



UNIVERSITY OF SAINT JOSEPH

CONNECTICUT

Testimony on HB 5014
By Heather Mangino, University of Saint Joseph
To
Higher Education and Employee Advancement Committee
February 10, 2020

Thank you for the opportunity to write testimony in support of HB 5014: An Act Establishing A Tax Credit For Providers Of Clinical Nursing Experiences. I am not able to be present at the hearing, but would like to submit written testimony. My name is Heather Mangino and I am an Instructor of Nursing at the University of Saint Joseph in West Hartford, Connecticut. I am the course leader for a senior undergraduate bachelor's nursing capstone course, in which each student must complete 200 clinical hours. This is the last course in the undergraduate nursing program. The capstone clinical is a direct patient care experience that is designed to promote student growth and independence so that they learn to think and act like a nurse. Capstone clinical experiences facilitate transition to practice as a new graduate nurse.

Many of our students complete their capstone clinical hours with preceptors. Students follow preceptors' schedules and eventually increase their nursing skills to provide patient care for the preceptor's entire assignment. Preceptors work with students by closely observing care, providing feedback, and maintaining safety and quality of care. Being a preceptor is a major role that requires constant attention. The role is challenging because the preceptor maintains accountability and responsibility for all patient care while working with students.

I was a preceptor for students while I worked as a transplant nurse at Hartford Hospital, and it was challenging to provide patient care and teach a student at the same time. I maintained the same patient ratio as others who did not have students. In addition, I was required to accept patient admissions, facilitate complex discharges, and complete any nursing skills that students were not able to do by law such as administer blood products. Although being a preceptor was a rewarding role, it was a stressful and demanding one as well.

Preceptors typically do not receive any type of benefit from working with students. Most facilities do not provide any incentive for nurses to be preceptors. Because of this lack of incentive, it has become increasingly difficult to obtain preceptor-guided placements. Students may work with a preceptor for a day or two only to be assigned to a new one. This is because many nurses decide that it is too much of a burden coupled with their job's other roles and responsibilities. This means that an undergraduate nursing student receives inconsistent mentoring, which can potentially lead to gaps in clinical knowledge. These gaps in clinical knowledge may affect patient care and cause safety issues when the student is a new graduate nurse, which is just a few short months after the capstone experience. Providing an incentive for

nurses to precept students in the clinical setting could help increase nurses' willingness to be preceptors, as well as provide consistency for student mentoring. Consistent mentoring of nursing students who are preparing to graduate contributes to positive patient outcomes by improving safety and decreasing gaps in clinical knowledge.

Conclusion

I am in support of HB 5014. Preceptor-guided clinical experiences are crucial to nursing education, as they provide an opportunity for students to gain valuable clinical skills that will help them to be competent new graduate nurses. Providing an incentive to precept can help to increase the number of nurses who are willing to precept, as well as provide consistent mentors for our students.

Thank you for considering this important bill.

Testimony submitted by:

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