Introduction
While no nurse wants to work short-handed in the looming nursing shortage, nursing colleges are turning away applicants to their programs. The Institute of Medicine landmark report on the Future of Nursing stated, “the preparation of an expanded workforce...will require...advances in the education of nurses across all levels...expanding nursing faculty, increasing the capacity of nursing schools, and redesigning nursing education to assure that it can produce an adequate number of well-prepared nurses able to meet current and future health care demands.” (IOM, 2010).

Background
Rush Oak Park Hospital (ROPH) had requests from numerous colleges of nursing for clinical rotations of varying type. Adherence to a historical model of clinical rotations limited ROPH from accepting many programs, even though those same students were potential future employed RNs. Lack of available preceptors and faculty was also evidenced.

Purpose
• Discuss the incongruity of hospitals asking colleges to produce more nurses while limiting the availability of clinical sites.
• Recognize the impact of limited hospital clinical sites on nursing college enrollments and preparedness of new graduates for the workplace.
• Identify the role bedside RNs can play in increasing clinical education opportunities for students while potentially creating a new and satisfying leadership role for bedside nurses.

Analysis of the Problem
Facility issues:
• Conference rooms, lockers, refrigerator space for lunches, mobile computers, thermometers, seating, and parking

Preceptor issues:
• Competency
• Availability needed for RN new hires
• Overwhelmed with needing to fill clinical instructor responsibilities

Communication issues:
• Notice of preceptor assignments
• Students show up unannounced
• Unknown learning objectives for each day

Clinical Instructor Issues:
• Mismatch of clinical site and faculty area of expertise
• Clinical experience dated

Roadblocks to applications as Faculty:
• Need full time benefits, only less than part-time positions available
• Not interested in working over 40 hrs/week.
• No onboarding education for clinical instructors
• MSN required

Scheduling Issues:
• Colleges all seeking Tues/Thursday day shift rotations
• Early morning didactic classes impede pm or night clinical scheduling
• Faculty unwilling to work off shifts or weekends
• Focus on inpatient care
• Students never experience full load of patients
• Students never experience reality of off shift or weekend hours

Outcomes

# of Students per Semester

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Discussion
• Clinical sites should progressively pursue a model where each site endeavors to be a full time nursing student teaching facility (Anderson & Levin, 2014).
• Clinical nursing leaders should adopt a vision that creates each clinical site into a nursing teaching facility (Carlson, 2015), with limitless rotations, 24/7.
• Innovations in faculty communication (Nishioka, Coe, Hanita & Mascato, 2014), preceptor education, equipment, and space for students can ease the presence of an expanded nursing student volume in the clinical workspace.
• Practicing nurses can champion the concept of a nursing teaching facility.

Conclusion
❖ Clinical Nurses enjoy teaching when confounding factors are addressed.
❖ Clinical rotation availability can be increased by >50% with focused solutions.
❖ Transform thinking to, “How can we provide quality education to as many nursing students as possible 24/7?”
❖ Colleges of Nursing need to rethink the didactic lectures to work around the clinical opportunities.
❖ Clinical Site nurses can take the lead in solving this nursing shortage and by doing so we will be in control of our own staffing destiny.
❖ This is a call to all bedside nurses, nursing leaders, and CNOs to join in the campaign to open all clinical departments for the growth of RN programs across the country.

References:


