

Testimony Against House Bill 3220

Date: January 28, 2025

To: House Committee on Behavioral Health and Health Care

From: Darrah Wolfe, MSN, RN, TCRN, CNE

RE: Directs the Oregon State Board of Nursing to adopt rules to require a certain student-to-faculty ratio in the clinical component of nursing education programs.

I work as a faculty nursing instructor and nursing program coordinator at a community college. I have been a registered nurse for 20 years and teaching since 2017.

I strongly oppose HB 3220, which would increase the student to faculty ratios for clinical teaching from 8:1 to 10:1. While I understand the need to recruit and retain nurses in the workforce, this measure is highly consequential to patient safety, effectiveness of learning, strain on the nursing workforce, and will compound the faculty nursing shortage. Additionally, there is not space to host a higher number of students within clinical environment. The data from Oregon suggests retention, not recruitment is the main issue plaguing the nursing workforce.

On a typical clinical teaching day, as a faculty nursing clinical instructor, I oversee the performance of students passing medications, monitoring unstable patients, performing invasive procedures like urinary catheterizations and nasogastric tube insertions. It is imperative that students be closely monitored and guided in order to prevent harm while accomplishing their learning goals. The maximum I am able to oversee with confidence that I can keep patients safe is 5 students at once on a unit. This oversight for safety is critical, but they also need to learn concepts, time management, protocols, and much more. A ratio above 8 would be a risk to patient safety and eliminate the ability of the instructor to provide anything more than the bare minimum of harm prevention to the public.

In fall term, I had clinical students on the Rehabilitation unit at the local hospital. A nursing instructor has their students on one unit, otherwise supervision is not possible (I can't teach a student who is on the 6th floor when I am on the 4th floor). It is often difficult to find enough preceptor nurses to pair with a student when there are only 5 students. This is due to the presence of new graduate nurses, new hire nurses that are orienting, travel nurses, and float nurses who are inappropriate to be paired with students. In summary, it isn't possible to have 10 nursing students on a unit at one time. In fact, placing 5 students at once is often difficult and sometimes impossible.

Increasing the number of students per instructor places additional strain on staff nurses who work in the hospital. If the instructor can't adequately supervise the student, then this will fall on the staff nurse whose main role is caring for the patients. Staff nurses do not get additional pay for being paired with a student. Nurses are already experiencing a monumental increase in work demands and stress leading to extremely high turnover rates (according to the Oregon Center for Nursing, more than 30% of nurses leave their jobs within the first year). The placement of a student with an already overwhelmed nurse isn't fair to staff nurses and contributes to lack of job satisfaction and high turnover rates.

Finally, there is a crisis in nursing education due to a nursing faculty shortage. Nurse faculty positions require a bachelor's or master's degree in nursing. Nurse faculty take a significant loss in wages by accepting a position teaching instead of working at the bedside. This often means the nurse faculty must take on debt to advance their degree and expect a lower paying job as a result. Higher student ratios will lead to increased job stress due to feeling overwhelmed, may increase liability, morale distress, and potential burnout. Placing more demand on the nursing faculty is not the answer and may worsen the nursing faculty shortage.

I respectfully request that the committee seriously consider my testimony since I have direct and active experience as a nursing educator. Thank you for careful consideration of this matter.

Sincerely,



Darrah Wolfe, MSN, RN, TCRN, CNE