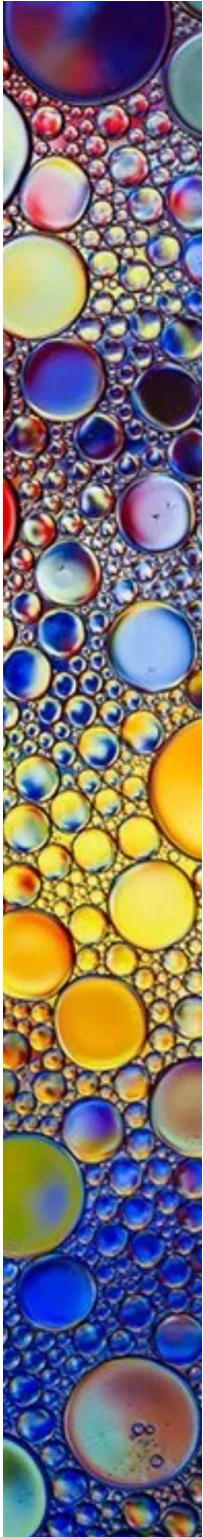




## ***WCN Statement on George Floyd and Challenging Systemic Racism***



### **WCN Vision**

Transforming communities in Washington State through increased access to quality nursing care.

### **Mission**

WCN supports a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

### **Statement**

The Washington Center for Nursing joins in the outrage over the systemic racism that has led to the murders of women and men of color in our communities. We share in the anger and profound sadness at the unjustified killings of Black men and women such as George Floyd, Ahmaud Arbery, Breonna Taylor, and all victims of unchecked and socially sanctioned practices of police brutality. We also speak out against the prejudice and hostility towards people of Asian descent who are inappropriately being blamed for the outbreak of the coronavirus.

Racism is a persistent public health threat, and the American Nurses Association Code of Ethics positions nurses as advocates against racism, discrimination, and injustice. As a social determinant, racism drives differences in life opportunities, exposures, and stresses that relentlessly perpetuate and create new cycles of preventable disparities in health care delivery and outcomes. We see this evident in the data that shows the impact of COVID-19 are worse among Black, Latino, and Native American communities in terms of higher risk of exposure, infection, and mortality.

Nurses are at the front lines of treating and counseling persons harmed by trauma and oppression from systemic racism. Nurses feel this injustice on a very personal and professional level as racial discrimination impacts nurses' relationships with colleagues, patients, and their community. Nurses also experience injustices in places of work and are targets of racism. As the largest health profession, we can and must exercise leadership in ending racial discrimination and building a more diverse nursing workforce.

The WCN is committed to our partnership with ethnic and BIPOC nurses associations, nurse leaders, and nursing students to transform our nursing workforce to one that truly reflects the communities of Washington State; and who have the skills to address racism and other social determinants that stand in the way of a healthier Washington.

### **We will do this by:**

1. Using an anti-racism lens to produce, re-produce, and advance data on the ethnicity of nurses and nursing students with the goal of informing workforce development policy.
2. Advancing anti-racist strategies that result in increasing diversity of nursing leadership to a level that mirrors the diversity of our state.
3. Continuing to develop tools for nurses and partner organizations in addressing the root cause(s) of detrimental social determinants of health for integration into nursing practice.
4. Actively participating in initiatives to address racial bias in health care to end health disparities and advance health equity.

# Washington State Nursing Workforce Data Reports

In partnership with the UW Center for Workforce Studies, WCN released three reports on Washington State's 2019 RN, ARNP, and LPN workforce in 2020. These reports include demographic, education, and practice characteristics, along with additional information on Washington's nursing workforce to inform health workforce planning in the state.



Click on reports below to learn more about the status of Washington State's nursing workforce.

## Washington State's 2019 Registered Nurse Workforce

March 2020  
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS  
Center for Health Workforce Studies, University of Washington

## Washington State's 2019 Advanced Registered Nurse Practitioner Workforce

March 2020  
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS  
Center for Health Workforce Studies, University of Washington

## Washington State's 2019 Licensed Practical Nurse Workforce

May 2020  
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS  
Center for Health Workforce Studies, University of Washington

## Watch WCN's latest video

Promoting Nursing Education as a Career:  
It Takes a Nurse to Make a Nurse



## SO YOU WANT TO BE A PROFESSOR WORKSHOPS

SAVE THE DATE  
September 1, 2020

This workshop will be hosted on ZOOM.

Stay tuned for application details in July 2020.

To get on a waiting list or for questions,  
contact Frank Kohel, [frankk@wc nursing.org](mailto:frankk@wc nursing.org).



In our last [issue](#) of WCN News, we reported on the work of WCN's Diversity Committee, including a workshop called *So You Want to Be a Professor*. This workshop introduces practicing nurses and nursing students to a career in nursing education while aiming to increase diversity among nurse educators. Workshops are led by nurse faculty representing a community and/or technical college, a private university, and a public university. The September 1st workshop features nurse faculty from the University of Washington, Pacific Lutheran University, and Green River College. Participants will learn the responsibilities of a nursing educator; the required degrees, qualifications, and preparation for each of the different educator paths; the basics of applying for jobs in schools of nursing and attaining tenure; and other aspects of navigating a career in academia. The 2020 program will feature Western Washington schools, expanding to Central Washington and Eastern Washington schools in 2021.



# Hospice and Palliative Care Nurses: Lessons from End-of-Life Caregivers

In celebration of 2020 as the Year of the Nurse and the Midwife, WCN is speaking with nurses from different nursing specialties highlighting their leadership, experience, words, and wisdom. Nurses are heroes, today and every day!



**2020**  
INTERNATIONAL YEAR  
OF THE NURSE AND  
THE MIDWIFE

**H**ospice and palliative care nurses, unlike other nursing specialties, work in the realm of certainty—the certainty that their patients will die. This work lets them put quality of life at the center of their care. But what can their experiences with these patients teach all of us about living?

To answer this question, WCN interviewed four hospice and palliative care nurses working in Washington about what their work has taught them about patient care, processing grief, self-care, and living a fulfilling life, even in uncertain times.

## Meet the Nurses

Ginny Heinitz, RN, BSN, CHPN, is the Outpatient Palliative Care Coordinator at Confluence Health Palliative Care in Wenatchee. A nurse for over 38-years, Ginny almost left nursing at the age of 22 after losing five patients in one night on the oncology floor she was working on. That night, she packed up her bags and was ready to hit the road out of Washington. Luckily, a nurse manager talked her out of leaving and put her on the surgical floor.

Four years later, Ginny transitioned into home care after facing another frustration—working in an environment where patients' voices were frequently unheard due to the pace of the hospital. Before long, she was asked into hospice and palliative care. Recalling her experience on the oncology floor, this was not an easy choice for her, but she found herself intrigued by the mysteries surrounding this time in a person's life. She also experienced a sense of honor and privilege to be asked to help walk people through the journey. Eventually, Ginny returned to the hospital where she, along with Dr. Gail Feinman, started the palliative care program at Confluence Health.

Nicole Bernard is a BSN student at the University of Washington, Bothell and an RN at the Bailey-Boushay House in Seattle where she has worked for a little over a year and a half. Impacted by family losses early in her life, Nicole found palliative and hospice care meaningful early on in her nursing career. It is the focus on the quality of life and the role of an ally in helping fulfill the wishes of those facing end-of-life that feels very special and very human to her.

Bailey-Boushay House has been around for close to 30-years. A part of the Virginia Mason organization, it was the first skilled nursing and outpatient chronic care management program in the United States designed specifically to meet the needs of people with HIV/AIDS.

Having been personally impacted by people living with HIV in the early days of the AIDS epidemic, Nicole has worked since the '90s to humanize the face of HIV and destigmatize other chronic illnesses.

Jodi Newcomer, RN, BSN, CHPN, and KC Templeton, MSN, RN both work for PeaceHealth in Bellingham, Jodi as the Hospice

Program Manager, and KC as the Assistant Nurse Manager. KC has 35 years in hospice and palliative care and was drawn to hospice care while her mother was dying in 1984. The hospice nurses who came into her home at the time helped with medications but told KC there wasn't much else for them to do because she was already doing everything that was needed. It was KC's mom who told her before she passed that she should do this work—that she had a gift for it.

It was Jodi's oncology experience that informed her growth towards hospice nursing. After 15+ years of handling chemotherapy every day and experiencing frustration, at times, with the amount of non-beneficial treatment people underwent, she felt ready to move on. Already comfortable having those tender discussions with people facing the end-of-life, she looked forward to the personal and professional growth hospice care would give her.

## The Important Lessons

**Lesson #1:** Start end-of-life care plans early. All our palliative and hospice nurses agreed that end-of-life care should be in some ways, an everyday part of health care. It should not be so compartmentalized. At the very least, people should be referred to palliative care much earlier so that they and their loved ones can get the most out of it. But can we do even better? Consider how valuable it would be if primary care physicians had advance care planning conversations regarding durable power of attorney for health care and advance directives with every patient in their annual check-up?

Normalizing end-of-life care conversations can empower patients to think about, act, and communicate with loved ones, important wishes and legacies, allowing for richer lived moments and deeper life-to-life connections. Tomorrow is not a promise for any of us. Making some of these conversations part of primary care can help more people be better prepared when the time does come.

As Ginny states, "We know 80% of people want to die at home, and yet 80% die in hospitals or nursing homes. If we don't normalize these conversations when a person is not in crisis, who they are and what matters to them, then their final days will likely be determined by medicine alone with no other option but to die in a hospital or a nursing home. And in these days of COVID-19, this also means people don't get to be around their loved ones in their final days as visitors to hospitals and nursing homes are limited."

**Lesson #2:** Good ol' self-care. We all know self-care is important, though, at times, it's easier said than done. Nicole jokes, "nurses don't really realize there is something wrong with them until it shows up in their body and all of a sudden, you're sick."

Especially in times of heightened grief, sadness, anger, loss, change, or stress—at work or personally—don't underestimate the value of good self-care!

The basics of self-care are the basics for a reason: They work. Eating right, getting outside, learning to say “no” when you are low on time and energy, exercising regularly, practicing meditation and/or prayer; any one of these can be hard to prioritize in one's busy life. But each one of these basics boosts your body's own ability to process trauma in healthy and balanced ways.

And if you can only do one thing for yourself while immersed in the care of others, find some time to quiet your mind every day in a way that works for you. Practice releasing both the good and bad energies of each day, returning wholly to the center of yourself. When centered within yourself, you can be present with your family, friends, co-workers, and patients. The more you do this, the better you'll get at it and the easier it will be.

Keep in mind also, that we aren't always going to get it right. Most of us have vices we turn to when processing acute trauma. By recognizing what those vices are for you, maybe eating too much Ben & Jerry's, staying up too late, obsessively checking social media, having one too many glasses of wine, or whatever it might be, we can use them as signals that show us we might be getting off track. When this happens, it's time to ask for help. Reach out to colleagues who understand what you have been going through. Or, talk to your employer and see if they have grief counselors or an Employee Assistance Program (EAP). The important thing is to recognize when you are struggling and when you need help.

Nursing is a challenging job and can be traumatizing. If there is no one in your environment you feel comfortable talking to, call a crisis line: [www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines](http://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines)

And when all is said and done, don't forget to give yourself credit for trying. No matter how hard we try, there are going to be things out of our control. As nurses, we have dedicated our careers to showing up for our fellow human beings. That's a big deal!

Lesson #3: Appreciation. Each of the nurses we spoke with had an incredibly deep appreciation for life. They all found working with end-of-life patients and their families a rich experience—that helps them to see the value in all varieties of lived experiences both good and bad.

KC shares, “I kind of have a mantra of, Be, Serve, and Rock; be

the best that I can be, serve the greater good, and rock out whenever I can. It makes me appreciate life. And I appreciate it a little bit more for the patients that can't get out of bed. You know, I really do enjoy my life, because I have one. So, it's part of why I do this and what I think about while I do this work. We also have a really good sense of humor as hospice nurses. You have to.”

Lesson #4: Non-judgment. A big part of end-of-life care involves getting to the heart of a patient's story to figure out what they value and how they want to live their final days. To do this well, you must leave your biases and opinions at the door. The practice of non-judgment has the potential to free us from a ton of negativity opening us to learn from the richness of our patients' lives.

Practicing non-judgment has benefits outside clinical walls as well. Ginny shares, “...you have an opportunity to learn from every person, whether that is a provider, a family member, or a patient. If you don't take the time to understand why they're asking for whatever they're asking for, and we rely just on what we think they should be asking for, or what we think they should be signing up for, we've missed the opportunity to connect with people in the intimate time and space that only humans can react to and grow from.” Non-judgment is an act of compassion for your patient and yourself.

Lesson #5: Forgive often. Offering forgiveness creates a state of grace that can be uplifting. KC believes, “We can all be a voice for people who can say, “you are forgiven.” It doesn't matter if you are the one that it happened to, or if you know what happened or not. We can't change the past or even reconcile families. But you can tell that person that you're there with them now and that you see them, and that you see their emotion and their regret, and that you forgive them in the larger sense of the word. It gives people peace at the end of the day.”

Lesson #6: Leadership. Empowering yourself as a leader during difficult times requires honesty and vulnerability. When information changes daily, providing open and frequent opportunities for discussion creates a safe place for genuine conversation and growth for everyone on your team. Being open and honest with where things are with yourself is leadership. As a nursing leader navigating the impacts of COVID-19 with her staff, Jodi shares, “Recently, it's just been a growth on learning about how to share my own vulnerabilities and my own shortcomings or things I don't know the answers to and finding that that's okay.”

#### **Additional information and resources:**

- [ANA's position statement for when a patient requests medical aid in dying](#). This document can help shape our thinking so that we are prepared when the situation arises.
- [End-of-life WA](#) is a helpful resource for understanding end-of-life options available to patients.
- A recent article about the importance for patients and healthcare providers to connect as they face the dying process: <https://www.kuow.org/stories/with-visits-on-hold-washington-hospitals-strain-to-comfort-sickest-patients>
- Dr. Stu Farber (1947-2015), a founder of UW Medicine's palliative care program who helped patients and their families prepare for life's end recommended seven open-ended questions for moving towards culturally sensitive care; <https://courses.washington.edu/pcare/educational-experiences/respectful-death/>

# Emerging Leaders in Nursing

An Interview with Rikki Peck, DNP-Population Health Nursing, RN

**W**CN likes to highlight emerging leaders in nursing. If you know a nurse relatively new in their practice or working towards an advanced nursing degree impacting nursing with their leadership, let us know. Head over to [wcnnursing.org/in-the-spotlight/nominate-a-nurse/](https://wcnnursing.org/in-the-spotlight/nominate-a-nurse/) and fill out the form to nominate an emerging nurse leader today!

In this issue of WCN News we sat down to talk with Rikki Peck, a motivated 2020 DNP graduate from the University of Washington specializing in population health with a certificate in international humanitarian response.

Rikki was born in Auburn, WA and lived in Federal Way until she was 13 before her family moved to the northern town of Anchorage, AK. After graduating from high school, Rikki left Alaska for Boise State University where she earned her BSN. Rikki then returned to Alaska where she started her nursing career as a relief nurse for the State of Alaska Department of Corrections. After her first year, she took some time off to travel before returning to work at a pediatric outpatient clinic.

**WCN:** You started your career as a nurse in a corrections facility. What was that like?

**Rikki Peck:** It was eye-opening for sure. Having my first experience as a working nurse at a corrections facility was interesting for me because I found myself in a nursing position where the primary focus wasn't medicine or health. In general, people go to a doctor or clinic to get care, and that might not be their favorite thing to do, but the primary focus of their visit is still health, whereas, health is not the primary focus of the prison system.

**WCN:** As a nurse going into this environment to help people, what were some of your takeaways from the experience?

**Rikki Peck:** In the correctional facility,



*Rikki Peck*

nursing care wasn't the main focus. Part of my job was giving an assessment of people brought to the jail to find out if they were healthy enough to stay there.

**WCN:** What do you mean?

**Rikki Peck:** Often my patients were inebriated, on drugs, or perhaps needed access to a regular medication they were taking for a chronic condition. Or, their health care need could be something like needing stitches or some other type of medical attention. When you work in a hospital, people expect to see a nurse, but in jail, that is not why people are there. As a result, some of the patients are hesitant. And although this can happen in a hospital, too, in a corrections facility, you don't have the same support of a larger medical team or hospital system.

However, as my very first nursing position, it was a tremendous learning experience. I appreciate that I had to learn to work very independently since I worked on my own a lot. I was also exposed to what care looked like when people are at their most vulnerable.

**WCN:** Your next experience was at a pediatric outpatient clinic. How did this compare to working at a corrections facility?

**Rikki Peck:** It was very different. I loved my job working at the pediatric clinic. It was Mon-Fri for the most part, and our team of employees felt like family. It was a very fun and positive work environment. My first two jobs were certainly night and day. At the outpatient clinic, I got to give away stickers, and giving vaccines was one of the harder things we did, which wasn't too difficult. At first, what I liked least about the job was triage, but I even grew to enjoy that after a while.

Although my first two experiences were very different from each other, I'm grateful for each of them. I think each job helped round out my nursing career and fuel my passion for population health nursing.

**WCN:** Challenging circumstances can often be incredible opportunities for growth, but it is also important that they are balanced out with times of joy and fulfillment. What inspired you to go into nursing to begin with?

**Rikki Peck:** I wanted to help people, and I saw nursing as a practical way to help others. Other people's bodily functions never upset me, things like blood or guts, so I knew I could handle that aspect of it. I enjoy working with people and so nursing felt like a good fit. When I was in high school and choosing my career, I was also



interested in international work, and nursing was a great venue for keeping that door open throughout my career. It was a good fit for me.

**WCN:** Is anyone else in your family a nurse?

**Rikki Peck:** No. I am the first nurse in my family. However, my family was and continues to be very supportive of me. I am also the first person in my immediate family to get a four-year degree and go to graduate school. Without support from my parents and extended family, I honestly don't think I would be where I am today.

**WCN:** What are some of the challenges you have had to navigate becoming a nurse?

**Rikki Peck:** Some of the biggest challenges I've had center around strategic career moves. A lot of people graduate from nursing school expecting to work on a medical-surgical floor, but that was not the path I took. Finding just the right niche or specialty in nursing has been difficult for me. I don't think I have

totally found it yet but also acknowledge that this is an ongoing process. I am looking forward to focusing more on disaster preparedness and recovery and I am passionate about immigrant and refugee health, both here in America and abroad. My decision to go back to school was so I could continue to grow my knowledge and be a part of solutions that addressed health problems on a macro level instead of on a case-by-case or individual basis.

As nurses, we can positively impact people on an individual level or a larger population level. I think we can influence more than one patient at a time. We can influence a larger public through our compassion, our advocacy, and by being involved in policy creation and change, among other things.

**WCN:** Why do you think diversity is important in the nursing workforce?

**Rikki Peck:** Because we live in a world of diversity, it is important that our profession reflects that. I think it is important to have diverse care teams that under-

stand our patients and can bring a deeper understanding and comfort to what a patient might be experiencing. A diverse nursing workforce, in my opinion, is a more competent workforce.

**WCN:** Thank you Rikki!

**May 2020 Update:** Rikki has accepted a job with Neighborhood House and will start work after graduation as a Community Health Nurse in Child Development. She's looking forward to using the skills she obtained in the DNP program while maintaining her connection to pediatric health. Additionally, she has begun serving a two-year term as an at-large member for the Boise State Honors College Alumni Chapter.

While working at WCN during the winter quarter of 2020, Rikki produced a podcast on WCN sharing some information on who we are and the work we do. To listen to the podcast and learn more about WCN, please click [here](#).

## *An Interview with a Midwife*

Interest in midwifery as a health care career is growing in Washington State and across the U.S. But, knowledge of the value midwives bring to integrated health care in our communities is often misunderstood, or more often, completely missing. In honor of 2020 as The Year of the Nurse and the Midwife, and to learn more about midwives, who they are, what they do, and who they serve; WCN sat down with Judy Lazarus, DNP, CNM, ARNP, FACNM, a senior lecturer at the UW School of Nursing's Nurse-Midwifery program, and midwife since 1988.

**WCN:** Why did you choose midwifery?

**Judy Lazarus:** My journey started in the late '70s when I worked as a birth assistant and loved it! This early experience was very influential in my choice to become a midwife. However, before deciding on my career, I did think about different roles that involved caring for women and realized that my interest specifically aligned with nursing and midwifery. Midwifery is really the care for people from adolescence through menopause and the American College of Nurse-Midwives' vision is, "A midwife for every woman".

**WCN:** In the U.S., there are Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs). CNMs and CMs hold a Bachelor of Science in Nursing (BSN) degree before being accepted into a certified midwife program. And in Washington, some programs offer a Master's in Midwifery, and others, such as UW's program, offer a Doctor of Nursing Practice (DNP). CPMs are not required to have an academic



degree but must demonstrate a clinical education under the supervision of a nationally certified midwife who has been in practice for over three years and who has attended 50 out-of-hospital births after receiving their certification.

**Judy Lazarus:** The big difference between CNMs/CMs and CPMs is where they can work. CNMs/CMs can attend births in all settings, hospitals, homes, birth centers, and offices. CPMs generally only attend births in homes, birth centers, and offices. I thought about becoming a CPM but chose to become a CNM because, ultimately, I wanted to be able to be with my clients in any environment.

**WCN:** How do midwives get patients?

**Judy Lazarus:** There are several ways midwives connect with clients. For me, I work in a primary care Federal Qualified Health Center (FQHC) that also has midwives. Our patients are primarily community members who typically experience difficulties or barriers in accessing healthcare, such as immigrants, those experiencing homelessness, those who are under- or uninsured, and other marginalized community members. However, we do have wide a range of clients, including ones with insurance and those who choose us as their primary care provider because of the quality of care we offer.

Many midwives are part of hospital-based midwifery programs where larger healthcare institutions offer patients the option of a midwife as part of their care.

There are other midwives still, who are in private practice and get many of their patients through word of mouth.

**WCN:** What do you like most about being a midwife?

**Judy Lazarus:** One of the things I like a lot is the flexibility the role provides. I have the chance to be in both the clinical practice setting and to teach, and I fully enjoy the combination of these two things.

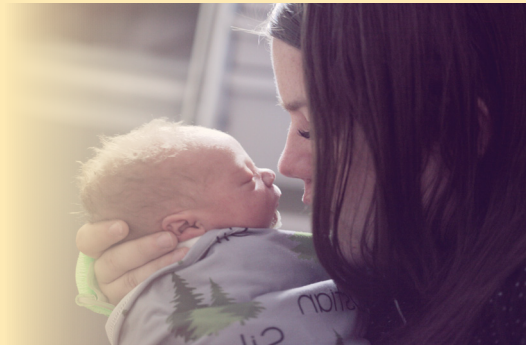
And of course, I love being with the pregnant person and the families we care for and providing care through the journey of pregnancy, birth, and postpartum. I also really love the chance to stay in people's lives and to be with a person through several pregnancies. Additionally, because I am part of a primary care clinic, I also get to see the children grow over time, which is so fun.

Recently, I ran into a pregnant person visiting the clinic whom I had helped with a pregnancy eleven years earlier. As she walked up to me, she introduced me to her daughter as the one who helped bring her into the world. The little girl just opened her arms and gave me a big hug. It was a super sweet moment for me.

I think most of us who get to support a pregnant person during birth just love the chance to be involved in that incredible moment.

**WCN:** What are some of the challenges?

**Judy Lazarus:** One of the biggest challenges is that most people don't know what midwives are or what we do. It feels like there is a constant need to explain to people the value of a midwife. A lot of people assume that they can't give birth in a hospital or have pain medications, but that is simply not true. Midwifery is about the pregnant person and the family. It is all about you, your needs and the type of birth you want. There are no judgments. Midwives are there to support the family.



Another challenge here in the U.S. is the struggle to integrate midwives as a more common part of the prenatal care team. In Europe, midwives attend about two-thirds of all births, while in the U.S. that number hovers around 8%. This is because, in Europe, they have a process of evalu-

ating pregnancies and integrate midwives into most low-risk pregnancies. That is what midwifery care is, care for low-risk pregnancies. Europe's process is more efficient and offers better care at a lower cost. In the U.S., we still subscribe to a model that relies primarily on obstetrics and underutilizes the value and skills of midwives.

Diversity in the field is another challenge. We need to increase the diversity of students choosing to study midwifery to ultimately increase diversity in the midwife workforce. This includes uncovering and removing barriers underrepresented groups of students might encounter when applying and/or paying for advanced practice nursing and midwifery programs. Although this work can be difficult, the work of breaking down and rebuilding institutionalized systems to make them more equitable is crucial to improving health outcomes for mothers and babies from all cultures and ethnicities.

However, one of the biggest obstacles facing midwifery now is the lack of clinical sites and preceptors for placing students into the higher levels of education necessary for midwifery training. Challenges in funding for these programs limit the number of students who can enter the profession. Although there is money available for medical education, there is little to none available for advanced practice nursing and midwifery.

**WCN:** What would you say to encourage someone considering a career in midwifery?

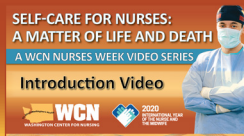
**Judy Lazarus:** When I talk to someone interested in a career as a CNM or CM, I encourage them to act. Take a class, get your BSN, take one step at a time, and know, that it may take some time, but you are doing it.



# Did you catch WCN's Nurses Week 2020 special video series, Self-Care for Nurses: A Matter of Life and Death?

Watch episodes anytime at [wcnursing.org](http://wcnursing.org), or on our [YouTube](#) channel.

Click below image to start watching now.



Episodes:

Part 1: I Rest My Pillow Case

Part 2: That's Life

Part 3: So Crazy, It Just Might Work

Part 4: Our Hangry Hearts

Part 5: Short and Sweet Critique

Part 6: No More Ends to Burn

Part 7: A Block Down Memory Lane



## THE NIGHTINGALE LEADERSHIP SERIES



The purpose of the Nightingale Leadership Series is to help develop the next generation

of nurses and midwives as leaders, practitioners and advocates for health. Through a series of webinars, we will discuss transformative ideas for the improvement of patient care and population health. These webinars will serve to inspire nurse leaders to think creatively, collaboratively, and across nursing disciplines for the profession's future of positive impact. Webinars are offered free of cost to clinical partners, state and federal agencies, and organizations serving or staffing nurses or midwives.

### Upcoming 2020 Seminars

**Stand Up for Equity | June 19 | 12-1 pm**

Presented by Sofia Aragon, Executive Director of WCN

\* View recording of seminar [here](#).

**A New View on Public Health Leaders | June 30 | 4-5 pm**

Presented by Patty Hayes, Director of Public Health-Seattle & King County

\* View recording of seminar [here](#).

**Lead from the Start | July 14 | 4-5 pm**

Presented by Carol Boston-Fleischhauer, Managing Director and Chief Nursing Officer at the Advisory Board Company

\* [Register here](#).

**Finding Your Voice During the Times of COVID | July 28 | 3-4 pm**

Presented by Sue Birch, Director of Washington Health Care Authority

\* [Register here](#).

To learn more about the Nursing Now initiative and the Nightingale Challenge visit: [impact.nursing.uw.edu/](http://impact.nursing.uw.edu/)



SCHOOL OF NURSING  
UNIVERSITY of WASHINGTON

Washington State  
Health Care Authority

## Welcome to Our New Website!

### WCNURSING.ORG

New updated look, improved navigation, easy access to data, reports, videos and more!  
Stop by and check us out.



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