REPORT TO THE LEGISLATURE
SB 5582

Community and Technical College Nursing Program Capacity Expansion Plan

DECEMBER 1, 2024

Table of Contents

Acknowledgements

The State Board for Community and Technical Colleges would like to thank all those who helped guide the development of this plan, especially the core team that helped develop plan details.

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Our sincere thanks to Agnes Balassa of Agnes Balassa Solutions, LLC, for her work as a contractor on this project.

Executive Summary

The Community and Technical College Nursing Program Capacity Expansion Plan is a response to [Senate Bill 5582](#), which mandates that the state's community and technical colleges expand nursing training capacity by 2029. Approved by the Legislature in 2023, SB 5582 emphasizes expanding access for rural and underserved populations and enhancing long-term sustainability through partnerships with healthcare employers, labor unions, and workforce development councils.

Washington faces a significant nursing shortage, with the Washington Center for Nursing reporting a gap of 1,151 LPNs[1] (Licensed Practical Nurses) and 8,090 RNs[2] (Registered Nurses). The community and technical college system is central to addressing this crisis, producing 64% of pre-licensure nursing graduates in the state. The system's ability to expand is crucial, but several key challenges persist, including a lack of clinical placement slots, limitations of the physical infrastructure, and availability of qualified faculty, especially in rural areas.

Over the past five years, the Washington Legislature allocated funds to address nursing shortages. Investments were made for nursing faculty salaries, simulation equipment upgrades, and increased enrollment capacity in nursing programs. These investments have generated considerable growth, with colleges admitting and graduating more students, reducing the number of faculty vacancies, and reducing the amount of turnover in teaching positions.

Factors limiting expansion

In addition to clinical placements, infrastructure, and availability of qualified instructors, input from nursing program directors, students, and faculty identified several additional factors limiting expansion. These challenges are exacerbated in rural areas.

1. **Diverse student needs:** Community and technical college nursing students are often older, ethnically diverse, and balancing work and family obligations. Varied levels of English proficiency and nontraditional educational backgrounds add complexity to delivering "one-size-fits-all" instruction.

2. **Fewer applicants to nursing programs:** The number of qualified applicants has dropped significantly. While the number of applicants statewide still exceeds the number of admission slots available, this decline is prompting programs to reconsider recruitment strategies and add support services to retain and graduate as many students as possible.

3. **Complex prerequisites and admissions processes:** Prerequisite requirements are lengthy and varied across institutions, causing delays, financial strain, and deterring students from applying to nursing programs.

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[1] Washington Center for Nursing. (2024, April 4). *2023 licensed practical nurse data snapshot*. https://www.wcnursing.org/wp-content/uploads/documents/reports/2023-Licensed-Practical-Nurse-Data-Snapshot_Final_4.4.2024.pdf
[2] Washington Center for Nursing. (2024, June 24). *2023 registered nurse data snapshot*. https://www.wcnursing.org/wp-content/uploads/documents/reports/2023-Registered-Nurse-Data-Snapshot_Final_6.24.2024.pdf

4. **High rate of program director turnover:** Over 30% of program directors leave annually, causing program instability and slowing program growth. Regulatory demands and lower pay compared to faculty make positions difficult to fill. Lack of formal onboarding increases the time it takes for directors to become proficient in their jobs.

Proposed solutions to address challenges

The Community and Technical College Nursing Program Capacity Expansion Plan focuses on areas that nursing programs may be able to address within the four-year timespan required under Senate Bill 5582. The plan consists of two components:

1. Continue to leverage successful growth strategies and support current investments in nursing program capacity, which are already driving significant results. Washington's community and technical colleges are increasing their capacity to graduate more nurses while also diversifying the state's nursing workforce.

2. Develop an integrated approach to support nursing program capacity and student success by building on current achievements and ensuring more nursing students graduate:

   o **Expand student support services** — Modeled after the Early Achievers Grant, this strategy would offer financial and academic support tailored to nursing students, addressing their unique needs.

   o **Create a statewide nursing liaison** — This role would support program directors and faculty, stabilize leadership, and coordinate capacity building and student success efforts.

   o **Standardize prerequisites** — Standardizing prerequisites across institutions would reduce the time and financial burden on students, allowing faster entry into nursing programs.

   o **Support NURSPath** — An integrated education model similar to Washington's I-BEST, NURSPath would provide academic and technical training, particularly for students with limited English proficiency and nontraditional educational backgrounds.

   o **Enhance simulation (SIM) support** — Increased funding for SIM technicians and for instructor training would ensure that legislative investments in simulation technology result in more highly prepared graduates.

Potential additional options

In addition to these integrated strategies, the plan suggests reconsidering the state's requirement for an 80% NCLEX (National Council Licensure Examination) first-time pass rate and exploring apprenticeships for nursing education. The plan also recommends allowing community and technical colleges to offer 4-year Bachelor of Science in Nursing degrees in addition to the LPN/RN to BSN (licensed practical nurse or registered nurse to Bachelor of Science in Nursing) pathways that they already offer. Expanding part-time nursing programs could also help accommodate students with work and family obligations.

Community and Technical Colleges Nursing Program Capacity Expansion Plan

Background

In 2023, the Washington Legislature passed [Senate Bill 5582](#), requiring the state's community and technical colleges to develop a plan for expanding capacity to train more licensed practical nurses (LPNs) and registered nurses (RNs) by 2029 through apprenticeships, certificate programs, associate degrees, and baccalaureate degrees. SB 5582 also mandates that the plan prioritize training opportunities for rural and underserved students, demonstrate long-term sustainability, and foster partnerships with employers and labor unions through joint workforce development initiatives.

In November 2023, the State Board for Community and Technical Colleges (SBCTC) brought together a core group of community and technical college nursing program directors and faculty, and the Allied Health Center of Excellence, to begin developing the required nursing capacity expansion plan. Their work was informed by a literature review, environmental scan, data analysis, interviews with community and technical college nursing program directors, surveys of nursing program students and faculty, and consultations with representatives of the Washington State Hospital Association, SEIU Healthcare 1199NW, SEIU Healthcare 1199NW Multi Employer Training Fund, Washington Workforce Association, Washington State Nurses Association, and Washington Center on Nursing. Details about these inputs are included in the appendices.

A high demand for nurses in Washington

The demand for nurses in Washington is high and well documented. According to 2023 data snapshots from Washington Center for Nursing (WCN), the state had a supply gap of 1,151 LPNs[3] and 8,090 RNs[4]. According to the Washington Board of Nursing (WABON) data dashboard[5], community and technical colleges graduated 258 LPNs in 2022-23 and 1,781 ADN-RNs (Associate Degree in Nursing RNs), accounting for about 64% of the state's pre-licensure nursing graduates. The ability of community and technical colleges to maintain and expand their capacity is critical to addressing the state's nursing shortage.

Several well-known challenges hinder the expansion of nursing programs. According to WCN, many qualified applicants are turned away due to these constraints: "Qualified applicants are turned away for several reasons including: insufficient number of faculty, limited clinical site availability, classroom space capacity, insufficient number of clinical preceptors, and budget constraints (AACN, 2020) [6]".

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[3] Washington Center for Nursing. (2024, April 4). *2023 licensed practical nurse data snapshot*. https://www.wcnursing.org/wp-content/uploads/documents/reports/2023-Licensed-Practical-Nurse-Data-Snapshot_Final_4.4.2024.pdf

[4] Washington Center for Nursing. (2024, June 2024). *2023 registered nurse data snapshot*. https://www.wcnursing.org/wp-content/uploads/documents/reports/2023-Registered-Nurse-Data-Snapshot_Final_6.24.2024.pdf

[5] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Washington State Department of Health. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

[6] Washington Center for Nursing. (2022, April). Washington State nursing education report: Academic years 2014-2020 (Final report, p. 9). https://www.wcnursing.org/wp-content/uploads/documents/reports/2022.4_WCN-WA-State-Nursing-Education-Report-Academic-Years-2014-2020_FINAL.pdf

These challenges are exacerbated in rural and underserved areas due to long commuting distances, unreliable internet access, and fewer support services and clinical placement opportunities. The lingering effects of the COVID-19 pandemic in the U.S. are still being felt across educational institutions, and especially in nursing programs, compounded by negative media portrayals of the nursing profession, which have contributed to a nationwide decline in applications to nursing programs.

Legislative investments and other initiatives

Over the past five years, the Washington State Legislature has made significant investments to increase nursing program capacity at community and technical colleges, including:

- **Faculty salaries:** Starting in 2019-20, $20,400,000 per year was invested to boost community and technical college faculty salaries through the Workforce Education Investment Act. As a result, many community and technical colleges filled vacancies and reported higher retention rates for nursing faculty. Full-time faculty vacancies decreased from 46 in 2018-19 to 17 in 2022-23, and nursing faculty increased from 482 in 2018-19 to 565 in 2022-23.[7]

- **Increased enrollment capacity:** The Legislature invested $2.16 million to expand enrollment capacity in 2022-23, increasing the investment to $3.36 million in 2023-24 and to $4.56 million 2024-25. These investments aim to create an additional 400 seats in community and technical college nursing programs.

- **Simulation technology:** In 2022–23, $8 million was invested in simulation (SIM) technology, with $1.6 million allocated annually for maintenance and operations. Two mobile SIM labs were also established to expand hands-on learning opportunities.

Additional initiatives include:

- **Online LPN curriculum**: Enhancing nursing education accessibility and flexibility.

- **Clinical placement initiative:** Funded by SB 5187 and coordinated by the Washington Center for Nursing, this initiative aims to resolve clinical placement challenges, with a report due in November 2025.

- **Rural Nursing Education Program (RNEP):** Housed within the Washington State Department of Health's Office of Rural Health, this program will launch a fully remote, rural-focused pre-licensure nursing program in collaboration with community and technical colleges. The first cohort is expected to enroll in fall 2026.

- **Nursing Assistant to LPN Apprenticeship Pilot:** Sponsored by the Washington Health Care Association (WHCA), this pilot apprenticeship program provides opportunities for CNAs (Certified Nursing Assistants) to complete the coursework and training required to become a Licensed Practical Nurse, while working in a skilled nursing facility.

  The pilot began taking applications in summer 2024, and Washington state apprenticeship

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[7] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Washington State Department of Health. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

standards have been provisionally approved for one year by the Washington State Apprenticeship and Training Council.

Although these efforts help address key barriers to capacity expansion, challenges like clinical placement shortages and faculty recruitment are unlikely to be fully resolved by 2029. Consequently, the SBCTC and the core team identified additional factors affecting nursing program admissions and completions that could be addressed within the timeframe. The Community and Technical College Nursing Program Capacity Plan avoids duplicating existing efforts and focuses on pre-licensure LPN and ADN-RN programs at the state's 29 community and technical colleges that offer the programs. It recognizes that training nurses requires significant investment from the public, students, and employers. The loss of even a relatively small number of nursing students each year has a significant cost.

This plan is informed by the experience of those closest to the work: community and technical college nursing program directors, students, and faculty. Consultations with healthcare employers, organized labor and the SEIU Healthcare 1199NW Multi-Employer Training Fund, and local workforce boards provided additional dimension that will help more diverse and underserved individuals enter and succeed along nursing pathways.

See Appendix A for an overview of undergraduate nursing degree pathways in Washington.

Plan components

The Community and Technical College Nursing Program Capacity Plan consists of two components:

1. Continue to leverage successful growth strategies and support current investments in nursing program capacity, such as the Workforce Education Investment Act funding for educator salaries, investments to create 400 additional nursing program slots by 2025, and simulation funding. All these investments are having an impact. The state's community and technical colleges are increasing their capacity to graduate nurses while diversifying Washington's nursing workforce.

2. Develop a strategy to support nursing program capacity and student success, building on current gains and ensuring more nursing students graduate, especially diverse and underserved students.

Success of current investments in community and technical college nursing programs

According to data from the Washington Board of Nursing (WABON), community and technical colleges produced about two-thirds of Washington's pre-licensure nursing graduates in 2022-23[8]. Although the Legislature set spring of 2025 as the target date for a 400-slot increase in enrollment growth, WABON data highlights significant progress.

- WABON data shows that colleges admitted 606 more nursing students in 2022-23 than 2017-18 (the year before investments began), an increase of 35%.

- Over the six-year period, community and technical colleges admitted a total of 1,847 more

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[8] Washington State Department of Health, Washington State Nursing Care Quality Assurance Commission. (2024). *Nursing faculty salaries: Legislative report, June 2024.* https://nursing.wa.gov/sites/default/files/2024-06/Nursing-Faculty-Salaries.pdf

nursing students, surpassing the total number admitted in 2017–18 alone, despite disruptions caused by the pandemic.

Chart 1: Admissions by Year for Community and Technical College ADN-RN and LPN Programs[9]
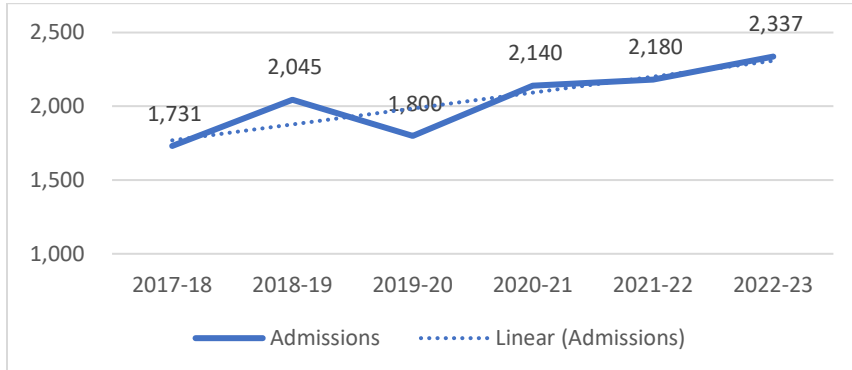
WABON data also shows an increase in pre-licensure nursing graduates over the same period. While not all admissions translate directly into enrollments (students may apply to multiple institutions or choose not to enroll), graduation data provides an unduplicated count of newly prepared nurses entering the workforce. Community and technical colleges graduated more LPNs and ADN-RNs each year since 2017–18, yielding 667 additional graduates over six years, despite fluctuations due to the pandemic.

Chart 2: Community and Technical College Nursing Pre-Licensure Graduates by Year[10]
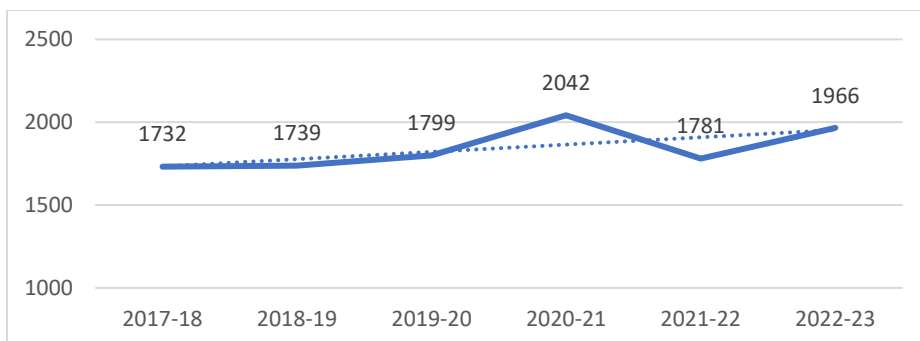
In interviews, nursing program directors at those colleges that are benefiting from increased educator pay spoke about the positive impact of the investment. According to data submitted by 29 colleges with nursing programs for the fiscal year 2023 Workforce Education Investment Act (WEIA) report[11]:

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[9] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

[10] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Washington State Department of Health. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

[11] Washington State Board for Community and Technical Colleges. (January, 2024). *Washington College Grant and Workforce Education Investment Accountability Report*. https://www.sbctc.edu/resources/documents/colleges-staff/programs-services/legislative-outreach/weia-report.pdf

- All have increased wages for nursing faculty as the result of the WEIA. Nursing faculty received an average salary increase of 24%, with increases ranging from 12% to 40%.

- 80% were able to fill nursing faculty vacancies or hire more nursing faculty, increasing their capacity to enroll more nursing students.

- Most nursing programs filled vacancies and hired at least one additional faculty member. Some colleges were able to add two or three nursing faculty positions.

- Several colleges reported converting positions that were previously part-time to full-time.

Maintaining the gains

Program directors and faculty identified multiple reasons why maintaining and possibly increasing support is needed to sustain the gains made so far to enroll and graduate as many students as possible.

Community and technical college nursing programs made significant gains in capacity in the past six years, increasing admissions and graduations despite pandemic challenges. These programs have demonstrated adaptability by developing creative solutions, such as adding part-time programs, expanding the use of simulation, adjusting admissions policies to recruit a more diverse student body, and working to ensure student success.

Community and technical college nursing program directors, faculty, and students report high levels of stress and burnout. Students encounter challenges that extend beyond academic rigor, including financial pressures, balancing work and family responsibilities, and navigating the complexities of higher education, particularly for English language learners (ELL). As one nursing director explained, "The reason so many nurses quit in the first two years of practice is because they are already burned out by the time they finish their programs."

As nursing programs achieve the goal of admitting more diverse applicants, programs must change so that students with diverse needs can bring their whole selves to the task of becoming a nurse. If program applications continue to drop, nursing programs will also need to rethink processes and services to ensure that those who are interested in becoming nurses meet admission requirements and those admitted successfully complete programs.

Changing student demographics and needs

In addition to increasing admissions and graduations, Washington Board of Nursing (WABON) data shows that nursing students at Washington's community and technical colleges have become more racially diverse.[12]

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[12] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Washington State Department of Health. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

Chart 3: Nursing Student Race Distribution

2019-2020
Race Distribution

American Indian / Alas...	1%
Asian	10%
Black / African American	4%
Missing / Unknown	0%
Multi-Racial	5%
Native Hawaiian / Othe...	2%
Other	18%
White Caucasian	59%
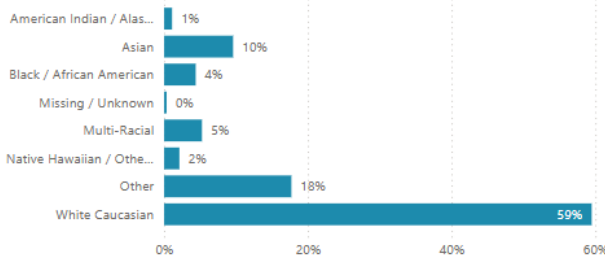
2022-23
Race Distribution

American Indian / Alas...	2%
Asian	16%
Black / African American	10%
Multi-Racial	13%
Native Hawaiian / Othe...	1%
Other	8%
White Caucasian	50%

Program directors and faculty noted that more students are first-generation immigrants and/or are non-native English speakers. They identified limited English proficiency as a challenge for many students in their programs.

WABON data also shows that community and technical college students tend to be older than students in four-year universities. While 90% of university pre-licensure nursing students were aged 17-25 in 2022-23, only 27% of community and technical college students were 17-25 years old. In fact, 71% of community and technical college students were 26-50 years old.

Chart 4: Pre-licensure Nursing Students Age Distribution (2022-23 Comparison)

Community and Technical Colleges
Age Distribution

Age	Count
17 - 20	150
21 - 25	766
26 - 30	839
31 - 40	1,108
41 - 50	428
51 - 60	72
61 and older	7
Unknown	74
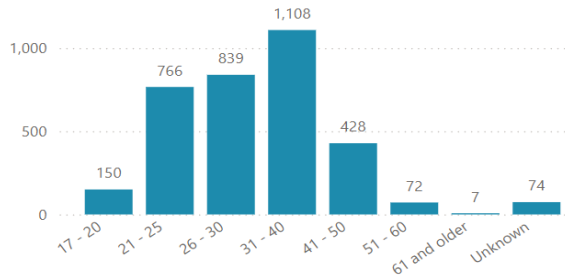
Universities
Age Distribution

Age	Count
17 - 20	826
21 - 25	1,421
26 - 30	382
31 - 40	308
41 - 50	73
51 - 60	16
61 and older	1
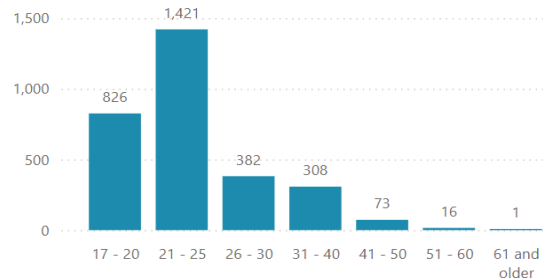
Older students often follow nontraditional pathways and must balance education with family and work responsibilities. In a survey of 210 students across 15 community and technical colleges:

- 68% worked while attending school, with one-third working more than 25 hours per week.
- 57% were parenting or caring for a relative.
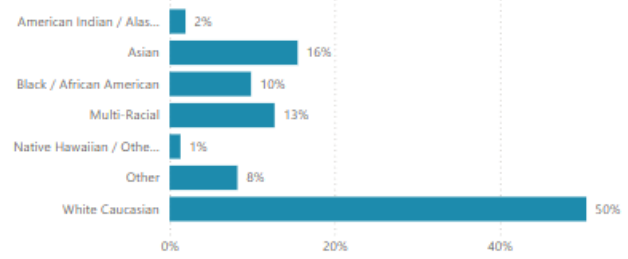- 51% were first generation college students.
- 23% percent spoke a language other than English at home.

Students, faculty, and directors described the complexity of pursuing a nursing degree. Students must navigate prerequisites, childcare, family obligations, and reduced income during training, all while managing clinical requirements. These challenges create stress and can impact graduation rates.

Surveyed students emphasized the need for more support services, such as financial aid, childcare, mental health resources, and food and housing support. They also noted that emotional support from faculty and peers was critical to their persistence and success.

Community and technical college nursing program directors also noted that students from different cultural and linguistic backgrounds often struggle with navigating programs and meeting expectations while maintaining the very things that make them an asset to the nursing profession — their diverse life experiences and their ability to understand and empathize with patients with diverse experiences and backgrounds.

These students need tailored support, such as nursing-specific tutoring and advising. However, resources like counseling, tech support, and food services are often unavailable outside of traditional (8 a.m. to 5 p.m., Monday through Friday) hours, complicating matters for students balancing jobs or family.

Additionally, rural students may face limited access to transportation, childcare, or reliable internet access, making success even more challenging.

For all students, clinical opportunities may only be available early or late in the day, when childcare resources are scarce. Add the challenge of being an English language learner or living in a remote community with limited transportation or internet availability, and success can seem too far off to persist. The "Climbing Mount Rainier" analogy and graphic, included in Appendix B, attempts to paint a picture of how hard it can be to enter and complete a nursing program.

An anonymous survey of community and technical college nursing program faculty and interviews with program directors also highlighted a change in nursing student behavior over the past few years, especially since the COVID-19 pandemic. They noted that students had more behavioral issues and described incivility, a lack of professionalism, and expectations that their instructors show flexibility and accommodate individual circumstances. It remains to be seen whether these issues are a product of the pandemic or a longer-term trend, but nursing programs are working to address this issue, even adding civility information and practice into the curriculum.

Fewer applicants

Even as college nursing program admissions have increased, the number of community and technical college nursing program applicants dropped between 2021-22 and 2022-23, as illustrated in chart 5[13].

Recruiting applicants has become more difficult for many community and technical colleges, prompting changes to recruitment timelines and processes. The COVID-19 pandemic significantly impacted healthcare workers, with nursing at the forefront of these challenges. Program directors noted that prospective students might have been deterred by reports of burnout, mental health struggles, and high turnover rates among nurses, leading to a reduced interest in the profession.

In addition, because community and technical college nursing program admissions have been highly competitive due to limited spots and rigorous requirements, potential applicants might have perceived the process as difficult or their chances of acceptance as low and become discouraged.

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[13] Washington State Department of Health, Nursing Care Quality Assurance Commission. (n.d.). *Research and data*. Washington State Department of Health. Retrieved September 25, 2024, from https://nursing.wa.gov/research-and-data

While community and technical colleges tend to be more affordable than four-year institutions, post-pandemic economic uncertainty may have made many potential nursing program applicants, particularly those from low-income backgrounds, hesitant to apply.

Chart 5: Admission Details by Year for Community and Technical College ADN-RN and LPN Programs
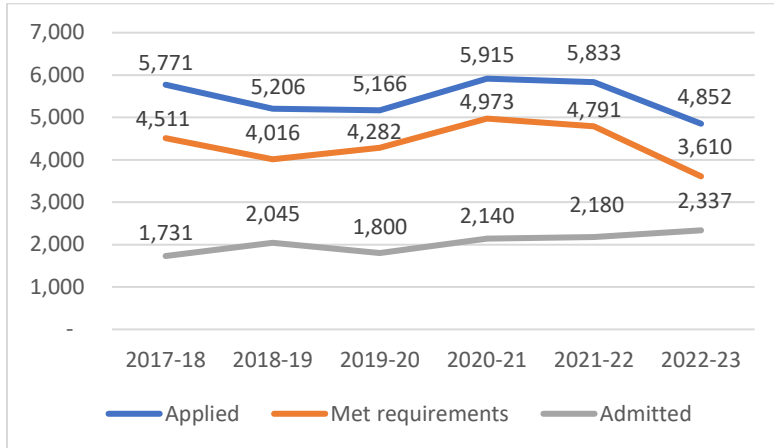
Analysis of pandemic-era enrollment trends, conducted by SBCTC, showed that students were more likely to drop out or stop out from their educational pathway if they were not enrolled in a degree program, attended part-time, and/or were older than traditional college age. Students taking prerequisites typically fall into these categories and may have put off completing application requirements during 2020-2022, resulting in fewer qualified candidates for admission into nursing programs.

Regardless of the reason, if the trend continues, it will be even more critical to ensure that more nursing program applicants are able to meet admissions requirements, including prerequisites, and successfully complete programs.

Prerequisites and admissions

Each college independently determines which prerequisite courses are required for admission into nursing programs. While nursing program directors generally stated that it was possible to complete prerequisites within one year, nearly all noted that those who do so are the exception.

Most directors estimated that students took two years on average to complete prerequisites, with part-time students and those with limited English proficiency or nontraditional educational backgrounds often needing more time. As a result, students face longer timelines to get all the way through their nursing programs and incur additional costs that can drain their resources before even being accepted into nursing programs. Scheduling and course expiration dates or "repeat" policies for prerequisites also pose challenges. Some directors noted that students frequently choose to repeat courses to get better grades and be more competitive.

Students surveyed for the purpose of this plan reported that navigating the admissions process was difficult:

- 68% found it challenging to gain admission to a nursing program.

- 66% applied to only one program, with just 16% of respondents applying to more than two programs.

While there is no data on why so few survey respondents applied to multiple programs, possible reasons for limited applications may include the costs associated with applying, differing admission requirements among colleges, and students' unwillingness or inability to leave their communities and relocate to other parts of the state.

Program director turnover

The role of a program director is demanding, requiring the ability to navigate complex legislative, accreditation, and collective bargaining requirements. Directors frequently earn less than faculty, making the position less attractive and slowing the hiring process. This turnover can hinder program innovation and, in some cases, result in sanctions from the Washington Board of Nursing (WABON), potentially reducing admissions and program capacity. In the worst case, a program can be required to close admissions, reducing the community and technical college system's capacity to graduate nurses.

There is no formal onboarding or orientation for new nursing program directors. Often, more experienced directors help new ones get up to speed, taking time away from running their own programs. There is also no structured support to help new nursing faculty translate their expertise into the academic environment, adding to the challenges of running nursing programs. Nursing faculty survey respondents noted the need for more onboarding and mentorship to help navigate the college environment and support their development as educators.

Rural challenges

Rural communities face all the challenges described above and more. Program directors described the lack of available access to specialty areas for clinical placements (e.g. geriatrics, pediatrics, labor and delivery, etc.), small rural hospital systems having limited capacity to take on nursing students, students struggling to access WiFi, transportation, or other support services, and difficulty finding nurses with a master's degrees or higher who are willing to take a pay cut to teach. Some described a lack of applicants prepared for the rigors of nursing programs, or just a lack of applicants in general.

Getting to scale is another challenge in some rural communities. For example, extremely limited housing results in fewer applicants from outside the region. Students who do come from more urban areas seldom stay once they graduate, meaning less of a payoff for clinical partners who invest time to train students in hopes of hiring them. Because rural communities face aging populations and growing healthcare needs, the lack of trained nurses in their communities is an urgent challenge.

Rural community and technical colleges have come up with a variety of approaches to address their unique challenges, each with its own costs. For example:

- **Skagit Valley College** and **Wenatchee Valley College** use mobile simulation vans for hands-on training. While state funding covered the vans' purchase, colleges must fund upkeep, staffing, and supplies. Both colleges are looking at creative options to offset these costs.

- Washington State Department of Health, Rural Health Division has received funding to implement a Rural Nursing Education Program (RNEP) hub to create a 100% remote access rural-specific pre-licensure nursing program in collaboration with community and technical college(s) based on the Rural Outreach Nursing Education (RONE) option developed in Cowlitz County. The hub will serve current healthcare workers in rural areas and geographically isolated prospective nursing students unable to access traditional nursing programs. **Big Bend Community College** is the community and technical college system's partner in this work.

- Grays Harbor County only has one very small acute care hospital. Because the hospital had to close one floor due to lack of nurses, **Grays Harbor College** now rotates its nursing students through extremely limited clinical opportunities. To address the limited options for students to receive required experience with specialties like obstetrics, the college vanpools students to clinics as far away as Olympia. While this approach allows students to experience healthcare specialties in person, it also adds to the cost of running the program and to the time students spend traveling.

- **Peninsula College** in Jefferson and Clallam Counties is in a similar situation. The two large providers in the district, Jefferson Healthcare and Olympic Medical Center, can only take a total of 12 students at a time and facilities in Forks can only take a few more. Therefore, Peninsula is using simulation for some specialties and accessing childcare centers, pediatric clinics, and school-based programs for others. The program has also considered offering two smaller cohorts per year to make maximum use of the space available and is exploring the model being deployed by the Rural Nursing Education Program hub. The college is also focused on strengthening relationships with Native American Tribes to meet the needs in its district and has built a longhouse on campus, among other efforts.

Rural community and technical colleges are working to mitigate many barriers to their students' success, and their efforts require sustained investment and support to ensure that nursing education remains accessible and effective.

Case study: Rural Nursing Education Program

According to a recent Health Resources and Services Administration (HRSA) report, Washington state has the third largest nursing shortage in the country with the most significant shortages experienced in the state's rural communities. To address this issue, the Washington State Department of Health (DOH) proposes to implement the recently developed Rural Nursing Education Program (RNEP) in six rural Washington communities: Othello, Newport, Republic, Ritzville, Davenport, and Grand Coulee. The program aims to graduate and license a total of 20 Registered Nurses (RNs) in four years to work in these local communities.

RNEP is a collaborative effort between Big Bend Community College (BBCC) and six carefully selected community partners, all located in rural areas of Washington. BBCC will play a pivotal role in curriculum development, delivery, and support, leveraging its extensive experience in nursing education and online learning. Community partners play a crucial role in identifying students for the program, offering practical training opportunities, and providing local support — all of which enrich the educational experience and foster strong community ties.

The practicum curriculum for RNEP participating students will be tailored to the specific challenges and

opportunities of rural healthcare, with a focus on acute care, chronic disease management, long-term care, and primary care. The program will be delivered online and will emphasize cultural competence and community-based care, preparing graduates with the skills and knowledge to effectively serve diverse rural populations. RNEP will use new technologies, including telepresence robots, to allow for remote student observation by BBCC faculty, and virtual reality simulation equipment to help train the nurses in low-volume procedures and clinical cases that they may not be able to witness and/or participate in during their clinical training.

The goal of RNEP is to graduate a new generation of nurses who are not only technically proficient but also deeply committed to improving healthcare outcomes in their own communities.

Expanded use of simulation (SIM)

The need for simulation (SIM) in nursing programs expanded significantly when the COVID-19 pandemic restricted student access to clinical settings in healthcare facilities. Community and technical college nursing programs are now exploring how best to integrate simulation to address clinical bottlenecks, limited clinical capacity, and to provide supplemental hands-on learning.

High quality simulation can enhance students' clinical experience. For example, students attending clinicals in a maternity ward can also receive SIM-based instruction, allowing them to engage with alternative scenarios and develop a broader range of skills. The recent adoption of Washington Board of Nursing rules, which allow one hour of simulation to count as two hours of on-site clinical experience, reflects the growing importance of simulation in nursing education.

Legislative investments in simulation over the past three years have increased access to up-to-date, high-quality equipment in simulation labs. However, the effectiveness of simulation depends on proper instructor training and the availability of technicians to program equipment for various scenarios and ensure its smooth operation. Programs already face challenges in hiring and retaining skilled educators, even with recent investments in nurse educator salaries. Resources for technical support and instructor training remain limited. The new rules allowing one hour of simulation to count as two hours of clinical experience will require significant up-front investments to meet Washington Administrative Code requirements and will likely necessitate additional staffing. Continued support is essential to fully leverage the investments in simulation over the past three years.

An integrated strategy to support nursing program capacity and student success

The Community and Technical College Nursing Capacity Expansion Plan includes an integrated set of strategies aimed at supporting recent gains in capacity and improving graduation rates in the next four years, with fewer hurdles and stressors for students. These strategies address changing support needs for nursing students, challenges related to prerequisites, program stability, the successful integration of simulation, and the adoption of innovative integrated education and training models designed specifically to help English language learners and students with nontraditional educational backgrounds succeed in nursing programs.

Even if other initiatives solve clinical capacity issues, resolve space issues, and maintain or increase investment in nurse educator salaries, the strategies outlined in this plan will address the changing nature of community and technical college nursing programs and students in Washington. These strategies have received support from nursing program directors via interviews and community and technical college nursing faculty via surveys. They are informed by student surveys and consultations with members or representatives of the Washington State Hospital Association, the Washington Center on Nursing, SEIU Healthcare 1199, SEIU Healthcare 1199NW Multi Employer Training Fund, Washington State Labor Council, Washington Nurses Association, and the Washington Workforce Association.

The integrated strategies would be supported by a newly created statewide community and technical college nursing liaison who would help onboard and support nursing program directors and faculty, while facilitating implementation of the other program components. The components include:

- **Statewide nursing liaison**: This role would support program directors and faculty, stabilize leadership, and coordinate capacity building and student success efforts.

- **NextGen nursing scholars**: A student navigation and financial support strategy modeled on other Washington programs to increase retention and completion for diverse students training for critical shortage occupations.

- **Standardized prerequisites**: An effort to standardize prerequisites to improve access to programs and reduce costs for students.

- **NURSPath**: A homegrown, nursing-led, I-BEST-like model aimed at helping more nursing students, especially those with limited English proficiency or nontraditional academic backgrounds, succeed in their nursing programs.

- **Simulation support:** Ensuring that legislative investments in simulation technology result in even more highly prepared nursing program graduates.

While each strategy can stand alone, together they provide an integrated approach to create a sustainable and resilient community and technical college nursing education system capable of impacting the growing healthcare demands of the state.

Enhance leadership stability and strategy coordination through a statewide nursing liaison

A critical component of sustaining and growing nursing program capacity is the stability and effectiveness of program leadership. High turnover among college nursing program directors disrupts continuity, hinders program development, and may negatively impact student outcomes. To ensure that nursing programs are well managed and positioned for growth, the Community and Technical College Nursing Program Capacity Plan proposes to create a statewide nursing liaison position.

The liaison role would require hands-on experience as a current or former community or technical college nursing program director and be housed at a college but serve the entire state. Most nursing program directors interviewed emphasized that the liaison must have direct experience running a nursing program to succeed and should not be part of a state oversight or regulatory agency. The liaison would play a key role in supporting the integration of the Community and Technical College Nursing Capacity Expansion Plan while providing essential technical assistance and mentoring for new nursing

directors and onboarding for faculty. The role would complement, not replace or conflict with, the work of existing groups like the Council on Nursing Education in Washington State, but add support to nursing programs.

By stabilizing leadership and fostering collaboration, the statewide nursing liaison would play a pivotal role in aligning the various elements of this plan into a unified strategy for expanding nursing program capacity. The nursing liaison would:

- **Offer structured orientation and mentorship to new program directors**. With more than 30% of directors turning over each year, loss of a program director results in instability and a loss of innovation capacity. Current directors noted that mentorship from other directors was essential to their own professional development, as few were able to overlap with their predecessors during onboarding. Structured orientation and mentoring would help fill the knowledge gap for new directors and support their growth, reducing the potential of costly errors that result in program sanctions.

- **Offer structured new faculty orientations or "bootcamps" for new faculty.** Nurse educators often transition from being expert, master's-level clinicians to their new roles as novice instructors without formal, structured orientation and mentoring. 64% of community and technical college nursing faculty survey respondents stated that they did not receive sufficient orientation to their roles when they first started teaching, with some describing their first days as "being thrown to the wolves." Typical new faculty orientations do not address the complexities of nursing programs, nor the changing nature of these programs. Structured orientation and onboarding across colleges could provide the extra support needed and reduce some of the stress survey respondents voiced.

- **Support the integration of strategies in this plan.** The liaison would work with programs to implement the plan's components, increasing capacity and ensuring smoother operations.

- **Assist nursing programs in identifying and addressing challenges**. By fostering innovation and promoting best practices, the liaison would enhance program capacity and improve student success.

Advance student success by establishing the NextGen Nursing Scholars support model

This strategy builds on successful Washington models like the Early Achievers Grant and the Economic Security for All (EcSA) program, ensuring that students receive the holistic support they need to thrive. It combines financial aid, academic tutoring, career mentoring, and essential services like food, transportation, and childcare. By embedding these resources and services directly into the fabric of nursing programs, the strategy can enhance student retention and completion rates, thereby expanding the nursing workforce.

Nursing students who completed our survey clearly voiced the need for more financial and support services. An analysis of financial supports used by students who graduated from nursing programs in 2023, conducted by SBCTC, found that students accessed 26 separate forms for federal, state, local, and private financial aid and scholarships. Program directors also noted that many students are working more hours because they don't have the resources to scale back while in school. Some directors

reported that students often need to "stop out" (temporarily leave their programs) due to financial hardship, which delays their progress. While most of these students eventually return and graduate, the interruptions create empty seats in cohorts, reducing the number of graduates each term.

The Early Achievers Grant (EAG) was designed to address similar needs for students in early learning programs. Like nurses, childcare providers are another high demand, difficult-to-fill occupation. Highly diverse students, many with limited resources and significant responsibilities outside the classroom, struggled to complete educational programs that would allow them to work in daycare centers and preschools or open their own childcare businesses. The Early Achievers Grant addressed these issues by creating a centralized pool of financial support accessible through a dedicated point of contact at each college. Early Achievers Scholars have, on average, a 15% higher retention and completion rate — and as high as 20% in some years — than Early Childhood Education students who are not part of the EAG program.

Similarly, Washington's Economic Security for All (EcSA) program also shows the value of coordinated support. Like Early Achievers, EcSA provides low-income students with coordinated navigation and career planning, stipends, financial aid, and support services. Local workforce development areas prioritize the occupations and students served by EcSA based on local needs. A recent report on the EcSA model identified the success of North Central SkillSource, serving rural Adams, Chelan, Douglas, Grant, and Okanogan counties, in retaining and graduating highly diverse, low-income nursing students using EcSA resources bundled with workforce skills development and support.[14]

Nursing program faculty, staff, and students would be convened to help develop the nursing specific NextGen Nursing Scholars model based on these programs and identify funding to ensure its success.

Case study: North Central Washington's rural partnerships to support students and industry

The demand for registered nurses in North Central Washington has been growing steadily with healthcare providers like Samaritan Healthcare and Confluence Health posting hundreds of job openings each year. Community colleges like Big Bend and Wenatchee Valley have been pivotal in addressing this need, offering high quality programs for aspiring nurses, especially those from diverse backgrounds.

However, surveys conducted for this plan reveal that students view the nursing pathway, with its numerous prerequisites and demanding academic schedules, as a considerable financial risk. This concern is particularly pronounced among low-income students, for whom the prospect of future loan forgiveness feels too uncertain. The financial and personal challenges that many students face make completing these programs difficult, highlighting the importance of partnerships that offer additional support.

One such partnership is between the state's Local Workforce Development Boards (LWDBs), Economic Security for All (EcSA) program, and local community colleges. EcSA is a poverty reduction initiative led by the LWDBs; it works with colleges and other training partners to provide low-income students with the financial assistance, incentives, and wrap-around services they need to succeed. Through this collaboration, local communities help students overcome obstacles that might otherwise prevent them

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[14] Washington Workforce Association. (2024, August 29). *Economic Security for All (EcSA) final evaluation report*. https://washingtonworkforce.org/economic-security-for-all-ecsa-final-evaluation-report-spr-8-29-24/

from starting and finishing their education.

For example, Charlie Wood, a single mother of three, was able to pursue her nursing degree at Big Bend Community College with the support of EcSA and SkillSource, North Central Region's LWDB. Monthly financial incentives and crucial support services allowed her to focus on her studies and eventually secure a nursing position with Samaritan Hospital, providing stability for her family.

Domenico Tedeschi, an asylee from Venezuela, found success through the partnership between SkillSource and Wenatchee Valley College. With EcSA's financial aid for tuition, books, and supplies, Domenico graduated with a 4.0 GPA, received the Wenatchee Valley College President's Medal, and is now working as an ICU nurse at Confluence Health.

These stories exemplify the power of the EcSA-college partnership in helping students achieve their goals to fill critical nursing roles in the region. This collaboration not only supports individual students, but also strengthens the healthcare workforce in Washington.

Standardize the prerequisite processes

The path to entering a nursing program is often complicated by inconsistent prerequisite requirements across institutions. These hurdles delay students' entry into programs and can deplete limited financial aid and resources. 68% of nursing students responding to a survey for this project stated that it was difficult to get through prerequisites. Nursing program directors noted that while prerequisites are designed to be completed in one year, most students take longer.

Prerequisites vary from five to 12 courses across Washington community and technical colleges. Programs may also set specific grade requirements for each prerequisite, prompting students to retake courses to be more competitive, further increasing the cost of their education and delaying program entrance. Many prerequisite courses are only offered once per year, compounding the issue.

While some directors believe that adding prerequisites improves student competence, other programs that require fewer prerequisites also maintain high NCLEX first time pass rates.

The Community and Technical College Nursing Program Capacity Plan recommends implementing a statewide initiative to evaluate admission practices and standardize prerequisite requirements among community and technical colleges, ultimately increasing the number of nurses graduating each year.

NURSPath — A homegrown, nursing-led, I-BEST-like model for community and technical college nursing programs

NURSPath is a transformative approach to nursing education that employs a nursing-led integrated education and training model, similar to Washington's highly successful Integrated Basic Education and Skills Training (I-BEST) model. I-BEST is proven effective in increasing the success of English language learners and those with nontraditional education experiences in college-level professional-technical programs. NURSPath aims to integrate academic and technical education, fostering a seamless learning experience that equips students with the essential skills and knowledge needed to excel in the nursing profession, starting with their prerequisites.

By combining foundational education with specialized nursing training, NURSPath enhances student success, retention, graduation rates, and employment outcomes. The curriculum aligns with nursing

student needs and encourages collaboration between faculty, students, and healthcare partners.

NURSPath supports students from diverse backgrounds, particularly those who face challenges in traditional models, helping close equity gaps. It integrates basic education (math, reading, and writing) into the nursing curriculum, with nursing instructors and basic education instructors teaching together. This approach makes foundational skills directly relevant to nursing, while providing academic and career support.

A team of nursing faculty, basic education instructors, and industry partners would design the curriculum. Following a pilot program, NURSPath would expand to include all nursing students, and continuously assess results to make improvements as needed.

Case study: Green River College's integrated education and training

In 2022, Green River received approval to implement an Integrated Basic Education and Skills Training (I-BEST) model into its LPN program. The model provides simultaneous instruction in nursing content and basic skills such as reading, writing, and math, which is especially beneficial for students who face language barriers or have nontraditional educational backgrounds. The program also offers a one-credit class where the I-BEST instructor provides additional help in content areas such as dosage calculation, study skills, writing papers, and more. Supported with wraparound services, including faculty tutoring and workforce development seminars, I-BEST has increased retention, completion, and student satisfaction. The following data points show progress from the 2021-22 academic year — before the program started — through the 2023-24 academic year.

Increased diversity — The I-BEST model resulted in a more diverse cohort of nursing students, contributing to a richer learning environment aligned with the community's healthcare needs. I-BEST increased representation of students of color from 60% to 79% and first-generation students from 53% to 79% of LPN students.

Better retention and completion — The dual instructional approach helps students stay engaged and supported throughout their educational journey. As a result, students are better equipped to manage the academic rigor of the LPN program. Completion rates for students of color increased from 83% to 96%, English language learner students from 74% to 100%, and all students from 89% to 95%.

High NCLEX pass rates — Despite the additional focus on basic skills, the quality of nursing education was uncompromised. The I-BEST model maintained the program's high NCLEX pass rates, ensuring that students not only completed the program but also met licensure requirements to become competent and qualified practical nurses. NCLEX pass rates for students of color increased from 85% to 100%, English language learner students from 63% to 100%, and all students from 84% to 96%.

Increase support for simulation

Nursing programs quickly adopted simulation (SIM) to maintain capacity when the COVID-19 pandemic restricted students' access to clinical settings at healthcare facilities. Programs have continued to use simulation to address clinical bottlenecks and provide supplemental hands-on learning. As they continue to gain experience, programs are discovering the opportunities and challenges of implementing high quality simulation to expand learning beyond what clinical settings alone might offer.

SIM provides realistic hands-on experience and creates scenarios to expand student skills and knowledge. Recent adoption of Washington Board of Nursing rules to count one hour of simulation as two hours of clinical experience underscores the value of SIM in nursing education.

Legislative investments in simulation over the past three years have improved access to up-to-date, high-quality equipment in college labs. However, the effectiveness of SIM depends on ensuring adequate training for instructors and the availability of technicians who can program the equipment for various scenarios and maintain operations. The new 2:1 simulation-to-clinical hour rule will require significant upfront investments, including hiring additional faculty, to meet Washington Administrative Code requirements.

Despite increased investments in nurse educator pay, programs continue to struggle with hiring and retaining highly skilled educators. Limited resources for technical support and instructor training present further challenges. To fully realize the benefits of legislative investments in SIM over the past three years, additional support will be essential.

Case study: Expanding rural college reach via mobile simulation labs

Mobile simulation labs provide opportunities for hands-on learning in underserved areas, eliminating the need for additional infrastructure at smaller, remote, or rural campuses.

For example, Wenatchee Valley College (WVC)-Omak purchased a mobile SIM unit to help ease space limitations to accommodate growing enrollment in allied health programs. The SIM unit, stocked with essential manikins and equipment, will help stagger usage between programs like nursing, medical assisting, and chemical dependency. By rolling out a well-planned mobile simulation lab, WVC ensures its students have access to high-quality, flexible training environments. As the college seeks funding for a larger facility, the mobile lab stands as a critical interim solution to address space constraints while preparing students for the demands of their future careers. WVC is negotiating with community partners for shared use of the van to aid in outreach efforts and to offset operational costs.

Similarly, Skagit Valley College's rural Whidbey Island Oak Harbor Campus is using a mobile SIM lab to bridge the gap in areas where clinical experiences are not available locally, such as pediatrics, psych/mental health, and maternal/infant patients. The mobile SIM lab also ensures that all students, regardless of whether they are attending a nursing program at the Mount Vernon campus or Oak Harbor, have access to the same high-quality learning experiences.

In building mobile labs, colleges experienced initial challenges with COVID-era supply chain logistics and consequent equipment recalls. These challenges were outweighed by the lab's potential to support expanded nursing programs and increase enrollment

Expected outcomes for implementing a systemwide integrated nursing capacity strategy

Implementing the integrated strategies described above could result in the following outcomes:

- **Increased nursing workforce:** A rise in the number of nursing graduates entering the workforce, driven by higher retention and completion rates.

- **Accelerated program entry:** Reduced time and financial barriers for students entering nursing programs, leading to more efficient pathways to graduation.

- **Enhanced program stability:** Greater consistency and stability within nursing program leadership, resulting in more effective program management and innovation.

- **Improved student success and satisfaction:** Enhanced academic support through the NURSPath model, particularly for English language learners, and more hands-on learning through expanded simulation implementation, leading to better preparedness and higher graduation rates.

Additional Options for Consideration

In addition to the plan outlined above, nursing program directors and faculty who responded to requests for input generally supported the following initiatives to increase their program capacity to graduate more nurses. These strategies were not integrated into the Community and Technical College Nursing Program Capacity Expansion Plan because they were less likely to show results in the four-year period required by SB 5582. However, they are worth exploring over the next several years.

Reconsider the 80% NCLEX first time pass rate requirement

The Washington State Board of Nursing requires at least 80% of nursing students to pass the NCLEX on their first try, and over the past six years, Washington community and technical colleges have maintained first time pass rates well above 80%.

Chart 6: Community and Technical College Annual ADN-RN and LPN NCLEX Pass Rate by Year and License Type.[15]

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[15] Washington State Board of Nursing, Nursing Care Quality Assurance Commission. (2023, March). DOH 669-336. Washington State Department of Health.
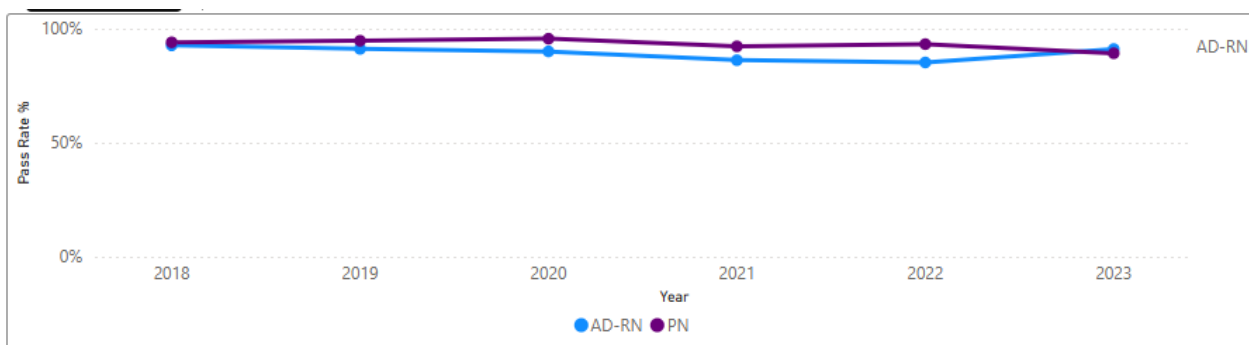
Year	AD-RN	PN
2018	92.70%	94.03%
2019	91.16%	94.70%
2020	90.04%	95.61%
2021	86.20%	92.27%
2022	85.20%	93.24%
2023	91.08%	89.23%

Despite maintaining high pass rates, community and technical college nursing program directors identified the first-time pass rate requirement and the threat of corrective action for missing it as factors impacting admissions decisions, shifting resources and time from training in favor of test preparation, and potentially hindering innovation by making it risky to try new educational modalities, such as apprenticeships.

Washington's requirement is one of the most stringent in the country; most national accrediting bodies do not require such a high first-time pass rate. Corrective action plans, which result from missing the requirement, are labor intensive, divert attention from other critical functions, and can take years to complete. Programs may be forced to stop admissions while in corrective action status, reducing the community and technical college system's capacity to train nurses.

Directors noted that no evidence suggests students who pass the NCLEX on their first attempt become better nurses. They point out that the anxiety created by this requirement takes a toll on students, faculty, and programs. Students already face high levels of stress at every step of their nursing pathway, and the risk of sanctions if fewer than 80% of students pass the NCLEX on their first try exacerbates that burden. No student wants to feel responsible for placing their program at risk of sanctions.

Replacing the 80% first-time NCLEX pass requirement with a model similar to that used by the Accreditation Commission for Education in Nursing (ACEN), a national nursing accrediting body, could alleviate some of the pressure without compromising the quality of graduates from Washington community and technical colleges.

Track development of apprenticeship models for nursing programs

SB 5582 specifically asked community and technical colleges to explore the potential of apprenticeships as a mechanism to expand colleges' capacity to graduate more nurses by 2029. Some nursing program directors noted that apprenticeship was the primary way nurses were trained in the past and noted the value of apprenticeship in general.

A nursing assistant to LPN apprenticeship pilot project for nursing assistants in long-term care settings to become licensed practical nurses via registered apprenticeship began admitting students in the summer

of 2024 with a goal of enrolling 10 students. Program standards were provisionally approved for one year by the Washington State Apprenticeship Training Council in the fall of 2024. Edmonds College serves as the provider of related supplemental instruction for the pilot. While the pilot has launched, results will not be available for another two years.

Leadership at SEIU Healthcare 1199NW Multi Employer Training Fund (Training Fund) was also interviewed on the topic of nursing apprenticeships. The Training Fund, as the sponsor of the Health Care Apprenticeship Consortium registered Joint Apprenticeship Training Committee (JATC), has registered six healthcare apprenticeships and one apprenticeship preparatory program in Washington.

The Training Fund has also been exploring registration of a nursing apprenticeship. They noted that while other states had approved nursing apprenticeships, these programs would not meet Washington criteria due to state regulations. Along with the nursing program directors, they noted that conflicting state nursing program regulation and apprenticeship regulations make implementing a nursing apprenticeship particularly challenging in Washington. For example, students in nursing apprenticeships would be required to complete the same number of classroom hours as students taking college-based nursing programs.

Additionally, under current regulations, competencies achieved through hands-on, on-the-job learning would not be approved to replace classroom seat time. Washington registered apprenticeship rules would still require a nursing apprentice to complete a minimum of 2,000 hours of on-the-job training, resulting in a program longer than a typical community or technical college nursing program, with apprentices having to meet more requirements than other nurse trainees. Other states provide possible models, for example, by allowing the on-the-job training hour requirement of the apprenticeships to count as the experiential portion of the nursing programs.

It will be important to continue to watch developments related to the Nursing Assistant to LPN Apprenticeship pilot to understand what future role apprenticeship might play in increasing nursing program capacity.

Case study: piloting apprenticeship in community and technical college nursing programs

Edmonds College has partnered with the Washington Healthcare Association, Washington Board of Nursing, long term care facilities in the Puget Sound, and the Department of Labor and Industries to pilot a Nursing Assistant to LPN Apprenticeship Program. The program is training nursing assistants (Nursing Assistant Certified or NA-C) working in long term care to become licensed practical nurses (LPN). Eight students were admitted in the six-quarter pilot in the fall quarter 2024 and program standards were provisionally approved by the Washington State Apprenticeship and Training Council in 2024. Apprentices are expected to graduate in June 2026.

The apprentices are participating in Edmonds College's part-time hybrid Practical Nursing Certificate curriculum, which feeds into the LPN to RN/BSN (Bachelor of Science in Nursing) Direct Transfer Agreement. Students complete their theory courses online, attend skills and simulation labs on campus, and participate in clinicals at local healthcare facilities. 150 of their 300 required clinical hours are completed in their workplaces with preceptors. They also join other students for clinical hours in acute care, mental health, pediatrics, and obstetrics not available at their worksites.

On-the-job training (OJT) is also required for apprentices. They start as nursing assistants (NA-Cs). In the second quarter of the program, they become eligible to work as nurse technicians, earning a higher salary, practicing the skills they need to master in their nursing program with RN oversight, and increasing their confidence and technical competence. For example, after their third quarter in the program, the nurse technicians, with RN supervision per Washington Administrative Code, perform physical assessments, administer oral and IV medication and injections, and perform sterile skills such as urinary catheter insertion, tracheostomy care and suctioning, and wound care. The skilled nursing facilities where they work gain workers with increased LPN skills familiar with their facility, ready to go on day one of employment after graduation, who can seamlessly continue their education.

The pilot was originally designed for three colleges to serve students throughout the state with remote labs at strategically placed long-term care facilities. However, Edmonds is the only college that chose to participate. Due to a lack of timely employer participation, remote labs could not be established for the pilot. Additional participation by schools and employers would be needed to expand the program across the state.

Allow community and technical colleges to offer four-year Bachelor of Science in Nursing degrees

Currently, graduates of an associate nursing degree program who have received licensure as a Registered Nurse (RN) or a Practical Nurse (LPN) are eligible to apply for a Bachelor of Science in Nursing (BSN) program at a community and technical college. While RN and/or LPN to BSN programs are offered at several colleges across the state, students pursuing this pathway often have to transfer out of their local institutions to complete their degrees, disrupting support networks, separating from peer cohorts, and building or finding new support services. Many students cannot access BSN programs close to home, which may require moving or lengthy commutes, especially in rural areas, further straining their ability to work and manage family obligations. These challenges add pressure to an already demanding program.

Allowing community and technical college nursing programs to award four-year Bachelor of Science in Nursing degrees, in addition to the LPN/RN to BSN pathways they already offer, could resolve many of the challenges and result in significantly more bachelor-level nurses, since community and technical colleges already account for about two-thirds of nursing graduates. It would also allow more lower income healthcare workers to advance their careers without major life disruptions.

A precedent for community and technical colleges offering bachelor's degrees was set during the 2020-2021 legislative session, when legislators passed Substitute Senate HB 5401, allowing community and technical colleges to offer Bachelor of Science in Computer Science degrees. The legislation provides a potential model for how community and technical colleges could offer a four-year degree in nursing.

However, because SBCTC does not currently have authority to approve four-year BSN programs and launching them would take time even with legislative approval, this strategy was not included in the current plan. Nonetheless, it could significantly impact the number of BSN graduates in Washington.

Establish more part-time program options

According to a survey of nursing programs, there are four part-time LPN programs, four part-time Associate Degree in Nursing (ADN) programs, and two part-time BSN transfer programs currently available in Washington community and technical colleges. While many college nursing directors noted an interest in offering part-time nursing programs, they also identified implementation challenges. Part-time programs typically take longer to complete. When they are scheduled for evenings or weekends to meet student needs, it is often difficult to find faculty willing to teach them and campus services are limited at these times. One nursing program director noted that students in their college's part-time nursing program were only there due to a lack of seats in the full-time program. Whenever seats in the full-time program became available, part-time students moved into them.

Still, some colleges have expanded capacity by adding part-time programs, using facilities during off-hours and addressing student needs. Over the next four years, it would be valuable to explore the outcomes of these programs, identifying factors that contribute to their success and the obstacles they present, to better understand how part-time options might enhance community and technical college nursing program capacity.

Case study: Partnering with labor and employers to meet incumbent worker education needs

Surveys, interviews, and enrollment data confirm that community and technical college nursing student demographics are notably different from those in traditional university settings. Students tend to be older, with the majority balancing work and caregiving responsibilities, whether for children or other loved ones. Many are already employed in healthcare settings and cannot afford to reduce their work hours or lose essential benefits. This unique set of challenges underscores the necessity for flexible educational options, like the part-time Registered Nursing (RN) program, which allows students to pursue their nursing education while continuing to meet their professional and personal obligations.

One way that the community and technical college system is addressing this challenge is by partnering with organized labor and healthcare employers through the Hospital Employee Education and Training Program (HEET). The Northwest HEET Consortium's partnership with Bellingham Technical College (BTC), PeaceHealth St. Joseph Medical Center, and the SEIU Healthcare 1199NW Union is successfully addressing a critical regional need for registered nurses through an innovative part-time nursing program. This collaboration is doubling the capacity of BTC's part-time RN program in the current academic year, adding 20 new seats. The program is specifically designed for incumbent hospital workers. By offering a flexible, predictable schedule and targeted support for students with diverse needs, the partnership is making nursing education more accessible for working adults.

Understanding that most hospital employees struggled to participate in full-time programs due to financial and job-related constraints, BTC and its labor and management partners launched a pilot part-time RN program in fall 2022. It allowed workers to maintain both their employment and benefits while pursuing nursing education. The initial pilot cohort demonstrated high demand, with more than five times as many applicants as available spots. As a result, the partnership seeks to build on this foundation by refining the program schedule to better meet the needs of hospital workers and expanding access to evening and weekend classes and labs.

The partnership's focus on support services has been a vital component of its success. Recognizing the

challenges faced by part-time students — especially those with disabilities or who are English language learners — the program includes additional academic, financial, and navigational assistance. This includes evening technical support, tutoring in multiple languages, and a dedicated student success specialist. These resources help reduce the risk of attrition among part-time students, which is typically higher than for their full-time counterparts, while fostering an inclusive environment for all participants.

This expanded program is not only meeting the needs of individual students but also addressing a pressing local demand for skilled healthcare professionals. PeaceHealth St. Joseph Medical Center, the region's largest employer of nurses, faces a significant shortage of RNs, with many open positions unfilled due to the area's geographic challenges. By doubling the number of part-time seats, the program helps ensure that local workers can fill these gaps, supporting the community's healthcare needs while advancing their own careers.

Conclusion

Washington's community and technical college programs have made gains in program capacity and diversity, despite the COVID-19 pandemic, clinical bottlenecks, space challenges, and difficulties finding enough nurse educators. While future expansion is limited until these challenges can be met, legislative investments clearly resulted in program growth and innovation. Continued growth requires continued investment and specialized solutions to ensure that as many nursing students are admitted into programs as possible and that those who are admitted succeed and graduate. The Community and Technical College Nursing Program Capacity Expansion Plan recommends continuing current investments and considering an integrated set of options to ensure program stability, adequate financial and academic student supports, and coordination provided by a statewide nursing liaison.

Appendix A: Undergraduate Nursing Degree Pathways in Washington[16]

Undergraduate Nursing Degree Pathways in Washington State

2-Year Degree Pathways

Option 1 – LPN Pathway

Starting Point (1)

Licensed Practical Nursing (LPN) *Certificate or Associate*
- Eligible to Take the NCLEX-PN Exam
- Receive Practical Nursing License

- Eligible to Take the NCLEX-PN Exam
- Receive Practical Nursing License

(2) Licensed Practical Nursing to Registered Nursing (ADN-RN) *Associate*
- Eligible to Take the NCLEX-RN Exam
- Receive Registered Nursing License

(3) Associate in Nursing RN to BSN (RN-B) *Bachelor's*

(4) Licensed Practical Nursing to Baccalaureate in Nursing (BSN) *Bachelor's*
- Eligible to Take the NCLEX-RN Exam
- Receive Registered Nursing License

Option 2 – RN Pathway

Starting Point (5)

Associate Degree in Nursing (ADN-RN) *Associate*
- Eligible to Take the NCLEX-RN Exam
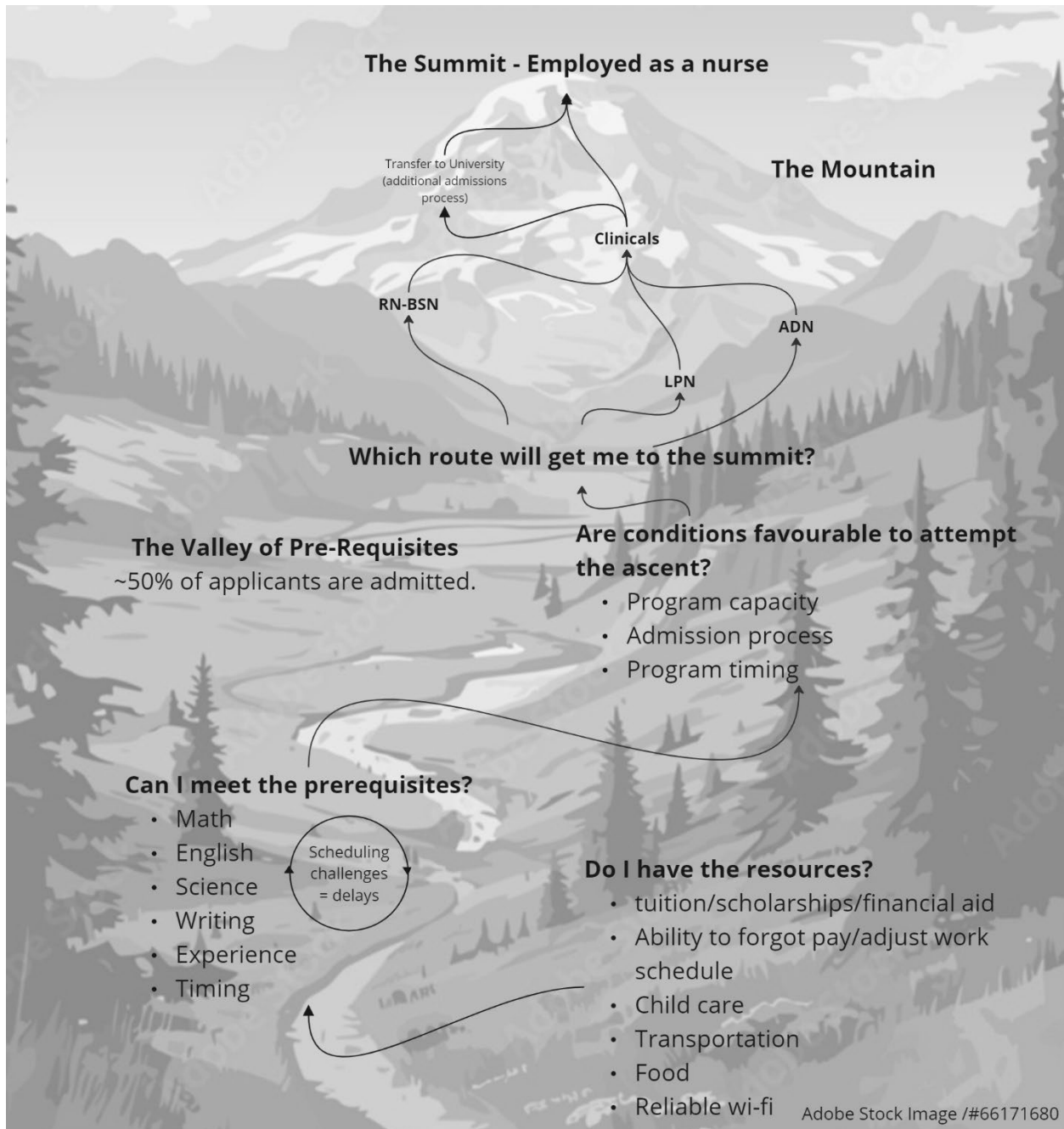- Receive Registered Nursing License

(3) Associate in Nursing RN to BSN (RN-B) *Bachelor's*

4-Year Degree Pathway

BSN Pathway

Starting Point (6)

Bachelor of Science in Nursing (BSN) *Bachelor's*
- Eligible to Take the NCLEX-RN Exam
- Receive Registered Nursing License

#1. Institutions
- Bates
- Bellingham
- Clover Park
- Edmonds
- Green River
- Olympic
- Yakima Valley

#2. Institutions
- Bellingham
- Clover Park
- Lower Columbia
- Olympic
- Pierce
- Shoreline
- Skagit Valley
- Tacoma
- Walla Walla

#3. Institutions
- Bellevue
- Columbia Basin
- Gonzaga University
- Northwest University
- Olympic
- Saint Martin's University
- University of Washington
- Washington State University
- Walla Walla University
- Wenatchee Valley
- Western Governors
- Western Washington University

#4. Institutions
- Columbia Basin
- Green River College
- Olympic
- Saint Martin's University
- Wenatchee Valley

#5. Institutions
- Bellevue
- Bellingham
- Big Bend
- Centralia
- Clark
- Columbia Basin
- Everett
- Grays Harbor
- Highline
- Lake Washington Tech
- Lower Columbia
- Olympic
- Peninsula
- Pierce
- Renton Tech
- Seattle Colleges
- Shoreline
- Skagit Valley
- South Puget Sound
- Spokane
- Tacoma
- Walla Walla
- Wenatchee Valley
- Whatcom
- Yakima Valley

#6 Institutions
- Eastern Washington University
- Gonzaga University
- Heritage University
- Northwest University
- Pacific Lutheran University
- Saint Martin's University
- Seattle Pacific University
- Seattle University
- University of Washington
- Walla Walla University
- Washington State University

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[16] *Provided by KaraLynn LaValley, Associate Dean of Nursing, Green River College*

Appendix B: The Path to Becoming a Nurse

The Summit - Employed as a nurse

The Mountain

Transfer to University (additional admissions process)

Clinicals

RN-BSN

ADN

LPN

Which route will get me to the summit?

The Valley of Pre-Requisites
~50% of applicants are admitted.

Are conditions favourable to attempt the ascent?
- Program capacity
- Admission process
- Program timing

Can I meet the prerequisites?
- Math
- English
- Science
- Writing
- Experience
- Timing

Scheduling challenges = delays

Do I have the resources?
- tuition/scholarships/financial aid
- Ability to forgot pay/adjust work schedule
- Child care
- Transportation
- Food
- Reliable wi-fi

Adobe Stock Image /#66171680

Appendix C: Nursing Program Directors Interview Summary

Twenty-two of the 28 community and technical college nursing program directors employed in spring 2024 agreed to be interviewed for the development of the Community and Technical College Nursing Program Capacity Expansion Plan. All interviews were conducted by Zoom, using a consistent set of questions to gain insights into community and technical college nursing program dynamics and challenges. Results were compiled in summer 2024. The interviews paint a compelling picture of the challenging and changing nature of community and technical college nursing programs and the students they serve.

The following summary highlights themes that resulted from the interviews.

The changing nature of nursing program students

Programs reported a high level of diversity among nursing students, especially regarding age and increasing racial/ethnic diversity, although not in all programs, and more students with limited English proficiency in many programs.

More students are working while in school and working more hours — often more than directors thought was healthy, considering the challenging nature of nursing programs. Students seem to have more life challenges, need/want more support services, and need/want more help dealing with life challenges. Directors noted the need for more tutoring/nursing specific tutoring, support services like food, housing, transportation, and especially childcare.

Directors also noted that more students seemed to be "stopping out" — leaving programs so they can deal with life issues. They also noted that students seem to have more behavioral challenges since COVID-19. Directors report that students seemed to have unrealistic expectations of faculty and weren't as willing to take responsibility for their learning. Directors also report increased student incivility toward instructors and peers. They are working to address these issues.

Prerequisites

Most students take more than one year to complete prerequisites. The reasons include work/life balance challenges, meaning they only take classes part time; counseling services that don't fully understand the admissions process/requirements for nursing programs; students retaking classes they failed or where they did not have a sufficiently high GPA or want to be more competitive; and students retaking classes that don't transfer from other institutions.

Prerequisites are offered in the instructional divisions outside of the nursing departments, so directors have relatively little information about how many students don't make it through or why. Although there's an agreed upon required core of prerequisite courses, many programs add courses based on their belief that additional courses result in better nursing program outcomes. There are divergent views about the value of maintaining current approaches to prerequisites.

Students using financial aid to fund prerequisites often spend a large portion of their aid total before even being accepted into a nursing program. It is possible for students to complete prerequisites, exhaust financial aid, and still not be accepted into a nursing program.

Admissions

Colleges have widely varying approaches to nursing program admissions. Some programs design admissions processes to focus less on GPAs and test scores and more on other factors, such as increased diversity. These programs used two very different approaches to admit students who met the minimum requirements: 1) a lottery or first come first served approach, or 2) wholistic admissions, including essays, interviews, and points for various attributes and experiences. Directors at these colleges tended to describe robust support services and systems to maintain high retention and pass rates for students with potentially lower academic levels at program entry.

Other directors described admissions processes that ranked participants based on academics and test scores. Many of these programs provided additional points to meet program goals, such as prioritizing local applicants, increasing diversity by offering points for attributes (e.g. bilingual) or experiences (e.g. veteran, healthcare experience), etc. Reasons for using GPAs and/or test scores as a primary factor in the admissions process included: 1) program rigor requires students to have strong academics, 2) the compressed nature of direct transfer agreement programs required higher GPAs, 3) the 80% first time NCLEX pass rate/fear of sanctions by the Washington State Board of Nursing, 4) faculty reluctance to change processes, and 5) the amount of engagement and time required for wholistic admissions, especially for larger programs which would have to score many essays and conduct many interviews.

Directors were split on whether to consider a common admissions framework. Those against the idea noted programs and colleges had widely divergent philosophies/goals, unique missions, and a commitment to meeting unique community needs. Those in favor focused on making the admissions process more transparent, faster, more efficient, cheaper, and easier for students.

Directors stated most nursing program applicants eventually get in by reapplying, gaining experience (such as working as certified nursing assistant), retaking prerequisites to increase scores, or being accepted by another school. Directors stated that most students apply to multiple programs.

Legislative nurse educator funding

Bargaining units at each college determine how the legislative nurse educator pay increases could be implemented. Not all bargaining units chose to receive the additional funding. Nursing programs that received the funding stated that it significantly improved faculty recruitment, hiring, and retention, although at some colleges the bargaining process was contentious, leaving ongoing rifts. Many, but not all, nursing programs directors also received salary increases. While grateful for the funding, most programs that accepted it noted that the resource was having less of an impact as they have grown their programs — what one director referred to as "shrinkflation" — and recommended reallocating funding since the basis used to divvy it up had changed.

Most common needs other than clinical and faculty capacity

Although interviewees were asked to identify needs other than clinical and faculty capacity, many found it impossible not to comment on these challenges. Challenges from most to least common were:

- **Support services** including tutoring, academic advising, dedicated navigators, food banks, and childcare. The pandemic resulted in increased support needs. Students are less prepared, more anxious, have more life challenges, and require more comprehensive support services. English language learners face additional barriers passing exams and navigating programs, necessitating more targeted support services to improve their success rates.

- **Financial challenges** associated with clinical placements, textbooks, background checks, immunizations, and other requirements for programs, financial aid for students.

- **Space limitations** hinder expansion of programs and the effective execution of classes/labs.

- **Clinical placements** are increasingly difficult due to competition for spots, varying costs and requirements, and logistical challenges, impacting program operation and student experiences.

- **Faculty recruitment and retention** due to financial constraints and faculty desire for better work-life balance.

- **Scheduling** to offer classes and clinicals on evenings and weekends and that makes the most of limited space and resources. However, when classes are held evenings and weekends, students have reduced access to essential services and faculty workload increases. At some schools, collective bargaining agreements make evening and weekend classes difficult to offer. Faculty willingness and/or limited clinical options in the community that can't take more students regardless of when clinicals are offered, were also cited.

Actions that would increase program capacity (beyond clinical placement and faculty)

Even though directors were asked to focus on issues other than clinicals and faculty, many stated that these two issues were their primary barriers. Other needs, listed from most mentioned to least mentioned, were:

- **Increased space** for classrooms, labs, and SIM (simulation) labs.

- **Student support services** including tutoring, childcare, advising, technology (including WiFi), and longer test center hours.

- **Improved faculty recruitment, development, compensation** to grow the pool of nurse educators to draw on, provide compensation that is competitive to nurses' salaries, and offer professional development for novice educators to bring them up to speed faster.

- **Increased clinical placement** options and capacity, particularly in rural communities and for medical specialties. While creative scheduling (e.g., weekends and evenings) could increase capacity, it poses challenges for faculty workload and student scheduling.

- **Resources for high program costs** for faculty salaries and resources for advisors, ancillary supports, costs for clinicals, etc. and high tuition and additional fees for students.

- **Student retention strategies** like hiring tutors with nursing expertise, offering more open labs, providing navigation services, and implementing scholarship and repayment programs.

- **Alternative program delivery** like more part-time and online programs, especially in rural communities. However, regulatory hurdles, lack of faculty interest in working nontraditional hours, and resource limitations hinder implementation.

- **Expanded use of simulation labs** for clinical training, especially in rural areas where clinical site availability is limited, requires more support for SIM instructor training and tech support.

- **Revisiting admissions** by reassessing prerequisites to streamline admissions and reduce barriers for students, and finding solutions to programs students are known to repeat (such as anatomy and physiology).

Strategies that could increase program capacity

The Core Team generated a list of strategies to increase nursing program capacity that were vetted with program directors during interviews. Most endorsed the following solutions:

Creating an "I-BEST-like" approach for nursing programs — The majority supported this strategy. In fact, three stated this was a priority for their programs. Some recommended focusing specifically on the first year of the LPN program. Those who did not support it cited past unsuccessful implementation, concerns about non-nurse educators teaching in a nursing program, challenges getting enough students who needed I-BEST to justify the additional cost of the intervention, and funding challenges. Interviews indicated confusion about how the program works and its potential value in meeting the needs of diverse populations. Because I-BEST is funded by federal WIOA (Workforce Innovation and Opportunity Act) Title II funding, which serves only those with literacy levels below what is required to pass the prerequisites for admission into nursing programs, a new funding mechanism would be needed to implement this approach. Programs would need to develop an approach specific to nursing programs to address director concerns.

Creating a nursing version of the Early Achievers Grant — Nearly all directors felt this would be a game changer for students. Several noted it would have to be tailored to nursing programs. SBCTC data shows that current nursing students are accessing more than 26 separate sources of financial aid/scholarships. One director noted that it would be better to offer free nursing programs than create another scholarship program.

Advising and navigation tailored to nursing programs — This strategy was generally supported. Some directors noted that they already had a strategy to solve this challenge, but would gladly accept additional resources to enhance their efforts. Some were concerned it could lead to more bureaucracy/grants tracking and management. Several noted that mental health counseling is also needed.

Increasing navigation to help students access more support services — Nearly all felt this was a good suggestion, but the responses were nuanced. For example, one noted that navigation would fail if there weren't sufficient resources available in the community, such as housing, transportation, and food support. Some noted that they already had services available on campus or through their foundation, and the issue was lack of student uptake.

Statewide nursing program liaison — Most felt this could help with director onboarding and retention, but would only work if a current or past director filled the role. Many were concerned it could create another layer of bureaucracy. Most were unfamiliar with the successful implementation of a similar role for Early Childhood Educators, and therefore withheld judgement until more details were available. Several pointed out that it would be more useful to reduce regulations. One stated it only made sense if a statewide admissions framework and curriculum were implemented as well, otherwise, there would be too much variance from program to program for the liaison to be effective.

Part time/evening/weekend programs — While most liked this strategy, the logistics, costs, lack of clinical availability, and lack of faculty interest were listed as barriers. Several schools that have part time programs stated they've have had good results, although one reported rethinking whether to continue.
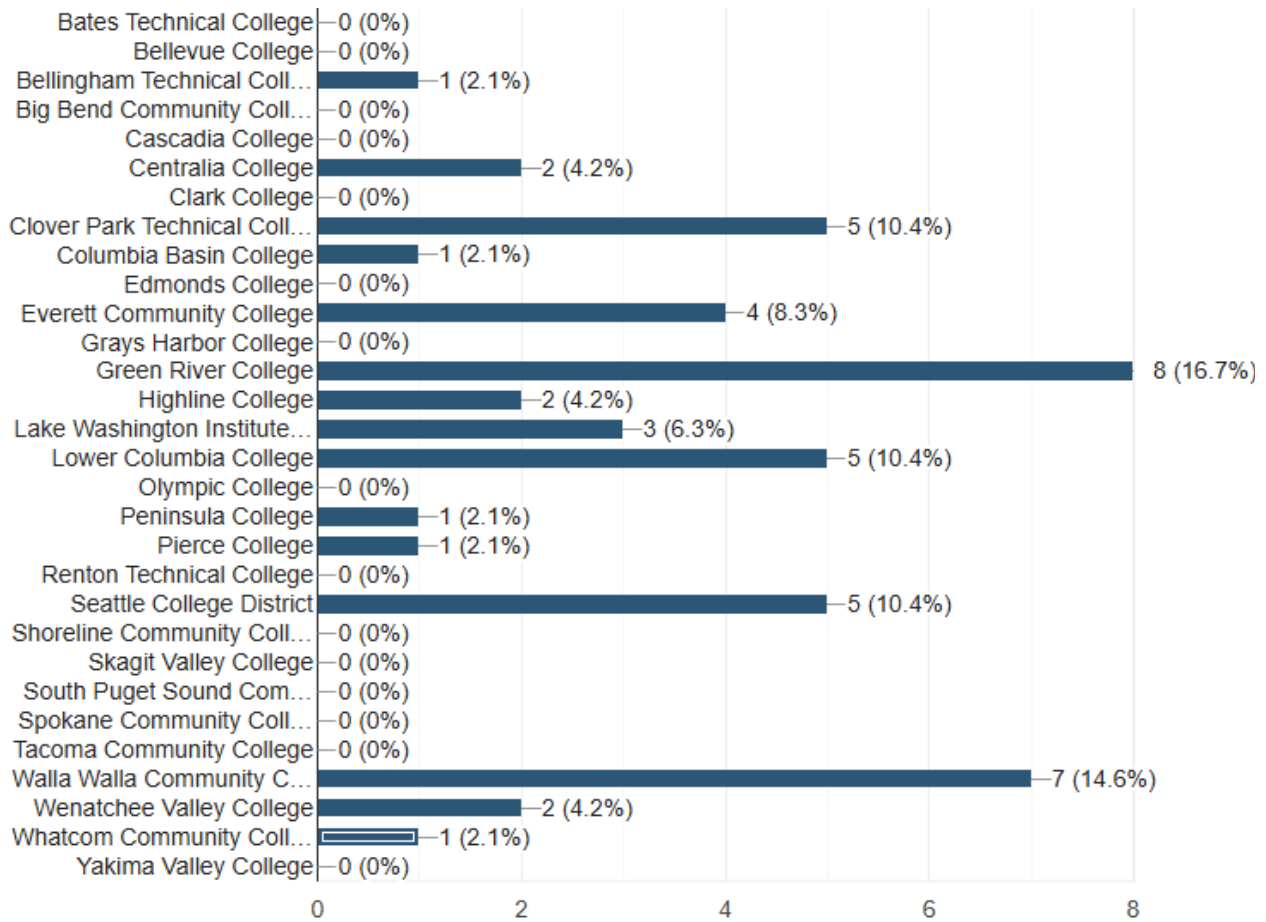
Other recommendations that resulted from interviews

- Allow community and technical colleges to offer four-year Bachelor of Science in Nursing programs.

- Provide better onboarding for faculty given that the first year can be hard for nurse educators. Mentoring and dedicated professional development might help increase retention.

- Reduce regulations, especially the 80% requirement for NCLEX first time pass rate. Fear of Washington State Board of Nursing sanctions and a significant number of sometimes conflicting regulations came up in just about every interview. Several questioned whether a "band-aid" approach of grants, projects, and supports was better than fixing the core problem.
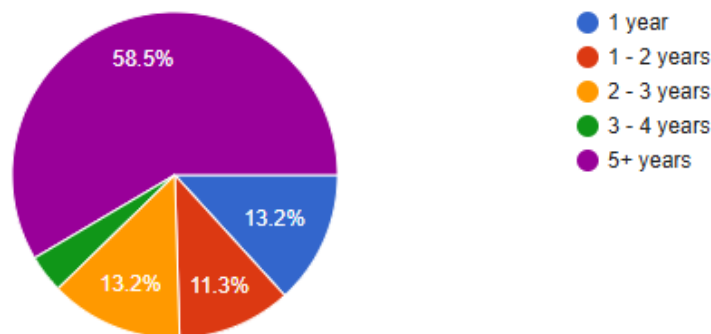
Appendix D: Faculty Survey Summary

Total responses : 53 (74% full-time, 26% part-time)

**College respondents work for (optional response): 15 (only 48 responded to this question)**

College	Responses
Bates Technical College	0 (0%)
Bellevue College	0 (0%)
Bellingham Technical Coll...	1 (2.1%)
Big Bend Community Coll...	0 (0%)
Cascadia College	0 (0%)
Centralia College	2 (4.2%)
Clark College	0 (0%)
Clover Park Technical Coll...	5 (10.4%)
Columbia Basin College	1 (2.1%)
Edmonds College	0 (0%)
Everett Community College	4 (8.3%)
Grays Harbor College	0 (0%)
Green River College	8 (16.7%)
Highline College	2 (4.2%)
Lake Washington Institute...	3 (6.3%)
Lower Columbia College	5 (10.4%)
Olympic College	0 (0%)
Peninsula College	1 (2.1%)
Pierce College	1 (2.1%)
Renton Technical College	0 (0%)
Seattle College District	5 (10.4%)
Shoreline Community Coll...	0 (0%)
Skagit Valley College	0 (0%)
South Puget Sound Com...	0 (0%)
Spokane Community Coll...	0 (0%)
Tacoma Community College	0 (0%)
Walla Walla Community C...	7 (14.6%)
Wenatchee Valley College	2 (4.2%)
Whatcom Community Coll...	1 (2.1%)
Yakima Valley College	0 (0%)

How long have you been a nurse educator?

53 responses

- 1 year — 13.2%
- 1 - 2 years — 11.3%
- 2 - 3 years — 13.2%
- 3 - 4 years
- 5+ years — 58.5%

Do you feel you received sufficient orientation to your role when you first started?

53 responses

Yes 35.8%
No 64.2%
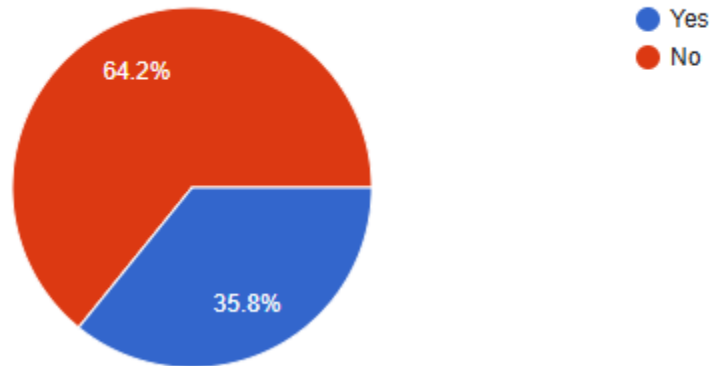
Is there anything that would have helped you when you got started, if it had been available?

Mentorship and orientation: Better mentorship programs, including 1:1, comprehensive orientation process instead of being "thrown to the wolves," and decreased teaching loads for new teachers and mentors. Orientation to include specific roles, lab equipment, responsibilities, schedules, checklists, and written materials. Quarterly meetings and additional support throughout the years.

Learning management/teaching preparation: Better integration with lead faculty in developing course materials. Training/tutorials on LMS platforms like Canvas and ATI from the start, training on SIM manikins, classroom management, creating assignments and assessments, how to teach and test didactic courses. Shadowing other faculty before teaching clinicals, simulation, lab, and lecture.

Administrative: Greater transparency re: wages, expectations, and faculty agreements. Better understanding of the processes in the department and school.

Curriculum standards: Consistent, more standardized curriculum and student expectations across courses.

What are the 1 to 3 things that would increase your program's capacity to graduate more nurses?

NOTE: The top three themes were often grouped together in survey responses.

More faculty, instructors, and staff: Raise faculty salaries to compete with bedside nursing (without guilt from other departments), more faculty and program support staff, continuing education incentive for teachers, lower requirement for a master's degree to teach in prelicensure programs, work harder to retain staff.

More space (classrooms, labs, simulation spaces): Better/new lab class, labs, simulation space, up-to-date SIM labs, more room for the students.

Clinical sites and practical experience: More clinical sites, more availability at sites, more community partners for clinicals, more flexible times for clinical shifts, clinical site placements with ability to add/change student groups more easily.

More support for students: More supportive environment for faculty creating a cohesive learning environment for students, tutoring program for nursing students, support staff needed to adequately support students, student success coach/faculty/advisor/counseling for struggling students, financial help so that students wouldn't have to work and go to school, tech support, supportive positions such as program assistants, lab/simulation techs.

Simulation and technological support: Increased simulation availability — more faculty, more support staff, more financial resources, adequate simulation physical space to support 1:2 ratio of simulation to equal clinical hours, budgets for more SIM technology, more SIM training for more nursing faculty.

Student preparedness and curriculum improvement: Students prepared for expectations of coursework as they enter nursing programs, with effective study habits, better pre-nursing preparation. A one-credit pre-nurse course to bring students to equal preparedness to begin the program. Attract more qualified students.

Miscellaneous: Additional class evenings/weekends, reevaluating the lottery admissions system, giving clinical instructors access to the textbooks and the theory syllabus, PowerPoint lectures in theory. Community involvement of instructors and students.

Would nurse educators support the following ideas to possibly expand their nursing program(s) capacity to graduate more nurses? (1 being very impactful and 5 being not impactful)

<u>Expanding Integrated Education and Training (similar to I-BEST) for LPN and RN-ADN programs.</u>
Integrated Educational and Training creates a collaboration among a trained basic skills teacher to teach English language, literacy, writing, and college-readiness skills and nursing faculty to provide nursing instruction to move students through college programs.

53 responses
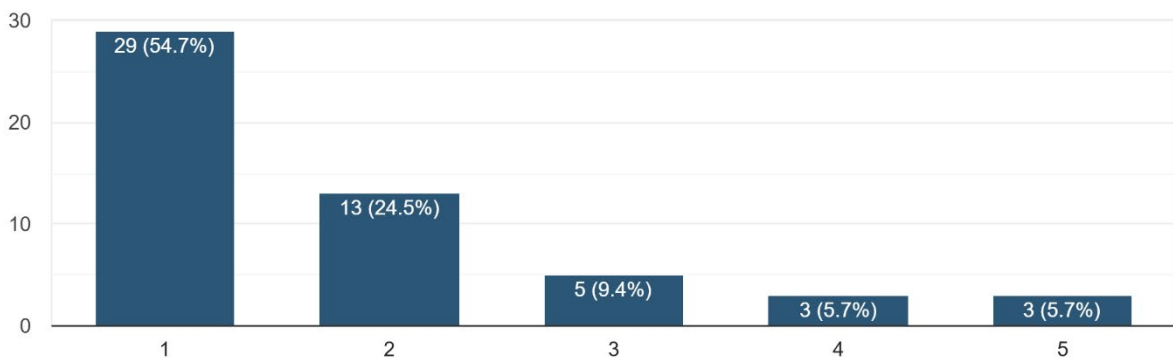
Creating a nursing student grant program. The program could be modeled after the Early Achievers Grant, a student financial aid program to help childcare providers/early learning educators complete certificates/associate degrees in early childhood education. The grant covers tuition, fees, books, and supplies and provides access to free tutoring, career planning, mentoring, and/or college success classes; loaned textbooks, calculators, and/or laptops; and/or emergency childcare and transportation. Through the program there is a point of contact at each community and technical college to help with student enrollment and navigation. The program results in as high as a 20% increase in retention of those enrolled in early childhood development programs. Could such an approach be modified to better support LPN and ADN-RN students?

53 responses
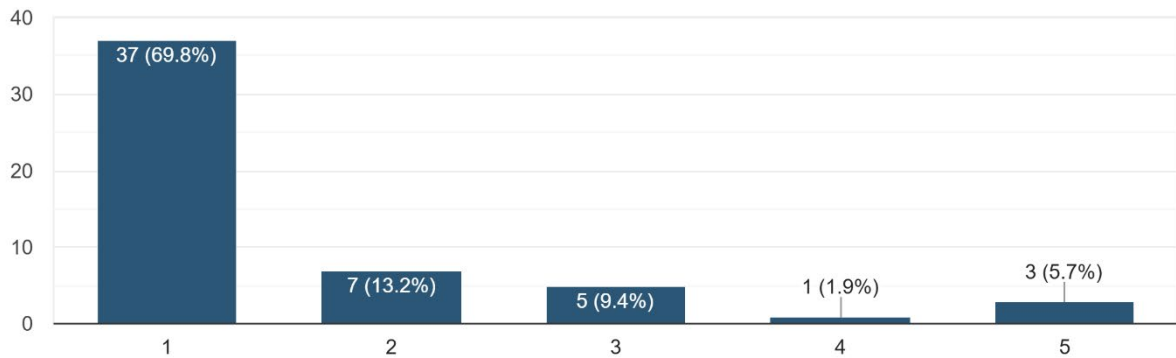
Providing counseling, advising, and navigation tailored for nursing students. Due to the complexity of nursing programs, traditional college counseling and advising services may be less effective for nursing students. Several nursing programs have invested in having their own college counselors/advisors to address the challenges nursing students face when using regular college advising services and to provide more efficient and effective student onboarding. Should such as approach be expanded?

53 responses
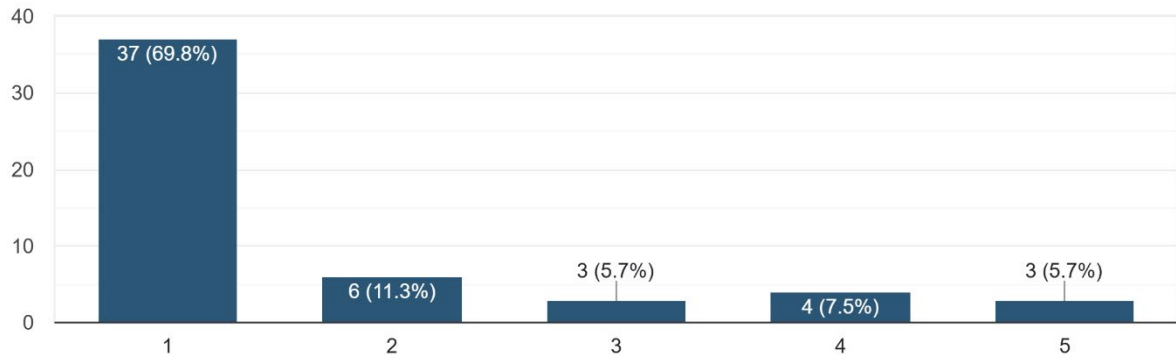
Increasing navigation to assist with support services. Many nursing students need more help with challenges like transportation and support services than community and technical colleges typically provide. Could connecting students with community resources and supportive services through navigation increase program capacity? Some colleges are looking to hire part-time navigators or add navigation functions to existing or new positions to address this need.

53 responses
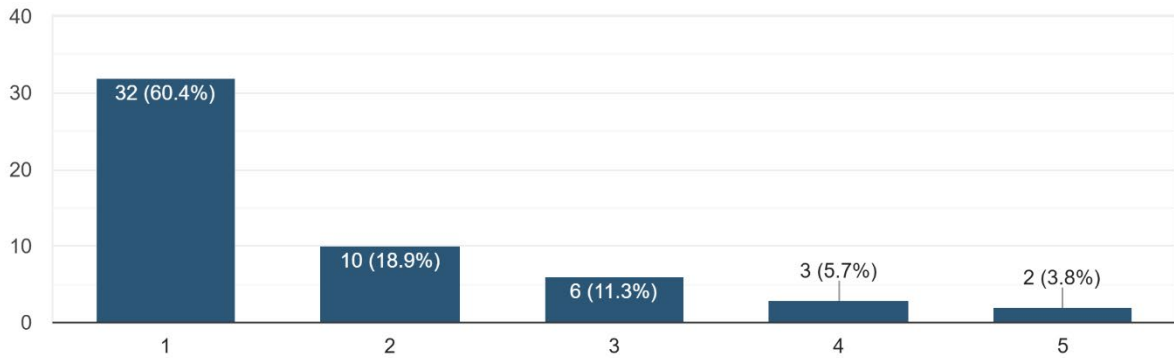
Creating a statewide nursing program liaison. This approach would hire a skilled and experienced nursing program director to help reduce administrative burdens so that nursing program directors can focus on program management while learning the WACs and other regulations. Providing a liaison at the state level who can help onboard new nursing directors and support existing ones with administrative compliance could increase program capacity to focus on innovating programs and maximizing outcomes. The position could also support an onboarding program for new nursing faculty, beyond what is currently provided.

53 responses
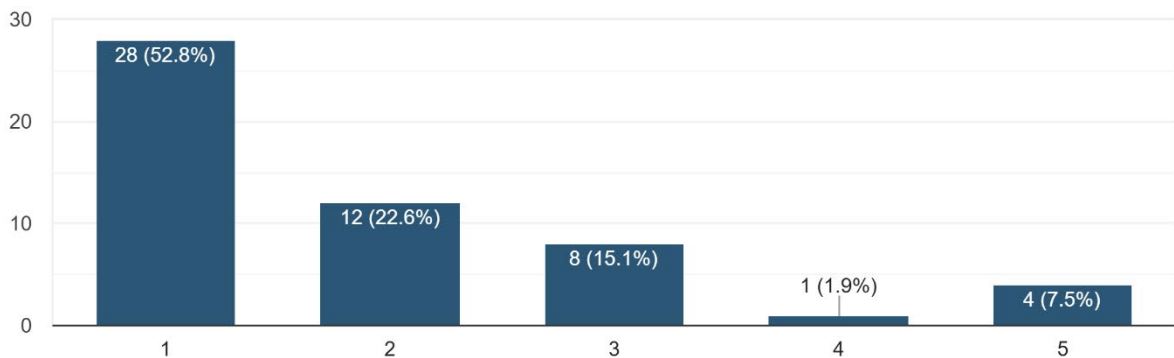
Implementing part-time/evening/weekend nursing programs. Most community and technical college programs are offered at traditional times — Monday through Friday during the day. However, nontraditional college students may benefit from programs offered at other times to allow them to

work and manage family obligations while in school. Clover Park offers a part-time evening LPN-RN transition program and Green River offers a Practical Nursing Program in both full-time and part-time/hybrid formats. Additional research is needed to identify other colleges offering this option and the results of these efforts in expanding nursing program capacity

53 responses
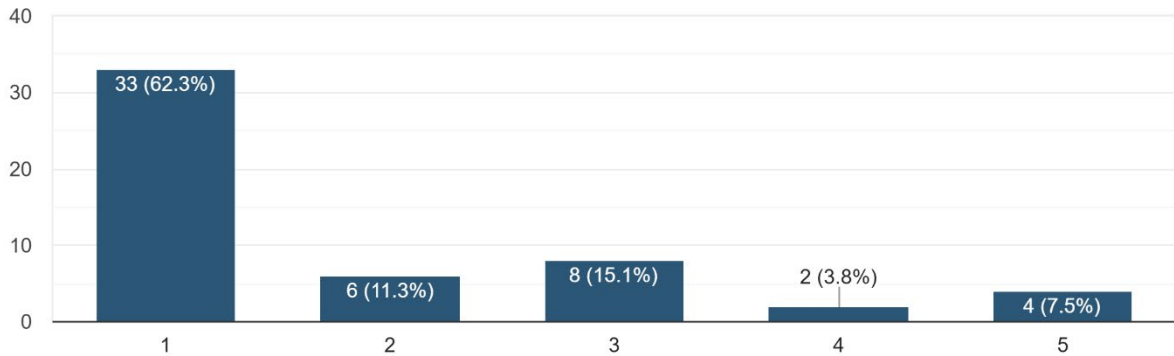
What do you consider to be the most successful aspects of your program?

Teamwork and collaboration among faculty and between faculty and students.

Student success demonstrated by high NCLEX pass rates and employment rates, students well prepared for the workforce and further education, retention of students and graduation rates, developing clinical judgment and skills in learners, students from diverse backgrounds succeeding.
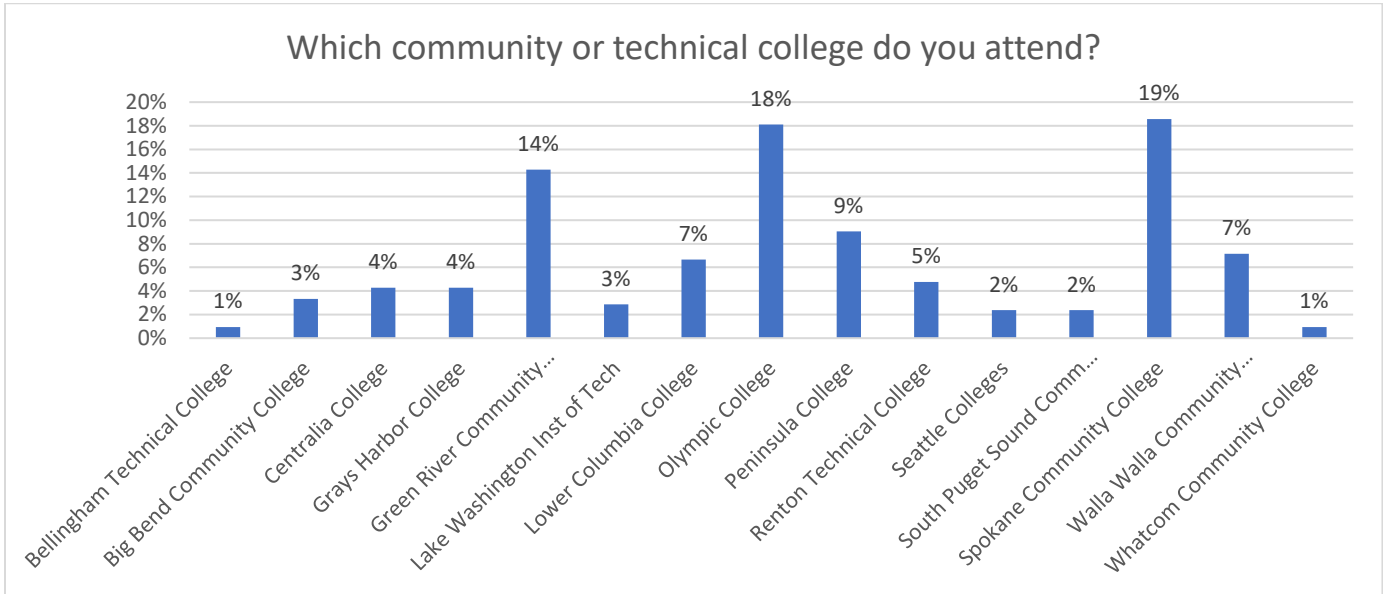
Faculty dedication to the program, students, and each other; passionate educators and strong leadership; persistence and hard work in curriculum development and enhancement. Union-negotiated benefits attracting more faculty applicants.

Program quality and flexibility including competitive and challenging programs. Flexible hours, especially for labs, along with small program size allowing for close student-faculty interactions, strong clinical preparation, and diverse clinical rotations.

Community and institutional support including strong relationships with local hospitals and community partners, positive feedback on graduates in the workforce, empowering students to have a voice in program structuring.
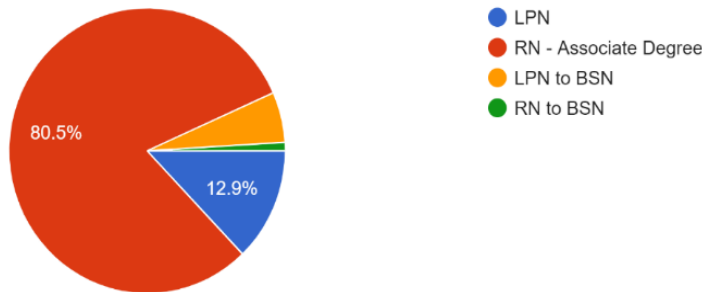
Appendix E: Student Survey Summary

210 students from 15 community and technical colleges completed our survey. The following slides provide programmatic and demographic information about survey respondents.
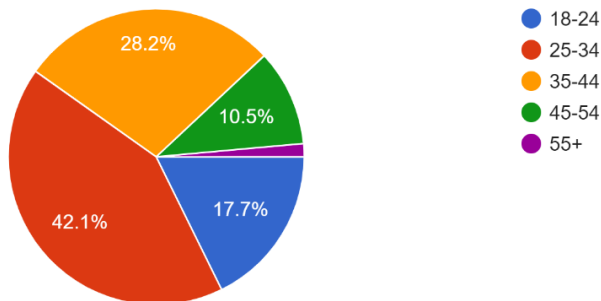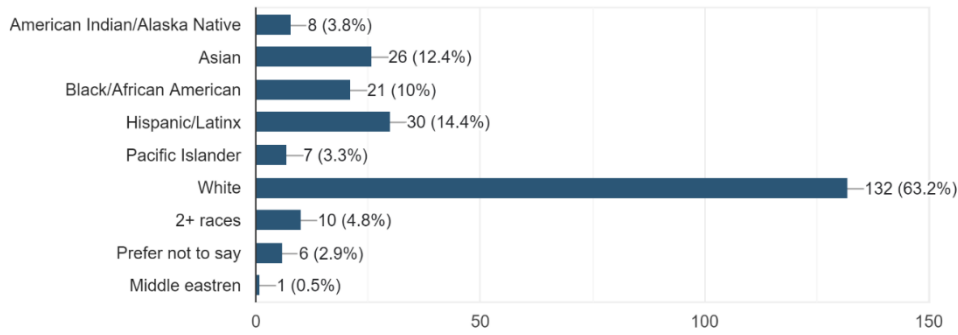
Which community or technical college do you attend?

College	Percentage
Bellingham Technical College	1%
Big Bend Community College	3%
Centralia College	4%
Grays Harbor College	4%
Green River Community...	14%
Lake Washington Inst of Tech	3%
Lower Columbia College	7%
Olympic College	18%
Peninsula College	9%
Renton Technical College	5%
Seattle Colleges	2%
South Puget Sound Comm...	2%
Spokane Community College	19%
Walla Walla Community...	7%
Whatcom Community College	1%

Which program are you in?
210 responses

- LPN — 12.9%
- RN - Associate Degree — 80.5%
- LPN to BSN
- RN to BSN

Age
209 responses

- 18-24 — 17.7%
- 25-34 — 42.1%
- 35-44 — 28.2%
- 45-54 — 10.5%
- 55+

Race/Ethnicity

209 responses

Category	Count (%)
American Indian/Alaska Native	8 (3.8%)
Asian	26 (12.4%)
Black/African American	21 (10%)
Hispanic/Latinx	30 (14.4%)
Pacific Islander	7 (3.3%)
White	132 (63.2%)
2+ races	10 (4.8%)
Prefer not to say	6 (2.9%)
Middle eastren	1 (0.5%)

Are you a first generation college student?

209 responses

- Yes — 50.7%
- No — 49.3%
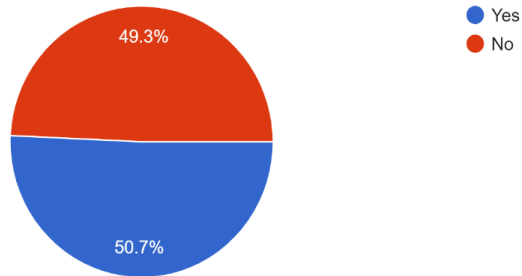
23% reported speaking a language other than English at home

Language	Count
Afaan oromo	1
Amharic	4
Arabic	1
Cantonese and...	1
Chinese	2
kirundi, swahili	1
Thai	1
French	1
Fulani	1
Hmong	1
Igbo	1
Japanese	2
Karay-a, Hiligaynon,...	1
Khmer	1
Kiswahili	1
Korean	2
Laos	1
Mandarin	3
Russian	3
Spanish	13
Swahili	2
Tagalog	2
Ukrainian	1
Vietnamese	1
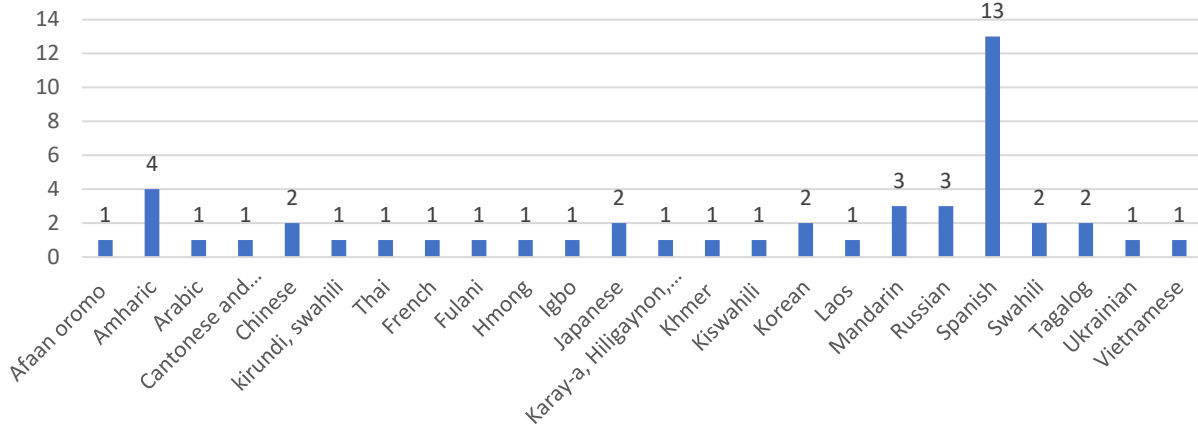
Are you parenting or caring for a relative?
209 responses

Legend: ● Yes ● No

43.1% No
56.9% Yes
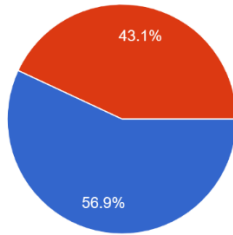
Are you currently working in a healthcare setting?
138 responses

Legend: ● Yes ● No
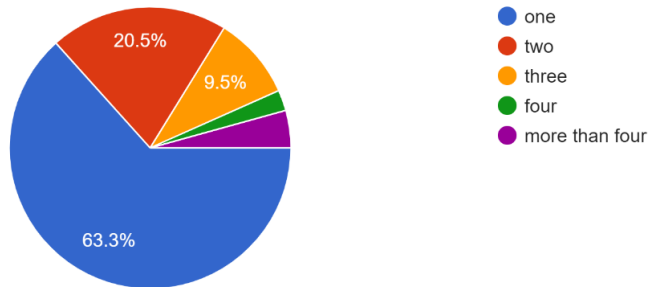
84.8% Yes
15.2% No
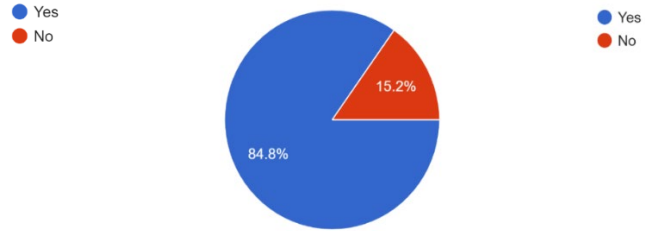
Of those working in a healthcare setting, most were working as CNAs (35), followed by LPNs (16), nurse technicians (16), and medical assistants (12). The rest were spread across a variety of healthcare roles.
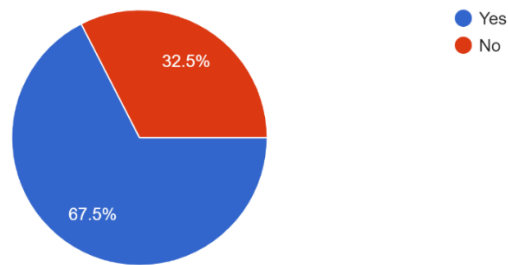
Are you working right now?
209 responses

Legend: ● Yes, fewer than 25 hours/week ● Yes, more than 25 hours/week ● No

34.4% No
22% Yes, more than 25 hours/week
43.5% Yes, fewer than 25 hours/week
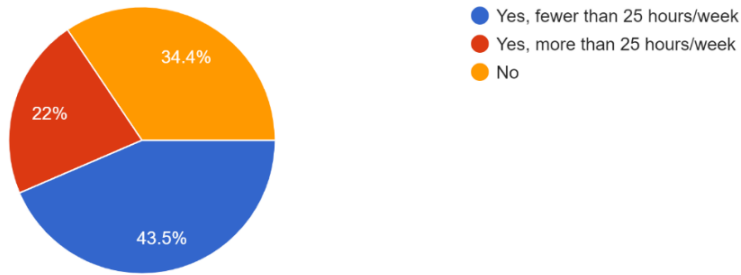
To how many nursing programs did you apply?
210 responses

Legend: ● one ● two ● three ● four ● more than four

20.5% two
9.5% three
63.3% one

Was it challenging getting into a nursing program?

212 responses

- Yes
- No

32.5%

67.5%

Most frequently cited challenges for getting into a nursing program

- **Prerequisites/applications/admission challenges**: Different prerequisites for different nursing programs; pandemic challenges, like online labs, difficulty transferring prerequisites; completing requirements for different programs and timing it to meet application deadlines; competitive/high GPA and TEAS (Test of Essential Academic Skills) scores/meeting benchmarks on ATI (Assessment Technologies Institute) scores; too many applicants for too few spots, especially for LPN to RN bridge programs and BSN. Some schools don't weight prior healthcare experience or accept credits from other schools; some schools have strict retake policies, require volunteer hours/hospital work experience/ NA-C (Certified Nursing Assistant) licenses even if applicant is already an MA; daunting extensive application process — essays, recommendation letters, interviews; many schools use a lottery system, making it feel like luck rather than merit; lack of concrete feedback on applications and unclear improvement suggestions.

- **Financial difficulties**: Lack of financial aid; limited financial assistance due to having a bachelor's or working as a medical assistant; challenges related to tuition, book fees, and overall program costs; struggling with bills and money for life needs.

- **Time management**: Juggling being a parent, student, and employee; scheduling issues and inability to work while attending school; managing time to study, complete assignments, fulfill requirements; keeping up with constant tests and assignments.

- **Testing and exam stress**: Difficulty with TEAS test and other entrance exams, managing test anxiety.

- **Instructors and curriculum**: Challenges with a specific teacher; some instructors don't provide adequate support or up-to-date, evidence-based practice information; curriculum and workload, especially with critical thinking questions and limited time.

- **Other**: Commuting difficulties, transportation issues, schools being too far away; English as a second language making English coursework more challenging; unique personal circumstances.

What helped students get through those challenges?

- **Support systems:** Family, friends, classmates, instructors, advisors, counselors, directors, mentors, math/writing lab, open lab, tutors, online tutors, YouTube, Quizlet.

- **Personal efforts and strategies:** Perseverance, determination, time management, organization, studying, retaking courses and TEAS/taking extra classes to improve chances, applying to multiple colleges multiple times.

- **Financial assistance:** Scholarships, financial aid, assistance with financial aid appeals, loans, borrowing money, referral for food stamps, acceptance into BFET (Basic Food Employment and Training), workforce training assistance programs.

- **Flexible work arrangements.**

- **Some still are still struggling:** "I still struggle with this frequently. I haven't gotten through the challenge completely. It has taken a big toll on my mental health."

What do students like about being a nursing student?

- **Learning and skill development:** New skills, knowledge, confidence gained through learning, hands-on learning, exposure to clinical settings, building critical thinking skills, prioritization, and making judgment calls.

- **Community and support:** Sense of community, teamwork, cohort camaraderie, supportive environment among peers and faculty.

- **Passion for nursing and helping others:** Desire to help people/gain fulfillment, serve the community, make a difference, passion for healthcare/nursing.

- **Career advancement:** Fulfilling career prospects, sense of accomplishment and reward, guaranteed employment due to nursing shortage, opportunity for growth, professional development, career mobility, advancement.

- **Personal growth and fulfillment:** Sense of accomplishment, personal and professional growth, challenging oneself to grow, improve, move toward life goals and passions.

- **Educational environment:** Positive, meaningful learning environment, support from instructors, relevance and applicability of coursework, ability to learn from experienced nurses and faculty, inclusion and diversity.

Specific aspects of nursing program that students feel contribute to their success

- **Hands-on training/clinical experience:** "Interaction with experienced nurses in real-world settings," clinical practice, simulation labs.

- **Instructor support and teaching methods:** "Caring and experienced instructors," instructor involvement, encouragement, support, willingness to meet after class, reaching out about mental health, helping with test reviews and preparation, flexible, understanding, and inclusive teaching styles; group activities, peer input, interactive learning, concept-based nursing program structure; access to online resources, study groups, additional learning

opportunities, Lab RNs for study help and exam reviews, I-BEST, tutor resources, accelerated program structure.

- **Program environment:** "Positive learning environment fostered by faculty," high expectations with strong support, smaller class sizes for better guidance, encouragement and nonpunitive approaches, open and stress-free communication, inclusive and community-oriented environment, flexibility and understanding in meeting program requirements.

- **Personal development:** Developing critical thinking skills, opportunities for reflection and learning from mistakes, encouragement to try new things and take opportunities, building confidence through hands-on practice.

- **Community and peer support:** Sense of community, support, and encouragement from peers.

- **Areas for improvement:** Some dissatisfaction with program structure, specific classes, or specific faculty, a need for clearer expectations and support in certain courses

Since you enrolled in the program, have you faced any challenges getting through the program?
211 responses

- Yes
- No

58.3%
41.7%
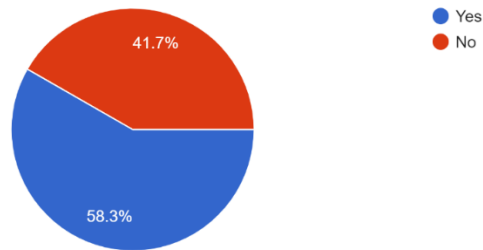
Biggest challenges identified by students since they enrolled

- **Time management and workload:** "Time commitment is a lot, especially with children." Lack of time between lectures, assignments, clinicals, juggling workload, school, family, parenting, adjusting and sacrificing personal time for studying, commuting long distances to class.

- **Financial challenges:** Supporting a family while studying/working full-time to support family, tuition, financial aid issues, childcare affordability, paying for books and other materials.

- **Mental health and stress:** Mental health issues, depression, lack of motivation, anxiety and fear of academic failure, stress from tests/workload, feelings of isolation due to workload.

- **Educational challenges:** Issues with reading as a primary learning method, inadequate support from instructors, need for better study materials and communication from faculty, inconsistent teaching styles and expectations, lack of communication with students, lack of tutoring resources, difficulty understanding material due to language barriers, lack of flexibility in the program, high academic demand and difficulty level, keeping up with the curriculum and new skills, adjusting to new teaching methods and standards.
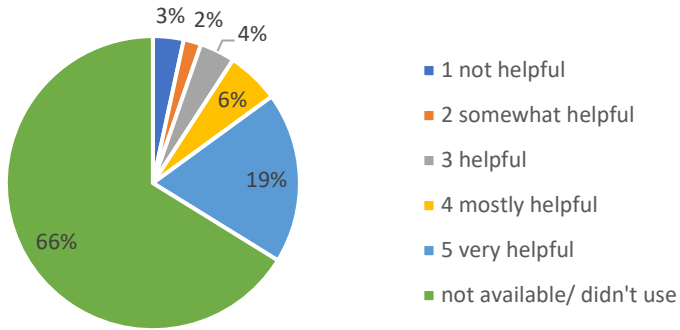
- **Balancing personal and academic life:** Difficulty in maintaining college-life balance, impact of nursing school on private and social life, family health issues/personal medical problems.

- **Disabilities and accommodations:** Challenges with ADHD and need for accommodation, disability accommodations for exams, difficulty explaining disabilities to instructors.

- **Clinical challenges:** Clinical hours and last-minute schedule changes, travel and commuting to clinical sites, limited clinical experiences.

- **Exam and testing anxiety:** Test-taking strategies and anxiety, difficulty understanding and passing exams.

- **Health and physical issues:** Sleep deprivation, managing chronic illnesses, impact on physical health due to stress and workload.

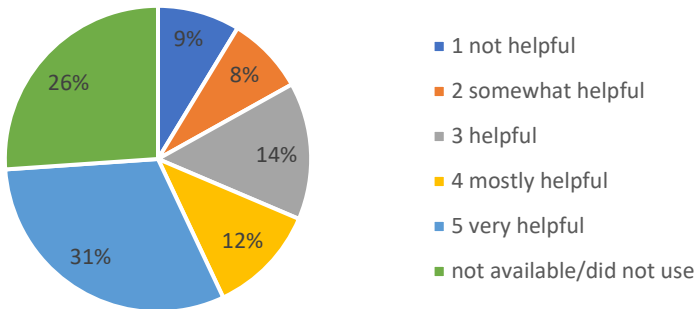## What helped students get through those challenges?

- **Support systems:** Family support was consistently mentioned: help with childcare, household chores, financial aid, emotional support; instructors motivating and supporting students academically and emotionally; peer support including study groups, classmates, friends providing academic and emotional support.

- **Financial aid and employment:** Scholarships, grants, and aid for managing educational expenses, having flexible or part-time jobs helped students balance work and studies.

- **Time management and study strategies:** Effective time management, staying organized, prioritizing tasks, maintaining a study schedule, practice questions, study groups, and reviewing test materials.

- **Personal determination and self-care:** "Hard work, staying focused and quitting my job so I could focus on school while being a single parent." Motivation, persistence, grit, and focus on the goal of becoming a nurse, recognizing personal limits, managing stress, maintaining a balance between school and life

- **Institutional resources:** tutoring, counseling, disability services, academic advisors, programs like worker retraining, availability of childcare and community resources helped manage family responsibilities

Students rank the effectiveness of services they used on a scale of 1 to 5, with 1 being not helpful and 5 being very helpful.
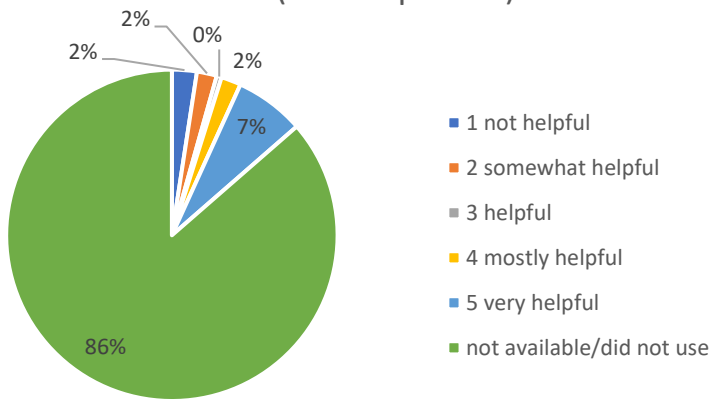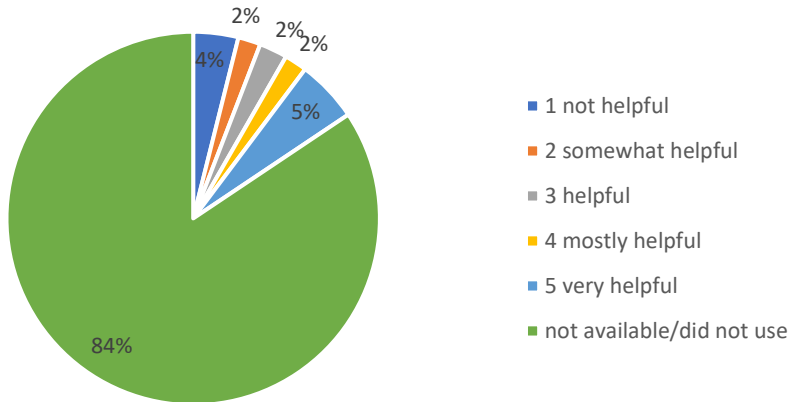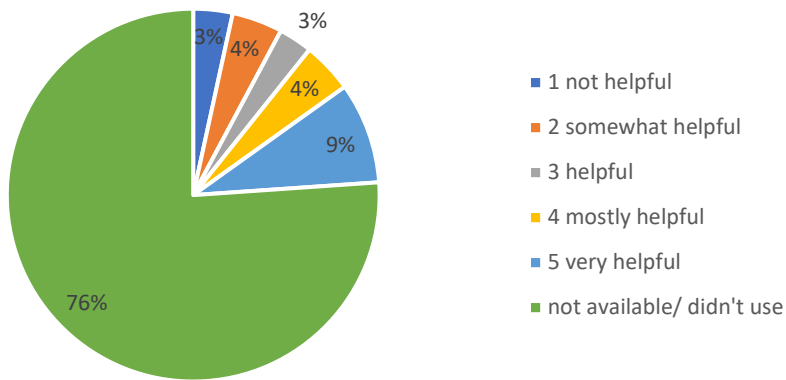
Tutoring (207 responses)

- ■ 1 not helpful
- ■ 2 somewhat helpful
- ■ 3 helpful
- ■ 4 mostly helpful
- ■ 5 very helpful
- ■ not available/ didn't use

3% 2% 4% 6% 19% 66%

Advising and Counseling (207 responese)

- ■ 1 not helpful
- ■ 2 somewhat helpful
- ■ 3 helpful
- ■ 4 mostly helpful
- ■ 5 very helpful
- ■ not available/did not use

9% 8% 14% 12% 31% 26%

Childcare (206 responses)

- ■ 1 not helpful
- ■ 2 somewhat helpful
- ■ 3 helpful
- ■ 4 mostly helpful
- ■ 5 very helpful
- ■ not available/did not use

2% 2% 0% 2% 7% 86%

Transportation (205 responses)

- 1 not helpful
- 2 somewhat helpful
- 3 helpful
- 4 mostly helpful
- 5 very helpful
- not available/did not use

4% 2% 2% 2% 5% 84%

Food Assistance (205 responses)

- 1 not helpful
- 2 somewhat helpful
- 3 helpful
- 4 mostly helpful
- 5 very helpful
- not available/ didn't use

3% 4% 3% 4% 9% 76%

Emergency Cash Assistance (207 responses)

- 1 not helpful
- 2 somewhat helpful
- 3 helpful
- 4 mostly helpful
- 5 very helpful
- not available/ didn't use

4% 2% 0% 4% 11% 78%

IBEST (203 responses)

- 1 not helpful — 3%
- 2 somewhat helpful — 2%
- 3 helpful — 1%
- 4 mostly helpful — 4%
- 5 very helpful — 13%
- not available/ didn't use — 77%
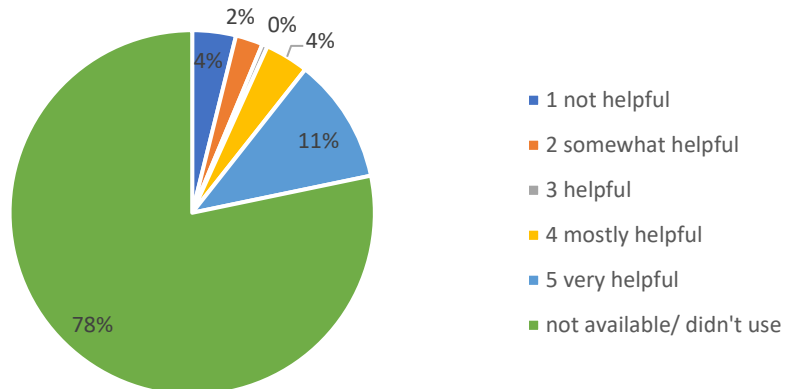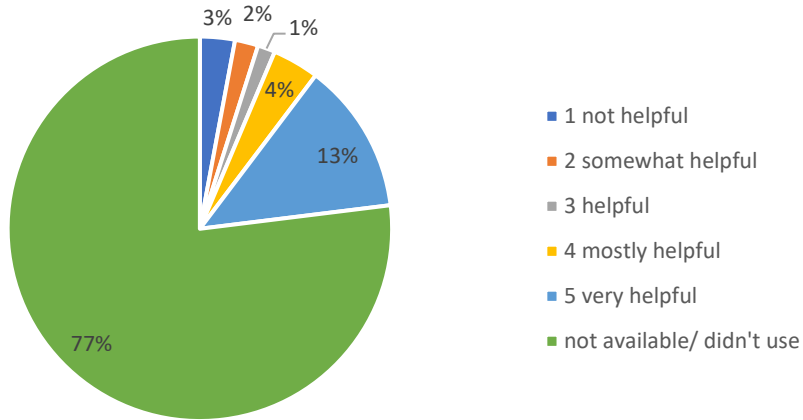
Help with Books (207 responses)

- 1 not helpful — 6%
- 2 somewhat helpful — 5%
- 3 helpful — 3%
- 4 mostly helpful — 6%
- 5 very helpful — 26%
- not available/ didn't use — 54%
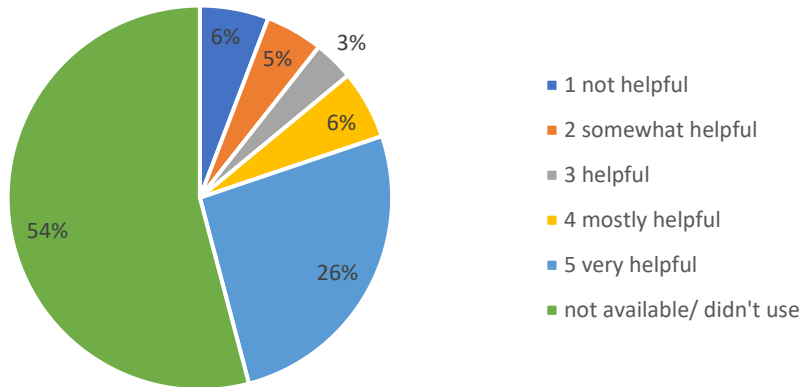
Computer Access (207 responses)

- 1 not helpful — 3%
- 2 somewhat helpful — 5%
- 3 helpful — 4%
- 4 mostly helpful — 10%
- 5 very helpful — 32%
- not available/ didn't use — 46%
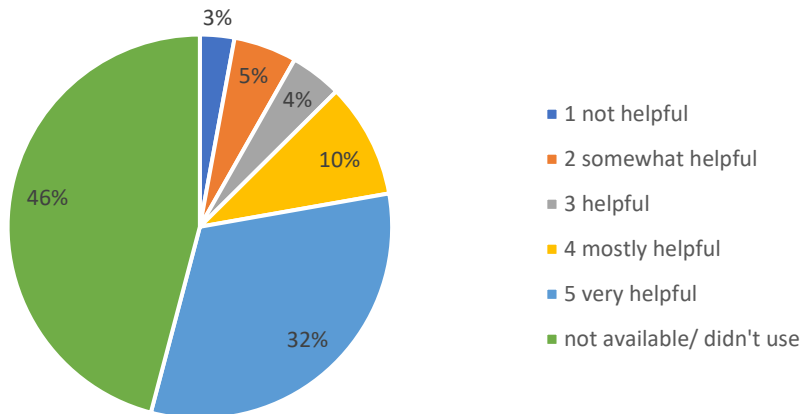
27 students listed and ranked other services they accessed that were not included in the survey

- **Not helpful:** Mental health counseling — the waitlist is two months long.

- **Mostly helpful:** On campus printing, veterans assistance, Opportunity Grant

- **Very helpful:**

  o Food pantry ("a lot just to get by, since I don't qualify for food benefits").

  o Financial aid/help with tuition, financial aid extension, worker retraining, scholarship opportunities, financial aid workers who helped answer questions.

  o State-assisted income-based housing; childcare and food (through WA state); my FAFSA financial aid through [college].

  o The mentoring program.

  o Veterans assistance,

  o Lab resource nurse, computer and study rooms.

  o Disability center, extra test time, accommodations.

Are there other services that would help you succeed in your program? If so, please list them below.

More financial support (14 responses): Additional scholarship funding/financial aid/grant opportunities/emergency funding/materials funding; easier access to add funds into financial aid to decrease work while in program.

- "Even $4,000 extra/year would have made a difference allowing me to work shorter shifts."

- "I had to take out my retirement and have taken on credit card debt."

- "I wish grants and scholarships were easier to apply for. So many essays."

- Make it easier to access emergency funding.

- Minimize the costs outside of normal tuition.

- Paid practicum during second year.

- Financial assistance or food stamps that don't depend on working 20 hrs a week. "It's just not possible when you're in the nursing program. Workforce transitions has been a Godsend in helping with some tuition and books. I work 10 hrs one week, 20 the next. Repeat."

- "The OMC Foundation (Olympic Medical Foundation) scholarship was the biggest factor in allowing me to survive while attending classes. Unfortunately, the required schedule and content make working enough to survive not feasible."

- "Having a BA, you no longer qualify for Pell grants despite being eligible. Can only do loans."

More lab time/options (6 responses)

Childcare (3 responses): Better/more childcare offerings, especially drop-in childcare.

Clinicals (2 responses): More clinical experience, more clinical support and passionate nurse educators.

Teaching/tutoring: More teaching/practice on dosage calculations, more tutoring opportunities, more one-on-one opportunities with the professors, more support from the staff, testing center, study guides, practice questions.

Other:

- Transportation.

- A dedicated TADN (Transition to Associate Degree in Nursing) program.

- Military and veterans program.

- Having access to student services [on campus] — must travel to [other district campuses] to access ANY school services (counseling, gym) that are offered with limited hours. I would like to be able to access the student services at the campus where I attend classes.

- A more integrated mentorship program — it's vague and unorganized.

- Internet at the college that works.

Student suggestions about what they would change about their nursing programs (163 responses)

1. **Nothing:** "This program is wonderful and I couldn't ask for a better schooling experience! The instructors are all great in their own way and are incredibly supportive. They want us to succeed and our success is a reflection of their great teaching!"

2. **More clinical hours and hands-on experience:** Increase clinical hours, including more shifts for medical/surgical, labor & delivery, pediatrics, specialty rotations, more time in hospitals for real situations with patients; more simulation labs with various scenarios/lab hours to practice hands-on skills; access to supplies such as working IV pumps and lab equipment; more interactive and fewer theoretical learning activities

3. **Improve instructional/programmatic approaches:** Modernize lecture, curriculum, methods/ensure faculty are current with nursing practices; more focus on empathy training and reducing stress, hire/retain more qualified and compassionate teachers; address issues with current teachers using scare tactics or outdated information; consistency in teaching methods and expectations across different settings (lecture, lab, clinical); improve organization and clarity in schedules, expectations, and assignments; better communication between faculty and students; more uniform and clear grading and feedback; issues with specific faculty members or specific aspects of the program; being able to work with people on real life situations such as scheduling; incorporate a pharmacology course into the program.

4. **Program structure and policies:** Consider flexible schedules, including part-time options for working students, more evening and hybrid/online course options; pay students for clinical hours; eliminate or modify high stakes testing policies that contribute to stress; better initial onboarding and expectations; more transparency in grading practices and testing resources; better preceptors and volunteer opportunities; more merit-based enrollment spots; better planning on getting stared; help with compliance; the ability to sign myself up for classes to manage my schedule; bring back the RONE (Rural Opportunity Nursing Education) program.

5. **Enhanced support services:** Improve access to tutoring, mental health resources, and support services; better accommodation for students with disabilities and non-native English speakers

Appendix F: Summary of Partner Consultations

Per the requirements of SB 5582, the community and technical college system held consultations with a variety of partners.

Washington State Nurses Association – WSNA (June 7, 2024)

Takeaways: Nursing faculty receive no specific programs to onboard nurse educators, except for SBCTC general college instructor bootcamp. Could there/should there be a more systematic approach to onboarding nurse educators? Are there ways to create a community of learning for nurse educators to support their practice?

Washington State Nurses Association – WSNA (November 12, 2024)

Takeaways: Recommendations make sense. Good job compiling information to create a picture of current state and possible interventions to continue to increase capacity. Strong identification with the challenges nursing students face. Support for creation of a nurse liaison role. Skepticism re: part time, evening/weekend program options — many who are interested in nurse educator positions are also interested in improving work/life balance.

Washington State Hospital Association – WSHA (June 7, 2024)

Takeaways: Industry trends: hospitals more willing to hire ADNs and LPNs due to philosophical shifts post-COVID, outcomes data and the scarcity of BSNs; more are willing to hire LPNs as part of a team-based model; less of a focus on RN at present; efforts to reduce/end reliance on traveling nurses. Utah, Idaho and Colorado employers starting to use UNITEK "School in a Box" — there might be some concepts there worth exploring. https://www.unitekschoolinabox.com/

Washington Workforce Association – WWA (June 18, 2024)

Takeaways: North Central region's Economic Security for All (EcSA) program is a possible case study on how to support lower-income students entering and completing nursing programs. Possible King County success story of an MA that moved became an RN using EcSA funding. Michigan RN apprenticeship program as a possible model. Suggestions: promote loan repayment for nursing students, explore legislative changes to remove barriers to creating apprenticeships for nursing, create a template for best practices that can be monitored to hold nursing programs accountable, look at a Sno-Isle model that feeds into nursing programs, find options to help refugees and immigrants with strong healthcare backgrounds get into nursing programs.

Washington Workforce Association – WWA (November 5, 2024)

Takeaways: Overall support for the plan recommendations. Those working with nursing programs noted the data compiled for the plan aligns with their own findings. Of the proposed strategies to continue supporting expansion, creating a nursing specific I-BEST-like approach had the most traction. Many had experience with I-BEST, and there is a general interest in expanding opportunities to integrate basic skills enhancement with technical education even in higher-level programs like nursing.

SEIU Healthcare 1199NW Training and Education Fund Meeting (July 12, 2024)

Takeaways. When the Training Fund attempted to develop an RN apprenticeship in 2022, the biggest barrier was state approval — the Washington State Board of Nursing (WABON) was reluctant to approve competencies learned on the job to count for supplemental instructional hours. Legislative action was necessary for the Training Fund's behavioral health apprenticeships to be approved. At least two levels of approval are required for a nursing apprenticeship in Washington: Apprenticeship Council at Labor and Industries and WABON at Department of Health. Other challenges include:

- Stipends for mentors: The differential must be enough to entice mentors to participate.

- Prerequisites: Apprentices must complete prerequisites at colleges to be approved for an RN apprenticeship, further extending the length of the program.

- Articulation: There's a need to identify a college(s) willing to award credit for an RN apprenticeship and be able to pay for the cost of credits.

- Regulatory: Additional agencies could be required to be part of the approval process.

The Training Fund noted an Alabama Nursing Apprenticeship with 100% NCLEX pass rates may have some relevance for Washington nursing programs.

Another bottleneck to community and technical college nursing program capacity is the lack of nurse educators. HEET (Hospital Employee Education and Training) grants may offer ideas to increase college capacity. Western Governors University has more experience providing credit for competency than Washington's community and technical colleges and universities.

SEIU Healthcare 1199NW Training and Education Fund Follow-up Meeting (November 18, 2024)

Takeaways. Overall, Training Fund Leadership supported the recommendations, especially the NursPath program, standardizing prerequisites, and the creation of a nursing student specific support services fund, like Early Achievers. They noted the critical importance of mentorship to support both novice nurse educators and new nursing program directors to support onboarding, increase uniformity, and stabilize the workforce. They suggested consideration of a stipend or pay differential for mentors. They also recommended exploring developing or reimplementing a SIM Technician Certification to ensure effective use of SIM technology. Regarding nursing apprenticeships, they emphasized the importance of identifying a sustainable funding source to support all involved — healthcare employers who need "incentive payments" to offset the cost of setting up apprenticeships, colleges who are not fully paid for the related supplemental instruction they provide to apprenticeships, and the organizations involved in developing and maintaining apprenticeships. Apprenticeship transfers the cost of education from the student to the employer creating a net gain for the apprentice, but the costs are high for programs and employers. Community and technical college nursing programs, which are already more expensive than most other college programs, are cautious about entering into apprenticeships because they are not fully reimbursed for the components they provide.

SEIU Healthcare 1199NW (September 3, 2024)

Takeaways. Wraparound services, like the ones provided by the Training Fund are critical to the success of nursing students. Consider looking at labor management partnerships for preceptorship. Increasing diversity in the workforce needs to be a top priority. Nurses need to be able to bring their whole selves to nursing programs and nursing practices. Nursing programs need to support cultural diversity. Instructors need to avoid biases about the skills and abilities of diverse students. There is more than one way to be an excellent nurse. Programs need to be developed to engage the voice of the student. Learn and earn models are important to support lower-income students and hire more diverse faculty. WGU offers a good model for working adults — competency based, part time, online — with high completion rates. The issue isn't intent; it's opportunity.

Washington State Labor Council (September 11, 2024)

Takeaways. Plan components seem to be aligned with other discussions around healthcare. Clinicals and nurse educator capacity still need to be addressed to break capacity bottlenecks.

Washington State Hospital Association – Rural Hospital CEO Sub-Committee (October 2, 2024)

Takeaways. Plan components make sense. Regulation of nursing education and nursing profession in general is very complex. The depth of healthcare employers' engagement with local community colleges varies by region. Employers were interested in exploring ways to partner.

Washington State Hospital Association – Academic Practice Partnership Workgroup (October 28, 2024)

Takeaways: Participants overall agreed with the integrated strategy, but did express concerns about reconsidering the 80% first-time NCLEX pass rate. Suggested that one way to increase access to nursing faculty is to allow for non-nursing master's degrees to meet qualifications. Per participant, "Many nurses have a BSN, worked many years and have an MBA instead of an MSN." Another participant highlighted that the expansion of programs offering instruction outside traditional hours — beyond the typical 8 a.m. to 5 p.m., Monday through Friday — could enable more practicing nurses to pursue faculty roles by teaching during evenings or weekends.

Workforce Education and Training Coordinating Board – State Workforce Board (10/15/24)

Takeaways. The draft plan aligns with conversations about nursing happening across the state. Note that a lot of programs lost students during the pandemic and that the number of students taking nursing prerequisites was very low. If colleges were approved to provide BSNs, it would be important to maintain LPN and AND-RN pathways as well. These create entry opportunities and mobility for a lot of students, especially diverse students. With multistate licensing, nurses trained in other states with different standards can practice in Washington.

Appendix G: Core Team Members and Meetings

Community and Technical College Nursing Program Capacity Expansion Plan Core Team members

- Cheryl Osler, EdD, MS-CNS, MSL, MPH, LMHC, RN, CNE, Associate Dean of Nursing, Spokane Community College

- Kailie Drumm, PhD, RN, Nursing Faculty, RN to BSN Assistant Program Director, Lower Columbia College

- Dan Ferguson M.S., Director, WA State Allied Health Center of Excellence, Yakima Valley College

- Lauren G. Cline Ed.D, MN, RN, Dean of Nursing, Seattle Colleges

- Kara (KaraLynn) LaValley, PhD, RN, Associate Dean of Nursing, Green River College, Robert Wood Johnson Future of Nursing Scholar

- Marriya Wright, MSN, RN, CNE, CHSE, Dean of Allied Health & Nursing, South Puget Sound Community College

- Kyra McCoy, MSN, RN, CNE, Director of Nursing, Edmonds College

- Vicki Dickson, MN, ARNP, FNP-BC, Former Associate Dean of Nursing, Pierce College

- Benjamin Schultze, PhD, ARNP, former Dean of Nursing and Allied Science, Walla Walla Community College

As discussed elsewhere in this plan, high turnover among nursing program directors also affected this project. Two members of the Core Team left their positions during the year it took to develop this plan.

The Core Team met a total of 16 times between November 28, 2023 and October 15, 2024. During their meetings, they identified challenges to community and technical college nursing program capacity, offered feedback on an environmental scan and literature search, and provided recommendations for considerations by other nursing program directors. The team also reviewed the results of student and faculty surveys and identified the final set of strategies to be included in the plan.