



WHY STRENGTHEN NURSING EDUCATION: RESPONSE, RECOVERY, AND RESILIENCE TO COVID-19 AND FUTURE PANDEMICS

In January this year, Governor Inslee made the call to bring in 100 members of the state's National Guard to support overwhelmed hospitals and healthcare workers. WCN supports the action taken by the Governor in response to proposals articulated by the Washington State Hospital Association, the Washington State Medical Association, and the Washington Chapter of the American College of Emergency Physicians. However, the necessity to call in the state's National Guard is a glimpse into just how dire the situation is.

Nursing is the largest healthcare workforce in the state. As such, nurses are on par with physicians and hospitals in developing targeted strategies that build an effective response and recovery from the pandemic and other public health emergencies due to their frontline and leadership perspectives.

WCN's 2021 [study on the impact of COVID-19 on the nursing workforce](#) signaled widespread nurse burnout and nurses quitting. The report surveyed 418 registered nurses, licensed practical nurses, and advanced registered nurse practitioners and found that 42% thought about or made plans to leave the field of nursing. In addition, 69% reported moderate or extreme COVID-19 related staffing concerns. These alarming statistics suggest that nursing shortages will only worsen in the future.

An ongoing contributor to nursing shortages stems from academia and the longstanding shortage of nursing faculty due to pay inequities. A WCN analysis of nursing education data collected by the Nursing Care Quality Assurance Commission between 2015-2019 showed that Washington nursing programs only admit

50% of qualified RN applicants. Though this number does not account for applications to multiple programs, it does signal real barriers for students applying to RN programs. In addition, the ability of nursing programs in Washington to graduate more nurses has been stagnant for six years, despite increasing demand.

Nursing education is not able to attract the nurses it needs because it cannot compete with clinical positions vying for the same nurses. Many nursing faculty hold a graduate degree, and many are in an advanced practice role. However, compensation in academia is often less than what a full-time staff RN typically makes without an advanced education. For many, this reality makes the decision to transition from a career at the bedside to one in academia a difficult one, no matter how passionate they may be about teaching.

Currently, Washington cannot expand our ability to graduate nursing students when the demand increases as a result of something like COVID-19. It is time to take a system-wide look at addressing nursing shortages in Washington State and increase investments to attract the faculty we need to admit and graduate more nurses in times like these. A state-supported loan repayment program would create a strong incentive for nurses considering the move into academia. We need to also look at strategies to retain nurses and not lose them because workplace environments are not responsive to warnings of the risk of burnout by staff. Systemic solutions send a message that we value the contributions of nurses both in education and clinical practice who dedicate their lives to patient care no matter the challenge.



Washington Center for Nursing Releases New Nursing Workforce Data Reports

The WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state. Our two recently released reports include;

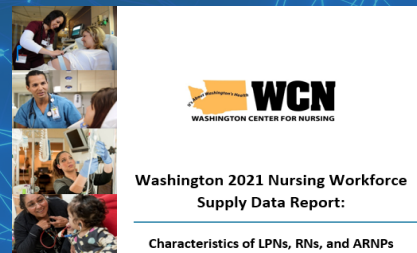
Washington State Nursing Education
Trend Report:
Academic Years 2014-2020



Washington State Employer Demand
Trends for Nursing Professionals:
An Environmental Scan of Data From
2011-2020



COMING IN MAY!
Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs



WCNursing.org/data-reports-publications/



Nurses Week 2022

MAY 6-12



JOIN WCN FOR LUNCHTIME DATA DISCUSSION SESSIONS

During Nurses Week 2022, WCN will host three 60-min Lunchtime Sessions on nursing workforce Education, Demand, and Supply Data. Sessions are free and will include a 30-min presentation on recently released WCN Washington workforce data reports, followed by a 30-min Q&A and open discussion with nursing leaders on the implications of the data. **Join us for 1 or all 3!!**

Session 1

Demand Data

Fri, May 6

11:30 a.m.-12:30 p.m.

Session 2

Supply Data

Tue, May 10

11:30 a.m.-12:30 p.m.

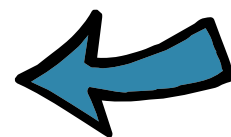
Session 3

Education Data

Wed, May 11

11:30 a.m.-12:30 p.m.

**Click image
to register
for 1 or all 3
WCN Data
Discussion
Sessions!!**



WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

Why is my information collected when I apply for or renew my Washington State nursing license?



The Nursing Care Quality Assurance Commission and other nursing workforce partners, such as the Washington Center for Nursing and Washington State Nurses Association, analyze nursing workforce practice, education, and demographic data to identify trends in the state's nursing workforce and to take action to address concerns.

Example: 2019 nursing licensure data showed that 32.3% of Washington's RNs are age 55 or older. Knowing that approximately a third of the state's RN workforce could retire over the next ten years is critical to informing industry and policymakers about the need for programs and investments that will develop the state's future nursing workforce (Washington State's 2019 Registered Nurse Workforce report).

For more information about Washington Nursing Workforce Data and Why it Matters click here.



Emerging Leaders in Nursing

An Interview with Matthew Clark, MSN, BSN, RN

WCN 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/ and fill out the form to nominate an emerging nurse leader today!

Matthew Clark graduated with his BSN from Oklahoma City University in 2014 and worked several years as a float nurse before returning to school for a Master's of Science in Nursing and Healthcare Leadership from United States University, which he completed in March of 2022. As part of his master's program, Clark worked with WCN on healthcare leadership initiatives, including advancing diversity in nursing and the Future of Nursing 2020-2030 goal of addressing the social determinants of health in patient populations.

WCN recently sat down with Clark to discuss his nursing journey.

WCN: Where are you currently working and how long have you worked there?

Matthew Clark: I'm currently working as a charge nurse with King County Public Health in their COVID-19 vaccination program. Before coming to this program, which I have been with for a year in March, I worked as a float nurse for many years. I have been an RN for about seven years now, and I have primarily worked in various hospital settings. It has been a new experience coming into a community health clinic setting versus working in a hospital. That has been a great learning and growth experience for me.

WCN: How did you come to choose nursing as a career path?

Matthew Clark: Before becoming a

nurse, I attended the University of Washington, where I earned dual Bachelor of Science in Biology and Bachelor of Arts in English degrees. After graduating from UW, I worked as a case manager at a men's homeless shelter for some time. I also grew up in a family where a lot of my relatives are nurses or nurse practitioners. One day working as a case manager, it came to me how much I enjoy health sciences. So, I pivoted and pursued that avenue. I like the flexibility of nursing. I like the hands-on care and interacting with patients, affecting their change, and seeing the changes that can occur in their healing process. That is what is rewarding and keeps me going within the healthcare profession of nursing.

WCN: What are some of the challenges you have faced to becoming a nurse and how did you overcome them?

Matthew Clark: One of the main challenges I had, which we have been talking about at WCN around increasing the diversity of nursing in Washington State, is I found that the nursing programs in Washington State had a limited number of slots. And even with good grades and a stellar background, you could still be put on a waitlist for a nursing program. I found that a challenge when initially looking into programs in Washington and it is one of the reasons why I chose to go to Oklahoma to complete my BSN degree. But, once I was in a program, I found the faculty supportive. I also found a group of students to form study groups with and bounce ideas off of.

One of the biggest stressors was preparing for the NCLEX exam. But I was also in a supportive environment for that. I was provided a Kaplan study course by a hospital that I had already established a contract with as a new graduate. I felt



Lft & Rt: Matthew Clark, MSN, BSN, RN

like I had a lot of support along the way to becoming a nurse, that is, once I found a program that fit my needs.

WCN: So far in your career, what do you enjoy most about being a nurse?

Matthew Clark: I enjoy the variety of clinical settings there are to work in because, with that variety, you come in contact with a multitude of patient populations. And each patient population has its own unique needs and ways you will want to interact with them to help them along in their healing process. I like to be able to see new clinical environments. I feel like, within nursing, there are many opportunities for exploration and advancement throughout your career.

WCN: Why do you think diversity and representation are important in the nursing workforce?

Matthew Clark: I believe diversity and representation in the nursing workforce are important because diversity inherently advances the idea that people come from different walks of life. And with coming from different walks of life, you have a variety of perspectives and ways of seeing the world. With that, each clinical or healthcare professional will bring different ways of looking at a clinical problem or addressing a clinical issue. They also bring their own cultural

Continued on next page

experience. Patients who might share a similar identity or cultural background may feel more comfortable interacting with someone they feel understands them and their lived experience. With that diversity, whether gender, cultural, or social, those backgrounds bring the opportunity for that healthcare environment to advance health equity and improve quality of care outcomes. I think it is crucial to have that representation.

I can speak of my own experience with the COVID-19 vaccination program with Public Health. Public Health has a goal of impacting diverse communities in the King County area. It has been nice to see some patients come in and feel welcome and less apprehensive. Because, maybe within their own experience, they have gone to clinical providers who they felt might not have understood them as clearly. Or whom they might not have felt comfortable with. To put a patient at ease helps to make that clinical moment and experience a more positive one for them. A positive experience can help them start a new path and form new ways of interacting with the healthcare system, one that will improve their health in the long term. Diversity and representation in the healthcare workforce can help to decrease instances of morbidity and mortality in at-risk, marginalized, or underserved communities.

WCN: Nursing is a challenging job and often traumatic. What techniques or strategies do you use to build resiliency, remain effective, and not burn out?

Matthew Clark: I believe that each clinical environment nurses work in brings its own stresses and challenges. So, it is important to keep an open mind. Say, for instance, you are transitioning into a new clinical environment, or the clinical environment is changing because the strategic mission and vision of the organization you are with are being aligned in a different direction; that open mind helps decrease the need to control. Having an open mind lets you

stay flexible when interacting with the change process.

In addition, earlier in your career, you may find yourself at home stressing over if you charted something correctly or communicated everything you needed to during a bedside report. I think it is just a process of reflection and growth. And learning on the days that you're off to let go and trust that the hospital, the clinic, your colleagues, they are competent as well as you, and the patients are going to be fine; you did a great job. Self-encouragement is necessary to that process, being your own cheerleader. Because sometimes in people's lives, everything might not be positive with their home life or life outside of work. Yourself or one of your nursing colleagues may have recently lost a loved one or are experiencing a transition in an interpersonal relationship. Having that self-encouragement mindset and being your own cheerleader helps you keep that emotional balance. If you cannot do that for yourself, then outreach and find support, maybe through a therapist or a support group. Whatever is needed to keep that positive frame of reference for yourself, so you can step outside of yourself and not feel professionally or interpersonally isolated.

WCN: What has your experience been this year as a nurse and with the pandemic?

Matthew Clark: It has been a good growing experience. It has allowed me to shift my career outside of the hospital setting. This current opportunity to work as a charge nurse with King County Public Health in an actual free-standing non-acute care setting has allowed me to see what it is like being a nurse outside of the hospital setting. To respond to the changing CDC and FDA guidelines that have impacted all our lives the past two years, I have learned to be even more flexible both inside and outside of work. My colleagues and I have needed to adjust to the quickly

evolving COVID-19 vaccination policies coming from the healthcare leadership team and work together to manage these changes properly in order to keep our patients safe while meeting the needs of the community. We are all in this together. People have various views, even within the nursing profession, about everything that has unfolded. But I have learned to keep an open mind, meet people where they are at, and to keep moving forward positively.

WCN: What are your future career goals in nursing?

Matthew Clark: I can see myself exploring two different directions. I'm still reflecting on which direction I want to go. WCN and its mission, and the meetings I've been able to be a part of, have greatly impacted me. They have shown me that there are multiple ways we can move within our nursing careers. We don't necessarily have to stay in a clinical setting to effect change for the nursing workforce. For example, we can work and be involved in policy. As a master's prepared nurse, I would also be interested in giving back and working as a clinical instructor. I think that would be rewarding. I look forward to continuing to be involved and volunteering with WCN. I believe in your mission of advancing diversity and your work with the FON 2020-2030 regarding the social determinants of health. I think these are important to advancing patient health equity and, ultimately, improving patient outcomes. Right now, I'm staying open to the process. I'm still working with King County Public Health as a charge nurse and enjoying that experience. Since I just finished with my master's degree, I look forward to taking some time for reflection and being open to opportunities that might come my way.

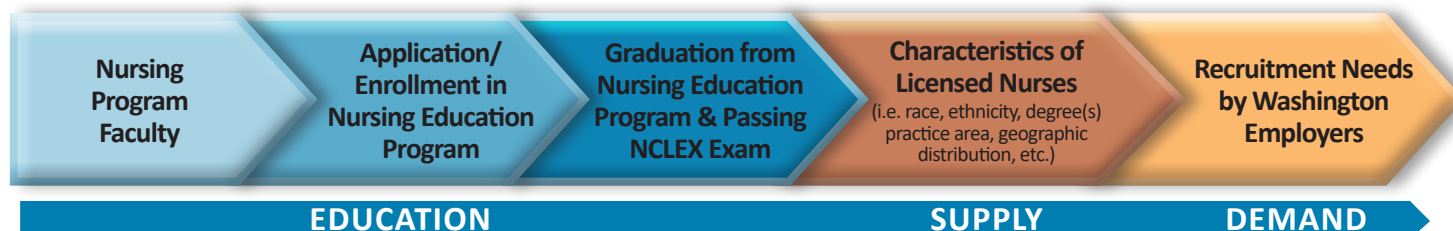
WCN: Given your experience so far in your nursing program and in nursing, what advice do you have for those considering a career in nursing?

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Nursing Workforce Data: A Look at “Nursing Education”



Welcome to the third and final article in our series describing the different aspects of healthcare workforce data related to nursing. There are different sets of data across the healthcare workforce: supply, demand, and nursing education. This article will focus on nursing education data.



Nursing education program data serves as a resource for policymakers as well as state and federal governments, research inquiries from foundations and media outlets, and internal school decision-making. Education data provides information on those interested in pursuing nursing as a career and those enrolled in a nursing program. Education data tells us about the types of programs available and the students and faculty in those nursing programs. A few examples of education data include the number of applicants to nursing programs, how many students are enrolled and graduate from the programs, and some demographic information on students and faculty. Education data also provides information such as the number of students enrolled in undergraduate and graduate programs. Education data is also used to forecast the number of nurses that will be joining the workforce after graduation to care for patients at the bedside and to take on advanced roles such as nurse faculty or nurse practitioners.

Nursing education data in Washington is collected annually through a state survey from the Nursing Care Quality Assurance Commission (NCQAC). Data is gathered from approved Washington state nursing programs and out-of-state distance learning programs. This data is primarily collected for regulatory purposes to monitor the multiple programs across the state and some out-of-state programs. The survey consists of approximately 150 questions requesting specific data on students, faculty, and the overall program details. The survey asks a variety of questions, including some from the Nursing Minimum Dataset developed by the National Forum of State Nursing Workforce Centers, and available on their website at <https://nursingworkforcecenters.org/dataset/>. Results from the annual survey are then summarized into a yearly education report and shared publicly on the NCQAC website. While the annual survey data is rich with quantitative data, it is lacking in qualitative data, which means it does not give us answers to why certain trends are occurring or explain challenges students are facing.

Programs submit similar data for their program accreditation to compare their program to other programs in the state and nationally. One use of the data is to monitor the enroll-

ment and graduation trends to see if programs are producing enough nurses to meet the demand of nurses needed to fill positions in hospitals, community settings, and advanced roles. Programs use the data to make decisions about their programs such as program expansion and to determine strategies to support student success. Colleges, universities, and legislators may use this data to determine funding needs and services for nursing programs.

One example of education data is displayed in the table below from the 2018-2019 Washington Nursing Education Programs Annual School report listing the number of undergraduate graduates (NCQAC, 2020). This table tells us that on average, Washington nursing programs graduate 270 PNs, 1600 AD nurses, and approximately 1,000 BSN/GE nurses, with a total of 2,870 new nurses joining the workforce every year.

Academic Year	PN	AD	BSN/GE	RNB	BSN/GE/RNB
2014-2015	352	1,712	1,283	536	1,819
2015-2016	293	1,633	967	718	1,685
2016-2017	264	1,741	937	987	1,924
2017-2018	226	1,506	978	1,319	2,297
2018-2019	232	1,548	892	1,191	2,083

Table Note: PN=practice nurse, AD=associate degree in nursing, BSN/GE=bachelor of science in nursing and graduate entry into nursing, RNB=registered nurse to bachelor of science in nursing. Retrieved from <https://doh.wa.gov/sites/default/files/legacy/Documents/6000/669269.pdf>

Nursing education data entails the characteristics of nursing faculty, nursing students, and nursing education programs including the number of applicants, graduates, faculty, and programs; degrees pursued and earned, diversity, specializations pursued, and other factors. We look at the number of applicants to programs and monitor trends of applications to programs to track recruitment efforts. For example, with efforts to increase the number of nurses with a bachelor's degree, the number of students enrolled in RN to BSN pro-

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Nursing Workforce Data: A Look at "Nursing Education" continued

grams doubled in the last five years ([WCN WA State Nursing Education Trend Report, 2022](#)). In addition, the number of RN to BSN programs available to students has increased, giving students more access to such programs and the ability to expand the number of students enrolled in these programs. Similarly, the number of Doctorate in Nursing Practice (DNP) programs in Washington has increased, increasing the number of students enrolled in such programs. Given these examples, nursing education data helps track how the state is doing in certain aspects of nursing education.

The number of students applying to nursing programs and graduating from nursing schools is only one part of the education picture. For example, from a diversity standpoint, education data can tell us if the students enrolled in nursing school mirror the Washington communities they are serving. Likewise, the data provides information on faculty diversity

and whether faculty mirror their students and the Washington population. In addition, faculty data gives information such as education level, the age of faculty to help predict upcoming retirements, and faculty salaries to strengthen pipeline planning for faculty.

Currently, the WCN partners with community organizations to promote nursing as a career to middle school and high school students. WCN also actively partners with nursing workforce stakeholders to lead statewide programs that support the growth of a diverse nursing workforce and increase diversity among nursing faculty. These programs include our Diverse Nurse Faculty Mentorship program and our So You Want to be a Professor Workshops. Nursing education data provides a wealth of data to inform states and schools in preparing to meet the existing and future needs of the state's nursing workforce.

An Interview with Matthew Clark, MSN, BSN, RN continued

Matthew Clark: For those considering a career in nursing, there are a few things that I would recommend. First, do some reflecting and write down your reasons for wanting to become a nurse. Because, as you go through the program, you can refer to those core values you have for wanting to be a nurse. And hopefully, they can keep you going in times of challenge or when you might feel discouraged. Once accepted into a nursing program, keep an open mind

to the various avenues you can take in nursing and form your own opinions about where you want to take your career. Try to see yourself as an individual and stay true to your values. Chart your course and stay single-minded on your goal of becoming a nurse. Also, take advantage of the different clinical opportunities you have in nursing school and jump in. And finally, remember to stay a team player and collaborate with your colleagues. I like to describe nursing as

an individual team sport. I mean, you get your patient caseload each day or night when you are working in a hospital or clinic setting, but always try to be vigilant on how you can assist the other nurses on the unit with you. We work together to keep the patient safe. Safety is number one. Patient safety, keeping yourself safe, and keeping your colleagues safe. That safety component ultimately advances those quality outcomes we want our patients to have.

In January and February 2022, I had the opportunity to complete my Masters of Science in Nursing Healthcare Leadership clinical residency at the Washington Center for Nursing (WCN) with WCN Executive Director Sofia Aragon, JD, BSN, RN, who served as my clinical leadership preceptor. During my time with WCN, I learned first-hand that this organization has a clear vision and mission of supporting increases in diversity, equity, inclusion, and clinical expertise among members of the Washington State nursing workforce. WCN endeavors to assist the profession in mirroring the patient populations of Washington State, with the goal that such increases in professional nursing diversity will promote health equity and positively transform communities. WCN believes such transformation may be assisted by increasing professional nursing collaboration in addressing individual patient, family, and community social determinants of health (SDOH) to help reduce health disparities and advance holistic patient-centered care, as outlined in the recent National Academy of Sciences, Engineering, and Medicine's Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity consensus report sponsored by the Robert Wood Johnson Foundation (RWJF).

SDOH are environmental and social conditions that positively or negatively influence a person's overall quality of life and their experiences of health inequality. SDOH factors include housing, income, transportation, food access, social support systems, and the general safety of each patient or family's community. Concerning this health topic, and through my clinical residency at WCN, I was provided the opportunity to collaborate with two Washington State public health nursing leaders, Katie Eilers, MPH, MSN, RN, and Dorene Hersh, RN, MN.

Katie Eilers currently serves with the Washington State Department of Health (WSDOH) as their Office of Family and Community Health Improvement Director. In this role, she compassionately serves Washington's many diverse communities through advancing policy and interagency collaboration to enhance the overall health and well-being of Washington individuals and their families. Katie also serves with WCN directly as an active member of the Board of Directors. During my discussions with Katie, she described her current work within the public health sector as a full-circle life experience. Before becoming a nurse, Katie worked as a geologist and hydrologist in Southern

California. She eventually developed an active interest in the public health and the non-profit sectors serving underserved populations in Los Angeles, CA, for 10-years. She then traveled overseas to South Africa and Mozambique for 3-years. Katie states, "I did the opposite of what most people do in that I started in public health." When she came back from overseas, she attended nursing school and worked for a short time in long-term care and assisted living, before deciding very quickly that her calling was nursing administration as she enjoys taking a "big picture" perspective that allows her to be involved in helping to make policy and positively supporting the nursing staff. For the last 9-years, Katie has been in governmental public health, working initially for a county health department before pivoting to her current work as the Director of the Office of Family and Community Health Improvement with the WSDOH. Regarding her current work, Katie states, "I love it! I love working at a state-level working

on big picture policy. I've got public health nurses on staff, and find their work so interesting". She enjoys the cross-sections of SDOH and nursing that she commonly has to navigate when working on legislative policies that can impact the clinical environment to help direct patient long-term outcomes to more prevention.

Dorene Hersh currently serves with Public Health

Seattle-King County as their Chief Nursing Officer. In this role, she strategically guides the King County Public Health (KCPH) nursing workforce to meet various community health needs equitably and compassionately by offering accessible medical, dental, vaccination, maternal and family support, and nutritional health services. During our many discussions, Dorene shared how she truly enjoys her work in public health, serving marginalized and underserved communities. In sharing her nursing journey, Dorene recounted how, after becoming a nurse, she worked as a Supervisor and Director of Nursing for many years in California with medically fragile pediatric home-care and respite patients. In this clinical space, she realized that she wanted to do something more to help impact the lives of such vulnerable populations. Dorene attended the University of Washington and earned her pediatric nurse practitioner degree and certification. Following graduation, she knew she wanted to be involved with KCPH. She applied and was immediately hired. It is at this time that her desire to become involved in public health adminis-



tration and executive leadership expanded. She finds it very rewarding working with the Nurse Family Partnership model to help create a holistic nursing environment in which patients feel welcomed, understood, and heard regarding their health needs and their current SDOH. She also finds satisfaction in working with the KCPH Human Resources Department and the KCPH nurse recruiters to help develop and advance trauma-informed policies and anti-racist hiring practices that are equitable in reducing nurse interview and employment bias. Dorene also states, "I'm a great proponent of hiring new graduates," and she enjoys "paying it forward" through assisting both new and experienced nurses in meeting their own professional nursing career and development goals. Dorene wants to help leave a legacy with KCPH in which nurses and patients of all cultural backgrounds feel welcomed, and she believes this starts with having an active discussion around SDOH.

As a result of Katie and Dorene's diligent public health sector work over the years, they both earned the RWJF's "Breakthrough Nursing Leaders" award for nurses, Dorene in 2014 and Katie in 2015. They each talked with me about how, as part of this honor, they were afforded the opportunity to work together following grant funding approval by the RWJF to create a passion project in partnership with WCN involving co-leading focus groups across Washington State with school-based nurses, public health nurses, and hospitals to collect survey data regarding nurse understanding of SDOH. They found from this project that school and public health nurses were well-versed in understanding SDOH and its impacts on patient health outcomes. However, the data showed a need for improvement within hospital settings for more education and discussion on SDOH and how they impact patient health. For Katie and Dorene, this initial project helped synergize their alignment around leading further discussions of SDOH and diversity, equity, and inclusion within the Washington State nursing workforce, encouraging each of them to dig deeper in subsequent projects that take this discussion further to help improve patient outcomes and health for the long-term.

As evidenced by their nursing leadership work over the years, both Katie and Dorene share in WCN's mission of reducing community health disparities and improving health outcomes for Washington State residents through addressing SDOH. It was such a pleasure engaging in these discussions and professional exchanges with these two nurse leaders during my clinical residency with WCN. Both of these inspiring nursing professionals have sought throughout their careers to promote a vision of inclusion, support, and mentorship for the Washington State nursing workforce. They each have a strong passion for addressing SDOH through advancing equity and social justice for the myriad of patient communities whom Washington nurses serve.

Caring for Communities: Nursing Careers in Population Health

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WCN PROGRAM UPDATES

Diverse Nurse Faculty Mentorship Program | Jan-Dec 2022

In our last newsletter, we let you know about the **WCN Diverse Nurse Faculty Mentorship Program**. WCN kicked off the program in January with a two-day Mentor Training created and presented by the Colorado Center for Nursing Excellence.

WCN is excited about both the ethnic diversity and geographic diversity of the mentees and mentors. Participants are from across the state and include Washington State University and Walla Walla Community College in Eastern Washington; Heritage University and Wenatchee Valley College in Central Washington; and Bellevue College and the University of Washington on the westside. If you would like more information about this exciting new program, contact us at info@wcnursing.org.

I just wanted to share that I met with my mentor this week. She is a wealth of knowledge and I am very grateful for this match. I know that I will learn a lot about leadership and more from her. I just wanted to give all of you SHOUT OUT for all your hard work on developing this pilot program.

2022 Program Mentee

So You Want to be a Professor Workshop | May 20, 2022, 9 a.m.-1:30 p.m.

Speaking of So You Want to be a Professor, our next **So You Want to be a Professor Workshop** is on **May 20, 2022, from 9 a.m. to 1:30 p.m.** This workshop is free. The WCN is committed to creating a strong and diverse nurse faculty workforce. So You Want to be a Professor is a half-day Zoom workshop that introduces participants to nursing education as a career and the different and surprising paths nurse educators can take. If you are interested in the, **So You Want to be a Professor Workshop**, contact Frank Kohel at frankk@wcnursing.org, or click [here](#) for more information and to register.

SYWTBAP Interview Success Seminar | June 21, 2022, 11:30 a.m.-1 p.m.

And not to be forgotten, WCN is presenting the **So You Want to be a Professor Tips for Interview Success Seminar** on **June 21, 2022, from 11:30 a.m. to 1 p.m.** The seminar is free. Get valuable insight into interviews for nurse educator positions, including how best to respond to interview questions. If you are interested in the **Tips for Interview Success Seminar**, contact Frank Kohel at frankk@wcnursing.org, or click [here](#) for an informational flier.

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