



Strategy 3

Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 3.2 The North Carolina General Assembly should leverage the information and plans developed through Strategy 3.1 to ensure there is an adequate number of nursing faculty in nursing programs and increase opportunities for innovative training solutions by:

- a) Partnering with UNC system, community college system, and North Carolina private educational institution leaders to:
 - i. Increase salaries for nursing faculty and educators.
 - ii. Identify and increase incentives for nursing students at the graduate level to attract and educate individuals for nursing faculty positions.
 - iii. Identify and increase incentives for educators/preceptors in clinical settings to attract and train individuals for these positions.
 - iv. Allocate funds to support nursing schools' capacity to integrate evidence-based high-quality simulation experiences for nursing students.
- b) Identifying and increasing incentives for institutions that develop, maintain, and financially aid academic and clinical partnerships in supporting nurse preceptors and the education of undergraduate and graduate nursing students.

Desired Result

Continued legislative attention and resources dedicated to addressing the key barriers to increasing enrollment in nursing education programs.

Why does the task force recommend this strategy?

The North Carolina General Assembly's (NCGA) continued dedication to increasing enrollment in nursing education programs is essential to addressing the growing shortage of nurses that threatens the state's health care system's capacity to provide high-quality care. Investing in nursing education, along with attention to retention of the current nursing workforce, will help to ensure the long-term sustainability of health care services across North Carolina. By fostering a larger, well-educated nursing workforce, the state can better meet the health care demands of its growing population, improve patient outcomes, and support the overall health and well-being of its communities.

Context

SALARIES AND INFRASTRUCTURE IN THE STATE BUDGET

As previously mentioned in this report, there are three primary challenges to increasing enrollment in nursing education programs: 1) recruiting and retaining nursing faculty, 2) providing clinical placements with qualified preceptors, and 3) building new educational spaces or renovating existing ones.²³ These findings were also outlined in a 2023 report commissioned by the NCGA to identify strategies to increase graduation rates from nursing education programs. The NCGA's 2023–2024 state budget reflects investment in nursing education, addressing challenges 1 and 3 to increasing student enrollment. The budget allots 10% raises in starting salaries for nursing faculty; other nursing faculty may receive increases in pay of up to 15%.^{28,29} There is also allocation of \$87.9 million in funding for the renovation of Carrington Hall at the University of North Carolina at Chapel Hill's School of Nursing to update space that has been unusable due to environmental safety issues and expand simulation and clinical learning spaces.³⁰ Other investments to support nursing programs across the state and their ability to have sufficient space and facilities and infrastructure are needed to help expand the ability of programs to integrate high-fidelity simulation experiences.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council Initiative #5: Increase the number and availability of nurse and faculty loan repayment programs and stipends - North Carolina currently maintains several loan repayment programs relevant to nursing students. This includes the state-funded Nurse Education Scholarship Loan Program (NESLP), Nurse Educators of Tomorrow (NET), and Nurse Scholars Program (NSP/MNSP), in addition to the Health Resources and Services Administration-funded State Loan Repayment Program (SLRP). Loan repayment programs can incentivize and support those unable to dedicate full energy or resources to a traditional education period. Understanding existing programs' utilization, capacity and funding, current advertising strategies, program barriers and constraints, eligibility requirements, and demographic breakdown would give a holistic viewpoint into an important lever for equity and evolve the programs to match the needs of intended users.

Initiative #6: Readjust nurse faculty salaries and schedules - The state can retain and attract more faculty to the profession to support the education of future nurses through competitive salaries and flexible schedules, such as evening classes. A compensation study is also needed to understand the gap between clinical and faculty positions. Once the gaps are identified by region, funding could be determined either through setting minimums and/or creating blended funding opportunities for public and private institutions. In addition to raising pay, as a part of receiving funding, institutions will be required to review and report on availability of demand for evening and non-traditional scheduling for classes. Furthermore, consideration for compensation should be extended to adjunct faculty and preceptors who often fill critical gaps within nursing education systems.

<https://www.ncdhhs.gov/investing-north-carolina-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment>

CHAPTER 2 - PREPARING FUTURE NURSES

THE ROLE OF PRECEPTORS

Preceptors supervise, guide, and assist with the learning process alongside faculty members. Nurse preceptors are nurses with varying levels of nursing experience, education, and preceptor training. These preceptors work in a variety of clinical settings and hold expertise in specialty areas, such as medical-surgical care, primary care, maternal health, pediatric health, and psychiatric and mental health.

Preceptorships require matching students' needs and abilities with a qualified and trained nurse to facilitate hands-on learning and enhance student clinical experiences, and these experiences are essential for nursing students to hone their clinical judgement and critical thinking skills. Preceptors provide nursing students the opportunity to apply knowledge acquired in academic and classroom settings to the clinical environment. Nurses in a faculty member role serve as the liaison between student and preceptor, "by planning, counseling, and evaluating the preceptorship throughout its entirety".²³

As previously mentioned in Strategy 3.1, NC AHEC's Clinical Instructor Partner (CIP) program serves as an example of an innovative approach to increasing the number of preceptors available to teach students across the state. Supporting scale-up efforts through additional funding is essential to promoting equitable distribution of this program across North Carolina. NC AHEC's Clinical Site Development Program aims to increase the number of nursing students assigned to new clinical training sites in rural, long-term care, and critical care settings.³¹ To date, 59 schools have received clinical site development funds to support 490 clinical sites. This existing program serves as scaffolding to expand the capacity of preceptor training programs and clinical education placements for students at health care institutions.

FINANCIAL SUPPORT INITIATIVES

In North Carolina, the **NC Teaching Scholars Program** can serve as a model for developing a state-based Nurse Faculty Loan Program. North Carolina previously supported a Nurse Scholars Program and Nursing Faculty Fellows loan replacement for service scholarship, but these initiatives ended in the late 2000s after economic downturns and a temporary slowdown in nursing demand. Re-invigorating programs aimed at incentivizing graduate nursing students can help support future nursing faculty and educators.

Nursing education programs are often constrained by limits to the number of clinical sites and available preceptors. Prospective enrollment growth is contingent on developing and training nurses to precept the next generation. Community partners—often health systems—are relied upon to provide clinical sites and preceptors.²³ Some health systems require nursing schools to provide preceptors for learners, especially in advanced practice programs. Whereas medical education has a sustainable funding model through the General Medical Education program to support preceptors, nursing is often reliant on grants or other one-time funding or these costs are passed on to students. Financially supporting preceptors helps attract nurses to these roles. **East Carolina University** is one of the few public institutions paying preceptors, with rates of \$450 per semester.²³ For some nursing education programs within private institutions, preceptor rates can range from \$600 to \$1,200 per semester.²³

Tax incentives provide another novel approach to supporting preceptors. In **Georgia**, advanced practice registered nurses (APRNs), physicians, and physician assistants who serve as preceptors can earn tax credits, with APRNs eligible to earn over \$6,000 in credits per year.³² In **Colorado**, APRNs, RNs, psychiatric nurse specialists, and other providers that facilitate preceptorships in rural or frontier areas of the state are offered \$1,000 of income tax credit. With shortages in clinical placements focused on women's health, behavioral health, and pediatrics, attracting nurses to precepting in these specialties is essential to student clinical training.

SIMULATION

Simulation centers in nursing education can be immersive learning environments where students can practice and refine their clinical and decision-making skills without risk to real patients. These learning labs use high-fidelity manikins, trained actors (standardized patients), interactive screen-based programs, and virtual reality technology to replicate real-world health care settings, allowing students to experience a wide range of clinical scenarios. This hands-on approach helps to build critically important skills in many areas including, but not limited to: psychomotor procedures, critical thinking, communication, conflict resolution, team building, confronting racism and bias, and leadership development.^{33,34} Experiential training that incorporates simulation modalities improves patient care skills prior to nurses entering clinical practice, reduces medical errors, and enhances patient safety. Interprofessional simulation training incorporating the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice can be implemented with practicing clinicians for just in time training on clinical units and has been demonstrated to be highly effective in improving patient care outcomes.^{35,36}

The NCBON allows up to 50% of clinical training to be replaced by evidence-based simulation if these experiences are implemented with appropriate resources and in accordance with the Healthcare Simulation Standards of Best Practice (HSSOBP).³⁷ Because of infrastructure constraints, training provided through simulation labs is often limited by size and numbers of students that can be feasibly accommodated in these spaces. To support enrollment growth and training within simulation labs, these spaces would require expansion of the physical lab space, more updated equipment, resources to support standardized patients, robust faculty development initiatives, and additional support personnel, such as simulation facilitators and technicians. Collaborative partnerships could be developed between various educational institutions (community colleges and universities) and health care systems that would allow for sharing of the simulation lab resources. Funding to support simulation labs is essential to the education and skills training of nursing students and can offset the number of clinical sites, instructors, and preceptors needed.

In the **Florida College System**, the **Linking Industry to Nursing Education (LINE) Fund** provides matched funding to participating agencies that partner with health care institutions in the state.³⁸ These dollar-to-dollar funding matches are used to award scholarships to students for tuition, recruit faculty, and support simulation centers to advance nursing education.