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Preparing Clinical Educators to Bridge the Gaps in Clinical Education

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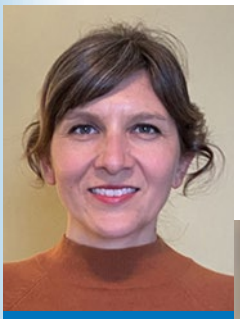

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The call for practice-ready graduates has never been louder, placing renewed attention on the role of clinical education in shaping how nurses think and make decisions. New graduate nurses enter practice defined by uncertainty, high patient acuity, rapid turnover, technological innovation and shifting sociocultural demands (Kavanagh & Sharpnack, 2021). Clinical education experiences, when intentionally designed with engaging and supportive teaching strategies, can prepare students, our future nurses, to navigate and adapt to the realities of nursing practice (Jessee, 2018). Furthermore, clinical education, when grounded in clinical judgment, facilitates reflective practice, fosters student thinking and grows more confident, competent nurses who can use clinical judgment to provide safer, more effective care (Condren, 2025; Gonzalez & Nielsen, 2024; Hallemeyer et al., 2024).

The Vast Potential of Clinical Education

Clinical education remains the most authentic and transformative space for developing clinical reasoning and clinical judgment by offering experiential learning opportunities that cannot be fully replicated in any other learning environment (Chan et al., 2025). The dynamic and unpredictable nature of the clinical setting offers unparalleled opportunities to develop clinical judgment. Nurse educators can harness patient

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care experiences, teaching students to navigate uncertainty, manage competing priorities and recognize concerning trends among other clinical judgment skills (Kavanagh & Sharpnack, 2021).

Despite the vast potential of the clinical setting, clinical education remains an underdeveloped aspect of the nursing curriculum (Gcawu & Van Rooyen, 2022). Nurse educators do not consistently structure clinical experiences in a way that maximizes learning. Gaps include the clinical educator's emphasis on task completion as a measure of clinical learning, inefficient use of time, and a lack of engaging and effective teaching strategies that promote higher-level thinking (Chan et al., 2025; Gonzalez & Nielsen, 2024; Ironside et al., 2014; van Wyngaarden et al., 2019). In a profession that applies knowledge and skill to directly support the health and wellness of clients and communities, it is perplexing that we have not yet harnessed the learning environment embedded in nursing practice. Nurse educators, we are called to action! In this article, we examine the gaps in clinical education and reimagine ways to revamp this essential learning environment.

Identifying the Gaps of Clinical Education:

If clinical education is where theory becomes practice, the profession must critically examine the design and outcomes of these experiences.
(Leighton et al., 2021)

1. **The Need to Reinvent Clinical Education**

   Clinical education remains a learning environment requiring urgent reformation. Integration of clinical judgment into the NCLEX® exam through the development of the Next Generation NCLEX (NGN) prompted nursing programs to redesign nursing curriculum and teaching/learning strategies using clinical judgment models (Jessee et al., 2023; Nielsen et al., 2023). Minimal progress has been made in clinical education (Gonzalez & Nielsen, 2024). Additionally, lack of consensus and persistent ambiguity threaten the integrity of clinical education and underscores the urgent need for a shared vision across nursing education, regulation and practice (Chan et al., 2025).

   Traditional clinical education models are task-oriented, unstructured and inefficient (Ironside et al., 2014). Clinical education standards focus on completion of clinical hours, overlooking outcomes (Leighton et al., 2021), clear purpose and goals (Chan et al., 2025), and clinical judgment development (Gonzalez & Nielsen, 2024). This time-based metric has long served as a proxy for quality; however, it provides a false assurance of practice readiness without ensuring that clinical experiences are used intentionally to build judgment and decision-making skills (Lewallen & Van Horn, 2019). As a result, students may engage in repetitive tasks that reinforce psychomotor skills but fail to cultivate the cognitive and affective domains essential for nursing practice (Ironside et al., 2014; Kavanagh & Szweda, 2017). If clinical education is where theory becomes practice, the profession must critically examine the design and outcomes of these experiences (Leighton et al., 2021).

2. **Lack of Training and Support for Clinical Instructors**

   A second persistent gap concerns the preparation of clinical instructors, whose instructional effectiveness directly influences student learning outcomes. Many clinical educators are adjunct or part-time faculty with extensive clinical expertise but limited formal training in educational theory, evidence-based teaching strategies and assessment methods (Fitzgerald et al., 2020). Without adequate preparation, even experienced nurses may struggle to facilitate clinical judgment formation. Facilitating clinical judgment in the complex clinical environment demands pedagogical skills in addition to clinical expertise (González, 2025).

   This issue extends across all levels of nursing education as faculty preparation remains inconsistent and largely unstandardized (Fitzgerald et al., 2020). Despite the National

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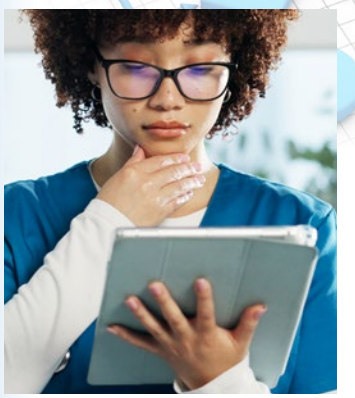
Leage for Nursing (NLN) core competencies, there are currently no established standards for undergraduate/ prelicensure clinical nurse educator orientation or training (McPherson & Candela, 2019). This lack of preparation contributes to inconsistency across clinical sites and limits the effective use of teaching strategies that foster clinical judgment.

Call to Action: Strategies to Improve Clinical Education:

1. **Shifting Clinical Education Toward Teaching Thinking**

Transforming clinical learning—from task-based to an experience that nurtures clinical decision-making, clinical reasoning and clinical judgment—requires thoughtful planning and deliberate implementation of teaching strategies that are specifically designed to teach clinical judgment (Gonzalez & Nielsen, 2024). Additionally, these strategies should not only purposefully engage students' thinking, but instructors must provide support and guide thinking as students gain proficiency (González, 2025; Jessee, 2018; van Wyngaarden et al., 2019).



The literature describes a variety of teaching strategies used to foster clinical judgment in the clinical setting: clinical coaching, structured questioning, reflective activities, debriefing, case studies, role-modeling, concept-based learning activities, and clinical paperwork structured with a clinical judgment model (González, 2025; González & Nielsen, 2024; Manetti, 2018, Salguero, 2025). When nurse educators use teaching strategies that challenge and encourage deep thinking, nursing students gain skill and confidence with clinical judgment in as little as a single semester (Condren, 2025; Hallemeyer et al., 2024; Yasir & Nasir, 2024). Additionally, as students engage with the teaching strategies, thinking becomes visible which enables clinical educators to assess reasoning, provide feedback and further guide student thinking.

Impactful teaching entails skillfulness. In a qualitative descriptive study, González (2025) noted that clinical nurse educators implemented numerous teaching strategies with skill and deliberate use of time. Clinical educators structured and grounded teaching strategies with clinical judgment models. They engaged students and demonstrated flexibility—adjusting as the clinical education environment and students' needs demanded—and guided them through all aspects of clinical judgment. Excellence in clinical education depends not only on access to clinical sites but also on how learning is structured, facilitated and connected to clinical judgment development (Gonzalez & Nielsen, 2024; Salguero, 2025; Spector et al., 2020).

> When nurse educators use teaching strategies that challenge and encourage deep thinking, nursing students gain skill and confidence with clinical judgment in as little as a single semester.
>
> (Condren, 2025; Hallemeyer et al., 2024; Yasir & Nasir, 2024)

2. **Preparation of Clinical Instructors**

Nursing education must prioritize preparation and ongoing professional development of clinical educators. To transform clinical education, clinical educators' educational programs, orientation, and professional development should both prepare educators with practical aspects of effective clinical education (e.g., preparing for the clinical day) and immerse them in conversations surrounding teaching to develop clinical judgment (Gcawu & van Rooyen, 2022; González, 2025). Development programs could include content that:

- Describes aspects of clinical judgment and the connection to clinical-reasoning, critical thinking and nurse-decision-making;
- Explores clinical education teaching strategies, including effective implementation methods; and
- Provides opportunities for skill building.

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Equipping instructors with skills in educational design, feedback, and assessment of clinical judgment can bridge the divide between expert clinical practice and effective clinical teaching in this setting—ultimately preparing new nurse graduates to meet the demands of contemporary health care practice.

3. **Curricular Structures**
   Clinical judgment can be taught with consistency, deliberateness and alignment with a clinical judgment model across the curriculum, in classroom and clinical experiences (Nielsen et al., 2023). Thoughtful integration and use of clinical judgment in the nursing curriculum supports the clinical educator and improves the effective implementation of teaching strategies. Development of a structured clinical curriculum design that includes specific clinical objectives, topics and goals, along with planned and deliberate teaching and learning strategies, may improve the clinical learning environment and would shift the emphasis to facilitating the development of students' clinical judgment (Gonzalez, 2018; Gonzalez & Nielsen, 2024).

4. **Establishing Consensus and Advancing the Science**
   Finally, establishing consensus and building the science may lay the groundwork necessary to develop more effective clinical education learning experiences. The International Nursing Association for Clinical Simulation and Learning (INACSL, 2021) established simulation standards for nursing and health care professions which are used across the world. These standards, grounded in evidence, guide simulation practices: pre-briefing, simulation design, and debriefing. We need a commensurate structure for clinical education. The NLN describe clinical nurse educator role competencies (Fitzgerald et al., 2020), but evidence is still needed to guide clinical education best practices (Gcawu & van Rooyen, 2022), particularly toward the development of clinical judgment (Gonzalez & Nielsen, 2024).

Bridging the gaps in nursing education requires renewed commitment to leveraging authentic, hands-on learning experiences—and ensuring that those who facilitate them are well equipped (Chan et al., 2025; Gonzalez & Nielsen, 2024).

Conclusion

Clinical education offers a uniquely powerful environment to cultivate and strengthen the clinical judgment of future nurses. Bridging the gaps in nursing education requires renewed commitment to leveraging authentic, hands-on learning experiences—and ensuring that those who facilitate them are well equipped (Chan et al., 2025; Gonzalez & Nielsen, 2024). Nurse educators must consider how evidence-informed strategies and educational best practices can be intentionally integrated into clinical teaching (Ironside et al., 2014; Leighton et al., 2021; van Wyngaarden et al., 2019). These essential actions may not only diminish the clinical education gaps, but could be a missing piece that improves new graduate nurses' preparation for practice.

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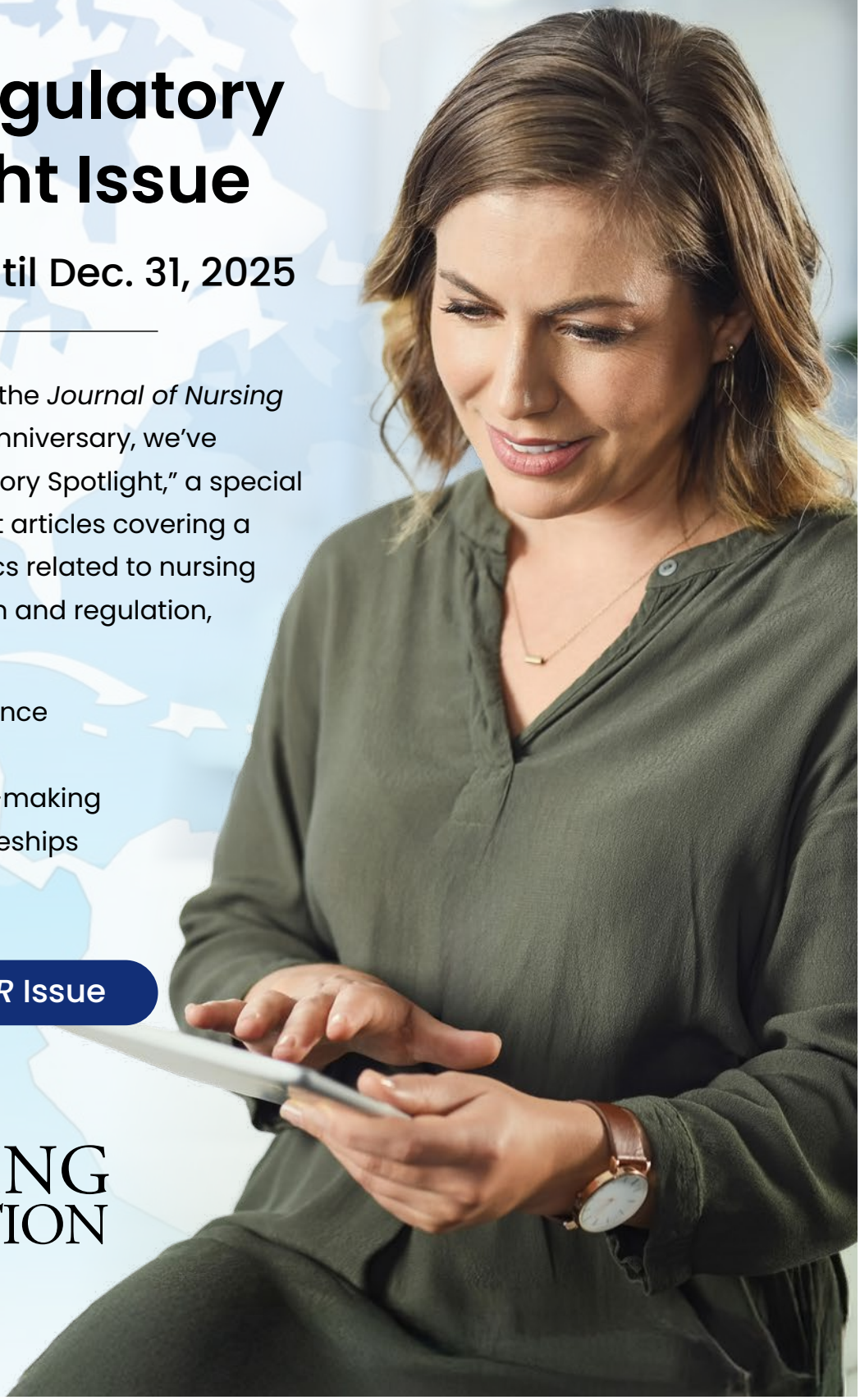

SCHOOL SPOTLIGHT:

Integrating Regulatory Content into Nursing Curriculum

By George A. Zangaro, PhD, RN, FAAN, Associate Director, Executive DNP Program, Johns Hopkins School of Nursing; and Brigit VanGraafeiland, DNP, CPNP-PC, CNE, FAAN, FAANP, Associate Professor, Director, DNP Program, Johns Hopkins School of Nursing

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The scope of nursing education and practice in the U.S. underscores the critical importance of effective regulatory preparation. Over the last three years, nursing programs graduated an average of 138,000 baccalaureate nurses, 46,000 masters-prepared nurses and over 10,000 Doctor of Nursing Practice (DNP) graduates (American Association of Colleges of Nursing [AACN], 2025). These new graduates join the existing registered nurse (RN) and advanced practice registered nurse (APRN) workforce of more than five million nurses in the U.S., all of whom must navigate the complex regulatory environment governing nursing practice (NCSBN, 2024). Regulatory knowledge is critical for all nurses because it guides safe, ethical, legal and professional care across all practice settings and specialties.

The regulatory environment affecting nursing practice operates through a complex structure encompassing federal, national and state oversight mechanisms. Understanding this hierarchical framework is essential for nurses to comprehend their professional obligations and practice boundaries.

It has become increasingly challenging to prepare nurses for regulatory compliance due to rapidly changing federal regulations affecting health care delivery, evolving accreditation standards in hospitals and educational institutions, and institutional policies that often exceed minimum regulatory requirements while placing additional restrictions on nursing practice. Practicing nurses are expected to confidently and skillfully navigate these rapidly changing compliance environments across all regulatory levels.

One of the primary educational mechanisms guiding policy and regulatory education in nursing schools is the AACN Essentials (AACN, 2021). The Essentials comprise 10 domains and eight core concepts, with Health Policy serving as one of the core concepts where regulatory issues are specifically addressed (Giddens, Douglas, & Conroy, 2022). Recognizing the fundamental importance of health policy and nursing regulation, the new Essentials integrate this content across all 10 domains rather than confining it to a single domain, acknowledging that regulatory knowledge is applicable to all areas of health care and across diverse populations.

One of the most important aspects of educating students about regulatory requirements is ensuring that content is distributed throughout the curriculum rather than confined to a single course. This integrated approach allows students to understand not only what regulations exist, but also why they exist, how they evolved and their practical implications for daily practice. This comprehensive understanding promotes deeper learning and better prepares graduates for the complex regulatory environment they will encounter in professional practice.

The purpose of this discussion is to present multiple strategies used at Johns Hopkins School of Nursing (JHSON) to infuse regulatory content throughout the curriculum, demonstrating how nursing education programs can effectively prepare graduates for practice within the existing regulatory framework.

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At JHSON, in the Masters Entry Into Nursing (MEN) and DNP programs, regulatory requirements are infused across multiple courses, simulation experiences and clinical experiences to ensure students are consistently reminded about the importance of regulatory compliance. The MEN and DNP programs will each be discussed separately.

MEN program

The integration of regulatory content begins in foundational nursing courses. The students are taught about the Nurse Practice Act, state BON requirements and professional standards. The foundational knowledge is provided to explain what regulations are, why they exist and how they support professional practice. The students are also provided with regulatory experiences in the didactic courses and labs as they learn about concepts such as HIPPA elements, infection control, MRSA and safe medication administration. In the clinical setting students apply these concepts and faculty assist them in understanding how these regulations translate into specific practices and procedures. Students are also exposed to regulatory compliance when they are able to observe or take part in hospital accreditation surveys by The Joint Commission. Assignments and case-based scenarios are excellent ways to evaluate students, learning when identifying regulatory issues, as well as demonstrating theoretical understanding and practical application.

Assignments and case-based scenarios are excellent ways to evaluate students, learning when identifying regulatory issues, as well as demonstrating theoretical understanding and practical application.

Simulation is used to further reinforce regulatory compliance in a safe environment where there is no risk to patients. In the specialty courses students are required to apply regulatory knowledge in scenarios such as a preeclampsia, postpartum hemorrhage, a birth and intimate partner violence. These are situations that students have heard about in didactic courses, but because they are not exposed to them in clinical areas, simulation gives them the opportunity to practice standards of care, discuss patient safety concerns, understand ethical dilemmas and apply regulatory knowledge in realistic context.

DNP Program

In September, the JHSON DNP Executive program holds a Policy Day in Washington, D.C. for our Executive students. This past September, we had speakers from the AACN, American Academy of Nursing, NCSBN and several other speakers who are holding key policy positions. Each of the organizations discussed their role in policy, legislative and regulatory practices. Furthermore, we brought together a panel of three nurses: two were Robert Wood Johnson Fellows, one of whom holds a position on Capitol Hill, while the other is a former Senate staffer. We also included a previous federal employee who was actively involved in advancing nursing policy to support Title VIII funding. The students were very appreciative of the Policy Day and they learned a lot about how policy is developed, implemented and sustained in various national organizations.

All DNP students take courses such as Advanced Health Policy, Health Finance, Organizational and Systems Leadership for Quality Care and Nursing Inquiry for Evidenced-based Practice in which policy and regulatory compliance are applied to assignments. Examples of this include writing a policy brief, understanding reimbursement models, gaining insight into Centers for Medicare and Medicaid Services for APRNs,

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advocating for direct nursing reimbursement, unbundling nursing care from room charges, reviewing equitable insurance reimbursement rates and eliminating incident to billing.

Clinical experiences allow MEN and DNP students to observe and practice regulatory compliance in real clinical settings through participating in compliance training, such as HIPPA, where students learn about patient privacy, security and other federal regulations. Students learn to understand how regulations translate into specific practices and procedures through engaging activities such as case studies and simulations where they can analyze clinical ethical dilemmas, regulatory breaches, and organizational policies and procedures. APRNs get exposure to additional regulatory issues specific to prescriptive authority, scope of practice variations across states, collaborative practice agreements, credentialing and licensing challenges, institutional barriers and post-pandemic roll backs.

Quality improvement (QI) projects in the clinical settings are a mechanism to provide students with a rich learning experience on regulatory compliance. By contributing to QI projects in a clinical setting, the student can learn how regulatory requirements drive the nurse's role in organizational practices and policies. Students learn about various QI models, including root cause analysis, Plan Do Study Act — model for improvement and Lean Six Sigma.

In conclusion, the implementation of regulatory issues and requirements across the nursing curriculum is the responsibility of the nursing education programs. The goal is for students to graduate with a comprehensive understanding of regulatory requirements, challenges, practical applications and a professional commitment to compliance. As the regulatory environment continues to evolve, nursing programs must integrate technology, develop innovative assessment methods, and align with professional associations and national organizations to ensure graduates are knowledgeable about and committed to regulatory compliance.

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Q & A

Q: Can students who have English as a second language have accommodations when they take the NCLEX®?

A: When English is the second language of a candidate, it does not constitute a disability under the Americans with Disabilities Act. ◆

COLLABORATION IN ACTION:

How a State Nursing Workforce Center and Nursing Regulatory Board Unite to Support Nursing

Stevan Van Hook MSN, RN

By Stevan Van Hook, MSN, RN, Nursing Education Consultant, Georgia Board of Nursing

Across the nation, state nursing workforce centers and nursing regulatory boards (NRBs) share a common goal: ensuring a strong, competent nursing workforce to meet evolving health care demands. Yet these two entities have traditionally operated within distinct domains, one focused on workforce development and data, the other on regulation and public protection. The greatest impact is achieved when efforts align, shaping policy, strengthening nursing education and improving patient care outcomes.

As workforce shortages grow and health care delivery becomes more complex, collaboration between state nursing workforce centers and NRBs is essential. Such partnerships strategically align data and policy, transforming how states understand, plan for and support their nursing workforce.

> As an ongoing, collaborative effort, the report will continue to be published annually, supporting continuous monitoring, guiding data-informed decision-making and reinforcing sustained collaboration between the two entities.

To inform its approach, the Georgia Board of Nursing conducted a survey of other NRBs, gathering insights on collaborative strategies, including shared reporting initiatives and joint data analysis. Of the 24 responses, 15 states indicated the presence of a nursing-focused workforce center that regularly collaborates with the state's NRB. These findings guided the launch of a focused, data-driven collaboration in Georgia.

The collaboration uses nursing education data drawn from annual reporting submissions through NCSBN's Annual Report Program. The inaugural report titled "State of Georgia Pre-Licensure Nursing Education, AY 2023-2024" is the first produced in the state of Georgia through this joint effort by the Georgia Nursing Workforce Center and the Georgia Board of Nursing. The report is publicly accessible and provides a comprehensive overview of pre-licensure nursing programs. It translates data into actionable insights for policymakers, educators, workforce planners and the broader nursing community. As an ongoing, collaborative effort, the report will continue to be published annually, supporting continuous monitoring, guiding data-informed decision-making and reinforcing sustained collaboration between the two entities.

The report includes detailed program-level data on enrollment, academic retention, student demographics, faculty and director characteristics, program and institutional attributes, and key quality indicators identified by NCSBN (Spector et al., 2020). These state-level insights are further enhanced when used alongside publicly accessible national annual reporting data via NCSBN's National Nursing Education Database. This approach allows stakeholders to compare Georgia's program trends with national benchmarks, identify emerging workforce challenges and monitor educational outcomes. By leveraging both state

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and national data, policymakers, educators and workforce planners can make evidence-informed decisions to strengthen nursing programs and support workforce development.

In conclusion, the Georgia collaboration demonstrates the value of aligning data and regulation to address workforce challenges. By producing a publicly accessible, state-level report and contextualizing findings with national benchmarks, the partnership supports evidence-based decision-making, strengthens nursing education and workforce planning, and ultimately enhances patient care. This collaborative model offers valuable insights and supports similar initiatives emerging nationwide.

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Clinical Teaching Toolkit: No-Cost, Online Resources

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Clinical teaching, with its focus on actual patient care, real-life patient cases, critical thinking and decision-making, is the backbone of nursing education. Yet with the shortage of nursing faculty, nursing programs must hire part-time and adjunct clinical faculty by necessity; these nurses are usually strong clinicians but often have limited preparation for teaching (Randall & Randall, 2025). At the same time, the rapid turnover in clinical settings may force less experienced nurses into clinical teaching and precepting. Although clinical education can be a fulfilling role for nurses, some clinical faculty feel overwhelmed and unprepared for their teaching roles, which may hinder retention; thus, perpetuating the shortage of clinical educators (Grassley et al., 2020; Lee et al., 2017).

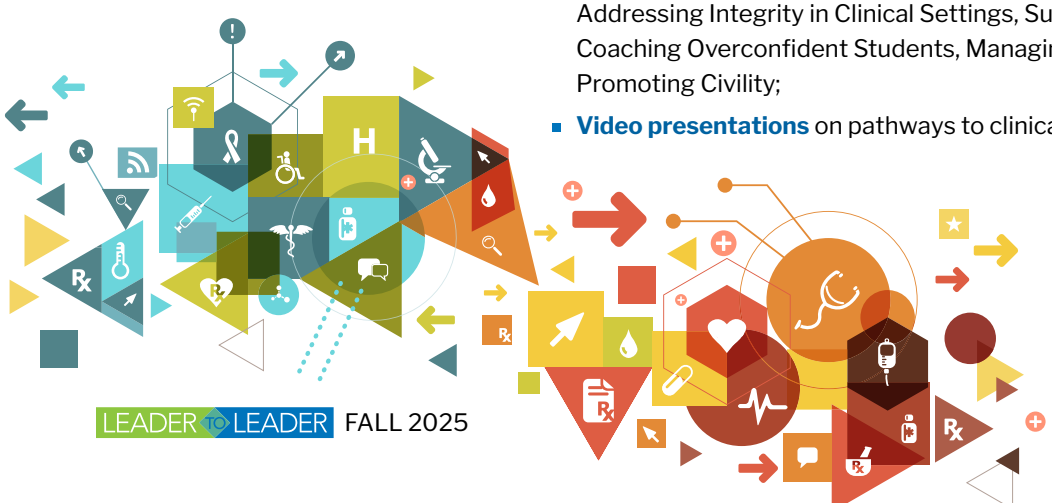
To address this problem, nursing education programs need to provide orientation, faculty development and mentorships that prepare busy preceptors and clinical faculty with the skills needed for clinical teaching ((Spector et al., 2020). Yet many novice clinical educators report that orientations are insufficient to prepare them for their new role (Phillips et al., 2019). Nursing education programs often lack necessary resources and clinical faculty are hindered in their development by time constraints. Clinical faculty can feel challenged by the need to teach new content or teach in an unfamiliar setting, and a single dose of education at orientation can make it difficult to absorb all the information needed to teach effectively. Clinical faculty need opportunities for flexible, ongoing training as they encounter new situations.

> Clinical faculty need opportunities for flexible, ongoing training as they encounter new situations.

The Clinical Teaching Toolkit was developed to provide resources that support and enhance the teaching skills of preceptors and clinical faculty for both pre-licensure and APRN programs. The toolkit is web-based, with no associated costs to users; it provides easily accessible resources for nursing education programs and for busy nurses engaged in clinical teaching. Among its components are the following:

- **Information resources:** Frequently Asked Questions, a Clinical Instructor Competency Checklist, Clinical Evaluation Methods, The Importance of Anecdotal Notes;
- **Simulations and role play activities:** Handling Incivility, Evaluating Competency, Talking to Students Unhappy with their Grade;
- **Seven video vignettes on how to address common challenges in precepting and clinical teaching:** Providing Feedback, Coaching Time Management/Prioritization, Addressing Integrity in Clinical Settings, Supporting Underconfident Students, Coaching Overconfident Students, Managing Stress in the Clinical Environment, Promoting Civility;
- **Video presentations** on pathways to clinical teaching in clinical and academic settings;

continued



- **Video interviews** with clinical teachers, preceptors and academic nurse educators in simulation centers, hospital settings, acute care settings, advanced practice, and community colleges.

The toolkit's philosophy is based on Self-Determination Theory, which proposes that the psychological need for competence leads people to be motivated to do what they are good at (Hwang & Chang, 2025). Helping preceptors and clinical faculty improve their clinical teaching skills (i.e., competence) can support their motivation to teach, which in turn can enhance retention and increase clinical faculty in the pipeline.

The toolkit's content and activities were developed by nursing faculty with specific expertise in clinical teaching. They include a variety of learning activities, discussion questions and references. To build teaching competency, resources were developed that focus on role modeling, role play and active learning strategies.

The toolkit's content and activities were developed by nursing faculty with specific expertise in clinical teaching. They include a variety of learning activities, discussion questions and references. To build teaching competency, resources were developed that focus on role modeling, role play and active learning strategies. Nursing programs design learning activities for competency-based learning for their students (American Association of Colleges of Nursing, 2021), so it is logical to design faculty development programs that also build competencies related to their new roles as novice preceptors and clinical faculty (National League for Nursing, 2025).

Some of the content in the Clinical Teaching Toolkit addresses clinical teaching skills (e.g., evaluation, coaching, giving feedback), while other content addresses common challenges (e.g., how to handle incivility, lack of truthfulness, overstepping boundaries, underconfident and overconfident students), providing anticipatory guidance that prevents novice clinical faculty and preceptors from being blindsided when the unexpected happens.

The Clinical Teaching Toolkit can be used in various ways for maximum flexibility. The video vignettes, simulations, and role-play activities may be used as components of an interactive, one-day faculty development workshop and as part of formal nursing education courses. Topics can also be selected for use as part of an orientation, a faculty meeting or a brown bag event. For example, the Providing Feedback video vignette could be shown to deliver content and demonstrate feedback techniques within a scenario, followed by faculty or preceptors practicing the feedback techniques in pairs or small groups.

Another example of a teaching strategy in this Toolkit is the Evaluating Competency and Feedback Simulation. Specific instructions are provided for an activity that includes preparation and pre-work, practice in evaluating a student's clinical performance using the Competency Evaluation Tool, and a video of clinical practice, followed by role-playing the debriefing of the student about the student's performance.

The Clinical Teaching Toolkit can also be used for individual self-study. Nursing programs could assign self-study of specific topics and activities in the toolkit as part of orientation,

continued

faculty development or an individualized performance improvement plan. Discussion of the assignment with a clinical teaching mentor who offers feedback would reinforce the topic's clinical teaching skills.

Thus, the Clinical Teaching Toolkit provides high-quality, online resources at no cost for nursing programs, clinical faculty and preceptors that can be used to improve clinical teaching quality. Its focus on role modeling, role play and interactive learning activities fosters competence through practice that can help clinicians transition to clinical teaching roles.

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Vocational Nursing Courses Support Nursing Career Path for Texas High School Students

By Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF, Lead Nursing Consultant for Education, Texas Board of Nursing

The programs are primarily in rural areas and meet the needs of students who may not have the resources to enroll in a college or university. The state provides the students with tuition funds to facilitate their education.

The Texas Legislature encourages promoting high school career paths to meet workforce needs and to allow opportunities for high school students to move toward further education or job possibilities. Several community colleges have created a track where high school students may apply to take prerequisite courses toward a nursing certificate or degree, and even enroll in vocational nursing courses. The Texas Board of Nursing will approve a high school track in a fully approved vocational nursing program that meets board of nursing (BON) requirements and criteria. A BON guideline provides details.

Five of the 85 vocational programs in Texas have established tracks for high school students. Four are offered in community colleges and one is hospital-based. Two initiated the tracks over 10 years ago. The programs are primarily in rural areas and meet the needs of students who may not have the resources to enroll in a college or university. The state provides the students with tuition funds to facilitate their education. Students must meet their high school graduation requirements and complete the nursing program, which usually extends beyond the high school graduation date. High school students usually enter the nursing courses during their junior year. Most of the programs provide an intensive clinical experience for the students during the summer following high school graduation. Since high school tracks are designed to prepare students for eligibility to take the NCLEX examination, board approval of the programs is required.

Students in the Vocational Nursing program at Odessa College.

The attrition rate is fairly high because students realize the difficulty and time commitment in nursing. Students who withdraw from the nursing program are not penalized but return to high school courses, some with completed college courses on their transcript. One program director stated that some of the students who withdraw from the high school track return to the nursing program at the college level later when they are more mature. Others who complete the program proceed with further education to become registered nurses.

All of the nursing courses are taught by the nursing faculty, either on the high school or college campus. Directors have found that clinical settings have welcomed the young nursing students. Nursing faculty receive training to help them work with the high school-level students.

continued

Kishas Rasband, RN

High Schools have learned to handle the challenges in managing a high school track. Students must choose between extracurricular school activities or nursing education courses and clinicals.

Kishas Rasband, RN, program director at Odessa College in Odessa, Texas, said, "Nearly 10 years ago, we took a bold step toward innovation by launching one of Texas' first dual-credit nursing programs in partnership with Ector County Independent School District. This pathway allows high school students to enter nursing school in their junior year (11th grade) in a lengthened LVN program and graduate ready to seek a vocational nursing license. This allows the newly graduated high school students to either transition into the LVN-to-ADN program or enter the workforce as licensed professionals." ◆

My Experience as a Scholar in Residence

By Paige Randall, PhD, MS, RN, CNE

Paige Randall *is a clinical assistant professor at the University of North Carolina (UNC) at Chapel Hill School of Nursing. As NCSBN's 2025 Scholar in Residence, Randall explored the intersection of health care workforce burnout and substance use disorder (SUD), culminating in evidence-based guidelines for nurse educators and regulators to address burnout in nursing education.*

I was drawn to NCSBN's Scholar in Residence program after reading about it in *Leader to Leader*. My dissertation at Duke University focused on cultivating resilience in nursing students transitioning to professional practice. During my doctoral studies, I recognized that burnout had significant implications for nursing regulation and policy, areas I wanted to explore further. The Scholar in Residence program offered a timely opportunity to deepen my understanding and contribute meaningfully to the field.

My project investigated the growing prevalence of burnout in the nursing profession and its connection to SUD. Burnout, a syndrome resulting from chronic, unmanaged workplace stress, is characterized by emotional exhaustion, detachment, negativity and reduced professional efficacy. While often associated with practicing nurses, burnout also affects nursing students, who face intense academic and clinical demands. Research shows that nurses experience SUD at rates similar to the general population, but with higher rates of prescription drug misuse. Many nurses report that their substance use began during or even before nursing school, often as a coping mechanism for stress and burnout (Boulton & O'Connell, 2017; Dittman, 2012; Molloy, 2024). Research suggests that early-career nurses and students can be particularly vulnerable to SUD (Stimpfel et al., 2020; Strobbe & Crowley, 2017; Trinkoff et al., 2022). Both burnout and SUD can compromise patient safety and contribute to the ongoing nursing shortage (Bettinardi-Angres et al., 2012; Garcia et al., 2019; Zhong et al., 2016).

> The Scholar in Residence program offered a timely opportunity to deepen my understanding and contribute meaningfully to the field.

Central to my work is the concept of resilience, defined as a repeated, healthy psychological response to adversity. Resilience has been shown to buffer against SUD and is associated with lower burnout and improved mental health (Foli et al., 2021; Hsu et al., 2024; Jarrad et al., 2018; Suazo Galdames et al., 2024). Fostering resilience during nursing education is a proactive strategy to support long-term well-being and professional sustainability.

My project focused on practical, evidence-based strategies for nurse educators to reduce burnout and promote resilience in prelicensure students. Key recommendations include:

- **Realistic preparation for practice:** Nurse educators can avoid idealizing the health care environment by integrating real-world systems issues, such as staffing shortages, into the curriculum through readings, simulations and case studies. This may help bridge the school-to-practice gap and reduce transition stress.
- **Safe reporting environments:** Creation of safe spaces can help students report uncivil behavior from preceptors, faculty or practicing nurses. Exposure to incivility is linked to higher burnout and can negatively impact learning and mental health.
- **Wellness integration:** Embedding of low-stakes mindfulness and wellness activities throughout the nursing school curriculum can be beneficial. Some examples include reflective journaling, brief meditations and self-care planning. These activities can signal that faculty prioritize mental well-being and help normalize stress management.

continued

- **Peer support groups:** Facilitating confidential peer support groupsvirtual, in-person, or hybrid—led by neutral facilitators not directly affiliated with the school—can provide a safe space for students to share experiences, build community and develop coping strategies.
- **Flexible learning environments:** When feasible, offer flexibility in course content, assignment formats and deadlines. Accommodating diverse learning styles and personal needs can reduce stress and improve student satisfaction.
- **Burnout education and screening:** Begin screening for burnout during nursing school and educate students on recognizing early signs and symptoms. Early awareness can lead to timely intervention and support.

My work supports NCSBN's mission to ensure a safe, resilient and sustainable nursing workforce.

These strategies emphasize that addressing burnout early, before students enter the workforce, is a critical investment in public health and the future of the nursing profession. My work supports NCSBN's mission to ensure a safe, resilient and sustainable nursing workforce.

In addition to completing my project, I engaged with NCSBN's ongoing initiatives. I enrolled in a leadership course through the International Center for Regulatory Scholarship (ICRS), attended the 2025 NCSBN Annual Meeting in August, and networked with leaders and stakeholders in nursing regulation. I also collaborated with Alison Trinkoff, ScD, MPH, RN, FAAN, a leading expert in SUD research, whose mentorship enriched the depth and impact of my project. I concluded my residency by presenting my findings to NCSBN's regulatory staff, and plan to continue collaborating with NCSBN in future research.

I am deeply grateful for the opportunity to serve as a Scholar in Residence, and I am eager to share what I learned with fellow nurse educators, students and leaders. I look forward to becoming more involved in nursing regulation in my home state of North Carolina. Beyond the opportunities for professional growth, I also enjoyed my time in Chicago during the eight-week residency. Exploring the city's diverse neighborhoods and rich history made my experience both professionally and personally rewarding.

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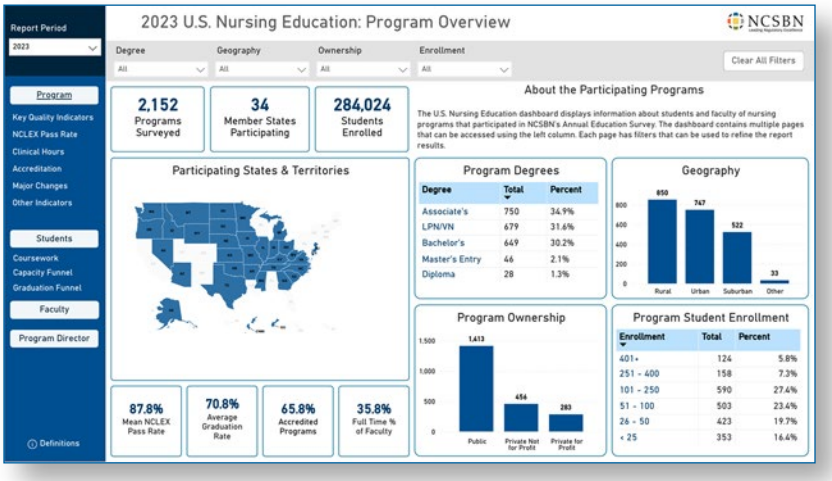
NCSBN Launches National Nursing Education Database Dashboard

Resource Spotlights Key Quality Indicators of US Nursing Education Programs

By Nancy Spector, PhD, RN, FAAN, Director, Nursing Education Policy, NCSBN

Nancy Spector PhD, RN, FAAN

In October 2025 NCSBN launched its Nursing Education Database Dashboard, which highlights the aggregate data of prelicensure nursing programs (PN, ADN, Diploma, BSN, Accelerated BSN, and Master's entry) in NCSBN's Annual Report Program. The Annual Report Program started in 2020, and currently there are 36 participating nursing regulatory bodies (NRBs). Every program in the participating NRB provides data via a survey, and every question must be answered before the program can advance to the next question. All survey answers that are questionable are verified for accuracy at NCSBN. The goal is to eventually have all the U.S. NRBs participating in the Annual Report Program so that we can establish the first-ever nursing education database.



Nursing Education Database Dashboard

The core data being collected include demographics and the evidence-based key quality indicators of nursing programs. View a PDF version of the survey here, and read an analysis of the studies that support the evidence-based quality indicators here. These are the key quality indicators that all programs should be using for benchmarking their metrics:

- National nursing accreditation.
- At least 50% direct patient care in all courses.
- Dean/Director turnover: Not more than three in five years.
- Percentage of full-time faculty at least 35%.
- NRB full approval.
- 70% or higher on-time graduation rate.
- No major organizational changes (such as faculty or staff reductions) that impact the nursing program.
- Program is seven years or longer in existence.
- Full-time faculty of RN programs have graduate degrees; of PN programs have BSN or higher degrees.
- Dean/director: of RN programs are doctorally prepared; of PN programs have graduate degrees.

> NCSBN staff decided that making a dashboard available to NRBs, nursing education programs, policymakers, legislators and consumers would be beneficial in highlighting how programs are doing nationally related to the evidence-based quality indicators.

When these data are collected, verified and analyzed, the participating NRBs receive a polished report with tables, matrices and graphs, and each program can print out their reports. The aggregate data are then analyzed, and a written report is available online for benchmarking. However, NCSBN staff decided that making a dashboard available to NRBs, nursing education programs, policymakers, legislators and consumers would be beneficial in highlighting how programs are doing nationally related to the evidence-based quality indicators. This would also be a great opportunity for the programs to benchmark their

continued

data. By using the top descriptors of degree, geography, ownership and enrollment, users can dig deeper and learn how, for example, different program types in rural areas that are public and moderate-sized are doing. Going to the capacity funnel on the dashboard, one can see that all the programs have a much larger capacity compared to their enrolled students. This would be a great message for legislators who sometimes want nursing programs to increase their capacity because of the nursing shortage.

NCSBN staff decided that making a dashboard available to NRBs, nursing education programs, policymakers, legislators and consumers would be beneficial in highlighting how programs are doing nationally related to the evidence-based quality indicators.

Clearly, there is more to consider than increasing the capacity. Why are students not being enrolled? It is likely because of the faculty shortage, so the legislators might want to address that issue. In the AACN survey on faculty vacancies (Keyt & Herrington, 2025), for example, the leading barrier for recruiting faculty is a noncompetitive salary. The legislators and policymakers, along with the programs, might want to focus on this instead. Another example would be the difference between direct care clinical experience hours in a baccalaureate, nonprofit, private program in an urban setting with an enrollment of 51-100, versus the same type of program in a rural setting. The urban setting program's average is 571 direct care clinical hours, whereas the average for the same type of program in a rural setting is 605 direct care clinical hours. While those numbers are not very different, to some, it may be surprising that the rural program has a higher average.

This dashboard will be a great addition to nursing education. Not only will nursing programs be able to compare their metrics to national data, but the public can also learn how different degree programs, ownership, enrollment and geography impact the quality indicators of nursing education programs. Prospective students may want to use this as they make their decisions about programs. The NRBs often connect with legislators about nursing education, and this database will provide them with national data. Contact NCSBN if you have any questions about this new and exciting tool!

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