

Written Testimony for Consideration of HB3220

“Oregon Board of Nursing's language to require all nursing clinical groups to have at least 10 students and up to 15.”

My name is Cristina Pinzon. I am a clinical nursing instructor at Concordia St. Paul ABSN, adjunct clinical instructor at George Fox University, and practicing Community Outreach Nurse Educator with HMC Salud Services. I have been teaching BSN programs for 4 years. Prior, I opened and managed the Newberg Virginia Garcia Clinic, where we were committed to being a teaching clinic. I am submitting this testimony as a personal statement as a Nurse Educator interested in growing the best next generation of nurses and health care professionals. My statements and opinions are my own and not those of the organizations in which I have worked. I have no other conflicts of interest.

I would request to change the lower the minimum number. I am an instructor for population and community health and a Salud Services Community Health Outreach Nurse Educator. In practice, we can only accommodate two students at a time, most primary care settings will be the same. In population health community organizational settings, the organization and site can only accommodate 3-8 students, depending on the setting. For example, for outreach events where 60 clients are served, 8 students can have valuable experiences. However, in a day shelter or transitional housing village, where there are only 12 residents, only 3 students are appropriate so as to not overwhelm the client: student ratio.

For this reason, I ask that you do not set the minimum so high. The oversight of almost doubling the number of supervised students for one instructor does raise safety and compensation concerns that should be addressed equitably. Patient safety is always first, so the experience level of the instructor should also relate to the number of students under their clinical supervision. I agree and understand that a creative solution is necessary for the shortage of instructors.

If the OSBN had a broader interpretation of a master's in healthcare, we could identify another workforce of nursing leaders and teachers that perhaps did not get their masters from a school of nursing, but a school of health or business AND have experience, leadership and a desire to teach, but no recognition for their lived experience. For example, MHA, MPH, MBA degrees. Not all are willing to go back for a 2nd master's from a school of Nursing. A combination of experience, advanced degree to be recognized in Oregon would open the door to many more diverse kinds of nurses and expand the diversity of experiences for students.

Thank you for your consideration,

Respectfully,

Cristina Pinzon, MSN ED MPH BS BSN RN

Newberg OR resident and educator.