

LEADER TO LEADER

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SNAPPI: A Shared Appointee Model that Turns Bedside Expertise into Clinical Faculty Capacity

By Devon M. Berry, PhD, RN, Director, Sam Houston State University (SHSU) School of Nursing and Project Director for the Shared Nurse Academic Practice Partnership Initiative (SNAPPI); Desha Johnson-Makiya, PhD, MBA, RN, CCRN, PCCN, Clinical Associate Professor, SHSU School of Nursing, Co-Director for SNAPPI; and Monique Huntley, MSN, APRN, FNP-BC, Clinical Assistant Professor, SHSU School of Nursing, Co-Director for SNAPPI

Leaders across education and practice agree: we can't grow the nursing workforce without growing clinical faculty capacity. The **Shared Nurse Academic Practice Partnership Initiative (SNAPPI)** offers a pragmatic path forward. In Texas, SNAPPI has shown that experienced bedside nurses can teach without leaving the bedside, expanding clinical sections, strengthening student learning, and improving bedside registered nurse (RN) retention—while keeping patient care first.

The Idea in Brief

SNAPPI is a time buyback/shared-appointee model. Hospitals designate qualified high performing bedside nurses as clinical faculty for local nursing students. Those nurses teach within or near their home units and remain in their regular practice roles, with compensation and scheduling aligned so teaching does not become a second job. The approach addresses the three persistent barriers that keep many excellent clinicians from teaching: compensation inequity, role stacking leading to overwork and the logistical hassle associated with coordinating the demands of two employers.

How it Works

- **Integrated roles, aligned pay:** Participating nurses split time between academic duties (e.g., a weekly clinical day plus limited grading/mentoring hours) and their regular clinical shifts; compensation parity removes the typical pay penalty of moving into academia.
- **Joint selection and onboarding:** Health systems and the school jointly identify

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candidates; nurses complete faculty orientation and a preceptor/teaching bootcamp aligned with competency-based education and clinical judgment principles.

- **A replicable agreement:** A standardized memorandum of understanding (MOU) clarifies scope, finance flows, stakeholder roles and data sharing. The AACN/AONL Academic Practice Playbook appendix includes a template of the SNAPPI MOU to speed replication.
- **Designed for scale:** Public facing guidance details strategies to expand across new partners and rural contexts (including associate degree in nursing (ADN) programs), with operations support and technology enablement as growth accelerators.

Development and Milestones

SNAPPI was built from the ground up: a grassroots, multistakeholder workgroup consisting of education leaders, unit leadership, human resources (HR), legal/risk, finance, and practice partners, was convened in August 2023. The workgroup met regularly to code-sign a time buyback/shared-appointee model, a standard MOU, and the operational playbook needed to embed clinical teaching into fulltime bedside roles. With Nursing Innovation Grant Program support from the Texas Higher Education Coordinating Board, the team launched a feasibility pilot across four large health systems, selected and onboarded SNAPPI nurses in Summer 2024, and began the first student clinicals in Fall 2024. Student clinicals continued into Spring 2025 with

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“Because of SNAPPI and our clinical instructor, I felt welcome for the first time in my clinical rotations. Typically, we are paired with a nurse because there is no choice. This clinical felt different. I felt like I was part of the team and welcomed with open arms.”

- Participating nurse

“Sharing what I know reenergized me. It’s meaningful work that helps the unit and the next generation.”

- Participating nurse

SNAPPI BY THE NUMBERS

- ▶ **18 hires (31%)** of SNAPPI student nurses by partner hospitals across fall 2024 and spring 2025.
- ▶ **Student experience:** “Felt connected to clinical faculty” and “Felt welcomed on the unit” averaged ~4.8–4.96/5 in spring 2025 cohorts.
- ▶ **NPS Score:** Student Net Promoter Score for the SNAPPI clinical experience = 72.
- ▶ **Nurses’ perspective:** 100% of participating nurses would do SNAPPI again; they reported job satisfaction and reduced burnout benefits.
- ▶ **Intent to stay:** SNAPPI RNs reported a markedly increased intent to remain with their current employer, with all participants indicating a greater likelihood to stay (mean = 5.0/5 and unanimously electing to continue participation beyond the feasibility period).
- ▶ **Operational feasibility:** Finance transfers between school and health systems executed successfully in both semesters; stakeholders rated administrative burden as acceptable given the benefit.
- ▶ **Capacity signal:** In a limited pilot study, early program reporting shows 1.7 new faculty full-time employees (FTEs) generated with a ~10% reduction in adjunct needs.

structured, multistakeholder evaluation. Building on the feasibility study, a statewide demonstration is now scaling SNAPPI through additional urban/suburban partners and rural sites.

Partnering with Boards of Nursing to Innovate

Boards of nursing (BONs) safeguard the public and create space for innovation that expands capacity safely. In October 2025, the Texas Board of Nursing (TBON) unanimously approved a pilot allowing qualified Bachelor of Science in nursing (BSN) prepared nurses to serve as independent clinical instructors—targeting rural and underserved regions where master’s prepared faculty are scarce. This decision, advanced under TBON’s pilot framework, supports rural clinical education and new funding for rural solutions.



What Made SNAPPI Successful

Four design choices proved essential—and replicable—in other states:

- 1. Compensation and scheduling parity** so teaching fits into a full-time practice role rather than stacking on top of it.
- 2. A single, empowered point of contact (POC) at each partner site** to streamline communication, remove obstacles and track wins.
- 3. Structured onboarding** for nurses new to teaching (orientation, coaching, and just-in-time support for evaluation and grading).
- 4. Continuous measurement** across feasibility, value and satisfaction so operations, finance and instruction can be improved in real time.

Because the model is agnostic to vendor products, curricula and electronic health records, it translated across four large health systems in the same metro market. Notably, despite existing in the highly competitive Houston market, the partnering systems have worked in a highly collaborative fashion for approaching three years.

Momentum: from Exemplars to Statewide Demonstration

SNAPPI dissemination has moved beyond early pilots: invited and competitively selected presentations at AACN Transform, Texas Nurses Association, ANCC Magnet, and local health system innovation summits have engaged educators, regulators, and nurse executives in Texas and beyond. The AACN/AONL Academic Practice Partnership Playbook features the SNAPPI model and shares the MOU template, serving as a concrete starting point for those interested in exploring the model for implementation at their site. Together, these milestones reflect rising demand for pragmatic, data-backed models that expand clinical education capacity. Texas specific workforce context underscores the urgency. The Governor’s Texas Healthcare Workforce Task Force (2024) elevated SNAPPI as a solution among other scalable strategies to workforce challenges—an environment where SNAPPI’s shared appointee approach fits naturally.

What’s Next—and How to Engage

A statewide demonstration project is underway, building on pilot lessons to extend SNAPPI into additional markets (including rural hospitals) and across program types (ADN and BSN). Workstreams focus on replication with existing partners, onboarding new nursing programs and health systems, and developing the technology and process

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backbone (recruitment, HR, scheduling, data) to support multisite growth.

For BONs, academic leaders and health system executives, here are three practical starting points:

- **Use an innovation pilot pathway** (or its equivalent) to evaluate a shared appointee model in one or two rural hospitals, with clear competencies and data checkpoints.
- **Adopt or adapt the MOU** from the AACN Playbook (Appendix O) to accelerate legal, finance and HR alignment across partners.
- **Plan the measurement up front.** In addition to student outcomes, track hiring, time to productivity, nurse retention/intent to stay, faculty FTE equivalents and finance/administrative feasibility.

If your organization is exploring this model—or intends to leverage TBON's pilot precedent in your jurisdiction—our team is happy to share tools, lessons learned and technical assistance. A short interest form is available here: [Request SNAPPI information](#)



SHSU School of Nursing and the SNAPPI Advisory Board represent academic, clinical, and workforce leaders collaborating to expand clinical education capacity while protecting the public and improving care quality. Program updates and additional materials (including the MOU template and pilot learnings) are available upon request. ♦

Q & A

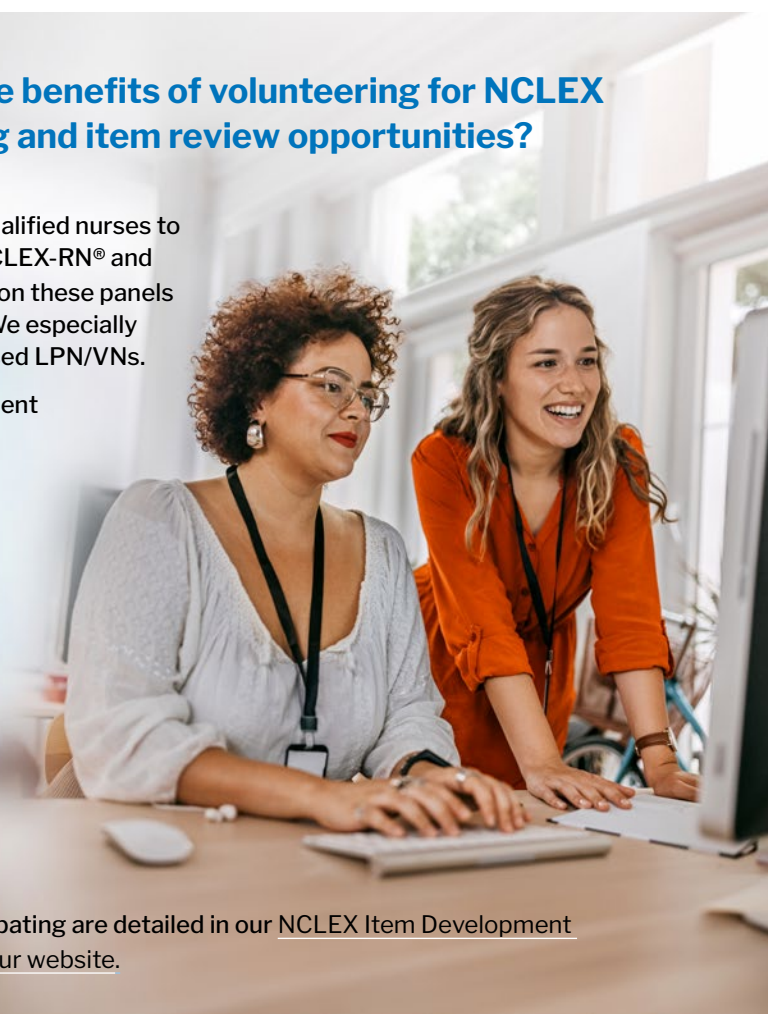
Q: What are the benefits of volunteering for NCLEX item writing and item review opportunities?

A: Great question! NCSBN is always seeking qualified nurses to serve on item review and item writing panels for the NCLEX-RN® and NCLEX-PN® examinations. Volunteers who participate on these panels are an integral part of the item development process. We especially need nurses who are currently supervising newly licensed LPN/VNs.

The benefits of participating on NCSBN item development panels include:

- Contributing to promoting continued excellence in the nursing profession;
- Networking with colleagues on a national and international level;
- Building new skills for professional growth;
- Receiving verification of continuing education contact hours; and
- All volunteer opportunities are held at the NCSBN office in downtown Chicago. Travel expenses, including airfare, lodging and meals, are covered by NCSBN.

Qualifications for volunteer nurses interested in participating are detailed in our [NCLEX Item Development brochure](#). Interested volunteers may apply directly on our website.



NEW!

NCSBN's Updated Evidence-Based Quality Indicators of Nursing Education Programs

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



Nancy Spector,
PhD, RN, FAAN

Background of Developing the Evidence-Based Quality Indicators

Boards of nursing (BONs) in the U.S. approve prelicensure nursing education programs. BON program approval ensures the program comprehensively covers the knowledge and skills that students will need to be licensed as a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) and to practice safely and competently as new graduate nurses (Spector et al., 2018). In 2018, NCSBN's Board of Directors requested that NCSBN staff develop evidence-based and legally defensible quality indicators that BONs can use when approving prelicensure nursing programs (LPN/VN, diploma, associate degree, baccalaureate, accelerated baccalaureate and

master's entry). A team of NCSBN researchers and experts in nursing education conducted a literature review and three national studies to develop evidence-based quality indicators in nursing education programs (Spector et al., 2020). The literature review and three national studies included:

- NCSBN researchers conducted an integrative literature review, which yielded 65 relevant articles and reports. The level of evidence was rated, using Johns Hopkins Levels of Evidence and Quality Guide (Dang & Dearholt, 2017).
- A national Delphi study investigated the consensus on nursing program characteristics that graduate safe and competent students. The sample included 174 educators (59% response rate); 71 clinical nurse educators in hospitals (57% response rate); and 50 BON education consultants (81% response rate).
- A national quantitative retrospective cohort study analyzed the individual annual reports (n=43 BONs; 11,378 documents) that BONs sent to their prelicensure nursing education programs. At that time, there was no NCSBN Annual Report Program so the data collected were not consistent among all the BONs. Generalized linear mixed-effects models were used to estimate the odds of full approval as a function of program characteristics. Post-hoc analyses assessing NCLEX pass rates at or above 80% were also investigated.
- A national qualitative study was conducted where researchers reviewed 1,278 site visit documents from 31 BONs. The site visits provide the BONs with the "story" of a program, where the BONs can see what is happening in the program when outcomes are falling. Considering that the NCLEX pass rate is a lagging indicator, it is valuable for BONs to learn about program characteristics which may be causing the program's decreasing outcomes.



Once all these data were collected, NCSBN invited a group of research, education, regulatory and legal experts to analyze the data together and to make recommendations for evidence-based, legally defensible quality indicators for nursing education programs. Each quality indicator was supported by at least two of the national studies and/or literature review, and those quality indicators, along with how they are supported, are highlighted in [NCSBN's Nursing Education Approval Guidelines](#).

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Not wanting those quality indicators to sit on a shelf and be forgotten, NCSBN launched the Annual Report Program, the first-ever national program to annually collect data from all prelicensure nursing education programs in participating U.S. BONs. Currently there are 38 BONs participating in the Annual Report Program. NCSBN's Annual Report team collects demographic data and evidence-based quality indicators from nursing programs for the BONs. Since most BONs require nursing education annual reports as part of their approval process of nursing programs, this program is beneficial to them, and builds a national nursing education database.

2026 Updated Quality Indicators

These annual report data have been collected for five years. Because we now have consistent quantitative data across all participating BONs, it was decided that at the end of the fifth year we would analyze the quantitative data again to see if the quality indicators are still supported. Our research team conducted a repeated-measures, univariate GEE (generalized estimating equations) regression analysis to evaluate the original quality indicators, using data collected between 2020–2025. Below are the evidence-based quality indicators where the program is statistically more likely to have BON approval. Not only are each of these quality indicators supported by the 2026 quantitative analysis, but they are also supported by at least one of the other two national studies and/or the literature review:

Details on programs that meet quality indicators:

1. 35% or higher full-time faculty
2. 70% or higher on-time graduation rates
3. At least 50% direct patient care clinical experiences in all clinical courses
4. Fewer than three deans/directors in five years
5. No major parent organizational changes that negatively impact the nursing program (such as faculty or staff layoffs)
6. Simulation faculty are either certified by the Society for Simulation in Healthcare (SSH) or have completed the 12-course Simulation Education program by the International Nursing Association of Clinical Simulation and Learning (INACSL)
7. The simulation center is either accredited by SSH or recognized by INACSL
8. The program is more than six years old
9. The program has resources for non-native English speakers
10. The program offers support to those students with low socioeconomic status
11. The program has formal remediation for students with low academic performance

Additionally, the following quality indicators continue to be supported by the 2020 literature review, which has been updated in 2026, and the 2020 qualitative study or the Delphi:

12. Dean/director with a doctorate
13. Faculty with a graduate degree
14. Program offers disability support
15. Formal mentoring of new full-time faculty
16. Formal orientation of adjunct faculty
17. Program provides faculty development
18. Policies and remediation strategies when students commit errors or have near misses in clinical experiences

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If the BON participates in the Annual Report Program, they will receive an annual report from NCSBN where all their programs are benchmarked to the quality indicators.

Staff from NCSBN's Nursing Education Policy and Research teams are investigating relationships with clinical hours. Clinical hours in nursing education have significantly decreased since 2010 when NCSBN first started collecting numbers of hours (Spector et al., 2025). Additionally, the revised quantitative study did not support the faculty credentials (BSN for faculty; graduate degree for directors) for practical nurse (PN) programs. NCSBN will continue to investigate PN credentials.

Implications for Faculty and Regulators

These 2026 updated and evidence-based quality indicators for nursing education programs are invaluable to the BONs and faculty! Nursing education programs can benchmark their metrics to these quality indicators, while BONs can benchmark

the programs in their states to the quality indicators. If the BON participates in the Annual Report Program, they will receive an annual report from NCSBN where all their programs are benchmarked to the quality indicators.

Additionally, faculty and BONs can access data on how programs are meeting the evidence-based quality indicators nationally. To do this, they can either review the aggregate data reports (Spector et al., 2025) or navigate through NCSBN's dashboard, where they can make comparisons across programs, geography, enrollments or ownership (Spector, 2025). Remembering that NCLEX pass rates are lagging indicators, faculty can make program improvements, based on the evidence-based quality indicators, before their NCLEX pass rates and other outcomes fall.

Using these evidence-based quality indicators allows the BONs and nursing programs to work together for program improvement, rather than having the programs view the BONs as being punitive. This is a major step forward in nursing education and program approval!

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Ellen Lanser May, MA

Evolving Expectations: Pushing the Boundaries of Nursing Education and Regulation

By Ellen Lanser May, MA, Senior Managing Editor, Journal of Nursing Regulation

In today's evolving healthcare landscape, safeguarding the public increasingly depends on collective action and robust partnerships, more than ever before. One such essential partnership is the collaboration between nursing regulators and educators. Each plays a vital role in preparing nurses for practice and in defining the licensure requirements necessary to ensure the delivery of safe, competent and ethical care.

Nursing education is often regarded as the foundation upon which professional regulation is built. Through program approval models established by regulators, consistent standards for quality nursing education are upheld across jurisdictions. These models provide assurance that educational programs meet defined criteria while supporting coherence in regulatory expectations. Close collaboration between educators and regulators is therefore critical to ensuring curricula align with scope of practice definitions, professional standards and competencies, and the ethical and legal expectations of the nursing profession.

While strong regulatory frameworks provide an essential structure for this work, meaningful progress cannot be achieved when educators and regulators operate in isolation. Regulators must continually balance the responsibility of protecting public safety with the need to remain responsive to the diverse and evolving contexts in which nurses practice.

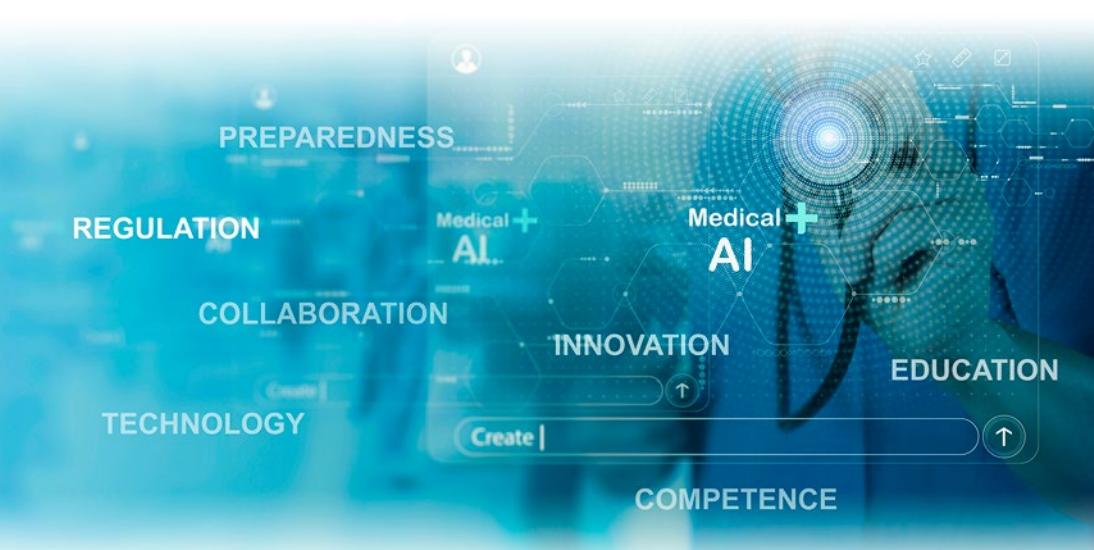
At the same time, standards for program approval must remain current and relevant. Working in partnership enables regulators to support and empower educators as they introduce innovation and adapt swiftly, ensuring graduates are well prepared to meet emerging competencies—such as the integration of technology and artificial intelligence into nursing practice.

Furthermore, nursing education has profound workforce impacts. “During NCSBN's MidYear Meeting, regulators highlighted a critical gap in the nursing education knowledge base. The nursing workforce

fundamentally rests on the quality and capacity of our nursing education programs,” says Nicole Kaminski-Ozturk, PhD, PMP, data scientist II, in NCSBN's Research department.

Thus, NCSBN's research team has been working on several different projects related to nursing education. “As our team delves into data at the cross-section of nursing education and regulation, we challenge other researchers to examine how emerging technology and regulatory systems can support nursing education,” says Brendan Martin, PhD, director of

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NCSBN's Research department. With this call to action, the *Journal of Nursing Regulation's* (*JNR*) editorial team decided to explore the intersection between nursing education and nursing regulation for the *JNR* April 2027 Special Issue entitled "[Evolving Expectations: Pushing the Boundaries of Nursing Education and Regulation.](#)"

This special issue will advance dialogue and evidence for regulators seeking to maintain consistent standards while supporting innovations that uphold public protection. Submissions may include:

- Approaches to regulating simulation, virtual learning, alternative clinical experiences or accelerated pathways, including lessons learned and evidence informing approval decisions.
- Collaboration among regulators, educators and practitioners to ensure practice readiness for new nurses.
- Ways regulators can collaborate to facilitate program creativity and innovation.
- Regulatory impacts of AI and emerging technologies on prelicensure and graduate nursing education learning, clinical preparedness, and clinical judgment and reasoning.
- The role of regulators and educators in continuing competence, assessment and quality assurance, including the evolving continuing competence models.

We welcome original quantitative or qualitative research manuscripts, literature reviews and other academic analyses, as well as case studies that provide strategies and solutions in the context of regulation and nursing education.

Please consider contributing your knowledge, research, insights, case studies, and innovations to *JNR* to further advance this important dialogue and build evidence-informed practice. Submissions are due by December 15, 2026. For submission guidelines, please visit *JNR's* [Guide for Authors](#). For more information, please contact the Acquisitions Editor at jnr@ncsbn.org or Ellen Lanser May, Senior Managing Editor, at emay@ncsbn.org. ♦

“As our team delves into data at the cross-section of nursing education and regulation, we challenge other researchers to examine how emerging technology and regulatory systems can support nursing education.”

Brendan Martin, PhD,
director of NCSBN's
Research department

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Call for Papers

“Evolving Expectations: Pushing the Boundaries of Nursing Education and Regulation”

Manuscript Deadline: Dec. 15, 2026

Publication Date: April 2027

Submission Guidelines:

ncsbn.org/jnr



Arizona 1803 Statewide Nursing Grant: A Model for Preceptor-Based Transition to Practice

By Kathy Malloch, PhD, MBA, RN, FAAN, 1803 Grant Consultant, Arizona Board of Nursing; Tim Porter-O'Grady, DM, EdD, APRN, FAAN, FACCWS, Clinical Professor, Nell Hodgson Woodruff School of Nursing at Emory University; Kathy Scott, PhD, RN, FACHE, 1803 Grant Consultant, Arizona Board of Nursing



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The Arizona Board of Nursing (AZBN) is completing a \$75 million, three-year grant to create a statewide nursing transition to practice (TTP) program. This grant has exceeded expectations not only for the state of Arizona but also for all other states in the U.S. This grant established the regulatory significance of a preceptor-based transition to practice program.

To begin the work, the 1803 Nursing Grant team reviewed current preceptor models and examined gaps in standardization and in TTP programs. In particular, these four areas were examined:

1. The historical evolution of preceptor models and their inconsistent application across institutions and states;
2. NCSBN's own TTP regulatory model and its foundational evidence (Spector et al., 2015);
3. Evidence on the relationship between structured TTP programs and clinical outcomes, patient safety and retention; and
4. The economic literature on nursing turnover costs, the financial value of preceptor models, and the concept of “onboarding chasing turnover” rather than professional development that promotes practice readiness and retention.

The infrastructure for this large-scale grant is based on the complex adaptive systems approach: How the program was designed to accommodate institutional diversity while building toward statewide coherence, using emergent properties, feedback loops, relational networks and adaptive governance. Six populations emerged as foci from the work:

1. Senior “finishing” nursing students;
2. Prelicensure nurses;
3. Nurse externs;
4. New graduate nurses;
5. Nurses transitioning to new specialties and roles; and
6. Advanced practice registered nurses (APRNs) transitioning to independent practice.

The next phase focused on assessing the processes and outcomes used by grantees in their current preceptor programs across 60 organizations—a process that had not been done previously.

The Arizona 1803 Statewide Nursing Grant addressed this vacuum by building a statewide infrastructure for preceptor-based TTP, ultimately producing regulatory products (board-level standards and advisories) that other states can replicate.

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ARIZONA
BOARD OF NURSING

A regulatory vacuum around the transition to practice leaves an unregulated space between licensure and sustained competence, and presents an opportunity for nursing to address this gap.

The ongoing purpose of the grant is to address the persistent national crisis in nursing workforce stability: turnover rates, the cost of turnover, the gap between academic preparation and practice readiness, and the well-documented inadequacy of unstructured orientation as a substitute for competency-based preceptorship during TTP.

Over the last three years, the 1803 Grant team has recognized the direct role and stake that nursing regulation has in this challenge. Boards of nursing (BONS) approve education programs, define scopes of practice and issue advisory opinions that shape institutional behavior. A regulatory vacuum around the TTP leaves an unregulated space between licensure and sustained competence, and presents an opportunity for nursing to address this gap.

The work, processes and outcomes of the grantees have resulted in six preceptor domains that inform all preceptor programs and preceptor roles across the state:

1. Clinical-technical;
2. Personal/professional learning;
3. Professional development;
4. Relational capacity;
5. Membership in the professional community of nursing; and
6. A culture supporting nursing practice.

The sustainability processes are being proposed through an AZBN Advisory Opinion created by the Education Committee. The development of role-specific program standards and competencies for each included population, designed as models for all nursing settings statewide, is included in the advisory opinion to support the statewide evidence-based standardization.

Overall Outcomes and Impact

Component 1: Six Preceptor Domains developed.

Component 2: Statewide Preceptor Program Standards developed.

Component 3: Population-Specific Standards and Competencies developed.

Component 4: Leadership, Organizational, Cultural and Financial Sustainability assessed.

The 1803 Grant has successfully expanded clinical placement capacity, strengthened preceptor preparation and supported a safe TTP for new nurses. This work directly contributes to the board’s mission to protect the public by promoting safe, competent nursing care across healthcare settings. Through the coordinated efforts of 18 healthcare systems, 59 facilities and 46 funded programs, the grant has achieved significant state-wide impact.

Grant 1803 Outcomes (Grant Years 1–3: July 1, 2023 – February 2026)

	GY 1–2	GY 3 YTD	TOTAL
Preceptors Trained	7,818	1,717	9,535
Preceptees Trained	13,423	3,034	16,457
Precepted Hours	1,622,442	415,023	2,037,465

These outcomes reflect a large-scale, coordinated investment in a statewide preceptorship infrastructure across Arizona, significantly increasing clinical training capacity and supporting workforce readiness. Early grantee observations indicate strong engagement,

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meaningful program refinement and a shared commitment to sustaining preceptorship models beyond the grant period, which concludes June 29, 2026.

Next Steps

The grant work makes a compelling, scholarly case that other state BONs could explore and consider adopting, adapting or advocating for similar statewide preceptor-based TTP programs as an essential dimension of their regulatory mission to protect the public through a competent, stable nursing workforce.

Arizona's 1803 Grant team is now working to document a detailed, evidence-grounded account of the work, its complex adaptive systems design, its measurable outcomes in preceptor development and nurse retention, and the regulatory products (standards, competencies, board advisories) it produced.

To sustain and expand this work, the grant team is actively pursuing multiple funding opportunities in a constrained fiscal environment.

Current efforts include collaboration with the Arizona Office of Economic Opportunity to pursue federal Rural Health Transformation funding. Proposed initiatives include:

1. Rural TTP Programs supporting prelicensure and new graduate nurses through urban-rural partnerships.
2. APRN Transition Support Programs to support and incentivize APRN students and new graduates as they transition into independent practice in rural settings.

In addition, the team is monitoring upcoming Health Resources and Services Administration (HRSA) funding opportunities to continue advancing standardized prelicensure RN preceptorship pathways statewide and collaborating with NCSBN to share outcomes and resources.

1803 Grantees have also been working with economist Olga Yakusheva, PhD, MSE, FAAN (hon), professor, Johns Hopkins School of Nursing, to identify the return on investment over the last three years. On March 5, 2026, more than 45 participants—including grantees and grant team members—attended a statewide ROI workshop led by Yakusheva. The workshop focused on equipping nurse leaders with practical tools to evaluate the financial and quality outcomes of TTP programs and to communicate their value to executive leadership. Feedback has been highly positive, with participants highlighting peer collaboration and increased confidence in articulating program impact. This work is directly supporting sustainability efforts at both the organizational and state levels and will continue through the Year-End Summit.

As Grant 1803 approaches its conclusion, the work has established a strong foundation for sustainable preceptorship models across Arizona. Continued focus on financial sustainability, workforce outcomes, and strategic partnerships will be critical to maintaining and expanding this impact. We are well-positioned to reaffirm that standardized, universal nursing TTP is an essential part of the continuum of nursing professional development, from

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education through full practice privileges and long-term retention. It is the collaboration of nursing and healthcare professionals that creates new partnerships to close gaps in TTP and to affirm the quality of patient care, including return on investment.

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- Porter-O'Grady, T., Scott, K., & Malloch, K (2026). Transition to Practice Handbook: The Arizona Preceptor Excellence Model (APEX): Implementation Tools and Resources, A Companion Resource to Preparing Nurses Who Stay. Cognella Publications.

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Board President SPOTLIGHT



Sandra Culpepper,
LPN

“I Would Not Trade it for Anything”

Sandra Culpepper, LPN, began her nursing journey as a student at Pearl River Community College-Poplarville Campus in 2006, and has worked in many areas of nursing, including long term care, medical-surgical, ED, post-op, home health, and as a certified nurse aide educator. In 2016, she was appointed president of the [Mississippi Board of Nursing](#). Her term expires in June of this year. *Leader To Leader* spoke with Culpepper about her experience.

“The ability to protect the public is absolutely at the forefront for me.

But there’s another aspect: We have the ability to inspire others and grow our profession through various resources that many do not know about.”

What interested you about serving on the Mississippi Board of Nursing?

It was not on my radar per se, because I never thought I would find myself here. My former nursing instructor had been following my career and she reached out and said, “I think you’d be good at doing something for us. Can you submit a resume and some information?” I submitted it to the LPN association here and that’s how the process began. In Mississippi, board members are appointed by the governor. What drew me in was the ability to learn about this side of nursing.

Can you describe the process of being appointed?

Three nominations were submitted to the governor at the time. He reviewed them and eventually they made a decision on who would be the best fit. That decision took a year to make. I was selected in September 2016. It was an extensive process once I was selected. They do both a background check and a financial background check. Once those clear, you attend a Senate confirmation hearing in the legislative session.

Was there ever a point in this process when you thought, “What have I gotten myself into”?

I had no idea what I was about to get into honestly. It was overwhelming at first. But as my nursing school instructor told me, “How do you eat an elephant? One bite at a time.”

What has been your favorite part about being on the board?

The ability to protect the public is absolutely at the forefront for me. But there’s another aspect: We have the ability to inspire others and grow our profession through various resources that many do not know about. Every year we’ve provided almost \$3 million in scholarships. We have an NCLEX scholarship project where we pay for a candidate’s first NCLEX if

continued



they meet certain criteria. We do random education throughout our state for every nurse, not just one subset. Having open discussions with nursing students has been the most important for me, and I think it's important for the students too. I've said to my board members that transparency is important. Connecting with someone and opening these doors means that down the road a nurse may feel more comfortable coming to us and saying, "This is an issue I'm having. How do I navigate this? What can I do?"

Share an experience that would give Leader to Leader readers an idea of what being on a board is like.

You're making really important decisions that can affect the livelihoods of the nearly 70,000 nurses in Mississippi. You have to be diligent. You have to be thoughtful. You are thinking about public safety. Sometimes, you have cases where, while primarily protecting the public, you're also thinking, "How can we assist this person?" Because they do need help as well. I think back to one of the very first cases I heard on the board. We had a nurse come to us for restoration of her license. She had been out of practice for five years because she had a dependency issue. She said, "I'm here first and foremost to tell you, thank you for saving my life. And here's why I feel like I owe it to y'all to explain what happened." And she was very open and transparent about what had occurred. So, with that one, I can understand both sides. That panel absolutely did the right thing, not just by the public, but also by that nurse.

Describe some of the things you do as a board president

We meet six to seven times a year at board meetings, and we have an annual board retreat where we spend two days together learning. We have six hearing panels every year that consist of at least three full days of hearings. We attend NCSBN meetings and other meetings that enhance what we're doing at the board and to educate ourselves. Most people think the board is there simply to have hearing panels. What they don't see behind the scenes is the administrative code: our nursing law committee, our practice committee, our compliance work. We have a legislative committee, which is just about a year old and it's been wonderful. We have a finance committee, an APRN committee and my personal favorite, the Office of Nursing Workforce, which is giving out about \$1.2 million per year to enhance the nursing workforce by giving scholarships to nursing students.

I also attend events and speak at different engagements, such as our LPN convention, and I've encouraged my board members to attend nursing school graduations. I want them to see us there, to see that we support them, that we're there for them but also to understand we have a job to do through disciplinary action. Out of all the things I get to do here, that's one of the things I love the most—interacting and engaging with the students. Students also come to our board hearings. They see how it works. But we also take breaks and have discussions with them about the board, nursing law, etc. At the end of the day, we're protecting the public, and that is our mission. But at the same time, we've started to open doors for students, where they feel comfortable coming to us.

How has being on the board of nursing been useful in your career?

It's been beneficial to my day-to-day job, but more importantly as a nurse in general. We're often educated in school to know our scope of practice, but we don't always really know where to go find it. What does it look like? What does it mean? Being on the board has taught me so much about our scope of practice and practice law, administrative code, how you work those together using the decision tree. That's been my goal with every student interaction, to make sure they understand where to locate these items. I didn't know about

continued

“Being on the board has taught me so much about our scope of practice and practice law, administrative code, how you work those together using the decision tree.”

“The growth, the experience, the friendships, the conversations, the impact you’re able to make is amazing!”

these before becoming a board member. It has been beneficial for me in my workplace to know what we can and cannot do. I will often refer to the decision tree form and advise nurses to look at the documents, to get back with me and let me know what they think. It’s important to share that information so that others understand it.

If one of our readers wanted to serve on their state’s board of nursing, what’s the one tip you would give them?

Be a part of your association. That’s where you’re going to network. It puts you out there. You have to think beyond your everyday role in a way that others can see you and your love for your profession and the ethics you maintain to get you there. Be active and stay abreast of nursing information.

Rate your experience on a scale of one to 10.

A thousand! I’ve loved every moment of this journey, even when we had some tough decisions to make. I would not trade it for anything. The growth, the experience, the friendships, the conversations, the impact you’re able to make is amazing! I can’t express how many people I’ve come to know through these avenues. Having those connections is everything. Hands down, I would do this a thousand times again. It’s impacted my journey in nursing beyond words. And now you’re going to make me emotional because I love it. ♦



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Vital Signs: A Trend Analysis of the Nursing Faculty Workforce

By Nicole Kaminski Öztürk, PhD, MA, PMP, Data Scientist II, Research, NCSBN



Nicole Kaminski Öztürk,
PhD, MA, PMP

As we know, nursing faculty serve as the linchpin of the broader nursing workforce; they educate the next generation of nurses and, in some cases, serve in high-level, secondary, direct patient care roles. However, there has been a twofold challenge in recruiting and retaining nurses in such faculty roles.

To better understand these challenges, our team examined the employment patterns among nurse faculty employed at schools of nursing from 2017 through 2024, using aggregate data from the [National Nursing Workforce Survey](#). The full results are available in the [Journal of Nursing Regulation](#).

One of the most critical findings is the rapid aging of the nursing faculty workforce. The proportion of faculty aged 65 years or older more than doubled over the study frame, increasing from 16.9% in 2017 to 34.2% in 2024. This age group now represents the largest cohort of the faculty workforce, with a majority expressing intent to retire within five years.

In line with other researchers' findings (Pang et al., 2025; AACN, 2024), our team identified a persistent salary gap, that has increased to \$32,000 in 2024, between similarly educated nurse faculty and non-faculty nurses. Additionally, many nursing faculty reported holding multiple positions, with some age groups (e.g., 35–44) showing notable increases in the proportion holding two or more roles. This workload distribution may reflect economic necessity, staffing shortages, or institutional reliance on part-time educators. However, as nurse faculty's responsibilities continue to grow, including teaching, advising, research and

service, faculty salaries continue to diverge from both market conditions and role complexity. This chasm discourages highly educated nurses from transitioning into academia.

Advocates and policymakers may look to current congressional proposals such as the Future Advancement of Academic Nursing (FAAN) Act (S. 3435/H.R. 6607) and the Nurse Faculty Shortage Reduction Act (S. 3707/H.R. 7279), which promote targeted investments to recruit and retain nurse faculty, address compensation gaps between clinical and faculty nurses and expand nursing education capacity.

State lawmakers may look to policies like those adopted in Minnesota and Texas which provide for loan forgiveness for nursing faculty who meet various qualifications, including service commitment requirements. These federal and state policy proposals offer complementary strategies to strengthen the nurse faculty workforce and ensure a sustainable pathway for educating the next generation of nurses.

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Strengthening North Carolina's Nursing Workforce: Insights from the NC Nursing Workforce Research Conference Series

By Jill Forcina, PhD, RN, Director of Education & Nursing, North Carolina Area Health Education Centers (AHEC); Senior Nurse Advisor,
NC Center on the Workforce for Health



Jill Forcina, PhD, RN

Early conversations within the Collaborative affirmed the value of this shared space while also highlighting the limitations of a smaller, researcher focused forum.

North Carolina continues to face a complex nursing workforce shortage and persistent geographic maldistribution that demand coordinated, statewide action. Data from the Cecil G. Sheps Center for Health Services Research and the NC Center on the Workforce for Health indicate chronic vacancy rates, persistent churn, and uneven regional supply remain major threats to care access and system stability.¹⁻³ Forecasts from NC NurseCast reveal ongoing gaps between the projected supply of registered nurses (RNs) and licensed practical nurses (LPNs) and the state's anticipated demand across multiple care settings.⁴ Further analysis from the NC Health Talent Alliance (HTA) shows that approximately one in eight RN positions and one in three LPN positions remain vacant statewide, despite recent gains in nursing education output.^{2,3} These combined data points confirm what many North Carolina healthcare leaders and nurses experience firsthand: while we may be improving in targeted ways, health workforce challenges persist.

NC Nursing Workforce Research Learning Collaborative

The NC Nursing Workforce Research Learning Collaborative grew out of shared recognition of the need for coordination of nursing workforce research. The Collaborative is an informal, grassroots community of nurse researchers and faculty from across the state, led by nurses at the NC Area Health Education Centers (AHEC) Program Office. It meets virtually every quarter to share emerging findings, explore data needs, problem solve challenges, identify collaborative project opportunities and strengthen statewide scholarship in nursing workforce development.

Early conversations within the Collaborative affirmed the value of this shared space while also highlighting the limitations of a smaller, researcher focused forum. Participants identified the need for a broader venue capable of convening researchers, policymakers, educators, employers and regulators around a common understanding of the nursing workforce. These conversations set the stage for a statewide convening designed to move beyond fragmented analyses toward shared understanding and coordinated action.

Conference Highlights: Building a Shared Understanding of the Crisis

On April 24, 2026, NC AHEC hosted the *NC Nursing Workforce Research Conference: Understanding the Current Nursing Workforce Data Landscape* to bring together a wide range of nurse led expertise to deepen the state's understanding of current workforce challenges and opportunities. The virtual program featured analyses from researchers at the Cecil G. Sheps Center for Health Services Research, including an overview of the North Carolina Health Professions Data System (HPDS), the nation's oldest continuous state workforce dataset, and workforce projections from NC NurseCast, which offers detailed insights into supply, demand and distribution patterns of nurses across North Carolina. Complementing this work, partners at the NC HTA presented findings from its statewide analysis of employer reported vacancy rates, churn patterns, and pipeline pressures that continue to affect nursing labor dynamics across regions and care settings.

continued

Looking Ahead: Introducing the Fall 2026 Nursing Workforce Research Conference

Building on the strong foundation, NC AHEC will host the Fall 2026 NC Nursing Workforce Research Conference: From Data to Action—Leveraging Local Research to Solve State Workforce Challenges, on Oct. 30. While the spring event focused on building a shared



understanding of the data, participant input and panel discussion clearly pointed toward action, particularly around retention and the supports required to sustain the nursing workforce. In response, the fall conference will shift toward implementation, emphasizing retention focused strategies, innovative approaches, pilot initiatives, and targeted educational and practice based supports. To support this shift, the conference team issued a state-centered request for proposals (RFP) to surface promising work already underway across North Carolina. Submissions will highlight initiatives aligned with the priorities identified during the spring conference, with the goal of elevating actionable, evidence based efforts for statewide learning and potential replication.

Conclusion: A Path Toward Statewide Alignment

North Carolina is fortunate to have a robust infrastructure for health workforce research, including HPDS, NC NurseCast, and the NC HTA's annual analyses. Yet data alone cannot solve the challenges that continue to strain the nursing workforce. Progress depends on nurse-led collaboration, cross sector partnerships, shared priorities, and meaningful investment across education, practice and policy.

As this work continues, North Carolina's efforts are further strengthened by the emerging NC Nursing Workforce Coordinating Council,^{5,6} a statewide, nurse-led body designed, as part of the NC Center on the Workforce for Health, to align research, policy, education and practice around shared workforce priorities. The Council brings together leaders from regulatory agencies, academic programs, health systems, state government, and nursing organizations to coordinate strategy, reduce duplication, and ensure that workforce initiatives are informed by consistent data and grounded in real system needs. Serving as a hub for statewide alignment, the Council will connect insights generated from and with nursing workforce partners across the state. Its establishment represents a crucial step toward sustaining this year's momentum and advancing a cohesive, long term vision for strengthening North Carolina's nursing workforce.

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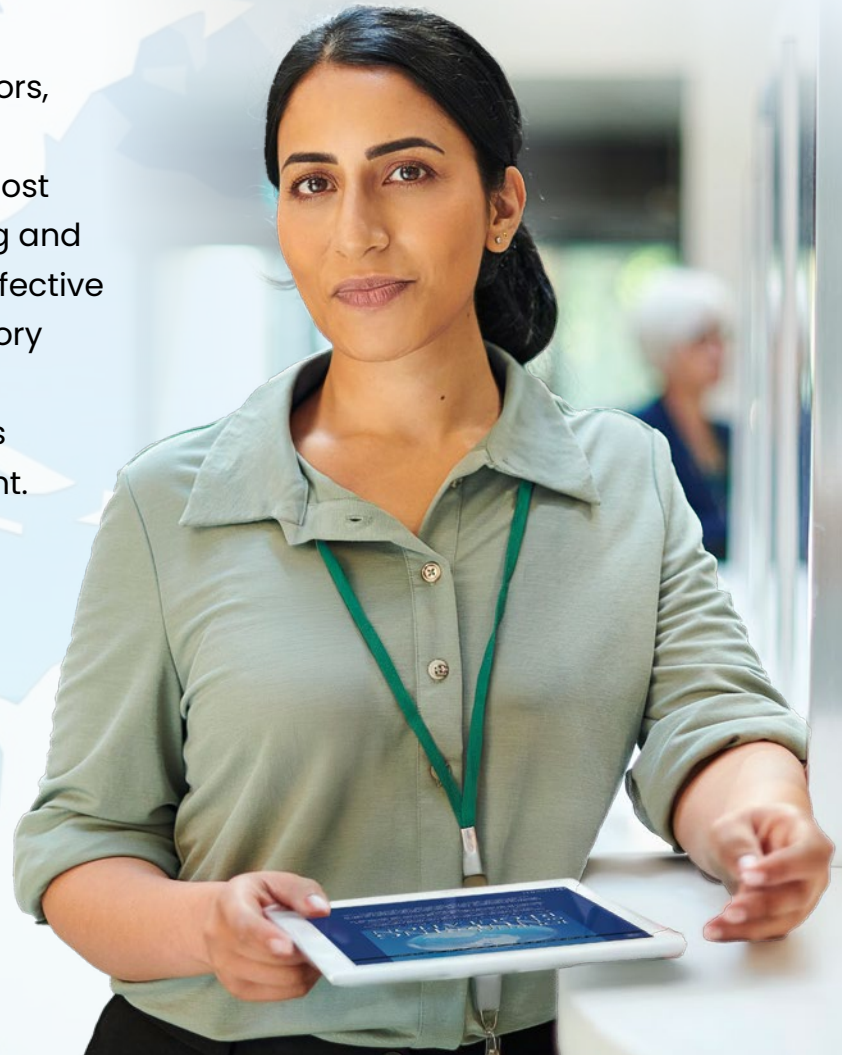
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