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Background

- Nurse educators have been called upon to effectively integrate the use of technology and informatics into the prelicensure curriculum, recognizing the demand for newly graduated registered nurses (RNs) to be prepared to use EHRs and eMARs upon entry to the workforce

- Informatics is identified as a prelicensure Quality and Safety Education for Nurses (QSEN) competency for nursing students

- The National Council of State Boards of Nursing (NCSBN) includes the utilization of information technology related to promoting a safe and effective care environment in the nursing licensure examination (NCLEX-RN) test blueprint.[6]

Problem & Study Purpose

- Problem: Anecdotally reported restricted access to clinical sites training limits pre-licensure student training and threatens the quality of students' clinical preparation.
- Purpose: To describe current state of student nurses clinical education from view of nursing faculty.

Study Design

Human Subjects Protections

Methods

- Inclusion criteria: Clinical Faculty teaching in pre-licensure programs in U.S.
- Snowball sampling:
  - Nursing organization networks
  - SON Deans & Directors
- N= 193 Nursing school clinical faculty
- 25 States represented
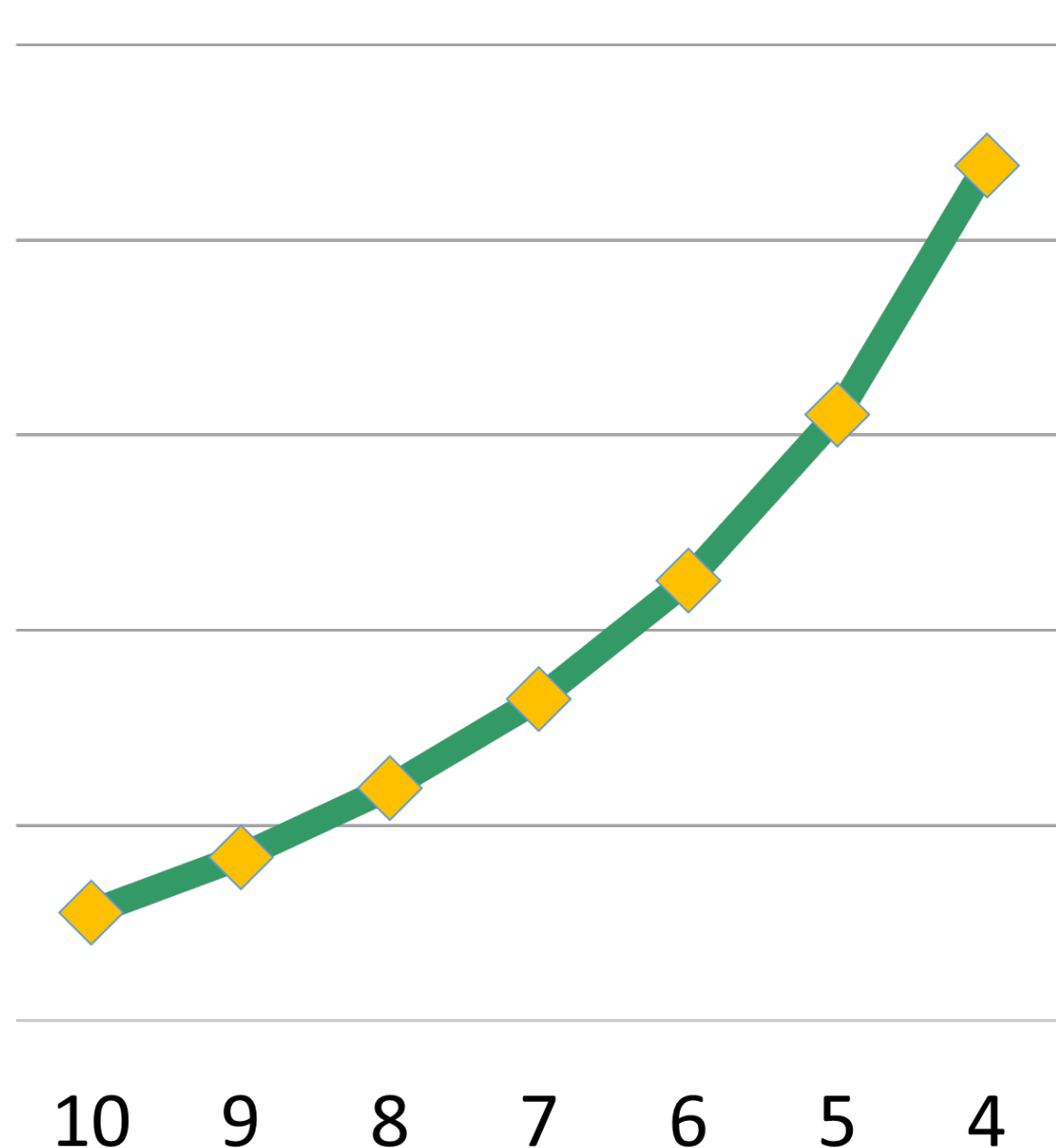- Survey Date: 5/15/2018 – 9/15/2018

Clinical Assignments

Extrapolated Faculty Cost Per Semester by Clinical Group Size

- 48 Student Cohort
- $39.40 Mean Faculty Hrly Wage
- 9 Hour Clinical Shift
- 15 Week Semester

Line chart: Faculty cost per semester (y-axis $20,000 to $70,000) by # Students per Clinical Group (x-axis 10, 9, 8, 7, 6, 5, 4)

| # Students in Clinical Group	
Mean	7.96
SD	1.799
Range	4 - 14

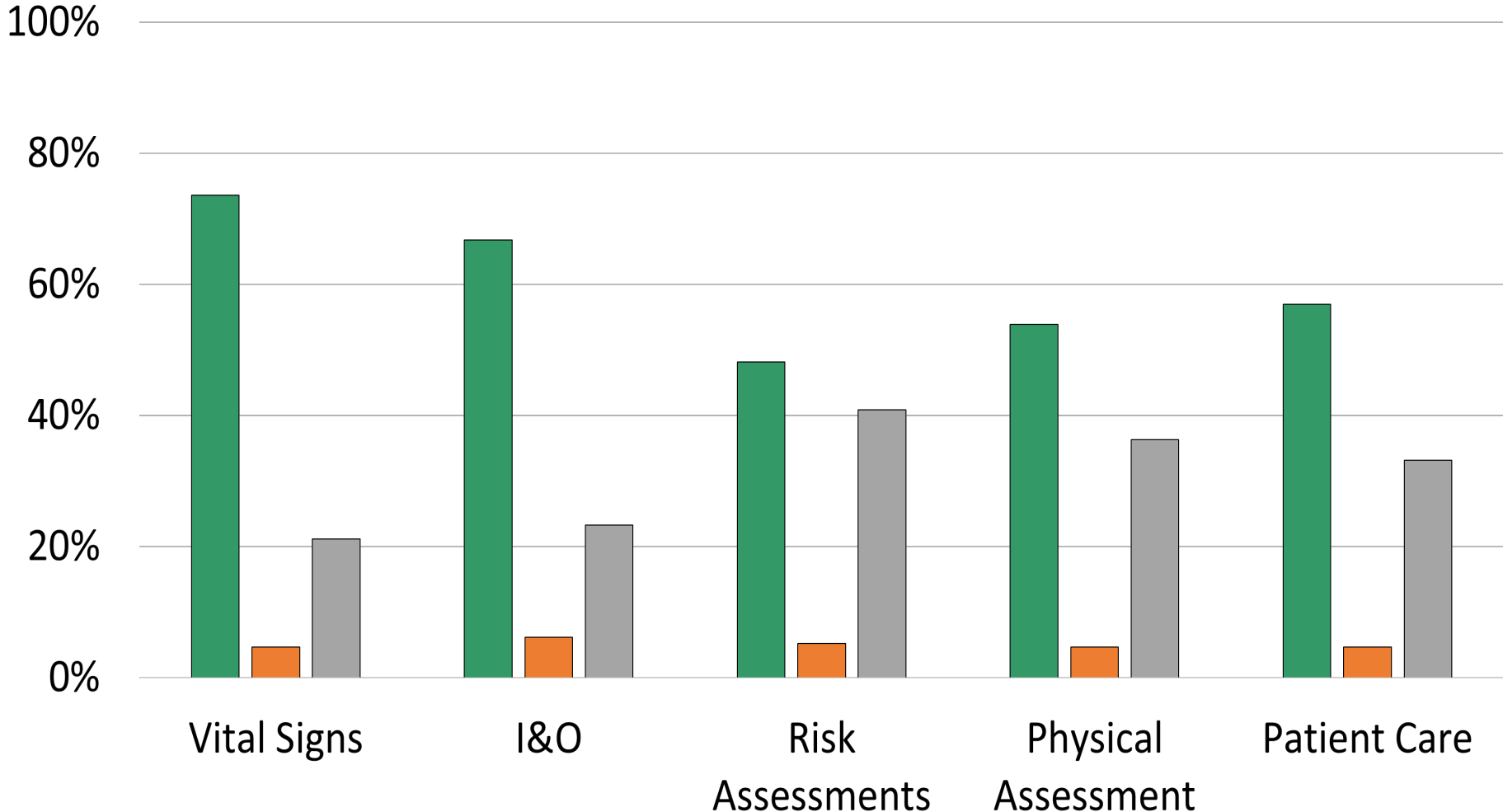| Documentation Type	Personal and Faculty or RN EHR Access, %	Personal EHR Access, %	Faculty or RN EHR Access, %
Vital signs	84.4	80.2	45.2
Intake and output	78.1	74.4	35.7
Patient care	65.6	67.4	23.8
Physical assessment	62.5	64	21.4
Risk assessments	51.4	61.6	16.7
Nurse's notes	43.3	53.5	21.4

Results

Sources of Patient Data Available to Students
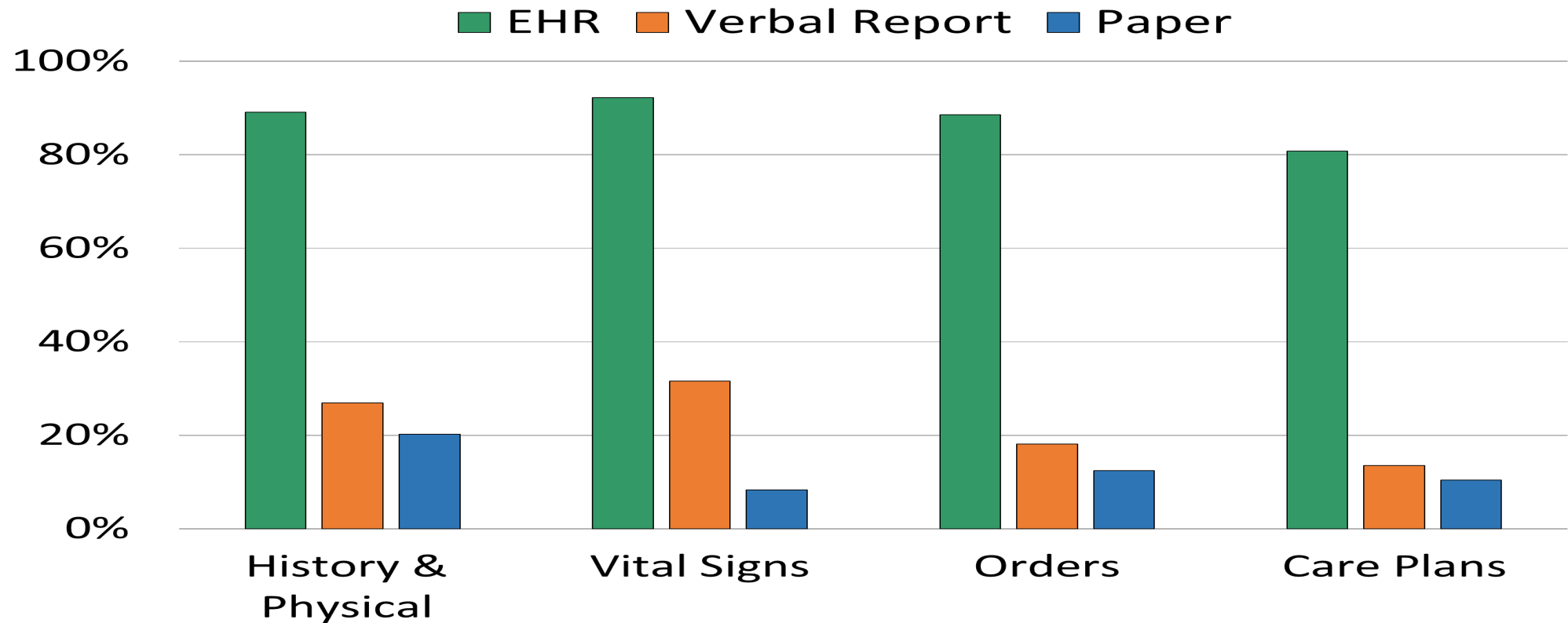
Results

Student Documentation

Results

When Students Get Initial Patient Information	
Day/Eve Before Shift	24.4%
Hour Before RN Report	38.9%
At RN Report	31.6%
After RN Report	5.2%

Results

EHR Access

Faculty: Direct Access	90.7%
Students: Direct Access	76.2%
However.....	
Students Use Faculty Access	89.1%
Students Use Unit RN Access	20.0%

Results

	EHR Ease of Access Range: 1 = Easiest 10 = Most Difficult	
	Students	Faculty
Mean	5.04	4.30
SD	2.580	2.725

% Distribution of Clinical Hours
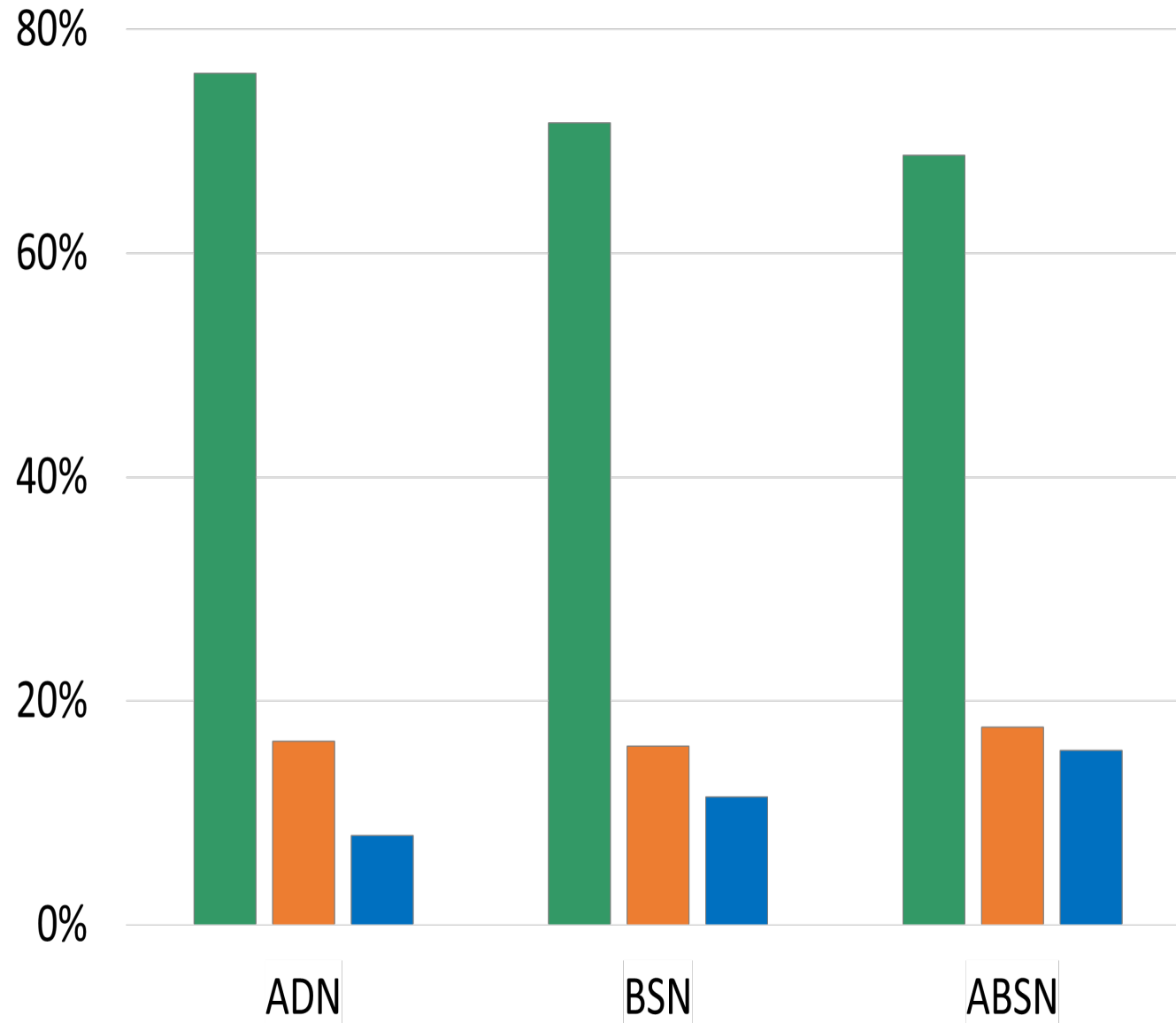
Medication Administration

- 71.1% of Faculty have login access to MAR.
- Student access to MAR
  - 13.9% Own Log in
  - 57.2% Use Faculty Access
  - 28.9% Use LVN/RN Access

Allowed Routes of Medication Administration	
No limitations	6.7%
SQ Injections	82.9%
IM Injections	81.3%
G-tube	76.7%
IVPB	74.6%
IVP	39.9%
TPN	36.3%

Conclusions & Implications

- Students have limited access to:
    - Electronic Health Care Records
    - Direct patient care experiences
- Students are restricted in:
    - Pre-shift preparation time
    - Care documentation
    - Medication administration process
- Smaller clinical group size is costly
- Critical review of program pedagogy is needed
- Alternatives to the long-standing clinical-dependent teaching model are needed

Questions?

Thank you for your time

References

See notes below