

MINUTES
EMPLOYER STRATEGIES WORK GROUP
February 11, 2008
Children's Corporate Center
Conference Call Number: 800-462-1257; Access Code: 0685

Meeting Attendees: Sally Lundeen, Sue Dean-Baar, Jo Ann Appleyard, Jess Allison, Bob Herdrich, Shelly Malin, Pat Volkert, Denice Dorpat, and Joan Jacobsen

- I. Call to order/review of minutes from October 11, 2007
 - a. The meeting was called to order at 9:20am by Jo Ann Appleyard
 - b. The minutes from the previous meeting were approved.
 - i. If there are any changes to the meeting minutes, email them to Jess Allison (roberts5@uwm.edu).

- II. *SWIFT* Nurse Educator program update and related discussion
 - a. Current status of sponsoring employers and candidate applications
 - i. The *SWIFT* Nurse Educator Employer Sponsor Summary table was reviewed. Thirty candidates are currently studying toward their master's degrees.
 - ii. Children's and Froedtert are recruiting for additional enrollees to begin in the Fall 2008 semester.
 1. They may hold a joint recruiting session for interested employees. Jo Ann and Carrie Von Bohlen from UWM will also attend.
 - b. Candidate update
 - i. Health Professional Education Certificate (HPEC) candidates
 1. Seventeen students were enrolled; three students were are still completing their courses.
 2. Thirteen of the 14 who have finished are already teaching. The one that is not yet teaching has special time requirements regarding when she can teach and has not yet found a part-time position.
 - ii. Progress of currently enrolled candidates
 1. According to the Educational Work Group, there have not been any issues to date. In fact, it seemed that these candidates are more organized most of the employed students. There is some concern about with how the students will do once they get into their clinical practicum courses.
 - a. Sue talked to some of the candidates who are concerned about the summer semester when the clinical hours go up to 15 hours/week.

- b. Some of the candidates have stated that their managers are not as supportive as hoped. This has caused one of the candidates to consider withdrawing from the project.
- 2. We have found that this is easier when the candidate is a staff nurse. If the candidate is in a more managerial/leadership role, it is a little more difficult because there aren't others that can assist with his/her work.
- 3. Jo Ann is a Faculty Supervisor for one of the original Wheaton Franciscan cohort members. This student has been very successful under the following circumstances:
 - a. She works 0.8, but the original Wheaton cohort students do not get paid time off, so she is equal in work-time commitment with most of the other *SWIFT* candidates.
 - b. She works in an ambulatory setting, and this affords her a more flexible work schedule.
- 4. Children's Hospital has just revised their tuition reimbursement to increase the amount.

III. Post-Graduation strategies

- a. The issue is how to manage the dual role of teacher/practitioner. The work group was asked to develop suggestions to take to the next Educational Strategies Work Group meeting.
 - i. The stakeholders in this process include:
 - 1. The healthcare employers, including unit managers, executive staff, and human resource leaders.
 - 2. The newly graduated *SWIFT* candidates plus other master's-prepared nurse employees who may want to teach nursing students part-time.
 - a. Whether these individuals are salaried or paid hourly wages must be considered.
 - 3. The local nursing programs .
 - ii. We need to identify the elements that these stakeholders must consider to develop appropriate work agreements for nurse teacher/practitioners. There should be multiple work agreement models based on different principles to meet varying requirements of the stakeholders.
 - iii. Environmental issues also impact teacher/practitioner work agreement models, including:
 - 1. The salary-gap between what the local nursing schools and healthcare organizations pay a masters-prepared candidate.

2. Differences between union and non-unionized stakeholders, including both healthcare employers and nursing programs.
 - a. Labor laws have changed to protect the employees for a dual-position situation.
- iv. Discussion then focused on other specific considerations when developing teacher/practitioner work agreements.
 1. At some hospitals, unit managers have concerns about releasing staff nurses to spend time teaching students.
 2. Identifying a benefit-home for the teacher/practitioners may be an issue. Many employees prefer to have one set of benefits.
 3. Upon graduation, the many of the candidates will be assimilated into a new practice role plus a new teaching role, thereby taking on 2 new roles.
 - a. Some of these positions will be new positions within the organization as a whole. One possibility moving forward may be new generations of CNS roles, which include teaching from the very beginning.
 4. Unit-based models allow the teacher/practitioner to work in a staff or advanced practice role and act as a clinical instructor for nursing students on one unit, which may be advantageous for all the stakeholders.
 5. Pat Volkert shared her experience as being a clinical instructor. She has a different role, though. She is in a salaried position that has 8 hours of time per week built in for teaching.
- v. The employer representatives asked about how the new simulation technology affects clinical education practices.
 1. The current thinking is that it won't have a huge impact on what we are doing in the clinical area. It seems that it will be used more in the pre-clinical education for this with a particular set of competencies.
 2. There are five states now (not WI) that have laws or regulations that limit the amount of simulation that can be included in nursing education.
 3. Joan Jacobsen shared an experience from two simulation conferences that she recently attended two different universities.
 - a. Both universities require that all students go through all the simulation training before they can even go into a clinical setting.
 - b. The anecdotal evidence seems to demonstrate that students who experience simulation as part of their

nursing education learn a great deal from those experiences.

- vi. Another issue with pairing the students with the staff at the clinical sites is that there are so many students at each site. Most students have an instructor onsite at the clinical setting, but a number of them are precepted by staff nurses. It is not really known whether one model of clinical teaching is better than the other, but these days it may be difficult for busy staff to effectively precept students.
 - a. This is beyond the scope of the *SWIFT* project, but we may be able to look at how to address some of these issues through *SWIFT*.
 - b. The clinical instructors need to be connected to the staff nurses. This does not seem to be the case in many clinical settings.
 - c. Children's is starting to look at competency assessment for the clinical instructors. Discussion focused on whether this is the responsibility of the employer, the nursing program, or perhaps both entities.
 - i. The competencies of the clinical instructor are very different from those of a staff nurse. They need to have some of the same competencies, but they are quite different.
 - ii. Shelly noted that clinical instructors are holding the students responsible for doing things that all nurses are supposed to do. Therefore, the students are actually catching many things and preventing mistakes, not making them.
 - iii. What are the essential competencies for clinical instructors?
 - iv. An exemplar "new role" was proposed.
 1. Shared competencies to create a collaborative environment
 - a. Clinical competencies
 - b. Educational competencies
 - c. Social/emotional intelligence
 - v. We need to work with the managers to help them understand the requirements for the teacher/practitioner role to facilitate the process.
 - vi. There was additional discussion about how to help staff nurses understand it is part of their role to work with students.

1. It is often the case when as soon as students get put into a unit, the staff “wash their hands” of their responsibilities to the patient. We need to help staff nurses understand their role in teaching our future nurses.
 - d. Sally Lundeen shared information about the LEAP project which is a funded state-wide project through the UW-Madison School of Nursing.
 - i. One outcome of this project is a web-based continuing education program that teaches staff nurses how to be a preceptor.
 2. The group then discussed what the *SWIFT* staff should take to the Educator group about this process.
 - a. The educators should discuss their expectations for shared appointments of teacher/practitioners.
 - i. This may result in a negotiation for each individual employed in this dual role.
 - b. Will most of the teaching opportunities be for clinical practicum instruction?
 - i. Perhaps, but there is no way to predict this at this point. *SWIFT* candidates who are students in the NP program are not really prepared to serve as clinical instructors for undergraduate RN students, however there are only a few *SWIFT* candidates in this track.
 - c. What if we had the opportunity to give some incentives for another group of nurses to complete a HPEC certificate? These would be employees that have master’s degrees already, probably currently in administrative or NP roles.
 - i. This would shift the outcome numbers to a different mix of candidates.
 - ii. Most of the courses are online, except the last course is a teaching practicum can be arranged close to where the students live.
 - iii. The employer representatives stated that there would more than likely be candidates interested in this.
 3. Sally presented information about a planning meeting that is looking at the nursing workforce needs across the state.
 - a. We will have to be thinking about current ways to expand/reposition our work.
 - b. These conversations will affect *SWIFT* as well. We will be informed from both sides.

- c. It will be important for those employers already committed to the project to help us recruit more employers to invest in nursing education even after the *SWIFT* project formally ends. We need to establish partnerships in order to get the workforce needs filled.
 - 4. The *SWIFT* team will develop guidelines for the joint employment of teacher/practitioners after additional consultation with healthcare employers and nursing education programs.
 - a. We will plan a meeting for a joint meeting of the Employer and Educator Work Groups to develop ideas and principles.
 - b. Discussion moved to mechanisms to advertise available nursing education positions and newly graduated *SWIFT* candidates.
 - i. Pat Volkert has contacted Lea Acord of the WCN to see if we can utilize their website for posting positions.

IV. Work plan for the remainder of the grant

- a. Update on evaluation phase
 - i. Evaluation Plan
 - 1. We will be mailing each employer a questionnaire regarding the project sometime this quarter.
 - a. It can be either the employer liaison or the executive from each entity that fills the survey out.
 - b. We cannot do this totally electronically because we will lose anonymity.
 - c. Data collection will occur on a regular basis in order to capture changes as the process evolves.
 - ii. IRB submission
 - 1. We will be submitting this to the UWM IRB office this afternoon.
 - iii. Scheduling forums to discuss the *SWIFT* project
 - 1. We may need to sponsor a large forum to discuss the joint-appointment of teacher/practitioners.
 - 2. This would include a broad array of schools of nursing and multiple people from the healthcare employers, including their executives, managers, and human resources representatives.

V. Final meeting date

- a. The joint meeting between work groups will be scheduled for late April or early May.

VI. The meeting was adjourned at 11:15 am.