

Survey results of BSN Clinical Educators

June 2023 – First year of pilot program

Survey data collected June/July 2023.

1. Participating schools who returned surveys:

Great Bay Community College
Lakes Region Community College
Nashua Community College
NHTI-Concord's Community College
River Valley Community College
Rivier University
Saint Anselm College
St. Joseph School of Nursing

2. Which semester did the school use BSN clinical educators?

4 Schools employed BSN clinical educator for both Fall '22 and Spring '23 semesters
4 schools employed BSN clinical educator for Spring '23 semester

3. The number of BSN clinical educators employed by schools:

Range from 1 to 27, with a mode of 1 and a mean of 5.25.

4. The percent of BSN clinical educators compared to total faculty (FT & PT/adjunct)

5% to 42.8%

5. The number of clinical groups supervised by a BSN clinical educator:

Range from 1 to 46 with a mode of 2 and a mean of 9.5.
(Please note, for some schools this total was spread over 2 semesters.)

6. The total number of students supervised by BSN clinical educator:

Ranged from 5 to 302 with a mean of 54.6, however five of the eight sites reported less than 20 students (no mode score).
(Please note, for some schools this total was spread over 2 semesters.)

7. Comments related to BSN clinical educator performance/satisfaction:

- One school reported assigning a BSN clinical educator to support in skills lab, all other schools assigned the BSN clinical educators to clinical supervision only.

- No students supervised by a BSN clinical educator failed clinical; all schools reported clinical failures were rare with MSN educators.
- One school reported that students were neutral to dissatisfied with one of their BSN clinical educators; all other schools reported that student satisfaction was rated satisfied to highly satisfied.
- All schools reported that the BSN clinical educators were satisfied to very satisfied with their roles.
- All schools reported that the clinical managers where the BSN clinical educators were assigned were either satisfied/very satisfied or no significant problems or issues were raised.

8. Comments from the schools on the importance of the new role:

- Very important especially for the specialty roles. Over the years, I have also successfully mentored Adjunct Clinical Teaching Assistants to continue their nursing education and several are now MSN prepared nurses.
- Extremely important. We need this person to teach pediatric clinical. We are unable to find qualified master's prepared adjuncts or clinical placements. Community experiences are limited. If we didn't have her teach, 13 students would not have been able to have an in-patient, hands on direct nursing care experience.
- Very important. We try to keep our clinical groups at 6 or 7 and if not for these teaching assistants other clinical groups would have been larger than we like and some students might not have had a clinical experience.
- She was the only applicant for this position-FT faculty have covered this teaching responsibility on overload for the 2 previous semesters.
- "We rely heavily on our adjuncts, and this BSN pilot allowed us to hire skilled, motivated, engaging clinical faculty for a variety of clinical placements. It is unlikely that we would have met our faculty needs without these BSN-prepared nurses.
- We saw that these nurses are used to being at the bedside and are up to date with skills, charting, time management, meds, etc., unlike many of our MSN-prepared faculty who now work as NPs. These ACTAs were also able to teach without worrying about balancing schoolwork, unlike our many adjuncts who are in MSN programs.
- These BSN-prepared adjuncts were happy to be recognized for their wealth of bedside experience and were eager to share their knowledge with our students."
- Highly important in order to provide adequate clinical instructors to teach the nursing students. Having adequate clinical instructors allows clinical groups to be smaller improving the clinical experience for all. All of the Adjunct Clinical Teaching Assistants

who taught for us worked at the bedside therefore were knowledgeable and proficient in nursing skills/procedures, nursing assessment, care planning, and current policies and best practice. That was not always the case with MSN clinical instructors who often had moved into administration.

- This is very important as we have limited faculty applicants to work in the clinical role.
- Constant communication and collaboration of all clinical instructors. We learn from each other.

9. Other comments:

- Very valuable and needed position. Our clinical teaching assistant is a clinical leader and pediatric educator at the hospital with over 35 years of pediatric experience.
- Our experience with these two clinical teaching assistants was excellent. One is a nurse with long experience and the other is a fairly new nurse and their clinical evaluations from students were very impressive. I am so pleased that the BON made this experience for our students possible.
- Being able to hire a Teaching Assistant greatly contributed to our ability to provide a clinical experience to our students.
- We would be very happy to see this program become permanent.
- Past comments regarding utilizing BSN clinical instructors included their lack of evaluation of teaching. However, within the registered nurse scope of practice is evaluation of patient education. Therefore, should that not translate over to nursing education?