2023 State of Nursing Education

Nursing education is facing "a perfect storm."

Those words from ATI Chief Nursing Officer Patty Knecht, PhD, RN, ANEF, struck a chord with me. Since the start of the pandemic, we have seen the challenges facing nursing education seemingly proliferate. So many issues are coming together simultaneously that it's hard to imagine how we can ever solve them.

But we have six values at ATI that drive how we approach problems. We strive to be passionate, selfless, courageous, accountable, inclusive, and to embrace change. With those values in mind, we've been continuously researching which issues are causing the greatest strain on you and your nursing program. We've identified five we believe need immediate attention and for which we can offer support and relief:

- NCLEX pass rates and the Next Generation NCLEX (NGN)
- Assessments and test integrity
- Staffing
- Student enrollment and retention
- Clinical experiences.

In the following pages, then, we ask "what's next" as we consider solutions to these issues.

Another issue of foremost importance to nursing education is the safeguarding of assessments.

As mentioned, their integrity has always been a priority at ATI. But the pressure on students to succeed at all costs has led test fraudsters to brazenly attack our processes – attacks seen throughout higher education. So we're taking an even stronger proactive defense with more investment in highly advanced digital security tools to detect and prevent test misconduct.

While the issues you face are significant, they are not insurmountable. Know that we are by your side to take them on. And, as always, we remain grateful for your partnership,

Sean Burke, President
ATI + Healthcare,
Ascend Learning

P.S. Always know that your positive outcomes – from pre-admission support to advanced practice programs and all the vital areas in between – are our sole focus.

✳ More value. New prices.
Look to pages **25-30** for new, exciting solutions and enhancements coming this year. To continue bringing you these types of innovations — ones that positively drive program outcomes — note that we will increase prices on July 1, 2023. I encourage you to contact your Client Executive for details.

Table of contents

What's next with NCLEX pass rates and the NGN?

NCLEX pass rates have trended downward for several years. However, the addition of clinical judgment functions to the Next Generation NCLEX (NGN) will ensure students are better prepared to pass this crucial exam – and better prepared for practice.

How poorly are candidates performing on the NCLEX?

NCLEX pass scores were declining before the pandemic. But the stress of isolation, concerns about students' (and loved ones') health, and anxiety about life, in general, contributed to steeper dips over the last three years. We can likely also attribute decreased scores to delays in students not being able to take the exam in a timely manner after graduation.[1]

How big were the declines?

The National Council of State Boards of Nursing (NCSBN) reveal[2] :

Pass rate %	2019	2020	2021	2022
Total RN candidates	73	72	69	63
1st time RN test-takers	84	84	79	74
Total PN test-takers	74	71	67	67
1st time PN test-takers	85	83	79	80

The NCSBN also saw declines in degree levels:

Educational degree % pass rate	2019	2020	2021	2022
Baccalaureate	91	90	86	82
Associate degree	85	83	79	78
Diploma degree	88	86	80	78

As in-person classes have resumed and anxieties have lessened, **Pamela Roland, MSN, MBA, RN, ATI Nursing Strategist,** says we can hope pass rates will rise. But we still have another hurdle to overcome: the Next Generation NCLEX (NGN), which launches April 1.

Pamela Roland, MSN, MBA, RN, ATI Nursing Strategist

The impact of the NGN on pass rates

In anticipating the impact of the NGN, it's helpful to remind ourselves of the purpose behind the change. More than a decade ago, the NCSBN identified the need for entry-level nurses to have strong critical thinking, clinical decision-making, and clinical judgment — skills that directly impact client safety. As a result, the NCSBN began developing a new NCLEX to assess those skills.

How will the NGN impact pass rates?

We won't know how the NGN will impact NCLEX pass rates until after April 1 when the first cohorts sit for the new test. We do know that preparing for the NGN has been onerously challenging. In a survey of ATI clients, many acknowledged that preparing for the new exam had been disruptive to their nursing programs.[3] 75% said that the NGN had been "extremely/very time-consuming." Nevertheless, the majority were optimistic about their readiness. Twelve percent felt they were on top of the issue, and another 52% felt they were making progress and were committed to being prepared.

Those at state institutions and in BSN programs tended to feel the most prepared, while those in PN/LPN/LVN programs said they felt least prepared.

Reassuringly, most respondents said they were confident ATI's readiness had helped them. A majority (70%) said they agreed that "ATI Nursing Education understands Next Generation NCLEX and has the tools we need to prepare for it."

One positive impact of the NGN that many hope will extend beyond pass rates: better retention of new nurses. Graduates who pass the NGN will be more practice-ready than their predecessors, which should make them more confident and prepared on the job, says **Patty Knecht, PhD, MSN, RN,** Chief Nursing Officer for ATI. That confidence should decrease attrition of new nurses, nearly 25% of whom leave their jobs within a year.

Patty Knecht, PhD, MSN, RN, Chief Nursing Officer for ATI

"For the first time in a long time, we have groups of nurses under age 35 quitting our workforce," Dr. Knecht added. "Hopefully, the focus on clinical judgment will create some stability in our workforce. It will certainly contribute to safe care."

What can you do right now?

Your clearest path to success in achieving high NCLEX pass rates is to continue a focus on building students' clinical judgment skills. Research provides some insights on how you can incorporate clinical judgment into your students' lessons.

Follow these tips from ATI's "Next Generation NCLEX Guidebook":

Use unfolding case studies to develop clinical judgment given the established link between dynamic case studies and clinical practice experience. And use simulation. Shatto et al (2017) demonstrated that simulation can contribute to significant clinical judgment development in nursing students.[4]

Debrief after unfolding clinical scenarios. Ask students for evidence-based responses based on associated clinical judgment functions. You'll promote deeper learning, foster clinical judgment development, and better evaluate student learning.[5]

Show students why tasks require problem solving, critical thinking, and clinical judgment.[6]

Focus on six instruments that measure clinical judgment: simulation-based experience exposures, specific nursing specialty simulations, debriefing and its effect on clinical judgment, assessment, clinical decision-making, and reflection.[8]

Use concept-based strategies that require deliberate practice as issues manifest in a variety of contexts. You will increase the experiences on which students can draw to reason through patient situations.[9]

Further, lean on teaching techniques based on research.[7] Specifically, you should:

- Emphasize what is most important.

- Use cognitive and experiential strategies — active learning — that promote higher-level thinking, such as thinking aloud and reflection.

- Deliver one-on-one interaction and coaching.

- Make assignments that are appropriate and realistic for the students' level.

- Encourage interaction with other healthcare team members.

- Incorporate quality feedback that:

  ‣ Is timely and specific

  ‣ Identifies strengths/deficits

  ‣ Shares alternative perspectives

  ‣ Recommends ways to improve.

For more ideas on how to improve students' clinical judgment skills, download a copy of the "NGN Guidebook" at:

https://info.atitesting.com/ngn-guidebook-download-ati
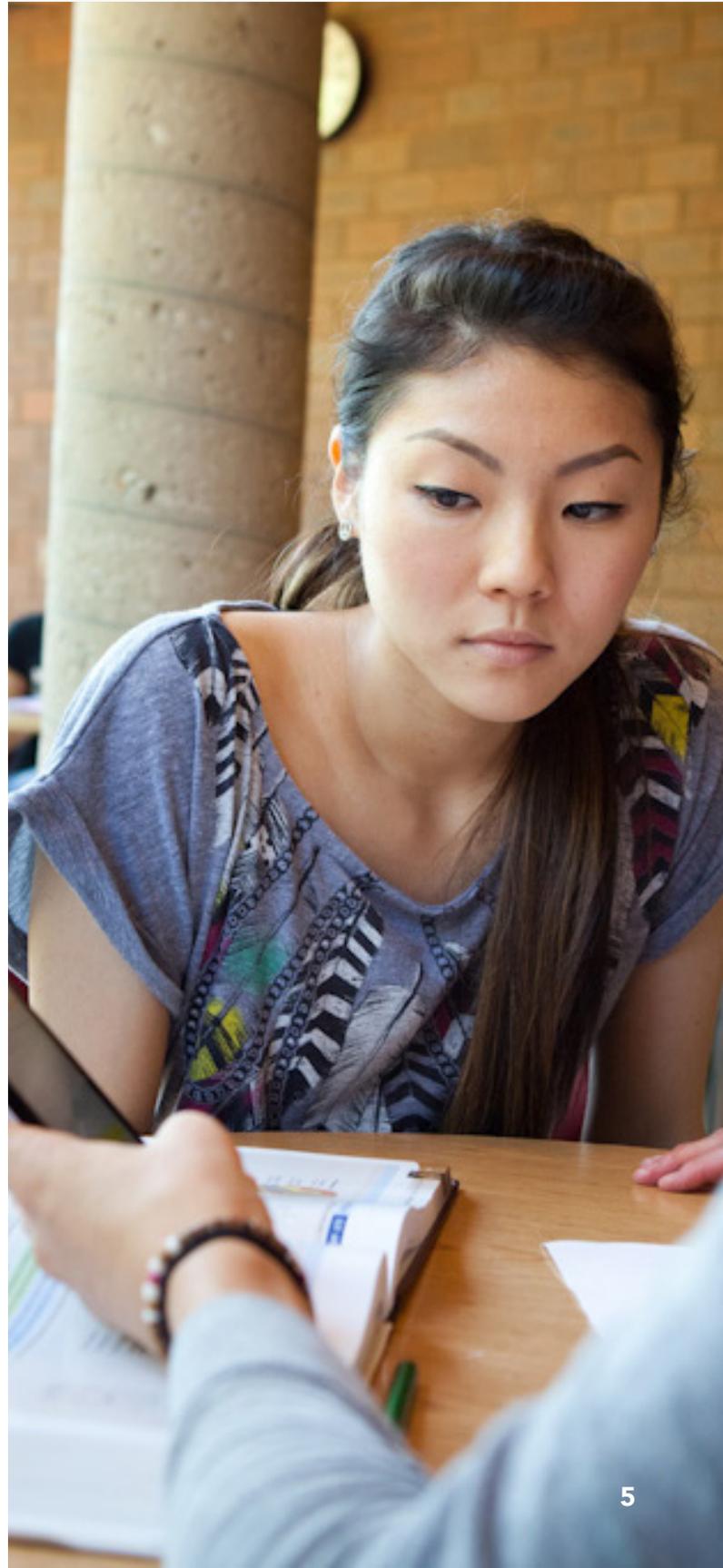
What's next with assessment integrity?

Cheating among students has risen as remote proctoring has become the norm. Understanding these issues will help you deal with them. (And, on a related note, if you're concerned about the security of your online exams, read on for some reassurance.)

What's the connection between student ethics & assessments?

Inside Higher Education reported that the breach rates of online assessments — in which students looked at "unpermitted resources" (such as textbooks or phones), allowed others to be present, or had another person take the test — were up 7.2% compared to 15 months before the pandemic's start.[10]

The publication also stated:

- Nearly two-thirds of higher-ed students (64.4%) arrived at exams in 2021 with unpermitted resources.

- Proctors had to intervene to prevent potential cheating in nearly one in five cases (19.1%).

What's driving the increase? In a survey last year by Wiley, students said the pressure to get a good grade was the most pervasive reason (71%).[11] Other reported motives are outlined in the boxed information at right.

Christine Mills, PhD, ATI Senior Director of Learning and Measurement

What can you do right now?

Christine Mills, PhD, ATI Senior Director of Learning and Measurement, says you should create a culture that supports academic integrity and talk about the consequences of cheating. "Students must understand that cheating not only puts their careers at risk if they're caught, but they also put future clients' lives at risk," she added.

Also key: Implementing an academic integrity policy that emphasizes the importance of assessment integrity and the consequences of cheating.

Some motives for student cheating

- **43%** said a degree was expensive, amping up pressure to do well.

- **26%** said others were cheating.

- **44%** said there's too much homework.

- **42%** blamed the challenge of balancing school with other responsibilities.

What are the concerns regarding remote proctoring of assessments?

A primary concern centers on personal and data privacy; some individuals have argued the software was intrusive and invaded their private spaces. However, when the National League for Nursing (NLN) performed a student perception survey about remote proctoring, 65% of respondents said they were satisfied or very satisfied with their overall remote proctoring experience.[12] What caused the positive reviews? Students told the NLN authors it was due to "ease of computer setup, availability [and rescheduling] of test appointments, and wait time for proctors to start the exam."

Among nursing students with concerns, it appeared that some had developed their negative beliefs based on social media. Responding to the NLN survey, several reported that others' comments worried them that remote proctoring would be a "disaster," "horrific," and "unsatisfactory." However, after experiencing it themselves, the NLN said, "that was not [respondents'] experience."

What can you do right now?

As students continue adjusting to the use of remote proctoring, take steps to ease their concerns.

For example:

- Let students know as soon as possible when remote proctoring will take place.
- Explain how your remote proctoring process works. Use simple language and provide links to more detailed explanations.
- Provide guidance on students' test-taking environment, such as removing or covering personal documents from camera view and reminding others who might intrude by hanging signs that testing is taking place.

Sunny G. Hallowell, PhD, APRN, PPCNP-BC, an assistant professor at Villanova University, said she developed "a simple diagram … depicting the faculty view of [students] during an online test and used it to demonstrate the expected, correct positioning of their laptop and cell phone to guide how they would set up the learning space

for video-conferencing surveillance during a test." She said her nursing program worked with its technology center to develop written instructions for students.[13]

You can also reassure students that research shows the use of remote-proctoring technology won't negatively impact their grades. One study noted, "Despite reporting serious concerns about their overall experience with e-proctoring tools (e.g., privacy, environmental, and psychological concerns), the majority of students scored above average on their online exams."[14]

Dr. Mills advised describing the specific security features of your remote proctoring software to students.

For example, explain that it can:

- Take screenshots of a student's desktop
- Detect the number of monitors connected to a computer
- Record web traffic during the exam.

However, the technology does not:

- See or collect web-browser information
- Require personal information to access the exam
- Put information at risk. (Remote proctoring firms use encryption processes and secure storage methods.)

What are the concerns about the integrity and security of online assessments?

Have you heard from students or other educators that they have seen ATI test answers for sale online? Rest assured: Reality does not justify concerns. **Jeff Marsh**, Test Security Manager for ATI and Ascend Learning, says, "ATI takes test security concerns very seriously and promptly addresses any suspected test misconduct."

Jeff Marsh, Test Security Manager for ATI and Ascend Learning

Specifically, to safeguard its assessments, ATI uses multiple methods to uncover test cheating and theft:

- *Web-crawling processes.* Every day, ATI examines the Internet for unauthorized postings of ATI assessment materials and swiftly takes steps to have content removed.

- *Analysis and investigation.* We investigate every report of ATI test materials that appear to be of an unauthorized or suspicious nature.

- *Data forensics.* ATI takes proactive, preventive steps to scrutinize data for incongruities or suspicious results.

- *Cease-and-desist and take-down notices.* ATI sends legal notices to website owners and operators who host fraudulently obtained ATI content to immediately remove the content.

What can you do right now?

Your program plays a key role in preventing test cheating. If you're unsure how, ask your ATI Client Executive/Integration Specialist Nurse Educator for help administering and implementing assessments, gaining proctor certification, and training faculty.

Additionally, your nursing program has the most leverage with students and in enforcing academic integrity policies. Do so by:

- *Setting an expectation for honesty among your students.* Create an academic integrity policy that emphasizes the importance of assessment security. Your Integration Specialist Nurse Educator can assist you as needed.

- *Promoting how crucial your policies and honor codes are — and what will happen if students violate them.* Remind students that becoming a *nurse* practicing with integrity starts with being a *nursing student* practicing with integrity.

- *Making sure that your school follows through on violations* with profound consequences for students found cheating or taking part in misconduct regarding assessments.

- *Letting us know if you are concerned about information that appears to be ATI test assessments for sale.* Send a note to testsecurity@atitesting.com. ATI investigates every inquiry.

What's next with staffing issues?

The pandemic exacerbated long-existing concerns about the nursing shortage. But it's not a lost cause. Your program can take steps to help. And ATI is working alongside you with our own proactive efforts.

What is the primary motivator for leaving nursing education?

Age is a key reason for the exodus of nurse educators. Consider these statistics cited in the October 2022 "Fact sheet: Nursing faculty shortage" from the American Association of Colleges of Nursing (AACN)[15]:

- The percentage of full-time nursing faculty aged 60+ increased from 17.9% in 2006 to 30.7% in 2015.

- The mean age at retirement increased from 62.2 to 65.1 years.

That same report stated one-third of current nursing faculty in BSN and graduate programs expected to retire by 2025. The number of retirees is likely higher when you consider that the AACN's stats only include baccalaureate, graduate, and postgraduate nursing programs. Plus, its research is from *2017 – before* the pandemic.

Closely following age is another significant factor tempting educators to quit their jobs: money. The AACN "Fact sheet" noted that educators could earn better compensation in clinical and private-sector settings. For example, advanced practice registered nurses earned a median salary of $123,780 in 2021.[16]

By contrast, the median salary for postsecondary nursing instructors and teachers was $77,440.[17] The dissatisfaction of those numbers was evident in a decidedly unscientific survey on Facebook.[18] Answering the question, "What could your employer do that would make you want to remain in nursing education?" the vast majority cited compensation.

One educator in Florida said, "I do love my job, but it is infuriating that ... students [who] graduate can start off making more than us."

In a different comment thread, a nurse in Illinois wrote, "I have my MSN, 16 years bedside experience, six years as a childbirth educator, and one year as adjunct. I interviewed for my dream job as a full-time professor at a private pre-baccalaureate college with a well-respected and well-established school of nursing. Sadly, the salary is $14,000 less than what I made as a new grad. It's a 35% pay cut from my current bedside role/adjunct role. Plus, there is no pension or retirement match from the employer."

What other factors are impacting educator attrition?

Four key themes emerged in a study ATI did with researchers at the University of Georgia. The researchers collected survey results from more than 1,100 nurse educators and faculty about the cause of nurse faculty and administrator attrition.

Those individuals identified the following[19]:

- Work environment
- Challenges with upper administration
- Aspects of the work itself
- Inadequate resources.

Pain points cited by the study participants (including both deans/directors and faculty) included:

- Lack of meaningful mentors
- Amount of work to be done vs. time or staff = work-life balance issues/burnout
- Lack of sense of community and belonging within departments
- High levels of incivility
- Unclear expectations and requirements of role.

Pain points that faculty specifically mentioned included:

- Being overwhelmed with teaching responsibilities/lack of resources to be effective and efficient
- Having limited resources for research
- Difficulty in keeping up and updating teaching materials due to ever-changing knowledge and best practices in the field.

What can you do right now?

The staffing issues cited may seem daunting. But ATI Director of Consulting **Debbie Lyles, PhD, MN, RN, CNE,** says you can take steps to deal with many of them:

**Debbie Lyles, PhD, MN, RN, CNE
ATI Director
of Consulting**

Support faculty with a focus on well-being

- *Build a caring culture/healthy work environment*
- *Respect time off/flexible schedules*
- *Hold students accountable*
- *Offer professional development opportunities*
- *Show appreciation of and trust in faculty.*

Focus on well-being. In the Facebook discussion, many educators mentioned how much they appreciated quality-of-life benefits: the steady, predictable nature of teaching; no nights, weekends, or being on call with traditional programs; the option to work for programs that offer evening/weekend classes; summers off; and the joy and satisfaction of knowing they are helping grow and nurture tomorrow's nurses.

To enhance their well-being, the Facebook educators specifically said they would like more attention paid to:

- Building a caring culture/healthy work environment

- Respecting time off/flexible schedules

- Holding students accountable

- Offering professional development opportunities

- Showing appreciation of and trust in faculty.

Hire more faculty. The need for more staffing, of course, directly correlates with many of the previously mentioned pain points. A report by the National Academy of Medicine (NAM) acknowledged that most nursing programs lacked faculty and clinical placements to accept and train all qualified applicants. (See page 13 for more details.) A solution they recommended was team-based care.

"While training new health professionals takes time," the authors wrote, "efforts to advance team-based care can help address workforce shortages in the near-term through the benefits of well-being for high-functioning teams and improved patient care."

After all, the authors continued, "It does not matter if resilience is instilled in individual future health workers if they enter systems that diminish their abilities to thrive."

One more aspect of staffing: Onboarding new faculty

Whether you are replacing faculty who leave or you're hiring experienced nurses transitioning into new roles as educators, you face the challenge of onboarding them. (And don't forget new faculty hired from other institutions; they also need onboarding to learn the nuances of your program.)

Research shows that, without onboarding, many experienced nurses who move into academia become overwhelmed with the realities of their new role. After all, they have never managed a classroom, prepared tests, graded papers, attended faculty meetings, faced student issues, or completed evaluations.[20] The result? Job dissatisfaction and higher attrition rates are common.[10]

Additionally, don't confuse onboarding with training, said Michel Falcon, founder of Experience Academy. "Onboarding is the design of what your employees feel, see, and hear after they have been hired," he explained. While training plays a role in onboarding, "it doesn't represent the entire scope of the process."[21]

The first 90 days of a job are the most important, according to the *Academy of Management Journal.* This period "is pivotal to building rapport with the company, management, and coworkers." Further, the journal stated, when a company doesn't offer support and direction during this time, the result is unhappy, unproductive employees — many who don't last more than four months.[22]

Those studying the problem specifically within nursing academia have noted similar issues. For example, a 2021 article in the *Journal of Professional Nursing* mentioned the importance of mentoring in the onboarding process.

"Mentoring promotes awareness of faculty roles and responsibilities, decreases ambiguity, and increases retention of qualified nurse faculty," the journal noted.[24]

What can you do right now?

Dr. Lyles suggests looking to nursing programs with existing onboarding programs as a template for creating (or revising) your own. Ask peers about their onboarding procedures at your next state board meeting. And search online for examples, such as the onboarding web page offered by the University of San Francisco.[23]

Dr. Lyles adds, "Use your ATI resources, too." You can weave in seminars from your 24/7 online resource, ATI Academy, which offers access to sessions such as "NU 101: New educator role and competencies."

ATI Academy also recently launched a webinar series "Faculty Foundations," led by Teresa M. Stephens, PhD, MSN, RN, CNE.

Novice faculty taking the course can earn 6 contact hours as they follow a path through six learning modules designed to establish a foundation of essential knowledge. Yet another option from ATI is Nurse Educator Essentials. (Visit www.atinee.com.) This annual, live, three-day, summer workshop offers a track specifically aimed at new faculty.

Additionally, consider suggestions culled directly from nurse educators in the trenches:

- Develop a boot camp with matching handbook. Include policies, forms, examples, expectations, and tips on topics such as how to manage students, communication styles, evaluation and feedback, etc. Include an orientation sheet you can share immediately upon hiring that answers a new-hire's most-immediate questions.

- Set up an online site with the same documents and information noted above. Don't forget to include training on your learning management system.

- Pair each new faculty member with a mentor.

- Before the start of a semester, send a prewritten set of emails with advice on what to expect and how to prepare. Then, during that first semester, send out weekly emails with additional advice or suggestions based on questions you've encountered or your experiences with new faculty.

- Offer ongoing sessions every semester that build on what students previously learned.

Emphasize the connection between well-being and client safety

In its peer-reviewed 2022 document, "National plan for health workforce well-being," the National Academy of Medicine (NAM) offered suggestions that closely aligned with those of educators when they discussed the topic.[25] (See page 11.) But the authors pointed out that well-being impacted more than faculty job satisfaction; it's intricately connected to patient safety — and it must involve students, as well.

Consistent, sustainable, safe, high-quality client care "is only possible when clinical learning environments ensure the well-being of all health workers," the authors wrote. "Executive and educational leaders must partner to foster an enabling culture — the importance of designing solutions to keep pace with the rapidly changing health delivery environment cannot be overstated."

The publication suggests that academic institutions should:

- Instill approaches to decrease workplace stress and burnout and improve health worker and -learner well-being in strategic plans, organizational values, and human resource policies and procedures.

- Implement well-being on-boarding programs for students as they enter health-profession schools to build coping and resiliency skills.

- Provide training opportunities for faculty to help integrate well-being into programming.

- Set reasonable productivity expectations and provide adequate resources to support expectations.
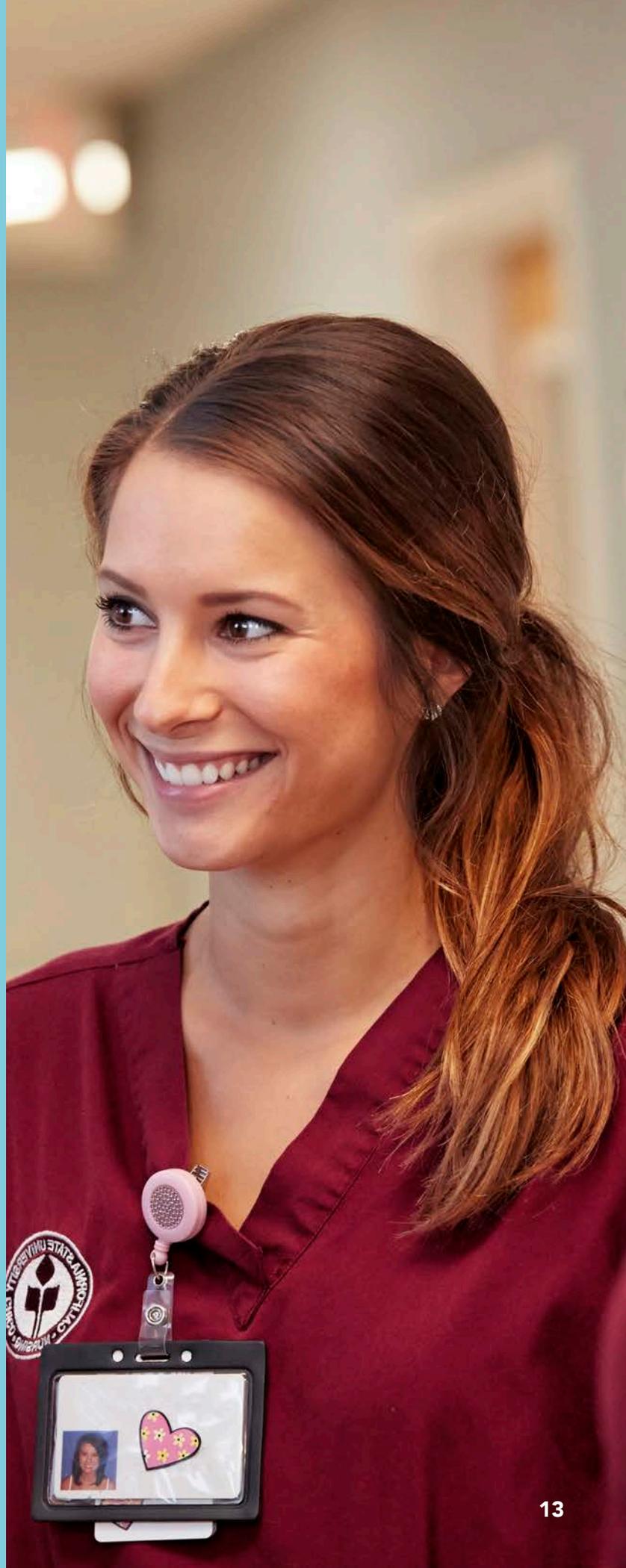
What is ATI doing to address the nursing & staffing shortage?

ATI recognizes the need to create a strong, sustainable nursing pipeline to address the severe nursing shortage. Considering the gravity of this issue, ATI has begun taking proactive steps to support industry initiatives that can have an impact.

"Unless policies are adopted to strengthen the nation's nursing pipeline," says ATI Chief Nursing Officer Dr. Knecht, "the country will not have enough nurses to meet the growing demand for many years to come." Dr. Knecht went on to add, "We must do more than boost enrollments; we must also address long-term retention issues of both students and faculty.

"Additionally, we must diversify the nation's population of nursing students," she said. "And we can't overlook the need to increase the capacity of nursing programs. Without all of these pillars, nursing will not be in a place to improve students' preparedness to enter the field after graduation."

ATI's internal experts are working with other thought leaders in nursing to discuss these issues with individuals at organizations and agencies who have the power to initiate change. The initial goals of these efforts aim to address:

- Academic-preparedness gaps
- NCLEX pass-rate declines
- The educator shortage
- Clinical-site limitations.

See the information on the opposite page for the six solutions this group has identified as first steps toward these goals.

To achieve them, ATI is using a two-prong approach: working with public affairs experts and connecting within government relation circles. These techniques have so far resulted in high-profile exposure within major news publications, which means high exposure in getting the message out. (For a list of some of the successful coverage currently showing up in major news publications, see the information at right.)

ATI's efforts related to government relations have resulted in meetings with:

- Representatives of Senators Jeff Merkley (D-OR) and Thom Tillis (R-N.C.) regarding their introduction of the National Nursing Workforce Center Act
- The American Hospital Association and the American Organization for Nursing Leadership
- The Healthcare Delivery Team on Nursing Issues at the National Governors Association Center for Best Practices
- The Legislative Director for Rep. Brett Guthrie (Ky.), co-chair of the House GOP Healthy Future Task Force.

If you would like to support these initiatives, please contact: **patty.knecht@ascendlearning.com**.

Nursing issues getting attention in the press

Coverage of the nursing shortage

- Letter to the editor by ATI/Ascend Learning Chief Nursing Officer Dr. Patty Knecht in *The New York Times*.

- Opinion piece by ATI Advisory Board member Pamela R. Jeffries, PhD, RN, FAAN, ANEF, FSSH, in *Healthcare Innovation*.

- Letters to the editor/opinion pieces by ATI Advisory Board member Jewel Diller, DNP, MSEd, RN, in *The Indianapolis Star* and *The News and Tribune* (Jeffersonville, Ind.)

Learning loss during the pandemic

- Interview with Dr. Knecht in *The Wall Street Journal*.

The need for more diversity in nursing

- Opinion piece by ATI Advisory Board member F. Patrick Robinson, RN, ACRN, CNE, FAAN, in *The Well News.*

- Opinion piece by ATI Advisory Board member Pamela R. Jeffries, PhD, RN, FAAN, ANEF, FSSH, in *Healthcare Innovation.*

How to address the shortage? 6 ideas to get us started

1. Encourage more students to pursue nursing.

2. Increase academic preparedness.

3. Recruit and retain a diverse group of students and nursing faculty.

4. Address nurse educator burnout.

5. Invest in technology and educational resources.

6. Promote collaboration between academic institutions and clinicians.
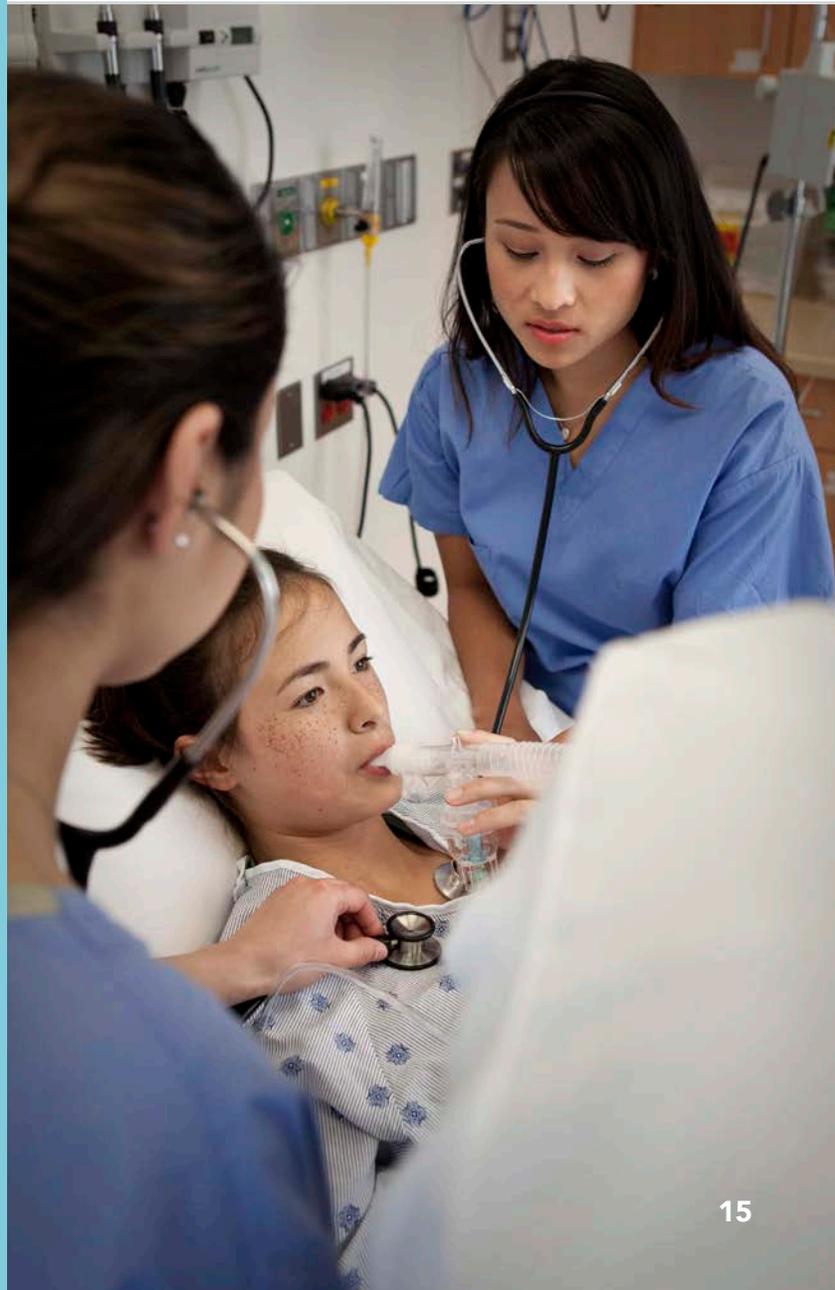
What's next with student enrollment and retention?

A lack of academic preparedness and an increase in student anxiety are significantly impacting student retention. And while both issues may become more worrisome with current (and future) nursing students, advice abounds to help you support them.

How has the coronavirus impacted academic preparedness and student retention?

When the COVID-19 pandemic shined a light on the realities of nursing's challenges, some aspiring nurses were dissuaded from pursuing their originally chosen career path. Simultaneously, the crisis inspired others to want to join the profession so they could help.

The problem the profession faces now is that many of those interested students haven't been able to enroll, says **Beth Phillips, PhD, RN, CNE, CHSE,** ATI Strategic Nursing Advisor. In a survey of nearly 4,000 students in summer 2022, ATI learned that many students said they were delaying or foregoing their application to nursing school because they felt academically unprepared.[26]

The students surveyed had recently taken the ATI Test of Essential Academic Skills (TEAS), designed to determine students' academic preparedness to enter nursing school.

Beth Phillips, PhD, RN, CNE, CHSE, ATI Strategic Nursing Advisor

Among the study's key findings was that of the respondents who had not yet applied to nursing school. The vast majority (86%) of this group said they were either delaying their application or were not yet ready to apply primarily because of a desire to improve academic preparedness (69%).

Reports justify these students' concerns. Specifically, in 2022, the average ACT score hit its lowest point in more than 30 years, including a dismal showing in ACT's subject-area benchmarks.[27]

One new college student – who graduated at the top of his class in spring 2022 – told a reporter he could only guess at answers to a University of Wisconsin math exam measuring what he'd learned in high school.[28] The student said that, though he paid little attention to algebra his senior year, he nevertheless received good grades amid a school-wide push for leniency.

The article continued, stating, "Hundreds of thousands of recent graduates are heading to college this fall after spending more than half their high school careers dealing with the upheaval of a pandemic. They endured a jarring transition to online learning, the strains from teacher shortages, and profound disruptions to their home lives. And many are believed to be significantly behind academically."

Nurse educators have expressed their own concerns about new students being unprepared for the rigors of higher education.

In a report based on two ATI-funded surveys of nearly 1,400 nursing educators between January and September 2022, more than 54% of educators said they had seen decreased enrollments and attributed the factor to students lacking the necessary prerequisites.[29] Similarly, more than 70% of respondents said that drops in enrollment were due to "students changing their minds about committing to an academic program of this rigor right now."

An educator at a community college in the South told ATI, "Academic preparedness is an issue. We're admitting students who would not have previously been accepted."

Research into and concerns about how to address nursing student retention and attrition has been ongoing for years.[30] But when you combine the pandemic's impact with the current academic crisis, it seems likely nursing programs can expect to see an increase in attrition rates of new students.

Another factor to consider? Who some of the new students are: Adults switching careers. In ATI's report, in Fall 2022, a majority of educators at programs seeing an increase in applications cited the reason as layoffs. In Fall 2021, more educators said the increase was due to students who felt "called to the profession" or "inspired by COVID."

What can you do right now?

Dr. Phillips says, "Earlier and more sustained investment in academic support and remediation can help to mitigate the challenges cited by prospective nursing students and bring more nurses into the pipeline at a time of critical need."

Other education experts support that concept of "earlier and more sustained investment." Authors of an article in *Teaching and Learning in Nursing* (January 2022) wrote, "It is essential that programs identify students not progressing well and intervene early to promote success.

"Once a student is admitted into the nursing program, the institution has a responsibility to do all they can to help that student be successful and retain their seat for on-time completion."[31]

What other actions can your institution take to help those students at risk, address academic preparedness, and maintain high student retention? Here are a few more ideas:

- For students not progressing, implement individualized strategies to support them.[32]

- Create a committee to consider influencing factors on student retention, both intrinsic and extrinsic, including student support within the university and community, the level of faculty involvement, and the opportunity for students to complete remediation. Then identify resources to address each of these factors and provide information for students to (confidentially, if necessary) contact these resources.

- Direct students to counseling so they have "the essential tools to cope with [nursing school] and the future as health professionals."[33]

- Make sure racialized populations feel welcome, seen, and supported. (Data show that the success rates of this group are "concerning and alarming.")[34]

"Academic preparedness is an issue. We're admitting students who would not have previously been accepted."

– Educator, community college, Southern United States

Another concept Dr. Phillips suggests: Targeted investments in school communities that experienced significant learning loss during COVID-19 to help bridge equity gaps.

Depending on your level of commitment, your investment into the community could start with talking to guidance counselors about nursing as a career at local K-12 school districts. You can also speak directly to students by offering regular career day opportunities. Talk to your state nursing board or other organization about spreading the word, too. The Indiana Center for Nursing includes a section on its website offering tips to high schoolers about preparing for a nursing career and suggesting important study areas, such as algebra, explaining how nurses need to be able to calculate medication dosages.[35]

Another idea? Partner with nursing programs that offer different degrees than your program and create a bridge program between them. Similarly, consider developing programs that help EMTs/CNAs/MAs to become LPNs/RNs. None of these are overnight solutions. But solving the nursing shortage and retaining students begins with a first step.

What is causing the increase in student anxiety about nursing school and life in general?

Reports on student anxiety have filled the news since early on in the pandemic when people became isolated from one another and all teaching went online. **Sandra Annesi, DNP, MSN, RN, CNE, ATI V.P.,** Integration/NCLEX Services, says that, since then, despite being back in the classroom, students continue to report heightened levels of anxiety.

Dr. Annesi points to the 2022 Deloitte Gen Z and Millennial Survey. It found that stress and anxiety remained at heightened levels for both generations.[36]

Sandra Annesi, DNP, MSN, RN, CNE, ATI V.P., Integration/NCLEX Services

The survey of more than 23,000 participants revealed that nearly half of Gen Zs and just under four in 10 Millennials said they felt stressed or anxious all or most of the time.

While the rapid spread of the coronavirus required the sudden shift to online learning, an article in the *Clinical Social Work Journal* pointed out that, for emerging adults (EAs), the transition "also disrupted the biopsychosocial needs, developmental norms, and milestones of emerging adults on college campuses."[37]

One reason is the "bio" in "biopsychosocial." "By age 25, a formal restructuring of the brain occurs," the journal authors noted. "Neurons prune, white matter increases (Hochberg & Konner, 2020), and the frontal lobe finishes myelinating. Major developmental shifts occur when EAs move from adolescence to adulthood (Meyer et al., 2019)."

Other reasons for heightened anxiety in nursing students could be specific to the scope of the profession.

An article, "Why do nursing students leave bachelor program[s]?" in *BMC Nursing*, stated that some students become uncomfortable and tend to drop out "when they begin to experience real contact with clinical situations involving real patients and their suffering."[38] Students also reported feeling inadequate in performing intimate actions of caring, such as bathing and personal hygiene.

What can you do right now?

Authors of the *BMC Nursing* article offered several suggestions to support student retention. The first aligns with one of the previously proffered ideas of inviting high school students to attend nursing classes for several days to better understand the main components of nursing.

This idea aligns well with the bridge suggestion mentioned earlier. If you can offer first-year students some type of summer school to help familiarize them with the scope of nursing, they'll better cope with anxiety concerns and "prevent struggles further down the academic pathway."

The BMC article also suggested an intervention targeted at "students lacking the psychological, physical, or practical resources needed to successfully cope with both nursing school and the nursing profession." Dr. Annesi suggests also taking advantage of two ATI options you'll find useful:

- The upcoming "Launch: Nursing Academic Readiness," a pre-nursing program that helps prepare students for nursing school.

- A new TEAS app in the works to help students be better prepared and feel more comfortable taking that exam.
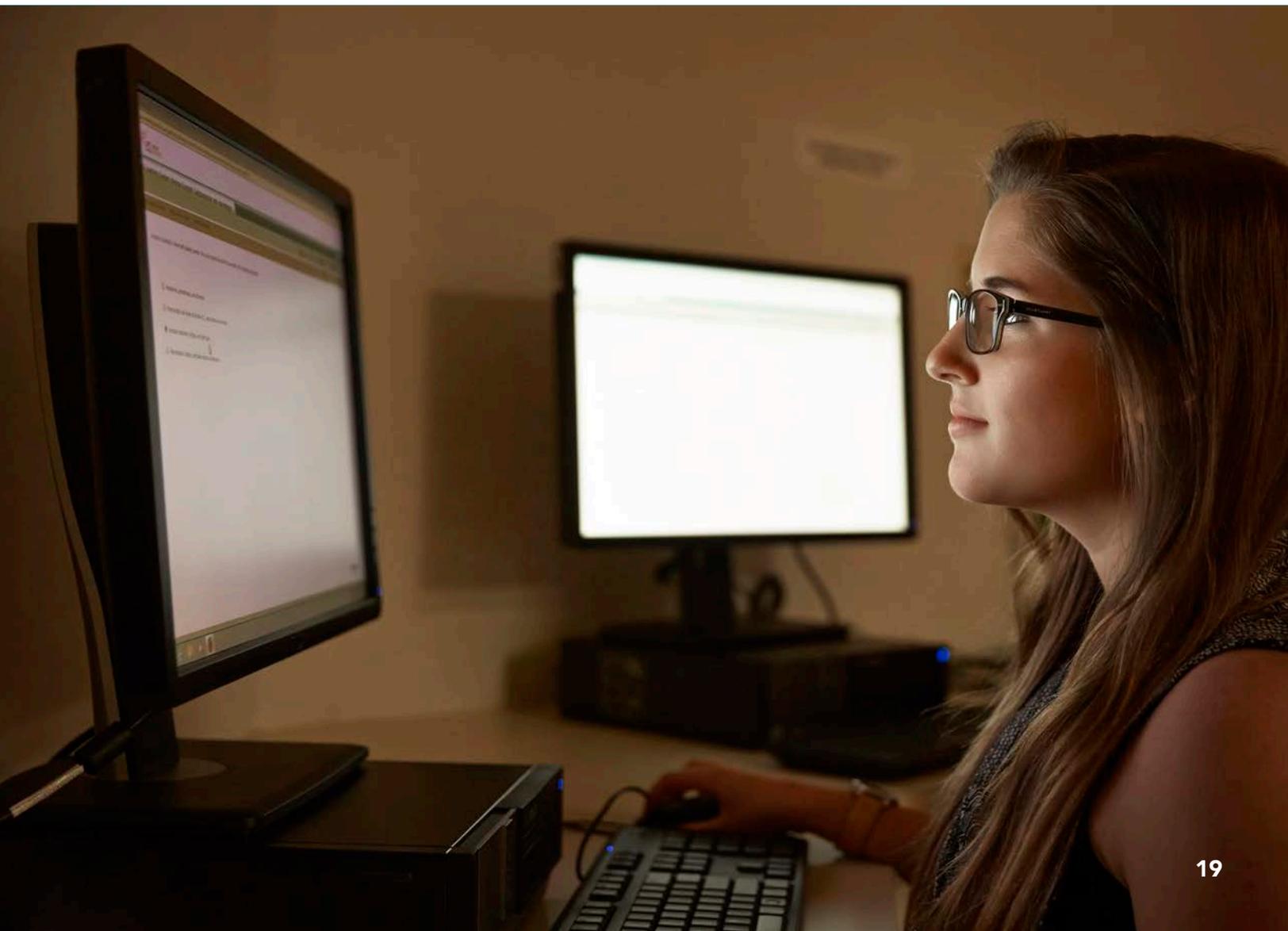
What's next with clinical experiences?

The pandemic caused educators to get creative in finding sites that could deliver suitable clinical experiences for students. With forecasts of increased student enrollments, you can leverage their ideas to expand beyond the typical hospital experience.

Nursing programs have seen an increase in student enrollment since the start of the pandemic. Or was it a decrease? Both answers have been reported, depending on your source. Which is correct?

To sort out the information, ATI – in conjunction with survey company Research Solutions – queried deans, directors, and decision-makers/influencers last year to specifically ask about enrollments comparing Fall 2021 to Fall 2022. The results?

Janet McMahon, DNP, MSN, RN, ANEF, ATI Client Success Nurse Educator Strategist, says, "Fewer nursing educators reported decreased enrollments for Fall 2022 than for Fall 2021, and more nursing educators reported increased enrollments for Fall 2022 than for Fall 2021."

Janet McMahon, DNP, MSN, RN, ANEF, ATI Client Success Nurse Educator Strategist

When asked how increased enrollments were impacting programs, faculty, or students, the respondents cited clinical placements – or the lack thereof – as a key theme.

Their comments included:

- "We lost clinical placements due to COVID and never got them back."

- "It has increased the need for clinical placement."

- "Clinical sites keep changing, and it is difficult to keep up."

- "We are having issues with getting clinical spots for all the students."

- "It's harder to get clinical placements."

- "[We have an] increased need for clinical sites and clinical scenarios for them to gain the necessary knowledge to be successful on the NCLEX."

With clinical placements continuing to be a major pain point for nursing education, let's consider your options: simulation, academic-practice partnerships, and alternative clinical experiences.

How much simulation can you use in place of in-person clinicals?

In March 2020, the International Nursing Association of Clinical Simulation and Learning (INACSL) and the Society for Simulation in Healthcare (SSH) released a position statement on the use of virtual simulation during the pandemic.[39]

The statement said the two organizations "support the use of virtual simulation as a replacement for clinical hours for students currently enrolled in health sciences professions (i.e., nursing students, medical students) during the current public health crisis caused by COVID-19."

The statement continued: "We can attest that virtual simulation has been used for over a decade successfully. Further, research has repeatedly demonstrated that use of virtual simulation – simulated healthcare experiences on one's computer – is an effective teaching method that results in improved student learning outcomes."

As the healthcare community continues to battle challenges in nursing and nursing education, these organizations have not changed their position on this issue.

The problem, then, becomes how much virtual simulation is appropriate in replacing clinical hours? That answer depends on the state in which your program is located. During the pandemic, in some states with the strictest regulations, policymakers and state boards relaxed requirements to give nursing programs flexibility in this area. Most states based their requirements on the 2014 National Council of State Boards of Nursing (NCSBN) National Simulation Study, which suggested that simulation could replace up to 50% of traditional clinical time "without any effect on clinical competency, comprehensive nursing knowledge assessments, NCLEX pass rates, or overall clinical competency after six months of post-licensure practice."[40]

The NCSBN's study noted that the equivalency is only valid when the simulation program is considered to be "high-quality." In investigating the definition of "high quality," Kim Baily, MSN, PhD, RN, CNE, author of "U.S. state nursing simulation regulations for prelicensure nursing programs," discovered that many state boards lack clear sim regulations, including any measure of "high quality."[41]

Despite that, she said, if your state lacks definition, look to other industry organizations. Dr. Baily wrote, "INACSL has crafted standards and criteria that can guide your program through a standardization process. Do not be overwhelmed by [them]," she added, but keep them in mind as you build your program.

Back to the original question, then: How much sim equals in-person clinical? Most state boards of nursing allow simulation on either a 1:1 or 1:2 ratio. That is, one hour of simulation = one hour of clinical, or one hour of simulation = two hours of clinical. Many experts are leaning toward the latter based on evidence that shows the increased intensity and efficiency of simulation, which allows students to complete more activities in less time compared with the clinical setting.[43] Check with your state board to learn the specifics of what it allows. Dr. Baily's research noted that the variance among state BONs is wide, so your interest could spur a greater discussion of whether more simulation could help fill the gap when in-person clinical isn't available to your students.

> "Virtual simulation has been used for over a decade successfully. Further, research has repeatedly demonstrated that use of virtual simulation – simulated healthcare experiences on one's computer – is an effective teaching method that results in improved student learning outcomes."
>
> – INACSL and SSH in a joint statement, March 2020

Whatever ratio your program uses, keep in mind the NCSBN's "National simulation guidelines for prelicensure nursing programs," which states: " … It is not the number of hours, but the quality of the experience. If students are going to be placed in clinical settings where there is inadequate opportunity for hands-on experience, employment of simulation by capable faculty with meaningful debriefing may offer a better alternative."[42]

What can you do right now?

Christine Heid, PhD, RN, CNE, an ATI Consulting Nurse Educator who is a Certified Healthcare Simulation Educator (CHSE) and 2017 member of the International Nursing Association for Clinical Simulation Learning (INACSL - CAE Healthcare) Fellowship Program, noted that debriefing is key to a high-quality simulation experience. She pointed out how, in its paper on sim standards of best practice, INACSL also strongly advises you to include prebriefing.[44]

Christine Heid, PhD, RN, CNE, ATI Consulting Nurse Educator

To ensure your simulation experiences meet the INACSL standards, refer closely to the publication's specific guidance on how to conduct both types of briefings.

Another aspect to consider is *deliberate practice.* In an article, "Using distance simulation to supplement clinical hours," Molly Schleicher, RN, MSN, CHSE, said deliberate practice "improves critical thinking, clinical judgment, decision making and confidence." An advantage of virtual simulation, she noted, is "the ability to allow students to repeat scenarios as many times as they'd like. This practice provides the personalized and individualized experience of running a scenario again and again without adding the time, space, or cost associated with running a live simulation again and again."[45]

Additional suggestions include:

- ***Use the reflective pause.*** Encourage students to reflect on action by reviewing feedback and completing their reflection after the initial scenario. Then assign students to immediately return to the same scenario with the knowledge and insight gained from the first pass-through. "They [will be] better prepared to reflect-in-action during their subsequent experiences," Schleicher said.

- ***Complete and document a self-debrief or self-reflection.*** Direct students to debrief for about 20 minutes after the first session; then extend that time to 40 minutes after the second session using additional activities and debriefing methods.

What does an academic-practice partnership entail?

Eight years before the pandemic began in 2020, the American Association of Colleges of Nursing (AACN) developed a document: "Guiding principles for academic-practice partnerships."[46] The paper described how partnerships between nursing education programs and care settings were important for strengthening nursing practice and helping nurses become well-positioned to lead change and advance health.

As facilities closed their doors to nursing students during the pandemic, the vital need for these types of partnerships became more obvious. Nursing programs that already had academic-practice relationships in place were able to quickly pivot their clinical experience options. Nursing programs without formal agreements, however, faced panic and stress as they scrambled to give graduating students the necessary hours.

To aid nursing programs in these situations, the NCSBN quickly posted a policy brief reinforcing the benefits of academic-practice partnerships.[47] Upon reading the policy, three organizations in Iowa — a university and community college nursing program and an academic medical center — began to forge their own agreement to support students' clinicals.[48]

In a paper about their successful experience, the authors described how they navigated a plethora of challenges. The boxed information at right details the steps they discovered were most successful.

Working together, the three organizations ensured that undergraduate prelicensure nursing students in their final semester were able to "complete clinicals, graduate on time, and progress toward licensure."

What can you do right now?

Download a copy of the NCSBN's policy brief, "U.S. nursing leadership supports practice/academic partnerships to assist the nursing workforce during the COVID-19 crisis." It outlines the broad strokes of how you can begin to forge relationship with local providers.

Then, get more specific tips from the authors of the Iowa organizations' research paper, which describes the barriers they experienced, how they managed groups of students in clinical, how they dealt with limited resources, and how they leveraged the impact beyond one practice-academic partnership.

What are some alternative clinical experiences to hospitals?

Just before the 2022 winter holidays, hospitals began experiencing a new wave of overcrowded facilities and staff shortages from the triple whammy of COVID-19, the flu, and RSV. As a result, many facilities had to – once again – forego preceptorships of students.

Steps for creating a successful academic-practice partnership

- Ensure students who participate in the partnership complete at least half of their clinical hours beforehand so their preceptors look upon them as helpful, not burdensome.

- Encourage students to cycle through rotations quickly to make room for their peers.

- Keep internships in the vicinity of your program, especially for students who are currently employed or are applying for employment with your partner hospital and its clinics. (Many providers saw the partnership as an important recruitment tool for new grads.)

- Communicate with your state governor to issue a proclamation that allows new graduates to apply for temporary licenses.

- Use evening/weekend shifts to limit the density of students during the busiest times.

Luckily, months earlier, some educators were already exploring other options. The *Nurse Journal* published an article, "Alternative clinical experiences for registered nurses" in August 2022.[49] It offered a host of opportunities to explore.

Consider facilities that aren't as likely to be overwhelmed with COVID-19 patients. "Some alternative locations for live interaction with various types of patients include nursing homes or long-term care, urgent-care centers, dialysis centers, psychiatric facilities, behavioral health facilities, acute-care drug-rehab facilities, community care centers, home care, hospice centers, and military or VA facilities," the article stated.

In an informal survey of nurse educators, they suggested a variety of additional sites, along with advice on how to take advantage of them: See the list in the boxed information at right.

What can you do right now?

You may be surprised at how willing facilities within your community are to provide opportunities for your students. Contact those that align with content you will be teaching during a certain semester. Create a list of possible sites, such as in an Excel sheet or ATI's Program Manager resource. Allow space for contact names, addresses, phone numbers, and the types of services your students can provide. Identify what hours the facilities are available for students to visit, what type of supervision the facilities can provide (or that you'll need to provide), and whether the students will need to supply their own PPE. Leave room for describing any special permissions you'll need to acquire, documents you'll need to furnish, or other institutions you may need to contact for approval.

For facilities that are unsure or think nursing students will be a burden, explain how the experience would work. Describe the services and support your students can provide, as well as how valuable the experience will be to your community's future healthcare needs. Setting up these relationships may take time initially, but the long-term result will be experiences that your students would never receive in a typical bedside situation.

Alternatives to traditional clinical sites

- *K-12 schools or Boys and Girls Clubs.* Educate children on topics, such as car and bike safety, diet and exercise, and even coping with stress. Distribute meals to at-risk children or perform sports assessments.

- *Preschools/daycares/Head Start programs/ health departments/pediatrician offices.* Check development milestones, perform eye exams, measure height/weight, screen blood pressure and pulse, and teach hand-washing or teeth brushing. In professional settings, shadow the practice's nurses.

- *Community organizations.* Provide services at homeless shelters or call on the elderly.

- *Federal agencies such as FEMA.* Help prepare for future emergencies or offer aid during actual disasters.

- *Rehab units/urgent cares/dialysis centers/ home care/hospice/correctional facilities/ wound-care centers.* Conduct telehealth interviews, in-person assessments, shadow nurses, and offer support.

- *Outpatient infusion or cancer centers.* Observe nurse navigators, pharmacists, and clinic nurses.

- *Medical daycares for medically fragile children.* Support PT/OT/speech services or aid with assessments.

- *Long-term care facilities/long-term acute care facilities/senior centers/VA clinics.* Provide a variety of services while gaining experience about client needs and fulfill the needs of those craving attention.

- *Homeless/battered women shelters/ adult group homes for developmentally disabled.* Set up health fairs with "booths" to educate clients on nutrition, STDs, meds compliance, and COPD/how to stop smoking.

What's next with ATI solutions in 2023?

Natasha McIntyre, ATI Director of Product Management, says the new offerings launching in 2023 will help students become more practice-ready. But, just as importantly, the new solutions will help educators be more effective by freeing up their time to interact with and offer more 1-on-1 time with students.

Natasha McIntyre, ATI Director of Product Management

What's coming? Engage Adult Medical-Surgical

This new offering in ATI's Engage Series narrows the gap between classroom and clinical experience.

Sneak peek:

- 5 units with 26 modules

- Content at the RN level with call-outs for PN scope-of-practice

- Activities that help develop the six cognitive functions of clinical judgment

- 17 virtual applications

- 23 client chart activities

- Skills with rationales in 12 modules

- Interactive 3D models.

Student benefits:

- Easier, more engaging class prep without long sections of static text

- Rich multimedia graphics, videos, and activities with interwoven application activities.

Faculty benefits:

- Class preparedness and student accountability through faculty visibility into student engagement

- Ready-to-use teaching resources that save faculty time and energy.

"We used Engage Community and Engage Mental Health last semester, and they were really good. Students really liked the interaction, and [the Engage modules] covered all the points we required. We heard rumors of Engage Medical-Surgical and are waiting patiently so that we can integrate it in our lesson planning."

— David Everhart, MSN, RN, CEN, Nursing Instructor, Caldwell Community College and Technical Institute (Hudson, N.C.)

25

What's coming? EHR Tutor enhancements

Look for an enhanced medication administration workflow and an improved display.

Sneak peek:

- Improvements to the workflow of medication administration

- More realism with smarter scanning

- Mimicking real-life application with medication alerts and statuses

- Embedded medication information

- Enhanced information display.

Student benefits:

- Preparation of confident, clinical-ready nurses armed with technological and critical-thinking abilities needed for success

- Experience gathering client info appropriate for making decisions, performing skills, and more.

Faculty benefits:

- Additional documentation fields, order-status labels, and responsive scanning allow educators to bring real-time decision-making into the simulation lab

- More than 100 prebuilt clients and 300 activities you can edit or create your own.

What's coming? Swift River Simulations 2.0

The platform has been reimagined and now includes 484 new virtual humans and 50 new cases.

Sneak peek:

- More than 600 simulations

- Wholly new platform experience

- Multiple item types within cases

- Variety of new cases, including health assessment

- Continued updates and content revision

- 484 new virtual humans to replace existing stock images

- New audio reports for patient hand-off.

Student benefits:

- Greater confidence in clinicals after more opportunities to practice prioritization and delegation

- Experience in a wide variety of clinical scenarios while learning from decision-making in 13 content areas.

Faculty benefits:

- Simulations that help develop clinical judgment skills to prepare students for the Next Gen NCLEX

- More than 600 screen-based unfolding simulations that expand clinical education beyond the classroom with the ability to replace lost clinical hours.

"Swift River is probably one of my faculty and students' favorite products"

– Valerie Rakes, DNP, RN, CNE, Chair, Dept. of Nursing, Catawba College (Salisbury, N.C.)

What's coming? HealthAssess 3.0

The tool includes new learning modules, along with overall enhancements.

Sneak peek:

- 3 new learning modules with virtual-application simulations

  ‣ Older adult

  ‣ Maternal newborn

  ‣ Nursing care of children.

- Content presented on an enhanced platform that maintains consistency with the Engage Series

- DEI- and evidenced-based practice updates to existing content

- Updates to practice assessments based on content updates

- Updates to existing virtual application and virtual clinical experience simulations.

Student benefits:

- More confidence due to additional exposure to expected and unexpected findings and familiarity with diverse clients through practice experience in all major body systems

- Greater preparedness for completing assessment documentation after seeing sample EHR charts.

Faculty benefits:

- Simplified planning with a single solution for content delivery, assessment, application activities, and simulation practice

- Greater student mastery by focusing only on the most relevant knowledge, techniques, and scenarios used in general nursing practice today.

What's coming? New 2023 RN & PN NCLEX Blueprint

With the NCSBN's release of the Next Generation NCLEX, new test plans, and new 2023 blueprints, ATI is updating its assessments so they're fully aligned.

- Comprehensive Predictor (RN & PN)

- Virtual-ATI (RN & PN)
  - ‣ Comprehensive Predictor
  - ‣ Content Mastery Series

- Content Mastery Series (RN & PN)

- Live Review (RN & PN)
  - ‣ Content Mastery Series

- Targeted medical surgical assessments (RN only)

- Review modules (RN & PN)
  - ‣ New eBook platform
    - ◆ Text-to-speech reader
    - ◆ Activities embedded throughout content
    - ◆ Time spent tracking

- ATI Capstone (RN & PN)
  - ‣ Pre- and postassessments
  - ‣ Content Mastery Series

- Focused Review 2023.

ATI has helped prepare for the NGN with a webinar about integrating clinical judgment into the curriculum and another on item-writing. "As a nursing program, we believe [ATI] has had a positive impact on our NCLEX pass rates."

— Jen Cocio-Thompson, MA/MSN, RN, CPNP, Senior Director of Nurse Education, Bunker Hill Community College (Boston)

What's coming? Virtual-ATI 2.0

ATI's popular NCLEX-prep offering includes a variety of new platform features.

Sneak peek:

- Brand-new user experience
- Improved and enhanced messaging
- Clear progress tracking for students
- Real-time progress reporting for educators
- Improved test security with Respondus
- Full content updates for assessments.

"I am pleased to report that Virtual-ATI has helped our students achieve 100% first-time pass rates."

– Denise King, MSN, RN-BC, CCM, Acting Executive Director of Nursing, Dominican University (River Forest, Ill.)

What's coming? Faculty & Student Portal Enhancements

The portals are every user's access to ATI's comprehensive offering of resources. Now, for both students and faculty, the portals will be even more intuitive and easy to use.

Sneak peek:

- Improved user experience and navigation
- Easy discovery of ATI products with key content at your fingertips
- Assignment capabilities that provide clear direction to students and deliver quick analytics to instructors
- Ability to manage faculty access and rosters.

"We struggled with NCLEX pass rates and spent a year researching products. [Our] BSN program has been using ATI and graduated two cohorts with 100% and 93% NCLEX pass rates .... [Now, we're an ATI client.] ATI products are interactive and easy to use .... We are very happy with the ATI products and resources for faculty."

– Renay McCarley, DNP, RN, CNE, Division Head of Prelicensure Nursing, Southwest Baptist University (Springfield, Mo.)

ATI Advisory Board

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