California Board of Registered Nursing
2020-2021 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2020-21 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, 2020 and ending July 31, 2021. Census and associated demographic data were requested for October 15, 2021.

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 139 California nursing schools were invited to participate in the survey, and all 139 nursing schools offering 147 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	86	86	100%
LVN-to-ADN	6	6	100%
BSN	43	43	100%
ELM	12	12	100%
Number of programs	147	147	100%

[1] Since last year's report, one ADN and one BSN program closed, and two schools are offering new BSN programs.

[2] Mount Saint Mary's University ADN and BSN programs are counted as two different schools. Chamberlain University has two separate campuses that are counted as two separate schools as of 2020-21.

DATA SUMMARY – Pre-Licensure Programs

Admission Spaces, Applications, and Enrollments

Number of California Nursing Programs

- 62.6% (n=92) 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 (69.4%, n=102). This distribution has not changed since 2019-20.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	86	58.5%
LVN to ADN	6	4.1%
BSN	43	29.3%
ELM	12	8.2%
Total	**147**	**100.0%**
Public	102	69.4%
Private	45	30.6%

Applications to California Nursing Programs

- 27.8% (n=15,435) of the 55,551 qualified applications to pre-licensure nursing education programs received in 2020-21 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*	35,518	381	48,788	5,971	90,658
Screened	31,842	381	44,073	5,535	81,831
Qualified	24,379	222	26,773	4,177	55,551
Accepted	5,435	171	8,724	1,105	15,435
% Qualified Applications Accepted	22.3%	77.0%	32.6%	26.5%	27.8%

*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.

- Six programs reported no applicants, screened applicants, or qualified applicants. Four of these programs also reported no admissions.
    - One program that reported no admissions was on pause and another was teaching-out the program in preparation for closure.
    - Due to legal issues, one large BSN program did not report new enrollments or admissions on the survey this year or last year, nor did it break down applications by the categories provided. For 2020-21 enrollments, totals include calendar year 2020 values reported to the State of California. For total applications, the 2019-20 value is given as a proxy. All applications were assumed to be screened, and 2018-19 numbers are used for qualified and admitted applicants
    - Two programs that reported admissions, but no applications, reported that all admissions were from a previous admission cycle because they did not admit a first semester cohort in Fall 2020 nor open a 2020-2021 application cycle due to the COVID-19 pandemic.
    - One program reported no admissions because admissions of accepted applicants took place outside of the survey time window (August 1, 2020 and ending July 31, 2021).

Number of Students Who Enrolled in California Nursing Programs

- BSN programs had the lowest share of students enroll into programs for which they were accepted (81.8%, n=7,133), followed by LVN-to-ADN programs (84.8%%, n=145), while the ADN programs enrolled more students than they accepted (106.6%, n=5,796).
- 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	5,435	171	8,724	1,105	15,435
New Student Enrollments	5,796	145	7,133	930	14,004
% Accepted Applications that Enrolled	**106.6%**	**84.8%**	**81.8%**	**84.2%**	**90.7%**

Note: this table includes applicants to LVN to BSN in the BSN program totals.
*2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21.

- As in prior years, some pre-licensure nursing programs (25.9%, n=38) enrolled more students in 2020-21 than the reported number of available admission spaces. Most of these programs (n=31) were ADN programs. 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.
- However, overall, there were more admission spaces than student enrollments for every program type in 2020-21.

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

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Spaces Available	5,908	171	7,303	986	14,368
New Student Enrollments	5,796	145	7,133	930	14,004
% Spaced Filled with New Students Enrollments	**98.1%**	**84.8%**	**97.7%**	**94.3%**	**97.5%**

*2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21.
Note: this table includes applicants to LVN to BSN in the BSN program totals.

Programs that Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2020-21 compared to 2019-20. 40.1% of 147 programs (n=59) reported enrolling fewer students in 2020-21 than in the previous year. This is considerably higher than at any time over the last six years that this question has been asked and even higher than the number anticipated by programs during the 2019-20 survey, when 32.2% of programs projected enrolling fewer students in 2020-21. A review of enrollment trends reveals that overall schools enrolled nearly a thousand fewer students this year compared to 2019-20 (See Trend Report for more details.)
- The biggest impact was reported among ADN programs. For 2020-21, 55.8% (n=48) of ADN programs reported that they enrolled fewer students—again, higher than the projected 41.9% (n=36) of schools in 2019-20 that anticipated enrolling fewer students in 2020-21.

Table 6. Programs That Enrolled Fewer Students in 2020-21 than in 2019-20

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs*
Enrolled fewer	55.8%	33.3%	18.6%	8.3%	39.5%
Did not enroll fewer	44.2%	66.7%	72.1%	91.7%	57.1%
Number of programs reporting	**86**	**6**	**43**	**12**	**147**

*Percentages do not total to 100% for BSN programs because four programs indicated that this question was “not applicable” and one did not respond. This may be due to a number of new programs reporting this year and at least one program in the process of phasing out.

- Schools were also asked for the reasons they enrolled fewer students. For 2020-21, the most common reasons given for enrolling fewer students was “unable to secure clinical placements” (56.9%, n=33).
- Schools were also asked about the impact of COVID-19 on their enrollment. The second and third most common reasons for enrolling fewer students in 2020-21 were “decreased an admission cohort (due to COVID)” (46.6%, n=27), and “skipped a cohort (due to COVID)” (32.8%, 19).
    - Nineteen respondents provided the percent of the decrease for 2020-2021, which averaged 30.1%.
- Thirteen respondents also gave “other” write-in reasons for enrolling for fewer students. Most of these comments repeated and elaborated upon categories chosen from the list. Seven text comments had to do with loss of clinical spaces and/or skipping or decreasing a cohort due lack of clinical placements related to COVID-19. Others described redeploying faculty to a local hospital, faculty medical leave, and social distancing related to the pandemic as reasons for enrolling fewer students.
- The numeric and qualitative data suggest that the increase in schools reporting lack of clinical placements is largely due to COVID-19. Until 2019-2020, the most common reason respondents gave for enrolling fewer students was “accepted students did not enroll”. In 2020-21, this was the fourth most common reason for enrolling fewer students.

Table 7. Reasons for Enrolling Fewer Students

	% of Programs	# of Programs
Unable to secure clinical placements for all students	56.9%	33
Decreased an admission cohort	46.6%	27
Skipped a cohort	32.8%	19
Accepted students did not enroll	24.1%	14
Other	22.4%	13
Concerns about safety of students in clinical rotations	19.0%	11
Concerns about safety of faculty in clinical rotations	19.0%	11
Challenges converting clinicals to virtual simulation	17.2%	10
Challenges converting courses from in-person to online modalities	15.5%	9
Challenges converting clinicals to in-person simulation	15.5%	9
Insufficient faculty	10.3%	6
College/university / BRN requirement to reduce enrollment	6.9%	4
Need to reduce in-person class sizes to accommodate social distancing	3.4%	2
To reduce costs	1.7%	1
Lost funding	0.0%	0
Lack of qualified applicants	0.0%	0
Number of programs that reported		**58**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (50.9%, n=7,133) of students who enrolled in a pre-licensure nursing program for the first time in 2020-21 were BSN students. This is the first time in the last decade that BSN enrollments reached the majority of enrollments. Until 2016-17, ADN enrollments predominated.
- The Institute of Medicine “Future of Medicine” report of 2011, recommended increasing the percentage of the nursing workforce holding the BSN degree to 80 percent by 2020, suggesting a number of educational strategies to reach this goal. While not yet at 80%, the growing percentage of BSN graduates likely reflects attempts to reach this goal.
- One large BSN program did not provide enrollment numbers this year. We have substituted 2020 calendar year enrollment numbers from that program.

Table 8. Newly Enrolled Students by Program Type

	% Enrollment	#
ADN	41.4%	5,796
LVN-to-ADN	1.0%	145
BSN*	50.9%	7,133
ELM	6.6%	930
Total	100.0%	14,004

*2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21.

Newly Enrolled Students in 30-Unit Option

- The LVN 30-unit option was designed as a career ladder for California Licensed Vocational Nurses wishing to become registered nurses. This option takes approximately 18-24 months and no degree is granted upon completion. Most ADN programs will give LVNs credit for some of the coursework they completed to become an LVN. However, most other states do not recognize California's LVN 30-Unit Option and will not issue RN licenses to these LVNs. The program is approved by the California Board of Registered Nursing.
- Respondents reported thirty-five new students enrolled in a 30-unit option track in 2020-21. This is fewer students than last year, when 88 students were reported in a 30-unit track.
- Thirty-three of the thirty-five students were enrolled in one ADN program.

Table 9. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	Total
Number of 30-Unit option students	33	0	2	0	35
Number of programs with students enrolled in 30-unit track	1	0	1	0	2
Number of programs reporting	**86**	**6**	**43**	**12**	**147**

Ethnic Distribution of Newly Enrolled Nursing Students

- 70.8% (n=7,737) of students who enrolled in a pre-licensure nursing program for the first time in 2020-21 were ethnic minorities. This is similar to last year, when 70.7% of students were ethnic minorities.
- ELM programs enrolled the greatest share of ethnic minority students (73.2%, n=612), including the greatest proportion of African-American students (10.3%, n=86).

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

	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Native American	0.5%	0.0%	0.5%	0.1%	0.5%
South Asian	4.0%	19.4%	2.0%	6.7%	3.6%
Filipino	7.7%	6.5%	7.5%	4.1%	7.3%
Hawaiian	0.3%	0.7%	0.6%	0.2%	0.4%
Other Asian	11.7%	5.8%	24.2%	19.3%	17.1%
Other Pacific Islander	0.9%	1.4%	0.7%	0.2%	0.8%
African American	5.3%	7.9%	3.6%	10.3%	5.0%
Hispanic	33.2%	23.7%	24.5%	24.2%	28.9%
Multi-race	5.4%	2.9%	6.8%	6.3%	6.0%
Other	1.6%	0.0%	0.4%	1.8%	1.1%
White	29.5%	31.7%	29.2%	26.8%	29.2%
Total	**5,603**	**139**	**4,347**	**836**	**10,925**
Ethnic Minorities*	70.5%	68.3%	70.8%	73.2%	70.8%
# Unknown/ unreported	193	6	2,786	94	3,079

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.
**2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21 or 2019-20. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Gender Distribution of Newly Enrolled Nursing Students

- 21.8% (n=2,479) of students who enrolled in a pre-licensure program for the first time reported their gender was male. This percent is similar to last year, when 22.8% of students were reported to be male.

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

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Male	23.6%	35.2%	19.8%	18.1%	21.8%
Female	74.9%	64.8%	79.7%	81.8%	77.2%
Other	1.5%	0.0%	0.5%	0.1%	1.0%
Total	**5,790**	**145**	**4,569**	**857**	**11,361**
# Unknown/ unreported	6	0	2,564	73	2643

**2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21 or 2019-20. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Age Distribution of Newly Enrolled Nursing Students

- 69.2% (n=7,578) 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 (81.4%, n=3,540) 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	3.2%	0.0%	24.3%	0.0%	11.3%
21 – 25 years	27.5%	7.6%	38.6%	38.0%	32.4%
26 – 30 years	28.8%	35.2%	18.5%	38.5%	25.5%
31 – 40 years	29.4%	43.4%	14.2%	18.1%	22.7%
41 – 50 years	8.9%	9.7%	3.8%	5.1%	6.6%
51 – 60 years	2.1%	4.1%	0.6%	0.3%	1.4%
61 years and older	0.1%	0.0%	0.0%	0.0%	0.0%
Total	**5,679**	**145**	**4,348**	**779**	**10,951**
# Unknown/ unreported	117	0	2,785	151	3,053

**2020-21 BSN totals for new enrollments include calendar year 2020 values for one large program that did not report new enrollments for 2020-21 or 2019-20. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Veterans

- 72 programs reported 497 declared military veterans among newly enrolled students between August 1, 2020 and July 31, 2021. This is fewer programs than in 2019-20, when 85 programs reported 543 declared military veterans among newly enrolled students.
- These 497 declared military veterans represents approximately 3.5% of all newly enrolled students, a slight decrease from last year when 4.4% of newly enrolled students were reported to be veterans.
- A large minority (14.7%) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and 9.9% entered with an LVN license.

Table 13. Prior Experience of Newly Enrolled Veterans

	% of Veterans	# of Veterans
Prior health occupations training and/or experience	14.7%	73
Entered the program with an LVN license	9.9%	49
Entered the program as advanced placement	2.6%	13
Total Veterans		**497**

- Ninety-seven programs reported that special admission considerations are offered for military veterans. The most commonly reported special admission considerations were review of individual transcripts (56.7%, n=55), and credit for equivalent courses or transfer credits (52.6%, n=51).

Table 14. Special Admission Considerations Offered Veterans

	% of Programs	# of Programs
Review of individual transcripts	56.7%	55
Credit for equivalent courses or transfer credits	52.6%	51
Credit for pre-requisites and fundamentals for military medic or corpsman experience	47.4%	46
Other	33.0%	32
Priority admission	21.6%	21
No special consideration for admission	11.3%	11
Additional credit awarded in Multicriteria screening process as defined in California Assembly Bill 548	0.0%	0
Number of programs reporting		**97**

- The most common special option, track, or service offered to veterans was counseling (38.5%, n=37), tied by programs challenge exams regardless of LVN licensure (38.5%, n=37)
- Almost a third of respondents (32.3%, n=31) indicated that no special options, tracks, or services were offered for veterans.

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

	% of Programs	# of Programs
Counseling	38.5%	37
Offering challenge exams, regardless of LVN licensure	38.5%	37
No special options, tracks or services offered	32.3%	31
Offering challenge exams, if the veteran has an LVN license	25.0%	24
Medic/LVN to RN program	15.6%	15
Other	9.4%	9
Veterans resource center*	3.1%	3
NCLEX support course specifically for veterans	0.0%	0
Number of programs reporting		**96**

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

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2020 and July 31, 2021, 12,304 students completed a pre-licensure nursing program in California.
- BSN programs had the greatest share of completions (47.7%, n=5,871) followed by ADN programs (including both ADN and LVN-to-ADN programs) (46.0%, n=5,660).
- Thirty-five students were reported to have completed a 30-unit option program.

Table 16. Nursing Student Completions by Program Type

	% of Completions	# of Completions
ADN	44.7%	5,494
LVN to ADN	1.4%	167
BSN*	47.7%	5,871
ELM	6.3%	772
Total	100.0%	**12,304**
ELM Post-licensure		329

*2020-21 BSN totals for completions include calendar year 2020 values for one large program that did not report completions for 2020-21.

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 67.9% (n=6,489) of students who completed a pre-licensure nursing program were from minority ethnic groups.
- This proportion was similar across most program types. Pre-licensure ELM programs had the largest proportion of students from ethnic minorities (73.3%, n=547) and Post-licensure programs had the smallest (65.0%, n=199).
- Generic ADN programs have the greatest share of Hispanic student completions (31.3%, n=1,646). ELM pre-licensure programs have the greatest proportion of African American (9.7%, n=72) and other Asian (26.3%, n=196).

Table 17. 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%	0.6%	0.7%	0.1%	0.5%	0.7%
South Asian	3.4%	3.1%	2.1%	2.1%	2.9%	1.0%
Filipino	8.3%	5.6%	8.7%	2.8%	8.1%	2.0%
Hawaiian	0.6%	1.9%	0.7%	1.2%	0.7%	26.5%
Other Asian	10.1%	23.8%	18.3%	26.3%	14.8%	0.7%
Other Pacific Islander	2.0%	0.6%	1.1%	1.2%	0.0%	0.3%
African American	5.9%	6.9%	3.9%	9.7%	5.6%	4.9%
Hispanic	31.3%	23.8%	26.2%	23.6%	29.2%	17.6%
Multi-race	4.2%	4.4%	5.4%	5.6%	4.8%	11.1%
Other	1.7%	0.6%	0.7%	0.7%	1.3%	0.3%
White	32.0%	28.8%	32.2%	26.7%	32.1%	35.0%
Total	**5,261**	**160**	**3,540**	**746**	**9,553**	**306**
Ethnic Minorities*	68.0%	71.3%	67.8%	73.3%	67.9%	65.0%
# Unknown/ unreported	233	7	2331	26	2751	23

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.
**2020-21 BSN totals for completions include calendar year 2020 values for one large program that did not report completions for 2020-21. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Gender Distribution of Students Who Completed a Nursing Program

- 21.2% (n=2,127) of all students who completed a pre-licensure nursing program were male.
- Generic ADN and BSN programs had the largest shares of male students (22.7%, n=1,233 and 19.8%, n=728 respectively), while LVN-to-ADN and ELM pre- and post-licensure programs had the smallest shares (17.4%, n=29; 17.7%, n=137; and 17.0%, n=56, respectively).

Table 18. Gender Distribution of Students Who Completed a Nursing Program

	ADN	LVN-to-ADN	BSN*	ELM	All Programs	ELM Postlicensure
Male	22.7%	17.4%	19.8%	17.7%	21.2%	17.0%
Female	77.2%	82.6%	80.2%	82.1%	78.8%	83.0%
Other	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
Total	**5,420**	**167**	**3,681**	**772**	**10,040**	**329**
# Unknown/ unreported	74	0	2190	0	2264	0

*2020-21 BSN totals for completions include calendar year 2020 values for one large program that did not report completions for 2020-21. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Age Distribution of Students Who Completed a Nursing Program

- 63.2% (n=6,034) of students completing a nursing program in 2020-21 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 (75.2%, n=2,504).
- People 41 years and older accounted for just 9.7% (n=926) of completions from all prelicensure programs, but 12.6% (n=682) of ADN completions, and 15.0% (n=25) of LVN-to-ADN completions.

Table 19. 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	2.1%	0.6%	3.5%	0.0%	2.4%	0.0%
21 – 25 years	23.2%	7.2%	51.7%	26.3%	33.1%	13.2%
26 – 30 years	29.9%	32.9%	20.1%	46.4%	27.7%	50.0%
31 – 40 years	32.1%	44.3%	19.1%	22.3%	27.1%	27.0%
41 – 50 years	10.5%	13.2%	4.8%	4.2%	8.1%	5.9%
51 – 60 years	2.1%	1.2%	0.8%	0.8%	1.5%	3.3%
61 years and older	0.1%	0.6%	0.0%	0.0%	0.1%	0.7%
Total	**5,404**	**167**	**3,328**	**649**	**9,548**	**152**
# Unknown/ unreported	90	0	2543	123	2756	177

**2020-21 BSN totals for completions include calendar year 2020 values for one large program that did not report completions for 2020-21. No demographic breakout was available, so all students from this school are included in the “unknown” category.

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 818 students who completed their programs in 2020-21 had an accommodation for a declared disability—6.6% of all completions.
- Since only 40 schools (28.8%), representing 41 programs, reported that their school collects student disability data as part of the admissions process. Nonetheless, 99 schools representing 104 programs provided data for this series of questions.
- Exam accommodations (85.1%, n=696) was the most commonly provided accommodation, followed by academic counseling and advising (33.6%, n=275), and disability-related counseling and referral (30.6%, n=250).
- "Other" responses from written text comments included: tutoring, access to food and drink during classes, breaks (n=5), preferred seating, adjusted deadlines and attendance, and ability to record class.

Table 20. 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)	91.7%	100.0%	64.7%	71.4%	85.1%
Academic Counseling/Advising	40.5%	30.0%	15.6%	12.2%	33.6%
Disability-Related Counseling/Referral	34.3%	20.0%	14.4%	42.9%	30.6%
Priority Registration	31.8%	0.0%	11.4%	4.1%	25.6%
Note-Taking Services/Reader/Audio Recording/Smart Pen	26.5%	70.0%	13.8%	40.8%	25.3%
Assistive Technology/Alternative Format	10.5%	0.0%	6.0%	20.4%	10.0%
Adaptive Equipment/Physical Space/Facilities	9.8%	20.0%	0.6%	4.1%	7.7%
Other	5.9%	0.0%	0.0%	51.0%	7.3%
Interpreter and Captioning Services	1.4%	0.0%	0.0%	0.0%	1.0%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	2.4%	2.0%	0.6%
Reduced Course load	0.2%	0.0%	0.0%	0.0%	0.1%
Service Animals	0.0%	0.0%	0.6%	0.0%	0.1%
Total number of students receiving accommodations	**592**	**10**	**167**	**49**	**818**

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 7.0% in 2020-21.
- The overall completion rate for pre-licensure nursing education programs in California was 85.1% in 2020-21.
- ELM programs had the lowest attrition rate (1.9%).
- LVN-to-ADN programs and ELM programs had the highest completion rates (94.9%).
- ADN programs the highest attrition rate (7.7%) and the lowest completion rate (81.5%) in 2020-21.

Table 21. On-time Completion and Attrition Data by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Students scheduled to complete the program	**6,259**	**117**	**6,318**	**839**	**13,533**
Completed on-time	5,098	111	5,506	796	11,511
Still enrolled	680	-	365	27	1,072
Total Attrition	**481**	**6**	**447**	**16**	**950**
Dropped out	249	3	175	9	436
Dismissed	232	3	272	7	514
Completed late*	522	80	266	33	901
On-time completion rate**	**81.5%**	**94.9%**	**87.1%**	**94.9%**	**85.1%**
Attrition rate***	**7.7%**	**5.1%**	**7.1%**	**1.9%**	**7.0%**

Note: Six programs did not provide data on attrition and completion. One ADN program was on pause. Four other programs were new and had no completions. Two programs submitted no data. For one of these two, a BSN program, we used last year's numbers as a proxy.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2020-2021, Hispanic students had the lowest attrition rate (6.3%) followed by White students (6.6%). Native American students had the highest attrition rate (12.7%) followed by African American students (10.1%).

Table 22. 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	82	2,741	701	849	3,339	3,707	809	1,305
Completed on-time	69	2,338	581	714	2,821	3,246	684	1,058
Still enrolled	1	201	51	79	310	218	62	150
Total Attrition	12	202	69	56	208	243	63	97
Dropped out	7	74	31	22	96	139	26	41
Dismissed	5	128	38	34	112	104	37	56
Completed late*	4	162	69	80	254	216	46	70
On-time completion rate**	**85.9%**	**85.2%**	**82.3%**	**83.1%**	**84.0%**	**87.3%**	**84.6%**	**80.3%**
Attrition rate***	**12.7%**	**7.2%**	**10.1%**	**6.8%**	**6.3%**	**6.6%**	**7.8%**	**7.8%**

*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: Six programs did not provide data on attrition and completion. One ADN program was on pause. Four other programs were new and had no completions. Two programs submitted no data. For one of these two, a BSN program, we used last year's numbers as a proxy.
¥Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.

Employment of Recent Nursing Program Graduates

- Nursing schools reported that 83.0% of their recent RN graduates employed in nursing were employed in California.
- Program directors were asked to report the employment location of recent graduates from their program. Program directors may not have accurate information about all graduates so these estimates are likely to include some error.
- Across all programs, 60.4% of recent RN prelicensure program graduates employed in nursing in October 2021 were reported to be working in hospitals.
- Graduates of BSN programs were the most likely to work in hospitals (65.5%) while graduates of LVN-to-ADN programs were the least likely (48.3%). ADN and ELM post-licensure students were more likely than other graduates to be pursuing additional nursing education (9.0% and 21.3%, respectively).
- 7.9% of recent nursing program graduates were not yet licensed, including 13.0% of ELM prelicensure students.
- Other employment locations written in by respondents included corrections and self-employed legal nurse consultant.
- Statewide, programs reported that 3.1% of nursing graduates from the prior academic year were unable to find employment by October 2021.
- The employment setting was unknown for an average of 12.7% of recent graduates.

Table 23. Employment of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Hospital	59.3%	48.3%	65.5%	57.6%	60.4%	59.3%
Not yet licensed	6.9%	8.3%	8.5%	13.0%	7.9%	0.0%
Participating in a new graduate residency (paid)	5.6%	0.0%	8.5%	11.2%	6.6%	0.0%
Pursuing additional nursing education	9.0%	2.1%	1.2%	0.7%	6.0%	21.3%
Long-term care facility	6.0%	13.4%	2.5%	0.3%	4.9%	1.1%
Other Healthcare Facility	4.5%	1.6%	5.0%	1.6%	4.3%	15.1%
Community/Public Health Facility	3.7%	6.5%	2.9%	1.7%	3.5%	1.8%
Unable to find employment	2.2%	7.2%	5.0%	2.2%	3.1%	0.5%
Other setting	1.9%	12.6%	0.6%	11.6%	2.7%	0.0%
Participating in a new graduate residency (unpaid)	0.7%	0.0%	0.3%	0.0%	0.5%	1.0%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2020-21, on average, the employment setting was unknown for 12.7% of recent graduates. 132 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was $22,788.
- Private school graduates had an average debt load of $44,827, while public school graduates averaged $12,745.
- ELM students had the highest average debt load, and ADN students had the lowest average debt load.
- ELM graduates may incur more debt for a number of reasons. 1) there are more scholarships and loan assistance programs available for undergraduate programs, 2) ELM amounts provided may include debt from prior BSN program attendance, and 3) while ELM students may finish the prelicensure segment of their program quickly, it may take many additional semesters or quarters to complete their degree, depending on the concentration.

Table 24. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average debt load	$8,815	$16,355	$36,856	$93,656	$22,788
Private	$25,399	$45,419	$41,944	$98,409	$44,827
Public*	$5,873	$6,667	$27,190	$87,715	$12,745
Number of programs reporting	**73**	**4**	**29**	**9**	**115**

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

Time to Complete

- Most programs are on a semester schedule (88.2%, n=127). A few are on a quarter schedule (11.8%, n=17).
- ELM programs were the most likely to be on a quarter schedule (33.3%, n=4), although most are on a semester schedule (66.7%, n=8).

Table 25. Type of Schedule by Program Type

	ADN	LVN	BSN	ELM	Total
Semester	92.9%	100.0%	83.3%	66.7%	88.2%
Quarter	7.1%	0.0%	16.7%	33.3%	11.8%
Total	**100%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Number of programs reporting	**84**	**6**	**42**	**12**	**144**

- In 2020-21, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 26 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 overall averages for their programs.
- The average number of *weeks* per semester was 16.5. The average number of weeks per quarter was 9.2.

Table 26. 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	4.3	2.0	6.2	7.3	8.6
Average time to completion, quarters	7.3	-	7.3	7.7	8.0
Number of programs reporting	**85**	**6**	**40**	**11**	**11**
Full-Time Accelerated Students					
Average time to completion, semesters	2.7	-	-	-	-
Average time to completion, quarters[¥]	4.0	-	-	-	-
Number of programs reporting	**22**	**-**		**-**	**-**

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

[¥] One ADN program reported 42 semesters to for accelerated students to complete the program; one BSN program reported 65 semesters for accelerated students to complete the program. These programs were left out of the averages.

- In 2020-21, respondents with ADN programs were asked to rank common reasons ADN graduation was delayed for the period prior to the start of the COVID-19 pandemic and after the pandemic started. These rankings are displayed below as averages.
- The most highly ranked was “student had to repeat one or more courses to pass / progress” (1.8). This was chosen as the top reason by 49.4% of respondents (n=42). The second most highly ranked reason was “student had personal issue(s) that required time away from school” (1.9). 37.6% of respondents
- Write-in answers for delay included: “COVID deterred some who took a semester off”, student financial issues (n=3), “Dept paused program for a semester”, and a number of comments noting that many of the options were not applicable and that there was no way to delete them.

Table 27. Reasons for Delayed Completion, ADN Students Only

	Avg. Ranking
Student had to repeat one or more courses to pass/progress	1.8
Student had personal issue(s) that required time away from school	1.9
Student changed course of study	4.3
Unable to obtain a required course(s) to progress	4.5
Inadequate academic advising	4.6
Required pre-requisite or required course not offered	5.0
Does not apply as our program is not a traditional 2-year program	6.9
Other	7.1
Number of programs reporting	**85**

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

Faculty Data

Analysis of faculty data by program type is not provided because faculty data are reported by school, not by program type. Many schools have multiple programs.

Full-Time and Part-Time Faculty Data

- On October 15, 2021, there were 5,302 nursing faculty.[3] More than two-thirds were part-time faculty (69.1%, n=3,665).
- The faculty vacancy rate in pre-licensure nursing programs was 10.1%, up from 6.7% last year. The vacancy rate among full-time faculty (13.4%) was nearly higher than that of part-time faculty (8.6%)

Table 28. Total Faculty and Faculty Vacancies

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	**5,302**	**596**	**10.1%**
Full-Time Faculty	1,637	253	13.4%
Part-Time Faculty	3,665	343	8.6%

[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.

- In 2020-21, 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. 41.7% (n=58) of 139 schools responding agreed. These 58 schools were asked to rank the reason for this shift. 55 schools overall gave rankings.
- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions. This has not changed since last year.
- "Other" reasons from text comments included: "Some faculty did not want to return to face to face teaching after Covid restrictions were reduced", "Smaller clinical groups forcing an increase in number of clinical faculty", "COVID restrictions on clinical group size (5-6 students)", "COVID impact on the desire of faculty to do clinical", "hospitals requiring smaller clinical groups", and "ADN teach-out".

Table 29. Reasons for Hiring More Part-Time Faculty

	Average rank*
Non-competitive salaries for full-time faculty	2.8
Shortage of RNs applying for full-time faculty positions	3.1
Insufficient number of full-time faculty applicants with required credential	3.9
Need for part-time faculty to teach specialty content	4.3
Insufficient budget to afford benefits and other costs of FT faculty	4.7
Need for faculty to have time for clinical practice	6.0
Private, state university or community college laws, rules or policies	6.2
To allow for flexibility with respect to enrollment changes	7.2
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	8.1
Other	8.7
Number of schools ranking these options	**55**

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

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

Table 30. Funding of Faculty Positions

	% Full-Time Faculty	% Part-Time Faculty
Budgeted positions	97.2%	94.4%
100% external funding	1.0%	3.9%
Combination of the above	1.8%	1.7%
Total Faculty	**1,643**	**3,635**

- The majority of faculty (59.7%) teaches clinical courses only. A smaller proportion (27.6%,) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (12.6%).

Table 31. Faculty Teaching Assignments

	% All Faculty	# All Faculty
Clinical courses only	59.7%	3,167
Didactic courses only	12.6%	669
Clinical & didactic courses	27.6%	1,466
Total Faculty	**100.0%**	**5,302**

- 95 of 139 schools (68.3%) reported that faculty in their programs work an overloaded schedule, and 95.8% (n=91) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 37.4% (n=52) of schools reported that their externally funded positions will continue to be funded for the 2021-22 academic year. If these positions are not funded, schools reported that they would be able to enroll only 11,077 students in pre-licensure RN programs in 2021-22, which would be an 20.9% decrease in new enrollments compared to the 14,004 new students that enrolled in RN programs in 2020-21.

Table 32. External Funding for Faculty Next Year

	% of Schools	# of Schools
Will continue	37.4%	52
Will not continue	7.9%	12
Unknown	54.7%	73
Not applicable	0.0%	0
Number of schools reporting		**139**

Faculty Demographic Data

- Nursing faculty remain predominantly female (83.6%, n=4,341). However, for the first time this decade, slightly more than half of faculty were non-white (50.9%, n=2,479). Sixty-five percent of faculty (n=3,242) is over 41 years of age.

Table 33. Faculty Ethnicity

Race/Ethnicity	% Faculty	# Faculty
Native American	1.2%	60
South Asian	2.7%	134
Filipino	6.6%	323
Other Asian	12.3%	603
Hawaiian	0.7%	32
Other Pacific Islander	1.0%	51
African American	10.2%	499
Hispanic	12.1%	595
Multi-race	3.0%	146
Other	0.7%	36
White	49.5%	2,433
Number of faculty	**100.0%**	**4,912**
Ethnic Minorities*	50.5%	2,479
Unknown/unreported		390

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

Table 34. Faculty Gender

Gender	% Faculty	# Faculty
Men	16.3%	847
Women	83.6%	4,341
Other	0.1%	4
Number of faculty	**100.0%**	**5,192**
Unknown/unreported		110

Table 35. Faculty Age

Age	% Faculty	# Faculty
30 years or younger	8.3%	413
31 – 40 years	26.8%	1,339
41 – 50 years	25.0%	1,250
51 – 55 years	12.8%	637
56 – 60 years	11.0%	548
61 – 65 years	9.6%	477
66 – 70 years	4.7%	233
71 years and older	1.9%	97
Number of faculty	**100.0%**	**4,994**
Unknown/unreported		308

Faculty Education

- On October 15, 2021, almost all full-time faculty (92.7%, n=1,514) held a master's or doctoral degree, while only 62.8% (n=2,209) of part-time faculty held a graduate degree.
- 8.6% of all active faculty (n=455) were reported to be pursuing an advanced degree as of October 15, 2021.

Table 36. Highest Level of Education of Faculty

	% Full-Time Faculty	% Part-Time Faculty
Associate degree in nursing (ADN)	1.7%	4.1%
Baccalaureate degree in nursing (BSN)	5.1%	32.7%
Non-nursing baccalaureate	0.5%	0.5%
Master's degree in nursing (MSN)	46.9%	51.0%
Non-nursing master's degree	1.2%	1.4%
PhD in nursing	12.4%	2.8%
Doctorate of Nursing Practice (DNP)	26.8%	6.6%
Other doctorate in nursing	1.2%	0.3%
Non-nursing doctorate	4.2%	0.8%
Number of faculty	**1,633**	**3,516**
Unknown/unreported*	4	149

*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 2020-21, program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was sharing school and program goals and commitments to diversity (73.9%, n=102), sending job announcements to a diverse group of institutions and organizations (68.1%, n=94), and highlighting campus and community demographics (63.0%, n=87).
- "Other" written text comments included: recruiting from prior students or recruiting from graduating DNP classes, referrals from clinical partners, recruiting at conferences, Faculty Diversity Internship Program, and "HRSA nursing workforce diversity grant to provide supportive services to faculty".

Table 37. Strategies for Recruiting Diverse Faculty

	% of Schools	# of Schools
Share program/school goals and commitments to diversity	73.9%	102
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	68.1%	94
Highlight campus and community demographics	63.0%	87
Share faculty development and mentoring opportunities	55.1%	76
Use of publications targeting minority professionals (e.g., Minority Nurse)	35.5%	49
Highlight success of faculty, including faculty of color	35.5%	49
Showcase how diversity issues have been incorporated into the curriculum	31.9%	44
Other	13.8%	19
External funding and/or salary enhancements (e.g., endowed lectureship)	4.3%	6
Number of schools reporting	**100%**	**138**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (88.9%) and program policies (85.2%) and were the most frequently reported methods used to prepare part-time faculty to teach.
- "Other" written text comments included: online orientation modules, simulation training, Nurse Tim new instructor education, faculty development courses, meetings with faculty and directors, and team and faculty/curriculum meetings.

Table 38. Methods Used to Prepare Part-Time Faculty to Teach

	% of Schools	# of Schools
Faculty orientation	88.9%	120
Program policies	85.2%	115
Mentoring program	74.1%	100
Administrative policies	63.7%	86
Specific orientation program	66.7%	90
Teaching strategies	65.2%	88
Curriculum review	60.0%	81
External training program	14.8%	20
Other	11.1%	15
None	0.0%	-
Number of schools reporting		**135**

Faculty Attrition

- Nursing schools reported 186 full-time and 446 part-time faculty members as having retired or left the program in 2020-21.
- Schools reported that an additional 184 faculty members (97 full-time and 87 part-time) are expected to retire or leave the school in 2020-21.
- The most frequently cited reason for having a faculty member leave the program in 2020-21 was retirement (67.4%, n=58), followed by career advancement (20.9%, n=18) and personal health issues (20.9%, n=18).
- Unwillingness to convert to virtual instruction (1.2%, n=1), and layoffs (0%, n=0) were the least common reasons reported for faculty leaving their positions.
- "Other" reasons reported in text comments included: took a full-time director position, relocation, death, unwilling to teach face-to-face, transitioned to adjunct status to finish doctorate, and "did not complete the research portion for tenure".

Table 39. Reasons Faculty Leave Their Positions

	% of Schools	# of Schools
Retirement	67.4%	58
Career advancement	20.9%	18
Personal health issues	20.9%	18
Relocation of spouse or other family obligation	18.6%	16
Return to clinical practice	11.6%	10
Other	11.6%	10
Termination (or requested resignation)	10.5%	9
Salary/Benefits	9.3%	8
Workload	8.1%	7
Resigned for unknown reasons	5.8%	5
Concern about exposure to COVID-19	5.8%	5
Workplace climate	2.3%	2
Child care challenges due to childcare/school closures	2.3%	2
Unwillingness to convert to virtual instruction	1.2%	1
Layoffs (for budgetary reasons)	0.0%	-
Number of schools reporting		**86**

- In 2020-21, twenty-eight 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 preparing for retirement (46.4%%, n=13) and “other” (25.0%, n=7).
- “Other” reasons included: finishing doctorate, COVID-19-related pressures, another job, and “reduced teaching assignment for other role in organization”.

Table 40. Reasons Faculty Go from Full-Time to Part-Time

	% of Schools	# of Schools
Preparing for retirement	46.4%	13
Other	25.0%	7
Return to clinical practice	21.4%	6
Family obligations	10.7%	3
Workload	10.7%	3
Personal health issues	3.6%	1
Workplace climate	0.0%	-
Requested by Program Due to budgetary reason	0.0%	-
Number of schools that reported		**28**

Faculty Hiring

- 117 schools reported hiring a total of 1,302 faculty members (198 full-time and 1,104 part-time) between August 1, 2020 and July 31, 2021.
- Thirty percent (36.5%, n=475) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (63.2%, n=74) 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, completed a graduate degree program in the last two years (59.0%, n=69), experienced teaching while in graduate school (55.6%, n=65), and experience teaching at another nursing school.
- Thirty-two schools reported they were under a hiring freeze for active faculty at some point between August 1, 2020 and July 31, 2021, and nineteen of these schools (59.4%) 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 largely concerned teaching at the school in the past as an adjunct, graduate student, or with another program.

Table 41. Characteristics of Newly Hired Faculty

	% of Schools	# of Schools
Experience teaching as a nurse educator in a clinical setting	63.2%	74
Completed a graduate degree program in last two years	59.0%	69
Experience teaching at another nursing school	55.6%	65
Experience student teaching while in graduate school	55.6%	65
No teaching experience	35.0%	41
Experience teaching in a setting outside of nursing	17.1%	20
Other	2.6%	3
Number of schools that reported		**117**

- The most common reason for hiring new faculty was to replace faculty that had left or retired (81.0%, n=94). This was the top reason for schools with each program type.
- To fill longstanding faculty vacancies and to reduce faculty workload tied for the second most common reason (27.6%, n=32) overall. However, for ELM programs, filling longstanding faculty vacancies tied with reducing faculty workload (n=7, 70%).
- "Other" reasons for hiring faculty provided in text comments included covering full-time faculty on sabbatical, filling clinical teaching vacancies, new program, to allow flexibility with scheduling, "decrease in # of students allowed at clinical site, resulting in more clinical groups, which demanded more faculty", and a desire to employ full-time rather than part-time faculty.

Table 42. Reasons for Hiring Faculty

	ADN	BSN	ELM	All Schools	# Schools
To replace faculty that retired or left the program	80.8%	85.7%	70.0%	81.0%	94
To fill longstanding faculty vacancies (positions vacant for more than one year)	33.3%	20.0%	10.0%	27.6%	32
To reduce faculty workload	26.9%	25.7%	70.0%	27.6%	32
Due to program expansion	10.3%	28.6%	30.0%	15.5%	18
Other	20.5%	40.0%	20.0%	25.0%	29
Number of schools reporting	**78**	**35**	**10**	**116**	

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Eight schools reported two programs each; seven had a BSN and an ELM, and one had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Barriers to Recruiting Faculty

- Non-competitive salaries was the primary barrier for schools overall (73.5%, n=100), followed by insufficient number of faculty applicants with required credentials (70.6%, n=96).
- Non-competitive salaries was the primary barrier for schools with ADN programs (77.4%, n=72), while insufficient number of faculty applicants with required credentials was the primary barrier for schools with and BSN programs (72.5%, n=29). For schools with ELM programs, insufficient number of faculty applicants with required credentials (54.5%, n=6) and BRN rules and regulations (54.5%, n=6) were the top barriers to recruiting faculty.
- Reasons related to COVID-19 such as concern about exposure (22.8%, n=31), lack of child care or school closers (10.3%, n=14), and unwillingness to teach virtually (8.8%, n=12), were cited by some respondents.
- "Other" reasons given in text comments included: "Paid more in the clinic, even though we have competitive salaries for educators we cannot compete with clinics e.g., $85-100/hr. in clinic; $55-60 for education", "college hiring freeze", "Nurses are working additional shifts in the hospital, unable to schedule shifts with school", and "Nurses are working additional shifts in the hospital, unable to schedule shifts with school", and "Program on Warning status deters interested faculty; unpaid orientation onboarding process at the clinical facilities; slow hiring process at the district level; low starting pay … for interested nurses without teaching experiences (who) may be master's prepared but no teaching experience to obtain instructor approval with BRN…"

Table 43. Barriers to Recruiting Faculty

	ADN	BSN	ELM	All Schools	# of Schools
Non-competitive salaries	77.4%	70.0%	36.4%	73.5%	100
Insufficient number of faculty applicants with required credentials	72.0%	72.5%	54.5%	70.6%	96
Overall shortage of RNs	48.4%	45.0%	27.3%	46.3%	63
Workload (not wanting faculty responsibilities)	46.2%	22.5%	18.2%	39.0%	53
BRN rules and regulations	33.3%	47.5%	54.5%	36.0%	49
Concern about exposure to COVID-19	22.6%	22.5%	27.3%	22.8%	31
Private, state university or community college laws, rules or policies	19.4%	20.0%	27.3%	19.9%	27
Lack of child care availability / school closures	9.7%	10.0%	9.1%	10.3%	14
Unwillingness of potential faculty to teach virtually	11.8%	2.5%	0.0%	8.8%	12
No barriers	4.3%	10.0%	9.1%	5.9%	8
Other	6.5%	5.0%	0.0%	5.9%	8
Number of schools that reported	**93**	**40**	**11**		**136**

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Eight schools reported two programs each; seven had a BSN and an ELM, and one had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains program type if that school has more than one program type.

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (58.1%), followed by psych/mental health (52.2%) were the most difficult areas for which to recruit new active faculty.
- 15.4% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.

Table 44. Difficult to Hire Clinical Areas

	% of Schools	# of Schools
Pediatrics	58.1%	79
Psych/Mental Health	52.2%	71
Obstetrics/Gynecology	47.1%	64
Medical-surgical	28.7%	39
No clinical areas	15.4%	21
Geriatrics	12.5%	17
Critical Care	9.6%	13
Community Health	9.6%	13
Other	0.7%	1
Number of schools that reported	100.0%	**136**

Faculty Salaries

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

Table 45. 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	$65,858	$87,255	$77,105	$109,409
10 months	$71,540	$102,879	$82,831	$114,535
11 months	$90,370	$111,893	$101,379	$132,887
12 months	$71,274	$99,534	$76,126	$105,024

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA and score on pre-enrollment assessment tests were the most common criteria used to determine if an applicant was qualified for admission to the nursing program (both at 77.9%, n=113).
- A letter of reference, personal statement, and interview were also important factors in admission for many ELM programs, in addition to minimum/cumulative GPA. These factors were selected by 100% of the 12 ELM programs.
- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for more than half of ADN programs (60.5%, n=52). This legislation applies specifically to community colleges.
- Other admission criteria described by respondents in text comments included essays, pre-enrollment assessment test (HESI), passion and purpose statement, waitlist, volunteer work, critical thinking test or essay, statement on philosophy of nursing, active RN, and LVN and CNA licenses.

Table 46. Admission Criteria by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Minimum/Cumulative GPA	67.4%	100.0%	90.2%	100.0%	77.9%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	83.7%	83.3%	80.5%	25.0%	77.9%
Completion of prerequisite courses (including recency and/or repetition)	73.3%	100.0%	75.6%	0.0%	69.0%
Minimum grade level in prerequisite courses	61.6%	83.3%	68.3%	75.0%	65.5%
Science GPA	58.1%	66.7%	58.5%	58.3%	58.6%
Health-related work experience	43.0%	33.3%	31.7%	58.3%	40.7%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	60.5%	50.0%	0.0%	0.0%	37.9%
Personal statement	14.0%	16.7%	43.9%	100.0%	29.7%
Letter of reference/recommendation	10.5%	0.0%	39.0%	100.0%	25.5%
Holistic Review	0.0%	0.0%	61.0%	100.0%	25.5%
Interview	11.6%	0.0%	43.9%	58.3%	24.1%
Lottery	27.9%	16.7%	0.0%	0.0%	17.2%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	24.4%	50.0%	0.0%	0.0%	16.6%
Other	11.6%	0.0%	29.3%	0.0%	15.2%
Geographic location	3.5%	0.0%	24.4%	0.0%	9.0%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**86**	**6**	**41**	**12**	**145**

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (78.0%, n=110) 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 many generic ADN and LVN-to-ADN programs but was not used by any BSN or ELM programs, and only ADN programs used modified random selection (22.2%, n=18).
- ELM programs frequently reported using the interview and goal statement as selection criteria (both at 66.7%, n=8).
- Other selection criteria described by respondents in text comments included descriptions of admission criteria (chancellor's office formula, holistic review, etc.). Some described hybrid methods of selection including part random selection and part selective criterion (e.g., "30% by points, 70% by lottery").

Table 47. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	74.1%	66.7%	85.7%	83.3%	78.0%
Interviews	13.6%	16.7%	33.3%	66.7%	24.1%
Random selection	29.6%	16.7%	0.0%	0.0%	17.7%
Other	9.9%	16.7%	21.4%	16.7%	14.2%
Modified random selection	22.2%	0.0%	0.0%	0.0%	12.8%
Goal statement	2.5%	16.7%	16.7%	66.7%	12.8%
First come, first served (based on application date for the quarter/semester)	2.5%	0.0%	9.5%	8.3%	5.0%
First come, first served from the waiting list	6.2%	0.0%	2.4%	0.0%	4.3%
Number of programs reporting	**81**	**6**	**42**	**12**	**141**

Waiting List

- 21 programs reported having total of 3,052 students on a waiting list, including 335 LVN-to-ADN students on a waiting list for a generic ADN program. This is close to 500 fewer students on a waitlist compared to 2019-20, when there were 3,509 students.
- Nineteen of these 21 regular programs described how long they keep students on a waiting list. 52.6% (n=10) keep students on the waiting list until they are admitted, 15.8% (n=3) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and five (26.3%) reported keeping students on for two application cycles. One program did not answer this question. Among the 13 generic ADN programs with LVN-to-ADN waitlists, 92.3% (n=12) keep students on the waiting list until they are admitted, 8.3% (n=1) keeps students on the waiting list until the subsequent application cycle is complete and all spaces are filled.
- Other waitlist strategies described in text comments included guaranteeing students a place the following quarter, or until the current application cycle is complete.
- Students typically spent less than a semester waiting to get into a BSN program, but spent an average of up to eight and a half semesters for the two LVN-to-ADN programs that reported. LVN-to-ADN students applying to generic programs typically waited 3.5 semesters.
- Average wait time for schools on the quarter schedule varied from single quarter for BSN programs to 2.0 quarters for ADN programs. No programs on the quarter system reported having a waitlist for LVN-to-ADN or LVN-to-BSN applicants.

Table 48. Waiting Lists by Program Type

	ADN*	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	1,993	32	692	-	2,717
Qualified LVN-to-BSN applicants on a waiting list for a BSN program	-	-	-	-	-
Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program	335	-	-	-	335
Number of programs responding	**13**	**2**	**5**	**1**	**21**
Average number of **semesters** to enroll after being placed on the waiting list	3.1	8.5	0.5	-	3.3
Average number of semesters for LVN-to-BSN applicants to BSN programs	-	-	-	-	3.4
Average number of semesters for LVN-to-ADN applicants to generic ADN programs	3.4	-	-	-	-
Number of programs responding	**10**	**2**	**2**	**1**	**15**
Average number of **quarters** to enroll after being placed on the waiting list (for programs with a quarter system) *	2.0	-	1.0	-	1.8
Number of programs responding	**3**	**-**	**1**	**0**	**4**

* No programs on the quarter system reported having a waitlist for LVN-to-ADN or LVN-to-BSN applicants.

Capacity for Program Expansion

- Over the next two years, all program types project enrollment growth. This is in contrast to 2019-20, the first year of the COVID-19 pandemic, when ADN programs projected lower enrollment numbers in the coming year (2020-2021) compared to the survey year.
- ADN and LVN-to-ADN programs project the greatest rate of enrollment growth in coming years, while projected enrollment growth for BSN and ELM programs stayed relatively low.

Table 49. Current and Projected New Student Enrollment by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	Total*
2020-21 new student enrollment	5,796	145	7,133	930	14,004
Expected new student enrollment given current resources					
2021-22	6,819	170	7,281	951	15,221
Expected 2021-22 enrollment as % of 2020-21 enrollment	117.7%	117.2%	102.1%	102.3%	108.7%
2022-23	7,229	200	7,362	959	15,750
Expected 2022-23 enrollment as % of 2020-21 enrollment	124.7%	137.9%	103.2%	103.1%	112.5%

*2020-21 totals include 2020 calendar year values in current enrollments and projected enrollments for one large BSN program that did not report actual or projected enrollments for 2020-21.

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 69.0% (n=98) of programs. This is similar to last year's results.
- Non-competitive faculty salaries (50.7%, n=72), insufficient number of qualified clinical faculty (43.0%, n=61), and uncertainty and challenges related to the COVID pandemic (46.5%, n=66) were the top barriers overall. For ELM programs, insufficient number of physical facilities and space for skills labs were the second most important barriers (36.4%, n=4).
- Of the 142 programs that responded, seven programs reported no general barriers to expansion (4.9%).
- Other barriers to program expansion described by respondents in written comments include: BRN regulations and caps on admission (n=10), pandemic related issues (n=2), program closing/on teach-out (n=4).

Table 50. Barriers to Program Expansion by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	67.1%	100.0%	67.5%	72.7%	69.0%
Faculty salaries not competitive	57.6%	100.0%	37.5%	18.2%	50.7%
Uncertainty and challenges related to COVID pandemic	55.3%	16.7%	40.0%	18.2%	46.5%
Insufficient number of qualified clinical faculty	47.1%	50.0%	37.5%	27.3%	43.0%
Insufficient number of qualified classroom faculty	44.7%	33.3%	22.5%	27.3%	36.6%
Insufficient funding for faculty salaries	35.3%	33.3%	15.0%	27.3%	28.9%
Insufficient number of physical facilities and space for skills labs	22.4%	50.0%	17.5%	36.4%	23.2%
Insufficient number of physical facilities and space for classrooms	23.5%	33.3%	17.5%	18.2%	21.8%
Insufficient number of allocated spaces for the nursing program	23.5%	16.7%	12.5%	18.2%	19.7%
Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)	17.6%	16.7%	5.0%	0.0%	12.7%
Other	9.4%	0.0%	22.5%	9.1%	12.7%
Insufficient support for nursing school by college or university	11.8%	0.0%	7.5%	0.0%	9.2%
Insufficient financial support for students	8.2%	0.0%	5.0%	0.0%	6.3%
No barriers to program expansion	4.7%	0.0%	7.5%	0.0%	4.9%
Number of programs reporting	**85**	**6**	**40**	**11**	**142**

Program Expansion Strategies

- All of the 98 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently-reported strategies to mitigate the lack of clinical sites were: use of community based/ambulatory care options, twelve-hour shifts, virtual simulation and human patient simulators.
- For ELM programs, preceptorships were also an important strategy, tying for second place with a number of other strategies.
- Other strategies described by respondents included “using clinical sites during off times”, “on-campus SIM lab”, “increase distance from campus”, “externships”, and “placed 1st and 2nd semester students on hold in Spring”.

Table 51. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Community-based /ambulatory care (e.g., homeless shelters, nurse managed clinics, community health centers)	75.4%	83.3%	77.8%	87.5%	77.6%
Twelve-hour shifts	78.9%	50.0%	66.7%	100.0%	75.5%
Virtual simulation	70.2%	100.0%	74.1%	87.5%	74.5%
Human patient simulators	78.9%	50.0%	51.9%	87.5%	70.4%
Weekend shifts	64.9%	66.7%	63.0%	100.0%	67.3%
Innovative skills lab experiences	64.9%	50.0%	66.7%	75.0%	65.3%
Evening shifts	59.6%	100.0%	59.3%	87.5%	64.3%
Telehealth	45.6%	16.7%	48.1%	62.5%	45.9%
Regional computerized clinical placement system	45.6%	33.3%	40.7%	62.5%	44.9%
Preceptorships	31.6%	16.7%	44.4%	87.5%	38.8%
Non-traditional clinical sites (e.g., correctional facilities)	36.8%	33.3%	25.9%	62.5%	35.7%
Night shifts	26.3%	0.0%	40.7%	75.0%	32.7%
Other	5.3%	0.0%	7.4%	12.5%	6.1%
None	1.8%	0.0%	0.0%	0.0%	1.0%
Number of programs reporting	**57**	**6**	**27**	**8**	**98**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2020-21 a total of 128 programs (88.3% of 145 programs answering this question) reported that they were denied access to a clinical placement, unit, or shift.
- 25.8% (n=33) of 128 programs that were denied a clinical placement, unit, or shift were offered an alternative.

Table 52. RN Programs Denied Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	78	4	35	11	128
% of programs	**90.7%**	**66.7%**	**83.3%**	**100.0%**	**88.3%**
Programs offered alternative by site	22	2	7	2	33
Placements, Units, or Shifts lost	889	10	2,265	261	3,425
Total number of students affected	5,725	101	6,993	2,224	15,043
Number of programs reporting	**86**	**6**	**42**	**11**	**145**

- In addition, 121 programs (83.4%% of 145 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2020-21 than in the prior year.

Table 53. 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	74	5	32	10	121
Number of programs reporting	**86**	**6**	**41**	**12**	**145**

- Most (79.5%, n=101) programs that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. The next most common areas where placements, units, or shifts were lost were pediatrics (73.2%, n=93), and psych/mental health (70.9%, n=90).
- "Other" areas described in text comments include: emergency department, skilled nursing facilities, transitional care unit and rehabilitation hospital, ICU, and "All placements on a temporary basis due to Covid".

Table 54. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/Surgical	74.4%	75.0%	85.3%	100.0%	79.5%
Pediatrics	67.9%	25.0%	85.3%	90.9%	73.2%
Psychiatry/Mental Health	70.5%	50.0%	73.5%	72.7%	70.9%
Obstetrics	56.4%	50.0%	79.4%	54.5%	62.2%
Geriatrics	47.4%	25.0%	58.8%	54.5%	50.4%
Critical Care	51.3%	0.0%	52.9%	45.5%	49.6%
Preceptorship	30.8%	25.0%	58.8%	54.5%	40.2%
Community Health	15.4%	0.0%	58.8%	63.6%	30.7%
Other	6.4%	0.0%	5.9%	0.0%	5.5%
Number of programs reporting	**78**	**4**	**34**	**11**	**127**

Reasons for Clinical Space Being Unavailable

- Programs were asked to provide reasons for clinical space being unavailable.
- Staff nurse overload or insufficient qualified staff due to COVID-19 (72.4%, n=92), change in site infection protocols due to COVID-19 (63.8%, n=81), and site closure or decreased services due to COVID-19 (55.9%, n=71).
- Pandemic-related reasons far outweighed the historical top reasons for space being unavailable (competition for clinical space due to increase in number of nursing students in region, staff nurse overload or insufficient qualified staff).
- Only two programs 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 in text comments, including the fact that hospitals were not accepting students at all or requiring fewer students in clinicals due to COVID-19 (n=10), and other reasons related to COVID-19 such as "Unit converted to COVID unit". Other issues included, "Facility gave priority to other local school when they denied other schools". Prior to 2019-20, a preference for BSN students or local students was the primary reason indicated in write-in answers.
- In a separate question, 15 out of 144 programs (10.4%) reported providing financial support to secure a clinical placement.

Table 55. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff due to COVID-19	66.7%	75.0%	82.4%	81.8%	72.4%
Change in site infection control protocols due to COVID-19	56.4%	50.0%	76.5%	81.8%	63.8%
Site closure or decreased services due to COVID-19	53.8%	50.0%	52.9%	81.8%	55.9%
Lack of PPE due to COVID-19	44.9%	0.0%	61.8%	54.5%	48.8%
Decrease in patient census due to COVID-19	30.8%	50.0%	58.8%	63.6%	41.7%
Staff nurse overload or insufficient qualified staff due to other reasons	26.9%	25.0%	20.6%	27.3%	25.2%
Displaced by another program	24.4%	25.0%	20.6%	45.5%	25.2%
Competition for clinical space due to increase in number of nursing students in region	21.8%	0.0%	20.6%	36.4%	22.0%
Closure, or partial closure, of clinical facility	17.9%	25.0%	20.6%	27.3%	19.7%
Visit from Joint Commission or other accrediting agency	14.1%	0.0%	17.6%	27.3%	15.7%
Nurse residency programs	10.3%	0.0%	20.6%	9.1%	12.6%
No longer accepting ADN students*	19.2%	0.0%	0.0%	0.0%	11.8%
Decrease in patient census due to other reasons	7.7%	0.0%	14.7%	9.1%	9.4%
Change in facility ownership/management	10.3%	0.0%	8.8%	9.1%	9.4%
Other	11.5%	25.0%	5.9%	0.0%	9.4%
Other clinical facility business needs/changes in policy	7.7%	0.0%	8.8%	18.2%	8.7%
Implementation of Electronic Health Records system	3.8%	0.0%	8.8%	27.3%	7.1%
Clinical facility seeking magnet status	7.7%	0.0%	5.9%	9.1%	7.1%
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%	5.9%	0.0%	1.6%
Number of programs reporting	**78**	**4**	**34**	**11**	**127**

* Not asked of BSN or ELM programs.

- The most commonly reported strategy to address the lost clinical space was the use of clinical simulation (78.7%, n=100), followed by adding or replacing the lost space with a new site (55.1%, n=70).
- Twenty-eight percent of programs reported reducing student admissions (n=35). Prior to the pandemic, reducing student admissions was the least commonly used strategy selected except “other”. In 2020-21, this strategy was most frequently utilized by ADN programs (41.0%, n=32).
- Other strategies described by respondents in write-in answers included use of telehealth/telemedicine (n=10), utilizing alternative community sites (n=5), virtual simulation (n=2), and other strategies such as “Did not offer courses!”, “Fewer in-patient shifts per student”, and, “We did not admit any advanced placement students”.

Table 56. Strategies to Address Lost Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	Total
Clinical simulation	80.8%	100.0%	67.6%	90.9%	78.7%
Added/replaced lost space with new site	61.5%	75.0%	35.3%	63.6%	55.1%
Replaced lost space at different site currently used by nursing program	56.4%	75.0%	20.6%	81.8%	49.6%
Replaced lost space at same clinical site	35.9%	50.0%	20.6%	36.4%	32.3%
Reduced student admissions	41.0%	0.0%	8.8%	0.0%	27.6%
Other	16.7%	0.0%	29.4%	9.1%	18.9%
Number of programs reporting	**78**	**4**	**34**	**11**	**127**

Alternative Clinical Sites

- 96 programs reported increasing out-of-hospital clinical placements in 2020-21—seven more than the 89 programs in 2019-20 and more than twice as many as in 2018-19.
- Public health or community health agencies, medical practices, clinics, or physician's offices; skilled nursing/rehabilitation facilities, school health services, and outpatient mental health/substance abuse were the top alternative out-of-hospital clinical sites reported by these 96 programs.
- Historically, the most mentioned alternatives to hospital sites described by respondents in text comments were related to children (child development center, pediatric clinic, Head Start), followed distantly by care for seniors or those with disabilities (assisted living, long-term care, senior center). Starting in 2019-20, categories like COVID sites and telehealth became the most common alternative
- Other placements described by respondents in 2020-21 included: COVID vaccination and testing sites (n=9), telehealth (n=7), pediatrics/ after school programs/child development center (n=4), senior centers (n=2), gospel mission, food banks, street clinic, shelter for homeless with medical needs, and residential care.

Table 57. 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	53.6%	66.7%	75.9%	62.5%	61.5%
Medical practice, clinic, physician office	41.1%	0.0%	27.6%	25.0%	34.4%
Skilled nursing/rehabilitation facility	35.7%	66.7%	31.0%	12.5%	33.3%
School health service (K-12 or college)	23.2%	33.3%	48.3%	50.0%	33.3%
Outpatient mental health/substance abuse	33.9%	0.0%	24.1%	50.0%	31.3%
Other	21.4%	0.0%	51.7%	25.0%	30.2%
Home health agency/home health service	26.8%	0.0%	24.1%	25.0%	25.0%
Surgery center/ambulatory care center	16.1%	66.7%	13.8%	25.0%	17.7%
Hospice	14.3%	0.0%	24.1%	12.5%	16.7%
Urgent care, not hospital-based	14.3%	0.0%	20.7%	12.5%	15.6%
Case management/disease management	8.9%	0.0%	24.1%	37.5%	15.6%
Occupational health or employee health service	8.9%	0.0%	3.4%	12.5%	7.3%
Renal dialysis unit	7.1%	0.0%	3.4%	0.0%	5.2%
Correctional facility, prison or jail	1.8%	0.0%	3.4%	0.0%	2.1%
Number of programs reporting	**56**	**3**	**29**	**8**	**96**

LVN to BSN Education

- Five BSN programs reported LVN-to-BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
    - In 2020-21, LVN-to-BSN programs reported screening 619 applicants, of which 363 were qualified applications. There were 337 students admitted for the 341 admission spaces reported. One program had a waiting list with five students.
    - Minimum/cumulative GPA, minimum grade level in prerequisite courses, health-related work experience, personal statement, and interview (all 60%, n=3) were the most commonly reported criteria.

Table 58. LVN to BSN Admission Criteria

	Percent	Number
Minimum/Cumulative GPA	60.0%	3
Minimum grade level in prerequisite courses	60.0%	3
Health-related work experience	60.0%	3
Personal statement	60.0%	3
Interview	60.0%	3
Completion of prerequisite courses (including recency and/or repetition)	40.0%	2
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	40.0%	2
Science GPA	40.0%	2
Letter of reference/recommendation	40.0%	2
Holistic review (e.g., residency, language skills, veteran status, other life experiences)	40.0%	2
Geographic location	20.0%	1
Other	20.0%	1
None	0.0%	0
Lottery	0.0%	0
Number of programs reporting		**5**

- Interviews (80.0%, n=4) were the most commonly reported method for selecting students for admission, followed by ranking by specific criteria (60%, n=3).

Table 59. LVN to BSN Selection Criteria

	Percent	Number
Interviews	80.0%	4
Ranking by specific criteria	60.0%	3
First come, first served from the waiting list	40.0%	2
Goal statement	20.0%	1
Other	20.0%	1
Rolling admissions (based on application date for the quarter/semester)	0.0%	0
Number of programs reporting		**5**

LVN-to-ADN Education

- Six nursing programs exclusively offer LVN-to-ADN education.
- Of the 86 generic ADN programs, 36.0% (n=31) reported having a separate track for LVNs and 67.4% (n=58) reported admitting LVNs to the generic ADN program on a space-available basis. (Six programs reported both options.)
- Thirteen (15.1%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2021, there were a total of 335 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.4 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, use of skills lab courses to document competencies, and credit granted for LVN coursework following successful completion of a specific ADN course.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents include: LVN-to-RN transition course, NCLEX for ADN course work, challenge testing for specific courses, credit for 1st or 1st and 2nd semesters, credit for LVN license, LVN 30-unit option, and a one-day boot camp with second semester faculty.

Table 60. LVN-to-ADN Articulation by Program Type

	ADN	LVN-to-ADN	BSN	Total
Bridge course	69.9%	66.7%	9.7%	54.2%
Use of skills lab course to document competencies	49.4%	66.7%	19.4%	42.5%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	33.7%	33.3%	25.8%	31.7%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	28.9%	16.7%	29.0%	28.3%
Direct articulation of LVN coursework	30.1%	50.0%	9.7%	25.8%
Other	10.8%	16.7%	29.0%	15.8%
Specific program advisor	13.3%	0.0%	12.9%	12.5%
Number of programs reporting	**83**	**6**	**31**	**120**

Partnerships

- In 2020-21, seventy-six nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.
- A collaborative program entails 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 arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
- 73.3% (n=63) of 86 ADN programs, 100.0% of LVN-to-ADN programs (n=6), responding to this question reported participating in these partnerships, as did 16.7% (n=7) BSN programs. No ELM programs reported such partnerships.
- All but one of the 63 ADN programs, and all but one of the six LVN-to-ADN programs reporting participation were at community colleges. All of the participating BSN programs were at California State universities.

Table 61. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Number of collaborative/ shared programs	63	6	7	0	76
Percent with shared programs	73.3%	100.0%	16.7%	0.0%	52.1%
Number of programs reporting	86	6	42	12	146

Professional Accreditation

- For this survey, professional accreditation was defined as “Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.”
- 34.5% (n=29) of generic ADN programs reported some form of professional accreditation. No LVN-to-ADN programs reported accreditation. All BSN and all ELM programs reported some form of accreditation. (“Other” is not included in this percentage because none of the write in comments referred to professional accreditations).
- 33.3% (n=28) of generic ADN programs responding to this question reported having ACEN accreditation, while one ADN program had CNEA accreditation (1.2%). All (100%, n=42) of BSN programs responding to this question, and 100.0% (n=12) of ELM programs reported having CCNE accreditation.
- “Other” accreditations listed included a number of institutional accreditations, including: ACCSC, ABHES, COE, AACN, and WASC-JC) and one non-accrediting institution, The California Bureau for Private Postsecondary Education (BPPE). One respondent noted that their GADN program was an ACEN candidate.

Table 62. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
ACEN (formerly NLNAC)	33.3%	0.0%	0.0%	0.0%	19.4%
CCNE*	n/a	0.0%	97.6%	100.0%	36.8%
CNEA	1.2%	0.0%	0.0%	0.0%	0.7%
Not accredited	53.6%	100.0%	0.0%	0.0%	35.4%
Other	11.9%	0.0%	2.4%	0.0%	7.6%
Number of programs reporting	**84**	**6**	**42**	**12**	**144**

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2020-21, 89.2% of the 12,616 the students at California BRN-approved nursing programs 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 ADN programs (89.9%) and lowest for LVN-to-ADN programs (83.8%).

Table 63. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	89.9%	83.8%	88.8%	88.7%	89.2%
# Students that took the NCLEX	5,540	173	6,303	600	12,616
# Students that passed the NCLEX	4,982	145	5,596	532	11,255
Number of programs reporting	**85**	**6**	**39**	**10**	**140**

*These data represent nursing students who took the NCLEX for the first time in 2020-21.

- Overall NCLEX pass rates in accelerated programs were similar to those in traditional programs; 90.9% of nursing students in an accelerated track who took the NCLEX for the first time in 2020-21 passed the exam.
- Accelerated ADN and BSN programs had a higher average pass rates than their traditional counterparts, but accelerated ELM programs had on average lower pass rates than their traditional counterparts.

Table 64. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	93.8%	91.4%	87.3%	90.9%
# Students that took the NCLEX	112	1,052	244	1,408
# Students that passed the NCLEX	105	962	213	1,280
Number of programs reporting	**9**	**10**	**4**	**23**

*These data represent nursing students who took the NCLEX for the first time in 2020-21.

Clinical Simulation

- 140 out of 147 nursing programs (95.2%) reported using clinical simulation in 2020-21. Seven reported that they did not use clinical simulation and two did not answer this question. One of the seven programs has suspended operations, and one was new, but the others used simulation in previous years.
- More than half (57.8%, n=85) of the 147 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- Most of these 140 programs (74.3%, n=104) report changing the way they use simulation since the pandemic started. Programs were asked to describe how they had changed.
    - Many indicated that they had increased the use of simulation overall (n=40) and some mentioned using emergency waivers from the BRN to do so (n=4).
        - Example: “Clinical simulation constitute up 50-75% of our clinical training time due to COVID19 related hospital closure to nursing students and insufficient clinical training sites available to meet the course clinical objectives. The Governor's and BRN waivers were utilized to meet this change of clinical training. The increase use of clinical simulation allowed students to progress and complete the program.”
    - Perhaps the largest change noted in text comments was a move to virtual simulation and/or computer-based software (59 out of 104 comments).
        - Example: “Increased the amount and added virtual reality simulation in place of hi-fidelity simulation.”
        - Example: “Increased the use of virtual simulations, evolving case studies (on-campus hospital), and moved to small group high-fidelity simulations.”
    - Some noted using simulation labs more and enhancing those labs, including purchasing more mannikins and equipment, and/or hiring coordinators and training more faculty in the use of simulation.
        - Example: “1. A RN faculty was designated as a simulation coordinator, and was certified. 2. Purchased additional equipment and furniture for the sims lab.”
    - However, they also mentioned challenges to in-person simulations.
        - Example: “Cases and debrief via Zoom or maximum capacity of six (6) students in simulation lab”, and “Unfortunately, we were displaced from the hospitals and campus because of the pandemic. Therefore, we used virtual simulation during the displacement time. But we were able to go back to campus in February 2021. Because of social distancing, etc., we only had a few students who could utilize the simulation labs at any given time.”

- More than half of nursing programs' funding for simulation maintenance (62.9%), and faculty development and training (61.2%) came from the school's operating budget. Somewhat less than half (48.3%) of nursing programs' funding for simulation *purchases* came from the school's operating budget. Overall, a sizable proportion of funding for purchases, maintenance, faculty development, and training came from government grants. Other sources like foundations, private donors, and donors made up a very small proportion of overall funding.
- Other sources of funding for purchases and maintenance described by respondents in text comments included: CARES act funding, IRA funding, student course fees and tuition, California Community Colleges Strong Workforce program, and state emergency funding.
- Other sources of funding for training included extended university cost-share, student fees/tuition, regional professional development funds, and vendors.

Table 65. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

	Purchases	Maintenance	Faculty Training
Your college/university operating budget	48.3%	62.9%	61.2%
Industry (i.e., hospitals, health systems)	1.1%	1.4%	0.8%
Foundations, private donors	4.3%	3.9%	2.5%
Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	39.4%	29.2%	32.5%
Other	6.9%	2.5%	3.1%
Number of programs reporting	**140**	**140**	**140**

*These percentages are derived from averages of percentages and not raw numbers.

- 82.9% (n=116) of 140 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences. This is an increase from last year, when 81.2% of programs had such policies in place.
- The most common policy or procedure was “development, use and revision of simulation materials for participants, faculty, and staff”, followed closely by “Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation”.
- The least commonly cited were “required initial and ongoing simulation training for faculty and staff”, and “other participant requirements related to simulation”.

Table 66. Policies and Procedures to Ensure Quality of Simulation

	% of programs	# of programs
Development, use and revision of simulation materials for participants, faculty, staff	88.8%	103
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	83.6%	97
Adherence to simulation related Professional Integrity requirements	82.8%	96
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	82.8%	96
Required faculty, staff and participant orientation	75.9%	88
Continuous quality improvement mechanisms used	68.1%	79
Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)	65.5%	76
Other participant requirements related to simulation.	43.1%	50
Programs responding	**100.0%**	**116**

- More than half 63.6% (n=89) of 140 programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum.
- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics (82.0%). However, the majority of programs included each of the listed elements (except “other”), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and “other”.
- Other elements described by respondents were: “SLOs mapped with simulation; aligned PLOs and QSEN outcomes”, “Curriculum Integration Policy”, “Simulation Coordinators oversee the topics and content experts review scenarios”, and Simulation education is provisionally accredited by SSH and is seeking full approval.”

Table 67. Elements of Simulation Plan

	% of programs	# of programs
Course by course simulation topics	82.0%	73
Number of hours for each simulation	82.0%	73
How simulation is integrated throughout the curriculum	77.5%	69
Total number of hours for each course	67.4%	60
Abbreviated course by course simulation objectives/expected outcomes	59.6%	53
Other	6.7%	6
Total number of programs reporting		**89**

- 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.
- Other write-in answers given included lack of a simulation coordinator or staff (n=6)—which has been included in the table below, and "Using NLN best practice", "Simulation is for enhancement and not a graded activity. It is only used for loss of a clinical day or in optional nursing courses," "in the process of developing", and "implementation of new curriculum needs new simulation discussion/plan."

Table 68. Reasons Why the Program Does Not Have a Written Plan

	% of programs	# of programs
Faculty in process of developing a plan	54.0%	27
Time or other limitations have delayed development of a written simulation plan	44.0%	22
Simulation coordinator is developing or assisting faculty with plan development	36.0%	18
Faculty unaware that use of a written plan is a suggested "best practice"	20.0%	10
Other	10.0%	5
No simulation coordinator*	12.0%	6
Total number of programs reporting		**50**

*Answer category derived from write-in answers.

- Only 2.9% (n=4) of the 140 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.
- Close to a third (30.0%, n=42) had integrated simulation standards completely, while 66.4% (n=93) had somewhat or mostly integrated these standards.
- None reported being unfamiliar with the standards, and 2.9% (n=4) had not at all integrated these standards.

Table 69. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Not at all	2.9%	4
Somewhat	27.9%	39
Mostly	38.6%	54
Completely	30.0%	42
Not familiar with the standards	0.0%	0
No answer	0.7%	1
Number of programs reporting	**100.0%**	**140**

- In 2020-21, respondents were asked to name the simulation standards with which their programs were aligned. The most common standards were International Nursing Association for Clinical Simulation and Learning (INACSL).
- Some programs reported being aligned with more than one standard.
- Other standards, provided as write-in text answers, included the California Simulation Alliance (n=4), QSEN (Quality and Safety Education for Nurses (n=2), Bay Area Simulation Collaborative, ASPE (Association of Standardized Patient Educators), “clinical nursing standards / faculty developed”, “Jeffries text Simulation in Nursing Education”, and “Webinars from Nurse Tim, Lippincott”.

Table 70. Simulation Standards with which Program is Aligned

	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	57.9%	81
Society for Simulation in Healthcare (SSH)	36.4%	51
National Council of State Boards of Nursing (NCSBN)	35.7%	50
National League for Nursing (NLN)	40.0%	56
Other	8.6%	12
None	6.4%	9
No answer	3.6%	5
Number of programs reporting		**140**

- Prior to the pandemic, regulations CCR 1426 (g) (2) and 1420 (e) required that "with the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting."
- More than two-thirds (68.6%, n=96) of all program representatives responding agreed that the majority of their clinical courses used (at least) 25% of clinical course hours for simulation/skills labs. This is up from 60.8% (n=87) in 2019-20.
- 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 most respondents (74.4%, n=32) was "have enough clinical placements available/ direct patient care learning opportunities available".
- The second most common reason was "availability of trained staff/technicians and or faculty limits increased use" (48.8%, n=21).
- "Other" reasons included:
    - "Working towards 25% simulation to replace clinical practicum hours and use simulation to supplement clinical."
    - "Students are assigned to simulation for at least 8 hrs. in Medical Surgical, Obstetrical, and Pediatric course"
    - "On teach out"
    - "Program outcome determined by faculty was to integrate 20% of simulation to replace clinical as warranted"

Table 71. Reasons Why Programs Dedicated Less than 25% of Clinical Course Hours to Simulation/Skills Labs in the Majority of Classes

	% of programs	# of programs
Have enough clinical placements available/direct patient care learning opportunities available	74.4%	32
Availability of trained staff/technicians and or faculty limits increased use	48.8%	21
Faculty prefer to use other available clinical training methods	32.6%	14
Available simulation space/equipment/supplies limit increased use	25.6%	11
Instructional materials are not yet developed/validated	11.6%	5
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	9.3%	4
Other	9.3%	4
Number of programs reporting		**43**

- On April 3, 2020, in response to the COVID-19 pandemic, the director of the Department of Consumer Affairs (DCA) issued a waiver (DCA Waiver DCA 20-03) on certain restrictions on nursing student clinical hours. This waiver a) reduced the requirement that "clinical hours be in direct patient care from 75% down to 50% for nursing students in obstetrics, pediatrics, and mental health/psychiatry courses," and b) allowed up to 50% of clinical practice through simulation or lab training provided certain conditions are met for nursing students in geriatrics and medical/surgical course".
- In 2020-21, respondents were asked whether they had expanded their use of simulation to leverage the flexibility provided in the BRN waiver.
- 91.0% (n=128) of 140 respondents answering this question reported that they had used the waiver to expand their program's use of simulation. Twelve programs (8.6%) did not expand their use of simulation using the DCA waiver.
- The main reason that programs did *not* expand their use of simulation using the DCA waiver was that they had enough clinical placements or direct patient care learning opportunities (100.0%, n=12).
- "Faculty prefer to use other available clinical training methods" and, "Availability of trained staff/technicians and or faculty limits increased use", were distant seconds at 16.7% (n=2)
- There was only one text comment describing other reasons: "Currently, fundamentals is delivered in skills lab and did not require a waiver".

Table 72. Reasons Why Programs Did Not Expand Use of Simulation re: DCA Waiver 20-03

	% of programs	# of programs
Enough clinical placements available/direct patient care learning opportunities available	100.0%	12
Faculty prefer to use other available clinical training methods	16.7%	2
Availability of trained staff/technicians and or faculty limits increased use	16.7%	2
Other	8.3%	1
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	0.0%	0
Available simulation space/equipment/supplies limit increased use	0.0%	0
Instructional materials are not yet developed/validated	0.0%	0
Courses disrupted by COVID-19 did not fall under waiver provisions	0.0%	0
Number of programs reporting		**12**

- Respondents were asked identify the areas where simulation activities are used to achieve learning objectives.
- The most common area in critical thinking/decision making and managing priorities of care, followed by application of nursing knowledge/use of the nursing process. 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 73. Areas Where Simulation is used to Achieve Learning Objectives

Learning Objectives	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	96.4%	135
Application of nursing knowledge/use of the nursing process	92.1%	129
Preparation for direct clinical patient care	90.7%	127
Patient safety/Staff safety and Quality of care	88.6%	124
Communication/crucial conversations	85.7%	120
Teamwork/Inter-professional collaboration	82.9%	116
Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration	82.1%	115
Guaranteed exposure to critical content areas not available in the direct care setting	72.9%	102
Leadership/Delegation/Role clarification	71.4%	100
Manage high risk, low volume care and emergency situations	69.3%	97
Management of Legal/Ethical situations	62.9%	88
Other	0.0%	0
Number of programs reporting	**100.0%**	**140**

- 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 9.3% (n=13) of all programs reported doing so, which is lower than in 2019-20, when 12.4% (n=18) of programs reported doing so.
- These program representatives were asked to describe the quantitative measures used. They are listed below.
- Six or seven programs mentioned NCLEX scores either currently in use or in the future, although in one case part of the comment was removed to protect confidentiality and in another it is not specified what the "90th percentile" pass rate refers to and it is assumed that it is the NCLEX.

Table 74. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Quantitative Measures
1	5-point Likert scale survey on satisfaction levels and DASH for debriefing.
2	All students have had simulation in different semesters and our pass rate has been consistently in the 90th percentile.
3	HESI RN Exit and Mountain Measurement NCLEX reports
4	NCLEX Pass Rate
5	National simulation survey
6	We used questionnaires to see what students learned with simulation learning activities. We used both formative and summative evaluations. *(& NCLEX*)
7	Program is new. While (*we do*) not have NCLEX data available yet, we do track quantitative measures such as HESI scores.
8	Scenarios and the associated content is aligned with the NCLEX Test Plan. Student simulation feedback surveys are utilized, performance on sim prep activities and the debriefing model is assigned with simulation learning objectives to enhance student understanding of the contextual changes in patient care delivery.
9	Scenarios have integrated NCLEX style questions/content where responses are recorded, aggregated, and data can be reviewed against future NCLEX performance of students.
10	Set-M Simulation Effectiveness Tool – Modified
11	Use 5-point Likert scale survey on satisfaction levels and DASH debriefing
12	We use evaluation tools.

- Respondents were also asked to describe the *qualitative* measures used, which are listed below.
- Surveys were mentioned four times. Other qualitative methods mentioned included interviews and observations, debriefing, qualitative “student survey tools”, focus groups, and “open-ended” questions.

Table 75. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Qualitative Measures
1	Debriefing and Clinical Evaluation Tool
2	Interview and observation of students by Director of Simulation/Advisory Committee with student representation and faculty peer evaluation of simulation activities*
3	Interview and observation of students by Director of Simulation/Advisory committee with student representation and faculty peer evaluation of simulation activities*
4	Students were asked open ended questions regarding their simulation learning activities.
5	Program Exit and Course Eval Surveys
6	Qualitative student survey tools
7	Student Opinion Survey.
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	The University utilizes student focus groups. The simulation performance assessments utilized are aligned to key behaviors, clinical performance assessment and student performance on objective assessments which are nationally standardized exams.
10	We use evaluation tools.

*Mentioned twice, once for each program 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. Thirty-nine percent of 140 programs (39.3%, n=55) 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. The most commonly mentioned tools were SET-M (20.8%, n=11), followed by some sort of unspecified survey (11.3%, n=6), and other tool, unspecified (11.3%, n=6).

Table 76. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used	%	Number
SET-M	20.8%	11
Survey (unspecified)	11.3%	6
Other tool (unspecified)	11.3%	6
Debrief, including Plus/Delta	9.4%	5
INACSL	9.4%	5
Creighton	7.5%	4
DASH	7.5%	4
NLN	7.5%	4
SSIH	3.8%	2
ATI	1.9%	1
CLECS	1.9%	1
course evaluation	1.9%	1
CSET	1.9%	1
i-Human	1.9%	1
PNCIA	1.9%	1
Lasater	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=74) 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 (23.0%, n=17) simply noted that they used an “evaluation tool”. Surveys were the second most commonly mentioned tools (21.6%, n=16), followed by instructor feedback or observation (18.9%, n=14).

Table 77. Other Tools Used to Evaluate Simulation Courses

Tools Used	%	Total
Evaluation "Tool", unspecified	23.0%	17
Surveys	21.6%	16
Instructor feedback / observation	18.9%	14
Course evaluation	14.9%	11
Debrief/feedback	13.5%	10
In development	8.1%	6
Pre- and post-testing	4.1%	3
Self-evaluation / reflection	4.1%	3
Skills/SLO assessment/exams	2.7%	2
CAE tool	1.4%	1
Checklist	1.4%	1
Journaling	1.4%	1
Lasater Clinical Judgment tool	1.4%	1
QSEN	1.4%	1
SET	1.4%	1
Grand Total		**74**

- Respondents were asked what types of simulation they used in different topic areas. Despite COVID-19, manikin-based simulation remained the primary form of simulation used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics.
- Role-play with other students was the most commonly used form of simulation used in psychiatry/mental health (66.4%, n=85) and leadership/management (49.6%, n=62) programs.
- 29.6% (n=37) of programs did not use simulation in leadership/management courses, and 12.6% (n=16) did not use simulation in geriatrics courses. However, many more programs reported using simulation in psychiatry/mental health classes—92.2% in 2020-21—compared to 83.1% in 2019-20.
- Overall, the percentages of programs reporting using both computer-based software programs and virtual simulation were up by double digits compared by their reported use in 2019-20 prior to the start of the pandemic.
- Other types of courses in which simulation was used described in text comments included: community/public health (n=7), health assessment, capstone, etc.
- Other types of simulation used described in text comments included: Hearing Voices (auditory hallucinations simulation) (n=2), aging simulation, “Friday Night in the ER” simulation, and various others including: “Stations that require students to engage policy, process, procedure, regulatory standards, etc.”, “Virtual/real SIM with live actor as patient and students in group and faculty live. All participants virtually interacting and discussing and doing mini debriefing throughout SIM as well as debriefing at end with everyone.”

Table 78. Type of Simulation Used by Topic Area

	Funda-mentals	Medical/ Surgical	Obste-trics	Pedia-trics	Geria-trics	Psychiatry/ Mental Health	Leadership/ Mgmt	Other
Manikin-based	73.4%	88.4%	81.0%	74.8%	62.2%	27.3%	28.0%	52.9%
Computer-based (i.e.: software) programs	62.6%	76.1%	70.1%	69.6%	59.1%	51.6%	42.4%	52.9%
Role play	48.9%	52.2%	39.4%	44.4%	45.7%	66.4%	49.6%	41.2%
Standardized /embedded participants	20.1%	23.9%	22.6%	15.6%	19.7%	20.3%	11.2%	58.8%
Task trainers	43.9%	44.2%	31.4%	26.7%	25.2%	7.8%	10.4%	52.9%
Virtual simulations (i.e., via Zoom)	40.3%	56.5%	51.8%	46.7%	41.7%	18.8%	29.6%	29.4%
Other type of simulation	2.2%	1.4%	2.2%	2.2%	3.1%	6.3%	3.2%	52.9%
None	7.9%	0.7%	0.7%	1.5%	12.6%	7.8%	29.6%	5.9%
All Programs Responding	**139**	**142**	**136**	**133**	**129**	**136**	**122**	**17**

Clinical Training in Nursing Education

- Respondents were asked to indicate the allocation of their program's clinical hours. The largest proportion of clinical hours in all programs was in direct inpatient care, (71.9% for ADN programs, 62.3% for BSN, and 64.4% for ELM.
- BSN program reported a relatively high percentage of hours in skills labs (12.6%) and clinical simulation (17.4%). BSN programs were the most likely to use telehealth, although the percentage was still low (2.5%).
- ELM programs had more hours allocated to outpatient care (11.1%) than did other programs.
- ADN programs had the greatest percentages of hours allocated to direct inpatient care (71.9%) and clinical observation (7.8%).

Table 79. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care--Inpatient			Direct Patient Care--Outpatient			Direct Patient Care--Telehealth		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Medical/surgical	312.8	201.9	181.3	10.5	7.4	15.5	1.0	4.4	0.0
Fundamentals	73.2	24.7	29.5	2.4	0.2	4.5	0.1	2.0	1.4
Obstetrics	61.6	68.5	61.7	3.2	1.8	14.4	0.2	3.6	2.7
Pediatrics	53.7	64.9	58.9	6.7	4.3	8.9	0.6	3.9	1.4
Geriatrics	68.8	74.8	63.6	6.3	3.2	3.3	1.3	2.3	1.9
Psychiatry/ mental health	64.1	59.8	56.5	6.5	7.9	14.8	2.2	6.4	1.5
Leadership/ management	52.2	74.1	63.6	3.3	7.7	8.1	0.1	0.7	0.0
Other	7.5	33.6	107.6	2.9	24.9	38.1	0.0	0.9	0.0
Total average clinical hours	693.9	602.3	622.8	41.8	57.3	107.5	5.6	24.3	8.8
Number of programs reporting	**90**	**36**	**11**	**90**	**36**	**11**	**90**	**36**	**11**
Content Area	**Skills Labs**			**Clinical Simulation**			**Clinical Observation**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Medical/surgical	5.2	24.9	20.3	34.2	51.9	23.3	31.3	4.6	1.5
Fundamentals	64.8	65.6	57.5	15.2	9.6	15.0	1.2	4.4	10.9
Obstetrics	1.1	7.5	4.6	8.9	22.1	17.9	8.8	0.9	3.1
Pediatrics	1.3	6.5	4.2	7.7	23.4	20.3	10.4	0.9	2.2
Geriatrics	0.8	6.1	0.7	4.8	21.3	6.2	6.9	0.5	0.0
Psychiatry/ mental health	1.9	3.6	3.5	5.2	23.2	16.7	9.3	1.4	0.0
Leadership/ management	0.9	3.4	4.5	1.1	11.5	11.5	7.2	3.8	5.5
Other	0.4	4.3	1.6	0.3	5.1	5.5	0.1	0.4	0.0
Total average clinical hours	76.4	122.0	96.8	77.4	168.3	116.4	75.2	16.9	23.1
Number of programs reporting	**90**	**36**	**11**	**90**	**36**	**11**	**90**	**36**	**11**

Table 79. (continued). Average Hours Spent in Clinical Training by Program Type and Content Area – Total Clinical Hours

Content Area	Total Clinical Hours			Percent of Total Clinical Hours		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Medical/Surgical	394.9	295.2	241.8	40.7%	29.8%	24.8%
Fundamentals	157.0	106.6	118.7	16.2%	10.8%	12.2%
Obstetrics	83.9	104.4	104.5	8.6%	10.5%	10.7%
Pediatrics	80.5	103.9	95.8	8.3%	10.5%	9.8%
Geriatrics	88.9	108.2	75.7	9.2%	10.9%	7.8%
Psychiatry/ Mental Health	89.1	102.3	93.0	9.2%	10.3%	9.5%
Leadership/ Management	64.9	101.2	93.2	6.7%	10.2%	9.6%
Other	11.2	69.2	152.8	1.2%	7.0%	15.7%
Total Average Clinical Hours	970.2	991.0	975.5	100.0%	100.0%	100.0%
Number of programs that reported	**90**	**36**	**11**	**90**	**36**	**11**

- Overall, ADN programs allocated more hours to medical/surgical (40.7% of hours in ADN programs), although the plurality of hours in each program was allocated to medical/surgical.
- ADN programs also allocated more hours to fundamentals (16.2%), but fewer hours to obstetrics than other program types (8.6%).
- BSN programs allocated slightly more hours to Pediatrics (10.5%), Geriatrics (10.9%), Psychiatry/Mental Health (10.3%), and Leadership/Management (10.2%) than other programs.
- ELM programs mentioned “other” content areas more frequently than other program types (15.7% of hours).
- Ten programs reported no clinical hours. One of these schools is on pause.
- In a separate question, respondents were asked whether their programs require that their fundamentals students have clinical practice in direct patient care. Most (67.3%, n=99) said “yes”.

- 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.
- More BSN and ELM programs reported planned *increases* in direct inpatient care than *decreases* in most content areas, which may be the result of having been forced to cut inpatient care hours due to the pandemic. In last year's survey, the opposite was the case. ADN programs were still more likely to report planned *decreases* in inpatient care than *increases.*
- ADN and BSN programs were more likely to report planned increases than decreases in clinical simulation for medical/surgical, fundamentals, and geriatrics. The picture is less clear with other content areas, where some program types are reporting planned decreases in the use of clinical simulation. Prior to the start of the COVID-19 pandemic, the pattern was for greater projected increases in simulation. It is possible that some programs are hoping to scale back on the use of clinical simulation, which has greatly increased during the pandemic, in favor of in-person clinical experiences in the future.

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	5.4%	4.7%	0.0%	82.6%	65.1%	83.3%	10.9%	16.3%	16.7%
Direct outpatient care	2.2%	2.3%	0.0%	83.7%	67.4%	66.7%	6.5%	2.3%	0.0%
Direct care - Telehealth	1.1%	2.3%	0.0%	77.2%	65.1%	75.0%	2.2%	4.7%	0.0%
Skills labs	3.3%	2.3%	0.0%	91.3%	86.1%	91.7%	2.2%	4.7%	8.3%
Clinical simulation	3.3%	2.3%	8.3%	82.6%	69.8%	75.0%	13.0%	14.0%	8.3%
Clinical observation	0.0%	2.3%	0.0%	90.2%	76.7%	83.3%	0.0%	0.0%	0.0%
Total clinical hours	**2.4%**	**4.7%**	**5.6%**	**86.2%**	**75.1%**	**70.8%**	**5.3%**	**9.6%**	**6.9%**
Fundamentals	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	5.4%	4.7%	0.0%	84.8%	65.1%	83.3%	5.4%	16.3%	16.7%
Direct outpatient care	1.1%	2.3%	0.0%	88.0%	67.4%	66.7%	1.1%	2.3%	0.0%
Direct care - Telehealth	0.0%	2.3%	0.0%	78.3%	65.1%	75.0%	1.1%	4.7%	0.0%
Skills labs	2.2%	2.3%	0.0%	92.4%	86.1%	91.7%	3.3%	4.7%	8.3%
Clinical simulation	1.1%	2.3%	8.3%	83.7%	69.8%	75.0%	10.9%	14.0%	8.3%
Clinical observation	0.0%	2.3%	0.0%	90.2%	76.7%	83.3%	0.0%	0.0%	0.0%
Total clinical hours	**3.3%**	**0.0%**	**0.0%**	**92.4%**	**86.1%**	**100.0%**	**0.0%**	**4.7%**	**0.0%**

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

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	7.0%	4.7%	8.3%	88.4%	72.1%	58.3%	3.5%	18.6%	33.3%
Direct outpatient care	1.2%	4.7%	0.0%	89.5%	72.1%	75.0%	2.3%	2.3%	8.3%
Direct care - Telehealth	1.2%	7.0%	8.3%	82.6%	72.1%	66.7%	1.2%	2.3%	0.0%
Skills labs	2.3%	2.3%	0.0%	91.9%	83.7%	75.0%	4.7%	2.3%	16.7%
Clinical simulation	1.1%	11.6%	25.0%	88.0%	72.1%	58.3%	9.8%	11.6%	8.3%
Clinical observation	0.0%	2.3%	0.0%	91.9%	81.4%	83.3%	1.2%	0.0%	0.0%
Total clinical hours	**1.1%**	**0.0%**	**0.0%**	**96.7%**	**93.0%**	**100.0%**	**1.1%**	**2.3%**	**0.0%**
Pediatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	10.9%	9.3%	16.7%	81.5%	62.8%	58.3%	5.4%	23.3%	25.0%
Direct outpatient care	2.2%	4.7%	0.0%	79.4%	72.1%	66.7%	10.9%	4.7%	8.3%
Direct care - Telehealth	1.1%	7.0%	0.0%	78.3%	74.4%	75.0%	2.2%	2.3%	0.0%
Skills labs	2.2%	2.3%	0.0%	90.2%	83.7%	75.0%	3.3%	4.7%	16.7%
Clinical simulation	3.3%	14.0%	16.7%	81.5%	69.8%	66.7%	13.0%	11.6%	8.3%
Clinical observation	0.0%	14.0%	16.7%	89.1%	79.1%	75.0%	2.2%	0.0%	8.3%
Total clinical hours	**0.0%**	**2.3%**	**0.0%**	**89.1%**	**79.1%**	**75.0%**	**2.2%**	**0.0%**	**8.3%**
Geriatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	2.2%	4.7%	0.0%	93.5%	74.4%	83.3%	4.4%	18.6%	16.7%
Direct outpatient care	3.3%	4.7%	0.0%	88.0%	72.1%	66.7%	1.1%	0.0%	0.0%
Direct care - Telehealth	1.1%	7.0%	8.3%	78.3%	69.8%	66.7%	2.2%	2.3%	0.0%
Skills labs	0.0%	2.3%	8.3%	96.7%	83.7%	75.0%	1.1%	4.7%	8.3%
Clinical simulation	3.3%	9.3%	8.3%	89.1%	72.1%	75.0%	6.5%	11.6%	8.3%
Clinical observation	0.0%	2.3%	0.0%	90.2%	79.1%	75.0%	0.0%	0.0%	0.0%
Total clinical hours	**0.0%**	**2.3%**	**0.0%**	**90.2%**	**79.1%**	**75.0%**	**0.0%**	**0.0%**	**0.0%**
Psychiatry/ Mental Health	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	8.7%	4.7%	0.0%	85.9%	67.4%	83.3%	5.4%	25.6%	16.7%
Direct outpatient care	5.4%	7.0%	0.0%	85.9%	69.8%	66.7%	4.4%	4.7%	16.7%
Direct care - Telehealth	1.1%	4.7%	0.0%	79.4%	72.1%	75.0%	3.3%	4.7%	0.0%
Skills labs	2.2%	2.3%	0.0%	89.1%	83.7%	91.7%	4.4%	2.3%	0.0%
Clinical simulation	4.4%	14.0%	16.7%	85.9%	62.8%	66.7%	8.7%	16.3%	8.3%
Clinical observation	0.0%	2.3%	0.0%	92.4%	76.7%	75.0%	1.1%	0.0%	0.0%
Total clinical hours	**0.0%**	**2.3%**	**0.0%**	**92.4%**	**76.7%**	**75.0%**	**1.1%**	**0.0%**	**0.0%**

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

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	2.2%	7.0%	0.0%	89.0%	74.4%	91.7%	4.4%	9.3%	0.0%
Direct outpatient care	0.0%	4.7%	0.0%	87.9%	72.1%	66.7%	1.1%	0.0%	0.0%
Direct care - Telehealth	0.0%	2.3%	0.0%	79.1%	69.8%	66.7%	2.2%	2.3%	0.0%
Skills labs	0.0%	0.0%	0.0%	91.2%	79.1%	83.3%	1.1%	4.7%	0.0%
Clinical simulation	1.1%	2.3%	0.0%	89.0%	74.4%	91.7%	4.4%	7.0%	0.0%
Clinical observation	0.0%	0.0%	0.0%	100.0%	76.7%	75.0%	0.0%	2.3%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**76.7%**	**75.0%**	**0.0%**	**2.3%**	**0.0%**
Other	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	91.2%	2.3%	8.3%	0.0%	79.1%	75.0%	8.8%	4.7%	8.3%
Direct outpatient care	91.2%	0.0%	0.0%	0.0%	81.4%	66.7%	8.8%	0.0%	8.3%
Direct care - Telehealth	83.5%	0.0%	0.0%	0.0%	74.4%	66.7%	14.3 %	4.7%	0.0%
Skills Labs	90.1%	0.0%	0.0%	0.0%	81.4%	83.3%	9.9%	0.0%	0.0%
Clinical simulation	90.1%	2.3%	8.3%	0.0%	76.7%	66.7%	9.9%	4.7%	8.3%
Clinical observation	87.9%	0.0%	0.0%	1.1%	79.1%	75.0%	11.0 %	0.0%	0.0%
Total clinical hours	**92.3%**	**2.3%**	**8.3%**	**0.0%**	**86.1%**	**83.3%**	**7.7%**	**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 overall clinical hours in any content area.

- Eleven programs indicated that they were decreasing overall clinical hours.
- Ten of these eleven programs provided reasons for reducing overall clinical hours.
- The most common reasons for decreasing clinical hours were “Curriculum redesign or change” and “unable to find sufficient clinical space”. Four programs that intended to reduce their clinical hours were doing so due to the impacts of the COVID-19.
- One program observed in text comments, “We plan to remove 0.5 clinical hour from Psych and move it to Medical-Surgical clinical”.

Table 81. Why Program is Reducing Clinical Hours

Reason	% of Schools	# of Schools
Curriculum redesign or change	90.0%	9
Unable to find sufficient clinical space	50.0%	5
Impacts of COVID-19	40.0%	4
Need to reduce units	30.0%	3
Students can meet learning objectives in less time	20.0%	2
Insufficient clinical faculty	20.0%	2
Other	10.0%	1
Funding issues or unavailable funding	0.0%	0
Total reporting		**10**

School Data

Data in this section represent all schools with pre-licensure nursing programs. These questions were not asked for each program type. Where breakdowns are provided by the types of programs the school has, it is important to keep in mind that many schools have multiple programs and there may be overlap (see the section on Other Program Administration).

Institutional Accreditations

- For this survey, institution accreditation was defined as, “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.”
- The most commonly reported institutional accreditations were WASC-JC (55.4%, n=77) and WSCUC (36.0%, n=50).
- “Other” accreditations described included some professional accreditations such as the Commission on Collegiate Nursing Education (CCNE) (n=6), and the American Psychological Association (APA). Other institutional accrediting agencies listed included the Commission on Occupational Education (COE), Adventist Accrediting Association, the Middle States Commission on Higher Education (MSCHE), Transnational Association of Christian Colleges and Schools (tracs), and the Council on Education for Public Health (CEPH). Other organizations, some not accrediting organizations, included The California Bureau for Private Postsecondary Education (BPPE) (n=2), Commission on Teacher Credentialing (CTC), American Association of Critical Care Nurses (AACN),

Table 82. Institutional Accreditations

	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	55.4%	77
WASC – Senior College and University Commission (WSCUC)	36.0%	50
Other	6.5%	9
Accrediting Bureau of Health Education Schools (ABHES)	5.8%	8
Accrediting Commission of Career Schools & Colleges (ACCSC)	3.6%	5
Higher Learning Commission (HLC)	3.6%	5
Northwest Commission on Colleges and Universities (NWCCU)	1.4%	2
Accrediting Council for Independent Colleges and Schools (ACICS)	0.7%	1
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Number of schools that reported		**139**

RN Refresher Course

In 2020-21, seven nursing schools offered an RN refresher course, and 224 students completed one of these courses.

Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing program compliance (15.9%), managing clinical resources (8.4%), managing human resources (7.9%), and managing student enrollment (7.4%). In the last two years since the advent of the COVID-19 pandemic, managing clinical resources has ranked higher as a percentage of the director's time.

Table 83. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	15.9%
Manage clinical resources	8.4%
Manage human resources	7.9%
Manage student enrollment	7.4%
Facilitate student needs and activities	7.1%
Manage curriculum	6.8%
Collaborate with college/district	6.8%
Facilitate staff development	6.6%
Manage fiscal resources	6.0%
Administration of other programs	5.8%
Teaching students	4.5%
Promote community awareness and public relations	3.9%
Manage information technology	3.8%
Manage college facilities	3.6%
Seeking, managing, and obtaining grant funding/fundraising	3.3%
Research	1.4%
Other (please describe)	0.9%
Number of Schools that Reported	**139**

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

- Sixty-seven programs reported other programs administered by the RN pre-licensure program director. The most commonly reported programs also administered by the pre-licensure RN program director included “other”, followed by CNA, LVN, and RN post-licensure programs.
- Amongst “other” programs mentioned in write-in answers included prelicensure nursing programs (n=7), various nursing preceptorship and certificate programs (n=3), medical assisting (n=5), respiratory therapy (n=2), addiction studies, registered dental assisting, dental, concurrent enrollment program healthcare interpreting, family consumer studies, health education, human services, campus health center, COVID response team, and phlebotomy. Answers such as “none” and “n/a” are not included.

Table 84. Other Programs Administered by the RN Program Director

	% of Schools	# of Schools
Other	38.8%	26
CNA	35.8%	24
LVN	34.3%	23
RN Post-Licensure programs	23.9%	16
HHA	20.9%	14
EMT	13.4%	9
Health sciences	11.9%	8
Technician (i.e., psychiatric, radiologic, etc.)	9.0%	6
Graduate programs	9.0%	6
Health professions	6.0%	4
Paramedic	4.5%	3
Number of schools reporting		**67**

Other Program Administration

Assistant Directors

- Nearly all nursing schools (99.3%, 138 out of 139 schools) reported having *at least one* assistant director.
- The majority of nursing schools (61.2%, n=85) have one assistant director, and a quarter (27.3%, n= 38) have two. 7.2% (n=10) have three assistant directors, and 3.6% (n=5) have more than three assistant directors.
- Larger schools are more likely to have multiple assistant directors—schools with one hundred or fewer students averaged 1.3 assistant directors, those with 100-199 students averaged 1.4 assistant directors, and those with 200 or more averaged 2.0 assistant directors.

Table 85. 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	72.7%	66.7%	100.0%	57.1%	87.5%	75.0%	40.0%	51.7%	40.0%	60.9%	60.5%	66.7%
2 Assistant Directors	24.2%	33.3%	0.0%	32.7%	12.5%	25.0%	40.0%	20.7%	0.0%	30.4%	20.9%	8.3%
3 Assistant Directors	3.0%	0.0%	0.0%	6.1%	0.0%	0.0%	20.0%	13.8%	0.0%	6.5%	9.3%	0.0%
>3 Assistant Directors	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	13.8%	60.0%	1.1%	9.3%	25.0%
Programs reporting	**33**	**6**	**3**	**49**	**8**	**4**	**10**	**29**	**5**	**92**	**43**	**12**
Percent of Program Type by School Size	35.9%	14.0%	25.0%	53.3%	18.6%	33.3%	10.9%	67.4%	41.7%	62.6%	29.3%	8.2%
Average # of Assistant Directors	1.3	1.3	1.0	1.5	1.1	1.3	1.8	2.0	3.2	1.5	1.7	2.0

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one had an ADN and a BSN.

- 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. Some schools listed more hours allotted than spent.
- On average, schools with ADN programs share fewer assistant directors and have fewer assistant director hours allotted than schools with other types of programs.

Table 86. 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	13.0	26.3	16.0	11.1	15.8	16.0	22.0	25.0	19.0	10.9	17.7	20.9
Asst director 2	8.3	20.0	0.0	8.9	20.0	60.0	31.3	27.0	0.0	16.1	34.3	60.0
Asst director 3	20.0	0.0	0.0	32.8	0.0	0.0	33.8	86.5	0.0	27.3	65.2	64.5
All other assistant directors	0.0	0.0	0.0	160.0	0.0	0.0	0.0	104.5	86.0	0.0	150.0	150.0
Number of programs reporting	**31**	**6**	**3**	**48**	**7**	**3**	**9**	**29**	**5**	**88**	**42**	**11**
Average # of hours allotted /week*	12.0	25.0	16.0	14.8	16.4	30.7	27.7	44.9	59.2	15.2	37.6	39.6

Table 87. 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	14.8	25.0	16.0	13.9	13.5	16.0	19.5	28.9	24.0	14.7	24.6	18.3
Asst director 2	10.1	11.5	0.0	11.4	25.0	60.0	24.5	33.5	0.0	13.2	27.7	60.0
Asst director 3	30.0	0.0	0.0	38.7	0.0	0.0	43.0	97.0	0.0	38.7	97.0	0.0
All other assistant directors	0.0	0.0	0.0	160.0	0.0	0.0	0.0	114.3	99.0	160.0	114.3	99.0
Number of Programs reporting	**33**	**6**	**3**	**49**	**8**	**4**	**10**	**29**	**5**	**92**	**43**	**12**
Average # of hours spent / week*	14.2	20.5	16.0	18	15.1	30.7	26.2	51	69.0	17.6	40.7	44.1

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one 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 for both prelicensure-only assistant directors and those shared between pre- and post-licensure programs is spent teaching students (39.2% and 27.7%).
- For prelicensure-only assistant directors, managing curriculum (7.8%), and promoting community awareness (7.8%) are the second largest categories of assistant director time, while for assistant directors shared between both program types, managing student enrollment is the second largest category of time.
- "Other" duties that took up assistant directors' time included the following derived from written comments: student scholarships, SLO coordination, succession knowledge and process training, COVID response – adjusting students' plans of study with change in clinical placement, and stay informed and collaborate with program director.

Table 88. Nursing Program Assistant Directors' Time

	Prelicensure-Only Assistant Directors	Assistant Directors Shared between Pre- and Post-Licensure Programs
Manage clinical resources	39.2%	27.7%
Manage curriculum	7.8%	8.8%
Promote community awareness and public relations	7.8%	6.1%
Manage student enrollment	7.4%	11.1%
Administration of other programs	6.4%	5.5%
Seeking, managing, and obtaining grant funding/fundraising	5.8%	6.8%
Manage nursing program compliance	5.2%	8.5%
Collaborate with college/district	4.1%	4.6%
Facilitate staff development	3.3%	1.3%
Manage information technology	3.0%	3.3%
Facilitate student needs and activities	2.5%	1.2%
Manage college facilities	2.0%	2.2%
Manage fiscal resources	1.7%	7.7%
Manage human resources	1.4%	1.3%
Teaching students	1.2%	2.1%
Research	0.6%	0.0%
Other (please describe)	0.6%	1.8%
Number of schools reporting	**129**	**15**

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

Clerical Staff

- All but two schools reported clerical staff.
- Schools with fewer students generally had fewer clerical staff—for example, schools with less than 100 students had an average of 2.1 clerical staff; those with 100-199 students had an average of 2.2 staff, and those with more than 200 students had an average of 6.4 clerical staff.
- Schools with ADN programs had an average of 2.2 clerical staff while those with BSN programs averaged 5.6 clerical staff, and those with ELM programs averaged 8.2.
- Average hours per staff person were similar across program types and school sizes with an overall average number of 29.4 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 89. Number of Clerical Staff by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	2.8%	2.1%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%
1 clerical staff	41.7%	41.7%	0.0%	41.7%	7.7%	50.0%	0.0%	11.1%	0.0%	37.6%	14.0%	16.7%
2 clerical staff	30.6%	27.1%	0.0%	27.1%	7.7%	0.0%	33.3%	55.6%	0.0%	29.0%	18.6%	0.0%
3 clerical staff	11.1%	22.9%	33.3%	22.9%	7.7%	25.0%	22.2%	33.3%	0.0%	18.3%	14.0%	16.7%
4 clerical staff	8.3%	2.1%	33.3%	2.1%	11.5%	0.0%	0.0%	0.0%	0.0%	4.3%	9.3%	8.3%
>4 clerical staff	5.6%	4.2%	33.3%	4.2%	65.4%	25.0%	44.4%	0.0%	100.0%	8.6%	44.2%	58.3%
Number of programs reporting	**36**	**8**	**3**	**48**	**26**	**4**	**8**	**9**	**5**	**92**	**43**	**12**
Average hours per week*	**53.8**	**77.4**	**115.0**	**64.7**	**114.4**	**111.8**	**87.8**	**209.5**	**361.9**	**63.3**	**175.7**	**216.8**
Mean # of staff	**2.0**	**2.0**	**4.0**	**2.0**	**3.6**	**4.3**	**3.6**	**7.3**	**13.8**	**2.2**	**5.6**	**8.2**

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one had an ADN and a BSN.

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

Table 90. Average Number of Clerical Staff Hours by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	34.0	45.0	0.0	42.4	40.0	40.0	0.0	40.0	0.0	38.7	42.5	40.0
2 clerical staff	51.0	0.0	0.0	57.5	80.0	0.0	66.7	71.6	0.0	55.8	74.0	0.0
3 clerical staff	77.5	120.0	120.0	84.0	120.0	67.0	65.0	113.3	0.0	80.2	116.7	93.5
4 clerical staff	0.0	132.0	145.0	120.0	0.0	0.0	70.0	136.0	0.0	107.5	135.0	145.0
>4 clerical staff	170.0	0.0	80.0	130.0	217.5	300.0	119.5	290.0	361.9	134.8	282.3	312.8
Number of programs reporting	**32**	**5**	**3**	**51**	**8**	**4**	**10**	**29**	**5**	**89**	**42**	**12**
Average hours per week*	**53.8**	**77.4**	**115.0**	**64.7**	**114.4**	**111.8**	**87.8**	**209.5**	**361.9**	**63.3**	**175.7**	**216.8**

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one 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. Most schools indicated that their clerical support was very or somewhat adequate. Respondents at ELM programs were the most likely to report that the amount of clerical support was somewhat or very adequate.

Table 91. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	17.6%	23.3%	25.0%
Somewhat adequate	51.7%	44.2%	58.3%
Somewhat inadequate	24.2%	27.9%	16.7%
Very inadequate	6.6%	4.7%	0.0%
Number of programs reporting	**93**	**43**	**12**

Clinical Coordinators

- 76.3% (n=106) of the 139 schools responding to this question reported at least one staff person working as a clinical coordinator or on clinical coordination tasks.
- Schools with ELM programs (91.7%, n=11) and BSN programs (86.1%, n=37) were more likely to report having clinical coordinators on staff than were schools with ADN programs (71.7%, n=66).
- Schools with ELM and BSN programs were also more likely to have multiple clinical coordinators than were schools with ADN programs. 75.0% (n=33) of schools with ELM programs and 53.5% (n=23) of schools with BSN programs had multiple clinical coordinators compared to schools with ADN programs (35.5%, n=9).

Table 92. Number of Clinical Coordinators by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			200 or more			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
No clinical coordinator	33.3%	50.0%	0.0%	26.0%	0.0%	25.0%	20.0%	10.3%	0.0%	28.0%	14.0%	8.3%
1 clinical coordinator	30.3%	33.3%	0.0%	42.0%	37.5%	50.0%	30.0%	31.0%	0.0%	36.6%	32.6%	16.7%
2 clinical coordinators	12.1%	16.7%	66.7%	18.0%	37.5%	25.0%	30.0%	10.3%	40.0%	17.2%	16.3%	41.7%
>2 clinical coordinators	24.2%	0.0%	33.3%	14.0%	25.0%	0.0%	20.0%	48.3%	60.0%	18.3%	37.2%	33.3%
Number of programs reporting	**33**	**6**	**3**	**50**	**8**	**4**	**10**	**29**	**5**	**93**	**43**	**12**
Average hours per week*	18.2	43.3	86.7	21.0	43.4	38.3	43.9	82.8	113.0	22.8	71.1	85.5

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one 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 (71.1 and 85.5, respectively) than did schools with ADN programs (22.8 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours per *clinical coordinator* per week on average (27.5 and 32.4, respectively) than did schools with ADN programs (average of 10.3 hours per week).

Table 93. Average Number of Clinical Coordinator Hours by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			200 or more			All programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	19.4	25.0	0.0	15.8	35.0	27.5	24.0	26.1	0.0	17.6	27.9	27.5
2 Clinical Coordinators	13.8	80.0	60.0	15.7	51.7	60.0	43.0	68.3	62.5	20.3	62.9	61.0
>2 Clinical Coordinators	18.9	0.0	140.0	42.9	43.5	0.0	75.0	122.3	146.7	35.4	112.4	145.0
Number of programs reporting*	**33**	**6**	**3**	**50**	**8**	**4**	**10**	**29**	**5**	**93**	**43**	**12**
Average hours per week*	18.2	43.3	86.7	21.0	43.4	38.3	43.9	82.8	113.0	22.8	71.1	85.5

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one had an ADN and a BSN.

*Some programs had no clinical coordinators and they are not reported in the program counts in this table.

**Average hours reported are for all staff per program and not per person. Averages are for programs that have clinical coordinators.

- 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 94. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
Very adequate	11.9%	16.2%	36.4%
Somewhat adequate	43.3%	54.1%	27.3%
Somewhat inadequate	34.3%	21.6%	36.4%
Somewhat inadequate	10.4%	8.1%	0.0%
Number of programs reporting	**67**	**37**	**12**

Retention Specialists

- Thirty-seven percent (37.4%, n=52) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.
- Retention specialists were more common in schools with ADN and BSN programs.
- Schools with retention specialists had an average of 25 hours per week of retention specialist time. Smaller schools had fewer retention specialist hours (average of 18.7 per week) compared to mid-sized schools (21.2 hours per week) and large schools (29.7 hours per week).
- While ELM and BSN programs have more retention specialist hours than ADN programs, ELM and BSN programs also tend to be in larger schools.

Table 95. 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	15.2%	16.7%	0.0%	48.0%	62.5%	0.0%	40.0%	44.8%	40.0%	35.5%	44.2%	16.7%
Average Hours per week*	18.4	20.0	20.0	21.1	21.8	21.8	22.0	31.8	31.8	20.8	28.5	30.0
Number of programs reporting	**33**	**6**	**3**	**50**	**8**	**4**	**10**	**29**	**5**	**93**	**43**	**12**
Programs with a retention specialist	**5**	**1**	**0**	**24**	**5**	**0**	**4**	**13**	**2**	**33**	**19**	**2**

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. Eight schools reported two programs each; seven had a BSN and an ELM, and one 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. 39.2% (n=51) of the 130 nursing schools that answered this series of questions, while 30.8% (n=40) reported that academic failure had the greatest impact on student attrition.
- Factors related to the COVID-19 pandemic such as concern about exposure to COVID-19, lack of child care/school closures, and unwillingness to continue program in an online environment were not as impactful as traditional factors.
- "Other" factors from written comments included: inadequate support system & coping skills, vaccination, lack of necessary study skills, anxiety/stress, unwillingness to return to campus, and the program being on pause.

Table 96. Factors Impacting Student Attrition

	No Impact	Minor Impact	Moderate Impact	Major Impact
Personal reasons (e.g., home, job, health, family)	4.6%	23.8%	29.2%	39.2%
Academic failure	8.5%	29.2%	25.4%	30.8%
Financial need	17.7%	24.6%	27.7%	19.2%
Clinical failure	16.2%	36.2%	19.2%	16.9%
Concern about exposure to COVID-19	29.2%	26.9%	19.2%	9.2%
Lack of child care/school closures	30.0%	30.0%	16.2%	5.4%
Change of major or career interest	30.0%	28.5%	9.2%	7.7%
Unwillingness to continue program in online environment	45.4%	24.6%	6.2%	0.8%
Transfer to another school	46.2%	16.9%	3.8%	0.8%
Other	0.8%	0.8%	0.8%	0.8%

*These percentages are derived by dividing the number answering each category by the total number of respondents that answered any one of this series of question (130).

Recruitment and Retention of Underrepresented Groups

- 40.3% of schools (n=56) of 139 schools reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs. 135 answered questions regarding strategies to recruit and admit underrepresented students.
- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were admission counseling (68.1%), outreach, such as high school job fairs and community events (68.1%), and multi-criteria screening (AB 548) (52.6%).
- "Other" strategies listed in text comments included: information sessions (n=4), virtual nursing workshop, promise program, Umoja Community, and "our inner-city location".

Table 97. Strategies to Recruit and Admit Underrepresented Students

	% of Schools	# of Schools
Outreach (e.g., high school fairs, community events)	68.1%	92
Admission counseling	68.1%	92
Multi-criteria screening as defined in California Assembly Bill 548	52.6%	71
Holistic review (e.g., residency, language skills, veteran status, other life experiences)	46.7%	63
Additional financial support (e.g., scholarships)	45.2%	61
Open house	31.1%	42
New admission policies instituted	13.3%	18
No need. We already have a diverse applicant pool and no additional strategies are needed.	12.6%	17
Other	9.6%	13
Number of school reporting		**135**

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring 88.1%, n=119); academic counseling (80.0%, n=108); and additional financial support such as scholarships (58.5%, n=79). These strategies were also the top three last year.
- "Other" strategies from written comments include: alternate course progression, mentoring, remediation, tutoring, scholarships, resilience program, student learning communities, Muscat Scholars Program, Black Student Nursing Association, Men in Nursing Association, Latinx Student Nursing Association, peer and faculty group, skills lab assistance, concept-based curriculum, support courses for theory.

Table 98. Strategies to Support and Retain Underrepresented Students

	% of Schools	# of Schools
Student success strategies (e.g., mentoring, remediation, tutoring)	88.1%	119
Academic counseling	80.0%	108
Additional financial support (e.g., scholarships)	58.5%	79
Wellness counseling	45.2%	61
Program revisions (e.g., curriculum revisions, evening/weekend program)	9.6%	13
Other	8.9%	12
Additional child care	4.4%	6
No need, students from groups underrepresented in nursing are successful without any additional strategies	3.0%	4
Number of school reporting		**135**

- Most schools (114 out of 139, n=114) reported that they provided training for faculty to support the success of at-risk students in their nursing programs.
- The most common training included faculty development and orientation (94.8%) followed by cultural diversity training (78.1%).
- "Other" training described in text comments includes: Intensive training for faculty to transition to remote teaching, early detection and remediation planning, new faculty academy, and meeting with learning assistance program specialist.

Table 99. Faculty Training Provided to Support the Success of At-risk Students

	% of Schools	# of Schools
Faculty development and orientation	94.7%	108
Cultural diversity training	78.1%	89
Training on disabilities and accommodations	74.6%	85
Faculty mentoring and peer mentoring programs	67.5%	77
Training on various student success initiatives	55.3%	63
Other	7.0%	8
Number of schools reporting		**114**

Access to Prerequisite Courses

- 35 nursing schools (25.2%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. All of these schools reported strategies used to address access to prerequisite courses.
- Adding science course sections (57.6%, n=19) and agreements with other schools for prerequisite courses (45.5%, n=15) 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: "offering prerequisite courses during intersession", "offer short term 9 weeks courses as an option" and "accept students with courses in progress".

Table 100. Access to Prerequisite Courses

	% of Schools	# of Schools
Adding science course sections	57.6%	19
Agreements with other schools for prerequisite courses	45.5%	15
Offering additional prerequisite courses on weekends, evenings, and summers	54.5%	18
Transferable high school courses to achieve prerequisites	24.2%	8
Providing online courses	51.5%	17
Accepting online courses from other institutions	66.7%	22
Other	9.1%	3
Prerequisite courses in adult education	6.1%	2
Number of schools reporting		**33***

*Two schools that reported problems with access did not provide answers to this question.

Restricting Student Access to Clinical Practice

- 124 out of 139 nursing schools (89.2%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common or very common types of restricted access students faced were to sites overall due to COVID-19, lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, and lack of access to specific units due to lack of PPE. These same categories of restricted access were also the top three last year.
- Schools reported that the least common types of restrictions students faced were glucometers and direct communication with health care team members.

Table 101. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	Very Uncommon	Un-common	Common	Very Common	N/A
Sites overall due to COVID-19	3.2%	8.9%	18.5%	66.1%	2.4%
Lack of access to specific units due to lack of PPE	9.7%	28.2%	23.4%	29.0%	6.5%
Inability to onboard or complete orientation of new cohort due to COVID-19	10.5%	23.4%	24.2%	25.0%	13.7%
Clinical site due to visit from the Joint Commission or other accrediting agency	8.1%	23.4%	36.3%	22.6%	4.8%
Bar coding medication administration (i.e., Pyxis)	12.9%	27.4%	29.8%	16.1%	8.9%
Electronic medical records	12.1%	29.0%	29.8%	15.3%	10.5%
Automated medical supply cabinets (i.e., OmniCell)	11.3%	25.8%	29.0%	15.3%	14.5%
Alternative settings due to liability (i.e., home health visits)	16.1%	28.2%	12.1%	14.5%	25.8%
Health and safety requirements (i.e., drug screening, background checks)	22.6%	33.9%	15.3%	12.9%	12.1%
Patients related to staff nurse preferences or concerns about their additional workload	11.3%	35.5%	24.2%	12.1%	12.1%
IV medication administration	13.7%	39.5%	25.0%	8.1%	11.3%
Glucometers	25.0%	35.5%	19.4%	6.5%	9.7%
Direct communication with health care team members	28.2%	43.5%	12.1%	0.8%	12.1%
Other	8.1%	0.0%	0.0%	0.0%	0.0%
Total Schools answering any question in this series					**124**

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 (124).

- Respondents reported a number of “other” types of restricted access, although many of these were actually additional reasons for restricted access. These included limits on the size of student groups, and the overall number of students allowed at units due to COVID-19 (n=6), reduced faculty/student ratios due to COVID-19, vaccine requirements (n=2), too much competition from other schools, and extensive orientation requirements.
- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (59.6%, n=53) and liability (49.4%, n=44).
- Schools reported that students were most frequently restricted from using medication administration systems due to liability (65.1%, n=56) and staff fatigue/burnout (45.3%, n=39).
- “Other” reasons included: COVID-19 pandemic and “parts of EMR are not accessible to students”.

Table 102. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Liability	49.4%	65.1%
Staff fatigue/burnout	42.7%	45.3%
Insufficient time to train students	59.6%	36.0%
Staff still learning and unable to assure documentation standards are being met	38.2%	26.7%
Other	16.9%	17.4%
Cost for training	22.5%	12.8%
Patient confidentiality	25.8%	10.5%
Number of schools reporting	**89**	**86**

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

- The majority of schools compensate for training in areas of restricted student access by providing training in the simulation lab (92.6%, n=113) and by purchasing practice software (71.3%, n=87).
- "Other" ways that schools compensate include: alternative practice sites (n=5), virtual simulation (4 mentions), using DocuCare, paper charting if students cannot get access to EMRs, SIM chart, purchasing PPE if the clinical site cannot provide it, immersion program at the hospital, and "Interactive sessions with clinical faculty using Standardized Patients and scenarios."

Table 103. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% of Schools	# of Schools
Training students in the simulation lab	92.6%	113
Purchase practice software, such as SIM Chart	71.3%	87
Training students in the classroom	61.5%	75
Ensuring all students have access to sites that train them in this area	50.0%	61
Other	14.8%	18
Number of schools reporting		**122**

- The most common clinical practice areas in which students faced restrictions were Pediatrics, Obstetrics, Medical/Surgical, and Psychiatry/Mental Health.
- "Other" restricted areas described in text comments include: operating room, emergency department (n=2), perioperative, NICU, endoscopy, hospice, and skilled nursing facilities. Commenters noted that some restrictions were due to the pandemic and lack of PPE.

Table 104. Clinical Area in Which Restricted Access Occurs

	% of Schools	# of Schools
Pediatrics	93.5%	115
Obstetrics	86.2%	106
Medical/surgical	82.9%	102
Psychiatry/mental health	82.1%	101
Critical care	71.5%	88
Geriatrics	58.5%	72
Community health	35.8%	44
Other department	8.9%	11
Number of schools reporting		**123**

Collection of Student Disability Data

- In 2020-21, schools were asked if they collect student disability data as part of the admission process. Twenty-nine percent of respondents (n=40) reported that they did so and 10.3% (n=14) did not know.

Table 105. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	29.4%	40
No	60.3%	82
Don't know/not applicable	10.3%	14
Number of schools reporting		**136**

Funding of Nursing Program

- On average, schools reported that 81.5% of funding for their nursing programs comes from the operating budget of their college or university, while 11.8% of funding comes from government sources.
- Other sources of income listed by respondents included student fees and tuition, CARES Act, and State Chancellor's Office.

Table 106. Funding of Nursing Programs

	% Schools
Your college/university operating budget	81.5%
Government (i.e., federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	11.8%
Foundations, private donors	2.4%
Other	2.3%
Industry (i.e., hospitals, health systems)	1.9%
Number of schools reporting	**139**

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 (86)

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 - ADN
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 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
Ventura College
Victor Valley College
Weimar University
West Hills College Lemoore
Xavier College
Yuba College

LVN-to-ADN Only Programs (6)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Madera College

BSN Programs (43)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Chamberlain University – Irwindale*
Chamberlain University - Rancho Cordova
CNI College (Career Networks Institute) *
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
Gurnick Academy of Medical Arts - BSN
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
UMass Global (Brandman)
Unitek College
University of California Irvine
University of California Los Angeles
University of Phoenix - Sacramento Valley Campus, Sacramento
University of San Francisco
Vanguard University
West Coast University
Western Governors University

*New BSN programs 2020-21

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.

	Phrase	Definition
	Accelerated Track	An accelerated track's curriculum extends over a **shorter time-period than a traditional program**. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
	Active Faculty	Faculty who teach students and have a teaching assignment during the 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, 2020 and July 31, 2021, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
	Census Data	Number of students enrolled or faculty present on October 15, 2021.
	Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.

	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.
	Clinical Practice with Real Patients	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, manikins, 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.
	Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2020 and July 31, 2021 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
	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 organization's 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.
	Generic Pre-licensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
	Hi-Fidelity Manikin	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.
	Inpatient	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
	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.
	Outpatient	Patient in all other healthcare settings than those defined as "inpatient" (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
	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.
	Program 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
	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 8/1/20 and 7/31/21.
	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.
	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, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
	Students Completing on Schedule	Students scheduled on admission to complete the program between August 1, 2020 and July 31, 2021 and completed the program on schedule.
	Students Completing the Program Behind Schedule	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2020 and July 31, 2021.
	Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2020 and July 31, 2021.
	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, 2020 and July 31, 2021.
	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, 2020 and July 31, 2021 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, 2020 and July 31, 2021 due to personal and/or financial reasons.
	Time Period for the Survey	August 1, 2020 and July 31, 2021. 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.

	Underrepresented Group/Students (Minority):	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African-Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.
	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
Norlyn Asprec	Health Professions Education Foundation, OSHPD
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Barbara Barney-Knox, RN, MSN	Nursing/Health Care Services, California Department of Corrections and Rehabilitation
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN and Carol Jones, MSN, RN, PHN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
Jeannine Graves, MPA, BSN, RN, OCN, CNOR	Sutter Cancer Center
Sharon A. Goldfarb, DNP, FNP-BC, RN	Northern COADN President, College of Marin
Marketa Houskova, BA, RN, MAIA	American Nurses Association\California (ANA/C)
Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
Kathy Hughes, RN	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
Donna Kistler, MS, RN	California Association of Nurse Leaders (ACNL)
Judy Martin-Holland, PhD, MPA, RN, FNP	University of California, San Francisco
Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
Sandra Miller, MBA	Assessment Technologies Institute (ATI)
Robyn Nelson, PhD, RN	West Coast University
Linda Onstad-Adkins/ Fiona Castleton	Health Professions Education Foundation, Office of Statewide Health Planning and Development (OSHPD)
Stephanie R. Robinson, PhD, MHA, RN	Fresno City College
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco

Hazel Torres, MN, RN	Kaiser Permanente Southern CA, Ambulatory Care Services, Regional Professional Development
KT Waxman, DNP, MBA, RN, FSSH, FAAN	California Simulation Alliance, University of San Francisco
Peter Zografos, PhD, RN	Mount San Jacinto College

Ex-Officio Members

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