California Board of Registered Nursing
2014-2015 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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TABLE OF CONTENTS

PREFACE

Nursing Education Survey Background

Development of the 2014-2015 Board of Registered Nursing (BRN) school survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2014 through July 31, 2015. Demographic information and census data were requested for October 15, 2015.

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

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

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

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

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

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2014-2015, 132 nursing schools offering 142 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	83	83	100%
LVN to ADN	7	7	100%
BSN	36	36	100%
ELM	16	16	100%
Total Programs	**142**	**142**	**100%**

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[1] In this 2015 report there are 132 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs[2]

- 63% of California pre-licensure nursing programs that reported data are ADN programs.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	83	58.5%
LVN to ADN	7	4.9%
BSN	36	25.4%
ELM	16	11.3%
Total	**142**	**100.0%**

Applications to California Nursing Programs

- 45% of the 28,335 qualified applications to pre-licensure nursing education programs received in 2014-2015 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.

- BSN programs had the highest percentage of qualified applications accepted while ADN programs had the lowest.

Table 3. Applications* for Admission by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total applications received	23,335	735	23,218	3,375	50,663
Screened	20,975	735	19,153	3,162	44,025
Qualified	15,364	624	10,196	2,151	28,335
Accepted	6,168	305	5,283	924	12,680
% Qualified applications accepted	**40.1%**	**48.9%**	**51.8%**	**43.0%**	**44.8%**

*Since the data represent applications and not individual applicants, the number of applications is presumably greater than the number of individuals applying to nursing school.

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[2] In this 2015 report there are 132 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools. Data are pending from one nursing program/school, which has closed.

Number of Students who Enrolled in California Nursing Programs

- As in recent years pre-licensure nursing programs enrolled more students in 2014-2015, overall, than the number of admission spaces that were available.

- ELM programs had the lowest share of students enroll into programs for which they were accepted (97%), while all other programs enrolled more students than they accepted. One ADN program reported that they enrolled students who had applied in a previous application cycle and were still on the waitlist prior to accepting additional applications for admission.

- 39% (n=56) of pre-licensure programs reported that they filled more admission spaces than were available.

Table 4.1. Share of Accepted Applications that Enrolled by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Applications accepted	6,168	305	5,283	924	12,680
New student enrollments	6,604	310	5,510	894	13,318
% Accepted applications that enrolled	**107.1%**	**101.6%**	**104.3%**	**96.8%**	**105.0%**

Table 4.2. Share of Admission Spaces Filled with New Student Enrollments by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Spaces available	6,125	321	4,801	729	11,976
New student enrollments	6,604	310	5,510	894	13,318
% Spaces filled with new student enrollments	**107.8%**	**96.6%**	**114.8%**	**122.6%**	**111.2%**

- In 2014-2015, 22% of programs (n=31) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were "accepted students did not enroll", "lost funding" and requirements to reduce enrollment.

Table 5.1 Programs That Enrolled Fewer Students in 2014-2015

Type of Program	ADN	BSN	ELM	Total
Enrolled fewer	23.0%	13.9%	37.5%	22.3%
Did not enroll fewer	77.0%	86.1%	62.5%	77.7%
Number of programs that reported	**87**	**36**	**16**	**139**

Table 5.2 Reasons for Enrolling Fewer Students

	% of programs
Accepted students did not enroll	45.2%
Lost funding	19.4%
College/university / BRN requirement to reduce enrollment	16.1%
Insufficient faculty	16.1%
To reduce costs	16.1%
Unable to secure clinical placements for all students	16.1%
Other	12.9%
Lack of qualified applicants	9.7%
Program discontinued	9.7%
Number of programs that reported	**31**

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students

- 63% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.

- ADN programs enrolled the greatest share of Hispanic (28%) and African American (6%) students while BSN programs enrolled the most Filipino students (11%) and ELM programs enrolled the greatest share of Asian (25%) students.

Table 6. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.6%	1.3%	0.5%	0.4%	0.6%
Asian	13.2%	17.9%	20.9%	24.5%	17.2%
Asian Indian	0.9%	0.4%	0.5%	0.8%	0.7%
Filipino	8.5%	6.3%	10.5%	1.9%	8.9%
Hawaiian/Pacific Islander	1.3%	5.4%	1.8%	0.4%	1.5%
African American	5.5%	3.1%	3.9%	0.0%	4.5%
Hispanic	28.3%	14.3%	17.6%	22.7%	23.3%
Multi-race	2.7%	4.5%	5.3%	6.5%	4.0%
Other	2.8%	2.7%	1.2%	2.6%	2.1%
White	36.2%	43.9%	37.9%	40.2%	37.3%
Total	**6,331**	**223**	**5,171**	**771**	**12,496**
Ethnic Minorities*	63.8%	56.1%	62.1%	59.8%	62.7%
# Unknown/ unreported	273	87	339	123	822

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

Gender Distribution of Newly Enrolled Nursing Students

- 20% of students who enrolled in a pre-licensure program for the first time were male.

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

Table 7. Gender Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Male	21.2%	14.8%	20.1%	19.0%	20.4%
Female	78.8%	85.2%	79.8%	81.0%	79.2%
Total	**6,545**	**310**	**5,506**	**894**	**13,255**
# Unknown/unreported	59	0	4	0	63

Age Distribution of Newly Enrolled Nursing Students

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

Table 8. Age Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	6.8%	0.6%	23.8%	0.2%	13.1%
21 – 25 years	25.8%	15.9%	40.5%	37.7%	32.1%
26 – 30 years	28.5%	34.7%	19.8%	35.2%	25.3%
31 – 40 years	25.5%	30.2%	12.4%	19.7%	19.7%
41 – 50 years	10.3%	10.4%	2.6%	6.0%	6.8%
51 – 60 years	2.9%	7.5%	0.7%	1.1%	2.0%
61 years and older	0.2%	0.6%	0.0%	0.0%	0.1%
Total	**6,593**	**308**	**5,394**	**894**	**13,189**
# Unknown/unreported*	11	2	116	0	129

*Number is negative if sum of total reported number of enrollees by age is larger than total reported number of enrollees by program type

Veterans

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

- A total of 78 programs reported 396 declared military veterans among newly enrolled students between 8/1/14 and 7/31/15.

- Nearly half (44%) of newly enrolled veterans were reported to have health occupations experience or training prior to enrollment, and almost a quarter (23%) entered with an LVN license.

Table 9. Prior Experience of Newly Enrolled Veterans

	Percent of Veterans
Prior health occupations training and/or experience	43.9%
Entered the program with an LVN license	22.7%
Entered the program as advanced placement	9.6%
Total Veterans Reported	**396**

- 48 programs reported that special admission considerations are offered for military veterans; the most common special consideration offered was credit for equivalent courses or transfer credits (60%). Credit for pre-requisites and fundamentals for military medic or corpsman experience was reported by 29% of programs.

Table 10. Special Admission Considerations Offered Veterans

	%
Credit for equivalent courses or transfer credits	60.4%
Credit for pre-requisites and fundamentals for military medic or corpsman experience	29.2%
Review of individual transcripts	27.1%
No special consideration for admission	14.6%
Priority admission	14.6%
Other	8.3%
Total Programs Reporting	**48**

- The most common special option offered veterans was challenge exams, regardless of LVN licensure (49%).

Table 11. Special Options, Tracks, or Services Offered Veterans

	%
Offering challenge exams, regardless of LVN licensure	49.4%
No special options, tracks or services offered	43.0%
Offering challenge exams, if the veteran has an LVN license	17.7%
Counseling	17.7%
Medic/LVN to RN program	11.4%
Other	11.4%
NCLEX support course specifically for veterans	1.3%
Total Programs Reporting	**79**

Newly Enrolled Students by Degree Type

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

Table 12. Newly Enrolled Students by Degree Type

	% Enrollment
ADN	49.6%
LVN to ADN	2.3%
BSN	41.4%
ELM	6.7%
Total	13,318

Newly Enrolled Students in 30-Unit Option

- Only 6 total new students were reported enrolled in a 30-unit option track.

Table 13. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM*	Total
30-Unit option	4	0	2	N/A	6
Total programs reporting	82	7	35	0	124
# Unknown/ unreported	**1**	**0**	**1**	**16**	**18**

* In error, this question was not asked of the ELM programs.

Newly Enrolled Students Concurrently Enrolled in an ADN to BSN Program

- 28 programs reported enrolling a total of 344 students in an ADN to BSN program in which students are concurrently enrolled in both programs.

Table 14. New Students Concurrently Enrolled in ADN to BSN Programs

	ADN	LVN to ADN	BSN	Total
# Students concurrently enrolled	351	2	0	353
# Programs	27	1	0	28

Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2015, a total of 25,814 nursing students were enrolled in a California nursing program that leads to RN licensure.

- BSN programs had the greatest share of students enrolled, at 48% of all nursing students enrolled on October 15, 2015.

Table 15. Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total nursing students	11,773	254	12,332	1,455	25,814

- Overall, 63% of students enrolled in a pre-licensure nursing program as of October 15, 2015 represented an ethnic minority group.

- The share of ethnic minority nursing students was similar across programs.

- Generic ADN programs had the greatest share of Hispanic (28%) while BSN programs have the most Asian (23%) and Filipino students (10%) and ELM programs had the greatest share of African American students (9%).

Table 16. Ethnic Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.5%	0.5%	0.5%	0.4%	0.5%
Asian	12.2%	16.7%	22.7%	22.1%	17.6%
Asian Indian	0.9%	1.0%	1.8%	1.1%	1.3%
Filipino	8.8%	7.4%	9.5%	2.3%	8.7%
Hawaiian/Pacific Islander	1.3%	7.9%	0.8%	0.3%	1.1%
African American	5.2%	3.9%	3.7%	8.6%	4.7%
Hispanic	28.1%	15.8%	18.1%	20.2%	23.0%
Multi-race	3.1%	5.4%	4.6%	6.2%	4.0%
Other	2.9%	3.9%	1.1%	1.6%	2.0%
White	37.1%	37.4%	37.1%	37.4%	37.1%
Total	**11,456**	**203**	**11,092**	**1,414**	**24,165**
Ethnic Minorities*	62.9%	62.6%	62.9%	62.6%	62.9%
# Unknown/ unreported	317	51	1,240	41	1,649

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

Gender Distribution of Nursing Student Census Data

- Men represented 20% of all students enrolled in a pre-licensure nursing program as of October 15, 2015.

- Generic ADN programs had the greatest share of men enrolled.

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

	ADN	LVN to ADN	BSN	ELM	Total
Male	20.1%	11.4%	19.4%	18.0%	19.5%
Female	79.9%	88.6%	80.6%	82.0%	80.5%
Total	**11,717**	**254**	**11,912**	**1,455**	**25,338**
# Unknown/ unreported	56	0	420	0	476

Age Distribution of Nursing Student Census Data

- 71% of students enrolled in a pre-licensure nursing program as of October 15, 2014 were younger than 31 years old.

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

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	7.4%	0.0%	20.5%	0.1%	12.7%
21 – 25 years	25.0%	14.7%	44.6%	30.2%	33.9%
26 – 30 years	29.1%	38.2%	18.1%	38.4%	24.8%
31 – 40 years	27.0%	31.1%	12.2%	23.8%	20.3%
41 – 50 years	9.4%	12.4%	3.7%	6.4%	6.7%
51 – 60 years	1.9%	2.4%	1.0%	1.1%	1.4%
61 years and older	0.2%	1.2%	0.0%	0.0%	0.1%
Total	**11,714**	**251**	**10,737**	**1,455**	**24,157**
# Unknown/ unreported	59	3	1,595	0	1,657

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,121 students enrolled in their programs on October 15, 2015 had declared a disability. 1,180 students were approved for accommodations for a declared disability.

- Since only 35 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.

- Exam accommodations (92%) are the most frequently reported accommodations nursing programs provide students with disabilities. Academic counseling and advising is provided to more than 40% of students with disabilities for whom accommodations were approved.

Table 19. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type*

	ADN	LVN to ADN	BSN	ELM	Total
Exam accommodations (modified/extended time/distraction reduced space)	96.2%	100.0%	83.8%	88.5%	91.6%
Academic counseling/advising	51.1%	100.0%	27.7%	10.8%	40.2%
Disability-related counseling/referral	40.6%	85.7%	16.5%	33.1%	33.1%
Priority registration	31.4%	42.9%	9.8%	10.8%	22.7%
Note-taking services/reader/audio recording/smart pen	16.6%	14.3%	18.8%	36.9%	19.5%
Other	2.4%	0.0%	12.6%	35.4%	9.1%
Adaptive equipment/physical space/facilities	9.9%	0.0%	4.2%	9.2%	8.0%
Assistive technology/alternative format	6.3%	14.3%	4.2%	11.5%	6.4%
Reduced courseload	1.5%	0.0%	3.6%	0.8%	2.0%
Transportation/mobility assistance and services/parking	0.6%	0.0%	2.5%	6.9%	1.9%
Interpreter and captioning services	1.0%	0.0%	0.0%	0.0%	0.6%
Total number of students approved for accommodations	**679**	**14**	**357**	**130**	**1,180**

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

Students who Completed a Nursing Program

Student Completions by Degree Earned

- In 2014-2015, a total of 11,119 students completed a nursing program in California.

- Generic ADN programs graduated the greatest number of students (48%, n=5,277), followed by BSN programs (43%, n=4,860).

Table 20. Nursing Student Completions by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total nursing students	5,277	265	4,860	717	11,119
30-unit option students	3	0	1	N/A*	4

*In error, ELM programs were not asked this question.

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 58% of students who completed a pre-licensure nursing program were ethnic minorities.

- BSN programs have the greatest share of ethnic minorities (60%) among students who completed a nursing program.

- Generic ADN programs have the greatest share of Hispanics (24%) and Filipinos (10%) who completed nursing programs. ELM programs have the greatest share of African American students (7%), while LVN programs have the greatest share of Asian students (26%).

Table 21. Ethnic Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.8%	1.9%	0.7%	1.3%	0.8%
Asian	10.9%	25.8%	23.2%	22.3%	17.2%
Asian Indian	0.9%	0.5%	0.7%	1.2%	0.8%
Filipino	9.6%	4.2%	7.9%	2.7%	8.3%
Hawaiian/Pacific Islander	1.3%	5.6%	1.7%	0.6%	1.5%
African American	4.3%	1.4%	4.2%	7.2%	4.4%
Hispanic	23.8%	13.1%	16.6%	18.6%	20.2%
Multi-race	2.7%	0.5%	3.8%	5.3%	3.3%
Other	2.5%	2.8%	0.7%	0.1%	1.6%
White	43.2%	44.1%	40.5%	40.7%	41.9%
Total	**5,078**	**213**	**4,449**	**695**	**10,435**
Ethnic Minorities	56.8%	55.9%	59.5%	59.3%	58.1%
# Unknown/ unreported	199	52	411	22	684

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

Gender Distribution of Students who Completed a Nursing Program

- 18% of all students who completed a pre-licensure nursing program were male.

- BSN and ADN programs had larger shares of male graduates (19%) than did LVN to ADN and ELM programs (14-15%).

Table 22. Gender Distribution of Students who Completed a Nursing Program

	ADN	LVN to ADN	BSN	ELM	Total
Male	19.0%	14.7%	19.2%	14.2%	18.3%
Female	81.0%	85.3%	80.8%	85.8%	81.4%
Total	**5,217**	**265**	**4,708**	**717**	**10,907**
# Unknown/ unreported*	60	0	152	0	212

Age Distribution of Students who Completed a Nursing Program

- 64% of students who completed a pre-licensure nursing program in 2014-2015 were younger than 31 years of age when they completed the program.

- People 41 years and older accounted for 11% of all graduates, and 16% of ADN graduates.

Table 23. Age Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	1.7%	0.4%	2.4%	0.0%	1.8%
21 – 25 years	19.5%	16.7%	47.9%	30.4%	32.0%
26 – 30 years	32.4%	41.8%	26.3%	38.6%	30.5%
31 – 40 years	30.8%	27.4%	16.9%	23.1%	24.4%
41 – 50 years	13.0%	10.6%	4.8%	6.6%	9.1%
51 – 60 years	2.5%	2.7%	1.6%	1.3%	2.0%
61 years and older	0.1%	0.4%	0.1%	0.0%	0.1%
Total	**5,211**	**263**	**4,430**	**694**	**10,598**
# Unknown/ unreported	66	2	430	23	521

Student Completions by Degree Type

- ADN programs are the largest segment of pre-licensure nursing programs, and generic ADN graduates represented 47% of all students who completed a pre-licensure nursing program in 2014-2015.

Table 24. Student Completions by Degree Type

Program Type	%
ADN	47.0%
LVN to ADN	2.4%
BSN	43.7%
ELM	6.4%
Unknown/ not recorded	0.4%
Total	11,119

Declared Disabilities among Students who Completed Nursing Programs

- Nursing programs reported that 713 students who completed their programs in 2014-2015 had declared a disability. 701 students that completed a nursing program in 2014-2015 were approved for at least one accommodation for a declared disability.

- Since only 35 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.

- Exam accommodations (93%) are the most frequently reported accommodations nursing programs provide students with disabilities. Academic counseling and advising were provided to 33% of completing students with disabilities for whom accommodations were approved.

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

	ADN	LVN to ADN	BSN	ELM	Total
Academic counseling/advising	46.4%	87.5%	20.6%	7.9%	33.0%
Disability-related counseling/referral	32.4%	100.0%	22.8%	16.8%	27.8%
Adaptive equipment/physical space/ facilities	6.9%	0.0%	5.7%	9.9%	6.8%
Interpreter and captioning services	0.0%	0.0%	0.4%	0.0%	0.1%
Exam accommodations (modified/ extended time/distraction reduced space)	99.5%	100.0%	84.2%	89.1%	93.2%
Assistive technology/alternative format	8.5%	0.0%	4.8%	11.9%	7.7%
Note-taking services/reader/audio recording/smart pen	25.0%	0.0%	22.4%	35.6%	25.4%
Priority registration	28.6%	62.5%	7.0%	13.9%	19.8%
Reduced courseload	0.8%	0.0%	7.9%	1.0%	3.1%
Transportation/Mobility assistance and services/parking	0.0%	0.0%	3.5%	7.9%	2.3%
Other	2.7%	0.0%	18.4%	38.6%	13.0%
Total number of accommodations reported	**364**	**8**	**228**	**101**	**701***

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

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 14% in 2014-2015.

- Generic ADN programs had the highest attrition rate (17%) and ELM programs the lowest (8%).

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

	ADN	LVN to ADN	BSN	ELM	Total
Students scheduled to Complete the program	5,621	286	4,252	860	11,019
Completed on-time	4,366	239	3,502	764	8,871
Still enrolled	330	10	241	27	608
Total attrition	925	37	509	69	1,540
Attrition-dropped out	562	20	199	61	842
Attrition-dismissed	363	17	310	8	698
Completed late	494	19	291	5	809
Retention rate*	77.7%	83.6%	82.4%	88.8%	80.5%
Attrition rate**	16.5%	12.9%	12.0%	8.0%	14.0%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
**Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)

- The overall attrition rate for accelerated programs was significantly lower than for traditional programs at 9% compared to 14%.

- Accelerated ADN programs had the highest attrition rate at 11% in 2014-2015. Accelerated ELM programs had the lowest attrition rate at 6%.

Table 27. Completion, Retention and Attrition Data for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	46	850	157	1,053
Completed On-time	38	744	146	928
Still Enrolled	3	31	2	36
Total Attrition	5	75	9	89
Attrition-Dropped Out	3	35	5	43
Attrition-Dismissed	2	40	4	46
Completed Late	3	39	0	42
Retention Rate*	82.6%	87.5%	93.0%	88.1%
Attrition Rate**	10.9%	8.8%	5.7%	8.5%

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

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

Employment of Recent Nursing Program Graduates

- On average, 58% of recent RN graduates employed in nursing in October 2015 were working in hospitals.

- Graduates of BSN programs were the most likely to work in hospitals (79%), while graduates of LVN to ADN programs were the least likely (36%).

- Statewide, Deans and Directors reported that 10% of nursing students were unable to find employment by October 2015, with LVN to ADN programs reporting the highest share of recent graduates (15%) unable to find employment.

- Nursing schools reported that 73% of their recent RN graduates employed in nursing were employed in California.

Table 28. Employment of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	Total
Hospital	52.8%	36.0%	79.4%	55.6%	58.4%
Pursuing additional nursing education	12.4%	19.5%	2.0%	21.8%	11.5%
Long-term care facility	9.8%	16.2%	4.4%	1.5%	7.9%
Other setting	6.1%	0.4%	4.7%	1.4%	4.9%
Other healthcare facility	5.1%	2.0%	2.5%	5.5%	4.4%
Community/public health facility	3.5%	10.9%	3.4%	6.0%	4.2%
Unable to find employment	11.3%	14.9%	3.8%	8.2%	9.4%

*Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2014-2015, on average, the employment setting was unknown for 14% (n=1,493) of recent graduates.

Student Debt Load

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

- The overall average debt load of nursing graduates was $22,845. ELM students had the highest average debt load, and ADN students had the lowest debt load.

  - Private school graduates had an average debt load at $49,694.83, while public school graduates averaged $11,338.

Table 29. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	Total
Average debt load	$10,308	$17,734	$30,905	$68,780	$22,845
Private	$35,381	$31,084	$41,612	$92,806	$49,694.83
Public	$6,866	$8,833	$14,846	$44,754	$11,338
Total schools reporting	**58**	**5**	**25**	**12**	**100**

Faculty Data

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

Full-time and Part-time Faculty Data

- On October 15, 2015, there were 4,532 nursing faculty.[3] The majority were part-time faculty (66%, n=3,000).

- The faculty vacancy rate in pre-licensure nursing programs was 8.2% (407 vacant positions).

Table 30. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total faculty	**4,532**	**407**	**8.2%**
Full-time faculty	1,505	213	12.4%
Part-time faculty	3,000	194	6.1%

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

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

Table 31. Funding of Faculty Positions

	% Full-time Faculty	% Part-time Faculty
Budgeted positions	96.9%	83.8%
100% external funding	1.8%	11.6%
Combination of the above	1.3%	4.5%
Total faculty	**1,505**	**3,000**
Unknown	0	0

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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.

- The majority of full-time faculty (81%) teaches both clinical and didactic courses, while the majority of part-time faculty (80%) teaches clinical courses only.

Table 32. Faculty Teaching Assignments

	% Full-time Faculty	% Part-time Faculty
Clinical courses only	8.8%	80.3%
Didactic courses only	10.7%	7.0%
Clinical & didactic courses	80.5%	12.7%
Total Faculty	1,505	3,000

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

Faculty for Next Year

- 42% of schools reported that their externally funded positions will continue to be funded for the 2015-2016 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of only 10,849 students across all pre-licensure RN programs in 2015-2016, which would be an 18% decrease in new enrollments compared to the 13,151 new students that enrolled in RN programs in 2014-2015.

Table 33. External Funding for Faculty Next Year

	% Schools
Will continue	41.5%
Will not continue	1.5%
Unknown	14.6%
Not applicable	42.3%
Number of schools reporting	**130**

Faculty Demographic Data

- Nursing faculty remain predominately white (62%) and female (88%), and 24% of faculty are between 41 and 50 years of age. More than a third (36%) of faculty are over 55 years of age.

Table 34. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.6%
Asian	8.6%
Asian Indian	1.1%
Filipino	6.2%
Hawaiian/Pacific Islander	1.2%
African American	8.7%
Hispanic	9.2%
Multi-race	1.4%
Other	0.8%
White	62.3%
Number of faculty	**4,326**
Ethnic Minorities*	37.7%
Unknown/unreported	206

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

Table 35. Faculty Gender and Age

Gender	% Faculty
Men	11.7%
Women	88.3%
Number of faculty	**4,529**
Unknown/unreported	3

Age	% Faculty
30 years or younger	5.1%
31 – 40 years	18.1%
41 – 50 years	24.2%
51 – 55 years	17.0%
56 – 60 years	17.0%
61 – 65 years	11.7%
66 – 70 years	5.2%
71 years and older	1.8%
Number of faculty	**4,008**
Unknown/unreported	524

Faculty Education

- On October 15, 2015, almost all full-time faculty (93%) held a master's or doctoral degree, while only 60% of part-time faculty held either of those degrees.

- 8% of all active faculty (n=365) were reported as pursuing an advanced degree as of October 15, 2015.

Table 36. Highest Level of Education of Faculty

	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	5.4%	5.9%
Baccalaureate degree in nursing (BSN)	1.4%	33.2%
Non-nursing baccalaureate	0.1%	0.8%
Master's degree in nursing (MSN)	58.9%	50.2%
Non-nursing master's degree	2.7%	2.4%
PhD in nursing	13.2%	2.3%
Doctorate of Nursing Practice (DNP)	9.4%	2.6%
Other doctorate in nursing	2.4%	0.7%
Non-nursing doctorate	6.6%	1.9%
Number of faculty*	**1,573**	**2,872**

The sum of reported full-time faculty by degree category totaled more than the overall sum of full-time faculty reported.

Recruiting Diverse Faculty

- In 2015 program representatives were asked what strategies they used to recruit diverse faculty.

- The most commonly used strategy was to send job announcements to diverse institutions and organizations, followed by sharing school and program goals and commitments to diversity and highlighting campus and community demographics

Table 37. Strategies for Recruiting Diverse Faculty

	% Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	67.2%
Share program/school goals and commitments to diversity	61.6%
Highlight campus and community demographics	59.2%
Share faculty development and mentoring opportunities	44.0%
Use of publications targeting minority professionals (e.g. Minority Nurse)	33.6%
Showcase how diversity issues have been incorporated into the curriculum	29.6%
Highlight success of faculty, including faculty of color	23.2%
External funding and/or salary enhancements (e.g. endowed lectureship)	3.2%
Other	8.8%
Number of schools that reported	**125**

Methods Used to Prepare Part-time Faculty to Teach

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

- Mentoring programs, specific orientation programs, administrative policies, teaching strategies, and curriculum review were also frequently reported methods.

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

	% Schools
Faculty orientation	89.8%
Program policies	86.7%
Mentoring program	79.7%
Specific orientation program	70.3%
Administrative policies	68.0%
Teaching strategies	66.4%
Curriculum review	63.3%
External training program	10.2%
Other	6.3%
None	2.3%
Number of schools that reported	**125**

Faculty Attrition

- Nursing schools reported a total of 164 full-time and 343 part-time faculty members as having retired or left the program in 2014-2015.

- Schools reported an additional 182 faculty members (81 full-time and 101 part-time) are expected to retire or leave the school in 2015-2016.

- The most frequently cited reason for having a faculty member leave the program in 2014-2015 was retirement.

Table 39. Reasons Faculty Leave Their Positions

	% Schools
Retirement	60.9%
Termination (or requested resignation)	24.1%
Career advancement	24.1%
Salary/Benefits	23.0%
Return to clinical practice	21.8%
Relocation of spouse or other family obligation	20.7%
Other	14.9%
Resigned	9.2%
Layoffs (for budgetary reasons)	4.6%
Workload	0.0%
Number of schools that reported reasons	**87**
Number of schools that reported attrition but gave no reasons	**10**

Faculty Hiring

- 106 schools reported hiring a total of 758 faculty members (173 full-time and 585 part-time) between August 1, 2014 and July 31, 2015.

- 27% (n=206) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.

- The majority of schools (73%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching at another nursing school. The second largest proportion (67%) reported that their newly hired faculty had experience teaching in a clinical setting.

- 41% of schools reported hiring new faculty with no previous teaching experience.

- Five schools reported they were under a hiring freeze for active faculty at some point between August 1, 2014 and July 31, 2015, and 60% (n=3) of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 40. Characteristics of Newly Hired Faculty

	% Schools
Experience teaching at another nursing school	73.1%
Experience teaching as a nurse educator in a clinical setting	67.3%
Completed a graduate degree program in last two years	51.9%
No teaching experience	41.3%
Experience student teaching while in graduate school	39.4%
Experience teaching in a setting outside of nursing	18.3%
Other	6.7%
Number of schools that reported	**104**

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

Table 41. Reasons for Hiring Faculty

	% Schools
To replace faculty that retired or left the program	84.6%
To fill longstanding faculty vacancies (positions vacant for more than one year)	31.7%
To reduce faculty workload	23.1%
Due to program expansion	13.5%
Other	12.5%
Number of schools that reported	**104**

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials (80%) and non-competitive salaries (75%) were the most frequently reported barriers to faculty recruitment.

- 38% of schools reported that the workload responsibilities of faculty were a barrier to recruitment.

- Only 12% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Table 42. Barriers to Recruiting Faculty

	% Schools
Insufficient number of faculty applicants with required credentials	79.7%
Non-competitive salaries	75.0%
Workload (not wanting faculty responsibilities)	37.5%
BRN rules and regulations	32.0%
Private, state university or community college laws, rules or policies	16.4%
Overall shortage of RNs	11.7%
Other	8.6%
No barriers	5.5%
Number of schools that reported	**128**

Difficult to Hire Clinical Areas

- Pediatrics (52%) and Psych/Mental Health (46%) were the clinical areas in which schools had the most difficulty recruiting new faculty.

- 9% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 43. Difficult to Hire Clinical Areas

	% Schools
Pediatrics	52.3%
Psych/Mental Health	46.1%
Obstetrics/Gynecology	40.6%
Medical-surgical	28.1%
Geriatrics	11.7%
Community Health	10.2%
No clinical areas	9.4%
Critical Care	7.0%
Other	0.8%
Number of schools that reported	**128**

Schools that Hired Adjunct or Part-time Clinical Faculty Over 67% Time

- The "67% Rule" that was part of Senate Bill 1309 allowed nursing schools to hire adjunct or part-time clinical nursing faculty over 67% time. 28 schools hired faculty per the 67% Rule, while 101 schools did not, and two did not report.

- For those schools that did not use the 67% Rule when hiring faculty, the majority (62%) reported that they had no need to hire part-time faculty more than 67% time and 40% of schools reported that their schools did not allow them to hire over 67% time.

Table 44. Nursing School Use of the 67% Rule

	# Schools
Hired Faculty per 67% Rule	**28**
Did not Hire Faculty per 67% Rule	101
No need to hire >67%	63
Not allowed to hire >67%	40
Other	8
Number of schools that reported	**128**

*Schools reported multiple reasons for hiring or not hiring per the 67% Rule, hence percentages do not add up to 100%.

- 28 nursing schools reported that they hired a total of 659 faculty per the 67% Rule since 2010-2011. 68% (n=19) of the schools that hired faculty per the 67% Rule did so to provide consistent faculty within clinical courses, and 43% (n=12) did so to have fewer part-time faculty. Five schools reported that they hired faculty under this rule due to full-time vacancies.

Table 45. Faculty Hired per 67% Rule by Year

	# Faculty
2014-15	129
2013-14	138
2012-13	137
2011-12	129
2010-11	126
Number of schools that reported	**28**

- The majority of schools that hired faculty per the 67% Rule offer ADN programs.

Table 46. Faculty Hired per 67% Rule

Degree Program Offered*	# Schools
ADN	21
BSN	5
ELM	3
Number of schools that reported	**28**

*Some schools offer more than one degree program. Therefore, the sum of the number of schools by degree type does not equal the total number of schools that reported.

Faculty Salaries

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

Table 47. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$62,221	$81,710	$74,915	$105,252
10 months	$75,024	$93,771	$77,205	$97,317
11 months	$77,197	$96,281	$93,019	$127,034
12 months	$74,536	$99,213	$80,336	$108,970

*Total full-time salaries of less than $10,000 per year were eliminated from this analysis.

Nursing Program Data

Admission Criteria

- Overall, completion of prerequisite courses and minimum/cumulative grade point average (GPA) were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

- Score on a pre-enrollment exam was important for ADN, LVN to ADN, and BSN programs. Minimum grade level in prerequisite courses was also an important criterion in all programs.

- A personal statement from the applicant and health-related work experience were factors in admission for many ELM programs.

Table 48. Admission Criteria by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Completion of prerequisite courses	82.9%	100.0%	77.1%	86.7%	82.7%
Minimum/Cumulative GPA	78.0%	100.0%	88.6%	73.3%	81.3%
Score on pre-enrollment exam	79.3%	85.7%	60.0%	46.7%	71.2%
Minimum grade level in prerequisite courses	67.1%	85.7%	71.4%	60.0%	68.3%
Repetition of prerequisite science courses	47.6%	57.1%	45.7%	20.0%	44.6%
Health-related work/volunteer experience	39.0%	14.3%	45.7%	66.7%	42.4%
Validated prerequisites	58.5%	100.0%	0.0%	0.0%	39.6%
Recent completion of prerequisite courses	32.9%	28.6%	31.4%	26.7%	31.7%
Other	7.3%	14.3%	60.0%	73.3%	28.1%
Criteria as defined in California Assembly Bill 1559	39.0%	28.6%	0.0%	0.0%	24.5%
Personal statement	11.0%	14.3%	31.4%	73.3%	23.0%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	32.9%	14.3%	0.0%	0.0%	20.1%
Geographic location	2.4%	0.0%	31.4%	13.3%	10.8%
None	0.0%	0.0%	2.9%	0.0%	0.7%
Number of programs that reported	**82**	**7**	**35**	**16**	**140**

Selection Process for Qualified Applications

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

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

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

Table 49. Selection Criteria for Qualified Applications by Program Type

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

Waiting List

- 26 programs reported having students on a waiting list. Of these programs, 69% keep students on the waiting list until they are admitted and 15% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled.

- 2,877 applicants[4] to pre-licensure nursing programs were placed on a waiting list in 2014-2015. It took an average of 3.0 quarters/semesters for a student to enroll after being placed on the waiting list.

Table 50. Waiting Lists by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	2,676	125	72	4	2,877
Average number of quarters/semesters to enroll after being placed on the waiting list	3.5	3.5	1.7	0.5	3.0

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[4] Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to decrease next year and in 2016-2017 from 2014-2015 reported enrollments.

- Over the next two years, LVN to ADN and BSN program types expect to see some enrollment growth. ADN and ELM programs anticipate a decline in enrollment over the next year, and then increasing slightly from the decline the year after.

Table 51. Current and Projected New Student Enrollment by Program Type

	ADN	LVN to ADN	BSN*	ELM	Total
2014-2015 new student enrollment	**6,604**	**310**	**5,510**	**894**	**13,318**
Expected new student enrollment given <u>current</u> resources					
2015-2016	6,209	400	5,785	716	13,110
2016-2017	6,223	454	5,811	748	13,236

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 79% of all programs).

- Insufficient number of qualified classroom faculty, and non-competitive faculty salaries were also frequently reported barriers to expansion.

- Of the134 programs that responded, five programs reported no barriers to expansion.

Table 52. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Insufficient number of clinical sites	79.0%	71.4%	83.9%	73.3%	79.1%
Insufficient number of qualified classroom faculty	37.0%	4.9%	16.0%	4.9%	63.0%
Faculty salaries not competitive	66.7%	42.9%	51.6%	20.0%	56.7%
Insufficient number of qualified clinical faculty	48.1%	28.6%	51.6%	46.7%	47.8%
Insufficient funding for faculty salaries	44.4%	42.9%	38.7%	13.3%	39.6%
Insufficient number of physical facilities and space for skills labs	25.9%	42.9%	19.4%	26.7%	25.4%
Insufficient number of physical facilities and space for classrooms	22.2%	0.0%	25.8%	26.7%	22.4%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	22.2%	14.3%	16.1%	20.0%	20.1%
Insufficient support for nursing school by college or university	12.3%	0.0%	25.8%	13.3%	14.9%
Insufficient number of allocated spaces for the nursing program	11.1%	0.0%	19.4%	0.0%	11.2%
Insufficient financial support for students	12.3%	14.3%	6.5%	13.3%	11.2%
Other	4.9%	0.0%	6.5%	26.7%	7.5%
No barriers to program expansion	3.7%	0.0%	3.2%	6.7%	3.7%
Number of programs that reported	**81**	**7**	**31**	**15**	**134**

Program Expansion Strategies

- 97% (n=103) of the 106 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.

- The most frequently reported strategies were use of human patient simulators, twelve-hour shifts, community based/ambulatory care centers, evening and weekend shifts and innovative skills lab experiences.

- The use of regional computerized clinical placement systems was frequently reported by ELM programs.

Table 53. Program Expansion Strategies by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Human patient simulators	88.5%	40.0%	73.1%	54.5%	78.6%
Twelve-hour shifts	68.9%	60.0%	65.4%	81.8%	68.9%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	65.6%	80.0%	76.9%	45.5%	67.0%
Evening shifts	63.9%	60.0%	61.5%	27.3%	59.2%
Weekend shifts	59.0%	100.0%	69.2%	9.1%	58.3%
Innovative skills lab experiences	60.7%	60.0%	46.2%	63.6%	57.3%
Preceptorships	54.1%	0.0%	53.8%	54.5%	51.5%
Regional computerized clinical placement system	37.7%	40.0%	38.5%	63.6%	40.8%
Non-traditional clinical sites (e.g. correctional facilites)	19.7%	40.0%	26.9%	36.4%	24.3%
Night shifts	13.1%	0.0%	50.0%	27.3%	23.3%
Other	1.6%	0.0%	3.8%	27.3%	4.9%
Number of programs that reported	**61**	**5**	**26**	**11**	**103**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2014-2015, a total of 70 programs reported that they were denied access to a clinical placement, unit, or shift.

- 34% (n=24) of programs denied clinical placement, unit, or shift were offered an alternative.

- The lack of access to clinical space resulted in a loss of 272 clinical placements, units, or shifts, which affected 2,145 students.

Table 54.1 RN Programs Denied Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Programs Denied Clinical Placement, Unit, or Shift	45	1	16	8	70
Programs Offered Alternative by Site	11	0	10	3	24
Placements, Units, or Shifts Lost	110	3	104	55	272
Number of programs that reported	78	6	35	16	135
Total number of students affected	**1,474**	**36**	**494**	**141**	**2,145**

- In addition, 58 programs reported that there were fewer students allowed for a clinical placement, unit, or shift in 2014-2015 than in the prior year.

- Overall, nine programs (7%) reported providing financial support to secure a clinical placement.

Table 54.2 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift

	ADN	LVN to ADN	BSN	ELM	Total
Fewer Students Allowed for a Clinical Placement, Unit, or Shift	31	0	18	9	58
Total number of programs that reported	**79**	**7**	**34**	**16**	**136**

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

Table 55. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Medical/Surgical	73.3%	100.0%	65.0%	50.0%	68.9%
Psychiatry/Mental Health	37.8%	0.0%	25.0%	50.0%	32.4%
Obstetrics	17.8%	0.0%	25.0%	25.0%	32.4%
Pediatrics	33.3%	0.0%	50.0%	25.0%	27.0%
Critical Care	24.4%	0.0%	20.0%	62.5%	23.0%
Geriatrics	17.8%	0.0%	0.0%	0.0%	14.9%
Community Health	0.0%	0.0%	20.0%	25.0%	13.5%
Other	8.9%	0.0%	15.0%	12.5%	5.4%
Number of programs that reported	**45**	**1**	**20**	**8**	**74**

Reasons for Clinical Space Being Unavailable

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

- Staff nurse overload or insufficient qualified staff was the most common reason among ELM programs.

- Only one nursing program reported that the facility charging a fee for the placement that their program would not pay as a reason for clinical space being unavailable.

Table 56. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	50.0%	0.0%	56.5%	25.0%	48.7%
Displaced by another program	38.6%	100.0%	34.8%	50.0%	38.2%
Staff nurse overload or insufficient qualified staff	36.4%	100.0%	30.4%	62.5%	36.8%
Visit from Joint Commission or other accrediting agency	27.3%	0.0%	30.4%	12.5%	26.3%
Decrease in patient census	15.9%	0.0%	43.5%	25.0%	25.0%
No longer accepting ADN students	34.1%	100.0%	0.0%	0.0%	21.1%
Change in facility ownership/management	18.2%	0.0%	26.1%	25.0%	21.1%
Other	13.6%	0.0%	34.8%	25.0%	21.1%
Closure, or partial closure, of clinical facility	6.8%	100.0%	34.8%	25.0%	18.4%
Nurse residency programs	15.9%	0.0%	26.1%	12.5%	18.4%
Clinical facility seeking magnet status	27.3%	0.0%	4.3%	0.0%	17.1%
Implementation of Electronic Health Records system	13.6%	0.0%	13.0%	12.5%	13.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	0.0%	0.0%	4.3%	0.0%	1.3%
Number of programs that reported	**44**	**1**	**23**	**8**	**76**

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

Table 57. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	60.0%	100.0%	65.0%	100.0%	66.2%
Added/replaced lost space with new site	46.7%	100.0%	50.0%	50.0%	48.6%
Replaced lost space at same clinical site	31.1%	0.0%	40.0%	25.0%	32.4%
Clinical simulation	37.8%	100.0%	45.0%	12.5%	37.8%
Reduced student admissions	2.2%	0.0%	0.0%	0.0%	1.4%
Other	6.7%	0.0%	15.0%	0.0%	8.1%
Number of programs that reported	**45**	**1**	**20**	**8**	**74**

Alternative Clinical Sites

- 39 programs reported an increase in out-of-hospital clinical placements in 2014-2015.

- Skilled nursing facilities were reported as the most frequently used alternative clinical placement sites overall. Outpatient mental health facilities were used more frequently by generic ADN and LVN to ADN programs, while school health services were used most frequently used by BSN programs.

Table 58. Alternative Out-of-Hospital Clinical Sites by Program

	ADN	LVN to ADN	BSN	ELM	Total
Skilled nursing/rehabilitation facility	26.1%	100.0%	72.7%	66.7%	46.2%
Public health or community health agency	26.1%	50.0%	63.6%	66.7%	41.0%
School health service (K-12 or college)	30.4%	0.0%	63.6%	33.3%	38.5%
Medical practice, clinic, physician office	30.4%	50.0%	27.3%	33.3%	30.8%
Outpatient mental health/substance abuse	34.8%	50.0%	18.2%	0.0%	28.2%
Surgery center/ambulatory care center	34.8%	0.0%	27.3%	0.0%	28.2%
Hospice	26.1%	100.0%	0.0%	33.3%	23.1%
Home health agency/home health service	17.4%	50.0%	18.2%	33.3%	20.5%
Other	21.7%	0.0%	0.0%	0.0%	12.8%
Correctional facility, prison or jail	8.7%	50.0%	9.1%	0.0%	10.3%
Case management/disease management	4.3%	50.0%	9.1%	0.0%	7.7%
Urgent care, not hospital-based	13.0%	0.0%	0.0%	0.0%	7.7%
Renal dialysis unit	8.7%	0.0%	0.0%	0.0%	5.1%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	**23**	**2**	**11**	**3**	**39**

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.

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

- 20 of the generic ADN programs reported having a separate waiting list for LVNs.

- On October 15, 2015 there were a total of 472 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2.8 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.

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

Table 59. LVN to RN Articulation by Program Type

	ADN	LVN to ADN	BSN	Total
Bridge course	78.1%	71.4%	17.9%	62.0%
Use of skills lab course to document competencies	57.5%	71.4%	25.0%	50.0%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	43.8%	42.9%	21.4%	38.0%
Direct articulation of LVN coursework	30.1%	57.1%	28.6%	31.5%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	24.7%	0.0%	25.0%	23.1%
Specific program advisor	16.4%	14.3%	25.0%	18.5%
Other	6.8%	0.0%	39.3%	14.8%
Number of programs that reported	**73**	**7**	**28**	**108**

LVN to BSN Education

- 7 BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school. However, only 5 reported admission criteria, although 6 reported selection criteria.

    o These programs received 175 qualified applications for 174 admission spaces available for LVN to BSN students.

    o The most common criteria for admission to an LVN to BSN program were minimum/cumulative GPA and minimum grade level in prerequisite courses, followed by completion of prerequisite courses, health related work experience and personal statement.

Table 60. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	4
Minimum grade level in prerequisite	4
Completion of prerequisite courses	3
Health-related work experience	3
Personal statement	3
Score on pre-enrollment test	2
Recent completion of prerequisite courses	2
Geographic location	1
Other	1
None	1
Repetition of prerequisite science courses	0
Number of programs that reported	**5**

- Ranking by specific criteria and interviews were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

Table 61. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	3
Interviews	1
Other	0
Rolling admissions (based on application date for the quarter/semester)	1
Goal statement	1
First come, first served from the waiting list	3
Number of programs that reported	**6**

Partnerships

- 69 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

Table 62. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Programs that partner with another programs leading to higher degree	59	3	7	0	69
Formal collaboration	32	3	2	-	37
Informal collaboration	45	1	5	-	51

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (29%) of ADN programs reported having ACEN accreditation. CCNE does not accredit LVN to ADN or ADN programs.

- 91% of BSN programs and 94% of ELM programs have CCNE accreditation.

Table 63. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN (formerly NLNAC)	29.3%	0.0%	2.9%	0.0%
CCNE	NA*	NA*	91.4%	93.8%
Not accredited by ACEN or CCNE	17.1%	0.0%	0.0%	6.3%
# Unknown/ unreported	53.7%	0.0%	5.7%	0.0%
Number of programs that reported	**82**	**7**	**35**	**16**

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

First Time NCLEX Pass Rates

- In 2014-2015, 84% (n=8,958) of nursing students who took the NCLEX for the first time passed the exam.

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

Table 64. First Time NCLEX Pass Rates by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	84.5%	80.2%	84.4%	80.7%	84.1%
# Students that took the NCLEX	5,274	288	4,407	683	10,652
# Students that passed the NCLEX	4,456	231	3,720	551	8,958

*These data represent nursing students who took the NCLEX for the first time in 2014-15.

- Overall, pass rates in accelerated programs were higher than those in traditional programs; 94% (n=1,258) of nursing students in an accelerated track who took the NCLEX for the first time in 2014-2015 passed the exam.

- In 2014-2015, all accelerated programs had a higher average pass rate than their traditional counterparts.

Table 65. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	95.5%	95.2%	90.0%	94.3%
# Students that took the NCLEX	44	1,097	221	1,362
# Students that passed the NCLEX	42	1,044	199	1,285

*These data represent nursing students who took the NCLEX for the first time in 2014-15.
** No LVN to ADN programs reported data in this area.

Clinical Training[5]

- 130 of 142 nursing programs (92%) reported using clinical simulation in 2014-2015.[6]

- Medical/surgical, and obstetrics are the content areas in which programs use the most hours of clinical simulation.

- The largest proportion of clinical hours in all programs is in direct patient care, and ELM programs allot the largest percentage of clinical hours (85%) to direct patient care activities.

- Program types allocated a roughly similar proportion of clinical hours to simulation activities (7 -8%). However, BSN programs allocated the largest proportion of clinical hours to non-direct patient care (16%).

Table 66. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care			Non-Direct Patient Care (excluding simulation)			Clinical Simulation			Total Average Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/ surgical	325.3	193.3	183.8	31.1	31.7	16.1	31.4	20.0	21.8	387.3	245.0	221.7
Fundamentals	91.0	61.7	82.2	48.2	47.4	24.5	10.3	8.4	9.6	149.5	117.5	116.3
Obstetrics	75.2	75.4	84.3	7.5	11.7	3.4	13.0	8.6	10.1	90.9	95.7	101.8
Pediatrics	70.3	74.2	88.2	6.6	11.6	5.1	7.5	7.8	8.8	82.6	93.6	98.8
Geriatrics	69.5	61.2	55.1	4.2	7.0	3.3	4.6	5.1	4.6	83.8	73.3	95.7
Psychiatry/ mental health	68.6	78.4	85.0	3.9	9.6	2.7	4.6	5.5	8.8	76.7	93.6	62.7
Leadership/ management	59.9	59.7	89.0	2.1	12.8	8.3	4.2	3.8	2.6	65.4	76.3	99.9
Other	21.3	57.5	72.2	1.4	2.8	1.1	2.3	3.2	1.7	24.4	63.4	75.0
Total Average Clinical Hours	778.1	661.3	739.7	104.6	134.6	64.3	77.9	62.3	67.7	960.6	858.3	871.8
Number of programs that reported	**81**	**32**	**15**	**81**	**32**	**15**	**81**	**32**	**15**	**81**	**32**	**15**

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[5] Questions related to clinical simulation were revised for the 2014-15 survey administration. Some of the question content changed, as did the unit of analysis from nursing school to nursing program.

[6] 6 programs did not use simulation, and 6 did not answer this question. One program did not give a breakdown of clinical hours.

- In the 2015 survey, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in each clinical experience type and for each content area listed below.

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

- In most content areas, respondents were overall more likely to report plans to increase rather than decrease overall clinical hours.

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

Table 67. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	2.3%	5.7%	6.3%	95.5%	88.6%	87.5%	2.3%	5.7%	6.3%
Non-direct patient care	3.4%	2.9%	18.8%	92.1%	94.3%	75.0%	4.5%	2.9%	6.3%
Clinical simulation	0%	2.9%	0%	91.0%	82.9%	68.8%	9.0%	14.3%	31.3%
All clinical hours	1.1%	2.9%	0%	95.5%	91.4%	93.8%	3.4%	5.7%	6.3%
Medical/ surgical	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	5.6%	11.4%	6.3%	86.5%	80.0%	87.5%	7.9%	8.6%	6.3%
Non-direct patient care	3.4%	2.9%	18.8%	92.1%	85.7%	75.0%	4.5%	11.4%	6.3%
Clinical simulation	3.4%	0%	0%	79.8%	77.1%	75.0%	16.9%	22.9%	25.0%
All clinical hours	2.3%	0%	0%	91.0%	91.4%	93.8%	6.7%	8.6%	6.3%
Obstetrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	6.7%	14.3%	12.5%	92.1%	82.9%	87.5%	1.1%	2.9%	0%
Non-direct patient care	0%	2.9%	12.5%	97.8%	91.4%	87.5%	2.3%	5.7%	0%
Clinical simulation	0%	0%	0%	88.8%	85.7%	81.3%	11.2%	14.3%	18.8%
All clinical hours	2.3%	2.9%	6.3%	93.3%	94.3%	93.8%	4.5%	2.9%	0%
Pediatrics	**Decrease hours**			**Maintain hours**			**Increase hours**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	10.1%	17.1%	6.3%	89.9%	80.0%	87.5%	0%	2.9%	6.3%
Non-direct patient care	1.1%	5.7%	12.5%	96.6%	88.6%	87.5%	2.3%	5.7%	0%
Clinical simulation	1.1%	2.9%	0%	85.4%	82.9%	87.5%	13.5%	14.3%	12.5%
All clinical hours	4.5%	5.7%	0%	93.3%	91.4%	100%	2.3%	2.9%	0%

Table 67. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience (Continued)

Psychiatry/ Mental Health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	6.7%	11.4%	0%	93.3%	88.6%	100%	0%	0%	0%
Non-direct patient care	1.1%	5.7%	6.3%	97.8%	91.4%	93.8%	1.1%	2.9%	0%
Clinical simulation	1.1%	2.9%	0%	89.9%	85.7%	93.8%	9.0%	11.4%	6.3%
All clinical hours	3.4%	2.9%	0%	95.5%	94.3%	100%	1.1%	2.9%	0%
Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	1.1%	8.6%	0%	97.8%	88.6%	100%	1.1%	2.9%	0%
Non-direct patient care	1.1%	2.9%	0%	98.9%	91.4%	100%	0%	5.7%	0%
Clinical simulation	1.1%	0%	0%	92.1%	88.6%	100%	6.7%	11.4%	0%
All clinical hours	0%	0%	0%	96.6%	97.1%	100%	3.4%	2.9%	0%
Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	1.1%	11.4%	0%	95.5%	88.6%	100%	3.4%	0%	0%
Non-direct patient care	0%	5.7%	6.3%	98.9%	94.3%	93.8%	1.1%	0%	0%
Clinical simulation	0%	0%	0%	93.3%	91.4%	93.8%	6.7%	8.6%	6.3%
All clinical hours	0%	2.9%	0%	97.8%	97.1%	100%	2.3%	0%	0%
Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct patient care	0%	5.7%	0%	98.9%	91.4%	100%	1.1%	2.9%	0%
Non-direct patient care	1.1%	0%	0%	98.9%	94.3%	100%	0%	5.7%	0%
Clinical simulation	0%	0%	0%	100%	97.1%	100%	0%	2.9%	0%
All clinical hours	0%	0%	0%	98.9%	97.1%	100%	1.1%	2.9%	0%

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

- Respondents frequently commented that they were not decreasing clinical hours overall, often noting that they were shifting allocations (54%). The inability to find sufficient clinical space (24%) and other (22%) were also commonly noted. "Other" reasons given included to "strengthen skills before start of clinicals" and "low census in acute pediatric unit".

- More than a third (33%, n=46) of the 140 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

Table 68. Why Program is Reducing Clinical Hours

	%
Not decreasing overall; shifting allocations	54.1%
Unable to find sufficient clinical space	24.3%
Other	21.6%
Can teach required content in less time	13.5%
Insufficient clinical faculty	8.1%
Funding issues or unavailable funding	0.0%
Total reporting	**37**

RN Refresher Course

In 2014-2015, five nursing programs offered an RN refresher course, and 84 students completed one of these courses.

School Data

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

Institutional Accreditations

- The most commonly reported institutional accreditations were WASC-JC (59%) and WSCUC (33%).

Table 69. Institutional Accreditations

	% Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	58.5%
WASC – Senior College and University Commission (WSCUC)	33.1%
Other	3.8%
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.3%
Accrediting Council for Independent Colleges and Schools (ACICS)	2.3%
Accrediting Bureau of Health Education Schools (ABHES)	1.5%
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.8%
Council for Higher Education Accreditation (CHEA)	0.8%
Northwest Commission on Colleges and Universities (NWCCU)	0.8%
Council on Occupational Education (COE)	0.0%
Number of schools that reported	**131**

Nursing Program Directors

- The largest proportion of nursing program directors' time, on average, was spent on managing nursing compliance (17.5%), managing human resources (10.6%), and managing the curriculum (9.1%).

Table 70. Nursing Program Directors' Time

	% of Time Spent
Manage nursing program compliance	17.5%
Manage human resources	10.6%
Manage curriculum	9.1%
Collaborate with college/district	8.8%
Facilitate student needs and activities	8.0%
Manage fiscal resources	7.6%
Manage student enrollment	7.3%
Manage clinical resources	6.7%
Administration of other programs	6.5%
Promote community awareness and public relations	4.9%
Teaching students	3.9%
Manage college facilities	3.4%
Manage information technology	3.2%
Research	1.7%
Other (please describe)	0.8%
Number of Schools that Reported	**131**

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

Table 71. Other Programs Administered by the RN Program Director

	Number of Schools
Graduate programs	23
LVN	24
CNA	21
HHA	13
Other	12
EMT	12
Health sciences	13
Technician (i.e. psychiatric, radiologic, etc.)	10
Paramedic	5
RN to BSN programs	7
Health professions	3
Medical assisting	3
Respiratory therapy	2
Number of Schools that Reported	**73**

Other Program Administration

- The majority of nursing schools (66%) have one assistant director.

- Larger schools and schools with BSN and ELM programs are more likely to have multiple assistant directors; only schools with BSN and ELM programs and more than 200 students reported having more than 3 assistant directors.

Table 72. Number of Assistant Directors by Size of School and Program Type*

Number of Students in School	Less than 100			100-199			More than 200			Average number of assistant directors		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	2.9%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	6.3%
1 Asst Director	82.4%	100%	66.7%	65.0%	71.4%	100%	60.0%	39.1%	37.5%	70.8%	54.3%	56.3%
2 Asst Directors	11.8%	0.0%	16.7%	27.5%	0.0%	0.0%	20.0%	21.7%	12.5%	20.2%	14.3%	12.5%
3 Asst Directors	2.9%	0.0%	0.0%	7.5%	28.6%	0.0%	20.0%	17.4%	12.5%	7.9%	17.1%	6.3%
>3 Asst Directors	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	21.7%	37.5%	0.0%	14.3%	18.8%
Number of Programs	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Percent of Programs by School Size	38.2%	14.3%	37.5%	44.9%	20.0%	12.5%	16.9%	65.7%	50.0%	67.0%	26.5%	12.1%
Average number of hours allotted per week	11.0	20.6	26.8	11.2	33.3	20.0	16.0	54.3	51.9	12.0	45.3	38.5
Average number of hours spent per week	14.1	13.4	34.2	14.1	33.7	20.0	18.9	61.9	67.7	14.9	48.9	48.9

*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 include multiple programs, both a BSN and an ELM program.

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

- This was especially true in larger programs where assistant directors spend between 18-30% more hours than were allotted administering the program.

- On average, ADN programs share fewer assistant directors and fewer hours allotted per assistant director than other programs. ADN programs also tend to have fewer students, with 83% of ADN programs having less than 200 students compared to 34% of BSN and 50% of ELM programs.

Table 73. 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			Average hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst Director	10.2	20.6	25.3	8.0	14.6	20.0	16.9	14.1	4.0	10.3	15.9	17.0
2 Asst Directors	17.4	0.0	60.0	15.2	0.0	0.0	10.7	42.4	10.0	15.0	42.4	35.0
3 Asst Directors	20.0	0.0	0.0	24.0	80.0	0.0	18.8	72.0	27.0	21.2	74.7	27.0
>3 Asst Directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	124.6	122.0	0.0	124.6	122.0
Programs reporting	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours allotted per week**	11.0	20.6	26.8	11.2	33.3	20.0	16.0	54.3	51.9	12.0	45.3	38.5

*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 include multiple programs, both a BSN and an ELM program.
**Average hours reported are for all staff and not per person.

Table 74. 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			Average hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst Director	11.6	13.4	25.3	9.5	15.2	20.0	14.9	15.8	4.0	11.2	15.0	17.0
2 Asst Directors	20.0	0.0	70.0	15.9	0.0	0.0	13.7	51.2	30.0	16.4	51.2	50.0
3 Asst Directors	20.0	0.0	0.0	37.3	80.0	0.0	30.0	75.3	27.0	31.7	76.8	27.0
>3 Asst Directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	132.4	135.0	0.0	132.4	135.0
Programs reporting	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours spent per week**	14.1	13.4	34.2	14.1	33.7	20.0	18.9	61.9	67.7	14.9	48.9	48.9

*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 include multiple programs, both a BSN and an ELM program.
**Average hours reported are for all staff and not per person.

- The largest proportion of assistant director time is spent teaching students (39.5%) followed by facilitating student needs and activities (9.3%).

Table 75. Nursing Program Assistant Directors' Time

	% of Time Spent
Teaching students	39.5%
Facilitate student needs and activities	9.3%
Manage curriculum	8.6%
Manage clinical resources	7.4%
Manage nursing program compliance	7.1%
Manage student enrollment	6.1%
Manage human resources	5.4%
Collaborate with college/district	4.0%
Manage college facilities	2.8%
Promote community awareness and public relations	2.7%
Manage information technology	2.4%
Manage fiscal resources	1.3%
Administration of other programs	1.3%
Other (please describe)	1.2%
Research	1.0%
Number of Schools that Reported	**129**

- Nearly all schools reported clerical staff. BSN and ELM programs generally had more clerical staff: 65% of ADN programs had 1 to 2 clerical staff compared to only about a third of BSN (34%) and ELM (31%) programs. Only 11% of ADN programs had four or more clerical staff compared to 49% of BSN and 63% of ELM programs.

- Programs in larger schools were more likely to have more clerical staff, but even within the large schools category, ELM and BSN programs reported more clerical staff on average than did ADN programs.

Table 76. Number of Clerical Staff by Size of School and Program Type*

Number of Students in School	Less than 100			100-199			More than 200			Average number of clerical staff		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%
1 clerical staff	52.9%	40.0%	50.0%	20.0%	28.6%	0.0%	0.0%	8.7%	0.0%	29.2%	17.1%	18.8%
2 clerical staff	29.4%	40.0%	16.7%	42.5%	28.6%	0.0%	33.3%	8.7%	12.5%	36.0%	17.1%	12.5%
3 clerical staff	14.7%	20.0%	16.7%	20.0%	28.6%	0.0%	40.0%	13.0%	0.0%	21.3%	17.1%	6.3%
4 clerical staff	0.0%	0.0%	0.0%	10.0%	14.3%	100%	13.3%	17.4%	12.5%	6.7%	14.3%	18.8%
>4 clerical staff	2.9%	0.0%	16.7%	2.5%	0.0%	0.0%	13.3%	52.2%	75.0%	4.5%	34.3%	43.8%
Number of Programs	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours per week**	46.4	35.6	63.8	60.8	74.2	94.5	86.3	142.0	158.8	59.6	113.2	115.1

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

Table 77. 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			Average hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	29.1	25.0	29.2	35.4	40.0	0.0	0.0	40.0	0.0	31.0	32.2	29.2
2 clerical staff	53.8	46.5	24.0	68.3	52.0	0.0	64.0	67.5	55.0	63.1	60.9	39.5
3 clerical staff	67.3	35.0	71.0	64.4	105.0	0.0	66.5	84.3	0.0	65.8	70.0	71.0
4 clerical staff	0.0	0.0	0.0	93.3	125.5	94.5	131.5	148.8	160.0	106.0	118.9	116.3
>4 clerical staff	180.0	0.0	200.0	100.0	0.0	0.0	156.5	183.6	175.8	148.3	176.2	179.3
Number of programs	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours per week**	46.4	35.6	63.8	60.8	74.2	94.5	86.3	142.0	158.8	59.6	113.2	115.1

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

- 73% (n=96) of schools that reported had at least one clinical coordinator on staff.   ADN programs are more likely to report having no clinical coordinators on staff than BSN or ELM programs.

Table 78. Number of Clinical Coordinators by Size of School and Program Type*

Number of Students in School	Less than 100			100-199			More than 200			Average number of clinical coordinators		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	52.9%	0.0%	0.0%	37.5%	0.0%	0.0%	6.7%	4.3%	0.0%	38.2%	2.9%	0.0%
1 clinical coordinator	29.4%	40.0%	50.0%	45.0%	57.1%	16.7%	60.0%	39.1%	12.5%	41.6%	42.9%	31.3%
2 clinical coordinators	14.7%	40.0%	16.7%	12.5%	14.3%	66.7%	13.3%	30.4%	50.0%	13.5%	28.6%	31.3%
>2 clinical coordinators	2.9%	20.0%	33.3%	5.0%	28.6%	16.7%	20.0%	26.1%	37.5%	6.7%	25.7%	37.5%
Number of programs	**34**	**5**	**6**	**40**	**7**	**6**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours per week**	18.7	30.0	46.0	12.1	24.4	27.0	22.4	55.5	72.1	10.3	45.6	56.7

*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 include multiple programs, both a BSN and an ELM program.
**Average hours reported are for all staff and not per person.

- Clinical coordinators work an average of 18 hours per week. However, this total varies by program type and size of school. BSN and ELM programs reported a much larger number of hours per clinical coordinator than did ADN programs.

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

Table 79. Average Number of Clinical Coordinator Hours by Size of School and Program Type*

Number of Students in School	Less than 100			100-199			More than 200			Average hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clinical coordinator	14.7	25.0	28.3	10.1	26.3	40.0	15.8	29.6	27.5	12.7	28.1	30.5
2 clinical coordinators	28.4	32.5	18.0	15.0	7.0	0.0	35.5	52.4	67.5	24.0	43.9	57.6
>2 clinical coordinators	10.0	35.0	86.5	22.5	29.5	14.0	33.3	107.0	93.0	25.8	81.8	77.7
Number of programs	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**
Average hours per week**	18.7	30.0	46.0	12.1	24.4	27.0	22.4	55.5	72.1	10.3	45.6	56.7

*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 include multiple programs, both a BSN and an ELM program.
**Average hours reported are for all staff and not per person.

- 42% (n=55) of schools reported having a student retention specialist or coordinator exclusively dedicated to the nursing program.

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

Table 80. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type*

Number of Students in School	Less than 100			100-199			More than 200			Average Number of Retention Specialists		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Retention specialist on staff	23.5%	40.0%	50.0%	52.5%	42.9%	0.0%	53.3%	43.5%	62.5%	41.6%	42.9%	50.0%
Average Hours per week**	16.8	27.5	20.0	17.2	17.0	0.0	21.9	26.9	25.3	18.1	25.0	23.3
Programs reporting	**34**	**5**	**6**	**40**	**7**	**2**	**15**	**23**	**8**	**89**	**35**	**16**

*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 include multiple programs, both a BSN and an ELM program.
**Average hours reported are for all staff and not per person.

Factors Impacting Student Attrition

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

- 47% (n=60) of the 128 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 33% (n=42) of schools reported that personal reasons had the greatest impact on student attrition.

Table 81. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.9
Personal reasons(e.g. home, job, health, family)	2.0
Financial need	2.7
Clinical failure	3.1
Change of major or career interest	4.0
Transfer to another school	4.3
Number of schools that reported	**128**

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

Recruitment and Retention of Underrepresented Groups

- 31% of schools (n=41) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.

- In 2015, schools were asked to describe the strategies their programs used to recruit, support and retain students from groups underrepresented in nursing.

- The most commonly-used strategy was student success strategies (92%), followed by personal counseling (70%), and additional financial support (52%). Some schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (52%, n=68).

- Training described included most commonly faculty development and orientation, cultural diversity training, training on disabilities and accommodations, faculty mentoring and peer mentoring programs, and training on various student success initiatives.

Table 82. Strategies for Recruiting, Supporting, and Retaining Underrepresented Students

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	91.5%
Personal counseling	70.0%
Additional financial support (e.g. scholarships)	51.5%
New admission policies instituted	19.2%
Program revisions (e.g. curriculum revisions, evening/weekend program)	19.2%
Other	15.4%
None	6.2%
Additional child care	5.4%
TOTAL	**131**

Access to Prerequisite Courses

- 48 nursing schools (37% of the 131 that reported these data) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. All 48 schools reported strategies used to address access to prerequisite courses.

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

Table 83. Access to Prerequisite Courses

	% Schools
Adding science course sections	66.7%
Offering additional prerequisite courses on weekends, evenings, and summers	50.0%
Agreements with other schools for prerequisite courses	41.7%
Accepting online courses from other institutions	35.4%
Providing online courses	29.2%
Transferable high school courses to achieve prerequisites	14.6%
Other	10.4%
Prerequisite courses in adult education	2.1%
Number of schools that reported	**48**

Restricting Student Access to Clinical Practice

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

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

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

Table 84. Share of Schools with Restricted Access in the Clinical Setting for RN Students

	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from accrediting agency (Joint Commission)	11.0%	15.4%	30.8%	39.6%	3.3%	91
Electronic Medical Records	13.2%	22.0%	42.2%	20.0%	2.2%	90
Bar coding medication administration	9.9%	26.4%	39.1%	20.7%	4.3%	92
Automated medical supply cabinets	14.3%	28.6%	28.6%	16.5%	12.1%	91
Student health and safety requirements	20.9%	31.9%	21.7%	19.6%	6.5%	92
Glucometers	25.3%	36.3%	25.6%	6.7%	5.6%	90
Some patients due to staff workload	14.3%	48.4%	22.8%	7.6%	7.6%	92
IV medication administration	22.0%	47.3%	19.4%	7.5%	5.4%	93
Alternative setting due to liability	22.0%	40.7%	14.1%	5.4%	18.5%	92
Direct communication with health team	39.6%	46.2%	6.5%	1.1%	7.6%	92

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (70%) and staff still learning the system (59%).
- Schools reported that students were restricted from using medication administration systems due to liability (68%) and insufficient time to train students (32%).

Table 85. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Liability	35.8%	68.1%
Insufficient time to train students	70.4%	31.9%
Staff fatigue/burnout	29.6%	30.4%
Staff still learning and unable to assure documentation standards are being met	59.3%	29.0%
Cost for training	29.6%	21.7%
Other	7.4%	11.6%
Patient confidentiality	22.2%	7.2%
Number of schools that reported	**81**	**69**

- Schools compensate for training in areas of restricted student access by providing training in simulation lab (87%) and in the classroom (57%) and ensuring that all students have access to sites that train them in the area of restricted access (56%).

Table 86. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the simulation lab	87.1%
Training students in the classroom	57.0%
Ensuring all students have access to sites that train them in this area	55.9%
Purchase practice software, such as SIM Chart	40.9%
Other	11.8%
Number of schools that reported	**93**

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

Table 87. Clinical Area in which Restricted Access Occurs

	% Schools
Medical/Surgical	90.3%
Pediatrics	74.2%
Obstetrics	74.2%
Psychiatry/Mental Health	62.4%
Critical Care	52.7%
Geriatrics	39.8%
Community Health	17.2%
Other Department	5.4%
Number of schools that reported	**93**

Collection of Student Disability Data

- In 2015 schools were asked if they collect student disability data as part of the admission process.

Table 88. Schools' Collection of Disability Data

	% Schools
Yes	26.7%
No	57.3%
Don't Know	16.0%
Number of schools that reported	**131**

Funding of Nursing Program

- On average, schools reported that 81% of funding for their nursing programs comes from the operating budget of their college or university, while 12% of funding comes from government sources.

Table 89. Funding of Nursing Programs

	% Schools
Your college/university operating budget	81.2%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	12.4%
Industry (i.e. hospitals, health systems)	2.4%
Foundations, private donors	2.4%
Other	1.6%
Number of schools that reported	**130**

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (83)

American Career College*
American River College
Antelope Valley College
Bakersfield College
Brightwood College**
Butte Community College
Cabrillo College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza Community College
East Los Angeles College
El Camino College
El Camino College - Compton Educ Center
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
ITT Technical Institute
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing &
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 Saint Mary's University Los Angeles AD
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern Community College
Stanbridge College
Ventura College
Victor Valley College
Weimar Institute*
West Hills College
Yuba College

* New GADN programs in 2014-2015
**Formerly Kaplan College
.

LVN to ADN Programs Only (7)

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

Reedley College at Madera Community College Center
Unitek College

BSN Programs (36)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU Dominguez Hills
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California

Holy Names University
Loma Linda University
Mount Saint Mary's University Los Angeles BSN
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
Valley Foundation School of Nursing at SJSU
West Coast University
Western Governors University

ELM Programs (16)

Azusa Pacific University
California Baptist University
Charles R. Drew University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Samuel Merritt University

San Francisco State University
United States University
University of California Los Angeles
University of California San Francisco
University of San Diego, Hahn School of Nursing
University of San Francisco
Western University of Health Sciences

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APPENDIX B – Definition List

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

Accelerated Program: An Accelerated Program'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 time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

Adjunct Faculty: A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

Advanced Placement Students: Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but does not include students who transferred or were readmitted.

Assembly Bill 1559 Criteria: 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 students dropped or disqualified who were scheduled to complete the program between August 1, 2014 and July 31, 2015, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2015.

Clinical Placement: A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

Clinical Practice with Real Patients: Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.

Clinical Practice without Real Patients (excluding simulation): 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. Include practicing on other students, skills lab, etc. Do not include activities such as communicating with health care team members to organize care for real patients.

Clinical Simulation: Clinical simulation provides a simulated real-time nursing care experience which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

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, 2014 and July 31, 2015.

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.).

Entry-level Master's (ELM): A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

Evening Program: A program that offers all program activities in the evening (i.e. lectures, etc.).This does not include a traditional program that offers evening clinical rotations.

Full-Time Faculty: Faculty that work 1.0 FTE, as defined by the school.

Generic Pre-licensure Students: Students who enter the program in the first nursing course.

Hi-Fidelity Mannequin: A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

Home Campus: The campus where your school's administration is based. Include data here about any satellite campuses if they are located in the same county as your home campus.

Hybrid Program: Combination of distance education and face-to-face courses.

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.

LVN 30 Unit Option Students: LVNs enrolled in the curriculum for the 30-unit option.

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.

Readmitted Students: Returning students who were previously enrolled in your program.

Retention Rate: The total number of generic students who completed the program between August 1, 2014 and July 31, 2015 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Satellite/Alternate campus: A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.

Screened applications: The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/14 and 7/31/15.

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.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2014 and July 31, 2015.

Time Period for the Survey: August 1, 2014 - July 31, 2015. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

APPENDIX C – BRN Education Issues Workgroup Members

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

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing