# California Board of Registered Nursing
## 2016-2017 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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**Contents**

# Tables

## PREFACE

### *Nursing Education Survey Background*

The 2016-2017 Board of Registered Nursing (BRN) school survey was based on prior BRN surveys and modified based on recommendations from the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

### *Organization of Report*

The survey collects data about nursing programs and their students and faculty. Data presented in this report are from the academic year beginning August 1, 2016 and ending July 31, 2017. Census and associated demographic data were requested for October 15, 2017.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form to describe overall trends and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to compare directly enrollment and completion data.

### *Availability of Data*

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website.

### *Value of the Survey*

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and survey respondents. Their participation has been vital to the success of this project.

*Survey Participation*

All 133 California nursing schools were invited to participate in the survey, and all 133 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey.[1] Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.

**Table 1. RN Program Response Rate**

| Program Type | # Programs Responded | Total # Programs | Response Rate |
|---|---|---|---|
| ADN | 84 | 84 | 100% |
| LVN-to-ADN | 7 | 7 | 100% |
| BSN | 37 | 37 | 100% |
| ELM | 13 | 13 | 100% |
| **All Programs** | **141** | **141** | **100%** |

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[1] Since last year's report, two schools that previously offered ELM programs are no longer accepting students and did not submit data for this report. One school reported a new ELM program. There are two new ADN programs. There is one less BSN program because one school that had a BSN program in 2015-16 has converted that program to an RN-to-BSN program.

## DATA SUMMARY – Pre-Licensure Programs

### Number of California Nursing Programs

- 65% of California pre-licensure nursing programs that reported data are ADN programs—including both generic ADN programs and LVN-to-ADN programs.

**Table 2. Number of California RN Programs by Program Type**

|  | # | % |
|---|---|---|
| ADN | 84 | 59.6% |
| LVN-to-ADN | 7 | 5.0% |
| BSN | 37 | 26.2% |
| ELM | 13 | 9.2% |
| **Total** | **141** | **100.0%** |

### Applications to California Nursing Programs

- 40% of the 36,004 qualified applications to pre-licensure nursing education programs received in 2016-2017 were accepted. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

- LVN-to-ADN programs had the highest percentage of qualified applications accepted while generic ADN programs had the lowest.

**Table 3. Applications\* for Admission by Program Type**

|  | ADN | LVN-to-ADN | BSN** | ELM | All Programs |
|---|---|---|---|---|---|
| **Total Applications Received** | 28,779 | 830 | 36,518 | 3,885 | 70,012 |
| Screened | 24,202 | 830 | 31,901 | 3,519 | 60,452 |
| Qualified | 17,642 | 548 | 15,325 | 2,489 | 36,004 |
| Accepted | 6,435 | 374 | 6,535 | 1,072 | 14,416 |
| **% Qualified Applications Accepted** | **36.5%** | **68.2%** | **42.6%** | **43.1%** | **40.0%** |

\*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.
\*\*This year, LVN to BSN applications were included in the number of applications to BSN programs. While these numbers have some impact on totals, they represent only 2% of qualified BSN applications.

## *Number of Students who Enrolled in California Nursing Programs*

- As in prior years, some pre-licensure nursing programs enrolled more students in 2016-2017 than the reported number of available admission spaces. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a general ADN student leaves the program.

- 40% (n=57) of pre-licensure programs reported that they filled more admission spaces than were available.

- ELM programs had the lowest share of students enroll into programs for which they were accepted (75%), followed by BSN programs (89%), while the ADN programs enrolled more students than they accepted.

**Table 4. Share of Accepted Applications that Enrolled by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs* |
|---|---|---|---|---|---|
| Applications Accepted | 6,435 | 374 | 6,535 | 1,072 | 14,233 |
| New Student Enrollments | 6,628 | 376 | 5,790 | 803 | 13,597 |
| **% Accepted Applications that Enrolled** | **103.0%** | **100.5%** | **88.6%** | **74.9%** | **95.5%** |

**Table 5. Share of Admission Spaces Filled with New Student Enrollments by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs* |
|---|---|---|---|---|---|
| Spaces Available | 6,356 | 377 | 5,957 | 839 | 13,697 |
| New Student Enrollments | 6,628 | 376 | 5,790 | 803 | 13,597 |
| **% Spaced Filled with New Student Enrollments** | **104.3%** | **99.7%** | **97.2%** | **95.7%** | **99.3%** |

*LVN to BSN student admission spaces are included in the 2016-2017 data. These spaces were not included in the prior years' totals.

- In 2016-2017, 18% of programs (n=25) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were "accepted students did not enroll", "unable to secure clinical placements", and "other".

**Table 6. Programs That Enrolled Fewer Students in 2016-2017 than in 2015-2016**

| Type of Program | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Enrolled fewer | 20.2% | 0.0% | 16.7% | 15.4% | 17.9% |
| Did not enroll fewer | 79.8% | 100.0% | 83.3% | 84.6% | 82.1% |
| **Number of programs reporting** | **84** | **7** | **36** | **13** | **140** |

**Table 7. Reasons for Enrolling Fewer Students**

| | % of programs |
|---|---|
| Accepted students did not enroll | 56.0% |
| Unable to secure clinical placements for all students | 28.0% |
| Other | 24.0% |
| College / university / BRN requirement to reduce enrollment | 12.0% |
| Lost funding | 8.0% |
| Insufficient faculty | 8.0% |
| Lack of qualified applicants | 4.0% |
| To reduce costs | 0.0% |
| **Number of programs reporting** | **25** |

## Newly Enrolled Nursing Students

### *Newly Enrolled Students by Degree Type*

- The plurality (49%) of students who enrolled in a pre-licensure nursing program for the first time were generic ADN students.

**Table 8. Newly Enrolled Students by Program Type***

| | % Enrollment | # |
|---|---|---|
| | 48.7% | 6,628 |
| **LVN-to-ADN** | 2.8% | 376 |
| **BSN** | 42.6% | 5,790 |
| **ELM** | 5.9% | 803 |
| **Total** | 100.0% | 13,597 |

*Newly Enrolled Students in 30-Unit Option*

- 76 new students were reported enrolled in a 30-unit option track. Most of these were in a single program

**Table 9. Newly Enrolled Students in 30-Unit Track**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Number of 30-Unit option students | 74 | 0 | 2 | 0 | 76 |
| **Number of programs reporting** | **84** | **7** | **36** | **12** | **139** |

- Respondents were asked if they thought the LVN 30-unit option pathway should remain available. The majority said "No" although 9% of respondents (n=11) felt it should remain available.

- The 9% of respondents who wanted the 30-unit option to remain available were asked to explain why they believed this. Eight people gave explanations, which included concern over students who needed to return to the workforce right away and ensuring diversity in the nursing field. As one respondent commented, "If you truly want diversity and equity in the nursing workforce these pathways/pipelines are what are financially viable."

- Respondents who did not think it should remain available were asked why not. The most commonly selected reason was that "Many students struggle in this pathway."

- There were a number of open-ended comments to this question, including several expressing concern that this pathway is regressive in an environment that requires more educational preparation for nurses.

**Table 10. Reasons for Not Retaining the LVN 30-Unit Option Pathway**

| Reason | % |
|---|---|
| Many students struggle in this pathway | 24.9% |
| Limits career mobility to other states | 23.5% |
| Limits career/job opportunity | 22.4% |
| Other | 12.5% |
| Limits future educational opportunities/advancement | 9.1% |
| Low NCLEX pass rates compared to other students | 7.6% |
| **Number of programs reporting** | **114** |

*Ethnic Distribution of Newly Enrolled Nursing Students*

- 67% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities. This is a slight increase from last year when the proportion was 65%.

- ADN programs enrolled the greatest shares of Hispanic (30%) and Filipino students (9%) while LVN-to-RN programs enrolled the greatest shares of other Asian students (28%) and Hawaiian/Pacific Islander students (5%). ELM programs enrolled the greatest shares of African American students (10%) and white students (35%).

**Table 11. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Native American | 0.8% | 0.3% | 0.5% | 1.0% | 0.7% |
| Asian | 13.3% | 27.8% | 24.5% | 20.9% | 18.9% |
| *Asian Indian* | 0.8% | 1.2% | 0.9% | 0.6% | 0.8% |
| *Filipino* | 8.7% | 2.4% | 7.4% | 3.6% | 7.7% |
| *Hawaiian/Pacific Islander* | 1.2% | 4.5% | 1.0% | 1.3% | 1.2% |
| African American | 6.1% | 2.7% | 3.4% | 10.1% | 5.1% |
| Hispanic | 30.0% | 15.8% | 21.1% | 21.9% | 25.4% |
| Multi-race | 4.4% | 8.4% | 5.9% | 4.7% | 5.2% |
| Other | 1.9% | 3.6% | 1.3% | 0.7% | 1.6% |
| White | 32.7% | 33.4% | 33.9% | 35.2% | 33.4% |
| **Total** | **6,364** | **335** | **5,501** | **676** | **12,876** |
| Ethnic Minorities* | 67.3% | 66.6% | 66.1% | 64.8% | 66.6% |
| # Unknown/ unreported | 264 | 41 | 289 | 127 | 721 |

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

*Gender Distribution of Newly Enrolled Nursing Students*

- 21% of students who enrolled in a pre-licensure program for the first time reported their gender was male.

- This year for the first time, ADN and BSN programs had greater shares of men enrolling in their programs than did ELM and LVN-to-ADN programs.

**Table 12. Gender Distribution of Newly Enrolled Nursing Students by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Male | 22.2% | 16.2% | 21.6% | 15.8% | 21.4% |
| Female | 77.7% | 83.2% | 78.2% | 73.1% | 78.4% |
| Other | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Total** | **6,622** | **374** | **5,780** | **714** | **13,490** |
| # Unknown/ unreported | 6 | 2 | 10 | 89 | 107 |

*Age Distribution of Newly Enrolled Nursing Students*

- 71% of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.

**Table 13. Age Distribution of Newly Enrolled Nursing Students by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| 17 – 20 years | 2.4% | 1.1% | 21.9% | 0.0% | 10.6% |
| 21 – 25 years | 30.0% | 17.1% | 40.0% | 43.0% | 34.6% |
| 26 – 30 years | 28.6% | 35.2% | 20.5% | 34.1% | 25.6% |
| 31 – 40 years | 26.9% | 34.9% | 13.7% | 16.9% | 21.0% |
| 41 – 50 years | 10.0% | 9.3% | 3.3% | 5.0% | 6.9% |
| 51 – 60 years | 1.9% | 2.4% | 0.5% | 0.8% | 1.3% |
| 61 years and older | 0.2% | 0.0% | 0.0% | 0.3% | 0.1% |
| **Total students** | **6,479** | **375** | **5,623** | **646** | **13,123** |
| # Unknown/ unreported | 149 | 1 | 167 | 157 | 474 |

*Veterans*

- 89 programs reported 478 declared military veterans among newly enrolled students between 8/1/16 and 7/31/17. This represents approximately 3.6% of all newly enrolled students.

- More than one-third (36%) of newly enrolled veterans was reported to have health occupation experience or training prior to enrollment, and 14% entered with an LVN license.

**Table 14. Prior Experience of Newly Enrolled Veterans**

|  | Percent of Veterans |
|---|---|
| Prior health occupations training and/or experience | 35.8% |
| Entered the program with an LVN license | 13.6% |
| Entered the program as advanced placement | 5.6% |
| **Total veterans** | **478** |

- Eighty-eight (88) programs reported that special admission considerations are offered for military veterans. The most commonly reported special admission considerations were credit for equivalent courses or transfer credits (68%) and review of individual transcripts (65%).

**Table 15. Special Admission Considerations Offered Veterans**

|  | % |
|---|---|
| Credit for equivalent courses or transfer credits | 68.2% |
| Review of individual transcripts | 64.8% |
| Credit for pre-requisites and fundamentals for military medic or corpsman experience | 43.2% |
| Priority admission | 34.1% |
| Other | 13.6% |
| Additional credit awarded in Multicriteria screening process as defined in California Assembly Bill 548* | 10.2% |
| No special consideration for admission | 9.1% |
| **Number of programs reporting** | **88** |

- The most common special option, track, or service offered to veterans was counseling (53%), followed by challenge exams regardless of LVN licensure (46%).

**Table 16. Special Options, Tracks, or Services Offered to Veterans**

|  | % |
|---|---|
| Counseling | 53.4% |
| Offering challenge exams, regardless of LVN licensure | 45.5% |
| Offering challenge exams, if the veteran has an LVN license | 30.7% |
| Medic/LVN to RN program | 21.6% |
| No special options, tracks or services offered | 13.6% |
| Other | 9.1% |
| Veterans resource center* | 2.3% |
| NCLEX support course specifically for veterans | 1.1% |
| **Number of programs reporting** | **88** |

*Category generated from text answers as described in "other" response.

## Currently Enrolled Nursing Students

### *Nursing Student Census by Degree Type*

- On October 15, 2017, 26,081 students were enrolled in a California nursing program that leads to RN licensure.

- BSN programs had the greatest share of students, at 49% of all nursing students enrolled on October 15, 2017.

- This year respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are presented in the table below.

**Table 17. Currently Enrolled Students by Program Type**

|  | % Currently Enrolled | # |
|---|---|---|
| ADN | 44.6% | 11,639 |
| LVN-to-ADN | 1.2% | 326 |
| BSN | 48.6% | 12,680 |
| ELM | 5.5% | 1,436 |
| **Total** | **100.0%** | **26,081** |
| ELM Postlicensure |  | 612 |

*Ethnic Distribution of Nursing Student Census*

- Two-thirds (66%) of students enrolled in a pre-licensure nursing program as of October 15, 2017, were from an ethnic minority group.

- The overall share of ethnic minority nursing students was similar across most program types, although the breakdowns of different groups vary between program types. The exception was LVN-to-ADN programs, which were somewhat more diverse with a greater preponderance of Asian and fewer Hispanic students than the other programs.

- Generic ADN programs had the greatest share of Hispanic students (30%). ELM programs had the greatest share of African American students (11%). LVN-to-ADN programs had the greatest proportion of Asian students (33%).

- This year respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are provided in the table below.

**Table 18. Ethnic Distribution of Nursing Student Census Data by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM Prelicensure | All Prelicensure Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| Native American | 0.5% | 0.7% | 0.6% | 0.8% | 0.6% | 0.5% |
| Asian | 12.6% | 32.9% | 22.8% | 21.3% | 18.2% | 27.1% |
| *Asian Indian* | 1.3% | 1.0% | 1.0% | 2.7% | 1.2% | 0.5% |
| *Filipino* | 8.4% | 3.1% | 7.9% | 0.0% | 7.7% | 1.7% |
| *Hawaiian/Pacific Islander* | 1.5% | 3.1% | 1.3% | 0.6% | 1.3% | 0.5% |
| African American | 5.6% | 2.7% | 3.3% | 10.8% | 4.7% | 5.5% |
| Hispanic | 30.3% | 16.9% | 22.0% | 23.2% | 25.7% | 22.5% |
| Multi-race | 4.4% | 7.5% | 5.8% | 5.7% | 5.2% | 3.7% |
| Other | 2.4% | 2.4% | 0.7% | 0.5% | 1.5% | 1.2% |
| White | 33.1% | 29.8% | 34.6% | 34.4% | 33.9% | 36.8% |
| **Total** | **11,336** | **295** | **12,084** | **1,292** | **25,007** | **587** |
| Ethnic Minorities* | 66.9% | 70.2% | 65.4% | 65.6% | 66.1% | 63.2% |
| # Unknown/ unreported | 303 | 31 | 596 | 144 | 1,074 | 25 |

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

*Gender Distribution of Nursing Student Census Data*

- Men represented 21% of all students enrolled in pre-licensure nursing programs as of October 15, 2016.

- Generic ADN programs and BSN programs had the greatest shares of men enrolled (21% in each), while LVN-to-ADN programs had the smallest share.

**Table 19. Gender Distribution of Nursing Student Census Data by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| Male | 21.4% | 14.2% | 20.8% | 18.0% | 20.8% | 18.3% |
| Female | 78.5% | 85.8% | 79.2% | 82.0% | 79.2% | 81.7% |
| Other | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Total** | **11,615** | **324** | **12,345** | **1,436** | **25,720** | **612** |
| # Unknown/ unreported | 24 | 2 | 335 | 0 | 361 | 0 |

*Age Distribution of Nursing Student Census Data*

- 73% of students enrolled in a pre-licensure nursing program as of October 15, 2017 were younger than 31 years old.

- ADN and LVN-to-ADN programs had considerably more students over the age of 30 (37% and 45% respectively) than did BSN or ELM programs. BSN programs had the fewest students over 30 (15%).

**Table 20. Age Distribution of Nursing Student Census Data by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| 17 – 20 years | 2.4% | 0.9% | 19.5% | 0.0% | 10.9% | 0.0% |
| 21 – 25 years | 29.2% | 13.8% | 43.8% | 34.5% | 37.3% | 13.7% |
| 26 – 30 years | 29.2% | 28.2% | 19.1% | 35.3% | 25.2% | 39.4% |
| 31 – 40 years | 26.9% | 33.4% | 11.6% | 18.8% | 19.6% | 21.6% |
| 41 – 50 years | 8.6% | 9.2% | 3.0% | 5.3% | 5.8% | 3.9% |
| 51 – 60 years | 1.8% | 2.5% | 0.6% | 1.0% | 1.2% | 1.1% |
| 61 years and older | 0.1% | 0.3% | 0.0% | 0.0% | 0.1% | 0.3% |
| **Total** | **11,432** | **288** | **12,366** | **1,364** | **25,450** | **490** |
| # Unknown/ unreported | 207 | 38 | 314 | 74 | 633 | 12 2 |

*Declared Disabilities among Students Enrolled in Nursing Programs*

- Nursing programs that have access to student disability data reported that 1,273 students were approved for accommodations for a declared disability.

- Since only 39 schools (29%) reported that they would be able access and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported.

- Exam accommodations were the most commonly reported (82%). These accommodations were used extensively by ADN and ELM programs, and somewhat less so by BSN and ELM programs. Academic counseling and advising and disability-related counseling and referral were also common among ADN programs.

**Table 21. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type\***

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Exam Accommodations (Modified/Extended Time/Distraction Reduced Space) | 92.8% | 87.5% | 65.9% | 57.0% | 82.2% |
| Academic Counseling/Advising | 52.7% | 12.5% | 8.8% | 8.1% | 36.1% |
| Disability-Related Counseling/Referral | 46.6% | 0.0% | 7.2% | 2.3% | 31.3% |
| Priority Registration | 26.6% | 50.0% | 9.8% | 0.0% | 19.9% |
| Note-Taking Services/Reader/Audio Recording/Smart Pen | 23.0% | 25.0% | 8.8% | 16.3% | 18.2% |
| Other | 2.5% | 0.0% | 36.7% | 50.0% | 16.1% |
| Adaptive Equipment/Physical Space/Facilities | 10.5% | 0.0% | 2.3% | 4.7% | 7.5% |
| Assistive Technology/Alternative Format | 6.7% | 0.0% | 3.9% | 8.1% | 5.9% |
| Service Animals | 0.3% | 0.0% | 1.3% | 0.0% | 0.5% |
| Interpreter and Captioning Services | 0.4% | 0.0% | 0.5% | 0.0% | 0.4% |
| Reduced Courseload | 0.0% | 0.0% | 0.3% | 0.0% | 0.1% |
| Transportation/Mobility Assistance and Services/Parking | 0.0% | 0.0% | 0.3% | 0.0% | 0.1% |
| **Total Students** | **792** | **8** | **387** | **86** | **1,273** |

\*Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability.

## Students who Completed a Nursing Program

*Student Completions by Degree Earned*

- In 2016-2017, 11,302 students completed a nursing program in California.

- Generic ADN programs graduated the greatest number of students (50%, n=5,599) followed by BSN programs (41%, n=4,666).

- Only two students were reported completing a 30-unit option program.

**Table 22. Nursing Student Completions by Program Type**

|  | % of Completions | # |
|---|---|---|
| ADN | 49.5% | 5,599 |
| LVN-to-ADN | 3.4% | 382 |
| BSN | 41.3% | 4,666 |
| ELM | 5.8% | 655 |
| **Total** | **100.0%** | **11,302** |
| ELM Postlicensure |  | 328 |

*Ethnic Distribution of Students who Completed a Nursing Program in California*

- Overall, 63% of students who completed a pre-licensure nursing program were from minority ethnic groups, including 62% of students in an ELM pre-licensure segment. In comparison, 58% of students completing an ELM post-licensure segment were from minority ethnic groups.

- LVN-to-ADN programs have the greatest proportion of graduates from minority ethnic groups (67%), but comprised only 3% of nursing completions overall. ADN programs reported that 65% of their graduates were from minority ethnic groups.

- Generic ADN programs have the greatest share of Hispanic graduates (29%). BSN programs have the largest share of Filipino (9%) graduates. ELM programs have the greatest proportion of African American (10%) graduates. ADN-to-LVN programs had the largest percentage of Asian graduates (32%). ELM post-licensure programs had the largest percentage of white students (43%).

**Table 23. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| Native American | 0.7% | 0.3% | 0.5% | 1.3% | 0.7% | 0.3% |
| Asian | 12.2% | 32.3% | 22.4% | 23.4% | 17.6% | 23.5% |
| *Asian Indian* | 1.5% | 1.2% | 0.7% | 0.8% | 1.2% | 1.3% |
| *Filipino* | 8.1% | 2.5% | 8.7% | 2.4% | 7.9% | 3.2% |
| *Hawaiian/Pacific Islander* | 1.9% | 2.2% | 0.8% | 0.5% | 1.4% | 0.3% |
| African American | 5.0% | 2.8% | 3.7% | 9.6% | 4.7% | 5.7% |
| Hispanic | 28.7% | 14.3% | 18.6% | 17.6% | 23.5% | 18.4% |
| Multi-race | 4.6% | 7.8% | 4.4% | 3.9% | 4.6% | 4.1% |
| Other | 2.1% | 3.7% | 0.9% | 2.4% | 1.7% | 0.6% |
| White | 35.1% | 32.9% | 39.2% | 38.3% | 36.9% | 42.5% |
| **Total** | **5,486** | **322** | **4,407** | **637** | **10,852** | **315** |
| Ethnic Minorities* | 64.9% | 67.1% | 60.8% | 61.7% | 63.1% | 57.5% |
| # Unknown/ unreported | 113 | 60 | 259 | 18 | 450 | 18 |

 *Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race"

*Gender Distribution of Students who Completed a Nursing Program*

- 21% of all students who completed a pre-licensure nursing program were male.

- ADN and BSN programs had the largest shares of male graduates (21% in each).

**Table 24. Gender Distribution of Students who Completed a Nursing Program**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| Male | 21.2% | 18.3% | 20.8% | 18.8% | 20.8% | 14.6% |
| Female | 78.8% | 81.7% | 79.2% | 80.9% | 79.2% | 85.4% |
| Other | 0.0% | 0.0% | 0.0% | 0.3% | 0.0% | 0.0% |
| **Total** | **5,495** | **382** | **4,661** | **655** | **11,193** | **328** |
| **# Unknown/ unreported** | 104 | 0 | 5 | 0 | 109 | 0 |

*Age Distribution of Students who Completed a Nursing Program*

- 64% of nursing graduates in 2016-2017 were younger than 31 years of age when they completed their program.

- People 41 years and older accounted for 10% of graduates from all programs, 13% of ADN graduates, and 12% of LVN-to-ADN graduates.

**Table 25. Age Distribution of Students who Completed a Nursing Program by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| 17 – 20 years | 1.1% | 0.5% | 3.5% | 1.7% | 2.1% | 0.0% |
| 21 – 25 years | 23.7% | 15.2% | 44.7% | 29.1% | 32.3% | 4.1% |
| 26 – 30 years | 29.4% | 36.1% | 26.5% | 40.6% | 29.1% | 51.3% |
| 31 – 40 years | 33.0% | 36.4% | 19.1% | 21.2% | 26.8% | 36.0% |
| 41 – 50 years | 10.3% | 9.9% | 4.8% | 5.9% | 7.8% | 6.4% |
| 51 – 60 years | 2.3% | 1.8% | 1.1% | 1.2% | 1.8% | 2.2% |
| 61 years and older | 0.1% | 0.0% | 0.2% | 0.3% | 0.2% | 0.0% |
| **Total** | **5,491** | **382** | **4,471** | **591** | **10,935** | **267** |
| # Unknown/ unreported | 108 | 0 | 195 | 64 | 367 | 61 |

*Declared Disabilities among Students who Completed Nursing Programs*

- Nursing programs reported that 752 students who completed their programs in 2016-2017 had an accommodation for a declared disability.

- Some programs reported more students receiving a specific accommodation than the overall number of students receiving accommodations; thus, some percentages are greater than 100%.

- Since only 39 schools (30%) reported that they would be able to access and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported.

- Exam accommodations (98%) was the most commonly provided accommodation, followed by academic counseling and advising (37%).

**Table 26. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type***

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Exam Accommodations (Modified/Extended Time/Distraction Reduced Space) | 100.0% | 100.0% | 89.2% | 91.4% | 97.2% |
| Academic Counseling/Advising | 46.9% | 37.5% | 9.0% | 0.0% | 36.4% |
| Disability-Related Counseling/Referral | 33.5% | 0.0% | 9.6% | 0.0% | 26.4% |
| Note-Taking Services/Reader/Audio Recording/Smart Pen | 21.6% | 12.5% | 18.1% | 45.7% | 21.9% |
| Priority Registration | 20.7% | 37.5% | 3.6% | 0.0% | 16.2% |
| Adaptive Equipment/Physical Space/Facilities | 6.5% | 0.0% | 3.0% | 8.6% | 5.8% |
| Other | 1.6% | 0.0% | 7.2% | 34.3% | 4.3% |
| Assistive Technology/Alternative Format | 3.3% | 0.0% | 1.8% | 8.6% | 3.2% |
| Interpreter and Captioning Services | 0.9% | 0.0% | 0.0% | 0.0% | 0.7% |
| Transportation/Mobility Assistance and Services/Parking | 0.0% | 0.0% | 1.2% | 0.0% | 0.3% |
| Service Animals | 0.0% | 0.0% | 0.6% | 0.0% | 0.1% |
| Reduced Courseload | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Total number of students receiving accommodations** | **550** | **8** | **166** | **35** | **759** |

*Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability. Respondents sometimes reported more students receiving a specific accommodation than overall number of students receiving accommodations.

*Completion, Retention and Attrition Data*

- The overall attrition rate for pre-licensure nursing education programs in California was 16% in 2016-2017.

- BSN programs had the highest attrition rate (20%) and ELM and ADN-to-LVN programs the lowest (7%). Much of the attrition in the BSN category is attributable to a single program.

**Table 27. Completion, Retention and Attrition Data by Program Type**

| | ADN | LVN-to-ADN (within generic program) | LVN-to-ADN (separate program) | BSN | ELM | All Programs |
|---|---|---|---|---|---|---|
| **Students scheduled to complete the program** | **5,753** | **686** | **410** | **5,546** | **647** | **13,042** |
| Completed on-time | 4,406 | 532 | 377 | 4,221 | 577 | 10,113 |
| Still enrolled | 597 | 40 | 4 | 229 | 23 | 893 |
| **Total attrition** | **750** | **114** | **29** | **1,096** | **47** | **2,036** |
| Dropped out | 387 | 36 | 10 | 950 | 27 | 1,410 |
| Dismissed | 363 | 78 | 19 | 146 | 20 | 626 |
| Completed late* | 687 | 87 | 5 | 149 | 25 | 953 |
| **Retention rate**** | **76.6%** | **77.6%** | **92.0%** | **76.1%** | **89.2%** | **77.5%** |
| **Attrition rate***** | **13.0%** | **16.6%** | **7.1%** | **19.8%** | **7.3%** | **15.6%** |

- In 2016-17, programs were asked to provide attrition and retention data by race and ethnicity. Native American students had the highest retention rate (86%) and lowest attrition rate (6%), but their numbers were small. African American students had the lowest retention rates (70%). Filipino students had the highest attrition rate (22%).

**Table 28. Completion, Retention and Attrition Data by Race and Ethnicity**

| | Native American | Asian | African American | Filipino | Hispanic | White | Other | Unknown |
|---|---|---|---|---|---|---|---|---|
| **Students scheduled to complete the program** | **90** | **2,227** | **571** | **1,165** | **2,789** | **4,368** | **624** | **1,208** |
| Completed on-time | 77 | 1,654 | 397 | 842 | 2,156 | 3,523 | 514 | 950 |
| Still enrolled | 8 | 185 | 53 | 63 | 245 | 212 | 38 | 89 |
| **Total attrition** | **5** | **388** | **121** | **260** | **388** | **633** | **72** | **169** |
| Dropped out | 3 | 278 | 68 | 198 | 234 | 462 | 45 | 122 |
| Dismissed | 2 | 110 | 53 | 62 | 154 | 171 | 27 | 47 |
| Completed late* | 13 | 151 | 60 | 108 | 248 | 294 | 52 | 27 |
| **Retention rate**** | **85.6%** | **74.3%** | **69.5%** | **72.3%** | **77.3%** | **80.7%** | **82.4%** | **78.6%** |
| **Attrition rate***** | **5.6%** | **17.4%** | **21.2%** | **22.3%** | **13.9%** | **14.5%** | **11.5%** | **14.0%** |

*These completions are not included in the calculations for either retention or attrition rates.
**Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)
Note: Data for traditional and accelerated program tracks are combined in this table.
Note Four of these programs reported "0" because they are new, and two have a zero total for other reasons.

*Employment of Recent Nursing Program Graduates*

- Program directors were asked to report the employment of recent graduates from their program. Program directors may not have accurate information about all graduates so these estimates may have some error.

- Across all programs, 61% of recent RN graduates employed in nursing in October 2017 were reported by program directors to be working in hospitals.

- Graduates of BSN programs were the most likely to work in hospitals (73%), while graduates of ELM programs were the least likely (46%). Graduates of ELM programs were more likely than other graduates to be pursuing additional nursing education (24%) and not yet licensed (24%) compared to 10% of graduates overall.

- Statewide, programs reported that 4% of nursing graduates from the prior academic year were unable to find employment by October 2017, with LVN-to-ADN programs reporting the highest share of recent graduates (13%) unable to find employment.

- An additional 10% of nurses who graduated between 8/1/16 and 7/31/17 had not yet obtained licenses as of October 2017.

- Nursing schools reported that 81% of their recent RN graduates employed in nursing were employed in California.

**Table 29. Employment of Recent Nursing Program Graduates\***

| | ADN | LVN-to-ADN | BSN | ELM | All Programs | ELM Postlicensure |
|---|---|---|---|---|---|---|
| Hospital | 59.0% | 52.9% | 72.6% | 45.5% | 61.1% | 55.6% |
| Pursuing additional nursing education | 12.2% | 4.7% | 2.3% | 23.8% | 10.3% | 0.8% |
| Not yet licensed | 8.0% | 17.1% | 10.4% | 23.9% | 10.2% | 1.1% |
| Long-term care facilities | 6.2% | 6.8% | 3.8% | 0.1% | 5.2% | 0.9% |
| Other healthcare facilities | 5.9% | 2.2% | 3.3% | 0.4% | 4.6% | 16.5% |
| Unable to find employment | 4.6% | 13.2% | 2.1% | 2.1% | 4.2% | 0.6% |
| Community/public health facilities | 3.0% | 3.2% | 1.9% | 1.1% | 2.6% | 20.2% |
| Other setting | 1.2% | 0.0% | 3.7% | 3.1% | 2.0% | 4.2% |

*Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2016-2017, on average, the employment setting was unknown for 14% of recent graduates.

*Student Debt Load*

- The overall average debt load of nursing graduates was $19,118. ELM students had the highest average debt load, and ADN students had the lowest average debt load.

- Private school graduates had an average debt load of $40,851, while public school graduates averaged $9,610.

**Table 30. Student Debt Load of Recent Nursing Program Graduates**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| **Average debt load** | **$7,562** | **$16,690** | **$28,860** | **$85,830** | **$19,118** |
| Private | $21,404 | $39,403 | $37,720 | $85,340 | $40,851 |
| Public | $4,981 | $7,605 | $18,734 | $87,300 | $9,610 |
| **Number of programs reporting** | **70** | **7** | **30** | **8** | **115** |

*Time to Complete*

- Most programs are on a semester schedule (84%) although some are on a quarter schedule (11%). "Other" schedules include eight and 10 week terms, 6-month terms, and combinations of semesters and quarters.

- In 2016-2017, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. ADN directors estimated that it took an average of 6.5 semesters or 7.7 quarters for full-time students to complete a generic program. BSN directors estimated that it took an average of 6.3 semesters or 10.3 quarters to complete a generic program.

**Table 31. Type of Schedule by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Semester | 90.5% | 100.0% | 73.0% | 69.2% | 84.4% |
| Quarter | 7.1% | 0.0% | 16.2% | 30.8% | 11.4% |
| Other | 2.4% | 0.0% | 10.8% | 0.0% | 4.3% |
| Total | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** |
| **Number of programs reporting** | **84** | **7** | **37** | **13** | **141** |

**Table 32. Average Time to Completion by Schedule and Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM min* | ELM max* |
|---|---|---|---|---|---|
| *Full-Time Generic Students* |  |  |  |  |  |
| Average time to completion, semesters | 6.5 | 2.5 | 6.3 | 4.3 | 4.6 |
| Average time to completion, quarters | 7.7 | NA | 10.3 | 5.8 | 6.8 |
| **Number of programs reporting** | **84** | **6** | **34** | **12** | **12** |
| *Full-Time Accelerated Students* |  |  |  |  |  |
| Average time to completion, semesters | 2.8 | 3.0 | 4.8 | NA | NA |
| Average time to completion, quarters | 6.0 | NA | 8.5 | NA | NA |
| **Number of programs reporting** | **44** | **1** | **22** | **-** | **-** |

*Minimum and maximum numbers refer to ELM prelicensure segments.

- In 2016-2017, respondents with ADN programs were asked to give common reasons ADN graduation was delayed.

- The most common reason was that the "student had to repeat one or more courses to pass / progress" (92%), followed by "student had personal issue(s) that required time away from school" (82%).

**Table 33. Reasons for Delayed Completion, ADN Students Only**

|  | % |
|---|---|
| Student had to repeat one or more courses to pass/progress | 91.6% |
| Student had personal issue(s) that required time away from school | 81.9% |
| Student changed course of study | 7.2% |
| Other | 4.8% |
| Inadequate academic advising | 3.6% |
| Unable to obtain a required course(s) to progress | 3.6% |
| Does not apply as our program is not a traditional 2 year program, please explain: | 1.2% |
| Required pre-requisite or required course not offered | 0.0% |
| **Number of programs reporting** | **83** |

## Faculty Data

Analysis of faculty data by program type cannot be completed because faculty data are reported by school, not by program type.

*Full-time and Part-time Faculty Data*

- On October 15, 2017, there were 4,799 nursing faculty.[2]  More than two-thirds were part-time faculty (68%, n=3,253).

- The faculty vacancy rate in pre-licensure nursing programs was 8.1%.

**Table 34. Total Faculty and Faculty Vacancies***

|  | # of Faculty | # of Vacancies | Vacancy Rate |
|---|---|---|---|
| **Total Faculty** | **4,799** | **424** | **8.1%** |
| Full-time Faculty | 1,546 | 182 | 10.5% |
| Part-time Faculty | 3,253 | 242 | 6.9% |

- In 2016-2017, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 47% (n=61) of 131 schools responding agreed. These 61 schools were asked to rank the reason for this shift.

- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions.

- "Other" reasons included retirement of full-time faculty and the desire to improve the ratio of faculty to students.

**Table 35. Reasons for Hiring More Part-time Faculty**

|  | Average rank* | Programs reporting |
|---|---|---|
| Non-competitive salaries for full time faculty | 2.45 | 51 |
| Shortage of RNs applying for full time faculty positions | 2.98 | 48 |
| Insufficient number of full time faculty applicants with required credential | 3.42 | 48 |
| Insufficient budget to afford benefits and other costs of FT faculty | 4.08 | 49 |
| Need for part-time faculty to teach specialty content | 4.39 | 46 |
| Need for faculty to have time for clinical practice | 5.62 | 39 |
| Private, state university or community college laws, rules or policies | 5.66 | 38 |
| Other | 5.94 | 18 |
| To allow for flexibility with respect to enrollment changes | 6.22 | 36 |
| Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc. | 7.03 | 33 |

\* The lower the ranking, the greater the importance of the reason (1 has the highest importance and 10 has the lowest importance.)

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[2] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools.

- Nearly all full-time and most part-time faculty positions are budgeted positions funded by the school's general fund. Eleven percent of part-time faculty positions are paid entirely with external funding, compared with only 2% of full-time faculty positions.

**Table 36. Funding of Faculty Positions**

|  | % Full-time Faculty | % Part-time Faculty |
|---|---|---|
| Budgeted positions | 95.8% | 85.0% |
| 100% external funding | 2.2% | 11.4% |
| Combination of the above | 2.0% | 3.6% |
| **Number of faculty** | **1,546** | **3,253** |

- The majority of faculty (55%) teaches clinical courses only. More than one-third (37%) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (9%).

**Table 37. Faculty Teaching Assignments**

|  | % Full-time Faculty |
|---|---|
| Clinical courses only | 54.5% |
| Didactic courses only | 9.0% |
| Clinical & didactic courses | 36.5% |
| **Number of faculty** | **4,756** |

- 92 of 132 schools (70%) reported that faculty in their programs work an overloaded schedule, and 97% (n=89) of these schools pay the faculty extra for the overloaded schedule.

## *Faculty for Next Year*

- 49% of schools reported that their externally funded positions will continue to be funded for the 2017-2018 academic year. If these positions are not funded, schools reported that they would be able to enroll only 10,131 students in pre-licensure RN programs in 2017-2018, which would be a 25% decrease in new enrollments compared to the 13,597 new students that enrolled in RN programs in 2016-2017.

**Table 38. External Funding for Faculty Next Year**

|  | % Schools |
|---|---|
| Will continue | 48.5% |
| Will not continue | 0.8% |
| Unknown | 10.8% |
| Not applicable | 40.0% |
| **Number of schools reporting** | **130** |

*Faculty Demographic Data*

- Nursing faculty remain predominantly white (57%) and female (87%). Forty-one percent of faculty is between 41 and 55 years of age and more than one-third (34%) of faculty are over 55 years of age.

**Table 39. Faculty Ethnicity**

| Race/Ethnicity | % Faculty |
|---|---|
| Native American | 0.6% |
| Asian | 8.7% |
| *Asian Indian* | 2.0% |
| *Filipino* | 7.1% |
| *Hawaiian/Pacific Islander* | 0.5% |
| African American | 9.4% |
| Hispanic | 11.8% |
| Multi-race | 1.5% |
| Other | 1.1% |
| White | 57.3% |
| **Number of faculty** | **4,350** |
| Ethnic Minorities* | 42.7% |
| Unknown/unreported | 449 |

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

**Table 40. Faculty Gender and Age**

| Gender | % Faculty |
|---|---|
| Men | 13.5% |
| Women | 86.5% |
| Other | 0.0% |
| **Number of faculty** | **4,592** |
| Unknown/unreported | 208 |
| **Age** | **% Faculty** |
| 30 years or younger | 5.5% |
| 31 – 40 years | 19.8% |
| 41 – 50 years | 26.0% |
| 51 – 55 years | 14.9% |
| 56 – 60 years | 14.1% |
| 61 – 65 years | 13.0% |
| 66 – 70 years | 4.5% |
| 71 years and older | 2.2% |
| **Number of faculty** | **4,255** |
| Unknown/unreported | 544 |

*Faculty Education*

- On October 15, 2017, almost all full-time faculty (95%) held a master's or doctoral degree, while only 57% of part-time faculty held either of those degrees.

- 9% of all active faculty (n=426) were reported to be pursuing an advanced degree as of October 15, 2017.

**Table 41. Highest Level of Education of Faculty***

| | % Full-time Faculty | % Part-time Faculty |
|---|---|---|
| Associate degree in nursing (ADN) | 0.1% | 7.1% |
| Baccalaureate degree in nursing (BSN) | 2.5% | 35.1% |
| Non-nursing baccalaureate | 0.0% | 0.8% |
| Master's degree in nursing (MSN) | 59.0% | 46.5% |
| Non-nursing master's degree | 2.9% | 2.8% |
| PhD in nursing | 15.9% | 2.7% |
| Doctorate of Nursing Practice (DNP) | 10.5% | 3.1% |
| Other doctorate in nursing | 2.3% | 0.6% |
| Non-nursing doctorate | 4.7% | 1.3% |
| **Number of faculty** | **1,513** | **3,179** |
| Unknown/unreported | 33 | 74 |

*The sum of full- and part-time faculty by degree category did not equal the total number of faculty reported.

*Recruiting Diverse Faculty*

- In 2016-2017 program representatives were asked what strategies they used to recruit diverse faculty.

- The most commonly used strategy was to send job announcements to a diverse group of institutions and organizations (74%), followed by sharing school and program goals and commitments to diversity (67%) and highlighting campus and community demographics (66%).

**Table 42. Strategies for Recruiting Diverse Faculty**

| | % Schools |
|---|---|
| Send job announcements to a diverse group of institutions and organizations for posting and recruitment | 74.0% |
| Share program/school goals and commitments to diversity | 66.9% |
| Highlight campus and community demographics | 66.1% |
| Share faculty development and mentoring opportunities | 52.0% |
| Use of publications targeting minority professionals (e.g. Minority Nurse) | 37.8% |
| Highlight success of faculty, including faculty of color | 27.6% |
| Showcase how diversity issues have been incorporated into the curriculum | 26.0% |
| Other | 9.4% |
| External funding and/or salary enhancements (e.g. endowed lectureship) | 3.1% |
| **Number of schools reporting** | **130** |

*Methods Used to Prepare Part-time Faculty to Teach*

- Faculty orientations (90%) and program policies (88%) and were the most frequently reported methods used to prepare part-time faculty to teach.

**Table 43. Methods Used to Prepare Part-time Faculty to Teach**

| | % Schools |
|---|---|
| Faculty orientation | 89.9% |
| Program policies | 88.4% |
| Mentoring program | 76.0% |
| Teaching strategies | 68.2% |
| Specific orientation program | 67.4% |
| Administrative policies | 63.6% |
| Curriculum review | 61.2% |
| External training program | 10.1% |
| Other | 4.7% |
| None | 0.0% |
| **Number of schools reporting** | **129** |

*Faculty Attrition*

- Nursing schools reported 171 full-time and 529 part-time faculty members as having retired or left the program in 2016-2017.

- Schools reported that an additional 162 faculty members (88 full-time and 74 part-time) are expected to retire or leave the school in 2017-2018.

- The most frequently cited reason for having a faculty member leave the program in 2016-2017 was retirement (42%), followed by relocation of spouse or other family obligation (18%).

- Workload (3%), workplace climate (2%), and layoffs (0%) were the least common reasons reported for faculty leaving their positions.

**Table 44. Reasons Faculty Leave Their Positions**

| | % Schools |
|---|---|
| Retirement | 41.7% |
| Relocation of spouse or other family obligation | 18.1% |
| Career advancement | 15.0% |
| Termination (or requested resignation) | 12.6% |
| Personal health issues | 8.7% |
| Return to clinical practice | 7.9% |
| Salary/Benefits | 6.3% |
| Resigned for unknown reasons | 6.3% |
| Other | 3.9% |
| Workload | 3.1% |
| Workplace climate | 1.6% |
| Layoffs (for budgetary reasons) | 0.0% |
| **Number of schools reporting** | **127** |

- In 2016-2017, twenty schools reported that 63 active full-time faculty went from full-time to part-time.

- The main reason schools reported for faculty going from full-time to part-time schedules was preparation for retirement (57%) followed by personal health issues (24%).

**Table 45. Reasons Faculty Go From Full-Time to Part-Time**

| | % Schools |
|---|---|
| Preparing for retirement | 57.1% |
| Personal health issues | 23.8% |
| Workload | 19.0% |
| Family obligations | 14.3% |
| Return to clinical practice | 9.5% |
| Workplace climate | 4.8% |
| Other | 4.8% |
| Requested by program due to budgetary reason | 0.0% |
| **Number of schools reporting** | **21** |

*Faculty Hiring*

- 115 schools reported hiring a total of 999 faculty members (188 full-time and 811 part-time) between August 1, 2016 and July 31, 2017.

- Thirty-seven percent (37%, n=360) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.

- The majority of schools (72%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching in a clinical setting.  The second-largest proportion (68%) reported that their newly hired faculty had experience teaching at another nursing school.

- Six schools reported they were under a hiring freeze for active faculty at some point between August 1, 2016 and July 31, 2017, and three of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

**Table 46. Characteristics of Newly Hired Faculty**

|  | % Schools |
|---|---|
| Experience teaching as a nurse educator in a clinical setting | 72.2% |
| Experience teaching at another nursing school | 67.8% |
| Completed a graduate degree program in last two years | 60.0% |
| Experience student teaching while in graduate school | 39.1% |
| No teaching experience | 37.4% |
| Experience teaching in a setting outside of nursing | 20.0% |
| Other | 0.9% |
| **Number of schools reporting** | **115** |

- The most common reason for hiring new faculty was to replace faculty that had left or retired, followed by the need to fill longstanding faculty vacancies.

**Table 47. Reasons for Hiring Faculty**

|  | % Schools |
|---|---|
| To replace faculty that retired or left the program | 77.2% |
| To fill longstanding faculty vacancies (positions vacant for more than one year) | 32.5% |
| Due to program expansion | 19.3% |
| To reduce faculty workload | 17.5% |
| Other | 12.3% |
| **Number of schools reporting** | **114** |

*Barriers to Recruiting Faculty*

- Non-competitive salaries (76%) and an insufficient number of faculty applicants with the required credentials (73%) were the most frequently reported barriers to faculty recruitment.

- 41% of schools reported that the workload responsibilities of faculty were a barrier to recruitment.

- 17% of schools felt that an overall RN shortage was a barrier to recruiting faculty—a decrease from last year when 21% reported this as a barrier.

**Table 48. Barriers to Recruiting Faculty**

|  | % Schools |
|---|---|
| Non-competitive salaries | 76.3% |
| Insufficient number of faculty applicants with required credentials | 72.5% |
| Workload (not wanting faculty responsibilities) | 40.5% |
| BRN rules and regulations | 28.2% |
| Private, state university or community college laws, rules or policies | 17.6% |
| Overall shortage of RNs | 16.8% |
| Other | 1.5% |
| No barriers | 6.9% |
| **Number of schools reporting** | **131** |

*Faculty Salaries*

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.

**Table 49. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment**

|  | Master's Degree | | Doctoral Degree | |
|---|---|---|---|---|
|  | Average Low | Average High | Average Low | Average High |
| **9 months** | $66,396 | $86,599 | $72,474 | $102,600 |
| **10 months** | $67,036 | $115,528 | $83,014 | $107,358 |
| **11 months** | $76,101 | $101,394 | $98,145 | $125,620 |
| **12 months** | $70,727 | $89,438 | $78,918 | $94,386 |

## Nursing Program Data

*Admission Criteria*

- Scores on pre-enrollment assessment tests, minimum/cumulative GPA, minimum grade level in prerequisite courses, and completion of prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

- Score on a pre-enrollment exam was important for ADN, LVN-to-ADN, and, to a lesser extent, BSN programs.

- A letter of reference, personal statement, and interviews were important factors in admission for many ELM programs, in addition to minimum/cumulative GPA.

- Health-related work experience was important for about nearly half of BSN and ELM programs.

- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for 51% of ADN programs and 14% of LVN-to-ADN programs. This legislation applies specifically to community colleges.

**Table 50. Admission Criteria by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Pre-enrollment assessment test (TEAS, SAT, ACT, GRE) | 89.3% | 85.7% | 74.3% | 46.2% | 81.3% |
| Minimum/Cumulative GPA | 70.2% | 85.7% | 88.6% | 92.3% | 77.7% |
| Minimum grade level in prerequisite courses | 70.2% | 42.9% | 62.9% | 84.6% | 68.3% |
| Completion of prerequisite courses (including recency and/or repetition) | 63.1% | 57.1% | 77.1% | 0.0% | 60.4% |
| Science GPA | 63.1% | 57.1% | 51.4% | 53.8% | 59.0% |
| Health-related work experience | 33.3% | 0.0% | 45.7% | 46.2% | 36.0% |
| Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only) | 51.2% | 14.3% | 0.0% | 0.0% | 31.7% |
| Letter of reference/recommendation | 11.9% | 0.0% | 37.1% | 76.9% | 23.7% |
| Lottery | 29.8% | 14.3% | 2.9% | 0.0% | 19.4% |
| Interview | 9.5% | 0.0% | 28.6% | 61.5% | 18.7% |
| Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula | 28.6% | 14.3% | 0.0% | 0.0% | 18.0% |
| Personal statement | 11.9% | 14.3% | 2.9% | 76.9% | 15.8% |
| Other | 2.4% | 0.0% | 17.1% | 30.8% | 8.6% |
| Geographic location | 2.4% | 0.0% | 22.9% | 7.7% | 7.9% |
| None | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Number of programs reporting** | **84** | **7** | **35** | **13** | **139** |

*Selection Process for Qualified Applications*

- Ranking by specific criteria was the most common method (74%) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.

- Random selection was used by generic ADN and LVN-to-ADN programs but was not used by any BSN or ELM programs.

- ELM programs frequently reported using the interview and goal statement as selection criteria.

**Table 51. Selection Criteria for Qualified Applications by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Ranking by specific criteria | 62.8% | 57.1% | 94.1% | 92.3% | 73.5% |
| Interviews | 9.0% | 14.3% | 32.4% | 76.9% | 22.0% |
| Random selection | 34.6% | 14.3% | 0.0% | 0.0% | 21.2% |
| Goal statement | 3.8% | 0.0% | 26.5% | 76.9% | 16.7% |
| Other | 12.8% | 14.3% | 5.9% | 30.8% | 12.9% |
| Modified random selection | 20.5% | 0.0% | 0.0% | 0.0% | 12.1% |
| First come, first served from the waiting list | 7.7% | 0.0% | 2.9% | 7.7% | 6.1% |
| First come, first served (based on application date for the quarter/semester) | 7.7% | 0.0% | 2.9% | 7.7% | 6.1% |
| **Number of programs reporting** | **78** | **7** | **34** | **13** | **132** |

*Difficult to Hire Clinical Areas*

- Pediatrics (51%) and Psychiatric/Mental Health (45%) were the clinical areas in which schools had the most difficulty recruiting new faculty.

- 15% of schools reported no difficulty recruiting faculty for any clinical specialty area.

**Table 52. Difficult to Hire Clinical Areas**

| | % Schools |
|---|---|
| Pediatrics | 50.8% |
| Psychiatric/Mental Health | 44.6% |
| Obstetrics/Gynecology | 42.3% |
| Medical-surgical | 28.5% |
| Geriatrics | 17.7% |
| No clinical areas | 14.6% |
| Community Health | 9.2% |
| Critical Care | 5.4% |
| Other | 1.5% |
| **Number of schools reporting** | **130** |

*Waiting List*

- 25 programs reported having total of 2,232 students on a waiting list. Of these programs, 46% keep students on the waiting list until they are admitted, 35% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and 8% keep students on for two application cycles.

- Average time on the waiting list varied by program: students generally spent less than a semester or quarter waiting to get into a BSN or ELM program, but spent an average of up to three quarters or semesters on the waiting list for an ADN program.

**Table 53. Waiting Lists by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Qualified applicants on a waiting list | 2,106 | 85 | 36 | 5 | 2,232 |
| Average number of quarters/semesters to enroll after being placed on the waiting list | 2.9 | - | 0.8 | 1.0 | 2.3 |
| **Number of programs reporting** | **17** | **4** | **3** | **1** | **25** |

*Capacity of Program Expansion*

- Over the next two years, BSN and ELM programs expect to see enrollment growth. ADN and LVN-to-ADN programs anticipate a decline in enrollment over the next two years.

**Table 54. Current and Projected New Student Enrollment by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| **2016-2017 new student enrollment** | **6,628** | **376** | **5,788** | **803** | **13,595** |
| Expected new student enrollment given current resources | | | | | |
| **2017-2018** | 6,366 | 359 | 7,072 | 871 | 14,668 |
| *Expected 2017-2018 enrollment as % of 2016-2017 enrollment* | 96.0% | 95.5% | 122.2% | 108.5% | 107.9% |
| **2018-2019** | 6,508 | 361 | 7,182 | 899 | 14,950 |
| *Expected 2018-2019 enrollment as % of 2016-2017 enrollment* | 98.2% | 96.0% | 124.1% | 112.0% | 110.0% |

*Barriers to Program Expansion*

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 76% of programs.

- Non-competitive faculty salaries (53%), insufficient number of qualified clinical faculty (50%), and classroom faculty (43%) were also frequently reported barriers to expansion.

- Of the 135 programs that responded, six programs reported no barriers to expansion (4%).

**Table 55. Barriers to Program Expansion by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | Total |
|---|---|---|---|---|---|
| Insufficient number of clinical sites | 78.0% | 57.1% | 76.5% | 75.0% | 76.3% |
| Faculty salaries not competitive | 53.7% | 85.7% | 58.8% | 16.7% | 53.3% |
| Insufficient number of qualified clinical faculty | 51.2% | 71.4% | 47.1% | 33.3% | 49.6% |
| Insufficient number of qualified classroom faculty | 42.7% | 57.1% | 44.1% | 33.3% | 43.0% |
| Insufficient funding for faculty salaries | 31.7% | 57.1% | 32.4% | 8.3% | 31.1% |
| Insufficient number of physical facilities and space for classrooms | 24.4% | 28.6% | 23.5% | 41.7% | 25.9% |
| Insufficient number of physical facilities and space for skills labs | 22.0% | 14.3% | 23.5% | 25.0% | 22.2% |
| Insufficient funding for program support (e.g. clerical, travel, supplies, equipment) | 18.3% | 42.9% | 8.8% | 8.3% | 16.3% |
| Insufficient number of allocated spaces for the nursing program | 12.2% | 0.0% | 20.6% | 16.7% | 14.1% |
| Insufficient support for nursing school by college or university | 12.2% | 14.3% | 8.8% | 8.3% | 11.1% |
| Other | 6.1% | 14.3% | 8.8% | 16.7% | 8.1% |
| Insufficient financial support for students | 6.1% | 0.0% | 2.9% | 8.3% | 5.2% |
| No barriers to program expansion | 3.7% | 0.0% | 5.9% | 8.3% | 4.4% |
| **Number of programs reporting** | **82** | **7** | **34** | **12** | **135** |

*Program Expansion Strategies*

- 98% (n=101) of the 103 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.

- The most frequently-reported strategies to mitigate the lack of clinical sites were use of human patient simulators, twelve-hour shifts, and community based/ambulatory care.

**Table 56. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type**

| | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Human patient simulators | 87.3% | 50.0% | 68.0% | 88.9% | 81.2% |
| Twelve-hour shifts | 73.0% | 50.0% | 88.0% | 88.9% | 77.2% |
| Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers) | 66.7% | 50.0% | 76.0% | 88.9% | 70.3% |
| Weekend shifts | 66.7% | 100.0% | 52.0% | 77.8% | 65.3% |
| Innovative skills lab experiences | 58.7% | 50.0% | 64.0% | 100.0% | 63.4% |
| Evening shifts | 52.4% | 75.0% | 60.0% | 88.9% | 58.4% |
| Regional computerized clinical placement system | 46.0% | 50.0% | 64.0% | 77.8% | 53.5% |
| Preceptorships | 44.4% | 25.0% | 40.0% | 44.4% | 42.6% |
| Non-traditional clinical sites (e.g. correctional facilities) | 19.0% | 25.0% | 52.0% | 88.9% | 33.7% |
| Night shifts | 9.5% | 0.0% | 52.0% | 77.8% | 25.7% |
| Other | 4.8% | 0.0% | 4.0% | 11.1% | 5.0% |
| **Number of programs reporting** | **63** | **4** | **25** | **9** | **101** |

*Denial of Clinical Space and Access to Alternative Clinical Sites*

- In 2016-2017 a total of 77 programs (55%) reported that they were denied access to a clinical placement, unit, or shift.

- 40% (n=31) of programs that were denied clinical placement, unit, or shift were offered an alternative.

- The lack of access to clinical space resulted in a loss of 302 clinical placements, units, or shifts, which affected 2,147 students.

**Table 57. RN Programs Denied Clinical Space by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| **Programs Denied Clinical Placement, Unit, or Shift** | **48** | **3** | **18** | **8** | **77** |
| % of programs | 57.1% | 42.9% | 48.6% | 61.5% | 54.6% |
| Programs Offered Alternative by Site | 16 | 0 | 10 | 5 | 31 |
| Placements, Units, or Shifts lost | 130 | 29 | 110 | 33 | 302 |
| **Number of programs reporting** | **84** | **7** | **37** | **13** | **141** |

- In addition, 60 programs (43%) reported that there were fewer students allowed for a clinical placement, unit, or shift in 2016-2017 than in the prior year.

**Table 58. RN Programs That Reported Fewer Students Allowed for Clinical Space**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Fewer Students Allowed for a Clinical Placement, Unit, or Shift | 33 | 3 | 18 | 6 | 60 |
| **Number of programs reporting** | **84** | **7** | **37** | **12** | **140** |

- More than two-thirds of programs (69%) reported lost placement sites in Medical/Surgical clinical areas. More than one-third of programs reported lost placement sites in preceptorships (35%) and pediatrics (34%).

**Table 59. Clinical Area that Lost Placements, Shifts or Units by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Medical/Surgical | 60.4% | 33.3% | 88.9% | 87.5% | 68.8% |
| Preceptorship | 41.7% | 0.0% | 22.2% | 37.5% | 35.1% |
| Pediatrics | 31.3% | 100.0% | 38.9% | 12.5% | 33.8% |
| Obstetrics | 18.8% | 66.7% | 44.4% | 37.5% | 28.6% |
| Geriatrics | 18.8% | 0.0% | 38.9% | 50.0% | 26.0% |
| Psychiatry/Mental Health | 18.8% | 0.0% | 27.8% | 62.5% | 24.7% |
| Critical Care | 4.2% | 0.0% | 22.2% | 12.5% | 9.1% |
| Community Health | 6.3% | 0.0% | 16.7% | 12.5% | 9.1% |
| Other | 4.2% | 0.0% | 5.6% | 0.0% | 3.9% |
| **Number of programs reporting** | **48** | **3** | **18** | **8** | **77** |

*Reasons for Clinical Space Being Unavailable*

- Staff nurse overload or insufficient qualified staff was the most frequently reported reason why programs were denied clinical space (52%)

- "Displaced by another program" (51%) and "competition for space arising from an increase in the number of nursing students" (50%) were the second and third most important reasons.

- "Displaced by another program" was the top reason for ELM program loss of clinical space.

- Only one program reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement. In a separate question, ten programs (7%) reported providing financial support to secure a clinical placement.

**Table 60. Reasons for Clinical Space Being Unavailable by Program Type**

|  | ADN | LVN-to-ADN | BSN | LM | All Programs |
|---|---|---|---|---|---|
| Staff nurse overload or insufficient qualified staff | 52.1% | 33.3% | 50.0% | 62.5% | 51.9% |
| Displaced by another program | 50.0% | 0.0% | 44.4% | 87.5% | 50.6% |
| Competition for clinical space due to increase in number of nursing students in region | 50.0% | 33.3% | 55.6% | 37.5% | 49.4% |
| Visit from Joint Commission or other accrediting agency | 35.4% | 0.0% | 27.8% | 50.0% | 33.8% |
| No longer accepting ADN students* | 39.6% | 66.7% | 0.0% | 0.0% | 27.3% |
| Nurse residency programs | 20.8% | 33.3% | 27.8% | 50.0% | 26.0% |
| Change in facility ownership/management | 20.8% | 0.0% | 33.3% | 37.5% | 24.7% |
| Other clinical facility business needs/changes in policy | 18.8% | 0.0% | 22.2% | 37.5% | 20.8% |
| Decrease in patient census | 12.5% | 33.3% | 27.8% | 25.0% | 18.2% |
| Closure, or partial closure, of clinical facility | 16.7% | 0.0% | 16.7% | 37.5% | 18.2% |
| Clinical facility seeking magnet status | 22.9% | 33.3% | 0.0% | 0.0% | 15.6% |
| Other | 8.3% | 0.0% | 27.8% | 25.0% | 14.3% |
| Implementation of Electronic Health Records system | 4.2% | 0.0% | 38.9% | 12.5% | 13.0% |
| The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay* | 2.1% | 0.0% | 0.0% | 0.0% | 1.3% |
| **Number of programs reporting** | **48** | **3** | **18** | **6** | **77** |

* Not asked of BSN or ELM programs.

- Most programs reported that the lost site was replaced at a different clinical site currently being used by the program. More than half of the programs affected were able to replace the lost space with a new site.

**Table 61. Strategies to Address Lost Clinical Space by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Replaced lost space at different site currently used by nursing program | 53.2% | 33.3% | 88.9% | 62.5% | 61.8% |
| Added/replaced lost space with new site | 46.8% | 66.7% | 61.1% | 87.5% | 55.3% |
| Clinical simulation | 42.6% | 33.3% | 33.3% | 50.0% | 40.8% |
| Replaced lost space at same clinical site | 34.0% | 33.3% | 33.3% | 50.0% | 35.5% |
| Reduced student admissions | 10.6% | 0.0% | 5.6% | 12.5% | 9.2% |
| Other | 10.6% | 0.0% | 5.6% | 0.0% | 7.9% |
| **Number of programs reporting** | **47** | **3** | **18** | **8** | **76** |

*Alternative Clinical Sites*

- 51 programs reported increasing out-of-hospital clinical placements in 2016-2017.

- Skilled nursing/rehabilitation facilities, public health or community health agencies, and surgery centers/ ambulatory care centers were the top alternative out-of-hospital clinical sites reported by these 51 programs.

- Childcare facilities and camps were mentioned by six of the twelve sites that described an "other" placement site.

**Table 62. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Skilled nursing/rehabilitation facility | 38.2% | 0.0% | 54.5% | 0.0% | 37.3% |
| Surgery center/ambulatory care center | 41.2% | 50.0% | 18.2% | 25.0% | 35.3% |
| Public health or community health agency | 26.5% | 0.0% | 72.7% | 25.0% | 35.3% |
| Medical practice, clinic, physician office | 32.4% | 0.0% | 36.4% | 25.0% | 31.4% |
| Outpatient mental health/substance abuse | 23.5% | 0.0% | 54.5% | 50.0% | 31.4% |
| Home health agency/home health service | 26.5% | 0.0% | 54.5% | 0.0% | 29.4% |
| School health service (K-12 or college) | 23.5% | 0.0% | 36.4% | 25.0% | 25.5% |
| Other | 26.5% | 50.0% | 9.1% | 25.0% | 23.5% |
| Hospice | 14.7% | 0.0% | 45.5% | 25.0% | 21.6% |
| Urgent care, not hospital-based | 14.7% | 0.0% | 0.0% | 0.0% | 9.8% |
| Correctional facility, prison or jail | 8.8% | 0.0% | 9.1% | 0.0% | 7.8% |
| Case management/disease management | 2.9% | 0.0% | 27.3% | 0.0% | 7.8% |
| Renal dialysis unit | 5.9% | 0.0% | 9.1% | 0.0% | 5.9% |
| Occupational health or employee health service | 0.0% | 0.0% | 9.1% | 0.0% | 2.0% |
| **Number of programs reporting** | **34** | **2** | **11** | **4** | **51** |

*LVN to BSN Education*

- Five BSN programs reported LVN-to-BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.

  - In 2016-2017, programs received 284 qualified applications for 168 admission spaces available for LVN-to-BSN students.

  - Four schools reported admission criteria. Minimum/cumulative GPA and minimum grade level in prerequisite courses as criteria for admission (100%), and science GPA (75%) were the most commonly reported criteria.

**Table 63. LVN to BSN Admission Criteria**

| | # LVN-to-BSN Programs |
|---|---|
| Minimum/Cumulative GPA | 4 |
| Completion of prerequisite courses (including recency and/or repetition) | 4 |
| Science GPA | 3 |
| Minimum grade level in prerequisite courses | 1 |
| Geographic location | 1 |
| Pre-enrollment assessment test (TEAS, SAT, ACT, GRE) | 1 |
| Personal statement | 1 |
| Interview | 1 |
| Letter of reference/recommendation | 1 |
| Holistic review (e.g. residency, language skills, veteran status, other life experiences) | 1 |
| Other | 1 |
| None | 0 |
| Health-related work experience | 0 |
| Lottery | 0 |
| **Number of programs reporting** | **4** |

- Ranking by specific criteria (75%) was the most commonly reported method for selecting students for admission to LVN-to-BSN programs.

**Table 64. LVN to BSN Selection Criteria**

| | # LVN-to-BSN Programs |
|---|---|
| Ranking by specific criteria | 3 |
| Interviews | 1 |
| Goal statement | 1 |
| First come, first served from the waiting list | 1 |
| Rolling admissions (based on application date for the quarter/semester) | 0 |
| Other | 0 |
| **Number of programs reporting** | **4** |

*LVN-to-ADN Education*

- Seven nursing programs exclusively offer LVN-to-ADN education.

- Of the 83 generic ADN programs, 39% (n=32) reported having a separate track for LVNs and 71% (n=59) admit LVNs to the generic ADN program on a space-available basis.

- Twenty-four (29%) generic ADN programs reported having a separate waiting list for LVNs.

- On October 15, 2017, there were a total of 361 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.6 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.

- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN-to-ADN education are bridge courses and skills lab courses to document competencies.

**Table 65. LVN-to-ADN Articulation by Program Type**

|  | ADN | LVN-to-ADN | BSN | All Programs |
|---|---|---|---|---|
| Bridge course | 70.7% | 57.1% | 34.8% | 61.9% |
| Use of skills lab course to document competencies | 54.7% | 57.1% | 47.8% | 53.3% |
| Credit granted for LVN coursework following successful completion of a specific ADN course(s) | 36.0% | 42.9% | 34.8% | 36.2% |
| Use of tests (such as NLN achievement tests or challenge exams to award credit) | 30.7% | 28.6% | 56.5% | 36.2% |
| Direct articulation of LVN coursework | 20.0% | 42.9% | 34.8% | 24.8% |
| Specific program advisor | 16.0% | 28.6% | 30.4% | 20.0% |
| Other | 10.7% | 0.0% | 13.0% | 10.5% |
| **Number of programs reporting** | **75** | **7** | **23** | **105** |

## Partnerships

- Eighty nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

**Table 66. Number of RN Programs that Partner with Other Nursing Programs by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| Programs that partner with another program leading to higher degree | 64 | 5 | 10 | 1 | 80 |

## Professional Accreditation

- None of the LVN-to-ADN programs and 35% of ADN programs reported professional accreditation. Most BSN and all ELM programs reported some form of accreditation.

- 35% of ADN programs reported having ACEN accreditation, as did 3% of BSN programs; 97% of BSN programs and 100% of ELM programs reported having CCNE accreditation.

**Table 67. Professional Accreditation for Eligible Programs by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM |
|---|---|---|---|---|
| ACEN (formerly NLNAC) | 35.1% | 0.0% | 2.7% | 0.0% |
| CCNE* | 0.0% | 0.0% | 97.3% | 100.0% |
| CNEA | 0.0% | 0.0% | 0.0% | 0.0% |
| Not accredited | 64.9% | 100.0% | 0.0% | 0.0% |
| # Unknown/ unreported | 0.0% | 0.0% | 0.0% | 0.0% |
| **Number of programs reporting** | **77** | **5** | **37** | **12** |

* NA – Not Applicable, CCNE does not accredit ADN programs.

*First Time NCLEX Pass Rates*

- In 2016-2017, 90% (n=10,004) of nursing students who took the NCLEX for the first time passed the exam.

- The NCLEX pass rate was highest for students who graduated from BSN programs (92%).

**Table 68. First Time NCLEX Pass Rates by Program Type**

|  | ADN | LVN-to-ADN | BSN | ELM | All Programs |
|---|---|---|---|---|---|
| **First Time NCLEX\* Pass Rate** | **88.6%** | **75.8%** | **91.6%** | **89.9%** | **89.5%** |
| # Students that took the NCLEX | 5,569 | 364 | 4,961 | 278 | 11,172 |
| # Students that passed the NCLEX | 4,934 | 276 | 4,544 | 250 | 10,004 |

*These data represent nursing students who took the NCLEX for the first time in 2016-17.

- NCLEX pass rates in accelerated programs were similar to those in traditional programs; 89% (n=2,185) of nursing students in an accelerated track who took the NCLEX for the first time in 2016-2017 passed the exam.

- Accelerated ELM programs had a higher average pass rate than their traditional counterparts. Accelerated ADN programs had a lower pass rate than their traditional counterparts. Accelerated BSN programs had roughly the same pass rates as traditional BSN programs.

**Table 69. NCLEX Pass Rates for Accelerated Programs by Program Type**

|  | ADN | BSN | ELM | All Programs |
|---|---|---|---|---|
| **First Time NCLEX\* Pass Rate** | **68.9%** | **90.5%** | **95.2%** | **89.4%** |
| # Students that took the NCLEX | 135 | 2,245 | 63 | 2,443 |
| # Students that passed the NCLEX | 93 | 2,032 | 60 | 2,185 |

*These data represent nursing students who took the NCLEX for the first time in 2016-17.

*NCLEX Review*

- In 2016-2017, respondents were asked to describe any NCLEX review courses their programs offered, whether pre- or post-graduation.

- 36% of programs reporting (n=51) offered an elective/non-mandatory comprehensive NCLEX review course to students within two to four weeks prior to expected graduation date.

- 48% (n=66) offered an elective/non-mandatory comprehensive NCLEX review course to students after they graduated from the program.

- For the majority of programs offering an NCLEX review course prior to graduation, all program graduates took the course.

**Table 70. Percent of Program Graduates Who Take Comprehensive NCLEX Review Courses**

| Percent of Students | % of programs | # of programs |
|---------------------|---------------|---------------|
| 100% of students | 70.0% | 35 |
| 75% of students | 20.0% | 10 |
| 50% of students | 8.0% | 4 |
| <25% of students | 2.0% | 1 |
| **Total** | **100.0%** | **50** |

- At most programs, the comprehensive pre-graduation NCLEX review course was taught by vendor instructors. A number of respondents also indicated that they used online courses.

**Table 71. Who Teaches NCLEX Review Course?**

| | % of programs | # of programs |
|---|---------------|---------------|
| NCLEX prep vendor instructor(s) | 86.3% | 44 |
| Other | 15.7% | 8 |
| Program faculty only | 9.8% | 5 |
| **Total** | | **51** |

- In most programs, the pre-graduation NCLEX review course was a face-to-face class on campus but, as noted previously, a large percentage of programs used online course packages.

**Table 72. Method of Delivering NCLEX Review Course**

|  | % of programs | # of programs |
|---|---|---|
| Face to face on campus | 66.7% | 34 |
| Online/virtual | 15.7% | 8 |
| Hybrid | 13.7% | 7 |
| Face to face off campus | 3.9% | 2 |
| **Total** | **100.0%** | **51** |

- For the majority of programs (56%), the program paid the full price of the pre-graduation NCLEX review course for all students who enrolled.

**Table 73. Who Pays for NCLEX Review Course?**

|  | % of programs | # of programs |
|---|---|---|
| Program pays the full price for all students who enroll in the review course (i.e., through budget, scholarship, grant funding, etc.) | 56.0% | 28 |
| Student pays the full price for the review course offered by the | 22.0% | 11 |
| Student pays for the review course but receives a price discount | 22.0% | 11 |
| **Total** | **100.0%** | **50** |

- For the 48% of programs who offered their NCLEX review course after graduation, nearly all offered the course within one to four weeks after graduation.

- Respondents were asked why they offered the course after graduation. Most comments indicated that students were better prepared having completed their courses and more able to focus after final course exams. In addition, classroom space was more likely to be available at this time.

**Table 74. When is the Post-graduation Course Offered?**

|  | % of programs | # of programs |
|---|---|---|
| 1-4 weeks after graduation | 92.4% | 61 |
| 5-8 weeks after graduation | 4.5% | 3 |
| More than 8 weeks after graduation | 3.0% | 2 |
| **Total** | **100.0%** | **66** |

*Clinical Simulation*

- In 2016-2017, new questions were added to the survey to obtain additional information about program funding for clinical simulation and program planning activities.

- 136 of 141 nursing programs (96%) reported using clinical simulation in 2016-2017.

- Almost half (48%, n=68) of the 141 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

- Half or more of funding for simulation purchases, maintenance, and faculty development and training came from the school's operating budget. A sizable proportion also came from government grants. Relatively little came from industry or private foundations and donors.

**Table 75. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training**

| | Purchases | Maintenance | Faculty Development/ Training |
|---|---|---|---|
| Your college/university operating budget | 49.8% | 64.6% | 55.5% |
| Government (i.e. federal/state grants, Chancellor's Office, Federal Workforce Investment Act) | 37.6% | 27.2% | 36.6% |
| Other | 4.1% | 1.0% | 5.8% |
| Foundations, private donors | 7.6% | 6.6% | 2.3% |
| Industry (i.e. hospitals, health systems) | 1.3% | 0.6% | 0.2% |
| **Programs reporting** | **136** | **136** | **136** |

- 76% (n=104) of these programs had in place simulation policies and procedures to ensure quality and consistent simulation experiences.

- The most common policy or procedure was the development, use and revision of simulation materials for participants, faculty, and staff. The least commonly cited, besides "other", was "required initial and ongoing simulation training for faculty and staff."

**Table 76. Policies and Procedures to Ensure Quality of Simulation**

|  | % of programs | # of programs |
|---|---|---|
| Development, use and revision of simulation materials for participants, faculty, staff | 81.7% | 85 |
| Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators | 76.9% | 80 |
| Adherence to simulation related Professional Integrity requirements | 76.0% | 79 |
| Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation | 73.1% | 76 |
| Required faculty, staff and participant orientation | 72.1% | 75 |
| Continuous quality improvement mechanisms used | 63.5% | 66 |
| Required initial and ongoing simulation training for faculty and staff (i.e. courses, conferences) | 51.9% | 54 |
| Other participant requirements related to simulation. | 36.5% | 38 |
| **Number of programs reporting** | **100.0%** | **104** |

- About half (51%, n=70) of programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum.

- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics. However, the majority of programs included each of the listed elements, with the least common being abbreviated course-by-course simulation objectives and expected outcomes (no one selected "other").

**Table 77. Elements of Simulation Plan**

|  | % of programs | # of programs |
|---|---|---|
| Course by course simulation topics | 81.4% | 57 |
| How simulation is integrated throughout the curriculum | 80.0% | 56 |
| Number of hours for each simulation | 77.1% | 54 |
| Total number of hours for each course | 74.3% | 52 |
| Abbreviated course by course simulation objectives/expected outcomes | 64.3% | 45 |
| Other | 0.0% | 0 |
| **Number of programs reporting** | **100.0%** | **70** |

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan. There were a number of write-in answers indicating that lack of a clinical coordinator was a barrier to developing a written plan.

**Table 78. Reasons Why the Program Does Not Have a Written Plan**

|  | % of programs | # of programs |
|---|---|---|
| Faculty in process of developing a plan | 57.6% | 38 |
| Time or other limitations have delayed development of a written simulation plan | 37.9% | 25 |
| Simulation coordinator is developing or assisting faculty with plan development | 31.8% | 21 |
| Other | 13.6% | 9 |
| Faculty unaware that use of a written plan is a suggested "best practice" | 12.1% | 8 |
| No simulation coordinator* | 12.1% | 8 |
| **Number of programs reporting** | **100.0%** | **66** |

*Answer category derived from write-in answers.

- Only three percent of schools had not integrated recognized simulation standards (i.e. INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.

- About one-fifth (22%) had integrated simulation standards completely, while 72% had somewhat or mostly integrated these standards.

- Three percent noted that they were not familiar with the standards.

**Table 79. Extent of Integration of Recognized Simulation Standards**

|  | % of programs | # of programs |
|---|---|---|
| Not at all | 3.0% | 4 |
| Somewhat | 31.9% | 43 |
| Mostly | 40.0% | 54 |
| Completely | 22.2% | 30 |
| Not familiar with the standards | 3.0% | 4 |
| **Number of programs reporting** | **100.0%** | **135** |

- One-third (33%, n=45) of respondents agreed that the majority of their clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations CCR 1426 (g) (2) and 1420 (e).

- Those that indicated that the majority of their clinical courses did not use 25% of clinical course hours for simulation/skills labs were asked why. The main reason selected by nearly three-quarters of respondents (72%) was that programs had enough clinical placements or direct patient care learning opportunities available.

**Table 80. Reasons Why Programs Do Not Comply with CCR 1426(g)(2)**

|  | % of programs | # of programs |
|---|---|---|
| Have enough clinical placements available/direct patient care learning opportunities available | 72.2% | 65 |
| Availability of trained staff/technicians and or faculty limits increased use | 51.1% | 46 |
| Faculty prefer to use other available clinical training methods | 28.9% | 26 |
| Available simulation space/equipment/supplies limit increased use | 26.7% | 24 |
| Costs/funding associated with simulation supplies/maintenance prohibit use or increased use | 17.8% | 16 |
| Instructional materials are not yet developed/validated | 12.2% | 11 |
| Other | 4.4% | 4 |
| **Number of programs reporting** | **100.0%** | **90** |

- Respondents were asked identify the areas where simulation activities are used to achieve objectives/learning outcomes.

- The most common area was in critical thinking/decision making/managing priorities of care. The least common was management of legal/ethical situations and "other". However, a large majority of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except "other" and legal/ethical situations.

**Table 81. Areas Where Simulation is Used to Achieve Learning Objectives**

| | % of programs | # of programs |
|---|---|---|
| Critical thinking/decision making/managing priorities of care | 94.1% | 127 |
| Preparation for direct clinical patient care | 89.6% | 121 |
| Application of nursing knowledge/use of the nursing process | 88.9% | 120 |
| Patient safety/Staff safety and quality of care | 88.9% | 120 |
| Teamwork/Inter-professional collaboration | 86.7% | 117 |
| Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration | 85.9% | 116 |
| Communication/crucial conversations | 83.0% | 112 |
| Manage high risk, low volume care and emergency situations | 78.5% | 106 |
| Leadership/Delegation/Role clarification | 73.3% | 99 |
| Guaranteed exposure to critical content areas not available in the direct care setting | 68.1% | 92 |
| Management of Legal/Ethical situations | 47.4% | 64 |
| Other | 5.2% | 7 |
| **Number of programs reporting** | **100.0%** | **135** |

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 8% of programs (n=11) reported doing so.

- These program representatives were asked to describe the quantitative and qualitative measures used. They are listed below.

**Table 82. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates**

| | Quantitative Measures |
|---|---|
| 1 | Each simulation experience is measured using quantitative tools from the simulation accreditation organization.  Simulation is tied to NCLEX content areas such as basic care and comfort. |
| 2 | Incorporation of Kaplan and other NCLEX prep activities within the curriculum / Department PLO's / Senior Skill and Simulation Validation |
| 3 | SET-M: Simulation Effectiveness Tool - Modified |
| 5 | 1. Survey Monkey using NLN Question for Faculty and Students 2. NLN student Satisfaction and Self-Confidence in Learning 3. NCLEX Exam Pre-Test Sim 4. Evaluation Survey of the Expected Performance Standards and outcomes post simulation 5. Competency Check-Offs Procedures. |
| 6 | The students complete the LROSE (Learning Reflections on the Simulation Experience) survey. It is an evaluation tool initially developed in 2015 with validation & reliability established in 2016. Each academic term an average of XX surveys are completed by nursing students. There are 12 Likert questions measuring perceptions of clinical reasoning & decision-making practices, connection between theory & practice, clinical assessment skills for possible pt outcomes & enhancements of communication with faculty & peers. |

**Table 83. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates**

| | Qualitative Measures |
|---|---|
| 1 | Debriefing and Clinical Evaluation Tool |
| 2 | Each simulation experience is measured using qualitative tools from the simulation accreditation organization. Simulation is tied to NCLEX content areas such as basic care and comfort. |
| 3 | Student and faculty feedback / Curriculum review with content expert / Curriculum mapping to assure content is introduced and subsequently developed |
| 4 | Students are asked what worked well & what can be improved. |
| 5 | Survey Monkey required of all students to evaluate program resources, and classroom, clinical, and simulation experiences. |

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. A little over one-third of programs (36%, n=49) responded affirmatively.

- Those who had students evaluate every simulation session with a nationally-recognized tool were asked to name the tools they used to measure simulation effectiveness. Respondents provided a range of answers, sometimes referring generically to surveys (many created by faculty or staff), debriefs, or check sheets. Some named a source and/or provided the specific name for the tools. That information is summarized below:

**Table 84. Nationally Recognized Tools Used to Evaluate Simulation Courses**

| Tools Used | Total |
|---|---|
| NLN/Laerdal tools | 7 |
| SET-M | 6 |
| QSEN | 4 |
| CAE | 2 |
| Society for Simulation in Healthcare | 2 |
| C-CEI | 1 |
| GAS/GRASP | 1 |
| Lasater Clinical Judgment Rubric | 1 |
| **Number of programs reporting** | **38** |

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. The following table summarizes that information, much of which was similar to that provided to the question about tools used by those who had students evaluate each course with a nationally-recognized tool.

- A large number of respondents simply noted that they used an "evaluation tool". Many noted using an internally developed survey, often administered via SurveyMonkey or Qualtrics. Many mentioned a debrief session either in conjunction with other modes or on its own. Student feedback was also mentioned, but whether this was written or verbal is unclear. Some included questions about simulation on their course evaluations. Finally, some respondents mentioned assessing student learning via the simulation session itself.

**Table 85. Other Tools Used to Evaluate Simulation Courses**

| Tools Used | Total |
|---|---|
| "Evaluation tool" | 22 |
| Survey | 12 |
| Debrief | 12 |
| Course evaluations | 12 |
| Skills/SLO assessment | 7 |
| Student feedback | 4 |
| Checklist | 2 |
| LROSE | 2 |
| Lasater Clinical Judgment Rubric | 1 |
| SET-M | 1 |
| Journal | 1 |
| Skills practicum | 1 |
| Written evaluation | 1 |
| **Number of programs reporting** | **76** |

- Respondents were asked what types of simulation they used in different topic areas.

- Mannequin-based simulation was the primary form of simulation that programs used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics, although it was used by fewer programs in the area of geriatrics.

- Role-play with other students was used more frequently in psychiatry/mental health, with 62% of programs reporting that they used this mode of simulation in this topic area. Standardized patients were also used more in psychiatry/mental health than in other topic areas, with 32% of programs reporting its use in this topic area.

- One quarter of programs did not use simulation in leadership/management courses; and one in five programs did not use simulation in psychiatry/mental health courses.

- Other types of courses in which simulation was used included community health (6 mentions), critical care (2 mentions), and preceptorships (3 mentions).

- Other types of simulation used included Hearing Voices (5 mentions) and task trainers (3 mentions). In addition, some programs used role-play with faculty, online case studies, and mock interviews with root cause analysis.

### Table 86. Type of Simulation Used by Topic Area

| | Funda-mentals | Med/ Surg | Obstetrics | Pediatrics | Geriatrics | Psychiatry / MH | Leadership Mgmt | Other Type of Course |
|---|---|---|---|---|---|---|---|---|
| Mannequin-based | 79.4% | 93.2% | 86.8% | 85.6% | 67.8% | 18.9% | 44.7% | 18.8% |
| Computer based scenarios | 45.3% | 56.8% | 45.7% | 50.4% | 46.6% | 31.1% | 30.7% | 31.3% |
| Role Play with other students | 56.3% | 48.5% | 32.6% | 39.2% | 40.7% | 62.3% | 44.7% | 6.3% |
| Standardized patients (actors) | 22.7% | 22.7% | 18.6% | 16.0% | 16.9% | 32.0% | 20.2% | 25.0% |
| Other type of simulation | 3.1% | 3.0% | 3.1% | 4.0% | 1.7% | 6.6% | 5.3% | 43.8% |
| None | 12.5% | 0.8% | 5.4% | 7.2% | 11.9% | 19.7% | 24.6% | 12.5% |
| **Number of programs reporting** | **131** | **135** | **132** | **128** | **120** | **124** | **117** | **16** |

- Respondents were asked what types of simulation they planned to use in different topic areas in the next two to three years.

- Mannequin-based simulation was foreseen to be the primary form of simulation that programs used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics, with a projected 9-percentage point increase of its use in geriatrics.

- Role-play with other students was expected to be more frequently used in psychiatry/mental health, as were standardized patients. Programs also anticipated a 19-percentage point increase in the use of mannequin-based simulation in this area.

- In all topic areas except "other", programs anticipated substantial increases in use of computer-based scenarios.

- Overall, programs anticipated using simulation more in all topic areas except "other".

- Other types of simulation activities that programs anticipated using in the future included greater use of virtual reality (5 mentions), Hearing Voices (5), Unfolding Scenario (1) and the Objective Structured Clinical Examination (OSCE) (1).

**Table 87. Type of Simulation Anticipated in 2-3 Years by Topic Area**

| | Funda-mentals | Med/ Surg | Obstetrics | Pediatrics | Geriatrics | Psychiatry/ MH | Leadership Mgmt | Other Type of Course |
|---|---|---|---|---|---|---|---|---|
| Mannequin-based | 86.8% | 90.9% | 85.5% | 87.3% | 76.9% | 38.1% | 51.7% | 47.1% |
| Computer based scenarios | 62.0% | 77.3% | 71.0% | 73.8% | 65.3% | 51.6% | 48.3% | 17.6% |
| Role Play with other students | 58.9% | 50.8% | 35.1% | 46.0% | 39.7% | 63.5% | 55.9% | 23.5% |
| Standardized patients (actors) | 36.4% | 35.6% | 26.7% | 24.6% | 28.9% | 42.9% | 28.0% | 47.1% |
| Other type of simulation | 6.2% | 9.1% | 6.9% | 9.5% | 5.8% | 8.7% | 7.6% | 5.9% |
| None | 3.1% | 0.0% | 2.3% | 3.2% | 6.6% | 4.8% | 10.2% | 11.8% |
| **Number of programs reporting** | **129** | **132** | **131** | **126** | **121** | **126** | **118** | **17** |

*Clinical Training in Nursing Education*

- The largest proportion of clinical hours in all programs is in direct inpatient care. The overall proportion is similar across program types.

- Medical/surgical is the content area in which programs use the most hours of clinical simulation.

- Relatively few hours were allocated to clinical simulation (5-7%) and clinical observation (1-2%).

**Table 88. Average Hours Spent in Clinical Training by Program Type and Content Area**

| Content Area | Direct Patient Care--Inpatient | | | Direct Patient Care--Outpatient | | | Skills Labs | | |
|---|---|---|---|---|---|---|---|---|---|
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Medical/Surgical | 338.9 | 253.3 | 226.9 | 8.0 | 10.7 | 1.4 | 40.8 | 20.9 | 20.5 |
| Fundamentals | 82.3 | 62.7 | 66.3 | 5.5 | 3.3 | 3.1 | 54.2 | 48.5 | 36.7 |
| Obstetrics | 67.3 | 87.3 | 79.2 | 1.6 | 4.2 | 0.6 | 6.8 | 6.6 | 7.7 |
| Pediatrics | 61.5 | 86.6 | 80.0 | 8.4 | 5.8 | 2.7 | 6.4 | 6.7 | 7.2 |
| Geriatrics | 69.5 | 91.6 | 44.6 | 5.3 | 4.0 | 2.8 | 3.7 | 8.9 | 2.6 |
| Psychiatry/ Mental Health | 70.2 | 89.7 | 79.2 | 6.8 | 9.9 | 3.3 | 4.3 | 3.2 | 3.2 |
| Leadership/ Management | 51.4 | 75.5 | 64.5 | 2.7 | 1.3 | 0.0 | 2.5 | 1.4 | 0.3 |
| Other | 5.9 | 59.6 | 30.9 | 1.4 | 19.9 | 24.6 | 2.3 | 4.9 | 4.3 |
| **Total average clinical hours** | **747.0** | **806.2** | **671.7** | **39.7** | **59.1** | **38.4** | **121.1** | **101.2** | **82.5** |
| **Number of programs reporting** | **89** | **36** | **13** | **89** | **37** | **13** | **89** | **36** | **13** |
| Content Area | Clinical Simulation | | | Clinical Observation | | | Total Clinical Hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Medical/Surgical | 26.3 | 21.7 | 11.8 | 4.8 | 1.2 | 1.8 | 418.1 | 307.9 | 262.5 |
| Fundamentals | 7.4 | 7.2 | 2.8 | 1.8 | 0.4 | 0.0 | 150.2 | 122.0 | 108.9 |
| Obstetrics | 7.6 | 8.6 | 7.4 | 1.2 | 1.1 | 0.9 | 83.7 | 107.8 | 95.8 |
| Pediatrics | 6.7 | 7.5 | 4.9 | 3.1 | 1.1 | 1.2 | 86.0 | 107.7 | 96.0 |
| Geriatrics | 5.1 | 8.4 | 2.3 | 1.1 | 0.7 | 0.0 | 83.6 | 113.7 | 52.3 |
| Psychiatry/ Mental Health | 4.5 | 6.9 | 6.1 | 1.4 | 1.1 | 0.0 | 87.2 | 110.5 | 91.8 |
| Leadership/ Management | 2.0 | 3.8 | 1.7 | 1.6 | 0.9 | 0.0 | 58.7 | 82.8 | 66.5 |
| Other | 0.6 | 5.3 | 0.9 | 0.0 | 1.3 | 1.2 | 10.2 | 90.8 | 61.9 |
| **Total average clinical hours** | **60.0** | **69.6** | **38.0** | **15.0** | **7.8** | **5.2** | **977.8** | **1043.3** | **835.8** |
| **Number of programs reporting** | **89** | **36** | **13** | **89** | **36** | **13** | **89** | **36** | **13** |

- In each content area and clinical experience, the majority of programs planned to maintain the current balance of clinical training hours over the next 12 months for each clinical experience type and content area listed in the table below.

- In most content areas, if there was a planned change, respondents were more likely to report a planned decrease in clinical hours in direct patient care and an increase in hours in clinical simulation. In medical/surgical, fundamentals, obstetrics, and pediatrics there appeared to be a trend toward increasing hours in outpatient direct care.

**Table 89. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience \***

| Medical/Surgical | Decrease hours | | | Maintain hours | | | Increase hours | | |
|---|---|---|---|---|---|---|---|---|---|
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 5.6% | 10.8% | 8.3% | 85.6% | 83.8% | 91.7% | 8.9% | 5.4% | 0.0% |
| Direct outpatient care | 0.0% | 0.0% | 0.0% | 90.0% | 77.8% | 66.7% | 4.4% | 2.8% | 8.3% |
| Skills labs | 2.2% | 2.8% | 0.0% | 90.0% | 86.1% | 83.3% | 5.6% | 2.8% | 8.3% |
| Clinical simulation | 1.1% | 2.8% | 0.0% | 91.1% | 88.9% | 92.3% | 7.8% | 8.3% | 7.7% |
| Clinical observation | 0.0% | 0.0% | 0.0% | 92.2% | 80.6% | 83.3% | 0.0% | 0.0% | 8.3% |
| **Total clinical hours** | **2.2%** | **0.0%** | **0.0%** | **88.9%** | **94.4%** | **100.0%** | **8.9%** | **5.6%** | **0.0%** |
| Fundamentals | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 3.3% | 0.0% | 8.3% | 90.0% | 78.4% | 83.3% | 3.3% | 0.0% | 0.0% |
| Direct outpatient care | 1.1% | 0.0% | 0.0% | 88.9% | 80.6% | 75.0% | 2.2% | 2.8% | 8.3% |
| Skills labs | 2.2% | 0.0% | 0.0% | 93.3% | 89.2% | 91.7% | 4.4% | 5.4% | 8.3% |
| Clinical simulation | 0.0% | 1.1% | 0.0% | 86.7% | 77.8% | 92.3% | 10.0% | 11.1% | 7.7% |
| Clinical observation | 0.0% | 1.1% | 0.0% | 91.1% | 77.8% | 91.7% | 0.0% | 0.0% | 0.0% |
| **Total clinical hours** | **1.1%** | **0.0%** | **0.0%** | **0.0%** | **0.0%** | **100.0%** | **3.3%** | **2.8%** | **0.0%** |
| Obstetrics | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 8.9% | 18.9% | 16.7% | 86.7% | 81.1% | 83.3% | 3.3% | 0.0% | 0.0% |
| Direct outpatient care | 0.0% | 0.0% | 0.0% | 91.1% | 75.0% | 75.0% | 2.2% | 8.3% | 8.3% |
| Skills labs | 0.0% | 2.8% | 0.0% | 93.3% | 86.1% | 83.3% | 2.2% | 2.8% | 16.7% |
| Clinical simulation | 0.0% | 2.8% | 7.7% | 91.1% | 91.7% | 84.6% | 6.7% | 5.6% | 7.7% |
| Clinical observation | 0.0% | 0.0% | 0.0% | 92.2% | 80.6% | 91.7% | 1.1% | 0.0% | 0.0% |
| **Total clinical hours** | **3.3%** | **2.8%** | **0.0%** | **92.2%** | **94.4%** | **100.0%** | **3.3%** | **2.8%** | **0.0%** |
| Pediatrics | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 14.4% | 18.9% | 16.7% | 82.2% | 81.1% | 83.3% | 1.1% | 0.0% | 0.0% |
| Direct outpatient care | 3.3% | 0.0% | 0.0% | 81.1% | 75.0% | 66.7% | 7.8% | 8.3% | 16.7% |
| Skills labs | 0.0% | 2.8% | 0.0% | 94.4% | 86.1% | 83.3% | 1.1% | 2.8% | 16.7% |
| Clinical simulation | 0.0% | 2.8% | 7.7% | 86.7% | 88.9% | 84.6% | 10.0% | 8.3% | 7.7% |
| Clinical observation | 2.2% | 0.0% | 0.0% | 91.1% | 80.6% | 91.7% | 1.1% | 0.0% | 0.0% |
| **Total clinical hours** | **4.4%** | **2.8%** | **0.0%** | **92.2%** | **94.4%** | **100.0%** | **1.1%** | **2.8%** | **0.0%** |

\* Totals do not always sum to 100% because some programs answered "not applicable" or "unknown".

**Table 89. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)**

| Geriatrics | Decrease hours | | | Maintain hours | | | Increase hours | | |
|---|---|---|---|---|---|---|---|---|---|
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 1.1% | 2.7% | 0.0% | 94.4% | 89.2% | 100.0% | 2.2% | 2.7% | 0.0% |
| Direct outpatient care | 2.2% | 0.0% | 0.0% | 87.8% | 80.6% | 83.3% | 0.0% | 5.6% | 0.0% |
| Skills labs | 0.0% | 2.8% | 0.0% | 95.6% | 77.8% | 91.7% | 1.1% | 2.8% | 0.0% |
| Clinical simulation | 0.0% | 0.0% | 0.0% | 91.1% | 88.9% | 84.6% | 6.7% | 8.3% | 15.4% |
| Clinical observation | 0.0% | 0.0% | 0.0% | 95.6% | 80.6% | 83.3% | 0.0% | 0.0% | 0.0% |
| **Total clinical hours** | **0.0%** | **0.0%** | **0.0%** | **96.7%** | **97.2%** | **100.0%** | **2.2%** | **0.0%** | **0.0%** |
| **Psychiatry/ Mental Health** | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 3.3% | 13.5% | 0.0% | 94.4% | 86.5% | 100.0% | 2.2% | 0.0% | 0.0% |
| Direct outpatient care | 1.1% | 2.8% | 0.0% | 91.1% | 75.0% | 75.0% | 1.1% | 5.6% | 0.0% |
| Skills labs | 2.2% | 2.8% | 0.0% | 90.0% | 80.6% | 91.7% | 3.3% | 0.0% | 0.0% |
| Clinical simulation | 1.1% | 2.8% | 0.0% | 87.8% | 80.6% | 84.6% | 7.8% | 11.1% | 15.4% |
| Clinical observation | 1.1% | 0.0% | 0.0% | 94.4% | 80.6% | 91.7% | 1.1% | 0.0% | 0.0% |
| **Total clinical hours** | **2.2%** | **0.0%** | **0.0%** | **93.3%** | **100.0%** | **100.0%** | **4.4%** | **0.0%** | **0.0%** |
| **Leadership/ Management** | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient care | 3.3% | 8.1% | 8.3% | 91.1% | 86.5% | 83.3% | 1.1% | 0.0% | 0.0% |
| Direct outpatient care | 0.0% | 0.0% | 0.0% | 84.4% | 80.6% | 75.0% | 3.3% | 0.0% | 0.0% |
| Skills labs | 0.0% | 0.0% | 0.0% | 86.7% | 80.6% | 83.3% | 1.1% | 0.0% | 0.0% |
| Clinical simulation | 0.0% | 0.0% | 0.0% | 84.4% | 77.8% | 92.3% | 4.4% | 8.3% | 0.0% |
| Clinical observation | 0.0% | 0.0% | 0.0% | 88.9% | 83.3% | 83.3% | 0.0% | 0.0% | 0.0% |
| **Total clinical hours** | **0.0%** | **2.8%** | **0.0%** | **92.2%** | **94.4%** | **100.0%** | **3.3%** | **0.0%** | **0.0%** |
| **Other** | Decrease hours | | | Maintain hours | | | Increase hours | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| Direct inpatient Care | 0.0% | 0.0% | 0.0% | 91.1% | 82.9% | 90.9% | 0.0% | 2.9% | 0.0% |
| Direct outpatient Care | 0.0% | 0.0% | 0.0% | 90.0% | 88.2% | 81.8% | 1.1% | 0.0% | 0.0% |
| Skills Labs | 0.0% | 5.9% | 0.0% | 90.0% | 82.4% | 81.8% | 0.0% | 0.0% | 0.0% |
| Clinical simulation | 0.0% | 2.9% | 0.0% | 88.9% | 82.4% | 91.7% | 1.1% | 5.9% | 0.0% |
| Clinical observation | 0.0% | 0.0% | 0.0% | 90.0% | 82.4% | 90.9% | 0.0% | 0.0% | 0.0% |
| **Total clinical hours** | **0.0%** | **5.9%** | **0.0%** | **92.2%** | **82.4%** | **100.0%** | **0.0%** | **2.9%** | **0.0%** |

* Totals do not always sum to 100% because some programs answered "not applicable" or "unknown".

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area.

- Nine programs of those that responded to these questions reported they have plans to decrease their clinical hours in at least one area.

- The most common reason for decreasing clinical hours was "Students can meet learning objectives in less time", followed by "unable to find sufficient clinical space" and "other".

**Table 90. Why Program is Reducing Clinical Hours**

|  | % |
|---|---|
| Students can meet learning objectives in less time | 66.7% |
| Unable to find sufficient clinical space | 33.3% |
| Other | 33.3% |
| Insufficient clinical faculty | 11.1% |
| Curriculum redesign or change | 0.0% |
| Need to reduce units | 0.0% |
| Funding issues or unavailable funding | 0.0% |
| **Number of programs reporting** | **9** |

## *RN Refresher Course*

In 2016-2017, five nursing programs offered an RN refresher course, and 53 students completed one of these courses.

## School Data

Data in this section represent all schools with pre-licensure nursing programs. These questions were not asked for each program type. As a result, this breakdown is not available.

### *Institutional Accreditations*

- The most commonly reported institutional accreditations were WASC-JC (61%) and WSCUC (31%).

**Table 91. Institutional Accreditations**

|  | % Schools |
|---|---|
| Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC) | 61.4% |
| WASC – Senior College and University Commission (WSCUC) | 30.7% |
| Other | 4.7% |
| Accrediting Bureau of Health Education Schools (ABHES) | 2.4% |
| Accrediting Commission of Career Schools & Colleges (ACCSC) | 1.6% |
| Higher Learning Commission (HLC) | 1.6% |
| Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT) | 0.8% |
| Accrediting Council for Independent Colleges and Schools (ACICS) | 0.8% |
| Northwest Commission on Colleges and Universities (NWCCU) | 0.8% |
| **Number of schools reporting** | **127** |

*Nursing Program Directors*

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing compliance (16%), managing human resources (8%), and managing the curriculum (8%).

**Table 92. Nursing Program Directors' Time**

| | % of Time Spent |
|---|---|
| Manage nursing program compliance | 16.2% |
| Manage human resources | 8.4% |
| Manage curriculum | 8.1% |
| Facilitate student needs and activities | 7.6% |
| Manage student enrollment | 7.2% |
| Manage clinical resources | 6.8% |
| Collaborate with college/district | 6.8% |
| Manage fiscal resources | 6.4% |
| Facilitate staff development | 6.3% |
| Administration of other programs | 5.5% |
| Promote community awareness and public relations | 4.5% |
| Seeking, managing, and obtaining grant funding/fundraising | 4.4% |
| Teaching students | 3.7% |
| Manage college facilities | 3.3% |
| Manage information technology | 2.9% |
| Research | 1.2% |
| Other (please describe) | 0.8% |
| **Number of schools reporting** | **132** |

- RN post-licensure programs, LVN, and CNA programs were the most commonly reported programs also administered by the pre-licensure RN program director. Amongst "other" programs mentioned were medical assisting, respiratory therapy, and medical interpretation.

**Table 93. Other Programs Administered by the RN Program Director**

|  | % of Schools |
|---|---|
| RN Post-Licensure programs | 20.5% |
| LVN | 18.9% |
| CNA | 16.7% |
| Other | 15.9% |
| Graduate programs | 12.1% |
| HHA | 10.6% |
| Health sciences | 10.6% |
| EMT | 9.1% |
| Technician (i.e. psychiatric, radiologic, etc.) | 8.3% |
| Health professions | 3.8% |
| Paramedic | 3.8% |
| **Number of schools reporting** | **132** |

## Other Program Administration

### Assistant Directors

- Nearly all nursing programs (98%) have at least one assistant director. The majority of nursing schools (65%) have one assistant director.

- Larger schools and schools with BSN and ELM programs are more likely to have multiple assistant directors.

**Table 94. Number of Assistant Directors by Size of School and Program Type\***

| | Number of Students in School | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| Number of Assistant Directors | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
| None | 0.0% | 25.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.8% | 0.0% |
| 1 Assistant Director | 79.3% | 75.0% | 100% | 68.1% | 75.0% | 50.0% | 46.7% | 45.0% | 16.7% | 68.1% | 58.3% | 46.2% |
| 2 Assistant Directors | 20.7% | 0.0% | 0.0% | 25.5% | 25.0% | 50.0% | 40.0% | 25.0% | 16.7% | 26.4% | 22.2% | 23.1% |
| 3 Assistant Directors | 0.0% | 0.0% | 0.0% | 6.4% | 0.0% | 0.0% | 0.0% | 15.0% | 50.0% | 3.3% | 8.3% | 23.1% |
| >3 Assistant Directors | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 13.3% | 15.0% | 16.7% | 2.2% | 8.3% | 7.7% |
| **Programs reporting** | **29** | **4** | **3** | **47** | **12** | **4** | **15** | **20** | **6** | **91** | **36** | **13** |
| Percent of Program Type by School Size | 31.9% | 11.1% | 23.1% | 51.6% | 33.3% | 30.8% | 16.5% | 55.6% | 46.2% | 65.0% | 25.7% | 9.3% |
| Average # of hours allotted /week** | 10.8 | 11.5 | 19 | 11.5 | 19.7 | 17.3 | 18.2 | 45.8 | 61.3 | 14.1 | 35.5 | 36.1 |
| Average # of hours spent / week** | 10.7 | 11.0 | 19.3 | 14.5 | 20.9 | 25.4 | 19.7 | 48.3 | 67.3 | 14.1 | 35.7 | 43.3 |

\*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM).
\*\*Average hours reported are for all staff and not per person.

- On average, assistant directors have fewer hours allotted to administering the nursing program than they actually spend administering it. However, the number of hours allocated and spent varies by both program type and school size.

- On average, schools with ADN programs share fewer assistant directors and fewer hours allotted per assistant director than schools with other types of programs.

**Table 95. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| Assistant Directors | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asst director 1 | 9.9 | 10.3 | 19.3 | 8.5 | 17.8 | 26.8 | 17.8 | 17.3 | 20.0 | 10.0 | 16.4 | 21.9 |
| Asst director 2 | 12.6 | 0.0 | 0.0 | 11.8 | 25.3 | 18.0 | 15.0 | 42.8 | 40.0 | 13.0 | 36.3 | 25.3 |
| Asst director 3 | 0.0 | 0.0 | 0.0 | 44.0 | 0.0 | 0.0 | 0.0 | 55.3 | 55.3 | 44.0 | 55.3 | 55.3 |
| All other assistant directors | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 40.5 | 117.3 | 142.0 | 40.5 | 117.3 | 142.0 |
| **Number of programs reporting** | **27** | **3** | **3** | **42** | **12** | **4** | **14** | **20** | **6** | **83** | **35** | **13** |
| Average # of hours allotted /week** | 10.8 | 11.5 | 19 | 11.5 | 19.7 | 17.3 | 18.2 | 45.8 | 61.3 | 14.1 | 35.5 | 36.1 |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM.
**Average hours reported are for all staff and not per person.

**Table 96. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| Assistant Directors | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asst director 1 | 10.6 | 11.0 | 19.3 | 9.7 | 16.3 | 28.8 | 18.1 | 19.2 | 20.0 | 11.0 | 16.8 | 22.6 |
| Asst director 2 | 9.7 | 0.0 | 0.0 | 19.7 | 34.7 | 22.0 | 16.5 | 44.8 | 40.0 | 15.9 | 41.0 | 28.0 |
| Asst director 3 | 0.0 | 0.0 | 0.0 | 50.7 | 0.0 | 0.0 | 0.0 | 51.3 | 51.3 | 50.7 | 51.3 | 51.3 |
| All other assistant directors | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 34.5 | 138.3 | 190.0 | 34.5 | 138.3 | 190.0 |
| **Number of programs reporting** | **28** | **3** | **3** | **44** | **12** | **4** | **15** | **20** | **6** | **87** | **35** | **13** |
| Average # of hours spent / week** | 10.7 | 11.0 | 19.3 | 14.5 | 20.9 | 25.4 | 19.7 | 48.3 | 67.3 | 14.1 | 35.7 | 43.3 |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM.
**Average hours reported are for all staff and not per person.

- The largest proportion of assistant director time is spent teaching students (33%) followed by managing nursing program compliance (6%) and managing curriculum (6%).

**Table 97. Nursing Program Assistant Directors' Time**

|  | % of Time Spent |
|---|---|
| Teaching students | 32.8% |
| Manage nursing program compliance | 6.0% |
| Manage curriculum | 5.9% |
| Facilitate student needs and activities | 4.9% |
| Facilitate staff development | 4.7% |
| Manage clinical resources | 4.3% |
| Manage student enrollment | 3.9% |
| Manage human resources | 2.9% |
| Collaborate with college/district | 2.5% |
| Manage information technology | 1.8% |
| Promote community awareness and public relations | 1.8% |
| Manage college facilities | 1.6% |
| Research | 1.4% |
| Manage fiscal resources | 0.7% |
| Seeking, managing, and obtaining grant funding/fundraising | 0.6% |
| Administration of other programs | 0.5% |
| Other (please describe) | 0.3% |
| **Number of schools reporting** | **131** |

## Clerical Staff

- All but two schools reported clerical staff.

- Schools with BSN and ELM programs generally had more clerical staff: 32% of schools with ADN programs had one clerical staff compared to 8% of schools with BSN programs and 0% of schools with ELM programs. Only 10% of schools with ADN programs had four or more clerical staff compared to 41% of schools with BSN and 54% of schools with ELM programs.

- Programs in larger schools were more likely to have more clerical staff and ELM and BSN programs were more likely to be in larger schools.

- Consequently, programs in larger schools had more clerical hours available. ADN clerical workers averaged 24 hours per week per staff member, BSN 28, and ELM 40, indicating a large number of part-time staff, which might include student workers.

**Table 98. Number of Clerical Staff by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| None | 0.0% | 0.0% | 0.0% | 2.1% | 0.0% | 0.0% | 0.0% | 4.8% | 0.0% | 1.1% | 2.7% | 0.0% |
| 1 clerical staff | 48.3% | 50.0% | 0.0% | 31.9% | 8.3% | 50.0% | 0.0% | 0.0% | 0.0% | 31.9% | 8.1% | 0.0% |
| 2 clerical staff | 31.0% | 0.0% | 66.7% | 27.7% | 25.0% | 25.0% | 26.7% | 4.8% | 0.0% | 28.6% | 10.8% | 30.8% |
| 3 clerical staff | 10.3% | 25.0% | 0.0% | 23.4% | 33.3% | 25.0% | 33.3% | 9.5% | 0.0% | 20.9% | 18.9% | 0.0% |
| 4 clerical staff | 0.0% | 25.0% | 0.0% | 6.4% | 16.7% | 100% | 26.7% | 19.0% | 16.7% | 7.7% | 18.9% | 15.4% |
| >4 clerical staff | 10.3% | 0.0% | 33.3% | 8.5% | 16.7% | 0.0% | 13.3% | 61.9% | 83.3% | 9.9% | 40.5% | 53.8% |
| **Number of programs reporting** | **2.0** | **2.3** | **3.3** | **2.3** | **3.3** | **3.8** | **3.2** | **7.6** | **10.8** | **2.4** | **5.6** | **6.9** |
| Average hours per week** | 47.2 | 78.8 | 45.0 | 64.1 | 95.6 | 106.7 | 87.9 | 213.7 | 277.1 | 62.4 | 157.8 | 170.6 |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM.

**Average hours reported are for all staff and not per person.

**Table 99. Average Number of Clerical Staff Hours by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 clerical staff | 33.3 | 45.0 | 0.0 | 36.6 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 | 35.0 | 37.5 | 0.0 |
| 2 clerical staff | 59.9 | 0.0 | 50.0 | 65.1 | 62.7 | 62.5 | 47.5 | 60.0 | 0.0 | 60.6 | 62.0 | 56.3 |
| 3 clerical staff | 68.3 | 100.0 | 0.0 | 56.8 | 88.5 | 0.0 | 101.0 | 90.0 | 0.0 | 70.3 | 90.6 | 0.0 |
| 4 clerical staff | 0.0 | 80.0 | 0.0 | 106.7 | 105.0 | 70.0 | 112.0 | 129.5 | 80.0 | 109.7 | 115.4 | 75.0 |
| >4 clerical staff | 55.0 | 0.0 | 60.0 | 138.8 | 182.5 | 200.0 | 100.0 | 260.9 | 316.6 | 102.2 | 250.5 | 263.3 |
| **Programs reporting** | **29** | **3** | **3** | **46** | **12** | **4** | **15** | **20** | **6** | **90** | **35** | **13** |
| Average hours per week** | 47.2 | 78.8 | 45.0 | 64.1 | 95.6 | 106.7 | 87.9 | 213.7 | 277.1 | 62.4 | 157.8 | 170.6 |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM).
**Average hours reported are for all staff and not per person.

- Respondents were asked to report on the adequacy of the amount of clerical support at their schools. Respondents at ADN programs were the most likely to report that the amount of clerical support was somewhat or very inadequate.

**Table 100. Adequacy of Amount of Clerical Support**

| | ADN | BSN | ELM |
|---|---|---|---|
| Very adequate | 38.5% | 42.9% | 30.8% |
| Somewhat adequate | 42.9% | 48.6% | 61.5% |
| Somewhat inadequate | 11.0% | 8.6% | 7.7% |
| Very inadequate | 7.7% | 0.0% | 0.0% |
| **Number of programs reporting** | **91** | **35** | **13** |

Clinical Coordinators

- 85% (n=112) of schools that reported had at least one staff person working as a clinical coordinator or on clinical coordination tasks.

- Schools with ELM programs (100%) and BSN programs (97%) were more likely to report having clinical coordinators on staff than were ADN programs (79%)

**Table 101. Number of Clinical Coordinators by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No clinical coordinator | 27.6% | 25.0% | 0.0% | 23.9% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 21.1% | 2.7% | 0.0% |
| 1 clinical coordinator | 34.5% | 25.0% | 33.3% | 28.3% | 33.3% | 50.0% | 33.3% | 28.6% | 0.0% | 31.1% | 29.7% | 30.0% |
| 2 clinical coordinators | 6.9% | 0.0% | 33.3% | 23.9% | 41.7% | 50.0% | 33.3% | 33.3% | 66.7% | 20.0% | 32.4% | 70.0% |
| >2 clinical coordinators | 31.0% | 50.0% | 33.3% | 23.9% | 25.0% | 0.0% | 33.3% | 38.1% | 33.3% | 27.8% | 35.1% | 0.0% |
| **Programs reporting** | **29** | **4** | **3** | **46** | **12** | **4** | **15** | **21** | **0** | **90** | **37** | **7** |
| Average hours per week** | 18.1 | 21.7 | 53.3 | 19.9 | 57.8 | 30.0 | 21.8 | 80.5 | 76.7 | 19.5 | 68.0 | 56.9 |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM).
**Average hours reported are for all staff and not per person.

- Schools with BSN and ELM programs overall reported more hours per clinical coordinator per week on average (14-20 hours per week) than did schools with ADN programs (7 hours per week).

**Table 102. Average Number of Clinical Coordinator Hours by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All programs | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clinical Coordinator 1 | 13.9 | 25.0 | 40.0 | 7.2 | 31.3 | 30.0 | 15.6 | 28.5 | 0.0 | 11.1 | 29.2 | 40.0 |
| Clinical Coordinator 2 | 25.0 | 0.0 | 60.0 | 21.6 | 50.8 | 30.0 | 23.8 | 45.7 | 47.5 | 21.1 | 47.8 | 44.3 |
| All other clinical coordinators | 21.3 | 20.0 | 60.0 | 33.2 | 104.7 | 0.0 | 27.0 | 150.0 | 135.0 | 27.7 | 119.5 | 110.0 |
| **Number of programs reporting** | **29** | **4** | **3** | **46** | **12** | **4** | **15** | **20** | **6** | **90** | **36** | **13** |
| Average hours per week** | 18.1 | 21.7 | 53.3 | 19.9 | 57.8 | 30.0 | 21.8 | 80.5 | 76.7 | 19.5 | 68.0 | 56.9 |

*Student data was collected by program while staff numbers were collected by school.  Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN & an ELM).
**Average hours reported are for all staff and not per person.

- Respondents were asked to report on the adequacy of the amount of clinical coordination support at their schools. Respondents at ADN programs were the most likely to report that the amount of clinical coordination support was somewhat or very inadequate.

**Table 103. Adequacy of Amount of Clinical Coordination Support**

| | ADN | BSN | ELM |
|---|---|---|---|
| Very adequate | 23.9% | 36.1% | 23.1% |
| Somewhat adequate | 38.6% | 50.0% | 69.2% |
| Somewhat inadequate | 17.1% | 8.3% | 7.7% |
| Very inadequate | 20.5% | 5.6% | 0.0% |
| **Number of programs reporting** | **88** | **36** | **13** |

Retention Specialists

- Thirty-one percent (n=41) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.

- Student retention specialists/coordinators worked an average of 19 hours per week.

**Table 104. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type***

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
| | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM | ADN | BSN | ELM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Have a retention specialist | 17.2% | 0.0% | 0.0% | 46.8% | 16.7% | 0.0% | 33.3% | 33.3% | 66.7% | 35.2% | 25.0% | 30.8% |
| Average Hours per week** | 19.1 | 0.0 | 0.0 | 16.8 | 10.5 | 0.0 | 24.4 | 24.6 | 22.3 | 18.4 | 21.4 | 22.3 |
| **Programs reporting** | **30** | **4** | **2** | **45** | **12** | **3** | **13** | **20** | **6** | **88** | **36** | **11** |

*Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Eight schools reported two programs (a BSN and an ELM).
**Average hours reported are for all staff and not per person

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.

- 49% (n=62) of the 130 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 34% (n=43) of schools reported that personal reasons had the greatest impact on student attrition.

**Table 105. Factors Impacting Student Attrition**

| | Average Rank* |
|---|---|
| Academic failure | 1.9 |
| Personal reasons(e.g. home, job, health, family) | 2.1 |
| Financial need | 3.4 |
| Clinical failure | 3.2 |
| Change of major or career interest | 4.5 |
| Transfer to another school | 5.6 |
| **Number of schools reporting** | **130** |

*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

*Recruitment and Retention of Underrepresented Groups*

- 34% of schools (n=44) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.

- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (70%), followed by admission counseling (61%), and additional financial support (48%).

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (92%); academic counseling (79%); and additional financial support such as scholarships (57%).

**Table 106. Strategies to Recruit and Admit Underrepresented Students**

|  | % Schools |
|---|---|
| Outreach (e.g. high school fairs, community events) | 70.1% |
| Admission counseling | 61.4% |
| Additional financial support (e.g. scholarships) | 48.0% |
| Holistic review (e.g. residency, language skills, veteran status, other life experiences) | 40.9% |
| Multi-criteria screening as defined in California Assembly Bill 548 | 38.6% |
| Open house | 32.3% |
| No need. We already have a diverse applicant pool and no additional strategies are needed. | 18.9% |
| New admission policies instituted | 12.6% |
| Other | 7.1% |
| Informational sessions | 3.1% |
| Pre-entry course or camp | 2.4% |
| **Number of schools reporting** | **127** |

**Table 107. Strategies to Support and Retain Underrepresented Students**

|  | % Schools |
|---|---|
| Student success strategies (e.g. mentoring, remediation, tutoring) | 91.5% |
| Academic counseling | 79.2% |
| Additional financial support (e.g. scholarships) | 56.9% |
| Wellness counseling | 29.2% |
| Program revisions (e.g. curriculum revisions, evening/weekend program) | 13.1% |
| Other | 10.0% |
| Additional child care | 6.2% |
| No need, students from groups underrepresented in nursing are successful without any additional strategies | 6.2% |
| **Number of schools reporting** | **130** |

- Most schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (74%, n=98).
    - The most common training included faculty development and orientation (94%), faculty mentoring and peer mentoring programs (74%), training on various student success initiatives (65%), cultural diversity training (64%), and training on disabilities and accommodations (62%).

## *Access to Prerequisite Courses*

- 49 nursing schools (37%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. These schools reported strategies used to address access to prerequisite courses.

- Adding science course sections and offering additional prerequisite courses on weekends, evenings and in the summer, and agreements with other schools for prerequisite courses were the most common methods used to increase access to prerequisite courses.

**Table 108. Access to Prerequisite Courses**

|  | %  Schools |
|---|---|
| Adding science course sections | 63.3% |
| Offering additional prerequisite courses on weekends, evenings, and summers | 61.2% |
| Agreements with other schools for prerequisite courses | 59.2% |
| Accepting online courses from other institutions | 34.7% |
| Transferable high school courses to achieve prerequisites | 30.6% |
| Providing online courses | 30.6% |
| Other | 8.2% |
| Prerequisite courses in adult education | 4.1% |
| **Number of schools reporting** | **49** |

## Restricting Student Access to Clinical Practice

- 91 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.

- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, bar coding medication administration, and access to electronic medical records.

- Schools reported that the least common types of restrictions students faced were direct communication with health care team members and alternative setting due to liability.

**Table 109. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year**

| | Very Uncommon | Uncommon | Common | Very Common | N/A | # Schools |
|---|---|---|---|---|---|---|
| Clinical site due to visit from the Joint Commission or other accrediting agency | 8.8% | 24.2% | 35.2% | 29.7% | 2.2% | 91 |
| Bar coding medication administration (i.e. Pyxis) | 11.0% | 20.9% | 40.7% | 24.2% | 2.2% | 91 |
| Electronic medical records | 22.2% | 38.9% | 21.1% | 15.6% | 3.3% | 90 |
| Automated medical supply cabinets (i.e. OmniCell) | 11.0% | 22.0% | 36.3% | 20.9% | 7.7% | 91 |
| Health and safety requirements (i.e. drug screening, background checks) | 19.1% | 46.1% | 21.3% | 9.0% | 4.5% | 89 |
| Patients related to staff nurse preferences or concerns about their additional workload | 4.5% | 20.2% | 34.8% | 42.7% | 0.0% | 89 |
| Glucometers | 38.5% | 41.8% | 7.7% | 4.4% | 5.5% | 91 |
| IV medication administration | 24.7% | 32.6% | 10.1% | 7.9% | 24.7% | 89 |
| Alternative settings due to liability (i.e. home health visits) | 13.5% | 41.6% | 31.5% | 6.7% | 5.6% | 89 |
| Other | 26.1% | 28.4% | 22.7% | 20.5% | 3.4% | 88 |

2016-2017 BRN Annual School Report

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (66%) and liability (53%).

- Schools reported that students were most frequently restricted from using medication administration systems due to liability (77%) and insufficient time to train students (37%).

**Table 110. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration**

| | Electronic Medical Records | Medication Administration |
|---|---|---|
| Liability | 52.6% | 77.4% |
| Insufficient time to train students | 65.8% | 36.9% |
| Staff fatigue/burnout | 34.2% | 29.8% |
| Staff still learning and unable to assure documentation standards are being met | 46.1% | 25.0% |
| Cost for training | 26.3% | 13.1% |
| Other | 7.9% | 13.1% |
| Patient confidentiality | 27.6% | 6.0% |
| **Number of schools reporting** | **76** | **84** |

Numbers indicate the percent of schools reporting these restrictions as "uncommon", "common" or "very common" to capture any instances where reasons were reported.

- Schools compensate for training in areas of restricted student access by providing training in simulation lab (88%) and in the classroom (56%) and ensuring that all students have access to sites that train them in the area of restricted access (55%).

**Table 111. How the Nursing Program Compensates for Training in Areas of Restricted Access**

| | % Schools |
|---|---|
| Training students in the simulation lab | 87.9% |
| Training students in the classroom | 56.0% |
| Ensuring all students have access to sites that train them in this area | 54.9% |
| Purchase practice software, such as SIM Chart | 45.1% |
| Other | 11.0% |
| **Number of schools reporting** | **91** |

- The most common clinical practice areas in which students faced restrictions were Medical/Surgical, Pediatrics, and Obstetrics.

**Table 112. Clinical Area in Which Restricted Access Occurs**

|  | % Schools |
|---|---|
| Medical/Surgical | 86.8% |
| Pediatrics | 82.4% |
| Obstetrics | 75.8% |
| Critical Care | 63.7% |
| Psychiatry/Mental Health | 61.5% |
| Geriatrics | 36.3% |
| Community Health | 24.2% |
| Other Department | 2.2% |
| **Number of schools reporting** | **91** |

*Collection of Student Disability Data*

- In 2016-2017, schools were asked if they collect student disability data as part of the admission process. Thirty percent of respondents reported that they did so and 18% did not know.

**Table 113. Schools' Collection of Disability Data**

|  | % Schools |
|---|---|
| Yes | 29.5% |
| No | 52.3% |
| Don't Know | 18.2% |
| **Number of schools reporting** | **132** |

*Funding of Nursing Program*

- On average, schools reported that 80% of funding for their nursing programs comes from the operating budget of their college or university, while 14% of funding comes from government sources.

**Table 114. Funding of Nursing Programs**

|  | %<br>Schools |
| --- | --- |
| Your college/university operating budget | 80.2% |
| Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act) | 13.5% |
| Foundations, private donors | 2.3% |
| Industry (i.e. hospitals, health systems) | 2.1% |
| Other | 1.9% |
| **Number of schools reporting** | **133** |

# APPENDICES

## APPENDIX A – List of Survey Respondents by Degree Program

### ADN Programs (84)

American Career College
American River College
Antelope Valley College
Bakersfield College
Brightwood College
Butte Community College
Cabrillo College
California Career College*
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College (Career Networks Institute)
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
El Camino College - Compton Center
Evergreen Valley College
Fresno City College
Glendale Career College*
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and
    Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College

Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount Saint Mary's University –
    Los Angeles
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
Stanbridge College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

## *LVN-to-ADN Programs Only (7)*

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College

Mission College
Reedley College at Madera Community
    College Center
Unitek College

## *BSN Programs (37)[3]*

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Chamberlain College
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus

Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's University – Los Angeles
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
The Valley Foundation School of Nursing at
    San Jose State
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
West Coast University
Western Governors University

## *ELM Programs (13)[4]*

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and
    Science
CSU Long Beach
Samuel Merritt University
San Francisco State University
University of California Davis

University of California Irvine*
University of California Los Angeles
University of California San Francisco
University of San Diego - Hahn School of
    Nursing
University of San Francisco
Western University of Health Science

*New programs in 2016-2017

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[3]  United States University had a BSN program in 2015-2016, but now has an RN to BSN only.
[4]  CSU Dominguez Hills and CSU Fullerton listed ELM programs in 2015-2016, but as of December 2017, neither of these programs is accepting students and neither submitted data for 2016-2017. UC Irvine submitted information on an ELM program this year, but not in 2015-2016.

## APPENDIX B – Definition List

**The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.**

| Phrase | Definition |
|---|---|
| Active Faculty | Faculty who teach students and have a teaching assignment during the time period specified.  Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment. |
| Adjunct Faculty | A faculty member that is employed to teach a course in a part-time and/or temporary capacity. |
| Advanced Placement Students | Pre-licensure students who entered the program after the first semester/quarter.  These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted. |
| Assembly Bill 548 Multicriteria | Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following:  (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant.  Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required. |
| Assistant Director | A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed. |
| Attrition Rate | The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2015 and July 31, 2016, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same time period. |
| Census Data | Number of students enrolled or faculty present on October 15, 2016. |
| Clinical Placement | A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education.  If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement. |

| Phrase | Definition |
|---|---|
| Direct Patient Care | Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients. |
| Clinical Simulation | Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, mannequins, role-playing, computer simulation, or other activities. |
| Collaborative / Shared Education | A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs.  These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s).   These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses. |
| Completed on Schedule Students | Students scheduled on admission to complete the program between August 1, 2015 and July 31, 2016 and completed the program on schedule. |
| Contract Education | A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organizations employees for a fee. |
| Distance Education | Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.). |
| Donor Partners | Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements. |
| Entry-level Master's (ELM) | A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses. |
| Evening Program | A program that offers all program activities in the evening i.e. lectures, etc.  This does not include a traditional program that offers evening clinical rotations. |
| Full-time Faculty | Faculty that work 1.0 FTE, as defined by the school. |

| Phrase | Definition |
|---|---|
| Generic Pre-licensure Students | Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites). |
| Hi-Fidelity Mannequin | A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills. |
| Home campus | The campus where your school's administration is based. |
| Hybrid program | Combination of distance education and face-to-face courses. |
| Institutional Accreditation | Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education. |
| LVN 30 Unit Option Students | LVNs enrolled in the curriculum for the 30-unit option. |
| LVN to BSN Program | A program that exclusively admits LVN to BSN students.  If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program. |
| Part-time Faculty | Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy.  This includes annualized and non-annualized faculty. |
| Professional Accreditation | Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association. |
| Readmitted Students | Returning students who were previously enrolled in your program |
| Retention Rate | The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2015 and July 31, 2016 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same time period. |
| Satellite/ Alternate campus | A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students. |
| Screened applications | The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/15 and 7/31/16. |
| Shared Faculty | A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region. |

| Phrase | Definition |
|---|---|
| Skills Lab | Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, mannequins, etc. Do not include activities such as communicating with health care team members to organize care for real patients. |
| Students Scheduled on Admission to Complete | Students scheduled on admission to complete the program between August 1, 2015 and July 31, 2016. |
| Students Who Were Dismissed From the Program | Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2015 and July 31, 2016 due to an ineligibility determined by the program such as academic failure, attendance or other disqualification. |
| Students Who Withdrew from the Program | Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2015 and July 31, 2016 due to personal and/or financial reasons. |
| Time Period for the Survey | August 1, 2015 and July 31, 2016. For those schools that admit multiple times a year, combine all student cohorts. |
| Traditional Program | A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends. |
| Transfer Students | Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students. |
| Validated Prerequisites | The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses. |
| Waiting List | A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply. |
| Weekend Program | A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends. |

## APPENDIX C – BRN Nursing Education and Workforce Advisory Committee

| Members | Organization |
|---|---|
| Tanya Altmann, PhD, RN | California State University, Sacramento |
| BJ Bartleson, RN, MS, NEA-BC | California Hospital Association/North |
| Judith G. Berg, MS, RN, FACHE | HealthImpact |
| Audrey Berman, PhD, RN | Samuel Merritt University |
| Stephanie L. Decker | Kaiser Permanente National Patient Care |
| Denise Duncan, BSN, RN/Carol Jones | UNAC/UHCP |
| Brenda Fong | Community Colleges Chancellor's Office |
| Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA | UCLA School of Nursing Health Center at the Union Rescue Mission |
| Jeannine Graves, MPA, BSN, RN, OCN, CNOR | Sutter Cancer Center |
| Marketa Houskova, RN, BA, MAIA | American Nurses Association\California |
| Loucine Huckabay, PhD, RN, PNP, FAAN, Kathy Hughes | California State University, Long Beach SEIU |
| Saskia Kim/ Victoria Bermudez | California Nurses Association/ National Nurses United |
| Judy Martin-Holland, PhD, MPA, RN, FNP | University of California, San Francisco |
| Pat McFarland, MS, RN, FAAN/ Susan Odegaard Turner | Association of California Nurse Leaders |
| Sandra Miller, MBA | Assessment Technologies Institute |
| Robyn Nelson, PhD | West Coast University |
| Linda Onstad-Adkins/ Fiona Castleton | Health Professions Education Foundation, OSHPD |
| Stephanie R. Robinson, RN, MHA | Fresno City College |
| Joanne Spetz, Ph.D. | Phillip R. Lee Institute for Health Policy Studies UCSF |
| Stacie Walker | Health Workforce Development Division, OSHPD |
| Peter Zografos, PhD, RN | Mt. San Jacinto College |

### Ex-Officio Member

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| Janette Wackerly, MBA, RN, | Supervising Nursing Education Consultant, California Board of Registered Nursing |