California Board of Registered Nursing
2015-2016 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

Development of the 2015-2016 Board of Registered Nursing (BRN) school survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Annual data presented in this report represent August 1, 2015 through July 31, 2016. Census and associated demographic data were requested for October 15, 2016.

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 and describe overall trends in the areas and over the times specified 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 directly compare 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. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

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

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

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2015-2016, 132 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey. A list of the participating nursing schools is provided in Appendix A.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	38	38	100%
ELM	14	14	100%
All Programs	**141**	**141**	**100%**

[1]In this 2016 report there are 132 schools in California that offer a pre-licensure nursing program. Some schools offer more than one nursing program, which is why the number of programs (n=141) is greater than the number of schools. Since last year's report, one ADN, one BSN, and one ELM program/school closed. There was one new BSN program/school, two conversions of ELM programs to BSN programs and one new ELM program/school opened.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs[2]

- 63% of California pre-licensure nursing programs that reported data are ADN programs—including both generic ADN programs and LVN to ADN programs.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	82	58.2%
LVN to ADN	7	5.0%
BSN	38	27.0%
ELM	14	9.9%
Total	**141**	**100.0%**

Applications to California Nursing Programs

- 45% of the 28,041 qualified applications to pre-licensure nursing education programs received in 2015-2016 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.

- LVN to ADN and BSN 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	**23,556**	**589**	**25,058**	**3,503**	**52,706**
Screened	21,021	579	21,007	3,288	45,895
Qualified	15,866	466	9,735	1,974	28,041
Accepted	5,712	309	5,578	924	12.523
% Qualified Applications Accepted	**36.0%**	**66.3%**	**57.2%**	**46.8%**	**44.7%**

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[2] In this 2016 report there are 132 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools.

Number of Students who Enrolled in California Nursing Programs

- As in prior years, pre-licensure nursing programs enrolled more students in 2015-2016 than the number of available admission spaces.

- ELM programs had the lowest share of students enroll into programs for which they were accepted (83%), followed by LVN-to-ADN programs (92%), while the other programs enrolled more students than they accepted.

- 44% (n=62) of pre-licensure programs reported that they filled more admission spaces than were available.

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

	ADN	LVN to ADN	BSN	ELM	All Programs
Applications Accepted	5,712	309	5,578	924	12,523
New Student Enrollments	6,509	285	5,594	764	13,152
% Accepted Applications that Enrolled	**114.0%**	**92.2%**	**100.0%**	**82.7%**	**105.0%**

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

	ADN	LVN to ADN	BSN	ELM	All Programs
Spaces Available	5,870	310	4,925	823	11,928
New Student Enrollments	6,509	285	5,594	764	13,152
% Spaced Filled with New Students Enrollments	**110.9%**	**91.9%**	**113.6%**	**92.8%**	**110.3%**

- In 2015-2016, 21% of programs (n=29) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were "accepted students did not enroll", requirements to reduce enrollment, and loss of funding.

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

Type of Program	ADN	LVN to AND	BSN	ELM	All Programs
Enrolled fewer	21.9%	0.0%	18.4%	28.6%	20.6%
Did not enroll fewer	78.0%	100.0%	81.6%	71.4%	79.4%
Number of programs that reported	**82**	**7**	**38**	**14**	**141**

Table 7. Reasons for Enrolling Fewer Students

	% of programs
Accepted students did not enroll	44.4%
College/university / BRN requirement to reduce enrollment	29.6%
Lost funding	18.5%
Other	18.5%
Insufficient faculty	14.8%
Unable to secure clinical placements for all students	11.1%
To reduce costs	3.7%
Program discontinued	3.7%
Lack of qualified applicants	0.0%
Number of programs that reported	**29**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (50%) of students who enrolled in a pre-licensure nursing program for the first time were generic ADN students.

Table 8. Newly Enrolled Students by Program Type

	% Enrollment	#
ADN	49.5%	6,509
LVN to ADN	2.2%	285
BSN	42.5%	5,594
ELM	5.8%	764
Total	**100.0%**	**13,152**

Newly Enrolled Students in 30-Unit Option

- Only 3 new students were reported enrolled in a 30-unit option track.

Table 9. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	All Programs
Number of 30-Unit option students	3	0	0	0	3
Total number of programs reporting	**81**	**7**	**37**	**13**	**138**

Ethnic Distribution of Newly Enrolled Nursing Students

- 65% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities. This is an increase from last year when the proportion was 63%.

- ADN programs enrolled the greatest share of Hispanic (29%) students while LVN programs enrolled the greatest share of Filipino students (24%) and Hawaiian/Pacific Islander students (6%). ELM and BSN programs enrolled the greatest share of Asian (22%) students. ELM programs enrolled the greatest shares of African American (10%), and multi-racial students (6%).

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

	ADN	LVN to ADN	BSN	ELM	All Programs
Native American	0.7%	0.4%	0.9%	0.5%	0.8%
Asian	14.4%	13.6%	21.8%	22.3%	17.9%
Asian Indian	1.3%	0.8%	1.6%	0.3%	1.3%
Filipino	8.0%	23.7%	10.6%	2.2%	9.0%
Hawaiian/Pacific Islander	0.9%	5.9%	1.1%	0.8%	1.0%
African American	5.9%	5.9%	3.4%	10.0%	5.1%
Hispanic	28.9%	10.2%	19.7%	18.6%	24.1%
Multi-race	3.4%	2.5%	4.4%	5.9%	3.9%
Other	2.1%	5.5%	0.4%	1.9%	1.5%
White	34.6%	31.4%	36.1%	37.4%	35.3%
Total	**6,326**	**236**	**5,171**	**740**	**12,473**
Ethnic Minorities*	65.4%	68.6%	63.9%	62.6%	64.7%
# Unknown/ unreported	183	49	423	24	679

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

Gender Distribution of Newly Enrolled Nursing Students

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

- This year, ADN and BSN programs have greater shares of men enrolling in their programs for the first time than do ELM programs.

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

	ADN	LVN to ADN	BSN	ELM	All Programs
Male	21.4%	22.0%	20.3%	18.5%	20.8%
Female	78.6%	78.0%	79.7%	81.5%	79.2%
Total	**6,506**	**282**	**5,517**	**762**	**13,067**
# Unknown/ unreported	**3**	**3**	**77**	**2**	**85**

Age Distribution of Newly Enrolled Nursing Students

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

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

	ADN	LVN to ADN	BSN	ELM	All Programs
17 – 20 years	3.0%	0.4%	21.5%	2.0%	10.8%
21 – 25 years	31.2%	25.5%	40.2%	41.0%	35.4%
26 – 30 years	27.9%	25.1%	19.3%	33.0%	24.4%
31 – 40 years	27.0%	31.6%	14.2%	18.4%	21.2%
41 – 50 years	8.6%	15.4%	3.7%	4.3%	6.4%
51 – 60 years	2.1%	2.0%	1.1%	1.4%	1.6%
61 years and older	0.2%	0.0%	0.1%	0.0%	0.1%
Total	**6,433**	**247**	**5,444**	**652**	**12,776**
# Unknown/ unreported	76	38	150	112	376

Veterans

- In 2015, a number of questions were added to the BRN School Survey to explore applications and enrollments of military veterans to nursing programs.

- A total of 77 programs reported 478 declared military veterans among newly enrolled students between 8/1/15 and 7/31/16. This represents approximately 4% of all newly enrolled students.

- Nearly a quarter (24%) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and a tenth (10%) entered with an LVN license.

Table 13. Prior Experience of Newly Enrolled Veterans

	Percent of Veterans
Prior health occupations training and/or experience	24.3%
Entered the program with an LVN license	10.3%
Entered the program as advanced placement	6.7%
Total Veterans	**478**

- 82 programs reported that special admission considerations are offered for military veterans; the most common special consideration offered was review of individual transcripts (59%), followed by credit for equivalent courses or transfer credits (54%). Priority admission was reported by 23% of programs.

Table 14. Special Admission Considerations Offered Veterans

	%
Review of individual transcripts	58.5%
Credit for equivalent courses or transfer credits	53.7%
Priority admission	23.2%
Credit for pre-requisites and fundamentals for military medic or corpsman experience	20.7%
Additional credit awarded in Multicriteria screening process as defined in California Assembly Bill 548*	20.7%
No special consideration for admission	13.4%
Other	11.0%
Total Programs Reporting	**82**

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

- The most common special option offered veterans was counseling (48%), followed by challenge exams, regardless of LVN licensure (32%).

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

	%
Counseling	48.1%
Offering challenge exams, regardless of LVN licensure	32.1%
No special options, tracks or services offered	29.6%
Offering challenge exams, if the veteran has an LVN license	23.5%
Other	14.8%
Medic/LVN to RN program	12.3%
Veterans' resource center*	3.7%
NCLEX support course specifically for veterans	3.7%
Total Programs Reporting	**81**

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

Currently Enrolled Nursing Students

Nursing Student Census by Degree Type

- On October 15, 2016, a total of 25,671 nursing students were enrolled in a California nursing program that leads to RN licensure.

- BSN programs had the greatest share of students enrolled, at 50% of all nursing students enrolled on October 15, 2016.

Table 16. Currently Enrolled Students Data by Program Type

	% Currently Enrolled	#
ADN	44.0%	11,298
LVN to ADN	0.8%	210
BSN	50.0%	12,846
ELM	5.1%	1,317
Total	**100.0%**	**25,671**
ELM Postlicensure		**671**

Ethnic Distribution of Nursing Student Census

- Overall, 65% of students enrolled in a pre-licensure nursing program as of October 15, 2016 represented an ethnic minority group.

- The overall share of ethnic minority nursing students was similar across programs, through the breakdowns of different groups are different across program types.

- Generic ADN programs had the greatest share of Hispanic students (29%) while LVN programs have the greatest proportion of Filipino students (19%). ELM programs had the greatest share of African American (10%) and Asian (25%) students. BSN programs also had a high share of Asian students (23%) and Hispanic students (21%).

- This year respondents were asked to break out ELM pre and post licensure students in their reporting. This material is reflected in the table below.

Table 17. Ethnic Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM Prelicensure	All Prelicensure Programs	ELM Postlicensure
Native American	0.7%	2.0%	0.6%	0.5%	0.7%	0.8%
Asian	13.3%	6.5%	23.0%	25.0%	18.6%	25.9%
Asian Indian	0.9%	1.5%	0.6%	0.3%	0.7%	0.6%
Filipino	8.5%	19.0%	9.3%	0.0%	8.6%	2.5%
Hawaiian/Pacific Islander	1.1%	3.5%	0.6%	0.6%	0.8%	0.2%
African American	6.0%	3.0%	3.6%	9.7%	5.0%	6.8%
Hispanic	29.3%	14.5%	20.8%	18.9%	24.5%	19.3%
Multi-race	3.6%	5.0%	4.4%	6.5%	4.1%	3.1%
Other	2.3%	8.5%	0.9%	0.8%	1.6%	1.7%
White	34.4%	36.5%	36.2%	37.8%	35.5%	39.1%
Total	**10,988**	**200**	**11,932**	**1,233**	**24,353**	**637**
Ethnic Minorities*	65.6%	63.5%	63.8%	62.2%	64.5%	60.9%
# Unknown/ unreported	310	10	914	84	1,318	34

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

Gender Distribution of Nursing Student Census Data

- Men represented 20% of all students enrolled in a pre-licensure nursing program as of October 15, 2016.

- Generic ADN programs had the greatest share of men enrolled (21%).

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

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	20.7%	15.0%	19.2%	17.6%	19.7%	15.9%
Female	79.3%	85.0%	80.8%	82.4%	80.3%	84.1%
Total	**11,290**	**207**	**12,750**	**1,314**	**25,561**	**671**
# Unknown/ unreported	8	3	96	3	110	0

Age Distribution of Nursing Student Census Data

- 73% of students enrolled in a pre-licensure nursing program as of October 15, 2016 were younger than 31 years old.

- ADN and LVN to ADN programs had considerably more students over the age of 30 than did BSN or ELM programs.

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

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicensure
17 – 20 years	2.8%	0.0%	18.6%	0.0%	10.5%	0.0%
21 – 25 years	30.9%	14.3%	45.1%	33.4%	37.9%	7.5%
26 – 30 years	27.8%	35.5%	19.5%	39.6%	24.3%	55.9%
31 – 40 years	27.5%	36.0%	12.6%	20.5%	19.9%	28.7%
41 – 50 years	8.9%	12.8%	3.4%	5.2%	6.0%	6.4%
51 – 60 years	2.0%	1.5%	0.7%	1.3%	1.3%	1.5%
61 years and older	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
Total	**11,154**	**203**	**12,308**	**1,136**	**24,801**	**544**
# Unknown/ unreported	144	7	538	181	870	127

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,229 students were approved for accommodations for a declared disability.

- Since only 38 schools (29%) reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported here.

- Exam accommodations were the most commonly reported (62%). These accommodations were used primarily by ADN and ELM programs. Academic counseling and advising was also common among ADN, LVN to ADN, and all BSN programs—but seldom reported by ELM programs.

Table 20. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type*

	ADN	LVN to ADN	BSN	ELM	All Programs
Exam accommodations (modified/extended time/distraction reduced space)	96.2%	0.0%	0.7%	62.7%	62.0%
Academic counseling/advising	45.0%	60.0%	100.0%	1.5%	61.1%
Disability-related counseling/referral	37.7%	60.0%	33.5%	0.0%	34.3%
Assistive technology/alternative format	3.8%	100.0%	72.3%	10.4%	27.5%
Priority registration	15.0%	40.0%	10.0%	1.5%	12.7%
Note-taking services/reader/audio recording/smart pen	16.8%	0.0%	3.4%	20.9%	12.4%
Adaptive equipment/physical space/facilities	9.9%	0.0%	8.5%	7.5%	9.3%
Interpreter and captioning services	2.3%	0.0%	10.9%	1.5%	5.1%
Other	3.4%	0.0%	0.5%	31.3%	3.9%
Reduced course load	0.4%	0.0%	7.0%	3.0%	2.8%
Service animals	0.1%	0.0%	0.2%	1.5%	0.2%
Transportation/mobility assistance and services/parking	0.1%	0.0%	0.0%	0.0%	0.1%
Total students receiving accommodations	**745**	**5**	**412**	**67**	**1,229**

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

Students who Completed a Nursing Program

Student Completions by Degree Earned

- In 2015-2016, a total of 11,191 students completed a nursing program in California.

- Generic ADN programs graduated the greatest number of students (48%, n=5,418), followed by BSN programs (44%, n=4,868).

- Only four students were reported completing a 30-unit option program—three in ADN programs and one in a BSN program.

Table 21. Nursing Student Completions by Program Type

	% of Completions	#
ADN	48.4%	5,418
LVN to ADN	2.3%	253
BSN	43.5%	4,868
ELM	5.8%	652
Total	**100.0%**	**11,191**
ELM Postlicensure		318

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 61% of students who completed a pre-licensure nursing program were ethnic minorities.

- LVN to ADN programs have the greatest overall proportion of ethnic minorities (65%) among students who completed a nursing program, but comprised only 2% of nursing completions overall. ELM programs reported 64% of their graduates were ethnic minorities.

- Generic ADN programs have the greatest share of Hispanics (28%) who completed nursing programs. BSN programs have the largest shares of Asian (22%) and Filipino (10%) students. ELM programs have the greatest proportion of African American (9%) students and a large share of Asian (21%) students. LVN programs had the largest percentages of multi-racial and "other" students.

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

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicensure
Native American	0.9%	0.5%	0.7%	0.6%	0.8%	0.3%
Asian	12.5%	19.7%	21.5%	21.0%	17.0%	29.8%
Asian Indian	0.9%	1.0%	1.5%	1.0%	1.1%	2.1%
Filipino	7.8%	7.2%	10.1%	2.1%	8.4%	1.4%
Hawaiian/Pacific Islander	0.6%	2.9%	0.8%	0.2%	0.7%	0.7%
African American	5.5%	3.4%	3.5%	9.2%	4.8%	6.9%
Hispanic	28.1%	15.9%	17.8%	21.2%	23.1%	15.2%
Multi-race	2.8%	11.1%	3.5%	5.2%	3.4%	3.8%
Other	2.7%	3.8%	0.8%	1.8%	1.8%	0.3%
White	38.3%	34.6%	39.9%	37.8%	38.8%	39.4%
Total	**5,314**	**208**	**4,528**	**619**	**10,669**	**289**
Ethnic Minorities*	61.7%	65.4%	60.1%	62.2%	61.2%	60.6%
# Unknown/ unreported	104	45	340	33	522	29

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

Gender Distribution of Students who Completed a Nursing Program

- 20% of all students who completed a pre-licensure nursing program were male.

- ADN programs had the largest share of male graduates (21%).

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

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	21.2%	13.8%	18.8%	18.3%	19.8%	15.4%
Female	78.8%	86.2%	81.2%	81.7%	80.2%	84.6%
Total	**5,415**	**253**	**4,861**	**652**	**11,181**	**299**
# Unknown/ unreported	3	0	7	0	10	19

Age Distribution of Students who Completed a Nursing Program

- 65% of students who completed a pre-licensure nursing program in 2015-2016 were younger than 31 years of age when they completed the program.

- People 41 years and older accounted for 10% of graduates from all programs, and 14% of ADN and 18% of LVN to ADN graduates

Table 24. Age Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicensure
17 – 20 years	0.9%	0.0%	2.9%	0.0%	1.7%	0.0%
21 – 25 years	23.9%	14.0%	46.2%	23.9%	33.3%	3.2%
26 – 30 years	30.2%	36.6%	28.6%	41.9%	30.0%	50.2%
31 – 40 years	30.8%	31.7%	17.7%	26.6%	24.9%	32.9%
41 – 50 years	12.1%	15.2%	4.4%	6.2%	8.6%	10.0%
51 – 60 years	2.0%	1.8%	0.9%	1.4%	1.5%	3.6%
61 years and older	0.2%	0.6%	0.0%	0.0%	0.1%	0.0%
Total	**5,336**	**164**	**4,413**	**515**	**10,428**	**249**
# Unknown/ unreported	82	89	455	137	763	69

Declared Disabilities among Students who Completed Nursing Programs

- Nursing programs reported that 818 students who completed their programs in 2015-2016 had an accommodation for a declared disability.

- Since only 38 schools (29%) reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students who have received accommodations for disabilities may be underreported here.

- Exam accommodations (95%) are the most frequently reported accommodations nursing programs provide students with disabilities. Academic counseling and advising were provided to 41% of completing students with disabilities for whom accommodations were approved and disability-related counseling or referrals were provided to 34% of students receiving accommodations.

Table 25. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type*

	ADN	LVN to ADN	BSN	ELM	All Programs
Exam accommodations (modified/extended time/distraction reduced space)	95.5%	100.0%	93.7%	100.0%	95.0%
Academic counseling/advising	39.5%	62.5%	43.2%	22.2%	40.8%
Disability-related counseling/referral	31.0%	50.0%	40.4%	0.0%	34.1%
Other	2.1%	0.0%	41.8%	0.0%	15.9%
Priority registration	17.8%	50.0%	7.4%	0.0%	14.3%
Note-taking services/reader/audio recording/smart pen	14.0%	12.5%	7.0%	0.0%	11.4%
Assistive technology/alternative format	3.9%	0.0%	3.5%	11.1%	3.8%
Adaptive equipment/physical space/facilities	4.1%	0.0%	2.8%	0.0%	3.5%
Interpreter and captioning services	1.9%	0.0%	0.7%	0.0%	1.5%
Reduced course load	1.0%	0.0%	0.0%	0.0%	0.6%
Transportation/mobility assistance and services/parking	0.6%	0.0%	0.4%	0.0%	0.5%
Service animals	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of students receiving accommodations	**516**	**8**	**285**	**9**	**818**

*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.

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 13% in 2015-2016.

- LVN to ADN programs had the highest attrition rate (18%) and ELM programs the lowest (4%).

Table 26. Completion, Retention and Attrition Data by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Students scheduled to complete the program	**6,011**	**297**	**4,323**	**707**	**11,338**
Completed on-time	4,626	234	3,542	624	9,026
Still enrolled	534	10	289	52	885
Total attrition	851	53	492	31	1,427
Dropped out	383	33	174	22	612
Dismissed	468	20	318	9	815
Completed late*	258	10	131	10	409
Retention rate**	77.0%	78.8%	81.9%	88.3%	79.6%
Attrition rate***	14.2%	17.8%	11.4%	4.4%	12.6%

*These completions are not included in the calculations for either retention or attrition rates.

**Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)

Data for traditional and accelerated program tracks is now combined and reported here.

Employment of Recent Nursing Program Graduates

- Across degree/program type, 59% of recent RN graduates employed in nursing in October 2016 were working in hospitals.

- Graduates of BSN programs were the most likely to work in hospitals (72%), while graduates of LVN to ADN programs were the least likely (49%) but were more likely than other graduates to work in long term care (13%) compared to 5% overall.

- Statewide, programs reported that 6% of nursing students were unable to find employment by October 2015, with LVN to ADN programs reporting the highest share of recent graduates (22%) unable to find employment.

- Overall, 11% of those who had graduated between 8/1/15 and 7/31/16 had not yet obtained licenses as of October 2016.

- Nursing schools reported that 76% of their recent RN graduates employed in nursing were employed in California.

Table 27. Employment of Recent Nursing Program Graduates*

	ADN	LVN to ADN	BSN	ELM	All Programs	ELM Postlicen-sure
Hospital	55.2%	49.2%	72.2%	53.3%	59.2%	56.4%
Pursuing additional nursing education	13.5%	2.6%	2.4%	29.7%	11.0%	5.6%
Not yet licensed	10.5%	5.6%	13.0%	5.2%	10.6%	0.2%
Unable to find employment	4.6%	22.4%	4.8%	3.7%	5.5%	0.5%
Long-term care facility	5.0%	12.6%	2.4%	1.8%	4.6%	1.1%
Other healthcare facility	4.6%	0.3%	2.1%	0.9%	3.5%	16.3%
Other setting	4.7%	3.4%	0.1%	1.9%	3.2%	0.0%
Community/public health facility	2.3%	4.0%	2.9%	3.8%	2.6%	19.9%

*Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2015-2016, on average, the employment setting was unknown for 15% of recent graduates.

Student Debt Load

- Starting in 2015, school representatives were asked to provide the average student debt load upon graduation.

- The overall average debt load of nursing graduates was $17,742. ELM students had the highest average debt load, and ADN students had the lowest debt load.

- Private school graduates had an average debt load at $39,797, while public school graduates averaged $9,925.

Table 28. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	All Programs
Average debt load	**$9,037**	**$11,539**	**$26,832**	**$71,313**	**$17,742**
Private	$27,658	$27,288	$35,936	$57,363	$39,797
Public	$6,865	$3,664	$15,452	$24,435	$9,925
Total schools reporting	**67**	**6**	**27**	**7**	**107**

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2016, there were 4,366 nursing faculty.[3] Two-thirds were part-time faculty (66%, n=2,953).

- The faculty vacancy rate in pre-licensure nursing programs was 9.1%.

Table 29. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	**4,366**	**435**	**9.1%**
Full-time Faculty	1,513	208	12.1%
Part-time Faculty	2,953	227	7.1%

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

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[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 2015-2016, 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. 37% (n=48) of 129 schools responding agreed. These 48 schools were asked to rank the reason for this shift.

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

Table 30. Reasons for Hiring More Part-time Faculty

	Average rank*	Programs reporting
Non-competitive salaries for full time faculty	2.5	**43**
Shortage of RNs applying for full time faculty positions	3.0	**42**
Insufficient number of full time faculty applicants with required credential	3.6	**41**
Insufficient budget to afford benefits and other costs of FT faculty	4.7	**35**
Need for part-time faculty to teach specialty content	4.8	**37**
Other	5.1	**17**
Private, state university or community college laws, rules or policies	5.4	**33**
Need for faculty to have time for clinical practice	6.0	**31**
To allow for flexibility with respect to enrollment changes	6.7	**32**
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6.8	**34**

* 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 are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Table 31. Funding of Faculty Positions

	% Full-time Faculty	% Part-time Faculty
Budgeted positions	97.5%	84.3%
100% external funding	1.8%	12.5%
Combination of the above	0.7%	3.2%
Total Faculty	**1,513**	**2,953**
Unknown*	9	18

*Cases for which the answer is unknown are not included in percentages.

- The majority of faculty (57%) teaches clinical courses only. More than a third (34%) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (9%).

Table 32. Faculty Teaching Assignments

	% Full-time Faculty
Clinical courses only	57.1%
Didactic courses only	9.0%
Clinical & didactic courses	33.9%
Total Faculty	**4,366**

- 85 of 132 schools (64%) reported that faculty in their programs work an overloaded schedule, and 97% (n=82) of these schools pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 45% of schools reported that their externally funded positions will continue to be funded for the 2016-2017 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of only 10,559 students across all pre-licensure RN programs in 2016-2017, which would be a 19% decrease in new enrollments compared to the 13,099 new students that enrolled in RN programs in 2015-2016.

Table 33. External Funding for Faculty Next Year

	% Schools
Will continue	44.6%
Will not continue	2.3%
Unknown	6.9%
Not applicable	46.2%
Number of schools reporting	**130**

Faculty Demographic Data

- Nursing faculty remain predominantly white (59%) and female (88%). Forty percent of faculty is between 41 and 55 years of age and more than a third (35%) of faculty are over 55 years of age.

Table 34. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	9.3%
Asian Indian	0.8%
Filipino	7.2%
Hawaiian/Pacific Islander	0.4%
African American	9.3%
Hispanic	10.6%
Multi-race	1.7%
Other	1.2%
White	59.2%
Number of faculty	**4,060**
Ethnic Minorities*	40.8%
Unknown/unreported	306

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

Table 35. Faculty Gender and Age

Gender	% Faculty
Men	12.7%
Women	87.3%
Number of faculty	**4,155**
Unknown/unreported	211
Age	**% Faculty**
30 years or younger	5.2%
31 – 40 years	19.7%
41 – 50 years	23.9%
51 – 55 years	16.4%
56 – 60 years	15.8%
61 – 65 years	12.2%
66 – 70 years	4.6%
71 years and older	2.0%
Number of faculty	**3,914**
Unknown/unreported	452

Faculty Education

- On October 15, 2016, almost all full-time faculty (98%) held a master's or doctoral degree, while only 55% of part-time faculty held either of those degrees.

- 8% of all active faculty (n=373) were reported as pursuing an advanced degree as of October 15, 2016.

Table 36. Highest Level of Education of Faculty*

	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	6.8%
Baccalaureate degree in nursing (BSN)	1.9%	37.5%
Non-nursing baccalaureate	0.0%	1.1%
Master's degree in nursing (MSN)	62.2%	44.5%
Non-nursing master's degree	2.5%	2.6%
PhD in nursing	16.2%	2.5%
Doctorate of Nursing Practice (DNP)	9.8%	2.7%
Other doctorate in nursing	2.3%	0.9%
Non-nursing doctorate	4.8%	1.4%
Number of faculty	**1,503**	**2,923**
Unknown/unreported	10	30

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

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

- The most commonly used strategy was to send job announcements to a diverse group of institutions and organizations (74%), followed by sharing school and program goals and commitments to diversity (66%) and highlighting campus and community demographics (64%).

Table 37. Strategies for Recruiting Diverse Faculty

	% Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	73.6%
Share program/school goals and commitments to diversity	65.9%
Highlight campus and community demographics	64.3%
Share faculty development and mentoring opportunities	58.1%
Use of publications targeting minority professionals (e.g. Minority Nurse)	41.9%
Showcase how diversity issues have been incorporated into the curriculum	31.0%
Highlight success of faculty, including faculty of color	27.1%
Other	6.2%
External funding and/or salary enhancements (e.g. endowed lectureship)	3.1%
Number of schools that reported	**129**

Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations (91%) and program policies (89%) were the most frequently reported methods used to prepare part-time faculty to teach.

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

	% Schools
Faculty orientation	91.4%
Program policies	89.1%
Mentoring program	75.8%
Specific orientation program	74.2%
Teaching strategies	64.8%
Administrative policies	63.3%
Curriculum review	61.7%
Other	10.2%
External training program	9.4%
None	2.3%
Number of schools that reported	**128**

Faculty Attrition

- Nursing schools reported a total of 182 full-time and 370 part-time faculty members as having retired or left the program in 2015-2016.

- Schools reported that an additional 242 faculty members (88 full-time and 154 part-time) are expected to retire or leave the school in 2016-2017.

- The most frequently cited reason for having a faculty member leave the program in 2015-2016 was retirement (64%), followed by return to clinical practice and career advancement (each 26%).

- Layoffs (1%) and workload (4%) were the least common reasons reported for faculty leaving their positions.

Table 39. Reasons Faculty Leave Their Positions

	% Schools
Retirement	63.8%
Career advancement	25.5%
Return to clinical practice	25.5%
Relocation of spouse or other family obligation	22.3%
Termination (or requested resignation)	17.0%
Resigned	16.0%
Salary/Benefits	13.8%
Health issues/deceased*	6.4%
Other	5.3%
Workload	4.3%
Layoffs (for budgetary reasons)	1.1%
Number of schools that reported	**94**
Number of schools that gave no reason	**37**

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

Faculty Hiring

- 116 schools reported hiring a total of 880 faculty members (230 full-time and 650 part-time) between August 1, 2015 and July 31, 2016.

- 31% (n=275) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.

- The majority of schools (73%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching in a clinical setting. The second largest proportion (72%) reported that their newly hired faculty had experience teaching at another nursing school.

- 37% of schools reported hiring new faculty with no previous teaching experience.

- Six schools reported they were under a hiring freeze for active faculty at some point between August 1, 2015 and July 31, 2016, and four of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 40. Characteristics of Newly Hired Faculty

	% Schools
Experience teaching as a nurse educator in a clinical setting	72.8%
Experience teaching at another nursing school	71.9%
Completed a graduate degree program in last two years	70.2%
Experience student teaching while in graduate school	45.6%
No teaching experience	36.8%
Experience teaching in a setting outside of nursing	20.2%
Other	5.3%
Number of schools that reported	**114**

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

Table 41. Reasons for Hiring Faculty

	% Schools
To replace faculty that retired or left the program	93.3%
To fill longstanding faculty vacancies (positions vacant for more than one year)	39.4%
To reduce faculty workload	21.2%
Due to program expansion	22.1%
Other	8.7%
Number of schools that reported	**104**

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials (86%) and non-competitive salaries (80%) were the most frequently reported barriers to faculty recruitment.

- 35% of schools reported that the workload responsibilities of faculty were a barrier to recruitment.

- 21% of schools felt that an overall RN shortage was a barrier to recruiting faculty—an increase over last year when only 12% reported this as a barrier.

Table 42. Barriers to Recruiting Faculty

	% Schools
Insufficient number of faculty applicants with required credentials	85.8%
Non-competitive salaries	80.3%
Workload (not wanting faculty responsibilities)	35.4%
BRN rules and regulations	32.3%
Private, state university or community college laws, rules or policies	22.8%
Overall shortage of RNs	20.5%
Other	0.0%
No barriers	3.9%
Number of schools that reported	**127**

Difficult to Hire Clinical Areas

- Pediatrics (55%) and Psych/Mental Health (47%) were the clinical areas in which schools had the most difficulty recruiting new faculty.

- 10% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 43. Difficult to Hire Clinical Areas

	% Schools
Pediatrics	54.7%
Psych/Mental Health	46.9%
Obstetrics/Gynecology	39.8%
Medical-surgical	28.9%
Geriatrics	14.8%
Critical Care	10.9%
No clinical areas	10.2%
Community Health	5.5%
Other	0.8%
Number of schools that reported	**128**

Faculty Salaries

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

Table 44. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment*

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$66,861	$87,550	$72,052	$93,969
10 months	$64,649	$102,824	$80,194	$100,763
11 months	$78,799	$94,563	$88,762	$118,234
12 months	$64,772	$114,987	$86,441	$123,882

* Total full-time salaries that were reported as exceptionally low or high were eliminated from this analysis.

Nursing Program Data

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative GPA , minimum grade level in prerequisite courses, validated prerequisites, and were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

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

- A personal statement from the applicant and health-related work experience was an important factor in admission for many ELM programs. No ADN or LVN to ADN programs reported the personal statement as a common criterion used to identify qualified applicants.

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

- "Criteria as defined by California Assembly Bill 548" was an important factor for 39% of ADN programs, but not for other programs as it applies specifically to community colleges.

Table 45. Admission Criteria by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Completion of prerequisite courses	84.1%	100.0%	76.3%	81.8%	82.6%
Minimum/Cumulative GPA	67.1%	100.0%	89.5%	90.9%	76.8%
Minimum grade level in prerequisite courses	72.0%	100.0%	78.9%	81.8%	76.1%
Validated prerequisites	72.0%	100.0%	78.9%	81.8%	76.1%
Score on pre-enrollment exam	78.0%	71.4%	57.9%	36.4%	68.8%
Repetition of prerequisite science courses	41.5%	57.1%	47.4%	45.5%	44.2%
Health-related work/volunteer experience	35.4%	14.3%	52.6%	54.5%	40.6%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	46.3%	14.3%	0.0%	0.0%	28.3%
Recent completion of prerequisite courses	25.6%	14.3%	31.6%	27.3%	26.8%
Criteria as defined in California Assembly Bill 548	39.0%	0.0%	0.0%	0.0%	23.2%
Other	11.0%	0.0%	42.1%	54.5%	22.5%
Personal statement	0.0%	0.0%	42.1%	90.9%	18.8%
Geographic location	2.4%	0.0%	31.6%	0.0%	10.1%
None	0.0%	0.0%	2.6%	0.0%	0.7%
Number of programs that reported	**82**	**7**	**38**	**11**	**138**

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.

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

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

Table 46. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Ranking by specific criteria	58.9%	71.4%	88.6%	87.5%	71.0%
Random selection	34.2%	42.9%	0.0%	0.0%	21.4%
Interviews	9.6%	0.0%	25.7%	62.5%	19.8%
Other	11.0%	0.0%	17.1%	37.5%	15.3%
Goal statement	4.1%	0.0%	14.3%	62.5%	13.7%
Modified random selection	19.2%	0.0%	0.0%	0.0%	10.7%
First come, first served from the waiting list	13.7%	0.0%	2.9%	0.0%	8.4%
Rolling admissions (based on application date for the quarter/semester)	4.1%	0.0%	5.7%	0.0%	3.8%
Number of programs that reported	**73**	**7**	**35**	**16**	**131**

Waiting List

- 29 programs reported having students on a waiting list. Of these programs, 64% keep students on the waiting list until they are admitted and 21% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and 14% gave various other time periods.

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

Table 47. Waiting Lists by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Qualified applicants on a waiting list	1,930	67	126	6	2,129
Average number of quarters/semesters to enroll after being placed on the waiting list	3.5	4.0	0.8	0.3	2.7

Capacity of Program Expansion

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

Table 48. Current and Projected New Student Enrollment by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
2015-2016 new student enrollment	**6,509**	**285**	**5,594**	**764**	**13,152**
Expected new student enrollment given <u>current</u> resources:					
2016-2017	6,044	232	6,807	779	13,862
Expected 2016-2017 enrollment as % of 2015-2016 enrollment	92.9%	81.4%	121.7%	102.0%	105.4%
2017-2018	6,149	225	6,976	869	14,219
Expected 2017-2018 enrollment as % of 2015-2016 enrollment	94.5%	78.9%	124.7%	113.7%	108.1%

Barriers to Program Expansion

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

- Non-competitive faculty salaries and insufficient number of qualified faculty, and were also frequently reported barriers to expansion.

- Of the138 programs that responded, two programs reported no barriers to expansion.

Table 49. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Insufficient number of clinical sites	79.3%	83.3%	76.3%	50.0%	76.1%
Faculty salaries not competitive	65.9%	100.0%	47.4%	25.0%	58.7%
Insufficient number of qualified clinical faculty	46.3%	50.0%	50.0%	50.0%	47.8%
Insufficient number of qualified classroom faculty	50.0%	50.0%	31.6%	8.3%	41.3%
Insufficient funding for faculty salaries	42.7%	33.3%	34.2%	8.3%	37.0%
Insufficient number of physical facilities and space for skills labs	22.0%	33.3%	23.7%	25.0%	23.2%
Insufficient number of physical facilities and space for classrooms	25.6%	0.0%	18.4%	25.0%	22.5%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	25.6%	0.0%	18.4%	16.7%	21.7%
Insufficient support for nursing school by college or university	13.4%	16.7%	18.4%	16.7%	15.2%
Insufficient number of allocated spaces for the nursing program	9.8%	16.7%	18.4%	0.0%	11.6%
Insufficient financial support for students	7.3%	16.7%	5.3%	16.7%	8.0%
Other	4.9%	0.0%	10.5%	25.0%	8.0%
No barriers to program expansion	1.2%	0.0%	0.0%	8.3%	1.4%
Number of programs that reported	**82**	**6**	**38**	**12**	**138**

Program Expansion Strategies

- 75% (n=104) of the 138 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 were use of human patient simulators, community based/ambulatory care centers, twelve-hour shifts, weekend and evening shifts, and innovative skills lab experiences.

- The use of regional computerized clinical placement and systems and preceptorships were reported by two-thirds (n=4) of the ELM programs that responded.

Table 50. Program Expansion Strategies by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Human patient simulators	89.1%	80.0%	69.0%	83.3%	82.7%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	65.6%	80.0%	79.3%	83.3%	71.2%
Twelve-hour shifts	73.4%	40.0%	62.1%	66.7%	68.3%
Weekend shifts	60.9%	100.0%	72.4%	100.0%	68.3%
Evening shifts	56.3%	100.0%	51.7%	100.0%	59.6%
Innovative skills lab experiences	53.1%	40.0%	62.1%	83.3%	56.7%
Regional computerized clinical placement system	50.0%	40.0%	55.2%	66.7%	51.9%
Preceptorships	48.4%	20.0%	48.3%	66.7%	48.1%
Night shifts	15.6%	0.0%	41.4%	50.0%	24.0%
Non-traditional clinical sites (e.g. correctional facilities)	14.1%	40.0%	24.1%	16.7%	18.3%
Other	1.6%	0.0%	3.4%	16.7%	2.9%
Number of programs that reported	**64**	**5**	**29**	**6**	**104**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2015-2016, a total of 60 programs, or 44% of all programs, reported that they were denied access to a [clinical placement](), unit, or shift.

- 43% (n=26) of programs that were denied clinical placement, unit, or shift were offered an alternative.

- The lack of access to clinical space resulted in a loss of 213 clinical placements, units, or shifts, which affected 1,278 students.

Table 51. RN Programs Denied Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Programs denied clinical placement, unit, or shift	34	3	17	6	60
Programs offered alternative by site	12	1	10	3	26
Placements, units, or shifts lost	53	30	96	34	213
Number of programs that reported	81	7	38	12	138
Total number of students affected	**610**	**72**	**446**	**150**	**1,278**

- In addition, 65 programs (47%) reported that there were fewer students allowed for a clinical placement, unit, or shift in 2015-2016 than in the prior year.

Table 52. RN Programs That Reported Fewer Students Allowed for Clinical Space

	ADN	LVN to ADN	BSN	ELM	All Programs
Fewer Students Allowed for a Clinical Placement, Unit, or Shift	37	0	22	6	65
Total number of programs that reported	**82**	**7**	**38**	**12**	**139**

Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.

Table 53. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Medical/Surgical	78.8%	33.3%	76.5%	100.0%	78.0%
Obstetrics	12.1%	66.7%	41.2%	66.7%	28.8%
Pediatrics	24.2%	33.3%	35.3%	33.3%	28.8%
Psychiatry/Mental Health	15.2%	0.0%	29.4%	33.3%	20.3%
Geriatrics	15.2%	0.0%	35.3%	0.0%	18.6%
Other	15.2%	33.3%	17.6%	0.0%	15.3%
Critical Care	6.1%	33.3%	5.9%	0.0%	6.8%
Community Health	0.0%	0.0%	17.6%	0.0%	5.1%
Number of programs that reported	**33**	**3**	**17**	**6**	**59**

Reasons for Clinical Space Being Unavailable

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space.

- Staff nurse overload or insufficient qualified staff tied with the competition for space for the most important reason among BSN programs.

- Closure, or partial closure, of clinical facility was the top reason for ELM programs.

- Overall, only 1 program reported being denied a space because the facility began charging a fee or another RN program offered to pay a fee for the placement. In a separate question, 3 programs (7%) reported providing financial support to secure a clinical placement.

Table 54. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Competition for clinical space due to increase in number of nursing students in region	47.1%	66.7%	52.9%	33.3%	48.3%
Staff nurse overload or insufficient qualified staff	26.5%	0.0%	52.9%	33.3%	33.3%
Displaced by another program	41.2%	0.0%	29.4%	33.3%	35.0%
Decrease in patient census	14.7%	33.3%	35.3%	16.7%	21.7%
Closure, or partial closure, of clinical facility	11.8%	0.0%	47.1%	83.3%	28.3%
No longer accepting ADN students*	29.4%	66.7%	5.9%	16.7%	23.3%
Implementation of Electronic Health Records system	5.9%	0.0%	23.5%	0.0%	10.0%
Visit from Joint Commission or other accrediting agency	20.6%	0.0%	35.3%	16.7%	23.3%
Nurse residency programs	23.5%	33.3%	29.4%	33.3%	26.7%
Change in facility ownership/management	23.5%	0.0%	17.6%	0.0%	18.3%
Clinical facility seeking magnet status	23.5%	33.3%	11.8%	0.0%	18.3%
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%	1.7%
Other	2.9%	0.0%	17.6%	33.3%	10.0%
Number of programs that reported	**34**	**3**	**17**	**6**	**60**

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Note: Blank cells indicate that the applicable information was not requested in the given year.
* Not asked of BSN or ELM programs but data from these programs may be included from text comments received.

- Most programs reported that the lost site was replaced at another clinical site – either at a different clinical site being used by the program or at a new clinical site.

Table 55. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Replaced lost space at different site currently used by nursing program	66.7%	0.0%	100.0%	100.0%	76.3%
Added/replaced lost space with new site	33.3%	100.0%	52.9%	50.0%	44.1%
Replaced lost space at same clinical site	27.3%	0.0%	47.1%	33.3%	32.2%
Clinical simulation	27.3%	0.0%	41.2%	33.3%	30.5%
Reduced student admissions	6.1%	0.0%	5.9%	0.0%	5.1%
Other	0.0%	0.0%	0.0%	33.3%	3.4%
Number of programs that reported	**33**	**3**	**17**	**6**	**59**

Alternative Clinical Sites

- 43 programs reported an increase in out-of-hospital clinical placements in 2015-2016.

- Public health or community health agencies were reported as the most frequently used alternative clinical placement sites overall, followed by home health agencies. However, medical practices, clinics and physicians' offices were used more frequently by generic ADN and LVN to ADN programs.

- The second most common alternative sites for BSN programs were outpatient mental health and substance abuse facilities, while the second most common alternative sites for ELM programs reporting were school health services and home health agencies.

Table 56. Alternative Out-of-Hospital Clinical Sites by Program

	ADN	LVN to ADN	BSN	ELM	All Programs
Public health or community health agency	31.8%	66.7%	69.2%	80.0%	51.2%
Home health agency/home health service	36.4%	66.7%	38.5%	60.0%	41.9%
Medical practice, clinic, physician office	50.0%	100.0%	15.4%	0.0%	37.2%
Outpatient mental health/substance abuse	27.3%	33.3%	46.2%	40.0%	34.9%
Skilled nursing/rehabilitation facility	31.8%	0.0%	38.5%	40.0%	32.6%
School health service (K-12 or college)	22.7%	0.0%	30.8%	60.0%	27.9%
Surgery center/ambulatory care center	22.7%	0.0%	38.5%	20.0%	25.6%
Hospice	31.8%	66.7%	15.4%	0.0%	25.6%
Case management/disease management	9.1%	33.3%	23.1%	20.0%	16.3%
Other	22.7%	0.0%	15.4%	0.0%	16.3%
Correctional facility, prison or jail	13.6%	0.0%	7.7%	0.0%	9.3%
Urgent care, not hospital-based	9.1%	33.3%	0.0%	0.0%	7.0%
Renal dialysis unit	9.1%	0.0%	7.7%	0.0%	7.0%
Occupational health or employee health service	0.0%	0.0%	7.7%	0.0%	2.3%
Number of programs that reported	**22**	**3**	**13**	**5**	**43**

LVN to BSN Education

- 5 BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
  - o In 2015-2016, programs received 237 qualified applications for 174 admission spaces available for LVN to BSN students.
  - o All LVN to BSN programs reported minimum/cumulative GPA and minimum grade level in prerequisite courses as criteria for admission, and 80% reported completion of prerequisite courses.

Table 57. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	5
Minimum grade level in prerequisite courses	5
Completion of prerequisite courses	4
Score on pre-enrollment test	2
Personal statement	2
Other	2
Repetition of prerequisite science courses	1
Health-related work experience	1
Geographic location	1
Recent completion of prerequisite courses	0
None	0
Number of programs that reported	**5**

- Ranking by specific criteria (60% of schools) and interviews (40% of schools) were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

Table 58. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	3
Interviews	2
Rolling admissions (based on application date for the quarter/semester)	1
Goal statement	1
First come, first served from the waiting list	1
Other	0
Number of programs that reported	**5**

LVN to ADN Education

- Seven nursing programs exclusively offer LVN to ADN education.

- Of the 82 generic ADN programs, 32% (n=26) reported having a separate track for LVNs and 73% (n=60) admit LVNs to the generic ADN program on a space available basis.

- 25 (30%) of the generic ADN programs reported having a separate waiting list for LVNs.

- On October 15, 2016 there were a total of 406 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 2.9 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.

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

Table 59. LVN to ADN Articulation by Program Type

	ADN	LVN to ADN	BSN	All Programs
Bridge course	71.4%	71.4%	25.0%	61.1%
Use of skills lab course to document competencies	53.2%	57.1%	41.7%	50.9%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	33.8%	57.1%	12.5%	30.6%
Direct articulation of LVN coursework	31.2%	28.6%	25.0%	29.6%
Use of tests (such as NLN achievement tests or challenge exams) to award credit	29.9%	0.0%	37.5%	29.6%
Other	18.2%	0.0%	45.8%	23.1%
Specific program advisor	18.2%	14.3%	20.8%	18.5%
Number of programs that reported	**77**	**7**	**24**	**108**

Partnerships

- 80 nursing programs participate in [collaborative](#) or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

Table 60. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
Programs that partner with another programs leading to higher degree	64	5	11	0	80

Professional Accreditation

- None of the LVN to ADN programs and fewer than a third (30%) of ADN programs reported [professional accreditation](#). Most BSN and ELM programs reported some form of accreditation.

- 29% of ADN programs reported having ACEN accreditation; 92% of ELM programs and 97% of BSN programs reported having CCNE accreditation.

Table 61. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN (formerly NLNAC)	29.3%	0.0%	2.6%	0.0%
CCNE	NA*	NA*	97.4%	92.9%
CNEA	1.2%	0.0%	0.0%	0.0%
Not accredited	54.9%	0.0%	7.9%	7.1%
# Unknown/ unreported	14.6%	42.9%	0.0%	0.0%
Number of programs that reported	**82**	**7**	**38**	**14**

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

First Time NCLEX Pass Rates

- In 2015-2016, 87% (n=9,609) of nursing students who took the NCLEX for the first time passed the exam.

- The NCLEX pass rate was highest for students who graduated from BSN programs.

Table 62. First Time NCLEX Pass Rates by Program Type

	ADN	LVN to ADN	BSN	ELM	All Programs
First Time NCLEX* Pass Rate	**86.3%**	**79.2%**	**88.2%**	**84.1%**	**86.9%**
# Students that took the NCLEX	5,485	259	4,837	479	11,060
# Students that passed the NCLEX	4,733	205	4,268	403	9,609

*These data represent nursing students who took the NCLEX for the first time in 2015-16.

- Overall, pass rates in accelerated programs were similar to those in traditional programs; 86% (n=775) of nursing students in an accelerated track who took the NCLEX for the first time in 2015-2016 passed the exam.

- However, only accelerated BSN programs had a higher average pass rate than their traditional counterparts. Accelerated ELM programs had about the same pass rate, and accelerated ADN programs had a lower pass rate, than their traditional counterparts.

Table 63. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	All Programs
First Time NCLEX* Pass Rate	**73.0%**	**91.4%**	**83.6%**	**85.9%**
# Students that took the NCLEX	148	467	287	902
# Students that passed the NCLEX	108	427	240	775

*These data represent nursing students who took the NCLEX for the first time in 2015-16.

Clinical Training in Nursing Education

- 136 of 140 nursing programs (97%) reported using <u>clinical simulation</u> in 2015-2016.[4]

- More than a third (38%, n=53) of the 140 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

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

- The largest proportion of clinical hours in all programs is in <u>direct patient care</u>. The overall proportion is similar across program types.

- BSN and ELM programs allocated roughly similar proportions of clinical hours to simulation activities (8-9%), while ADN programs allocated fewer hours (6%). BSN and ADN programs allocated a greater proportion of time (13%) to skills labs than did ELM programs (10%).

Table 64. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care			Skills Labs			Clinical Simulation			Total Average Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/ surgical	333.2	193.2	209.4	40.8	23.2	25.0	24.4	21.9	31.0	397.9	238.4	265.4
Fundamentals	89.2	54.9	69.3	59.6	49.4	35.5	8.9	9.7	15.5	157.6	116.7	119.1
Obstetrics	73.2	75.2	85.8	8.0	10.5	9.6	8.4	9.3	10.1	89.5	94.6	105.4
Pediatrics	71.9	74.2	82.8	6.4	10.5	8.3	7.8	7.0	7.6	86.7	91.5	98.7
Geriatrics	80.5	69.9	73.3	4.8	7.2	1.9	5.4	9.9	4.0	86.1	86.7	78.9
Psychiatry/ mental health	78.0	79.2	91.3	4.5	6.7	4.3	4.2	5.5	5.3	90.6	91.4	100.5
Leadership/ management	61.5	65.3	63.3	1.7	2.1	4.3	2.7	4.1	2.3	65.9	71.4	69.7
Other	11.1	82.4	39.9	1.8	2.2	0.0	0.8	4.9	1.6	13.6	89.4	41.5
Total average clinical hours	**798.5**	**695.8**	**715.1**	**127.1**	**112.7**	**89.0**	**62.4**	**71.7**	**75.1**	**988.1**	**880.1**	**879.2**
Number of programs that reported	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**	**88**	**36**	**12**

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[4] 3 programs of those reporting did not use simulation, and 1 program did not answer this question.

- In the 2016 survey, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in each clinical experience type and for each content area listed below.

- In each content area and clinical experience, the majority planned to maintain the current balance of hours.

- In most content areas, if there was a planned change, respondents were more likely to report a planned decrease in clinical hours in direct patient care and an increase in hours in clinical simulation.

Table 65. 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 Patient Care	15.3%	8.8%	8.8%	76.5%	85.3%	85.3%	5.9%	2.9%	2.9%
Skills Labs	10.1%	3.2%	3.2%	79.8%	90.3%	90.3%	5.1%	3.2%	3.2%
Clinical Simulation	2.4%	0.0%	0.0%	75.6%	81.8%	81.8%	19.5%	15.2%	15.2%
Total clinical hours	**9.6%**	**9.1%**	**9.1%**	**81.9%**	**72.7%**	**72.7%**	**7.2%**	**9.1%**	**9.1%**
Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	3.8%	3.0%	8.3%	88.8%	90.9%	58.3%	3.8%	0.0%	8.3%
Skills Labs	2.4%	0.0%	8.3%	74.4%	81.8%	66.7%	17.1%	12.1%	16.7%
Clinical Simulation	1.2%	2.9%	9.1%	90.4%	88.6%	81.8%	6.0%	2.9%	0.0%
Total clinical hours	**1.2%**	**2.9%**	**9.1%**	**90.4%**	**88.6%**	**81.8%**	**6.0%**	**2.9%**	**0.0%**
Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	11.8%	8.8%	16.7%	81.2%	88.2%	66.7%	4.7%	0.0%	8.3%
Skills Labs	3.8%	3.2%	0.0%	89.9%	90.3%	75.0%	1.3%	0.0%	8.3%
Clinical Simulation	2.4%	3.0%	8.3%	79.3%	87.9%	75.0%	12.2%	6.1%	8.3%
Total clinical hours	**9.6%**	**5.7%**	**16.7%**	**81.9%**	**88.6%**	**66.7%**	**6.0%**	**2.9%**	**8.3%**
Pediatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	10.5%	11.8%	25.0%	83.7%	85.3%	58.3%	3.5%	0.0%	8.3%
Skills Labs	6.3%	3.2%	0.0%	86.3%	90.3%	66.7%	1.3%	0.0%	8.3%
Clinical Simulation	3.6%	6.1%	0.0%	79.5%	78.8%	0.0%	9.6%	12.1%	0.0%
Total clinical hours	**9.9%**	**5.7%**	**18.2%**	**85.2%**	**88.6%**	**72.7%**	**3.7%**	**2.9%**	**0.0%**

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

Table 65. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	4.8%	6.1%	0.0%	84.5%	87.9%	75.0%	4.8%	3.0%	8.3%
Skills Labs	0.0%	0.0%	0.0%	85.9%	90.0%	66.7%	3.9%	6.7%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	82.3%	87.5%	66.7%	12.7%	9.4%	8.3%
Total clinical hours	**1.2%**	**5.9%**	**0.0%**	**90.5%**	**82.4%**	**81.8%**	**3.6%**	**5.9%**	**0.0%**
Psychiatry/ Mental Health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	10.5%	17.7%	0.0%	87.2%	79.4%	83.3%	1.2%	0.0%	8.3%
Skills Labs	3.8%	3.2%	0.0%	88.6%	80.7%	66.7%	2.5%	0.0%	0.0%
Clinical Simulation	3.7%	0.0%	8.3%	82.9%	78.1%	66.7%	9.8%	18.8%	8.3%
Total clinical hours	**6.0%**	**2.9%**	**9.1%**	**92.9%**	**94.3%**	**81.8%**	**0.0%**	**0.0%**	**0.0%**
Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	3.7%	8.8%	18.2%	79.3%	85.3%	63.6%	4.9%	0.0%	9.1%
Skills Labs	0.0%	3.2%	18.2%	77.6%	83.9%	54.6%	4.0%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	9.1%	73.7%	84.4%	45.5%	9.2%	9.4%	18.2%
Total clinical hours	**2.5%**	**2.9%**	**10.0%**	**83.8%**	**88.6%**	**80.0%**	**3.8%**	**0.0%**	**0.0%**
Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct Patient Care	0.0%	12.5%	0.0%	56.5%	75.0%	66.7%	13.0%	12.5%	0.0%
Skills Labs	0.0%	0.0%	0.0%	57.1%	92.3%	33.3%	4.8%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	54.6%	80.0%	33.3%	9.1%	20.0%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**60.0%**	**87.5%**	**66.7%**	**8.0%**	**6.3%**	**0.0%**

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

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

- Twenty programs (15%) of the 136 that responded to the questions reported they have plans to decrease their overall clinical hours in some area.

- The most commonly provided reason for decreasing clinical hours was "students can meet learning objectives in less time", followed by "unable to find sufficient clinical space".

- Respondents provided additional categories, such as curriculum redesign and a requirement to reduce units, as reasons for reducing clinical hours and these have been added the Table below.

Table 66. Why Program is Reducing Clinical Hours

	%
Students can meet learning objectives in less time	55.0%
Unable to find sufficient clinical space	25.0%
Curriculum redesign or change	20.0%
Other	20.0%
Insufficient clinical faculty	15.0%
Need to reduce units	10.0%
Funding issues or unavailable funding	0.0%
Total reporting	**20**

RN Refresher Course

In 2015-2016, five nursing programs offered an RN refresher course, and 80 students completed one of these courses.

School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not requested by degree type. As a result, this breakdown is not available.

Institutional Accreditations

- The most commonly reported institutional accreditations were WASC-JC (56%) and WSCUC (34%).

Table 67. Institutional Accreditations

	% Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	56.1%
WASC – Senior College and University Commission (WSCUC)	34.1%
Other	4.5%
Accrediting Council for Independent Colleges and Schools (ACICS)	2.3%
Higher Learning Commission (HLC)	2.3%
Accrediting Bureau of Health Education Schools (ABHES)	1.5%
Accrediting Commission of Career Schools & Colleges (ACCSC)	1.5%
Northwest Commission on Colleges and Universities (NWCCU)	1.5%
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%
Number of schools that reported	**132**

Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing compliance (18%), managing human resources (9%), and managing the curriculum (8%).

Table 68. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	17.9%
Manage human resources	9.0%
Manage curriculum	8.3%
Manage fiscal resources	7.6%
Manage student enrollment	7.4%
Collaborate with college/district	7.1%
Facilitate student needs and activities	7.0%
Manage clinical resources	6.8%
Administration of other programs	6.3%
Facilitate staff development	5.6%
Promote community awareness and public relations	4.9%
Teaching students	4.7%
Manage information technology	2.9%
Manage college facilities	2.9%
Research	1.5%
Other (please describe)	0.4%
Number of Schools that Reported	**130**

- CNA, graduate, and LVN programs were the most commonly reported programs also administered by the Pre-licensure RN program director.

Table 69. Other Programs Administered by the RN Program Director

	Number of Schools
CNA	23
Graduate programs	23
LVN	21
HHA	15
Medical assisting	14
Other	14
EMT	12
Health sciences	11
Technician (i.e. psychiatric, radiologic, etc.)	6
Paramedic	5
Health professions	2
Respiratory therapy	2
RN to BSN programs	2
Number of Schools that Reported	**73**

Other Program Administration

Assistant Directors

- The majority of nursing schools (63%) have one assistant director.

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

- The majority of BSN (66%) programs and ELM (67%) programs are housed in schools with more than 200 students, while the majority of ADN programs are in schools with 100-199 students.

Table 70. 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	6.9%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%
1 Assistant Director	72.4%	80.0%	100%	63.3%	75.0%	66.7%	50.0%	44.0%	50.0%	64.8%	55.3%	64.3%
2 Assistant Directors	17.2%	20.0%	0.0%	30.6%	25.0%	33.3%	40.0%	24.0%	12.5%	27.3%	23.7%	14.3%
3 Assistant Directors	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.0%	0.0%	1.1%	10.5%	0.0%
>3 Assistant Directors	0.0%	0.0%	0.0%	4.1%	0.0%	0.0%	10.0%	16.0%	37.5%	3.4%	10.5%	21.4%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Percent of Program Type by School Size	33.7%	13.2%	20.0%	55.1%	21.1%	13.3%	11.2%	65.8%	66.7%	62.7%	26.8%	10.6%
Average # of hours allotted /week**	12.0	17.0	15.3	14.2	18.7	24.0	19.6	43.9	48.4	14.1	35.5	36.1
Average # of hours spent / week**	12.2	16.2	10.3	16.5	19.9	21.0	23.3	51.0	53.1	15.8	39.5	38.3

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

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

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

- This was especially true in larger programs where assistant directors spend between 10-19% more hours than were allotted administering the program.

- On average, ADN programs share fewer assistant directors and fewer hours allotted per assistant director than other programs. Assistant directors at ADN programs also appear to spend more time over their allotted time on average than do BSN and ELM assistant directors.

- ADN programs also tend to have fewer students, with 89% of ADN programs having less than 200 students compared to 34% of BSN and 43% of ELM programs.

Table 71. 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**
Assistant Director 1	10.5	19.8	15.3	9.3	11.2	21.0	11.0	12.8	16.8	10.6	14.4	17.2
Assistant Director 2	9.6	6.0	0.0	14.1	32.0	30.0	25.0	42.3	16.0	18.9	36.0	23.0
Assistant Director 3	20.0	0.0	0.0	0.0	0.0	0.0	0.0	59.5	0.0	20.0	59.5	0.0
Programs reporting	**24**	**5**	**3**	**43**	**7**	**3**	**8**	**25**	**8**	**75**	**37**	**14**
Average # of hours allotted /week**	12.0	17.0	15.3	14.2	18.7	24.0	19.6	43.9	48.4	14.1	35.5	36.1

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

Table 72. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type*

Number of Assistant Directors	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
Assistant director 1	11.2	19.8	10.3	11.4	14.2	21.0	13.2	14.9	19.3	12.1	15.6	16.7
Assistant director 2	9.8	2.0	0.0	18.6	37.0	0.0	30.0	45.5	24.0	21.3	43.6	24.0
Assistant director 3	20.0	0.0	0.0	0.0	0.0	0.0	0.0	75.5	0.0	20.0	75.5	0.0
All other assistant directors	0.0	0.0	0.0	56.0	0.0	0.0	0.0	121.0	108.0	56.0	121.0	108.0
Programs reporting	**25**	**5**	**3**	**5**	**8**	**2**	**8**	**24**	**8**	**38**	**37**	**13**
Average # of hours spent / week**	12.2	16.2	10.3	16.5	19.9	21.0	23.3	51.0	53.1	15.8	39.5	38.3

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

- The largest proportion of assistant director time is spent teaching students (42%) followed by facilitating student needs and activities (8%).

Table 73. Nursing Program Assistant Directors' Time

	% of Time Spent
Teaching students	41.8%
Facilitate student needs and activities	8.1%
Manage curriculum	7.6%
Manage nursing program compliance	7.3%
Manage clinical resources	6.6%
Facilitate staff development	5.5%
Manage student enrollment	4.9%
Manage human resources	4.4%
Collaborate with college/district	3.3%
Promote community awareness and public relations	2.5%
Manage information technology	1.8%
Manage college facilities	1.7%
Administration of other programs	1.7%
Manage fiscal resources	1.4%
Research	1.1%
Other (please describe)	0.6%
Number of Schools that Reported	**128**

Clerical Staff

- All but 5 schools reported clerical staff.[5]

- BSN and ELM programs generally had more clerical staff: 38% of ADN programs had 1 clerical staff compared to 24% of BSN programs and 21% of ELM programs. Only 12% of ADN programs had four or more clerical staff compared to 53% of BSN and 57% of ELM programs.

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

Table 74. 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	3.3%	20.0%	33.3%	0.0%	12.5%	33.3%	0.0%	0.0%	0.0%	1.1%	5.3%	14.3%
1 clerical staff	50.0%	40.0%	0.0%	38.8%	25.0%	33.3%	0.0%	12.0%	0.0%	38.2%	18.4%	7.1%
2 clerical staff	36.7%	0.0%	0.0%	28.6%	12.5%	0.0%	10.0%	12.0%	12.5%	29.2%	10.5%	7.1%
3 clerical staff	10.0%	40.0%	33.3%	22.4%	12.5%	33.3%	30.0%	8.0%	0.0%	19.1%	13.2%	14.3%
4 clerical staff	0.0%	0.0%	0.0%	4.1%	0.0%	0.0%	30.0%	20.0%	37.5%	5.6%	13.2%	21.4%
>4 clerical staff	0.0%	0.0%	33.3%	6.1%	37.5%	0.0%	30.0%	48.0%	50.0%	6.7%	39.5%	35.7%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Average hours per week**	**41.7**	**52.3**	**48.0**	**61.4**	**79.7**	**37.0**	**107.6**	**142.6**	**141.7**	**60.2**	**120.3**	**114.2**

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

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

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[5] It is unclear whether these schools had no clerical staff or did not answer the question.

Table 75. 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	30.4	35.0	0.0	35.1	24.0	30.0	0.0	40.0	0.0	33.0	34.0	30.0
2 clerical staff	49.7	0.0	0.0	59.1	80.0	0.0	60.0	80.0	80.0	55.2	80.0	80.0
3 clerical staff	68.3	69.5	46.0	80.2	104.0	44.0	104.7	67.5	0.0	82.4	75.6	45.0
4 clerical staff	0.0	0.0	0.0	135.0	0.0	0.0	117.7	146.0	136.7	124.6	146.0	136.7
>4 clerical staff	0.0	0.0	50.0	121.0	108.7	0.0	116.3	195.0	177.5	118.6	177.7	152.0
Programs reporting	**29**	**4**	**2**	**49**	**7**	**2**	**10**	**25**	**9**	**88**	**36**	**13**
Average hours per week**	**41.7**	**52.3**	**48.0**	**61.4**	**79.7**	**37.0**	**107.6**	**142.6**	**141.7**	**60.2**	**120.3**	**114.2**

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

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

Clinical Coordinators

- 80% (n=106) of schools that reported had at least one staff person working as a clinical coordinator or on clinical coordination tasks.

- ADN programs are more likely to report having no clinical coordinators on staff than BSN or ELM programs.

Table 76. Number of Clinical Coordinators by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
No clinical coordinator	30.0%	0.0%	0.0%	28.6%	0.0%	33.3%	10.0%	4.0%	12.5%	27.0%	2.6%	14.3%
1 clinical coordinator	40.0%	40.0%	33.3%	38.8%	37.5%	33.3%	40.0%	28.0%	0.0%	39.3%	31.6%	14.3%
2 clinical coordinators	10.0%	40.0%	33.3%	18.4%	37.5%	33.3%	30.0%	28.0%	25.0%	16.9%	31.6%	28.6%
>2 clinical coordinators	20.0%	20.0%	33.3%	14.3%	25.0%	0.0%	20.0%	40.0%	62.5%	16.9%	34.2%	42.9%
Programs reporting	**30**	**5**	**3**	**49**	**8**	**3**	**10**	**25**	**8**	**89**	**38**	**14**
Average hours per week**	**18.9**	**29.8**	**32.3**	**19.9**	**22.4**	**25.0**	**15.6**	**64.9**	**97.0**	**19.0**	**50.1**	**68.8**

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

- The 222 clinical coordinators identified by schools work an average of 15 hours per week (3,291/222). However, this total varies by program type and size of school. BSN and ELM programs reported a much larger number of hours per clinical coordinator than did ADN programs.

- Large BSN and ELM programs (>200 students) overall reported more hours per clinical coordinator than did small programs (<100 students).

Table 77. Average Number of Clinical Coordinator Hours by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			More than 200			All programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Clinical Coordinator 1	10.3	22.5	5.0	16.9	21.7	40.0	15.5	33.4	0.0	14.5	28.7	22.5
Clinical Coordinator 2	20.7	40.0	60.0	26.6	28.3	10.0	40.0	45.5	57.5	28.1	39.8	46.3
All other clinical coordinators	35.0	24.0	32.0	19.6	14.5	0.0	11.5	99.1	112.8	24.7	81.6	99.3
Programs reporting	**30**	**5**	**3**	**49**	**8**	**2**	**9**	**23**	**8**	**88**	**36**	**13**
Average hours per week**	**18.9**	**29.8**	**32.3**	**19.9**	**22.4**	**25.0**	**22.8**	**66.5**	**97.0**	**20.0**	**52.0**	**68.8**

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

Retention Specialists

- 36% (n=47) of schools reported having a student retention specialist or coordinator exclusively dedicated to the nursing program.

- Student retention specialists/coordinators worked an average of 20 hours per week.

Table 78. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type*

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Have a retention specialist	20.7%	0.0%	33.3%	49.0%	37.5%	0.0%	50.0%	33.3%	71.4%	39.8%	29.7%	50.0%
Average Hours per week**	13.8	0.0	20.0	21.1	14.0	0.0	17.0	29.0	27.3	19.1	26.1	26.1
Programs reporting	**29**	**5**	**3**	**49**	**8**	**2**	**9**	**22**	**7**	**87**	**35**	**12**

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

Factors Impacting Student Attrition

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

- 50% (n=63) of the 125 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 23% (n=29) of schools reported that personal reasons had the greatest impact on student attrition.

Table 79. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.9
Personal reasons (e.g. home, job, health, family)	2.1
Financial need	3.3
Clinical failure	3.5
Change of major or career interest	4.2
Transfer to another school	5.7
Number of schools that reported	**125**

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

Recruitment and Retention of Underrepresented Groups

- 29% of schools (n=37) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.

- The strategies most commonly-used by programs to recruit, support and retain students from groups underrepresented in nursing were student success strategies, such as mentoring and tutoring (88%), followed by personal counseling (72%), and additional financial support (57%).

- Most schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (72%, n=91).

  - Training described most commonly included faculty development and orientation (88%), faculty mentoring and peer mentoring programs (68%), training on various student success initiatives (66%), cultural diversity training (58%), and training on disabilities and accommodations (53%).

Table 80. Strategies for Recruiting, Supporting, and Retaining Underrepresented Students

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	88.1%
Personal counseling	72.2%
Additional financial support (e.g. scholarships)	57.1%
Program revisions (e.g. curriculum revisions, evening/weekend program)	18.3%
New admission policies instituted	15.1%
None	7.1%
Other	9.6%
Additional child care	4.8%
Number of schools that reported	**126**

Access to Prerequisite Courses

- 52 nursing schools (40% of the 129 that reported these data) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. 50 of these schools reported strategies used to address access to prerequisite courses.

- Adding science course sections and offering additional prerequisite courses on weekends, evenings and in the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 81. Access to Prerequisite Courses

	% Schools
Adding science course sections	72.0%
Offering additional prerequisite courses on weekends, evenings, and summers	52.0%
Agreements with other schools for prerequisite courses	42.0%
Accepting online courses from other institutions	42.0%
Providing online courses	28.0%
Transferable high school courses to achieve prerequisites	24.0%
Other	10.0%
Prerequisite courses in adult education	2.0%
Number of schools that reported	**50**

Restricting Student Access to Clinical Practice

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

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

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

Table 82. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from accrediting agency (Joint Commission)	7.3%	12.2%	40.2%	39.0%	1.2%	**82**
Electronic Medical Records	16.7%	20.2%	36.9%	25.0%	1.2%	**84**
Bar coding medication administration	10.7%	19.0%	44.0%	25.0%	1.2%	**84**
Automated medical supply cabinets	10.8%	22.9%	32.5%	22.9%	10.8%	**83**
Student health and safety requirements	19.3%	34.9%	21.7%	21.7%	2.4%	**83**
Glucometers	15.7%	54.2%	21.7%	6.0%	2.4%	**83**
Some patients due to staff workload	30.5%	31.7%	19.5%	15.9%	2.4%	**82**
IV medication administration	21.7%	41.0%	24.1%	10.8%	2.4%	**83**
Alternative setting due to liability	19.3%	39.8%	15.7%	3.6%	21.7%	**83**
Direct communication with health team	35.4%	50.0%	6.1%	2.4%	6.1%	**82**

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (76%) and staff still learning the system (53%).

- Schools reported that students were most frequently restricted from using medication administration systems due to liability (65%) and insufficient time to train students (38%).

Table 83. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Liability	43.5%	68.3%
Insufficient time to train students	81.2%	39.7%
Staff fatigue/burnout	34.8%	31.7%
Staff still learning and unable to assure documentation standards are being met	56.5%	23.8%
Cost for training	31.9%	19.0%
Other	10.1%	9.5%
Patient confidentiality	30.4%	6.3%
Number of schools that reported	**69**	**63**

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

- Schools compensate for training in areas of restricted student access by providing training in simulation lab (88%) and in the classroom (66%) and ensuring that all students have access to sites that train them in the area of restricted access (51%).

Table 84. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the simulation lab	88.0%
Training students in the classroom	66.3%
Ensuring all students have access to sites that train them in this area	50.6%
Purchase practice software, such as SIM Chart	43.4%
Other	12.0%
Number of schools that reported	**83**

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

Table 85. Clinical Area in Which Restricted Access Occurs

	% Schools
Medical/surgical	90.4%
Pediatrics	80.7%
Obstetrics	78.3%
Psychiatry/mental health	71.1%
Critical care	60.2%
Geriatrics	38.6%
Community health	26.5%
Other department	4.8%
Number of schools that reported	**83**

Collection of Student Disability Data

- In 2015-2016, schools were asked if they collect student disability data as part of the admission process. Thirty percent of schools reported that they did so and another 14% did not know.

Table 86. Schools' Collection of Disability Data

	% Schools
Yes	29.5%
No	56.6%
Don't Know	14.0%
Number of schools that reported	**129**

Funding of Nursing Program

- On average, schools reported that 83% of funding for their nursing programs comes from the operating budget of their college or university, while 12% of funding comes from government sources.

Table 87. Funding of Nursing Programs

	% Schools
Your college/university operating budget	82.8%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	12.0%
Industry (i.e. hospitals, health systems)	2.9%
Foundations, private donors	1.7%
Other	0.6%
Number of schools that reported	**130**

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

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

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

LVN to ADN Programs Only (7)

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

Reedley College at Madera Community
College Center
Unitek College

BSN Programs (38)

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

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

ELM Programs (14)

Azusa
Pacific University
California Baptist University
Charles R. Drew University of Medicine and
    Science
CSU Dominguez Hills
CSU Fullerton
CSU Long Beach
Samuel Merritt University
of Health Sciences

San Francisco State University
University of California Davis*
University of California Los Angeles
University of California San Francisco
University of San Diego Hahn School of
    Nursing
University of San Francisco
Western University

    *New programs in 2015-2016

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APPENDIX B – Definition List

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

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

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

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

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

APPENDIX C – BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	HealthImpact (formerly CINHC)
Audrey Berman	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care Services
Brenda Fong	Community College Chancellor's Office
Judy Martin-Holland	University of California, San Francisco
Robyn Nelson	West Coast University
Tammy Rice	Saddleback College
Stephanie R. Robinson	Fresno City College
Paulina Van	Samuel Merritt University

Ex-Officio Member

Dr. Joseph Morris	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing