GEORGE FOX UNIVERSITY

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TO: Chair Nosse, Vice Chair Goodwin, Vice Chair Nelson, and members of the committee
FROM: Pamela Fifer, EdD, MS, RN, CNE
Dean, College of Nursing George Fox University
DATE: January 27, 2025
RE: HB 3220

I am not in support of HB 3220.

As a nurse educator with more than 20 years of experience, I am concerned about the language in House Bill 3220. This bill would **require** a student to faculty ratio of **at least** 10 students to one faculty member in the clinical component of nursing education programs. Requiring at least 10 students to one faculty member does not account for the complexities and acuity of patients found on various units. As a clinical instructor, I am responsible for the students I am teaching and evaluating, as well as the care they provide to their patients. Even if each student was only caring for one patient, the clinical instructor must oversee 20 lives. As students progress throughout the nursing program, there is an expectation that they can care for multiple patients. According to the language in HB3220, if a student is managing two to three patients, the clinical instructor would be responsible for up to 30-40 lives. If you average the time the instructor would have to spend with each of those ten students in a 12 hour shift, it equates to just over one hour per student. The educational learning environment is complex. Requiring a minimum of 10 students per faculty member would decrease the one on one interactions between students and faculty member which could pose safety risks to patients.

HB3220 also states the board may adopt rules to allow a ratio of up to 15 students to one faculty member. This number is too high for educational oversight in any setting. This would not allow the faculty member even one hour one on one with each student during clinical. The amount of travel time from one unit to the next or from one building to the next takes up much of the instructional time. Faculty are to assess and evaluate each nursing student, provide feedback, correction, and instruction. With a load of 15 students, the faculty member would not be able to effectively do their job. Without proper instruction and evaluation from a trained nurse educator, it would be difficult to ensure nursing students achieve the competencies and outcomes required to progress to the next level and eventually graduate.

Additionally, many facilities cannot support 10, let alone 15 students. Even if they could, it would mean having students on multiple units often in multiple buildings which takes away valuable direct student contact time from the faculty member. Currently, our students are placed at eight hospitals in our region. Five of those hospitals can only support clinical cohort groups of 5 to 6 students to one faculty member due to their bed capacity and/or patient census. If 10 students to one nursing faculty member became the required ratio, we would lose these five smaller hospitals for clinical placement. This would have a negative effect on the number of Nursing students we could train each year.

The unintended consequences of HB 3220 are many. First, it will be even more difficult to hire clinical instructors due to the increased student load and difficulty to perform this job adequately and safely. Second, the level of oversight of nursing students will decrease, which could negatively affect their ability to learn. Third, the ability to accurately assess nursing student competencies throughout clinical will decline, potentially leading to increased patient safety risks. Fourth, the amount of one on one instructional time will decrease causing a greater practice gap for new graduate nurses.

Thank you.