Linfield University
School of Nursing

2900 NE 132nd Avenue
Portland, OR 97230
T 971.369.4100

Paul S. Smith, PhD, RN, CNE
Dean of the School of Nursing
Professor of Nursing
T 971.369.4103
psmith@linfield.edu
LINFIELD.EDU

TO: Chair Nosse, Vice Chair Goodwin, Vice Chair Nelson, and members of the committee

FROM: Paul Smith, PhD, RN, CNE: Dean & Professor
Julie Fitzwater, PhD, RN, CNE, CHSE: Associate Dean & Associate Professor
Heidi Johnston, DNP, RN, CNE: Associate Dean & Associate Professor
Linfield University Good-Samaritan School of Nursing

DATE: January 27, 2025

RE: Opposition to HB 3220

We are writing to express our concerns regarding HB 3220, which proposes a **minimum** student-to-faculty ratio of 10:1 in the clinical component of nursing education programs. While the intent of this bill may be to standardize clinical education, the proposed ratio poses significant risks to both the quality of nursing education and patient safety.

Clinical education is not a one-size-fits-all process. The complexities of healthcare environments, including varying patient acuity levels and unit-specific workflows, require flexibility in how clinical groups are structured. A 10:1 ratio does not allow for the nuanced oversight necessary to ensure nursing students gain the hands-on skills, critical thinking abilities, and real-time decision-making experience that are foundational to their education. Clinical instructors have the critical responsibility of ensuring students provide safe, competent care while simultaneously evaluating their performance and providing individualized feedback. With such a high ratio, this becomes increasingly challenging, if not impossible.

The provision in HB 3220 allowing ratios of **up to** 15:1 only compounds these challenges. This number far exceeds what is feasible for effective clinical instruction. With 15 students spread across multiple units—or even buildings—instructors would face logistical barriers that detract from their ability to observe, guide, and evaluate students. This diminished oversight not only impacts the students' learning experience but also introduces unnecessary risks to patient safety, as clinical instructors are the support system for the care provided by students.

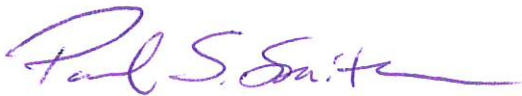
Another critical consideration is the capacity of healthcare facilities to support such large clinical groups. Many hospitals have limitations in both patient census and unit size, making it impractical to accommodate 10 or more students at a time. Currently, many clinical sites in our region can only support smaller groups of 5–6 students per instructor due to these constraints. Attempting to implement larger ratios would force clinical groups to be dispersed across multiple units, further reducing the time instructors can dedicate to each student.
Beyond logistical and safety concerns, HB 3220 risks undermining the pipeline of future nurse educators. Clinical instructors already face significant challenges in balancing their responsibilities; increasing the student load would make this role even less sustainable. Recruiting and retaining qualified faculty is already a nationwide issue, and the expectations set by this bill would likely exacerbate the problem. Without enough faculty, nursing programs will struggle to expand or even maintain enrollment, directly countering efforts to address the nursing workforce shortage.

Finally, the quality of nursing education hinges on the ability of faculty to provide individualized mentorship and thorough evaluation of student performance. Increasing the ratio of students to faculty would limit opportunities for students to ask questions, practice skills, and receive detailed feedback—elements that are critical for building confidence and competence. As a result, the readiness of new graduates to enter the workforce may be compromised, creating a greater practice gap that healthcare employers will have to address.

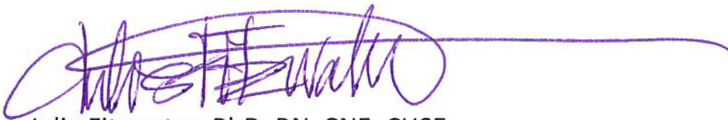
If this House bill passes, we urge you to support the adoption of the 2 amendments as drafted by Representative Nathanson. These amendments strike a thoughtful balance between maintaining quality nursing education and addressing faculty shortages. By allowing a student-to-faculty ratio of **up to** 10:1 in clinical components and permitting flexibility for ratios of up to 15:1 under specific circumstances, the amendments provide necessary adaptability for nursing programs while ensuring the integrity of clinical education. Importantly, the exclusion of simulation experiences from these ratios ensures that programs can continue to innovate and expand these vital learning tools. Adopting these amendments will position Oregon nursing programs to meet the growing demand for well-prepared nurses without compromising the quality of their education.

For these reasons, we strongly urge reconsideration of HB 3220. The proposed ratios do not reflect the realities of clinical education, and their implementation would negatively impact nursing students, educators, and ultimately, patient care. We encourage policymakers to engage with nurse educators and clinical experts to develop solutions that support both the growth of the nursing workforce and the quality of nursing education.

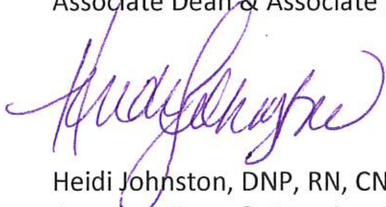
Respectfully submitted,



Paul Smith, PhD, RN, CNE
Dean and Professor



Julie Fitzwater, PhD, RN, CNE, CHSE
Associate Dean & Associate Professor



Heidi Johnston, DNP, RN, CNE
Associate Dean & Associate Professor