



# Strengthening Partnerships

Enhancing Options for Clinical Placements  
in Long Term Care and Home Health Care Settings

A Report from the Invitational Working Session

June 16, 2009

Waltham, Massachusetts

Funded through the Massachusetts Department of Higher Education's  
Nursing and Allied Health Initiative



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The “Strengthening Partnerships: Enhancing Options for Clinical Placements in Long Term Care and Home Health Care Settings” Invitational Working Session was convened by the Massachusetts Department of Higher Education, the Massachusetts Senior Care Foundation and the Foundation for Home Health and funded through the Massachusetts Department of Higher Education’s Nursing and Allied Health Initiative.

Dear Colleagues,

Nursing education in the Commonwealth of Massachusetts faces an array of conflicting challenges. On one side are the nursing workforce shortage, the aging of the nurse population, and major limitations on the capacity to educate new nurses. On the other are public and legislative commitments to increase access to health care for all citizens and to enhance the quality of care and patient safety. To meet these challenges and protect the vital role of the health care industry in the state, more qualified nurses must be educated, and in far greater numbers.

Since 2005, the Massachusetts Department of Higher Education (DHE), with the support of the Massachusetts Legislature, has partnered with nursing organizations, healthcare industry stakeholders, and public and independent higher education institutions to develop statewide programs and projects to address the shortage of nurses and nursing faculty, and to design a nursing education system to meet future healthcare demands. An area of particular concern is meeting the demand for nurses who are skilled in geriatric practice and interested in working in home health care or long term care settings. In April 2009, the DHE awarded funding to the Massachusetts Senior Care Foundation and the Foundation for Home Health for the purpose of convening a working session dedicated to examining how clinical placements for nursing students can be enhanced and used to help meet this demand.

On June 16, 2009, the session, *Strengthening Partnerships: Enhancing Options for Clinical Placements in Long Term Care and Home Health Care Settings*, brought together leaders from nursing education, practice, and policy. Throughout the day, participants examined the current state of clinical placements in home health care and long term care, developed recommendations for enhancing these experiences and created an action plan to increase the state's capacity for educating nurses who are better prepared and more inclined to care for older adults in these settings. In this report we share these recommendations developed by the working session's participants. It is our hope that this report will encourage nurse educators, clinicians, and policy makers to engage in collaborative efforts aimed at educating students about geriatric practice and exposing them to the rewarding practice opportunities available in home health care and long term care settings.

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## Overview

Like other sectors of the health care system, long term care and home health care are at a critical juncture when it comes to ensuring an adequate, qualified nursing workforce. As leading providers of elder care services, the challenges facing long term care and home health care providers are especially daunting. Projections by the U.S. Census Bureau and the Health Resources Services Administration (HRSA) indicate that by 2020, 16% of the U.S. population will be 65 or older, and the ongoing nursing shortage could exceed 500,000 nurses. HRSA projects the nursing shortage will be especially severe in home health care and nursing facility settings, where the demand for nurses will increase by 109% and 66% respectively. This dramatic growth in demand, combined with the longstanding preference of nurses to select acute care over other employment settings, adds up to a serious staffing crisis in long term care and home health care.

At the same time, long term care and home health care settings are underutilized by nursing education programs in Massachusetts. This is due to multiple factors, including a lack of faculty with the necessary gerontology background and geriatric experience, and a limited supply of clinical nurses available to serve as preceptors and mentors. The underutilization of clinical sites in home health care and long term care constrains the capacity of the state's nursing education pipeline, and curtails students' exposure to the diverse and complex care needs of older adults and the unique nursing roles available in these settings.

### A Call for Change

On June 16, 2009, the Massachusetts Senior Care Foundation, the Foundation for Home Health, and the Massachusetts Department of Higher Education (DHE) convened a working session, titled *Strengthening Partnerships: Enhancing Options for Clinical Placements in Long Term Care and Home Health Care Settings*. The purpose of the day was to assess the use of long term care and home health care as clinical placement sites for nursing students, identify promising practices, and develop recommendations for a systemic approach to enhancing students' clinical placement experiences in these settings. The session's ultimate goal was to create an action plan for developing models of clinical education that will increase nursing education's capacity to educate more nurses who are better prepared and more inclined to care for older adults across the healthcare continuum, and particularly in long term care and home health care settings.

The session brought together 55 leaders from nursing education, long term care, home health care, and nursing and education policy. Participants included representatives from the sponsoring organizations as well as the following groups:

- *Massachusetts Community College Health Deans*
- *Massachusetts Association of Colleges of Nursing*
- *Massachusetts Center for Nursing*
- *Massachusetts Board of Registration in Nursing*
- *Massachusetts/Rhode Island League for Nursing*
- *Massachusetts Student Nurses' Association*

A planning committee composed of representatives from the participating organizations helped frame and plan the structure and agenda for the day.

## Conference Summary

The day began with presentations by nurse researchers and experts in long term care and home health care. The speakers discussed strategies for changing the image of long term care and home health care nursing, described approaches to enhancing clinical placements that have been used successfully in other states, and shared data regarding utilization of long term and home health care sites for clinical placements in Massachusetts.

Attendees also participated in a series of facilitated brainstorming sessions. In one session, they collectively defined a vision for the future of clinical placements in long term care and home health care. ***This vision, described in detail in this report, is characterized by partnership and collaboration between schools of nursing and clinical sites, a shared understanding of goals and required competencies, enhanced education and support for nursing faculty and preceptors, and a commitment to assuring that students experience and appreciate the diversity of nursing roles available in long term care and home health care settings.***

In a subsequent brainstorming session, participants considered how to achieve their vision and identified concrete steps relating to the following categories:

- 1. Define and formalize partnerships between educational institutions and practice sites**
- 2. Provide/secure resources to nurture and support collaboration between educational institutions and long term care and home health care providers**
- 3. Improve geriatric education and practice**
- 4. Create incentives that encourage staff nurses to serve as preceptors and mentors**
- 5. Change the image of long term care and home health care nursing**

This report summarizes the working session's proceedings, including the presentations by researchers and experts in long term care and home health care and insights and recommendations identified through the facilitated brainstorming sessions. The report documents the enthusiasm and collaboration among participants and across sectors that characterized both the working session's deliberations and subsequent participant evaluations. Continued collaboration and partnership will be essential to implement the steps identified in this report and ensure that clinical placements in long term care and home health care will better prepare nurses to meet the health care needs of our aging population.

Three experts in long term care and home health care shared their insights and suggestions for improving clinical placements and meeting the need for an engaged and knowledgeable nursing workforce.

### **The Social Marketing of Long Term Care and Home Health Care Nursing Careers**

*Eileen M. Sullivan-Marx, PhD, RN, FAAN —Associate Dean for Practice and Community Affairs; Associate Professor, Shearer Term Chair; University of Pennsylvania School of Nursing*

In her keynote presentation, Dr. Sullivan-Marx drew on her extensive background in gerontology, geriatric practice and education to discuss strategies for changing the image of long term and home health care nursing, citing this as a prerequisite for addressing the nurse staffing dilemma. To effect this image change, Dr. Sullivan-Marx proposed adopting techniques commonly used in social marketing. Quoting marketing expert Philip Kotler, she noted that these strategies aim to “increase the acceptability of a social idea or practice in a target group.” When successful, she said, social marketing “takes an idea and makes it cool,” citing as an example a social marketing “bike safety” campaign in Vietnam that featured fashion-friendly bike helmets and made wearing helmets more attractive to young people.

Dr. Sullivan-Marx explained that social marketing uses a variety of techniques to influence its target audience and highlight and redefine key attributes of a practice or idea. She described how these attributes—called the “5 Ps,” for product, price, place, promotion, and positioning—could be applied to market long term care and home health care nursing to nursing students.

An important first step, she said, is changing how the product—i.e., nursing careers in long term care and home health care—is described, and emphasizing qualities, such as empowerment, autonomy, and team relationships, that are valued by nurses. The price of nursing careers in these settings must also be addressed, since salaries and related prestige are often lower than in acute care, and new graduates are led to believe the cultural myth that their careers will be irrevocably compromised if they don’t spend their first two years working in a hospital. Strategies to address the price factors might include scholarship or loan forgiveness programs, and collaborating with nurse educators and others to change the perception that long term care and home health care are less desirable places to launch a career. Marketing place, said Dr. Sullivan-Marx, requires familiarizing students with long term care and home health care through clinical placements that allow them to witness the full range of nursing roles offered in these settings and interact with experienced nurses who enjoy their work and precepting students. Collectively, these approaches would effectively promote long term care and home health care nursing and position them as desirable career choices.

Dr. Sullivan-Marx closed her presentation by describing an award winning elder-care program, Living Independently for Elders (LIFE), developed and owned by the University of Pennsylvania School of Nursing. The LIFE program is an integrated care model that encompasses a broad range of primary and specialty services, including skilled nursing facility care and home care. This nationally recognized program provides clinical rotations to more than 160 student nurses each year, allowing students to experience the diverse and rewarding roles available to nurses in geriatric care. The LIFE program's success in attracting and retaining nurses is evidenced by its low turnover rate of 3-9 percent annually, and by its track record of consistently attracting highly qualified nurses to open positions. Additional information about the LIFE program can be found at [www.lifeupenn.org](http://www.lifeupenn.org).

### **The State of Alternative Clinical Partnerships in Massachusetts: Utilization of Long Term Care and Home Health Care Sites**

*Melissa Weinand, RN-BC, BSN, MSN(c)*

Ms. Weinand's experience as a nurse executive in skilled nursing facilities served as a backdrop to her presentation on the current state of clinical placements in long term care and home health care. Ms. Weinand first shared findings from a literature review of 16 articles (*Appendix A*). Her review indicated that placements in home health care settings offer students valuable opportunities to witness autonomous nursing practice, but are limited by a lack of preceptors as well as time pressures stemming from paperwork and a pay-per-visit reimbursement structure and/or productivity standard. Similarly, placements in long term care can provide students with unique leadership opportunities and experiences in interdisciplinary care, but are often hampered by a lack of preceptors with the appropriate academic preparation, settings that maintain poor standards of care, and a bias against the aged held by many students and faculty. Research indicates that student bias can be ameliorated by enhancing their interactions with the elderly under faculty who demonstrate positive attitudes and feedback.

Ms. Weinand also reported on an article by Berman et al (2005) that examined gerontology content in 556 baccalaureate programs. Most programs integrated gerontology curriculum into other courses; however, one-third offered a stand-alone gerontology curriculum, with the majority (78%) of these making it a required course.

To assess the use of long term care and home health care facilities for nursing clinical placements in Massachusetts, Ms. Weinand reviewed self-reported data from 22 associate degree (AD) programs and 17 baccalaureate degree (BSN) programs collected by the Board of Registration in Nursing (BORN) for the 2007-2008 academic year. Her findings included the following:

- *Curricula:* All of the programs (n=39) integrated gerontology content into their curricula; in addition, 5 of the baccalaureate programs offered a stand-alone gerontology course. All of the BSN programs, and 2 of the AD programs, also offered a community health course.
- *Clinical placements in home health care:* 76% of BSN programs and 45% of AD programs reported using home health care settings for clinical placements. (Six percent of BSN programs did not use home health, and 18% did not specify whether they used it.) Of the 125 certified home health agencies in Massachusetts, 52% (n=65) served as clinical placement sites.
- *Clinical placements in long term care:* 94% (n=16) of BSN programs, and 77% (n=17) of AD programs used long term care settings for clinical placements. Most programs (11 BSN programs and 14 AD programs) used these settings for nursing fundamentals. Long term care was also used to provide students with experience in medical/surgical nursing, psychiatry, pediatrics, leadership, and rehabilitation. Of the 441 skilled nursing facilities in Massachusetts, only 26% (n=115) served as clinical placement sites.

Ms. Weinand noted that her findings underscore how enhancing clinical placements in long term care and home health care can benefit students by providing leadership training and exposing students to a variety of complex medical issues. Clinical placements also offer opportunities for partnership between clinical and educational settings, and for student generated research on best practices that can be shared with service providers.

### **Nursing Education in Long Term Care: The ECLEPS Project**

*Diana White, PhD, Senior Research Associate and ECLEPS Co-Director, Institute on Aging, Portland State University, Portland, Oregon*

Dr. White, whose extensive research career includes numerous projects and studies regarding the long term care workforce, offered a compelling illustration of what can be achieved when schools of nursing partner with long term care facilities and community organizations to create enhanced clinical placement sites for nursing students. Through the project, Enriched Clinical Learning Environments through Partnerships, or ECLEPs, faculty from the school of nursing at Portland State University collaborated with multiple community organizations and four carefully selected pilot sites (nursing facilities and community-based assisted living and residential facilities) to design and implement a 10-week clinical placement for nursing students in their junior year.

Prior to the placement, students complete coursework on chronic illness, gerontology, and end-of-life care. Students spend two days per week at their assigned clinical placement site, where they are supported by both a faculty member and an experienced staff nurse who serves as a clinical education liaison (CEL). "Our goal," said Dr. White, "is to attract the best new nurses to long term care and to build capacity."

The project also aims to benefit long term care facilities and their partners by providing a training program and mentored coaching for staff nurses who serve as CELs, and by building a peer network to support long term care education. The training program includes time spent in a simulation lab where nursing faculty coach the CELs in techniques to teach students critical thinking and the assessment skills required for long term care nursing. CELs collaborate with faculty to monitor student performance during the clinical placement to assure that each student develops an understanding of the nursing role and of the comprehensive services and holistic approach used by long term care facilities.

Dr. White shared comments from students and CELs obtained through program evaluations indicating that clinical placements developed through ECLEPS benefit nursing students, nursing programs, and the long term care facilities that serve as clinical placement sites. Students consistently reported that the placements gave them valuable experiences and opportunities for independent clinical decision making, and some noted that they plan to consider a career in long term care. The CELs also rated their experience highly, citing the personal satisfaction they gain from working with students and the many ways long term care facilities benefit from having students on site.

Additional information about the ECLEPS program can be obtained at [www.eclEPS.org](http://www.eclEPS.org).

***“Our goal is to attract the best new nurses to long term care and build capacity.”***

Dr. Diana White

## Developing a Vision for the Future

Following the formal presentations, participants focused on their primary charge: defining a vision for long term care and home health placements for the future, and developing a road map for achieving this future state. Elizabeth O’Conner, Principal, of Strategy Matters, Inc., the facilitator for the working session, led a series of brainstorming sessions aimed at achieving this goal.

### Assessing the Status Quo

As a first step, participants separated into four “affinity” groups representing nursing education, long term care, home health care, and educational and health policy. Working together, the members of each group considered their role in creating the current clinical placement system and identified elements that made them proud, as well as problem areas or opportunities for improvement. Each group shared its observations with the full gathering as outlined below, thus assuring that all participants had a common understanding of the status quo.

**Nursing Education Group** — Members identified a range of elements they are proud of, including ongoing work by schools of nursing and their faculty to increase gerontology content within the curriculum and facilitate advancement of gerontology practice; the quality of the relationships that schools maintain with clinical placement settings; and the use of long term care facilities to teach students health assessment early in the instructional process. Problem areas included the pool of faculty with limited gerontology expertise and/or a bias towards geriatric nursing, and time constraints stemming from the academic calendar and the multiple content areas that must be addressed.

**Long Term Care Providers** — Members positively cited their ability to provide students with a broad spectrum of clinical experiences, from independent living to nursing home care, and exposure to the critical thinking skills and autonomy required for long term care nursing. They were also proud of their welcoming environment and their support and promotion of continuing education for nursing staff. Problem areas included the rushed environment that is common to long term care settings that leaves little time for mentoring students, and gaps and limitations in determining how long term care facilities can best meet student needs.

**Home Health Care** — This group positively highlighted their ongoing commitment to educating nursing students, and the diversity and quality of educational experiences they offer. Problem areas included time constraints faced by home health nurses that limit their capacity and availability for teaching and mentoring, and student transportation and other issues, such as the time that must be spent on case management as opposed to hands on care, that make it more difficult or less interesting for students to participate.

**Policy Group** — Members positively cited the DHE’s Nursing and Allied Health Initiative, including the establishment of ongoing, committed multi-stakeholder partnerships between schools of nursing and clinical sites; the Nurse of the Future work; and statewide use of the centralized clinical placement system by schools and providers. The flexibility of the Board of Registration in Nursing was also cited, as was the burgeoning interest, reflected by the number of people eager to participate in the working session, in using home health and long term care settings for clinical placements. Chief among the problems confronting policy makers were ongoing financial pressures and funding difficulties that face education, home health care, and long term care, and the length of time it takes to initiate and effect change.

### **Enhancing Clinical Placements: A Vision for the Future**

The symposium facilitator next challenged participants to envision an ideal time, 5 years in the future, when there are more clinical placements in long term and home health care that provide students with rich and varied opportunities to develop the competencies required to care for patients across the lifespan and the continuum of care. Using brainstorming techniques, participants identified characteristics and qualities of the educational institutions and clinical placement sites that made this future possible (*see list, Appendix B for all responses*). The following five themes emerged:

- *Partnership: Clinical sites and educational institutions maintain strong partnerships and productive working relationships*
- *Collaboration: Educational institutions and clinical sites collaborate to develop shared goals and implement shared initiatives and best practices*
- *Image: Nurses in long term care and home health care are respected for their knowledge and expertise, and their image among nurses and society at large has improved*
- *Equity: Nurses in education, long term care, and home health care enjoy a status and salary on a par with nurses in acute care*
- *Cross training and joint appointments: Nursing school faculty are well-versed in gerontology and long term care and home health care nursing, and clinical setting staff are skilled and comfortable in guiding and mentoring students. The contributions of nurses in both settings are recognized through joint appointments.*

In addition, said participants, successful clinical placements of the future will be characterized by preceptors who are excited about their role and are recognized and rewarded for their contributions; internships that expose students to a range of nursing roles and experiences; and a clear and shared understanding of competencies that must be mastered by students. As a result of these enhancements, students will view long term care and home health care organizations as prestigious and desirable placement sites that are ideal for learning and mastering best practices.

## Achieving the Vision

Once the group laid out its vision for the future, the facilitator conducted a consensus workshop in which attendees broke into small groups and identified the necessary steps to achieve this vision. Their efforts resulted in the following list of objectives and activities that, together, represent a road map for action.

### **Objective 1: Define and formalize partnerships between educational institutions and practice sites**

#### **Activities:**

1. Formalize collaborations and expand current partnerships between faculty and long term care and home health care clinical sites
2. Build consensus among educational institutions and provider sites regarding goals for clinical placements
3. Enhance faculty knowledge of geriatric care and practice settings
4. Explore the creation of a dedicated education unit in long term care
5. Integrate Nurse of the Future Nursing Core Competencies<sup>®</sup> across long term care and home health care education (see [www.mass.edu/currentinit/currentinitNursingNurseFuture.asp](http://www.mass.edu/currentinit/currentinitNursingNurseFuture.asp)).

### **Objective 2: Provide/secure resources to nurture and support collaboration between educational institutions and long term care and home health care providers**

#### **Activities:**

1. Seek continued funding from the DHE and other potential resources
2. Secure buy-in, funding, and support from nursing schools and home health care and long term care organizations
3. Obtain the buy-in of policy groups and regulatory agencies, including the Centers for Medicare and Medicaid Services, the Massachusetts Department of Public Health, and the MassHealth program

### **Objective 3: Improve geriatric education and practice**

#### **Activities:**

1. Collaborate with the Massachusetts Organization of Nurse Executives and other organizations to develop programs and mechanisms that support the transition of students into long term care and home health care practice settings
2. Partner to develop internships for students and new graduates in home health care and long term care
3. Develop/promote student loan forgiveness programs for nurses who seek positions in home health care and long term care
4. Collaborate in practice settings to facilitate improved quality outcomes

#### **Objective 4: Create incentives that encourage staff nurses to serve as preceptors and mentors**

##### **Activities:**

1. Create systems and opportunities for staff to share best practices
2. Develop mechanisms (beyond tuition reimbursement) through which educational institutions reward nurses who serve as preceptors
3. Develop preceptor training programs
4. Explore the creation of a dedicated education unit within long term care

#### **Objective 5: Change the image of long term care and home health care nursing**

##### **Activities:**

1. Engage in myth busting through a social marketing campaign
2. Charge a task force of representatives from educational institutions and provider organizations with developing a position paper on image change
3. Work with the American Nurses Credentialing Center to adapt and expand the Magnet Recognition Program® to long term care and home health care settings

In subsequent discussion and in the program evaluations, participants highlighted the critical importance of partnering with one another to achieve the action steps. In addition, many suggested convening a representative task force and charging it with establishing priorities to further design and implement the recommended objectives and activities.

When asked by the facilitator what they might do to advance the action plan, participants highlighted the important role that external funding plays in spurring innovation and achieving widespread and lasting change, and identified specific initiatives and actions of interest to them. Many of the initiatives involved partnering to enhance faculty knowledge and nursing education, improving clinical experiences provided to students, and changing the image of nurses in long term and home health care. *(See Appendix C for all responses)*

At the end of the session, each participant was asked to respond to the question, "What action will you take tomorrow to enhance clinical placements, given current resources?" Responses ranged from working with managers and staff within their organizations to identify incentives to recruit more preceptors; to collaborating with their clinical/educational partners to expand the number and improve the quality of clinical placements; to accelerating ongoing efforts to integrate gerontology content and develop geriatric nursing expertise among faculty *(see Appendix D for all responses)*. Participants agreed that by partnering with one another and engaging in a series of individual and coordinated actions, the vision of enhanced clinical placements in long term care and home health care can be attained.

## Conclusion

Long term care and home health care settings are uniquely positioned to help nursing students acquire an understanding of the spectrum of illness and wellness experienced by older adults, and gain first-hand experience in assessing and meeting their needs. Well-designed clinical placements expose students to the diversity of nursing roles offered in these settings and make it more likely that students will consider a career in long term care or home health nursing.

Through the *Strengthening Partnerships* working session, nurse leaders from academia, long term care, home health care, and state education and health policy envisioned the ideal clinical placement system and mapped out a plan for achieving this goal within the next five years. Comments shared during the working session and subsequent evaluations highlight the wellspring of commitment, enthusiasm, and creativity held by conference participants, and underscore the continued collaboration across sectors that will be needed to achieve the objectives and action steps outlined by the group.

In his closing remarks, David McCauley, DHE Deputy Commissioner for Workforce Development, emphasized DHE's commitment to continue to support and advance the work of enhancing clinical placements in long term care and home health care. In response to participants' recommendations, DHE, in partnership with the Massachusetts Senior Care Association and the Home Care Alliance of Massachusetts, will reconvene the working session's Planning Committee to further assess and prioritize the steps outlined in the action plan and determine the most effective use of additional funding from the Nursing and Allied Health Initiative.

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## Speakers:

**Eileen M. Sullivan-Marx** is an Associate Professor and Associate Dean for Practice & Community Affairs at the University of Pennsylvania School of Nursing. She holds the Shearer Endowed Term Chair in Healthy Community Practice. Dr. Sullivan-Marx had eight years of hospital based and community nursing practice before launching a career as a primary care nurse practitioner in 1980. Throughout the following two decades, Dr. Sullivan-Marx began three new geriatric nurse practitioner practices that are on-going today. Dr. Sullivan-Marx continues today as an active international and national consultant on nurse practitioner and geriatric practice issues and oversees the School's practice and community mission that includes the Healthy in Philadelphia Initiative, the Center for Professional Development, Penn Nursing Consultation Service, Women's Health Services at Hamburg and Living Independently For Elders (LIFE), a program of comprehensive integrated health and social services for older adults in West Philadelphia. Dr. Sullivan-Marx leads the School of Nursing's efforts in community outreach integrating health with the community and university efforts to educate students and the community. She is a leading researcher on improving functional outcomes of older adults in community and institutional settings.

Dr. Sullivan-Marx completed initial nursing education in 1972 at the Hospital of the University of Pennsylvania and received a bachelor's of science degree in nursing from Penn School of Nursing in 1976. She has a master's degree in science from the University of Rochester School of Nursing in 1980 and is a Distinguished Alumni of that school. She earned a doctoral degree from Penn in 1995 and is a Fellow in the American Academy of Nursing. She received the Eastern Nursing Society Hartford Geriatric Nurse Research Award in 2008.

**Diana White**, PhD, is senior research associate at the Institute on Aging at Portland State University where she works on a variety of education and evaluation projects related to long-term care. These include Enriched Clinical Learning Environments through Partnerships (ECLEPs), funded by the Northwest Health Foundation to attract nursing students into long-term care careers, and Jobs to Careers: Promoting Work-Based Learning for Quality Care, funded by the Robert Wood Johnson Foundation to evaluate a work-based learning program targeting direct care workers in assisted living facilities. She served as project director of the Hartford Center of Geriatric Nursing Excellence at OHSU (2001 until June 2007). In addition to supporting Center goals, she worked as the liaison between the Center's Best Practices Initiative and Oregon's Department of Seniors and People with Disabilities. In that role, Dr. White conducted the local evaluation of the Better Jobs Better Care Demonstration project in Oregon, funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies. Prior to her work with CGNE, Dr. White was Deputy Director of the Oregon Geriatric Education Center for 11 years and before that was a co-investigator on a VA Health Services Research & Development. Her work at the VA included development

of information synthesis methodology. Her research interests include person-centered environments for elders and the direct care workers who support them, intergenerational relationships, and family bereavement.

**Melissa Weinand**, RN-BC, BSN, MSN, with nearly 20 years experience at the nurse executive level, understands the need for enhanced capacity in education and the workforce, particularly in the arena of geriatrics. Ms. Weinand has served in the capacity of Director of Nursing and Chief Nursing/Clinical Officer in a number of health care settings in both Connecticut and Massachusetts. She has had the opportunity to open two skilled nursing facilities from the ground up and from 2003-2008 led the quality turnaround of the Commonwealth's lowest scored skilled nursing facility by focusing on mission-driven care, employee engagement, and enhancing clinical-educational partnerships, leading to major improvement in outcomes and drastically reduced staff turnover. Ms. Weinand most recently served as Chief Clinical Officer of a long term acute care hospital in suburban Boston. Ms. Weinand received her MSN in Health Systems Management from Vanderbilt University in August, 2009.

## Appendix A – Literature Review – Clinical Placements in Long Term Care and Home Health Care

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## Appendix B. Characteristics of Enhanced Clinical Placements of the Future

Conference participants were asked to envision a future in which “there are more clinical placements in long term care and home health care that provide students with rich and varied opportunities to develop the competencies required to care for patients across the lifespan and the continuum of care.” Participants were then asked to identify the characteristics of placement sites and nursing education settings that will make this future possible. Participants identified the following:

### Characteristics of placement sites:

- Students learn best practices at long term care and home care sites
- Facilities identify practice opportunities
- Every clinical site is in the Massachusetts Centralized Nursing Clinical Placement System database
- Employers and leading organizations commit resources to increase the status of long term care and home care nursing
- Preceptors are engaged and excited about their role
- Preceptors receive tangible benefits; education and clinical sites have answered the question, “What’s in it for me?”
- Home care is more family focused
- Long term care facilities can apply for Magnet recognition; this creates competition and better facilities
- Reimbursement is better than today
- Long term care has dedicated education units where everyone working on the unit is invested in and a champion of education
- Nurses in long term care are recognized as having a specialty practice
- Long term care and home health care agencies provide support for new graduates
- More nurses are credentialed as gerontological nurses
- Policies at practice sites support student placements and experiences
- Clinical sites focus on retaining new graduates; new graduates receive formalized support; and practice and education collaborate to create internship models in home health care and long term care facilities
- Home health care agencies partner with each other and educational institutions to support and take on cohorts of new graduates
- Nurses are diverse and reflect the population they serve
- Mechanisms are in place to share best practices
- Nurse practitioners serve as directors of long term care facilities
- Nursing homes and home health care facilities have the resources and staff to support clinical placements
- Long term care and home health care provide a safety net for frail elders

#### Characteristics of educational institutions:

- Schools of nursing will provide remuneration and more joint appointments for clinical faculty
- Students move through clinical placements as a cohort to promote continuity
- All nursing faculty have a strong educational foundation in gerontology
- Higher education has figured out how to address NCLEX while also using home health care and long term care as placement sites
- Educational institutions have focused on practice and found a balance between research and practice
- Faculty are recognized and rewarded for their clinical expertise
- Preceptors are "clinical associates" and receive education from and are integrated into the schools of nursing

#### Shared characteristics

- Nursing education and practice sites agree on a common set of competencies
- We have put an end to the myth that nurses must have 2 years experience in acute care before going into long term care or home care nursing
- Long term care and home care are considered integral to the health care system
- Practice sites and schools of nursing have a common framework for clinical education and what it entails
- Professionalism and role modeling within nursing education, long term care, and home health care increases and facilitates collaboration
- The transition from CNA to LPN to RN is seamless
- Baby boomers are patients in long term care and home care, and faculty and staff are older as well

#### Policy changes:

- Regulatory agencies support long term care and home health care
- Health care policy and reimbursements build incentives and support long term care and home health care student placements
- Gap between clinical practice and faculty salaries decreases

## **Appendix C. Advancing the Action Plan: Potential Initiatives**

After outlining an action plan (including objectives and specific activities) for achieving their vision for future clinical placements, conference participants were asked to identify initiatives and steps they would take to advance the objectives and keep them engaged in these efforts. Participants identified the following potential steps/initiatives:

### **Promote collaborative action**

- Create a team to design projects
- Fund multidisciplinary groups to make an action plan
- Create a multidisciplinary task force (which includes public representatives) to create an action plan
- Involve Student Nurse Association of Massachusetts in all initiatives
- Reach out to the private sector and engage the support and participation of those who profit and/or advocate for elders
- Discern who is willing to work with us

### **Enhance faculty knowledge and nursing education**

- Facilitate groups of sites to work together on developing new graduate programs
- Integrate gerontology into the nursing curriculum
- Create online gerontology education, consider using the RN review course available online through the John Hartford Foundation
- Create a model curriculum and internships
- Form a policy group to figure out how to create incentives for integrating gerontology into the curriculum
- Recruit staff from long term care and home health care to be clinical faculty
- Pay for students to do placements in long term care and home health care

### **Improve clinical experiences provided to students**

- Create a competitive RFP focused on creating a best practices model
- Create a centralized training program for home care sites, perhaps involving Visiting Nurse Associations
- Think creatively about how to create capacity, more clinical placement sites
- Help facilities develop tools to become quality placement sites
- Build the business case for enhancing clinical placements in long term care and home health care
- Compile and publicize best practices
- Integrate best practices into competencies
- Use technology to standardize across continuum

### **Change the image of nurses in long term care and home health care**

- Market the value of long term and home health care placements to schools and long term care and home health care organizations
- Use technology for social marketing
- Develop a video to promote practice and careers in long term care and home health care nursing
- Ask Johnson and Johnson to repeat its marketing and outreach work with a focus on long term care and home health care nursing

## **Appendix D. Immediate Action Steps**

At the end of the conference, participants were asked, "What action will you take tomorrow to enhance clinical placements?" and identified the following actions:

### **Long term care and home health care organizations:**

- Speak with managers at our next [home care] managers' meeting, and discuss ways to reward preceptors
- Ask staff nurses in my home care agency to identify incentives that would make them want to serve as preceptors
- Look into renegotiating current contract so that staff nurses cannot decline requests to serve as preceptors; also, continue working on the development of a program for new graduates
- Collect input and data regarding our first year's experience with home health care internships, share and disseminate findings and lessons learned
- Reach out to educational partners to determine which aspects of clinical placements are important to them to ensure that students have the best possible experience
- Refine and retool preceptor program using information obtained through this conference
- Research opportunities for recognizing long term care and home health care organizations through the Magnet Recognition Program; research logistics associated with developing a dedicated long term care education unit
- Invite students to shadow me in my role as a geriatric nurse practitioner; as a manager of a subacute unit, pursue ideas for staff development and partnering with education
- Bring ideas back to my facility and discuss mechanisms for increasing communication with our educational partners
- Continue to work on opening a new long term care facility and to redefine long term care nursing from the nurses' and residents' perspectives
- Work on redefining the role of the long term care nurse
- Speak with nurses in our facility about ideas for making clinical placements more enjoyable for staff nurses and students
- Clarify expectations for preceptors
- Examine ideas presented in articles identified by the literature review, explore a framework for a dedicated educational unit

### **Educational settings:**

- Bring information and ideas shared today back to colleagues at my educational institution
- Talk to facilities about what we in education can do to facilitate clinical placements
- Look at opportunities for long term care preceptorships for senior nursing students
- As an educator, shadow a home care nurse and long term care nurse, then continue to work on integrating gerontology content across the curriculum; challenge faculty about where they are doing their clinical integration
- Expand our capacity to educate BSN and MS nursing students; explore opportunities for joint appointments
- Ask faculty to share their objectives regarding home care and long term care
- Partner with a provider facility to develop a proposal for grant funding to create enhanced clinical placements
- Share ideas for integrating gerontology content with colleagues and the dean; contact our

partner agencies to determine whether they have programs for new graduates or are working on their development

- Bring nursing faculty together and have an honest discussion about biases and how they impact teaching and clinical placements
- Continue working with AACN's geriatric nurse consortium, which is working on integrating gerontology content as well as other issues
- Find ways to help faculty acquire experience in long term care
- Extend long term care placements to senior students and develop long term care staff to function in the preceptor role

**Policy groups:**

- Continue to be available to respond to questions about policies related to facilities and BORN
- Continue to be available to answer questions regard the clinical placement database and continue its expansion
- Ensure that the dialogue that started today continues and ensure that all sites are represented at each forum
- Speak with the board of the Massachusetts Student Nurses Association about ideas for promoting career opportunities in home care and long term care
- Bring together sites that are providing clinical placements and doing it well, and continue to serve as a facilitator to schools of nursing that are looking for long term care partners



