



QUALITY SIMULATION FOR LPN-TO-BSN PROGRAMS AND BEYOND

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The Nursing Care Quality Assurance Commission (NC-QAC) introduced WAC 246-840-534 in 2016, allowing any LPN, RN, or RN-to-BSN program to use simulation as a replacement for up to 50% of traditional clinical practice hours in a clinical practicum course. This was contingent upon the demonstration that the nursing education program seeking approval was in alignment with the requirements outlined in this WAC. [WAC 246-840-534](#): The first documentation of simulation use noted in the annual NCQAC Education Report was during the 2015-2016 academic year. Percentages at that time ranged from 6-11% in the year before the new WAC went into effect. Over the subsequent three years of monitoring simulation use, no sudden surge was noted and, in fact, demonstrated a slight decrease. It wasn't until spring 2020, when the impact of the COVID-19 pandemic closed many clinical sites to nursing students, that a dramatic increase in the use of simulation hours sky-rocketed. Increased use of simulation during the pandemic almost tripled among RN programs, and increases among LPN programs were more than double that. In that first year of the pandemic, the majority of nursing education programs used screen-based virtual simulation to offset the restrictions imposed by clinical site closures and safety concerns. Screen-based simulations can provide practice in clinical reasoning and opportunities to develop clinical judgment skills

Around this same time, a statewide taskforce convened to explore ways to increase opportunities for LPN academic progression, including the development of direct transfer agreements (DTAs) into the Associate in Nursing DTA and a proposed LPN-to-BSN DTA option. Both the planning and subsequent implementation of this initiative were partially funded by Premera Blue Cross. As the development of four pilot LPN-to-BSN programs began, the need to integrate quality simulation was discussed, especially as a strategy for the verification of LPN clinical competencies and necessary remediation prior to being introduced to more advanced RN clinical practice experiences. Each of the four schools (Columbia Basin College, Green River College, Saint Martin's University, and Wenatchee Valley College) received \$15,000 during the 2021-2022 planning year to enhance simulation resources at their respective schools. This allocation allowed for the purchasing of additional simulation equipment and,



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more importantly, to enhance faculty expertise in the use of simulation. As part of this process, the Premera LPN-to-BSN team sought consultation from the newly formed Washington State Simulation Plan (WSSP) membership

Based on preliminary discussions with our newly hired WSSP consultants (Dr. Carrie Miller and Dr. Lauren Bilbin), several possibilities emerged for our consideration and prioritization. The first priority area agreed upon was the idea of a faculty development narrated PowerPoint or video aimed at fostering a culture of safety in simulation and emphasizing the critical importance of debriefing to enhance simulation effectiveness and student learning. The second priority area was to consider a faculty development session to discuss the use of relatively low-tech and low-cost simulation accessories to emphasize that quality simulation does not necessarily require high-cost and high-tech simulation equipment to be effective. The third priority area was to have our consultants develop a critical-access hospital emergency response simulation using a standardized female patient with an impending obstetrical emergency following a motor vehicle accident (MVA). As our consultation progressed, ideas evolved into specific deliverables that our consultants would provide. These included:

1. Half-day faculty development simulation workshops on location at each of the four LPN-to-BSN pilot schools
2. Development of online resources for ongoing faculty development, including a narrated PowerPoint orientation to simulation "best practices" related to creating a



psychologically safe simulation environment, preparation, pre-briefing, and debriefing processes

3. Development and beta-testing of a trauma-related, low-frequency, high-risk obstetrical emergency within a rural, critical-access hospital setting

The faculty development simulation workshops were conducted on-site at each of the four LPN-to-BSN pilot schools between August-September 2022, with each ranging from 3.5 to 4 hours in duration. The primary goal of the workshops was to empower both new and seasoned simulationists and faculty members to view simulation-based pedagogy as a logical, attainable, and meaningful learning experience. The specific objective of the workshop was to help faculty understand and apply best practices in simulation-based learning for nursing students learning to care for a client in late pregnancy. This included exploring the unique characteristics of the International Nursing Association Clinical Learning and Simulation (INACSL) Healthcare Simulation Standards of Best Practice (HCSSBP). The four HCSSBP Standards for the workshop included 1) Facilitation; 2) Pre-Briefing; 3) De-Briefing; and 4) Professional Integrity. These were the focus because they are considered the “Core Four” standards critical to any simulation-based learning experience.

The first half of the workshop was predominantly didactic, using a lecture format with the encouragement of open discussion and questions throughout. The second half of the workshop provided an active learning experience using low-fidelity resources. The selection of low-cost/low-fidelity resources was intentional, intending to empower learners to appreciate that simulation does not have to be high-cost and high-tech but rather required to be innovative, realistic, and meaningful to the adult learner. For this simulation workshop, the only required “equipment” were 11-inch clear balloons and 40mm ping-pong balls to help demonstrate the processes of labor and delivery. The following link provides an abbreviated demonstration of this exercise for those having difficulty imagining how these simple props could simulate labor and delivery, <https://www.youtube.com/watch?v=4dzt-PhYtG7k>.

At the end of the workshop, participants had the opportunity to actively engage in this simulation-based activity, practice using best practices, and receive “just-in-time” support as needed. Feedback was overwhelmingly positive from faculty attendees with comments such as, “I was nervous to participate in this simulation activity, but once we got started, it was so much fun and now I understand more what our students experience. Thank you!”

In an effort to make this experience more available to others, the didactic presentation and simulation experience was videotaped at two of the schools. The intention is to develop a narrated PowerPoint presentation with video clips to illustrate key points. This deliverable is in the final phase of development and will be made publicly

available on the WCN website when completed.

Because content and clinical experiences in obstetrics are limited in most LPN programs, our consultants also developed a simulation scenario to provide LPN-to-BSN students with exposure to nursing management of a trauma-related, low-frequency, high-risk obstetrical emergency within a rural, critical-access hospital. The simulation includes a pre-hospital component as well as incorporates numerous specialty roles including EMS, ER, OR, PACU, and postpartum personnel.

The scenario focuses on a 28-year-old gravid female (G1 P0) whose pregnancy is estimated at 32 weeks gestation that had to this point, been unremarkable and without any complications. She is involved in a serious MVA, is ejected from her car, and is found on the side of the road by EMS personnel. When assessed, she is found to be alert and oriented but with abdominal pain and dark red vaginal bleeding suggestive of a possible placental abruption. The patient is brought to a critical access hospital emergency room for initial care.

This simulation-learning scenario was developed specifically for utilization in limited-resourced programs and critical access areas by not requiring expensive or elaborate simulation lab equipment. Essentially, the critical access hospital ER setting can be replicated in any hospital-based type setting with standard equipment, including a bed, IV pole, oxygen, and suctioning resources. Additional resources may include a fetal monitor, a radiant warmer for the infant, a code cart, a “Parto-Pants” birth simulator, a simulation task trainer infant, and a standardized patient. Parto-Pants can be worn by the standardized patient to provide further reality to the scenario and are described at [PartoPants™ BIRTH SIMULATOR - PRONTO International](#).

The simulation scenario is currently in phase 2 of beta testing and will be implemented in the LPN-to-BSN pilot programs when completed this spring. The final simulation scenario will also be available on the WCN website for other nursing faculty interested in using this scenario in their programs.

We want to express our appreciation to Premera Blue Cross for their generous support of the LPN-to-BSN pilot pathways. Although contributions made to this effort by our grant consultants have been developed specifically for LPN-to-BSN students, we believe that many of our grant outcomes, including simulation and previously reported holistic admissions resources, may be relevant to other nursing programs and will be available as open-access education resources on the WCN website. In addition, any nursing education program wanting to consider offering the faculty development workshop at their site may contact Dr. Carrie Miller at millerca@seattleu.edu or Dr. Lauren Bibin at lbibin@uw.edu. Questions regarding the Premera LPN-to-BSN pathway grant may go to Mary Baroni at mbaroni@uw.edu.

Leaders in Nursing

An interview with Dorene Hersh, MN, RN

According to recent data, 20% of Washington's Nurse Practitioner workforce will retire by 2028, and 20% of Registered Nurses will retire by 2029. Additionally, according to WCN's 2019 RN supply report, only 1% of RNs are public health nurses. As Washington prepares for this loss of knowledge, experience, and skills in the nursing workforce, WCN is creating an interview series dedicated to capturing the voices of nursing leaders preparing to leave nursing through retirement.

For this issue of WCN News, we sat down with Chief Nurse Officer for King County Public Health, Dorene Hersh, MN, RN. Hersh graduated from a hospital diploma program in June of 1980. As her career progressed, she continued to advance her education, receiving her BSN in 1990 and her Pediatric Nurse Practitioner degree from the UW in 2000. She has been a working nurse for 43 years and in nursing leadership at King County Public Health for the last 22 years, the last 13 years as the Chief Nurse Officer. Hersh is planning on retiring at the end of 2023. Here is what she had to share with us about her nursing journey.

WCN: Can you share with us what inspired you to choose a career in nursing?

Hersh: I grew up in a very, very small town. I wanted a job that I could use as a ticket to get out of that town. I knew if I became a nurse, I could go anywhere.

Then, in my senior year, I was working for a restaurant, and I cut myself with a knife and had to go to the ER to get stitches. That was when I got a glimpse of what nurses do. That was when I thought, wow, I could be a nurse. There were no nurses in my family. I didn't have any experience other than want-

ing a ticket out of that small town.

WCN: Can you briefly share with us your journey into nursing leadership?

Hersh: I remember when I was a senior in nursing school, and graduation was coming up, and everyone wanted to work in labor and delivery. We all put our applications in at the Children's Hospital for labor and delivery, but they didn't take new grads; they only hired experienced nurses. So, they funneled all our applications to the neonatal intensive care unit. My friends and I all ended up there. There were around six of us, and we all worked that first job together.

Several years later, I moved to San Diego and continued working in the NICU. That was when I went back to get my bachelor's degree. The University of San Diego was the only program that had an RN to BSN program at that time. I attended school full-time while working full-time and got my bachelor's degree. That was in 1990. While still in the Southern California area, I relocated to Loma Linda and worked in the NICU there. It was there I began working in home care when I "followed a preemie home", who was one of my primary patients. I fell in love with it. I left the NICU to work in home care. I worked my way up to supervisor and then to Director of Nursing of a daycare center for medically fragile children. That was my first introduction to higher levels of nursing administration.

After several years, I moved to Seattle to earn my Pediatric Nurse Practitioner Degree from the University of Washington.

I was halfway through my program at UW when I thought if I had to look in another set of ears, I will scream. It was not what I wanted at all. But I was in-



Dorene Hersh, MN, RN

vested in the program with both time and money. So, I finished the program, took the boards, passed, and never worked a single day as a nurse practitioner.

I went to one of my professors who said, why don't you go to work in public health? All they do is mother/baby. And I thought, oh, alright. So, I started applying for jobs in public health. Well, they do a lot more than mother/baby. But I didn't know that at the time. It was telling that this was a professor of nursing who felt that all public health did was mother and baby care.

From there, I fell in love with public health. And I've been here for the past 23 years. It's been the best thing. It's been such a gift to me.

WCN: What do you enjoy most about the profession of nursing?

Hersh: It has evolved over the years. At first, it was being at the bedside and following a preemie from birth to going home and seeing them move to home care and into their home environment. But now, I enjoy that nursing has allowed me to change my career and make it whatever I want it to be. I've been a bedside nurse and a home care nurse. I did pediatric hospice for a while and went into nursing leadership. As a public health nurse leader, my job is different each day.

I never get bored because every day is different. There are times during my career I thought, "I want to do something else." And as I moved into different positions in nursing, I got the change I needed. My needs were met by the variety and breadth of nursing because there are so many things that people can do in nursing.

Sometimes you're in a position that seems thankless. And you know what? I've left those positions. Not every job is created equal when you're a nurse. And if I'm in a job that I'm unhappy in, I change my circumstance. I'm not one to sit and complain if I can't influence change from within to make things better. I just move on because other organizations will appreciate the skills and gifts that I bring to them. Nursing affords us all that opportunity.

WCN: What positions and experience prepared you best for nursing leadership?

Hersh: I've been very fortunate to have had some very talented nurse leaders throughout my career. But you can learn as much from a not-so-good supervisor as you can from a great one. You learn what not to do when you become a leader. And then you correct all those things you thought were wrong, and then you end up making your own mistakes. You know, that's sort of how it goes.

Robert Wood Johnson has made a huge impact on my career, and I received a large amount of training from them. I think their leadership has provided the most pivotal change in my career. I think an important thing that people don't always know is it is equally important to join organizations like WCN. That was how I got the Robert Wood Johnson fellowship, through my connections at WCN and Linda Tieman, the first director there. When you get involved with your local or state organizations, you learn leadership by osmosis through the peers and colleagues that you work around.

What I think people sometimes don't understand is that we need people in nursing leadership positions who are new to nursing, too, new grad students all the way up through seasoned professionals. There's so much valuable input that nurses need from every generation. There's a lot of focus on diversity in nursing, which is extremely important, but we also need to pay attention to the multiple generations in nursing. From graduation through retirement, everyone has something valuable to offer. Every nurse is a leader from whatever position they're in. If they're a bedside nurse, they're a leader. It's not something you have to have behind your name, you know, like a "manager" or "supervisor." It's everybody. It's all our responsibility.

WCN: From your perspective, what attributes are important to be an effective nursing leader?

Hersh: I think the attributes of being an effective nursing

leader are the same attributes that you need to be an effective nurse. If I believe that every nurse is a leader from their chair, then being trauma-informed, listening, meeting people where they are at, all the tools that we use as nurses to make ourselves more effective, that's the same skill set that you need as a leader. The difference is you are switching your audience.

I think the hardest jump to being a nurse leader is from a staff nurse. Some staff nurses don't want to go into leadership because they want to "touch patients". It is equally rewarding to mentor and help new nurses become the most effective nurses they can be and to see their impact on patients and our communities.

WCN: You have seen a lot of changes in the nursing workforce throughout your career. What do you find encouraging?

Hersh: One of the most recent experiences I find inspiring as a nurse leader is mentoring graduate students. For the last three years, I've had graduate students from the University of Washington DNP program, and they challenge me to think differently. I honestly think I learn more from them than they do from me. They come into public health because of our mission and vision. So, they share that with me. I think that's part of it. We are moving towards the same thing. We are leading with race and health equity, and that's important. It's wonderful to see the increase in the number of nurses wanting to go into public health.

I didn't even know what public health was until I worked here. I mean, literally, I did not know what public health did. I don't think that's the case anymore post COVID. There was a time when schools would say you need two years of med-surg before you can go into public health. We've been trying to change that message. And though it's still out there, it's false.

When we had the Robert Wood Johnson grant, and we were looking at the knowledge and awareness of social determinants of health in bedside nurses and conducted focus groups across the state; in speaking with groups of school nurses, I just thought if we could invest in school nursing, we could change the trajectory of healthcare in our state, or even in our nation. They have such a pivotal role. They're in the community and they are embedded just as much as public health is. But at a level where you can influence children, you could really change the world.

Another thing I find encouraging is, because of the pandemic, public health's role is more visible. People know what public health is right now. And I think our legislators are listening, too, and increasing investments in public health

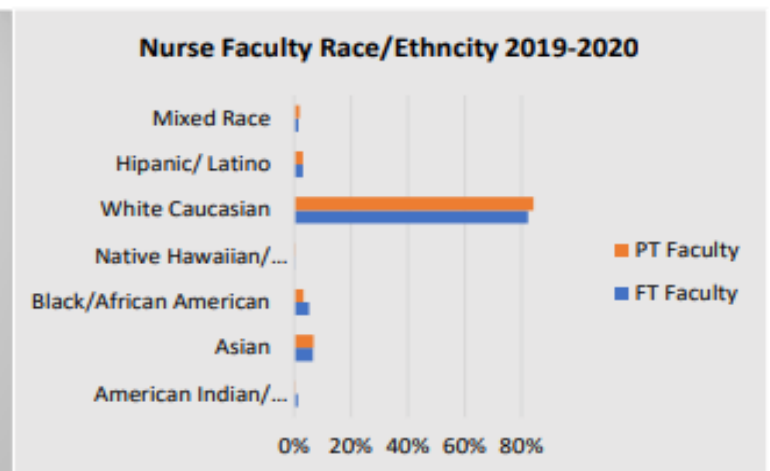
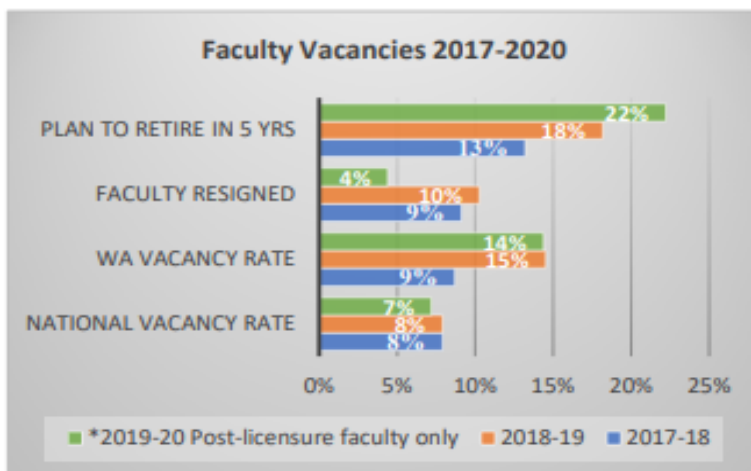
[Click here to read the full interview...](#)

Washington Nurse Faculty: 2022 Data Snapshot

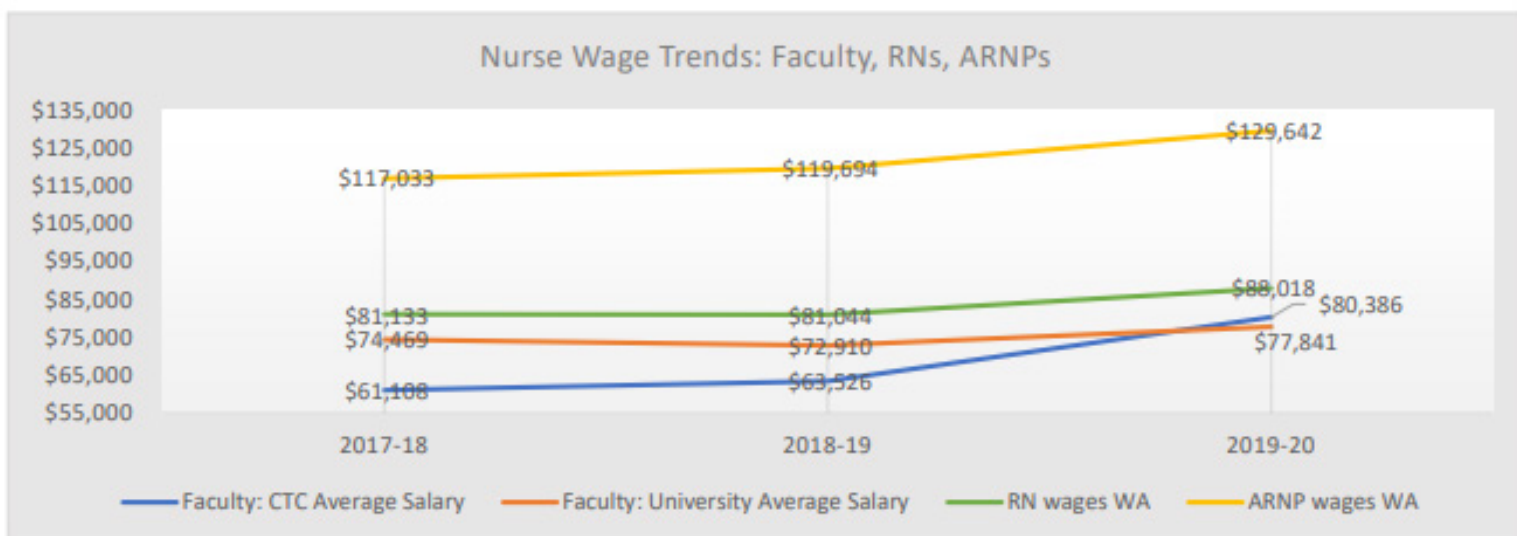
WCN put together a Nurse Faculty data snapshot, giving a quick look at data across WCN's 2022 nursing workforce supply, demand, and education data reports as it applies to Nursing Faculty.

[To view the following information in PDF format, click here.](#)

Washington Nurse Faculty by the Numbers Education 2019-2020 ¹		
Nurse Faculty Count		Full-time 656 Part-time 998
Faculty Diversity	White/Caucasian	Full-time 82% Part-time 84%
	Racial or Ethnic Minority	18% 16%
	Male	10% 12%
Faculty Highest Education	Masters	Full-time 45% Part-time 49%
	PhD	36% 12%
	DNP	12% 23%
	Non-nursing Doctorate	7% 13%
Faculty Age	40 years and younger	Full-time 13% Part-time 31%
	41-50 years	26% 28%
	51-60 years	32% 24%
	61-65 years	18% 10%
	65 years and older	11% 8%
Community College Nurse Faculty Salary Median		\$80,014
University Nurse Faculty Salary Median		\$78,212
Washington Nurse Faculty Vacancy Rate		14%
Nurse Faculty Plan to Retire in 5 Years		22%

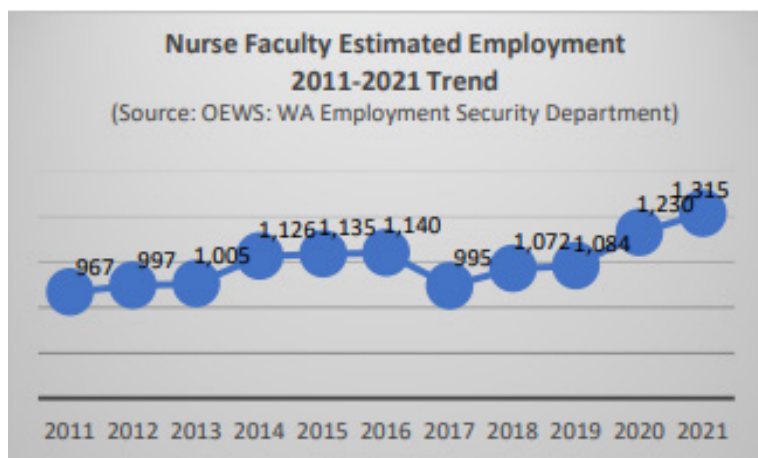


Washington Nurse Faculty Supply by the Numbers 2019-2020 ²	
% of RNs who describe position as Nurse Faculty	2.7%
% of ARNPs who describe position as Nurse Faculty	2.1%
ARNPs with WA License and Actively Employed Employment Setting in School of Nursing	5.4% Certified Nurse Midwife 2.7% Certified Nurse Practitioner 5.8% Clinical Nurse Specialist 1.2% Certified Registered Nurse Anesthetist



Washington Nurse Faculty Demand by the Numbers 2019-2020 ³

Number of Faculty Jobs in 2021	1,315
Number of Projected Faculty Jobs in 2029	979
Projected Annual Faculty Job Openings (2019-2024)	182
Projected Annual Faculty Job Openings (2024-2029)	197
Average Number of Online Job Postings 2021	1,416
2020 Average Wage Nursing Faculty	\$88,738
Change in Employment from 2011-2021	+35.99%
Projected Change in Employment 2019-2029	+3.67%
% Of Projected Job Openings Due to Separations, Turnover, transfers and exits 2024-2029	19.92%



References

- (1) Flores-Montoya, A. & Moulton Burwell, P. Washington State Nursing Education Trend Report Academic Years 2014-2020. Published at Washington Center for Nursing.
- (2) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs. Published at Washington Center for Nursing.
- (3) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington State Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020. Published at Washington Center for Nursing.

So You Want to be a Professor Video Series

Presented by the



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WASHINGTON STATE NEEDS MORE NURSE EDUCATORS!

Can you envision yourself teaching nursing students at a community college, university, or as a clinical instructor?

Jumpstart your journey with this unique video series!

Based on WCN's successful So You Want to be a Professor workshop, this video series brings together experienced nursing faculty to discuss how to build a career path toward nursing education including,

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- Degree requirements
- The variety of teaching environments
- And much more!

This FREE video series breaks down 2-hours of informative content into ten easy-to-watch 6-18 min videos you watch at your convenience.

Click [HERE](#) to learn more and register for the FREE video series link now!

The Washington Center for Nursing Diversity Advisory Committee is committed to creating a strong and diverse nurse faculty workforce.

33% of Washington's residents identify as a racial or ethnic minority, but according to recent data, only 18% of Washington's full-time nursing faculty identify as a racial or ethnic minority. And only 10% identify as male. Diversifying the state's nursing educator workforce to reflect that of the state's population is an important step in supporting diverse nursing students and increasing health equity in Washington.



Practicing nurses and nursing students from diverse communities interested in pursuing the nurse educator path are encouraged to view this video series.

This video series includes:

- Video 1 (Part 1): Teaching at a Four-year Public School or Private University: On Overview
- Video 1 (Part 2): Teaching at a Technical or Two-year College: An Overview
- Video 2: Teaching at a Four-year Public School or Private University: Beyond the Basics
- Video 3: Teaching at a technical or Two-year College: Beyond the Basics
- Video 4: Service: Leading by Example
- Video 5: Research/Scholarship: A Deeper Look (R1 institutions vs. other institutions)
- Video 6: DEI: Working towards anti-racism in nursing education
- Video 7: Teaching and Professional Development Support
- Video 8: Application, Presentation, Interview Overview, and Salary
- Video 9: Exploring the Nursing Educator Role: Ways to Get Started
- Video 10: Our Journey into Nursing Education: A Question-and-Answer Session with the Presenters

Get to Know WCN's Newest Board Members



Jane Hopkins, RN

*President SEIU
Healthcare 1199NW*

Jane Hopkins is a registered nurse specializing in mental health. She has more than 20 years of experience working as a bedside nurse, most recently at Harborview

Medical Center in Seattle and Snoqualmie Hospital. She currently serves as president of SEIU Healthcare 1199NW, a union representing more than 30,000 healthcare workers in Washington state and Montana, where she is guided by the knowledge that healthcare works best when workers have a strong voice in decision-making at their facilities.

Originally from Sierra Leone, Hopkins completed her nursing education in England. She chose a career in nursing because she always wanted to help people and make people feel better. She hopes to have a positive impact on Washington's nursing workforce by harnessing her service on the board of directors of the Washington Center for Nursing to advocate for safe staffing protections, increased access to quality care, accessible workforce development and training opportunities, and building a diverse nursing workforce that reflects the patient population we serve.

One of Hopkins' proudest moments as a leader in nursing was her appointment by then President-elect Joe Biden to the administration's Transition Covid-19 Advisory Board in 2020, where she was the sole nurse among government health officials, academics, and physicians. In addition, she served on Washington State's Covid-19 Task Force, the Safe Start Advisory Board, the Washington Workforce Board, and the boards of the 1199NW Training Fund and the Washington State Labor Council.



Wendy Williams-Gilbert, PhD, RN

*Academic Strategy and
Program Manager,
Southern New
Hampshire University*

Wendy Williams-Gilbert is a seasoned nurse educator, rural health expert, and the Academic

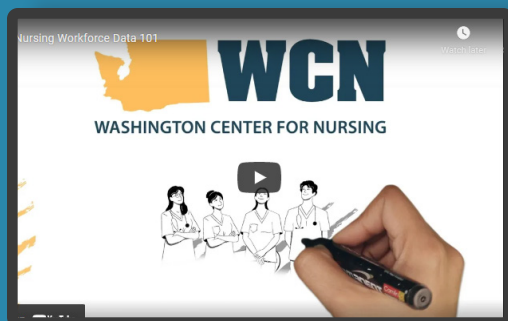
Strategy and Program Manager at Southern New Hampshire University. In this position, she works to close education gaps nationwide through the creation and implementation of innovative programs and partnerships. Wendy challenges antiquated educational practices to prepare the next generation of nurses for an ever-changing healthcare industry.

A career highlight of hers has been a five-year focus on opioid-related programming. This includes grants and task forces such as the Washington State Opioid Response grant, Medication First grant, and other initiatives at the University of Washington's School of Psychiatry: Addictions, Drugs, & Alcohol Institute. Her advocacy for rural access to healthcare has been praised through numerous accolades and awards, including the Spokesman Review's Woman of the Year "Rural Health Champion."

Most recently, she was elected to her local school board and works throughout the state of Washington to advocate for healthcare access. Through clinical practice, education, and advocacy, Wendy helps ensure all have access to high-quality healthcare.

Dr. Williams-Gilbert has an associate degree in nursing from Everett Community College, a BSN and MN from the University of Washington, and a PhD in Nursing from the University of Southern Mississippi.

Continued on next page



Click to
play

Watch WCN's latest video Nursing Workforce Data 101

In nursing, there are three primary categories of data: supply, demand, and education. This short 5-min video explains what each category tells us about the nursing workforce and how the data is collected and used.

Get to Know WCN's Newest Board Members Continued



**Christina Nyirati,
RN, PhD**

*Chair, Department of
Nursing/Director of
Nursing Program at
Heritage University*

(From <https://www.heritage.edu/profile/?smid=6652>)

Dr. Nyirati is Professor of Nursing at Heritage, where she also serves as the BSN Program Director and Chair of the Department of Nursing.

Dr. Nyirati previously taught at Ohio University and The Ohio State University, where she directed the Family Nurse Practitioner Programs. Dr. Nyirati was awarded the College of Nursing Clinical Educator of the Year at The Ohio State University; the Outstanding Teacher of the Year in the College of Health Sciences and Professions at Ohio University; and the Ohio University LGBT

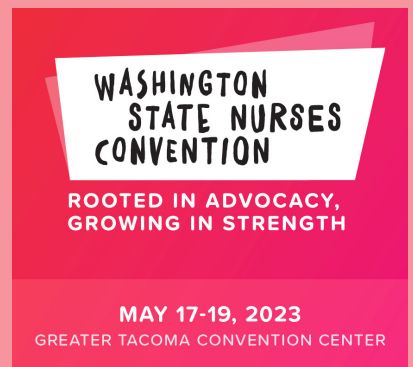
Center Director's Distinction for Outstanding Faculty Mentor. Dr. Nyirati provided leadership to curriculum development as the chair of the Graduate Curriculum Committee in Nursing at Ohio University, and member of both the Inter-professional (IP) Health Education Curriculum Committees.

Dr. Nyirati practiced more than 30 years as a family nurse practitioner (FNP) in primary care of pregnant teens and vulnerable young families, including those in Ohio's Rural Appalachian Region and in the inner cities of Columbus and Cincinnati. She provided care as an interprofessional faculty team member for over 10 years in the Department of Family Medicine at The Ohio State University. While at Ohio University's School of Nursing, in 2009 the Ohio Department of Health Patient-Centered Medical Home Initiative (PCMH) appointed Dr. Nyirati to assist southeastern rural Ohio primary care practices in transforming to the PCMH model. She promoted collaborative primary care education across the disciplines of nursing and medicine.

Get ready for three days of education, inspiration, and celebration at the Washington State Nurses Convention May 17-19, 2023, in Tacoma.

This is the only statewide convention dedicated exclusively to nurses and the issues we face. An impressive lineup of speakers includes keynote Diana J. Mason, PhD, RN, FAAN, the program director for the International Council of Nurses' Global Nursing Leadership Institute, a past president of the American Academy of Nursing, and former editor-in-chief of the American Journal of Nursing. Another keynote, Elsa Sjunneson, is an internationally published deafblind activist working to dismantle structural ableism. Through engaging keynotes and spot-on breakout sessions you have the opportunity of earning up to 11 CNE.

Nurses are emerging from the pandemic more powerful than ever. At the Convention we'll gather together in the modern, airy Greater Tacoma Convention Center to draw strength from each other, celebrate exceptional nurses, and have some fun!



Register today at wanursecon.org/register

Washington Health Professional Services (WHPS): Working Together to Support Safe Practice

Research indicates one out of every 10 nurses experiences difficulty with alcohol or drug use over the course of his/her career. Fortunately, effective treatment and ongoing support can save a nurse's career and even their life.



The Nursing Care Quality Assurance Commission recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The commission supports monitored treatment of nurses with substance use disorder so that they can return to or continue to practice their profession in a manner that safeguards the public. Washington Health Professional Services (WHPS) is the commission's approved substance use monitoring program for nurses, which provides early intervention, referral to treatment, and recovery monitoring services.

Click [HERE](#) or contact WHPS at 360-236-2880 (option #1) to learn more and discuss voluntary participation.

WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

Am I required to give my information?



Yes. As a nurse in Washington State, regulation requires you to answer survey questions with your license application or renewal. Currently, if survey questions are left unanswered, your initial license or renewal is still processed. In 2023, the Washington State Department of Health will implement a new platform called HELMS (Healthcare Enforcement and Licensing Management System) for all licensed health care professionals. The system will streamline services for licensees and employers. With HELMS, users will be required to complete the survey questions before your initial license or renewal is processed.

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



WCN Nursing Workforce Data Reports for Washington State

The WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state. Click here to read our most recent Education, Supply, and Demand reports.

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



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



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

Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs



Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs

WCNursing.org/data-reports-publications/

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To learn more about
Washington's nursing workforce,
careers in nursing, and nursing
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