

Moving Forward During a Pandemic: Virtual Recruitment Strategies Within an Academic-Practice Partnership

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Background/Problem

In March 2020 the World Health Organization (WHO) declared COVID-19 a pandemic and President Trump declared a national emergency with hospital systems initiating temporary visitor/vendor restrictions. This necessity also resulted in curtailing Onsite Academic Information and Recruitment Sessions for nurses interested in pursuing advanced degrees to become clinical faculty and preceptors. In order to continue achieving the goals of our NSP II Academic-Practice Partnership grant, the University of Maryland School of Nursing, in partnership with 18 Maryland hospitals, established a process of virtual recruitment sessions and support as an alternative to meeting the needs of nurses.

Purpose/Goals

The Academic-Practice Partnership between UMSON and 18-acute care Maryland hospitals was designed to recruit, enroll, and prepare 125 nurses as Clinical Instructors, Faculty, and Preceptors and to serve in leadership roles within their organizations. The goal of the Virtual Information and Recruitment Sessions is to sustain these marketing and promotional efforts in order to meet Academic-Practice Partnership objectives for graduating nurses to increase the number of Clinical Instructors, Faculty, and Preceptors, to reduce the Nurse Faculty shortage, and to fill expected vacancies in Nursing workforce.

Development

<u>Development of Virtual Information and Recruitment Sessions</u>							
Date	Approach/Methods	Recommendations					
March - September 2020 PILOT DEVELOPMENT	Recruitment strategy researchInterdepartmental collaboration	Schedule Pilot A1 with 2 hospitalsPlan academic team meetings					
September 2020 PILOT A1	 2 hospitals, paired Tuesday-Thursday, 11a – 2p Sessions individualized 	 Invite 7 additional hospitals Schedule individual sessions Seek feedback from practice partners 					
October 2020 PILOT A2	 9 hospitals, paired Tuesday-Thursday, 11a – 2p Sessions individualized 	 Invite 9 additional hospitals Schedule individual sessions Develop incentives with Admissions team 					
November 2020 PILOT A3	 9 hospitals, paired 9 hospitals, grouped by 3 Tuesday-Thursday, 11a – 2p Sessions individualized 	 Forgo individual sessions Schedule open sessions for all partners Continue team meetings 					
December 2020 <u>PILOT B</u>	 18 hospitals, open Tuesday-Thursday, 11a – 2p 	 Schedule sessions for more days/times Develop materials with Marketing team Expand website to promote sessions 					
January - March 2021 <u>PILOT C</u>	 18 hospitals, open Monday-Friday, 6a – 7p 	 Email survey to Nurse Attendees Streamline days/times from survey 					
March - May 2021 PILOT D	 18 hospitals, open Tuesday-Thursday, 10a – 2p 	Determine each practice partner needsConduct additional surveys					

Virtual Recruitment Model



This Academic-Practice Partnership Nurse Support Program II is funded by Health Services Cost Review Commission and administered by Maryland Higher Education Commission.

Methods

The Virtual Recruitment Model consists of an Academic-Practice Partnership comprised of doctoral-prepared Faculty and Academic Program Specialists, a Marketing team, a Hospital Partner, and an Admissions team. Together, this partnership offered virtual sessions to recruit Nurse Applicants into the RN to BSN, RN to MSN, and BSN to MSN specialty programs.

This Virtual Recruitment Model operates on:

- Collaboration and interconnectedness of participating parties in the academic and practice settings;
- Scheduled Virtual Information and Recruitment Sessions, hosted on WebEx;
- Advertisement on the UMSON partnership webpage, Facebook, and LinkedIn;
- Development of flyers with session links emailed to Practice Partners for distribution to Hospital Nurses

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<u>SESSIUNS</u>	2019	2020	2020	2020	IOIAL
ONSITE	90	56	0	0	146
VIRTUAL	0	0	0	34	34
TOTAL	90	56	0	34	180
<u>ADMISSIONS</u>	<u>Spring 2020</u>	<u>Fall 2020</u>		<u>Spring 2021</u>	TOTAL
RN to BSN	2	3		3	8
RN to MSN	0	1		0	1
BSN to MSN	22	17		14	53
ΤΟΤΔΙ	24	21		17	62

90 Onsite Information and Recruitment Sessions were held <u>July – December 2019</u> with 24 nurses admitted for the Spring 2020 semester. **56 Onsite** Information and Recruitment Sessions were held <u>January – August 2020</u> with 21 nurses admitted for the Fall 2020 semester. During this time, planning began for Virtual Information and Recruitment Sessions. **34 Virtual** Information and Recruitment Sessions were held <u>September – December 2020</u> with 17 nurses admitted for the Spring 2021 semester.

Overall, the onsite session admission (45/146) rate was 30% and the virtual session admission (17/34) rate was 50%. The increase in admission percentage rates for virtual strategies are significant.

Conclusions

Piloting Virtual Information and Recruitment Sessions was essential to demonstrating feasibility. By implementing various Practice Partner groupings, days of the week, and timeframe offerings, it was determined that inviting 18 Practice Partners to each session, holding sessions Tuesdays to Thursdays, from 10am to 2pm is an efficient and effective virtual recruitment approach. Responses from surveyed Virtual Information and Recruitment Session participants support these conclusions with many responses noting Virtual Information and Recruitment Sessions were "beneficial" and "helpful". With increased admission percentage rates and satisfied participants, Virtual Information and Recruitment Sessions may be an exemplar means of reaching nursing staff.

Recommendations

Virtual Information and Recruitment Sessions are a viable means to recruit nurses to fill the critical void in Maryland's Clinical Instructor, Faculty, and Preceptor workforce during the COVID-19 pandemic, and should be considered as an additional recruitment strategy after hospital visitor/vendor restrictions are lifted and Onsite Information and Recruitment Sessions resume. Routinely surveying Practice Partners and Nurse Applicants helps ensure academic partners meet the unique needs of their customers and that viable strategies address the void in the nursing workforce.

References

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