

Maximizing Student Clinical Placement Through a Nursing Service-Education Collaborative

Ann S. Burgess, MSN, RN, S. Marlene Ruiz, MA, BSN, RN: Project Co-Directors

The San Diego Nursing Service-Education Consortium project began in 1996 to solve a problem common to all of the San Diego County nursing education institutions and service providers. Multiple schools were competing for limited clinical opportunities at the same time the schools were increasing the size of their nursing classes to respond to California's severe nursing shortage. The service industry was frustrated with the multiple telephone calls and competitive requests for placements. The authors, one from service (Kaiser Permanente) and one from academia (Grossmont College), connected to brainstorm resolution options. This began a growth process that has evolved into the current successful model. This year 14 schools have made 2,272 clinical requests for placement in 114 agencies, including 8 major health care systems, by utilizing a centralized database to meet clinical course objectives and maximize the use of clinical opportunities in the community.

The Consortium planning begins with the establishment of a planning calendar. In January, a 4-month process starts to arrange placements for the ensuing academic year. A centralized contact person is identified on each campus and in each service agency. The academic representative collects all required placements from faculty and inputs the data into the Consortium's standard format. The school's file is electronically transmitted to a Project Co-Director who merges all data from all schools into a master document. The Project Co-Director generates reports itemizing requests from all schools for each individual agency. These master agency reports are returned to the schools to review and for them to identify overlapping requests and scheduling conflicts. A meeting of all academic stakeholders is convened to negotiate changes that will resolve scheduling conflicts to negate the need for agencies to resolve these conflicts.

Once scheduling conflicts are resolved, reports are generated for each agency to review and accept or modify based on individual circumstances. Since the requests are in a relational database, agencies have the opportunity to specify the format of their reports to accommodate their decision-making process. Agencies then review the requests and respond to schools either electronically through reports generated from the database or hardcopy.

An evaluation process is important for continued success. We meet annually and debrief to identify exemplars and problem areas. The group collaborates on solutions and next steps for growth.

An early and unexpected barrier to success was the identification of the degree of distrust between schools and agencies. Schools were uncomfortable disclosing their clinical sites for fear other schools would usurp their placements. Agencies feared contracts would be imposed on them and they would lose decision-making power. Several meetings were held separately with agency representatives and with educators to clearly identify each entity's fears and frustrations. A follow-up joint meeting provided the opportunity for ground rules to be established. Agencies were assured their contracts would be honored. Schools were comfortable that their long-standing relationships would be respected. Once the group got over their initial fears and they felt comfortable that the system could work to mutual advantage, both the schools and agencies relaxed and trust allowed expanded clinical opportunities to develop.

The annual evaluation meeting has evolved into a significant venue for collaboration and a synergistic exchange of ideas to take place. An early example of this was the standardization of a dress code for students in clinical sites. The problem we are addressing now is the variety of forms, classes and regulations imposed by agencies on the schools. A task force is meeting to standardize the documentation and classes required to eliminate wasted time and monumental record keeping of insignificant nuances.

We have evolved from a paper and pencil process to using a relational database. We hold annual classes for service and academia to familiarize them with the database. The Co-Directors consult individually with schools and agencies to be proactive with problem identification and resolution. We publish an annual directory of academic and service contacts to allow continued sharing throughout the year. We network with the Association of California Nurse Leaders and other

agencies involved with nursing education. All the nursing schools in San Diego County have increased their nursing student population and we have been able to accommodate this growth.

The process has been published in the Journal of Nursing Administration, presented at the Nursing Management Congress and at the Sigma Theta Tau Biennial in Toronto. Presentations to share this process have been made to Portland Oregon Consortium and San Francisco Hospital Council Task Force with indication that they plan to replicate centralized scheduling.

We are proud of the exceptional collaboration between academia and service in our community.

Contact: S. Marlene Ruiz, MA, BSN, RN, Director of Education and Consulting Service,
Kaiser Permanente

10990 San Diego Mission Road, San Diego, CA 92108

Phone: 619-641-4138; Fax: 619-641-4098; marlene.s.ruiz@kp.org