orientation and how can this be accommodated or met. Possible online orientation was suggested. • ***Texas Nurses Association (TNA), Ellarene Sanders***: TNA has heard anecdotal reports that enrollment in programs in the DFW and Houston areas is being reduced to accommodate declining clinical placements. Discussed: facilities seeking magnet status deny placements to AD and some BS programs. Is there a lack of understanding of how education prepares for seamless transition for nursing graduates (VN – AD – BS) and how can these individuals be educated? It's important for the state to continue to produce graduates. Some facilities may also decrease the number of students allowed in a group or on a unit. This affects the number of faculty needed for the clinical setting, creating program resource issues. The comment was made that these decisions are being made at the CNO level. It was stated that BSN programs are just as affected by these decisions as AD programs, particularly in specialty areas. The practice of programs having to or paying for the opportunity to hold clinical experiences is becoming a reality. The questions: How much is this happening? Where is it happening? And what's the cost? What literature exists on paying facilities to conduct prelicensure clinical? Has this grown out of other disciplines?	Informational
• ***Texas Workforce Commission, Steve Rye:*** TWC is aware that some schools have had trouble obtaining sites for clinical. When problems arise, TWC staff do make a visit to the school; this is usually predicated on a complaint from a consumer.	Informational
VI. Lunch (12:20-12:55p)	
VII. Guest Presentation: Jennifer Hayden, NSCBN Simulation Study (1:00-1:30p) J. Hayden presented telephonically with power point slides. She shared the history, process, and progress of the Simulation Study. Data from Phase II is now being analyzed for presentation and publication next year.	Informational Informational
VIII. Strategies to Address Changes	
IX. Group Meetings . P. Yoder-Wise gave directions for groups: • May trade with another individual to another group as long as it is with someone with similar background • Each group will assign a facilitator/convener • Board staff will be scribes • May assign items that do not belong to another group;	
X. Reports from Groups 2:20p – P. Yoder-Wise called for end of breakout sessions • A representative from each of the four groups presented a summary of their group discussion	Staff will schedule small group conference calls
XI. Plans for Next Meeting • Each small group is to have a conference call with Board staff prior to next meeting. • A written report from each group is to be ready for the 2/7/14 meeting.	Final meeting date will be 6/13/14. Next two meetings will be 2/7/14 and 4/25/14
XII. Future Meetings • P. Yoder-Wise stated that a final meeting was not established.	

AGENDA ITEM AND DISCUSSION	ACTION
Discussion of potential dates ensued. Vote held with 6/13/14 established as most convenient date for all **XIII. Adjournment** The meeting was adjourned at 2:59pm. **Handouts:** • Agenda • 2013-2014 Task Force Members Contact Information • Four Task Force Groups – 2013 (list of questions and group composition) • NCSBN National Simulation Study powerpoint slides • Guidelines for Meetings of the Task Force to Study the Implications of the Growth in Nursing Education Programs in Texas • Power point slides: Background: The Issue of Clinical Availability • 2012 Nursing Education Program Information Survey (NEPIS) powerpoint slides and handout • TOADN Sub-Committee on Clinical Hours Nursing Director letter and table of clinical hours of programs identified outside a specific range	

Attachment B

TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS

MINUTES
April 25, 2014
10:00 am – 3 pm
Hobby Building, Room 102

Chair
Pat Yoder-Wise

Members Present	Representing
Gail Acuna	Nursing Practice
Betty Adams	Texas Organization Baccalaureate and Graduate Nursing Education
Dayna Davidson	Associate Degree Nursing Education
Vangie DeLeon	Associate Degree Nursing Education
Chris Fowler	Texas Higher Education Coordinating Board
Pam Lauer	Texas Center for Nursing Workforce Studies
Mary LeBeck	Board Liaison
Cheryl Livengood	Associate Degree Nursing Education
Beth Mancini	Texas Team
Maureen Polivka	Nursing Practice
Jessica Ruiz	Nursing Practice
Steve Rye	Texas Workforce Commission
Cindy Zolnierek	Texas Nurses Association
Sally Harper Williams	Workforce Center Director, DFWHC Foundation
Shellie Withrow	Vocational Nursing Education
Deborah Yancey	Texas Organization for Associate Degree Nursing

Members Absent	
Cole Edmondson	Nursing Practice
Betty Sims	Texas Association of Vocational Nurse Educators
Rebecca Zielinski	Career Schools and Colleges

Board Staff
Kristin Benton
Virginia Ayars
Janice Hooper
Jackie Ballesteros

Recorded by Virginia Ayars
Approval Date: June 13, 2014

AGENDA ITEM AND DISCUSSION	ACTION
I. Call to Order (10 am) a. Welcome and Introduction P. Yoder-Wise called the meeting to order, followed with welcome and introductions by all members. No guests were in attendance. P. Yoder-Wise welcomed new members Jessica Ruiz and Maureen Polivka. The third new member, Cole Edmondson, was unable to attend the meeting. Cindy Zolnierek is replacing Ellarene Sanders as the TNA representative. b. Review of Current Charges: P. Yoder-Wise reviewed current charges and goal for the group, as follows: Charges: • Develop a guideline describing optimal clinical instruction in prelicensure nursing programs. • Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program. Proposed Goal: • Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.	
Historical Perspective and Update (10:15 am) K. Benton reviewed the PPT hand-outs, provided an update about the Dashboard of Outcomes, and discussed the current survey.	Power point slides included with packet of information provided to each member.
II. Approval of Minutes (10:25 am) The meeting scheduled for February 7, 2014 was cancelled due to inclement weather. Minutes from the November 5, 2013 meeting were considered.	Approved by Acclamation.
III. Review of Member Post-it Questions Submitted at November 5th Meeting (10:30 am)	Informational. Hand-out provided in packet of information, was reviewed and discussion followed.
IV. THECB Grant RFPs related to Nursing Education (10:35 am) C. Fowler presented information about two RFPs to be released next week, regarding: 1) Range & Distribution of Clinical Contact Hours 2) Transition to Practice	Informational. Discussion followed.

AGENDA ITEM AND DISCUSSION	ACTION
V. NEPIS Survey Report (11:10 am) P. Lauer provided an update regarding the 2013 NEPIS data.	Informational. Discussion followed.
11:40 am – Lunch Break	
12:25 pm – Meeting resumed	
VI. Task Force Survey Update (12:25 pm) K. Benton presented a detailed report of the current survey. More than 1400 responses have been received.	Informational. Hand-outs in packet presented response data from faculty, students, and clinical affiliates. Discussion followed.
VII. Review of Draft Guideline (1:35 pm) J. Hooper reviewed the draft guideline.	Informational with discussion following. Members will examine draft guideline. J. Hooper will distribute draft guideline electronically to members, providing deadline for response.
VIII. Plans for Next Meeting (2:40 pm) P. Yoder-Wise reminded the Task Force members that the next meeting will be held on June 13, 2014 from 10 am to 3 pm in the Hobby Building in Austin.	P. Yoder-Wise recapped directions to staff regarding three tasks: 1. Analyze survey data 2. Develop guideline further 3. Plan workshop for Summer/Fall 2015
IX. Adjournment (2:50 pm) The meeting was formally adjourned at 2:50 pm.	
Handouts: • Agenda • 2013-2014 Task Force Members Contact Information • Power point slides: Proposed Education Guideline • November 5, 2013 Meeting Minutes • Clinical Instruction Survey Faculty Response Data • Clinical Instruction Survey Student Response Data • Clinical Instruction Survey Clinical Affiliate Data • Draft Education Guideline re. Principles for Optimal Clinical Instruction in Pre-licensure Nursing Education Programs	

Attachment C

TASK FORCE TO STUDY IMPLICATIONS OF GROWTH IN NURSING EDUCATION PROGRAMS IN TEXAS
TEXAS BOARD OF NURSING
AUSTIN, TEXAS

MINUTES
June 13, 2014
10:00 am – 3 pm
Hobby Building, Room 102

Chair

Pat Yoder-Wise	Participated Telephonically

Members Present	**Representing**
Gail Acuna	Nursing Practice
Betty Adams	Texas Organization Baccalaureate and Graduate Nursing Education
Dayna Davidson	Associate Degree Nursing Education
Vangie DeLeon	Associate Degree Nursing Education
Cole Edmonson	Nursing Practice
Chris Fowler	Texas Higher Education Coordinating Board
Cheryl Livengood,	Associate Degree Nursing Education
Maureen Polivka	Nursing Practice
Jessica Ruiz	Nursing Practice
Steve Rye	Texas Workforce Commission
Stacey Cropley for C. Zolnierek	Texas Nurses Association
Betty Sims	Texas Association of Vocational Nurse Educators
Sally Harper Williams	Workforce Center Director, DFWHC Foundation
Shellie Withrow	Vocational Nursing Education
Deborah Yancy	Texas Organization for Associate Degree Nursing

Members Absent

Pam Lauer	Texas Center for Nursing Workforce Studies
Mary LeBeck	Board Liaison
Beth Mancini	Texas Team

Board Staff
Kristin Benton
Virginia Ayars
Janice Hooper

Recorded by Virginia Ayars
Approval Date:

AGENDA ITEM AND DISCUSSION	ACTION
I. Call to Order (10:07 am) a. Welcome and Introduction K. Benton called the meeting to order. P. Yoder-Wise, participating telephonically, requested that members offer introductions. One guest, Kathryn Whitcomb, was in attendance. Kathy Thomas, Executive Director of the Board, welcomed the group and provided an update concerning Board activities. K. Benton informed the group that Rebecca Zielinski has resigned from the Task Force due to a change in employment. b. Review of Current Charges: P. Yoder-Wise reviewed current charges and goal for the group, as follows: Charges: • Develop a guideline describing optimal clinical instruction in prelicensure nursing programs. • Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in prelicensure nursing program. Proposed Goal: • Plan and present a statewide nursing faculty workshop on Excellence in Clinical Instruction in Nursing Education in Texas in 2014 or 2015.	
II. Approval of Minutes (10:15 am) Minutes from the April 25, 2014 meeting were considered.	Approved by Acclamation.
III. Presentation and Discussion of Clinical Instruction Survey Data Principle #1 – Optimal clinical learning experiences share a common set of quality indicators K. Benton offered data analysis for Table I. Principle #2 - Faculty promote optimal clinical learning experiences when they embrace principles for effective instruction V. Ayars presented data analyses for Tables II, III, and IV.	Informational. Discussion followed. Informational. Discussion followed.
IV. Lunch *12:10 am – Lunch Break* *12:40 pm – Meeting resumed*	
V. Presentation and Discussion of Clinical Instruction Survey Data (cont'd) Principle #3 - Student perspectives are considered when the clinical learning experiences are developed J. Hooper offered data analyses for Tables V, VI, and VII.	Informational. Discussion followed.

AGENDA ITEM AND DISCUSSION	ACTION
Principle #4 - Clinical settings are selected to meet clinical objectives V. Ayars provided data analyses for Tables VIII, IX, and X.	Informational. Discussion followed.
VI. Discussion of Guideline Recommendations	Discussion took place.
VII. Model Brainstorming	Schematic interpretation of work discussed.
VIII. Next Steps **a. Guideline – October Board meeting** **b. Faculty Workshop planning – Spring 2015** **c. Practice/Education Summit planning** **d. Proposed date/s for next meeting/s**	J. Hooper will electronically distribute updated Guideline to all members. The next meeting will be conducted via telephone conference, with the date to be determined.
IX. Adjournment The meeting was adjourned at 2:05 pm. **Handouts:** • Agenda • Draft April 25, 2014 Meeting Minutes • Draft Education Guideline: Principles for Optimal Clinical Instruction in Pre-licensure Nursing Education Programs • The Task Force Clinical Instruction Survey	

TEXAS BOARD OF NURSING

EDUCATION MONOGRAPH

Towards Defining Excellence in Clinical Instruction in Pre-licensure Nursing Education Programs

Developed by the

Task Force to Study Implications of Growth in Nursing Education Programs in Texas

October 2014

Table of Contents

TEXAS BOARD OF NURSING
3.8.7.a. Education Guideline Executive Summary
Faculty Guide for Promoting Optimal Clinical Instruction
(10/24/2014)

The Task Force (TF) to Study the Implications of Growth of Nursing Education Programs in Texas reviewed nursing literature; examined current issues in clinical education; and surveyed faculty, students, and clinical partners for perspectives on optimal clinical instruction. The TF identified ten (10) criteria (ideals) that can serve as a clinical quality checklist:

Ten Criteria to Optimize Clinical Instruction

1. Patient Safety is fundamental to every student patient encounter.
2. Sufficient opportunities are provided for students to apply knowledge and skills.
3. Faculty have the authority to plan, supervise, and evaluate the clinical experience.
4. Faculty provide coaching and positive feedback to students consistently.
5. Clinical experiences are provided in a variety of clinical settings.
6. Opportunities are provided for faculty to guide clinical decision-making by students.
7. Evaluation tools are used to document student performance and promote growth.
8. The program supports opportunities for faculty skill development.
9. Clinical evaluation tools reflect competencies in the *Differentiated Essential Competencies for Graduates of Nursing Education Programs in Texas (*DECs).
10. Simulation activities are provided that mimic reality of the clinical setting.

Recommendations for Programs:

- Support faculty development in clinical skills and educational strategies.
- Provide adequate orientation to new part-time and full-time faculty.
- Evaluate the use of preceptors, possibly reserving for a capstone course.
- Emphasize the importance of relationship building among faculty, students, and clinical partners.
- Evaluate whether faculty-to-student ratios promote patient safety.

Recommendations for Faculty:

- Plan the time in the clinical setting to optimize the use of time with adequate faculty supervision.
- Consider other venues for pre- and post-conferences that will be more valuable to students.
- Review and revise clinical evaluation tools to provide a formative and summative evaluation.
- Seek ways to enhance the use of skills and simulation laboratories to prepare students for patient care.
- Ensure that the clinical experiences are planned to meet clinical objectives.
- Seek supplemental learning activities for students to practice medication administration and documentation of patient care.
- Model positive characteristics of respect and caring to students while maintaining high standards.

Recommendations for Students:

- Take advantage of strategies to engage in active learning activities to fully gain the knowledge, skills, and abilities essential to safe, competent nursing practice.
- Express positive characteristics of respect and caring to peers, faculty, and patients.

Potential Implications for Clinical Partners Based Upon Survey Responses:

- Keep patient safety as the foremost factor in clinical placement of students.
- Consider allowing faculty to participate in opportunities for clinical skills development that are relevant to the specific setting
- Contribute to relationship building among faculty, students, and clinical partners.
- Engage in dialogue with education programs to clarify joint expectations for preceptor roles, clinical objectives and clinical supervision.
- Assist the programs by providing feedback regarding the clinical learning experiences.

Note: Survey data as well as ideals proposed by some criteria suggest future work in the areas of greater collaboration and partnerships between nursing education programs and clinical partners. The TF has committed to an interest in assisting with this challenge.

TEXAS BOARD OF NURSING
EDUCATION MONOGRAPH
Including 3.8.7.a. EDUCATION GUIDELINE
Promoting Optimal Clinical Instruction
10/24/2014

Towards Defining Excellence in Clinical Instruction in Pre-licensure Nursing Education Programs

Developed by the
Task Force to Study Implications of Growth in Nursing Education Programs in Texas

Historical Perspective

Growth in the number of Board-approved nursing programs in the state as well as increased enrollments in established programs has increased the demand for the experiences typically expected in the traditional model of clinical instruction. This places an additional burden on an already capacity-constrained network of clinical sites and available clinical faculty to provide access to clinical practice settings for pre-licensure nursing programs.

The Board of Nursing (BON) established a Task Force to Study Implications of Growth in Nursing Education Programs in Texas in October 2011. The charge to the Task Force was to provide information to the Board that would facilitate informed decision-making in response to the growth in Texas nursing education programs. The self-determined purpose of the Task Force was to create a forum for dialogue among stakeholders on how to ensure that the State of Texas will continue to provide quality nursing education that produces safe, competent graduates in a changing environment.

The Task Force met several times during 2012 and submitted a report to the Texas Board of Nursing at the January 2013 Board meeting. The Board accepted the report and approved the products, which included two education guidelines designed to improve clinical instruction:

- Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences
- Education Guideline 3.8.5.a. Utilization of Part-Time Clinical Nursing Faculty

The Task Force has subsequently been instrumental in promoting:

- Further data collection and information gathering through more detailed questions in the Nursing Education Program Information Survey (NEPIS) related to clinical learning experiences;
- Specific items to be included on the BON web site dashboard table of program data; and
- Further study related to critical elements in clinical learning experiences.

In order to move forward with the statewide dialogue among stakeholders to ensure quality nursing education for the future, the Board issued two new charges to the Task Force at the October 2013 meeting:

- Develop a guideline describing optimal clinical instruction in pre-licensure nursing programs; and
- Provide an analysis of findings from the 2013 NEPIS related to required clinical hours in pre-licensure nursing programs.

The Work of the 2013-2014 Task Force

For many years, leaders in nursing education have called for reform in nursing education. Tanner (2006, p. 99) in her Editorial in the *Journal of Nursing Education* stated that “clinical education virtually has remained unchanged for 40 years.” Niederhauser et al (2012) validated the fact that methods of teaching nursing students in the clinical area has remained the same even though nursing practice has undergone tremendous change. Most nursing leaders agree that in order to facilitate the preparation of increasing numbers of nursing graduates needed for the evolving health care system, innovation and new methods of clinical instruction are necessary. Nursing education has been and will continue to re-evaluate the approaches to teaching with new information about learning and new learners. In addition, the quality and rigor of nursing education must be raised to a higher level due to the growth in nursing knowledge, the acuity and complexity of patients, and the importance of clinical decision-making by nurses in the twenty-first century (Benner, Sutphen, Leonard, & Day, 2010). These imperatives are realized by nursing education

at the same time that programs are being required to reduce credit hours in their curricula and to continue to enroll large numbers of students.

One of the concerns leading to the establishment of the Task Force was the growing scarcity of clinical sites where students could complete their clinical hours. Following discussion of this issue, the Task Force agreed that the quality of clinical instruction deserves more attention than the quantity of hours spent in clinical learning experiences, and that excellence in clinical instruction in nursing programs is key to preparing graduates to be safe, competent nurses. The BON recognizes that an external factor impacting the designation of clinical hours is a connection between funding generated by programs based upon the number of faculty contact hours (including clinical hours). The Task Force is recommending that careful consideration about clinical hour distribution be made. In addition to direct patient care, this would include faculty-supervised time in skills and simulation laboratories. Faculty-supervised clinical practice is essential in nursing education. Additionally, clinical instruction in health care agencies is a precious commodity that must be conserved.

As an organizing framework for its work, the Task Force identified four (4) Principles for Optimal Clinical Instruction in Pre-Licensure Nursing Education Programs:
Principle No. 1: Optimal clinical learning experiences share a common set of **quality indicators**.
Principle No. 2**: Faculty** promote optimal clinical learning experiences when they embrace strategies for effective instruction.
Principle No. 3**: Student** perspectives are considered when the clinical learning experiences are developed.
Principle No. 4: **Clinical settings** are selected to meet clinical objectives.

The Task Force carried out its charges by:

- Reviewing pertinent nursing literature related to clinical instruction in nursing education;
- Reviewing Board Standards for Nursing Education in Texas related to clinical learning instruction (See Appendix A);
- Developing and conducting an online survey to solicit responses that provided perspectives related to clinical instruction from nursing faculty and nursing students in vocational and professional nursing programs, and from clinical partners in settings where the clinical instruction occurs (See Appendix B); data from the survey was analyzed according to the four (4) principles listed above with the intent to identify criteria for optimal clinical instruction and to make recommendations for nursing education to promote excellence in clinical learning experiences;
- Analyzing data from the 2013 NEPIS Reports related to clinical hours in pre-licensure nursing education programs (See Appendix C);
- Developing recommendations for nursing education in Texas based upon the findings from the online survey and from the literature; and
- Producing Education Guideline 3.8.7.a. to provide assistance to nursing education programs in their quest for optimal clinical instruction (See Appendix D).

This monograph presents the survey data and findings for the four (4) principles, and subsequent conclusions and recommendations for the guideline.

The Survey

In April 2014, BON Staff distributed an online survey to the program directors of the 99 vocational and 112 professional Board-approved nursing programs in Texas. The questions were designed to solicit responses from nursing faculty, nursing students, and clinical partners. The program directors were instructed to forward the survey to faculty, students, and clinical partners (clinical agencies with whom they contracted for clinical experiences for students) for completion and return to the BON.

The survey consisted of:

- Demographic information
- Part I for Faculty including:
    - 1 question seeking ratings of importance for criteria describing optimal clinical instruction on a 5-point Likert scale where 5 was *Essential* and 1 was *Not Important;*

    - 2 questions seeking satisfaction ratings of clinical aspects on a 5-point Likert scale where 5 was *Extremely Satisfied* and 1 was *Not Satisfied;*
    - 1 question seeking ratings of impact of aspects of clinical instruction on a 5-point Likert scale where 5 was *Extreme Impact* and 1 was *No Impact;* and
    - 1 open-ended question asking faculty to describe their most effective clinical instruction strategies.
- Part II for Students including:
    - 1 question seeking ratings of the usefulness of teaching strategies on a 5-point Likert scale where 5 was *Extremely Useful* and 1 was *Not Useful;*
    - 1 question seeking ratings of the quality of aspects of clinical learning experiences on a 5-point Likert scale where 5 was *Excellent* and 1 was *Poor;*
    - 1 question seeking importance ratings of opportunities for clinical practice in the program on a 5-point Likert scale where 5 was *Essential* and 1 was *Not Important;* and
    - 2 open-ended questions asking the students to describe their most valuable and least valuable clinical experiences.
- Part III for Clinical Partners including:
    - 1 question seeking satisfaction ratings of clinical elements involving nursing students on a 5-point Likert scale where 5 was *Extremely Satisfied* and 1 was *Not Satisfied;*
    - 1 question seeking ratings of seriousness of barriers to effective clinical instruction on a 5-point Likert scale where 5 was *Extremely Serious* and 1 was *Not a Barrier;*
    - 1 question asking clinical partners to indicate by a check mark whether improvement is needed on a list of select items; and
    - 1 open-ended question asking for suggestions for improving clinical education for pre-licensure nursing programs.

When the responses were analyzed, percentages were calculated for each item and the data were arranged in tables in descending order of highest to lowest ratings (5 to 1). The number of responses for each item as well as averages of ratings for each item are presented in the tables. Further statistical analyses did not reveal statistically significant findings across items except random differences between program types. These differences were not explored further.

A total of 1,616 surveys was received, but only 1,251 met the criteria for the study (for example, not all students had experienced clinical practice; not all faculty taught in pre-licensure students). In addition, not all respondents answered every question resulting in a different *n* for each question. Usable respondents included:

- 411 Faculty
- 620 Students
- 220 Clinical Partners

The responses from students represented the following program types:

- VN 21%
- ADN/Diploma 51%
- BSN 25%
- Alternate Entry MSN 3%

The responses from faculty represented the following program types:

- VN 30%
- ADN/Diploma 42%
- BSN 27%
- Alternate Entry MSN 1%

Eighty-eight percent (88%) of faculty responding are employed full-time.

Limitations of the Data Collection Method:

- The convenience sampling did not provide an equal number of subjects from each type of program.
- There was no way to control the number of responses from each program.

- Rating scales ranged from extreme ratings to zero ratings (essential to *not important*, *extremely satisfied* to *not satisfied, extreme impact* to *no impact*, *extremely useful* to *not useful*, *excellent* to *poor*, *extremely serious* to *not a barrier*, which may have skewed the scoring.

A wealth of descriptive information was collected by the survey and may be developed in a future report.

Survey Data

Principle No. 1: Optimal clinical learning experiences share a common set of quality indicators.

In an effort to identify a set of criteria that define optimal clinical instruction, the baseline question on the survey asked nursing faculty to rate the importance of 10 criteria recognized as important aspects of optimal clinical instruction for pre-licensure nursing programs. The leading criteria rated by the 411 faculty respondents acknowledged that patient safety is paramount in nursing education. However, the ratings for all of the criteria were so high (with average ratings for all criteria ranged from 4.97 to 4.30) that the Task Force deemed these 10 criteria as foundational for optimal clinical instruction.

Survey Question: Rate the importance of each of the following criteria in promoting optimal clinical instruction for nursing students in pre-licensure nursing programs.

Table I

Faculty Ratings of Importance of Criteria for Optimal Clinical Instruction For Students in Pre-Licensure Nursing Programs

n=411

Criteria	5 Essential	4 Very Important	3 Important	2 Somewhat Important	1 Not Important	Average Rating
Patient safety should be fundamental in every student patient encounter.	97.31% 398	2.44% 10	0.24% 1	0.00% 0	0.00% 0	4.97 409
Sufficient opportunities should be available for students to apply nursing knowledge and skill achievement to the practice setting.	78.48% 321	19.32% 79	1.96% 8	0.24% 1	0.00% 0	4.76 409
Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences.	75.43% 310	21.65% 89	2.92% 12	0.00% 0	0.00% 0	4.73 411
Coaching and positive feedback should be consistently provided by faculty.	76.59% 314	19.27% 79	4.15% 17	0.00% 0	0.00% 0	4.72 410
Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the life span.	66.42% 273	29.44% 121	3.41% 14	0.49% 2	0.24% 1	4.61 411
Opportunities should be provided for faculty to guide decision-making in the clinical setting.	62.75% 256	30.15% 123	7.11% 29	0.00% 0	0.00% 0	4.56 408

Criteria	5 Essential	4 Very Important	3 Important	2 Somewhat Important	1 Not Important	Average Rating
Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth.	63.66% 261	29.27% 120	6.10% 25	0.98% 4	0.00% 0	4.56 410
Nursing faculty should be provided opportunities to broaden their own skills.	65.45% 269	24.57% 101	9.25% 38	0.73% 3	0.00% 0	4.55 411
Clinical experiences should be based on competencies outlined in the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs).	53.81% 219	34.15% 139	10.81% 44	0.98% 4	0.25% 1	4.40 407
Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking.	46.83% 192	38.54% 158	12.20% 50	2.20% 9	0.24% 1	4.30 410

Principle No. 2: Faculty promote optimal clinical learning experiences when they embrace strategies for effective instruction.

The importance of the expertise of clinical faculty cannot be overstated since it is in the clinical area that students learn to apply the science of nursing. The level of faculty preparation to provide effective clinical instruction varies among clinical faculty. Nursing programs promote excellence in clinical instruction by providing an adequate faculty orientation, ongoing faculty development, and financial resources to all full-time and part-time clinical faculty. “Nursing is an application profession with high academic and performance standards. The main desire of nurse educators is that all the students they teach will become safe, effective, and successful nurses” (McVey, 2009, p. 9). Faculty are encouraged to use a variety of teaching strategies and methods to achieve excellence in instruction.

Perspectives of Faculty

The section of the survey designed to solicit faculty perspectives of clinical instruction included two (2) questions with multiple items asking them to rate their satisfaction with aspects of the clinical environment based upon their most recent clinical teaching experiences (Table II & Table III). A third question asked faculty to rate eight (8) items for their impact on the effectiveness of clinical instruction (Table IV).

Survey Question: In general, rate your satisfaction with the following aspects of your most recent clinical teaching experiences.

Table II
Faculty Ratings of Level of Satisfaction with Environmental Aspects of Recent Clinical Teaching Experiences
(n = 411)

Aspects of the Clinical Teaching Experience	5 Extremely Satisfied	4 Very Satisfied	3 Moderately Satisfied	2 Slightly Satisfied	1 Not Satisfied	Average Rating
Your relationships with the nursing students	43.18% 174	49.88% 201	6.45% 26	0.50% 2	0.00% 0	4.36 403
Your relationships with the staff nurses on the units	27.23% 110	48.76% 197	20.79% 84	2.97% 12	0.25% 1	4.00 404
Your relationships with the affiliating agencies	27.23% 110	47.77% 193	20.05% 61	3.96% 16	0.99% 4	3.96 404
Assurance that the clinical contract will be honored throughout the term of the agreement	30.60% 123	44.28% 178	17.41% 70	5.22% 21	2.49% 10	3.95 402
The level of supervision you are able to provide your students (related to the distribution of students to various units)	21.67% 88	39.90% 162	28.08% 114	7.64% 31	2.71% 11	3.70 406
The overall nursing care provided by the nurses and other providers on the unit	10.12% 41	48.89% 198	36.05% 146	4.20% 17	0.74% 3	3.63 405
Variety of patients for assignment to students to meet clinical objectives	17.28% 70	41.48% 168	31.85% 129	5.93% 24	3.46% 14	3.63 405
Required clinical orientation to the clinical facility/facilities for students and faculty	14.29% 58	41.38% 168	31.03% 126	7.64% 31	5.67% 23	3.51 406
Availability of clinical activities and experiences to correlate with didactic content	14.60% 59	37.62% 152	34.90% 141	9.41% 38	3.47% 14	3.50 404
Acceptance of students by staff on the clinical unit	14.32% 58	37.78% 153	30.12% 122	13.58% 55	4.20% 17	3.44 405
Nursing education program orientation for new faculty who will be providing clinical instruction	7.50% 30	32.25% 129	39.00% 156	12.00% 48	9.25% 37	3.17 400

The three (3) most highly-rated items acknowledged the importance of relationships with students, staff nurses, and the clinical affiliating agencies. Positive relationships with students was included among characteristics of effective clinical instructors cited by Girija (2012), while MacIntyre et al (2009) suggested that more structured relationships between students and staff nurses serve to facilitate better working relationships between nursing programs and staff nurses.

In the survey, faculty tended toward moderate ratings of satisfaction with the following items: the overall nursing care provided by staff to the patients; the variety of patients available for student assignments; the availability of clinical activities to help students meet their clinical objectives; and the clinical orientation for students and faculty.

The item that received the lowest rating was the orientation provided by nursing programs for new faculty. However, responses in Table IV did not place faculty orientation high on the list of factors that might impact clinical instruction.

Faculty were asked about issues related to clinical contracts between nursing programs and clinical affiliating agencies. Even though there are reports from programs that contracts with affiliating agencies are tenuous and sometimes broken, the data in this table does not support this concern. Their responses indicated faculty were very satisfied with the status of the contractual arrangements.

Table III provides survey results related to faculty satisfaction with clinical aspects that impact student opportunities to provide patient care.

Survey Question: In general, rate your satisfaction with the following aspects of your most recent teaching experiences.

Table III

Faculty Satisfaction During Recent Clinical Teaching Experiences
With Clinical Aspects That Impact Student Opportunities to Provide Patient Care
(n = 404)

Aspects of Clinical Teaching Experiences	5 Extremely Satisfied	4 Very Satisfied	3 Moderately Satisfied	2 Slightly Satisfied	1 Not Satisfied	Average Rating
Opportunities provided by the facility for students to engage in interactions with patients and members of health care team	22.14% 89	51.49% 207	21.14% 85	3.98% 16	1.245 5	3.89 402
Opportunities provided by the facility for students to engage in nursing interventions (treatments, procedures)	15.35% 62	47.03% 190	28.71% 116	6.93% 28	1.98% 8	3.67 404
Process for making student assignments to patients in the clinical setting	14.11% 57	45.30% 183	29.70% 120	8.17% 33	2.72% 11	3.60 404
Readiness of students to care for patients when they arrive on the unit	9.68% 39	43.42% 175	36.72% 148	7.94% 32	2.23% 8	3.50 403
Willingness of staff nurses to work with students who are assigned to their patients	14.46% 58	39.40% 158	30.42% 122	12.47% 50	3.24% 13	3.49 401
Opportunities provided by the facility for students to administer medications to patients	15.25% 61	40.00% 160	28.75% 115	8.75% 35	7.25% 29	3.47 400
Ease of using our program's clinical evaluation tools	15.10% 61	38.86% 157	24.75% 100	12.87% 52	8.42% 34	3.39 404

Aspects of Clinical Teaching Experiences	5 Extremely Satisfied	4 Very Satisfied	3 Moderately Satisfied	2 Slightly Satisfied	1 Not Satisfied	Average Rating
Effectiveness of the accommodations provided by the facility for pre- and post-conferences	16.38% 66	31.51% 127	24.32% 98	12.66% 50	15.14% 13	3.21 401
Ease of finding preceptors on the unit to work one-on-one with students using the preceptor model	6.34% 23	26.45% 96	31.68% 115	22.87% 83	12.67% 46	2.91 363
Opportunities provided by the facility for students to document care for assigned patients	9.27% 37	25.81% 103	27.82% 111	18.80% 75	18.30% 73	2.89 399

The two most highly-rated aspects indicated faculty satisfaction with the opportunities provided to the students by the clinical settings, especially in areas of interactions with patients and the health care team. This was matched with students' high satisfaction ratings assigned to communications with patients and families in Table VII.

Though nursing programs use a variety of methods for assigning patients to students, the faculty expressed satisfaction with their own program's methods for making assignments. Faculty also indicated their belief that students were adequately prepared when they arrived on the unit to care for their assigned patients. Faculty expressed satisfaction with the staff's willingness to work with students. Less satisfaction was indicated for: opportunities for students to administer medications and provide documentation; the effectiveness of the clinical evaluation tools; and the availability of spaces for pre- and post-conferences. A low rate of satisfaction with the ease of finding preceptors to work with students was also reported.

Faculty were asked to provide their perception of the seriousness of factors that may detract from effective clinical instruction (Table IV).

Survey Question: Rate the following items relative to your perception of their ongoing impact on the ability to provide effective clinical instruction.

Table IV
Faculty Perceptions of Factors that Impact Effective Clinical Instruction
(n = 403)

Factors that Impact Clinical Instruction	5 Extreme Impact	4 Strong impact	3 Moderate Impact	2 Slight Impact	1 No Impact	Average Ratings
Number of students assigned to one faculty member	47.26% 190	41.04% 165	9.45% 38	1.49% 8	0.75% 3	4.33 402
Students come to the clinical experience ill-prepared to achieve clinical objectives	43.11% 172	34.59% 138	15.29% 61	4.01% 16	3.01% 12	4.11 399
Acuity of patients	33.25% 133	49.75% 199	12.25% 49	3.50% 14	1.25% 5	4.10 400
Ineffective relationships between faculty and clinical agency/staff nurses	41.16% 183	32.58% 129	12.88% 51	7.07% 28	6.31% 25	3.95 396
Students from more than one program on the same unit	44.30% 175	24.05% 95	15.95% 63	8.86% 35	6.84% 27	3.90 395

Factors that Impact Clinical Instruction	5 Extreme Impact	4 Strong impact	3 Moderate Impact	2 Slight Impact	1 No Impact	Average Ratings
Opportunities for faculty to maintain or develop their clinical nursing skills	30.58% 122	41.10% 164	18.05% 72	7.02% 28	3.26% 13	3.89 399
Inadequate orientation of clinical instructors	27.89% 111	37.44% 149	20.85% 83	9.05% 38	4.77% 19	3.75 398
Faculty lack confidence in their own clinical nursing skills	31.39% 124	35.95% 142	15.70% 62	9.11% 36	7.85% 31	3.74 395

All items in Table IV were seen as having a potential impact on effective clinical instruction. The factor with the highest perceived impact was the number of students assigned to one (1) faculty member. Board rules in Texas require a ratio of no more than 10 students to one (1) faculty member with flexibility allowed when preceptors or clinical teaching assistants are included in the ratio. The acuity of patients (third in this list) in the acute care and long term care settings may attribute to the discomfort with the prescribed ratio. In addition, a group of students may be divided between units in the clinical setting due to the limited number of students who can be accommodated on one unit. This means that one faculty member may be supervising students on multiple units, creating additional stress for faculty.

Of particular interest to the Task Force was the finding from a similar question posed to the clinical partners about the number of students assigned to one faculty member. Their responses indicated that they perceived it as only slightly serious (Table V), representing a discrepancy in perceptions, possibly reflecting the level of discomfort felt by faculty supervising students in clinical.

Table V

Factors that Impact Clinical Instruction: Number of students assigned to one faculty member	**5 Extreme Impact**	**4 Strong Impact**	**3 Moderate Impact**	**2 Slight Impact**	**1 No Impact**	**Average Ratings**
Faculty Response	47.26% 190	41.04% 165	9.45% 38	1.49% 8	0.75% 3	4.33% 402
Clinical Partner Response	9.71% 20	13.59% 29	16.50% 34	14.56% 30	45.63% 94	2.27% 206

Faculty expressed satisfaction with students' readiness to care for patients when they arrive on the clinical unit. But when questioned about the opposite scenario, faculty indicated that a student's lack of preparation would pose a serious impact to effective clinical instruction.

Factors associated with lower impact were:

- inadequate orientation of clinical instructors; and
- faculty lacking confidence in their own clinical nursing skills.

Although faculty recognized the importance of having opportunities to broaden their own skills as an essential criteria for optimal clinical instruction (Table I), they did not perceive a lack of confidence in their own skills as having a very high impact on clinical instruction. The literature stresses that professional competence and expertise in clinical skill and judgment are included as important qualities of an effective clinical instructor (Dahlke et al, 2012; Girija, 2012). Programs are encouraged to include opportunities for faculty to practice their skills and to learn new skills within their workload.

Principle No. 3: Student perspectives are considered when the clinical learning experiences are developed.

Recognizing the importance of considering clinical instruction from the student perspective, the Task Force identified questions to be considered by faculty when planning clinical learning experiences:

- What do students want from the clinical experience?
- How can students be prepared to function in the clinical experience?
- What are student responsibilities to ensure a good clinical experience?
- How can faculty motivate students toward self-directed learning in the clinical area?
- How can the clinical evaluation tool serve as a learning activity?
- What do students think they need to be ready for the work setting?

Faculty may benefit from asking students to discuss their reactions to these questions to promote an honest dialogue between faculty and students and to improve the faculty-to-student relationship.

Perspectives of Students

In the section of the online survey seeking student perspectives, students were asked to rate the usefulness of 15 teaching strategies that may be used to prepare them for providing hands-on care to actual patients. Six hundred twenty (620) students responded. The majority of students viewed all of the teaching strategies as moderately to extremely useful (Table VI).

Survey Question: How would you rate the usefulness of the following teaching strategies to prepare you for providing hands-on care to actual patients?

Table VI
Nursing Student Rating of the Usefulness of Teaching Strategies
(n = 620)

Teaching Strategy	5 Extremely Useful	4 Very Useful	3 Moderately Useful	2 Somewhat Useful	1 Not Useful	N/A	Average Ratings
Skills laboratory instruction and practice	57.28% 354	25.89% 160	11.33% 70	3.40% 21	1.62% 10	0.49% 3	4.34 618
Coaching from faculty during patient care	55.65% 345	27.90% 173	10.48% 65	2.74% 17	2.26% 14	0.976 6	4.33 620
Feedback from nursing faculty	47.97% 296	32.41% 200	10.70% 66	5.67% 35	2.76% 17	0.49% 3	4.18 617
Orientation to the clinical agency	43.23% 268	34.19% 212	14.84% 92	5.97% 37	1.29% 8	0.48% 3	4.13 620
Lectures and discussions in nursing classes	38.39% 238	38.71% 240	15.65% 97	5.32% 33	1.61% 10	0.32% 2	4.07 620
Simulation experiences in the nursing lab	42.56% 263	30.74% 190	13.59% 84	7.61% 47	3.56% 22	1.94% 12	4.03 618
Examinations	29.56% 183	38.13% 236	24.56% 152	5.65% 35	1.78% 11	0.32% 2	3.88 619
Virtual clinical excursions	26.74% 165	26.42% 163	15.56% 96	5.83% 36	5.83% 36	19.61% 121	3.78 617
Reading assignments	25.81% 159	38.31% 236	24.68% 152	8.44% 52	2.44% 15	0.32% 2	3.77 616
Participation in case study analysis	25.61% 158	33.71% 208	23.34% 144	10.21% 63	5.02% 31	2.11% 13	3.66 617
Pre-clinical assignment	24.47% 151	31.44% 194	24.96% 154	8.75% 54	4.86% 30	5.51% 34	3.66 617

Teaching Strategy	5 Extremely Useful	4 Very Useful	3 Moderately Useful	2 Somewhat Useful	1 Not Useful	N/A	Average Ratings
Participation in small group work	20.03% 124	26.98% 167	27.63% 171	14.22% 88	9.85% 61	1.29% 8	3.34 619
Online coursework	15.35% 95	27.95% 173	28.59% 177	15.02% 93	8.56% 53	4.52% 28	3.28 619
Participation in student-led class discussions	14.47% 89	22.76% 140	23.09% 142	18.21% 112	12.36% 76	9.11% 56	3.10 615
Participation in student presentations	16.75% 103	20.33% 125	27.48% 169	20.81% 128	12.68% 78	1.95% 12	3.08 615

The teaching strategies that were viewed by students as most useful were: skills laboratory instruction and practice, and coaching and feedback from faculty. The nature of these strategies suggest that students prefer teaching strategies that require close faculty supervision, encouragement, and feedback to guide them in their learning activities. The findings also point out that students value the experiences in the skills laboratory, suggesting that nursing education programs might consider expanding this area of clinical instruction with more time devoted to skills, using creative teaching approaches.

"Orientation to the clinical agency" was also rated by 77.42% of the responding students as *extremely useful* or *very useful*, possibly due to the familiarization to the facility that this provides to new student nurses in those settings.

Two strategies highly rated as *extremely useful* or *very useful* by the responding students were:

- Lectures and discussions in nursing classes; and
- Simulation experiences in the nursing lab.

This data implies that students prefer instructor-led learning activities rather than student-led activities. The relatively lower rating of the following teaching strategies further supports this implication.

- Participation in small group work;
- Participation in student-led class discussions; and
- Participation in student presentations.

Students' responses showed less enthusiasm for: virtual clinical excursions; reading assignments; participation in case study analyses; pre-clinical assignments; and online coursework. All of these strategies require initiative and self-discipline on the part of the student. The challenge for faculty is to design and implement multiple teaching strategies that will actively engage students and enhance learning outcomes.

Students were asked to rate the quality of their most recent clinical learning experiences. Specifically they were asked to rate 18 items that had been determined by Task Force members in discussions with constituents or in the nursing literature review to reflect quality in clinical learning experiences. The average ratings ranged from 4.28 to 3.69 (Table VII).

Survey Question: In general, how would you rate the quality of the following aspects of your most recent clinical learning experience?

Table VII
Student Ratings of the Quality of Aspects of their Most Recent Clinical Learning Experiences
(n = 616)

Aspects of Clinical	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor	Average Ratings
Relationships with other students	48.12% 295	35.40% 217	13.87% 85	1.96% 12	0.65% 4	4.28 613
Communications with patients and families	44.63% 274	38.76% 238	15.47% 95	0.98% 6	0.16% 1	4.27 614
Observation experiences	45.85% 282	33.17% 204	16.75% 103	3.58% 22	0.65% 4	4.20 615
Faculty guidance and supervision on the unit	42.23% 258	35.68% 218	14.57% 89	4.91% 30	2.62% 16	4.10 611
Relationships with faculty	38.89% 238	36.76% 225	16.99% 104	5.56% 34	1.80% 11	4.05 612
Opportunities to administer medications	42.97% 263	30.88% 189	17.16% 105	5.56% 34	3.43% 21	4.04 612
Opportunities to carry out nursing tasks and procedures	40.69% 249	33.33% 204	17.48% 107	6.54% 40	1.96% 12	4.04 612
Communications with nurses	35.95% 220	37.58% 230	21.24% 130	4.25% 26	0.98% 6	4.03 612
Feedback from the clinical evaluation	40.55% 249	33.22% 204	17.26% 106	5.70% 35	3.26% 20	4.02 614
Working with a preceptor	37.48% 226	36.82% 222	17.74% 107	2.82% 17	5.14% 31	3.99 603
Quality of care by the staff nurse	32.68% 201	38.86% 239	23.41% 144	3.90% 24	1.14% 7	3.98 615
Correlation with current classroom content	34.47% 212	34.63% 213	20.16% 124	9.27% 57	1.46% 9	3.91 615
Relationships with staff nurses/care providers	30.83% 189	36.70% 225	23.16% 142	7.67% 47	1.63% 10	3.87 613
Communications with other members of the health care team	30.16% 184	36.39% 222	25.25% 154	5.74% 35	2.46% 15	3.86 610
Pre- and post-conferences	36.22% 222	30.51% 187	20.72% 127	8.32% 51	4.24% 26	3.86 613
Assistance from staff nurses	31.54% 193	35.29% 216	20.75% 127	10.13% 62	2.29% 14	3.84 612
Written assignment related to patient care plan	26.50% 163	33.98% 209	25.53% 157	10.73% 66	3.25% 20	3.70 615
Opportunity to document care provided	32.08% 197	29.32% 180	21.01% 129	10.59% 65	7.00% 43	3.69 614

A majority of the student ratings clustered between *excellent* and *good*. The item that received the highest average rating was relationships with other students, suggesting the importance of their relationships with their peers. This is consistent with Hooper's (1985) findings where students in associate degree programs across the country rated their classmates as their strongest support system.

With almost the same average rating, communications with patients and families had the second highest rating, suggesting the value students place on interactions while providing care in the clinical setting. The item receiving

the next highest average rating was observation experiences, possibly because these activities place less pressure on student performance.

Other items with an average rating of over 4 on a 5-point scale are:

- Faculty guidance and supervision on the unit;
- Relationships with faculty;
- Opportunities to administer medications;
- Opportunities to carry out nursing tasks and procedures;
- Communications with nurses; and
- Feedback from the clinical evaluation.

These findings indicate student satisfaction with faculty supervision in clinical and with having the opportunities to perform nursing tasks. The descending arrangement of students' ratings of the items indicates the higher value students place on carrying out nursing tasks rather than engaging in higher level learning activities like written assignments and patient care documentation (aspects with the lowest ratings). Faculty may also tend to place strong emphasis on task completion rather than non-technical aspects of care, such as ongoing patient assessment and practice in clinical decision making. In a qualitative study to investigate the clinical experiences of students and faculty in three (3) different university settings, four (4) major themes during clinical learning experiences indicated a need for improvement:

- Faculty-student interactions missed opportunities for optimal learning in clinical;
- The foci for clinical evaluation and learning were based upon task completion of basic patient care rather than upon clinical objectives;
- Providing valuable learning activities during slow times was lacking; and
- Students were not involved as a part of the health care team (Ironside, McNelis, and Ebright, 2014).

The next area of focus in the survey related to perceptions of specific clinical practice opportunities. Students were asked to rate the importance of three different practice settings commonly used in nursing programs (Table VIII).

Survey Question: Rate the importance of these opportunities for practice in the nursing program.

Table VIII
Student Ratings of the Importance of Three (3) Practice Opportunities in Clinical Learning Experiences
(n = 612)

Practice Settings	5 Essential	4 Very Important	3 Important	2 Somewhat Important	1 Not Important	Average Ratings
Caring for acutely ill patients in hospitals	78.89% 482	16.69% 102	4.09% 25	0.16% 1	0.16% 1	4.74 611
Practicing nursing skills in skills and simulation labs	61.54% 376	22.09% 135	11.78% 72	3.93% 24	0.65% 4	4.40 611
Caring for patients in clinical sites other than hospitals	52.54% 321	27.66% 169	14.24% 87	4.91 30	0.65% 4	4.27 611

All of the clinical experiences were rated highly, but students indicated a preference for experiences in the acute care setting. The second highest average rating, practicing nursing skills in skills and simulation labs, suggested that more time could be devoted to learning and practicing in the skills and simulation labs. This may be helpful in improving students' skill level, while relieving the crowded conditions in the acute care settings, and ensuring that students are better prepared to care for actual patients.

The Education Workgroup of the Gulf Coast Health Services Steering Committee – Houston-Galveston Gulf Coast Region, developed a report (June 2011) focusing on transition from nursing education to employment. They reviewed the *Differentiated Essential Competencies of Graduates of Texas Nursing Education Programs (*DECs) and found that they included the employer-expected competencies as identified by the Nursing Executive Center of The Advisory Board Company. They concluded that the deficiency experienced by employers was not a knowledge gap but lack of experience using nursing skills and applying knowledge to clinical decision-making. This may indicate a need for repetitive practice of nursing skills in nursing skills laboratories. A summary of this report was presented to the Board as an appendix to the January 2013 Task Force report (Agenda Item 5.2.7., Attachment #5).

Principle No. 4: **Clinical settings are selected to meet clinical objectives.**

Data from the 2013 Nursing Education Program Information Survey (NEPIS) reported that vocational nursing (VN) and professional nursing (RN) programs were not able to accept all student applications from qualified applicants due to:

- Lack of clinical spaces to accommodate the students;
- Increased competition from other programs seeking clinical placements;
- Clinical preferences for BSN students over ADN and VN students;
- Low hospital census;
- Limited specialty clinical spaces; and
- Lack of clinical opportunities in certain geographical areas.

The Task Force identified specific issues and barriers in clinical settings that affect nursing programs:

- Securing alternative clinical experiences where students can meet clinical objectives;
- Handling the scarcity of sites for clinical experiences with specific populations (labor and delivery, postpartum care, pediatrics);
- Effectively supervising students on multiple units at the same time;
- Working out a better system for student/faculty orientation to the clinical facility;
- Working collaboratively when multiple schools are on one clinical unit;
- Dealing with constant changes in clinical settings;
- Dealing with more acute patients hospitalized for shorter periods of time; and
- Dealing with uncertainty of a secure contract negotiation.

The survey questions directed to contracted clinical partners were designed to solicit responses from individuals experienced with student nurses. Over 200 responses were received with the majority from staff nurses who work directly with students. In general, the ratings given to items by the clinical partners were not as high as those given by faculty and students, though they still indicated a high level of satisfaction. This may reflect the disconnect in the understanding of program outcomes in nursing education and employment expectations of the workplace.

The Task Force also discussed four (4) potential gaps in nursing education from the perspective of clinical partners:

- Lack of standardization across nursing programs in the evaluation of students in clinical performance;
- Clarity about how education and practice can find agreement about how each can better assist nursing graduates to transition smoothly to practice;
- Lack of a consistent tool or methodology to evaluate students' readiness to practice from the employer perspective and lack of a forum for discussion and return of the data to academia; and
- Lack of understanding of the DECs by clinical representatives.

The Task Force also agreed that a further dialogue exploring the common ground between nursing education and nursing practice can promote a satisfactory process for new nursing graduates to transition into successful practice.

Perspectives of Clinical Partners

Survey Question: In general, how satisfied are you with the following elements associated with providing clinical learning experiences for nursing students?

Table IX
Clinical Partners' Ratings of Satisfaction with Elements
Associated with Providing Clinical Learning Experiences for Nursing Students
(n = 220)

Elements Associated with Providing Clinical Learning Experiences for Nursing Students	5 Extremely Satisfied	4 Very Satisfied	3 Moderately Satisfied	2 Slightly Satisfied	1 Not Satisfied	Average Ratings
Relationships with students	24.88% 54	49.31% 107	21.66% 47	4.15% 9	0.00% 0	3.95 217
Demonstration of safety by students	25.12% 54	48.37% 104	20.93% 45	4.65% 10	0.93% 2	3.92 215
Relationships with faculty	23.72% 51	46.51% 100	24.19% 52	4.19% 9	1.40% 3	3.87 215
Communications with students	25.46% 55	43.52% 94	24.54% 53	5.09% 11	1.39% 3	3.87 216
Understanding of program of study and clinical learning objectives for students	22.94% 50	40.37% 88	22.94% 50	11.47% 25	2.29% 5	3.70 218
Communications with faculty	22.02% 48	39.45% 86	26.15% 57	9.63% 21	2.75% 6	3.68 218
Skills demonstrated by students	18.69% 40	38.32% 82	30.37% 65	10.28% 22	2.34% 5	3.61 214
Understanding of students' level of knowledge and skills	20.18% 44	36.70% 80	27.52% 60	11.93% 26	3.67% 8	3.58 218
Preparation of students upon arrival to care for assigned patients	20.75% 44	35.38% 75	30.66% 65	7.08% 15	6.13% 13	3.58 212
Supervision of students by nursing faculty	21.03% 45	35.98% 77	25.23% 54	9.81% 21	7.94% 17	3.52 215
Student use of the time on the clinical unit	18.60% 40	36.28% 73	28.84% 62	9.77% 21	6.51% 14	3.51 215
Program's methods of assigning patients	18.96% 40	34.60% 73	29.86% 63	9.95% 21	6.64% 14	3.49 211
Faculty use of the time on the clinical unit	18.40% 39	32.55% 69	27.83% 59	11.79% 25	9.43% 20	3.39 212

The top three (3) elements rated by clinical partners as contributing to the satisfaction of student clinical learning experiences were: relationships with students; demonstration of safety by students; and relationships with faculty, all indicating a positive regard for students and faculty. These aspects of the clinical learning experiences should be guarded and promoted in the future.

Communications with students and faculty were also rated between *moderately satisfied* and *very satisfied* by the clinical partners. Though the clinical partners reported that their understanding about the program of study and clinical objectives was satisfactory, they were less aware of students' skill level. Since students from various levels of education may be on the same unit or in the same setting, the clinical staff may be less knowledgeable about each student's current level of knowledge and skill sets, perhaps indicating a gap in the communications between nursing faculty and nursing staff.

Areas that were rated lower by the clinical partners were: faculty supervision; student and faculty use of time in the setting; and the programs' methods of assigning patients. These are areas that may need some attention by nursing programs, especially since there is a discrepancy between faculty and clinical partners' satisfaction with methods used for making student assignments.

Clinical partners were asked to rate their perceptions of the seriousness of specific barriers to effective clinical instruction. A total of 210 individuals responded (Table X). These potential barriers included in the survey were identified by the Task Force or were found in the literature.

Survey Question: Please rate the seriousness of the following barriers to effective clinical instruction.

Table X
Clinical Partners' Ratings of Potential Barriers to Effective Clinical Instruction
(n = 210)

Barriers to Effective Clinical Instruction	5 Extremely Serious	4 Very Serious	3 Moderately Serious	2 Slightly Serious	1 Not a Barrier	Average Ratings
Students come to the clinical experience ill-prepared to achieve clinical objectives	14.29% 29	15.27% 31	13.30% 27	18.72% 38	38.42% 78	2.48 203
Lack of preceptors to meet program requests	12.87% 26	16.34% 33	12.38% 25	18.81% 38	39.60% 80	2.44 202
Acuity of patients	8.21% 17	16.43% 34	19.32% 40	14.49% 30	41.55% 86	2.35 207
Ineffective relationships between faculty and clinical agency/staff nurses	10.40% 21	14.85% 30	12.87% 26	17.33% 35	44.55% 90	2.29 202
Number of students assigned to one faculty member	9.71% 20	13.59% 28	16.50% 34	14.56% 30	45.63% 94	2.27 206
Inadequate orientation of clinical instructors	9.90% 20	12.87% 26	15.35% 31	16.83% 34	45.05% 91	2.26 202
Faculty lack of confidence in their own clinical nursing skills	9.95% 20	15.92% 32	10.95% 22	14.43% 29	48.76% 98	2.24 201
Students from more than one program	6.90% 14	9.85% 20	18.72% 38	20.20% 41	44.33% 90	2.15 203

Clinical partners rated students' lack of preparation to achieve clinical objectives as a serious potential barrier to effective clinical instruction. They also viewed a lack of preceptors to meet program requests as a serious barrier for clinical instruction.

Responses from faculty agreed that preparation by students to care for the assigned patients is very important. Clinical partners (Table IX) reported their satisfaction with student preparation averaging between *moderately* and *very satisfied.* But about one-third of clinical partners (Table XI) indicated that "individual student preparation for patient care" was an area that needed improvement.

Issues with the lack of preceptors to meet program requests was rated by clinical partners as being the second item of concern as a potential barrier to effective clinical instruction. However, an item in Table XI asked clinical partners to indicate areas needing improvement. "Use of preceptors" was rated as needing improvement by only 24.51% of the clinical partners. In Table III faculty satisfaction with finding preceptors on the unit to work with students was rated as next to the lowest item. Students rated the quality of working with a preceptor as a mid-range item and only about 8% rated the quality in the low range of *fair* or *poor*.

A 2011 survey was conducted by the Texas Team Clinical Placement Sub-Committee to examine and explore concerns surrounding clinical site availability and utilization of clinical preceptors. A 19-question survey was sent electronically to 100 Board-approved professional nursing education programs across the state. The responses indicated that among the programs, 637 students were denied admission due to lack of clinical availability. When asked about preceptor availability, over 80% of the programs indicated difficulty identifying qualified preceptors. Issues related to the use of preceptors prompted the new Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences developed by the Task Force in 2012 with input from nursing faculty and from a hospital nurse administrator. Nursing programs are encouraged to follow the guideline when using preceptors.

Hendricks et al (2013) conducted a study to compare the effects of preceptored clinicals and traditional (faculty supervised) clinicals on 73 nursing students. The advantage of the precepted model was that students were engaged in more hands-on practice, but the strong positive effects of the precepted model faded after the first semester and diminished over the following semesters. This study suggests that a precepted model may be most valuable when used for one (1) semester of a nursing program and perhaps is optimized in the last semester when students are prepared to take advantage of increased opportunities for hands-on patient care.

Udlis (2008) conducted an integrative review of sixteen (16) research studies related to preceptorships in undergraduate nursing programs. Though a majority of the studies supported the use of preceptored clinical learning experiences, precepted experiences did not demonstrate significant benefits over traditional faculty-supervised clinical experiences in areas of critical thinking, clinical competence, and success on the National Council Licensing Examination (NCLEX) examination. Clinical faculty should consider and/or develop optimal models that promote the development of critical thinking and clinical competence without relying heavily on preceptors to meet these needs.

The one-on-one relationship in the preceptor experience is seen as the essence of preceptorship but the current workplace environment and the increased demands on staff nurses make it very challenging to find enough qualified preceptors. Preserving the value of the one-on-one preceptor-student relationship may mean limiting the experience in the nursing program to a time when it will be most appreciated and meaningful (Luhanga et al, 2010). The limited benefits gained from the precepted experience coupled with the difficulty finding preceptors may indicate a need for less dependence on the preceptor model.

Five (5) potential barriers reported to be *extremely* or *moderately serious* by 25% percent or less of the clinical partners were:

- Acuity of patients ;
- Ineffective relationships between faculty and clinical agency/staff nurses;
- Number of students assigned to one faculty member;
- Inadequate orientation of clinical instructors; and
- Faculty lack confidence in their own clinical nursing skills.

The statement “Students from more than one program” received the lowest average rating (2.15) with 16.75% of respondents/staff nurses indicating that this does not pose a serious barrier to effective clinical instruction.

From the perspective of clinical partners, none of the items surfaced as extremely serious barriers to effective clinical instruction.

Clinical partners were also asked to indicate whether improvements are needed in identified areas related to clinical instruction. Table XI provides responses to a list of the potential areas for improvement.

Survey Question: Please indicate whether improvement is needed in any of the following areas.

Table XI

Clinical Partners' Indication for Need in Improvement Related to Clinical Instruction
(n=204)

Potential Need for Improvement	Number of Respondents Indicating Improvement Needed	Percentage of Respondents Indicating Improvement Needed
Understanding of level of preparation of students by the affiliating agency	93	45.59%
Availability of faculty on the unit	81	39.71%
Adequate supervision of students by faculty	67	32.84%
Individual student preparation for patient care	65	31.86%
Communications with faculty	60	29.41%
Students' competent performance of clinical skills	54	26.47%
Use of preceptors	50	24.51%
Relationships with faculty	47	23.04%
Students' communication skills	43	21.08%
Students' knowledge of safe clinical practice	42	20.59%
Faculty maintaining their own clinical competence	38	18.63%
Communications with students	30	14.71%
Relationships with students	22	10.78%

"Understanding the level of preparation of students by the affiliating agency" was indicated by the most clinical partners the highest area in need of improvement. Clinical partners expressed a moderate level of satisfaction with their understanding of students' level of knowledge and skills (Table IX), suggesting a need for better communication between faculty and clinical partners.

The following three areas were rated by approximately a third of the clinical partners as needing improvement:

- Availability of faculty on the unit;
- Adequate supervision of students by faculty; and,
- Individual student preparation for patient care.

Less than a third of responses indicated a need for improvement in the following areas:

- Communications with faculty;
- Students' competent performance of clinical skills;
- Use of preceptors;
- Relationships with faculty;
- Students' communication skills; and,
- Students' knowledge of safe clinical practice.

Areas receiving the lowest ratings for needing improvement were:

- Faculty maintaining their own competence;
- Communications with students; and
- Relationships with students.

Literature and Survey Findings Related to the 10 Criteria

Data were reconsidered in relation to the 10 criteria for optimal clinical instruction identified as the common set of quality indicators in Principle No. 1. The findings are applied to each of the criteria as evidence for recommendations and future areas of study.

Criterion 1 – Patient safety should be fundamental in every student-patient encounter.
Because of the Institute of Medicine report of 2003, perhaps no single imperative for nursing education has received more attention than patient safety. The importance of patient safety was acknowledged in Texas by the addition of a fourth role for nurses to the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs), that of advocate for patient safety. In an integration literature review of 20 international research studies, Tella et al (2014) found that patient safety in nursing curricula varied across nursing programs and was not easily and consistently recognized. There was evidence that students learn about safety in other ways, such as observing or learning about errors in the clinical area. Embedding patient safety across the curriculum and including a definite focus in a course or in specific objectives may help resolve this weakness. Students need content and practice that both teach them to prevent errors and to advocate for patient safety. Students should demonstrate growing competency in patient safety during their progress in the nursing program.

Patient safety was seen as the Number 1 criteria among the 10 criteria for optimal clinical instruction. Clinical partners expressed high satisfaction with the demonstration of safety by students ranked as number 2 of 13 items in Table IX. This finding was consistent with another response from the clinical partners indicating that there was a low need for improvement in “students’ knowledge of safe clinical practice” (ranked as number 10 of 13 items).

Data that may be related to patient safety in the clinical setting include the responses about perceptions of student readiness to care for assigned patients and to responses related to adequate supervision of students by faculty. Faculty expressed a satisfaction level of 3.50 for individual student preparation (Table III). However, faculty did indicate that if students arrived at the clinical setting ill-prepared to achieve clinical objectives, it would pose a strong impact on effective clinical instruction (average rating of 4.11) (Table IV). Clinical partners rated students’ being ill-prepared as the number 1 potential barrier to effective clinical instruction of the eight (8) items in Table IX. Clinical partners’ satisfaction with the preparation of students to care for patients had an average rating of 3.58, or as number 9 of 13 items. About one-third (31.86%) of clinical partners’ responses indicated student preparation for patient care needed improvement. In addition, 32.84% of clinical partners’ responses indicated that adequate supervision of students by faculty needed improvement (Table XI).

Schneidereith (2014) conducted a study in the simulation setting to determine whether junior and senior level students correctly verified the rights of safe medication administration. Findings suggested that students do not become safer as they progress through the program but rather become more neglectful. The study implies that faculty cannot assume that graduating students require less supervision in the clinical setting.

Another factor that may affect patient safety is the number of students assigned to one faculty member. Faculty rated the number of students under their supervision as the number 1 factor that impacts effective clinical instruction (strongest impact) with a rating of 4.33 (Table IV). It is likely that the acuity of patients and the fact that faculty are supervising students assigned to patients on various units at one time contribute to the perception of a safety issue. Of import, clinical partners rated the number of students assigned to one faculty member as 2.27 (slightly serious) as a potential barrier to effective clinical instruction (ranked as number 5 of 8 items) (Table IX). This discrepancy in perceived importance/impact may be a result of the challenges associated with the design of clinical placements (assigning students to one unit versus multiple units) and the use of preceptors. Directly addressing this variance in perception holds potential for improving the overall clinical experience.

Delunas and Rooda (2009) described an innovative clinical instruction model to involve clinical faculty who were employed by the facility and working under the supervision of a full-time qualified faculty member. The staff nurses were paid by the hospital but given release time from their regular responsibilities to provide instruction for 8 to 10 students. The faculty member floated between clinical groups to provide knowledge from the associated didactic course, evaluation, and assistance with hand-on instruction. Pre- and post-conference meetings included both groups, staff nurses, and faculty members. The model was highly successful but depended upon the partnership relationship with the hospital and collaboration and communication between faculty, nurses, and students. The experience made it possible to increase the number of students under supervision of the faculty member and promoted a nurse-student relationship that allowed learning from a nurse expert.

Criterion 2 – Sufficient opportunities should be available for students to apply nursing knowledge and skill achievement to the practice setting.

Shaha et al. (2013) conducted a qualitative study at a leading U. S. nursing school using focus groups composed of 41 students. Using the assumption that excellence in teaching and learning is evaluated by course evaluations, NCLEX examination pass rates, and employment rates, the researchers wanted to explore this area more carefully. One finding pertinent to this guideline is that students stressed that the clinicals were the most important element in the curriculum. Clinicals were viewed as an immersion into the practice field and gave the best opportunities for learning.

In responses to the BON survey, faculty expressed a high level of satisfaction for the opportunities for students to engage in interactions with patients and members of the health care team, and for opportunities for students to engage in nursing interventions (treatments, procedures).These were ranked as number 1 and number 2 of 10 items with respective ratings of 3.89 and 3.67 (Table III). Opportunities for students to administer medications to patients and to document care for assigned patients were seen as less satisfactory, ranking as number 6 and number 10 of 10 items (average ratings of 3.47 and 2.89) (Table III). These findings are not surprising since opportunities for students to administer medications and to document patient care in the charts are becoming less available. As a result, faculty rely on providing supplemental on-campus learning activities that meet clinical objectives related to medication administration and document of care.

Students' ratings of effective teaching strategies that facilitated clinical practice indicated that they favored: skills laboratory instruction and practice; coaching from faculty during patient care; feedback from nursing faculty; simulation experiences in the nursing lab; and virtual clinical excursions as being most useful (Table V). Teaching strategies that required student preparation and participation were rated lower by students even though it is known that the most effective learning occurs through student involvement. The challenge for faculty is to initiate strategies that actively engage students in the learning process and, perhaps, to more clearly explicate the value of assignments to students.

Items rated by students as quality aspects in recent clinical learning experiences that relate to opportunities in the clinical settings include (Table VI):

- communications with patients and families – rated 4.27; ranked number 2 of 18 items;
- opportunities to administer medications – rated 4.04; ranked number 6 of 18 items;
- opportunities to carry out nursing tasks and procedures – rated 4.04; ranked number 7 of 18 items;
- working with a preceptor – rated 3.99; ranked number 10 of 18 items;
- assistance from staff nurses – rated 3.84; ranked number 16 of 18 items; and
- opportunities to document care provided – rated 3.69; ranked number 18 of 18 items.

When asked about finding preceptors, faculty expressed a low satisfaction level with the "ease of finding preceptors on the unit to work with students" (2.91; number 9 of 10 items in Table III). However, clinical partners did not view the lack of preceptors to meet program requests as a potential barrier to effective clinical instruction (average rate of 2.44; number 2 of 8 items in Table IX). Also, only about 25% of clinical partners who responded viewed the use of preceptors as an area that needed improvement (Table XI). This may be compared to 35% of faculty who viewed this as an area of lower satisfaction (Table III). This area of disconnect in perceptions is an area in need of further exploration. Students rated the quality of working with a preceptor in the clinical area as 3.99; number 10 of 18 items. (Table VII).

Whereas students offered a lower quality rating to the area of assistance from staff nurses (Table VII), faculty gave a satisfaction rating of 3.44 for "acceptance of students by staff on the clinical unit" (number 10 of 11 items). Faculty also gave a satisfaction rating of 3.49 to the "willingness of staff nurses to work with students who are assigned to their patients" (number 5 of 10 items in Table III). Further exploring students' expectation for assistance from staff nurses is an important area for future research. In the interim, faculty and clinical sites might consider specifically outlining the expectations for students to minimize frustration and maximize the learning experience.

Faculty responded to the item about the effectiveness of the clinical affiliating agency to provide spaces for pre- and post-conferences with a rating of 3.21; number 8 of 10 (Table III). This may relate to the shortage of space in clinical facilities and a need to find other venues for pre- and post-conferences. Students rated the quality of pre- and post-conferences as 3.86; number 15 of 18 items (Table VII).

Criterion 3 – Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences.
The faculty responsibility in the clinical area is often described as "faculty-supervised" clinical instruction, but it is more than supervision – it is guidance. "It is something that you do, not something that you let happen and then evaluate" (Rayfield & Manning, 2009, p. 65).

Dahlke et al (2012) conducted a structured literature review of studies related to the clinical instructor role in nursing education programs. They describe the clinical instructor as the teacher in the clinical area and as one who needs skills in both teaching and clinical instruction. The review considered fifteen (15) studies published in English between 2000 and 2010, and identified the following qualities important to the role of the clinical instructor:

- The ability to communicate clearly;
- Expertise in clinical skill and judgment;
- Ability to serve as a role model and source of support to students;
- Knowledge of both the clinical environment and the curriculum; ability to use higher-level questioning to stimulate critical thinking; and
- A person-centered approach to nursing.

It is important for nursing programs to use an evidence-based approach to orienting and developing clinical instructors in their role as nursing faculty. Clinical instructors who are not prepared for the challenges in the clinical setting tend to rely on their past educational experiences as learners. The new Education Guideline 3.8.5.a., *Utilization of Part-Time Clinical Nursing Faculty,* was developed with the realization that part-time clinical faculty are frequently used in nursing education, and part-time clinical faculty often feel isolated from the program of study. The guideline recommends that the program provides the following resources to assist part-time nursing faculty:

- a thorough faculty orientation designed for part-time faculty with attention to the faculty role in the clinical area;
- guidelines for making clinical assignments, supervising students, evaluating student performance, and planning effective post-conference sessions;
- an overview of the program of study including mission, program objectives, and the implementation of the DECs;
- an assigned full time faculty member to serve as mentor to the part-time faculty member in the clinical experience;
- assurance of faculty clinical faculty competence in area of assigned teaching; and
- instructional resources and copies of texts.

In their responses to the survey question, faculty offered a positive rating of satisfaction with the level of supervision they are able to provide students as 3.70, number 5 of 11 items (Table II). The faculty rated their process for making student assignments to patients in the clinical area as 3.60 (number 3 of 10 items) which is related to their supervision of students (Table III).

Students were asked to rate the quality of faculty guidance and supervision on the unit of their most recent clinical learning experiences. This item ranked as number 4 of 18 items with an average rate of 4.10 (Table VI), indicating their satisfaction with faculty supervision.

Clinical partners rated the supervision of students by nursing faculty as 3.52, number 10 of 13 items (Table VIII). The lowest rating provided by clinical partners with a satisfaction rating of 3.39 was for "faculty use of the time on the clinical unit" (Table VIII). When clinical partners identified areas needing improvement, 32.84% of respondents saw "adequate supervision of students by faculty" as a potential area for improvement.

Criterion 4 – Coaching and positive feedback should be consistently provided by faculty.
Students' rating of useful teaching strategies placed "coaching from faculty during patient care" and "feedback from nursing faculty" as number 2 and number 3 of 15 items, with average ratings of 4.33 and 4.18, respectively (Table VI*).*

The importance of these teaching strategies was validated by findings in a 2005 NCSBN systematic review of 27 research studies published between 1995 and 2005 investigating education outcomes and suggesting implications of the findings for Boards of Nursing (Spector, 2006). One finding indicated that students learn best when faculty provide feedback, coaching, and clear directions in clinical supervision.

Criterion 5 – Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the life span.
The availability of a variety of patients for student assignments is important in order for students to meet clinical objectives. Faculty rated their satisfaction with this item as 3.63, number 7 of 11 items (Table II).

Faculty also rated the availability of clinical activities and experiences to correlate with didactic content as 3.50, number 9 of 11 items (Table II). Students rated the quality of the clinical experience correlating with classroom content as 3.91, number 12 of 18 items (Table VI). These activities indirectly relate to types of clinical settings available that offer a variety of experiences. Faculty also expressed *moderate satisfaction* with the correlation between clinical and didactic (Table II). Benner et al. (2010) acknowledged the importance of clinical learning with real patients, especially when nursing faculty integrate clinical and classroom teaching. Integration may be described as the application of content to practical experiences (McVey, 2009).

When students were asked to rate three types of clinical experiences, they indicated a preference for acute care settings but also acknowledged the importance of clinical learning activities in alternate settings (Table VIII).

In a study related to clinical alternatives, Diefenbeck et al. (2011) presented an analysis of a five (5) year evaluation of their revised curriculum with a clinical immersion in six (6) clinical courses during the senior year. In order to facilitate its success, several innovations were implemented, one being a work requirement course in which students were to work or volunteer 160 hours in a health care setting to familiarize them with patient care, half of the hours in direct patient care. This information suggests that nursing programs may consider service learning activities that allow students to meet selected clinical objectives.

Criterion 6 – Opportunities should be provided for faculty to guide decision-making in the clinical setting.
Students' ratings of the quality of faculty guidance and supervision on the unit indicated that faculty guidance rated between *Very Good* and *Excellent* (4.10), number 5 of 18 items (Table VII).

Criterion 7 – Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth. (See Criterion 9)
Faculty responses indicated that the ease of using clinical evaluation tools was rated only 3.39 (*Moderately* to *Very Satisfied)*, possibly suggesting a need for faculty development to optimize the value of clinical evaluation tools (Table III). Students rated the quality of feedback from the clinical evaluation as 4.02 (*Very Good)*, number 9 of 18 items, (Table VII). Since the use of clinical evaluation tools provide a valuable method of providing feedback and suggestions for improvement to students, these findings stress the importance of improving the clinical evaluation tools and their use.

Criterion 8 – Nursing faculty should be provided opportunities to broaden their own skills.
Faculty rated the impact of opportunities to maintain or develop their clinical nursing skills as 3.89 (*Moderate* to *Strong Impact),* number 6 of 8 items (Table IV). Faculty perceptions indicated that pursuing opportunities to

maintain and develop their own skills did not have a major impact on the clinical teaching. Another item that ranked as low impact was faculty lacking confidence in their own clinical nursing skills with a rating of 3.74 *(Moderate* to *Strong Impact),* number 8 of 8 items (Table IV).

Clinical partners were asked to rate the seriousness of potential barriers to effective clinical instruction with one item being "faculty lack of confidence in their own clinical nursing skills." This item received an average rate of 2.24, number 6 of 7 items (Table X). When clinical partners were asked to identify items that needed improvement, "faculty maintaining their own clinical competence" was marked by only 18.63% of the clinical partners (Table XI). Evidently faculty competency level is not in question in the clinical settings.

Girija (2012) contended that effective clinical instructor characteristics that are vital to the achievement of excellent clinical teaching include professional competence and expert knowledge and nursing skills.
It is important that faculty are engaged in ongoing educational offerings and self-education not only to learn new methods of instruction and to stay current in nursing practice, but to remain energized about teaching nursing students. Important areas for continuing development include:

- maintaining clinical competence;
- developing instructional competence; and
- designing clinical experiences where students can demonstrate progression in competencies (DECs).

<u>Criterion 9 – Clinical experiences should be based on competencies outlined in the DECs.</u>
This criterion is related to Criterion 7 about clinical evaluation tools since the tools should be based on expected clinical competencies. More attention is needed to assisting faculty to understand the DECs throughout the programs, and especially in the clinical experiences where they can easily be evaluated.

Board Staff encourage faculty to:

- Objectively document student behaviors in the clinical experiences based upon a grading rubric and a clinical evaluation tool with measurable objectives;
- Ensure interrater reliability in student evaluations through faculty participation in interrater reliability exercises to ensure consistency in grading and evaluating students;
- Use the DECs in evaluating students to determine that they are clinically competent in the essential competencies;
- Determine progression of students' cognitive, affective, and psychomotor achievements in clinical objectives (See Education Guideline 3.7.3.a. Student Evaluation Methods and Tools); and
- Include the student in the evaluation process.

Walsh et al (2010) described how a faculty developed a new clinical evaluation tool based upon QSEN competencies that focused on quality and safety and promoted evaluating critical thinking skills and team communication. The evaluation tool was comprised of three (3) sections:

- A checklist of essential competencies;
- A key for each clinical course with specific behaviors and desired outcomes based on the level of skills; and
- A guideline detailing how the tool should be used.

This approach could be applied to developing clinical evaluation tools based upon the DECs and adaptable to a wide variety of clinical experiences and faculty. One VN program recently redesigned their clinical evaluation tools with the specific goal of leveling of clinical objectives across the three levels in the curriculum. The faculty identified DECs competencies (clinical judgment and behaviors) that applied to each level, adjusting wording to fit their program. The next challenge for faculty is to agree on evaluation details to ensure they are consistent in their grading.

<u>Criterion 10 – Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical-thinking.</u>
Among the student ratings of the usefulness of teaching strategies, simulation experiences rated 4.03 (*Very Useful*) (Table V). Effective simulation experiences based upon standards is one way to provide clinical experiences to students that might relieve the congested clinical settings.

Simulation experiences may be used as a transition step between skills labs and hands-on care, or may be used for situations that the students may not encounter in the clinical settings. (See Education Guideline 3.8.6.a. *Simulation in Pre-licensure Nursing Education*.) High-fidelity simulation includes activities with planned objectives in a realistic patient scenario guided by trained faculty and followed by a debriefing and evaluation of student performance. The use of simulation may also help relieve some of the congestion in the clinical facilities that are used by multiple programs. However, simulation is not a substitute for faculty-supervised hands-on patient care.

Programs should stay abreast of research related to simulation in nursing education and apply findings as appropriate. Pike & O'Donnell (2010) conducted a study in the United Kingdom to explore the impact of clinical simulation experiences on student self-confidence (self-efficacy). Because of the small sample size of nine (9) students, findings provided valuable insight into student perceptions. Students' inabilities to communicate with patients, especially about sensitive areas, surfaced as a need. Students also expressed a lack of authenticity in the simulated setting that made it difficult for them to transfer the experience to the actual clinical setting.

On the other hand, Galloway (2009) viewed simulation as a way to bridge the gap between novice and competent practice. She promoted simulation since students have a safe environment to practice without the risk of harming patients.

Skills and simulation lab practice as well as other clinical exercises (i.e. case studies) prepare the student for better success in hands-on practice with actual patients. Immersion in the clinical environment allows the student to develop "an understanding of the culture of health care and nursing, the effect of this culture on patient care, roles of team members, and ways of functioning in interprofessional team work" (Tanner, 2010, p. 4). Clinical judgment and decision-making are actualized in the context of working with real patients.

In a study (Baxter et al., 2012) to determine whether students experienced greater skill acquisition from observing a videotaped demonstration or from participating in an interactive simulation session with a qualified faculty, there was only a small difference between the two groups. But both groups were superior to a control group where there was reliance on past knowledge. The authors contend that a combination of teaching methods including demonstration and opportunities to practice would seem optimal. There is also a suggestion that repetition and reinforcement of knowledge is important as students progress through an education program and transfer skills to new situations.

A study to determine which components of simulation were perceived by students to "matter most" in contributing to clinical judgment involved 150 senior level undergraduate students (Kelly, Hager, & Gallagher, 2014). The three (3) highest ranking components were debriefing, reflection, and guidance by the supervising faculty.

Results from NCSBN simulation study (Hayden et al., 2014), "a multi-year, multi-state, randomized, controlled study of the educational outcomes when simulation is used to replace traditional clinical hours throughout the undergraduate nursing curriculum." The 666 graduates who completed the study had been randomized into three study groups based upon their assignment to: traditional clinical (usual clinical instruction), 25% simulation in place of clinical hours, and 50% simulation in place of clinical hours. The results at the end of the study indicated there were no differences in nursing knowledge or in clinical competency or readiness for practice. These are significant findings but it is important to note that the programs in the study were all stable, faculty involved received extensive training in supervising high fidelity simulation, and quality equipment was available.

<u>Assessing Gaps in Nursing Education</u>

Benner et al (2010) found through surveys of faculty and students that nursing students are not adequately prepared for their first job in nursing.

An apparent gap exists between the readiness of the nursing graduate to enter practice and the expectations of the employer regarding the level of preparation of new nurses. Johanson's (2013) study to examine whether new BSN nurses perceived their nursing education proved relevant for the demands in their jobs, new graduates stated that they wished they'd had more opportunities to practice clinical skills while in nursing school. However, the new graduates indicated that their educational preparation was adequate for transitioning into practice even though they

felt their skills were lacking. Even though it would be helpful within the crowded clinical settings to reduce the number of required clinical practice hours, from the students' perspective, more clinical practice time would be desirable. The challenge lies in using time in clinical settings to the best advantage and finding other ways to increase students' skill levels with nursing tasks and critical thinking. Johanson (2013) mentioned the following competencies to enhance the preparation of new graduates:

- Technological competencies;
- Problem solving abilities; and
- Adaptation abilities.

The Task Force proposes that a next step in the work toward excellence in clinical instruction is to promote a dialogue between nursing education and nursing practice to clarify the expectations of each partner for better collaboration and communication.

Summary and Recommendations Based Upon the Criteria for Optimal Clinical Instruction

Pertinent findings from the survey data related to each of the 10 criteria with comments and recommendations related for optimal clinical instruction in pre-licensure nursing education programs in Texas are presented in Table XII. This table is the basis for Education Guideline 3.8.7.a. in Appendix D.

Table XII

Pertinent Survey Findings with Comments and Recommendations

Criterion	Comments/Recommendation
1. Patient safety should be fundamental in every student-patient encounter.	**Comments:** Clinical partners acknowledged satisfaction with patient safety demonstrated by nursing students. Faculty recognized patient safety as the number 1 criteria for optimal clinical instruction. **Recommendation #1:** Pre-licensure nursing programs should remain diligent with a continuing focus on patient safety. **Comments:** Though faculty expressed satisfaction with student preparation to provide patient care, about 1/3 of clinical partners perceived a deficit in student preparation for patient care, indicating a disconnect in perceptions. **Recommendation #2:** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
2. Sufficient opportunities should be available for students to apply nursing knowledge and skill achievement to the practice setting. **Other Survey Findings:** Faculty satisfaction with: • process for assigning patients to students; • opportunities for students to engage in interactions with patients and health care team; • willingness of nurses to work with students; • overall nursing care provided by nurses on the unit; and • assurance that the clinical contract will be	**Comments:** A high level of satisfaction was expressed by faculty, students, and clinical partners for relationships between their members. Relationships between individuals and entities are seen as positive influences for achieving desired outcomes in the practice setting. The literature validates the importance of relationships to foster respect and success. **Recommendation #3:** Nursing programs should continue efforts to maintain and enhance positive relationships. **Comments:** Students rated skills lab instruction as number 1 in a list of useful teaching strategies. **Recommendation #14 (below):** Programs should evaluate the mix of clinical learning experiences to

honored throughout the term of the agreement.	optimize the balance between time spent in skills labs, high-fidelity simulation activities (including the use of Standardized Patients and screen-based simulation), and direct hands-on time with patients. **Comments:** Though faculty and students expressed general satisfaction with the opportunities provided students to engage in nursing tasks, less satisfaction was noted for opportunities for students to administer medications and document care for assigned patients. **Recommendation #4:** Programs should seek supplemental on-campus learning activities for students to practice documentation of nursing care and administration of medications. **Comments:** Faculty expressed lower satisfaction with the ease of finding preceptors to work with students, while clinical partners did not see this as a potential barrier. Only about one-fourth of clinical partners saw this as an area for improvement, indicating a disconnect in perceptions. **Recommendation #5:** Programs should engage in discussions with their clinical partners to come to a mutual understanding of the most effective and efficient use of preceptors in various clinical sites. Consideration should be given to reserving the fully precepted experiences for limited situations such as the capstone course. **Comments:** Clinical partners expressed less satisfaction with: • their understanding of the skill level of students; • skills demonstrated by students; and • use of student time on the unit. **Recommendation #2 (above):** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
3. Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences. **Other Survey Findings:** Faculty satisfaction with: • acceptance of students by staff on the clinical unit; • the variety of patients for assignment to students to meet clinical objectives; and • availability of clinical activities and experiences to correlate with didactic content. Student satisfaction with: • faculty guidance and supervision on the unit.	**Comments:** Faculty identified the number of students assigned to each faculty member in a clinical setting as having the highest impact on the effectiveness of clinical instruction. Clinical partners were less concerned about the ratio of faculty-to-students in the clinical area but viewed the acuity of patients as a potential barrier to effective instruction. **Recommendation #6:** Programs should evaluate policies and procedures for planning faculty-to-student ratios in the clinical area, taking into consideration the acuity of patients and the proximity of student assignments on various units under the supervision of one faculty member. **Comments:** Faculty expressed a low level of satisfaction with the program's orientation to guide new clinical faculty in teaching, supervision, and

	evaluating students in the clinical area.. **Recommendation #7:** Programs should provide an effective orientation program for new faculty focusing on clinical instruction, as well as supervision and evaluation of students in various clinical settings. **Comments:** Faculty expressed less satisfaction about the effectiveness of the accommodations provided by the facility for pre- and post-conferences. **Recommendation #8:** Faculty should explore various methods and venues for pre- and post-conferences, such as on-campus or via online. **Comments:** Though faculty expressed satisfaction with the level of supervision they were able to provide, clinical partners expressed a lower satisfaction with faculty supervision of students as well as faculty use of the time on the clinical unit. **Recommendation #2 (Above):** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
4. Coaching and positive feedback should be consistently provided by faculty. Students highly valued the following teaching strategies: • skills laboratory instruction and practice; • orientation to the clinical agency; • lectures and discussions in nursing classes; and • simulation experiences. Students place less value on student-driven learning activities.	**Comments:** The literature suggests that students learn best when faculty use coaching and feedback. Coaching and feedback were among the teaching strategies valued highly by students. **Recommendation #9:** Faculty are encouraged to develop competencies in debriefing students following simulation activities in order to provide guidance and optimize the learning experiences.
5. Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the life span. NEPIS data related to program hours in clinical used by programs is skewed toward the larger percentage of hours in hands-on clinical settings.	**Comments:** Students ranked clinical settings in order of preference: acute care, skills lab and simulation, and alternate clinical settings. There is a growing scarcity in the availability of clinical settings for nursing students, especially in acute care settings. **Recommendation #10:** In order to facilitate the best use of all clinical settings, pre-licensure nursing programs should seek alternate clinical settings that will allow students to complete clinical objectives in areas where nursing practice occurs.
6. Opportunities should be provided for faculty to guide decision-making in the clinical setting.	**Comments:** Clinical decision-making in the clinical setting begins with instruction and practice in the skills laboratory and progresses with experiences in simulation scenarios. Use of a variety of interactive teaching strategies through these progressive experiences facilitates the student's growth in clinical decision-making. Students expressed greater eagerness to perform nursing tasks than to engage in activities that required their active participation and time commitment (reading assignments, case study analyses, group work, etc.).

	Recommendation #11: The goal of teaching strategies in the classroom and in the clinical area should be to promote critical thinking and clinical-decision making. Programs should provide continuing faculty development for full-time and part-time nursing faculty to include innovative teaching strategies to engage students in active learning in didactic and clinical learning experiences.
7. Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth.	**Comments:** Faculty expressed less satisfaction with the ease of using the clinical evaluation tools. Students placed less value on the feedback from the clinical evaluation tools. **Recommendation #12:** Programs should review clinical evaluation tools for pertinence and direct linkages to clinical objectives, and revise them to be more effective for documenting student performance and for providing constructive feedback. Nursing programs should consider the required competencies in the DECs as they make revisions.
8. Nursing faculty should be provided opportunities to broaden their own skills.	**Comments:** Faculty reported that faculty should have opportunities to broaden clinical skills as an essential criterion for optimal clinical instruction. However, they did not rate this highly as a factor that would impact effective clinical instruction. Only 18% of clinical partners indicated a need for improvement in this area. **Recommendation: #13:** The literature stresses the importance of faculty maintaining clinical skills. Programs should provide opportunities for faculty to maintain and improve clinical nursing skills.
9. Clinical experiences should be based on competencies outlined in the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs).	**Comments:** Board Staff find that the DECs are not being used to full advantage by many programs. **Recommendation # 12:** Programs should review clinical evaluation tools for pertinence and direct linkages to clinical objectives, and revise them to be more effective for documenting student performance and for providing constructive feedback. Nursing programs should consider the required competencies in the DECs as they make revisions.

10. Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking.	**Comments:** Students ranked simulation as number 6 of 15 among useful teaching strategies. Students also indicated that simulation laboratories were among the preferred clinical learning settings. Many open-ended responses from students asked for more simulation activities in nursing programs. Results from the NCSBN simulation study (Hayden et al., 2014) indicated that up to 50% of simulation in place of clinical hours is effective for stable programs when training is provided to faculty and quality high-fidelity equipment is available. These findings offer an option when clinical spaces for clinical practice are scarce. **Recommendation #14:** Programs should evaluate the mix of clinical learning experiences to optimize the balance between time spent in skills labs, high-fidelity simulation activities (including the use of Standardized Patients and screen-based simulation), and direct hands-on time with patients.

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Task Force Members, 2014:

The Board of Nursing wishes to express sincere gratitude to the following members of the 2014 Task Force who possess a variety of areas of expertise and knowledge, greatly facilitating the success of the committee:

Chairperson: Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN

Group I Members:
Staff: Kristin Benton

Vangie DeLeon
Cole Edmonson
Chris Fowler
Jennifer Gray
Beth Mancini
Rebecca Zielinski

Group II Members:
Staff: Virginia Ayars

Gail Acuna
Betty Adams
Pam Lauer
Cheryl Livengood
Shellie Withrow

Group III Members:
Staff: Jan Hooper
Gayle Varnell

Steve Rye
Sally Williams
Debra Yancey
Cindy Zolnierek

Group IV Members:
Staff: Sandi Emerson

Dayna Davidson
Mary LeBeck
Maureen Polivka
Jessica Ruiz
Betty Sims

Board Standards for Nursing Education in Texas
Appendix A

The mission of the Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in this state is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing educational programs. It is the responsibility of the Board to ensure that graduates of nursing education programs have been adequately prepared to provide safe, competent nursing care to the citizens of Texas. The mission provides the underpinning for all initiatives from the Board of Nursing.

The first considerations when considering clinical learning experiences in nursing education are the Mission, the Nursing Practice Act, and Board rules. Education rules for vocational and professional programs mirror each other in most cases as seen below:

Texas Rules Related to Clinical Learning Experiences:

Rule 214.2(10) *Vocational Nursing Education* and Rule 215.2(9) *Professional Nursing Education* provide the following definition for Clinical Learning Experiences: "**faculty planned and guided** learning activities designed to assist students to meet the stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates. These experiences occur in:

- Actual patient care clinical learning situations and in associated clinical conferences;
- Nursing skills and computer laboratories; and
- In simulated clinical settings, including high-fidelity, where the activities involve using planned objectives in a realistic patient scenario guided by trained faculty and followed by a debriefing and evaluation of student performance.

The clinical settings for faculty supervised hands-on patient care include a variety of affiliating agencies or clinical practice settings, including, but not limited to:

- Acute care facilities,
- Extended care facilities,
- Clients' residences, and
- Community agencies."

Vocational and professional nursing education rules for *Clinical Learning Experiences* (Rules 214.10 and 215.10) require that:

- Faculty are responsible and accountable for managing clinical learning experiences and observation experiences of students.
- Faculty develop criteria for the selection of clinical affiliating agencies that address safety and program or course objectives. Consideration of a clinical site shall include: (1) client census sufficient to meet objectives, and (2) collaborative arrangements where the agency supports multiple nursing programs.
- Faculty schedule student time and clinical rotations.
- Clinical learning experiences include the administration of medications, health promotion and preventive aspects, nursing care of persons throughout the life span with acute and chronic illnesses, and rehabilitative care.
- Faculty are responsible for student clinical evaluations. (Clinical evaluation tools shall be correlated with level and/or course objectives and shall include a minimum of a formative and summative evaluation for each clinical in the curriculum.)
- Faculty-to-student ratios comply with education rules, allowing for the use of clinical preceptors following Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences, and for the use of part-time clinical nursing faculty following Education Guideline 3.8.5.a. Utilization of Part-Time Clinical Nursing Faculty. Professional programs may use Clinical Teaching Assistants according to Rule 215.10. Vocational programs may utilize licensed vocational nurses in clinical instruction according to Education Guideline 3.5.3.a. Utilization of Licensed Vocational Nurses and Faculty in Vocational Nursing Education Programs.

Program of Study Rules Found in Rules 214 and 215 Related to Clinical Learning Experiences:

A program of study must include both didactic and clinical learning experiences, and must be designed to prepare graduates to practice according to the Standards of Nursing Practice as set forth in the Board's Rules and Regulations. Hours in clinical learning experiences shall be sufficient to meet program of study requirements. Didactic instruction shall be provided prior to or concurrent with the related clinical learning experiences.

Texas-approved nursing programs must also be designed and implemented to prepare students to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment and Behaviors* (DECs)*.*The DECs provide guidance to nursing education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The competencies are very general, not specific to clinical site, and may apply to all patient populations.

Required content areas with related clinical experiences for **professional programs** are medical-surgical, maternal/child health, pediatrics, and mental health nursing that teach students to use a systematic approach to clinical decision-making and prepare students for safe practice through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end-of-life care for individuals of all ages across the lifespan.

Required content areas with related clinical experiences for **vocational programs** are nursing care of children, maternity nursing, nursing care of the aged, and nursing care of adults. Nursing care of mental health problems is a required content area, but clinical experiences are optional.

BON Task Force Clinical Instruction Survey

A nursing program director suggested that the Texas Board of Nursing Task Force solicit your opinion, therefore, we are inviting you to participate in this online survey designed to collect data about clinical learning experiences. The survey is completely voluntary.

• Your completion of the survey serves as your consent to participate in the study.

• Should you elect not to complete the survey, your information will not be recorded.

• You may withdraw from participation at any time.

• You may omit questions on the survey if you do not want to answer them.

• The survey is confidential and has no identifying factors that would link you to the responses you provide, EXCEPT any optional responses to questions asking name and contact information.

• Please complete the survey items as instructed.

• Completion of the survey will take approximately ten to twenty minutes. You may access the survey from your personal computer.

In order to progress through this survey, please use the following navigation links:

*** Click the < Next > button to continue to the next page.**

*** Click the < Prev > button to return to the previous page.**

*** Click the < Submit > button to submit your survey.**

Please contact Kristin Benton for any questions regarding this survey at Kristin.Benton@bon.texas.gov

BON Task Force Clinical Instruction Survey

Demographics

***1. I am a**

- ◯ Student
- ◯ Faculty member
- ◯ Clinical affiliating agency representative

BON Task Force Clinical Instruction Survey

Demographics

***2. My program is a**

- ◯ VN program
- ◯ Diploma program
- ◯ ADN program
- ◯ Pre-licensure BSN program
- ◯ RN-BSN program
- ◯ Alternate entry masters program

BON Task Force Clinical Instruction Survey

***3. I will graduate in:**

- ◯ Less than 6 months
- ◯ 6 months to 1 year
- ◯ 1 year to 2 years

4. The school/program is located in which county?

	A - C	D - G	H - K	L - O	P - S	T - Z
Select a county.						

BON Task Force Clinical Instruction Survey

Demographics - Faculty Members

***5. I am currently employed as a faculty member**

- ◯ Full time
- ◯ Part time

***6. I teach primarily in the following program:**

- ◯ VN program
- ◯ Diploma program
- ◯ ADN program
- ◯ Pre-licensure BSN program
- ◯ RN-BSN program
- ◯ Alternate entry masters program

***7. Have you taught in the clinical setting in the last 5 years?**

- ◯ Yes
- ◯ No

***8. How many years have you taught nursing:**

a. didactic?

b. clinical?

9. The school/program is located in which county?

	A - C	D - G	H - K	L - O	P - S	T - Z
Select a county.						

BON Task Force Clinical Instruction Survey

Demographics - Clinical Representatives

*10. Please describe the setting that *best* describes your facility.

- ◯ 1 = Inpatient Hospital Care
- ◯ 2 = Outpatient Hospital Care
- ◯ 3 = School of Nursing
- ◯ 4 = Community/Public Health
- ◯ 5 = School/College Health
- ◯ 6 = Self-employed/Private Practice
- ◯ 7 = Physician or Dentist/Private Practice
- ◯ 8 = Rural Health Clinic
- ◯ 9 = Freestanding Clinic
- ◯ 10 = Home Health Agency
- ◯ 11 = Military Installation
- ◯ 12 = Temporary Agency/Nursing Pool
- ◯ 13 = Nursing Home/Extended Care Facility
- ◯ 14 = Business/Industry
- ◯ 15 = Other

*11. What is your position in the work setting?

Must be recognized by the BON

- ◯ 1 = Administrator or Assistant
- ◯ 2 = Consultant
- ◯ 3 = Supervisor or Assistant
- ◯ 4 = Faculty/Educator
- ◯ 5 = Head Nursing or Assistant
- ◯ 6 = Staff Nurse/General Duty
- ◯ *7 = *Nurse Practitioner*
- ◯ *8 = *Clinical Nurse Specialist*
- ◯ *9 = *Nurse Anesthetist*
- ◯ *10 = *Nurse Midwife*
- ◯ 11 = Inservice/Staff Development
- ◯ 12 = School Nurse
- ◯ 13 = Office Nurse
- ◯ 14 = Reseacher
- ◯ 15 = Other

12. *The clinical facility is located in which county?

	A - C	D - G	H - K	L - O	P - S	T - Z
Select a county.						

13. How many different nursing programs utilize the facility for clinical experiences?

*14. What level are the programs?

	VN	Diploma	ADN	BSN	Alternate Entry	Dont' Know
Please select all that apply.	☐	☐	☐	☐	☐	☐

BON Task Force Clinical Instruction Survey

Faculty - Part I

Please rate the importance of each of the following criteria in promoting optimal clinical instruction for nursing students in pre-licensure nursing programs:

- 5 = Essential
- 4 = Very Important
- 3 = Important
- 2 = Somewhat Important
- 1 = Not Important

***15.**

	5-Essential	4-Very Important	3-Important	2-Somewhat Important	1-Not Important
a. Nursing faculty should be provided opportunities to broaden their own skills	◯	◯	◯	◯	◯
b. Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences	◯	◯	◯	◯	◯
c. Sufficient opportunities should be available for students to apply nursing knowledge skill achievement to the practice setting	◯	◯	◯	◯	◯
d. Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the life span	◯	◯	◯	◯	◯
e. Clinical experiences should be based on competencies outlined in the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs)	◯	◯	◯	◯	◯
f. Opportunities should be provided for faculty to guide decision-making in the clinical setting	◯	◯	◯	◯	◯
g. Patient safety should be fundamental in every student - patient encounter	◯	◯	◯	◯	◯
h. Coaching and positive feedback should be consistently provided by faculty	◯	◯	◯	◯	◯
i. Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth	◯	◯	◯	◯	◯
j. Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Faculty - Part II Section 1

Think about the clinical experiences students are provided in your program. In general, rate your satisfaction with the following aspects of your most recent clinical teaching experiences.

- 5 = Extremely Satisfied
- 4 = Very Satisfied
- 3 = Moderately Satisfied
- 2 = Slightly Satisfied
- 1 = Not Satisfied

***16.**

	5-Extremely Satisfied	4-Very Satisfied	3-Moderately Satisfied	2-Slightly Satisfied	1-Not Satisfied
a. The overall nursing care provided by the nurses and other providers on the unit.	◯	◯	◯	◯	◯
b. Nursing education program orientation for new faculty who will be providing clinical instruction	◯	◯	◯	◯	◯
c. Your relationships with the affiliating agencies	◯	◯	◯	◯	◯
d. Your relationships with the staff nurses on the units	◯	◯	◯	◯	◯
e. Your relationships with the nursing students	◯	◯	◯	◯	◯
f. Required clinical orientation to the clinical facility/facilities for students and faculty	◯	◯	◯	◯	◯
g. Assurance that the clinical contract will be honored throughout the term of the agreement	◯	◯	◯	◯	◯
h. The level of supervision you are able to provide your students (related to the distribution of students to various units)	◯	◯	◯	◯	◯
i. Variety of patients for assignment to students to meet clinical objectives	◯	◯	◯	◯	◯
j. Availability of clinical activities and experiences to correlate with didactic content	◯	◯	◯	◯	◯
k. Acceptance of students by staff on the clinical unit	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Faculty - Part II Section 1 (continued)

Think about the clinical experiences students are provided in your program. In general, rate your satisfaction with the following aspects of your most recent clinical teaching experiences.

- 5 = Extremely Satisfied
- 4 = Very Satisfied
- 3 = Moderately Satisfied
- 2 = Slightly Satisfied
- 1 = Not Satisfied

***17.**

	5-Extremely Satisfied	4-Very Satisfied	3-Moderately Satisfied	2-Slightly Satisfied	1-Not Satisfied
l. Process for making student assignments to patients in the clinical setting	◯	◯	◯	◯	◯
m. Readiness of students to care for patients when they arrive on the unit	◯	◯	◯	◯	◯
n. Opportunities provided by the facility for students to administer medications to patients	◯	◯	◯	◯	◯
o. Opportunities provided by the facility for students to engage in nursing interventions (treatments, procedures)	◯	◯	◯	◯	◯
p. Opportunities provided by the facility for students to document care for assigned patients	◯	◯	◯	◯	◯
q. Opportunities provided by the facility for students to engage in interactions with patients and members of health care team	◯	◯	◯	◯	◯
r. Effectiveness of the accommodations provided by the facility for pre- and post-conferences	◯	◯	◯	◯	◯
s. Willingness of staff nurses to work with students who are assigned to their patients (Note: Students work under supervision of the faculty member but also under the nurse accountable for their patient assignment.)	◯	◯	◯	◯	◯
t. Ease of using your program's clinical evaluation tools	◯	◯	◯	◯	◯
u. Ease of finding preceptors on the unit to work one-on-one with students using the preceptor model	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Faculty - Part II Section 2

Please rate the following items relative to your perception of their ongoing impact on the ability to provide effective clinical instruction:

- 5 = Extreme Impact
- 4 = Strong Impact
- 3 = Moderate Impact
- 2 = Slight Impact
- 1 = No Impact

***18.**

	5 - Extreme Impact	4 - Strong Impact	3 - Moderate Impact	2 - Slight Impact	1 - No Impact
a. Number of students assigned to one faculty member	◯	◯	◯	◯	◯
b. Acuity of patients	◯	◯	◯	◯	◯
c. Students from more than one program on the same unit	◯	◯	◯	◯	◯
d. Inadequate orientation of clinical instructors	◯	◯	◯	◯	◯
e. Students come to the clinical experience ill-prepared to achieve clinical objectives	◯	◯	◯	◯	◯
f. Faculty lack confidence in their own clinical nursing skills	◯	◯	◯	◯	◯
g. Opportunities for faculty to maintain or develop their clinical nursing skills	◯	◯	◯	◯	◯
h. Ineffective relationships between faculty and clinical agency/staff nurses	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Faculty - Part II Section 3

19.

Please describe your most effective clinical instruction strategies (best practices). Specifically those strategies that you have witnessed lead to students having an "aha" learning experience.

20.

Faculty name is optional but would allow Board staff to seek additional information about your effective clinical teaching strategies or recognizing faculty for a best practice.

Name (optional):

Program:

Contact Information:

21. Comments:

BON Task Force Clinical Instruction Survey

Students - Part I

***22. Have you been engaged in clinicals?**

- ◯ Yes
- ◯ No

BON Task Force Clinical Instruction Survey

Student - Part I (continued)

How would you rate the usefulness of the following teaching strategies to prepare you for providing hands-on care to actual patients?

- 5 = Extremely Useful
- 4 = Very Useful
- 3 = Moderately Useful
- 2 = Somewhat Useful
- 1 = Not Useful

***23.**

	5 - Extremely Useful	4 - Very useful	3 - Moderately Useful	2 - Somewhat Useful	1 - Not Useful	N/A
a. Lectures and discussions in nursing classes	◯	◯	◯	◯	◯	◯
b. Participation in case study analysis	◯	◯	◯	◯	◯	◯
c. Participation in small group work	◯	◯	◯	◯	◯	◯
d. Participation in student presentations	◯	◯	◯	◯	◯	◯
e. Participation in student-led class discussions	◯	◯	◯	◯	◯	◯
f. Online coursework	◯	◯	◯	◯	◯	◯
g. Reading assignments	◯	◯	◯	◯	◯	◯
h. Examinations	◯	◯	◯	◯	◯	◯
i. Skills laboratory instruction and practice	◯	◯	◯	◯	◯	◯
j. Orientation to the clinical agency	◯	◯	◯	◯	◯	◯
k. Virtual clinical excursions	◯	◯	◯	◯	◯	◯
l. Simulation experiences in the nursing lab	◯	◯	◯	◯	◯	◯
m. Feedback from nursing faculty	◯	◯	◯	◯	◯	◯
n. Pre-clinical assignment	◯	◯	◯	◯	◯	◯
o. Coaching from faculty during patient care	◯	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Students - Part II

In general, how would you rate the quality of the following aspects of your most recent clinical learning experience?

- 5 = Excellent
- 4 = Very Good
- 3 = Good
- 2 = Fair
- 1 = Poor

***24.**

	5-Excellent	4-Very Good	3-Good	2-Fair	1-Poor
a. Faculty guidance and supervision on the unit	◯	◯	◯	◯	◯
b. Assistance from staff nurses	◯	◯	◯	◯	◯
c. Relationships with staff nurses/care providers	◯	◯	◯	◯	◯
d. Relationships with faculty	◯	◯	◯	◯	◯
e. Relationships with other students	◯	◯	◯	◯	◯
f. Working with a preceptor	◯	◯	◯	◯	◯
g. Communications with patients and family	◯	◯	◯	◯	◯
h. Communications with nurses	◯	◯	◯	◯	◯
i. Communications with other members of the health care team	◯	◯	◯	◯	◯
j. Opportunities to document care provided	◯	◯	◯	◯	◯
k. Opportunities to administer medications	◯	◯	◯	◯	◯
l. Opportunities to carry out nursing tasks and procedures	◯	◯	◯	◯	◯
m. Correlation with current classroom content	◯	◯	◯	◯	◯
n. Pre- and post-conferences	◯	◯	◯	◯	◯
o. Observation experiences	◯	◯	◯	◯	◯
p. Written assignment related to patient care plan	◯	◯	◯	◯	◯
q. Feedback from the clinical evaluation	◯	◯	◯	◯	◯
r. Quality of care by the staff nurse	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Students - Part III

Rate the importance of these opportunities for practice in the nursing program:

- 5 = Essential
- 4 = Very Important
- 3 = Important
- 2 = Somewhat Important
- 1 = Not Important

***25.**

	5 - Essential	4 - Very Important	3 - Important	2 - Somewhat Important	1 - Not Important
a. Caring for acutely ill patients in hospitals	◯	◯	◯	◯	◯
b. Caring for patients in clinical sites other than hospitals	◯	◯	◯	◯	◯
c. Practicing nursing skills in skills and simulation labs	◯	◯	◯	◯	◯

BON Task Force Clinical Instruction Survey

Students - Part IV

26.

Briefly describe your most valuable clinical learning experience.

What made this experience so valuable?

27.

Briefly describe your least valuable clinical learning experience:

What made this experience least valuable?

BON Task Force Clinical Instruction Survey

Clinical Affiliating Agencies - Part I

In general, how satisfied are you with the following elements associated with providing clinical learning experiences for nursing students in regards to:

- 5 = Extremely Satisfied
- 4 = Very Satisfied
- 3 = Moderately Satisfied
- 2 = Slightly Satisfied
- 1 = Not Satisfied

***28.**

	5 - Extremely Satisfied	4 - Very Satisfied	3 - Moderately Satisfied	2 - Slightly Satisfied	1 - Not Satisfied
a. Relationships with faculty	◯	◯	◯	◯	◯
b. Relationships with students	◯	◯	◯	◯	◯
c. Communications with faculty	◯	◯	◯	◯	◯
d. Communications with students	◯	◯	◯	◯	◯
e. Understanding of program of study and clinical learning objectives for students	◯	◯	◯	◯	◯
f. Understanding of students' level of knowledge and skills	◯	◯	◯	◯	◯
g. Program's methods of assigning patients	◯	◯	◯	◯	◯
h. Preparation of students upon arrival to care for assigned patients	◯	◯	◯	◯	◯
i. Demonstration of safety by students	◯	◯	◯	◯	◯
j. Supervision of students by nursing faculty	◯	◯	◯	◯	◯
k. Skills demonstrated by students	◯	◯	◯	◯	◯
l. Student use of the time on the clinical unit	◯	◯	◯	◯	◯
m. Faculty use of the time on the clinical unit	◯	◯	◯	◯	◯

Comments related to your satisfaction ratings above:

BON Task Force Clinical Instruction Survey

Clinical Affiliating Agencies - Part II

Please rate the seriousness of the following barriers to effective clinical instruction:

- 5 = Extremely Serious
- 4 = Very Serious
- 3 = Moderately Serious
- 2 = Slightly Serious
- 1 = Not a Barrier

***29.**

	5 - Extremely Serious	4 - Very Serious	3 - Moderately Serious	2 - Slightly Serious	1 - Not a Barrier
a. Number of students assigned to one faculty member	◯	◯	◯	◯	◯
b. Acuity of patients	◯	◯	◯	◯	◯
c. Students from more than one program	◯	◯	◯	◯	◯
d. Inadequate orientation of clinical instructors	◯	◯	◯	◯	◯
e. Students come to the clinical experience ill-prepared to achieve clinical objectives	◯	◯	◯	◯	◯
f. Faculty lack of confidence in their own clinical nursing skills	◯	◯	◯	◯	◯
g. Ineffective relationships between faculty and clinical agency/staff nurses	◯	◯	◯	◯	◯
h. Lack of preceptors to meet program requests	◯	◯	◯	◯	◯

Comments related to barriers:

BON Task Force Clinical Instruction Survey

Clinical Affiliating Agencies - Part III

Please indicate whether improvement is needed in any of the following areas:

***30.**

Check all that apply.

- [ ] Relationships with faculty
- [ ] Relationships with students
- [ ] Availability of faculty on the unit
- [ ] Communications with faculty
- [ ] Communications with students
- [ ] Understanding of level and preparation of students by the affiliating agency
- [ ] Individual student preparation for patient care
- [ ] Adequate supervision of student by faculty
- [ ] Faculty maintaining their own clinical competence
- [ ] Students' communication skills
- [ ] Students' competent performance of clinical skills
- [ ] Students' knowledge of safe clinical practices
- [ ] Use of preceptors

Comments:

BON Task Force Clinical Instruction Survey

Clinical Affiliating Agencies - Part IV

31.

Please offer suggestions for improving clinical education for pre-licensure nursing students.

BON Task Force Clinical Instruction Survey

End of survey

This concludes the question portion of the survey. If you have other comments related to clinical instruction, please share your thoughts with us in the area below.

Otherwise, click the < Next > button to complete the survey.

32.

Please use the space below to provide additional comments.

BON Task Force Clinical Instruction Survey

Thank You!

Thank you for taking the time to complete and submit this survey. Your feedback is highly valued and will facilitate the development of a guideline for nursing education clinical instruction.

Clinical Contact Hours Reported by Pre-RN Licensure Programs in 2013
Texas Center for Nursing Workforce Data/Board of Nursing NEPIS Data
Appendix C

Since 2009 the Nursing Education Program Information Survey (NEPIS) has included questions about the number of hours required in the clinical portion of nursing education programs. Below are the two questions included in the NEPIS related to Clinical Learning Experiences.

A. Please indicate the number of contact hours spent in clinical learning experiences in your pre-licensure RN program using the following as a guideline:
   - Clinical learning experiences are defined as faculty planned and guided learning activities designed to assist students to meet program objectives and to safely apply knowledge and skills when providing nursing care to clients across the life span.
   - Please carefully calculate all contact hours included in the clinical learning experiences rather than repeating clinical hours reported on the 2012 NEPIS. These may have implications for legislation and for funding.
   - Please use the definition of "contact hour" that is utilized by your program.
   - If you have several tracks, please document the contact hours for the track that is most representative of your pre-licensure RN program.

	Clinical Contact Hours
Computer Activities : (separate from didactic; computer activities with planned clinical objectives which may include virtual clinical excursions or VCE, interactive tutorials, and learning modules that are carried out as student assignments)	
Nursing Skills Lab: (including low- and medium- fidelity situations that include skill sets, task training, and return demonstration, and may mimic the clinical environment)	
Simulation Lab Experiences: (high-fidelity simulated clinical situations that include orientation, learning objectives, simulation experiences in a realistic patient scenario guided by trained faculty and followed by a debriefing and evaluation of student performance)	
Hands-on Clinical Practice with actual patients in a clinical setting: (including all faculty supervised activities in the clinical setting, observational experiences, and clinical conferences)	

B. Please approximate the percentage of hands-on clinical practice time spent in each of these settings for your pre-licensure program of study.

Acute Care	%
Long Term Care	%
Long Term Acute Care	%
Rehabilitation	%
Clinics	%
Community Settings	%
Nursing Homes	%
Other	%

All data collected in the NEPIS is reviewed against responses from previous years (as applicable). Follow-up with programs occurs when numbers reported seem to be outliers compared to other programs of the same type, or if the numbers changed considerably from the previous year. All programs have the opportunity to review and revise their numbers after survey submission.

The data from the 2013 NEPIS are presented in the tables and figures below.

Table 1. Clinical Hour Ranges by Activity, 2013

	Minimum Contact Hours	Maximum Contact Hours	# of Programs Not Using Activity
Computer Activities	2.0	204	31
Nursing Skills Lab	24.0	544.0	1
Simulation Lab	8.0	360.0	7
Patient Care Clinical Situations	176.0	1170.0	-
Total Clinical Hours	416.0	1440.0	-

Table 1 above shows the range of hours reported by all programs for each of the 4 clinical activities and for the total clinical hours. While the reported ranges are considerably wide, it is important to note that the numbers in this table simply report the highest and lowest values. Later figures are better indicators of the dispersion of responses.

Figure 1. Mean Clinical Contact Hours by Activity and Program Type, 2013

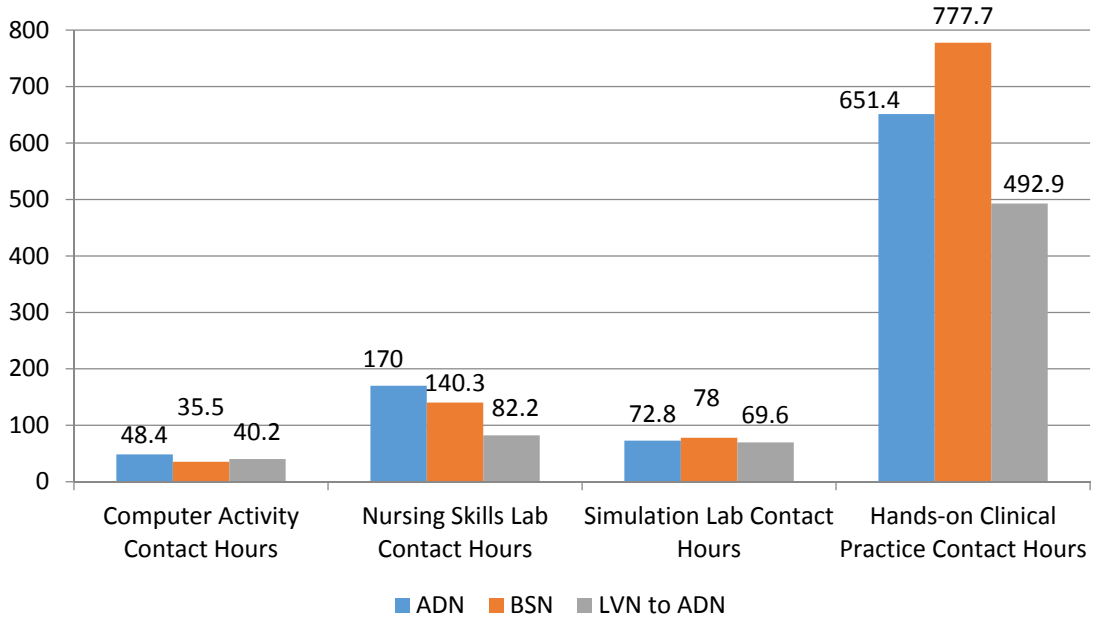
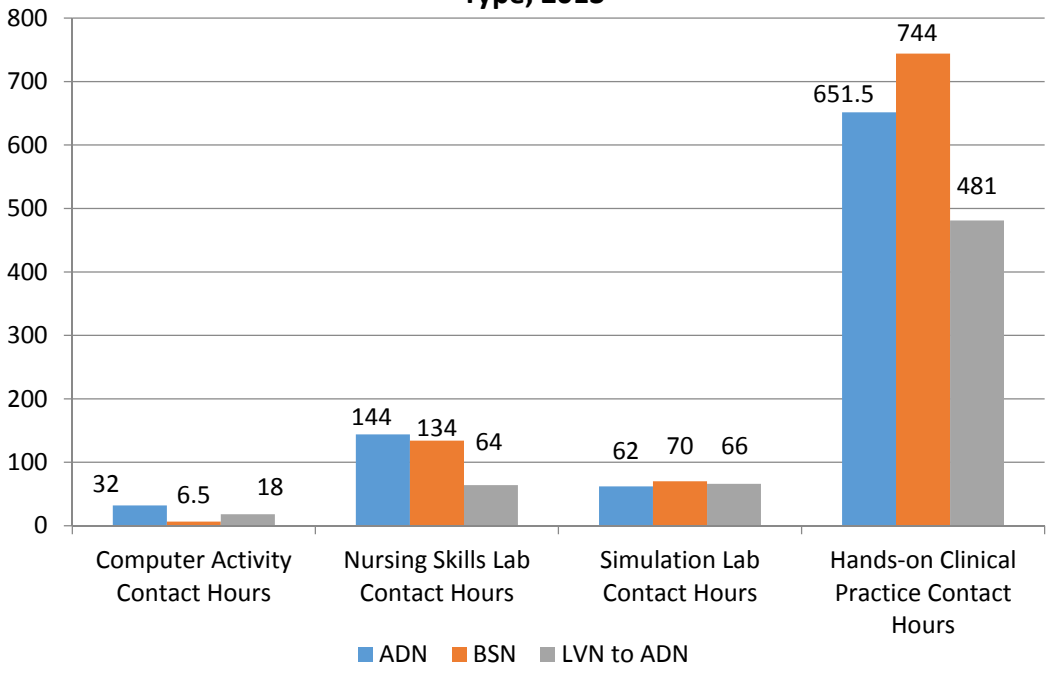


Figure 2. Median Clinical Contact Hours by Activity and Program Type, 2013

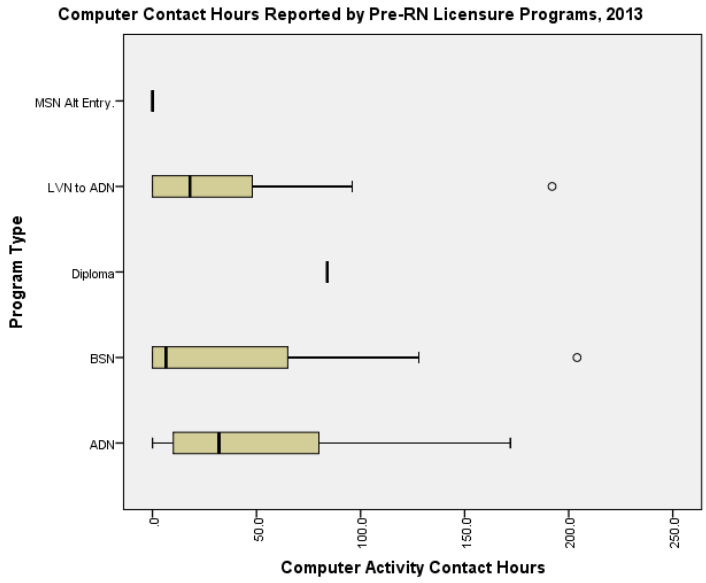


Figures 1 and 2 above depict the mean and median clinical contact hours for each of the four clinical activities by program type. LVN to ADN programs are included in these figures but should not be directly compared to ADN and BSN programs due to inherent differences in these program types. As you can see by examining both figures, the mean and medians have similar patterns by program type. The Diploma and MSN Alternate Entry programs were not included in this figure since there is only one of each. Their numbers are reported in Table 2 below.

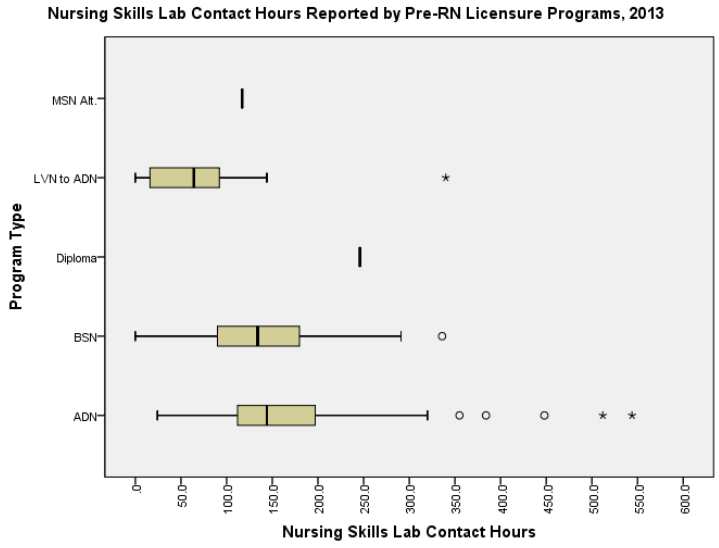
Table 2. Clinical Activity Hours Reported by Diploma and MSN Alternate Entry Programs		
	Diploma Program	MSN Alternate Entry Program
Computer Activities	84	0
Nursing Skills Lab	246	117
Simulation Lab	277	15
Patient Care Clinical Situations	777	838

The following 5 figures are box and whisker plots meant to better illustrate the range of hours reported as well as the average and the dispersion of responses. Some notes on what is included and how to read a box and whisker plot:

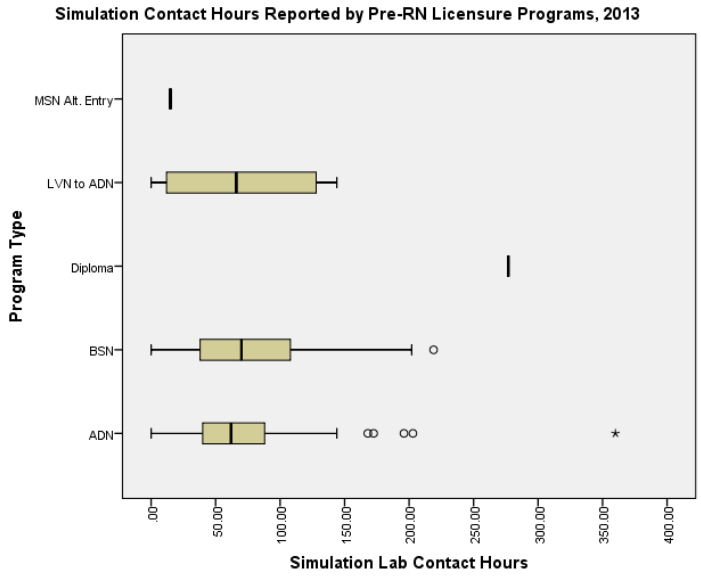
- Bold vertical lines represent the range. These are the whiskers.
- Circles/asterisks represent extreme outliers
- The box represents the 2nd quartile and the 3rd quartile.
- The dark vertical line in the box represents the median.
- The space between the ranges and the outside of the boxes represent the 1st and 4th quartile.



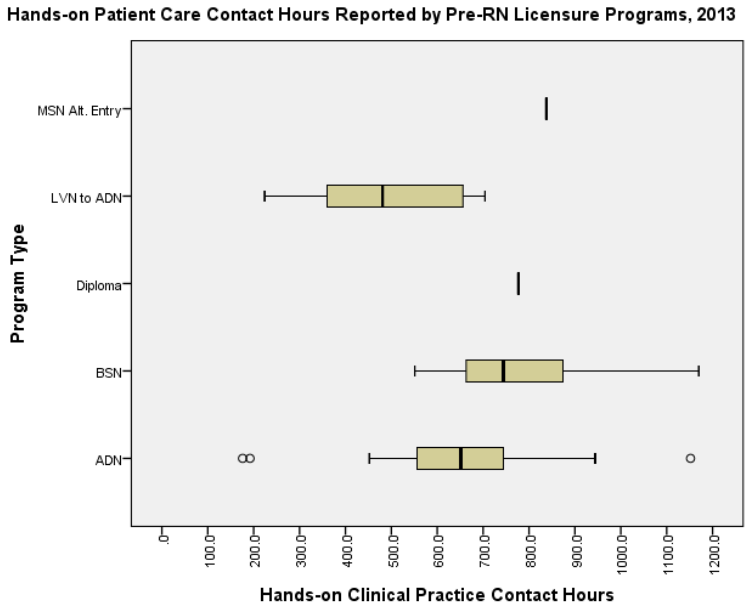
ADN programs reported the widest range of hours for computer lab, though both outliers were reported by a BSN and LVN to ADN program.



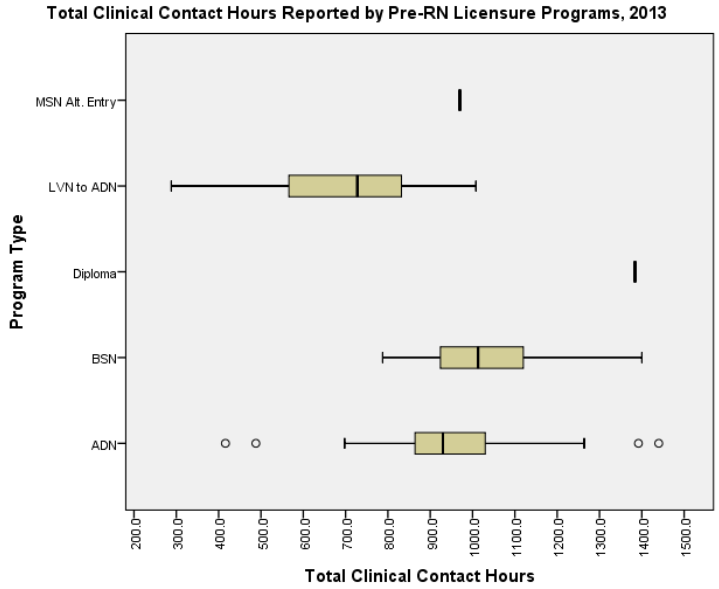
Nursing skills lab included the highest number of outlying responses, however excluding the outliers, most ADN and BSN programs reported hours within similar ranges and the medians were within 10 contact hours. In general, LVN to ADN programs reported the fewest number of hours for this clinical activity which speaks to the inherent difference of this program type: it is a transition program for vocational nurses, who already have some nursing skills, to become registered nurses.



Excluding outliers, the range of hours reported for simulation were similar for ADN and LVN to ADN programs. BSN programs had a wider range of responses. However, between the 3 program types, the median number of hours were within an 8 hour range.



ADN programs reported a smaller range and fewer hours of hands-on clinical practice overall when compared to BSN programs. There was also a greater difference between the median hours of ADN and BSN programs (651 and 744 hours, respectively).



The total clinical contact hours represents the sum of hours for all four clinical activities by program. The figure above shows that LVN to ADN programs have the widest range of hours but BSN programs the highest total clinical contact hours overall. The range of hours for ADN programs is slightly smaller than for BSN programs, but that range doesn't include 4 outlying responses at both the upper and lower ends of the hour spectrum.

Table 3. Average Proportion of Hands-on Clinical Practice Time Spent by Setting			
	Mean % of Time Spent	Median % of Time Spent	# Programs Reported No Use of Setting
Acute Care	72.9	75.5	0
Long Term Care	7.9	5.0	59
Long Term Acute Care	8.4	6.0	69
Rehabilitation	5.4	5.0	59
Clinics	6.6	5.0	32
Community Settings	9.9	10.0	10
Nursing Homes	7.0	5.0	58
Other	7.0	4.5	76

Table 3 above shows the mean and median proportion of time spent in each of 8 settings for all pre-RN licensure programs. On average, pre-RN licensure programs spend three-quarters of clinical practice time in acute care settings. The right-most column in the table includes the number of programs that DO NOT use that setting, indicating that one way to alleviate problems related to lack of clinical availability would be for programs to move clinical practice time into other settings.

TEXAS BOARD OF NURSING
3.8.7.a. EDUCATION GUIDELINE
Promoting Optimal Clinical Instruction
APPENDIX D
10/24/2014

This guideline is a product of the Task Force to Study Implications of the Growth in Nursing Education Programs in Texas. At the October 2013 meeting, the Board of Nursing issued a charge to the Task Force to develop a guideline describing optimal clinical instruction in pre-licensure nursing programs.

The Task Force identified four (4) Principles for Optimal Clinical Instruction that provided a basis for the response to the Board charge:

1. Optimal clinical learning experiences share a common set of quality indicators.
2. Faculty promote optimal clinical learning experiences when they embrace strategies for effective instruction.
3. Student perspectives are considered when the clinical learning experiences are developed.
4. Clinical settings are selected to meet clinical experiences.

Findings from an online survey distributed by Board Staff to approved nursing education programs solicited perspectives from nursing faculty, nursing students, and clinical partners related to current clinical learning experiences. In general, findings were positive indicating that the relationships between nursing programs and clinical affiliating agencies are effective, and students were recognized for their safety in providing safe care to patients. The data provided valuable information to support recommendations to further enhance and promote optimal clinical instruction in nursing programs in Texas. The Monograph describing the work of the Task Force during 2013 and 2014 may be found on the BON web page under Documents.

Faculty responding to the survey identified ten (10) Criteria for Optimal Clinical Instruction for Students in Pre-Licensure Nursing Programs. They are listed below in order of importance with comments and recommendations:

Criterion	**Comments/Recommendation**
1. Patient safety should be fundamental in every student-patient encounter.	**Comments:** Clinical partners acknowledged satisfaction with patient safety demonstrated by nursing students. Faculty recognized patient safety as the number 1 criteria for optimal clinical instruction. **Recommendation #1:** Pre-licensure nursing programs should remain diligent with a continuing focus on patient safety. **Comments:** Though faculty expressed satisfaction with student preparation to provide patient care, about 1/3 of clinical partners perceived a deficit in student preparation for patient care, indicating a disconnect in perceptions. **Recommendation #2:** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
2. Sufficient opportunities should be available for students to apply nursing knowledge and skill achievement to the practice setting.	**Comments:** A high level of satisfaction was expressed by faculty, students, and clinical partners for relationships between their members. Relationships between individuals and entities are seen as positive influences for achieving desired outcomes in the practice setting. The literature validates the importance of relationships to foster

Other Survey Findings: Faculty satisfaction with: • process for assigning patients to students; • opportunities for students to engage in interactions with patients and health care team; • willingness of nurses to work with students; • overall nursing care provided by nurses on the unit; and • assurance that the clinical contract will be honored throughout the term of the agreement.	respect and success. **Recommendation #3:** Nursing programs should continue efforts to maintain and enhance positive relationships. **Comments:** Students rated skills lab instruction as number 1 in a list of useful teaching strategies. **Recommendation #14 (below):** Programs should evaluate the mix of clinical learning experiences to optimize the balance between time spent in skills labs, high-fidelity simulation activities (including the use of Standardized Patients and screen-based simulation), and direct hands-on time with patients. **Comments:** Though faculty and students expressed general satisfaction with the opportunities provided students to engage in nursing tasks, less satisfaction was noted for opportunities for students to administer medications and document care for assigned patients. **Recommendation #4:** Programs should seek supplemental on-campus learning activities for students to practice documentation of nursing care and administration of medications. **Comments:** Faculty expressed lower satisfaction with the ease of finding preceptors to work with students, while clinical partners did not see this as a potential barrier. Only about one-fourth of clinical partners saw this as an area for improvement, indicating a disconnect in perceptions. **Recommendation #5:** Programs should engage in discussions with their clinical partners to come to a mutual understanding of the most effective and efficient use of preceptors in various clinical sites. Consideration should be given to reserving the fully precepted experiences for limited situations such as the capstone course. **Comments:** Clinical partners expressed less satisfaction with: • their understanding of the skill level of students; • skills demonstrated by students; and • use of student time on the unit. **Recommendation #2 (above):** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
3. Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences.	**Comments:** Faculty identified the number of students assigned to each faculty as having the highest impact on the effectiveness of clinical instruction. Clinical partners were less concerned about the ratio of faculty-to-students in the clinical

Other Survey Findings: Faculty satisfaction with: • acceptance of students by staff on the clinical unit; • the variety of patients for assignment to students to meet clinical objectives; and • availability of clinical activities and experiences to correlate with didactic content. Student satisfaction with: • faculty guidance and supervision on the unit.	area but viewed the acuity of patients as a potential barrier to effective instruction. **Recommendation #6:** Programs should evaluate policies and procedures for planning faculty-to-student ratios in the clinical area, taking into consideration the acuity of patients and the proximity of student assignments on various units under the supervision of one faculty member. **Comments:** Faculty expressed a low level of satisfaction with the program's orientation to guide new clinical faculty in teaching, supervision, and evaluating students in the clinical area.. **Recommendation #7:** Programs should provide an effective orientation program for new faculty focusing on clinical instruction, as well as supervision and evaluation of students in various clinical settings. **Comments:** Faculty expressed less satisfaction about the effectiveness of the accommodations provided by the facility for pre- and post-conferences. **Recommendation #8:** Faculty should explore various methods and venues for pre- and post-conferences, such as on-campus or via online. **Comments:** Though faculty expressed satisfaction with the level of supervision they were able to provide, clinical partners expressed a lower satisfaction with faculty supervision of students as well as faculty use of the time on the clinical unit. **Recommendation #2 (Above):** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to clarify the joint expectations for clinical supervision.
4. Coaching and positive feedback should be consistently provided by faculty. Students highly valued the following teaching strategies: • skills laboratory instruction and practice; • orientation to the clinical agency; • lectures and discussions in nursing classes; and • simulation experiences. Students place less value on student-driven learning activities.	**Comments:** The literature suggests that students learn best when faculty use coaching and feedback. Coaching and feedback were among the teaching strategies valued highly by students. **Recommendation #9:** Faculty are encouraged to develop competencies in debriefing students following simulation activities in order to provide guidance and optimize the learning experiences.
5. Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the	**Comments:** Students ranked clinical settings in order of preference: acute care, skills lab and simulation, and alternate clinical settings. There is

life span. NEPIS data related to program hours in clinical used by programs is skewed toward the larger percentage of hours in hands-on clinical settings.	a growing scarcity in the availability of clinical settings for nursing students, especially in acute care settings. **Recommendation #10:** In order to facilitate the best use of all clinical settings, pre-licensure nursing programs should seek alternate clinical settings that will allow students to complete clinical objectives in areas where nursing practice occurs.
6. Opportunities should be provided for faculty to guide decision-making in the clinical setting.	**Comments:** Clinical decision-making in the clinical setting begins with instruction and practice in the skills laboratory and progresses with experiences in simulation scenarios. Use of a variety of interactive teaching strategies through these progressive experiences facilitates the student's growth in clinical decision-making. Students expressed greater eagerness to perform nursing tasks than to engage in learning activities that required their active participation and time commitment (reading assignments, case study analyses, group work, etc.). **Recommendation #11:** The goal of teaching strategies in the classroom and in the clinical area should be to promote critical thinking and clinical decision-making. Programs should provide continuing faculty development for full-time and part-time nursing faculty to include innovative teaching strategies to engage students in active learning in didactic and clinical learning experiences.
7. Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth.	**Comments:** Faculty expressed less satisfaction with the ease of using the clinical evaluation tools. Students placed less value on the feedback from the clinical evaluation tools. **Recommendation #12:** Programs should review clinical evaluation tools for pertinence and direct linkages to clinical objectives, and revise them to be more effective for documenting student performance and for providing constructive feedback. Nursing programs should consider the required competencies in the DECs as they make revisions.
8. Nursing faculty should be provided opportunities to broaden their own skills.	**Comments:** Faculty determined that faculty should have opportunities to broaden clinical skills as an essential criterion for optimal clinical instruction. However, they did not rate this highly as a factor that would impact effective clinical instruction. Only 18% of clinical partners indicated a need for improvement in this area. The literature stresses the importance of faculty maintaining clinical skills. **Recommendation: #13:** Programs should provide opportunities for faculty to maintain and improve

	clinical nursing skills.
9. Clinical experiences should be based on competencies outlined in the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs).	**Comments:** Board Staff find that the DECs are not being used to full advantage by many programs. **Recommendation # 12:** Programs should review clinical evaluation tools for pertinence and direct linkages to clinical objectives, and revise them to be more effective for documenting student performance and for providing constructive feedback. Nursing programs should consider the required competencies in the DECs as they make revisions.
10. Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking.	**Comments:** Students ranked simulation as number 6 of 15 among useful teaching strategies. Students also indicated that simulation laboratories were among the preferred clinical learning settings. Many open-ended responses from students asked for more simulation activities in nursing programs. Results from the NCSBN simulation study (Hayden et al., 2014) indicated that up to 50% of simulation in place of clinical hours is effective for stable programs when training is provided to faculty and quality high-fidelity equipment is available. These findings offer an option when clinical spaces for clinical practice are scarce. **Recommendation #14:** Programs should evaluate the mix of clinical learning experiences to optimize the balance between time spent in skills labs, high-fidelity simulation activities (including the use of Standardized Patients and screen-based simulation), and direct hands-on time with patients.