



Administrators of Nursing Education of Wisconsin (ANEW)

6-17-2025

Robert Weinman, RN

Chair, Wisconsin Board of Nursing
Department of Safety and Professional Services
Madison, WI 53708-8935

Dear Chair Weinman,

On behalf of the Administrators of Nursing Education in Wisconsin (ANEW), we write in support of aligning Chapter N 1 of the Wisconsin Administrative Code with national nursing accreditation standards to allow for greater flexibility in the use of experienced, baccalaureate-prepared (BSN) nurses as clinical faculty. ANEW joins our colleagues in the WHA Coalition, in urging the Wisconsin Board of Nursing to adopt common-sense changes that contribute to alleviating the ongoing nursing faculty shortage.

There is both precedent and pressing need for the Board to consider revisions to Chapter N 1 that recognize the evolving standards of national nursing accrediting bodies. Each of the three national nursing education accreditors—CCNE, ACEN, and CNEA—permit the use of BSN-prepared clinical instructors under specific conditions, such as relevant experience, continuing education or certification, and oversight by graduate-prepared faculty.

ANEW recently surveyed our membership of nursing education leaders across Wisconsin to better understand the local impact of current regulations and the potential benefit of such a policy change. With a 69% response rate (29/42 schools), the results were clear:

- **Faculty shortages are limiting program capacity.** Schools consistently report difficulty in hiring enough faculty to meet student demand, resulting in capped enrollments and lost opportunities for aspiring nurses. Several leaders emphasized that hiring BSNs as clinical faculty could be one strategy to "alleviate these challenges" and "increase access to clinical placements."
- **BSNs already contribute significantly in practice settings.** Many nursing programs already utilize BSNs who are enrolled in graduate programs as clinical instructors, within the current bounds of BoN allowances and exceptions. These instructors are often seen as highly effective due to their current clinical expertise and familiarity with the practice environment.
- **Targeted onboarding and oversight is essential.** ANEW members support pairing BSN clinical instructors with appropriate training and formal oversight from MSN-prepared faculty. One respondent noted: "BSNs not in Nurse Educator programs need more guidance, but their real-world experience makes them excellent clinical mentors."
- **"Significant experience" qualifies BSN nurses to serve as clinical faculty.** Most respondents indicated that relevant bedside experience—particularly in the clinical unit where the BSN would be teaching—should be considered sufficient, especially when combined with ongoing professional development.

Importantly, this proposed flexibility is an option that schools may choose to implement based on supply and demand of qualified educators and program students that does not compromise quality. The standards of CCNE, ACEN, and CNEA ensure that use of BSN faculty maintains educational integrity. Expanding the faculty definition to include experienced BSNs—when appropriately supported and supervised—aligns with these standards while helping remove a persistent bottleneck in nursing education.

ANEW supports amending Chapter N 1 as follows:

- Alteration of Faculty exceptions 3(d) replacing “Standard exception” and “emergency exception” with “Clinical faculty exceptions” inclusive of:
 - Schools of nursing in accordance with general college/university and nursing program specific accreditation through ACEN, CCNE or CNEA may utilize Registered Nurses meeting the following criteria for undergraduate clinical education:
 - Holds a baccalaureate degree in nursing;
 - Is enrolled in a graduate program or is otherwise experientially or educationally qualified (e.g., has completed relevant graduate-level coursework, continuing education, or holds a national certification); and
 - Is purposefully engaged with and formally overseen by a graduate-prepared faculty member.

This pragmatic approach allows Wisconsin nursing programs a choice to utilize available talent, while maintaining rigorous faculty development and oversight. It decreases administrative burden of the Board and schools of nursing related to completion, tracking and oversight of faculty exceptions. It would also send a message to experienced nurses that academia values and welcomes their contributions, potentially encouraging more to pursue formal education roles and advanced degrees.

The 2024 Wisconsin RN Workforce Survey shows 16.6% of Wisconsin nurses hold a graduate degree with 1219 working as nurse educators. 54.5% of nurse educators plan to leave their current employment in the next 10 years. Wisconsin schools of nursing are graduating 3600 students annually and, although progress has been made, qualified nursing school applicants continue to be turned away. Allowing BSN clinical faculty in conjunction with the educational pathway provided by the Wisconsin Nurse Educator Program (WNEP) that has enrolled 170 nurses in pursuit of graduate degrees in exchange for 3 years full time or 6 years part-time work at a Wisconsin school of nursing are strategies foundational to increasing enrollment, graduation and transition to practice to meet the healthcare needs of our Wisconsin communities.

We urge the Board of Nursing to adopt this change, thereby aligning Wisconsin's minimum standards with national norms, breaking down barriers to faculty recruitment, and expanding the pathways for BSN-prepared nurses to meaningfully contribute to the future of the profession.

Thank you for your consideration and continued leadership in supporting the nursing workforce of Wisconsin.

Sincerely,

Colleen Nuckolls
President, Administrators of Nursing Education in Wisconsin (ANEW)