

Submitter: Holly Buckem
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB3220

Chair Nosse, vice chairs Nelson and Javati, and members of the committee. My name is Holly Buckem, and I am a nursing instructor. I am writing to express my strong opposition to HB 3220 which proposes to increase the nursing student-to-faculty ratio in the clinical setting to AT LEAST 10:1, with an option of 15:1. As a nursing instructor, I am deeply concerned that the passage of this bill would compromise the quality of nursing education, the safety of patients, and the preparedness of our future nurses to enter the workforce. It also would place a burden on clinical sites, who already have limited placement available.

Increasing the student-to-faculty ratio would significantly diminish the amount of time I could spend directly supervising each student, resulting in nursing students not having enough opportunities to practice essential skills, receive timely feedback, and develop the clinical judgment necessary to become competent and confident. This would significantly reduce the quality of education students receive in the clinical setting, and put patients at risk.

The clinical setting is where students transition from theory to practice, often caring for patients who have complex medical needs. Inadequate faculty supervision due to higher student-to-faculty ratios can lead to increased errors, compromised patient care, and even harm. The clinical environment demands close attention and vigilance, and overburdened faculty may not be able to identify issues in real-time, ultimately jeopardizing patient safety.

A higher student-to-faculty ratio means less time for faculty to observe and intervene when students are not performing to standards. In turn, this could lead to missed learning opportunities and, more importantly, unsafe practices being overlooked in real-world clinical settings.

The proposed increase in student-to-faculty ratios would also likely result in higher levels of stress and burnout among nursing faculty. Faculty members are already managing heavy workloads, balancing teaching, clinical supervision, and other non-teaching duties. Increasing their clinical workload would strain their ability to effectively support students, compromising their own well-being and reducing the quality of instruction provided. Faculty burnout can lead to higher turnover rates, further exacerbating the problem by reducing the number of qualified instructors available to mentor students.

Nursing is already facing a national shortage, and this bill, if passed, could exacerbate that issue by producing graduates who are underprepared for the demands of modern healthcare. By lowering the quality of education and training in the clinical setting, we risk setting our future nurses up for failure. This will not only affect patient care but could also drive talented individuals away from the profession, knowing they were inadequately prepared for the demands of the job.

Thank you for reconsidering HB3220,
Holly Buckem MSN, RN, CNE
Nursing Faculty