

Pioneer Valley Regional Executive Summary

Fourteen organizations were interviewed in the Pioneer Valley Region. The complete list of survey participants is available in Regional Appendix 1. All list and ranked-list questions were totaled to develop regional frequencies. Responses are listed by institution type and comments are noted as reported with repetitive comments consolidated into singular statements. The following pages provide a detailed summary of this Region's current partnership efforts, identify gaps and the resources needed to improve programming efforts and strengthen existing partnerships or create new ones.

Partnership Parameters

The principal focus of partnerships activities in the Pioneer Valley Region is on meeting future demand, followed closely by those intended to rapidly increase the numbers of nurses and finally those designed to increase nursing faculty. The total number of partnership activities identified by respondents was fifty-seven (57). The partnership efforts are almost equally focused at the LPN, ADN, and BSN levels. There were fewer activities focused on the MSN level, with no partnership activities reported at the PhD level. Most of the partnerships are characterized as "moderate" or "most" successful. Appendix 2 provides a summary of partnership parameters. Program examples include: a hospital and a school of nursing collaborating in the use of simulation technology; an acute care facility funding one position who works ½ time in the skills lab at college and other ½ at hospital; a school of nursing and an acute care facility who have developed and implemented a joint mentorship program for students and preceptors as part of a professional practice environment within the facility; and a long-term care facility that provides career development and education for employees who want to become nurses.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this region are: flexible work schedules for employees attending school; recruitment of students into school programs; recruitment of students as health care facility employees; representatives from the health care facility serving on the school advisory committees; employees with positions in both organizations; health care facilities providing/supporting clinical faculty; and strong and trusting relationships among the participants.

Both the schools of nursing and health care facilities agreed that the most important contribution of the health care facility's nursing leaders to most successful partnerships is that nursing staff are recognized and rewarded for participating in clinical education of nursing students. Both also agreed that the most important contribution of nursing faculty to a most successful partnership is for faculty to maintain clinical knowledge and expertise required to be effective partners with nurses in the clinical setting.

Partnerships were characterized as Least Successful because of poor student preparedness; poor results on state licensing exam; uneven leadership and weak collaboration between schools and health care facilities; failure of nursing curriculum to

focus on the needs of complex patient populations; lack of funding and resources to develop and/or sustain projects.

School of Nursing Perspective

From the Schools' perspective, securing an adequate number and type of clinical sites is very difficult. This region reports a consistent need for clinical rotation sites with a specific need for pediatric, obstetrics, critical care, and medical-surgical experiences. Only one of four schools reported having an adequate number and type of clinical sites. Competition among schools for clinical rotation sites is especially sharp with schools scheduling clinical rotation experiences on the weekends and as far away as Boston and New Hampshire.

Schools of nursing report low faculty salaries; needing more resources devoted to faculty teaching skill development; cumbersome and ineffective articulation agreements with other schools of nursing; the Board of Registration requirement of an MSN to teach; and a lack of joint appointment opportunities as impediments

Schools reported the lack of budgeted positions as the most frequent reason for turning away students. The lack of clinical placement sites and the lack of lab space also impacts school capacity in this region. Three of the four schools of nursing report having a student-retention plan including one school which has a NUCLI funded recruitment and retention grant. Two schools of nursing report having a strategic plan for nursing faculty recruitment and development, another's plan is under development and one school does not have a plan.

Health Care Facility Perspective

Pioneer Valley facilities identified student preparedness and the transition into practice as areas of concern. Health care facilities reported that they would like to see core competencies for graduates defined; nursing education more aligned with current nursing practice, and increased and expanded clinical experiences for students including long-term care. Respondents stated that this region needs more ADN-to-BSN, BSN, and MSN programs. These programs should be coordinated, standardized, and unified so that students can progress through them efficiently.

All ten health care facilities interviewed report having a strategic direction for nursing workforce development. These plans call for more BSN and MSN prepared nurses, more career counseling and related programs that facilitate the professional development of all employees, nursing career ladders, recruitment of minority students into nursing, more joint appointments for MSN staff nurses, new grad nurse internship programs, more tuition reimbursement and loan forgiveness programs.

Barriers

The Pioneer Valley Region respondents identified several barriers to meeting their strategic nursing workforce goals. Across all organization types, there is a strong call for additional funds. Health care facility-reported barriers include legislated nurse-patient ratios: the need for more BSN and MSN nurses; more incentives for nurses to spend the

time and money necessary to gain those degrees and more support for all employees returning to school including strong financial aid packages and flexible school schedules. Schools of nursing identified low faculty salaries, and insufficient pool of MSN-prepared nurses, and the lack of nurse educator programs or educator skill-development courses as obstacles.

Regional Needs

Pioneer Valley Region Respondents identified the following regional nursing workforce development needs:

- Decreased competition between schools for clinical placements
- Greater involvement of health care facilities in nursing program curriculum development
- More clinically current nursing faculty.
- More nurse educator programs and resources
- More LPN-to-RN, AD-to-BSN, BSN, and MSN programs.
- Seamless, unified, coordinated, standardized, and formalized curriculum pathways that facilitate and accelerate progression through AD, BSN, MSN and PhD education levels.
- More tuition reimbursement, scholarships, and loan forgiveness programs

Survey Respondents

14 organizations were interviewed and identified that they had partnerships. The complete list of participating organizations can be found in Regional Appendix 1. The types of institutions, facilities or agencies that participated in the Pioneer Valley region include:

- **Schools of Nursing - 4**
- **Acute Care Facilities – 6**
- **Long-term Care Facilities - 4**
- **Home Health Care Organizations -None**

Responses

The following pages contain a summary of all responses for the Pioneer Valley region, excluding any institutions, facilities or agencies that indicated that they had no partnerships. The actual questions are noted in *italics* with the summary of responses noted below the questions. Multiple item list questions are ranked by the frequency of responses. All comments are summarized with common themes noted.

Note:

Questions 1-8	were asked of all participants.
Questions 9-15	were asked of Schools of Nursing only
Questions 16-21	were asked of Health care facilities/agencies
Questions 22-26	were asked of all participants

Questions 1 and 2 –Completed by all

Beyond clinical placements, what partnership relationships do you have that focus on rapidly increasing the supply of skilled nurses; increasing nursing faculty and/or focus on the future demands of the health care industry? Please define the levels of education accomplished.

See Regional Appendix 2 for full display of all responses to Questions 1 and 2. Listed below is a summary of information and comments provided for these two questions. Responses are listed by institution type. Program Examples highlight specific features mentioned by respondents when describing their **successful** partnerships.

Acute Care Responses

Number of Partnerships Range 1-6 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on meeting future demand for nurses and rapidly increasing the supply of nurses. Eight (8) of the mentioned partnerships focused on increasing the supply of nursing faculty. Partnerships mentioned included private schools of nursing, state schools of nursing, workforce development programs (NUCLI and ECCLI), high schools, and other community-based organizations.

Long-term Care Responses

Number of Partnerships Range 2-5 partnerships per facility

Types of Partnerships

- Partnerships are focused on college preparatory course work, CNA-to-LPN, ADN, and ADN-to-BSN development. Most partnerships focused on rapid increase of nurses and/or on the future demand, including NUCLI and ECCLI. One partnership is focused on the faculty development.

Schools of Nursing Responses

Number of Partnership Range 2-4 per school

Types of Partnerships

- Most partnerships are with health care facilities and focus on nursing student education, and staff development. They involve faculty development, mentorship programs, LPN-to-RN, AD-to-BSN programs, and BSN-to-MSN programs.

Program Examples

- Long-term care facility provides career development and education for employees who want to become nurses. The goal is to create a campus where employee development is key and will include a satellite Community College program.
- Acute care facility provides scholarship funding for 15 RNs in BSN program.
- School of Nursing and acute care facility have joint mentorship program for students and preceptors focused on creating a professional practice environment within facility.

- Acute care facility funds clinical faculty positions for school of nursing clinical rotation support.
- Acute care facility and school of nursing collaborate in use of simulation technology.
- Acute care facility funding one position who works ½ time in the skills lab at college and other ½ at hospital.

Question 3 – Completed by all

For your Most Successful Partnership, please indicate all the items that represent current or recent joint endeavors that occur because of the partnership.

N = 13

	YES
Flexible work schedules for employees attending school	10
Healthcare Facility provides/ support - clinical faculty	9
Strong, trusting relationships with individuals in partnership.	9
Shared Funding of initiatives (please define)	8
Measurable Outcomes	7
Student Nurse Intern Program	6
Preceptor Development Program	6
Flexible class scheduling (night weekend/other)	6
Onsite Classes	5
Continuing Ed (workshops, conferences)	4
New Grad Residency Program	3
Student Nurse Aide Program	3
Cost effective (ROI)	2
Healthcare Facility provides/ support – academic faculty	2
Other – See comments section	

Comments:

Acute Care:

Measurable outcomes seen in students evaluating nurses, nurses evaluating students; both school of nursing and facility look at evaluation information to develop future plans.

Long-term Care:

Statewide grant (ECCLI) provides one semester of tuition for LPN students; and facility provides tuition assistance to continue program.

Measurable Outcomes seen in retention and recruitment of staff and lack of agency nurse usage.

Schools of Nursing:

Faculty focuses on the development of preceptors as mechanism to recruit more LPNs into the program.

Question 4 - Completed by all

In your Most Successful Partnership, the health care facility participates in/or provides:

N = 13

	YES
Recruitment of Students	10
School Advisory Committee	10
Employees with positions in both organizations	10
Shared Funding Initiatives	9
Strong orientation programs for students when begin work on patient care units.	7
Strong Orientation Programs for clinical faculty	5
Ads that promote nursing in both organizations	5
Joint Leadership Development	4
Clearly defined roles for faculty in practice settings	4
Curriculum development and evaluation	
Other – See comments section	

Comments:

Acute Care:

No additional comments

Long-term Care:

No additional comments

Schools of Nursing:

Need more faculty development for clinical rotations.

State grant (NUCLI) has helped with shared funding.

Question 5 –Completed by all

In your Most Successful Partnership, the school of nursing participates in/or provides:

N = 13

	YES
Recruitment of students as employees into health care facility	10
Clearly defined roles for clinicians who serve as adjunct faculty	6
Active Student Retention Program	6
Committees in health care facility	4
Leadership development education	3
Research projects	2
Other – See comments section	

Comments:

No additional comments

Question 6 – Completed by all

Beyond the above elements, what other contributing factors make the most successful partnerships successful?

Acute Care:

Shared faculty and skilled clinical educators.

Emphasis on curriculum and quality clinical time in acute care.

Health system and nursing leadership commitment to nursing education.

Frequent contact between faculty and the facility improves the relationship and the experience for students.

This hospital and this community college are the only hospital and college in this area.

Long-term Care:

Open slots are reserved for students in the LPN program.

The orientation of students to long term care

Facility's staff sees that leadership is committed to the professional development of their employees and committed to clinical excellence in patient care.

Schools of Nursing:

The leadership at both institutions is committed to collaboration and cooperation and that's what makes it work.

Hospitals are willing to adjust the work schedules for their employees so that they can work as clinical faculty without penalty.

Question 7 – Completed by all

In those partnerships ranked as Least Successful, what are the major contributing factors?

Acute Care:

Poor recruitment of students into the program.

Poor results on state boards.

Students are unprepared and receive too little clinical time.

Limited time and contact between school of nursing and facility,

Long-term Care:

Need strong leadership and collaboration

Need to be open to new ideas

Nursing curriculum needs more focus on LTC; not enough time spent on the topic of LTC in nursing education.

School of Nursing:

Greatest difficulty is with clinical placements of students.

School of Nursing has developed an evening/weekend program in order to increase the numbers of nursing students. In many of the hospitals, the day programs are given priority over the evening program for clinical placements.

Finances are a major factor –there isn't a sufficient amount of money to sustain and continue into the future.

Lack of communication between the agency and the school of nursing, lack of shared decision making.

Question 8 – Completed by all

What’s needed to improve the outcomes of the Least Successful partnerships?

Acute Care:

The school must be willing to revise the curriculum to reflect the needs of the more complex patient population seen in the hospital.

There is need to establish a formal relationship where both benefit in helping to recruit MSNs.

Greater focus on creating stronger, more collaborative relationships.

School was not interested in utilizing the MSN staff for joint appointments.

Long-term Care:

More meetings to develop a model similar to most successful partnership in which slots will be reserved for facility employees in an LPN to RN program in exchange for nursing clinical faculty to teach in the program.

School of Nursing:

The agencies must be willing to develop a greater commitment to work with the students, thus creating a win/win for all.

In order to be successful and more comprehensive, there needs to be more resources and the development of a funding source that is more flexible.

Resolution of collective bargaining issues.

Better communication.

Question 9 – Completed by the Schools of Nursing

Do you have an adequate number and type of clinical sites?

Adequate Number

N = 4

Region	Yes	No
Pioneer Valley	1	3

Comments:

Need more clinical agencies that are willing to have students come: are already doing weekends and Saturday, and driving to Boston.

There are too many nursing schools in the area competing for clinical placements

Need more faculty.

Adequate Type

N = 4

Region	Yes	No
Pioneer Valley	1	2

Comments:

Need psych, pediatrics, maternal child health, critical care, and med-surg.

Question 10 – Completed by Schools of Nursing

If you have had to turn qualified students away within the past 12 months, please prioritize the following reasons, with number one (#1) being the most frequent reason for turning students away.

N = 4

	Rank	Respondents
The lack of budgeted positions.	1	3
The lack of available clinical sties.	2	2
The lack of lab space.	3	2

Comments:

Lack of qualified adjunct faculty is also a problem.

Question 11 – Does your School of Nursing have an active student retention plan?

N = 4

Region	Yes	No
Pioneer Valley	3	1

Comments:

Yes, Advanced Placement for talented freshmen.
 All students who are pre-nursing live in same dorm and have meetings every Wed night.
 Provides tutors for students who are encountering difficulty.
 The grant-funded program (NUCLI) is very helpful, but the funds aren't enough.

Question 12 –Does your School of Nursing have a strategic plan for nursing faculty development?

N = 4

Region	Yes	No
Pioneer Valley	2	1

Comments:

Yes, (1) faculty take flyers and pass out at all national meetings; (2) court people who have completed post doctoral training; (3) solicit candidates via phone or letter; (4) be sure they fit into culture of this SON.
 Weekly breakfast meeting for new faculty.
 Monthly dinner meeting – topics include how to teach large classes; how to teach in a research institution and the use of information technology in education.
 Offer nursing scholarship money to improve teaching.
 Support with grant applications, poster presentations.
 Cognizant of diversity issues.
 Development of a virtual hospital simulation.
 College is slowly increasing the salaries, however, they remain very low.
 Strategic plan under development.

Question 13 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

N = 4

	Rank	Respondents
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	1	2
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	2	2
Faculty enhances quality of pt care in the clinical setting.	2	2
Faculty and SON administration seek and use clinician input/feedback.	3	2

Comments:

No additional comments.

Question 14 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing agency leaders and staff:

N = 4

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	3
Seek & use faculty feedback about hospital policies & guidelines.	2	3
Involve faculty in patient care improvement projects.	3	2
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	4	3

Comments:

No additional comments.

Question 15 – Completed by the Schools of Nursing

Please rank in order of importance, the impact collective bargaining has on the following elements. Please rank with number one (# 1) being the most important.

N = 4

	Rank	Respondents
Recruit full time faculty	1	2
Recruit full time faculty	2	1
Recruit part time faculty	2	1
Offer evening/weekend classes	2	1
Retaining faculty	2	1
Recruit part time faculty	3	1
Offer evening/weekend classes	3	1

Comments:

Collective bargaining has no impact on full time status recruitment.

Salaries have to go through Faculty Adjustment Committee. There are caps to market adjustments.

Collective bargaining has an equal impact on recruitment of full or part-time faculty.

Question 16 and 17 – Completed by the health care facilities

Question 16 - Within your budgeted nursing staff, what is the percentage of: LPNs; RNs with diplomas; RNs with ADNs; RNs with BSNs; RNs with MSN and RNs with PhD

Question 17- What is the ideal percentage of each of these categories for your organization?

Complete record of all responses regarding nurse-staffing percentages given by health care facilities in the Pioneer Valley Region.

Notes:

- 10 health care facilities – 6 acute care and 4 long term care were interviewed.
- Data are reported exactly as reported by respondents.
- All numbers reported here are percentages.
- “ 0 ” equals zero
- “ X ” means no data value reported by respondent.
- “ SC ” means see comments
- “ * ” means nurse staffing percentage spread across multiple categories
- Several respondents provided comments either in addition to or in place of data values; all comments are included under the table in the Comments section

Question 16 – Within your budgeted nursing staff, what is the percentage of:

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
PVA 1	X	90*	*90	10	X	X
PVA 3	13	58*	*58	29	.04	SC
PVA 4	X	X	40	50	9	1
PVA 5	0	30	60	10	4	X
PVA 7	0	1	75	23.5	1.5	X
PVA 8	1	5	68	27	1	X
PVLTC 1	X	X	X	X	X	X
PVLTC 2	38	X	35	22	5	0
PVLTC3	50	40	5	4	2	X
PVLTC4	30	20	25	15	5	X

Comments:

PVA 1 –90% of RNs are either RN/diploma or RN/ADN with 10% or less being RN/BSN.

PVA 3 -58% is spread across RN/diploma or RN/ADN, have 1 PhD

PVA 8- Less than 1 % are LPN, primarily an RN model, less than 1 % MSN.

Question 17 - What is the ideal percentage of each of these categories for your organization?

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
PVA 1	X	X	50*	*50	X	X
PVA 3	X	X	X	75	25	X
PVA 4	X	X	30	50	15	5
PVA 5	X	X	20	70	10	X
PVA 7	0	0	30	60	10	X
PVA 8	1	0	48	50	2	X
PVLTC 1	X	X	X	X	X	X
PVLTC 2	40	*60	*60*	*60*	*60*	*60
PVLTC 3	30	*60	*60	*10*	*10	X
PVLTC4	20	X	15	40	25	X

Comments:

Acute Care

PVA 1 Want to decrease their number of RN/diploma and increase number of RN/BSN.
 PVA 3 – Want to decrease RN/ADN and increase BSN, MSN, and PhD nursing staff.
 PVA 8 – Represents realistic percentages over next 3-5 years. LPN remains at less than 1 %; want to decrease RN/ADN and increase RN/BSN and RN//MSN.
 PVLTC 3 – Want to decrease RN/diploma and increase RN/ADN, RN/BSN, and RN/MSN.

Question 18 Completed by the health care facilities

Does your institution have a strategic direction for nursing workforce development?

N = 10

Region	Yes	No
Pioneer Valley	10	0

Comments:

Acute Care:

There has been new nursing leadership and a new strategic direction is under development. Are discussing career ladder; recruitment & retention; preceptor program and role of education and training.

The plan is to increase the number of BSN staff; provide excellence in patient care by having clinical specialists involved in orientation and competency on nursing units; and utilize evidence-based practice.

Hospital has a very strong outreach program with area high schools- specifically local high school. Clinical staffs from this hospital present programs to the students.

Student ambassador program in which students spend the summer following nurses.

Summer camp where high school students spend 2 weeks with staff at this hospital.

Have multiple programs geared toward minority students. The purpose is to provide leadership toward minorities who demonstrate the ability to be successful; utilize forgivable loan fund to attract.

Would like to see more joint appointments because this would be a recruitment/retention for MSN staff nurses at hospital.

Plan is to increase the numbers of BSN in the workforce; create a seamless process for students to graduate; and enhance the Internship program.

Goals are to: (1) enhance professional environment; (2) develop a clinical ladder; (3) greater tuition reimbursement and loan forgiveness program; (4) rebuild the nursing infrastructure to provide greater education for staff.

Long-term Care:

Yes, facility has received an ECCLI grant that has been used to develop a “campus on a campus program”. Provides career development and education for employees who want to become nurses. Goal is to create a campus with employee development program the backbone of which will be a satellite Community College.

Continue career ladder, tuition reimbursement and relationship with local community college with scholarships supporting nursing.

It is up to us to finance the more diverse population we are trying to bring into nursing.

Developed “RN Gerontologist Specialists.”

Have a Clinical Director of Recruitment and Retention; have nursing scholarship program.

Question 19 - Completed by the healthcare facilities

What additional resources are needed in your region to ensure achievement of your strategic goals for your nursing workforce?

Acute Care:

Qualified faculty.

Faculty salary structure needs to be changed.

Consideration of alternative schedules for clinical rotation.

Shared forum for communication.

Stronger affiliation between Schools of Nursing and health care facilities to recruit and educate.

Sharing of resources.

Joint partnerships/appointments.

There is a great need for more MSN programs in Western Mass.

More cost effective programs.

BSN outreach would be very much accepted, similar to what is provided for the MBA program.

Long-term Care:

Computer training; continued financial support for adult basic education classes; certification training in gerontology.

The ability to use adjunct instructors for life skills training.

Instructors need better knowledge of geriatrics.

More grant money.

Increase the emphasis on geriatric nursing, both the challenges and opportunities.

Would like to create a Center for Geriatric Nursing Development to increase interest in geriatrics and/or for when nurses no longer want to practice in acute care.

Question 20 – Completed by the health care facilities

In the partnership you ranked most successful, please prioritize the importance of the following elements. Please rank with number one (#1) being the most important.

N = 10

	Rank	Respondents
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	1	4
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	2	4
Faculty enhances quality of pt care in the clinical setting.	3	5
Faculty and SON administration seek and use clinician input/feedback.	4	6

Comments:

No additional comments

Question 21 – Completed by the health care facilities.

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing leaders and staff:

N = 10

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	3
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	2	2
Involve faculty in patient care improvement projects.	2	2
Recognize/reward nurses who participate in clinical education of nursing students.	2	2
Seek & use faculty feedback about hospital policies & guidelines.	2	2
Involve faculty in patient care improvement projects.	3	2
Recognize/reward nurses who participate in clinical education of nursing students.	3	2
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	3	2
Seek & use faculty feedback about hospital policies & guidelines.	4	3

Comments:

No additional comments

Question 22 – Completed by all

What state statutes, regulations or policies present barriers to you as you try to enhance the nursing workforce?

Acute Care:

Nurse to patient ratio legislation will be a barrier.

Hospital reimbursement that affects cash flow.

Cost of nursing education.

Two different entry levels ADN and BSN.

Long-term Care:

Timelines for approval of CNA courses- now takes 5-7 months.

Schools of Nursing:

State statues on advance practice, need to let RN practice to full scope of authority; prescribing and dispensing medications.

Remove MSN requirement to teach – many competent teachers who don't hold MSN – why penalize people; focus on individual credentials, i.e. psychologist could teach mental health nursing.

No science used to set current faculty-student ratios 1:10

Formalize articulation agreements with state colleges, Community Colleges and Universities – clearly define how work together.

Question 23 – Completed by all

What suggestion/ideas or programs are needed to improve the quality of the nursing education in your area?

Acute Care:

Core competencies for graduates need to be defined.

Nursing education needs to be aligned with nursing practice in acute care.

Increase the clinical component for students; students currently do not get enough.

Formalize and standardize Bridge to Nursing program to insure consistency across institutions.

Provide internships that have education as the foundation rather than recruitment.

More funding for faculty; more college space.

State funded grants for student assistance.

Need for additional Masters programs.

The transition from ADN to BSN needs to be accelerated and more standardized.

Nursing programs that are more affordable.

Although the community colleges and university are the same state system there is no continuity with transfer requirements in the college system. There needs to be a standardized process.

Long-term Care:

Shadowing program where pre-nursing students shadow nurses during their work day.

Standardized entry requirement; seamless career ladders that include realignment of LPN to RN curriculum, RN to BSN.

More nontraditional times for classes, flexibility.

Clinical training should be longer.

Nursing education focus on life outside of acute care.

Schools of Nursing:

More focused approach to teaching faculty to be faculty – how to develop a nursing curriculum, how to work in higher education, how to do clinical reviews of students.

Need more preparation of nursing administration in schools of nursing.

Facilities need to be more flexible.

Hospitals need to be more willing to share the MSNs that they hire.

Joint appointments would be very beneficial.

Need a core educational program on nursing education and skills needed by today's nurses.

Courses in teaching methodologies for new faculty.

Question 24 – Completed by all

What is the greatest problem facing your facility/institution in providing nursing education support to your students/employees?

Acute Care:

Resources - both money and staff who will/can serve as preceptors

Time is greatest problem. Most nurses are working parents and have many demands placed on them. Going to school to achieve BSN is not a priority at this time.

There is also a great need for funding for these nurses, many of whom can't afford to leave a full-time job to attend school.

Patient census- can't take on more students as length of stay declines, fewer patients for students to experience.

Long-term Care:

Not enough nurses with BSN or MSN.

Lack of financial support to allow students to decrease work hours to attend school; lack of onsite child care.

Scheduling enough hours for employees to work around school schedules.

Money.

Recruitment of nurses to the faculty role.

Schools of Nursing

The number of qualified faculty needs to be increased

Need additional money to increase the salary of faculty in order to attract more nurses with MSN to teach.

Insufficient pool of MSN.

Contractual issues.

Higher salaries for faculty.

Question 25 – Completed by all

What suggestions do you have to enhance the relationship between your facility/institution and schools of nursing?

Acute Care:

Collaboration between education and service.

Sharing of curriculum development.

Sharing of resources.

There is a great need to bridge the gap from school (education) to hospital (working) environment; students require lengthy orientation before they are ready to function independently, especially with the complete needs of today's very sick patients.

Great need for specialty trained nurses. Presently little experience is provided in the curriculum.

Joint appointments; more involvement in school committees and vice versa – faculty on hospital committees.

Greater emphasis stressing the value and importance of moving from an Associate to BSN.

Long-term Care:

More formalized process of communication between all departments of the school and agency regarding changes and the process for registering students.

Consistency in requirements/eligibility process of application to Schools of Nursing.
Establishment of clearly defined point person at the School of Nursing to communicate with agency and employees.

Have a director of clinical recruitment and retention and have a solid orientation for students and faculty.

Have medication carts for students, serve snacks, and get evaluations from students.

Try to make it as pleasant an opportunity as possible for the students.

Schools of Nursing:

Joint appointments.

Support and willingness for ongoing communication.

Commitment from leaders in both hospital and school of nursing.

Must have the time to meet.

Establish a liaison (a specific faculty person who will serve as the liaison) with the health care facility.

Question 26 – Completed by all

Additional Comments

Acute Care:

Very successful; very strong relationships are needed to build the BSN workforce.

Long-term Care:

Salary for faculty needs to increase and access to an MSN has to become easier.

Survey seems skewed to acute care hospitals as not many LTC facilities doing partnerships.

Need more focus and exposure of students to the post acute setting.

Schools of Nursing:

Formal partnerships with agencies are transforming how faculty are thinking about translating knowledge into practice.

Importance of schools to collaborate on all levels, i.e. joint appointments to more than one school.

Easier transition process for LPN to ADN.

Barriers still exist between ADN and BSN programs.

PIONEER VALLEY REGION SUMMARY

APPENDIX 1

List of Participating Organizations

Baystate Medical Center
Center for Extended Care
Cooley Dickinson Hospital
Franklin Medical Center
Greenfield Community College
Heritage Hall East
Holyoke Community College
Holyoke Medical Center
Jewish Geriatric
Loomis House Nursing Center
Mercy Medical Center
Shriner's Hospital for Children
Springfield Technical Community College
UMass Amherst

APPENDIX 2											
PIONEER VALLEY											
Partnership Parameters											
	Focus			Educational Level					Partnership Status		
Institution Type	Rapidly Increase Nurses	Increase Faculty	Increase Demand	LPN	AD	BSN	MSN	PhD	Least	Moderate	Most
SON	5	1	5	2	3	4	1	0	2	5	5
Acute Care	13	8	12	4	7	6	2	0	3	5	4
Long-term Care	3	1	9	5	2	4	0	0	1	2	3
Home Health Care	No	Respondents									