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# **Earn While You Learn Clinical Education Model (EWL CEM)**

## **Tool Kit**

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# Earn While You Learn Clinical Education Model

## Tool Kit

### INTRODUCTION

Providing practice ready new graduates to clinical facilities is the goal of nursing schools across the country. But, often new graduate RNs and the experienced nurses who mentor them report that they lack critical thinking and clinical judgment skills. Kavanagh & Szweda (2017) note that only 23% of new nursing graduates demonstrate entry level competencies and clinical practice readiness. At the same time, nursing schools go to great lengths to teach and reinforce clinical and critical thinking skills for students.

The Earn While You Learn Clinical Education Model (EWL CEM) is based on the work of Benner and colleagues (2010) asserting that professional nursing education should include three apprenticeships. First, an apprenticeship to learn nursing knowledge and science thereby addressing cognitive and intellectual development. Next, there should be a practical apprenticeship where students develop clinical reasoning and critical thinking skills. Last, there should be an apprenticeship addressing ethical development and comportment essentially the essence of being a nurse. The EWL CEM enhances the educational experience of students as they move through each of these apprenticeships during scheduled clinical experiences and again during the initial employment phase of the model or later when guided by a seasoned nurse mentor.

Ortiz (2016) notes that a barrier to practice readiness is not lack of teaching but the lack of professional confidence in the clinical setting. The development of professional confidence is a dynamic process that occurs over the first year of clinical practice as graduates experience both positive and the negative aspects of clinical practice as in an apprenticeship model. Without this confidence, nurse graduates are at times paralyzed in the clinical environment as they discern next steps in delivering care.

The Earn While You Learn Clinical Education Model (EWL CEM) addresses graduates' professional confidence levels upon graduation by providing increased immersion in the clinical environment while enrolled in nursing school. During these additional experiences, students benefit from assignments with strong clinical mentors and ongoing clinical support. Upon graduation, students participating in this model have demonstrated higher scores on NCLEX and increased practice readiness.

## OVERVIEW

The “Earn While You Learn Clinical Education Model” (EWL CEM) is a transformative nurse clinical education model where Academic/Clinical Partnerships enhance students’ confidence, clinical judgment and skills acquisition, preparing a more practice ready nurse graduate for employment. EWL CEM accelerates the development of practice ready nurse graduates, creates a hiring pipeline for hospitals and reduces orientation costs. The nursing students participating in the EWL CEM model work part time at the clinical facility (12 - 20 hours per week, when school in session), receive immersive 12- hour clinical rotations, working one on one with an experienced RN Mentor (preceptor), while receiving a stipend and engage in regular mentoring meetings to consolidate learning.

### Phase I

Nursing Students employed by a clinical partner while in school.  
Employment enhances students’ comfort and confidence in clinical settings.  
Employment addresses immediate workforce need for clinical partner.

### Phase II

Nursing students employed by clinical partner while in school.  
RN Mentors trained in student’s clinical and learning objectives.  
Revised clinical rotation model engages bedside RN Mentors to invest in education of students while seeing benefit from student’s assistance with patient care.  
Revised clinical rotation model is mutually beneficial to student, RN Mentor and patient.  
Faculty retains responsibility for students. RN Mentor retains responsibility for patient care.  
Nurse Manager “owns” student and staff experiences on the unit.  
Nurse Manager and staff integrate faculty and students into unit operations.

## PURPOSE

To address immediate nursing workforce need.

To utilize knowledge gained in employed nursing student model (Earn While You Learn-Phase I) to enhance student clinical rotation experiences (Earn While You learn - Phase II).

To create innovative Academic/Clinical partnerships that:

- Address current workforce shortages in nursing.
- Increase student confidence, clinical reasoning, and skills acquisition.
- Enhance student readiness for clinical practice upon graduation.
- Increase retention of student participants, as RNs, following graduation

To accelerate the development of practice ready nurse graduates.

To create a hiring pipeline for hospitals and reduce orientation costs.

To share the EWL CEM Model to facilitate results across VA.

## BACKGROUND

In the fall of 2020, the nursing shortage at Mary Washington Healthcare's (MWHC) hospitals was exacerbated due to circumstances surrounding the pandemic ("Great Resignation"). At the same time, students enrolled in Germanna's nursing program were unable to complete their clinical rotations in clinical settings (Virginia). Many community college students were also seeking employment opportunities due to their loss of former employment in retail and hospitality. Following guidelines established by the Virginia State Board of Nursing, MWHC created the role of a Nursing Assistant (aka Earn While You Learn Scholar); with minimum requirement of completing Germanna Community College's (GCC) Fundamentals of Nursing (completed Semester I). Thirty- three students were employed to provide care as Nursing Assistants. The Nursing Assistants (NAs) were assigned to the MWHC Staffing Office. This allowed them to be kept in a cohort and work on a variety of units within the two Mary Washington Health Care (MWHC) hospitals. The NAs were interviewed and skills validated by MWHC Nurse Educators in their school simulation lab. Skills validated in the school simulation lab included activities of daily living like personal care (bed baths), transfers bed to chair, ambulation, making beds, occupied and unoccupied, and feeding. The NAs were onboarded and oriented by MWHC Nurse Educators in small groups, on med-surg units, similar to their clinical rotation model/faculty model. Onboarding activities included performing personal care, transfers, ambulation, bedside rounding with the Nurse Educator and progressing to independence in these activities. After six eight-hour days of onboarding, the NAs were able to begin scheduling work shifts of 4, 6, 8 or 12 hours. The NAs were required to work a minimum of 12 hours per week and maximum of 20 hours per week, when school is in session. \* When school is not in session, they can work as many hours as needed/available.

\*With the emphasis always being on completing the RN program, if at any point in time, the student needs to decrease or stop work commitment, to focus on school, this is arranged with the Staffing Office Nurse Manager.

As a cohort in the Staffing Office, their Nurse Educator meets with them monthly to review their experiences and offer clinical/work support. Germanna faculty also participate in these monthly sessions. NAs are encouraged to journal about their work experiences.

Within a week of the NA role launch, MWHC staff nurses reported "relief" and "help" with the arrival of the NAs and requested "Please send more!". NAs reported, "What I am learning in school is making more sense now. Things are fitting together!"

In Spring 2021, MWHC/GCC attempted to onboard the second cohort of NAs during GCCs Spring Break. This proved to be too short a time frame for role onboarding while students still had school assignments. As a result, subsequent cohorts are brought on two times per year, in May and December, at the conclusion of the school semester.



Within weeks of working as NAs, across the MWHC hospitals, it was evident that these students were more comfortable in the clinical setting than their peers. To encourage ongoing learning and critical thinking in the clinical setting, these students were assigned to a unique student clinical rotation opportunity. Students in the third semester of their nursing curriculum were paired during their clinical rotation with a seasoned nurse mentor for 36 hours of their required medical-surgical clinical hours. During the clinical day (12 hour shift), students worked exclusively with this nurse to care for the nurse's assigned patient load. The RN Mentors were trained in the 3rd semester student's learning and clinical objectives with expectations set for RN Mentor to address these during 36 hours of clinical rotations. Students received one on one attention and mentoring while receiving remuneration (provided at their NA rate through a GCC "scholarship") and credit for these clinical hours. A GCC nursing faculty, dedicated to this clinical assignment and onsite at the facility, rotated and reinforced student learning outcomes while providing assistance as needed. Student and nurse feedback regarding the experience was very positive. During the clinical experience, students kept journals detailing their experiences including changes in their knowledge, skills, and attitudes. While much was written about the students' attainment of new nursing knowledge and skill, most interesting was the students' perceptions of themselves in the clinical setting. Students' journaling evolved from, first shift, "today I helped the nurse" to, third shift, "today I felt like the nurse. The nurse asked me what I thought we needed to do next." The students were not the only ones noticing changes. Staff nurses from other units where students had subsequent clinical experiences remarked "These are the best nursing students I have ever seen, where did you get them?"

\*Student grant payments for clinical hours were accomplished during the pandemic using Higher Education Emergency Relief Funds (HEERF). HEERF was a federal program that helped to support institutions of higher education and students attending these institutions during the pandemic. Germanna Community College was the recipient of HEERF funding. Students enrolled in the EWL CEM received payment (at their hospital Nursing Assistant rate) for their designated 36 (3rd semester) or 48 (4th semester) clinical hours in the form of need-based grants. These grants assisted students with their unmet basic needs and defrayed the costs incurred as a result of attending their clinical laboratory sessions. As HEERF funding has been discontinued, other funding sources are being explored for payment to include hospital and college foundations along with anticipated state government allocations for this project.

Noting that there was a distinct difference in the students' knowledge, skills and attitudes, the student clinical rotation model was extended to the fourth semester (their last semester) where students were assigned to an experienced RN Mentor on the night shift, for four twelve hour shifts. The RN Mentors were trained in the 4th semester student's learning and clinical objectives with expectations set for RN Mentor to address these during 48 hours of clinical rotations.

Again, students were paid through HEERF for the 48 hours of clinical time completed in the EWL CEM. The continued nursing shortage challenged this night shift model as there was a shortage of experienced, non-contract labor (traveler) RNs available to be mentors. Students were transitioned to 12-hour day shifts with qualified RN Mentors.

Ongoing conversations with the Virginia State Board of Nursing and the Accrediting Commission for Education in Nursing (ACEN) were held throughout the development and implementation of the EWL CEM. These regulatory bodies were supportive of the model and encouraged ongoing innovative thinking to redesign clinical nursing education.

## **GOLDEN TICKET**

By the end of Spring 2021 semester, the success of the NA model and the immersive clinical rotations were palpable. To celebrate those “first” NAs, (our “Pioneers”), completing their third semester, each one was presented with a MWHC “Golden Ticket” . . . a job offer letter, in a gold envelope, to join the March 2022 MWHC New Grad RN Residency. With the “Golden Ticket”, the Nursing Assistant identifies their top three units of choice for a New Grad RN job. Once the unit selection is confirmed, by the Unit Nurse Manager via interview and available budgeted position on unit, the Nurse Manager includes the fourth semester student/Nursing Assistant/upcoming New Grad RN, in all unit communication, team meetings, etc. Fifteen of the initial seventeen job offers were accepted. The MWHC Golden Ticket continues to be offered to Nursing Assistants upon successful completion of their third semester.

## **NURSING ASSISTANT II ROLE**

In Fall 2022, as Nursing Assistants/“EWL Scholars” progressed in their academic and clinical experience (and minimum of 3 months in Nursing Assistant role), the Nursing Assistants were given the opportunity to advance to a Nursing Assistant II role. Advancement required skill validation in phlebotomy, EKG testing, peripheral IV insertion and removal, urine specimen collection and foley insertion and removal. This allowed Nursing Assistant/“EWL Scholars” to advance their clinical skill competence consistent with their academic advancement.

Throughout the EWL CEM activities, a biweekly meeting was held including clinical and academic partners’ EWL Program Coordinators, clinical HR representative, Nurse Educator and Staffing Office Nurse Manager and academic Faculty.

## **EARN WHILE YOU LEARN ADVISORY GROUP**

The Earn While You Learn Advisory Group is a joint clinical and academic group including the Clinical EWL Program Coordinator, senior nurse leaders, educators and staff, HR representative and Academic EWL Program Coordinator, Dean/Director, faculty and clinical scheduler. The EWL Advisory Group is convened as the first step in EWL implementation. This group will meet regularly throughout the partners’ EWL implementation. The clinical and academic EWL Program Coordinators co-lead the EWL Advisory Group.

The role of the EWL Advisory Group is to ensure collaboration and cooperation in all aspects of EWL CEM model implementation especially, but not limited to, clear delineation of clinical and academic roles and responsibilities, accountability for EWL CEM activities, data collection and evaluation, student work and clinical experience, RN Mentor clinical experience, clinical faculty experience and overall project performance.

The EWL Advisory Group ensures use of rapid cycle change and Plan-Do-Check-Act performance improvement methods to ensure that project feedback is encouraged and addressed, in a timely and effective manner. Strong and effective collaboration is essential for positive program outcomes.

## RESULTS

Clinical work experience can enhance student learning by increasing comfort and confidence in the clinical environment. Problem-based and reflective learning enhanced students' learning independence and developed their critical thinking and problem-solving skills. Also, effective students' supervision, enough support during clinical experiences, and building a strong collaborative relationship between nursing programs and clinical areas improved students' learning, academic achievement, and enhanced translation of theory to practice.

- Prior to EWL, 46% of MWHCs New Grad RNs were GCC graduates. Since EWL, 64% of MWHC New Grad RNs are GCC graduates.
- The majority of Nursing Assistants/EWL Scholars accepted employment with the clinical partner facility (93%)
- Retention for MWHC Nursing Assistants has been maintained at > 85%. Nursing Assistant turnover has been limited to those who have left Germanna's program and medical issues.
- EWL Scholars (MWHC/GCC and VHC Health/Marymount) reported higher levels of confidence when compared to the national benchmarks measured using the Casey Fink Scale.
- EWL Scholars (MWHC/GCC and VHC Health/Marymount) reported competence equal to or slightly lower than the national benchmark as measured using the Casey Fink Scale.
- The majority of EWL Scholars (MWHC/GCC and VHC Health/Marymount) passed the nursing licensing exam on the first attempt.

# IMPLEMENTATION

## Phase One - Earn While You Learn Clinical Education Model (EWL CEM):Creating the Job Role

### ■ Clinical Partners

#### Recruitment and Onboarding Phase

2-6 months

- Identify HR resource/partner.
- Identify academic partner.
- Establish clinical/academic partnership.
- Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
- Initiate biweekly meetings for EWL Advisory Group
- Create EWL Program Coordinator job description.
- Identify EWL Program Coordinator.
- Define EWL work role job title, with HR.
- Create EWL role job description.
- Define EWL role compensation rate \*
  - At MWHC, a flat hourly rate (started at \$15./hour) for prn Nursing Assistant role in our Staffing Office plus shift differential, as applicable
- Create EWL role job posting and distribute to academic partner(s)
- With academic and HR partners, define EWL role eligibility criteria, application, interview and onboarding requirements, process and timeline (At MWHC, a Nursing Assistant cohort starts each April/May and November/December).
- Consider regulatory and accreditation implications (e.g., TJC, BON, state licensure, Magnet, ACEN, CCNE)
- Schedule/hold EWL Information Sessions (virtual and/or in person) with Academic partners/students
- EWL Information Sessions attendees include academic faculty, students and clinical partner leadership with HR representative
- EWL Information Sessions include overview of role and expectations with requirements, process and timeline. Interested students need to be able to commit to 6 days of onboarding, as per schedule.
- Open EWL job posting application window
- Applicant screening done by clinical and HR partners
- Hold interviews with skills validation sessions, by hospital RN Educators, scheduled at the academic site (skills labs) with 30 mins slots/applicant.

- Confirm interview questions and scoring process(see appendix for sample) during biweekly meeting with EWL program Coordinators, HR, faculty.
- Complete EWL role selection process
  - To date, at MWHC, very few (< 5%) of student applicants have not been hired as Nursing Assistants. Primary reason for not hiring has been “lack of readiness for demands of clinical setting/role”. In these situations, the students have been encouraged to apply for next Nursing Assistant cohort and have been hired.
- HR extends EWL job offers
- HR processes job acceptances
- Hire date/orientation/onboarding:
  - Orientation - general hospital 2 days, including documentation
  - Role Onboarding - Assign EWL Scholars in groups of 5-6 per Nurse Educators for 3-4 (eight hour) days of role/skills onboarding on units
- Candidates begin process for signing up for shifts, per Staffing Office processes
- Staffing Office Nurse Educator, with faculty, begin monthly EWL cohort sessions. (one hour per month)

### **Employment Phase**

- EWL Scholars work minimum of 12 hours per week and maximum of 20 hours per week, when school is in session.
- Staffing Office Nurse Manager maintains strong staff engagement among EWL Scholars
- Staffing Office Nurse Educator conducts monthly EWL Scholar cohort sessions, inviting clinical faculty.
- EWL Scholars complete EWL (Casey Fink) survey every six months.
- Consider Nursing Assistant role evolution/advancement (job title change) as students progress through academic programs.

# IMPLEMENTATION

## Phase One - Earn While You Learn Clinical Education Model (EWL CEM):Creating the Job Role

### Academic Partners

#### Recruitment and Onboarding Phase 2-6 months

- Establish academic/clinical partnership with cooperating clinical facility
- Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
- Participate in biweekly meetings with clinical EWL Advisory Group.
- Create EWL Program Coordinator role job description.
- Identify EWL Program Coordinator
- Assist with scheduling opportunities for the clinical facility to meet with students to discuss EWL CEM during the fall and spring semesters
- Explain employment opportunities as well as the EWL CEM to students
- Attend EWL information sessions with HR clinical partners and students.
- Reinforce the requirements of the EWL program with students advising and answering related questions.
- Provide documentation (with consent of EWL Scholars, as needed) to clinical facility, to demonstrate EWL scholars' eligibility and compliance with State Board regulations
- Assist as needed with providing conference areas for interviewing and laboratory space for student demonstration of competence.
- Consider regulatory and accreditation implications (e.g, BON, ACEN, CCNE)

#### Employment Phase

- Support Nursing Assistant/EWL Scholars and clinical facility to ensure work/school balance and academic success.
- Support monthly cohort meetings with clinical facility.

# IMPLEMENTATION

## Phase One - Earn While You Learn Clinical Education Model (EWL CEM):Creating the Job Role

- **Student Participants/Nursing Assistants/ “EWL Scholars”**

Recruitment and Onboarding Phase

2-6 months

- Attend EWL information sessions with HR clinical partner and faculty.
- Complete application and other required institutional paperwork for employment.
- If selected for an interview, participate in applicant screening to include an interview and a skills validation/check-off.

Employment Phase

2-4 months

- Accept job offer from HR and complete the hiring process at your clinical facility.
- When hired:
  - Participate in Hospital Orientation - 2 days
  - Participate in Role Onboarding - Work in groups of 5-6 students with Nurse Educators for 3-4 days of role/skills onboarding on units
  - Wear attire as prescribed by the employing institution. (i.e. For MWHC, teal scrub pants and white scrub top and MWHC identification badge.)
  - Begin employment through the Staffing Office working between 12-20 hours per week while in school. (If this work commitment at any time becomes burdensome and negatively affects student progress in nursing school, please consult with the Staffing Office Nurse Manager and nursing faculty advisor.)
  - Work with the Staffing Office to schedule working hours.
  - Attend monthly Staffing Office meetings with educator and faculty



# IMPLEMENTATION

## Phase One: Earn While You Learn Clinical Education Model (EWL CEM) Creating Job Role

### Data Collection

#### Clinical Partners

- Track and report hire/retention data for all Nursing Assistant/EWL Scholars to submit to LEARN/VHHA
- Provide access to EWL/Casey Fink survey to students/ EWL Scholars every six months
- Submit EWL/Casey Fink survey data every six months to LEARN/VHHA.
- Collect Staffing Office Manager and Educator feedback on Nursing Assistant/“EWL Scholar” performance

#### Academic Partners

- Inform EWL Scholars of their responsibility in data collection when applying to the program to include:
  - NCLEX Pass Rates
  - EWL Program Survey every six months
- Collect information about student attrition\* from EWL program
  - \*Program separation/termination and need to decrease work commitment
- Collect faculty feedback on Nursing Assistant/EWL Scholars academic and clinical performance regularly.

#### Students/ “EWL Scholars”

- Agree with data collection requirements of the EWL CEM prior to beginning the program.
- Complete EWL/Casey Fink survey every six months

# IMPLEMENTATION

## Phase Two - Earn While You Learn Clinical Education Model: Immersive Clinical Experience (EWL CEM)

### ■ Clinical Partners

- Set-up Clinical Education Model 2-6 months
  - Identify academic partner. Establish MOU.
  - Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
  - Participate in biweekly meetings for EWL Advisory Group
  - With academic partner, identify EWL Scholar semesters and faculty for student clinical experience model.
  - Identify units where student clinical experience can be supported. Engage unit Nurse Leader with expectations.
  - Identify RN Mentors on dedicated units
  - Define RN Mentor expectations and provide/training
  - RN Mentors to be “expert” in specific student semester learning and clinical objectives
  - Establish Nursing Assistant/“EWL Scholar” student clinical experience schedule on unit with RN Mentor.
  - Define/coordinate faculty role
  - Define unit Nurse Leader role
  - Establish launch date
  - Participate in biweekly meetings with academic EWL Program Coordinator and faculty to assess program progress, intervene, as necessary and evaluate program every six months with survey data collection results.
  - Conduct survey every 6 months of NAs/“EWL Scholars” to obtain feedback on program and transition to practice (Casey Fink survey questions)
  
- Begin Clinical Education Model Experience
  - Unit Nurse Leader communicates with assigned clinical faculty regarding unit status, unit Welcome plan for first shift, review of semester schedule and plan.
  - Unit Nurse Leader ensures Unit Welcome for first clinical rotation session on unit, including introductions, unit tour and student assignments.

- Unit Nurse Leader ensures all unit staff are aware of and follow student learning and clinical objectives.
- Unit Nurse Leader interacts with clinical faculty on each shift to ensure communication, follow up and collaboration.

# IMPLEMENTATION

## Phase Two - Earn While You Learn Clinical Education Model: Immersive Clinical Experience (EWL CEM)

### Academic Partners

- Set-up Clinical Education Model 2-6 months
  - Establish or evaluate MOU for currency and accuracy.
  - Consider requirements of regulatory and accrediting bodies upholding regulations and guidelines as applicable.
  - Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
  - Participate in biweekly meetings of EWL Advisory Group
  - Meet with administration to discuss the ability of the institution to support incoming EWL scholars learning needs and outcomes
  - Meet with administration and Nurse Mentors to explain the mentor role, nurse faculty role and the student learning outcomes for the experience \*\*\*
  - Meet with clinical schedulers to set up proposed schedules for students and Nurse mentors.
  - Establish funding source for EWL student hours.
  - Define payment process for student clinical rotation hours.
  - Work with designated hospital personnel to establish and ensure appropriate Nurse Mentor/EWL Scholars are in place for upcoming clinical experiences.
  - Provide clinical faculty for in person oversight throughout the shift while students are in clinical and assigned with Nurse Mentors. (Nursing faculty moves between units where students are being mentored answering questions from Nurse mentors and EWL Scholars.)
  
- Begin Clinical Education Model Experience
  - Clinical faculty communicates with Unit Nurse Leader, prior to first clinical rotation shift, to reinforce clinical and learning objectives, semester plan and schedule.

- Clinical faculty meets with each EWL scholar daily to ensure they are meeting student learning outcomes and assists as needed with the scholars on the clinical unit.
- Clinical faculty defines and assigns journal assignments for clinical rotations.
- Clinical faculty assigns 6 month survey to NAs/“EWL Scholars” and encourages completion.
- Clinical faculty gathers and collates every 6-month survey data.
- Clinical faculty interacts with unit nurse leader each shift to ensure communication, follow up and collaboration.
- Clinical faculty interacts with Nurse Mentor to assess student progress and to assist with students as needed on the unit.
- Work closely with Nurse Mentors to evaluate student progress with faculty assigning clinical grades.
- Attend monthly Staffing Office meetings with educators and Nursing Assistants/EWL Scholars.
- Consider requirements of regulatory and accrediting bodies upholding regulations and guidelines as applicable.
- Participate in biweekly meetings with clinical EWL Program Coordinator, Nurse Educator and HR representative with academic EWL Program Coordinator and faculty (EWL Advisory Group).

\*\*\* In some cases the Nurse Mentor may function as a preceptor for the student using a traditional preceptor model for clinical experiences. In a traditional preceptor model, student nurses work exclusively with the Nurse Mentor following the work schedule of the Mentor. Instead of onsite daily faculty face to face oversight and interaction, the traditional preceptor model allows for offsite faculty oversight of clinical. The faculty communicates regularly with the Mentor via email or phone to assess student progress in the clinical setting. All further responsibilities associated with this model for both the student and the mentor remain the same.

## IMPLEMENTATION

### Phase Two - Earn While You Learn Clinical Education Model: Immersive Clinical Experience (EWL CEM)

#### Students/ Nursing Assistant/“EWL Scholars”

- Set-up Clinical Education Model
  - (last month of 2-6 month total Phase II time)**
  - Meet with Clinical faculty to review student learning objectives and students’ role with RN Mentors.
  - Discuss role differences employment and clinical experiences:
    - Wear student uniform
    - Abide by clinical guidelines outlined in Nursing Student Handbook
    - Wear school identification (no hospital badges)
  
- Begin Clinical Education Model Experience
  - Collaborate with your RN Mentor to plan and participate in care for your patient assignment with your RN Mentor. Incorporate theoretical concepts from class and think more, ask questions and make decisions with your mentor.
  - Build on the skills that you have successfully acquired in school and work roles.
  - Consider clinical concepts that you have learned about in the classroom and how they apply in patient care.
  - Think critically about the care you are delivering.
  - Participate in patient care with RN Mentor
  - Seek new clinical opportunities/experiences.
  - Complete journal activities as instructed by clinical faculty (Be willing to submit these submissions for qualitative analysis for the purposes of program evaluation.)

- Complete Surveys as required by the EWL Clinical Education Model.
- Maintain work hours for hospital while completing clinical hours.
- Attend monthly EWL Scholars meetings with the Staffing Office and clinical faculty.

## **IMPLEMENTATION**

### **Phase Two - Immersive Clinical Experience**

#### **Data Collection**

##### Clinical Partners

- Track and report hire/retention data for all EWL Scholars to submit to LEARN/VHHA
- Provide access to EWL/Casey Fink survey to students/EWL Scholars every six months
- Submit EWL/Casey Fink survey data every six months to LEARN/VHHA
- Collect RN Mentor and Nurse Leader feedback at beginning and end of semester

##### Academic Partners

- Collect data throughout student experience during and after this immersive experience to include:
  - NCLEX Pass Rates
  - EWL Program Survey every six months
- Submit data every six months to LEARN/VHHA
- Review journal entries looking for recurring themes
- Share recurring themes with clinical partners.
- Collect faculty feedback on “EWL Scholars” academic and clinical performance regularly.

##### Students/ “EWL Scholars”

- Complete the following:
  - EWL/Casey Fink Survey every six months
  - Qualitative journal entries as assigned by Nursing Clinical Faculty

# EWL CEM PROJECT PLAN (SAMPLE) *including budget*

## Assumptions

- Six month project
- Start with 5 nursing students from one nursing program.
- Flat hourly rate of \$75/hour as administrative compensation for each member of EWL Advisory Group, including, EWL Program Coordinators (each from academic and clinical partners), faculty, clinical HR representative, Nurse Educator and Staffing Office Nurse Manager
- Nursing Assistant/ “EWL Scholar” hourly rate of \$15.00/hour, including during immersive clinical experience.
- Immersive clinical experience is 36 hours in third semester and 48 hours in fourth semester.
- “Scholarship” for students for immersive clinical experience is 36 or 48 hours X \$15./student
- Stipend for RN Mentors, during immersive clinical experience is \$4.00 per hour. (\$4./hour X 36 or 48 hours)
- VDH 2023/2024 Grant for funding through 6/30/24

## Implementation Budget

### Phase One - Earn While You Learn Clinical Education Model (EWL CEM):Creating the Job Role - Nursing Assistant/ “EWL Scholar”

#### ■ Clinical Partners

##### Recruitment and Onboarding Phase

2-6 months

- Identify HR resource/partner
- Identify academic partner.
- Establish clinical/academic partnership

**4 hours**

**\$300.00**

- Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
- Initiate biweekly meetings with academic partner EWL Program Coordinator and faculty with clinical EWL Program Coordinator, HR representative, Staffing Office Nurse Manager and Nurse Educator.

**12 meetings X 1.5 hours (0.5 Hr mtg prep and 1.0 Hr meeting) X 4 attendees**

**\$5400.00**

- Create EWL Program Coordinator job description



- Identify EWL Program Coordinator
- Define EWL work role job title, with HR
- Create EWL role job description
- Define EWL role compensation rate \*
  - At MWHC, a flat hourly rate (started at \$15/hour) for prn Nursing Assistant role in our Staffing Office plus shift differential, as applicable
- Create EWL role job posting and distribute to academic partner(s)
- With academic and HR partners, define EWL role eligibility criteria, application, interview and onboarding requirements, process and timeline (At MWHC, a Nursing Assistant cohort starts each April/May and November/December).
- Consider regulatory and accreditation implications (e.g., TJC, BON, state licensure, Magnet, ACEN, CCNE)

**12 hours**  
**HR and EWL Coordinator**  
**\$1800.00**

- Schedule/hold EWL Information Sessions (virtual and/or in person) with Academic partners/students
- EWL Information Sessions attendees include academic faculty, students and clinical partner leadership with HR representative
- EWL Information Sessions include overview of role and expectations with requirements, process and timeline. Interested students need to be able to commit to 6 days of onboarding, as per schedule.

**24 hours**  
**EWL Advisory Group (3)**  
**\$5400.**

- Open EWL job posting application window
- Applicant screening done by clinical and HR partners
- Hold interviews with skills validation sessions, by hospital RN Educators, scheduled at the academic site (skills labs) with 30 mins slots/applicant.
- Confirm interview questions and scoring process(see appendix for sample) during biweekly meeting with EWL program Coordinators, HR, faculty.
- Complete EWL role selection process
  - To date, at MWHC, very few (< 5%) of student applicants have not been hired as Nursing Assistants. Primary reason for not hiring has been “lack of readiness for demands of clinical setting/role”. In these situations, the students have been encouraged to apply for next Nursing Assistant cohort and have been hired.

**24 hours**

**EWL Advisory Group: EWL Program  
Coord, HR and Nurse Educator (4)**

**\$7200.**

- HR extends EWL job offers
- HR processes job acceptances
- Hire date/orientation/onboarding:
  - Orientation - general hospital 2 days, including documentation
  - Role Onboarding - Assign EWL Scholars in groups of 5-6 per Nurse Educators for 3-4 (eight hour) days of role/skills onboarding on units

**300 hours**

- HR	<b>4 hours</b>	<b>\$300.</b>
- Nurse Educator	<b>56 hours</b>	<b>\$4200.</b>
- Nursing Assistants	<b>240 hours</b>	<b>\$3600.</b>
	<b>(48 hrs X 5 NAs X \$15./hr)</b>	
		<b>\$8100.</b>

- Candidates begin process for signing up for shifts, per Staffing Office processes
- Staffing Office Nurse Educator, with faculty, begin monthly EWL cohort sessions.

**1 hour/month  
\$75./ month  
6 months  
\$450.**

**Cost for Phase I Clinical Partner**

**\$28,650.**

Employment Phase

- EWL Scholars work minimum of 12 hours per week and maximum of 20 hours per week, when school is in session.
- Staffing Office Nurse Manager maintains strong staff engagement among EWL Scholars
- Staffing Office Nurse Educator conducts monthly EWL Scholar cohort sessions, inviting clinical faculty.
- EWL Scholars complete the EWL (Casey Fink) survey every six months.
- Consider Nursing Assistant role evolution/advancement (job title change) as students progress through academic programs.

# IMPLEMENTATION BUDGET

## Phase One - Earn While You Learn Clinical Education Model (EWL CEM):Creating the Job Role (EWL)

### Academic Partner

#### Recruitment and Onboarding Phase 2-6 months

- Establish academic/clinical partnership with cooperating clinical facility  
**4 hours**  
**\$300.00**
- Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
- Participate in biweekly meetings of EWL Advisory Group  
**12 meetings X 1.5 hours X 3 attendees**  
**\$4050.00**
- Create EWL Program Coordinator role job description.
- Identify EWL Program Coordinator  
**8 hours**  
**\$600.00**
- Assist with scheduling opportunities for the clinical facility to meet with students to discuss EWL CEM during the fall and spring semesters
- Explain employment opportunities as well as the EWL CEM to students
- Attend EWL information sessions with HR clinical partners and students.
- Reinforce the requirements of the EWL program with students advising and answering related questions.  
**12 hours**  
**EWL Coordinator and faculty (2)**  
**\$1800.**
- Provide documentation (with consent of EWL Scholars as needed to clinical facility) to demonstrate EWL scholars' eligibility and compliance with State Board regulations  
**4 hours**  
**\$300.**

- Assist as needed with providing conference areas for interviewing and laboratory space for student demonstration of competence.

**4 hours**

**\$300.00**

- Consider regulatory and accreditation implications (e.g, BON, ACEN, CCNE)

**Employment Phase**

- Support EWL Scholars and clinical facility to ensure work/school balance and academic success.
- Support monthly cohort meetings with clinical facility.

**1 hour per month**

**\$75./month**

**6 months**

**\$450.**

**Cost of Phase I: Academic Partner**

**\$7800.**

**Total Cost of Phase I:**

**\$36,450.**

# IMPLEMENTATION BUDGET

## Phase Two - Earn While You Learn Clinical Education Model: Immersive Clinical Experience (EWL CEM)

- Clinical Partners

- Set-up Clinical Education Model 2-6 months
  - Identify academic partner. Establish MOU.
  - Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
  - Participate in biweekly meetings for EWL Advisory Group
  - With academic partner, identify EWL Scholar semesters and faculty for student clinical experience model.
  - Identify units where student clinical experience can be supported. Engage unit Nurse Leader with expectations.

**8 hours**  
**EWL Group (4)**  
**Nurse Leaders (4)**  
**\$4800.**

- Identify RN Mentors on dedicated units
- Define RN Mentor expectations and provide /training
- RN Mentors to be “expert” in specific student semester learning and clinical objectives

**RN Mentor training            \$18,000.**  
**10 RN Mentors X \$75/hour X 24 hours**

**RN Mentors: \$4.00/hr X 36 hours = \$144/student**  
**5 students                            \$720.**  
**\$4.00/hr X 48 hours = \$192/student**  
**5 students                            \$960.**

- Establish Nursing Assistant/“EWL Scholar” student clinical experience schedule on unit with RN Mentor.
- Define/coordinate faculty role
- Define unit Nurse Leader role
- Establish launch date

**8 hours**  
**EWL Advisory Group (4)**  
**\$2400.**

- Conduct survey every 6 months of NAs/“EWL Scholars” to obtain feedback on program and transition to practice (Casey Fink survey questions)

**5 hours**  
**\$375.**

- **Begin Clinical Education Model Experience**

- Unit Nurse Leader communicates with assigned clinical faculty regarding unit status, unit Welcome plan for first shift, review of semester schedule and plan.
- Unit Nurse Leader ensures Unit Welcome for first clinical rotation session on unit, including introductions, unit tour and student assignments.
- Unit Nurse Leader ensures all unit staff are aware of and follow student learning and clinical objectives.
- Unit Nurse Leader interacts with clinical faculty on each shift to ensure communication, follow up and collaboration.

**10 hours**  
**Unit Nurse Leader (4)**  
**\$3000.**

**Cost for Phase II: Clinical Partner**

**\$30,255.**

## Implementation Budget

### Phase Two- Earn While You Learn Clinical Education Model: Immersive Clinical Experience (EWL CEM)

- Academic Partners

- Set-up Clinical Education Model 2-6 months

- Establish or evaluate MOU for currency and accuracy.
- Consider requirements of regulatory and accrediting bodies upholding regulations and guidelines as applicable.
- Create EWL Advisory Group, including EWL Program Coordinators (academic and clinical), clinical HR representative, Nurse Educator and Staffing Office Nurse Manager with academic faculty.
- Participate in biweekly meetings of EWL Advisory Group  
**12 meetings X 1.5 hours (0.5 mtg prep, 1.0 hr mtg) X 3 attendees**  
**\$4050.00**
- Meet with administration to discuss the ability of the institution to support incoming EWL scholars learning needs and outcomes
- Meet with administration and Nurse Mentors to explain the mentor role, nurse faculty role and the student learning outcomes for the experience
- Meet with clinical schedulers to set up proposed schedules for students and Nurse mentors.  
**8 hours**  
**EWL Advisory Group (4)**  
**\$2400.**
- Establish funding source for EWL student hours.  
**4 hours**  
**EWL Coord**  
**\$300.**

Funding for student clinical rotation hours.

**5 students X 36 hours X \$15/hour**  
**\$2700.**

Work with designated hospital personnel to establish and ensure appropriate Nurse Mentor/Nursing Assistant assignments are in place for each week's clinical rotations.

**1 hour/week**  
**Faculty (1)**  
**\$75/week**

**24 weeks**  
**\$1800.**

- **Begin Clinical Education Model Experience**

- Clinical faculty meets with each Nursing Assistant/student during each clinical rotation shift to ensure they are meeting student learning outcomes and assists as needed with the students and RN Mentors on the clinical unit.
- Clinical faculty defines and assigns journal assignments for clinical rotations.
- Clinical faculty assigns 6-month EWL survey to NAs/students and encourages completion.

**Faculty (1)**  
**24 weeks**  
**1 hour/week**  
**\$75/hour**  
**\$7200.**

- Clinical faculty gathers and collates every 6-month survey data.
- Clinical faculty does thematic analysis of survey data and student journals

**Faculty**  
**\$1400.**

- Clinical faculty interacts with unit nurse leader each shift to ensure communication, follow up and collaboration.
- Clinical Scheduler confirms clinical rotation assignments.

**\$18,000.**

- Clinical faculty interacts with Nurse Mentor to assess student progress and to assist with students as needed on the unit.
- Work closely with Nurse Mentors to evaluate student progress with faculty assigning clinical grades.
- Attend monthly staffing office meetings with educators and EWL Scholars.

**1 hour/month**  
**\$75**  
**6 months**  
**\$450.**

- Consider requirements of regulatory and accrediting bodies upholding regulations and guidelines as applicable.

**Cost for Phase II: Academic Partner**

**\$38,300.**

**Total Cost Phase II:**

**\$68,555.**



## DATA COLLECTION REQUIRED DURING IMPLEMENTATION (Phase I and II)

- EWL Survey (Attached in Resources).
- Hire and Retention Rates for Nursing Assistants/EWL Scholars
- NCLEX pass rates are collected on all graduates.
- RN Mentor survey administered at the beginning and end of each semester.
- Unit nurse leader survey administered at the beginning and end of each semester.
- Faculty survey administered at the beginning and end of each semester.
- Students submit a journal for all clinical rotation experiences.

\*\* Data is to be submitted to Dr. Terri Gaffney at [tgaffney@marymount.edu](mailto:tgaffney@marymount.edu). (at least each semester).

# SAMPLE Project Plan Budget

## PHASE I

### Clinical Partner

Recruitment/Onboarding	
Establish academic partnership	\$300.
EWL Advisory Group meetings (biweekly)	5400.
Create EWL Program Coordinator and nursing student job role: Job description, compensation, eligibility, job posting	1800.
EWL Information Sessions	5400
Open job posting, screening,selection	7200
EWL role orientation/onboarding	8100
Ongoing monthly meeting with students	<u>450.</u>
	<b>\$28,650.</b>

### Academic Partner

Recruitment/Onboarding	
Establish clinical partnership	\$300.
EWL Advisory Group meetings (biweekly)	4050.
Create EWL Program Coordinator role	600.
EWL Information Sessions	1800.
Organize meeting space	300.
Documentation for student work role	300.
Ongoing monthly meeting with students	<u>450.</u>
	<b>\$7800.</b>

**TOTAL COST PHASE I: \$36,450.**

# SAMPLE Project Plan Budget

## PHASE II

### Clinical Partner

Set up Clinical Education Model	
EWL Advisory Group meetings	\$4800.
Identify student semesters, faculty and Units. Define RN mentor expectations and training. Select RN Mentors.	
RN Mentor training	18,000.
RN Mentor stipend	
36 hours	720.
48 hours	960.
5 students X \$4./hour X 36 hours	
5 students X \$4./hour X 48 hours	
Define student, faculty and RN Mentor role on unit with Unit Nurse leaders, with launch date	2400.
Conduct EWL survey every six months	375.
Communication/coordination with unit nurse leaders.	
	<u>3000.</u>
	<b>\$30,255.</b>

### Academic Partner

Set up Clinical Education Model	
Faculty Clinical Coordinator	
Attend clinical EWL Advisory Group meetings	\$4050.
Identify student semesters and participating faculty. Communicate student learning outcomes and RN mentor and student expectations.	
Assign student grades for clinical experience.	
Administrative Faculty	
Attend Advisory Group meetings	\$2400 .
Establish funding source	300.
Funding for student clinical rotation hours	2700.
Work with hospital personnel to ensure appropriate dyads established weekly	1800.
Faculty Clinical Supervision	7,200.
Clinical Scheduler	18,000.
Define student, faculty and RN Mentor in conjunction with clinical partners	450.

Conduct survey every six month, collect data from surveys and journaling with thematic analysis	1400.
<b>Total Academic</b>	<b>\$38,300.</b>
<b>Total Cost Phase II</b>	<b>\$68,555.</b>

## **FREQUENTLY ASKED QUESTIONS**

### **What is the Earn While You Learn Clinical Education Model (EWL CEM)?**

EWL CEM is a transformative clinical education model where Academic/Clinical Partnerships enhance students' confidence, clinical judgment and skills acquisition, preparing a more practice ready graduate for employment.

#### **Phase I**

- Nursing Students employed by a clinical partner while in school.
- Employment enhances students' comfort and confidence in clinical settings.
- Employment addresses immediate workforce need for clinical partner.

#### **Phase II**

- Nursing students employed by clinical partner while in school
- RN Mentors trained in student's clinical and learning objectives.
- Revised clinical rotation model engages bedside RN Mentors to invest in education of students while seeing benefit from student's assistance with patient care.
- Revised clinical rotation model is mutually beneficial to student, RN Mentor and patient.
- Faculty retains responsibility for students. RN Mentor retains responsibility for patient care.
- Nurse Manager "owns" student and staff experiences on the unit.
- Nurse Manager and staff integrate faculty and students into unit operations.

### **What are Phase One and Phase Two of Earn While You Learn (EWL CEM)?**

EWL CEM is a transformative clinical education model where Academic/Clinical Partnerships enhance students' confidence, clinical judgment and skills acquisition, preparing a more practice ready graduate for employment.

#### **Phase I**

- Nursing Students employed by a clinical partner while in school.
- Employment enhances students' comfort and confidence in clinical settings.
- Employment addresses immediate workforce need for clinical partner.

#### **Phase II**

- Nursing students employed by clinical partner while in school
- RN Mentors trained in student's clinical and learning objectives.
- Revised clinical rotation model engages bedside RN Mentors to invest in education of students while seeing benefit from students' assistance with patient care.
- Revised clinical rotation model is mutually beneficial to student, RN Mentor and patient.

Faculty retains responsibility for students. RN Mentor retains responsibility for patient care.

Nurse Manager “owns” student and staff experiences on the unit.

Nurse Manager and staff integrate faculty and students into unit operations.

## **What are the advantages of the Earn While You Learn Clinical Education Model (EWL CEM) ?**

### ***Clinical Site***

All healthcare facilities are facing a severe nursing shortage. Students can provide relief for that workforce need. Creating a role that nursing students can fill provides additional clinical learning experiences for nursing students. These experiences also enhance their comfort and confidence in the clinical setting. Nursing students who complete Fundamental of Nursing, in most nursing programs, are eligible to sit for the CNA exam. Students have this option. At MWHC, during the pandemic, when CNA exam dates were not available, we elected to create a role, similar to CNA, without requiring the CNA certification. We reviewed the role with HR, state licensure regulations and the Board of Nursing to define how we could make this work. As long as we defined the clinical competencies, validated them initially and on an ongoing basis, we could proceed. MWHC created the role of a “Nursing Assistant” for these nursing students.

MWHC hired them into our Staffing Office so they could be together in a “student cohort” to prevent them from “getting lost”, dispersed across multiple different units, across our hospitals. Cohorting proved to be a very effective retention tool. The Nursing Assistants have a different uniform (white top and teal scrub pants). All hospital personnel know who they are and the scope of their role.

MWHC Nursing Assistant have had a > 85% retention rate. Prior to this model about 46% of MWHC New Grad RNs were Germanna Community College graduates. Since EWL CEM, over 64% of MWHC New Grad RNs are Germanna Community College graduates.

### ***Academic Institution***

Cooperating college or university with a participating nursing program.

Note:

Students need more experience in the clinical setting. Clinical rotations may be limited due to faculty and facility availability. Students may need to work, while in school. Your clinical partners are facing a severe nursing shortage. Any help that you can provide via your students will be welcomed. The MWHC Nursing Assistant role has proven to enhance the nursing student clinical experience.

### ***Students***

Nursing students enrolled and in good standing in a college or university nursing program. Most New Grad RNs are anxious about stepping into the RN role. Many feel uncomfortable and anxious about new role responsibilities. Working in the clinical setting, while a student, enhances their comfort in the clinical setting and their clinical rotation experience. The MWHC Nursing Assistant role has enhanced New Grad RN comfort and confidence and

their transition to RN practice. Germanna has also seen higher NCLEX Pass rates in those students who have worked as a MWHC Nursing Assistant.

## **Is there a difference in the EWL CEM between ADN and BSN academic programs/students?**

This ToolKit addresses the EWL CEM Phase I - Creating Job Role and Phase II- Immersive Clinical Rotation Experience. Within each phase, there can be variability in how the phase is implemented, while staying true to the intent of the prescribed implementation. To date, the EWL CEM has been consistently implemented by an ADN and a BSN program.

For example, in current EWL CEM clinical/academic partnerships, the job title of the student work role may be different. For MWHC, the job role is entitled “Nursing Assistant.” For VHC Health, the job role is entitled “EWL Scholar”.

Another noted current difference is in Phase II - Immersive Clinical Rotation experience. For MWHC/GCC, the students complete their immersive clinical rotation experience in their cohort student group of 6 students with one faculty. Different than typical clinical rotations, the faculty may be moving among multiple units to oversee students with RN Mentor for twelve-hour shift.

For VHCHealth/Marymount, a Preceptor model is used where one student is paired with RN Mentor, with faculty not on site.

Either approach meets the intent of the EWL CEM - Phase II model.

As a reminder, with EWL CEM, we are also looking for how to maximize the number of students who participate in the immersive clinical rotations.

## **Is the EWL CEM Phase I- Job Role like the Nurse Extern program offered by many organizations?**

We know that many organizations have Nurse Extern programs. The main difference between current Nurse Extern programs and EWL CEM job role is that the EWL CEM job role continues year round, while the nursing student is in school. It is not a summer only and/or prn role when school is in session.

The EWL CEM job role responsibilities should expand as the student progresses through nursing school program.

## **How did you engage an academic partner to participate in the Earn While You Learn model (EWL CEM)?**

Start with your strongest existing academic partner relationship.

Define your common goals to meet nursing shortage and to ensure quality nursing education.

EWL Phase I entails offering job role to students. The key to MWHC and Germanna Community College's partnership with Nursing Assistant role was the shared, unwavering commitment/ultimate goal to ensure that nursing students completed their RN education. Working as a Nursing Assistant was never to be more important than meeting nursing school academic and clinical requirements.

Cohorting the MWHC Nursing Assistants in the MWHC Staffing Office allowed them to be seen as "special" across MWHC hospitals. The students have appreciated being given this experience.

## **How did you engage a clinical partner to do Earn While You Learn (EWL CEM)?**

Start with your strongest existing clinical partner relationship.

Define your common goals to meet nursing shortage and to ensure quality nursing education.

As an academic institution, enhanced clinical experiences for your students will enhance their learning. Offering this experience as a paid experience, is an added advantage. Cost of nursing education is expensive.

EWL Phase I offers an immediate solution to your clinical partner's workforce needs.

## **How did you engage hospital HR to support Earn While You Learn (EWL CEM)?**

HR and Nursing work very closely in hospital settings. HR is tasked with filling nursing vacancies. Bringing the student population forward as a workforce solution enhances HRs ability to fill open nursing positions. EWL CEM offers an excellent collaborative opportunity for nursing and HR to address nursing vacancies.

During MWHC and Germanna Community College's work on EWL, MWHC HR has been an integral partner. For all Nursing Assistant Student Information Sessions, the Recruiter for this role was present and available to students to support them through the application process. The Recruiter reached out to each Nursing Assistant applicant to ensure that they submitted necessary paperwork. Nursing Assistant candidates viewed the Recruiter as their advocate within MWHC. The Recruiter followed up with applicants to complete the hiring process.

The HR Recruiter was also present for orientation and onboarding.



## **What is the Earn While You Learn (EWL CEM) student eligibility criteria?**

For EWL Phase I - Nursing Assistant job, nursing students need to have successfully completed the Fundamentals of Nursing course (meet eligibility for CNA exam), be a student in good standing, apply for the Nursing Assistant role and successfully complete the Nursing Assistant interview and skills validation process.

For EWL Phase II, Immersive Clinical Experience, all Nursing Assistants coming into their third or fourth semester, in good standing (with school and employer/hospital) were included.

## **How did you engage students to be MWHC Nursing Assistants?**

The EWL I Nursing Assistant role was announced by Germanna faculty to Germanna students. Germanna hosted MWHC Nursing Leadership (CNO, EWL Program Coordinator, Staffing Office Nurse Manager and Educator and HR Recruiter) for an Information Session with students. During the Information session, the Nursing Assistant role was defined, including eligibility requirements, role within Staffing Office, work commitment and goal to support RN education. Students were able to apply for the Nursing Assistant role via QR code, right at the Information Session. MWHCs Recruiter attended the Information Session and was available to students throughout the hiring process. This same process has been followed each semester, for each new Nursing Assistant cohort.

## **How did you decide on the job title for the Nursing Assistant role?**

For the MWHC Nursing Assistant role, MWHC nursing leadership worked with HR partners to define a job title that would convey the role as similar to CNA but different as they would not have a CNA certificate. For the Virginia Health and Marymount University clinical academic partnership, they selected the title "EWL Scholar."

## **How did you determine the Nursing Assistant compensation rate?**

The "EWL Scholar" or MWHC Nursing Assistant is a role employed by the clinical partner. The compensation for this role is determined by the clinical organization. For MWHC and the Nursing Assistant role, nursing leadership worked with our HR partners to create the job description/role. Our HR partners then determined the fair market value for the role. MWHC used a flat hourly rate, plus shift differentials, as applicable. The Nursing Assistant role is in the MWHC Staffing Office and is a prn role, with minimum of 12 and a maximum of 20 hours worked per week.

## **How do you select students to be Nursing Assistants?**

MWHC Nursing Assistant eligibility criteria includes being a nursing student who has successfully completed Fundamentals of Nursing course (Semester I) requirements and successfully completed the job interview with skills validation. This requires coordination and collaboration between the academic and clinical partners.

## **What skills did you validate as part of the Nursing Assistant interview/hiring process?**

During the Nursing Assistant interview session at the school, in the school simulation lab, applicants were asked, by the clinical partner Nurse educators, to demonstrate performance of bed baths, safe patient positioning, transfers from bed to chair, safe ambulation, and bed making (occupied and unoccupied).

## **How did you define the areas/units where Nursing Assistants can work?**

Initially, for the MWHC Nursing Assistants, the implementation plan was to have the Nursing Assistants assigned to work on medical, surgical units and critical care “stepdown” units. The intention was to have the Nursing Assistants acquire skill and comfort with the processes, patient populations and acuity. Within a few weeks, there was a need for the Nursing Assistant role in the MWH Emergency Room. Two Nursing Assistants were assigned to work in the MWH ED, with an experienced RN. This allowed ED and Nursing Assistant staff to become familiar with the Nursing Assistant role in the ED. Information about this role was shared with all of the Nursing Assistants through their monthly cohort meeting with the Staffing Office Educator and faculty. In another few weeks, there was a similar opportunity for the Nursing Assistants to work in the MWHC ICU. The same process was followed with success. Within six months of inception of the Nursing Assistant role, Nursing Assistants were working on all inpatient and procedural areas within MWHC hospitals.

## **What about students who are already certified as CNAs?**

For nursing students who have their CNA certificate, MWHC wanted these individuals to use the credential they had achieved. They are encouraged to apply for a CNA role in the Staffing Office. The CNA role does have some additional job responsibilities, beyond Nursing Assistant. The Staffing Office rate of pay for CNA is slightly higher than the Nursing Assistant role, due to the credential (CNA certificate). These Nursing students/CNAs are included in the monthly Nursing Assistant cohort meetings with the Staffing Office Educator and faculty. CNAs have a slightly higher rate reflecting their certification.

## **How do you handle situations if a Nursing Assistant struggles with role and school demands?**

Throughout the EWL CEM process, the emphasis/priority is always for the students to successfully complete school and pass the NCLEX. The message is continually reinforced that if at any time, the student, Staffing Office Manager and/or faculty are concerned about a student's academic performance, there be a conference and plan for success. At that time, if it is determined that the burden of work is a barrier to academic success, the Staffing Office Manager will relieve the student of their work commitment for a defined period of time (usually one month and re-evaluate).

## **How did current nursing staff react to the Nursing Assistant role?**

Bedside nurses see the Nursing Assistants as much needed help, on the unit. With CNA/Tech shortages, the Nursing Assistants fill a void/vacant role on units. Many MWHC bedside nurses have come to see the Nursing Assistants as potential teammates when they graduate and start recruiting the Nursing Assistants to their unit for New Graduate RN positions. Bedside nurses also recognize that the Nursing Assistants are nursing students and will encourage them to observe new procedures, diagnoses, and patient care with RN. Initially, at MWHC, CNAs were not included in the Nursing Assistant onboarding process. Most units had CNA vacancies so the additional burden of onboarding new Nursing Assistants seemed unreasonable. After the second cohort Nursing Assistants were onboarded (March 2021), several CNAs, on multiple units, asked to be part of Nursing Assistant onboarding and have been added to the process. As new Nursing Assistant cohorts are onboarded, current Nursing assistants also assist with onboarding process.

## **Is there role confusion between student role and employee role?**

Throughout the EWL CEM, it has been important to remember that the students function in two distinct roles. At any point in time, there can be role confusion for the students and all who are touched by the model. EWL CEM Phase I focuses on the nursing students being employed by the clinical partner, to meet an immediate clinical partner workforce need while also giving the nursing students additional skills, comfort and confidence in the clinical setting. For MWHC, the role of the Nursing Assistant included a different dress code and role responsibilities different than any other role. Keeping all of the Nursing Assistants in the MWHC Staffing Office also allowed for more focused attention to decrease role confusion. There were continual reminders to the Nursing Assistants that when they were working as a Nursing Assistant, they were to wear their MWHC identification badge and follow MWHC policies.

In EWL CEM Phase II, when the nursing students could be in a student clinical rotation role or in a Nursing Assistant “job” role, there were continual reminders to “remember which hat they were wearing” (i.e., remember which “role” they were in). When in a student role, they wore their Germanna Community College nursing uniform with Germanna identification badge and followed Germanna Community College policies. When in the job role of Nursing Assistant, they wore the MWHC Nursing Assistant uniform and identification badge and followed MWHC policies. For those interacting with the Germanna nursing students or Nursing Assistants, the identifiers of uniform and badge were usually sufficient to address any role questions. The Staffing Office Nurse Manager and Educator were also key roles. They each frequently rounded on units where Nursing Assistants worked, engaging nurse leaders and staff for feedback on Nursing Assistant role and progress.

### **What are nursing students/Nursing Assistants paid for?**

In EWL Phase I, nursing students are hired by the clinical partner as Nursing Assistants. In the Nursing Assistant role, they are employed by the clinical partner and are paid an hourly rate for every hour that they work in the Nursing assistant role. When school is in session, these hours are limited to minimum of 12 hours per week and maximum of 20 hours per week. When these Nursing Assistants are completing their EWL immersive student clinical rotation model experience (36 hours in 3rd semester and 48 hours in fourth semester), they receive a grant (at their NA hourly rate) from the college. Initially this was through use of HEERF funds. We are investigating the use of college foundation funds or state grant funding to continue these grants.

### **Are the RN Mentors compensated for their role during the EWL II- Immersive Clinical Experience?**

In the first two years (2020 - 2022), the hospital RN Mentors received a \$4.00/hour differential for the hours they had a NA/student assigned to them for a 12 hour shift (36 hours for third semester and 48 hours for fourth semester). As MWHC has migrated to the dedicated unit model for nursing students’ clinical rotations, with all nurses expected to participate in nursing student clinical rotations, there is no additional compensation. The RN Mentor role/hours are part of the MWHC RN Professional Practice (clinical ladder) model progression requirements.

### **What is the Golden Ticket? Did it work?**

By the end of Spring 2021 semester, we had seen significant success with EWL CEM and were very proud of our “pioneers” - those nursing students who were our first Nursing Assistants. These “pioneers” had allowed us to try many new things with them. They were always open, honest and forthcoming with their feedback. We were also very grateful to our

RN Mentors who had also stepped up in a big way and worked with us on this model. We created a celebration event to recognize these two groups with their nurse leaders and faculty. The Golden Ticket was a way to congratulate those Nursing Assistants who were completing their third semester. Despite what clinical partners know about the nursing shortage, we heard from our Germanna faculty that the prospect of finding a job as an RN creates anxiety for fourth semester nursing students. The application and interview processes can be daunting. The Golden Ticket was created to give these Nursing Assistants a New Grad RN Residency job offer, before they even started their fourth semester. The intention was twofold: address their anxiety about job search and hopefully engage our Nursing Assistants to stay with MWHC upon graduation. In Spring 2021, these Nursing Assistants were offered a job in the MWHC New Grad RN Residency, starting March 2023. With the “Golden Ticket.” the Nursing Assistant is given the opportunity to identify their top three units of choice for a New Grad RN job. Once the unit selection is confirmed, the Nurse Manager includes the fourth semester student/upcoming New Grad RNs, in all unit communication, team meetings, etc.

Of the 19 Golden Tickets given in Spring 2021, 17 were in the March 2023 New Grad RN residency cohort. Yes, the Golden Ticket worked! Prior to EWL CEM, about 46% of MWHC New Grad RNs were Germanna graduates. Since EWL CEM, 64%. Of the MWHC New Grad RN Residents are Germanna graduates.

## **For the Clinical rotation model, how do you get RN Mentors?**

For the initial RN Mentors, in 2021, MWHC sought current experienced RN Mentors - those who had already been successfully precepting students and new hire/orientees.

Historically, MWHC did not offer any compensation for this role. For the initial EWL CEM clinical rotation pilot, at the height of the pandemic, MWHC did pay the RN Mentors a \$4.00/hour differential. This was supported by MWH Nursing Foundation funds.

In the Spring of 2022, when the EWL CEM had student clinical rotations with RN Mentors, on night shift, we did run into difficulty with not having enough experienced, non-contract labor RNs, to be RN Mentors. Students were reassigned to RN Mentors on day shift. This caused us to reassess the model. We knew that the clinical rotation model was effective. We had to overcome the reality of limited experienced RN Mentors.

In July 2022, our student experience planning session with academic and clinical partners aligned, led us to the “dedicated unit model”, as our solution. Instead of asking RN Mentors to be experts in ALL students’ clinical and learning objectives, we would expect nurses on one unit to be experts in the students’ clinical and learning objectives for ONE semester. We tailored the role of the faculty specifically to student semester needs. Unit staff, RNs, LPNs and CNAs, started to see students as part of their workforce and helping with day’s patient care needs.

All MWHC RNs mentor nursing students as their investment in their workforce of the future.

## **Can the EWL CEM be applied to disciplines other than nursing?**

This ToolKit is designed to provide information and implementation guidance for applying the EWL CEM to nursing. However we do expect, and have seen, the EWL CEM applied across multiple clinical disciplines.

For example, at MWHC, the EWL CEM is being applied with Respiratory Therapy students. One purpose of the EWL CEM is to provide a job role and immersive student clinical rotation experience to enhance the student's comfort and confidence in the clinical setting. We would like to see all nursing and clinical discipline students be required to have a clinical job role, while in school, and that the job role advances in clinical skills as the students advance in school.

## **Have you been able to quantify any change in the cost of onboarding a New Graduate RN who has been through the EWL CEM model? Has there been cost savings in the onboarding/transition to practice of New Graduate RN?**

To date, there have been about 50 MWHC New Graduate RNs, who went through the EWL CEM. We have seen these New Graduate RNs acclimate more quickly to the RN role including assuming role of RN preceptor/mentor and Charge Nurse roles 3-5 months sooner, than their non-EWL CEM New Graduate peers, during their one-year new Graduate RN residency. MWHC has not changed their one year New Graduate Residency program as a result, as there are still many New Graduate RNs who have not experienced the EWL CEM. One change within the MWHC New Graduate RN Residency program is that the classes on becoming a RN mentor/preceptor and charge nurse have been moved up earlier in the residency program curriculum schedule.

## What were your biggest “Ah-ha’s” or “take-aways” from this experience?

### Lessons Learned/Tips

#### Phase One

- When using RN Mentors, prepare 50% more Nursing Mentors than anticipated. These additional mentors will help cover clinical days when assigned Mentors are unavailable.
- As staff nurses have the primary responsibility of caring for their patients, remembering different learning objectives for differing schools and differing levels of students can be very challenging.
- Clear role delineation, for the Nursing Assistant and the Nursing Assistant who was now a student, doing immersive clinical rotations was very important, with continual reinforcement to the students and staff nurses.
- Engaging regulatory (Board of Nursing) and accrediting bodies (ACEN, CCEN) from the beginning of the project was very helpful and supportive.
- We (clinical partners) wonder why we have seen variability in the practice of New Grad RNs. Yet, for years, we have asked our RNs to have students, from different schools, in different semesters and on different days to have a student with them for a portion of or whole shift AND to remember their clinical and learning objectives for that specific student.  
MWHC Nurses told us, “I always taught students what I thought they needed to learn on the day they were with me!”
- There are no “crazy ideas”. The question is never “Can we . . .” The question is always “How can we . . . “

#### Phase Two

- Students, faculty, nurses at bedside, nurse leaders have been living in this nursing education model. ASK for their input!
- Change IS hard. Create the process with the script and repeat it over and over again. Consistency and commitment to follow the stated plan will yield success.
- Throughout the process, make giving feedback easy and respond quickly to the feedback. Whether we used QR codes, or faculty and Educators present on units in real time, or students, faculty, bedside nurses and nurse leaders - all could give feedback every minute of every day. This allowed changes to be made quickly and thoughtfully. The responsiveness was appreciated.

## FUTURE INNOVATIONS

EWL CEM started as a workforce solution, by employing nursing students, during the pandemic. (EWL CEM Phase I- Job Role). This job role quickly demonstrated that these nursing students were gaining comfort and confidence in the clinical setting. The opportunity was to consider how clinical rotations could be enhanced for these nursing students. The immersive clinical rotation experience addressed this opportunity. Throughout the EWL CEM implementation, rapid cycle change was continually demonstrated with minor modifications made, in response to real time feedback and experience.

### MWHC/GCC EWL CEM Phase III - Dedicated Units for Clinical Rotations

In Spring 2022, with several cohorts of Nursing Assistants in the MWHC workforce and participating in modified student clinical experiences, it was evident to faculty, students, staff and leadership that changes to student clinical experiences would be beneficial. To that end, a half day workshop was held with GCC leadership and faculty and MWHC leadership, Educators, and staff nurses to review current student clinical experiences/model, perceived opportunities and lessons learned in EWL modifications. The GCC/MWHC Earn While You Learn Clinical Education Model (EWL CEM) was defined and prepared for launch in August 2022! The EWL CEM- Phase III- Dedicated Units for Clinical Rotations included dedicated units by student semester, aligned with appropriate unit patient populations. This model allows unit nurse leaders and staff nurses to truly understand the student clinical and learning objectives and to “own” the student experience. Faculty and students are to be integrated into unit operations. Clinical rotations were scheduled seven days per week, in 12-hour day shifts (with intention to get to shifts 24/7). The Faculty role on the unit was defined and specific to dedicated unit. Prior to the first clinical rotation shift and continuously during the semester, the faculty and Nurse Manager communicate about unit needs and expectations as well as the student group needs and expectations. The first clinical rotation shift starts with Unit Huddle (all staff on unit) with Nurse Manager welcoming students/faculty to unit with unit and student/faculty introductions, current unit update, scavenger hunt and review of student clinical and learning objectives. On subsequent days on the unit, faculty and nurses on the unit followed a defined script of activities based on students’ clinical semester learning and skills objectives.

For example, second semester students would be with faculty, on-unit, for 6 hours, and assigned to personal care needs for specific patient population and hourly rounding, with progression to procedures, i.e., medication administration. Fourth semester students would each be assigned to nurse on dedicated unit for their 12-hour shift with faculty available and accessible on unit. Procedures and medication administration could be “signed off” by RN with student.

The success of the EWL CEM Phase III - Dedicated Units for Clinical Rotations was quickly evident. Staff nurses verbalized being better prepared for having students with them. (versus “I used to teach them what I thought the student needed to know!”). Students and faculty verbalized feeling welcomed on units with units and staff prepared for them. The greatest success was recognition



that students were actually “a help” on the unit, where staffing challenges continued; there was true integration of students into unit operations with effective learning.

In Fall 2022, the EWL CEM - Phase III Dedicated Units for Clinical Rotations was expanded to all nursing schools who complete rotations at MWHC hospitals. Minor modifications were made for BSN and accelerated curriculum models with overall model intact and effective.

With the expansion of EWL CEM across VA, additional innovations and learning are expected.

# GLOSSARY

## **Academic Clinical Partnership**

a collaborative relationship established between an Academic institution and a clinical facility to enhance student learning and care delivery.

## **Clinical Faculty**

Faculty provided by the cooperating academic institution to guide student care and ensure learning outcomes are accomplished. The faculty may oversee the progress Nurse Mentors and their assigned students are making or guide clinical instruction on specified units. The role of the clinical faculty varies with the phase of involvement with the model.

## **Earn While You Learn Clinical Education Model (EWL CEM) -EWL CEM**

is a transformative clinical education model where Academic/Clinical Partnerships enhance students' confidence, clinical judgment and skills acquisition, preparing a more practice ready graduate for employment. EWL CEM accelerates the development of practice ready nurse graduates, creates a hiring pipeline for hospitals and reduces orientation costs. The nursing students participating in the EWL CEM model work part time at the clinical facility (12 - 20 hours per week, when school in session), receive immersive 12- hour clinical rotations, working one on one with an experienced RN Mentor (preceptor), while receiving a stipend and engage in regular mentoring meetings to consolidate learning.

### Phase I

Nursing Students employed by a clinical partner while in school.  
Employment enhances students' comfort and confidence in clinical settings.  
Employment addresses immediate workforce need for clinical partner.

### Phase II

Nursing students employed by clinical partner while in school  
RN Mentors trained in student's clinical and learning objectives.  
Revised clinical rotation model engages bedside RN Mentors to invest in education of students while seeing benefit from student's assistance with patient care.  
Revised clinical rotation model is mutually beneficial to student, RN Mentor and patient.  
Faculty retains responsibility for students. RN Mentor retains responsibility for patient care.  
Nurse Manager "owns" student and staff experiences on the unit.  
Nurse Manager and staff integrate faculty and students into unit operations.

### PURPOSE

To address immediate nursing workforce need.

To utilize knowledge gained in employed nursing student model (Earn While You Learn) to enhance student clinical placement experiences.

To create innovative Academic/Clinical partnerships that:

- Address current workforce shortages in nursing
- Increase student confidence, clinical reasoning, and skills acquisition.
- Enhance student readiness for clinical practice upon graduation
- Increase retention of student participants following graduation

## **EWL scholars/Nursing Assistants**

Nursing students who are selected to participate in the EWL clinical model. These students have completed their fundamentals course and successfully completed a skills validation and interview process by clinical partner. Following employment at the hospital, EWL Scholars participate in the Immersive clinical experience. This experience includes the opportunity to work one-on-one with a seasoned clinical nurse providing care for her caseload. Students also will interact with clinical faculty from their school who will also provide feedback and supervise students as needed. Students will receive financial remuneration for certain designated clinical hours as they earn credit for their clinical experiences.

### **Germanna Community College (GCC)**

One of the 23 colleges within the Virginia Community College system located in the Fredericksburg, Virginia area. Their nursing program started in 1970.

### **Golden Ticket**

A job offer letter, provided in a gold envelope to MWHC Nursing Assistants completing their third semester in the EWL CEM. Nursing Assistants are offered a position at a MWHC facility upon graduation to join the staff in the New Grad RN Residency program at the facility. With the “Golden Ticket”, the Nursing Assistant is given the opportunity to identify their top three units of choice for a New Grad RN job. Once the unit selection is confirmed, the Nurse Manager includes the fourth semester student/upcoming New Grad RNs, in all unit communication, team meetings, etc.

### **Mary Washington Healthcare (MWHC)**

A private, not for profit healthcare system in Fredericksburg VA region with two acute care hospitals and over 60 clinical sites and 700 clinical providers. The two MWHC hospitals are Mary Washington Hospital and Stafford Hospital.

## **Nursing Assistant (NA)**

Job title used at Mary Washington Healthcare (MWHC) for nursing students who had finished Fundamentals of Nursing; met eligibility for CNA exam. EWL Phase One.

Nursing Assistant I- Job title used at MWHC for nursing students who met initial requirements of CNA exam eligibility

Nursing Assistant II- Job title used at MWHC for those nursing steins who had worked as a Nursing Assistant I and demonstrated additional clinical competencies in phlebotomy, EKG tracing, peripheral IV insertion and removal, urine specimen collection, foley insertion and removal.

## **Nurse Mentor**

Registered Nurse (RN) who works in the clinical facility where a EWL CEM is being launched and possesses expertise in providing care and nursing practice. The nurse also expresses interest in mentoring a student for a prescribed number of hours.

# **RESOURCES**

## **RESOURCES/TOOLS FOR CLINICAL PARTNERS**

[Student Job Role Information Session Guide](#)

[Sample MOU](#)

[Sample Clinical Affiliation Agreement](#)

[Earn While You Learn Program Coordinator Job Description](#)

[Nursing Assistant I Job Description](#)

[Nursing Assistant II Job Description](#)

[Nursing Assistant Skills Validation and Interview](#)

[Nursing Assistant Skills Interview Guide](#)

[EWL Survey \(used every six months\)](#)

[Sample Data Collection Tool](#)

## RESOURCES/TOOLS FOR ACADEMIC ADMINISTRATORS/FACULTY

[Sample MOU](#)

[Sample Clinical Affiliation Agreement](#)

[Earn While You Learn Program Coordinator Job Description](#)

[EWL Survey \(used every six months\)](#)

## RESOURCES/TOOLS FOR STUDENTS/SCHOLARS

[Sample Journal](#)

[EWL Survey \(used every six months\)](#)

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Thank you to MWHC Board of Trustees, Executives and especially MWHC Nurse Leaders and Nurses who created, designed, implemented, evaluated and continue to support EWL CEM.

### **Germanna Community College (GCC)**

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### **Virginia Board of Nursing (VBON)**

Thank you to the Virginia BON Executive Director and Deputy Director for always being available and supportive advocates of EWL CEM.

**LEARN Collaborative - Leaders in Practice and Education Aspiring to Create Practice Ready Nurses.** In December 2020, representatives from practice (Virginia Organization of Nurse Executives & Leaders and the Virginia Nurses Association), education (Virginia Association of Colleges of Nursing and Virginia Community Colleges) and regulation (Virginia Board of Nursing) came together to create transformative change in clinical education to produce practice ready nurse graduates and address the current weaknesses in clinical nursing education. Meeting monthly, this group formed the Virginia Taskforce on Exploring Innovative Models of Clinical Nursing Education. The Earn While You Learn (EWL) program was the first innovative model to be tested. Based on the success of the EWL pilot, the Leaders in Practice and Education Aspiring to create practice Ready Nurses (LEARN) Collaborative was formed to replicate this program in associate degree, baccalaureate degree, and accelerated baccalaureate degree nursing education programs across the Commonwealth.