California Board of Registered Nursing
2021-2022 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2021-22 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, 2021 and ending July 31, 2022. Census and associated demographic data were requested for October 15, 2022.

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 144 California nursing schools were invited to participate in the survey, and all 144 nursing schools offering 152 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	5	5	100%
BSN	48	48	100%
ELM	13	13	100%
Number of programs	**152**	**152**	**100%**

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[1] Since last year's report, two ADN programs closed, one LVN-to-ADN program is on pause, and there are three new ADN programs, five new BSN programs and one new ELM program.

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

DATA SUMMARY – Pre-Licensure Programs

Admission Spaces, Applications, and Enrollments

Number of California Nursing Programs

- 59.9% (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 (66.4%, n=101). This distribution number has decreased by one since 2020-2021. One public LVN-to-ADN program is on pause.

Table 2. Number of California RN Programs by Program Type

Program Type	#	%
ADN	86	56.6%
LVN to ADN	5	3.3%
BSN	48	31.6%
ELM	13	8.6%
Total	152	100.0%
Public	101	66.4%
Private	51	33.6%

Applications to California Nursing Programs

- 33.5% (n=21,532) of the 64,299 qualified applications to pre-licensure nursing education programs received in 2021-22 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.

Table 3. Applications for Admission by Program Type

Application Status	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Total Applications Received*	37,364	550	57,532	5,986	101,432
Screened	33,280	528	52,176	5,592	91,576
Qualified	24,672	411	35,474	3,742	64,299
Accepted	6,146	174	14,177	1,035	21,532
% Qualified Applications Accepted	**24.9%**	**42.3%**	**40.0%**	**27.7%**	**33.5%**

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.
Note: this table includes applicants to LVN to BSN in the BSN program totals.
Three programs reported no applicants or admissions because they were teaching-out their programs in preparation for closure. Three programs provided incomplete information. Two of these were new programs.

Number of Students Who Enrolled in California Nursing Programs

- BSN programs had the lowest share of students enroll into programs for which they were accepted (64.7%, n=9,179), followed by ELM programs (87.0%%, n=900), while the generic ADN programs enrolled more students than they accepted (103.5%, n=6,361).

- 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

Applications / Enrollments	ADN	LVN to ADN	BSN*	ELM	All Programs
Applications Accepted	6,146	174	14,177	1,035	21,532
New Student Enrollments	6,361	172	9,179	900	16,612
% Accepted Applications that Enrolled	103.5%	98.9%	64.7%	87.0%	77.2%

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

- As in prior years, some pre-licensure nursing programs (28.3%, n=43) reported enrolling more students in 2021-22 than the reported number of available admission spaces. Most of these programs (n=28) were ADN programs. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.

- However, there were more admission spaces than student enrollments for every program type *except* generic ADN programs in 2021-2022.

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

Space and Enrollments	ADN	LVN to ADN	BSN*	ELM	All Programs
Spaces Available	6,294	174	12,963	957	20,388
New Student Enrollments	6,361	172	9,179	900	16,612
% Spaced Filled with New Students Enrollments	101.1%	98.9%	70.8%	94.0%	81.5%

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

Programs that Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2021-22 compared to 2020-21. 25.7% of 152 programs (n=39) reported enrolling fewer students in 2021-22 than in the previous year. This is a big drop from the 40.1% that reported this in 2020-2021 during the height of the pandemic. A review of enrollment trends reveals that schools overall enrolled 2,578 more students in 2021-22 than in 2020-21 (See Trend Report for more details.)

- The biggest drop was reported by ADN programs. Only 20.9% (n=19) of ADN programs (combined) in 2021-22 reported enrolling fewer students compared to more than half (53.8%, n=50) in 2020-21.

- For 2021-22, 38.5% (n=5) of ELM programs reported that they enrolled fewer students—an *increase* from the 8.3% (n=1) that reported enrolling fewer students last year.

Table 6. Programs That Enrolled Fewer Students in 2021-22 than in 2020-21

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs*
Enrolled fewer	20.9%	20.0%	31.3%	38.5%	25.7%
Did not enroll fewer	79.1%	80.0%	75.0%	61.5%	76.3%
Number of programs reporting	**86**	**5**	**48**	**13**	**152**

- Schools were also asked for the reasons they enrolled fewer students. In 2021-22, the most common reasons given for enrolling fewer students was "Accepted students did not enroll" (38.5%, n=15).

- The second most common reason was: "Unable to secure clinical placements for all students" (35.9%, n=14).

- Schools were also asked about the impact of COVID-19 on their enrollment. While two COVID-related reasons were the second and third most common reasons for enrolling fewer students in 2020-21, they were fifth and sixth in 2021-22, indicating the lessening impact of the pandemic.

- 15.4% (n=6) "decreased an admission cohort (due to COVID)", and "skipped a cohort (due to COVID)" (10.3%, n=4).

    o Five respondents provided the percent of the decrease for 2021-22, which averaged 22.8%.

- Eleven respondents also gave "other" write-in reasons for enrolling for fewer students. Most of these comments repeated and elaborated upon categories chosen from the list. Four comments had to do with the impacts of the COVID-19 pandemic on enrollments. Others reasons provided were students not passing prerequisite science courses, low enrollment university-wide, not being able to accommodate as many LVN students or no new LVN cohorts, students switching course of study, action by the BRN, and a reduction in clinical placement numbers.

Table 7. Reasons for Enrolling Fewer Students

Reasons	% of Programs	# of Programs
Accepted students did not enroll	38.5%	15
Unable to secure clinical placements for all students	35.9%	14
Other	28.2%	11
Insufficient faculty	15.4%	6
Decreased an admission cohort	15.4%	6
Skipped a cohort	10.3%	4
Concerns about safety of students in clinical rotations	7.7%	3
Challenges converting clinicals to virtual simulation	7.7%	3
Concerns about safety of faculty in clinical rotations	5.1%	2
Challenges converting courses from in-person to online modalities	5.1%	2
Challenges converting clinicals to in-person simulation	5.1%	2
Need to reduce in-person class sizes to accommodate social distancing	2.6%	1
College/university / BRN requirement to reduce enrollment	0.0%	0
To reduce costs	0.0%	0
Lost funding	0.0%	0
Lack of qualified applicants	0.0%	
Number of programs that reported		**39**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (55.3%, n=9,179) of students who enrolled in a pre-licensure nursing program for the first time in 2021-22 were BSN students. This is an increase in percent and number from the prior year (50.9%, n=7,133). Until 2016-17, ADN enrollments predominated.

- The Institute of Medicine's "Future of Medicine" report of 2011 recommended increasing the percentage of the nursing workforce holding the BSN degree to 80 percent by 2020, suggesting a number of educational strategies to reach this goal. While not yet at 80%, the growing percentage of BSN graduates likely reflects attempts to reach this goal.

Table 8. Newly Enrolled Students by Program Type

Program Type	% Enrollment	# of Enrollees
ADN	38.3%	6,361
LVN-to-ADN	1.0%	172
BSN	55.3%	9,179
ELM	5.4%	900
Total	**100.0%**	**16,612**

Newly Enrolled Students in 30-Unit Option

- The LVN 30-unit option was designed as a career ladder for California Licensed Vocational Nurses wishing to become registered nurses. This option takes approximately 18-24 months and no degree is granted upon completion. Most ADN programs will give LVNs credit for some of the coursework they completed to become an LVN. However, most other states do not recognize California's LVN 30-Unit Option and will not issue RN licenses to these LVNs. The program is approved by the California Board of Registered Nursing.

- Respondents reported one-hundred and seventy new students enrolled in a 30-unit option track in 2021-22. This is more students than last year, when 34 students were reported in a 30-unit track.

- One-hundred and four of the 130 ADN students were enrolled a single ADN program and all 40 of the ELM students were enrolled in a single ELM program.

Table 9. Newly Enrolled Students in 30-Unit Track

Students/Programs	ADN	LVN to ADN	BSN	ELM	Total
Number of 30-Unit option students	130	0	0	40	170
Number of programs with students enrolled in 30-unit track	4	0	0	1	5
Number of programs reporting	**86**	**5**	**48**	**13**	**152**

Ethnic Distribution of Newly Enrolled Nursing Students

- 75.4% (n=12,051) of students who enrolled in a pre-licensure nursing program for the first time in 2021-22 were ethnic minorities. This is an increase over last year, when 70.8% of students were ethnic minorities.

- ELM programs enrolled the greatest share of ethnic minority students (77.2%, n=671), including the greatest proportion of African-American students (11.5%, n=100).

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

Race / Ethnicity	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Native American	0.7%	0.6%	1.3%	0.1%	1.0%
South Asian	3.5%	3.0%	4.0%	6.7%	3.9%
Filipino	8.0%	8.4%	4.8%	2.0%	5.9%
Hawaiian	0.3%	2.4%	1.0%	0.5%	0.7%
Other Asian	12.6%	22.3%	23.2%	20.3%	19.1%
Other Pacific Islander	0.9%	1.8%	0.5%	0.5%	0.7%
African American	6.1%	5.4%	4.7%	11.5%	5.6%
Hispanic	35.5%	25.9%	30.8%	28.0%	32.4%
Multi-race	3.8%	3.0%	5.3%	6.9%	4.8%
Other	2.0%	0.0%	1.1%	0.9%	1.4%
White	26.7%	27.1%	23.3%	22.8%	24.6%
Total	**5,996**	**166**	**8,953**	**869**	**15,984**
Ethnic Minorities*	73.3%	72.9%	76.7%	77.2%	75.4%
# Unknown/ unreported	365	6	226	31	628

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

Gender Distribution of Newly Enrolled Nursing Students

- 22.8% (n=3,737) of students who enrolled in a pre-licensure program for the first time reported their gender was male. This percent is similar to last year, when 21.8% of students were reported to be male.

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

Gender	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Male	21.3%	16.9%	23.6%	25.6%	22.8%
Female	74.2%	83.1%	76.4%	74.1%	75.5%
Other	4.5%	0.0%	0.0%	0.3%	1.8%
Total	**6,318**	**172**	**9,033**	**899**	**16,422**
# Unknown/ unreported	43	0	146	1	190

Age Distribution of Newly Enrolled Nursing Students

- 68.6% (n=10,7592) of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.

- BSN and ELM programs enrolled a larger proportion of students under 31 years of age (74.5%, n=6,434 & n=614, respectively) than did other programs.

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

Age Category	ADN	LVN-to-ADN	BSN*	ELM	All Programs
17 – 20 years	5.3%	0.0%	13.3%	0.1%	9.4%
21 – 25 years	28.2%	5.2%	37.2%	36.7%	33.4%
26 – 30 years	26.6%	40.1%	24.0%	37.7%	25.9%
31 – 40 years	29.2%	36.0%	20.0%	21.6%	23.8%
41 – 50 years	8.9%	15.1%	4.8%	3.0%	6.4%
51 – 60 years	1.7%	3.5%	0.6%	0.8%	1.1%
61 years and older	0.1%	0.0%	0.1%	0.0%	0.1%
Total	**6,044**	**172**	**8,635**	**824**	**15,675**
# Unknown/ unreported	317	0	544	76	937

Satellite Campuses and Enrollment

Eighteen programs (representing 16 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus. Eight of these programs (representing seven schools) reported two satellite campuses, and nine programs (representing 9 schools) reported just one satellite campus each. One school gave no additional information about satellite locations.

Twelve programs reported satellite campuses in a different region than their main campus.

Student Census

Respondents were asked to provide the total number of students enrolled in their programs on October 15, 2022—both new and ongoing.

The majority of enrolled students on October 15, 2022, were BSN students.

Table 13. Student Census October 15, 2022

Census	%	#
ADN	34.8%	10,855
LVN to ADN	0.4%	139
BSN	60.2%	18,798
ELM	4.6%	1,422
Total	**100.0%**	**31,214**

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2020 and July 31, 2022, 13,372 students completed a pre-licensure nursing program in California.

- BSN programs made up the greatest share of completions (53.8%, n=7,197) followed by ADN programs (including both ADN and LVN-to-ADN programs) (40.2%, n=5,380).

- Two-hundred-and-one students were reported to have completed a 30-unit option program.

Table 14. Nursing Student Completions by Program Type

Program Type	% of Completions	# of Completions
ADN	39.0%	5,220
LVN to ADN	1.2%	160
BSN*	53.8%	7,197
ELM	5.9%	795
Total	**100.0%**	**13,372**
ELM Post-licensure		297
30-unit option students		201

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 72.4% (n=9,394) of students who completed a pre-licensure nursing program were from minority ethnic groups.

- This proportion was similar across most program types. Pre-licensure ELM programs had the largest proportion of students from ethnic minorities (78.1%, n=600) and LVN-to-ADN programs had the smallest (68.0%, n=104).

- Generic ADN programs have the greatest share of Hispanic student completions (31.1%, n=1,591). ELM pre-licensure programs have the greatest proportion of African American (10.7%, n=82) and other Asian (27.5%, n=211).

Table 15. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type

Race / Ethnicity	ADN	LVN to ADN	BSN**	ELM	All Programs	ELM Postlicensure
Native American	0.6%	0.7%	1.2%	0.1%	0.9%	0.0%
South Asian	3.9%	5.2%	4.9%	1.2%	4.3%	0.0%
Filipino	7.3%	7.8%	6.2%	2.6%	6.4%	0.0%
Hawaiian	0.6%	0.0%	1.2%	0.9%	0.9%	31.9%
Other Asian	10.0%	20.3%	23.8%	27.5%	18.5%	1.5%
Other Pacific Islander	1.5%	1.3%	0.6%	0.1%	0.9%	0.0%
African American	8.3%	5.9%	3.7%	10.7%	6.0%	7.7%
Hispanic	31.1%	19.0%	25.9%	28.9%	28.0%	26.4%
Multi-race	5.1%	6.5%	5.3%	5.5%	5.3%	4.4%
Other	1.9%	1.3%	0.5%	0.7%	1.1%	0.4%
White	29.6%	32.0%	26.7%	21.9%	27.6%	27.8%
Total	**5,111**	**153**	**6,950**	**768**	**12,982**	**273**
Ethnic Minorities*	70.4%	68.0%	73.3%	78.1%	72.4%	72.2%
# Unknown/ unreported	109	7	247	27	390	24

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".
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Gender Distribution of Students Who Completed a Nursing Program

- 21.9% (n=2,898) of all students who completed a pre-licensure nursing program were male.

- Generic ADN and BSN programs had the largest shares of male students (24.5%, n=1,264 and 20.5%, n=1,458 respectively), while LVN-to-ADN and ELM pre- and post-licensure programs had the smallest shares (14.4%, n=23; 19.3%, n=153; and 17.2%, n=51, respectively).

Table 16. Gender Distribution of Students Who Completed a Nursing Program

Gender	ADN	LVN-to-ADN	BSN*	ELM	All Programs	ELM Postlicensure
Male	24.5%	14.4%	20.5%	19.3%	21.9%	17.2%
Female	75.4%	85.6%	79.3%	80.4%	77.9%	82.8%
Other	0.1%	0.0%	0.2%	0.4%	0.2%	0.0%
Total	**5,161**	**160**	**7,117**	**794**	**13,232**	**297**
# Unknown/ unreported	59	0	80	1	140	0

Age Distribution of Students Who Completed a Nursing Program

- 66.0% (n=8,555) of students completing a nursing program in 2021-22 were younger than 31 years of age when they completed their program.

- People 41 years and older accounted for just 8.3% (n=1,078) of completions from all prelicensure programs.

- ADN and LVN to ADN programs have the highest percentage of people older than 40 years (11.4% and 18.8%, respectively), while prelicensure BSN and ELM programs have the highest percentages of people who are less than 41 years of age (93.8% and 96.0%, respectively).

Table 17. Age Distribution of Students Who Completed a Nursing Program by Program Type

Age Category	ADN	LVN-to-ADN	BSN*	ELM	All Programs	ELM Postlicensure
17 – 20 years	6.4%	0.0%	4.3%	0.1%	4.9%	0.0%
21 – 25 years	22.6%	6.3%	39.6%	18.8%	31.2%	16.4%
26 – 30 years	28.5%	34.4%	28.3%	54.6%	29.9%	38.2%
31 – 40 years	31.2%	40.6%	21.6%	22.5%	25.7%	37.8%
41 – 50 years	9.5%	14.4%	5.3%	3.3%	7.0%	5.3%
51 – 60 years	1.8%	4.4%	0.9%	0.7%	1.3%	1.8%
61 years and older	0.1%	0.0%	0.1%	0.0%	0.1%	0.4%
Total	**5,165**	**160**	**6,914**	**720**	**12,959**	**225**
# Unknown/ unreported	55	0	283	75	413	72

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 1,194 students who completed their programs in 2021-22 had an accommodation for a declared disability—8.9% of all completions.

- Only 52 schools (36.6%), representing 53 programs, reported that their school collects student disability data as part of the admissions process. Nonetheless, 105 schools representing 109 programs provided data for this series of questions.

- Exam accommodations (81.2%, n=970) was the most commonly provided accommodation, followed by academic counseling and advising (27.8%, n=332), and priority registration (26.0%, n=310).

- "Other" responses from written text comments included: tutoring, breaks (n=2), preferred seating (n=2), adjusted deadlines, and registration assistance.

Table 18. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type

Accommodation Type	ADN	LVN-to-ADN	BSN	ELM	All Programs
Exam Accommodations (Modified/Extended Time/Distraction Reduced Space)	91.1%	100.0%	55.1%	83.1%	81.2%
Academic Counseling/Advising	33.0%	50.0%	12.2%	34.9%	27.8%
Priority Registration	34.7%	0.0%	10.6%	3.6%	26.0%
Note-Taking Services/Reader/Audio Recording/Smart Pen	26.7%	40.0%	14.1%	28.9%	23.7%
Disability-Related Counseling/Referral	30.8%	50.0%	7.7%	0.0%	22.8%
Adaptive Equipment/Physical Space/Facilities	18.0%	50.0%	6.1%	1.2%	14.0%
Assistive Technology/Alternative Format	11.3%	0.0%	7.1%	14.5%	10.3%
Other	6.7%	0.0%	16.7%	13.3%	9.7%
Transportation/Mobility Assistance and Services/Parking	0.5%	0.0%	1.0%	1.2%	0.7%
Interpreter and Captioning Services	0.8%	0.0%	0.0%	0.0%	0.5%
Reduced Courseload	0.3%	0.0%	0.0%	1.2%	0.3%
Service Animals	0.1%	0.0%	1.0%	0.0%	0.3%
Total number of students receiving accommodations	**789**	**10**	**312**	**83**	**1,194**

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

*Respondents sometimes reported more students receiving a specific accommodation than overall number of students receiving accommodations.

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 8.7% in 2021-22.

- The overall completion rate for pre-licensure nursing education programs in California was 81.9% in 2021-22.

- LVN-to-ADN programs had the lowest attrition rate (1.8%).

- LVN-to-ADN programs and ELM programs had the highest completion rates (96.4% and 90.0% respectively).

- ADN programs the highest attrition rate (9.5%) and the lowest on-time completion rate (77.9%) in 2021-22.

Table 19. On-time Completion and Attrition Data by Program Type

Completion Status	ADN	LVN-to-ADN	BSN	ELM	Total
Students scheduled to complete the program	**6,427**	**167**	**7,900**	**884**	**15,378**
Completed on-time	5,004	161	6,637	796	12,598
Still enrolled	811	3	572	63	1,449
Total Attrition	**612**	**3**	**691**	**25**	**1,331**
Dropped out	331	1	268	23	623
Dismissed	281	2	423	2	708
Completed late*	431	-	312	20	763
On-time completion rate**	**77.9%**	**96.4%**	**84.0%**	**90.0%**	**81.9%**
Attrition rate***	**9.5%**	**1.8%**	**8.7%**	**2.8%**	**8.7%**

Note: Eleven programs did not provide data on attrition and completion. Nine of these programs were new and had no completions. One was on teach-out. One other reported skipping a cohort due to the pandemic.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2021-22, White students had the lowest attrition rate (7.2%) followed by Native American and Asian students (each 8.2%). Students of unknown race had the highest on-time completion rate (84.9%), followed by Asian students (83.7%).

Table 20. On-time Completion and Attrition Data by Race and Ethnicity

Completion Status	Native American	Asian	African American	Filipino¥	Hispanic	White	Other	Unknown
Students scheduled to complete the program	85	3,184	702	843	3,997	4,070	1,071	1,426
Completed on-time	71	2,666	495	673	3,207	3,387	888	1,211
Still enrolled	7	256	108	91	433	390	95	69
Total Attrition	7	262	99	79	357	293	88	146
Dropped out	4	103	47	31	151	170	37	80
Dismissed	3	159	52	48	206	123	51	66
Completed late*	3	144	43	43	230	154	33	113
On-time completion rate**	83.5%	83.7%	70.5%	79.8%	80.2%	83.2%	82.9%	84.9%
Attrition rate***	8.2%	8.2%	14.1%	9.4%	8.9%	7.2%	8.2%	10.2%

*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.
¥Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.
Note: Eleven programs did not provide data on attrition and completion. Nine of these programs were new and had no completions. One was on teach-out. One other reported skipping a cohort due to the pandemic.

Employment of Recent Nursing Program Graduates

- Nursing schools reported that 84.7% of their recent RN graduates employed in nursing were employed in California.

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

- Across all programs, 63.1% of recent RN prelicensure program graduates employed in nursing in October 2022 were reported to be working in hospitals.

- Graduates of ADN programs were the most likely to work in hospitals (66.2%) while graduates of ELM programs were the least likely (45.9%).

- 7.5% of recent nursing program graduates were not yet licensed.

- Statewide, programs reported that 1.6% of nursing graduates from the prior academic year were unable to find employment by October 2022.

- The employment setting was unknown for an average of 14.7% of recent graduates.

- "Other" employment settings mentioned in text comments included: aesthetic clinic or spa, home health, insurance company, acute care hospital, dialysis clinic, ambulatory surgery center, schools, and corrections.

Table 21. Employment of Recent Nursing Program Graduates

Employment Setting	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Hospital	66.2%	58.4%	61.3%	45.9%	**63.1%**	100.0%
Participating in a new graduate residency (paid)	6.8%	0.5%	11.0%	20.6%	**8.7%**	0.0%
Not yet licensed	7.1%	0.0%	9.4%	6.8%	**7.5%**	0.0%
Other Healthcare Facility	4.4%	4.8%	5.9%	6.3%	**5.0%**	0.0%
Pursuing additional nursing education	5.4%	5.8%	1.9%	3.0%	**4.3%**	0.0%
Long-term care facility	4.3%	8.2%	1.6%	0.7%	**3.4%**	0.0%
Community/Public Health Facility	2.6%	10.3%	3.6%	5.6%	**3.4%**	0.0%
Other setting	2.1%	2.2%	3.0%	9.2%	**2.9%**	0.0%
Unable to find employment	1.0%	9.9%	1.9%	1.0%	**1.6%**	0.0%
Participating in a new graduate residency (unpaid)	0.1%	0.0%	0.4%	0.8%	**0.2%**	0.0%

Note: Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2021-22, on average, the employment setting was unknown for 14.7% of recent graduates. 134 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was $27,901.

- Private school graduates had an average debt load of $50,962, while public school graduates averaged $15,658.

- ELM students had the highest average debt load, and ADN students had the lowest average debt load.

- ELM graduates may incur more debt for a number of reasons. 1) there are more scholarships and loan assistance programs available for undergraduate programs, 2) ELM amounts provided may include debt from prior BSN program attendance, and 3) while ELM students may finish the prelicensure segment of their program quickly, it may take many additional semesters or quarters to complete their degree, depending on the concentration.

Table 22. Student Debt Load of Recent Nursing Program Graduates

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average debt load	$8,936	$13,625	$47,080	$99,649	$27,901
Private	$22,347	$30,000	$49,985	$106,225	$50,962
Public*	$6,341	$8,167	$41,513	$88,141	$15,658
Number of programs reporting	**74**	**4**	**35**	**11**	**124**

*Nine programs, all but one of them at community colleges, reported "$0" in student debt.

Time to Complete

- Most programs are on a semester schedule 89.3%, n=134). A few are on a quarter schedule (10.7%, n=16).

- While the majority of ELM programs, like ADN and BSN programs, were on the semester system, a large minority of ELM programs used the quarter system (30.8%, n=4).

Table 23. Type of Schedule by Program Type

Schedule Type	ADN	LVN-to-ADN	BSN	ELM	Total
Semester	95.3%	100.0%	83.0%	69.2%	89.3%
Quarter	4.7%	0.0%	17.0%	30.8%	10.7%
Total	**100%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Number of programs reporting	**85**	**5**	**47**	**13**	**150**

- In 2021-22, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 24 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported overall averages for their programs.

Table 24. Average Time to Completion by Schedule and Program Type

Time to Completion	ADN	LVN-to-ADN	BSN	ELM min	ELM max
Full-Time Generic Students					
Average time to completion, semesters	4.2	2.0	6.2	5.1	5.6
Average time to completion, quarters	7.0	-	11.2	7.0	7.8
Number of programs reporting	**86**	**5**	**43**	**12**	**12**
Full-Time Accelerated Students					
Average time to completion, semesters	2.6	-	5.0	-	-
Average time to completion, quarters¥	8.0	-	9.6	-	-
Number of programs reporting	**27**	**-**	**17**	**-**	**-**

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

- The overall average number of *weeks* per semester was 16. The average number of weeks per quarter was 10.75.

- In 2021-22, respondents with ADN programs were asked to rank common reasons ADN graduation was delayed for the period prior to the start of the COVID-19 pandemic and after the pandemic started. These rankings are displayed below as averages.

- The most highly ranked was reason was "student had to repeat one or more courses to pass / progress" (1.8), which was ranked #1 by 54.1% (n=52) of respondents, followed by "student had personal issue(s) that required time away from school" (1.9), which was ranked #1 by 40.6% (n=39) of respondents.

- Write-in answers for delay included: COVID-related issues (n=3), student financial issues, physical injury, "stress, anxiety", and failure of a course.

Table 25. Reasons for Delayed Completion, ADN Students Only

Reasons	Avg. Ranking
Student had to repeat one or more courses to pass/progress	1.8
Student had personal issue(s) that required time away from school	1.9
Unable to obtain a required course(s) to progress	4.2
Student changed course of study	4.2
Inadequate academic advising	4.4
Required pre-requisite or required course not offered	4.9
Other	7.0
Number of programs reporting	**85.0**

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

Faculty Data

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

Full-Time and Part-Time Faculty Data

- On October 15, 2022, there were 5,156 nursing faculty.[3] More than two-thirds were part-time faculty (70.0%, n=3,610).

- The faculty vacancy rate in pre-licensure nursing programs was 12.1%, up from 10.1% last year. The vacancy rate among full-time faculty (17.2%) was higher than that of part-time faculty (9.7%)

Table 26. Total Faculty and Faculty Vacancies

Faculty Type	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty*	**5,156**	**710**	**12.1%**
Full-Time Faculty	1,546	322	17.2%
Part-Time Faculty	3,610	388	9.7%

*One school that is on teach-out reported "999" full-time faculty. This number has been left out of this analysis.

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

- In 2022-22, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 47.9% (n=69) of 144 schools responding agreed. These 69 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. This has not changed since last year.

- "Other" reasons from text comments included: "Retirements happening more quickly than we can get approval for full-time TT search replacements", "Resignations, retirement and death", "More faculty resigning/retiring with slow college process to fill vacancies", "Two extended Medical Leaves of Absence", and "health benefits".

Table 27. Reasons for Hiring More Part-Time Faculty

Reasons	Average rank*	# of schools ranking these options
Non-competitive salaries for full time faculty	2.6	67
Shortage of RNs applying for full time faculty positions	2.9	65
Insufficient number of full-time faculty applicants with required credential	3.6	62
Need for part-time faculty to teach specialty content	4.3	63
Insufficient budget to afford benefits and other costs of FT faculty	4.7	60
Private, state university or community college laws, rules or policies	5.7	61
Need for faculty to have time for clinical practice	6.3	58
To allow for flexibility with respect to enrollment changes	6.9	56
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.4	58
Other	8.9	59

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

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

Table 28. Funding of Faculty Positions

Funding Source	% Full-Time Faculty	% Part-Time Faculty
Budgeted positions	96.9%	91.1%
100% external funding	1.8%	2.9%
Combination of the above	1.3%	6.0%
Total Faculty*	**1,532**	**3,583**

*The number of faculty reported for this question did not exactly match the overall number of faculty reported. One school that is on teach-out reported "999" full-time faculty. This number has been left out of this analysis.

- The majority of faculty (60.0%) teaches clinical courses only. A smaller proportion (29.4%,) of faculty teaches both clinical and didactic courses, while fewer faculty teach only didactic courses (10.6%).

Table 29. Faculty Teaching Assignments

Course Type	% All Faculty	# All Faculty
Clinical courses only	60.0%	3,093
Didactic courses only	10.6%	548
Clinical & didactic courses	29.4%	1,515
Total Faculty	**100.0%**	**5,156**

- 98 of 144 schools (68.1%) reported that faculty in their programs work an overloaded schedule, and 93.9% (n=92) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 37.8% (n=54) of schools reported that their externally funded positions will continue to be funded for the 2021-22 academic year. If these positions are not funded, schools reported that they would be able to enroll only 11,692 students in pre-licensure RN programs in 2021-22, which would be an 29.5% decrease in new enrollments compared to the 16,582 new students that enrolled in RN programs in 2021-22.

Table 30. External Funding for Faculty Next Year

Category	% of Schools	# of Schools
Will continue	37.8%	54
Will not continue	8.4%	12
Unknown	53.8%	77
Not applicable	0.0%	0
Number of schools reporting	**100.0%**	**143**

Faculty Demographic Data

- Nursing faculty remain predominantly female (82.4%, n=4,136). Like last year, slightly more than half of faculty were non-white (51.2%, n=2,480). Sixty-eight percent of faculty (n=3,252) is over 41 years of age.

Table 31. Faculty Ethnicity

Race / Ethnicity	% Faculty	# Faculty
Native American	0.5%	22
South Asian	3.0%	144
Filipino	8.4%	405
Other Asian	11.1%	537
Hawaiian	0.5%	24
Other Pacific Islander	0.8%	37
African American	9.7%	470
Hispanic	13.0%	630
Multi-race	3.1%	150
Other	1.3%	61
White	48.8%	2,365
Number of faculty	**100.0%**	**4,845**
Ethnic Minorities*	51.2%	2,480
Unknown/unreported	0	311

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

Table 32. Faculty Gender

Gender	% Faculty	# Faculty
Men	17.4%	874
Women	82.4%	4,136
Other	0.2%	10
Number of faculty	**100.0%**	**5,020**
Unknown/unreported	17.4%	874

Table 33. Faculty Age

Age	% Faculty	# Faculty
30 years or younger	6.1%	292
31 – 40 years	25.5%	1,213
41 – 50 years	26.4%	1,254
51 – 55 years	14.3%	679
56 – 60 years	10.7%	511
61 – 65 years	9.6%	457
66 – 70 years	5.1%	244
71 years and older	2.2%	107
Number of faculty	**100.0%**	**4,757**
Unknown/unreported		399

Faculty Education

- On October 15, 2022, almost all full-time faculty (92.5%, n=1,429) held a master's or doctoral degree, while only 60.2% (n=2,168) of part-time faculty held a graduate degree.

- 11.1% of all active faculty (n=573) were reported to be pursuing an advanced degree as of October 15, 2022.

Table 34. Highest Level of Education of Faculty

Type of Degree	% Full Time Faculty	% Part Time Faculty
Associate degree in nursing (ADN)	3.3%	6.0%
Baccalaureate degree in nursing (BSN)	4.0%	33.5%
Non-nursing baccalaureate	0.2%	0.3%
Master's degree in nursing (MSN)	55.6%	49.5%
Non-nursing master's degree	1.4%	1.3%
PhD in nursing	12.2%	1.9%
Doctorate of Nursing Practice (DNP)	17.5%	5.6%
Other doctorate in nursing	1.2%	0.8%
Non-nursing doctorate	4.7%	1.1%
Number of faculty	**1,545**	**3,599**
Unknown/unreported*	1	11

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

Recruiting Diverse Faculty

- In 2021-22, program representatives were asked what strategies they used to recruit diverse faculty.

- The most commonly used strategy was sharing school and program goals and commitments to diversity (74.6%, n=106), sending job announcements to a diverse group of institutions and organizations (69.7%, n=99), and sharing faculty development and mentoring opportunities (66.2%, n=94).

- "Other" written text comments included: recruiting amongst prior students, recruiting at conferences, word of mouth, and professional networking.

Table 35. Strategies for Recruiting Diverse Faculty

Strategies	% of Schools	# of Schools
Share program/school goals and commitments to diversity	74.6%	106
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	69.7%	99
Share faculty development and mentoring opportunities	66.2%	94
Highlight campus and community demographics	61.3%	87
Showcase how diversity issues have been incorporated into the curriculum	35.9%	51
Highlight success of faculty, including faculty of color	33.1%	47
Use of publications targeting minority professionals (e.g., Minority Nurse)	31.7%	45
Other	11.3%	16
External funding and/or salary enhancements (e.g., endowed lectureship)	3.5%	5
Number of schools that reported	**100%**	**142**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (86.6%) and program policies (85.9%) and were the most frequently reported methods used to prepare part-time faculty to teach.

- "Other" written text comments included: orientation with director and dean or director and associate director, mentoring and 1:1 meetings with senior faculty, ATI Professional Development Modules, CNE Professional Development Training, and Canvas webpage with resources.

Table 36. Methods Used to Prepare Part-Time Faculty to Teach

Methods	% of Schools	# of Schools
Faculty orientation	86.6%	123
Program policies	85.9%	122
Mentoring program	69.7%	99
Administrative policies	69.0%	98
Specific orientation program	64.1%	91
Teaching strategies	66.9%	95
Curriculum review	65.5%	93
External training program	12.7%	18
Other	9.9%	14
None	1.4%	2
Number of schools that reported		**142**

Faculty Attrition

- Nursing schools reported 268 full-time and 547 part-time faculty members as having retired or left the program in 2021-22.

- Schools reported that an additional 221 faculty members (96 full-time and 125 part-time) are expected to retire or leave the school in 2021-22.

- The most frequently cited reason for having a faculty member leave the program in 2021-22 was retirement (61.5%, n=59), followed by return to clinical practice (21.9%, n=21) and relocation of spouse or other family obligation (19.8%, n=19).

- Unwillingness to convert to virtual instruction ((0%, n=0), and layoffs (0%, n=0) were the least common reasons reported for faculty leaving their positions.

- "Other" reasons reported in text comments included: death, family health issues, refused mandatory vaccine requirements, pursuing additional education, and travel nursing.

Table 37. Reasons Faculty Leave Their Positions

Reasons	% of Schools	# of Schools
Retirement	61.5%	59
Return to clinical practice	21.9%	21
Relocation of spouse or other family obligation	19.8%	19
Career advancement	17.7%	17
Personal health issues	13.5%	13
Resigned for unknown reasons	12.5%	12
Termination (or requested resignation)	10.4%	10
Salary/Benefits	9.4%	9
Other	9.4%	9
Workload	6.3%	6
Workplace climate	5.2%	5
Child care challenges due to childcare/school closures	4.2%	4
Concern about exposure to COVID-19	3.1%	3
Layoffs (for budgetary reasons)	0.0%	-
Unwillingness to convert to virtual instruction	0.0%	-
Number of schools reporting		**96**

- In 2021-22, nineteen schools reported that 46 active full-time faculty went from full-time to part-time.

- The main reason schools reported for faculty going from full-time to part-time schedules was preparing for retirement (36.8%%, n=7) and return to clinical practice (31.6%, n=6).

- "Other" reasons included: faculty members coming back as part-time after retirement, and faculty member serving as a missionary.

Table 38. Reasons Faculty Go from Full-Time to Part-Time

Reasons	% of Schools	# of Schools
Preparing for retirement	36.8%	7
Return to clinical practice	31.6%	6
Other	26.3%	5
Family obligations	21.1%	4
Workload	15.8%	3
Personal health issues	10.5%	2
Child care challenges due to childcare/ school closures	5.3%	1
Workplace climate	0.0%	-
Requested by Program Due to budgetary reason	0.0%	-
Number of schools that reported		**19**

Faculty Hiring

- 128 schools reported hiring a total of 1,234 faculty members (275 full-time and 1,018 part-time) between August 1, 2021 and July 31, 2022.

- Forty-six percent (45.5%, n=561) of these **newly hired faculty** had less than one year of teaching experience before they took the faculty position.

- The **majority of schools** (78.1%, n=100) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching as a nurse educator in a clinical setting, experience teaching at another nursing school (71.1%, n=91), completed a graduate degree program in the last two years (60.9%, n=78), and experienced student teaching while in graduate school (59.4%, n=76).

- Other characteristics described by respondents in text comments largely concerned teaching at the school in the past as an adjunct, graduate student, or with another program. One commenter noted that most of their part-time faculty had no prior teaching experience. Two commenters noted that new hires had experience as preceptors.

Table 39. Characteristics of Newly Hired Faculty

Characteristics	% of Schools	# of Schools
Experience teaching as a nurse educator in a clinical setting	78.1%	100
Experience teaching at another nursing school	71.1%	91
Completed a graduate degree program in last two years	60.9%	78
Experience student teaching while in graduate school	59.4%	76
No teaching experience	39.8%	51
Experience teaching in a setting outside of nursing	18.8%	24
Other	7.0%	9
Number of schools that reported		**128**

- Thirteen schools (9%) reported they were under a hiring freeze for active faculty at some point between August 1, 2021 and July 31, 2022, and five of these schools (38.5% of schools under a hiring freeze) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year. This is many fewer than in the prior year, when thirty-two schools reported that they were under a hiring freeze.

- The most common reason for hiring new faculty was to replace faculty that had left or retired (81.3%, n=104). This was the top reason for schools with each program type.

- To fill longstanding faculty vacancies was the second most common reason overall (32.8%, n=42). However, for schools with an ELM or an ADN program, filling longstanding faculty vacancies tied with reducing faculty workload.

- "Other" reasons for hiring faculty provided in text comments included hiring for specific clinical or content expertise (n=10), new program or campus (n=5), requirements for smaller clinical groups necessitating more instructors (n=5), covering full-time faculty on sabbatical or unanticipated leave of absence (n=3), compliance with BRN regulations (n=2), and faculty transitioning to an administrative position.

Table 40. Reasons for Hiring Faculty

Reasons	ADN	BSN	ELM	All Schools	# Schools
To replace faculty that retired or left the program	79.0%	83.7%	91.7%	81.3%	104
To fill longstanding faculty vacancies (positions vacant for more than one year)	35.8%	25.6%	33.3%	32.8%	42
To reduce faculty workload	35.8%	14.0%	33.3%	28.1%	36
Due to program expansion	19.8%	20.9%	8.3%	18.8%	24
To hire faculty with specific experience in virtual &/or simulation education	12.3%	16.3%	16.7%	13.3%	17
To hire faculty with specific experience in online teaching	2.5%	2.3%	0.0%	2.3%	3

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

Barriers to Recruiting Faculty

- Non-competitive salaries were the primary barrier for schools overall (74.1%, n=106), followed by insufficient number of faculty applicants with required credentials (71.3%, n=102).

- Non-competitive salaries were a primary barrier for schools with all programs. However, insufficient number of faculty applicants with required credentials tied for first place as the primary barrier for schools with BSN programs (66.7%, n=32) and for schools with ELM programs (69.2%, n=9).

- Reasons related to COVID-19 such as concern about exposure (10.5%, n=15), lack of child care or school closers (4.2%, n=6), and unwillingness to teach virtually (2.8%, n=4), were cited by some respondents, but considerably less frequently than in 2020-21.

- "Other" reasons given in text comments included: in teach-out or on pause (n=3), vaccine mandates, non-competitive or no benefits (n=2), and long commute.

Table 41. Barriers to Recruiting Faculty

Barriers	ADN	BSN	ELM	All Schools	# of Schools
Non-competitive salaries	78.0%	66.7%	69.2%	74.1%	106
Insufficient number of faculty applicants with required credentials	73.6%	66.7%	69.2%	71.3%	102
Overall shortage of RNs	49.5%	37.5%	46.2%	45.5%	65
BRN rules and regulations	31.9%	39.6%	61.5%	35.7%	51
Workload (not wanting faculty responsibilities)	38.5%	29.2%	46.2%	35.7%	51
Private, state university or community college laws, rules or policies	24.2%	16.7%	7.7%	21.0%	30
Housing costs	9.9%	14.6%	23.1%	11.9%	17
Concern about exposure to COVID-19	12.1%	6.3%	7.7%	10.5%	15
Other	7.7%	8.3%	7.7%	8.4%	12
No barriers	4.4%	6.3%	7.7%	4.9%	7
Lack of child care availability / school closures	4.4%	4.2%	0.0%	4.2%	6
Unwillingness of potential faculty to teach virtually	2.2%	4.2%	7.7%	2.8%	4
Number of schools that reported	**91**	**48**	**13**		**143**

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

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (58.0%), followed by psych/mental health (57.3%) were the most difficult areas for which to recruit new active faculty. This is the same as last year.

- 7.0% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.

- Other categories mentioned in text comments were simulation specialist and director.

Table 42. Difficult to Hire Clinical Areas

Clinical Areas	% of Schools	# of Schools
Pediatrics	58.0%	83
Psych/Mental Health	57.3%	82
Obstetrics/Gynecology	55.9%	80
Medical-surgical	28.0%	40
Geriatrics	11.2%	16
Critical Care	9.8%	14
Community Health	8.4%	12
No clinical areas	7.0%	10
Other	5.6%	8
Number of schools that reported		**143**

Faculty Salaries

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

Table 43. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment

Time Period	Master's Degree Average Low	Master's Degree Average High	Doctoral Degree Average Low	Doctoral Degree Average High
9 months	$70,007	$100,503	$84,781	$109,821
10 months	$73,655	$99,201	$82,874	$112,531
11 months	$86,967	$110,944	$98,829	$126,514
12 months	$70,176	$102,068	$89,496	$131,744

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA (79.1%, n=117) and score on pre-enrollment assessment tests (77.7%, n=115) were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

- A letter of reference and personal statement were also important factors in admission for many ELM programs, in addition to minimum/cumulative GPA. These factors were selected by 100% of the 13 ELM programs.

- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for more than half of generic ADN programs (65.9%, n=52) and LVN-to-ADN programs (60.0%, n=3). This legislation applies specifically to community colleges.

- Other admission criteria described by respondents in text comments included essays, pre-enrollment assessment test (HESI), statement on philosophy of nursing, resume, critical thinking test score, second language proficiency, and passing an admissions exam.

Table 44. Admission Criteria by Program Type

Admission Criteria	ADN	LVN to ADN	BSN	ELM	Total
Minimum/Cumulative GPA	68.2%	80.0%	93.3%	100.0%	79.1%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	85.9%	80.0%	77.8%	23.1%	77.7%
Completion of prerequisite courses (including recency and/or repetition)	80.0%	100.0%	77.8%	0.0%	73.0%
Minimum grade level in prerequisite courses	72.9%	80.0%	68.9%	76.9%	72.3%
Science GPA	71.8%	60.0%	46.7%	61.5%	62.8%
Health-related work experience	50.6%	20.0%	33.3%	53.8%	44.6%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	65.9%	60.0%	0.0%	0.0%	39.9%
Personal statement	17.6%	20.0%	51.1%	100.0%	35.1%
Letter of reference/recommendation	11.8%	0.0%	31.1%	100.0%	25.0%
Holistic Review	0.0%	0.0%	55.6%	92.3%	25.0%
Interview	12.9%	0.0%	35.6%	69.2%	24.3%
Lottery	31.8%	20.0%	2.2%	0.0%	19.6%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	28.2%	20.0%	0.0%	0.0%	16.9%
Other	8.2%	20.0%	22.2%	0.0%	12.2%
Geographic location	1.2%	0.0%	20.0%	15.4%	8.1%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**85**	**5**	**45**	**13**	**148**

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (77.8%, n=112) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.

- Random selection was used by many generic ADN and LVN-to-ADN programs but was not used by any BSN or ELM programs, and only ADN programs used modified random selection (24.1%, n=19).

- ELM programs frequently reported using the interview (61.5%, n=8) and goal statement (53.8%, n=7) as selection criteria.

- Other selection criteria described by respondents in text comments included descriptions of admission criteria (multicriteria screening, lottery, statement of purposes, letters of recommendation, etc.) Some described hybrid methods of selection including part random selection and part selective criterion ("Blended Admission; 50% Selective Criterion and 50% Lottery"). Other selection criteria included: "If space is limited & students are tied by ranking, selection is based on date application was submitted," and "Retention of waitlist number with continued reapplication".

Table 45. Selection Criteria for Qualified Applications by Program Type

Section Criteria	ADN	LVN-to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	73.4%	60.0%	85.1%	84.6%	77.8%
Interviews	11.4%	20.0%	29.8%	61.5%	22.2%
Random selection	26.6%	20.0%	0.0%	0.0%	15.3%
Other	13.9%	20.0%	14.9%	23.1%	15.3%
Goal statement	3.8%	20.0%	19.1%	53.8%	13.9%
Modified random selection	24.1%	0.0%	0.0%	0.0%	13.2%
First come, first served (based on application date for the quarter/semester)	2.5%	0.0%	8.5%	7.7%	4.9%
First come, first served from the waiting list	3.8%	0.0%	2.1%	0.0%	2.8%
Number of programs reporting	**79**	**5**	**47**	**13**	**144**

Waiting List

- 23 programs reported having total of 1,713 students on a waiting list, including 245 LVN-to-ADN students on a waiting list for a generic ADN program. This is 1,339 fewer students on a waitlist compared to 2020-21, when there were 3,052 students.

- Respondents from 22 of these 23 programs described how long they keep students on a waiting list. 59.1% (n=13) keep students on the waiting list until they are admitted, 22.7% (n=5) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, two (9.1%) reported keeping students on for two application cycles, and 13.6% (n=3) gave some other cycle. Keeping students on the waiting list until they are admitted was utilized only by one LVN-to-ADN program and those ADN programs that had LVN-to-ADN student waitlists.

- Students typically spent less than a semester waiting to get into an ELM program, but an average of eight semesters for the one LVN-to-ADN program that reported. LVN-to-ADN students applying to generic ADN programs typically waited 3.5 semesters.

- Only two ADN programs with a waitlist reported being on a quarter schedule. They reported an average wait time of 2.0 quarters.

Table 46. Waiting Lists by Program Type

Waiting List Categories	ADN*	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	1,198	-	476	39	1,713
Qualified LVN-to-BSN applicants on a waiting list for a BSN program	-	-	-	-	-
Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program	245	-	-	-	245
Number of programs responding	**18**	**1**	**2**	**2**	**23**
Average number of **semesters** to enroll after being placed on the waiting list	3.0	8.0	-*	0.5	2.8
Average number of semesters for LVN-to-BSN applicants to BSN programs	-	-	-	-	3.4
Average number of semesters for LVN-to-ADN applicants to generic ADN programs	3.5	-	-	-	3.5
Number of programs responding	**15**	**1**	**0**	**1**	**17**
Average number of **quarters** to enroll after being placed on the waiting list (for programs with a quarter system) *	2.0	-	-	-	2.0
Number of programs responding	**2**	**-**	**-**	**-**	**2**

* No programs on the quarter system reported having a waitlist for LVN-to-ADN or LVN-to-BSN applicants. No BSN programs listed the number of semesters to enroll after being placed on the waiting list.

Capacity for Program Expansion

- Overall, programs project a decrease in enrollment over the next two years.

- While ADN programs project enrollment growth, BSN and ELM programs project a decrease in the number of enrollments.

Table 47. Current and Projected New Student Enrollment by Program Type

Student Enrollment	ADN	LVN to ADN	BSN*	ELM	Total*
2021-22 new student enrollment	6,361	172	9,179	900	16,612
Expected new student enrollment given current resources					
2022-23	7,053	189	7,281	754	15,277
Expected 2022-23 enrollment as % of 2021-22 enrollment	110.9%	109.9%	79.3%	83.8%	91.9%
2023-24	7,808	199	7,362	786	16,155
Expected 2023-24 enrollment as % of 2021-22 enrollment	122.7%	115.7%	80.2%	87.3%	97.2%

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 63.4% (n=90) of programs. This is similar to last year's results.

- Non-competitive faculty salaries (50.7%, n=72) and insufficient number of qualified clinical faculty (48.6%, n=69), were the second and third most commonly cited barriers.

- Uncertainty and challenges related to the COVID pandemic was less important in 2021-2022, decreasing from 46.5% of schools in 2021-22 to 23.2% in 2021-22.

- Of the 142 programs that responded, ten programs reported no general barriers to expansion (7.0%).

- Other barriers to program expansion described by respondents in written comments include: BRN regulations and caps on admission (n=10), program closing/on teach-out or pausing (n=4), lack of clinical placements (n=2), a hiring freeze, and lack of retention specialist.

Table 48. Barriers to Program Expansion by Program Type

Barriers	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	67.1%	50.0%	57.5%	63.6%	63.4%
Faculty salaries not competitive	62.4%	50.0%	35.0%	18.2%	50.7%
Insufficient number of qualified clinical faculty	52.9%	66.7%	40.0%	36.4%	48.6%
Insufficient number of qualified classroom faculty	44.7%	16.7%	27.5%	27.3%	37.3%
Insufficient funding for faculty salaries	31.8%	16.7%	20.0%	18.2%	26.8%
Insufficient number of allocated spaces for the nursing program	25.9%	16.7%	12.5%	45.5%	23.2%
Insufficient number of physical facilities and space for classrooms	29.4%	16.7%	15.0%	9.1%	23.2%
Uncertainty and challenges related to COVID pandemic	22.4%	16.7%	25.0%	27.3%	23.2%
Insufficient number of physical facilities and space for skills labs	24.7%	33.3%	15.0%	27.3%	22.5%
Other	9.4%	0.0%	30.0%	27.3%	16.2%
Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)	21.2%	0.0%	5.0%	9.1%	14.8%
Insufficient support for nursing school by college or university	11.8%	0.0%	10.0%	0.0%	9.9%
Insufficient financial support for students	14.1%	0.0%	5.0%	0.0%	9.9%
No barriers to program expansion	5.9%	16.7%	7.5%	9.1%	7.0%
Number of programs reporting	**85**	**6**	**40**	**11**	**142**

Program Expansion Strategies

- All of the 90 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: twelve-hour shifts (72.2%, n=65), community-based/ambulatory care (71.1%, n=64), innovative skills lab experiences (65.6%, n=59), and virtual simulation (65.6%, n=59).

- Other strategies described by respondents included "Attempting to create partnership with a local Kaiser institution", and "looking to expand our community/outpatient options and non-traditional clinical sites".

Table 49. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Twelve-hour shifts	71.9%	33.3%	73.9%	100.0%	72.2%
Community-based /ambulatory care (e.g., homeless shelters, nurse managed clinics, community health centers)	68.4%	33.3%	78.3%	100.0%	71.1%
Innovative skills lab experiences	61.4%	66.7%	69.6%	100.0%	65.6%
Virtual simulation	57.9%	100.0%	73.9%	100.0%	65.6%
Human patient simulators	64.9%	66.7%	52.2%	83.3%	62.2%
Evening shifts	61.4%	100.0%	52.2%	100.0%	62.2%
Weekend shifts	56.1%	33.3%	47.8%	66.7%	53.3%
Regional computerized clinical placement system	40.4%	100.0%	47.8%	50.0%	44.4%
Non-traditional clinical sites (e.g., correctional facilities)	43.9%	0.0%	30.4%	66.7%	40.0%
Preceptorships	24.6%	33.3%	43.5%	100.0%	34.4%
Night shifts	22.8%	0.0%	39.1%	83.3%	30.0%
Telehealth	15.8%	0.0%	43.5%	66.7%	25.6%
Other	1.8%	0.0%	4.3%	0.0%	2.2%
None	1.8%	0.0%	0.0%	0.0%	1.1%
Number of programs reporting	**58**	**3**	**23**	**6**	**90**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2021-22 a total of 92 programs (60.1% of 152 programs) reported that they were denied access to a clinical placement, unit, or shift. This is substantially less than the 128 programs that were denied to a clinical placement, unit, or shift last year.

- 25.0% (n=23) of 92 programs that were denied a clinical placement, unit, or shift were offered an alternative.

Table 50. RN Programs Denied Clinical Space by Program Type

Outcomes	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	51	2	30	9	92
Percent of programs	**59.3%**	**33.3%**	**62.5%**	**69.2%**	**60.1%**
Programs offered alternative by site	14	1	6	2	23
Placements, units, or shifts lost	458	3	457	53	971
Total number of students affected	2,026	42	2,713	382	5,163
Number of programs reporting	**86**	**5**	**48**	**13**	**152**

- In addition, 89 programs (58.9% of 151 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2021-22 than in the prior year.

Table 51. 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	48	4	29	8	89
Number of programs reporting	**86**	**5**	**48**	**12**	**151**

- Most (64.1%, n=59) programs that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. The next most common areas where placements, units, or shifts were lost were pediatrics (54.3%, n=50), and psych/mental health (46.7%, n=43).

- "Other" areas described in text comments include: "Significant reduction of available preceptors due to higher than usual hospital staff turn-over".

Table 52. Clinical Area that Lost Placements, Shifts or Units by Program Type

Clinical Area	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/Surgical	68.6%	50.0%	58.1%	62.5%	64.1%
Pediatrics	54.9%	50.0%	54.8%	50.0%	54.3%
Psychiatry/Mental Health	43.1%	50.0%	45.2%	75.0%	46.7%
Obstetrics	27.5%	0.0%	61.3%	37.5%	39.1%
Critical Care	19.6%	0.0%	25.8%	37.5%	22.8%
Preceptorship	19.6%	0.0%	19.4%	50.0%	21.7%
Geriatrics	15.7%	0.0%	25.8%	25.0%	19.6%
Community Health	3.9%	0.0%	16.1%	25.0%	9.8%
Other	2.0%	0.0%	3.2%	0.0%	2.2%
Number of programs reporting	**51**	**2**	**31**	**8**	**92**

Reasons for Clinical Space Being Unavailable

- Programs were asked to provide reasons for clinical space being unavailable. (See Table 53 next page.)

- Staff nurse overload or insufficient qualified staff due to COVID-19 (53.3%, n=49), staff nurse overload or insufficient qualified staff for other reasons (41.3%, n=38) were the top two reasons for clinical space being unavailable.

- Most pandemic-related reasons ("Change in site infection control protocols due to COVID-19", "Decrease in patient census due to COVID-19", "Site closure or decreased services due to COVID-19") were further down the list this year than in 2020-21, but remain common reasons for clinical space being unavailable.

- Only two programs reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement.

- For ELM programs, competition for clinical space tied for the top reason for space being unavailable at 62.5%).

- Respondents provided "other" reasons in text comments, including the fact that hospitals were not accepting students at all or requiring fewer students in clinicals due to COVID-19 (n=5). Other issues included, "New graduate training programs, lack of nurses available," strike, new program, and "contract on review due to faith-based reasons".

- In a separate question, nine out of 151 programs (6.0%) reported providing financial support to secure a clinical placement.

Table 53. Reasons for Clinical Space Being Unavailable by Program Type

Reasons	ADN	LVN to ADN	BSN	ELM	Total
Staff nurse overload or insufficient qualified staff due to COVID-19	47.1%	50.0%	61.3%	62.5%	53.3%
Staff nurse overload or insufficient qualified staff due to other reasons	41.2%	50.0%	45.2%	25.0%	41.3%
Competition for clinical space due to increase in number of nursing students in region	29.4%	50.0%	41.9%	62.5%	37.0%
Site closure or decreased services due to COVID-19	25.5%	50.0%	25.8%	50.0%	28.3%
Decrease in patient census due to COVID-19	23.5%	50.0%	32.3%	25.0%	27.2%
Change in site infection control protocols due to COVID-19	27.5%	0.0%	25.8%	25.0%	26.1%
Displaced by another program	27.5%	0.0%	19.4%	37.5%	25.0%
Decrease in patient census due to other reasons	25.5%	50.0%	19.4%	12.5%	22.8%
Visit from Joint Commission or other accrediting agency	23.5%	0.0%	25.8%	12.5%	22.8%
Nurse residency programs	11.8%	0.0%	32.3%	37.5%	20.7%
Other	11.8%	0.0%	25.8%	50.0%	19.6%
Closure, or partial closure, of clinical facility	17.6%	0.0%	12.9%	12.5%	15.2%
Other clinical facility business needs/changes in policy	13.7%	0.0%	9.7%	0.0%	10.9%
No longer accepting ADN students*	17.6%	0.0%	0.0%	0.0%	9.8%
Clinical facility seeking magnet status	13.7%	0.0%	6.5%	0.0%	9.8%
Change in facility ownership/management	13.7%	0.0%	3.2%	0.0%	8.7%
Lack of PPE due to COVID-19	7.8%	0.0%	0.0%	0.0%	4.3%
Implementation of Electronic Health Records system	3.9%	0.0%	3.2%	0.0%	3.3%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	2.0%	0.0%	3.2%	0.0%	2.2%
Number of programs reporting	**51**	**2**	**31**	**8**	**92**

* Not asked of BSN or ELM programs.

- The most commonly reported strategy to address the lost clinical space was the replacing the lost space at a different site currently used by the nursing program (68.5%, n=63), followed by clinical simulation (57.6%, n=53).

- In 2021-22, 19.6% of programs reported reducing student admissions (n=18). This is an improvement over 2020-21, when 27.6% (n=35) programs reported doing so. Prior to the pandemic, reducing student admissions was one of the least frequently mentioned strategies for addressing lost clinical space.

- Other strategies described by respondents in write-in answers included use of telehealth/telemedicine (n=2), utilizing alternative community sites, stacking and splitting student cohorts on units, changed faculty/student ratios, and "BRN approved alternative activities under waiver".

Table 54. Strategies to Address Lost Clinical Space by Program Type

Strategies	ADN	LVN-to-ADN	BSN*	ELM	Total
Replaced lost space at different site currently used by nursing program	62.7%	50.0%	74.2%	87.5%	68.5%
Clinical simulation	60.8%	50.0%	48.4%	75.0%	57.6%
Added/replaced lost space with new site	49.0%	100.0%	48.4%	87.5%	53.3%
Replaced lost space at same clinical site	27.5%	0.0%	25.8%	25.0%	26.1%
Reduced student admissions	29.4%	0.0%	6.5%	12.5%	19.6%
Other	5.9%	0.0%	16.1%	25.0%	10.9%
Number of programs reporting	**51**	**2**	**31**	**8**	**92**

Alternative Clinical Sites

- 69 programs reported increasing out-of-hospital clinical placements in 2021-22.

- Public health or community health agency (58.0%, n=40), skilled nursing/rehabilitation facilities (47.8%, n=33), school health services (46.4%, n=32) were the top alternative out-of-hospital clinical sites reported by these 69 programs.

- Historically, the most mentioned alternatives to hospital sites described by respondents in text comments were related to children (child development center, pediatric clinic, Head Start), followed distantly by care for seniors or those with disabilities (assisted living, long-term care, senior center). Starting in 2019-20, categories like COVID sites and telehealth became the most common alternative, although that is decreasing.

- Other placements described by respondents in 2021-22 included: COVID vaccination and testing sites (n=4), telehealth (n=2), pediatrics/ after school programs/summer camps (n=43), residential care, women's shelter, VAMC clinic, and other clinics.

Table 55. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

Alternative Clinical Sites	ADN	LVN-to-ADN	BSN	ELM	Total
Public health or community health agency	55.3%	-	63.6%	55.6%	58.0%
Skilled nursing/rehabilitation facility	50.0%	-	50.0%	33.3%	47.8%
School health service (K-12 or college)	42.1%	-	54.5%	44.4%	46.4%
Outpatient mental health/substance abuse	34.2%	-	36.4%	22.2%	33.3%
Medical practice, clinic, physician office	23.7%	-	40.9%	33.3%	30.4%
Other	13.2%	-	27.3%	44.4%	21.7%
Surgery center/ambulatory care center	15.8%	-	27.3%	22.2%	20.3%
Home health agency/home health service	21.1%	-	13.6%	0.0%	15.9%
Hospice	18.4%	-	9.1%	0.0%	13.0%
Urgent care, not hospital-based	10.5%	-	22.7%	0.0%	13.0%
Correctional facility, prison or jail	7.9%	-	9.1%	11.1%	8.7%
Case management/disease management	7.9%	-	4.5%	11.1%	7.2%
Renal dialysis unit	7.9%	-	9.1%	0.0%	7.2%
Occupational health or employee health service	5.3%	-	4.5%	22.2%	7.2%
Number of programs reporting	**38**	**0**	**22**	**9**	**69**

LVN to BSN Education

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

- Of the 750 screened applicants, there were 618 qualified applicants, of whom 334 were admitted for a total of 433 admission spaces. None of these six programs had students on a waitlist.

- Minimum/cumulative GPA and completion of prerequisite courses (including recency and/or repetition) were the most commonly reported LVN to BSN admission criteria (80%, n=4) amongst the five programs that answered the questions about admission criteria.

Table 56. LVN to BSN Admission Criteria

Admission Criteria	Percent	Number
Minimum/Cumulative GPA	80.0%	4
Completion of prerequisite courses (including recency and/or repetition)	80.0%	4
Minimum grade level in prerequisite courses	60.0%	3
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	60.0%	3
Health-related work experience	40.0%	2
Personal statement	40.0%	2
Interview	40.0%	2
Science GPA	40.0%	2
Holistic review (e.g., residency, language skills, veteran status, other life experiences)	40.0%	2
Other	40.0%	2
Geographic location	20.0%	1
Lottery	20.0%	1
Letter of reference/recommendation	20.0%	1
None	0.0%	0
Number of programs reporting		**5**

- Ranking by specific criteria (60.0%, n=3) and interviews (40%, n=2) were the most commonly reported method for *selecting* students for admission amongst the five schools that answered questions about selection criteria.

Table 57. LVN to BSN Selection Criteria

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

LVN-to-ADN Education

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

- Of the 86 generic ADN programs, 39.5% (n=34) reported having a separate track for LVNs and 63.6% (n=55) reported admitting LVNs to the generic ADN program on a space-available basis. (Ten programs reported both options.)

- Twelve (14.0%) generic ADN programs reported having a separate waiting list for LVNs.

- On October 15, 2022, there were a total of 245 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.5 semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list. (See Table 46.)

- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are bridge courses, use of skills lab courses to document competencies, and credit granted for LVN coursework following successful completion of a specific ADN course. This has not changed since 2020-21.

- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents provided in write-in answers include: kickoff orientation or boot camp, challenge exam, pharmacology update, partnership with local hospitals for LVNs progressing to RNs, and transition course for military and LVN credit.

Table 58. LVN-to-ADN Articulation by Program Type

Articulation Category	ADN	LVN-to-ADN	BSN	Total
Bridge course	65.9%	60.0%	18.2%	52.5%
Use of skills lab course to document competencies	51.2%	60.0%	36.4%	47.5%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	31.7%	40.0%	30.3%	31.7%
Direct articulation of LVN coursework	30.5%	80.0%	24.2%	30.8%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	29.3%	20.0%	33.3%	30.0%
Specific program advisor	18.3%	0.0%	18.2%	17.5%
Other	9.8%	0.0%	21.2%	12.5%
Number of programs reporting	**82**	**5**	**33**	**120**

Partnerships

- In 2021-22, eighty-three nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.

- A collaborative program entails a written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

- 79.1% (n=68) of 86 ADN programs, 100.0% of LVN-to-ADN programs (n=5), responding to this question reported participating in these partnerships, as did 20.8% (n=10) BSN programs. No ELM programs reported such partnerships.

- All of the 68 ADN programs, and all but one of the five LVN-to-ADN programs reporting participation were at community colleges. All but one of the participating BSN programs were at California State universities.

Table 59. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Collaborative/shared programs leading to higher degree	68	5	10	0	83
Percent of programs with partnerships	79.1%	100.0%	20.8%	0.0%	54.6%
Number of programs reporting	**86**	**5**	**48**	**13**	**152**

Professional Accreditation

- For this survey, professional accreditation was defined as "Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association."

- 37.2% (n=32) of generic ADN programs reported some form of professional accreditation. No LVN-to-ADN programs reported accreditation. 95.7% of BSN and 100% ELM programs reported some form of accreditation. ("Other" is not included in this percentage because none of the write in comments referred to professional accreditations).

- 34.1% (n=29) of generic ADN programs responding to this question reported having ACEN accreditation, while three ADN programs had CNEA accreditation (3.5%). Nearly all (95.7%, n=45) of BSN programs responding to this question, and 100.0% (n=12) of ELM programs reported having CCNE accreditation.

- "Other" accreditations listed included a number of institutional accreditations, including: ACCSC, ABHES, COE, AACN, and WASC-JC). Six ADN program respondents and one BSN program respondent listed an institutional accreditation in the "other" category. Six ADN respondents noted that their GADN program was an ACEN candidate, and one BSN program respondent noted that their program was a CCNE candidate.

Table 60. Professional Accreditation for Eligible Programs by Program Type

Accreditation	ADN	LVN to ADN	BSN	ELM	Total
CCNE*	n/a	0.0%	95.7%	100.0%	38.3%
Not accredited	49.4%	80.0%	0.0%	0.0%	30.9%
ACEN (formerly NLNAC)	34.1%	0.0%	0.0%	0.0%	19.5%
Other	14.1%	20.0%	4.3%	0.0%	10.1%
CNEA	3.5%	0.0%	0.0%	0.0%	2.0%
Number of programs reporting	**85**	**5**	**47**	**12**	**149**

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2021-22, 86.1% of the 13,202 students at California BRN-approved nursing programs who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.

- The NCLEX pass rate was highest for students who graduated from ADN programs (87.7%) and lowest for LVN-to-ADN programs (83.9%).

Table 61. First Time NCLEX Pass Rates by Program Type

Students Taking and Passing NCLEX	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	87.7%	83.9%	84.8%	85.6%	86.1%
# Students that took the NCLEX	5,850	161	6,537	654	13,202
# Students that passed the NCLEX	5,130	135	5,546	560	11,371
Number of programs reporting	**84**	**4**	**34**	**10**	**132**

*These data represent nursing students who took the NCLEX for the first time in 2021-22.

- Overall NCLEX pass rates in accelerated programs were higher than those in traditional programs; 95.4% of nursing students in an accelerated track who took the NCLEX for the first time in 2021-22 passed the exam.

- Accelerated ADN and BSN programs had a higher average pass rates than their traditional counterparts, but accelerated ELM programs had on average lower pass rates than their traditional counterparts.

Table 62. NCLEX Pass Rates for Accelerated Programs by Program Type

Students Taking and Passing NCLEX	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	96.2%	96.5%	83.7%	95.4%
# Students that took the NCLEX	79	2,200	208	2,487
# Students that passed the NCLEX	76	2,122	174	2,372
Number of programs reporting	**6**	**12**	**4**	**22**

*These data represent nursing students who took the NCLEX for the first time in 2021-22.

Clinical Simulation

- 145 out of 152 nursing programs (95.4%) reported using clinical simulation in 2021-22.

  - Seven reported that they did not use clinical simulation. One of the seven programs is on teach-out, three are new, and one has previously reported not using simulation. Two reported using simulation in prior years.

- More than half (64.1%, n=93) of the 145 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

- Slightly more than half of these 145 programs (51.0%, n=74) report changing the way they use simulation during 2021-22 due to the COVID-19 pandemic. Programs were asked to describe how they had changed.

  - The largest change noted in text comments was a move to or increase in virtual simulation (28 out of 73 comments).

    - Example: "We increased the use of virtual simulation to support decreased access to clinical placements and maintain social distancing in the labs."

  - Others simply noted that they had increased the amount of simulation used, some citing BRN waivers or rules. (12 out of 73 comments).

    - Example: "We increased the number of hours each student would spend in clinical simulation following the BRN guidance."

  - Some also noted that they had to decrease or cease the use of in-person simulation, often by decreasing group size (three out of 73 comments).

    - Example: "All students and instructors required to mask. Stand 6 feet apart. Have smaller groups."

    - Example: "Increased use of virtual learning experience (VLE); no use of in-person simulation lab."

  - Others noted that the loosening of pandemic restrictions meant that they could decrease the number of simulation hours and return students to clinical placements and in-person simulation labs. However, simulation tools developed during the pandemic helped keep the programs resilient during crises.

    - Example: "Decreased simulation hours for Peds because clinical sites became available again."

    - Example: "We were able to decrease hours in simulation that had been ramped up during the previous year due to COVID-19 (in accordance with the BRN waiver). This resulted from re-opening of clinical slots in partnering agencies and our move to some new clinical slots in new agencies."

    - Example: "During the previous 20-21 AY we used a lot more video simulation training tools than we had pre-pandemic. We were able to re-enter more clinical training sites in 21-22, but still used video simulation as a back-up during short periods when hospitals/acute care settings restricted us from coming due to temporary Covid surges."

- The majority of nursing programs' funding for simulation maintenance (58.4%), and faculty development and training (52.8%) came from the school's operating budget. The majority of nursing programs' funding for simulation *purchases* came from the government, foundations, industry, or other sources (51.9%).

- Overall, a sizable proportion of funding for purchases, maintenance, faculty development, *and* training came from government grants. Other sources like foundations, private donors, and donors made up a very small proportion of overall funding.

- Other sources of funding for purchases and maintenance described by respondents in text comments included: IRA funding, student course fees and tuition, California Community Colleges Strong Workforce program, and state emergency funding.

- Other sources of funding for training included student fees/tuition and vendors. One respondent commented: "Faculty have not attended much training with COVID."

Table 63. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

Funding Sources	Purchases	Maintenance	Faculty Training
Your college/university operating budget	46.7%	58.4%	52.8%
Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	41.5%	33.0%	38.0%
Other	3.9%	4.3%	6.3%
Foundations, private donors	5.5%	3.2%	1.9%
Industry (i.e., hospitals, health systems)	1.0%	1.2%	1.0%
Programs reporting	**143**	**145**	**145**

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

- 83.5% (n=121) of 145 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences. This is a slight increase from last year, when 82.9% of programs had such policies in place.

- The most common policy or procedure was "Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation", closely followed by "Development, use and revision of simulation materials for participants, faculty, and staff", and "Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators".

- The least commonly cited were "Required initial and ongoing simulation training for faculty and staff", and "Other participant requirements related to simulation".

Table 64. Policies and Procedures to Ensure Quality of Simulation

Policies and Procedures	% of programs	# of programs
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	87.5%	105
Development, use and revision of simulation materials for participants, faculty, staff	86.7%	104
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	86.7%	104
Adherence to simulation related Professional Integrity requirements	85.8%	103
Required faculty, staff and participant orientation	76.7%	92
Continuous quality improvement mechanisms used	71.7%	86
Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)	63.3%	76
Other participant requirements related to simulation.	47.5%	57
Programs responding*		**120**

*While 121 programs reported having in place simulation policies and procedures that ensure quality and consistent simulation experiences, only 120 answered this follow-up question.

- Most 61.4% (n=89) of 145 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 (86.5%). However, the majority of programs included each of the listed elements (except "other"), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and "other".

- Other elements described by respondents were: "SLOs mapped with simulation; aligned PLOs and QSEN outcomes", and "Curriculum Integration Policy".

Table 65. Elements of Simulation Plan

Elements	% of programs	# of programs
Course by course simulation topics	86.5%	77
Number of hours for each simulation	79.8%	71
How simulation is integrated throughout the curriculum	78.7%	70
Total number of hours for each course	68.5%	61
Abbreviated course by course simulation objectives/expected outcomes	62.9%	56
Other	6.7%	6
Total number of programs reporting		**89**

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan.

- Other write-in answers given included lack of a simulation coordinator or staff (n=2), "We have a record of which simulations are done in which semester, but we haven't reviewed it to coordinate and progress the simulations", "Simulation is for enhancement and not a graded activity. It is only used for loss of a clinical day or in optional nursing courses," and "FT faculty assigned other duties to develop simulation policies".

Table 66. Reasons Why the Program Does Not Have a Written Plan

Reasons	% of programs	# of programs
Faculty in process of developing a plan	75.5%	40
Time or other limitations have delayed development of a written simulation plan	60.4%	32
Simulation coordinator is developing or assisting faculty with plan development	41.5%	22
Faculty unaware that use of a written plan is a suggested "best practice"	9.4%	5
Other	9.4%	5
No simulation coordinator	1.9%	1
Total number of programs reporting		**53**

- Only 2.8% (n=4) of the 145 programs had "not at all" integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.

- About a quarter (26.9%, n=39) had integrated simulation standards completely, while 69.0% (n=100) had somewhat or mostly integrated these standards.

- Only one (0.7%) reported being unfamiliar with the standards.

Table 67. Extent of Integration of Recognized Simulation Standards

Extent of Integration	% of programs	# of programs
Not at all	2.8%	4
Somewhat	25.5%	37
Mostly	43.4%	63
Completely	26.9%	39
Not familiar with the standards	0.7%	1
No answer	0.7%	1
Number of programs reporting	**100.0%**	**145**

- In 2021-22, respondents were asked to name the simulation standards with which their programs were aligned. The most commonly cited standards were International Nursing Association for Clinical Simulation and Learning (INACSL).

- Some programs reported being aligned with more than one standard.

- Other standards, provided as write-in text answers, included the California Simulation Alliance (n=3), and Jeffries text Simulation in Nursing Education.

Table 68. Simulation Standards with which Program is Aligned

Simulation Standards	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	59.7%	86
Society for Simulation in Healthcare (SSH)	44.4%	64
National Council of State Boards of Nursing (NCSBN)	38.2%	55
National League for Nursing (NLN)	33.3%	48
Other	6.3%	9
None	6.3%	9
No answer	3.5%	5
Number of programs reporting		**144**

- Prior to the pandemic, regulations CCR 1426 (g) (2) and 1420 (e) required that "with the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting."

- Programs were asked whether the majority of their clinical courses used the maximum percentage of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e).

- Less than half (44.1%, n=64) of all program representatives responding agreed that the majority of their clinical courses did so.

- Those that indicated that the majority of their clinical courses did not use 25% of clinical course hours for simulation/skills labs were asked why.

- The main reason selected by most respondents (75.9%, n=60) was "have enough clinical placements available/ direct patient care learning opportunities available".

- The second most common reason was "availability of trained staff/technicians and or faculty limits increased use" (32.9%, n=26).

- "Other" reasons included:

  - New and senior faculty lack training on simulation; no simulation coordinator and no technician to assist.

  - "The clinical courses utilize the same simulation hours used prior to COVID 19"

  - "Simulation hours are in addition to required clinical hours."

  - "Faculty evaluating, where appropriate, to increase simulation

Table 69. Reasons Why Programs Dedicated Less than 25% of Clinical Course Hours to Simulation/Skills Labs in the Majority of Classes

Reasons	% of programs	# of programs
Have enough clinical placements available/direct patient care learning opportunities available	75.9%	60
Availability of trained staff/technicians and or faculty limits increased use	32.9%	26
Faculty prefer to use other available clinical training methods	30.4%	24
Available simulation space/equipment/supplies limit increased use	21.5%	17
Instructional materials are not yet developed/validated	11.4%	9
Other	7.6%	6
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	5.1%	4
Total number of programs reporting		**79**

- On April 3, 2020, in response to the COVID-19 pandemic, the director of the Department of Consumer Affairs (DCA) issued a waiver (DCA Waiver DCA 20-03) on certain restrictions on nursing student clinical hours. This waiver: a) reduced the requirement that "clinical hours be in direct patient care from 75% down to 50% for nursing students in obstetrics, pediatrics, and mental health/psychiatry courses," and b) allowed up to 50% of clinical practice through simulation or lab training provided certain conditions are met for nursing students in geriatrics and medical/surgical course".

- In 2021-22, respondents were asked whether they had expanded their use of simulation to leverage the flexibility provided in the BRN waiver.

- 64.1% (n=91) of 142 respondents answering this question reported that they had used the waiver to expand their program's use of simulation. Fifty-one programs (35.9%) did not expand their use of simulation using the DCA waiver.

- The main reason that programs did *not* expand their use of simulation using the DCA waiver was that they had enough clinical placements or direct patient care learning opportunities (90.2%, n=46).

- "Faculty prefer to use other available clinical training methods" (31.4%, n=16) and, "Availability of trained staff/technicians and or faculty limits increased use" (23.5%, n=12) were the second and third most common reasons.

- "Other" reasons provided in text comments include: returned to clinical setting, need to provide socially distanced experiences, fundamentals delivered in skills lab and did not require a waiver, and "was not in operation at the time".

Table 70. Reasons Why Programs Did Not Expand Use of Simulation re: DCA Waiver 20-03

Reasons	% of programs	# of programs
Enough clinical placements available/direct patient care learning opportunities available	90.2%	46
Faculty prefer to use other available clinical training methods	31.4%	16
Availability of trained staff/technicians and or faculty limits increased use	23.5%	12
Available simulation space/equipment/supplies limit increased use	9.8%	5
Instructional materials are not yet developed/validated	9.8%	5
Other (describe):	7.8%	4
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	5.9%	3
Courses disrupted by COVID-19 did not fall under waiver provisions	2.0%	1
Total number of programs reporting		**51**

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

- The most common area was "critical thinking/decision making and managing priorities of care", followed by "preparation for direct patient care". The least common was management of legal/ethical situations and "other".

- More than half of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except "other".

- "Other" reasons included in text comments were: "Use of VSIM", and "Use of protocols which allow student clinical decision opportunities"

Table 71. Areas Where Simulation is used to Achieve Learning Objectives

Learning Objectives	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	95.8%	137
Preparation for direct clinical patient care	93.7%	134
Application of nursing knowledge/use of the nursing process	92.3%	132
Patient safety/Staff safety and Quality of care	91.6%	131
Teamwork/Inter-professional collaboration	88.1%	126
Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration	86.0%	123
Communication/crucial conversations	83.9%	120
Manage high risk, low volume care and emergency situations	75.5%	108
Guaranteed exposure to critical content areas not available in the direct care setting	73.4%	105
Leadership/Delegation/Role clarification	72.0%	103
Management of Legal/Ethical situations	55.9%	80
Other	1.4%	2
Total number of programs responding		**143**

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 9.7% (n=14) of all programs reported doing so, a number that has changed little since the prior year.

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

- Four programs mentioned NCLEX scores, although in one case part of the comment was removed to protect confidentiality and in another it is not specified what the "pass rate" refers to and it is assumed that it is the NCLEX.

Table 72. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Quantitative Measures
1	(NCLEX scores and) Questionnaires were used to see what students learned with simulation learning activities. Both formative and summative evaluations were used.
2	Collected by Institutional Research Dept.
3	DASH reporting
4	HESI RN Exit exam and Mountain Measurement NCLEX reports
5	Kept by Institutional Research Dept.
6	NCLEX Pass rate
7	Pass rate
8	Student surveys
9	Use 5-point Likert scale survey on satisfaction levels and DASH debriefing.
10	Use 5-point Likert scale survey on satisfaction levels and DASH for debriefing.

- Respondents were also asked to describe the *qualitative* measures used, which are listed below.

- Surveys were mentioned four times. Other qualitative methods mentioned included interviews and observations, Skyfactor narrative questions, faculty and peer evaluation, and debrief conferences.

Table 73. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Qualitative Measures
1	Collected via Skyfactor narrative questions.
2	DASH reporting
3	Interview and observation of students by Director of Simulation/Advisory Committee with student representation and faculty peer evaluation of simulation activities.
4	Interview and observation of students by Director of Simulation/Advisory committee with student representation and faculty peer evaluation of simulation activities.
5	Please note the passing scores for NCLEX written above. Students were asked open ended questions regarding their simulation learning activities.
6	Program Exit and course evaluation surveys
7	Skyfactor data via narrative questions distributed to all graduating students.
8	Student Opinion Survey
9	Student evaluations and reports
10	Student survey comments
11	Teach back methods using debriefing and post conferences
12	Yes, but this is not new for us so there are no changes.
13	not specific to this

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. Forty-six percent of 145 programs (46.2%, n=67) responded affirmatively. This is up from approximately 39% last year. Sixty-four of these programs provided the names of the tools they used to evaluate simulation courses.

- Those who had students evaluate every simulation session with a nationally-recognized tool were asked to name the tools they used to measure simulation effectiveness. The most commonly mentioned tools were SET-M (32.8%, n=21), followed by NLN (10.9%, n=7), and some sort of unspecified survey (9.4%, n=6).

Table 74. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used	%	Number
SET M	32.8%	21
NLN	10.9%	7
Survey (unspecified)	9.4%	6
DASH	7.8%	5
INACSL	6.3%	4
Other tool (unspecified)	6.3%	4
Creighton	4.7%	3
SSIH	4.7%	3
Debrief	3.1%	2
Crest	1.6%	1
i-Human	1.6%	1
Lasater	1.6%	1
NCBSN	1.6%	1
PNCI	1.6%	1
QSEN	1.6%	1
SLOs	1.6%	1
Unknown	1.6%	1
Varies	1.6%	1
Grand Total		**64**

* All categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool (n=67) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. Sixty-four respondents provided text comments. The following table summarizes that information, much of which was similar to that provided to the question about tools used by those who had students evaluate each course with a nationally-recognized tool.

- A large number of respondents simply noted that they used a survey (23.4%, n=15) or an "evaluation tool" (20.3%, n=13).

Table 75. Other Tools Used to Evaluate Simulation Courses

Tools Used	%	Total
Surveys	23.4%	15
Evaluation "Tool", unspecified	20.3%	13
Skills/SLO assessment/exams	10.9%	7
Debrief/feedback	9.4%	6
Instructor feedback / observation	9.4%	6
In development	7.8%	5
Other	6.3%	4
Course evaluation	4.7%	3
Checklist	4.7%	3
Self-evaluation / reflection	4.7%	3
Named evaluation tool	3.1%	2
Journaling	1.6%	1
Total Comments		**64**

- Respondents were asked what types of simulation they used in different topic areas. Despite COVID-19, manikin-based simulation remained the primary form of simulation used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics.

- Role-play with other students was the most commonly used form of simulation used in psychiatry/mental health (63.0%, n=85) and leadership/management (40.3%, n=52) programs.

- 34.1% (n=44) of programs did not use simulation in leadership/management courses, 13.3% (n=17) did not use simulation in geriatrics courses, and 12.6% (n=17) did not use simulation in psychiatry/mental health courses.

- Overall, the percentages of programs reporting using virtual simulation continued to be up by double digits compared to prior to the start of the pandemic in 2020.

- Other types of simulation used described in text comments included: Hearing Voices (auditory hallucinations simulation) (n=4), virtual simulation (n=5), high fidelity simulation (n=2), Disaster Drill, and various others including: "Simulated case studies in the med/surg and psych courses. In Community Health, faculty do a poverty simulation in a classroom setting," "Situation given with report on several patients (paper/online). Students must work in teams to staff the unit based on simulated patient needs and staff available," etc.

Table 76. Type of Simulation Used by Topic Area

Type of Simulation	Funda-mentals	Medical/ Surgical	Obste-trics	Pedia-trics	Geria-trics	Psychiatry/ Mental Health	Leadership/ Mgmt	Other
Manikin-based	80.7%	89.4%	84.8%	80.3%	68.8%	25.2%	34.9%	58.8%
Computer-based (i.e.: software) programs	49.3%	59.2%	51.4%	53.0%	46.1%	37.8%	28.7%	58.8%
Role play with other students	46.4%	43.0%	35.5%	37.1%	32.0%	63.0%	40.3%	29.4%
Standardized /embedded participants	24.3%	24.6%	20.3%	12.9%	18.0%	15.6%	9.3%	29.4%
Task trainers	49.3%	50.0%	34.1%	28.8%	24.2%	5.9%	9.3%	47.1%
Virtual simulations (i.e., via Zoom)	32.9%	41.5%	32.6%	34.8%	31.3%	12.6%	18.6%	29.4%
Other type of simulation	3.6%	6.3%	2.9%	3.0%	3.9%	9.6%	4.7%	47.1%
None	6.4%	0.0%	4.3%	5.3%	13.3%	12.6%	34.1%	11.8%
All Programs Responding	**140**	**142**	**138**	**132**	**128**	**135**	**129**	**17**

Clinical Training in Nursing Education

- Respondents were asked to indicate the allocation of their program's clinical hours. The largest proportion of clinical hours in all programs was in direct inpatient care, (71.8% for ADN programs, 69.2% for BSN, and 68.8% for ELM.

- BSN program reported a relatively high percentage of hours in skills labs (12.8%) compared to other programs, whereas ELM programs had more hours allocated to outpatient care (9.7%) than did other programs.

- ADN programs had the greatest percentages of hours allocated to direct inpatient care (71.8%) and clinical observation (7.4%).

Table 77. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care Inpatient			Direct Patient Care Outpatient			Direct Patient Care Telehealth		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	311.6	223.4	194.8	10.0	4.9	0.0	1.1	0.0	0.0
Fundamentals	75.1	39.8	48.5	2.0	1.3	4.1	0.0	0.0	0.0
Obstetrics	61.3	65.7	63.9	2.2	1.2	4.2	0.4	0.3	0.2
Pediatrics	51.3	64.9	59.4	9.4	3.4	7.3	0.3	0.3	0.0
Geriatrics	78.4	63.5	46.8	4.5	8.2	7.8	0.4	0.2	0.0
Psychiatry/ mental health	63.6	83.5	73.3	5.2	4.0	9.5	0.5	0.1	0.0
Leadership/ management	50.2	57.6	48.2	2.0	4.1	4.5	0.0	0.0	0.0
Other	6.1	39.2	88.0	0.6	22.8	50.6	0.0	0.8	0.0
Total average clinical hours	697.8	637.6	622.7	35.9	49.8	87.9	2.7	1.7	0.2
Number of programs reporting	**89**	**45**	**13**	**89**	**45**	**13**	**89**	**45**	**13**
Content Area	Skills Labs			Clinical Simulation			Clinical Observation		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	9.6	18.8	17.8	32.0	22.9	23.8	30.8	8.7	1.2
Fundamentals	70.9	62.6	50.8	11.1	10.3	8.9	2.7	1.0	0.0
Obstetrics	1.6	7.3	6.5	9.3	12.1	14.2	9.0	1.3	0.5
Pediatrics	1.7	6.7	5.0	9.0	11.7	14.7	9.2	1.5	0.7
Geriatrics	0.2	4.1	1.3	6.6	12.8	10.3	7.9	2.2	0.0
Psychiatry/ mental health	2.1	5.1	2.3	5.5	8.4	17.0	7.0	6.8	1.2
Leadership/ management	0.5	4.0	2.0	2.3	5.7	6.1	5.6	5.1	5.5
Other	0.2	9.6	2.6	0.5	2.8	2.5	0.0	0.7	0.0
Total average clinical hours	86.8	118.2	88.3	76.3	86.6	97.5	72.3	27.3	9.1
Number of programs reporting	**89**	**45**	**13**	**89**	**45**	**13**	**89**	**45**	**13**

Table 77. (continued). Average Hours Spent in Clinical Training by Program Type and Content Area – Total Clinical Hours

Content Area	Total Clinical Hours			Percent of Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	395.1	278.7	237.6	40.7%	30.3%	26.2%
Fundamentals	161.8	114.9	112.3	16.7%	12.5%	12.4%
Obstetrics	83.9	88.0	89.4	8.6%	9.6%	9.9%
Pediatrics	81.0	88.5	87.1	8.3%	9.6%	9.6%
Geriatrics	98.0	90.9	66.2	10.1%	9.9%	7.3%
Psychiatry/ Mental Health	83.8	107.8	103.3	8.6%	11.7%	11.4%
Leadership/ Management	60.7	76.5	66.2	6.2%	8.3%	7.3%
Other	7.5	75.8	143.6	0.8%	8.2%	15.9%
Total Average Clinical Hours	971.8	921.1	905.7	100.0%	100.0%	100.0%
Number of programs that reported	**89**	**45**	**13**	**89**	**45**	**13**

- In terms of content area, ADN programs allocated the greatest percentage of hours to medical/surgical (40.7% of hours in ADN programs), although the plurality of hours in each program was allocated to medical/surgical.

- ADN programs also allocated more hours to fundamentals (16.7%).

- BSN and ELM programs allocated slightly more of their hours to Psychiatry/Mental Health than did ADN programs

- ELM programs mentioned "other" content areas more frequently than other program types (15.9% of hours).

- Five programs reported no clinical hours. Two of these programs are new, and two are on teach-out.

- In a separate question, respondents were asked whether their programs require that their fundamentals students have clinical practice in direct patient care. Most (77.0%, n=117) said "yes". This is an increase from last year, when 67% reported that their programs require that fundamentals students have clinical practice in direct patient care.

- 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.

- All program types, across each content area, anticipated increases in clinical training hours in clinical simulation except in the area of leadership/management and "other", and in psychiatry/mental health for ELM only.

- All program types plan fairly substantial increases in direct inpatient care in fundamentals, while all three plan fairly substantial decreases in direct inpatient care in pediatrics and psychiatry/mental health.

- However, all three program types also plan fairly substantial increases in direct outpatient care in psychiatry/mental health.

Table 78. 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	3.3%	10.4%	0.0%	92.4%	79.2%	92.3%	4.4%	4.2%	0.0%
Direct outpatient care	3.3%	2.1%	0.0%	80.4%	79.2%	84.6%	4.4%	2.1%	0.0%
Direct care - Telehealth	1.1%	0.0%	0.0%	76.1%	79.2%	84.6%	1.1%	0.0%	0.0%
Skills labs	0.0%	4.2%	0.0%	92.4%	87.5%	84.6%	3.3%	4.2%	7.7%
Clinical simulation	1.1%	0.0%	0.0%	87.0%	81.3%	69.2%	9.8%	16.7%	23.1%
Clinical observation	1.1%	0.0%	0.0%	88.0%	89.6%	84.6%	0.0%	0.0%	0.0%
Total clinical hours	**1.4%**	**2.4%**	**0.0%**	**88.0%**	**84.5%**	**82.4%**	**3.3%**	**4.2%**	**6.6%**
Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	0.0%	0.0%	0.0%	90.2%	77.1%	84.6%	5.4%	16.7%	7.7%
Direct outpatient care	1.1%	0.0%	0.0%	83.7%	79.2%	84.6%	1.1%	2.1%	0.0%
Direct care - Telehealth	0.0%	0.0%	0.0%	77.2%	79.2%	84.6%	0.0%	0.0%	0.0%
Skills labs	1.1%	8.3%	0.0%	95.7%	79.2%	84.6%	1.1%	10.4%	7.7%
Clinical simulation	0.0%	0.0%	0.0%	91.3%	89.6%	69.2%	5.4%	8.3%	23.1%
Clinical observation	0.0%	0.0%	0.0%	85.9%	85.4%	84.6%	0.0%	0.0%	0.0%
Total clinical hours	**0.3%**	**1.2%**	**0.0%**	**88.7%**	**82.4%**	**81.3%**	**2.0%**	**6.9%**	**7.7%**
Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	5.8%	4.2%	0.0%	94.2%	87.5%	100.0%	0.0%	4.2%	0.0%
Direct outpatient care	1.2%	4.2%	0.0%	83.7%	77.1%	84.6%	3.5%	4.2%	7.7%
Direct care - Telehealth	0.0%	0.0%	0.0%	80.2%	81.3%	92.3%	0.0%	0.0%	0.0%
Skills labs	0.0%	2.1%	0.0%	95.4%	91.7%	100.0%	2.3%	2.1%	0.0%
Clinical simulation	0.0%	2.1%	0.0%	83.7%	81.3%	92.3%	13.0%	14.6%	7.7%
Clinical observation	0.0%	0.0%	0.0%	89.5%	87.5%	84.6%	1.2%	0.0%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**98.9%**	**95.8%**	**92.3%**	**0.0%**	**2.1%**	**7.7%**

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

Table 78. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Pediatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	6.5%	10.4%	7.7%	89.1%	81.3%	92.3%	3.3%	2.1%	0.0%
Direct outpatient care	1.1%	6.3%	0.0%	82.6%	70.8%	84.6%	5.4%	6.3%	7.7%
Direct care - Telehealth	0.0%	0.0%	0.0%	78.3%	79.2%	84.6%	0.0%	0.0%	0.0%
Skills labs	0.0%	4.2%	7.7%	91.3%	89.6%	92.3%	3.3%	2.1%	0.0%
Clinical simulation	0.0%	2.1%	0.0%	84.8%	81.3%	84.6%	10.9%	14.6%	15.4%
Clinical observation	0.0%	2.1%	0.0%	85.9%	85.4%	92.3%	2.2%	0.0%	0.0%
Total clinical hours	**0.0%**	**2.1%**	**0.0%**	**85.9%**	**85.4%**	**92.3%**	**2.2%**	**0.0%**	**0.0%**
Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	0.0%	6.3%	0.0%	97.8%	85.4%	92.3%	1.1%	2.1%	7.7%
Direct outpatient care	1.1%	2.1%	0.0%	85.9%	79.2%	84.6%	0.0%	0.0%	15.4%
Direct care - Telehealth	0.0%	0.0%	0.0%	77.2%	79.2%	84.6%	0.0%	0.0%	15.4%
Skills labs	0.0%	0.0%	0.0%	91.3%	93.8%	92.3%	0.0%	2.1%	7.7%
Clinical simulation	1.1%	0.0%	0.0%	91.3%	85.4%	92.3%	2.2%	12.5%	7.7%
Clinical observation	0.0%	0.0%	0.0%	85.9%	87.5%	84.6%	0.0%	0.0%	15.4%
Total clinical hours	**0.0%**	**2.1%**	**0.0%**	**98.9%**	**93.8%**	**92.3%**	**0.0%**	**2.1%**	**7.7%**
Psychiatry/ Mental Health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	4.4%	6.3%	7.7%	94.6%	85.4%	84.6%	1.1%	4.2%	7.7%
Direct outpatient care	1.1%	2.1%	0.0%	84.8%	75.0%	69.2%	3.3%	6.3%	15.4%
Direct care - Telehealth	0.0%	0.0%	0.0%	75.0%	75.0%	76.9%	3.3%	4.2%	7.7%
Skills labs	0.0%	2.1%	0.0%	89.1%	89.6%	92.3%	2.2%	2.1%	0.0%
Clinical simulation	2.2%	2.1%	7.7%	89.1%	79.2%	92.3%	6.5%	14.6%	0.0%
Clinical observation	0.0%	0.0%	0.0%	84.8%	87.5%	84.6%	2.2%	0.0%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**95.8%**	**100.0%**	**0.0%**	**2.1%**	**0.0%**

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

Table 78. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	2.2%	4.2%	0.0%	90.2%	83.3%	92.3%	2.2%	4.2%	0.0%
Direct outpatient care	1.1%	0.0%	0.0%	81.5%	81.3%	84.6%	0.0%	0.0%	0.0%
Direct care - Telehealth	0.0%	0.0%	0.0%	73.9%	75.0%	84.6%	0.0%	0.0%	0.0%
Skills labs	0.0%	2.1%	0.0%	87.0%	87.5%	92.3%	0.0%	0.0%	0.0%
Clinical simulation	2.2%	0.0%	0.0%	84.8%	87.5%	92.3%	2.2%	4.2%	0.0%
Clinical observation	0.0%	0.0%	0.0%	66.7%	83.3%	84.6%	0.0%	0.0%	0.0%
Total clinical hours	**0.0%**	**0.0%**	**0.0%**	**94.6%**	**89.6%**	**92.3%**	**0.0%**	**2.1%**	**0.0%**
Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	0.0%	2.1%	7.7%	91.3%	83.3%	69.2%	0.0%	0.0%	0.0%
Direct outpatient care	0.0%	0.0%	0.0%	90.2%	87.5%	92.3%	0.0%	0.0%	0.0%
Direct care - Telehealth	0.0%	0.0%	0.0%	87.0%	77.1%	76.9%	0.0%	0.0%	0.0%
Skills Labs	0.0%	2.1%	0.0%	91.3%	85.4%	84.6%	0.0%	0.0%	0.0%
Clinical simulation	1.1%	0.0%	0.0%	91.3%	85.4%	84.6%	0.0%	4.2%	0.0%
Clinical observation	0.0%	0.0%	0.0%	89.1%	85.4%	84.6%	0.0%	2.1%	0.0%
Total clinical hours	**0.0%**	**2.1%**	**0.0%**	**92.4%**	**87.5%**	**92.3%**	**0.0%**	**2.1%**	**0.0%**

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

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

- Two programs indicated that they were decreasing overall clinical hours.

- The only reason listed for decreasing clinical hours were "Curriculum redesign or change".

Table 79. Why Program is Reducing Clinical Hours

Reason	% of Schools	# of Schools
Curriculum redesign or change	100.0%	2
Students can meet learning objectives in less time	0.0%	0
Unable to find sufficient clinical space	0.0%	0
Need to reduce units	0.0%	0
Impacts of COVID-19	0.0%	0
Insufficient clinical faculty	0.0%	0
Other	0.0%	0
Funding issues or unavailable funding	0.0%	0
Total reporting		**2**

School Data

Data in this section represent all schools 144 with pre-licensure nursing programs. These questions were not asked for each program type. Where breakdowns are provided by the types of programs the school has, it is important to keep in mind that many schools have multiple programs and there may be overlap (see the section on Other Program Administration).

Institutional Accreditations

- For this survey, institution accreditation was defined as, "Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education."

- The most commonly reported institutional accreditations were WASC-JC (47.9%, n=69) and WSCUC (37.5%, n=54).

- "Other" accreditations described in text comments include some *professional* accreditations such as the Commission on Collegiate Nursing Education (CCNE) (n=5), Accreditation Commission for Education in Nursing (ACEN) (n=2), Council on Education for Public Health (CEPH), and Standards for Accreditation for Health Service Psychology.

- Other *institutional* accrediting agencies listed include the Commission on Occupational Education (COE), California Commission on Teacher Credentialing (CTC), Adventist Accrediting Association, and Transnational Association of Christian Colleges and Schools (TRACS). Other organizations include the California Bureau for Private Postsecondary Education (BPPE) (n=2).

Table 80. Institutional Accreditations

Accreditations	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	47.9%	69
WASC – Senior College and University Commission (WSCUC)	37.5%	54
Other	9.7%	14
Accrediting Bureau of Health Education Schools (ABHES)	6.9%	10
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.1%	3
Higher Learning Commission (HLC)	2.1%	3
Northwest Commission on Colleges and Universities (NWCCU)	0.7%	1
Accrediting Council for Independent Colleges and Schools (ACICS)	0.0%	0
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Number of schools that reported		**144**

RN Refresher Course

In 2021-22, three nursing schools offered an RN refresher course, and 43 students completed one of these courses.

Nursing Program Directors

- Seventy-two programs reported other programs administered by the RN pre-licensure program director. The most commonly reported programs also administered by the pre-licensure RN program director included "other", followed by LVN, CNA, and HHA.

- "Other" programs mentioned in write-in answers included various "graduate" or post-licensure nursing programs (n=9), prelicensure nursing programs such as ADN or LVN-to-ADN (n=3), medical assisting (n=3), respiratory therapy, addiction studies, registered dental assisting, healthcare interpreting, physical therapy assistant, orthopedic technician, surgical technologist, and phlebotomy. Answers such as "none" and "n/a" are not included.

Table 81. Other Programs Administered by the RN Program Director

Program Types	% of Schools	# of Schools
Other	44.4%	32
LVN	36.1%	26
CAN	30.6%	22
HHA	18.1%	13
RN Post-Licensure programs	18.1%	13
EMT	13.9%	10
Health sciences	13.9%	10
Technician (i.e., psychiatric, radiologic, etc.)	11.1%	8
Other undergraduate programs	9.7%	7
Health professions	5.6%	4
Paramedic	5.6%	4
Number of schools reporting		**72**

Other Program Administration

Assistant Directors

- Nearly all nursing schools (96.5%, 139 out of 144 schools) reported having *at least one* assistant director.

- The majority of nursing schools (55.6%, n=80) have one assistant director, and a more than a quarter (29.9%, n= 43) have two. 7.6% (n=11) have three assistant directors, and 3.5% (n=5) have more than three assistant directors.

- Larger schools are more likely to have multiple assistant directors—schools with one hundred or fewer students averaged 1.2 assistant directors, those with 100-199 students averaged 1.4 assistant directors, and those with 200 or more averaged 2.2 assistant directors.

Table 82. 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	2.8%	25.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	4.2%	0.0%
1 Assistant Director	66.7%	62.5%	50.0%	56.5%	78.6%	100.0%	22.2%	38.5%	0.0%	57.1%	54.2%	41.7%
2 Assistant Directors	30.6%	12.5%	50.0%	37.0%	14.3%	0.0%	33.3%	23.1%	25.0%	34.1%	18.8%	33.3%
3 Assistant Directors	0.0%	0.0%	0.0%	4.3%	7.1%	0.0%	22.2%	26.9%	50.0%	4.4%	16.7%	16.7%
>3 Assistant Directors	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	22.2%	11.5%	25.0%	2.2%	6.3%	8.3%
Programs reporting	**36**	**8**	**6**	**46**	**14**	**2**	**9**	**26**	**4**	**91**	**48**	**12**
Percent of Program Type by School Size	39.6%	16.7%	50.0%	50.5%	29.2%	16.7%	9.9%	54.2%	33.3%	60.3%	31.8%	7.9%
Average # of Assistant Directors	1.3	0.9	1.5	1.4	1.3	1.0	2.4	2.1	3.0	1.5	1.7	1.9

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

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

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

Table 83. 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	12.4	17.0	19.0	10.9	20.7	9.0	20.0	22.0	0.0	11.9	20.6	14.0
Asst director 2	15.3	24.0	34.7	17.3	60.0	0.0	36.3	40.2	50.0	18.4	42.8	46.8
Asst director 3	0.0	0.0	0.0	45.0	60.0	0.0	70.0	88.7	105.0	57.5	85.1	105.0
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	104.0	136.0	48.0	104.0	136.0	48.0
Number of programs reporting	**33**	**5**	**5**	**45**	**13**	**2**	**9**	**26**	**4**	**87**	**44**	**11**
Average # of hours allotted /week*	13.3	18.4	28.4	14.8	29.8	9.0	55.2	57.3	77.0	18.4	44.8	45.7

Table 84. 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	12.5	14.5	19.0	12.4	22.1	14.0	20.0	22.1	0.0	12.7	20.8	16.5
Asst director 2	18.0	30.0	43.3	19.4	64.0	0.0	36.3	45.3	50.0	20.6	47.8	52.0
Asst director 3	0.0	0.0	0.0	52.5	90.0	0.0	70.0	90.9	105.0	61.3	90.8	105.0
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	112.0	149.3	48.0	112.0	149.3	48.0
Number of Programs reporting	**36**	**5**	**5**	**46**	**13**	**2**	**9**	**25**	**4**	**91**	**43**	**11**
Average # of hours spent / week*	14.1	17.6	33.6	16.7	33.8	14.0	57.0	62.2	77.0	19.9	48.4	48.7

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

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

Clerical Staff

- All but nine schools reported clerical staff.

- Schools with fewer students generally had fewer clerical staff—for example, schools with less than 200 students had an average of 2.4 clerical staff; those with more than 200 students had an average of 6.2 clerical staff.

- Schools with ADN programs had an average of 2.1 clerical staff while those with BSN programs averaged 5.5 clerical staff, and those with ELM programs averaged 7.7.

- Average hours *per staff person* were 31.5 for ADN programs, 30.6 for BSN programs, and 26.6 for ELM programs with an overall average number of 30.2 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 85. 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 | | |
ClericalStaff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	11.1%	4.3%	0.0%	4.3%	7.1%	0.0%	0.0%	0.0%	0.0%	6.6%	6.3%	0.0%
1 clerical staff	41.7%	28.3%	16.7%	28.3%	28.6%	50.0%	11.1%	11.5%	0.0%	31.9%	18.8%	16.7%
2 clerical staff	36.1%	34.8%	0.0%	34.8%	21.4%	0.0%	55.6%	7.7%	0.0%	37.4%	12.5%	0.0%
3 clerical staff	5.6%	21.7%	16.7%	21.7%	7.1%	0.0%	0.0%	7.7%	0.0%	13.2%	6.3%	8.3%
4 clerical staff	0.0%	10.9%	33.3%	10.9%	14.3%	0.0%	0.0%	11.5%	0.0%	5.5%	14.6%	16.7%
>4 clerical staff	5.6%	0.0%	33.3%	0.0%	21.4%	50.0%	33.3%	61.5%	100.0%	5.5%	41.7%	58.3%
Number of programs reporting	**1.8**	**4.0**	**4.8**	**2.2**	**3.2**	**4.0**	**3.4**	**7.0**	**15.5**	**2.1**	**5.5**	**7.7**
Average hours per week*	**46.4**	**105.3**	**107.5**	**66.7**	**129.3**	**130.0**	**146.4**	**202.4**	**428.6**	**67.2**	**168.4**	**204.4**
Mean # of staff	**1.8**	**4.0**	**4.8**	**2.2**	**3.2**	**4.0**	**3.4**	**7.0**	**15.5**	**2.1**	**5.5**	**7.7**

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

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

Table 86. 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 | | |
ClericalStaff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	30.7	40.0	40.0	42.3	40.0	40.0	40.0	40.0	0.0	36.4	40.0	39.2
2 clerical staff	48.7	80.0	0.0	67.5	118.7	0.0	77.8	70.0	0.0	61.8	96.0	0.0
3 clerical staff	80.0	0.0	40.0	77.0	110.0	0.0	0.0	90.0	0.0	77.5	96.7	40.0
4 clerical staff	0.0	86.0	92.5	107.0	137.5	0.0	0.0	146.7	0.0	107.0	126.7	92.5
>4 clerical staff	115.0	300.0	190.0	0.0	260.0	220.0	296.3	274.0	428.6	223.8	273.2	330.6
Number of programs reporting	**32**	**6**	**6**	**51**	**13**	**2**	**9**	**26**	**4**	**85**	**45**	**12**
Average hours per week*	**46.4**	**105.3**	**107.5**	**66.7**	**129.3**	**130.0**	**146.4**	**202.4**	**428.6**	**67.2**	**168.4**	**204.4**
Mean # of staff	**1.8**	**4.0**	**4.8**	**2.2**	**3.2**	**4.0**	**3.4**	**7.0**	**15.5**	**2.1**	**5.5**	**7.7**

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

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

Table 87. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	10.5%	13.3%	15.4%
Somewhat adequate	52.3%	57.8%	53.9%
Somewhat inadequate	30.2%	24.4%	30.8%
Very inadequate	6.6%	4.4%	0.0%
Number of programs reporting	**86**	**45**	**13**

Clinical Coordinators

- 74.3% (n=107) of the 144 schools responding to this question reported at least one staff person working as a clinical coordinator or on clinical coordination tasks.

- Schools with ELM programs (100%, n=13) and BSN programs (81.3%, n=39) were more likely to report having clinical coordinators on staff than were schools with ADN programs (69.6%, n=64).

- Schools with ELM and BSN programs were also more likely to have multiple clinical coordinators than were schools with ADN programs. 75.0% (n=9) of schools with ELM programs and 59.6% (n=28) of schools with BSN programs had multiple clinical coordinators compared to schools with ADN programs (35.2%, n=32).

Table 88. Number of Clinical Coordinators by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			200 or more			All Programs		
Clinical Coordinator Staff	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**	**ADN**	**BSN**	**ELM**
No clinical coordinator	35.5%	50.0%	0.0%	26.1%	7.1%	33.3%	22.2%	15.4%	0.0%	29.1%	18.8%	7.7%
1 clinical coordinator	22.6%	12.5%	33.3%	45.7%	35.7%	33.3%	22.2%	15.4%	0.0%	34.9%	20.8%	23.1%
2 clinical coordinators	19.4%	37.5%	50.0%	21.7%	35.7%	33.3%	22.2%	19.2%	0.0%	20.9%	27.1%	30.8%
>2 clinical coordinators	22.6%	0.0%	16.7%	6.5%	21.4%	0.0%	33.3%	50.0%	100.0%	15.1%	33.3%	38.5%
Number of programs reporting	**31**	**8**	**6**	**46**	**14**	**3**	**9**	**26**	**4**	**86**	**48**	**13**
Average hours per week*	28.6	41.3	58.5	24.8	55.8	44.0	62.5	137.9	155.0	30.1	98.6	83.4

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

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (98.6 and 83.4, respectively) than did schools with ADN programs (30.1 hours per week).

- Schools with BSN and ELM programs reported more clinical coordinator hours *per clinical coordinator* per week on average (28.8 and 31.9, respectively) than did schools with ADN programs (average of 13.5 hours per week).

Table 89. Average Number of Clinical Coordinator Hours by Size of School and Program Type

	Less than 100			100-199			200 or more			All programs		
Clinical Coordinator Staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	21.3	40.0	20.5	22.3	48.0	40.0	27.5	35.0	0.0	22.4	42.0	26.5
2 Clinical Coordinators	29.4	41.7	53.3	25.8	48.6	48.0	43.8	57.3	0.0	29.0	50.3	52.0
>2 Clinical Coordinators	33.0	0.0	150.0	38.3	80.7	0.0	98.3	211.9	155.0	49.3	183.8	154.0
Number of programs reporting*	**36**	**8**	**6**	**46**	**14**	**2**	**9**	**25**	**4**	**91**	**47**	**12**
Average hours per week*	27.6	41.3	58.5	24.8	55.8	44.0	62.5	137.9	155.0	30.1	98.6	83.4

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. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.
*Some programs had no clinical coordinators and they are not reported in the program counts in this table.
**Average hours reported are for all staff per program and not per person. Averages are for programs that have clinical coordinators.

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

Table 90. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
Very adequate	7.8%	5.1%	7.7%
Somewhat adequate	45.3%	69.2%	53.8%
Somewhat inadequate	37.5%	25.6%	38.5%
Somewhat inadequate	9.4%	0.0%	0.0%
Number of programs reporting	**64**	**39**	**13**

Retention Specialists

- Thirty-eight percent (38.2%, n=55) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.

- Retention specialists were more common in schools with ADN and BSN programs, where about 40% had retention specialists (n=35 & 19, respectively) compared to schools with ELM programs, where only 7.7% (n=1) had retention specialists.

- Schools with retention specialists had an average of 26.1 hours per week of retention specialist time. Smaller and midsize schools had fewer retention specialist hours (average 23.1 and 19.6 hours per week respectively) compared to large schools (35.6 hours per week).

- While ELM and BSN programs have more retention specialist hours than ADN programs, ELM and BSN programs also tend to be in larger schools.

Table 91. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type

| Retention Specialist Staff | 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	31.4%	12.5%	0.0%	42.2%	35.7%	0.0%	55.6%	50.0%	25.0%	39.3%	39.6%	8.3%
Average Hours per week*	23.4	20.0	0.0	21.1	12.2	0.0	30.4	37.6	20.0	20.8	28.5	30.0
Number of programs reporting	**35**	**8**	**6**	**45**	**14**	**2**	**9**	**26**	**4**	**89**	**48**	**12**
Programs with a retention specialist	**11**	**1**	**0**	**19**	**5**	**0**	**5**	**13**	**1**	**35**	**19**	**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. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.
*Average hours reported are for all staff per program and not per person.

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 36.1% (48 of 133 respondents) of schools reported personal reasons as having major impact, while 34.9% (n=44) reported that academic failure had major impact on student attrition.

- Factors related to the COVID-19 pandemic such as concern about exposure to COVID-19, lack of child care/school closures, and unwillingness to continue program in an online environment were not as impactful as traditional factors.

- "Other" factors from written comments included: unwillingness to get required COVID-19 vaccination (n=11), mental health challenges (n=2), lack of necessary study skills, inadequate support system and coping skills, family issues, and medical leave.

Table 92. Factors Impacting Student Attrition

Factors	No Impact	Minor Impact	Moderate Impact	Major Impact	Total Responses
Personal reasons (e.g., home, job, health, family)	6.8%	27.1%	30.1%	36.1%	133
Academic failure	4.0%	38.9%	22.2%	34.9%	126
Financial need	19.7%	29.1%	27.4%	23.9%	117
Other	14.3%	47.6%	19.0%	19.0%	21
Clinical failure	26.1%	40.0%	17.4%	16.5%	115
Change of major or career interest	35.1%	44.3%	17.5%	3.1%	97
Concern about exposure to COVID-19	41.0%	40.0%	12.4%	6.7%	105
Lack of child care/school closures	45.7%	41.0%	10.5%	2.9%	105
Transfer to another school	66.7%	27.4%	3.6%	2.4%	84
Unwillingness to continue program in online environment	69.5%	26.8%	2.4%	1.2%	82

*These percentages are derived by dividing the number answering each category by the total number of respondents answering each series.

Recruitment and Retention of Underrepresented Groups

- 41.0% of schools (n=59) of 144 schools reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs. 142 answered questions regarding strategies to recruit and admit underrepresented students.

- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (63.4%), admission counseling (56.3%), and multi-criteria screening (AB 548) (47.9%).

Table 93. Strategies to Recruit and Admit Underrepresented Students

Strategies	% of Schools	# of Schools
Outreach (e.g., high school fairs, community events)	63.4%	90
Admission counseling	56.3%	80
Multi-criteria screening as defined in California Assembly Bill 548	47.9%	68
Holistic review (e.g., residency, language skills, veteran status, other life experiences)	39.4%	56
Additional financial support (e.g., scholarships)	33.1%	47
Open house	29.6%	42
No need. We already have a diverse applicant pool and no additional strategies are needed.	17.6%	25
New admission policies instituted	14.8%	21
Other	9.9%	14
TOTAL		**142**

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring 85.1%, n=120); academic counseling (80.1%, n=113); and additional financial support such as scholarships (59.6%, n=84). These strategies were also the top three for the prior two years.

- "Other" strategies from written comments include: alternate course progression, peer mentoring, tutoring, student organizations, remediation, affordable campus day care, food pantry, skills lab assistance, resilience program, Muscat Scholars Program, Black Student Nursing Association, Men in Nursing Association, Enhanced Student Support Committee, and LVN/Military Advanced Placement Opportunities.

Table 94. Strategies to Support and Retain Underrepresented Students

Strategies	% of Schools	# of Schools
Student success strategies (e.g., mentoring, remediation, tutoring)	85.1%	120
Academic counseling	80.1%	113
Additional financial support (e.g., scholarships)	59.6%	84
Wellness counseling	47.5%	67
Program revisions (e.g., curriculum revisions, evening/weekend program)	12.8%	18
Other	10.6%	15
Additional child care	5.7%	8
No need, students from groups underrepresented in nursing are successful without any additional strategies	5.0%	7
TOTAL		**141**

- Most schools (80.6%, n=116) reported that they provided training for faculty to support the success of at-risk students in their nursing programs.

- The most common training included faculty development and orientation (94.8%) followed by cultural diversity training (78.4%).

Table 95. Faculty Training Provided to Support the Success of At-risk Students

Training Type	% of Schools	# of Schools
Faculty development and orientation	94.8%	110
Cultural diversity training	78.4%	91
Faculty mentoring and peer mentoring programs	76.7%	89
Training on disabilities and accommodations	68.1%	79
Training on various student success initiatives	57.8%	67
Other	7.8%	9
Number of schools reporting		**116**

Access to Prerequisite Courses

- 36 nursing schools (25.0%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. All of these schools reported strategies used to address access to prerequisite courses.

- Adding science course sections (63.9%), adding science course sections (58.3%), and agreements with other schools for prerequisite courses (55.6%) were the most common methods used to increase access to prerequisite courses.

- "Other" methods used to increase access to prerequisite courses from text comments included: "Acceptance of students with courses in progress".

Table 96. Access to Prerequisite Courses

Methods Used to Increase Access	% of Schools	# of Schools
Accepting online courses from other institutions	63.9%	23
Adding science course sections	58.3%	21
Agreements with other schools for prerequisite courses	55.6%	20
Providing online courses	50.0%	18
Offering additional prerequisite courses on weekends, evenings, and summers	38.9%	14
Transferable high school courses to achieve prerequisites	25.0%	9
Other	2.8%	1
Prerequisite courses in adult education	2.8%	1
Number of schools reporting		**36**

Restricting Student Access to Clinical Practice

- 105 out of 144 nursing schools (72.9%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.

- The most common or very common types of restricted access students faced were to sites overall due to COVID-19, lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, and automated medical supply cabinets. This is slightly different from the two prior years in that "lack of access to specific units due to lack of PPE" is no longer a top reason for restricted access.

- Schools reported that the least common types of restrictions students faced were glucometers and direct communication with health care team members.

Table 97. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Types of Restricted Access	Very Uncommon	Un-common	Common	Very Common	N/A
Sites overall due to COVID-19	12.4%	17.1%	42.9%	24.8%	1.0%
Clinical site due to visit from the Joint Commission or other accrediting agency	9.5%	22.9%	37.1%	24.8%	4.8%
Automated medical supply cabinets (i.e., OmniCell)	15.2%	20.0%	39.0%	12.4%	10.5%
Bar coding medication administration (i.e., Pyxis)	14.3%	26.7%	26.7%	20.0%	10.5%
Electronic medical records	19.0%	25.7%	28.6%	15.2%	8.6%
Patients related to staff nurse preferences or concerns about their additional workload	19.0%	29.5%	26.7%	13.3%	7.6%
Health and safety requirements (i.e., drug screening, background checks)	26.7%	29.5%	20.0%	13.3%	6.7%
Inability to onboard or complete orientation of new cohort due to COVID-19	21.9%	27.6%	25.7%	5.7%	16.2%
IV medication administration	21.9%	38.1%	21.0%	4.8%	11.4%
Alternative settings due to liability (i.e., home health visits)	18.1%	29.5%	16.2%	6.7%	26.7%
Lack of access to specific units due to lack of PPE	28.6%	36.2%	14.3%	7.6%	9.5%
Glucometers	32.4%	37.1%	9.5%	6.7%	11.4%
Direct communication with health care team members	32.4%	35.2%	7.6%	6.7%	15.2%
Other	8.6%	0.0%	0.0%	0.0%	0.0%
Total Schools answering any question in this series					**105**

- Respondents reported a number of "other" types of restricted access, although many of these were actually additional reasons for restricted access. These included limits on the size of student groups, and the overall number of students allowed at units due to COVID-19 (n=6), too much competition from other schools (n=2), clinical site closures, and extensive orientation requirements (n=2).

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (57.8%, n=48) and "Staff still learning and unable to assure documentation standards are being met" (57.8%, n=38).

- Schools reported that students were most frequently restricted from using medication administration systems due to liability (61.5%, n=48) and staff fatigue/burnout (51.3%, n=40).

- "Other" reasons reported in text comments included: COVID-19 pandemic restrictions (n=3), onboarding time and effort by agency, too much time to input student access (n=2), EMR not fully implemented, and "parts (of EMR are) not accessible to students".

Table 98. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

Reasons	Electronic Medical Records	Medication Administration
Liability	36.1%	61.5%
Staff fatigue/burnout	38.6%	51.3%
Insufficient time to train students	57.8%	34.6%
Staff still learning and unable to assure documentation standards are being met	45.8%	25.6%
Other	9.6%	10.3%
Cost for training	20.5%	7.7%
Patient confidentiality	25.3%	6.4%
Number of schools reporting	**83**	**78**

- The majority of schools compensate for training in areas of restricted student access by providing training in the simulation lab (89.0%) and by training students in the classroom (69.0%). This is a change from last year when purchasing practice software was the second most common method of compensating.

- "Other" ways that schools compensate include: virtual simulation such as i-Human (n=3), changing or rotating assignments or sites (n=2), using DocuCare (n=2), alternative sites (n=2), "Collaborate with hospital partners re: missed clinical opportunities and make-up", and phone-based patient assessment.

Table 99. How the Nursing Program Compensates for Training in Areas of Restricted Access

Methods of Compensation	% of Schools	# of Schools
Training students in the simulation lab	89.0%	89
Training students in the classroom	69.0%	69
Purchase practice software, such as SIM Chart	63.0%	63
Ensuring all students have access to sites that train them in this area	47.0%	47
Other	16.0%	16
Number of schools reporting		**100**

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

- "Other" restricted areas described in text comments include: emergency department and skilled nursing. Commenters noted that some restrictions were due to the pandemic and fluid state of vaccine mandates.

Table 100. Clinical Area in Which Restricted Access Occurs

Clinical Area	% of Schools	# of Schools
Medical/surgical	82.4%	84
Pediatrics	81.4%	83
Obstetrics	79.4%	81
Psychiatry/mental health	75.5%	77
Critical care	59.8%	61
Geriatrics	41.2%	42
Community health	24.5%	25
Other department	3.9%	4
Number of schools reporting		**102**

Collection of Student Disability Data

- In 2021-22, schools were asked if they collect student disability data as part of the admission process. Thirty-seven percent of respondents (n=52) reported that they did so and 12.0% (n=17) did not know.

Table 101. Schools' Collection of Disability Data

Status	% of Schools	# of Schools
Yes	36.6%	52
No	51.4%	73
Don't know/not applicable	12.0%	17
Number of schools reporting		**142**

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (86)

American Career College
American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Compton College
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
Evergreen Valley College
Fresno City College
Glendale Career College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts - ADN
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing
    and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College

Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount St. Mary's University AD
Napa Valley College
Ohlone College
Pacific College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Sierra College
Smith Chason School of Nursing*
Solano Community College*
Southwestern College
Sri Sai Krish Institute*
Ventura College
Victor Valley College
Weimar University
West Hills College Lemoore
Xavier College
Yuba College

*New 2021-22

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College

Mission College
Madera College

BSN Programs (44)

American University of Health Sciences
Angeles College*
Arizona College of Nursing*
Azusa Pacific University
Biola University
California Baptist University
Chamberlain University - Irwindale
Chamberlain University - Rancho
   Cordova
Charles R. Drew University of Medicine
      and Science*
CNI College (Career Networks Institute)
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California

Gurnick Academy of Medical Arts - BSN
Holy Names University
Loma Linda University
Mount St. Mary's University BSN
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
Stanbridge University*
The Valley Foundation School of Nursing
      at San Jose State
UMass Global (Brandman)
Unitek College
University of California Irvine
University of California Los Angeles
University of Phoenix - Sacramento
Valley Campus, Sacramento
University of San Francisco
Vanguard University
West Coast University
Western Governors University
Westmont College

*New BSN programs 2021-22

ELM Programs (13)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew University of Medicine
         of Nursing and Science
University of San Francisco

Samuel Merritt University
Western University of Health Sciences
San Francisco State University
University of California Davis
University of California Irvine
University of California Los Angeles
University of the Pacific*

*New ELM programs 2021-22

APPENDIX B – Definition List

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

Phrase	Definition
Accelerated Track	An accelerated track's curriculum extends over a **shorter time-period than a traditional program**. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
Active Faculty	Faculty who teach students and have a teaching assignment during the period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Prelicensure 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, 2021 and July 31, 2022, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
Census Data	Number of students enrolled or faculty present on October 15, 2022.
Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.

Phrase	Definition
Clinical Practice with Real Patients	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.
Cohort	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2021 and July 31, 2022 and completed the program on schedule.
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2021 and July 31, 2022 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level DNP	An entry-level DNP is any DNP that is the first advanced practice credential a candidate would obtain. Any DNP that does not require a master's entry-to-practice is the same as entry level.
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 prelicensure nursing courses and master's level nursing courses.

Phrase	Definition
Evening Program	A program that offers all program activities in the evening i.e., lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-time Faculty	Faculty that work 1.0 FTE, as defined by the school.
Generic Prelicensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
Hi-Fidelity Manikin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
Home campus	The campus where your school's administration is based.
Hybrid program	Combination of distance education and face-to-face courses.
Inpatient	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
LVN to BSN Program	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
Outpatient	Patient in all other healthcare settings than those defined as "inpatient" (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
Part-time Faculty	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
Program Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
Readmitted Students	Returning students who were previously enrolled in your program
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls prelicensure 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 8/1/21 and 7/31/22.
Shared Faculty	A faculty member is shared by more than one school, e.g., one faculty member teaches a course in pediatrics to three different schools in one region.

Phrase	Definition
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Completing the Program Behind Schedule	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2021 and July 31, 2022.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2021 and July 31, 2022.
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, 2021 and July 31, 2022.
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, 2021 and July 31, 2022 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, 2021 and July 31, 2022 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2021 and July 31, 2022. 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 prelicensure program. This excludes RN to BSN students.
Underrepresented Group/Students (Minority)	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African-Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e., lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

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

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

Hazel Torres, MN, RN   Kaiser Permanente Southern CA, Ambulatory
                                                  Care Services, Regional Professional
                                                  Development

KT Waxman, DNP, MBA, RN, FSSH, FAAN   California Simulation Alliance,
                                                  University of San Francisco

Peter Zografos, PhD, RN   Mount San Jacinto College

Ex-Officio Members

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