



REPORT TO THE VERMONT LEGISLATURE

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Nursing Preceptor Working Group Action Plan

In accordance with Act 183 of 2022

Submitted to: The House Committees on Health Care, On Commerce and Economic Development, and on Appropriations and the Senate Committees on Health and Welfare, on Economic Development, Housing and General Affairs, and on Appropriations

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Nursing Preceptor Working Group Action Plan

Following the criteria laid out in Act 183 of 2022, the Office of the Director of Healthcare Reform convened a working group of stakeholders representing:

- Nursing schools,
- The Vermont Area Health Education Centers,
- Long-term care facilities,
- Designated and specialized service agencies,
- Federally qualified health centers,
- Home health agencies,
- Primary care practices,
- Hospitals,
- And other health care facilities

to: (A) identify ways to increase clinical placement opportunities across a variety of health care settings for nursing students enrolled in Vermont nursing school programs, including exploring opportunities for participation through remote means; (B) establish sustainable funding models for compensating nurses serving as preceptors or for supporting the hiring of additional nurses to alleviate the pressures on nurse preceptors or both; (C) and develop an action plan for implementing the clinical placement expansion and sustainable funding models identified and established pursuant to subdivisions (A) and (B) of this subdivision (1), including addressing the need for student housing opportunities.

The following recommendations were developed during the working group's meetings, and collectively represent the working group's Action Plan.

Recommendations

1. One of the most significant barriers students face in finding a clinical placement is navigating the heterogeneous application and preparation processes for different sites. To ameliorate this, the working group recommends the following:

There should be established an ongoing working group composed of both nursing schools and clinical placement sites that will:

- i. Develop standardized clinical mandates and clinical contracts across nursing schools and clinical placement sites.
- ii. Identify a responsible party that could host an online directory of clinical placement sites.
- iii. Explore how to send data on nurse preceptors to the Healthcare Workforce Data Center at the Agency of Human Services.
- iv. Review the feasibility of rolling out a statewide Centralized Clinical Placement Platform.

2. Remote learning, particularly using simulation models, can act as a substitute or complement to in-person clinical training. Remote learning also allows nursing programs to expand their enrollment. However, the implementation of remote learning varies by setting across the state. Therefore, the working group recommends:
 - a. The Office of Professional Regulation
 - i. Should develop a set of standards that can be applied to remote learning, to ensure that nursing students are receiving a comparable experience across different programs.
 - ii. Should encourage Vermont nursing programs to pursue accreditation in simulation learning.
 - b. Vermont nursing schools should work to ensure that more nursing faculty, particularly part-time faculty, are trained in simulation nursing.
3. Throughout its meetings, the working group explored different models of clinical preceptorship that could improve access to and quality of clinical training in Vermont. Concerning these models, the working group recommends that:
 - a. There be a study of:
 - i. The current clinical precepting pilot sites that are currently being implemented or have been implemented previously in Vermont.
 - ii. What mechanisms exist or could be developed to incentivize take-up of pilots in Vermont healthcare settings.
4. Act 183 in 2022 appropriated \$400k for incentive grants to nurse preceptors in Vermont. The working group recommends that:
 - a. The program should have a new funding source that allows it to be distributed under more flexible conditions.
 - b. The list of applicable sites should be expanded to include hospitals that are not critical access, as well as other non-hospital healthcare settings such as Mental Health Agencies and Home Health Agencies.
 - c. Further consideration should be given to how to support preceptors who are training newly hired nurses that are not student nurses.
5. The working group noted that in recent years several federal grants have been rolled out that could assist in the implementation of previously mentioned recommendations as well as additional changes that could improve access to clinical training and increase incentives for nurse preceptors. To ensure that Vermont can benefit from future opportunities the working group recommends that Vermont nursing programs and clinical sites should develop a framework for submitting joint grant applications to increase the likelihood of Vermont receiving funding in the future.