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Clinical Placement Capacity Assessment Report

Commissioned By:

The Connecticut Allied Health Workforce Policy Board

September 17, 2007



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Introduction

- On Behalf of the Allied Health Workforce Policy Board, the Office of Workforce Competitiveness (OWC) commissioned the Connecticut Hospital Association to conduct an assessment of clinical placement capacity.



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Rationale and Project Goals

- Broad assessment conducted to attempt to establish if in fact:
 - the “clinical placement problem” was one of maximal use and thus exhaustion of opportunities available,
 - a matter of distribution or concentration in particular facilities, thus possible underutilization of opportunities,
 - or a matter of coordination and logistical factors



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Project Elements

- Advisory group
- Focus groups of five Workforce Investment Board regions
- Web-based surveys administered to hospitals, long-term care facilities, and primary care centers
- Web-based survey administered to schools of nursing regarding needs for placement of registered nursing students
- Comparison of identified needs with clinical placement opportunity



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Findings

- Survey and focus group results indicate the “clinical placement problem” in Connecticut stems from exhaustion of opportunities in some clinical specialties and misdistribution to a small extent
- Key factor in utilization of clinical sites for student experiences is match between educational philosophy and learning experiences healthcare institutions have to offer



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Respondents/Survey Return

- 32 hospitals (out of 32)
- 57 long-term care facilities (out of 243)
- 13 primary care centers (out of 13)
- 15 schools of nursing (out of 16 that prepare RNs)

Registered Nursing Students

- When school needs for registered nursing students were matched with clinical placement opportunities offered by hospitals, capacity
 - Was more than sufficient for critical care experiences
 - Was adequate for medical-surgical experiences
 - In the areas of maternity and behavioral health could be described as “just meeting sufficiency” for current needs with some qualifiers
 - For pediatric, perioperative, and senior/capstone experiences was insufficient

Licensed Practical Nursing Students

- Accepted by:
 - 15 hospitals
 - 25 long term care facilities
- Broadly estimated, appears to be sufficient clinical capacity for LPN students
- Procuring preferred acute care experiences becoming increasingly difficult.

Rehabilitation Services Professions

- Student preference significant driver in clinical placement
- Hospitals/specialty hospitals preferred
- Generally sufficient capacity

Radiology/Diagnostic Imaging Professions

- Level of reporting low
- Some indication of misdistribution and limited opportunity for some specialties



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Qualifiers and Barriers

- Educational Program and Healthcare Organization Fit: School Choice Drives Distribution
- Inadequate Resources to Support Student Clinical Experiences: Lack of Faculty, Staff, Preceptors, and Space
- Coordination and Logistical Factor Complexity: Affiliation Contracts, Faculty/Student Orientation to Systems, Geography and Timing



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Augment Nursing Faculty Resources By

- Promoting the development of joint appointments such that qualified nurses currently practicing on staff at hospitals/agencies serve as faculty members of schools of nursing
- Developing a recruitment and information campaign for nurses who are already qualified or interested in becoming faculty members
- Proposing and supporting long-term initiatives to build the nursing faculty pipeline

Strengthen Preceptorship in Nursing By

- Developing statewide programs to educate new staff registered nurse preceptors and to support and recognize experienced nurse preceptors
- Promoting initiatives to prepare more nurses at the baccalaureate level



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Balance the Clinical Placement Distribution Schedule Where Possible By

- Encouraging schools and hospital/agency partnerships to further explore scheduling alternative regarding shifts, days of the week, and semesters

Establish Additional Mechanisms for the Exchange of Information Between Hospitals/Agencies and Schools By

- Considering the convenience of regional or statewide discussion sessions in which representatives from hospitals/agencies and schools meet to discuss goals, needs, and opportunities related to the education of the future nursing and allied health workforce
- Creating a statewide resource such as a handbook and/or website in which hospitals/agencies describe the nature of clinical placement opportunities at their organizations and provide contact information



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Enhance Clinical Placement Processes By

- Identifying best practice models for: faculty orientation, student orientation, planning and coordination, and school/hospital/agency partnership

Simplify and Streamline the Clinical Affiliation Contracting Process By

- Developing a standard, “core” affiliation agreement and creating mechanisms that enable the completion of the contracting process within a reasonable timeframe



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Consider Enhancement of Simulation Resources By

- Exploring the development of a simulation center and its potential benefit as a supplement to laboratory resources and to healthcare education for schools and hospitals/agencies