Opportunities for Improved Health Services Delivery
Healthcare Commission Ideas for Governor Freudenthal
June 29, 2005

Increase Nursing Clinical Training Sites

1) What is the problem?

a) Wyoming can expect the nursing shortfall to reach 37% 2020, according to the Robert Wood Johnson Foundation.

b) There are more qualified applicants than available slots in Wyoming's nursing education programs. Most programs reject more than half of qualified applicants due to lack of faculty, limited space, and limited clinical sites. Wyoming State Board of Nursing data indicates:

- **i.** Casper College accepted only 64 out of 99 qualified applicants in 2004 (64%), and 64 out of 102 qualified applicants in 2005 (63%).[1]
- **ii.** Western College accepted 44 out of 83 qualified applicants in 2004 (53%), and 26 out of 96 in 2005 (27%).[1]

2) Describe your ideas.

a) Wyoming's nursing education programs have increased enrollment with WYIN (Wyoming Investment in Nursing) money[2] in addition to internal sources and community/agency funding, but more effort is needed. State law requires that each faculty member have a maximum of eight students in the clinical setting, so a combination of the following recommendations may be required to increase enrollment:

- **i.** Expansion of nursing program enrollment through utilization of small, untapped clinical sites that can only accommodate 1 to 3 students. Instead of providing the clinical instruction, a faculty member would develop and supervise clinical opportunities using a clinical expert/preceptor in the smaller community agencies. Those preceptors would be contracted for $35/hour. Enrollment could increase by tapping resources inadequate for a full 8 students. Instead of measuring clinical experience in hours alone, clinical experience could be measured by competencies to accommodate for the low census often encountered in smaller facilities. By rotating students participating in the smaller facilities, more students can experience true rural/frontier nursing.
- **ii.** The state would provide reimbursement up to $2,000/semester/student for travel, childcare, room and board for the options above that require travel. This would allow for increased student enrollment utilizing other clinical sources. Providing financial support would allow students to participate with fewer personal hardships. The average age of nursing students is 30. Most have children and nearly half are married. Travel imposes a significant burden on most students.
- **iii.** Fund a Clinical Coordinator through the Wyoming State Board of Nursing to investigate and initiate clinical contracts with numerous sites around the state not currently being used as a clinical site. There is significant "leg work" needed to contact the unused sites to determine their willingness and appropriateness for clinical sites that cannot be accommodated by current staff. This would be a temporary/contract position.
- **iv.** Expansion of available clinical slots for nursing students through development of intensive clinical experience during weekends, evenings, and vacations. As teaching facilities, clinical sites are underutilized at these times. However, it must be noted that one means of enticing nurses into faculty positions is through guaranteeing no clinical during weekends, evenings, or vacations. Faculty teaching on weekends, evenings, and vacations will need financial incentive to agree to work those hours. Offer an hourly differential as financial incentive ($20/hour above regular salary) to nursing faculty to work weekends, evenings, and during vacations and holidays.

v. Nursing programs would take at least 8 additional students on campus for theory and laboratory experience. Schools would contract with schools of nursing in border states for their faculty to provide clinical experiences for Wyoming students. The state would pay $50/hour to contracted faculty for clinical instruction and program orientation. Not only would this allow for increased enrollment, it would provide exposure to metropolitan/urban nursing for rural Wyoming students.

3. Who are your partners?

- **a)** Community colleges
- **b)** UW
- **c)** Small communities not currently linked with nursing education programs
- **d)** Nursing programs in border states
- **e)** Wyoming State Board of Nursing
- **f)** Boards of Nursing in border states

4. Please provide supporting evidence and data:

- **a)** At least one-third of qualified applicants are turned away due to lack of faculty, lack of space, and lack of clinical sites nationally.[3]
- **b)** Alaska made a commitment to double enrollment by 2007 by growing their own faculty, raising faculty salaries, utilizing small clinical sites in isolated areas. They are on track to meet their goal by 2007. Increases have occurred every year.[3]
- **c)** State of Washington increased clinical sites by 23% using a statewide Clinical Coordinator to access untapped clinical sites.[3]

5. Funding/staffing needs.

- **a)** Faculty for 8 students in smaller sites $50/hour X 500 hours = $25,000 X 8 schools = $200,000 (will need multiple instructors for each group of 8 if only taking 1-3 students in some sites).
- **b)** For traveling - 8 students/$2000 semester X 4 semesters = $64,000 X 8 schools = $512,000.
- **c)** Clinical Coordinator at state level $50,000 plus benefits (temporary position for 1 year).
- **d)** Release time for faculty on campus for development $30,000 X 8 schools = $240,000.
- **e)** Out of state faculty for each 8 students added $50/hour X 200 hours = $13,750 X 8 schools = $80,000 (include orientation time to program).

The total, if all of these ideas were to be implemented, is $1,097,000.

6. Who is better off and how can you measure improvements?

- **a)** Enrollment would increase using a combination of previously untapped sources – local and out of state. Students from rural Wyoming would have exposure to urban nursing. Agencies in small communities could participate in nursing education, and more nursing students would have exposure to rural/frontier nursing.
- **b)** Improvement would be measured by increased enrollment and maintenance of student pass rates.

7. Could this proposal be included in the Children and Families Initiative?

- **a)** Indirectly-- by improving the supply of nurses, the proposal increases access and should improve care throughout the state.

8. Potential drawbacks and political considerations.

- **a)** The Wyoming Board of Nursing would need to approve these recommendations.
- **b)** Breadth and depth of the educational experience may be inadequate in small communities with few patients, and less complicated nursing care.
- **c)** Border state programs may be at capacity and unwilling/unable to accommodate Wyoming students.

d) Programs with limited faculty resources are already stretched to the limit and may not have manpower to pursue expansion.

9. Alternative possibilities.

a) The Millbank Reforming States Group Recommendation includes provision of grants to colleges willing to consider expansion. Grants would be provided to support program changes for increasing enrollment by at least 8 students. The grants would fund faculty release time to develop and implement strategies to increase enrollment. This would be one-time money used only for starting new approaches. The cost would be borne by the colleges initially and then would be reimbursed by the state when expansion takes place. This avoids state provision of funding when a program is unable to bring expansion to fruition. Nursing programs are already "maxed out," with limited faculty; marshalling incentive to do more is difficult.

b) Funds to purchase simulation technology to enhance the clinical experience of students who may have limited exposure in small, rural settings. Examples include Sim-Man, Virtual Clinical Excursion packages or other clinical simulation programs. $50,000 X 8 schools = $400,000.

c) WYIN allows registered nurses seeking master's degrees in Wyoming to apply for loans that can be paid back by teaching at UW or a Wyoming Community College. UW has not been able to take advantage WYIN money to fund other faculty positions due to their centralized position management (CPM) policy. UW could reconsider its CPM policy with respect to the nursing schools while a nursing shortage exists.

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[1] Wyoming State Board of Nursing
[2] E-mail from Cheryl Koski, Executive Director, Wyoming State Board of Nursing, June 14, 2005
[3] Milbank Foundation Reforming States Group Conference, Seattle, WA, March 2005