



**Washington State Board of Nursing (WABON)
Education Subcommittee Agenda**

Monday, November 6, 2023, 12:00pm to 1:00pm

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Questions

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Meeting Minutes

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12:00 PM Opening – Kim Tucker Chair Call to Order

- Introductions
- Public Disclosure Statement
- Roll Call

1. Standing Agenda Items

a. Announcements

- None

b. Old Business

- None

c. New Business

- a. Holistic Admissions in Nursing Education

Dr. Mary Baroni, Dr. Diana Meyer, Ms. Tiffany Smith-Fromm

Ending Items

- Public Comments
- Date of Next Meeting: TBD
- Adjournment

Holistic Admissions in Washington State Nursing Programs

M. Baroni, T. Smith-Fromm, D. Meyer

Spring 2023

Q1 Where in Washington State is your School Located?

- Western Washington 81.1% (n=30)
- Eastern Washington 18.9% (n=7)

Q2 The Location of Your School Would be Best Described as Being:

- Urban 39.5% (n=15)
- Suburban 31.6% (n=12)
- Rural 28.9% (n=11)

Q3 What Academic Metrics do you use as Part of Your Current Admissions Evaluation?

- Science Pre-Requisites 76.3% (n=29)
- Entrance Exams 63.2% (n=24)
- Cumulative GPA 60.5% (n=23)
- Nursing GPA 21.1% (n=8)
- Other 42.1% (n=16)

- Somewhat, use experience in pt care, fluency in another language, work with at risk communities.
- Some yet not in a balanced way. We have healthcare experience and volunteering.
- We use a lottery system to promote equity.
- References, essays, work experience.
- We have just adjusted how we use our metrics in our selective admission process significantly for this admission cycle (for instance, students need to meet testing and GPA benchmarks for eligibility, but no points for grades/test scores - actual GPA and/or test scores will only be used in tie-breaking situations). We are working toward introducing additional holistic measures in future cycles.
- Our institution is a first come, first serve.
- We don't have enough balance between grades, experience, and attributes. We are doing holistic review right now.
- We started doing this last year.
- To a limited extent, but would like to learn best practice aspects of holistic admission.
- Consistent with AACN values, we offer applicants an opportunity to learn more about the profession of nursing. For an entire year before application to the nursing program our students are enrolled in pre-nursing pathway, where we meet every week with the students to help them to prepare their applications. We help them understand the discipline of nursing, support their study of science and the humanities, and form very close relationships of hope with our applicants. We know and love our applicants way before they make application. Admission is not competitive. We do not rank GPA. If

a student requires to take a science course more than once, as long as they demonstrate competence by passing the course, we do not award points for higher grades or deduct points for repeating. We prioritize passion, grit and desire to care for families like their own in the communities that raised them.

- Use holistic admissions for our LPN-BSN program. Our RN-BSN program is partially holistic.
- I believe this question will depend on how each person answering defines holistic admission. Example: we do not do interviews prior to admission or ask about all the extra life experience, but I would consider us holistic in our approach, because we do not deny if a student does or doesn't have experience. We meet the students where they are once admitted.
- Essays and references
- Enrollment specialists outside the program score and rank each applicant. All points are granted from a rubric and only those top 24 students are admitted. Extra "bonus" points are given to those who completed math & sciences at our institution - other than that, all other points are equally distributed and only ranked by GPA.

Q4 If You are Using Entrance Exams as Part of Your Current Admissions Process, Please Specify Which One(s) are Required

- TEAS 50.0% (n=19)
 - None 36.8% (n=14)
 - NLN/PAX 13.1% (n=5)
 - HESI 2.6% (n=1)
 - Other 36.8% (n=3)
- TEAS only used in tie breaker instances.
 - We just eliminated TEAS as an entrance requirement.
 - Kaplan Transition (for LPN entry)

Q5 Are You Currently Using Holistic Admission Principles as Part of Your Nursing Application Processes?

- Yes 71.1% (n=27)
- No 28.9% (n=11)

Q6 If Not, What Prevents You from Using Holistic Admission Processes? (n=11)

- Insufficient Resources to Support Implementation 45.5% (n=5)
- Insufficient Knowledge of Holistic Admission Processes 36.4% (n=4)
- Lack of Administrative Support for Adopting Holistic Admissions Processes 27.3% (n=3)
- Concern that it Would Result in Decreased Graduation or NCLEX Success 27.3% (n=3)
- Lack of Time to Consider Designing New Admission Processes 18.2% (n=2)
- Faculty Resistance 18.2% (n=2)

Q7 If Yes, Specify Which Nursing Programs Holistic Admissions are Used?

- | | |
|---------------------------------------|-----------|
| • Associate degree RN (Pre-Licensure) | 40.0% (8) |
| • BSN (Pre-Licensure) | 40.0% (8) |
| • LPN | 25.0% (5) |
| • LPN-to-RN (Post-Licensure) | 15.0% (3) |
| • RN-to-BSN (Post-Licensure) | 15.0% (3) |
| • DNP/PhD (Post-Licensure) | 15.0% (3) |
| • Nursing Assistant | 10.0% (2) |
| • LPN-to-BSN | 10.0% (2) |
| • MN/MSN | 10.0% (2) |

Q8 How Long Have You Been Using Holistic Admission Processes in One or More of Your Nursing Programs?

- | | |
|---------------------|-----------|
| • More than 5 Years | 40.0% (8) |
| • Between 3-5 Years | 25.0% (5) |
| • 1-3 Years | 15.0% (3) |
| • < 1 Year | 20.0% (4) |

Q9 What is Your Program's Definition of "Holistic Admissions"?

- Not using fully, but have components described above.
- Admission is not based only on GPA
- Including non-metrics based admission criteria that considers applicant's life experiences and attributes in addition to metrics.
- Using multiple factors to create a student body that is representative of the society our graduates serve.
- Recognition of life experiences and abilities outside of GPA and TEAS
- AACN - Holistic review is a university admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement such as grades and test scores.
- We do not have a set definition.
- Taking the whole person into account
- The holistic admission process is a strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement such as grades. It is designed to help the program consider a broad range of factors reflecting the applicant's academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional nurse.
- We have a proctored essay (not knowledge based- just narration on personal experiences). We look at the TEAS and GPA and then at the essays and recommendations. If the essays and recommendations are good and the TEAS/GPA are a bit low, we will take them. Conversely, if the TEAS/GPA are ok and we can tell from the essay that the student's English proficiency is not adequate, we tell them to work on their English and apply again.

- A flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics" (Addams, Bletzing, Sondheimer, White, & Johnson, 2010, p.10).
- Metrics, experiences, and attributes
- Looking at the whole person
- Considering a student's whole life experiences in their application and recognizing the diversity they bring to their academic journey.
- Use of equity and inclusion criteria for candidate selection
- We use non-cognitive variables as predictors of success in college
- We look at experiences and attributes as well as grades to evaluate students
- Evaluation through multiple platforms with multiple evaluators with a goal of seeking a diverse group of learners.
- AACN Definition- Holistic review is a university admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement such as grades and test scores.
- Looking at a variety of admission criteria and weighing those criteria.

Q10 What Experiential Criteria are You Using in Your Admission Process?

- | | |
|---|------------|
| • Paid or Volunteer Healthcare Experience | 80.0% (16) |
| • Veteran Status | 75.0% (15) |
| • Experience with Diverse/Underserved Populations | 60.0% (12) |
| • Managing Adversity | 55.0% (11) |
| • First Generation College Student | 40.0% (8) |
| • Underrepresented Minority Student | 40.0% (8) |
| • B/C Grades while working FT and/or for family | 35.0% (7) |
| • Leadership Experience | 25.0% (5) |
| • Rural Residence | 25.0% (5) |

Q11 What Attributes are You Using as Criteria in your Holistic Admissions Evaluation?

• Values that Align with the Nursing Profession	70.0% (14)
• Motivational Fit with the Nursing Profession	65.0% (13)
• Ability to Learn from Experiences	50.0% (10)
• Written Communication Skills	45.0% (9)
• Other Attributes Specific to School	40.0% (8)
• Commitment to Social Justice	35.0% (7)
• From Community is Health Profession Shortage Area	30.0% (6)
• From Geographic Location Targeted by School	30.0% (6)
• Ability to Tolerate Stress	25.0% (5)
• Foreign Language Ability	25.0% (5)
• Oral Communication Skills	20.0% (4)
• Gender	20.0% (4)
• Older Students > 25 Years	5.0% (1)

Q12 What Strategies do You Use to Avoid Implicit Bias?

• Ongoing Faculty/Staff Training	70.0% (14)
• Initial Faculty/Staff Education/Training	65.0% (13)
• Blinding Reviewer to Racial/Ethnic Identity of Applicant	40.0% (8)
• Audits to Identify Possible Bias	20.0% (4)
• None	20.0% (4)

Q 13 What Support and/or Resources Would You Need to Implement or Extend Use of Holistic Admissions?

• Personnel Support	66.7% (20)
• Education/Training	63.3% (19)
• Funding	50.0% (15)
• Developing Compelling Proposal	36.7% (11)
• Consultants	30.0% (9)

Q14 What holistic admission resources are you aware of and/or use in your program?

• AACN Holistic Admissions Toolkit	56.7% (17)
• AACN Holistic Admissions White Paper	56.7% (17)
• WCN Holistic Admissions Resources	46.7% (14)
• WCN Holistic Admissions Narrated PowerPoint	36.7% (11)
• AACN Holistic Admissions Workshop	33.3% (10)
• None of the resources listed	26.7% (8)
• Holistic Admission Consultants	20.0% (6)

American Association of Colleges of Nursing. (n.d.). *Holistic Admissions Review in Nursing*. Retrieved September 10, 2021, from <https://www.aacnnursing.org/Education-Resources/Tool-Kits/Holistic-Admissions-Tool-Kit>

This online resource contains background, white paper, PowerPoint presentations and the workbook used during AACN workshop on holistic admissions.

Artinian, N. D. (2017). *Holistic admissions in the health profession: Strategies for leaders*. Retrieved from National Institutes of Health: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708588/>

Output from a workgroup of university leaders convened after the Urban Universities for Health report to identify strategies supportive of implementation of holistic admissions review. Of note is recommendation for schools using some elements of holistic process to assess their admission practices and identify areas for improvement. List of holistic review practices to be evaluated is provided.

Center for Health Workforce Studies. (2019). *Nursing Workforce*. Retrieved September 13, 2021, from Washington Center for Nursing: <https://www.wcnursing.org/nursing-workforce/>

Hampton, M. et. al. (2022). *Holistic Admissions Review Integration in Nursing Programs. Journal of Nursing Education; 61(7): 361-366.*

This cross-sectional study collected **admissions** criteria from 1,547 nursing programs. Criteria were categorized according to the experiences, attributes, and academic metrics (EAM) model, and programs were dichotomized into those with **holistic admissions** criteria versus none. Use of HAR varied from 35% in the South to 54% in the West. Recommendations included standardization of how HAR is operationalized, including best practices associated with a rubric that considers admission criteria based on EAM model and training reviewers.

Hampton, M. & Apen, L.V. (2022). *Impact of rubric weight on holistic admissions for underrepresented students in nursing. Teaching and Learning in Nursing, 17(4): 344-349.*

Excellent discussion of the impact of a rubric score that favors academic achievement failing to diversify the student body despite a diverse and qualified applicant pool. Recommendations include balancing weight of EAM or that admissions criteria include:" 1) multiple criteria representing each domain in the EAM model to provide opportunities for diverse students to demonstrate their strengths, 2) a rubric that clearly defines performance on each criterion, 3) point values that are equally distributed between each domain, and 4) blind or random selection processes when the number of eligible applicants exceeds the cohort capacity."

Jansen, K., Brown, M., Lang, B. & Jens, R. (2023). *Holistic admissions in nursing: Policy, process, and a pandemic. Journal of Professional Nursing, 48, 32-39.*

Excellent article due to the details outlined of the steps taken to implement Holistic Admissions and the processes designed to support HAR, including use of technology. Lessons learned shared and recommendations offered.

Joubert, C., Downing, C., & Kearns, I. (2022). Selection process for admission to an academic nursing programme: A meta-synthesis. *Nurse Education Today*, 116.

Conclusions of this meta-synthesis were that a holistic admissions process is best way to select applicants who best align with the values of the nursing profession. The synthesis also emphasized the value of the selection interview and recommended steps to overcome challenges associated with this process.

Gladwell, M. (2005, October 2). Getting in: The social logic of ivy league admissions. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2005/10/10/getting-in>

Article describing the history of the admissions process at ivy league schools which was aimed and decreasing diversity, not increasing it.

Glazer, G. C. (2016). Holistic admissions in nursing: We can do this. *Journal of Professional Nursing*, 32(4), 306-313.

Research article presenting findings from a survey of nursing deans as follow up to Urban Universities for Health report (2014) revealing that nursing had been slow to adopt holistic admissions. Research questions were "what are benefits and barriers to using holistic admissions review?" and how can perceived barriers to holistic admissions review be addressed?" Results of research set the foundation for the AACN toolkit and workshop.

Jung, D. L. (2021). Using holistic admissions in pre-licensure programs to diversify the nursing workforce. *Journal of Professional Nursing*, 37, 359-365.

Good background information on history of holistic admissions including legal aspects. Began holistic admissions for 2nd baccalaureate entry program in 2014. Outcome data showed increase in underrepresented minorities with no negative impact on attrition or 1st time NCLEX pass rate. Provides helpful table aligning desirable traits of a nurse to applicant data and source. Describes recorded interview process (audio and visual) and one essay question asking applicant to reflect on one aspect of how they would contribute to nursing. The essay process was timed (8 minutes) and limited to 500 words. Lessons learned discussed.

Lancaster, R. B. (2020). A quality improvement project: Defining and operationalizing a holistic admission selection policy. *Journal of Professional Nursing*, 36, 259-263.

Describes a quality improvement project to define and implement a holistic admissions policy. Good background information and outlines the steps in the QI method. Modified the AAMC 3 ring EAM model and added a 4th ring (2 rings of attributes) to include the core values of the faculty in the college of nursing. The added ring is represented in the model as the 3rd ring and contains professional values and beliefs (altruism, social justice, autonomy, integrity, human dignity) of the college of nursing and professional nursing. Minimal details about the scaling and tiering system used to evaluate EAM.

Lewis, L. B. (2021). Outcomes of a holistic admissions process in an accelerated baccalaureate nursing program. *Journal of Professional Nursing, 37*, 714-720.

Data comparing three cohorts prior to holistic admissions to three cohorts post implementation looking at demographic data, on-time graduation, licensure exam passing rate, remediation status, and student perceptions. Post holistic admissions implementation the diversity of the student body improved in a statistically significant way with high NCLEX pass rates and on-time graduation. While not an intentional goal, there was an increase in the average age of student, an interesting finding. Authors reference current literature indicating that age diversity is another desirable outcome. Of note are the results of student exit survey pre and post implementation of holistic admissions, with statistically significant increases in several of the areas queried and the authors write that these findings support the literature describing that all students benefit from diversity.

Mann, N. et al (2022). Transitioning to holistic review for admissions in a baccalaureate nursing program: One school's journey. *Journal of Professional Nursing, 41*, 43-52

Excellent resource for specific ideas for developing and implementing holistic admissions. The article discusses how one regional campus developed, implemented, and evaluated a holistic admissions process for their Bachelor of Science in Nursing (BSN) program in pursuit of a tool to work toward that aim. Provides operational definitions of the attributes included in evaluation. Shared details of each component of their process and how it was implemented. Lessons learned and their identified next steps are included.

Matthews, A.K., et al. (2022). Strategies to address structural and institutional barriers to success among students of color in nursing programs. *Journal of Professional Nursing, 40*: 96-104.

Discusses development of a diversity strategic plan, including HAR, nursing pipeline development programs, and increased resources and supports for enhancing student success. Two programs of note are the Seminars for Excellence in Nursing Sciences Program, which is aimed not only at pre-licensure students, but also those entering PhD, DNP, and graduate programs. The second program is a mentorship program, a support network for graduate nursing students.

McMaster University. (2017). Retrieved from https://mdprogram.mcmaster.ca/docs/default-source/admissions/interviewer-manual-mmi_websiteversion.pdf?sfvrsn=2

Guidelines for mini-multiple interviews, including an introduction to different types of bias and examples of questions with guidance on how to score responses.

Morrow, T.A. & Noone, J. (2022). Advancing diversity in nursing education: A groundwater approach. *Journal of Professional Nursing, 41*, 140-148.

Interesting and excellent article discussion of structural barriers to HAR such as deficit thinking, admission committee bias and barriers to student progression such as stereotype threat, imposter syndromes, and psychological safety. Also included are economic and social disadvantages, lack of diverse faculty, and barriers that impact teaching and learning process as an inclusive environment. Recommendations to tackle each of these challenges are given.

Additionally, the role of accreditation and regulation to influence the adoption of HAR and other strategies to increase diversity are discussed.

Murray, T. (2021). Holistic admissions: Could you be biased? *Journal of Nursing Education*, 60(8), 427-428.

Editorial discussing Deficit Thinking Approach which can impede the implementation of holistic admissions review. Deficit thinking theorizes that the student's inability to meet current standard admission criteria (i.e., academic metrics only) is because of internal deficiencies exhibited by limited intellectual abilities, linguistic shortcomings, or lack of motivation.

Noone, J. N. (2020). Nursing workforce diversity: Promising educational practices. *Journal of Professional Nursing*, 36, 386-395.

Provides overview of four programs aimed at increasing nursing workforce diversity by improving admissions, retention, and graduation of those underrepresented in nursing. While only one program describes their process of holistic admissions, all programs included diverse initiatives that improved the goal of increasing underrepresented minorities in nursing. Strong focus on initiatives aimed at mitigating social determinants (educational opportunity, economic stability, socioeconomic opportunity, social inclusion, health equity) This comprehensive list of initiatives to support and mentor the student to success complements the starting point of holistic admissions to bring in a diverse student body.

Noone, J. & Najjar, R.H. (2021). Minimizing unconscious bias in nursing school admission. *Journal of Nursing Education*, 60(6), 317-323.

This article describes the risk of unconscious bias to negatively influence nursing school admissions and derail the success of holistic admissions. Provides a table defining the different types of bias and one that describes strategies to reduce bias.

Roach, A. Rose, A., Beler-Jones, K., Wallace, S., Licaycay, W., & Nielsen, A.(2019, March/April). Incorporating group interviews into holistic review in baccalaureate nursing school admissions. *Nursing Education Perspectives*, 40(2), 125-127.

Discussion on integration of group interviews into a school of nursing's baccalaureate program. Includes description of process, preparation of faculty, and goals of questions with some examples. Outcome data on change in underrepresented minorities in application pool and acceptance into program. Faculty surveyed on process post implementation identified positive impact and suggestions for improvements.

Rosenberg, L. (2019). A practical guide for implementing a holistic admissions review. *Journal of Nursing Education*, 58(11), 669-673.

Concrete guidance how to address foundational elements needed to set the stage for successful implementation of a holistic admissions review process. Provides table with samples of experiences, attributes, and metrics (EAM) including how to measure these items and a table describing which elements may be automatically scored vs manually scored. Provided outcome data on percentage of underrepresented minority students accepted from Fall 2016 to Spring 2019 as well as attrition rate.

Sklar, D.P. (2019) Diversity, fairness, and excellence: Three pillars of holistic admissions. *Academic Medicine*, 94(4), 453-455.

Supportive editorial for holistic admissions making the point about identifying the attributes important to future healthcare professionals and that a holistic review system needs to be staffed with "diverse members with broad experiences who understand history of bias in selection."

Thompson, T. & Sonke, A. (2021). Multiple Mini Interviews as Part of Holistic Admissions Review for Nursing Schools. *Journal of Professional Nursing*. Retrieved from <https://doi.org/10.1016/j.profnurs.2021.08.009>

Describes the process to move from unstructured group interviews to multiple mini-interviews (MMI) process. This school of nursing implemented holistic admissions review in 2014. The process designed by this entity has three components to assess verbal, written, and problem-solving. Good description of interview details including a table with sample interview questions and rubric. A creative reflective component has applicants choose a "nurse profile" from several provided and explain, in a time writing exercise, why they selected that profile and what aspects they identify with. A simulation activity, such as an escape room or shipwreck exercise, is used to evaluate problem solving skills.

Urban Universities for Health. (2014). *Holistic admissions in the health professions*. Retrieved from http://urbanuniversitiesforhealth.org/media/documents/Holistic_Admissions_in_the_Health_Professions_final.pdf

Report on study of implementation of holistic admissions in United States health professions academic programs and its impact on diversity.

US Census Bureau. (2021, September 13). *United States Census Bureau*. Retrieved from <https://www.census.gov/library/stories/state-by-state/washington-population-change-between-census-decade.html>

Wagner, R. M. (2019). Maximizing effectiveness of the holistic admission process: Implementing the multiple-mini interview model. *Nurse Educator*, 45(2), 73-77.

Strong support for using the multiple-mini interview (MMI) process model within the holistic admissions process. Provides background information on model and details on this school of nursing's approach to incorporating this model. Outcome data illustrated that 28% of applicants offered admission would not have been offered admission prior to addition of MMI model and an increase students identified as nonwhite, male, and 1st generation college student was achieved..

Wros, P. &. (2018). Holistic admissions in undergraduate nursing: One school's journey and lessons learned. *Journal of Professional Nursing*, 34, 211-216.

Excellent background on holistic admissions. Expands on the core principles with specific strategies to achieve each one. Uses the example of one school's work to implement holistic admissions. Provides some detail on development of interview process (either mini-multiple or group) based on McMaster University School of Medicine guidelines. Helpful table organizing

experience, attributes, and metrics (EAM) into either assessed at initial screen or at interview. Checklist of best practices to guide a school's self-assessment included. Discussed lessons learned

Zerwic, J. S. (2018). Programmatic evaluation of holistic admissions: The influence on students. *Journal of Nursing Education*, 57(7), 416-421.

Presents assessment of applicants' demographic characteristics and academic metrics before and after implementation of holistic admissions review process. Includes results of student survey about their experiences with admission process and diversity in the program. It was noted that students' indicated (via comments on survey) that they equated diversity in a limited way, race and ethnicity and author pointed out the need to disseminate the broader definition of diversity more widely.

Zimnicki, K.M., et al.(2022). When holistic admissions review is not enough: Barriers to diversity. *Journal of Nursing Education*, 61(7): 375-382.

Another exploration of the ability of HAR to create a diverse pool of applicants; however, the continued emphasis on academic metrics out of proportion to the attributes and experiences continuing to be a barrier for underrepresented students to gain admission.



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Quarterly Newsletter | Qtr 4 2022

WCN HONORS FRANKIE T. MANNING, MSN, RN, WITH LIFETIME IMPACT AWARD

As a humanistic career, nursing is about caring for others. For leaders in nursing, this care extends beyond the bedside to other nurses and the community. For leaders in nursing, this means taking consistent, brave actions to improve nursing care for every member of our community, nursing education, and the lives of nursing professionals. There are many incredible nursing leaders. And then there are those whose dedicated efforts serve as such an awe-inspiring example of commitment, lifelong learning, growth, and service it reminds us of the powerful humanistic potential in nursing. These leaders serve as mentors to everyone in the nursing profession and beyond, and their work and contributions elevate nursing for generations to come.

Frankie T. Manning, MSN, RN, is this kind of nursing leader. And in honor of her lifelong work in nursing, the Washington Center for Nursing awards Frankie Manning the Lifetime Impact Award.



Born in a small town in Texas, Manning knew early in life she wanted to be a nurse. Inspired by her mother, a teacher, and her aunt, a midwife, she remembers being instilled with the value of service to others at a young age. The mother of ten children, Manning's mother believed there was good in every person, even if it was hard to find sometimes. Manning's mother did not hesitate to add another plate to the table or spend time helping neighborhood children with their homework when she saw a child in her community struggling. This caring and loving environment was the foundation for Manning's work to come.

Manning's career and contributions to nursing span more than half a century and cover several continents. During the height of the Vietnam war, she spent three years living in Japan. At that time, Japan needed nurses but couldn't hire American nurses. Never one to stand to the side when she saw a need, Manning joined the Red Cross as a nurse working at military bases and helping to load people onto aircraft. Manning said this early experience made a powerful impression on her and taught her many lessons.

So much of Manning's work is a testimony to the power of nursing to address the social determinants of health and the needs of vulnerable and underserved communities. Manning meets people where they are and connects them with the resources and quality health care they deserve. She is an authentic person who cares about the community. Early in her career, Manning saw a need for preventive services in a local minority community and co-founded the Family Clinic

Service for Women and Children so the community could access this valuable care.

After joining the U.S. Army Nurse Corps in the late 70s, Manning's gift for improving patient care and the working environments for nurses with actionable leadership blossomed. In her 22-year military career, she served as a Head Nurse, Nursing Supervisor, Director of Quality Improvement, Chief Nurse Officer, and Director of Education, among other roles. Early on, she established a basic protocol for procuring equipment to support women veterans. As a Nurse Executive at Seattle Veterans Administration Hospital, she developed community clinics and mobile units and worked to establish veteran health screening clinics throughout the PNW; built the VA learning opportunity residency program for nursing students into a nationally-recognized program; and developed a program to inspire young people of color to consider nursing and other health care careers as a profession by creating in-person learning opportunities for them at the Seattle VA hospital. In 1980, Manning chaired the Women's Program for the Western Region of the Department of Veteran Affairs, leading to improved policies, standards of care, clinical guidelines, research, and resources, many of which are still in place today. Later in her career, she also created a youth Partners Program, bringing students and veterans together in service.

Manning retired from the US Army with the rank of Lieutenant Colonel in 2000, after 22 years, and from the VA Puget Sound Healthcare System in 2010, after 42 years of serving veterans. But did she slow down? No.

Since retiring, Manning was the first nurse to serve on the King County Board of Health (2003), was appointed to serve a 3-year term on the Washington State Board of Health (2004), and served as the State Board of Health representative on the Council of Health Disparities (2006-2011). Beyond this, Manning worked with Seattle Children's Hospital to develop a program that helps new nursing graduates improve their application skills. She also serves on UW School of Nursing faculty search committees to support diversity, equity, and inclusion in their recruitment and interviewing processes. Currently, Manning serves on the WCN Diversity Advisory Committee, as a board member and the Outreach Committee Lead for the MMPNA, on the board of directors for the King County Nurses Association, on the Health Equity Research Community Advisory Council for the Institute of Translational Health Sciences, and in the Public Health Reserve Medical Corp providing services to King and Pierce County's homeless populations.

Manning also serves on the committee for a newer project, [Reckoning With Racism in Nursing](#). Created by nurses, the project is a vital platform for elevating the voices of Nurses of Color and their experiences of racism in nursing. The project includes 40+ video interviews from nurses sharing their lived experiences of racism in nursing. These conversations are powerful tools for expanding awareness around both the reality and harm caused by racism in the nursing workforce. To view Manning's interview, click [here](#).

Frankie T. Manning's career and continued work is nothing short of a testimony to the power of the relentless determination in a single individual to change the world for the better. Manning's visionary leadership is affecting the systemic changes we need in nursing. However, Manning's impact on nursing goes far beyond her many accomplishments. The heart of her impact is in how she shows up for nurses and the community every day. And in her unwavering commitment to service and her faith in people. It is in her dedication to the power of dialog and relationship building. It is in her openness and willingness for honest reflection and growth. It is in her voice, advocacy, and support for Black and African American nurses and all they contribute to nursing. It is in her passion for helping nurses and patients thrive while creating a better, more equitable healthcare system. And it is there in her pride as a nurse. Frankie Manning is one of a kind, and because of her, nursing is better. And for all that she does and has done, WCN is honored to award her with the Lifetime Impact Award.

“My commitment remains to serve all people who have health care needs, particularly underserved populations.”
~Frankie T. Manning, MSN, RN,

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Leaders in Nursing

An Interview with Frankie T. Manning, MSN, RN

In this newsletter, WCN interviewed WCN Lifetime Impact Awardee Frankie T. Manning, MSN, RN, to learn more about her journey in nursing.

WCN: What inspired you to choose a career in nursing?

Manning: Nursing has been my career choice since I was a very young person. I grew up in a small town in Texas, and back then, the world was still very much black-and-white. I had an aunt who was a midwife. And the midwives in those days not only took care of the mothers and delivered the babies, but cared for the whole family. I also had two grandmothers who were both blind. And I noticed that my Aunt Sarah, the midwife, was always called Ms. Sarah Penny, whereas my grandmothers were called by their first names. That always bothered me. Later, I learned that part of it was because Sarah delivered most of the babies in town, and out of respect, they called her Ms. Sarah Penny. So I grew up with the idea that you could do a lot to help people, and people would value that in you as you grew threw life. All my life, I wanted to be a nurse. I had other incidents along the way, but that was the beginning of what I saw as an important part of caring for others. It was a great experience learning about my aunt's journey and being able to experience that because, in those days, babies were born at home.

WCN: You served 22 years in the military, including a deployment to Saudi Arabia. How did your service prepare you for nursing leadership?

Manning: I was older when I went into the military. I was in the Army Reserves. I was already an Assistant Chief Nurse when I joined. I joined because I wanted to maintain my clinical skills. Direct care of people has always been my

first choice in nursing, which made my journey into nursing administration a bit of a challenge. But I learned you could care for patients in an administrative job just as well as you could if you were at the bedside. People told me I was too old to join the military, but I thought, you know, I'm going to talk to these people because there was a shortage of nurses, as always. So I went, and this young recruiter said, oh, yes, ma'am, we would love to have you. He gave me all the paperwork, and I filled it out. And once people in the military find out about your nursing background, they look to put you in an administrative position. I started out in a clinical role, but soon grew into an administrative one. I also held several Chief Nurse positions.

When deployed to Saudi Arabia, I was the Chief Nurse at the 50th, but we were transitioning to a new Chief Nurse so I went with the unit not as the Chief Nurse, but as the Special Assistant to the Commander. Saudi Arabia was an interesting experience. What I learned, and I had experienced this before, is when you are in another country, you are always a part of that culture, which is quite different than your own, but you learn to adapt. And the value of women being seen and not heard in Saudi Arabia was very different than what most Americans were used to. But it was okay with me because we had a prescribed length of time and location there. My goal was to help people from my unit return home safely. I told many spouses as we were leaving, "I plan to come back home to my children, and I will be bringing your spouse back home with me, so don't worry." It was a tough time. I was blessed my children were young adults. Many of the other soldiers had young children. It is particularly hard when soldiers deploy and



Frankie T. Manning, MSN, RN

have young families. But, you know, that is what we sign up for.

I also learned a lot about living with things. Because in the military, you have all this stuff, then you pack up your whole life to go live out of a duffel bag, not knowing for how long. You figure out what is important in life, and that's what you take with you, and you know you can live without all the other stuff—a great lesson to learn. Saudi Arabia was a great experience.

WCN: You have seen a lot of changes in the nursing workforce over the last 50 years. What changes do you find encouraging? Where is there still work to do?

Manning: I find it encouraging that many young people are interested in nursing. I want to keep that momentum going. I also find that more people are discussing the issue of diversity. I'm not sure they fully understand what diversity means, but at least there is more discussion around it. I think that is important. If that can translate to patients, I think it will be powerful for all of us.

We also have a long way to go in preparing nurses to understand that it is okay to question things. And to value the diverse opinions that are there in nursing. In the last week alone, I have been helping three

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

Holistic Admissions in Washington State

Mary A. Baroni, PhD, RN (Premera LPN-to-BSN Pathway Grant Principal Investigator)

Diana Meyer, DNP, RN (Holistic Admissions Consultant)

Tiffany Smith-Fromm, MN, RN (Holistic Admissions Consultant)

When applying to nursing school, it is well known that the admission process is very competitive with far more qualified applicants than any one program can accommodate. Developing the strongest application possible is critical to increasing one's chances of admission. It is also commonly known that the application process typically requires the submission of high school and/or college transcripts, letters of recommendation, and sometimes an essay in addition to the application itself. Historically, the applicant's GPA (grade point average) in pre-requisite courses and overall cumulative GPA are weighted heavily by nursing school admissions committees. Many potential nursing applicants working through pre-requisite courses will retake some of the most challenging science courses multiple times in hopes of improving their grades and chances of admission. In response, it has come to the point that some schools now explicitly limit how many times a pre-requisite course can be taken for this purpose. While prior academic success (GPA) as an indicator of possible future academic success may be true, it cannot be assumed that someone with a lower GPA is incapable of future academic success. Clearly, nursing education programs need students who can be successful in what we all know is a rigorous academic program, but there are other attributes and experiences that are critical to the nursing profession. Applicants must also have the passion, perseverance, and resiliency to not only make it through nursing school successfully, but also contribute to the competent and compassionate care needed by our families, communities, and themselves. One strategy to better identify applicants who reflect the academic competency, as well as experiences and attributes valued by the profession, is the use of holistic admissions review (HAR), defined as:

"Mission-aligned admissions or selection processes that take into consideration applicants' experiences, attributes, and academic metrics as well as the value an applicant would contribute to learning, practice, and teaching. Holistic (Admissions) Review allows admissions committees to consider the "whole" applicant, rather than disproportionately focusing on any one factor." <https://www.aamc.org/services/member-capacity-building/holistic-review>

Holistic admissions is one of many strategies to align our nursing education system with the values and principles of nursing of seeing and caring for the whole person.

A recent review of nursing education websites in



Washington State explored admission requirements, transparency of selection processes, and specific mention of holistic admissions as a guiding framework. Academic metrics are universally part of the process, such as pre-requisite grades, cumulative GPAs, and a variety of entrance exams, including TEAS, NLN/PAX, and Accuplacer. Over 50% of all Washington State nursing programs still require entrance exams. The most frequent is the TEAS entrance exam, with 75% of those schools requiring such exams. Others require entrance exams such as NLN/PAX, HESI, Accuplacer, SAT, and ACT. Many programs either require the nursing assistant credential and/or evidence of healthcare-related work or volunteer experience (46%), and at least five nursing programs specifically hold seats or assign extra points for applicants who completed pre-requisite courses at their college or university.

Forty-two (42%) percent of Washington nursing schools specifically mention using a point system for evaluating applications, although many remain heavily—if not exclusively—based on academic metrics. And four Washington State nursing education programs continue to use a lottery system for selection from those meeting the minimum requirements. Only five schools specifically mention the use of holistic admissions on their websites. However, other schools are known to be using at least some components of this framework and may specifically address this in their information sessions.

Although nursing has long advocated for increased diversity in the nursing workforce, our medical, dental, and pharmacy colleagues were earlier adopters of holistic admission processes than nursing. In a 2014 study of urban universities, less than 50% of the nursing programs self-reported using holistic admissions in contrast to 78% of PharmD, 91% of medical, and 93% of dental school respondents (Urban Universities for Health). Of the health

Continued on next page

profession programs that reported using holistic admissions, 72% also reported an increase in diversity along with either no change or an increase in student success measures.

The Premera-funded LPN-to-BSN grant team sought consultation from two nursing experts committed to holistic admissions. In addition, all four pilot schools [see graph below] agreed to extend admissions criteria beyond the usual academic metrics of GPA and standardized test scores to include balanced weighting of attributes and experiences that are central values of the nursing profession. The team also affirmed the need to make application requirements and selection criteria transparent and provide support to prospective applicants in understanding the holistic admissions processes in order to develop the strongest possible application for submission.

In fall 2021, as part of the Premera LPN-to-BSN Pathway grant, we asked faculty at the four pilot schools what factors they thought would be the most important when selecting applicants. Survey responses included past academic success, test-taking and writing skills, and grades. The list of academic metrics mentioned was short compared to the much longer lists of attributes and experiences they thought were important. Attributes identified included resiliency, flexibility, integrity, self-efficacy, motivation to be successful, commitment, and compassion. They also mentioned active clinical practice, a flexible work schedule to allow for classes and clinical rotations, and readiness to learn about social determinants of health and health disparities. Our faculty survey was conducted prior to a faculty development workshop on holistic admissions presented by Dr. Diana Meyer in November 2021, which helped put a framework to what we had already heard from faculty. As a result of this workshop, all four pilot schools made a commitment to framing admission requirements and processes transparently using holistic admissions review.

For example, Columbia Basin College has developed an “application packet” for prospective students that specifically describes its holistic admissions review process and scoring criteria with prospective students. They define their use of holistic admissions as a “strategy that assesses an applicant’s unique experience along-side traditional measures of academic achievement such as grades and test scores to look at the applicants as a whole rather than focusing on GPA and test scores.”

<https://www.columbiabasin.edu/learn/discover-your-path/health-sciences/lpn-bsn/index.html>

In addition to the usual academic metrics, they consider work experience, written and oral communication skills, family experiences, and military status. Also required is a three-minute video essay describing an important goal that they set for themselves, how they approached meeting that goal, and lessons learned. The video is uploaded to YouTube as unlisted, and the URL is included with the application. Once the applications are evaluated and ranked according to their holistic admissions rubric, a certain percentage of applicants are invited for interviews. To minimize possible implicit bias in the scoring of applications and interviews, they included their VP of Diversity, Equity, and Inclusion in developing their process, faculty development related to holistic admissions review, and participation in the interviews.

All four of the Premera LPN-to-BSN pilot schools have embraced holistic admissions for this new pathway. Selected demographics of initial cohorts at the four pilot schools are summarized below. The percentage of Black, Indigenous, and People of Color (BIPOC) students ranged from 52.0% to 79%. A large percentage of the LPN-to-BSN students were first-generation college students (46.2-93.7%), with those who are multilingual averaging over 40% for the first cohorts at each school. The percentage of LPN-to-BSN in the military was relatively low, ranging from none to 13.3% for the 2nd cohort at Saint Martin’s University.

Demographic Factor	SMU Fall 2021	SMU Fall 2022	GRC Fall 2022	CBC Winter 2023	WVC Winter 2023
BIPOC	53.9%	60.0%	79.0%	62.5%	75.0%
First-generation	46.2%	73.3%	64.0%	93.7%	60.0%
Multilingual	30.8%	12.5%	42.0%	62.5%	40.0%
Military	--	13.3%	<1.0 %	6.25%	--
Saint Martin’s University (SMU), Green River College (GRC), Columbia Basin College (CBC), and Wenatchee Valley College (WVC)					

As part of our continued commitment to the principles of holistic admission processes as a successful strategy to promote increased nursing workforce diversity, the Premera team decided to use some of our funds to continue our collaboration with Dr. Diana Meyer and current CNEWS President, Tiffany Smith-Fromm as consultants with expertise in holistic admissions. In consultation with our team, they have developed a narrated PowerPoint to help students better understand the holistic admissions review and tips on creating a strong application. This narrated PowerPoint presentation is being shared as an open educational resource on the WCN website and is available

for other schools to utilize and share with potential applicants. Holistic Admissions: How to be Successful in the Process – Washington Center for Nursing (wcnursing.org) Additional resources are also available, including a holistic admission review annotated bibliography. It is our hope that in sharing these resources, more nursing programs will consider implementing holistic admission reviews and make the application and selection processes transparent on their college and university websites.

The Premera LPN-to-BSN grant team, along with our holistic admissions consultants, are supporting the devel-

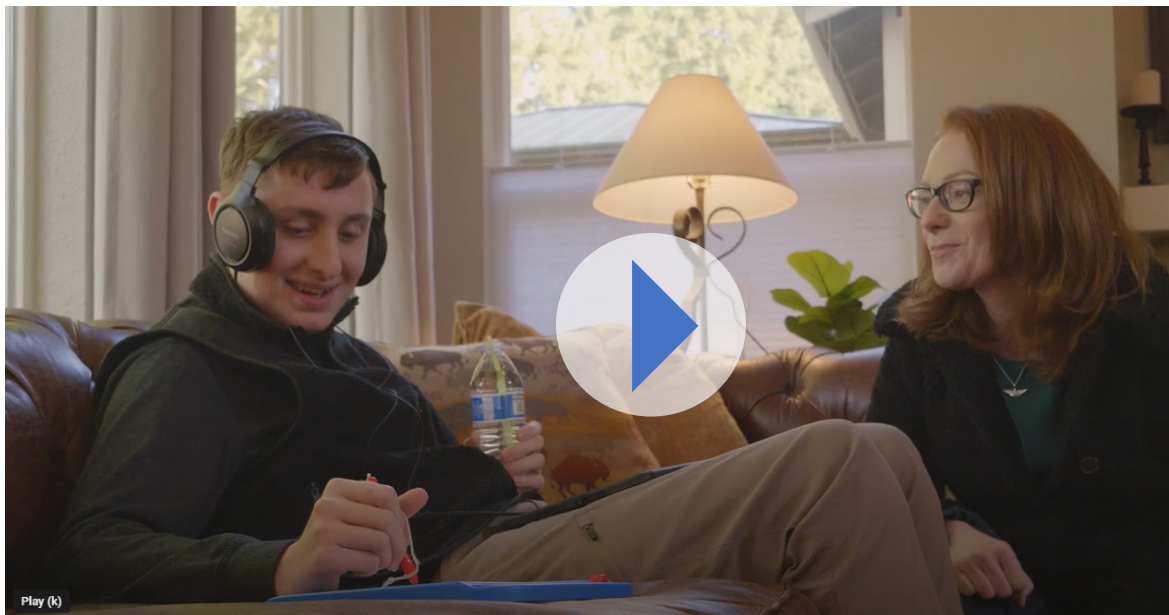
opment of a video production highlighting this process to help inspire nursing school applicants to tell their own stories effectively. Five current LPN-to-BSN students agreed to share their stories and experience with holistic admissions, including capturing their daily lives with balancing families, work, and school. As one student commented, “If my participation in this video project helps at least one person find their voice and confidence to apply to nursing school, it will be well worth doing.” We anticipate this video will be complete by early 2023 and posted on the WCN website for open-access viewing and use.

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Click here for
a preview of
the Holistic
Admissions
video.
Complete video
due out in 2023.



As a Nurse, You Have the Power to Influence Health Equity

The WCN and HCA are deeply committed to engaging the powerful influence of nurses in advancing health equity in Washington.

And together, we are teaming up to talk about ways nursing leaders are working to advance health equity across the state. And letting you know as nurse leaders and practitioners how you can plugin, too.

Click to watch this 6-min video now!



WCN Participates in SANE Fellowship Program to Increase the Number of Sexual Assault Nurse Examiners (SANEs) Across Washington

When a person from one of our Washington communities experiences rape or sexual assault, specialized medical attention and sensitive care become necessary. If the survivor of sexual assault arrives at a SANE-certified hospital, they will be asked if they want a forensic exam by a Sexual Assault Nurse Examiner (SANE). The Sexual Assault Forensic Exam (SAFE) is a specific procedure for documenting a survivor's injuries and collecting evidence should the survivor choose to press charges. The trouble is—access to this type of care is not equitably distributed around the state—denying too many survivors the compassionate care needed after experiencing the trauma of rape or sexual assault.

According to a [2016 study by the Washington State Department of Commerce](#) on the availability, adequacy, costs, and training of Sexual Assault Nurse Examiners:

“As of September 2016, 74 hospitals throughout Washington offered a sexual assault examination or employed SANE trained nurses. However, these services are not uniformly distributed and accessible statewide. Eight counties do not have a hospital that employs SANEs. Hospitals in four counties offered SANE services but could not confirm a trained SANE was currently on staff, and hospitals in two counties contract directly for SANE services. From this snapshot, urban areas have the greatest SANE availability, and the adequacy of SANE coverage county-to-county is unevenly distributed and not well documented.”

Washington state needs more trained SANEs. This is even more true in rural areas where access to this specialized type of patient care can support victims' recovery from the traumatic experience of sexual assault or rape in often under-resourced rural communities. In a [March 2022 Crosscut article by Mai Hoang](#), Director of the Washington State University Bachelor of Nursing program, Wendy Williams-Gilbert stated, “Once patients get the courage to come to one hospital, they don't often go to a second... We have a lot of assaults that don't get processed, and perpetrators don't get prosecuted.”

To help the supply and distribution of SANEs in Washington state, WCN is part of a five-state SANE Collaborative led by the Colorado Center for Nursing Excellence under a grant from HRSA. The multi-state effort looks to support the annual recruitment and training of at least 135 new SANE-certified nurses over three years. The five participating states are Colorado, Oregon, New Mexico, Washington, and Wyoming.

With a strong focus on rural, diverse, and under-



served communities the Fellowship Program will recruit RNs and NPs for SANE training. Through the program, Fellowship participants will receive financial and technical support, assistance with clinical placements, an International Association of Forensic Nurses (IAFN) membership, IAFN certification (optional, but strongly encouraged), and cultural competence and resilience training.

In September of this year, WCN began outreach to recruit participants for the first year of the SANE Fellowship Program. Applications for the program far exceeded the ten program slots for Washington in 2023, demonstrating a strong interest among Washington's nursing workforce in SANE training. WCN will recruit ten more fellowship participants in 2023 and 2024.

Sexual assault is prolific. According to the [CDC](#), more than half of women and nearly 1 in 3 men have experienced some form of sexual violence, with 1 in 4 women and around 1 in 26 men experiencing attempted or completed rape. The CDC also estimates that these numbers underestimate the actual number of incidents due to the fear, embarrassment, shame, and perceived stigmas that prevent survivors from reporting or seeking medical attention after an assault or rape.

Washington state has a population of 7.8 million, roughly half of whom are women. When we apply the CDC statistics to Washington's population, approximately 1.95 million women and 1.3 million men experience sexual assault or rape in their lifetime in Washington. Increasing the number of SANEs across Washington who provide the holistic care patients deserve will go a long way in supporting survivors as they move toward recovery, healing, and justice.

Historically in Washington, support for sexual assault or rape survivors, including access to trauma-informed medical care, has been dismal. However, Washington has made progress in recent years in better responding to and supporting survivors of sexual violence—though there is still a long way to go.

In 2014, Washington state had a backlog of over 10,000 untested rape kits and a wait time of over 600 days for rape kit testing. A rape kit (aka sexual assault kit) is the sexual assault or rape evidence collected by a SANE during a forensic medical examination. In 2015, legisla-

Continued on next page

WCN Participates in SANE Fellowship Program to Increase the Number of Sexual Assault Nurse Examiners (SANEs) Across Washington Continued

tors passed HB 1068 concerning sexual assault examination kits and establishing the Joint Legislative Task Force on Sexual Assault Forensic Examination Best Practices. In 2017, Washington's Attorney General office received \$3 million in grant funding from the U.S. Department of Justice to begin the [Sexual Assault Kit Initiative](#) to address the backlog of untested kits. And in 2019, Washington legislators passed HB 1166, a law supporting sexual assault survivors that, among other things, requires the Washington State Patrol (WSP) to move towards a wait time of no more than 45 days for newly received rape kits by March 2022.

As for the impact of these measures, according to an [April 27, 2022, Q13 Fox report by David Rose](#), as of April 7, 2022, of the 9,606 kits submitted for testing, 6,234 have been fully tested, with 2,541 producing usable DNA samples. And of those uploaded to the Combined DNA Index System (CODIS), "More than 1,100 are linked to offenders whose names and identities are listed in the database. While 270 have matched to other cases, meaning the attacker is a serial rapist who is still on the loose."

SANEs play an important role in providing survivors of sexual assault or rape with appropriate and sensitive care. But the additional skills SANEs learn in their training also help to support law enforcement in their work to make our communities safer and bring justice to survivors of violent sexual crimes.

In their [December 2021 Annual Report to the Legislature and Governor](#), the Washington Sexual Assault Forensic Examination Best Practices Advisory Group "Examined Access to Critical Sexual Assault Nurse Examiner (SANE) Services... [and] Discussed different approaches

to increasing access to and availability of SANEs and the critical services they offer." They determined that "... Needs include sustainable funding for training and state-wide coordination, as well as measures to retain SANEs in the face of vicarious trauma and burnout." Recommendations from the report also conclude that the state should look to "Provide funding for a statewide SANE training, continuing education, scholarship and retention program."

The SANE practicum fellowship offered by WCN in collaboration with the Colorado Center for Nursing Excellence could serve as a model for increasing the number of SANEs in Washington, aligning with the Washington Sexual Assault Forensic Examination Best Practices Advisory Group recommendations regarding SANE services in the state. The response from WCN's outreach for the first year of the fellowship program also shows that many Washington nurses are interested in SANE training and motivated to follow through with it when given financial and additional support.

With funding to train more SANE nurses, there is a real opportunity for legislators, law enforcement, resource and advocacy groups, and health care providers to work together to dramatically improve the response to survivors of sexual assault or rape in the state. But it will take more SANEs to help make it happen. In the meantime, WCN will continue to support more SANEs through the SANE Fellowship Program.

For more information on the SANE Fellowship Program visit, <https://www.wcnursing.org/become-a-sexual-assault-nurse-examiner-sane/>.

Early Bird registration open for the 2023 Washington State Nurses Convention through 1/12/23.



Snag the early bird rate while you can!

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!

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STATE NURSES
CONVENTION**

**ROOTED IN ADVOCACY,
GROWING IN STRENGTH**

**MAY 17-19, 2023
GREATER TACOMA CONVENTION CENTER**

Lock in your early bird rate now by registering at wanursecon.org/register

Washington Licensed Practical Nurses: 2022 Data Snapshot

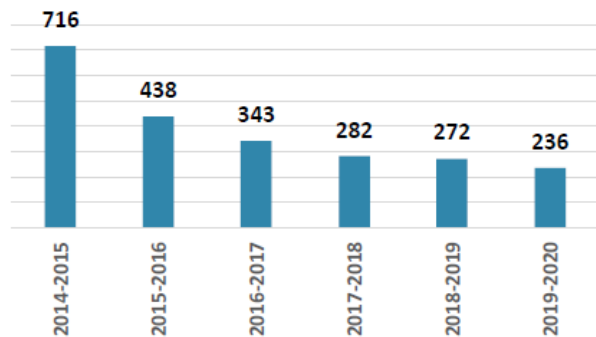
WCN put together an LPN data snapshot, giving a quick look at data across WCN's 2022 nursing workforce supply, demand, and education data reports as it applies to LPNs.

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

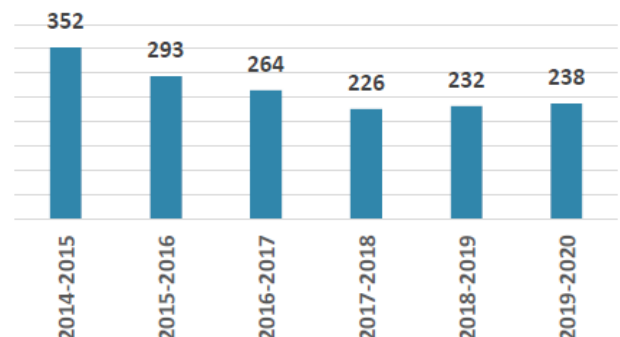
Washington LPN Education by the Numbers 2019-2020 ⁽¹⁾

Number of PN (Practical Nursing) Education Programs	7
Number of Applicants that met Requirements	236
Number of Students Admitted	221
Percentage of Students that are White/Caucasian	53% (WA State Population=65%)
Student Attrition	13%
Graduates	238
NCLEX Pass Rates	96% (National=83%)

Washington PN Applicants that Met Requirements 2014-2020 ⁽¹⁾



Washington PN Graduates 2014-2020 ⁽¹⁾

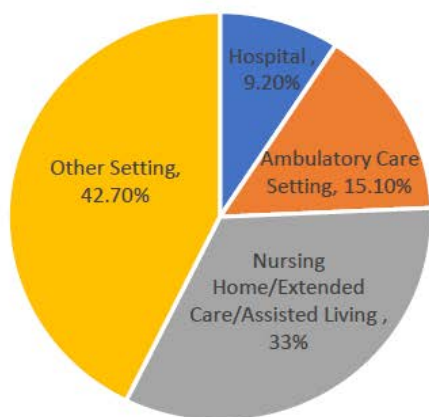


Washington LPN Supply by the Numbers 2021 ⁽²⁾

Number of LPNs with Active WA license	10,792
Number of LPNs with Active WA License and Employed in Nursing in Washington	4,930
Male	14.3%
Average Age	47 years (National=53)
Education Level	78% Diploma
White/Caucasian	66% (WA State Population=65%)
20% Projected to Retire	By 2028
Employed Full Time or Part Time in Nursing	89.4%
Position Description	79% Staff Nurse
Employment Setting	33% Nursing Home/Extended Care/Assisted Living
Employment Specialty	24.5% Geriatric/Gerontology
Average 32-40 Hours per Week	68.6%
Percentage Actively Practicing in Other States	18.2%

Washington LPN Demand by the Numbers	
Number of LPN Jobs in 2021	7,872
Number of Projected LPN Jobs in 2029	8,734
Projected Annual LPN Job Openings (2019-2024)	2,953
Projected Annual LPN Job Openings (2024-2029)	3,112
Average Number of Online Job Postings 2021	2,086
Average Salary 2020	\$59,183 (National=\$50,090) (AK=\$67,620, OR=\$57,320, CA=\$64,090, ID=\$48,640)
Lowest Average Regional Salary 2020	Clarkston and Lewiston MSA (Metropolitan Statistical Area) \$53,453
Highest Average Regional Salary 2020	Seattle-Tacoma-Bellevue MSA (Metropolitan Statistical Area) \$62,513

LPNs Working in Washington
Employment Setting ⁽¹⁾



Long Term Care comments from 2021 Washington's Health Workforce Sentinel Network ⁽²⁾

"We place ads for LPNs and exceedingly long periods of time transpire between applicants."

"No school means no graduates. Cannot compete with travel agency wages."

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- (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.



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.



Fawzi Belal is an equity strategist with a wealth of experience creating engagement strategies to foster inclusion, belonging, and strong communities. His drive to foster equity is inspired by his experiences as a new immigrant in survival mode during his teenage years and overcoming barriers through a non-traditional path in the education system. He is a former professional athlete and coach with over a decade of experience in equity and inclusion work in the higher ed, non-profit, sports, and healthcare sectors. He holds an MA in Human Services and Organizational Leadership.



Fawzi Belal

Being part of the amazing work WCN is doing in leading change in the nursing community is a blessing. I'm privileged to join an organization that addresses equity, especially when it comes to providing people with their best possible opportunity for health. WCN plays a crucial role in addressing health inequities and advancing health equity by using data to inform policies and move the equity needle in the health sector. We (at WCN) will continue to look for equity partners who will join us in our journey to impact access to education and workplace and workforce diversity for the nursing community. We have an opportunity to truly make an impact and contribute to health equity in our state. Shifting our "systems thinking" toward equity and justice in the way we provide health care is a journey with no

end. WCN fully acknowledges that it's a commitment, which is why I'm here, and to be part of the process is a privilege, and I'm super excited about the opportunity.

We are just scratching the surface in shifting the narrative to address equity as an imperative to understand the supply and demand model for nursing and the importance nursing plays in driving health equity. WCN will play a huge role in the implementation process of SB 5229 with partner organizations, and I am fortunate to be part of the process.

The impact cultural competency in care has on our health care system, along with the impacts of the social determinants of health, needs to be a normalized conversation in the nursing sector--from education to care. I'm very excited to collaborate with education partners in advocating for curricula that prepare our nursing workforce to care for all communities with diverse backgrounds.

It's a privilege to work with a team and industry partners to advance anti-racist strategies to increase the diversity of nursing students and nursing leaders to a level that mirrors the diversity of our state. As we continue to work with our partners, we aspire to develop tools for nurses and partner organizations to help address the root cause(s) of detrimental social determinants of health for integration into nursing practice.

Some communities lack connection to education or don't know about all the options in the field of nursing. I'm excited about bringing awareness to careers in nursing and promoting nursing education in diverse communities. This work is critical too.

As we work alongside partners, we seek data to understand the potential for hidden bias in nursing programs, nurse education, as well as nursing workplace and workforce culture. With partners, we are excited to prioritize awareness.

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

Does nursing workforce analysis happen in real-time?



No. First, a data request is made and vetted by Nursing Care Quality Assurance Commission. Once approved, data is shared with the requesting organization for analysis, which can take several months or longer, giving us a “snapshot” of the state’s nursing workforce at some previous point.

Example: Currently, the Washington Center for Nursing requests data from the Nursing Care Quality Assurance Commission and publishes workforce survey data reports biennially (the goal is every two years).

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:
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WCNursing.org/data-reports-publications/

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QUESTIONS AND ANSWERS REGARDING THE SUPREME COURT'S DECISION IN *STUDENTS FOR FAIR ADMISSIONS, INC. v. HARVARD COLLEGE AND UNIVERSITY OF NORTH CAROLINA*

OVERVIEW

On June 29, 2023, the U.S. Supreme Court held that Harvard College and the University of North Carolina (“UNC”) violated the Fourteenth Amendment of the U.S. Constitution and Title VI of the Civil Rights Act of 1964 (“Title VI”) by impermissibly using race in their undergraduate admissions processes. See *Students for Fair Admissions, Inc. v. President and Fellows of Harvard College*, No. 20-1199; *Students for Fair Admissions, Inc. v. University of North Carolina et al.*, No. 21-707 (“*SFFA*”). [[Link to decision.](#)] Specifically, the Court held that UNC’s consideration of individual students’ race violated the Fourteenth Amendment’s Equal Protection Clause, which applies to public colleges and universities. The Court reaffirmed that Title VI requires all colleges and universities that receive federal financial assistance—public and private—to comply with the same requirements imposed by the Equal Protection Clause. And the Court held that Harvard College’s consideration of individual students’ race violated those requirements as well.

This document provides institutions of higher education with information about the Court’s decision. The Departments of Justice and Education will continue to address all complaints of race discrimination by applying the relevant legal standards under civil rights statutes and will vigorously enforce civil rights protections, including prohibitions against racial discrimination. We hope you find the Questions and Answers below to be helpful in implementing lawful admissions programs on your campus, consistent with the recent decision.¹

QUESTIONS AND ANSWERS

Q1: What did the Supreme Court decide?

In *SFFA*, the Supreme Court held that Harvard College and UNC’s admissions programs unlawfully considered individual students’ race in determining whether to offer those students admission. The Court held that the schools’ asserted interests in the educational benefits of

¹ The contents of this Q&A document do not have the force and effect of law and do not bind the public or impose new legal requirements, nor do they bind the Departments of Education and Justice in the exercise of their discretionary enforcement authorities. This document is designed to provide information to the public regarding existing requirements under the Constitution and under Title VI and its implementing regulations. It does not address areas other than the application of these requirements to higher education admissions.



diversity—including, among other things, training future leaders, preparing graduates to thrive in an increasingly pluralistic society, promoting the robust exchange of ideas, fostering innovation and problem-solving, and encouraging respect, empathy, and cross-racial understanding—were not sufficiently measurable and could not “be subjected to meaningful judicial review.” 600 U.S. ___ (2023) (slip op. at 23). The Court held that the admissions programs also failed to articulate a meaningful connection between the means they employed and the goals they pursued. And the Court further held that the programs disadvantaged some racial groups and employed racial stereotypes by treating the fact of an applicant’s race alone as saying something meaningful about the applicant’s lived experiences or what qualities the applicant could bring to a campus environment. Finally, the Court held that the programs lacked a “logical end point” that would guide courts in determining when the schools’ diversity goals had been achieved and the use of race in admissions was no longer necessary. *Id.* at 30 (quoting *Grutter v. Bollinger*, 539 U.S. 306, 342 (2003)).

The Court noted that its opinion did not address the permissibility of considering race in admissions to the Nation’s military academies, “in light of the potentially distinct interests that military academies may present.” *Id.* at 22, n.4. The Court’s opinion also did not address many other admissions practices that do not involve the use of race.

Q2: In what ways can institutions of higher education consider an individual student’s race in admissions?

The Court in *SFFA* limited the ability of institutions of higher education to consider an applicant’s race in and of itself as a factor in deciding whether to admit the applicant.

The Court made clear that “nothing in [its] opinion should be construed as prohibiting universities from considering an applicant’s discussion of how race affected his or her life, be it through discrimination, inspiration, or otherwise.” *Id.* at 39. This means that universities may continue to embrace appropriate considerations through holistic application-review processes and (for example) provide opportunities to assess how applicants’ individual backgrounds and attributes—including those related to their race, experiences of racial discrimination, or the racial composition of their neighborhoods and schools—position them to contribute to campus in unique ways. For example, a university could consider an applicant’s explanation about what it means to him to be the first Black violinist in his city’s youth orchestra or an applicant’s account of overcoming prejudice when she transferred to a rural high school where she was the only student of South Asian descent. An institution could likewise consider a guidance counselor or other recommender’s description of how an applicant conquered her feelings of isolation as a Latina student at an overwhelmingly white high school to join the debate team. Similarly, an institution could consider an applicant’s discussion of how learning to cook traditional Hmong dishes from her grandmother sparked her passion for food and nurtured her sense of self by connecting her to past generations of her family.



In short, institutions of higher education remain free to consider any quality or characteristic of a student that bears on the institution’s admission decision, such as courage, motivation, or determination, even if the student’s application ties that characteristic to their lived experience with race—provided that any benefit is tied to “*that student’s*” characteristics, and that the student is “treated based on his or her experiences as an individual[,]” and “not on the basis of race.” *Id.* at 40.

Those institutions of higher education that do not consider the race of individual applicants when making offers of admission might not need to make any changes to their current admissions practices in light of the Court’s decision. But institutions that do consider race in the manner that the Court addressed will need to re-evaluate their current practices to ensure compliance with the law as articulated in the *SFFA* decision.

Q3: Can institutions of higher education continue to take other steps to achieve a student body that is diverse across a range of factors, including race and ethnicity? If so, how?

Yes, institutions of higher education may continue to articulate missions and goals tied to student body diversity and may use all legally permissible methods to achieve that diversity. As noted above, schools can continue to use strategies that remove barriers and expand opportunity for all. This includes considering the full range of circumstances a student has faced in achieving their accomplishments, including financial means and broader socioeconomic status; information about the applicant’s neighborhood and high school; and experiences of adversity, including racial discrimination. In particular, nothing in the *SFFA* decision prohibits institutions from continuing to seek the admission and graduation of diverse student bodies, including along the lines of race and ethnicity, through means that do not afford individual applicants a preference on the basis of race in admissions decisions. Indeed, seeking to enroll diverse student bodies can further the values of equality of opportunity embedded in the Fourteenth Amendment and other federal civil rights laws. While the decision does not specifically address the steps institutions may continue to take to achieve diverse student bodies, existing practices that can lawfully be used include but are not limited to the following:

Targeted Outreach, Recruitment, and Pathway Programs

To promote and maintain a diverse student applicant pool, institutions may continue to pursue targeted outreach, recruitment, and pipeline or pathway programs (referred to here as “pathway programs”). These programs allow institutions to take active steps to ensure that they connect with a broad range of prospective students—including those who might otherwise not learn about these institutions and their educational programs or envision themselves as potential candidates for admission. By ensuring that the group of applicants they ultimately consider for admission includes a robust pool of talented students from underrepresented groups, institutions



better position themselves to attain the student body diversity and related educational benefits they seek.

The Court’s decision in *SFFA* does not require institutions to ignore race when identifying prospective students for outreach and recruitment, provided that their outreach and recruitment programs do not provide targeted groups of prospective students preference in the admissions process, and provided that all students—whether part of a specifically targeted group or not—enjoy the same opportunity to apply and compete for admission. Such outreach and recruitment efforts can remove barriers and promote opportunity for all, and institutions remain able to permissibly consider students’ race when engaged in those efforts.

In identifying prospective students through outreach and recruitment, institutions may, as many currently do, consider race and other factors that include, but are not limited to, geographic residency, financial means and socioeconomic status, family background, and parental education level. For example, in seeking a diverse student applicant pool, institutions may direct outreach and recruitment efforts toward schools and school districts that serve predominantly students of color and students of limited financial means. Institutions may also target school districts or high schools that are underrepresented in the institution’s applicant pool by focusing on geographic location (e.g., schools in the Midwest, or urban or rural communities) or other characteristics (e.g., low-performing schools or schools with high dropout rates, large percentages of students receiving free or reduced-price lunch, or historically low numbers of graduates being admitted to the institution).

In addition to outreach and recruitment programs, institutions may offer pathway programs that focus on increasing the pool of particular groups of college-ready applicants in high school and career and technical education programs. The structure and scope of pathway programs vary significantly across institutions. An institution may partner with a particular school or student-centered organization and offer mentoring or other programming throughout the school year to enhance students’ academic exposure. It may also host summer enrichment camps for students attending nearby public schools.

An institution may consider race and other demographic factors when conducting outreach and recruitment efforts designed to provide information about a pathway program to potential participants. If an institution awards slots or otherwise selects students for participation in its pathway program based on non-racial criteria (e.g., all 11th graders at a particular high school are able to participate, or all 10th graders in a geographic area with a certain GPA may apply), the institution may give pathway program participants preference in its college admissions process. As with college and university admissions, institutions may not award slots in pathway programs based on an individual student’s race without triggering the strict scrutiny that *SFFA* applied (though institutions may permissibly consider how race has shaped the applicant’s lived experience in selecting participants).



Collection of Demographic Data

Data containing demographic information about an institution's student applicant pool, student admissions outcomes, and student enrollment and retention provide institutions with critical information related to their programs and objectives. Such data convey a range of information about students, including their race/ethnicity, age, sex, gender identity, citizenship, Tribal affiliation, disability, geographic background, language proficiency, socioeconomic status, family background and parental education level, and military background. Institutions may continue to collect this information and use it for a variety of purposes, so long as that use is consistent with applicable privacy laws and ensures that demographic data related to the race of student applicants do not influence admissions decisions. For example, an institution's review of the demographic breakdown of student applicants can be used to help the institution develop, review, and refine outreach, recruitment, and pathway programs targeted to the institution's needs. Likewise, reviewing demographic data related to student admissions outcomes can aid institutions in ensuring that their admissions practices do not discriminate based on any protected characteristics or create other artificial barriers to admission. Finally, an institution's understanding of the demographic breakdown of the students who ultimately enroll and graduate (and those who do not) may provide useful context for its development, review, and assessment of student programming needs (whether academic, co-curricular, social, or financial).

In collecting and using data, institutions should ensure that the racial demographics of the applicant pool do not influence admissions decisions. As stated above in Question 2, admissions officers need not be prevented from learning an individual applicant's race if, for example, the applicant discussed in an application essay how race affected their life. However, the Court criticized the practice of institutions adjusting their admissions priorities dynamically in response to demographic data on the race of students in the admitted class. The Court's decision does not prohibit institutions from reviewing such data for other purposes, but institutions should consider steps that would prevent admissions officers who review student applications from using the data to make admissions decisions based on individual applicants' self-identified race or ethnicity.

Evaluation of Admissions Policies

Nothing in the Court's decision prohibits institutions from carefully evaluating their policies to best determine which factors in a holistic admissions process most faithfully reflect institutional values and commitments. For example, an institution committed to increasing access for underserved populations may seek to bring in more first-generation college students or Pell-grant eligible students, among others. In addition, nothing in the decision prevents an institution from determining whether preferences for legacy students or children of donors, for example, run counter to efforts to promote equal opportunities for all students in the context of college admissions.



Similarly, institutions may investigate whether the mechanics of their admissions processes are inadvertently screening out students who would thrive and contribute greatly on campus. An institution may choose to study whether application fees, standardized testing requirements, pre-requisite courses such as calculus, or early decision timelines advance institutional interests.

The Court's decision likewise does not prohibit admissions models and strategies that do not consider an individual's race, such as those that offer admission to students based on attendance at certain secondary or post-secondary institutions or based on other race-neutral criteria. For instance, institutions may admit all students who complete degree programs at certain types of post-secondary institutions (e.g., community colleges and other institutions that are more likely to enroll students from economically or educationally disadvantaged backgrounds) and meet certain criteria (e.g., minimum GPA). Where feasible, institutions may also admit all students who graduate in the top portion of their high school class. These sorts of admission programs that do not consider an applicant's race in and of itself can help ensure that opportunities are distributed broadly and that classes are made up of students from a wide range of backgrounds and experiences.

As part of their holistic review, institutions may also continue to consider a wide range of factors that shape an applicant's lived experiences. These factors include but are not limited to: financial means and broader socioeconomic status; whether the applicant lives in a city, suburb, or rural area; information about the applicant's neighborhood and high school; whether the applicant is a citizen or member of a Tribal Nation; family background; parental education level; experiences of adversity, including discrimination; participation in service or community organizations; and whether the applicant speaks more than one language.

Student Yield and Retention Strategies and Programs

Ensuring that institutions of higher education are open to all includes not only attracting, admitting, and matriculating a diverse student body, but also retaining students from all backgrounds. To that end, it is important that students—particularly those who are underrepresented—feel a sense of belonging and support once on campus. An institution may, consistent with the federal laws the Departments of Justice and Education enforce, foster this sense of belonging and support through its office of diversity, campus cultural centers, and other campus resources if these support services are available to all students. An institution may also offer or support clubs, activities, and affinity groups—including those that have a race-related theme—to ensure that students have a space to celebrate their shared identities, interests, and experiences, so long as the clubs, activities, and affinity groups are open to all students regardless of race. Similarly, an institution may host meetings, focus groups, assemblies, or listening sessions on race-related topics if all interested students may participate, regardless of their race.



If you have further questions, please contact the Department of Education's Office for Civil Rights (800-421-3481 or ocr@ed.gov) or the Department of Justice's Educational Opportunities Section (877-292-3804 or education@usdoj.gov).



Holistic Admissions: How to be Successful in the Process

Holistic Admissions: How to be Successful in the Process

<https://www.wcnursing.org/be-a-nurse/holistic-admissions-how-to-be-successful-in-the-process/>

- **Premera Grant Holistic Admissions Resources**
- **Narrated PowerPoint for prospective students**
- **Video highlighting 3 LPN-BSN students who benefitted from Holistic Admissions**