California Board of Registered Nursing
2018-2019 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2018-2019 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix C. 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, 2018 and ending July 31, 2019. Census and associated demographic data were requested for October 15, 2019.

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 Nursing Education & Workforce Advisory Committee and survey respondents. Their participation has been vital to the success of this project.

Survey Participation

All 134 California nursing schools were invited to participate in the survey, and all 134 nursing schools offering 142 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.[2]

Table 1. RN Program Response Rate

Program Type	# Programs Reporting	Total # Programs	Response Rate
ADN	85	85	100%
LVN-to-ADN	6	6	100%
BSN	39	39	100%
ELM	12	12	100%
Number of programs	**142**	**142**	**100%**

[1] Since last year's report, one school that offered an ADN program has closed. One ADN program had a name and affiliation change. Two schools have started offering new BSN programs.

[2] Mount Saint Mary's University ADN and BSN programs are counted as two different schools.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs

- 64.1% (n=91) of California pre-licensure nursing programs that reported data are ADN programs—including both generic ADN programs and LVN-to-ADN programs.
- The majority of California pre-licensure nursing programs are public (71.8%, n=102).

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	85	59.9%
LVN to ADN	6	4.2%
BSN	39	27.5%
ELM	12	8.5%
Total	**142**	**100.0%**
Public	102	71.8%
Private	40	28.2%

Applications to California Nursing Programs

- 33.4% (n=15,898) of the 47,634 qualified applications to pre-licensure nursing education programs received in 2018-2019 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*	33,976	463	41,077	5,177	80,693
Screened	30,958	432	31,146	4,565	67,101
Qualified	22,503	349	21,338	3,444	47,634
Accepted	6,220	174	8,380	1,124	15,898
% Qualified Applications Accepted	**27.6%**	**49.9%**	**39.3%**	**32.6%**	**33.4%**

*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.
Note: this table includes applicants to LVN to BSN in the BSN program totals.

Number of Students Who Enrolled in California Nursing Programs

- ELM programs had the lowest share of students enroll into programs for which they were accepted (77.4%, n=870), followed by BSN programs (87.2%, n=8,380), while the ADN programs enrolled more students than they accepted (110.0%, n=6,220).
- ADN programs likely enrolled more students than the number of applications accepted because either (1) they added students from a waitlist, or (2) they admitted LVNs into the second year of a generic ADN program to replace an opening created by a generic ADN student that left the program

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Applications Accepted	6,220	174	8,380	1,124	15,898
New Student Enrollments	6,842	172	7,307	870	15,191
% Accepted Applications that Enrolled	**110.0%**	**98.9%**	**87.2%**	**77.4%**	**95.6%**

- As in prior years, some pre-licensure nursing programs (33.1%, n=47) enrolled more students in 2018-2019 than the reported number of available admission spaces. This resulted in 294 more enrollments than 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 generic ADN student leaves the program.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Spaces Available	6,619	196	7,200	882	14,897
New Student Enrollments	6,842	172	7,307	870	15,191
% Spaced Filled with New Students Enrollments	**103.4%**	**87.8%**	**101.5%**	**98.6%**	**102.0%**

- In 2018-2019, 11.3% of programs (n=16) responding 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”.
- While four schools indicated “other” reasons, none chose to describe those reasons in text comments.

Table 6. Programs That Enrolled Fewer Students in 2018-2019 than in 2017-2018

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Enrolled fewer	14.1%	16.7%	5.1%	8.3%	11.3%
Did not enroll fewer	85.9%	83.3%	94.9%	91.7%	88.7%
Number of programs reporting	**85**	**6**	**39**	**12**	**142**

Table 7. Reasons for Enrolling Fewer Students

	% of Programs	# of Programs
Accepted students did not enroll	50.0%	8
Unable to secure clinical placements for all students	37.5%	6
Other	25.0%	4
College/university / BRN requirement to reduce enrollment	0.0%	0
To reduce costs	0.0%	0
Lost funding	0.0%	0
Insufficient faculty	0.0%	0
Lack of qualified applicants	0.0%	0
Number of programs reporting	**16**	**16**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The plurality (48.1%, n=7,307) of students who enrolled in a pre-licensure nursing program for the first time were BSN students.

Table 8. Newly Enrolled Students by Program Type

	% Enrollment	#
ADN	45.0%	6,842
LVN-to-ADN	1.1%	172
BSN	48.1%	7,307
ELM	5.7%	870
Total	**100.0%**	**15,191**

Newly Enrolled Students in 30-Unit Option

- Respondents reported six new students enrolled in a 30-unit option track in 2018-2019. This is fewer students than were reported in 2017-2018, when 10 students were enrolled in a 30-unit track.

Table 9. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	Total
Number of 30-Unit option students	6	0	0	0	6
Number of programs with students enrolled in 30-unit track	2	1	0	0	4
Number of programs reporting	**84**	**6**	**36**	**11**	**137**

Ethnic Distribution of Newly Enrolled Nursing Students

- 68.9% (n=10,152) of students who enrolled in a pre-licensure nursing program for the first time in 2018-2019 were ethnic minorities. This is an increase from last year when the proportion was 67.5%.
- ELM programs enrolled the greatest share of ethnic minority students (73.1%, n=613), including the greatest proportion of African-American students (8.2%, n=69).

Table 10. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Native American	0.6%	2.4%	0.8%	0.8%	0.8%
Asian	15.6%	14.1%	27.2%	28.2%	21.9%
Asian Indian	1.6%	3.5%	0.7%	0.7%	1.1%
Filipino	7.0%	7.1%	4.3%	3.3%	5.5%
Hawaiian/ Pacific Islander	0.5%	1.8%	1.6%	0.8%	1.0%
African American	5.3%	1.8%	4.0%	8.2%	4.8%
Hispanic	32.3%	25.9%	22.9%	24.4%	27.3%
Multi-race	3.8%	4.1%	6.6%	5.8%	5.2%
Other	1.9%	1.2%	0.8%	0.6%	1.2%
White	31.3%	38.2%	31.1%	26.9%	31.1%
Total	**6,702**	**170**	**7,018**	**839**	**14,729**
Ethnic Minorities*	68.7%	61.8%	68.9%	73.1%	68.9%
# Unknown/ unreported	140	2	289	31	462

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

Gender Distribution of Newly Enrolled Nursing Students

- 21.9% (n=3,307) of students who enrolled in a pre-licensure program for the first time reported their gender was male.
- ADN and BSN programs had greater shares of men enrolling in their programs than did ELM and LVN-to-ADN programs.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Male	22.8%	13.4%	21.6%	18.4%	21.9%
Female	77.1%	86.6%	78.4%	81.4%	78.0%
Other	0.1%	0.0%	0.1%	0.2%	0.1%
Total	**6,805**	**172**	**7,285**	**866**	**15,128**
# Unknown/ unreported	37	0	22	4	63

Age Distribution of Newly Enrolled Nursing Students

- 70.5% (n=10,488) of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.
- BSN programs enrolled a larger proportion of students under 31 years of age (77.4%, n=5,521) than did other programs.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
17 – 20 years	3.6%	0.0%	17.7%	0.0%	10.2%
21 – 25 years	30.1%	11.6%	37.1%	38.0%	33.7%
26 – 30 years	29.4%	31.4%	22.6%	38.2%	26.6%
31 – 40 years	26.6%	44.8%	16.9%	19.0%	21.8%
41 – 50 years	8.6%	9.9%	4.8%	3.5%	6.5%
51 – 60 years	1.5%	1.7%	0.8%	1.3%	1.1%
61 years and older	0.2%	0.6%	0.0%	0.0%	0.1%
Total	**6,789**	**172**	**7,129**	**794**	**14,884**
# Unknown/ unreported	53	0	178	76	307

Veterans

- 97 programs reported 533 declared military veterans among newly enrolled students between August 1, 2018 and July 31, 2019. This represents approximately 3.5% of all newly enrolled students.
- More than one-quarter (28.1%, n=150) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and 13.7% (n=73) entered with an LVN license.

Table 13. Prior Experience of Newly Enrolled Veterans

	% of Veterans	# of Veterans
Prior health occupations training and/or experience	28.1%	150
Entered the program with an LVN license	13.7%	73
Entered the program as advanced placement	5.6%	30
Total Veterans	**100.0%**	**533**

- Ninety-eight (98) programs reported that special admission considerations are offered for military veterans. The most commonly reported special admission considerations were review of individual transcripts (65.3%, n=64) and credit for equivalent courses or transfer credits (58.2%, n=57).

Table 14. Special Admission Considerations Offered Veterans

	% of Programs	# of Programs
Review of individual transcripts	65.3%	64
Credit for equivalent courses or transfer credits	58.2%	57
Credit for pre-requisites and fundamentals for military medic or corpsman experience	56.1%	55
Priority admission	31.6%	31
Other	26.5%	26
Additional credit awarded in Multicriteria screening process as defined in California Assembly Bill 548	8.2%	8
No special consideration for admission	8.2%	8
Number of programs reporting		**98**

- The most common special option, track, or service offered to veterans was counseling (51.5%, n=50), followed by challenge exams regardless of LVN licensure (51.5%, n=50).
- "Other" responses provided in text comments included: advanced placement, faculty advising, counseling support from the Veterans' Affairs department, and content related to the care of veterans and their family.

Table 15. Special Options, Tracks, or Services Offered to Veterans

	% of Programs	# of Programs
Counseling	51.5%	50
Offering challenge exams, regardless of LVN licensure	51.5%	50
Offering challenge exams, if the veteran has an LVN license	26.8%	26
Medic/LVN to RN program	25.8%	25
No special options, tracks or services offered	20.6%	20
Other	11.3%	11
Veterans resource center*	4.1%	4
NCLEX support course specifically for veterans	1.0%	1
Number of programs reporting		**97**

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

Currently Enrolled Nursing Students

Nursing Student Census by Degree Type

- On October 15, 2019, 27,903 students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students, at 53.6% (n=14,968) of all nursing students enrolled on October 15, 2019.
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are presented in the table below.

Table 16. Student Census by Program Type

	% Currently Enrolled	# Currently Enrolled
ADN	40.9%	11,423
LVN-to-ADN	0.6%	170
BSN	53.6%	14,968
ELM	4.8%	1,342
Total	**100.0%**	**27,903**
ELM Post-licensure		781

Ethnic Distribution of Nursing Student Census

- More than two-thirds (68.2%, n=18,159) of students enrolled in a pre-licensure nursing program as of October 15, 2019, 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. LVN-to-ADN programs were the least diverse this year (65.8%, n=106), and the Prelicensure segment of ELM programs were the most diverse (73.2% for pre-licensure segments, n=949).
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are provided in the table below.
- Generic ADN programs had the greatest share and number of Hispanic students (32.7%, n=3,570). ELM programs had the greatest share of African American students (9.6% for pre-licensure, n=124, 6.2% for post-licensure, n=39).

Table 17. 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%	1.9%	0.6%	0.3%	0.6%	0.5%
Asian	14.6%	20.5%	26.5%	20.4%	21.3%	26.5%
Asian Indian	1.4%	1.2%	0.6%	7.6%	1.3%	0.3%
Filipino	7.0%	8.1%	5.1%	2.9%	5.8%	0.5%
Hawaiian/ Pacific Islander	0.4%	3.1%	1.4%	0.8%	1.0%	0.3%
African American	5.2%	2.5%	3.9%	9.6%	4.7%	6.2%
Hispanic	32.7%	23.0%	22.3%	25.9%	26.7%	25.7%
Multi-race	3.6%	4.3%	6.4%	5.2%	5.2%	6.5%
Other	2.2%	1.2%	1.3%	0.5%	1.6%	0.8%
White	32.4%	34.2%	31.8%	26.8%	31.8%	32.8%
Total	**10,933**	**161**	**14,253**	**1,297**	**26,644**	**634**
Ethnic Minorities*	67.6%	65.8%	68.2%	73.2%	68.2%	67.2%
# Unknown/ unreported	490	9	715	45	1,259	147

*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 21.4% (n=5,871) of all students enrolled in pre-licensure nursing programs as of October 15, 2019.
- Generic ADN programs had the greatest shares of men enrolled (21.8%, n=2,447), while LVN-to-ADN programs had the smallest share (14.1%, n=24).

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	21.8%	14.1%	21.6%	17.0%	21.4%	16.5%
Female	77.1%	85.9%	78.2%	83.0%	78.1%	82.2%
Other	1.1%	0.0%	0.1%	0.0%	0.5%	0.4%
Total	**11,234**	**170**	**14,668**	**1,340**	**27,412**	**774**
# Unknown/ unreported	157	0	300	2	459	7

Age Distribution of Nursing Student Census Data

- 72.8% (n=19,571) of students enrolled in a pre-licensure nursing program as of October 15, 2019 were younger than 31 years of age.
- BSN programs had the greatest percentage of students under 31 years of age (81.7%, n=11,626), and LVN-to-ADN programs had the smallest percentage (41.8%, n=71).

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
17 – 20 years	2.7%	0.0%	18.0%	0.1%	10.7%	0.2%
21 – 25 years	29.2%	12.4%	43.3%	36.1%	36.9%	11.9%
26 – 30 years	29.8%	29.4%	20.4%	39.7%	25.3%	51.7%
31 – 40 years	28.2%	41.8%	14.3%	19.0%	20.5%	27.7%
41 – 50 years	8.2%	12.9%	3.5%	4.0%	5.5%	6.5%
51 – 60 years	1.8%	3.5%	0.5%	1.1%	1.1%	1.6%
61 years and older	0.2%	0.0%	0.0%	0.0%	0.1%	0.4%
Total	**11,205**	**170**	**14,238**	**1,265**	**26,878**	**555**
# Unknown/ unreported	218	0	730	77	1,025	226

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,472 students were approved for accommodations for a declared disability.
- Since only 31 schools (23.7%) 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. Nonetheless, 110 *programs* provided data for this series of questions.
- Exam accommodations were the most commonly reported (81.2%, n=1,195). These accommodations were used extensively by ADN 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.
- "Other" accommodations described in text comments included: front row / preferential seating, frequent breaks, private testing rooms, extended time for assignments, earplugs to wear while testing, and tutoring.

Table 20. 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)	97.4%	100.0%	63.3%	54.0%	81.2%
Disability-related counseling/referral	36.6%	66.7%	14.4%	52.4%	30.0%
Academic counseling/advising	37.0%	100.0%	13.5%	0.0%	25.5%
Note-taking services/reader/audio recording/smart pen	31.8%	83.3%	13.3%	25.4%	24.7%
Other	5.8%	0.0%	33.3%	42.9%	19.0%
Priority registration	22.6%	50.0%	3.9%	0.0%	13.9%
Adaptive equipment/physical space/facilities	17.1%	16.7%	4.4%	12.7%	12.1%
Assistive technology/alternative format	11.0%	16.7%	2.4%	11.9%	7.9%
Interpreter and captioning services	3.5%	33.3%	0.4%	0.0%	2.2%
Service animals	0.4%	0.0%	1.3%	0.0%	0.7%
Reduced courseload	0.6%	0.0%	0.6%	0.8%	0.6%
Transportation/mobility assistance and Services/parking	0.1%	0.0%	0.0%	1.6%	0.2%
Number of programs responding	**72**	**3**	**26**	**9**	**110**
Total Students	**800**	**6**	**540**	**126**	**1,472**

Note: 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

- Between August 1, 2018 and July 31, 2019, 11,857 students completed a pre-licensure nursing program in California .
- Generic ADN programs had the greatest share of completions (48.1%, n=5,707) followed by BSN programs (45.2%, n=5,354).
- Seventy students were reported completing a 30-unit option program.

Table 21. Nursing Student Completions by Program Type

	% of Completions	# of Completions
ADN	48.1%	5,707
LVN to ADN	1.5%	181
BSN	45.2%	5,354
ELM	5.2%	615
Total	**100.0%**	**11,857**
ELM Post-licensure		289

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 66.3% (n=7,369) of students who completed a pre-licensure nursing program were from minority ethnic groups.
- This proportion was similar across program types. Post-licensure ELM programs had the smallest proportion of students from ethnic minorities (64.6%, n=179).
- Generic ADN programs have the greatest share of Hispanics completing (32.4%, n=1,773). ELM pre-licensure programs have the greatest proportion of African Americans (9.7%, n=57) completing, followed by ELM post-licensure programs (7.2%, n=20).

Table 22. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Native American	0.5%	1.7%	0.8%	0.7%	0.7%	1.8%
Asian	14.7%	15.6%	25.9%	21.3%	20.0%	26.7%
Asian Indian	1.7%	2.2%	0.2%	0.9%	1.0%	0.7%
Filipino	7.2%	5.6%	5.9%	2.9%	6.4%	0.7%
Hawaiian/Pacific Islander	0.3%	1.1%	1.2%	0.5%	0.8%	0.4%
African American	5.4%	3.4%	3.6%	9.7%	4.8%	7.2%
Hispanic	32.4%	29.6%	20.6%	23.2%	26.7%	19.5%
Multi-race	2.9%	6.7%	6.3%	6.5%	4.7%	5.1%
Other	1.8%	0.6%	0.7%	0.7%	1.3%	2.5%
White	32.9%	33.5%	34.6%	33.6%	33.7%	35.4%
Total	**5,468**	**179**	**4,883**	**586**	**11,116**	**277**
Ethnic Minorities*	67.1%	66.5%	65.4%	66.4%	66.3%	64.6%
# Unknown/ unreported	239	2	471	29	741	12

*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

- 20.8% (n=2,357) of all students who completed a pre-licensure nursing program were male.
- Generic ADN and BSN programs had the largest shares of male students (21.6%, n=1,194 and 20.6%, n=1,029 respectively), while LVN-to-ADN and ELM pre and post-licensure programs had the smallest shares (11.6%, n=21; 18.4%, n=113; and 16.0%, n=46, respectively).

Table 23. Gender Distribution of Students Who Completed a Nursing Program

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	21.6%	11.6%	20.6%	18.4%	20.8%	16.0%
Female	78.4%	88.4%	79.4%	81.6%	79.2%	84.0%
Other	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%
Total	**5,536**	**181**	**4,993**	**613**	**11,323**	**287**
# Unknown/ unreported	171	0	361	2	534	2

Age Distribution of Students Who Completed a Nursing Program

- 65.2% (n=7,263) of students completing a nursing program in 2018-2019 were younger than 31 years of age when they completed their program.
- BSN programs had the largest proportion of completions by students under 31 years of age (74.5%, n=3,636).
- People 41 years and older accounted for just 8.2% (n=915) of completions from all programs, but 10.8% (n=600) of ADN completions, and 12.2% (n=22) of LVN-to-ADN completions.

Table 24. 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	1.7%	0.0%	2.5%	0.0%	1.9%	0.0%
21 – 25 years	23.7%	8.8%	43.4%	22.0%	32.0%	5.4%
26 – 30 years	31.8%	34.3%	28.6%	48.0%	31.2%	44.6%
31 – 40 years	32.0%	44.8%	20.2%	23.5%	26.6%	41.9%
41 – 50 years	9.1%	9.9%	4.5%	5.9%	6.9%	6.8%
51 – 60 years	1.6%	2.2%	0.7%	0.4%	1.2%	0.9%
61 years and older	0.1%	0.0%	0.0%	0.2%	0.1%	0.5%
Total	**5,542**	**181**	**4,879**	**540**	**11,142**	**222**
# Unknown/ unreported	165	0	475	75	715	67

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 822 students who completed their programs in 2018-2019 had an accommodation for a declared disability.
- Since only 31 schools (23.7%) 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. Nonetheless, 96 programs provided data for this series of questions.
- Exam accommodations (88.7%, n=729) was the most commonly provided accommodation, followed disability-related counseling and referral (36.9%, n=303, and academic counseling and advising (26.9%, n=221).
- "Other" responses from written text comments included: paper exams, increased font size on paper tests, and frequent breaks and excused absences.

Table 25. 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)	98.5%	100.0%	71.5%	46.7%	88.7%
Disability-related counseling/referral	43.8%	50.0%	24.4%	6.7%	36.9%
Academic counseling/advising	36.0%	71.4%	7.0%	3.3%	26.9%
Priority registration	34.3%	7.1%	1.2%	0.0%	22.9%
Note-taking services/reader/audio recording/smart pen	21.8%	28.6%	15.3%	16.7%	19.8%
Other	6.5%	0.0%	33.1%	60.0%	16.2%
Adaptive equipment/physical space/facilities	8.8%	0.0%	2.9%	0.0%	6.6%
Assistive technology/alternative format	4.3%	14.3%	0.8%	3.3%	3.4%
Service animals	0.0%	0.0%	2.5%	0.0%	0.7%
Interpreter and captioning services	0.2%	21.4%	0.0%	0.0%	0.5%
Reduced courseload	0.2%	0.0%	0.4%	0.0%	0.2%
Transportation/mobility assistance and services/parking	0.0%	0.0%	0.4%	0.0%	0.1%
Total number of students receiving accommodations	**536**	**14**	**242**	**30**	**822**

Note: 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 and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 10.5% in 2018-2019.
- ELM programs had the lowest attrition rate (3.0%); BSN programs the highest (11.2%).

Table 26. On-time Completion and Attrition Data by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Students scheduled to complete the program	**6,992**	**187**	**7,091**	**701**	**14,971**
Completed on-time	5,613	173	6,083	642	12,511
Still enrolled	624	3	217	38	882
Total Attrition	**755**	**11**	**791**	**21**	**1,578**
Dropped out	316	4	463	16	799
Dismissed	439	7	328	5	779
Completed late*	575	2	217	-	794
On-time completion rate**	**80.3%**	**92.5%**	**85.8%**	**91.6%**	**83.6%**
Attrition rate***	**10.8%**	**5.9%**	**11.2%**	**3.0%**	**10.5%**

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2018-2019, Native American students had the lowest attrition rate (4.5%) and the highest on-time completion rate (88.8%) African American students had the highest attrition rate (15.8%) and the lowest on-time completion rate (76.1%).

Table 27. On-time Completion and Attrition Data by Race and Ethnicity

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program	89	2,781	746	818	3,477	4,333	1,147	1,558
Completed on-time	79	2,308	568	648	2,879	3,667	1,000	1,346
Still enrolled	6	133	60	71	248	249	44	71
Total Attrition	**4**	**340**	**118**	**99**	**350**	**417**	**103**	**141**
Dropped out	*2*	*162*	*60*	*32*	*162*	*260*	*51*	*64*
Dismissed	*2*	*178*	*58*	*67*	*188*	*157*	*52*	*77*
Completed late*	3	141	67	74	217	185	33	74
On-time completion rate**	**88.8%**	**83.0%**	**76.1%**	**79.2%**	**82.8%**	**84.6%**	**87.2%**	**86.4%**
Attrition rate***	4.5%	12.2%	15.8%	12.1%	10.1%	9.6%	9.0%	9.1%

*These completions are not included in the calculations for either completion or attrition rates.
**Completion rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were dismissed) / (students scheduled to complete the program)
Note: Data for traditional and accelerated program tracks are combined in this table.
Note: Thirteen programs did not provide data on attrition and completion. Three were new programs, two had no graduates this year, one ELM program had no prelicensure segment students, and seven gave no reason.

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, 58.6% of recent RN graduates employed in nursing in October 2019 were reported by program directors to be working in hospitals.
- Graduates of BSN programs and LVN-to-ADN programs were the most likely to work in hospitals (62.2% and 63.0% respectively) while graduates of ADN programs were the least likely (56.9%). Those completing ADN and ELM pre-licensure programs were more likely than other graduates to be pursuing additional nursing education (12.0% and 12.7%, respectively).
- Two new categories this year include participating in a new graduate residency (paid and unpaid). 7.7% of nurses who graduated between 8/1/18 and 7/31/19 were reported to be participating in a paid or unpaid new graduate residency.
- Other employment locations written in by respondents included corrections, community clinics, laser therapy, deployed, cosmetic surgery center, consulting services, laboratory, and staying at home with children.
- Statewide, programs reported that 3.9% of nursing graduates from the prior academic year were unable to find employment by October 2019.
- An additional 4.7% of nurses who graduated between 8/1/18 and 7/31/19 had not yet obtained licenses as of October 2018.
- Nursing schools reported that 82.9% of their recent RN graduates employed in nursing were employed in California.

Table 28. Employment of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Hospital	56.9%	63.0%	62.2%	58.3%	58.6%	58.0%
Pursuing additional nursing education	12.0%	8.3%	0.9%	12.7%	9.1%	5.6%
Participating in a new graduate residency (paid)	5.1%	0.0%	15.2%	6.5%	7.6%	0.0%
Long-term care facility	9.5%	2.5%	2.6%	0.9%	6.8%	1.3%
Other health care facility	6.7%	1.1%	3.3%	2.3%	5.2%	14.6%
Not yet licensed	3.3%	12.1%	4.1%	12.7%	4.7%	0.0%
Unable to find employment	3.5%	8.1%	4.7%	2.1%	3.9%	0.5%
Community/public health facility	2.8%	4.9%	2.9%	3.4%	3.0%	19.0%
Other setting	0.9%	0.0%	1.1%	1.1%	0.9%	0.0%
Participating in a new graduate residency (unpaid)	0.1%	0.0%	0.1%	0.0%	0.1%	1.0%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2018-2019, on average, the employment setting was unknown for 10.9% of recent graduates. 131 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was $23,029. 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 $53,329, while public school graduates averaged $10,835.

Table 29. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average debt load	$9,332	$10,547	$36,106	$106,455	$23,029
Private	$31,877	$27,286	$48,865	$108,158	$53,329
Public*	$5,517	$4,968	$18,707	$103,050	$10,835
Number of programs reporting	**74**	**4**	**32**	**10**	**120**

*Thirteen programs, all of them at community colleges, reported “$0” in student debt.

Time to Complete

- Most programs are on a semester schedule (88.7%, n=126) although some are on a quarter schedule (11.3%, n=16).

Table 30. Type of Schedule by Program Type

	ADN	LVN	BSN	ELM	Total
Semester	92.9%	100.0%	84.6%	66.7%	88.7%
Quarter	7.1%	0.0%	15.4%	33.3%	11.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Number of programs reporting	**85**	**6**	**39**	**12**	**142**

- In 2018-2019, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 31 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported averages for their programs.

Table 31. 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	5.0	2.2	6.0	4.5	5.0
Average time to completion, quarters	7.3	N/A	12.3	6.3	7.0
Number of programs reporting	**85**	**6**	**37**	**12**	**12**
Full-Time Accelerated Students					
Average time to completion, semesters	3.0	N/A	4.7	N/A	N/A
Average time to completion, quarters¥	8.0	N/A	8.5	N/A	N/A
Number of programs reporting	**29**	**-**	**20**	**-**	**-**

*Minimum and maximum numbers refer to ELM pre-licensure segments.

¥ Removed from the BSN average calculation is one outlier that reported an average of 22 quarters to complete the BSN program

- In 2018-2019, 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" (96.4%, n=81), followed by "student had personal issue(s) that required time away from school" (84.5%, n=71).
- Write-in answers for delay included: health issues, deployment, pregnancy and non-completion of co-requisite or pre-requisite courses.

Table 32. Reasons for Delayed Completion, ADN Students Only

	% of Program	# of Programs
Student had to repeat one or more courses to pass/progress	96.4%	81
Student had personal issue(s) that required time away from school	84.5%	71
Student changed course of study	9.5%	8
Other	6.0%	5
Unable to obtain a required course(s) to progress	2.4%	2
Inadequate academic advising	0.0%	0
Required pre-requisite or required course not offered	0.0%	0
Does not apply as our program is not a traditional 2 year program	0.0%	0
Number of programs reporting		**84**

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, 2019, there were 5,359 nursing faculty.[3] More than two-thirds were part-time faculty (71.0%, n=3,807).
- The faculty vacancy rate in pre-licensure nursing programs was 8.2%.

Table 33. Total Faculty and Faculty Vacancies

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	5,359	476	8.2%
Full-Time Faculty	1,552	201	11.5%
Part-Time Faculty	3,807	275	6.7%

- In 2018-2019, 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. 36.9% (n=48) of 130 schools responding agreed. These 48 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 from text comments included location of campus (too remote or unattractive to outside applicants), loss of the 67% rule, limit on the number of tenure-track hires, and clinical ratios.

Table 34. Reasons for Hiring More Part-Time Faculty

	Average rank*	Schools reporting
Non-competitive salaries for full time faculty	2.5	39
Shortage of RNs applying for full time faculty positions	3.1	39
Insufficient number of full time faculty applicants with required credential	4.1	38
Insufficient budget to afford benefits and other costs of FT faculty	4.8	40
Need for part-time faculty to teach specialty content	4.8	40
Other	5.8	16
Private, state university or community college laws, rules or policies	5.8	40
Need for faculty to have time for clinical practice	6.0	36
To allow for flexibility with respect to enrollment changes	6.9	37
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.5	36

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

[3] 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. Nearly thirteen percent of part-time faculty positions are paid entirely with external funding, compared with only 1.0% of full-time faculty positions.

Table 35. Funding of Faculty Positions

	% Full-Time Faculty	% Part-Time Faculty
Budgeted positions	95.7%	84.6%
100% external funding	1.0%	12.9%
Combination of the above	3.3%	2.5%
Total Faculty	**1,526**	**3,699**

- The majority of faculty (57.6%, n=2,850) teaches clinical courses only. Almost one-third (30.8%, n=1,525) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (11.5%, n=570).

Table 36. Faculty Teaching Assignments

	% All Faculty	# All Faculty
Clinical courses only	57.6%	2,850
Didactic courses only	11.5%	570
Clinical & didactic courses	30.8%	1,525
Total Faculty	100.0%	4,945
Unknown		**403**

- 95 of 132 schools (72.0%) reported that faculty in their programs work an overloaded schedule, and 90.5% (n=86) of these schools pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 43.9% (n=58) of schools reported that their externally funded positions will continue to be funded for the 2018-2019 academic year. If these positions are not funded, schools reported that they would be able to enroll only 12,795 students in pre-licensure RN programs in 2019-2020, which would be an 18.7% decrease in new enrollments compared to the 15,191 new students that enrolled in RN programs in 2018-2019.

Table 37. External Funding for Faculty Next Year

	% of Schools	# of Schools
Will continue	43.9%	58
Will not continue	1.5%	2
Unknown	3.8%	5
Not applicable	50.8%	67
Number of schools reporting	**100.0%**	**132**

Faculty Demographic Data

- Nursing faculty remain predominantly white (54.1%, n=2,449) and female (84.6%, n=4,255). Forty percent (40.1%, n=1,717) of faculty is between 41 and 55 years of age and almost one-third (30.1%, n=1,291) of faculty are over 55 years of age.

Table 38. Faculty Ethnicity

Race/Ethnicity	% Faculty	# Faculty
Native American	0.7%	30
Asian	12.5%	565
Asian Indian	1.5%	70
Filipino	5.8%	264
Hawaiian/Pacific Islander	1.0%	47
African American	10.1%	455
Hispanic	11.2%	509
Multi-race	2.3%	103
Other	0.8%	34
White	54.1%	2,449
Number of faculty	**4,526**	**4,526**
Ethnic Minorities*	45.9%	2,077
Unknown/unreported		833

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

Table 39. Faculty Gender and Age

Gender	% Faculty	# Faculty
Men	13.9%	684
Women	86.1%	4,246
Other	0.0%	0
Number of faculty	**4,930**	**4,930**
Unknown/unreported		429
Age	**% Faculty**	**# Faculty**
30 years or younger	6.7%	285
31 – 40 years	23.1%	991
41 – 50 years	25.7%	1,099
51 – 55 years	14.4%	618
56 – 60 years	12.8%	547
61 – 65 years	10.4%	446
66 – 70 years	4.7%	202
71 years and older	2.2%	96
Number of faculty	**100.0%**	**4,284**
Unknown/unreported		1,075

Faculty Education

- On October 15, 2019, almost all full-time faculty (93.5%, n=1,407) held a master's or doctoral degree, while only 58.2% (n=1,985) of part-time faculty held a graduate degree.
- 7.0% of all active faculty (n=374) were reported to be pursuing an advanced degree as of October 15, 2019.

Table 40. Highest Level of Education of Faculty

	% Full-Time Faculty	% Part-Time Faculty
Associate degree in nursing (ADN)	1.9%	5.6%
Baccalaureate degree in nursing (BSN)	4.6%	35.0%
Non-nursing baccalaureate	0.1%	1.2%
Master's degree in nursing (MSN)	57.5%	48.9%
Non-nursing master's degree	1.9%	1.6%
PhD in nursing	14.8%	3.0%
Doctorate of Nursing Practice (DNP)	13.3%	3.3%
Other doctorate in nursing	1.9%	0.4%
Non-nursing doctorate	4.3%	1.0%
Number of faculty	**1,505**	**3,410**
Unknown/unreported*****	42	392

*The number unknown is determined by subtracting the sum of the faculty by degree type from the overall sum of faculty reported. The sum of full- and part-time faculty by degree category reported by schools often did not equal the total number of faculty reported.

Recruiting Diverse Faculty

- In 2018-2019, 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 (75.0%, n=99), sharing school and program goals and commitments to diversity (72.7%), and highlighting campus and community demographics (62.9%, n=83).
- "Other" written text comments included: District faculty internship program, word of mouth, personal outreach at conferences and through search committee, and networking with ADN directors and nursing faculty.

Table 41. Strategies for Recruiting Diverse Faculty

	% of Schools	# of Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	75.0%	99
Share program/school goals and commitments to diversity	72.7%	96
Highlight campus and community demographics	62.9%	83
Share faculty development and mentoring opportunities	54.5%	72
Use of publications targeting minority professionals (e.g. Minority Nurse)	34.8%	46
Showcase how diversity issues have been incorporated into the curriculum	33.3%	44
Highlight success of faculty, including faculty of color	30.3%	40
Other	7.6%	10
External funding and/or salary enhancements (e.g. endowed lectureship)	4.5%	6
Number of schools that reported		**132**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (90.2%) and program policies (85.6%) and were the most frequently reported methods used to prepare part-time faculty to teach.
- "Other" written text comments included: clinical partnering with experienced faculty member, mentoring and ongoing support and oversight, internal online course created by FT faculty, inclusion in faculty-related meetings, and faculty development workshop.

Table 42. Methods Used to Prepare Part-Time Faculty to Teach

	% of Schools	# of Schools
Faculty orientation	90.2%	119
Program policies	85.6%	113
Mentoring program	72.0%	95
Curriculum review	68.2%	90
Specific orientation program	67.4%	89
Administrative policies	65.2%	86
Teaching strategies	62.1%	82
External training program	10.6%	14
Other	10.6%	14
None	0.0%	0
Number of schools that reported		**132**

Faculty Attrition

- Nursing schools reported 157 full-time and 369 part-time faculty members as having retired or left the program in 2018-2019.
- Schools reported that an additional 92 faculty members (86 full-time and 6 part-time) are expected to retire or leave the school in 2019-2020.
- The most frequently cited reason for having a faculty member leave the program in 2018-2019 was retirement (65.0%, n=52), followed by career advancement (23.8%, n=19), and relocation of spouse or other family obligation (21.3%, n=17).
- Workload (3.8%, n=3), workplace climate (2.5%, n=2), and layoffs (0%, n=0) were the least common reasons reported for faculty leaving their positions.
- "Other" reasons reported in text comments included: lost their home in the Camp Fire, pursuing an advanced degree, found work closer to home, lack of affordable housing, wanted a different work schedule, and moving to be closer to family.

Table 43. Reasons Faculty Leave Their Positions

	% of Schools	# of Schools
Retirement	65.0%	52
Career advancement	23.8%	19
Relocation of spouse or other family obligation	21.3%	17
Return to clinical practice	21.3%	17
Resigned for unknown reasons	17.5%	14
Personal health issues	17.5%	14
Salary/Benefits	15.0%	12
Termination (or requested resignation)	11.3%	9
Other	8.8%	7
Workload	3.8%	3
Workplace climate	2.5%	2
Layoffs (for budgetary reasons)	0.0%	0
Number of schools that reported		**80**

- In 2018-2019, twenty-four schools reported that 41 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 (42.1%, n=8) and return to clinical practice (42.1%, n=8).
- "Other" reasons included higher compensation in clinical practice, promotion, retirement, to pursue further education, and desiring a different work schedule.

Table 44. Reasons Faculty Go From Full-Time to Part-Time

	% of Schools	# of Schools
Return to clinical practice	42.1%	8
Preparing for retirement	42.1%	8
Other	36.8%	7
Family obligations	21.1%	4
Workload	21.1%	4
Personal health issues	10.5%	2
Workplace climate	5.3%	1
Requested by Program Due to budgetary reason	0.0%	0
Number of schools that reported		**19**

Faculty Hiring

- 123 schools reported hiring a total of 1,024 faculty members (174 full-time and 850 part-time) between August 1, 2018 and July 31, 2019.
- Thirty percent (30.4%, n=311) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (68.3%, n=84) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching as a nurse educator in a clinical setting, at another nursing school (65.0%, n=80), completed a graduate degree program in the last two years (56.9%, n=70) or experienced teaching while in graduate school (53.7%, n=66).
- Six schools reported they were under a hiring freeze for active faculty at some point between August 1, 2018 and July 31, 2019, and five of these schools (83.3%) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.
- Other characteristics described by respondents in text comments included faculty that had experience precepting (four mentions), faculty with clinical experience but no teaching theory or teaching experience, and faculty that had taught with the program in the past.

Table 45. Characteristics of Newly Hired Faculty

	% of Schools	# of Schools
Experience teaching as a nurse educator in a clinical setting	68.3%	84
Experience teaching at another nursing school	65.0%	80
Completed a graduate degree program in last two years	56.9%	70
Experience student teaching while in graduate school	53.7%	66
No teaching experience	36.6%	45
Experience teaching in a setting outside of nursing	18.7%	23
Other	7.3%	9
Number of schools that reported		**123**

*One school that reported hiring new faculty did not answer this question.

- 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.
- "Other" reasons for hiring faculty included needing to cover for faculty on long-term leave or sabbatical, to cover faculty going to part-time, to accommodate smaller clinical groups or cover clinical needs, to expand an adjunct pool, or to open or expand a program.

Table 46. Reasons for Hiring Faculty

	% of Schools	# of Schools
To replace faculty that retired or left the program	81.1%	99
To fill longstanding faculty vacancies (positions vacant for more than one year)	37.7%	46
To reduce faculty workload	28.7%	35
Due to program expansion	19.7%	24
Other	14.8%	18
Number of schools reporting		**122**

Barriers to Recruiting Faculty

- Non-competitive salaries (81.7%, n=107) and an insufficient number of faculty applicants with the required credentials (77.9%, n=102) were the most frequently reported barriers to faculty recruitment.
- 42.7% (n=56) of respondents reported that BRN rules and regulations were a barrier to recruiting faculty.
- 37.4% (n=49) of respondents reported that workload or "not wanting faculty responsibilities" were a barrier to recruiting faculty.
- "Other" reasons given in text comments included: schedule conflict with clinical job and college calendar or schedule (4 mentions), school hiring requirements (setting the bar too high), and the high cost of living in the Bay Area.

Table 47. Barriers to Recruiting Faculty

	% of Schools	# of Schools
Insufficient number of faculty applicants with required credentials	81.7%	107
Non-competitive salaries	77.9%	102
BRN rules and regulations	42.7%	56
Workload (not wanting faculty responsibilities)	37.4%	49
Private, state university or community college laws, rules or policies	22.1%	29
Overall shortage of RNs	16.8%	22
Other	5.3%	7
No barriers	4.6%	6
Number of schools that reported		**131**

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (56.5%), closely followed by psychiatry/mental health (52.7%) were the most difficult areas for which to recruit new active faculty.
- 12.2% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.
- Other clinical areas that were difficult to hire for were described by respondents, including simulation, oncology, occupational/environmental health, and neonatal. Finally, one respondent noted that it is difficult to find “master's prepared nurses who are willing to teach as their primary responsibility.”

Table 48. Difficult to Hire Clinical Areas

	% of Schools	# of Schools
Pediatrics	56.5%	74
Psych/mental health	52.7%	69
Obstetrics/gynecology	47.3%	62
Medical-surgical	27.5%	36
No clinical areas	12.2%	16
Geriatrics	10.7%	14
Community health	7.6%	10
Critical care	5.3%	7
Other	3.8%	5
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	$74,624	$90,540	$85,670	$99,311
10 months	$70,850	$101,465	$82,305	$111,881
11 months	$81,532	$102,313	$94,631	$115,016
12 months	$67,004	$95,618	$75,152	$109,755

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA, scores on pre-enrollment assessment tests, 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 programs, 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.
- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for more than half of ADN and LVN-to-ADN programs. This legislation applies specifically to community colleges.
- Other admission criteria described by respondents in text comments included essays, military service, geography (local preference), CA state certification as a CNA, and high school sciences and math.

Table 50. Admission Criteria by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Minimum/Cumulative GPA	71.8%	100.0%	94.7%	100.0%	81.6%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	84.7%	50.0%	71.1%	41.7%	75.9%
Minimum grade level in prerequisite courses	69.4%	83.3%	78.9%	100.0%	75.2%
Completion of prerequisite courses (including recency and/or repetition)	72.9%	83.3%	81.6%	0.0%	69.5%
Science GPA	70.6%	83.3%	60.5%	50.0%	66.7%
Health-related work experience	43.5%	50.0%	28.9%	41.7%	39.7%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	60.0%	50.0%	0.0%	0.0%	38.3%
Letter of reference/recommendation	7.1%	0.0%	42.1%	100.0%	24.1%
Interview	12.9%	0.0%	34.2%	75.0%	23.4%
Lottery	32.9%	16.7%	0.0%	0.0%	20.6%
Personal statement	10.6%	0.0%	0.0%	100.0%	14.9%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	22.4%	16.7%	0.0%	0.0%	14.2%
Other	7.1%	0.0%	21.1%	0.0%	9.9%
Geographic location	2.4%	0.0%	18.4%	8.3%	7.1%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**85**	**6**	**38**	**12**	**141**

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (80.9%) 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.
- Other selection criteria described by respondents in text comments included descriptions of admission criteria (GPA, letters of admission, chancellor's office formula, holistic review, etc.). Some described hybrid methods of selection including 75% ranking, 25% random selection or 50% multi-criteria selection process and 50% waitlist.

Table 51. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	73.8%	66.7%	92.1%	100.0%	80.9%
Interviews	12.5%	0.0%	34.2%	75.0%	23.5%
Random selection	33.8%	33.3%	0.0%	0.0%	21.3%
Goal statement	5.0%	0.0%	21.1%	66.7%	14.7%
Modified random selection	21.3%	0.0%	0.0%	0.0%	12.5%
Other	7.5%	33.3%	5.3%	8.3%	8.1%
First come, first served from the waiting list	5.0%	0.0%	5.3%	0.0%	4.4%
First come, first served (based on application date for the quarter/semester)	2.5%	0.0%	2.6%	0.0%	2.2%
Number of programs reporting	**80**	**6**	**38**	**12**	**136**

Waiting List

- 21 programs reported having total of 4,111 students on a waiting list. Of these programs, 61.9% (n=13) keep students on the waiting list until they are admitted, 33.3% (n=7) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and none reported keeping students on for two application cycles.
- Other waitlist strategies described in text comments included keeping students on the list until they notify the school that they are no longer interested, or until two years after application, or as long as they re-apply to the waitlist. One noted that students on the waitlist are guaranteed acceptance at the next cycle.
- Average time on the waiting list varied by program: students generally spent a single semester or quarter waiting to get into a BSN or ELM program, but spent an average of up to 3.6 quarters or semesters on the waiting list for an ADN program, and 8.0 semesters or quarters for the one LVN-to-ADN program that reported.

Table 52. Waiting Lists by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	3,514	33	564	-	4,111
Average number of quarters/semesters to enroll after being placed on the waiting list	3.6	8.0	1.0	1.0	3.3
Number of programs reporting	**16**	**1**	**3**	**1**	**21**

Capacity of Program Expansion

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

Table 53. Current and Projected New Student Enrollment by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
2018-2019 new student enrollment	6,842	172	7,307	870	15,191
Expected new student enrollment given current resources					
2019-2020	6,553	193	7,366	934	15,046
Expected 2019-2020 enrollment as % of 2018-2019 enrollment	95.8%	112.2%	100.8%	107.4%	99.0%
2020-2021	6,678	195	7,501	955	15,329
Expected 2020-2021 enrollment as % of 2018-2019 enrollment	97.6%	113.4%	102.7%	109.8%	100.9%

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 71.1% (n=99) of programs.
- Non-competitive faculty salaries (50.7%, n=71), insufficient number of qualified clinical faculty (42.1%, n=59), and classroom faculty (37.9%, n=53) were also frequently reported barriers to expansion.
- Of the 136 programs that responded, eight programs reported no barriers to expansion (5.7%).
- Other barriers to program expansion described by respondents in written comments include: obtaining BRN approval, BRN caps on admissions, hiring freeze, program in teach-out, and dependence on grant support creating uncertainty about future funding.

Table 54. Barriers to Program Expansion by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	71.1%	50.0%	69.2%	83.3%	70.7%
Faculty salaries not competitive	50.6%	66.7%	56.4%	25.0%	50.7%
Insufficient number of qualified clinical faculty	37.3%	83.3%	48.7%	33.3%	42.1%
Insufficient number of qualified classroom faculty	39.8%	66.7%	28.2%	41.7%	37.9%
Insufficient funding for faculty salaries	27.7%	66.7%	35.9%	16.7%	30.7%
Insufficient number of physical facilities and space for skills labs	31.3%	33.3%	17.9%	33.3%	27.9%
Insufficient number of physical facilities and space for classrooms	25.3%	16.7%	17.9%	16.7%	22.1%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	21.7%	0.0%	17.9%	0.0%	17.9%
Insufficient number of allocated spaces for the nursing program	20.5%	0.0%	10.3%	16.7%	16.4%
Insufficient support for nursing school by college or university	10.8%	0.0%	2.6%	8.3%	7.9%
Other	6.0%	0.0%	10.3%	0.0%	6.4%
No barriers to program expansion	4.8%	16.7%	5.1%	8.3%	5.7%
Insufficient financial support for students	1.2%	0.0%	5.1%	8.3%	2.9%
Number of programs reporting	**83**	**6**	**39**	**12**	**140**

Program Expansion Strategies

- 99.0% (n=98) of the 99 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 human patient simulators, use of community based/ambulatory care options, and twelve-hour shifts.
- Other strategies described by respondents included instituting a regional planning/consortium, maximizing the use of simulation, including virtual reality simulation, utilizing sub-acute facilities, and seeking BRN approval for a secondary site.

Table 55. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Human patient simulators	82.8%	66.7%	63.0%	70.0%	75.5%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	72.4%	100.0%	74.1%	80.0%	74.5%
Twelve-hour shifts	75.9%	33.3%	70.4%	90.0%	74.5%
Weekend shifts	60.3%	66.7%	77.8%	70.0%	66.3%
Innovative skills lab experiences	60.3%	66.7%	63.0%	70.0%	62.2%
Evening shifts	58.6%	33.3%	48.1%	70.0%	56.1%
Regional computerized clinical placement system	51.7%	33.3%	37.0%	40.0%	45.9%
Preceptorships	37.9%	33.3%	44.4%	80.0%	43.9%
Night shifts	19.0%	0.0%	44.4%	50.0%	28.6%
Non-traditional clinical sites (e.g. correctional facilities)	25.9%	33.3%	22.2%	50.0%	27.6%
Other	10.3%	0.0%	0.0%	0.0%	6.1%
Number of programs reporting	**58**	**3**	**27**	**10**	**98**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2018-2019 a total of 70 programs (49.6% of programs reporting) reported that they were denied access to a clinical placement, unit, or shift.
- 38.6% (n=27) of programs that were denied a clinical placement, unit, or shift were offered an alternative.
- The lack of access to clinical space resulted in a loss of 287 clinical placements, units, or shifts, which affected 2,271 students.

Table 56. RN Programs Denied Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	**43**	**1**	**20**	**6**	**70**
% of programs	50.6%	16.7%	51.3%	54.5%	49.6%
Programs offered alternative by site	19	0	5	3	27
Placements, units, or shifts lost	140	6	114	27	287
Total number of students affected	1,406	27	612	226	2,271
Number of programs reporting	**85**	**6**	**39**	**11**	**141**

- In addition, 61 programs (43.6% of 140 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2018-2019 than in the prior year.

Table 57. RN Programs That Reported Fewer Students Allowed for Clinical Space

	ADN	LVN-to-ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	36	0	19	6	61
Number of programs reporting	**85**	**6**	**38**	**11**	**140**

- More than three-quarters of programs (76.5%, n=52) that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. Almost half of programs reported lost placement sites in pediatrics (45.6%, n=31) and about a third (33.8%, n=23) in obstetrics.

Table 58. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/surgical	76.2%	0.0%	73.7%	100.0%	76.5%
Pediatrics	47.6%	0.0%	36.8%	66.7%	45.6%
Obstetrics	33.3%	100.0%	26.3%	50.0%	33.8%
Psychiatry/mental health	26.2%	0.0%	31.6%	50.0%	29.4%
Preceptorship	16.7%	0.0%	42.1%	33.3%	25.0%
Geriatrics	19.0%	0.0%	21.1%	33.3%	20.6%
Critical care	9.5%	0.0%	15.8%	16.7%	11.8%
Community health	2.4%	0.0%	15.8%	33.3%	8.8%
Other	2.4%	0.0%	10.5%	0.0%	4.4%
Number of programs reporting	**42**	**1**	**19**	**6**	**68**

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 (50.7%, n=35). “Competition for space arising from an increase in the number of nursing students” (43.5%, n=30) and “Displaced by another program” (43.5%, n=30) were the second and third most important reasons.
- “Visit from Joint Commission or other accrediting agency”, “closure, or partial closure of clinical facility” (66.7%) were top reasons ELM program lost clinical space, after “staff nurse overload or insufficient qualified staff.”
- 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.
- Respondents provided “other” reasons, including destruction of hospital by fire, request for drug testing of faculty and LIVESCAN of all students, delay in contract update, priority given to local students, implementation of new onboarding system requiring students and faculty to pay a fee to use the service, and new coordinator at the clinical facility.
- In a separate question, twelve programs (8.6%) reported providing financial support to secure a clinical placement.

Table 59. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff	42.9%	0.0%	60.0%	83.3%	50.7%
Competition for clinical space due to increase in number of nursing students in region	50.0%	0.0%	30.0%	50.0%	43.5%
Displaced by another program	42.9%	0.0%	45.0%	50.0%	43.5%
Nurse residency programs	21.4%	0.0%	30.0%	50.0%	26.1%
Other clinical facility business needs/changes in policy	23.8%	0.0%	25.0%	33.3%	24.6%
Visit from Joint Commission or other accrediting agency	19.0%	0.0%	20.0%	66.7%	23.2%
No longer accepting ADN students*	35.7%	0.0%	0.0%	0.0%	21.7%
Implementation of Electronic Health Records system	7.1%	0.0%	40.0%	50.0%	20.3%
Change in facility ownership/management	19.0%	0.0%	15.0%	33.3%	18.8%
Closure, or partial closure, of clinical facility	7.1%	0.0%	30.0%	66.7%	18.8%
Decrease in patient census	16.7%	0.0%	15.0%	33.3%	17.4%
Clinical facility seeking magnet status	23.8%	0.0%	0.0%	0.0%	14.5%
Other	14.3%	100.0%	15.0%	0.0%	14.5%
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*	0.0%	0.0%	5.0%	0.0%	1.4%
Facility moving to a new location/ (or hospital construction)**	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**42**	**1**	**20**	**6**	**69**

* Not asked of BSN or ELM programs.
**Category recoded from text comments

- Most programs reported being able to replace the lost space with a different site currently used by the nursing program or at a new site (79.4%, n=54), or they added or replace the lost space with a new site (55.0%, n=38).
- Other strategies described by respondents in write-in answers included use of virtual simulation program and outpatient experiences, reducing the number of students in a clinical group, negotiating to one 12-hour shift instead of two days, and “non-consortium clinical site”.

Table 60. Strategies to Address Lost Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	81.0%	0.0%	89.5%	50.0%	79.4%
Added/replaced lost space with new site	47.6%	100.0%	57.9%	100.0%	55.9%
Clinical simulation	47.6%	0.0%	36.8%	66.7%	45.6%
Replaced lost space at same clinical site	38.1%	0.0%	21.1%	50.0%	33.8%
Reduced student admissions	19.0%	0.0%	0.0%	0.0%	11.8%
Other	7.1%	0.0%	5.3%	0.0%	5.9%
Number of programs reporting	**42**	**1**	**19**	**6**	**68**

Alternative Clinical Sites

- 47 programs reported increasing out-of-hospital clinical placements in 2018-2019.
- Public health or community health agencies, skilled nursing/rehabilitation facilities, public school health services, and medical practices/clinics/physicians' offices were the top alternative out-of-hospital clinical sites reported by these 47 programs.
- Other placements described by respondents included: elder day care center, daycare/child development center, community services agency, and acute care hospital.

Table 61. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

	ADN	LVN-to-ADN	BSN	ELM	Total
Public health or community health agency	40.0%	-	50.0%	66.7%	44.7%
Skilled nursing/rehabilitation facility	40.0%	-	50.0%	33.3%	42.6%
School health service (K-12 or college)	23.3%	-	50.0%	100.0%	36.2%
Medical practice, clinic, physician office	36.7%	-	35.7%	0.0%	34.0%
Home health agency/home health service	33.3%	-	14.3%	0.0%	25.5%
Surgery center/ambulatory care center	26.7%	-	21.4%	33.3%	25.5%
Hospice	23.3%	-	28.6%	0.0%	23.4%
Outpatient mental health/substance abuse	23.3%	-	14.3%	33.3%	21.3%
Case management/disease management	10.0%	-	28.6%	33.3%	17.0%
Urgent care, not hospital-based	16.7%	-	14.3%	0.0%	14.9%
Other	13.3%	-	14.3%	0.0%	12.8%
Correctional facility, prison or jail	6.7%	-	0.0%	33.3%	6.4%
Occupational health or employee health service	6.7%	-	0.0%	0.0%	4.3%
Renal dialysis unit	3.3%	-	7.1%	0.0%	4.3%
Number of programs reporting	**30**	**0**	**14**	**3**	**47**

LVN to BSN Education

- Four 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 2018-2019, programs received 282 qualified applications for 222 admission spaces available for LVN-to-BSN students.
    - Completion of prerequisite courses and minimum/cumulative GPA (75.0%, n=3) were the most commonly reported criteria.

Table 62. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Completion of prerequisite courses (including recency and/or repetition)	3
Minimum/Cumulative GPA	3
Interview	2
Minimum grade level in prerequisite courses	2
Personal statement	2
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	2
Science GPA	2
Geographic location	1
Health-related work experience	1
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	1
Letter of reference/recommendation	0
Lottery	0
None	0
Other	0
Number of programs reporting	**4**

[1] Only three of the four programs answered this question

- Ranking by specific criteria (75.0%, n=3) was the most commonly reported method for selecting students for admission to LVN-to-BSN programs.

Table 63. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	3
Interviews	2
Goal statement	1
First come, first served from the waiting list	0
Other	0
Rolling admissions (based on application date for the quarter/semester)	0
Number of programs reporting	**4**

LVN-to-ADN Education

- Six nursing programs exclusively offer LVN-to-ADN education.
- Of the 85 generic ADN programs, 40.0% (n=34) reported having a separate track for LVNs and 68.2% (n=58) admit LVNs to the generic ADN program on a space-available basis.
- Seventeen (20.0%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2019, there were a total of 588 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.9 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.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents include: pharmacology update, NCLEX for ADN course work, multicriteria system, ATI testing, TEAS, self-study module or LVN-RN transition course, and the opportunity to challenge courses.

Table 64. LVN-to-ADN Articulation by Program Type

	ADN	LVN-to-ADN	BSN	Total
Bridge course	71.4%	75.0%	33.3%	64.6%
Use of skills lab course to document competencies	59.7%	75.0%	38.9%	56.6%
Direct articulation of LVN coursework	33.8%	25.0%	33.3%	33.3%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	29.9%	25.0%	33.3%	30.3%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	29.9%	50.0%	16.7%	28.3%
Specific program advisor	16.9%	0.0%	22.2%	17.2%
Other	9.1%	50.0%	33.3%	15.2%
Number of programs reporting	**77**	**4**	**18**	**99**

Partnerships

- In 2018-2019, seventy-three nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.
- 70.0% (n=63) of 90 ADN/ LVN-to-ADN programs responding to this question reported participating in these partnerships, as did 27.8% (n=10) BSN programs.
- The majority of participating BSN programs were at California State universities, although two were at private institutions. All but one of the participating ADN programs reporting participation were at community colleges.

Table 65. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	Total
Number of collaborative/ shared programs	60	3	10	73
Percent with shared programs	70.6%	60.0%	27.8%	57.9%
Number of programs reporting	**85**	**5**	**36**	**126**

Professional Accreditation

- 32.0% (n=29) of all ADN (generic and LVN-to-ADN) programs reported some form of professional accreditation. All BSN and all ELM programs reported some form of accreditation.
- 35.6% (n=26) of all ADN programs (including LVN-to-ADN programs) responding to this question reported having ACEN accreditation, as did 2.6% (n=1) of BSN programs; 94.9% (n=37) of BSN programs responding to this question, and 100.0% (n=12) of ELM programs reported having CCNE accreditation.
- "Other" accreditations listed included: CCNE (n=6; all six respondents both wrote this out and checked the "CCNE" option), American Association of Colleges of Nursing (AACN) (n=3), Bureau for Private Postsecondary Education (BPPE), Council on Education for Public Health (CEPH) ; Standards of Accreditation for Health Services (Psychology) , Commission on Teacher Credentialing, Council on Occupational Education (COE), Transnational Association of Christian Colleges and Schools (TRACS), and Adventist Accrediting Association.

Table 66. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Not accredited	61.6%	100.0%	0.0%	0.0%	39.2%
CCNE*	0.0%	0.0%	94.9%	100.0%	37.7%
ACEN (formerly NLNAC)	35.6%	0.0%	2.6%	0.0%	20.8%
Other	2.7%	0.0%	23.1%	33.3%	11.5%
CNEA	1.4%	0.0%	2.6%	8.3%	2.3%
Number of programs reporting	**73**	**6**	**39**	**12**	**130**

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2018-2019, 91.3% of the 13,136 nursing students who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from BSN and generic ADN programs (91.5% and 91.6%, respectively).

Table 67. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	91.5%	85.4%	91.6%	89.5%	91.3%
# Students that took the NCLEX	6,217	223	6,046	650	13,136
# Students that passed the NCLEX	5,687	190	5,539	582	11,999
Number of programs reporting	**84**	**6**	**37**	**10**	**137**

*These data represent nursing students who took the NCLEX for the first time in 2018-19.

- Overall NCLEX pass rates in accelerated programs were similar to those in traditional programs; 91.5% of nursing students in an accelerated track who took the NCLEX for the first time in 2018-2019 passed the exam.
- Accelerated BSN and ELM programs had a higher average pass rate than their traditional counterparts. Accelerated ADN programs had a lower pass rate than their traditional counterparts.

Table 68. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	**82.3%**	**92.7%**	**92.3%**	**91.5%**
# Students that took the NCLEX	317	2,200	261	2,778
# Students that passed the NCLEX	261	2,040	241	2,542
Number of programs reporting	**5**	**8**	**5**	**18**

*These data represent nursing students who took the NCLEX for the first time in 2018-19.

NCLEX Review

- In 2018-2019, respondents were asked to describe any NCLEX (National Council Licensure Examination) review courses their programs offered, whether pre- or post-graduation.
- 39.4% of programs reporting (n=56) offered an elective/non-mandatory comprehensive NCLEX review course to students within two to four weeks prior to expected graduation date.
- 43.0% (n=61) offered an elective/non-mandatory comprehensive NCLEX review course to students after they graduated from the program.
- For the majority (73.2%) of programs offering an NCLEX review course prior to graduation, all program graduates took the course.

Table 69. Percent of Program Graduates Who Take Comprehensive NCLEX Review Courses

Percent of Students	% of programs	# of programs
100% of students	73.2%	41
75% of students	16.1%	9
50% of students	7.1%	4
<25% of students	3.6%	2
Number of programs reporting	**100.0%**	**56**

- At most programs, the comprehensive pre-graduation NCLEX review course was taught by vendor instructors.

Table 70. Who Teaches NCLEX Review Course?

	% of programs	# of programs
Program faculty only	13.6%	9
NCLEX prep vendor instructor(s)	71.2%	47
Other	15.2%	10
Number of programs reporting	**100.0%**	**66**

- In most programs, the pre-graduation NCLEX review course was a face-to-face class on campus. A large percentage of programs also used online course packages and hybrid methods.

Table 71. Method of Delivering NCLEX Review Course

	% of programs	# of programs
Face to face on campus	73.1%	38
Hybrid	17.3%	9
Online/virtual	17.3%	9
Face to face off campus	0.0%	0
Number of programs reporting	**100.0%**	**56**

- For the majority of programs (60.7%, n=34), the program paid the full price of the pre-graduation NCLEX review course for all students who enrolled.

Table 72. 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.)	60.7%	34
Student pays for the review course but receives a price discount	28.6%	16
Student pays the full price for the review course offered by the program	10.7%	6
Number of programs reporting	**100.0%**	**56**

- 43.0% (n=61) of all programs offered their NCLEX review course *after* graduation.
- Nearly all of the programs who offered their NCLEX review course *after* graduation 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. Other respondents indicated that it was difficult to fit the hours for the review into the regular school year curriculum.

Table 73. When is the Post-graduation Course Offered?

	% of programs	# of programs
1-4 weeks after graduation	91.7%	55
5-8 weeks after graduation	1.7%	1
More than 8 weeks after graduation	6.7%	4
Number of programs reporting	**100.0%**	**60**

Clinical Simulation

- 138 of 142 nursing programs (97.2%) reported using clinical simulation in 2018-2019.
- Almost half (45.1%, n=64) of the 142 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- More than half of funding for simulation maintenance, faculty development, and training came from the school's operating budget. Somewhat less than half (46.3%) of the funding for simulation purchases came from the school's operating budget. Purchases received a greater proportion of funding from industry, foundations, and government than did the other categories. Overall, a sizable proportion of funding for purchases, maintenance, faculty development, and training came from government grants.
- Other sources of funding for purchases and maintenance described by respondents in text comments included: lab fees, earned income, CEL funds, grants, and IRA funding.
- Other sources of funding for training included professional development funds and faculty paying for their own training.

Table 74. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

	Purchases	Maintenance	Faculty Training
Your college/university operating budget	46.3%	62.8%	58.4%
Industry (i.e. hospitals, health systems)	2.3%	0.8%	0.0%
Foundations, private donors	7.2%	3.2%	2.1%
Government (i.e. federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	39.0%	31.3%	34.9%
Other	3.8%	2.0%	4.6%
Number of programs reporting	**136**	**138**	**138**

- 85.3% (n=116) of 136 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences.
- The most common policy or procedure was adherence to simulation-related Professional Integrity requirements, closely followed by the “development, use and revision of simulation materials for participants, faculty, and staff”. The least commonly cited were “required initial and ongoing simulation training for faculty and staff”, and “participant requirements related to simulation”.

Table 75. Policies and Procedures to Ensure Quality of Simulation

	% of programs	# of programs
Adherence to simulation related Professional Integrity requirements	81.9%	95
Development, use and revision of simulation materials for participants, faculty, staff	81.0%	94
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	80.2%	93
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	75.9%	88
Required faculty, staff and participant orientation	68.1%	79
Continuous quality improvement mechanisms used	67.2%	78
Required initial and ongoing simulation training for faculty and staff (i.e. courses, conferences)	57.8%	67
Other participant requirements related to simulation	44.8%	52
Number of programs reporting		**116**

- More than half (61.6%, n=85) of 138 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. Eighty-four programs provided elements. The most common element selected was course-by-course simulation topics. However, the majority of programs included each of the listed elements (except "other"), with the least common being abbreviated course-by-course simulation objectives and expected outcomes and "other".
- Other elements described by respondents were: "SLOs mapped with simulation; aligned with QSEN outcomes".

Table 76. Elements of Simulation Plan

	% of programs	# of programs
Course by course simulation topics	90.5%	76
Number of hours for each simulation	79.8%	67
How simulation is integrated throughout the curriculum	77.4%	65
Total number of hours for each course	75.0%	63
Abbreviated course by course simulation objectives/expected outcomes	61.9%	52
Other	1.2%	1
Number of programs reporting		**84**

- 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 three write-in answers indicating that lack of a simulation coordinator or tech was a barrier to developing a written plan. Other issues identified in written comments included faculty turnover, being short-staffed, and curriculum revision.

Table 77. Reasons Why the Program Does Not Have a Written Plan

	% of programs	# of programs
Faculty in process of developing a plan	70.0%	35
Time or other limitations have delayed development of a written simulation plan	46.0%	23
Simulation coordinator is developing or assisting faculty with plan development	26.0%	13
Other	16.0%	8
Faculty unaware that use of a written plan is a suggested "best practice"	10.0%	5
No simulation coordinator*	6.0%	3
Number of programs reporting	**100.0%**	**50**

*Answer category derived from write-in answers.

- Only 2.2% (n=3) of programs 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-fourth (27.7%, n=38) had integrated simulation standards completely, while 67.9% (n=93) had somewhat or mostly integrated these standards.
- 2.2% (n=3) noted that they were not familiar with the standards, and 2.2% had not at all integrated these standards.

Table 78. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Completely	27.7%	38
Mostly	45.3%	62
Somewhat	22.6%	31
Not at all	2.2%	3
Not familiar with the standards	2.2%	3
Number of programs reporting	100.0%	137

- More than one-third (36.3%, n=50) of all 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 half of respondents (51.1% n=45) was the lack of trained staff/technicians or faculty.
- The second most common reason was lack of simulation space/equipment/supplies (43.2%, n=38).

Table 79. Reasons Why Programs Do Not Comply with CCR 1426(g)(2)

	% of programs	# of programs
Availability of trained staff/technicians and or faculty limits increased use	51.1%	45
Available simulation space/equipment/supplies limit increased use	43.2%	38
Faculty prefer to use other available clinical training methods	34.1%	30
Faculty prefer to use other available clinical training methods	34.1%	30
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	14.8%	13
Instructional materials are not yet developed/validated	12.5%	11
Other	11.4%	10
Number of programs reporting		**88**

- 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”.
- More than two-thirds of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except “other” and legal/ethical situations.

Table 80. Areas Where Simulation is used to Achieve Learning Objectives

	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	94.2%	130
Application of nursing knowledge/use of the nursing process	93.5%	129
Preparation for direct clinical patient care	92.8%	128
Patient safety/staff safety and quality of care	92.0%	127
Communication/crucial conversations	89.1%	123
Teamwork/inter-professional collaboration	89.1%	123
Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration	87.7%	121
Manage high risk, low volume care and emergency situations	79.7%	110
Leadership/delegation/role clarification	79.0%	109
Guaranteed exposure to critical content areas not available in the direct care setting	73.2%	101
Management of legal/ethical situations	59.4%	82
Other	2.2%	3
Number of programs reporting		**138**

- 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 9.6% (n=13) of all programs reported doing so.
- These program representatives were asked to describe the quantitative and qualitative measures used. They are listed below.

Table 81. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Quantitative Measures
1	All students have had simulation in different semesters and our pass rate has been consistently in the 90th percentile.
2	Course evaluation
3	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.*
4	HESI QSEN subscores and Mountain Measurement National NCLEX reports subscores for Human Functioning and Health Alterations.
5	Mountain Measurements from NCSBN correlated with simulation
6	NLN Student satisfaction and self-confidence in learning tool.
7	SET-M Simulation Effectiveness Tool - Modified
8	Scenario specific learning objectives aligned with NCLEX test plan. Student simulation feedback surveys. Student focus groups. Debriefing model (plus/delta method) aligned with simulation learning objectives to enhance student understanding of contextual changes in delivery of patient care. Performance on simulation preparation activities.
9	Scores on Creighton Evaluation tool
10	Simulation Coordinator uses student performance evaluations for simulation effectiveness using a Likert scale.
11	Student surveys
12	Use Likert scale QSEN sim evaluation for each course which is mapped to the overall program outcomes

* Mentioned for each of two programs at the same school.

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

	Qualitative Measures
1	Analysis of Mountain Measurements reports to identify additional curriculum enhancement opportunities. Simulation performance assessments aligned to key behaviors, clinical performance assessments, and student performance on objective assessments which are nationally standardized exams.
2	Course evaluation
3	Debriefing and clinical evaluation tool
4	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.*
5	NLN Educational practices questionnaire.
6	Simulation Coordinator uses student performance evaluations for simulation effectiveness using a Likert scale.
7	Student feedback per questionnaire.
8	Survey monkey required of all students to evaluate program resources, classroom, and simulation experiences. Comments have been positive about having simulation experiences. NCLEX pass rates have been consistently in the 90th percentile.
9	Verbal debriefing
10	Open ended responses included in student evaluations regarding simulation feedback. In addition, each faculty content expert gives feedback on QSEN outcomes covered in simulation.
11	Survey monkey required of all students to evaluate program resources, classroom, and simulation experiences. Comments have been positive about having simulation experiences. NCLEX pass rates have been consistently in the 90th percentile.

* Mentioned for each of two programs at the same school.

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. Forty-two percent of programs (42.0%, n=58) 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) (18.9%, n=10), course evaluations (5.7%, n=3) and debriefs (3.8%, n=2), or just "evaluation tools" (15.1%, n=8).
- Some named a source and/or provided the specific name for the tools. That information is summarized below.

Table 83. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
Survey (unspecified)	18.9%	10
INASCL (International Nursing Association for Clinical Simulation and Learning standards)	17.0%	9
Other or not described evaluation tools	15.1%	8
NLN (National League for Nursing) tools, including Simulation Design Scale, Student Satisfaction and Self-Confidence in Learning, and Educational Practices Questionnaire	9.4%	5
Course evaluations (unspecified)	5.7%	3
Creighton-Simulation Evaluation Instrument	5.7%	3
PEARLS Healthcare Debriefing Tool	5.7%	3
QSEN (Quality and Safety Education for Nurses)	5.7%	3
SET and SET-M (Simulation Effectiveness Tool – Modified and Original)	5.7%	3
Debrief (unspecified)	3.8%	2
CAE Health Care	1.9%	1
DASH (Debriefing Assessment for Simulation in Healthcare)	1.9%	1
Elsevier Simulation Learning Systems Evaluation Tools	1.9%	1
Lasater Clinical Judgment Rubric	1.9%	1
LROSE (Learners Reflections on the Simulation Experience)	1.9%	1
Number of programs reporting		**53**

* Categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool (n=80) 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 (31.6%, n=24) simply noted that they used an “evaluation tool”. A debrief session either in conjunction with other modes or on its own was one of the most commonly mentioned tools (19.7%, n=15). Some used their course evaluation forms to include questions about simulation (7.9%, n=6). Others (17.1%, n=13) noted using an internally developed survey, often administered via SurveyMonkey or Qualtrics.

Table 84. Other Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
"Evaluation tool"	31.6%	24
Student debrief / feedback	19.7%	15
Survey	17.1%	13
Course evaluations	7.9%	6
Faculty Assessment/Feedback	7.9%	6
Other	6.6%	5
Skills/SLO assessment	6.6%	5
Journaling/ reflection	5.3%	4
QSEN (Quality and Safety Education for Nurses)	3.9%	3
Checklist	2.6%	2
Lasater Clinical Judgment Rubric	1.3%	1
NLN tools	1.3%	1
Number of programs reporting**		**76**

* Categories derived from write-in answers.
*76 of 80 programs that programs that did not ask students to evaluate every simulation session with a nationally-recognized tool provided written descriptions of other tools used to evaluate simulation courses.

- 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 the most commonly used form of simulation used in psychiatry/mental health (67.7%, n=88) and leadership/management (51.2%, n=62) programs.
- Standardized patients were also used more in psychiatry/mental health than in other topic areas, with 30.8% (n=40) of programs reporting its use in this topic area.
- 24.8% (n=30) of programs did not use simulation in leadership/management courses; 13.8% (n=18) did not use simulation in geriatrics courses, and 13.1% (n=17) of psychiatric/mental health programs did not use simulation in psychiatry/mental health courses.
- Other types of courses in which simulation was used described in text comments included: community/public health (12 mentions), pharmacology, preceptorships, health assessment and various others.
- Other types of simulation used described in text comments included: Hearing Voices (4 mentions). In addition, some programs used role-play with faculty, case-based scenarios, electronic health records, and online unfolding cases.

Table 85. Type of Simulation Used by Topic Area

	Funda-mentals	Medical/ Surgical	Obste-trics	Pedia-trics	Geria-trics	Psychiatry/ Mental Health	Leadership/ Management	Other
Mannequin-based	85.1%	97.8%	88.3%	89.6%	75.4%	24.6%	44.6%	33.3%
Computer based scenarios	50.0%	65.2%	56.2%	56.3%	46.2%	35.4%	33.1%	25.9%
Role Play with other students	63.4%	56.5%	39.4%	40.0%	46.2%	67.7%	51.2%	37.0%
Standardized patients (actors)	27.6%	26.1%	18.2%	14.1%	22.3%	30.8%	17.4%	33.3%
Other type of simulation	3.0%	2.9%	3.6%	2.2%	3.1%	6.2%	4.1%	3.7%
None	9.7%	1.4%	5.8%	6.7%	13.8%	13.1%	24.8%	37.0%
All Programs Responding	**134**	**138**	**137**	**135**	**130**	**130**	**121**	**27**

- 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 would use in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics. While there was a modest projected increase in the number of programs using this mode in fundamentals, obstetrics, and geriatrics, there was modest projected decrease in the number of programs using mannequin-based simulation in medical/surgical and pediatrics.
- There was a projected 87.5% (n=28) increase in the number of programs using mannequin-based simulation in psychiatry/mental health.
- In all topic areas, there was a projected substantial increases in the number of programs using computer-based scenarios and standardized patients (actors), especially for psychiatry/mental health and leadership/management.
- Other topic areas where programs anticipated using simulation in the future (described in text comments) include: community/public health (8 mentions) and pharmacology.
- Other types of simulation activities that programs anticipated using in the future described in text comments include: greater use of virtual reality-based simulation (6 mentions), “Hearing Voices” (5 mentions), and miscellaneous other modes of simulation.

Table 86. Type of Simulation Anticipated in 2-3 Years by Topic Area

	Funda-mentals	Medical/ surgical	Obstet-rics	Pedi-atrics	Geri-atrics	Psychiatry/ Mental Health	Leadership/ Management	Other
Mannequin-based	88.9%	94.9%	94.1%	90.9%	78.7%	46.2%	49.2%	29.6%
Computer based scenarios	65.9%	78.1%	71.3%	71.2%	62.2%	54.6%	53.3%	37.0%
Role Play with other students	61.5%	57.7%	46.3%	51.5%	49.6%	72.3%	58.2%	33.3%
Standardized patients (actors)	34.1%	38.0%	27.9%	25.8%	30.7%	51.5%	27.0%	29.6%
Other type of simulation	7.4%	8.8%	7.4%	6.1%	7.9%	11.5%	6.6%	11.1%
None	5.2%	0.0%	2.2%	3.8%	8.7%	4.6%	15.6%	25.9%
Number of programs reporting	**135**	**137**	**136**	**132**	**127**	**130**	**122**	**27**

Clinical Training in Nursing Education

- The largest proportion of clinical hours in all programs is in direct inpatient care, (74.9% to 77.9%), followed distantly by skills labs (10.2% to 12.3%). The overall proportion is similar across topic area except in fundamentals, where the use of skills labs takes up a larger proportion of clinical hours than in other content areas (36.8% to 51.6%).
- Medical/surgical, obstetrics, and pediatrics are the content areas in which programs use the most hours of clinical simulation, and psychiatry/mental health and leadership/ management the least.
- Overall, a relatively small proportion of hours was allocated to clinical simulation (4.3%-8.3%) and clinical observation (1.0%-1.9%).

Table 87. 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	347.7	220.6	196.3	8.6	2.3	1.0	36.4	18.7	25.1
Fundamentals	86.0	45.7	58.9	8.4	1.7	0.0	60.9	58.9	44.0
Obstetrics	70.9	80.4	87.4	2.4	0.7	0.0	8.9	5.7	7.3
Pediatrics	62.5	72.7	83.5	8.8	3.2	2.6	7.5	5.0	6.5
Geriatrics	82.0	66.5	47.7	6.3	2.7	3.0	6.7	.	6.5
Psychiatry/ mental health	71.6	80.6	82.3	9.2	9.0	2.0	5.4	2.0	3.5
Leadership/ management	53.8	73.4	72.6	2.8	6.1	10.0	1.8	1.6	5.6
Other	6.8	48.3	83.1	1.2	17.3	32.3	0.7	1.0	3.3
Total average clinical hours	780.9	688.2	711.7	47.5	42.9	50.9	128.1	92.8	101.9
Number of programs reporting	**90**	**39**	**12**	**90**	**39**	**12**	**90**	**39**	**12**

Content Area	Clinical Simulation			Clinical Observation			Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	30.8	23.9	10.5	7.4	2.2	0.0	430.9	267.7	233.0
Fundamentals	8.2	8.0	4.8	2.0	0.1	0.0	165.6	114.2	107.7
Obstetrics	7.4	8.2	6.0	2.3	1.2	0.0	91.9	96.3	100.6
Pediatrics	7.5	16.1	5.2	2.7	1.2	0.3	88.9	98.3	98.1
Geriatrics	4.1	4.2	4.8	2.0	0.2	0.0	101.0	73.5	61.9
Psychiatry/ mental health	6.1	7.5	4.6	2.4	0.4	0.0	94.7	99.3	92.4
Leadership/ management	3.0	3.5	1.0	0.4	4.8	6.3	61.1	89.2	95.4
Other	0.2	4.7	2.9	0.1	1.2	2.7	8.9	72.5	124.3
Total average clinical hours	67.1	75.7	39.7	19.3	11.3	9.3	1,042.9	910.9	913.5
Number of programs reporting	**90**	**39**	**12**	**91**	**29**	**12**	**90**	**39**	**12**

- 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 inpatient care and an increase in hours in clinical simulation. In obstetrics, pediatrics, and psychiatry/mental health there appeared to be a trend toward increasing hours in outpatient direct care.

Table 88. 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	9.8%	10.3%	16.7%	89.1%	84.6%	75.0%	1.1%	2.6%	0.0%
Direct outpatient care	0.0%	0.0%	0.0%	88.0%	86.8%	75.0%	5.4%	0.0%	8.3%
Skills labs	3.3%	5.3%	0.0%	94.6%	84.2%	83.3%	0.0%	2.6%	0.0%
Clinical simulation	1.1%	2.6%	0.0%	88.0%	82.1%	83.3%	10.9%	12.8%	16.7%
Clinical observation	0.0%	0.0%	0.0%	90.2%	86.8%	83.3%	1.1%	2.6%	0.0%
Total clinical hours	**4.4%**	**2.6%**	**0.0%**	**95.7%**	**89.7%**	**91.7%**	**0.0%**	**2.6%**	**0.0%**
Fundamentals	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	6.5%	10.3%	0.0%	87.0%	82.1%	83.3%	0.0%	2.6%	8.3%
Direct outpatient care	0.0%	0.0%	0.0%	88.0%	89.5%	83.3%	1.1%	0.0%	0.0%
Skills labs	1.1%	2.6%	0.0%	96.7%	84.6%	83.3%	0.0%	10.3%	8.3%
Clinical simulation	0.0%	0.0%	0.0%	84.8%	87.2%	91.7%	6.5%	10.3%	8.3%
Clinical observation	0.0%	0.0%	0.0%	85.9%	84.2%	83.3%	0.0%	2.6%	0.0%
Total clinical hours	**2.2%**	**2.6%**	**0.0%**	**95.7%**	**92.3%**	**91.7%**	**0.0%**	**0.0%**	**0.0%**
Obstetrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	7.6%	15.4%	16.7%	85.9%	82.1%	75.0%	3.3%	0.0%	0.0%
Direct outpatient care	1.1%	0.0%	0.0%	84.8%	76.3%	75.0%	2.2%	10.5%	8.3%
Skills labs	0.0%	2.6%	0.0%	96.7%	86.8%	83.3%	0.0%	2.6%	0.0%
Clinical simulation	0.0%	2.6%	0.0%	92.4%	79.5%	75.0%	4.4%	15.4%	16.7%
Clinical observation	0.0%	0.0%	0.0%	85.9%	89.5%	83.3%	1.1%	0.0%	0.0%
Total clinical hours	**1.1%**	**2.6%**	**0.0%**	**96.7%**	**92.3%**	**91.7%**	**1.1%**	**0.0%**	**0.0%**
Pediatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	10.9%	18.0%	8.3%	10.9%	18.0%	8.3%	10.9%	18.0%	8.3%
Direct outpatient care	0.0%	5.3%	0.0%	0.0%	5.3%	0.0%	0.0%	5.3%	0.0%
Skills labs	1.1%	2.6%	0.0%	1.1%	2.6%	0.0%	1.1%	2.6%	0.0%
Clinical simulation	0.0%	2.6%	0.0%	0.0%	2.6%	0.0%	0.0%	2.6%	0.0%
Clinical observation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total clinical hours	**3.3%**	**2.6%**	**0.0%**	**3.3%**	**2.6%**	**0.0%**	**3.3%**	**2.6%**	**0.0%**

Note: Totals do not always sum to 100% because some programs answered “not applicable” or “unknown”.

Table 88. 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	4.4%	7.7%	0.0%	93.5%	87.2%	91.7%	0.0%	2.6%	8.3%
Direct outpatient care	0.0%	0.0%	0.0%	91.3%	84.2%	83.3%	0.0%	5.3%	16.7%
Skills labs	0.0%	2.6%	0.0%	92.4%	89.5%	83.3%	0.0%	0.0%	16.7%
Clinical simulation	1.1%	2.6%	0.0%	88.0%	89.7%	83.3%	3.3%	5.1%	16.7%
Clinical observation	0.0%	0.0%	0.0%	89.1%	86.8%	75.0%	0.0%	0.0%	25.0%
Total clinical hours	**0.0%**	**2.6%**	**0.0%**	**97.8%**	**92.3%**	**91.7%**	**0.0%**	**0.0%**	**8.3%**
Psychiatry/ Mental Health	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	6.5%	15.4%	8.3%	92.4%	82.1%	83.3%	1.1%	0.0%	0.0%
Direct outpatient care	0.0%	0.0%	0.0%	91.3%	81.6%	75.0%	1.1%	7.9%	8.3%
Skills labs	0.0%	2.6%	0.0%	94.6%	84.2%	75.0%	0.0%	2.6%	8.3%
Clinical simulation	3.3%	5.1%	8.3%	87.0%	82.1%	66.7%	5.4%	10.3%	8.3%
Clinical observation	0.0%	0.0%	0.0%	90.2%	89.5%	83.3%	0.0%	0.0%	0.0%
Total clinical hours	**3.3%**	**2.6%**	**0.0%**	**96.7%**	**92.3%**	**91.7%**	**0.0%**	**0.0%**	**0.0%**
Leadership/ Management	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	4.4%	7.7%	0.0%	89.1%	87.2%	91.7%	1.1%	0.0%	0.0%
Direct outpatient care	0.0%	2.6%	0.0%	85.9%	89.5%	83.3%	1.1%	0.0%	0.0%
Skills labs	0.0%	2.6%	0.0%	85.9%	89.5%	83.3%	1.1%	0.0%	0.0%
Clinical simulation	0.0%	2.6%	0.0%	85.9%	86.8%	83.3%	2.2%	5.3%	0.0%
Clinical observation	0.0%	5.3%	0.0%	85.9%	84.2%	83.3%	0.0%	0.0%	0.0%
Total clinical hours	**0.0%**	**5.1%**	**0.0%**	**93.5%**	**87.2%**	**91.7%**	**0.0%**	**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%	2.7%	0.0%	89.1%	89.2%	91.7%	0.0%	0.0%	0.0%
Direct outpatient care	0.0%	2.7%	0.0%	89.1%	86.5%	83.3%	0.0%	2.7%	0.0%
Skills Labs	0.0%	0.0%	0.0%	88.0%	91.9%	83.3%	0.0%	0.0%	0.0%
Clinical simulation	0.0%	0.0%	0.0%	87.0%	83.8%	83.3%	1.1%	10.8%	0.0%
Clinical observation	0.0%	0.0%	0.0%	87.0%	91.9%	83.3%	0.0%	0.0%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**89.1%**	**91.9%**	**91.7%**	**0.0%**	**0.0%**	**0.0%**

Note: Totals do not always sum to 100% because some programs answered “not applicable” or “unknown”.

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

- Eight programs of those that responded to these questions reported they have plans to decrease their overall clinical hours in at least one area.
- The most common reasons for decreasing clinical hours were “Curriculum redesign or change” and “Students can meet learning objectives in less time”.

Table 89. Why Program is Reducing Clinical Hours

	% of Schools	# of Schools
Curriculum redesign or change	87.5%	7
Students can meet learning objectives in less time	50.0%	4
Need to reduce units	37.5%	3
Unable to find sufficient clinical space	37.5%	3
Other	12.5%	1
Funding issues or unavailable funding	0.0%	0
Insufficient clinical faculty	0.0%	0
Number of programs reporting		**8**

RN Refresher Course

In 2018-2019, four nursing programs offered an RN refresher course, and 66 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, breakdown by program type is not available.

Institutional Accreditations

- The most commonly reported institutional accreditations were WASC-JC (58.6%, n=78) and WSCUC (35.3%, n=47).

Table 90. Institutional Accreditations

	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	58.6%	78
WASC – Senior College and University Commission (WSCUC)	35.3%	47
Other	9.0%	12
Accrediting Bureau of Health Education Schools (ABHES)	3.8%	5
Accrediting Commission of Career Schools & Colleges (ACCSC)	3.0%	4
Higher Learning Commission (HLC)	3.0%	4
Northwest Commission on Colleges and Universities (NWCCU)	2.3%	3
Accrediting Council for Independent Colleges and Schools (ACICS)	0.8%	1
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Number of schools reporting		**133**

Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing program compliance (17.3%), managing human resources (8.3%), and managing curriculum (7.7%).
- "Other" duties that took up directors' time included the following written comments: Governor-appointed BVNPT board member; Preceptorship placements, clinical onboarding of students; Emergencies, clinical placements, advisory committees, concurrent enrollment plans; Participate in college activities and collaborate with other schools and departments; Grant writing; Deal with student, faculty, clinical facility, college facility issues as they come along; Managing relationships between the college and the health care organization partner, facilitating mediating communication through formal and informal meetings… attend regular mandatory leadership meetings and associated activities at the health care organization.

Table 91. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	17.3%
Manage human resources	8.3%
Manage curriculum	7.7%
Facilitate student needs and activities	7.3%
Manage student enrollment	7.0%
Manage clinical resources	6.7%
Facilitate staff development	6.5%
Collaborate with college/district	6.5%
Manage fiscal resources	6.4%
Administration of other programs	5.9%
Promote community awareness and public relations	4.1%
Seeking, managing, and obtaining grant funding/fundraising	3.8%
Teaching students	3.7%
Manage information technology	3.4%
Manage college facilities	3.3%
Research	1.5%
Other (please describe)	0.6%
Number of schools reporting	**132**

Note: Totals are derived from the average of percentages provided, not from sums of hours.

- After RN post-licensure programs, LVN, CAN, and “other” programs were the most commonly reported programs also administered by the pre-licensure RN program director.
- Amongst “other” programs mentioned in write-in answers were dental assisting, medical assisting, respiratory therapy, nutrition, optical technology, addiction studies, healthcare interpreting, and human lactation.

Table 92. Other Programs Administered by the RN Program Director

	% of Schools	# of Schools
RN Post-Licensure programs	41.3%	33
LVN	32.5%	26
CNA	27.5%	22
Other	27.5%	22
HHA	18.8%	15
EMT	16.3%	13
Health sciences	15.0%	12
Technician (i.e. psychiatric, radiologic, etc.)	10.0%	8
Health professions	5.0%	4
Graduate programs	3.8%	3
Paramedic	3.8%	3
Number of schools reporting		**80**

Other Program Administration

Assistant Directors

- Nearly all nursing programs (99.3%) reported having *at least one* assistant director.
- The majority of nursing schools (65.7%, n=88) have one assistant director, and a third (25.4%, n= 34) have two.
- Larger schools and schools with BSN and ELM programs are more likely to have multiple assistant directors.

Table 93. 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%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
1 Assistant Director	78.1%	100.0%	100.0%	56.9%	90.9%	80.0%	37.5%	52.2%	40.0%	62.6%	69.2%	66.7%
2 Assistant Directors	18.8%	0.0%	0.0%	35.3%	0.0%	20.0%	50.0%	21.7%	0.0%	30.8%	12.8%	8.3%
3 Assistant Directors	3.1%	0.0%	0.0%	5.9%	9.1%	0.0%	12.5%	17.4%	40.0%	5.5%	12.8%	16.7%
>3 Assistant Directors	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.7%	20.0%	0.0%	5.1%	8.3%
Programs reporting	**30**	**5**	**2**	**48**	**10**	**4**	**7**	**22**	**5**	**85**	**37**	**11**
Percent of Program Type by School Size	**35.2%**	**12.8%**	**16.7%**	**56.0%**	**28.2%**	**41.7%**	**8.8%**	**59.0%**	**41.7%**	**64.1%**	**27.5%**	**8.5%**
Average # of hours allotted /week*	13.5	13.2	19.0	15.6	27.9	31.5	18.7	38.6	55.0	15.1	32.3	39.9
Average # of hours spent / week*	15.1	15.2	19.0	16.3	20.7	33.8	21.5	45.0	63.2	16.4	34.8	44.5

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

*Average hours reported are for all staff per program 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 assistant director hours allotted than schools with other types of programs.

Table 94. 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	13.1	13.2	19.0	9.7	17.7	25.3	13.3	16.3	19.0	11.4	16.2	16.2
Asst director 2	14.8	0.0	0.0	19.3	0.0	50.0	23.7	24.4	0.0	18.8	24.4	24.4
Asst director 3	0.0	0.0	0.0	46.8	120.0	0.0	20.0	86.0	96.0	40.1	92.8	92.8
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	102.5	45.0	48.0	102.5	102.5
Number of programs reporting	**30**	**5**	**2**	**48**	**10**	**4**	**7**	**22**	**5**	**85**	**37**	**11**
Average # of hours allotted /week*	**13.5**	**13.2**	**19.0**	**15.6**	**27.9**	**31.5**	**18.7**	**38.6**	**55.0**	**15.1**	**32.3**	**39.9**

Table 95. 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	15.0	15.2	19.0	12.4	20.7	28.3	20.0	21.5	23.0	13.9	20.0	24.1
Asst director 2	15.6	0.0	0.0	23.1	0.0	50.0	22.3	30.0	0.0	21.6	30.0	50.0
Asst director 3	0.0	0.0	0.0	10.3	0.0	0.0	23.0	99.3	112.5	14.5	99.3	112.5
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	102.5	45.0	0.0	102.5	45.0
Number of programs reporting	**28**	**5**	**2**	**48**	**9**	**4**	**8**	**22**	**6**	**84**	**36**	**12**
Average # of hours spent / week*	15.1	15.2	19.0	16.3	20.7	33.8	21.5	45.0	63.2	16.4	34.8	44.5

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

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

- The largest proportion of assistant director time is spent teaching students (35.6%) followed by facilitating student needs and activities (6.4%), managing nursing program compliance (6.1%) and managing curriculum (6.0%).
- "Other" duties that took up assistant directors' time included the following derived from written comments: division chair, student outcomes specialist (retention/remediation activities), program evaluation data, sim/skills lab, and leadership/advisement.

Table 96. Nursing Program Assistant Directors' Time

	% of Time Spent
Teaching students	35.6%
Facilitate student needs and activities	6.4%
Facilitate staff development	6.1%
Manage curriculum	6.0%
Manage nursing program compliance	5.6%
Manage clinical resources	5.0%
Manage student enrollment	3.6%
Manage human resources	3.4%
Collaborate with college/district	2.3%
Other (please describe)	1.9%
Manage information technology	1.8%
Promote community awareness and public relations	1.7%
Manage college facilities	1.4%
Manage fiscal resources	1.1%
Research	1.0%
Administration of other programs	0.7%
Seeking, managing, and obtaining grant funding/fundraising	0.6%
Number of schools reporting	**120**

Note: Totals are derived from average percentages provided, not from sums of hours.

Clerical Staff

- All schools reported clerical staff
- Schools with fewer students generally had fewer clerical staff—for example, schools with an ADN program that had less than 100 students had an average of 1.6 clerical staff; those with 100-199 students had an average of 2.6 staff, and those with more than 200 students had an average of 3.6 staff.
- Schools were asked to report a headcount rather than FTE of clerical staff, hence hours may be a better measure of this resource. Schools with more students not only had more staff, but more clerical hours on average. In all categories of school size, ADN programs had fewer hours than BSN programs, and BSN programs usually, but not always, had fewer hours than ELM programs. ELM programs were usually in schools with either a BSN and/or post-licensure programs.
- Average hours per staff person were similar across program types and school sizes with an overall average number of 27.4 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 97. Number of Clerical Staff by Size of School and Program Type

	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1 clerical staff	50.0%	17.6%	0.0%	17.6%	9.1%	20.0%	12.5%	0.0%	0.0%	28.6%	5.1%	8.3%
2 clerical staff	34.4%	37.3%	0.0%	37.3%	18.2%	20.0%	25.0%	17.4%	0.0%	35.2%	17.9%	8.3%
3 clerical staff	9.4%	23.5%	0.0%	23.5%	27.3%	20.0%	25.0%	0.0%	0.0%	18.7%	15.4%	8.3%
4 clerical staff	6.3%	11.8%	50.0%	11.8%	0.0%	0.0%	0.0%	8.7%	0.0%	8.8%	5.1%	8.3%
>4 clerical staff	0.0%	9.8%	50.0%	9.8%	45.5%	40.0%	37.5%	73.9%	100.0%	8.8%	56.4%	66.7%
Number of programs reporting	**32**	**5**	**2**	**51**	**11**	**5**	**8**	**23**	**5**	**91**	**39**	**12**
Average hours per week*	**47.0**	**75.0**	**112.5**	**75.2**	**132.6**	**80.8**	**114.9**	**241.7**	**358.8**	**68.2**	**189.6**	**201.9**
Mean # of staff	**1.6**	**2.4**	**4.5**	**2.6**	**4.5**	**4.6**	**3.6**	**8.8**	**15.2**	**2.4**	**6.7**	**9.0**

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

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

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

	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	32.6	40.0	0.0	33.4	40.0	60.0	40.0	0.0	0.0	33.2	40.0	60.0
2 clerical staff	59.7	60.0	0.0	64.8	80.0	80.0	80.0	85.0	0.0	64.0	80.0	80.0
3 clerical staff	45.0	91.7	0.0	76.8	83.3	60.0	89.0	0.0	0.0	71.6	87.5	60.0
4 clerical staff	95.0	0.0	145.0	92.7	0.0	0.0	0.0	114.0	0.0	93.3	114.0	145.0
>4 clerical staff	0.0	0.0	80.0	165.0	201.8	102.0	171.7	293.6	358.8	167.5	272.7	259.8
Number of programs reporting	**32**	**5**	**2**	**51**	**11**	**5**	**7**	**23**	**5**	**90**	**39**	**12**
Average hours per week*	**47.0**	**75.0**	**112.5**	**75.2**	**132.6**	**80.8**	**114.9**	**241.7**	**358.8**	**68.2**	**189.6**	**201.9**

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

*Average hours reported are for all staff per program 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 99. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	32.2%	30.8%	41.7%
Somewhat adequate	46.7%	51.3%	41.7%
Somewhat inadequate	12.2%	12.8%	8.3%
Very inadequate	8.9%	5.1%	8.3%
Number of programs reporting	**90**	**39**	**1**

Clinical Coordinators

- 79.9% (n=107) of schools responding to this question reported had at least one staff person working as a clinical coordinator or on clinical coordination tasks.
- Schools with ELM programs (100.0%) and BSN programs (94.9%) were more likely to report having clinical coordinators on staff than were ADN programs (72.5%)

Table 100. 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	34.4%	0.0%	0.0%	29.4%	0.0%	0.0%	0.0%	8.7%	0.0%	28.6%	5.1%	0.0%
1 clinical coordinator	25.0%	20.0%	0.0%	29.4%	27.3%	40.0%	37.5%	30.4%	20.0%	28.6%	28.2%	42.9%
2 clinical coordinators	21.9%	40.0%	0.0%	25.5%	36.4%	40.0%	37.5%	13.0%	40.0%	25.3%	23.1%	57.1%
>2 clinical coordinators	18.8%	40.0%	100.0%	15.7%	36.4%	20.0%	25.0%	47.8%	40.0%	17.6%	43.6%	0.0%
Number of programs reporting	**32**	**5**	**0**	**51**	**11**	**5**	**8**	**23**	**0**	**91**	**39**	**5**
Average hours per week*	15.9	30.1	26.7	25	67.2	61.3	20.9	81.6	115	20.1	35.4	57.5

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (63 and 75, respectively) than did schools with ADN programs (22 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours per *clinical coordinator* per week on average (17 and 21, respectively) than did schools with ADN programs (average of 9 hours per week).

Table 101. 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
1 Clinical Coordinator	13.0	30.0	0.0	15.3	21.7	20.0	26.7	33.7	40.0	15.9	30.1	26.7
2 Clinical Coordinators	15.3	50.0	0.0	31.6	80.0	50.0	21.7	61.7	72.5	25.0	67.2	61.3
>2 Clinical Coordinators	16.0	20.0	145.0	26.9	66.8	70.0	12.0	98.2	107.5	20.9	81.6	115.0
Number of programs reporting	**32**	**5**	**2**	**51**	**11**	**5**	**8**	**23**	**5**	**91**	**39**	**12**
Average hours per week*	14.6	34.0	145.0	23.0	59.3	42.0	21.1	71.5	80.0	22.2	62.8	75.0

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.
*Average hours reported are for all staff per program 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 102. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
Very adequate	24.6%	21.6%	25.0%
Somewhat adequate	47.7%	56.8%	58.3%
Somewhat inadequate	15.4%	13.5%	8.3%
Somewhat inadequate	12.3%	8.1%	8.3%
Number of programs reporting	**65**	**37**	**12**

Retention Specialists

- Thirty-seven percent (37.3%, n=50) 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 22.5 hours per week.

Table 103. 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
Retention specialist	25.0%	40.0%	0.0%	48.0%	45.5%	40.0%	37.5%	36.4%	40.0%	38.9%	39.5%	33.3%
Average Hours per week*	15.7	25.0	0.0	21.1	25.5	40.0	17.7	32.9	30.0	19.5	29.3	35.0
Number of programs reporting	**32**	**5**	**2**	**50**	**11**	**5**	**8**	**22**	**5**	**90**	**38**	**12**

Note: 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. Nine schools reported two programs each; seven had a BSN and an ELM, and two had an ADN and a BSN.

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

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 45.6% (n=57) of the 125 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 36.8% (n=46) of schools reported that personal reasons had the greatest impact on student attrition.
- “Other” factors from written comments included: mental health issues and health problems, lack of necessary study skills, and deployment.

Table 104. Factors Impacting Student Attrition

	Average Rank*
Academic failure	2.0
Personal reasons (e.g. home, job, health, family)	2.1
Clinical failure	3.4
Financial need	3.5
Change of major or career interest	4.4
Transfer to another school	5.7
Number of schools reporting	**127**

*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

- 31.3% of schools (n=42) 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 (71.8%, n=94), followed by admission counseling (64.9%, n=85), and multi-criteria screening (AB 548) (52.7%, n=69).
- "Other" strategies listed in text comments included: Lottery of top 1/3 of merit based ranking for initial selection, location/locale attracts underrepresented groups, points for fluency in a foreign language, student learning communities, and Career Pathway grant agreements.

Table 105. Strategies to Recruit and Admit Underrepresented Students

	% of Schools	# of Schools
Outreach (e.g. high school fairs, community events)	71.8%	94
Admission counseling	64.9%	85
Multi-criteria screening as defined in California Assembly Bill 548	52.7%	69
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	39.7%	52
Additional financial support (e.g. scholarships)	37.4%	49
Open house	35.1%	46
New admission policies instituted	13.0%	17
No need. We already have a diverse applicant pool and no additional strategies are needed.	11.5%	15
Other	5.3%	8
Informational sessions*	0.0%	0
Pre-entry course or camp*	0.8%	1
Number of Schools Reporting		**131**

*Categories derived from text comments

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (94.6%, n=123); academic counseling (90.0%, n=117); and additional financial support such as scholarships (62.3%, n=81).
- "Other" strategies from written comments include: alternate course progression, food resources, student learning communities, accessibility services; referral health and learning assistance services, access to WellConnect services, Veterans Department, Wellness Center, and Disabled Student Programs and Services.

Table 106. Strategies to Support and Retain Underrepresented Students

	% of Schools	# of Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	94.6%	123
Academic counseling	90.0%	117
Additional financial support (e.g. scholarships)	62.3%	81
Wellness counseling	48.5%	63
Program revisions (e.g. curriculum revisions, evening/weekend program)	12.3%	16
Other	9.2%	12
Additional child care	6.2%	8
No need, students from groups underrepresented in nursing are successful without any additional strategies	0.0%	0
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 (78.4%, n=105).
- The most common training included faculty development and orientation (94.9%) followed by training on disabilities and accommodations (75.2%).
- "Other" training described in text comments includes: new faculty academy, faculty peer mentoring, use of non-instructional money to orient new faculty, and a "Teaching Tips" website from The Center for Teaching Excellence.

Table 107. Faculty Training Provided to Support the Success of At-risk Students

	% of Schools	# of Schools
Faculty development and orientation	94.3%	99
Training on disabilities and accommodations	75.2%	79
Faculty mentoring and peer mentoring programs	73.3%	77
Cultural diversity training	68.6%	72
Training on various student success initiatives	67.6%	71
Other	4.8%	5
Number of schools reporting		**105**

Access to Prerequisite Courses

- 53 nursing schools (39.6%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. 52 of these schools reported strategies used to address access to prerequisite courses.
- Adding science course sections 59.6%, n=31) and offering additional prerequisite courses on weekends, evenings and in the summer (55.8%, n=29) were the most common methods used to increase access to prerequisite courses.
- “Other” methods used to increase access to prerequisite courses from text comments included: Priority enrollment spots given to pre-nursing students, and acceptance of students with courses in progress.

Table 108. Access to Prerequisite Courses

	% of Schools	# of Schools
Adding science course sections	59.6%	31
Offering additional prerequisite courses on weekends, evenings, and summers	55.8%	29
Agreements with other schools for prerequisite courses	51.9%	27
Accepting online courses from other institutions	44.2%	23
Transferable high school courses to achieve prerequisites	42.3%	22
Providing online courses	34.6%	18
Other	7.7%	4
Prerequisite courses in adult education	0.0%	0
Number of schools reporting		**52**

Restricting Student Access to Clinical Practice

- 92 nursing schools (68.7%) 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 alternative setting due to liability, glucometers, IV medication administration, and other.
- Respondents reported a number of "other" types of restricted access, although many of these were actually additional reasons for restricted access. These included requirement that students be enrolled in a BSN Collaborative, policies restricting tasks students can perform, background check and LIVESCAN requirements, labor strike, decrease in faculty to student ratio, difficulty finding preceptorships, extensive and time-consuming orientations, moving to new facility, and facility closure due to wildfire. Other types of restricted access described included: MyClinicalExchange.

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

	Very Uncommon	Un-common	Common	Very Common	N/A	# Schools
Clinical site due to visit from the Joint Commission or other accrediting agency	6.5%	5.4%	38.0%	46.7%	2.2%	**91**
Bar coding medication administration (i.e. Pyxis)	9.8%	20.7%	28.3%	32.6%	4.3%	**88**
Electronic medical records	12.0%	22.8%	39.1%	20.7%	3.3%	**90**
Automated medical supply cabinets (i.e. OmniCell)	8.7%	19.6%	40.2%	18.5%	10.9%	**90**
Patients related to staff nurse preferences or concerns about their additional workload	13.0%	31.5%	33.7%	13.0%	6.5%	**90**
Health and safety requirements (i.e. drug screening, background checks)	14.1%	34.8%	17.4%	23.9%	5.4%	**88**
IV medication administration	16.3%	37.0%	27.2%	10.9%	5.4%	**89**
Glucometers	22.8%	37.0%	18.5%	14.1%	4.3%	**89**
Alternative settings due to liability (i.e. home health visits)	21.7%	28.3%	15.2%	5.4%	25.0%	**88**
Direct communication with health care team members	39.1%	33.7%	6.5%	8.7%	7.6%	**88**
Other	1.1%	3.3%	6.5%	7.6%	13.0%	**17**

Note: Percentages are derived by dividing the total number of schools that selected each category by the total number of schools that answered any of these questions (92).

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (69.1%, n=56) and staff still learning and unable to assure documentation standards are being met (51.9%, n=42).
- Schools reported that students were most frequently restricted from using medication administration systems due to liability (78.4%, n=58) and insufficient time to train students (39.2%, n=29) or staff fatigue/burnout (36.5%, n=27).
- "Other" reasons included: short-term rotation, narcotic chain of custody, and just "hospital policy" or "facility preference".

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

	Electronic Medical Records	Medication Administration
Insufficient time to train students	69.1%	39.2%
Staff still learning and unable to assure documentation standards are being met	51.9%	17.6%
Liability	48.1%	78.4%
Staff fatigue/burnout	44.4%	36.5%
Cost for training	27.2%	13.5%
Patient confidentiality	24.7%	4.1%
Other	8.6%	9.5%
Number of schools reporting	**81**	**74**

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 the simulation lab (88.2%, n=82) and in the classroom (65.6%, n=61) and purchasing practice software (50.5%, n=47).
- "Other" ways that schools compensate include: using simulated medication dispensing machines, using mock patients, providing paper forms for students to chart during the clinical day, and choosing alternate days or dates to be on specific units.

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

	% of Schools	# of Schools
Training students in the simulation lab	88.2%	82
Training students in the classroom	65.6%	61
Purchase practice software, such as SIM Chart	50.5%	47
Ensuring all students have access to sites that train them in this area	48.4%	45
Other	10.8%	10
Number of schools reporting		**93**

- The most common clinical practice areas in which students faced restrictions were Medical/Surgical and Pediatrics.
- "Other" restricted areas described in text comments include: emergency room and perioperative services.

Table 112. Clinical Area in Which Restricted Access Occurs

	% of Schools	# of Schools
Medical/surgical	86.8%	79
Pediatrics	84.6%	77
Obstetrics	78.0%	71
Critical care	64.8%	59
Psychiatry/mental health	62.6%	57
Geriatrics	27.5%	25
Community health	18.7%	17
Other department	2.2%	2
Number of schools reporting		**91**

Collection of Student Disability Data

- In 2018-2019, schools were asked if they collect student disability data as part of the admission process. Twenty-four percent of respondents (n=31) reported that they did so and 9.9% (n=13) did not know.

Table 113. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	23.7%	31
No	66.4%	87
Don't know/not applicable	9.9%	13
Number of schools reporting	**100.0%**	**131**

Funding of Nursing Program

- On average, schools reported that 84.3% of funding for their nursing programs comes from the operating budget of their college or university, while 12.2% of funding comes from government sources.
- Other sources of income listed by respondents included “student fees”.

Table 114. Funding of Nursing Programs

	% Schools
Your college/university operating budget	84.3%
Industry (i.e. hospitals, health systems)	1.9%
Foundations, private donors	1.5%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	12.2%
Other	0.2%
Number of schools reporting	**134**

Note: Totals are derived from the average of percentages provided, sums of funding dollars.

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (85) [4]

American Career College
American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA*
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
Compton College
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
Evergreen Valley College
Fresno City College
Glendale Career College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts
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 San Antonio College
Mount San Jacinto College
Mount St. Mary's University AD
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
Sierra College
Solano Community College
Southwestern College
Stanbridge University
Unitek College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

[6] One ADN program/school closed between 2017-2018 and 2018-2019—Brightwood College.

LVN-to-ADN Programs Only (6)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center

BSN Programs (39)

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 St. Mary's University BSN
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
Unitek College*
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
Vanguard University*
West Coast University
Western Governors University

*New BSN programs 2018-2019

ELM Programs (12)

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and Science
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 Sciences

APPENDIX B – Definition List

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

	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, 2017 and July 31, 2018, 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, 2018.
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.

	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.
Cohort	A cohort is a learning group of first time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
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, 2017 and July 31, 2018 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.

	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
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2017 and July 31, 2018 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.

	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, 2017 and July 31, 2018.
Students Who Are Still Enrolled	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between August 1, 2017 and July 31, 2018.
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, 2017 and July 31, 2018 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, 2017 and July 31, 2018 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2017 and July 31, 2018. 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 (NEWAC)

Members	Organization
Tanya Altmann, PhD, RN	California State University, Sacramento
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
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