

Southeast, Cape and Islands Regional Executive Summary

Thirteen organizations were interviewed in the Southeast 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 partnership activities in the Southeast Region is on rapidly increasing the numbers of nurses, with an almost equal distribution between programs focused on meeting future demand and increasing nursing faculty. The total number of partnership activities identified by respondents in the Southeast Region was sixty-nine (69). The majority of partnership efforts are focused at the ADN and BSN levels. Most of the partnerships are characterized as "most successful". Regional Appendix 2 provides a summary of partnership parameters. This region has developed several shared faculty models. Program examples include a hospital that provides master's prepared faculty to a community college and generated an increase in students from 60 to 80. A second model has the school of nursing paying its hospital partner the clinical faculty rate for the instructor's time. The hospital then subsidizes the difference in salary for those nurses who work for the hospital and as clinical instructors for the school. In another program whose goal is to increase the number of clinical faculty, a school of nursing is using a Nursing Career Ladder Initiative (NUCLI) grant to offer a 12-credit MSN program with an educator focus. The hospital is supporting students with tuition reimbursement.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this region are: flexible work schedules for employees attending school; strong and trusting relationships among the participants; measurable outcomes; shared funding of initiatives; strong orientation programs for clinical faculty; strong orientation programs for students when they begin work on patient care units, and clearly defined roles for clinicians who serve as adjunct faculty. Respondents in this region also report working collaboratively on grants, conferences, and the sharing of information on practice issues as important factors in successful partnerships.

Both the schools of nursing and health care facilities agreed that the most important contribution of nursing faculty to most successful partnerships is for faculty to maintain clinical knowledge and expertise to be effective partners in the clinical setting. The schools of nursing also identified the faculty's interest in and use of clinician feedback as an equally important nursing faculty contribution to most successful partnerships.

The respondents differed in their opinion on the most important contribution of the health care facility's nursing leaders to most successful partnerships. Schools of nursing cited the health care facility's nursing leaders' interest in and use of faculty feedback about

hospital policies and guidelines as the nurse leaders' most important contribution in most successful partnerships. Health care facility nursing leaders said recognizing and rewarding nurses who participate in clinical education of nursing students was the most important contribution of nursing leaders to most successful partnerships.

Partnerships were characterized as Least Successful because of changes in leadership at the school of nursing; the focus of a nursing education being LPN preparation when the need is for RNs; and few active links between some schools of nursing and health care facilities.

School of Nursing Perspective

From the Schools perspective, securing an adequate number and type of clinical sites is always a challenge. Those who have increased enrollments worry because they must find additional sites. This region reports a consistent need for pediatric and maternity experiences. Schools in this area say they are not turning qualified students away from available seats. However, they cite the lack of PhD level faculty; the lack of qualified faculty candidates at all levels; the current level of lab and classroom space as potential problem areas as they expand their programs. All schools of nursing report having a student-retention plan. Only one of the four schools reports having a strategic plan for nursing faculty recruitment and development. Nursing faculty salary and fringe benefit levels are considered so low as to be serious impediments to attracting and retaining faculty.

Health Care Facility Perspective

Facilities cite the need for more ADN-to-BSN, BSN, and MSN programs. These programs need to be both conveniently located and run on flexible schedules that take the work/life issues of employees into account. Facilities are especially interested in developing their existing staff to fill some of their need for specialty units such as critical care.

All nine health care facilities interviewed report having a strategic direction for nursing workforce development. These plans call for more BSN and MSN prepared nurses; programs that facilitate the professional development of all employees; shared governance models; Magnet Recognition activities; clinical recognition programs and enhanced clinical support roles. The trend in ideal nurse staffing percentages indicates a call for more BSN prepared nursing staff.

Barriers

The Southeast Region respondents identified several barriers to meeting their strategic nursing workforce goals. Schools of nursing report a lack of funding to increase the numbers of nursing faculty, the need to improve recruitment of minority students and faculty, and the need for increased funding of library resources. Salaries need to be more competitive and workload inequities between general education and clinical and lab teaching need to be adjusted. Collective bargaining is seen as a barrier to hiring and utilizing both full and part-time faculty.

Health care facility-reported barriers include inadequate capacity in the nursing schools; faculty shortages; low faculty salaries; inflexible faculty contracts; a lack of flexibility in nursing curriculums; and the Board of Registration in Nursing's requirement of a master's degree in nursing to teach. They also cited the need for nursing faculty to be more need clinically experienced. Hospitals specifically noted the need to examine hospital reimbursement if they must continue to support nursing faculty positions.

Regional Needs

Southeast Region Respondents identified the following nursing workforce development needs:

- Conveniently located LPN-to-RN, ADN-to-BSN, BSN, MSN, and PhD nursing programs. Some of these programs should be onsite and accommodate the work schedules of full-time nurses
- More tuition reimbursement, scholarships, and loan forgiveness programs
- Competitively paid joint appointments in which nurses teach a few days per week and work in a clinical capacity on other days.
- Involvement of health care facilities in nursing program curriculum development
- Meetings/conferences among all constituents that encourage shared dialogue and discussion of mutual and individual goals of nursing programs and health care facilities.

Survey Respondents

13 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 Southeast region include:

- **Schools of Nursing - 4**
- **Acute Care Facilities – 8**
- **Long-term Care Facilities –1**
- **Home Health Care Organizations –None with partnerships**

Responses

The following pages contain a summary of all responses for the Southeast 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 2-8 partnerships per facility

Types of Partnerships

- Most partnerships are focused on meeting future demands and rapidly increasing the supply of nurses.
- Eleven (11) of the mentioned partnerships focused in increasing the supply of faculty. Shared/loaned/supported clinical faculty were important parts of several partnerships.
- Partnerships mentioned included private schools of nursing, state schools of nursing, workforce development programs (NUCLI), and high schools.

Long-term Care Responses

Number of Partnerships Range 1 partnership.

Types of Partnerships

- Partnership is focused on CNA-to- LPN development.

Schools of Nursing

Number of Partnership Range 2-4 partnerships 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, and LPN-to-RN and ADN-to-BSN programs.

Program Examples

- Hospital provides master's prepared faculty to community college to increase the number of students in that program. Number of students has increased from 60 to 80.
- NUCLI grant to school of nursing that is offering 12 credits toward MSN with educator focus. Hospital is supporting students with tuition reimbursement. Goal is to increase number of clinical faculty.
- Faculty loan program – hospital loans a community college 1 part-time instructor.
- Shared faculty program – school of nursing pays for nurse's time, so MSN hospital nurse can work for school. Hospital subsidizes the difference in salary. These individuals work 2/3 time for hospital and 1/3 time as clinical instructors for school.

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
Strong, trusting relationships with individuals in partnership.	10
Measurable Outcomes	10
Shared Funding of initiatives (please define)	9
Cost effective (ROI)	9
Healthcare Facility provides/supports - clinical faculty	7
Flexible class scheduling (night weekend/other)	6
Preceptor Development Program	6
Continuing Ed (workshops, conferences)	5
New Grad Residency Program	4
Student Nurse Intern Program	4
Healthcare Facility provides/supports - academic faculty	4
Onsite Classes	2
Student Nurse Aide Program	2

Comments:**Acute Care:**

Measurable outcomes are seen in high retention levels; increases in the number of new graduates.

Long-term Care:

Measurable outcomes are seen in the CNAs sent to program, now working out a 3-year commitment to facility.

Schools of Nursing:

NUCLI grant provided for faculty “loan” from hospitals. Relationship between administration, faculty, and “loaned” faculty is very positive.

Measurable outcomes seen as increase in LPNs-to-RNs over 2 years.

Question 4 – Completed by all

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

N = 13

	YES
Shared Funding Initiatives	9
Strong Orientation Programs for clinical faculty	9
Strong orientation programs for students when begin work on patient care units.	9
School Advisory Committee	7
Recruitment of students	7
Employees with positions in both organizations	7
Clearly defined roles for faculty in practice settings	6
Ads that promote nursing in both organizations	3
Curriculum development and evaluation	2
Joint Leadership Development	1

Comments:**Acute Care:**

Students are welcome to attend all facility in-services; offer learning lab; provide students with rotations through various hospital departments, EKG, etc.

Share educational tools and lab resources.

Long-term Care:

No additional comments.

Schools of Nursing:

RN Refresher Course - school serves as faculty and clinical preceptors. Hospitals did not see a full ROI for this program.

Question 5 - Completed by all

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

N = 13

	YES
Clearly defined roles for clinicians who serve as adjunct faculty	8
Recruitment of students as employees into health care facility	6
Active Student Retention Program	6
Committees in health care facility	4
Research projects	3
Leadership development education	2

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:

Both sides work together.

Hospital writes letters for schools in accreditation process. Hospital shares information regarding practice issues.

Have strong relationships between college faculty and hospital staff.

The graduates of partnership schools of nursing do well.

Being a clinical site for their students is a good base for the mentorship program.

Long-term Care:

No additional comments.

Schools of Nursing:

Hospital provides letters of support for grants.

Frequency of interaction; conferences, Sigma Theta Tau meetings.

Involvement in facility research committee by faculty maintains good dialogue.

Co-grant development with local agencies.

4-year school accepts most of the community college credits.

Mutually beneficial and trusting relationships.

Question 7 – Completed by all

In the Partnership ranked Least Successful, what are the major contributing factors?

Acute Care:

Have less need for LPNs and LPN partnerships as have a 94% RN staff.

RN refresher course – a good program, but the hospital has not seen increase in recruitment.

Two schools of nursing are in flux; an absence of leadership at both colleges left a gap in planning and future direction; perception is that you cannot get any thing done until leadership at schools of nursing are reestablished.

Lack of active linkage between facility and schools of nursing; relationship with instructors not close.

Long-term Care:

No additional comments.

Schools of Nursing:

Cape tends to overestimate the culture of nurse on Cape and numbers who want to go to school.

Distance matters.

Agencies used on a less regular basis, have a weaker relationship.

QUESTION 8 - *What's needed to improve outcomes of the Least Successful Partnerships?***Acute Care:**

Create partnerships to put LPNs in school on hiring to pursue BSN or ADN.

Outreach by nursing VP.

Come to agreement on what is needed in school to support actual practice.

Long-term Care:

No additional comments

Schools of Nursing:

Continue realistic planning and shared commitment to promote distance learning
Need to have specific point person at school.

Question 9 – Completed by Schools of Nursing

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

Adequate Number

N = 4

Region	Yes	No
Southeast, Cape & Islands	3	1

Comments:

No, increased enrollment stresses sites
Need pediatrics, maternity sites
Yes, but more students will increase the challenges.

Adequate Type

N = 4

Region	Yes	No
Southeast, Cape & Islands	3	1

Comments:

Want to re-approach hospital as a clinical site for variety.
Need flexibility with regulators on curriculum.

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
Other *	1	2
The lack of available clinical sites.	2	2
The lack of lab space.	3	2

Comments:

*The lack of PhD faculty.

Haven't had to turn students away from available seats; however, if we could accept more students due to availability of seats, lack of clinical sites would rank #1.

Would need to expand lab space for larger classes, have expanded lab hours.

Larger classes would create a lack of clinical sites.

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

N = 4

Region	Yes	No
Southeast, Cape & Islands	4	0

Comments:

Yes, have an advising system with same advisor for 4 years.

Flexibility with a 5-year academic plan

Pathway to Success program; academic resources center; rigorous pre-admission screening; nurturing faculty and staff.

Tutoring and mentoring by faculty included in planned workload.

Tutoring Center at the College; study skills, testing, and diagnosis of learning skill deficiencies.

Advisement Center, track students re: absences.

Clinical internship (new this year).

For freshmen, key tools for success are time management and study skills.

Clinical skills review, summer session, keeps them fresh for fall.

Supplemental instructor – tutors freshmen, sits in on classes and can work one-on-one or in groups.

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

N = 4

Region	Yes	No
Southeast, Cape & Islands	1	3

Comments:

PhD program development; flexible program, summer breaks designed for working as master's educator.

Key to growing own faculty; replacement of retirees; support of Provost position.

Added MS program with educator focus.

Lightened load for clinical time by using MS prepared nurses for clinical faculty.

Building stronger infrastructure for research development.

New faculty assigned to mentor in College of Nursing and one outside of department.

Assistant Dean meets with them; have faculty development center.

BORN waivers have forced look at resources for mentoring new faculty; Nursing program coordinator has taken this on and sees that additional focus on new faculty mentoring and retention needed.

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

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

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 = 3

	Rank	Respondents
Recruit full time faculty	1	1
Recruit full time faculty	2	1
Recruit part-time faculty	2	1
Recruit part-time faculty	3	2
Offer evening/weekend classes	4	2

Comments:

Weekends have to be negotiated. Concern with workload units favors permanent faculty. Salary is the major issue; BHE needs to support faculty; college has lost faculty because of low pay.

Salary and fringe benefits are a negative; inequities in time spent teaching - history teacher 15 hours in front of class - freshmen nursing 20 hours in front of class; sophomore 25 hours in front of class.

Questions 16 and 17 – Completed by the health care facilities

Question 16 – Within your budgeted nursing staff, what is the percentage of: LPNs; RNs with diploma; RNs with ADN; RNs with BSN; 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 Southeast Region.

Notes:

- 9 health care facilities – 8 acute care and 1 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
SEA 1	0	10	74	15	1	0
SEA 2	3	25	43	27	2	X
SEA 3	11	17	40	30	2	.4
SEA 4	X	X	X	X	X	X
SEA 5	2	2	75	20	1	0
SEA 6	27	9	54	9	1	X
SEA 7	5	16	41	36	2	0
SELTC 1	50	39*	*39	10	1	X

Comments:

No additional comments.

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
SEA 1	0	0	10	80	10	0
SEA 2	0	0	30	68	2	X
SEA 3	5	5	25	55	4	1
SEA 4	X	8	15	50	25	2
SEA 5	X	X	5	70	20	5
SEA 6	25	X	58	15	2	X
SEA 7	0	0	40	55	5	1
SELTC 1	X	X	X	70	X	X

Comments

SELTC 1- Most of our nurses have been here a long time and rather than look to finding BSNs (not out there) we need to develop our own.

Question 18 Completed by the health care facilities

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

N = 9

Region	Yes	No
Southeast, Cape & Islands	9	0

Comments:

Acute Care:

Are developing specialty nurses from within - critical care and ER and are recruiting more BSNs.

Have BEST 3 grant from WIB - fast track process to build basis for future.

Moving towards Magnet status to improve work environment and shared governance model.

Are focusing on the 4 S's'' – staffing; satisfaction; safety; skills.

Developed model based on Benner’s novice to expert model to move novices to expert nurses.

Are working on Magnet recognition preparation; stabilizing agency usage; reconfiguring supervisor role as staff support role (clinically focused); Clinical Nurse Specialist role in education to support staff; clinical nurse techs – hire student nurse to recruit as RNs later. Preceptor training for RN staffing.

Have multi-pronged approach working collaboratively with School of Nursing.

Have short and long-term goals for retention, recruitment, and development of staff; formal education and role development; RN surveys to benchmark workplace issues against other hospitals; magnet readiness activities; clinical recognition programs.

Enhanced clinical support roles – evening shift educator, resource nurse role, admission nurse role.

Have identified a professional practice model; driven by staff, not management.

Long-term Care:

Are developing our own staff and moving them up the career ladder.

Question 19 - Completed by the health care facilities

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

Acute Care:

Need a school near by and increased collaboration and sharing of resources between hospitals.

Need more sites for ADN to BSN to MSN programs; and more flexible scheduling of classes and programs.

Need to increase faculty in BSN programs; promote viability of ADN program as feeder. Masters program focused on management of acute care clients; more clinical nurse specialist programs instead of Nurse Practitioner programs.

Need more scholarships; onsite course; flexible programming to accommodate FT nurses. Increase capacity of schools in this area as community interest is there; students are not going to go to Boston.

Need to be creative about clinical placements as resources are limited if only hospitals are used.

Need work-site based classrooms/labs.

Increase master's prepared people; and management/leadership tracks.

Need to develop non-traditional approaches to education and some focus on fast track.

Increase faculty to expand enrollment; faculty recruitment and retention; flexible clinical sites, times.

Long-term Care:

More seats in programs. Increase pay to faculty and pay scales for nurses.

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 = 9

	Rank	Respondents
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	1	6
Faculty and SON administration seek and use clinician input/feedback.	2	3
Faculty and SON administration seek and use clinician input/feedback.	3	3
Faculty enhances quality of pt care in the clinical setting.	3	3
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	4	4

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 = 9

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	8
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	2	5
Involve faculty in patient care improvement projects.	3	4
Seek & use faculty feedback about hospital policies & guidelines.	4	5

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:

Waiver needed: Master's outside of nursing should be allowed to teach in schools of nursing.

Faculty salaries are deterrent; clinical faculty requirement of MSN is deterrent.

Creative ways to do clinical component, not just at acute care units; use clinics, long-term care, home health care etc.

Tuition reimbursement from agency – not high enough to support students.

Regulations that require MSN/PhD research component discourages them from tenure.

Faculty contracts are limiting.

Lack of flexibility in curriculum.

Long-term Care:

Change policy to allow Masters in other fields to teach as well as participate as clinical instructors; pay scales not competitive to attract faculty.

Schools of Nursing:

BORN changes have been helpful.

Waivers for part-time faculty are still rigid.

Tuition reimbursement covers only tuition for most facilities; state schools bill for tuition and fees separately with high fees; students turn to private colleges especially at Masters level as private schools do not bill the same way for fees.

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:

Need more education sites locally.

Need to increase the level of clinical experience of faculty.

Flexible schedules/alternative schedules and worksite-based programs.

Need internships at clinical sites; joint appointments; persons from health care facility to have combined job/teaching for schools of nursing at the health care facility; keep health care facility rate of pay; teach a few days a week and regular job at health care facility for remainder of week.

Increase the number of loan forgiveness programs for LPN and LPN-to-RN programs.

Need more capacity in schools of nursing.

Schools of Nursing:

Need to have funding to increase the quantity of nurses.

Need part-time evening ADN program.

Need to do a better job recruiting/retaining minority students and faculty.

Need consistency in contracts across all community colleges and salary flexibility to be competitive.

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:

Need more time and money.

Hospital policies on tuition reimbursement don't support part-time, per-diem nurses, students; flexible schedules in schools to promote attending classes.

Financial aid for students, including more funding for tuition reimbursement.

Lack of physical space and faculty in schools of nursing to expand programs.

Tuition reimbursement policy covers tuition only, fees not covered.

People's lives are so busy; need dialogue about what is the best way to deliver education.

Long-term Care:

Our internal pool of candidates to go up the ladder is limited to small numbers who care to succeed, who want to make the time to access degrees, etc. People are placing a higher value on personal time and are not willing to give it up.

Schools of Nursing:

There is a lack of funding for library services, forcing students to purchase their own journals.

Need consistent, qualified faculty.

Need to improve part-timer salaries and workload inequities between general education and clinical or lab faculty. Lab and/or clinical involve more time but get less credit and less pay.

No money to support masters' students to go on for PhD.

Question 25 – Completed by all

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

Acute Care:

Relationship is well developed; resources are the issue - dollars, time and physical space. Sharing of experts and resources, guest speakers to classrooms.

One-way street of support to schools from hospitals – sending students, sending faculty.

Need dialogues to develop mutually satisfactory relationship.

Faculty need to be active in recruiting students to employers.

Keep older nurses in the field longer and use them as mentors/coaches.

Long-term Care:

Continue the dialogue.

Schools of Nursing:

Need the cross fertilization of ideas through advisory boards and sharing of ideas between facilities and schools.

Question 26 – Completed by all

Additional Comments

Acute Care:

Glad to see we are doing this, willing to participate in the future if any groups.

We need to consider hospital reimbursement if hospitals continue to need to support faculty positions.

Schools of Nursing:

The biggest issue is being able to educate Ph.D. prepared faculty.

The question raised in past forums with Southeast region hospitals and community colleges is whether there should be more sharing of lectures via web conferencing between community colleges and facilities.

Better use of faculty for labs, tutoring, etc., if all faculty did not have to lecture; this would need to be supported by curriculum committees and union salary issues.

The BHE pass rate of 90% is unrealistic and should be inline with BORN pass rate of 85%.

Lack of funding at community colleges continues.

Lack of library resources/funding continues to be a serious concern.