

Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis

Purpose

This policy brief is the collaborative effort of nursing leaders who propose and support academic-practice partnerships between health care facilities and pre-licensure registered nursing (RN) and practical/vocational nursing (PN/VN) programs across the country during the COVID-19 crisis. This is one potential model to consider. It is not mandated, rather an innovative approach to meeting academic and workforce needs.

The proposed model requires cautious evaluation at the local level with a clear understanding that:

- The participation of student nurses and faculty is voluntary and must comply with any additional requirements mandated in state emergency response provisions or through existing Occupational Safety and Health Administration (OSHA) requirements;
- The safety for all front-line providers of services across multiple points of care must be safeguarded through appropriate and prevailing infection control practices

Context

- COVID-19 is a virus affecting the entire world. To date, thousands of people in the U.S. have tested positive for the disease, and it is anticipated that many more will be affected in the near future. After observing the pattern of the virus, the U.S. anticipates an overabundance of patients inundating hospitals and possibly overwhelming the entire U.S. health care system.
- A significant demand is being placed on the entire nursing workforce, and this is anticipated to increase at an alarming rate.
- Simultaneously, the pandemic has affected pre-licensure RN and PN/VN nursing students across the country. Clinical experiences with patients are an essential part of every nursing program curriculum and are mandated by the State Boards of Nursing for licensure. Many hospitals and health care facilities have determined that pre-licensure RN and PN/VN nursing students should not be in contact with patients and have discontinued student clinical experiences in their facility. Without this valuable experience, all nursing students will have a deficit in their education, are unable to meet their program requirements and will not be eligible for graduation at a time when RNs and PN/VNs are needed in the health care system.

Proposal

- Health care facilities and nursing education programs are encouraged to partner during the COVID-19 crisis.
- Pre-licensure RN students from diploma, associate degree and baccalaureate degree nursing programs and PN/VN students from certificate nursing programs could augment and support nursing services in health care facilities.
- Nursing students would be employed by the facility on a full- or part-time basis and would work in the role of a student nurse for compensation and, in conjunction with the student's nursing education program, would receive academic credit toward meeting clinical requirements.
- Nursing students would be required to be enrolled in a State Board of Nursing approved (or its equivalent) RN or PN/VN pre-licensure program.

Benefits

This opportunity will not only provide much needed clinical education to assist in meeting program requirements, it is an unparalleled opportunity for nursing students to assist the nation in a time of crisis and learn the principles of population health and emergency management. This academic-practice model demonstrates that in the midst of a periling disruption in the environment, such as COVID-19, continuous innovation can occur.

Recommendations

1. Health care facilities and nursing programs are encouraged to promulgate plans to take advantage of this opportunity and make every effort to reach out to eligible nursing students and inform them of the opportunity.
2. Health care facilities and nursing programs are encouraged to collaborate to identify ways to accomplish appropriate faculty supervision of the nursing student-employee to achieve the final learning outcomes of the nursing program. For example, the health care facility could hire the nursing program faculty to oversee the nursing student-employee, the nursing program faculty could hold joint appointment by the college/university/school and the health care facility, or the health care facility-employed preceptors could oversee the nursing student-employee with nursing program faculty oversight.
3. Nursing program leaders/faculty are encouraged to work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities.
4. Nursing student-employees must have planned clinical practice experiences that enable the students to attain new knowledge and demonstrate achievement of the final learning outcomes of the nursing program.
5. Nursing programs should consult with their State Board of Nursing to ensure clinical requirement regulations would be met with this opportunity and experience.
6. Nursing programs are responsible for informing nursing students of the risks and responsibilities associated with working in a health care facility at this time. Additionally, nursing programs are responsible for communicating with students about their rights to be protected from infection and their options for completing the clinical practice requirements of the nursing program.

Endorsement

National Council of State Boards of Nursing (NCSBN)

National League for Nursing (NLN)

American Organization of Nursing Leadership (AONL)

Accreditation Commission for Education in Nursing, Inc (ACEN)

Organization for Associate Degree Nursing (OADN)

NLN Commission for Nursing Education Accreditation (CNEA)

American Association of Colleges of Nursing (AACN)

Commission on Collegiate Nursing Education (CCNE)