California Board of Registered Nursing
2017-2018 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2017-2018 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix C. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Data presented in this report are from the academic year beginning August 1, 2017 and ending July 31, 2018. Census and associated demographic data were requested for October 15, 2018.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation

All 134 California nursing schools were invited to participate in the survey, and all 134 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey.[1] Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.[2]

Table 1. RN Program Response Rate

Program Type	# Programs Reporting	Total # Programs	Response Rate
ADN	86	86	100%
LVN-to-ADN	6	6	100%
BSN	37	37	100%
ELM	12	12	100%
Number of programs	**141**	**141**	**100%**

[1] Since last year's report, two new schools that offer ADN programs opened. One school that previously offered an LVN-to-ADN only program started to accept generic ADN students. One school that previously offered an ELM degree has closed that program.

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

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs

- 65.3% (n=91) of California pre-licensure nursing programs that reported data are ADN programs—including both generic ADN programs and LVN-to-ADN programs.
- The majority of California pre-licensure nursing programs are public (72.3%, n=102).

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	86	61.0%
LVN-to-ADN	6	4.3%
BSN	37	26.2%
ELM	12	8.5%
Total	141	100.0%
Public	102	72.3%
Private	39	26.7%

Applications to California Nursing Programs

- 37.9% (n=14,538) of the 38,359 qualified applications to pre-licensure nursing education programs received in 2017-2018 were accepted. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.
- 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*	38,754	669	31,124	4,379	74,926
Screened	30,433	669	25,343	3,875	60,320
Qualified	21,186	433	13,705	3,035	38,359
Accepted	6,449	192	6,873	1,024	14,538
% Qualified Applications Accepted	**30.4%**	**44.3%**	**50.1%**	**33.7%**	**37.9%**

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Number of Students Who Enrolled in California Nursing Programs

- ELM programs had the lowest share of students enroll into programs for which they were accepted (80.8%, n=827), followed by BSN programs (91.8%, n=6,310), while the ADN programs enrolled more students than they accepted (105.9%, n=6,831).
- ADN programs likely enrolled more students than the number of applications accepted because either (1) they added students from a waitlist, or (2) they admitted LVNs into the second year of a generic ADN program to replace an opening created by a generic ADN student that left the program

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Applications Accepted	6,449	192	6,873	1,024	14,538
New Student Enrollments	6,831	186	6,310	827	14,154
% Accepted Applications that Enrolled	**105.9%**	**96.9%**	**91.8%**	**80.8%**	**97.4%**

- As in prior years, some pre-licensure nursing programs (39.7%, n=56) enrolled more students in 2017-2018 than the reported number of available admission spaces. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Spaces Available	6,958	192	6,115	867	14,132
New Student Enrollments	6,831	186	6,310	827	14,154
% Spaced Filled with New Students Enrollments	**98.2%**	**96.9%**	**103.2%**	**95.4%**	**100.2%**

- In 2017-2018, 22.9% of programs (n=32) responding reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were “accepted students did not enroll”, “unable to secure clinical placements”, and “other”.
- Among the seven “Other” reasons provided by respondents were: accepting an unusually large class the prior year to clear a waitlist, higher than usual retention rate in the prior year, over-projection of offers of admission, and saving space to accommodate students who had difficulties.

Table 6. Programs That Enrolled Fewer Students in 2017-2018 than in 2016-2017

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Enrolled fewer	22.4%	16.7%	24.3%	25.0%	22.9%
Did not enroll fewer	77.6%	83.3%	75.7%	75.0%	77.1%
Number of programs reporting	**85**	**6**	**37**	**12**	**140**

Table 7. Reasons for Enrolling Fewer Students

	% of Programs	# of Programs
Accepted students did not enroll	53.1%	17
Unable to secure clinical placements for all students	25.0%	8
Other	21.9%	7
College/university requirement to reduce enrollment*	9.4%	3
Lost funding	3.1%	1
Insufficient faculty	3.1%	1
To reduce costs	3.1%	1
Lack of qualified applicants	0.0%	0
Program discontinued	0.0%	0
Number of programs reporting		**32**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The plurality (48.3%, n=6,831) 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	48.3%	6,831
LVN-to-ADN	1.3%	186
BSN	44.6%	6,310
ELM	5.8%	827
Total	**100.0%**	**14,154**

Newly Enrolled Students in 30-Unit Option

- 10 new students were reported enrolled in a 30-unit option track. This is considerably fewer students than were reported in 2016-2017, when 76 students were enrolled in a 30-unit track.

Table 9. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	Total
Number of 30-Unit option students	6	0	4	0	10
Number of programs with students enrolled in 30-unit track	3	0	1	0	4
Total number of programs reporting	**84**	**6**	**36**	**11**	**137**

Ethnic Distribution of Newly Enrolled Nursing Students

- 67.5% (n=9,120) of students who enrolled in a pre-licensure nursing program for the first time in 2017-2018 were ethnic minorities. This is a slight increase from last year when the proportion was 67.1%.
- Generic ADN programs enrolled the greatest share of ethnic minority students (68.7%, n=4,592), including the greatest proportion of Hispanic students (31.1%, n=2,078).

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Native American	0.6%	0.8%	0.7%	0.5%	0.6%
Asian	15.3%	7.6%	26.3%	23.1%	20.5%
Asian Indian	1.5%	3.4%	0.8%	0.8%	1.2%
Filipino	7.7%	11.8%	5.7%	3.0%	6.6%
Hawaiian/Pacific Islander	0.4%	0.0%	1.9%	0.3%	1.0%
African American	6.1%	0.0%	4.3%	9.8%	5.5%
Hispanic	31.1%	26.1%	19.5%	24.3%	25.6%
Multi-race	3.9%	2.5%	6.7%	5.0%	5.2%
Other	2.1%	7.6%	0.6%	0.3%	1.4%
White	31.3%	40.3%	33.6%	32.9%	32.5%
Total	**6,688**	**119**	**5,940**	**765**	**13,512**
Ethnic Minorities*	68.7%	59.7%	66.4%	67.1%	67.5%
# Unknown/ unreported	143	67	370	62	642

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

Gender Distribution of Newly Enrolled Nursing Students

- 21.7% (n=3,031) of students who enrolled in a pre-licensure program for the first time reported their gender was male.
- ADN and BSN programs had greater shares of men enrolling in their programs than did ELM and LVN-to-ADN programs.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Male	22.4%	13.0%	21.6%	18.2%	21.7%
Female	77.5%	87.0%	78.4%	81.7%	78.3%
Other	0.1%	0.0%	0.0%	0.1%	0.0%
Total	**6,806**	**123**	**6,214**	**819**	**13,962**
# Unknown/ unreported	25	63	96	8	192

Age Distribution of Newly Enrolled Nursing Students

- 70.3% (n=9,690) of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.
- BSN programs enrolled a larger proportion of students under 31 years of age (79.9%, n=4,962) than did other programs.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
17 – 20 years	3.9%	0.0%	19.4%	0.1%	10.6%
21 – 25 years	29.6%	5.7%	36.5%	37.6%	32.9%
26 – 30 years	28.3%	33.6%	24.1%	35.4%	26.8%
31 – 40 years	27.6%	43.4%	15.8%	19.6%	22.0%
41 – 50 years	8.8%	16.4%	3.6%	6.3%	6.4%
51 – 60 years	1.8%	0.0%	0.6%	1.0%	1.2%
61 years and older	0.1%	0.8%	0.0%	0.0%	0.1%
Total	**6,751**	**122**	**6,208**	**703**	**13,784**
# Unknown/ unreported	80	64	102	124	370

Veterans

- 89 programs reported 553 declared military veterans among newly enrolled students between August 1, 2017 and July 31, 2018. This represents approximately 3.9% of all newly enrolled students.
- More than one-fifth (21.2%, n=117) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and 11.6% (n=64) entered with an LVN license.

Table 13. Prior Experience of Newly Enrolled Veterans

	% of Veterans	# of Veterans
Prior health occupations training and/or experience	21.2%	117
Entered the program with an LVN license	11.6%	64
Entered the program as advanced placement	5.1%	28
Total Veterans	**37.8%**	**553**

- Eighty-nine (89) programs reported that special admission considerations are offered for military veterans. The most commonly reported special admission considerations were review of individual transcripts (59.6%, n=53) and credit for equivalent courses or transfer credits (58.4%, n=52).

Table 14. Special Admission Considerations Offered Veterans

	% of Programs	# of Programs
Review of individual transcripts	59.6%	53
Credit for equivalent courses or transfer credits	58.4%	52
Credit for pre-requisites and fundamentals for military medic or corpsman experience	56.2%	50
Priority admission	30.3%	27
Other	15.7%	14
Additional credit awarded in Multi-criteria screening process as defined in California Assembly Bill 548	9.0%	8
No special consideration for admission	5.6%	5
Number of programs reporting		**89**

- The most common special option, track, or service offered to veterans was counseling (51.8%, n=44), followed by challenge exams regardless of LVN licensure (43.5%, n=37).
- "Other" responses included: Military Articulation Plan to award credit for documented healthcare specialist training and experience, advanced placement—credit for 1st semester, faculty advising, fellowships, specific advisement faculty for veterans, funding for veterans, and content related to care of veterans and their families.

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

	% of Programs	# of Programs
Counseling	51.8%	44
Offering challenge exams, regardless of LVN licensure	43.5%	37
Offering challenge exams, if the veteran has an LVN license	27.1%	23
Medic/LVN-to-RN program	25.9%	22
No special options, tracks or services offered	20.0%	17
Other	8.2%	7
Veterans resource center*	4.7%	4
NCLEX support course specifically for veterans	2.4%	2
Number of programs reporting		**85**

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

Currently Enrolled Nursing Students

Nursing Student Census by Degree Type

- On October 15, 2018, 27,162 students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students, at 50.8% (n=13,788) of all nursing students enrolled on October 15, 2018.
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are presented in the table below.

Table 16. Student Census by Program Type

	% Currently Enrolled	# Currently Enrolled
ADN	45.2%	11,789
LVN-to-ADN	0.6%	170
BSN	50.8%	13,788
ELM	5.2%	1,415
Total	**100.0%**	**27,162**
ELM Post-licensure		612

Ethnic Distribution of Nursing Student Census

- More than two-thirds (66.9%, n=17,377) of students enrolled in a pre-licensure nursing program as of October 15, 2018, were from an ethnic minority group.
- The overall share of ethnic minority nursing students was similar across most program types, although the breakdowns of different groups vary between program types. LVN-to-ADN programs were the least diverse this year (62.4%, n=78), and ELM programs were the most diverse (68.3% for pre-licensure, n=887, 63.1% for post-licensure, n=380).
- Generic ADN programs had the greatest share and number of Hispanic students (31.7%, n=3,664). ELM programs had the greatest share of African American students (10.6% for pre-licensure, n=137, 7.6% for post-licensure, n=46).
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are provided 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	0.6%	1.6%	0.5%	0.8%	0.6%	1.2%
Asian	12.9%	13.6%	25.7%	25.8%	19.9%	25.4%
Asian Indian	1.7%	1.6%	0.7%	0.9%	1.2%	0.2%
Filipino	7.7%	3.2%	5.5%	0.0%	6.2%	1.0%
Hawaiian/ Pacific Islander	0.4%	0.8%	1.8%	0.8%	1.1%	1.5%
African American	5.2%	1.6%	3.6%	10.6%	4.7%	7.6%
Hispanic	31.7%	30.4%	21.3%	24.3%	26.2%	20.8%
Multi-race	5.0%	4.0%	6.7%	4.8%	5.8%	5.0%
Other	2.0%	5.6%	0.8%	0.3%	1.3%	0.5%
White	32.9%	37.6%	33.3%	31.7%	33.1%	36.9%
Total	**11,550**	**125**	**12,994**	**1,298**	**25,967**	**602**
Ethnic Minorities*	67.1%	62.4%	66.7%	68.3%	66.9%	63.1%
# Unknown/ unreported	239	45	794	117	1,195	10

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

Gender Distribution of Nursing Student Census Data

- Men represented 21.0% (n=5,663) of all students enrolled in pre-licensure nursing programs as of October 15, 2018.
- Generic ADN programs had the greatest shares of men enrolled (22.1%, n=2,598), while LVN-to-ADN programs had the smallest share (11.2%, n=14).

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	22.1%	11.2%	20.4%	18.5%	21.0%	16.3%
Female	77.8%	88.8%	79.6%	81.4%	79.0%	83.3%
Other	0.1%	0.0%	0.0%	0.1%	0.0%	0.3%
Total	**11,766**	**125**	**13,679**	**1,412**	**26,982**	**725**
# Unknown/ unreported	23	45	109	3	180	1

Age Distribution of Nursing Student Census Data

- 72.5% (n=19,003) of students enrolled in a pre-licensure nursing program as of October 15, 2018 were younger than 31 years of age.
- BSN programs had the greatest percentage of students under 31 years of age (82.2%, n=10,965), and LVN-to-ADN programs had the smallest percentage (51.2%, n=64).

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%	18.7%	0.0%	10.8%	0.0%
21 – 25 years	30.0%	10.4%	43.4%	35.7%	36.9%	9.5%
26 – 30 years	28.9%	40.8%	20.1%	36.9%	24.8%	50.5%
31 – 40 years	28.1%	38.4%	14.1%	20.1%	20.7%	31.6%
41 – 50 years	8.6%	8.0%	3.2%	5.9%	5.7%	6.0%
51 – 60 years	1.5%	2.4%	0.5%	1.4%	1.0%	1.8%
61 years and older	0.2%	0.0%	0.0%	0.0%	0.1%	0.6%
Total	**11,632**	**125**	**13,345**	**1,107**	**26,209**	**497**
# Unknown/ unreported	157	45	443	308	953	229

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,413 students were approved for accommodations for a declared disability.
- Since only 43 schools (32.1%) reported that they would be able access and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported.
- Exam accommodations were the most commonly reported (86.6%, n=1,223). These accommodations were used extensively by ADN and BSN programs, and somewhat less so by ELM programs. Academic counseling and advising and disability-related counseling and referral were also common among ADN programs.
- "Other" included: front row seating/stretch breaks, tests on paper with 14-point text, extra time for tests or assignments, extra breaks or extra time for breaks, padded chair, access to copy of instructor's notes, extra instructor in clinical, excused absences, and tutoring.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Exam accommodations (modified/extended time/distraction reduced space)	99.6%	100.0%	71.0%	59.5%	86.6%
Academic counseling/advising	58.4%	71.4%	8.5%	7.1%	36.9%
Disability-related counseling/referral	41.9%	0.0%	6.4%	7.1%	26.2%
Note-taking services/reader/audio recording/smart pen	29.4%	21.4%	16.3%	25.0%	24.1%
Priority registration	26.7%	35.7%	4.7%	0.0%	17.0%
Adaptive equipment/physical space/facilities	10.4%	0.0%	4.0%	4.8%	7.6%
Assistive technology/ alternative format	8.4%	0.0%	2.1%	6.0%	5.8%
Interpreter and captioning services	2.9%	0.0%	3.6%	0.0%	3.0%
Other	2.4%	0.0%	16.5%	34.5%	9.6%
Reduced course load	0.1%	0.0%	0.6%	1.2%	0.4%
Transportation/mobility assistance and services/parking	0.0%	0.0%	0.0%	7.1%	0.4%
Service animals	0.0%	0.0%	0.9%	0.0%	0.4%
Total Students*	**787**	**14**	**528**	**84**	**1,413**

*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 2017-2018, 11,890 students completed a pre-licensure nursing program in California.
- Generic ADN programs had the greatest number of completions (46.4%, n=5,668) followed by BSN programs (42.8%, n=5,224).
- Only four students were reported completing a 30-unit option program.

Table 21. Nursing Student Completions by Program Type

	% of Completions	# of Completions
ADN	46.4%	5,668
LVN to ADN	1.4%	176
BSN	42.8%	5,224
ELM*	6.7%	822
Total	**100.0%**	**11,890**

*318 students completed the post-licensure section of their Program and 822 completed the pre-licensure segment

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 64.7% (n=7,261) of students who completed a pre-licensure nursing program were from minority ethnic groups.
- This proportion was similar across program types except for LVN-to-ADN programs, which had a smaller proportion of students from ethnic minorities (58.0%, n=65).
- Generic ADN programs have the greatest share of Hispanics completing (29.1%, n=1,595). ELM pre-licensure programs have the greatest proportion of African Americans (10.9%, n=84)) completing.

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	0.6%	2.7%	0.6%	0.5%	0.6%	0.0%
Asian	13.5%	15.2%	22.5%	23.5%	18.1%	26.2%
Asian Indian	2.0%	1.8%	2.0%	0.5%	1.9%	0.7%
Filipino	8.1%	2.7%	8.4%	2.7%	7.8%	1.3%
Hawaiian/Pacific Islander	0.3%	0.0%	1.4%	1.4%	0.8%	0.7%
African American	5.2%	1.8%	3.5%	10.9%	4.8%	5.3%
Hispanic	29.1%	24.1%	20.0%	20.5%	24.5%	19.9%
Multi-race	4.6%	6.3%	5.2%	4.5%	4.9%	6.3%
Other	2.0%	3.6%	0.6%	0.0%	1.3%	1.7%
White	34.7%	42.0%	35.9%	35.3%	35.3%	37.9%
Total	**5,490**	**112**	**4,856**	**770**	**11,228**	**301**
Ethnic Minorities*	65.3%	58.0%	64.1%	64.7%	64.7%	62.1%
# Unknown/ unreported	178	64	368	52	662	17

*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

- 20.3% (n=2,368) of all students who completed a pre-licensure nursing program were male.
- Generic ADN, BSN, and ELM post-licensure programs had similar shares of male completions (20.3-20.9%), while LVN-to-ADN and ELM pre-licensure programs had smaller shares of male students (9.5% and 16.4%, respectively).

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	20.9%	9.5%	20.6%	16.4%	20.3%	21.7%
Female	79.0%	90.5%	79.4%	83.4%	79.6%	78.0%
Other	0.1%	0.0%	0.0%	0.1%	0.1%	0.3%
Total	**5,599**	**116**	**5,104**	**821**	**11,640**	**318**
# Unknown/ unreported	69	60	120	1	250	0

Age Distribution of Students Who Completed a Nursing Program

- 66.9% (n=7,575) of students completing a nursing program in 2017-2018 were younger than 31 years of age when they completed their program.
- BSN programs had the largest proportion of completions by students under 31 years of age (76.5%, n=3,887).
- People 41 years and older accounted for just 8.7% (n=984) of completions from all programs, but 12.0% (n=3,257) of ADN completions, and 16.5% (n=44) of LVN-to-ADN completions.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
17 – 20 years	1.3%	0.0%	4.8%	0.0%	2.8%	0.0%
21 – 25 years	26.2%	7.0%	43.5%	25.6%	33.7%	8.4%
26 – 30 years	31.1%	31.3%	28.3%	40.8%	30.4%	41.6%
31 – 40 years	29.3%	45.2%	18.5%	25.7%	24.5%	40.6%
41 – 50 years	9.8%	14.8%	4.2%	6.9%	7.2%	7.9%
51 – 60 years	2.2%	1.7%	0.6%	0.9%	1.4%	1.5%
61 years and older	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
Total	**5,554**	**115**	**5,079**	**583**	**11,331**	**202**
# Unknown/ unreported	114	61	145	239	559	116

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 802 students who completed their programs in 2017-2018 had an accommodation for a declared disability.
- Since only 43 schools (32.1%) reported that they would be able access and report aggregate student disability data as part of this survey, the number of students with accommodations may be underreported.
- Exam accommodations (90.0%, n=722) was the most commonly provided accommodation, followed by academic counseling and advising (28.1%, n=225) and disability-related counseling and referral (27.4%, n=220).
- "Other" responses included: additional breaks during exams and classes, and preferential seating.

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)	95.4%	16.7%	90.3%	100.0%	90.0%
Academic Counseling/Advising	37.9%	16.7%	5.8%	12.5%	28.1%
Disability-Related Counseling/Referral	37.5%	0.0%	7.8%	12.5%	27.4%
Note-Taking Services/Reader/Audio Recording/Smart Pen	28.4%	4.8%	16.5%	37.5%	24.3%
Priority Registration	23.4%	9.5%	3.9%	0.0%	17.2%
Adaptive Equipment/Physical Space/Facilities	9.9%	0.0%	3.4%	6.3%	7.6%
Assistive Technology/Alternative Format	4.5%	0.0%	3.9%	12.5%	4.2%
Interpreter and Captioning Services	3.3%	0.0%	0.0%	0.0%	2.2%
Other	1.3%	0.0%	16.0%	12.5%	5.2%
Transportation/Mobility Assistance and Services/Parking	0.2%	0.0%	0.0%	0.0%	0.1%
Service Animals	0.2%	0.0%	0.5%	0.0%	0.2%
Reduced Course load	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of students receiving accommodations*	**538**	**42**	**206**	**16**	**802**

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

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 9.6% in 2017-2018.
- ELM programs had the lowest attrition rate (3.0%); ADN programs the highest (11.4%).

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Students scheduled to complete the program	**7,076**	**194**	**5,293**	**833**	**13,396**
Completed On-time	5,420	154	4,360	790	10,724
Still Enrolled	847	27	496	18	1,388
Total Attrition	**809**	**13**	437	25	1,284
Dropped Out	405	6	145	17	573
Dismissed	404	7	292	8	711
Completed Late	407	65	517	14	1,003
On-time Completion Rate**	**76.6%**	**79.4%**	**82.4%**	**94.8%**	**80.1%**
Attrition Rate***	**11.4%**	**6.7%**	**8.3%**	**3.0%**	**9.6%**

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2017-2018, Native American students had the lowest attrition rate but also the lowest on-time completion rate (49.1%). However, the total number of Native American students is small and thus the rates should be interpreted with caution. African American students had the highest attrition rate (17.1%) and the second lowest on-time completion rate (69.7%). Some schools did not have complete race/ ethnicity data for their on-time completion and attrition reporting; these are included in "unknown".

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

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program	114	2,500	614	1,020	3,084	4,171	700	1,193
Completed On-time	56	1,962	428	781	2,404	3,491	581	1,021
Still enrolled	51	283	81	123	381	360	45	64
Total attrition	**7**	**255**	**105**	**116**	**299**	**320**	**74**	**108**
Dropped Out	*3*	*94*	*35*	*29*	*174*	*155*	*30*	*53*
Dismissed	*4*	*161*	*70*	*87*	*125*	*165*	*44*	*55*
Completed late*	4	204	48	101	212	249	79	106
On-time Completion Rate**	**49.1%**	**78.5%**	**69.7%**	**76.6%**	**78.0%**	**83.7%**	**83.0%**	**85.6%**
Attrition rate***	**6.1%**	**10.2%**	**17.1%**	**11.4%**	**9.7%**	**7.7%**	**10.6%**	**9.1%**

*These completions are not included in the calculations for either completion or attrition rates.
**Completion rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were dismissed) / (students scheduled to complete the program)
Note: Data for traditional and accelerated program tracks are combined in this table.
Note: Four of these programs reported "0", 3 because they are new, and 1 has a zero total for other reasons.

Employment of Recent Nursing Program Graduates

- Program directors were asked to report the employment of recent graduates from their program. Program directors may not have accurate information about all graduates so these estimates may have some error.
- Across all programs, 63.0% of recent RN graduates employed in nursing in October 2018 were reported by program directors to be working in hospitals.
- Graduates of BSN programs were the most likely to work in hospitals (76.1%), while graduates of ELM programs were the least likely (53.8-54.6%). Those completing pre-licensure ELM programs were more likely than other graduates to be pursuing additional nursing education (28%).
- Other employment locations written in by respondents included schools, hospice, dialysis, county jails, prisons, and overseas military base.
- Statewide, programs reported that 2.4% of nursing graduates from the prior academic year were unable to find employment by October 2018.
- An additional 7.2% of nurses who graduated between 8/1/17 and 7/31/18 had not yet obtained licenses as of October 2018.
- Nursing schools reported that 83.3% of their recent RN graduates employed in nursing were employed in California.

Table 28. Employment of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Hospital	58.1%	75.2%	76.1%	54.6%	**63.0%**	53.8%
Pursuing additional nursing education	13.0%	5.2%	5.5%	28.2%	**12.0%**	3.9%
Not yet licensed	8.7%	3.6%	5.5%	2.5%	**7.2%**	0.0%
Long-term care facility	7.5%	11.0%	3.8%	2.1%	**6.3%**	3.1%
Other health care facility	6.8%	0.0%	2.7%	3.8%	**5.3%**	13.8%
Community/public health facility	3.0%	0.0%	3.1%	4.4%	**3.0%**	22.0%
Unable to find employment	2.6%	0.0%	2.5%	1.9%	**2.4%**	1.0%
Other setting	0.3%	5.0%	0.7%	2.5%	**0.8%**	2.3%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2017-2018, on average, the employment setting was unknown for 16.1% of recent graduates.

Student Debt Load

- The overall average debt load of nursing graduates was $24,750. ELM students had the highest average debt load, and ADN students had the lowest average debt load.
- Private school graduates had an average debt load of $52,802, while public school graduates averaged $12,244.

Table 29. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average debt load	$10,297	$16,250	$35,126	$101,898	$24,750
Private	$32,608	$35,000	$45,988	$106,511	$52,802
Public*	$5,978	$10,000	$22,815	$91,134	$12,244
Number of programs reporting	**74**	**4**	**32**	**10**	**120**

*Thirteen programs, 12 of them at community colleges, reported "$0" in student debt.

Time to Complete

- Most programs are on a semester schedule (87.9%, n=123) although some are on a quarter schedule (11.4%, n=16). Respondents also described "other" schedules, including eight week blocks, 1-month terms, semester units taught in quarter blocks, and different schedules for traditional programs (semesters) vs. an accelerated program (10-week sessions). All respondents but one could categorize their program's schedule into either a semester or quarter system (see footnote).

Table 30. Type of Schedule by Program Type

	ADN	LVN	BSN	ELM	Total
Semester	93.0%	100.0%	77.8%	75.0%	87.9%
Quarter	7.0%	0.0%	19.4%	25.0%	11.4%
Other*	0.0%	0.0%	2.8%*	0.0%	0.7%
Total	**100%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Number of programs reporting	**86**	**6**	**36**	**12**	**140**

* "The University measures its educational programs in credit hours, but does not use a semester, trimester or quarter system."

- In 2017-2018, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 31 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported averages for their programs.

Table 31. Average Time to Completion by Schedule and Program Type

	ADN	LVN-to-ADN	BSN	ELM min*	ELM max*
Full-Time Generic Students					
Average time to completion, semesters	4.2	N/A	6.8	4.7	5.0
Average time to completion, quarters	7.6	N/A	9.0	5.7	5.7
Number of programs reporting	**85**	**0**	**34**	**11**	**11**
Full-Time Accelerated Students					
Average time to completion, semesters	3.0	2.0	4.9	NA	NA
Average time to completion, quarters	8.0	N/A	7	NA	NA
Number of programs reporting	**47**	**1**	**13**	**-**	**-**

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

- In 2017-2018, respondents with ADN programs were asked to give common reasons ADN graduation was delayed.
- The most common reason was that the “student had to repeat one or more courses to pass / progress” (95.2%, n=80), followed by “student had personal issue(s) that required time away from school” (81.0%, n=68).

Table 32. Reasons for Delayed Completion, ADN Students Only

	% of Program	# of Programs
Student had to repeat one or more courses to pass/progress	95.2%	80
Student had personal issue(s) that required time away from school	81.0%	68
Student changed course of study	14.3%	12
Other	7.1%	6
Unable to obtain a required course(s) to progress	2.4%	2
Inadequate academic advising	1.2%	1
Required pre-requisite or required course not offered	0.0%	0
Does not apply as our program is not a traditional 2 year program	0.0%	0
Number of programs reporting	**100.0%**	**84**

Faculty Data

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

Full-Time and Part-Time Faculty Data

- On October 15, 2018, there were 4,939 nursing faculty.[3] More than two-thirds were part-time faculty (68.4%, n=3,378).
- The faculty vacancy rate in pre-licensure nursing programs was 8.0%.

Table 33. Total Faculty and Faculty Vacancies

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	**4,939**	**430**	**8.0%**
Full-Time Faculty	1,561	196	11.2%
Part-Time Faculty	3,378	234	6.5%

- In 2017-2018, 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. 43.2% (n=57) of 132 schools responding agreed. These 57 schools were asked to rank the reason for this shift.
- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions. “Other” reasons included location of campus being either too remote or unattractive to outside applicants, and college process making it difficult to hire full-time faculty in a timely fashion.

Table 34. Reasons for Hiring More Part-Time Faculty

	Average rank*	Schools reporting
Non-competitive salaries for full time faculty	2.8	51
Shortage of RNs applying for full time faculty positions	3.2	50
Insufficient number of full time faculty applicants with required credential	3.5	48
Insufficient budget to afford benefits and other costs of FT faculty	4.2	43
Need for part-time faculty to teach specialty content	4.5	48
Private, state university or community college laws, rules or policies	5.7	50
Need for faculty to have time for clinical practice	6.4	45
Other	6.6	44
To allow for flexibility with respect to enrollment changes	7.0	14
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.7	44

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

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

- Nearly all full-time and most part-time faculty positions are budgeted positions funded by the school's general fund. Thirteen percent of part-time faculty positions are paid entirely with external funding, compared with only 1.5% of full-time faculty positions.

Table 35. Funding of Faculty Positions

	% Full-Time Faculty	% Part-Time Faculty
Budgeted positions	94.9%	80.3%
100% external funding	1.5%	13.0%
Combination of the above	2.9%	5.6%
Total Faculty	**1,561**	**3,378**

- The majority of faculty (56.9%, n=2,748) teaches clinical courses only. Almost one-third (32.1%, n=1,549) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (11.0%, n=531).

Table 36. Faculty Teaching Assignments

	% All Faculty	# All Faculty
Clinical courses only	56.9%	2,748
Didactic courses only	11.0%	531
Clinical & didactic courses	32.1%	1,549
Total Faculty	**100.0%**	**4,828**
Unknown		**111**

- 92 of 134 schools (68.7%) reported that faculty in their programs work an overloaded schedule, and 95.6% (n=88) of these schools pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 43.6% (n=58) of schools reported that their externally funded positions will continue to be funded for the 2017-2018 academic year. If these positions are not funded, schools reported that they would be able to enroll only 10,463 students in pre-licensure RN programs in 2017-2018, which would be a 26.1% decrease in new enrollments compared to the 14,154 new students that enrolled in RN programs in 2017-2018.

Table 37. External Funding for Faculty Next Year

	% of Schools	# of Schools
Will continue	43.6%	58
Will not continue	1.5%	2
Unknown	7.5%	10
Not applicable	47.4%	63
Number of schools reporting		**133**

Faculty Demographic Data

- Nursing faculty remain predominantly white (57.5%, n=2,381) and female (82.7%, n=3,825). Forty percent (n=1,615) of faculty is between 41 and 55 years of age and almost one-third (31.9%, n=1,098) of faculty are over 55 years of age.

Table 38. Faculty Ethnicity

Race/Ethnicity	% Faculty	# Faculty
Native American	0.5%	21
Asian	10.3%	427
Asian Indian	1.4%	56
Filipino	7.1%	` 295
Hawaiian/Pacific Islander	0.4%	15
African American	9.4%	390
Hispanic	11.2%	462
Multi-race	1.3%	52
Other	0.9%	39
White	57.5%	2,381
Number of faculty	**100.0%**	**4,138**
Ethnic Minorities*	42.5%	1,757
Unknown/unreported		801

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

Table 39. Faculty Gender and Age

Gender	% Faculty	# Faculty
Men	12.9%	597
Women	82.7%	3,825
Other	0.0%	2
Number of faculty	**100.0%**	**4,424**
Unknown/unreported		515
Age	% Faculty	# Faculty
30 years or younger	6.7%	269
31 – 40 years	21.1%	848
41 – 50 years	25.1%	1,008
51 – 55 years	15.1%	607
56 – 60 years	12.2%	491
61 – 65 years	12.8%	515
66 – 70 years	4.7%	190
71 years and older	2.0%	82
Number of faculty	**100.0%**	**4,010**
Unknown/unreported		929

Faculty Education

- On October 15, 2018, almost all full-time faculty (91.7%) held a master's or doctoral degree, while only 58.7% of part-time faculty held a graduate degree.
- 8.4% of all active faculty (n=415) were reported to be pursuing an advanced degree as of October 15, 2018.

Table 40. Highest Level of Education of Faculty

	% Full-Time Faculty	% Part-Time Faculty
Associate degree in nursing (ADN)	2.7%	7.5%
Baccalaureate degree in nursing (BSN)	5.4%	33.2%
Non-nursing baccalaureate	0.1%	0.6%
Master's degree in nursing (MSN)	58.6%	49.1%
Non-nursing master's degree	2.6%	1.9%
PhD in nursing	12.2%	2.7%
Doctorate of Nursing Practice (DNP)	11.5%	3.0%
Other doctorate in nursing	3.0%	1.0%
Non-nursing doctorate	3.8%	1.1%
Number of faculty	**1,568**	**2,952**
Unknown/unreported*	-7	426

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

Recruiting Diverse Faculty

- In 2017-2018 program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was to send job announcements to a diverse group of institutions and organizations (75.8%, n=100), followed by highlighting campus and community demographics (69.7%, n=92), and sharing school and program goals and commitments to diversity (68.9%).

Table 41. Strategies for Recruiting Diverse Faculty

	% of Schools	# of Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	75.8%	100
Highlight campus and community demographics	69.7%	92
Share program/school goals and commitments to diversity	68.9%	91
Share faculty development and mentoring opportunities	51.5%	68
Use of publications targeting minority professionals (e.g. Minority Nurse)	35.6%	47
Highlight success of faculty, including faculty of color	34.8%	46
Showcase how diversity issues have been incorporated into the curriculum	25.8%	34
Other	7.6%	10
External funding and/or salary enhancements (e.g. endowed lectureship)	5.3%	7
Number of schools reporting		**132**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (90.9%) and program policies (88.6%) and were the most frequently reported methods used to prepare part-time faculty to teach.

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

	% of Schools	# of Schools
Faculty orientation	90.9%	120
Program policies	88.6%	117
Mentoring program	74.2%	98
Administrative policies	74.2%	98
Specific orientation program	70.5%	93
Teaching strategies	70.5%	93
Curriculum review	65.2%	86
External training program	11.4%	15
Other	3.0%	4
None	0.0%	0
Number of schools reporting		**132**

Faculty Attrition

- Nursing schools reported 161 full-time and 361 part-time faculty members as having retired or left the program in 2017-2018.
- Schools reported that an additional 121 faculty members (106 full-time and 15 part-time) are expected to retire or leave the school in 2017-2018.
- The most frequently cited reason for having a faculty member leave the program in 2017-2018 was retirement (66.7%, n=58), followed by “resigned for unknown reasons” (27.6%, n=24), and relocation of spouse or other family obligation (20.7%, n=18).
- Workload (3.4%, n=3), workplace climate (1.1%, n=1), and layoffs (0%, n=0) were the least common reasons reported for faculty leaving their positions.

Table 43. Reasons Faculty Leave Their Positions

	% of Schools	# of Schools
Retirement	66.7%	58
Resigned for unknown reasons	27.6%	24
Relocation of spouse or other family obligation	20.7%	18
Return to clinical practice	17.2%	15
Termination (or requested resignation)	17.2%	15
Career advancement	16.1%	14
Salary/Benefits	13.8%	12
Personal health issues	9.2%	8
Other	4.6%	4
Workload	3.4%	3
Workplace climate	1.1%	1
Layoffs (for budgetary reasons)	0.0%	0
Number of schools reporting		**87**

- In 2017-2018, twenty-four schools reported that 40 active full-time faculty went from full-time to part-time.
- The main reason schools reported for faculty going from full-time to part-time schedules was preparation for retirement (50.0%, n=12) followed by other miscellaneous reasons (33.3%, n=8).
- “Other” reasons including faculty relocating, accepting a leadership position, pursuing an advanced degree (2), retired then recalled (2).

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

	% of Schools	# of Schools
Preparing for retirement	50.0%	12
Other	33.3%	8
Return to clinical practice	25.0%	6
Family obligations	20.8%	5
Personal health issues	4.2%	1
Requested by program due to budgetary reason	4.2%	1
Workload	4.2%	1
Workplace climate	0.0%	0
Number of schools reporting		**24**

Faculty Hiring

- 116 schools reported hiring a total of 862 faculty members (180 full-time and 682 part-time) between August 1, 2017 and July 31, 2018.
- Forty-two percent (42.3%, n=365) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (68.7%, n=79) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching at another nursing school and/or completed a graduate degree program in the last two years. The second-largest proportion (61.7%, n=71) reported that their newly hired faculty had experience teaching in a clinical setting.
- Five schools reported they were under a hiring freeze for active faculty at some point between August 1, 2017 and July 31, 2018, and all of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.
- Other characteristics described by respondents included faculty that were hired full-time but had previously been part-time with the school and faculty that had experience with clinical staff teaching and patient education.

Table 45. Characteristics of Newly Hired Faculty

	% of Schools	# of Schools
Experience teaching at another nursing school	68.7%	79
Completed a graduate degree program in last two years	68.7%	79
Experience teaching as a nurse educator in a clinical setting	61.7%	71
Experience student teaching while in graduate school	47.0%	54
No teaching experience	34.8%	40
Experience teaching in a setting outside of nursing	27.0%	31
Other	4.3%	5
Number of schools that reported*		**115**

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

- The most common reason for hiring new faculty was to replace faculty that had left or retired, followed by the need to fill longstanding faculty vacancies.
- Other reasons for hiring faculty included needing to cover specialty topics (4) and to cover clinical placements with smaller numbers of students allowed per group.

Table 46. Reasons for Hiring Faculty

	% of Schools	# of Schools
To replace faculty that retired or left the program	86.3%	101
To fill longstanding faculty vacancies (positions vacant for more than one year)	32.5%	38
To reduce faculty workload	23.9%	28
Due to program expansion	17.9%	21
Other	9.4%	11
Number of schools reporting		**117**

Barriers to Recruiting Faculty

- Non-competitive salaries (79.4%, n=104) and an insufficient number of faculty applicants with the required credentials (79.4%, n=104) were the most frequently reported barriers to faculty recruitment.
- 41.2% (n=54) of respondents reported that the workload responsibilities of faculty were a barrier to recruitment.
- 38.2% (n=50) of respondents reported that BRN rules and regulations were a barrier to recruiting faculty.

Table 47. Barriers to Recruiting Faculty

	% of Schools	# of Schools
Insufficient number of faculty applicants with required credentials	79.4%	104
Non-competitive salaries	79.4%	104
Workload (not wanting faculty responsibilities)	41.2%	54
BRN rules and regulations	38.2%	50
Private, state university or community college laws, rules or policies	22.1%	29
Overall shortage of RNs	17.6%	23
No barriers	6.9%	9
Other	2.3%	3
Number of schools reporting		**131**

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (53.8%), closely followed by psychiatry/mental health (52.3%) were the most difficult areas for which to recruit new active faculty.
- 12.9% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.
- Other clinical areas that were difficult to hire for were described by respondents, including "generalist", faculty for the FNP program, simulation director with a PhD or DNP, and neonatal for post-licensure.

Table 48. Difficult to Hire Clinical Areas

	% of Schools	# of Schools
Pediatrics	53.8%	71
Psych/Mental Health	52.3%	69
Obstetrics/Gynecology	39.4%	52
Medical-surgical	29.5%	39
Geriatrics	15.2%	20
No clinical areas	12.9%	17
Critical Care	9.1%	12
Community Health	9.1%	12
Other	3.0%	4
Number of schools reporting		**132**

Faculty Salaries

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

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

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$65,014	$85,979	$76,456	$97,223
10 months	$75,550	$97,990	$81,284	$108,081
11 months	$79,622	$97,520	$81,950	$113,198
12 months	$74,591	$99,873	$73,470	$111,103

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA, scores on pre-enrollment assessment tests, minimum grade level in prerequisite courses, and completion of prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was important for ADN programs, and to a lesser extent, LVN-to-ADN and BSN programs.
- A letter of reference, personal statement, and interviews were important factors in admission for many ELM programs, in addition to minimum/cumulative GPA.
- Health-related work experience was important for 43.2% of BSN programs.
- “Multi-criteria screening as defined in California Assembly Bill 548” was an important factor for 54.1% of ADN programs and 33.3% of LVN-to-ADN programs. This legislation applies specifically to community colleges.
- Other admission criteria described by respondents included conduct clearance, UC admissions holistic review based on 14 different factors, critical thinking test, CNA certification, and high school sciences advanced and high school math.

Table 50. Admission Criteria by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Minimum/Cumulative GPA	70.6%	100.0%	86.5%	91.7%	77.9%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	82.4%	66.7%	73.0%	41.7%	75.7%
Minimum grade level in prerequisite courses	63.5%	83.3%	67.6%	66.7%	65.7%
Completion of prerequisite courses (including recency and/or repetition)	67.1%	83.3%	78.4%	0.0%	65.0%
Science GPA	65.9%	50.0%	62.2%	50.0%	62.9%
Health-related work experience	37.6%	33.3%	43.2%	33.3%	38.6%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	54.1%	33.3%	0.0%	0.0%	34.3%
Letter of reference/recommendation	10.6%	0.0%	43.2%	91.7%	25.7%
Lottery	34.1%	0.0%	0.0%	0.0%	20.7%
Interview	11.8%	0.0%	29.7%	66.7%	20.7%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	25.9%	16.7%	0.0%	0.0%	16.4%
Personal statement	16.5%	0.0%	0.0%	75.0%	16.4%
Other	2.4%	0.0%	16.2%	16.7%	7.1%
Geographic location	1.2%	0.0%	16.2%	8.3%	5.7%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**85**	**6**	**37**	**12**	**140**

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (74.6%) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.
- Random selection was used by generic ADN and LVN-to-ADN programs but was not used by any BSN or ELM programs.
- ELM programs frequently reported using the interview and goal statement as selection criteria.
- Other selection criteria described by respondents included many descriptions of admission criteria (GPA, letters of admission, grades, work experience, academic achievement, leadership ability, etc.). Some described selection criteria such as hybrid methods of selection such as lottery/random selection--75%-80% multi-criteria screening tool and 20-25% random selection, rank list that includes multi-criteria, and “fill cohort then offer admission to next cohort”.

Table 51. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	65.8%	50.0%	91.9%	91.7%	74.6%
Random selection	35.4%	50.0%	0.0%	0.0%	23.1%
Interviews	11.4%	0.0%	32.4%	66.7%	21.6%
Modified random selection	19.0%	0.0%	0.0%	0.0%	11.2%
Goal statement	3.8%	0.0%	13.5%	58.3%	11.2%
Other	6.3%	33.3%	5.4%	25.0%	9.0%
First come, first served (based on application date for the quarter/semester)	6.3%	0.0%	10.8%	0.0%	6.7%
First come, first served from the waiting list	3.8%	0.0%	2.7%	0.0%	3.0%
Number of programs reporting	**79**	**6**	**37**	**12**	**134**

Waiting List

- 25 programs reported having total of 3,123 students on a waiting list. Of these programs, 48.0% (n=12) keep students on the waiting list until they are admitted, 36.0% (n=9) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and 12.0% (n=3) keep students on for two application cycles.
- Other waitlist strategies described included keeping students on the list for a maximum of two years, keeping two lists—one in rank order and the other in chronological order and selecting 75% from the first list and 25% from the latter, and keeping students on the list until the beginning of the academic year for which they applied.
- Average time on the waiting list varied by program: students generally spent less than a semester or quarter waiting to get into a BSN or ELM program, but spent an average of up to three quarters or semesters on the waiting list for an ADN program.

Table 52. Waiting Lists by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	2,640	42	441	-	3,123
Average number of quarters/semesters to enroll after being placed on the waiting list	3.4	3.0	0.8	-	2.9
Number of programs reporting	**17**	**2**	**4**	**0**	**25**

Capacity of Program Expansion

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

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

	ADN	LVN-to-ADN	BSN	ELM	Total
2017-2018 new student enrollment	6,831	186	6,310	827	14,154
Expected new student enrollment given current resources					
2018-2019	7,062	147	4,921	875	13,005
Expected 2018-2019 enrollment as % of 2017-2018 enrollment	103.4%	79.0%	78.0%	105.8%	91.9%
2019-2020	7,090	160	5,131	902	13,283
Expected 2018-2019 enrollment as % of 2017-2018 enrollment	103.8%	86.0%	81.3%	109.1%	93.8%

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 70.6% (n=96) of programs.
- Non-competitive faculty salaries (54.4%, n=74), insufficient number of qualified classroom faculty (42.6%, n=58), and clinical faculty (41.2%, n=56) were also frequently reported barriers to expansion.
- Of the 136 programs that responded, four programs reported no barriers to expansion (2.9%).
- Other barriers to program expansion described by respondents included BRN caps on admissions (6), difficulty securing clinical sites for pediatrics and psych, NCLEX pass rates, and limited seats in science prerequisite courses.

Table 54. Barriers to Program Expansion by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	72.6%	66.7%	68.6%	63.6%	70.6%
Faculty salaries not competitive	61.9%	66.7%	45.7%	18.2%	54.4%
Insufficient number of qualified classroom faculty	47.6%	66.7%	31.4%	27.3%	42.6%
Insufficient number of qualified clinical faculty	38.1%	50.0%	45.7%	45.5%	41.2%
Insufficient funding for faculty salaries	35.7%	33.3%	37.1%	9.1%	33.8%
Insufficient number of physical facilities and space for skills labs	25.0%	50.0%	14.3%	18.2%	22.8%
Insufficient number of allocated spaces for the nursing program	23.8%	0.0%	17.1%	9.1%	19.9%
Insufficient number of physical facilities and space for classrooms	19.0%	33.3%	14.3%	18.2%	18.4%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	16.7%	16.7%	17.1%	0.0%	15.4%
Insufficient support for nursing school by college or university	15.5%	16.7%	14.3%	9.1%	14.7%
Other	6.0%	16.7%	17.1%	9.1%	9.6%
Insufficient financial support for students	3.6%	0.0%	2.9%	9.1%	3.7%
No barriers to program expansion	2.4%	0.0%	2.9%	9.1%	2.9%
Number of programs reporting	**84**	**6**	**35**	**11**	**136**

Program Expansion Strategies

- 99.0% (n=95) of the 96 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently-reported strategies to mitigate the lack of clinical sites were use of community based/ambulatory care options, human patient simulators, and weekend shifts.
- Other strategies described by respondents included decreasing clinical hours and instituting regional planning/consortium.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	76.7%	75.0%	91.7%	71.4%	80.0%
Human patient simulators	78.3%	75.0%	66.7%	85.7%	75.8%
Weekend shifts	66.7%	75.0%	75.0%	100.0%	71.6%
Twelve-hour shifts	71.7%	50.0%	62.5%	57.1%	67.4%
Innovative skills lab experiences	58.3%	50.0%	66.7%	57.1%	60.0%
Evening shifts	55.0%	75.0%	58.3%	71.4%	57.9%
Regional computerized clinical placement system	55.0%	25.0%	50.0%	57.1%	52.6%
Preceptorships	40.0%	50.0%	41.7%	71.4%	43.2%
Non-traditional clinical sites (e.g. correctional facilities)	23.3%	75.0%	33.3%	57.1%	30.5%
Night shifts	18.3%	0.0%	50.0%	42.9%	27.4%
Other	5.0%	0.0%	4.2%	0.0%	4.2%
Number of programs reporting	**60**	**4**	**24**	**7**	**95**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2017-2018 a total of 75 programs (53.2% of all programs) reported that they were denied access to a clinical placement, unit, or shift.
- 44.0% (n=33) of programs that were denied a clinical placement, unit, or shift were offered an alternative.
- The lack of access to clinical space resulted in a loss of 367 clinical placements, units, or shifts, which affected 2,366 students.

Table 56. RN Programs Denied Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	47	2	20	6	75
% of programs	54.7%	33.3%	55.6%	50.0%	53.6%
Programs offered alternative by site	21	0	9	3	33
Placements, units, or shifts lost	118	4	208	37	367
Total number of students affected	1,375	33	797	161	2,366
Number of programs reporting	**86**	**6**	**36**	**12**	**140**

- In addition, 61 programs (43.3% of all programs) reported that there were fewer students allowed for a clinical placement, unit, or shift in 2017-2018 than in the prior year.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	35	1	18	7	61
Number of programs reporting	**86**	**6**	**36**	**12**	**140**

- Almost three-quarters of programs (73.0%, n=54) that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. Almost half of programs reported lost placement sites in pediatrics (48.6%, n=36) and about a third (33.8%, n=25) in obstetrics. In addition, one site described losing a space in home health.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/surgical	63.8%	50.0%	89.5%	100.0%	73.0%
Pediatrics	48.9%	50.0%	52.6%	33.3%	48.6%
Obstetrics	27.7%	50.0%	42.1%	50.0%	33.8%
Psychiatry/mental health	25.5%	50.0%	31.6%	66.7%	31.1%
Preceptorship	27.7%	0.0%	42.1%	33.3%	31.1%
Geriatrics	27.7%	0.0%	21.1%	50.0%	27.0%
Critical care	2.1%	0.0%	21.1%	33.3%	9.5%
Community health	0.0%	0.0%	26.3%	16.7%	8.1%
Other	4.3%	0.0%	0.0%	0.0%	2.7%
Number of programs reporting	**47**	**2**	**19**	**6**	**74**

Reasons for Clinical Space Being Unavailable

- Staff nurse overload or insufficient qualified staff was the most frequently reported reason why programs were denied clinical space (63.5%, n=47). “Competition for space arising from an increase in the number of nursing students” (52.7%, n=39) and “Displaced by another program” (50.0%, n=37) were the second and third most important reasons.
- “Visit from Joint Commission or other accrediting agency” tied “Staff nurse overload or insufficient qualified staff” for the top reason for ELM program loss of clinical space.
- Only one program reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement.
- Miscellaneous “other” reasons were provided, including “issues with assigned faculty member”, various scheduling issues (n=2), “increase in new grad program”, “not accepting private colleges”, “facility requesting school bring patient care supplies”, and no reasons given (n=2).
- In a separate question, seven programs (5.0%, n=7) reported providing financial support to secure a clinical placement.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff	63.0%	50.0%	60.0%	83.3%	63.5%
Competition for clinical space due to increase in number of nursing students in region	47.8%	100.0%	65.0%	33.3%	52.7%
Displaced by another program	43.5%	100.0%	55.0%	66.7%	50.0%
Visit from Joint Commission or other accrediting agency	26.1%	0.0%	25.0%	83.3%	29.7%
Decrease in patient census	13.0%	0.0%	50.0%	33.3%	24.3%
Nurse residency programs	21.7%	0.0%	30.0%	33.3%	24.3%
Closure, or partial closure, of clinical facility	15.2%	0.0%	35.0%	50.0%	23.0%
No longer accepting ADN students*	37.0%	0.0%	0.0%	0.0%	23.0%
Implementation of Electronic Health Records system	10.9%	0.0%	30.0%	33.3%	17.6%
Change in facility ownership/management	15.2%	0.0%	15.0%	16.7%	14.9%
Clinical facility seeking magnet status	21.7%	0.0%	0.0%	0.0%	13.5%
Other	15.2%	0.0%	15.0%	0.0%	13.5%
Other clinical facility business needs/changes in policy	4.3%	0.0%	10.0%	50.0%	9.5%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	0.0%	0.0%	5.0%	0.0%	1.4%
Facility moving to a new location/ (or hospital construction)**	0.0%	0.0%	5.0%	0.0%	1.4%
Number of programs reporting	**46**	**2**	**20**	**6**	**74**

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

- Most programs reported being able to replace the lost space with a different site currently used by the nursing program or at a new site (68.9%, n=51).
- Other strategies described by respondents included changing a 12 hour shift into two eight-hour shifts; revising the curriculum, and increasing clinical section sizes to absorb the students who had no placement.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	63.0%	100.0%	80.0%	66.7%	68.9%
Added/replaced lost space with new site	58.7%	50.0%	65.0%	66.7%	60.8%
Replaced lost space at same clinical site	37.0%	0.0%	55.0%	66.7%	43.2%
Clinical simulation	45.7%	0.0%	35.0%	66.7%	43.2%
Reduced student admissions	8.7%	0.0%	10.0%	0.0%	8.1%
Other	4.3%	0.0%	5.0%	0.0%	4.1%
Number of programs reporting	**46**	**2**	**20**	**6**	**74**

Alternative Clinical Sites

- 48 programs reported increasing out-of-hospital clinical placements in 2017-2018.
- Skilled nursing/rehabilitation facilities, public health or community health agencies, school health services, and medical practices/clinics/physicians' offices were the top alternative out-of-hospital clinical sites reported by these 48 programs.
- Other placements described by respondents included: nurse-managed center, would care in hospital, day care facility/child development center (2), sub-acute pediatric, and elementary schools, camps, safe kids fair, homeless shelters, soup kitchens, and church-organized outreach events.

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

	ADN	LVN-to-ADN	BSN	ELM	Total
Skilled nursing/rehabilitation facility	43.3%	0.0%	38.5%	50.0%	41.7%
Public health or community health agency	33.3%	0.0%	53.8%	50.0%	39.6%
School health service (K-12 or college)	36.7%	0.0%	38.5%	75.0%	39.6%
Medical practice, clinic, physician office	43.3%	0.0%	23.1%	50.0%	37.5%
Outpatient mental health/substance abuse	43.3%	0.0%	15.4%	25.0%	33.3%
Home health agency/home health service	33.3%	0.0%	30.8%	0.0%	29.2%
Surgery center/ambulatory care center	23.3%	0.0%	38.5%	50.0%	29.2%
Hospice	23.3%	0.0%	15.4%	25.0%	20.8%
Other	16.7%	100.0%	0.0%	0.0%	12.5%
Correctional facility, prison or jail	10.0%	0.0%	7.7%	25.0%	10.4%
Case management/disease management	10.0%	0.0%	7.7%	0.0%	8.3%
Urgent care, not hospital-based	6.7%	0.0%	7.7%	0.0%	6.3%
Occupational health or employee health service	3.3%	0.0%	0.0%	0.0%	2.1%
Renal dialysis unit	3.3%	0.0%	0.0%	0.0%	2.1%
Number of programs reporting	**30**	**1**	**13**	**4**	**48**

LVN to BSN Education

- Five BSN programs reported LVN-to-BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
    - In 2017-2018, programs received 242 qualified applications for 214 admission spaces available for LVN-to-BSN students.
    - Minimum/cumulative GPA (100.0%, n=5) and science GPA (80.0%, n=4) were the most commonly reported criteria.

Table 62. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	5
Science GPA	4
Minimum grade level in prerequisite courses	3
Completion of prerequisite courses (including recency and/or repetition)	3
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	2
Personal statement	2
Interview	2
Geographic location	1
Health-related work experience	1
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	1
None	0
Lottery	0
Letter of reference/recommendation	0
Other	0
Number of programs reporting	**5**

- Ranking by specific criteria (100.0%, n=5) was the most commonly reported method for selecting students for admission to LVN-to-BSN programs.

Table 63. LVN to BSN Selection Criteria

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

LVN-to-ADN Education

- Six nursing programs exclusively offer LVN-to-ADN education.
- Of the 86 generic ADN programs, 44.2% (n=38) reported having a separate track for LVNs and 69.8% (n=60) admit LVNs to the generic ADN program on a space-available basis.
- Twenty (23.3%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2018, there were a total of 566 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.7 semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are bridge courses and skills lab courses to document competencies.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents include: ATI test (n=2), credit for LVN licensure or coursework (n=3), course scheduling to support work scheduled (evening lectures), tutoring, self-study module or LVN-RN transition course, and the opportunity to challenge courses.

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

	ADN	LVN-to-ADN	BSN	Total
Bridge course	72.5%	50.0%	35.3%	65.0%
Use of skills lab course to document competencies	47.5%	50.0%	47.1%	47.6%
Direct articulation of LVN coursework	32.5%	33.3%	29.4%	32.0%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	27.5%	33.3%	17.6%	26.2%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	23.8%	0.0%	47.1%	26.2%
Specific program advisor	17.5%	0.0%	23.5%	17.5%
Other	12.5%	33.3%	17.6%	14.6%
Number of programs reporting	**80**	**6**	**17**	**103**

Partnerships

- Seventy-eight nursing ADN and BSN programs reported participating collaborative or shared programs with another nursing program leading to a higher degree.
- ADN programs have the greatest number of collaborative programs. In 2017-2018, 73.8% (n=62) of 84 ADN nursing programs responding to this question reported participating in these partnerships.

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

	ADN	LVN-to-ADN	BSN	Total
Number of collaborative/ shared programs	62	4	12	78
Percent with shared programs	73.8%	66.7%	33.3%	56.5%
Number of programs reporting	**84**	**6**	**36**	**126**

Professional Accreditation

- Twenty percent of the LVN-to-ADN programs and 33.7% (n=29) of all ADN programs reported some form of professional accreditation. All BSN and all ELM programs reported some form of accreditation.
- 37.7% (n=27) of all ADN programs (including LVN-to-ADN programs) responding to this question reported having ACEN accreditation, as did 2.7% (n=1) of BSN programs; 94.6% (n=35) of BSN programs responding to this question, and 91.7% (n=11) of ELM programs reported having CCNE accreditation.
- Most of the "other" accreditations reported were institutional rather than professional accreditations.

Table 66. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM
ACEN (formerly NLNAC)	33.8%	20.0%	2.7%	0.0%
CCNE*	N/A	N/A	94.6%	91.7%
CNEA	1.3%	0.0%	2.7%	0.0%
Not accredited	63.6%	80.0%	0.0%	0.0%
Other	2.6%	0.0%	16.2%	16.7%
Number of programs reporting	**77**	**5**	**37**	**12**

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

First Time NCLEX Pass Rates

- In 2017-2018, 90.7% (n=10,777) of nursing students who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from BSN programs (91.9%, n=5,136).

Table 67. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	**90.2%**	**85.0%**	**91.9%**	**88.5%**	**90.7%**
# Students that took the NCLEX	5,546	187	5,136	1,012	11,881
# Students that passed the NCLEX	5,003	159	4,719	896	10,777
Number of programs reporting	**81**	**6**	**36**	**11**	**134**

*These data represent nursing students who took the NCLEX for the first time in 2017-18.

- NCLEX pass rates in accelerated programs were similar to those in traditional programs; 89.6% (n=1,101) of nursing students in an accelerated track who took the NCLEX for the first time in 2017-2018 passed the exam.
- Accelerated ELM programs had a slightly higher average pass rate than their traditional counterparts. Accelerated ADN and BSN programs had a lower pass rate than their traditional counterparts.

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

	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	**87.6%**	**90.5%**	**90.8%**	**89.6%**
# Students that took the NCLEX	338	633	130	1,101
# Students that passed the NCLEX	296	573	118	987
Number of programs reporting	**4**	**9**	**8**	**16**

*These data represent nursing students who took the NCLEX for the first time in 2017-18.

NCLEX Review

- In 2017-2018, respondents were asked to describe any NCLEX (National Council Licensure Examination) review courses their programs offered, whether pre- or post-graduation.
- 36.4% of programs reporting (n=51) offered an elective/non-mandatory comprehensive NCLEX review course to students within two to four weeks prior to expected graduation date.
- 46.0% (n=64) offered an elective/non-mandatory comprehensive NCLEX review course to students after they graduated from the program.
- For the majority (70.6%, n=36) of programs offering an NCLEX review course prior to graduation, all program graduates took the course.

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

Percent of Students	% of programs	# of programs
100% of students	70.6%	36
75% of students	13.7%	7
50% of students	11.8%	6
<25% of students	3.9%	2
Number of programs reporting	**100.0%**	**51**

- At most programs, the comprehensive pre-graduation NCLEX review course was taught by vendor instructors. One respondent noted that they had two courses—one taught by vendors and one taught by faculty.

Table 70. Who Teaches NCLEX Review Course?

	% of programs	# of programs
Program faculty only	19.0%	11
NCLEX prep vendor instructor(s)	81.0%	47
Other	0.0%	0
Number of programs reporting	**100.0%**	**58**

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

Table 71. Method of Delivering NCLEX Review Course

	% of programs	# of programs
Face to face on campus	63.5%	33
Online/virtual	21.2%	11
Face to face off campus	15.4%	8
Hybrid	0.0%	0
Number of programs reporting	**100.0%**	**52**

- For the majority of programs (60.8%, n-=31), the program paid the full price of the pre-graduation NCLEX review course for all students who enrolled.

Table 72. Who Pays for NCLEX Review Course?

	% of programs	# of programs
Program pays the full price for all students who enroll in the review course (i.e., through budget, scholarship, grant funding, etc.)	60.8%	31
Student pays the full price for the review course offered by the program	19.6%	10
Student pays for the review course but receives a price discount	19.6%	10
Number of programs reporting	**100.0%**	**51**

- 45.4% of all programs (n=64) offered their NCLEX review course *after* graduation.
- Nearly all of the programs who offered their NCLEX review course *after* graduation offered the course within one to four weeks after graduation.
- Respondents were asked why they offered the course after graduation. Most comments indicated that students were better prepared having completed their courses and more able to focus after final course exams. In addition, classroom space was more likely to be available at this time.

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

	% of programs	# of programs
1-4 weeks after graduation	88.5%	54
5-8 weeks after graduation	6.6%	4
More than 8 weeks after graduation	4.9%	3
Number of programs reporting	**100.0%**	**61**

Clinical Simulation

- 139 of 141 nursing programs (98.6%) reported using clinical simulation in 2017-2018.
- Almost half (46.8%, n=66) of the 141 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- Half or more of funding for simulation purchases, maintenance, and faculty development and training came from the school's operating budget. A sizable proportion also came from government grants. Relatively little came from industry or private foundations and donors.
- Other sources described by respondents included: a bond to establish the sim lab, grants, IRA funding, extended university tuition, and capital asset.

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

	Purchases	Maintenance	Faculty Training
Your college/university operating budget	52.4%	66.7%	56.3%
Industry (i.e. hospitals, health systems)	0.7%	0.1%	0.2%
Foundations, private donors	9.3%	4.6%	2.3%
Government (i.e. federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	35.6%	26.0%	33.5%
Other	3.1%	2.5%	7.6%
Number of programs reporting	**139**	**136**	**136**

- 77.7% (n=108) of these 139 programs had in place simulation policies and procedures to ensure quality and consistent simulation experiences.
- The most common policy or procedure was adherence to simulation-related Professional Integrity requirements, closely followed by the development, use and revision of simulation materials for participants, faculty, and staff. The least commonly cited, besides "other", was "required initial and ongoing simulation training for faculty and staff."

Table 75. Policies and Procedures to Ensure Quality of Simulation

	% of programs	# of programs
Adherence to simulation related Professional Integrity requirements	88.8%	95
Development, use and revision of simulation materials for participants, faculty, staff	87.9%	94
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	86.9%	93
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	82.2%	88
Required faculty, staff and participant orientation	73.8%	79
Continuous quality improvement mechanisms used	72.9%	78
Required initial and ongoing simulation training for faculty and staff (i.e. courses, conferences)	62.6%	67
Other participant requirements related to simulation	48.6%	52
Number of programs reporting*		**107**

*One school that reported simulation policies and procedures to ensure quality and consistent simulation experiences did not answer this question.

- More than half (61.2%, n=84) of programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum.
- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics. However, the majority of programs included each of the listed elements (except “other”), with the least common being abbreviated course-by-course simulation objectives and expected outcomes and “other”.
- Other elements described by respondents include: “SLOs mapped with simulation; aligned with QSEN outcomes”, and “QSEN checklist for simulation”.

Table 76. Elements of Simulation Plan

	% of programs	# of programs
Course by course simulation topics	85.7%	72
How simulation is integrated throughout the curriculum	72.6%	61
Number of hours for each simulation	72.6%	61
Total number of hours for each course	70.2%	59
Abbreviated course by course simulation objectives/expected outcomes	63.1%	53
Other	3.6%	3
Number of programs reporting		**84**

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

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

	% of programs	# of programs
Faculty in process of developing a plan	71.7%	38
Time or other limitations have delayed development of a written simulation plan	41.5%	22
Simulation coordinator is developing or assisting faculty with plan development	28.3%	15
Faculty unaware that use of a written plan is a suggested “best practice”	17.0%	9
No simulation coordinator*	13.2%	7
Other	11.3%	6
Number of programs reporting		**53**

*Answer category derived from write-in answers.

- Only 1.4% (n=2) of schools had not integrated recognized simulation standards (i.e. INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.
- About one-fourth (26.1%, n=36) had integrated simulation standards completely, while 71.0% (n=98) had somewhat or mostly integrated these standards.
- 1.4% (n=2) noted that they were not familiar with the standards.

Table 78. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Not at all	1.4%	2
Somewhat	31.9%	44
Mostly	39.1%	54
Completely	26.1%	36
Not familiar with the standards	1.4%	2
Number of programs reporting	**100.0%**	**138**

- Almost one-third (30.5%, n=43) of all respondents agreed that the majority of their clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations CCR 1426 (g) (2) and 1420 (e).
- Those that indicated that the majority of their clinical courses did not use 25% of clinical course hours for simulation/skills labs were asked why. The main reason selected by nearly two-thirds of respondents (64.2%, n=61) was that programs had enough clinical placements or direct patient care learning opportunities available.
- Availability of trained staff or technicians or faculty was also indicated by more than half (52.6%, n=50) of respondents.

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

	% of programs	# of programs
Have enough clinical placements available/direct patient care learning opportunities available	64.2%	61
Availability of trained staff/technicians and or faculty limits increased use	52.6%	50
Available simulation space/equipment/supplies limit increased use	33.7%	32
Faculty prefer to use other available clinical training methods	32.6%	31
Instructional materials are not yet developed/validated	17.9%	17
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	14.7%	14
Other	13.7%	13
Number of programs reporting		**95**

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

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

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

	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	97.8%	135
Preparation for direct clinical patient care	92.8%	128
Teamwork/Inter-professional collaboration	91.3%	126
Communication/crucial conversations	89.9%	124
Application of nursing knowledge/use of the nursing process	89.9%	124
Patient safety/Staff safety and Quality of care	89.1%	123
Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration	85.5%	118
Manage high risk, low volume care and emergency situations	80.4%	111
Guaranteed exposure to critical content areas not available in the direct care setting	77.5%	107
Leadership/Delegation/Role clarification	68.8%	95
Management of Legal/Ethical situations	55.1%	76
Other	2.2%	3
Number of programs reporting		**138**

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 11.6% (n=16) of all programs reported doing so.
- These program representatives were asked to describe the quantitative and qualitative measures used. They are listed below.

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

	Quantitative Measures
1	All students have had simulation in different semesters and our pass rate has been consistently in the 90th percentile.
2	Creighton Competency Evaluation Instrument (CCEI)
3	Each simulation experience is measured using quantitative tools from the simulation / accreditation organization. Simulation is tied to NCLEX content areas such as basic care / and comfort.
5	Formal survey data is collected from all students who utilize the simulation lab and the faculty learning resources committee chair works in close collaboration with the sim director to ensure adequate simulation exercises are vetted and assessed.
6	Increase in quiz/testing grade/percent
7	New program but we are implementing evaluations at the end of the course for the simulation.
8	NLN Standards, Survey Monkey, performance measures checklist using NCLEX category of client needs. Lasater Clinical Judgment Model.
9	NLN Student satisfaction and self-confidence in learning tool; / NLN Educational practices questionnaire
10	Post simulation feedback and NCSBN Mountain Measurement reports correlated with CSV files.
11	Qualitative measures used include: / / a. Simulation scenario specific learning objectives aligned with the NCLEX test plan. / b. Debriefing model (plus/delta method) aligned with simulation learning objectives to enhance student understanding of contextual changes in delivery of patient care. / c. Student simulation feedback surveys. / d. Student focus groups. / e. Performance on simulation preparation activities (computer-based simulations, vSims, ATI requirements for sim/clinical participation). /
12	SET-M Simulation Effectiveness Tool - Modified

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

	Qualitative Measures
1	Debriefing and Clinical Evaluation Tool
2	Debriefing sessions are in place after each simulation and all students are debriefed and fill out surveys giving feedback about the scenarios and events.
3	Each simulation experience is measured using qualitative measures from the simulation accreditation organization. Simulation is tied to NCLEX content areas such as basic care and comfort.
4	Evaluation based on student questionnaires and NCLEX scores.
5	New Program but we are implementing evaluations at the end of the course for the simulation.
6	NLN-Survey Monkey Simulation, Experience Rubric
7	Open ended responses included in student evaluations regarding simulation feedback. In addition, each faculty content expert gives feedback on QSEN outcomes covered in simulation.
8	Quantitative measures include: / / a. Simulation performance assessments aligned to key behaviors, which align to QSEN competencies. / b. Clinical performance assessments aligned to the key behaviors. / c. Student performance on objective assessments, which are nationally standardized exams, aligned to the NCLEX test plan. / d. Analysis of Mountain Measurement reports to identify additional curriculum enhancement opportunities. /
9	Self-reflection; Open ended responses to faculty-generated Simulation Survey
10	Students are surveyed after each simulation to assess qualitative impact.
11	Students verbalize an increase in understanding/knowledge in course material
12	Survey monkey required of all students to evaluate program resources, classroom, and simulation experiences. Comments have been positive about having simulation experiences. NCLEX pass rates have been consistently in the 90th percentile.

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. More than one-third of all programs (36.9%, n=52) responded affirmatively.
- Those who had students evaluate every simulation session with a nationally-recognized tool were asked to name the tools they used to measure simulation effectiveness. Respondents provided a range of answers, sometimes referring generically to surveys (many created by faculty or staff), debriefs, or just “evaluation tools” (31.9%, n=15)
- Some named a source and/or provided the specific name for the tools. That information is summarized below.

Table 83. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
Other or not described evaluation tools	31.9%	15
NLN (National League for Nursing) tools, including Simulation Design Scale, Student Satisfaction and Self-Confidence in Learning, and Educational Practices Questionnaire	21.3%	10
SET and SET-M (Simulation Effectiveness Tool – Modified and Original)	12.8%	6
DASH	8.5%	4
Lasater Clinical Judgment Rubric	6.4%	3
INASCL (International Nursing Association for Clinical Simulation and Learning standards)	6.4%	3
QSEN (Quality and Safety Education for Nurses)	4.3%	2
Society for Simulation in Health Care	4.3%	2
CAE Health Care	2.1%	1
LROSE (Learners Reflections on the Simulation Experience)	2.1%	1
Sweeney-Clarke rubric	2.1%	1
Elsevier Simulation Learning Systems Evaluation Tools	2.1%	1
The Seattle University Evaluation Tool	2.1%	1
Creighton-Simulation Evaluation Instrument	2.1%	1
Number of programs reporting		**47**

*Categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool (n=85) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. The following table summarizes that information, much of which was similar to that provided to the question about tools used by those who had students evaluate each course with a nationally-recognized tool.
- A large number of respondents (44.7%, n=21) simply noted that they used an “evaluation tool”. A debrief session either in conjunction with other modes or on its own was one of the most commonly mentioned tools (25.5%, n=12). Some used their course evaluation forms to include questions about simulation (25.5%, n=12). Others (21.3%, n=10) noted using an internally developed survey, often administered via SurveyMonkey or Qualtrics.

Table 84. Other Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
"Evaluation tool"	44.7%	21
Debrief	25.5%	12
Course evaluations	25.5%	12
Survey	21.3%	10
Faculty Assessment/Feedback	12.8%	6
Skills/SLO assessment	12.8%	6
Student feedback	12.8%	6
Lasater Clinical Judgment Rubric	4.3%	2
LROSE	4.3%	2
Journal	4.3%	2
Checklist	2.1%	1
Number of programs reporting		**70**

*Categories derived from write-in answers.

- Respondents were asked what types of simulation they used in different topic areas.
- Mannequin-based simulation was the primary form of simulation that programs used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics, although it was used by fewer programs in the area of geriatrics.
- Role-play with other students was used more frequently in psychiatry/mental health, with 66.9% (n=85) of programs reporting that they used this mode of simulation in this topic area. Standardized patients were also used more in psychiatry/mental health than in other topic areas, with 33.1% (n=42) of programs reporting its use in this topic area.
- 22.7% (n=25) of programs did not use simulation in leadership/management courses; 9.7% (n=12) did not use simulation in geriatrics courses, and 9.4% (n=12) of programs did not use simulation in psychiatry/mental health courses.
- Other types of courses in which simulation was used included community/public health (6 mentions), pharmacology (1 mention), preceptorships (1 mention) and various others.
- Other types of simulation used included Hearing Voices (4 mentions) and task trainers (2 mentions). In addition, some programs used role-play with faculty, case-based scenarios, online unfolding cases, and low fidelity mannequins.

Table 85. Type of Simulation Used by Topic Area

	Funda-mntals	Medical/ Surgical	Obste-trics	Pedia-trics	Geria-trics	Psychiatry/ Mental Health	Leadership/ Management	Other
Mannequin-based	86.9%	97.1%	91.6%	86.7%	75.8%	26.8%	46.4%	33.3%
Computer based scenarios	50.8%	64.0%	55.7%	62.5%	51.6%	34.6%	32.7%	22.2%
Role Play with other students	63.1%	55.1%	42.0%	43.8%	49.2%	66.9%	51.8%	33.3%
Standardized patients (actors)	28.5%	24.3%	18.3%	16.4%	22.6%	33.1%	24.5%	22.2%
Other type of simulation	4.6%	2.2%	2.3%	1.6%	1.6%	4.7%	2.7%	5.6%
None	6.2%	0.0%	4.6%	5.5%	9.7%	9.4%	22.7%	33.3%
Number of programs reporting	**130**	**136**	**131**	**128**	**124**	**127**	**110**	**18**

- Respondents were asked what types of simulation they planned to use in different topic areas in the next two to three years.
- Mannequin-based simulation was foreseen to be the primary form of simulation that programs used in fundamentals, medical/surgical, obstetrics, pediatrics, geriatrics, and leadership/management, with a projected 10-percentage point increase of its use in geriatrics.
- In all topic areas, programs anticipated substantial increases in use of computer-based scenarios.
- Standardized patients (actors) were expected to be more frequently used in psychiatry/mental health, with an anticipated 28-percentage point increase in programs using this method. Programs also anticipated a 17-percentage point increase in the use of mannequin-based simulation in this area.
- Other types of simulation activities that programs anticipated using in the future included greater use of virtual reality-based simulation (11 mentions), task trainers (3), and miscellaneous other modes of simulation.

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

	Fundam-entals	Medical/ surgical	Obstet-rics	Pedi-atrics	Geri-atrics	Psychiatry/ Mental Health	Leadership/ Management	Other
Mannequin-based	91.4%	97.1%	94.9%	94.1%	85.3%	44.2%	58.3%	61.1%
Computer based scenarios	68.0%	76.6%	71.5%	70.6%	66.7%	59.7%	52.2%	44.4%
Role Play with other students	60.2%	56.2%	46.0%	46.3%	48.1%	68.2%	57.4%	44.4%
Standardized patients (actors)	41.4%	36.5%	24.8%	24.3%	30.2%	52.7%	31.3%	44.4%
Other type of simulation	10.2%	10.2%	10.2%	9.6%	9.3%	10.1%	8.7%	11.1%
None	3.1%	0.0%	1.5%	2.2%	3.9%	3.1%	11.3%	16.7%
Number of programs reporting	**128**	**137**	**137**	**136**	**129**	**129**	**115**	**18**

Clinical Training in Nursing Education

- The largest proportion of clinical hours in all programs is in direct inpatient care. The overall proportion is similar across program types.
- Medical/surgical is the content area in which programs use the most hours of clinical simulation.
- Overall, a relatively small proportion of hours was allocated to clinical simulation (6.1%-6.7%) and clinical observation (.09%-1.1%).

Table 87. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care--Inpatient			Direct Patient Care--Outpatient			Skills Labs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	342.1	232.3	208.5	9.8	6.0	2.0	40.1	22.3	17.9
Fundamentals	88.4	51.3	60.1	5.5	1.6	4.1	55.7	64.5	45.0
Obstetrics	70.4	84.7	78.7	2.2	2.5	0.5	7.2	5.7	5.5
Pediatrics	62.5	81.5	78.0	7.5	3.0	2.4	6.4	6.0	5.6
Geriatrics	91.6	78.3	74.5	6.4	2.9	4.2	5.6	4.4	0.9
Psychiatry/ mental health	68.9	82.5	82.5	5.6	10.0	4.8	4.1	3.2	6.9
Leadership/ management	53.5	86.0	84.7	2.3	2.7	0.0	1.7	1.1	0.0
Other	8.5	43.5	22.9	1.1	25.3	26.4	1.7	2.8	6.5
Total average clinical hours	**785.8**	**740.1**	**690.0**	**40.3**	**54.0**	**44.3**	**122.5**	**82.1**	**88.2**
Number of programs reporting	**91**	**35**	**11**	**91**	**35**	**11**	**91**	**35**	**11**

Content Area	Clinical Simulation			Clinical Observation			Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	26.6	24.6	24.8	4.2	2.8	1.2	422.7	287.4	254.4
Fundamentals	8.9	6.2	2.4	1.1	0.8	0.0	158.4	124.4	111.5
Obstetrics	7.7	8.7	9.7	1.5	1.0	0.2	88.0	102.5	94.5
Pediatrics	7.1	6.8	8.9	1.5	1.6	1.8	85.0	98.9	96.6
Geriatrics	4.1	5.0	2.9	0.9	1.2	0.0	108.6	89.3	82.5
Psychiatry/ mental health	5.3	6.9	5.1	1.5	1.2	2.1	85.3	103.8	101.4
Leadership/ management	2.4	3.4	1.2	0.6	1.1	0.9	60.0	94.4	86.8
Other	0.6	3.7	0.4	0.1	1.0	1.4	11.8	76.4	57.5
Total average clinical hours	**62.6**	**65.3**	**55.3**	**11.3**	**10.8**	**7.6**	**1019.7**	**977.1**	**885.3**
Number of programs reporting	**91**	**35**	**11**	**91**	**35**	**11**	**91**	**35**	**11**

- In each content area and clinical experience, the majority of programs planned to maintain the current balance of clinical training hours over the next 12 months for each clinical experience type and content area listed in the table below.
- In most content areas, if there was a planned change, respondents were more likely to report a planned decrease in clinical hours in direct inpatient care and an increase in hours in clinical simulation. In medical/surgical and pediatrics there appeared to be a trend toward increasing hours in outpatient direct care.

Table 88. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	9.8%	8.1%	0.0%	83.7%	83.8%	100%	5.4%	8.1%	0.0%
Direct outpatient care	0.0%	0.0%	0.0%	89.1%	81.1%	81.8%	6.5%	2.7%	9.1%
Skills labs	0.0%	2.7%	0.0%	96.7%	81.1%	81.8%	2.2%	5.4%	18.2%
Clinical simulation	0.0%	5.4%	0.0%	88.0%	73.0%	83.3%	12.0%	18.9%	16.7%
Clinical observation	1.1%	0.0%	0.0%	89.1%	81.1%	90.9%	3.3%	2.7%	9.1%
Total clinical hours	**3.3%**	**5.4%**	**0.0%**	**92.4%**	**86.5%**	**100%**	**4.4%**	**5.4%**	**0.0%**
Fundamentals	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	2.2%	13.5%	0.0%	91.3%	78.4%	100%	3.3%	2.7%	0.0%
Direct outpatient care	0.0%	2.7%	0.0%	92.4%	81.1%	90.9%	1.1%	0.0%	0.0%
Skills labs	0.0%	2.7%	0.0%	96.7%	91.9%	90.9%	2.2%	0.0%	9.1%
Clinical simulation	0.0%	0.0%	0.0%	88.0%	81.1%	91.7%	8.7%	13.5%	8.3%
Clinical observation	0.0%	2.7%	0.0%	92.4%	81.1%	90.9%	0.0%	2.7%	9.1%
Total clinical hours	**0.0%**	**5.4%**	**0.0%**	**97.8%**	**89.2%**	**90.9%**	**1.1%**	**0.0%**	**9.1%**
Obstetrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	10.9%	13.5%	9.1%	83.7%	83.8%	90.9%	3.3%	2.7%	0.0%
Direct outpatient care	0.0%	0.0%	0.0%	88.0%	83.8%	90.9%	6.5%	0.0%	0.0%
Skills labs	0.0%	2.7%	0.0%	95.7%	86.5%	81.8%	1.1%	2.7%	18.2%
Clinical simulation	0.0%	2.7%	0.0%	93.5%	75.7%	91.7%	5.4%	18.9%	8.3%
Clinical observation	1.1%	0.0%	0.0%	92.4%	81.1%	90.9%	0.0%	2.7%	9.1%
Total clinical hours	**3.3%**	**13.5%**	**9.1%**	**93.5%**	**81.1%**	**90.9%**	**3.3%**	**2.7%**	**0.0%**
Pediatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	14.1%	16.2%	9.1%	81.5%	78.4%	90.9%	2.2%	5.4%	0.0%
Direct outpatient care	0.0%	2.7%	0.0%	85.9%	78.4%	81.8%	8.7%	5.4%	9.1%
Skills labs	0.0%	2.7%	0.0%	94.6%	86.5%	81.8%	2.2%	2.7%	18.2%
Clinical simulation	0.0%	2.7%	0.0%	84.8%	70.3%	83.3%	13.0%	24.3%	16.7%
Clinical observation	1.1%	0.0%	0.0%	92.4%	81.1%	90.0%	1.1%	2.7%	10.0%
Total clinical hours	**4.4%**	**13.5%**	**9.1%**	**94.6%**	**81.1%**	**90.9%**	**1.1%**	**2.7%**	**0.0%**

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

Table 88. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	4.4%	8.1%	0.0%	93.5%	81.1%	90.9%	1.1%	5.4%	0.0%
Direct outpatient care	0.0%	2.7%	0.0%	92.4%	75.7%	90.9%	2.2%	5.4%	0.0%
Skills labs	0.0%	2.7%	0.0%	97.8%	83.8%	90.9%	0.0%	2.7%	9.1%
Clinical simulation	0.0%	2.7%	0.0%	92.4%	70.3%	81.8%	5.4%	16.2%	9.1%
Clinical observation	1.1%	0.0%	0.0%	90.2%	81.1%	90.9%	2.2%	2.7%	9.1%
Total clinical hours	**1.1%**	**5.4%**	**0.0%**	**98.9%**	**86.5%**	**100%**	**0.0%**	**0.0%**	**0.0%**
Psychiatry/ Mental Health	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	3.3%	10.8%	100%	95.7%	86.5%	0.0%	1.1%	0.0%	0.0%
Direct outpatient care	1.1%	0.0%	90.9%	93.5%	83.8%	0.0%	0.0%	2.7%	9.1%
Skills labs	0.0%	2.7%	90.9%	96.7%	83.8%	9.1%	0.0%	0.0%	0.0%
Clinical simulation	0.0%	2.7%	81.8%	95.7%	73.0%	18.2%	3.3%	16.2%	0.0%
Clinical observation	0.0%	0.0%	90.9%	94.6%	83.8%	9.1%	0.0%	0.0%	0.0%
Total clinical hours	**1.1%**	**5.4%**	**100%**	**97.8%**	**89.2%**	**0.0%**	0.0%	0.0%	0.0%
Leadership/ Management	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	4.4%	5.4%	90.9%	91.2%	89.2%	0.0%	1.1%	0.0%	9.1%
Direct outpatient care	0.0%	0.0%	90.9%	87.9%	83.8%	0.0%	2.2%	0.0%	9.1%
Skills labs	0.0%	0.0%	100%	91.2%	83.8%	0.0%	1.1%	0.0%	0.0%
Clinical simulation	0.0%	0.0%	100%	90.1%	78.4%	0.0%	3.3%	5.4%	0.0%
Clinical observation	0.0%	0.0%	100%	89.0%	86.5%	0.0%	1.1%	0.0%	0.0%
Total clinical hours	**1.1%**	**5.4%**	**100%**	**94.5%**	**86.5%**	**0.0%**	**1.1%**	**0.0%**	**0.0%**
Other	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
Direct inpatient care	1.1%	1.2%	8.3%	90.1%	89.4%	86.1%	0.0%	0.0%	2.8%
Direct outpatient care	0.0%	0.0%	8.3%	87.9%	87.1%	86.1%	2.2%	2.4%	0.0%
Skills Labs	0.0%	0.0%	2.8%	91.2%	90.6%	88.9%	0.0%	0.0%	2.8%
Clinical simulation	0.0%	0.0%	0.0%	90.1%	89.4%	83.3%	1.1%	1.2%	8.3%
Clinical observation	0.0%	0.0%	0.0%	89.0%	88.2%	88.9%	0.0%	0.0%	2.8%
Total clinical hours	**0.0%**	**0.0%**	**5.6%**	**94.5%**	**94.1%**	**88.9%**	**0.0%**	**0.0%**	**2.8%**

Note: 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.

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

Table 89. Why Program is Reducing Clinical Hours

	% of Schools	# of Schools
Curriculum redesign or change	69.2%	9
Students can meet learning objectives in less time	69.2%	9
Unable to find sufficient clinical space	53.8%	7
Need to reduce units	23.1%	3
Insufficient clinical faculty	23.1%	3
Other	7.7%	1
Funding issues or unavailable funding	0.0%	0
Number of programs reporting		**13**

RN Refresher Course

In 2017-2018, three nursing programs offered an RN refresher course, and 18 students completed one of these courses.

School Data

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

Institutional Accreditations

- The most commonly reported institutional accreditations were WASC-JC (58.3%, n=77) and WSCUC (33.3%, n=44).

Table 90. Institutional Accreditations

	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	58.3%	77
WASC – Senior College and University Commission (WSCUC)	33.3%	44
Accrediting Bureau of Health Education Schools (ABHES)	3.8%	5
Other	3.0%	4
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.3%	3
Accrediting Council for Independent Colleges and Schools (ACICS)	1.5%	2
Higher Learning Commission (HLC)	1.5%	2
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.8%	1
Northwest Commission on Colleges and Universities (NWCCU)	0.8%	1
Number of schools reporting		**132**

Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing compliance (18.2%), managing human resources (7.8%), and managing the student enrollment (7.4%).

Table 91. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	18.2%
Manage human resources	7.8%
Manage student enrollment	7.4%
Facilitate student needs and activities	7.4%
Manage clinical resources	7.3%
Facilitate staff development	7.0%
Manage fiscal resources	6.4%
Administration of other programs	6.4%
Collaborate with college/district	6.3%
Manage curriculum	5.2%
Seeking, managing, and obtaining grant funding/fundraising	4.3%
Promote community awareness and public relations	4.2%
Manage information technology	3.9%
Teaching students	3.9%
Manage college facilities	3.2%
Research	1.6%
Other (please describe)	0.3%
Number of schools reporting	**107**

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

- LVN and CNA programs were the most commonly reported programs also administered by the pre-licensure RN program director.
- Amongst “other” programs mentioned were medical assisting, dental assisting, nutrition, graduate programs and addiction studies.

Table 92. Other Programs Administered by the RN Program Director

	% of Schools	# of Schools
LVN	24.3%	26
CNA	23.4%	25
Other	17.8%	19
HHA	15.0%	16
EMT	10.3%	11
RN Post-Licensure programs	10.3%	11
Health sciences	8.4%	9
Technician (i.e. psychiatric, radiologic, etc.)	8.4%	9
Graduate programs	4.7%	5
Health professions	4.7%	5
Paramedic	1.9%	2
Number of schools reporting		**107**

Other Program Administration

Assistant Directors

- The majority of nursing schools (56.7%, n=80) have one assistant director. Nearly all nursing programs (91.5%) have *at least one* assistant director.
- Larger schools and schools with BSN and ELM programs are more likely to have multiple assistant directors.
- However, BSN programs were also the most likely to report no assistant directors (24.3%, n=9).

Table 93. Number of Assistant Directors by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Number of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	0.0%	0.0%	33.3%	4.0%	22.2%	0.0%	0.0%	28.0%	0.0%	2.2%	24.3%	8.3%
1 Assistant Director	73.3%	100%	66.7%	62.0%	44.4%	100%	41.7%	36.0%	28.6%	63.0%	43.2%	50.0%
2 Assistant Directors	23.3%	0.0%	0.0%	26.0%	22.2%	0.0%	58.3%	16.0%	28.6%	29.3%	16.2%	16.7%
3 Assistant Directors	3.3%	0.0%	0.0%	6.0%	0.0%	0.0%	0.0%	8.0%	14.3%	4.3%	5.4%	8.3%
>3 Assistant Directors	0.0%	0.0%	0.0%	2.0%	11.1%	0.0%	0.0%	12.0%	28.6%	1.1%	10.8%	16.7%
Programs reporting	**30**	**3**	**3**	**50**	**9**	**2**	**12**	**25**	**7**	**92**	**37**	**12**
Percent of Program Type by School Size	**32.6%**	**8.1%**	**25.0%**	**54.3%**	**24.3%**	**16.7%**	**13.0%**	**67.6%**	**58.3%**	**65.2%**	**26.2%**	**8.5%**
Average # of hours allotted /week*	14.9	13.7	19	13.8	31.6	16	17.1	40.9	49.6	14.6	36.3	40.1
Average # of hours spent / week*	17.6	16.0	19.0	13.4	28.5	16.0	21.0	45.6	55.4	15.7	38.7	44.2

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

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

- On average, assistant directors have fewer hours allotted to administering the nursing program than they actually spend administering it. However, the number of hours allocated and spent varies by both program type and school size.
- On average, schools with ADN programs share fewer assistant directors and fewer hours allotted per assistant director than schools with other types of programs.

Table 94. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Asst director 1	11.6	13.7	19.0	9.6	22.7	16.0	14.2	20.0	24.0	10.7	19.9	20.4
Asst director 2	24.2	0.0	0.0	12.3	45.0	0.0	19.5	24.0	25.0	17.2	31.0	25.0
Asst director 3	12.0	0.0	0.0	51.5	0.0	0.0	0.0	77.0	102.0	41.6	77.0	102.0
All other assistant directors	0.0	0.0	0.0	48.0	0.0	0.0	0.0	102.3	73.5	48.0	102.3	73.5
Number of programs reporting	**27**	**3**	**2**	**47**	**5**	**1**	**11**	**18**	**7**	**85**	**26**	**10**
Average # of hours allotted /week*	14.9	13.7	19	13.8	31.6	16	17.1	40.9	49.6	14.6	36.3	40.1

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

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

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Asst director 1	13.9	16.0	19.0	10.7	12.0	16.0	15.8	22.4	28.0	12.3	19.3	22.0
Asst director 2	30.7	0.0	0.0	16.3	45.0	0.0	25.3	18.7	25.0	22.1	29.2	25.0
Asst director 3	12.0	0.0	0.0	19.8	0.0	0.0	0.0	93.5	135.0	17.2	93.5	135.0
All other assistant directors	0.0	0.0	0.0	48.0	0.0	0.0	0.0	102.3	73.5	48.0	102.3	73.5
Number of programs reporting	**27**	**3**	**2**	**46**	**4**	**1**	**11**	**16**	**6**	**84**	**23**	**9**
Average # of hours spent / week*	17.6	16.0	19.0	13.4	28.5	16.0	21.0	45.6	55.4	15.7	38.7	44.2

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

- The largest proportion of assistant director time is spent teaching students (37.9%) followed by managing nursing program compliance (7.5%) and managing curriculum (6.9%).

Table 96. Nursing Program Assistant Directors' Time

	% of Time Spent
Teaching students	37.9%
Manage nursing program compliance	7.5%
Manage curriculum	6.9%
Facilitate student needs and activities	6.8%
Manage clinical resources	6.5%
Facilitate staff development	5.8%
Manage student enrollment	4.5%
Manage human resources	3.8%
Collaborate with college/district	3.6%
Promote community awareness and public relations	2.4%
Manage information technology	1.7%
Manage college facilities	1.6%
Manage fiscal resources	1.0%
Administration of other programs	0.9%
Other (please describe)	0.9%
Research	0.7%
Seeking, managing, and obtaining grant funding/fundraising	0.6%
Number of schools reporting	**130**

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

Clerical Staff

- All but two schools reported clerical staff.
- Schools with fewer students generally had fewer clerical staff—for example, schools with an ADN program that had less than 100 students had an average of 2.1 clerical staff; those with 100-199 students had an average of 2.4 staff, and those with more than 200 students had an average of 3.2 staff.
- Schools were asked to report a headcount rather than FTE of clerical staff, hence hours may be a better measure of this resource. Schools with more students not only had more staff, but more clerical hours on average. In all categories of school size, ADN programs had fewer hours than BSN programs, and BSN programs had fewer hours than ELM programs. ELM programs were usually in schools with either a BSN and/or post-licensure programs.

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

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	0.0%	4.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%
1 clerical staff	46.7%	28.0%	0.0%	28.0%	0.0%	0.0%	8.3%	4.0%	0.0%	31.5%	8.1%	0.0%
2 clerical staff	36.7%	38.0%	66.7%	38.0%	33.3%	0.0%	33.3%	8.0%	0.0%	37.0%	13.5%	16.7%
3 clerical staff	13.3%	14.0%	0.0%	14.0%	22.2%	0.0%	16.7%	4.0%	0.0%	14.1%	10.8%	0.0%
4 clerical staff	0.0%	6.0%	33.3%	6.0%	33.3%	0.0%	25.0%	20.0%	28.6%	6.5%	21.6%	25.0%
>4 clerical staff	3.3%	10.0%	0.0%	10.0%	11.1%	100.0%	16.7%	64.0%	71.4%	8.7%	45.9%	58.3%
Number of programs reporting	**30**	**3**	**3**	**50**	**9**	**2**	**12**	**25**	**7**	**92**	**37**	**12**
Average hours per week*	**45.8**	**60.0**	**65.3**	**68.2**	**113.3**	**174.0**	**93.8**	**263.2**	**331.0**	**64.2**	**210.3**	**238.4**
Mean # of staff	**2.1**	**1.7**	**2.7**	**2.4**	**3.4**	**7.0**	**3.2**	**8.7**	**13.1**	**2.4**	**6.8**	**9.5**

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

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

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

	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	31.6	40.0	0.0	37.0	0.0	0.0	40.0	40.0	0.0	34.4	40.0	0.0
2 clerical staff	58.3	0.0	58.0	60.3	73.3	0.0	66.7	85.0	0.0	60.3	78.0	58.0
3 clerical staff	77.5	100.0	0.0	67.9	120.0	0.0	75.0	120.0	0.0	71.5	115.0	0.0
4 clerical staff	0.0	0.0	80.0	78.3	118.0	0.0	107.3	111.6	75.0	92.8	114.0	76.7
>4 clerical staff	25.0	0.0	0.0	174.2	206.0	174.0	160.0	355.8	433.4	152.0	346.9	359.3
Number of programs reporting	**28**	**3**	**3**	**47**	**9**	**2**	**11**	**25**	**7**	**92**	**37**	**12**
Average hours per week*	**45.8**	**60.0**	**65.3**	**68.2**	**113.3**	**174.0**	**93.8**	**263.2**	**331.0**	**64.2**	**210.3**	**238.4**

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

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

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

Table 99. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	33.7%	44.4%	50.0%
Somewhat adequate	38.2%	44.4%	50.0%
Somewhat inadequate	19.1%	5.6%	0.0%
Very inadequate	9.0%	5.6%	0.0%
Number of programs reporting	**89**	**36**	**12**

Clinical Coordinators

- 79.0% (n=105) of schools responding to this question reported had at least one staff person working as a clinical coordinator or on clinical coordination tasks.
- Schools with ELM programs (100.0%) and BSN programs (94.6%) were more likely to report having clinical coordinators on staff than were ADN programs (71%)

Table 100. Number of Clinical Coordinators by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
No clinical coordinator	36.7%	0.0%	0.0%	28.6%	0.0%	0.0%	8.3%	8.0%	0.0%	28.6%	5.4%	0.0%
1 clinical coordinator	26.7%	33.3%	33.3%	40.8%	44.4%	50.0%	33.3%	28.0%	14.3%	35.2%	32.4%	42.9%
2 clinical coordinators	13.3%	0.0%	33.3%	18.4%	44.4%	50.0%	33.3%	16.0%	28.6%	18.7%	21.6%	57.1%
>2 clinical coordinators	23.3%	66.7%	33.3%	12.2%	11.1%	0.0%	25.0%	48.0%	57.1%	17.6%	40.5%	0.0%
Number of programs reporting	**30**	**3**	**0**	**49**	**9**	**2**	**12**	**25**	**0**	**91**	**37**	**2**
Average hours per week*	21.9	26.7	41.7	21.6	38.1	24.8	16.2	95.3	100.8	20.8	74.7	73.3

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (73-75) than did schools with ADN programs (21 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours per *clinical coordinator* per week on average (22-28) than did schools with ADN programs (average of 9 hours per week).

Table 101. Average Number of Clinical Coordinator Hours by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	21.1	40.0	40.0	13.4	26.3	37.5	17.5	34.8	37.5	15.8	32.4	38.3
2 Clinical Coordinators	26.0	0.0	25.0	36.9	57.0	12.0	13.8	45.8	59.0	28.4	51.4	38.8
>2 Clinical Coordinators	20.4	20.0	60.0	28.5	10.0	0.0	17.7	147.2	137.5	22.9	121.1	122.0
Number of programs reporting	**30**	**3**	**3**	**49**	**9**	**2**	**12**	**25**	**7**	**91**	**37**	**12**
Average hours per week*	21.9	26.7	41.7	21.6	38.1	24.8	16.2	95.3	100.8	20.8	74.7	73.3

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

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

Table 102. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
Very adequate	33.9%	38.9%	41.7%
Somewhat adequate	35.4%	44.4%	41.7%
Somewhat inadequate	16.9%	11.1%	16.7%
Somewhat inadequate	13.9%	5.6%	0.0%
Number of programs reporting	**65**	**36**	**12**

Retention Specialists

- About forty percent (n=54) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.
- Student retention specialists/coordinators worked an average of 21 hours per week.

Table 103. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Retention specialist	26.7%	0.0%	0.0%	52.0%	22.2%	50.0%	58.3%	40.0%	42.9%	44.6%	32.4%	33.3%
Average Hours per week*	14.8	0.0	0.0	21.4	23.0	-	19.7	26.6	0.0	19.8	26.0	28.0
Number of programs reporting	**30**	**3**	**3**	**50**	**9**	**2**	**12**	**25**	**7**	**92**	**37**	**12**

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

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition.
- 41.7% (n=53) of the 127 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 33.0% (n=42) of schools reported that personal reasons had the greatest impact on student attrition.

Table 104. Factors Impacting Student Attrition

	Average Rank*
Personal reasons (e.g. home, job, health, family)	2.1
Academic failure	2.2
Financial need	3.3
Clinical failure	3.5
Change of major or career interest	4.5
Transfer to another school	5.6
Number of schools reporting	**127**

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

Recruitment and Retention of Underrepresented Groups

- 32.1% of schools (n=43) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.
- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (76.9%, n=100), followed by admission counseling (75.4%, n=98), and multi-criteria screening (AB 548) (48.5%, n=63).

Table 105. Strategies to Recruit and Admit Underrepresented Students

	% of Schools	# of Schools
Outreach (e.g. high school fairs, community events)	76.9%	100
Admission counseling	75.4%	98
Multi-criteria screening as defined in California Assembly Bill 548	48.5%	63
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	43.8%	57
Additional financial support (e.g. scholarships)	43.1%	56
Open house	32.3%	42
New admission policies instituted	16.9%	22
No need. We already have a diverse applicant pool and no additional strategies are needed.	9.2%	12
Other	7.7%	10
Informational sessions	5.4%	7
Pre-entry course or camp	0.0%	0
Number of Schools Reporting		**130**

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (91.7%, n=121); academic counseling (87.1%, n=115); and additional financial support such as scholarships (53.8%, n=71).

Table 106. Strategies to Support and Retain Underrepresented Students

	% of Schools	# of Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	91.7%	121
Academic counseling	87.1%	115
Additional financial support (e.g. scholarships)	53.8%	71
Wellness counseling	42.4%	56
Program revisions (e.g. curriculum revisions, evening/weekend program)	12.1%	16
Other	6.1%	8
Additional child care	5.3%	7
No need, students from groups underrepresented in nursing are successful without any additional strategies	1.5%	2
Number of Schools Reporting	**132**	121

- Most schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (70.2%, n=94).
- The most common training included faculty development and orientation (100.0%) and faculty mentoring and peer mentoring programs (75.5%).

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

	% of Schools	# of Schools
Faculty development and orientation	100.0%	94
Faculty mentoring and peer mentoring programs	75.5%	71
Cultural diversity training	69.1%	65
Training on various student success initiatives	69.1%	65
Training on disabilities and accommodations	66.0%	62
Other	5.3%	5
Number of schools reporting	**100%**	**94**

Access to Prerequisite Courses

- 42 nursing schools (31.3%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. These schools reported strategies used to address access to prerequisite courses.
- Adding science course sections (64.3%, n=27) and offering additional prerequisite courses on weekends, evenings and in the summer (54.8%, n=23) were the most common methods used to increase access to prerequisite courses.

Table 108. Access to Prerequisite Courses

	% of Schools	# of Schools
Adding science course sections	64.3%	27
Agreements with other schools for prerequisite courses	54.8%	23
Offering additional prerequisite courses on weekends, evenings, and summers	42.9%	18
Transferable high school courses to achieve prerequisites	33.3%	14
Providing online courses	33.3%	14
Accepting online courses from other institutions	31.0%	13
Other	7.1%	3
Prerequisite courses in adult education	4.8%	2
Number of schools reporting		**42**

Restricting Student Access to Clinical Practice

- 92 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, bar coding medication administration, and access to electronic medical records.
- Schools reported that the least common types of restrictions students faced were direct communication with health care team members and alternative setting due to liability.
- Respondents reported a number of other types of restricted access, although many of these were actually additional reasons for restricted access. These included “too many schools accessing clinical site”, “limited preceptors”, “unit availability”, “rollout of new EHR”, and “low patient census”. Other types of restricted access described included: psych clinical medication administration, giving insulin, giving Heparin (shot).

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

	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from the Joint Commission or other accrediting agency	4.3%	12.0%	45.7%	35.9%	2.2%	**92**
Bar coding medication administration (i.e. Pyxis)	8.8%	19.8%	39.6%	27.5%	4.4%	**91**
Electronic medical records	14.1%	20.7%	38.0%	23.9%	3.3%	**92**
Automated medical supply cabinets (i.e. OmniCell)	7.7%	25.3%	35.2%	19.8%	12.1%	**91**
Patients related to staff nurse preferences or concerns about their additional workload	15.6%	41.1%	31.1%	7.8%	4.4%	**90**
Health and safety requirements (i.e. drug screening, background checks)	23.3%	32.2%	20.0%	15.6%	8.9%	**90**
IV medication administration	17.6%	44.0%	22.0%	13.2%	3.3%	**91**
Glucometers	31.1%	36.7%	21.1%	10.0%	1.1%	**90**
Alternative settings due to liability (i.e. home health visits)	21.1%	41.1%	13.3%	5.6%	18.9%	**90**
Direct communication with health care team members	34.4%	45.6%	7.8%	3.3%	8.9%	**90**
Other 1	0.0%	5.3%	36.8%	26.3%	31.6%	**19**
Other 2	0.0%	10.0%	20.0%	20.0%	50.0%	**10**

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (63.9%, n=53) and staff still learning and unable to assure documentation standards are being met (49.4%, n=41).
- Schools reported that students were most frequently restricted from using medication administration systems due to liability (74.4%, n=58) and insufficient time to train students (42.3%, n=33) or staff fatigue/burnout (42.3%, n=33).

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

	Electronic Medical Records	Medication Administration
Insufficient time to train students	63.9%	42.3%
Staff still learning and unable to assure documentation standards are being met	49.4%	21.8%
Liability	48.2%	74.4%
Staff fatigue/burnout	47.0%	42.3%
Cost for training	31.3%	10.3%
Patient confidentiality	19.3%	5.1%
Other	12.0%	14.1%
Number of schools reporting	**83**	**78**

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

- Schools compensate for training in areas of restricted student access by providing training in the simulation lab (87.1%, n=81) and in the classroom (67.7%, n=63) and purchasing practice software (53.8%, n=50).

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

	% of Schools	# of Schools
Training students in the simulation lab	87.1%	81
Training students in the classroom	67.7%	63
Purchase practice software, such as SIM Chart	53.8%	50
Ensuring all students have access to sites that train them in this area	48.4%	45
Other	17.2%	16
Number of schools reporting		**93**

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

Table 112. Clinical Area in Which Restricted Access Occurs

	% of Schools	# of Schools
Medical/Surgical	88.0%	81
Pediatrics	83.7%	77
Obstetrics	66.3%	61
Geriatrics	56.5%	52
Critical Care	55.4%	51
Psychiatry/Mental Health	30.4%	28
Community Health	20.7%	19
Other Department	3.3%	3
Number of schools reporting		**92**

Collection of Student Disability Data

- In 2017-2018, schools were asked if they collect student disability data as part of the admission process. Thirty-three percent of respondents (n=43) reported that they did so and 12.2% (n=16) did not know.

Table 113. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	32.8%	43
No	55.0%	72
Don't know	12.2%	16
Number of schools reporting	**100.0%**	**131**

Funding of Nursing Program

- On average, schools reported that 84.4% of funding for their nursing programs comes from the operating budget of their college or university, while 11.8% of funding comes from government sources.

Table 114. Funding of Nursing Programs

	% Schools
Your college/university operating budget	84.4%
Industry (i.e. hospitals, health systems)	1.7%
Foundations, private donors	1.7%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	11.8%
Other	0.4%
Number of schools reporting	**132**

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

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (86) [4]

American Career College
American River College
Antelope Valley College
Bakersfield College
Brightwood College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA*
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College (Career Networks Institute)
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
El Camino College - Compton Education Center
Evergreen Valley College
Fresno City College
Glendale Career College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts*
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount Saint Mary's University
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Sierra College
Solano Community College
Southwestern College
Stanbridge University
Unitek College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

*New programs in 2017-2018

[6] There are two new schools in the ADN category: Career Care Institute of LA and Gurnick Academy of Medical Arts.

LVN-to-ADN Programs Only (6)

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

BSN Programs (37)

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
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
The Valley Foundation School of Nursing at San Jose State
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
West Coast University
Western Governors University

ELM Programs (12)[5]

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and Science
Samuel Merritt University
San Francisco State University
University of California Irvine
University of California Davis
University of California Los Angeles
University of California San Francisco
University of San Diego - Hahn School of Nursing
Western University of Health Science
University of San Francisco

[7] CSU Long Beach closed its ELM program since 2016-17.

APPENDIX B – Definition List

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

	Definition
Active Faculty	Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
Assembly Bill 548 Multicriteria	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
Assistant Director	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
Attrition Rate	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2017 and July 31, 2018, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same time period.
Census Data	Number of students enrolled or faculty present on October 15, 2018.
Clinical Placement	A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

	Definition
Direct Patient Care	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, mannequins, role-playing, computer simulation, or other activities.
Cohort	A cohort is a learning group of first time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2017 and July 31, 2018 and completed the program on schedule.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organizations employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.
Evening Program	A program that offers all program activities in the evening i.e. lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-Time Faculty	Faculty that work 1.0 FTE, as defined by the school.

	Definition
Generic Pre-licensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
Hi-Fidelity Mannequin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
Home campus	The campus where your school's administration is based.
Hybrid program	Combination of distance education and face-to-face courses.
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
LVN to BSN Program	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
Part-Time Faculty	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
Professional Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
Readmitted Students	Returning students who were previously enrolled in your program
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2017 and July 31, 2018 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same time period.
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.
Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/15 and 7/31/16.
Shared Faculty	A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

	Definition
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, mannequins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2017 and July 31, 2018.
Students Who Are Still Enrolled	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between August 1, 2017 and July 31, 2018.
Students Who Were Dismissed From the Program	Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2017 and July 31, 2018 due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.
Students Who Withdrew from the Program	Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2017 and July 31, 2018 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2017 and July 31, 2018. For those schools that admit multiple times a year, combine all student cohorts.
Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
Transfer Students	Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Nursing Education and Workforce Advisory Committee (NEWAC)

Members	Organization
Tanya Altmann, PhD, RN	California State University, Sacramento
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
Audrey Berman, PhD, RN	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
Jeannine Graves, MPA, BSN, RN, OCN, CNOR	Sutter Cancer Center
Marketa Houskova, BA, RN, MAIA	American Nurses Association\California (ANA/C)
Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
Kathy Hughes, RN and Carol Jones, MSN, RN, PHN	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
Judy Martin-Holland, PhD, MPA, RN, FNP	University of California, San Francisco
Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
Sandra Miller, MBA	Assessment Technologies Institute (ATI)
Robyn Nelson, PhD, RN	West Coast University
Linda Onstad-Adkins/ Fiona Castleton	Health Professions Education Foundation, Office of Statewide Health Planning and Development (OSHPD)
Stephanie R. Robinson, PhD, MHA, RN	Fresno City College
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco
Stacie Walker	Health Workforce Development Division, Office of Statewide Health Planning and Development (OSHPD)
Peter Zografos, PhD, RN	Mount San Jacinto College
Ex-Officio Member	
Dr. Joseph Morris, PhD, MSN, RN	California Board of Registered Nursing
Janette Wackerly, MBA, RN	Supervising Nursing Education Consultant, California Board of Registered Nursing