Outcomes and Recommendations

of the

Healthcare Leaders Workforce Summit

Vermont Talent Pipeline, Healthcare Collaborative

Prepared for VBR Research and Education Foundation
by GameTheory, Inc.

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Executive Summary

"Vermont has people in every community who would thrive in healthcare jobs if given the chance." — Jerry Baake, UVM Health

Vermont's healthcare system is facing an urgent workforce crisis limiting capacity and driving costs. Employers report operating in a strained environment with persistent worker shortages, increasing patient acuity, and pressures of an aging population, while reliance on contracted staffing can cost up to 2.5x the rate of full-time staff.

The challenge isn't a lack of potential workers, it's an education bottleneck that prevents Vermonters from accessing the needed education to fill essential healthcare roles.

In fall 2025, the Healthcare Leaders Workforce Summit convened employer decision-makers of the Vermont Talent Pipeline's Healthcare Collaborative to align on shared priorities and commit to coordinated action. 65 leaders from 25 healthcare organizations generated >130 strategic opportunities and found alignment on needs of program flexibility, improved on-ramp exposure, shared clinical resources, and apprenticeship pathways.

The Collaborative confirmed the highest priority associate-degree roles and the forecasted need using 2025 annual hiring demand for: RNs (1,206 FTE)[1], Radiology Technologists (112 FTE, with a vacancy rate of 17%), Laboratory Technicians/Technologists (76 FTE, with a vacancy rate of 26%), and Respiratory Therapists (43 FTE, with a vacancy rate of 29%), and a certification for Surgical Technologists (35 FTE, with a vacancy rate of 40%)[2]

Healthcare employers agreed to address their shared hiring demand by signaling education standards for access, flexibility and affordability. The 2026 goals will implement shared educational pilots rather than fragmented education efforts. Educational pilot programs must improve access to coursework, paired with regional labs and clinicals to achieve licensure without leaving the state.

As a follow on from the summit, this report presents two key recommendations:

1. *Employer-Sponsored Education Pilots:* to build and execute apprenticeships in associates degree pre-licensure programs that meet Vermont's learner needs for access and affordability by developing shared education partnerships.

2. *Healthcare Workforce Center:* Develop a centralized healthcare workforce resource to support learners in finding and achieving educational pathways without leaving Vermont.

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[1] [Vermont Nursing Needs Assessment 2024-2026, VBR Research and Education Foundation.](#)
[2] [Vermont Healthcare Technician Needs Assessment 2024-26, VBR Research and Education Foundation.](#)

A Workforce Challenge

Purpose of the Summit

The Vermont Talent Pipeline's Healthcare Collaborative exists to address persistent, high-impact shortages across critical nursing and healthcare technology roles. In it, employers share best practices and collaborate to advance workforce solutions. Worker shortages strain budgets, increase reliance on contracted staff, and limit care capacity. The Healthcare Leaders Workforce Summit was designed by the collaborative to bring members of the healthcare community together to identify shared, practical workforce solutions they can implement together.

The Summit was sponsored by the VBR Research and Education Foundation, the US Department of Labor, Vermont Department of Labor, Vermont Agency of Human Services, and UVM Health. It was facilitated by GameTheory, a Vermont-based human centered design organization, and held on October 30, 2025 at Rutland Regional Medical Center

Hiring Demand Versus Supply of Graduates

There is a gap between Vermont's current educational output and the operational needs of the healthcare community. Data highlights that the healthcare workforce crisis is perpetuated through capacity limits inherent to Vermont's existing education programs.

- **Competitive Pay Rates:** There is a hiring shortage despite competitive average hourly wages (see Appendix A).

- **Graduation Bottleneck:** In each identified specialty, the number of graduates of Vermont institutions represent fewer than half the need to maintain safe staffing levels (see Appendix A).

- **Program Availability:** Vermonters pursuing each of the high demand roles identified have one or no education institutions available to them locally.[2]

- **Learner Drain**: Vermont learners can access affordable, flexible, and efficient education in border states, creating an incentive to relocate.[1,2]

- **Employer Willingness to Educate:** Employers have stated a willingness to provide clinical education (see Appendix A). There is a clear interest and ROI to educate workers in these roles, versus hiring temporary contracted workers.
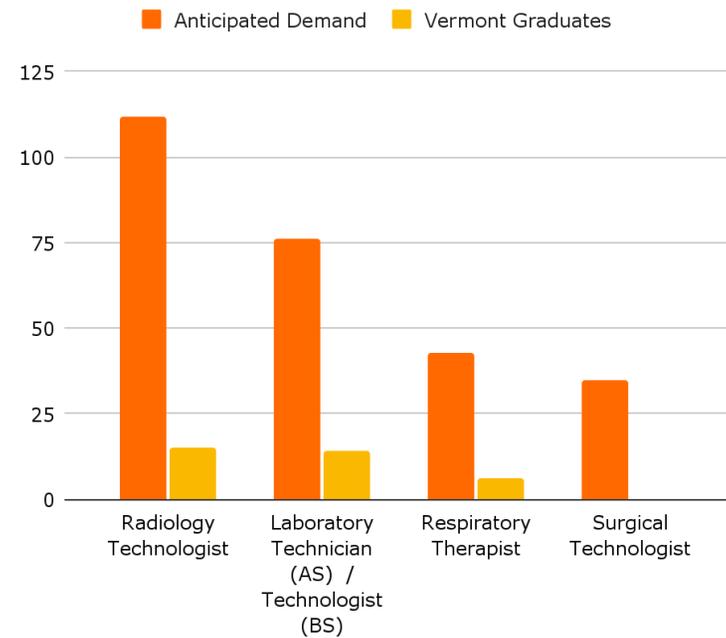
2025 Forecasted Annual FTE Demand Compared to Supply of Graduates

Employer-identified Nursing Roles
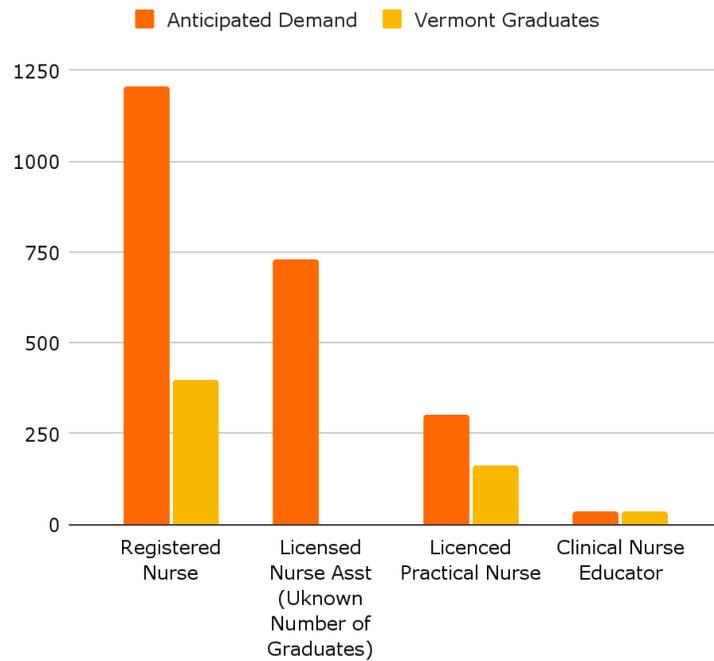
N = 54 employers responded on nursing role needs

Employer-identified Tech Roles

N = 13 employers responded on healthcare tech hiring needs

Collaborating to Solve

The Healthcare Employer Collaborative was founded by the Vermont Talent Pipeline (an initiative of the VBR Research and Education Foundation) with over 50 Vermont healthcare employers in 2018. The VBR Foundation, funded by the US DOL, is addressing RN shortages through employer-led apprenticeship solutions. Since 2022, over 181 participants have begun employer sponsored RN pre-licensure education.

The collaborative-designed Summit was the mechanism used to align shared priorities and move toward a coordinated educational implementation. The goal is to build capacity for scalable education solutions that reduce barriers for learners and stabilize the workforce pipeline statewide. The collaborative pilots will start with the highest priority of nursing and expand into the healthcare technologist associate-degree roles.

Employer Decision Makers

This Summit was designed for healthcare leaders who shoulder the operational and financial consequences of workforce shortages. They are responsible for identifying their own hiring demand, committing to educational sponsorship and staffing models, approving employment agreements, aligning clinical capacity and scheduling, and investing in the wraparound supports that increase completion and retention.

The Summit convening provided the outcome of clear, shared, and consistent market signals rather than a patchwork of individual requests. Attendees included nursing executives, department chairs and education leaders to ensure clinical rigor and accreditation standards, as well as HR and Workforce Development Directors to address the on-the-ground logistics of recruitment and retention.

Summit Design and Preparation

Participatory Design: To identify employer-led solutions for high demand roles the Healthcare Collaborative and GameTheory used a participatory design framework, allowing all stakeholders to collaborate and generate ideas to help achieve shared goals for education.

Toolkit Creation: To empower this framework, a toolkit was established to create a baseline of information from which we would begin the summit: shared purpose, constraints, process, and language. The toolkit, designed with the summit's collaborative steering committee, mapped six "Personas" representing the Collaborative's primary labor pool, with socioeconomic experiences of working Vermonters. The toolkit was provided as part of a briefing packet for all attendees, to allow participants to dive into ideating and identifying solutions.

This labor pool represents Vermonters who desire the opportunity to upskill from either within the industry, or within close geographic proximity.

The toolkit focuses on individuals across Vermont who are ready to take on these roles, but whose success depends on an educational approach to meet them where they are now.

In practical terms, the primary audience for healthcare education includes:

- Incumbent workers who want to advance through employer sponsored on-ramps and upskilling opportunities when education is integrated with employment, reducing barriers through paid release time, wraparound supports, and loan repayment tied to career advancement.

- Working adults who cannot pause employment for education and therefore need flexible delivery (including hybrid/remote options) and work-based clinical experiences.

- Potential employees who never earned a degree or credential and may not know about the opportunities for high-demand well-paying roles, who may be underemployed, with a newly discovered passion for healthcare.

These personas kept solutions grounded in serving Vermont's learners by testing program design ideas against real-person constraints and motivations. Evaluation lenses helped measure the viability of each proposed solution for human-centered design. (Reference the Toolkit to support the summit outcomes in Appendix B).

The Summit: This half day summit was hosted in Rutland at RRMC as a central location for employers statewide. The facilitation provided rapid solution ideation and prototyping of solutions within cross-disciplinary teams. To ensure collaborative perspective, participants self-selected a specialty group from one of the high-demand roles (i.e. RN, LPN, LNA, Clinical Nurse Educator, Respiratory Therapist, Radiology Technologist, Laboratory Technician, or Surgical Technician). Each specialty group's ideas were discussed and stress-tested against Vermont's labor pool personas and evaluation lenses; to put forward the best solution to the large group. The resulting educational proposals were meaningful, scalable and grounded in Vermont's rural reality.

Actions: Following the summit, the recommendations and outcomes were digitized and mapped to create a framework from which to seek education partnership. The Collaborative utilized this framework to generate a list of must-have priorities and a rubric for evaluating programs.

Healthcare leaders brought professional experiences with education partners' and summit attendee contributions helped the specialty groups identify leading educational options. This analysis has been refined to outline priorities which follow.

Employer Consensus

Employer leaders have confirmed priorities, and a willingness to move forward together to select and pilot new education programs in 2026 aimed at increasing the supply of critical

healthcare roles. A key outcome of the summit was a shared motivation to pursue educational solutions across organizations, as demonstrated by quotes from the feedback survey:

"Everyone has a passion for this work - and a shared vision for the future."

"Bringing so many people together focused on improving healthcare in VT was inspiring."

"We need to work together - this meeting created that shared purpose."

The Healthcare Collaborative has committed to:

- Utilizing a shared best-practice solution model that employs: earn-and-learn apprenticeships where feasible, employer-sponsored education, employment agreements tied to sponsorship, loan repayment as a retention tool and wrap around support for completion.

- Assuming ownership for education selection and pilot implementation to execute with speed and consistency across organizations.

Summit survey data indicated strong employer readiness to actualize the opportunities:

- **80%** are prepared to offer clinical placements or on-the-job learning.

- **70%** are ready to pilot new education models and provide input on training design.

- **50%** can serve as apprenticeship sponsors and share staff for instruction.

Solution Outcomes

Informed Education Requirements

Summit attendees have a deep understanding and lived experience of both learners and healthcare employment. These leaders provide essential criteria for educational program design and evaluation, and requirements are listed below

Education must meet learners' needs:

1. Provide learning pathways for working adults.

2. Create employer supported on-ramps for education and licensure.

3. Foster career navigation of education and progression requirements for critical healthcare roles.

4. Provide learning opportunities that are delivered efficiently and flexibly.

5. Streamline ways to pay for education, through employer sponsorship and increased affordability.

6. Apply workplace experiences to learners' education paths.

Education must meet employer needs:

1. Provide accredited education and pre-licensure programs with a reliable path to completion and credentialing.

2. Support an employer investment in worker advancement with affordable education and an ROI over the long term.

3. Empower the adoption of workplace upskilling and retention.

4. Create a system to sustainably fill the changing needs of healthcare's high demand jobs.

Educating Vermonters

Healthcare employers have identified and evaluated existing and new education programs from both in- and out-side of Vermont against a rubric for access, flexibility and affordability. A review committee will select programs among the education respondents for partnerships to recommend to the collaborative for pilots in 2026. Given the educational needs of Vermonters in all regions, more than one educational partner should be accessible for the healthcare labor force. Education partner programs should meet the following standards:

- Multiple program start dates per year
- Daytime/evening/weekend access
- Synchronous online and/or on-demand options
- In-person labs conducted regionally
- Clinical models shared across multiple employers
- Costs aligned to the national average for an associates degree

Vermont's sole in-state ADN/RN pathway is currently delivered as an earn-and-learn model sponsored by 11 healthcare employers. Employers report that this pathway is inefficient for individuals whose goal is the ADN/RN. It is lengthy (three years), credit-heavy (84 credits), and estimated to be about 160% more costly than comparable out-of-state associate degree nursing programs. A driver of cost and duration is the required LPN step; learners must earn an LPN license prior to the ADN/RN, and approximately 12 credits do not transfer into the ADN/RN. Vermont does not currently offer a direct-entry ADN/RN program.

For context, nationally published in-district tuition and fees at public two-year community colleges average about $4,150 per year. Nursing students face additional required direct education costs, including books, uniforms, supplies, testing, and clinical compliance. To benchmark affordability for ADN/RN education using direct education costs, we use $12,000 per year over two years - or about $24,000 total as a transparent reference point for tuition/fees plus required program costs and licensure-related expenses.

Educational Framework

Educational partnerships should support the following associate degree structure:

General Education Core: The baseline expectation is a transferable general education core (about eight courses) that totals roughly 24–28 credits. Education partners should be prepared to either deliver this core or recognize it for transfer so Vermonters can complete it locally when possible.

Healthcare Specific Courses: The occupational technical portion of the associate degree is expected to be approximately 40 credits (a 35–45 credit range), inclusive of lecture, lab, and clinical. The intent is an efficient pathway that can be delivered in an

earn-and-learn format over 1–2 years, with a viable regional clinical model. The ultimate goal being that participants will not have to leave the state to complete the program. Employers also identified the need for a system to empower further collaboration. They described the desire to develop shared educational cohorts using best practice guidance discussed in the recommendations that follow.

Recommendations

Recommendations will meet learner and employer needs, and support continued collaboration to achieve the aspirational healthcare future desired by Vermonters.

Employer-Sponsored Education Pilots

Why: Access to flexible and affordable education empowers employers to take responsibility in meeting their hiring demands and increasing the supply of critical care roles. It increases employee loyalty and retention, while reducing reliance on contracted hires. Educational pilots will:

- Consistently serve a shared cohort of employee learners who can not step out of work to participate in education.

- Use remote and hybrid formats where appropriate, paired with in-house clinical experiences and regional lab locations, to serve the most rural healthcare organizations.

- Offer partnership to deliver high-quality, affordable education to upskilling incumbent workers and include ways for new workers to participate.

- Remove financial barriers for working Vermonters through employer-sponsored on-ramps to education, including loan repayment tied to career advancement and retention; with wraparound resources and paid educational release time to support educational completion.

Healthcare Workforce Center

Why: A centralized workforce center will support healthcare collaboration and provide a resource for career awareness and skill development, including an efficient and accessible set of education resources. Nearly every state already has this resource to support either healthcare or nursing in particular. The workforce center could support:

- Resource development for awareness and exploration of career pathways for learners, connecting with employers supporting education.

- Employer-led research for critical job identification, hiring needs assessment and iteration as supply and demand evolve.

- Education program evaluation and management of iterative improvements. Maintain a dashboard of success metrics to assess, track, and communicate outcomes in partnership with the Agency of Human Services.

- A Community of Practice of healthcare organizations collaborating on specialized workforce efforts. This could produce regional care ecosystems for hospital, community care, home health, and LTC providers.

- A shared Simulation Lab for education, both in a central location and including mobile units. Sim Labs for Nursing, Radiology, Laboratory and Respiratory have different requirements to consider.

- Shared statewide clinical education platform to coordinate clinical experiences across Vermont worksites. This solution is in place in MA and CT and supports both operational and cost efficiency for both the learner and education provider.

Appendix A

Hiring Forecast
Employer-identified high demand roles, annual hiring forecasts, annual graduation rates, required education and credentials, average VT pay, and employer willingness to provide clinical training.

ROLE	2025 Annual Forecast	N*	VT Stats (Grads / GAP/ Vacancy)	Education	Credential	Willingness to provide Clinical Training	VT Avg Pay per hour 2024
Registered Nurse	1206	**48**	**Grads:** 400 **GAP:** 800	ADN or BSN	RN license	Yes	**$44.57**
Licensed Nurse Asst	729	**38**		LNA Course	LNA license	Yes	**$20.97**
Licenced Practical Nurse	304	**38**	**Grads:** 161 **GAP:** 158	Practical Nurse Certificate	LPN license	Yes	**$32.97**
Clinical Nurse Educator	35	**20**	**Grads:** 35	MSN, DNP Or PhD	Clinical Nurse Educator	N/A	**$40.00**
Radiology Technologist	112	**13**	**Grads:** 15 **Vacancy Rate:** 17%	AS	AART Certified	Yes (50%)	**$39.42**
Laboratory Technician (BS) and Technologist (AS)	76	**13**	**Grads:** 14 BS-UVM 0 AS **Vacancy Rate:** 22%	AS or BS	Certified Medical Lab Technician, OR American Med Tech Certified, ASCP Board Certified	Yes	**$36.59**
Respiratory Therapist	43	**11**	**Grads:** 6 AS- VTSU **Vacancy Rate:** 29%	AS	RCT License, NBRC Certified	Yes	**$36.52**
Surgical Technologist	35	**10**	**Vacancy Rate:** 40%	Surgical Tech Certificate	Certified Surgical Technologist	Yes	**$30.70**

Sources:

VTSU, UVM, Norwich Institutional Research - graduates in programs, Vermont Nursing Needs Assessment 2024-26, Vermont Healthcare Tech Needs Assessment 2024-2026, LNAs: Insights from High Quality, *N= Number of respondents, some of which may have more than one location

Appendix B

Organizations Represented

Healthcare organizations from across the state of Vermont were invited to participate in the summit including: hospitals of large health systems and critical access hospitals; Long-Term Care Providers; Home Health providers; and government partners representing the Agency of Human Services and the Department of Labor.

The summit invited over 80 healthcare organizations in Vermont. Participants represented geographic, organizational, and functional diversity, creating a cross-section of Vermont's healthcare landscape. By convening 25 organizations ranging from large health systems such as UVM Health to rural critical access hospitals and long-term care providers, the Summit ensured the resulting strategy represents the full continuum of care.

The summit attendees represented the following organizations:

Medical Centers & Hospitals
Brattleboro Memorial Hospital
Brattleboro Retreat
Copley Hospital
Gifford Medical Center
Grace Cottage Hospital
Mt. Ascutney Hospital & Health Center
Northeastern Vermont Regional Hospital
Northwestern Medical Center
Porter Medical Center
Rutland Regional Medical Center
Southwestern Vermont Medical Center
Springfield Hospital
University of Vermont Health
University of Vermont Medical Center
VA Medical Center (White River Junction)

Long-Term & Home Care
Cedar Hill Continuing Care Community
Thompson House
Suncrest Healthcare Communities
VNA & Hospice of the Southwest Region

State & Industry Partners
State of Vermont Agency of Human Services
State of Vermont Department of Labor
State of Vermont Office of Workforce Strategy
US Chamber of Commerce Foundation
VAHHS (Vermont Association of Hospitals and Health Systems)
VBR Foundation - Vermont Talent Pipeline
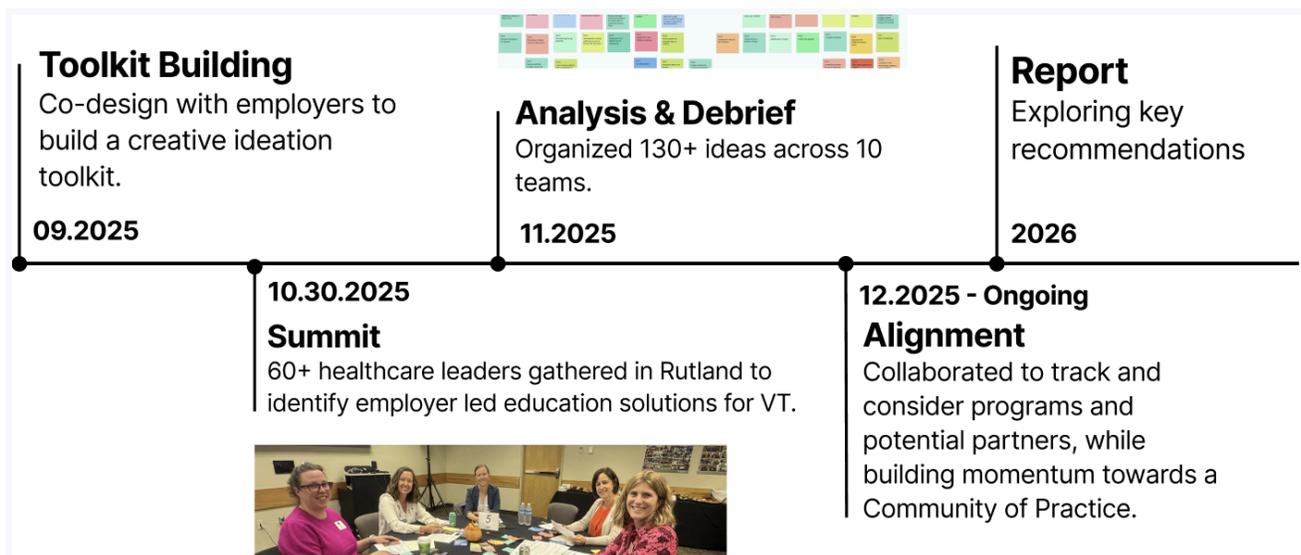GameTheory

Appendix C

Co-Design Process and Timeline

The insights and opportunities presented in this report emerged from a structured, multi-phase collaborative process designed to harness the collective wisdom of Vermont's healthcare leaders while ensuring diverse perspectives and preventing groupthink.

September 2025: Toolkit Building. GameTheory Collective worked with healthcare leaders to co-design a creative ideation toolkit. This included developing personas representing critical learner experiences, creating lens cards to evaluate solutions against core values, and crafting a future statement to guide collaborative work toward shared aspirational outcomes. A briefing kit was also provided to attendees ahead of the summit to define a shared baseline of knowledge.
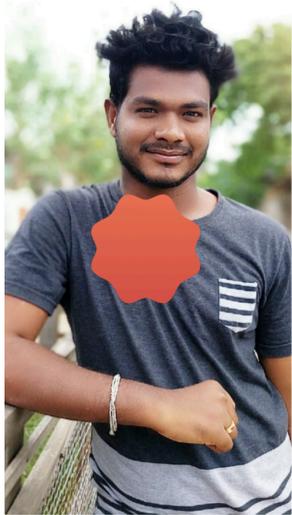
October 30, 2025: Healthcare Collaborative Summit. 60+ leaders from 25 organizations across Vermont gathered in Rutland for a half-day intensive session. Participants were intentionally placed into cross-organizational teams and were each assigned a high-demand role to ensure fresh perspectives and prevent organizational silos from constraining thinking. Using the co-designed toolkit, teams rapidly generated ideas, refined them against learner personas and organizational lenses, and developed concrete action proposals.

November 2025: Analysis & Debrief. All ideas and worksheets were collected, recorded, digitized, and analyzed. The 130+ individual ideas were organized by topic to create a living heat map showing popularity and commonality across different concepts. Remarkably, teams working independently on different roles reached similar conclusions, validating priorities through repetition.

December 2025 – Present: Building Momentum. The collaborative continues to track programs, consider potential partners, and build momentum toward establishing a formal Community of Practice. Regular convenings maintain relationships and forward progress while transitioning from ideation to implementation.

Toolkit Building
Co-design with employers to build a creative ideation toolkit.
09.2025

Analysis & Debrief
Organized 130+ ideas across 10 teams.
11.2025

Report
Exploring key recommendations
2026

10.30.2025
Summit
60+ healthcare leaders gathered in Rutland to identify employer led education solutions for VT.

12.2025 - Ongoing
Alignment
Collaborated to track and consider programs and potential partners, while building momentum towards a Community of Practice.

Co-Design Toolkit: Personas

1st Gen Aspiring Nurse
Samir →

Samir is the teenage son of New American parents who work long hours to support their family. He sees their sacrifices and wants to build a better life—not just for himself, but for the family he hopes to have one day. His neighbor, Greg, is a nurse, and Greg's stories and lifestyle have inspired him, but college feels out of reach, both financially and culturally.

A future with strong employer-supported training pathways where Samir can work part-time at a hospital while earning a degree or credential.

What is it about this future that makes this person Inspired?

- Gaining confidence, income, and a clear path forward—all without leaving Vermont,
- Securing a future for himself, his family, and his state.

What is it about this future makes this person Cautious?

- Whether there's a path that lets him learn as he works,
- Whether other careers can meet his short term needs better.

Aspiring Technician
Marla →

Maria works full-time in an entry-level role at a local hospital, and is a single mother of two. Every paycheck goes toward rent, groceries, and childcare. She dreams of becoming a technician — she's smart, and loves the shape she's seen of the work — but the cost and the time away from her job make it feel impossible.

A future where an affordable, flexible training programs helps her earn while she learns to achieve her dream of evolving her career.

What is it about this future that makes this person Inspired?

- Stepping into her dream career,
- Staying nearby, ideally with her current employer,
- Providing for her family. Being a role model for her children.

What is it about this future makes this person Cautious?

- Sacrificing income short-term,
- Feeling overwhelmed with the balancing act of working, learning, and parenting,
- The long term expense (time as well as money).
- Not knowing where to start

Career Advancer
Alisha →

Alisha is 45, and has worked for 10 years in sterile processing. She loves the environment and she's absorbed a ton of knowledge over the years. Alisha wants to change her role at the hospital so that she can grow her career and income. She has the passion, but needs the training.

A future where Alisha has a clear pathway to her dream career. Her employer guides her skill development while she puts in extra time on nights and weekends toward achieving the job she ultimately wants.

What is it about this future that makes this person Inspired?
- Deepening her wealth of lived experience through formal training,
- Filling the gaps she's seen firsthand,
- Having training opportunities that don't force her into the traditional full time student mold.

What is it about this future makes this person Cautious?
- Not knowing where to start or what the path looks like,
- If it's not convenient for her life it might not be worth the change,
- Feeling stigma rather than respect for her training pathway.
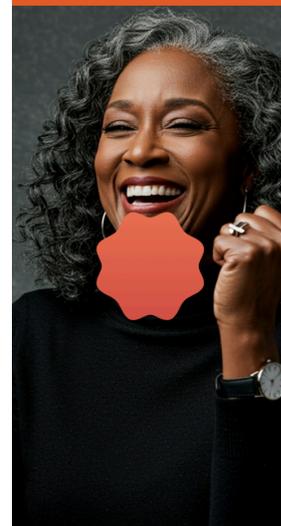
The Hospital Administrator on the Brink
Diane →

Diane has been in healthcare for over 20 years. Lately, she's spending more time managing staffing crises than improving care. Vacancy rates are sky-high, and the cost of travel nurses and sign-on bonuses is unsustainable. She knows the old ways of recruiting aren't working.

A future where a regional network of employers and educators share resources, align training programs with real workforce needs, and grow talent locally.

What is it about this future that makes this person Inspired?

- Building a pipeline rather than plugging holes,
- Being part of the long term solution to Vermont's healthcare challenges.

What is it about this future makes this person Cautious?

- Uncertainty when breaking through old recruiting habits,
- Will training providers will be on board to adjust their offerings?

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Career Shifter

Ray →

Ray served in the national guard in an admin role, and was able to earn a bachelors degree in management. She's since been working in a community health center as an admin for the past few years. She loves her employer, but wants to do work that's more hands on where she is making a direct impact. She spends time thinking about different career paths for her like nursing. Her family is encouraging her to go for it, and even offers to help pay, but she's intimidated.

A future where Ray has a training program through her employer, and the mentorship, advice, and support she needs to know she's making the right decision.

What is it about this future that makes this person **Inspired**?
- Changes to her earning power,
- The excitement of doing this work firsthand,
- Learning new skills and expertise,
- Changing her career direction.

What is it about this future makes this person **Cautious**?
- Having to go back to school,
- Entering a 'STEM' career when it's not her original area of study,
- Knowing that she'll actually enjoy (and be good at) doing clinical work.

CTE student

Aidan →

Aidan just finished learning at Burlington Technical Center and he's excited for what's next. He doesn't have a lot of family support but he hopes to attend VTSU to move his career goals forward. His faculty have advised him the healthcare education programs he's interested in are full and turning away students now.

A future where a debt-free, or low-debt pipeline helps him have a path to fill high-demand healthcare roles right here in his home state.

What is it about this future that makes this person **Inspired**?
- Joining a competitive program that equips him for a career,
- Building a career where his talent and drive is needed,
- Short term training options that get him working sooner.

What is it about this future makes this person **Cautious**?
- Whether he can find an affordable program in VT,
- How quickly he can get into the workforce,
- Whether local programs can provide him a strong education.

Co-Design Toolkit: Lenses

The Academic

Your power is to raise the standard of ideas to a level of exceptional quality that goes above and beyond expectations. You consider:

- Going beyond the basics, with mentorship, advising, wraparound services, and more.
- How to create learning experiences and outcomes that are second to none.
- How can we deliver strong outcomes and respected credentials?
- How can we create excellence rather than settling for what's easy or fast?

"This is good. But is it exceptional? What do we add or change to make this beyond compare?"

The Realist

Your Power Is: Seeing how to make exceptional ideas approachable, accessible, and realistic for people and organizations. Your role is to consider:

- How to make this financially accessible for learners?
- How to make this attainable and compelling for employers?
- What barriers could put this idea out of reach, and how to overcome them?

"What's the smallest, most essential version of this initiative that we can build right now to prove that it works?"

The Adapter

Your Power Is seeing how an idea can serve an abundance of different people, circumstances, and contexts. You consider:

- How this can fit for adult learners, caregivers, those in adjacent careers, and other non-traditional learners?
- How this can allow learners to progress at their own pace?
- How to make this available to people across geographies, backgrounds, incomes, and abilities?

"This plan is great. Now: how do we make sure it works for everyone, not just the people we're used to helping?"

The Maverick

Your Power Is: To push for creativity and change where other people don't think it's possible. Your role is to consider:

- New opportunities to use modern tools, methods, and technologies.
- How can this pave the way for new ideas, or exciting applications of existing ideas?
- How this can grow, evolve and adapt as demand increases?
- The gap between the current idea and optimal idea.

"How can we look at this opportunity with a fresh set of eyes? What creative approaches haven't we considered?"

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