California Board of Registered Nursing
2014-2015 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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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%**

[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 AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2014-2015 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2014-2015, a total of 142 pre-licensure nursing programs reported students enrolled in their programs. Two ADN programs were added while one closed. Most pre-licensure nursing programs in California are public. The share of public programs has shown an overall decrease in the last ten years and currently represents 75% of all nursing programs.

Table 2. Number of Nursing Programs, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Total nursing programs*	**117**	**130**	**132**	**138**	**139**	**145**	**142**	**143**	**141**	**142**
ADN	77	82	84	86	86	89	87	88	89	90
BSN	26	32	32	36	37	39	39	40	36	36
ELM	14	16	16	16	16	17	16	15	16	16
Public	96	105	105	105	105	107	106	107	106	106
Private	21	25	27	33	34	38	36	36	35	36
Total number of schools	**105**	**117**	**119**	**125**	**125**	**131**	**132**	**133**	**131**	**132**

*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2014-2015, 49% of nursing programs (n=69) collaborated with another program that offered a higher degree than offered at their own program. Of nursing programs that had these collaborations in 2014-2015, 54% (n=37) had formal agreements and 74% (n=51) had informal agreements.

Table 3. Partnerships*, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Programs that partner with another program leading to a higher degree	9	9	9	19	35	44	50	64	67	69
Formal collaboration								45.3%	52.2%	53.6%
Informal collaboration								67.2%	68.7%	73.9%
Total number of programs that reported	**117**	**130**	**132**	**138**	**139**	**145**	**142**	**141**	**141**	**142**

*These data were collected for the first time in 2005-2006.
Note: Blank cells indicate the applicable information was not requested in the given year.

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has fluctuated over the past five years, reaching a high of 12,739 in 2012-2013 followed by a significant decline in 2013-2014 and another decline in 2014-2015 when there were 11,976 spaces reported available for new students and these spaces were filled with a total of 13,318 students. The share of nursing programs that reported filling more admission spaces than were available stayed steady between 2013-2014 (39%; n=55) and 2014-2015 (40%; n=56).

Table 4. Availability and Utilization of Admission Spaces, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Spaces available	10,523	11,475	11,969	12,812	12,797	12,643	12,391	12,739	12,394	11,976
New student enrollments	11,131	12,709	13,157	13,988	14,228	13,939	13,677	13,181	13,226	13,318
% Spaces filled with new student enrollments	**105.8%**	**110.8%**	**109.9%**	**109.2%**	**111.2%**	**110.3%**	**110.4%**	**103.5%**	**106.7%**	**111.2%**

The number of qualified applications received by California nursing programs has shown an overall decline since its ten-year high in 2009-2010, with the lowest overall number of applications received in the past ten years reported in 2014-2015. The number of applications to BSN programs has actually increased 19% since 2008-2009, but not enough to offset the 39% decline in ADN applications over the same period. Even with the declines, nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Table 5. Student Admission Applications*, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Qualified applications	**28,410**	**28,506**	**34,074**	**36,954**	**41,634**	**37,847**	**38,665**	**35,041**	**31,575**	**28,335**
ADN	19,724	19,559	25,021	26,185	28,555	24,722	23,913	19,979	16,682	15,988
BSN	7,391	7,004	7,515	8,585	10,680	11,098	12,387	12,476	12,695	10,196
ELM	1,295	1,943	1,538	2,184	2,399	2,027	2,365	2,586	2,198	2,151
% Qualified applications *not* enrolled	60.8%	55.4%	61.4%	62.1%	65.8%	63.2%	64.6%	62.4%	58.1%	53.0%

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

In 2014-2015, 13,318 new students enrolled in registered nursing programs, which is a slight increase from the previous year. Over the last year, ADN programs saw a slight enrollment decline, while BSN and ELM programs had an increase in enrollments. Private programs had an increase, while public programs had a decrease. Public programs have seen their enrollments decline by 11% (n=-1,038) in the last ten years, while new enrollments have more than doubled (159%; n=3,225) in private programs during the same time period.

Table 6. New Student Enrollment by Program Type, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
New student enrollment	**11,131**	**12,709**	**13,157**	**13,988**	**14,228**	**13,939**	**13,677**	**13,181**	**13,226**	**13,318**
ADN	7,778	8,899	8,847	9,412	8,594	7,688	7,411	7,146	7,135	6,914
BSN	2,709	3,110	3,600	3,821	4,842	5,342	5,445	5,185	5,284	5,510
ELM	644	700	710	755	792	909	821	850	807	894
Private	2,024	2,384	2,704	3,774	4,607	4,773	4,795	4,642	4,920	5,249
Public	9,107	10,325	10,453	10,214	9,621	9,166	8,882	8,539	8,306	8,069

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” and “lost funding”.

Table 6.1 Percent of 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 6.2 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**

Student Census Data

The total number of students enrolled in California pre-licensure nursing programs increased slightly in 2015 from the previous year (3%; n=831). While ADN programs increased slightly (5%; n=525), as did BSN programs (3%, n=324), ELM programs decreased slightly (-1%; n=18). Of the total number of students enrolled on October 15, 2015 census, 47% were in ADN programs, 48% were in BSN programs and 6% were in ELM programs. The 2015 reported census has declined from a high of 26,531 in 2011.

Table 7. Student Census Data* by Program Type, by Year

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADN	12,632	14,191	14,304	14,987	14,011	13,041	11,860	12,070	11,502	12,027
BSN	6,799	7,059	7,956	9,288	10,242	11,712	12,248	12,453	12,008	12,332
ELM	896	1,274	1,290	1,405	1,466	1,778	1,682	1,808	1,473	1,455
Total nursing students	**20,327**	**22,524**	**23,550**	**25,680**	**25,719**	**26,531**	**25,790**	**26,331**	**24,983**	**25,814**

*Census data represent the number of students on October 15th of the given year.

Student Completions

The number of students graduating from California nursing programs has increased by 48% (n=3,591) over the last ten years and peaked at 11,512 graduates in 2009-2010. All program types have had overall increases in the number of students completing their programs over the last ten years, although ADN programs have had an overall decline in the number of graduates since 2009-2010. ADN graduates still represent half (50%) of all students completing a pre-licensure nursing program in California.

Table 8. Student Completions by Program Type, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
ADN	5,351	5,885	6,527	7,075	7,690	6,606	6,162	6,164	5,916	5,542
BSN	1,861	2,074	2,481	2,788	3,157	3,330	3,896	4,364	4,606	4,860
ELM	316	358	572	663	665	717	756	764	769	717
Total student completions	**7,528**	**8,317**	**9,580**	**10,526**	**11,512**	**10,653**	**10,814**	**11,292**	**11,291**	**11,119**

Retention and Attrition Rates

The attrition rate among nursing programs has declined since 2005-2006 with the lowest in 2012-2013 at 12% and was reported at 14% in 2014-2015. Of the 11,019 students scheduled to complete a nursing program in the 2014-2015 academic year, 81% (n=8,871) completed the program on-time, 6% (n=608) are still enrolled in the program, and 14% (n=1,540) left the program with a more than half of those students (55%) dropping out, and a little less than half (45%) being dismissed from the program.

Table 9. Student Retention and Attrition, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Students scheduled to complete the program	**8,208**	**8,852**	**9,769**	**10,630**	**10,181**	**10,106**	**9,727**	**11,724**	**10,894**	**11,019**
Completed on time	6,047	6,437	7,254	7,990	7,845	7,883	7,747	9,608	8,677	8,871
Still enrolled	849	996	950	1,078	928	687	563	705	876	608
Total attrition	1,312	1,419	1,565	1,562	1,408	1,536	1,417	1,411	1,341	1,540
Attrition-dropped out										842
Attrition-dismissed										698
Completed late					615	487	435	573	1,013	809
Retention rate*	73.7%	72.7%	74.3%	75.2%	77.1%	78.0%	79.6%	82.0%	79.6%	80.5%
Attrition rate**	16.0%	16.0%	16.0%	14.7%	13.8%	15.2%	14.6%	12.0%	12.3%	14.0%
% Still enrolled	10.3%	11.3%	9.7%	10.1%	9.1%	6.8%	5.8%	6.0%	8.0%	5.5%

*Retention rate = (students completing the program on-time) / (students scheduled to complete)
**Attrition rate = (students dropped or dismissed who were scheduled to complete) / (students scheduled to complete the program)
Note: Blank cells indicate that the applicable information was not requested in the given year.

Attrition rates vary by program type and continue to be lowest among ELM programs and highest among ADN programs. Over the last ten years, ADN programs have seen overall improvement in their average attrition rates, while BSN & ELM programs have seen fluctuations in their attrition rates. Historically, attrition rates in public programs have been higher than those in private programs over most of the past ten years. However, this gap has narrowed in the past three years as average private program attrition rates have increased and average public program attrition rates have decreased.

Table 10. Attrition Rates by Program Type*, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
ADN	18.3%	19.0%	19.3%	17.6%	16.8%	18.4%	18.2%	14.3%	15.6%	16.3%
BSN	10.5%	8.7%	8.6%	9.0%	8.1%	9.8%	9.1%	9.0%	9.3%	12.0%
ELM	5.0%	7.2%	5.6%	5.2%	5.6%	7.9%	7.3%	4.1%	3.3%	8.0%
Private	14.6%	7.9%	9.2%	10.0%	8.9%	11.6%	10.1%	10.2%	10.0%	13.7%
Public	16.2%	17.7%	17.5%	16.0%	15.0%	16.1%	15.9%	12.7%	13.5%	14.0%

*Changes to the survey that occurred prior to 2005-2006 may have affected the comparability of these data to data in subsequent years.

Retention and Attrition Rates for Accelerated Programs

Average retention rates for accelerated programs are higher and average attrition rates are lower than those for traditional programs. In 2014-2015, 9% (n=89) of students in accelerated programs left the program with a little less than half (48%) dropping out and 52% being dismissed from the program.

Table 11. Student Retention and Attrition for Accelerated Programs*, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Students scheduled to complete the program	**686**	**784**	**1,159**	**1,057**	**1,294**	**1,041**	**1,049**	**1,053**
Completed on time	569	674	1,059	872	1,161	880	920	928
Still enrolled	88	83	71	64	56	62	39	36
Total attrition	28	27	29	94	77	99	90	89
Attrition-dropped out								*43*
Attrition-dismissed								*46*
Completed late			45	28	72	45	60	42
Retention rate**	82.9%	86.0%	91.4%	82.5%	89.7%	84.5%	87.7%	88.1%
Attrition rate***	4.1%	3.4%	2.5%	8.9%	6.0%	9.5%	8.6%	8.5%
% Still enrolled	12.8%	10.6%	6.1%	6.1%	4.3%	6.0%	3.7%	3.4%

*These data were collected for the first time in 2007-2008.
**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)
Note: Blank cells indicate that the applicable information was not requested in the given year.

Attrition rates in accelerated programs have varied over the last eight years. Accelerated ADN programs had better attrition rates in 2014-2015 than in 2013-2014. The average attrition rates for accelerated programs were lower than for their traditional counterparts with ELM accelerated programs having the lowest average attrition rate at 6% in 2014-2015.

Table 12. Attrition Rates by Program Type for Accelerated Programs*, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
ADN	24.7%	18.5%	6.6%	7.5%	6.3%	21.6%	15.4%	10.9%
BSN	6.8%	7.0%	5.8%	9.3%	5.9%	8.9%	6.7%	8.8%
ELM**								5.7%

*These data were collected for the first time in 2007-2008.
** Blank cells indicate that the applicable information was not requested in the given year.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years, and ELM programs had the lowest pass rates in 2014-2015. All program types had similar 2014-2015 NCLEX pass rates in comparison to the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted the NCLEX pass rates in 2013-2014 and 2014-2015.

Table 13. First Time NCLEX Pass Rates* by Program Type, by Academic Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
ADN	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%	84.3%
BSN	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%	84.4%
ELM	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%	80.7%

*NCLEX pass rates for students who took the exam for the first time in the given year.

NCLEX pass rates for students graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs. While the pass rates have fluctuated over time, students who graduated from accelerated programs in 2014-2015 had higher average pass rates than their traditional counterparts.

Table 14. First Time NCLEX Pass Rates for Accelerated Programs* by Program Type, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%	95.5%
BSN	89.4%	92.1%	88.5%	90.0%	95.9%	83.9%	81.9%	95.2%
ELM**								90.0%

* These data were collected for the first time in 2007-2008.
** Blank cells indicate that the applicable information was not requested in the given year.

Employment of Recent Nursing Program Graduates[2]

The largest share of RN program graduates work in hospitals, even though this share has been decreasing from a high of 88% in 2007-2008. In 2014-2015, programs reported that 58% of graduates were employed in hospitals. The share of new graduates working in nursing in California had been declining, from a high of 92% in 2007-2008 to a low of 64% in 2012-2013. In 2014-2015, there was an increase in the share of graduates working in California from 69% the prior year up to 73% in 2014-2015. Nursing programs reported that 9% of their graduates were unable to find employment by October 2015, a figure which has steadily declined since 2009-2010.

Table 15. Employment Location of Recent Nursing Program Graduates, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Hospital	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%	58.4%
Pursuing additional nursing education	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%	7.1%	11.5%
Long-term care facilities	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%	3.7%	7.9%
Other	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%	4.9%
Other healthcare facilities						7.1%	10.5%	4.4%
Community/public health facilities	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%	6.0%	4.2%
Unable to find employment*			27.5%	21.8%	17.6%	18.3%	13.7%	9.4%
Employed in California	**91.5%**	**83.4%**	**81.1%**	**68.0%**	**69.6%**	**63.7%**	**68.8%**	**73.1%**

Note: Blank cells indicate that the applicable information was not requested in the given year.

Graduates of all program types were most likely to work in hospitals, especially BSN graduates. ADN and ELM graduates were much more likely to be pursuing additional education than were BSN graduates. ADN graduates were more likely to be unemployed than either BSN or ELM graduates.

Table 15.1 Employment Location for Recent Nursing Program Graduates 2014-2015, by Academic Program Type

	ADN	BSN	ELM	All
Hospital	51.4%	79.4%	55.6%	58.4%
Pursuing additional nursing education	13.0%	2.0%	21.8%	11.5%
Long-term care facilities	10.3%	4.4%	1.5%	7.9%
Community/public health facilities	4.1%	3.4%	6.0%	4.2%
Other healthcare facilities	4.9%	2.5%	5.5%	4.4%
Other	5.6%	4.7%	1.4%	4.9%
Unable to find employment*	11.6%	3.8%	8.2%	9.4%
Employed in California				**73.1%**

Note: Statistics on the percent of graduates employed in California were collected at the school level only.

[2]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% of recent graduates.

Clinical Training in Nursing Education

Questions regarding clinical simulation[3] were revised in the 2014-2015 survey to collect data on average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. One-hundred and thirty (92%) of 142 nursing programs reported using clinical simulation in 2014-2015.[4]

The content areas using the most hours of clinical simulation on average are Medical/Surgical (27.4) and Obstetrics (11.6). On average, a similar amount of time is also spent in other non-direct patient care in these areas. Programs allocate the largest proportion of clinical hours to direct patient care (81%), followed by non-direct patient care (12%) and simulation (8%).

Table 16. Average Hours Spent in Clinical Training by Content Area 2014-2015

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	Clinical Simulation	Avg Total Clinical Hours
Medical/Surgical	273.6	29.2	27.2	332.3
Fundamentals	82.0	44.9	9.7	137.6
Obstetrics	73.7	8.0	11.5	93.3
Pediatrics	71.9	5.2	5.3	87.3
Geriatrics	65.7	7.6	7.7	74.2
Psychiatry/Mental Health	77.1	4.8	4.8	87.6
Leadership/Management	63.2	5.5	3.9	72.2
Other	36.5	1.7	2.5	40.4
Total average clinical hours	**744.4**	**107.4**	**72.8**	**924.6**
Percent of Clinical Hours	**80.5%**	**11.6%**	**7.9%**	**100.0%**
Number of programs that reported	**128**	**128**	**128**	**128**

[3] 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.

[4] 136 programs reported. 6 programs did not use clinical simulation, and 6 did not answer the question. One program reported using clinical simulation but did not give a breakdown of clinical hours.

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% vs. 81% overall) 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% vs. 12% overall).

Table 17. 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**

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 direct patient care, non-direct patient care, and clinical simulation for each of eight content areas.

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 a planned decrease in clinical hours in direct patient care and an increase in hours in clinical simulation.

Table 18. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	3.5%	92.9%	3.5%
Non-direct patient care	5.0%	90.8%	4.3%
Clinical simulation	0.7%	86.5%	12.8%
All clinical hours	1.4%	94.3%	4.3%
Medical/Surgical	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	7.1%	85.1%	7.8%
Non-direct patient care	5.0%	88.7%	6.4%
Clinical simulation	2.1%	78.7%	19.1%
All clinical hours	1.4%	91.5%	7.1%
Obstetrics	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	9.2%	89.4%	1.4%
Non-direct patient care	2.1%	95.0%	2.8%
Clinical simulation	0.0%	87.2%	12.8%
All clinical hours	2.8%	93.6%	3.5%
Pediatrics	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	11.3%	87.2%	1.4%
Non-direct patient care	3.5%	93.6%	2.8%
Clinical simulation	1.4%	85.1%	13.5%
All clinical hours	4.3%	93.6%	2.1%
Psychiatry/Mental Health	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	7.1%	92.9%	0.0%
Non-direct patient care	2.8%	95.7%	1.4%
Clinical simulation	1.4%	89.4%	9.2%
All clinical hours	2.8%	95.7%	1.4%

Table 18. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience, Continued

Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	2.8%	95.7%	1.4%
Non-direct patient care	1.4%	97.2%	1.4%
Clinical simulation	0.7%	92.2%	7.1%
All clinical hours	0.0%	97.2%	2.8%
Leadership/Management	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	3.5%	94.3%	2.1%
Non-direct patient care	2.1%	97.2%	0.7%
Clinical simulation	0.0%	92.9%	7.1%
All clinical hours	0.7%	97.9%	1.4%
Other	**Decrease hours**	**Maintain hours**	**Increase hours**
Direct patient care	1.4%	97.2%	1.4%
Non-direct patient care	0.7%	97.9%	1.4%
Clinical simulation	0.0%	99.3%	0.7%
All clinical hours	0.0%	98.6%	1.4%

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 or clinical experience type. Twenty-six percent (n=37) of programs reported they have plans to decrease their overall clinical hours in some 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.

A third (33%, n=46) of the 142 programs plan to increase staff dedicated to administering clinical simulation in their program in the next 12 months.

Table 19. 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%
Total reporting	**37**

Clinical Space & Clinical Practice Restrictions[5]

The number of California nursing programs reporting they were denied access to a clinical placement, unit or shift decreased to 70 programs, the lowest in five years. Thirty-four percent (24) of the 70 programs reported being offered an alternative by the site. The lack of access to clinical space resulted in a loss of 272 clinical placements, units, or shifts, which affected 2,145 students.

Table 20. RN Programs Denied Clinical Space, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Number of programs denied a clinical placement, unit or shift	**93**	**85**	**90**	**81**	**70**
Programs offered alternative by site*	-	-	-	-	24
Placements, units or shifts lost*	-	-	-	-	272
Number of programs that reported	142	140	143	141	135
Total number of students affected	**2,190**	**1,006**	**2,368**	**2,195**	**2,145**

*Significant changes to these questions for the 2014-2015 administration prevent comparison of the data to prior years.

In the 2014-2015 survey, 58 programs (41%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year.

Table 20.1 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift

	ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	31	18	9	58
Total number of programs that reported	**86**	**34**	**16**	**136**

[5]Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason has been declining since 2009-2010. Overall, 9 programs (7%) reported providing financial support to secure a clinical placement.

Table 21. Reasons for Clinical Space Being Unavailable*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%	48.7%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%	38.2%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%	36.8%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%	26.3%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%	25.0%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%	21.1%
Other	20.8%	9.7%	10.6%	11.1%	11.1%	21.1%
No longer accepting ADN students	26.0%	16.1%	21.2%	20.0%	23.5%	21.1%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%	18.4%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%	18.4%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%	17.1%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%	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					4.9%	1.3%
Facility moving to a new location					6.2%	
Number of programs that reported	**77**	**93**	**85**	**90**	**81**	**76**

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Note: Blank cells indicate that the applicable information was not requested in the given year.

Competition from the increased number of nursing students was the primary reason for clinical space being unavailable for both ADN and BSN programs. Staff nurse overload/insufficient qualified staff was also a frequently cited reason by all program types, and the most frequently reported reason for ELM programs. One-third of ADN programs reported that clinical sites no longer accepting ADN students was a reason for losing clinical space. Only 1% of nursing programs reported that the facility began charging a fee for the placement that their program would not pay as a reason for clinical space being unavailable.

Table 22. Reasons for Clinical Space Being Unavailable, by Program Type, 2014-2015

	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	48.9%	56.5%	25.0%	48.7%
Displaced by another program	37.8%	34.8%	50.0%	38.2%
Staff nurse overload or insufficient qualified staff	35.6%	30.4%	62.5%	36.8%
Visit from Joint Commission or other accrediting agency	26.7%	30.4%	12.5%	26.3%
Decrease in patient census	15.6%	43.5%	25.0%	25.0%
No longer accepting ADN students	35.6%	0.0%	0.0%	21.1%
Change in facility ownership/management	17.8%	26.1%	25.0%	21.1%
Other	13.3%	34.8%	25.0%	21.1%
Closure, or partial closure, of clinical facility	8.9%	34.8%	25.0%	18.4%
Nurse residency programs	15.6%	26.1%	12.5%	18.4%
Clinical facility seeking magnet status	26.7%	4.3%	0.0%	17.1%
Implementation of Electronic Health Records system	13.3%	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%	4.3%	0.0%	1.3%
Number of programs that reported	**45**	**23**	**8**	**76**

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (66%) or at a new clinical site (49%). The share of schools replacing the lost placement with clinical simulation has been increasing since 2011-2012. Reducing student admission is an uncommon practice for addressing the loss of clinical space.

Table 23. Strategies to Address the Loss of Clinical Space*, by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%	66.2%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%
Clinical simulation	29.4%	34.4%	32.1%	37.8%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%
Other	9.4%	4.4%	1.2%	8.1%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%
Number of programs that reported	**85**	**90**	**81**	**74**

*Data collected for the first time in 2011-12.

Thirty-nine (27%) nursing programs in the state reported an increase in out-of-hospital clinical placements in 2014-2015 which is the lowest number reported for the past six years.[6] For the last five years, the two most frequently reported non-hospital clinical sites were skilled nursing/rehabilitation facility and public health or community health agency, reported by 46% and 41% respectively of all responding programs in 2014-2015. In 2014-2015, three respondents among the five citing "Other" clinical sites listed childcare or child development centers

Table 24. Alternative Out-of-Hospital Clinical Sites* Used by RN Programs, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%	46.2%
Public health or community health agency	43.6%	51.8%	55.0%	53.7%	41.0%
School health service (K-12 or college)	30.9%	30.4%	22.5%	34.1%	38.5%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	39.0%	30.8%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%	28.2%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	29.3%	28.2%
Hospice	25.5%	25.0%	27.5%	29.3%	23.1%
Home health agency/home health service	30.9%	32.1%	35.0%	19.5%	20.5%
Other	14.5%	17.9%	17.5%	12.2%	12.8%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%	10.3%
Case management/disease management	7.3%	12.5%	5.0%	7.3%	7.7%
Urgent care, not hospital-based	9.1%	10.7%	5.0%	12.2%	7.7%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%	5.1%
Occupational health or employee health service	5.5%	5.4%	0.0%	2.4%	0.0%
Number of programs that reported	**55**	**56**	**40**	**41**	**39**

*These data were collected for the first time in 2010-2011.

[6] Thirty-seven programs reported an increase in out-of-hospital placements, and thirty-nine answered questions about alternative placements.

In 2014-2015, 70% (n=93) of 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 restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and access to 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 25. Common Types of Restricted Access in the Clinical Setting for RN Students*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%	68.8%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%	60.2%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%	59.1%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%	44.1%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%	40.9%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%	31.2%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%	30.1%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%	26.9%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%	19.4%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%	7.5%
Number of schools that reported	**94**	**100**	**101**	**95**	**93**	**93**

*Data collected for the first time in 2009-2010.
Note: Blank cells indicate that the applicable information was not requested in the given year.
Numbers indicate the percent of schools reporting these restrictions as “common” or “very common”.

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

Table 26. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration*, by Academic Year

	Electronic Medical Records		Medication Administration	
	2013-2014	2014-2015	2013-2014	2014-2015
Liability	42.9%	35.8%	66.7%	68.1%
Insufficient time to train students	61.9%	70.4%	36.4%	31.9%
Staff fatigue/burnout	32.1%	29.6%	37.9%	30.4%
Staff still learning and unable to assure documentation standards are being met	63.1%	59.3%	45.5%	29.0%
Cost for training	29.8%	29.6%	24.2%	21.7%
Other	14.3%	7.4%	18.2%	11.6%
Patient confidentiality	28.6%	22.2%	18.2%	7.2%
Number of schools that reported	**84**	**81**	**66**	**69**

*Data collected for the first time in 2013-2014.
**Numbers indicate the percent of schools reporting these restrictions as “uncommon”, “common” or “very common” to capture any instances where reasons were reported.” and add the same footnote to this Table in all regional reports.

Schools compensate for training in areas of restricted student access by providing training in the 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 27. How the Nursing Program Compensates for Training in Areas of Restricted Access*

	2013-2014 % Schools	2014-2015 % Schools
Training students in the simulation lab	80.6%	87.1%
Training students in the classroom	53.8%	57.0%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%
Purchase practice software, such as SIM Chart	39.8%	40.9%
Other	9.7%	11.8%
Training students in skills lab	4.3%	0.0%
Number of schools that reported	**93**	**93**

*Data collected for the first time in 2013-2014.

Faculty Census Data[7]

The total number of nursing faculty continues to increase, largely driven by the growth in the number of part-time faculty. On October 15, 2015, there were 4,532 total nursing faculty.[8] Of these faculty, 33% (n=1,505) were full-time and 66% (n=3,000) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2015, schools reported 407 vacant faculty positions. These vacancies represent an 8.2% faculty vacancy rate overall (12.4% for full-time faculty and 6.1% for part-time faculty).

Table 28. Faculty Census Data, by Year

	2006*	2007*	2008	2009	2010	2011	2012	2013*	2014*	2015*
Total Faculty	**2,723**	**3,282**	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**	**4,174**	**4,181**	**4,532**
Full-time	1,102	1,374	1,402	1,453	1,444	1,493	1,488	1,521	1,498	1,505
Part-time	1,619	1,896	2,069	2,177	2,329	2,566	2,631	2,640	2,614	3,000
Vacancy Rate**	**6.6%**	**5.9%**	**4.7%**	**4.7%**	**4.7%**	**4.9%**	**7.9%**	**5.9%**	**9.4%**	**8.2%**
Vacancies	193	206	172	181	187	210	355	263	432	407

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

[7] Census data represent the number of faculty on October 15th of the given year.

[8] 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 California nursing schools.

In 2014-2015, 85 of 132 schools (64%) reported that faculty in their programs work an overloaded schedule, and 96% (n=82) of these schools pay the faculty extra for the overloaded schedule.

Table 29. Faculty with Overloaded Schedules*, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Schools with overloaded faculty	81	84	85	87	94	99	85
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.0%	96.5%
Total number of schools	**125**	**125**	**131**	**132**	**133**	**131**	**132**

*These data were collected for the first time in 2008-09.

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 117 programs in 2005-2006 to 142 programs in 2014-2015. In the past ten years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree increased from 9 to 69.

California RN programs reported number of admission spaces available has fluctuated over the past ten years. New student enrollments have also fluctuated over the past ten years, reaching a peak of 14,228 in 2009-2010 and remaining stable around 13,200 for the past three years. This decline was largely due to fewer qualified applications and enrollments to ADN programs.

Pre-licensure RN programs reported 11,119 completions in 2014-2015—a 48% increase in student completions since 2005-2006. After four consecutive years of growth in the number of graduates from California nursing programs from 2005-2006 to 2009-2010, the number of graduates declined slightly and have fluctuated around 11,000 the last three years.

After three years of an increasing average retention rate to a ten-year high of 82% in 2012-2013, the retention rate has declined slightly to 81% in 2014-2015. If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 9% of new nursing program graduates were unable to find employment, which is a decline from the high of 28% in 2009-2010. The number of new graduates employed in California has increased for the second year and was reported at 73%.

Clinical simulation has become widespread in nursing education, with 92% (n=130) of programs reporting using it in some capacity in 2015. On average programs reported students spend 8% of their clinical training in simulation with the highest proportion of time in medical/surgical and obstetrics. The importance of clinical simulation is underscored by data showing the continued use of out-of-hospital clinical placements and programs continuing to report being denied access to clinical placement sites that were previously available to them. In addition, a large number of school—70% in 2014-2015—reported that their students had faced restrictions to specific types of clinical practice.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Even as the number of new student enrollments has started to decline, the number of faculty has continued to rise, largely driven by increases in part-time faculty as the number of full-time faculty has stayed relatively level since 2011. The number of nursing faculty has increased by 66% in the past ten years, from 2,723 in 2006 to 4,532 in 2015. In 2015, 407 faculty vacancies were reported, representing an overall faculty vacancy rate of 8.2% (12.4% for full-time faculty and 6.1% for part-time faculty). This vacancy rate is the second highest reported in the last ten years but a slight decrease from 2014.

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 Education 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

APPENDIX B – 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