
California Board of Registered Nursing

2023-2024 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2023-24 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix C. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Data presented in this report are from the academic year beginning August 1, 2023, and ending July 31, 2024. Census and associated demographic data were requested for October 15, 2024.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation

All 146 California nursing schools were invited to participate in the survey, and all 146 nursing schools offering 155 BRN-approved pre-licensure programs responded to the survey.¹ Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.²

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	89	89	100%
LVN-to-ADN	5	5	100%
BSN	47	47	100%
ELM	14	14	100%
Number of Programs	155	155	100%

¹ Since last year's report, two new ADN programs opened and one closed, no BSN programs opened or closed, and one new ELM program opened.

² Chamberlain University has two separate campuses that are counted as two separate schools starting in 2020-21.

DATA SUMMARY – Pre-Licensure Programs

Admission Spaces, Applications, and Enrollments

Number of California Nursing Programs

- 60.6% (n=94) of California pre-licensure nursing programs that reported data are ADN programs, including both generic ADN programs and LVN-to-ADN programs.
- The majority of California pre-licensure nursing programs are public (66.5%, n=103).
- 51.9% of the private colleges were not for profit, 46.2% were for profit, and one reported only that it was a Christian college.

Table 2. Number of California RN Programs by Program Type

Program Type	#	%
ADN	89	57.4%
LVN-to-ADN	5	3.2%
BSN	47	30.3%
ELM	14	9.0%
Total	155	100.0%
Public	103	66.5%
Private	52	33.5%
<i>For Profit</i>	24	46.2%
<i>Not For Profit</i>	27	51.9%
<i>Other</i>	1	1.9%

Applications to California Nursing Programs

- 31.6% (n=19,095) of the 60,441 qualified applications to pre-licensure nursing education programs received in 2023-24 were accepted. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

Table 3. Applications for Admission by Program Type

	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Total Applications Received*	34,664	524	58,444	5,064	98,696
Screened	31,518	497	46,558	4,172	82,745
Qualified	23,506	318	33,615	3,002	60,441
Accepted	7,274	186	10,435	1,200	19,095
% Qualified Applications Accepted	30.9%	58.5%	31.0%	40.0%	31.6%

*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.

**This table includes applicants to LVN-to-BSN in the BSN program totals.

Note: One ADN, one BSN and one ELM program reported no applicants or admissions – all were on teach-out.

Number of Students Who Enrolled in California Nursing Programs

- ELM programs had the lowest share of students enroll into programs for which they were accepted (73.7%, n=884), followed by BSN programs (94.4%, n=9,484), while the generic ADN programs enrolled more students than they accepted (103.1%, n=7,500).
- ADN programs likely enrolled more students than the number of applications accepted because either (1) they added students from a waitlist, or (2) they admitted LVNs into the second year of a generic ADN program to replace an opening created by a generic ADN student that left the program.

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

Applications / Enrollments	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Applications Accepted	7,274	186	10,435	1,200	19,095
New Student Enrollments	7,500	186	9,848	884	18,418
% Accepted Applications that Enrolled	103.1%	100.0%	94.4%	73.7%	96.5%

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

- As in prior years, some pre-licensure nursing programs (30.5%, n=47) reported enrolling more students in 2023-24 than the reported number of available admission spaces. Most of these programs (n=35) were ADN programs, but this year, there were also a number of BSN programs that overenrolled (n=10), and a few ELM programs (n=2). This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.
- There were overall more admission spaces than student enrollments for LVN-to-ADN and ELM programs, while generic ADN programs, and, to a lesser extent, BSN programs, had more enrollments than admission spaces in 2023-24.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Spaces Available	7,375	189	9,812	990	18,366
New Student Enrollments	7,500	186	9,848	884	18,418
% Spaced Filled with New Students Enrollments	101.7%	98.4%	100.4%	89.3%	100.3%

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

Programs that Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2023-24 compared to 2022-23. 15.5% of 155 programs (n=21) reported enrolling fewer students in 2023-24 than in the previous year.
 - Only 10.1% (n=9) of ADN programs in 2023-24 reported enrolling fewer students.
 - 25.5% of BSN programs (n=9) in 2023-24 reported that they enrolled fewer students than in prior years.
 - 21.4% (n=3) of ELM programs in 2023-24 reported that they enrolled fewer students than in prior years.

Table 6. Programs That Enrolled Fewer Students in 2023-24 than in 2022-23

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Enrolled fewer	10.1%	0.0%	25.5%	21.4%	15.5%
Did not enroll fewer	89.9%	100.0%	74.5%	78.6%	84.5%
Number of programs that reported	89	5	47	14	155

- Schools were also asked for the reasons they enrolled fewer students. In 2023-24, the most common reasons given for enrolling fewer students was “Accepted students did not enroll” (50.0%, n=12).
- The second most common reason was: “Other” (33.3%, n=8), followed by “Unable to secure clinical placements for all students” and “Lack of qualified applicants” (both 8.3%, n=2).
- Twelve respondents also gave “other” write-in reasons for enrolling fewer students. Most of these comments repeated and elaborated upon categories chosen from the list. Other reasons provided were a change in changed cohort admission semester, staffing shortage in the admissions department, school closure, BRN cap on enrollment, deferrals for health issues in the first semester, academic program transition with a pause in admissions, students not meeting admission requirements and/or not qualifying for financial aid, cost, and admission offers that were not replied to.

Table 7. Reasons for Enrolling Fewer Students

Reasons	% of programs	#of programs
Accepted students did not enroll	50.0%	12
Other	33.3%	8
Lack of qualified applicants	8.3%	2
Unable to secure clinical placements for all students	8.3%	2
College/university / BRN requirement to reduce enrollment	4.2%	1
Insufficient faculty	4.2%	1
To reduce costs	4.2%	1
Lost funding	0.0%	0
Number of programs that reported		24

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (53.8%, n=9,848) of students who enrolled in a pre-licensure nursing program for the first time in 2023-24 were BSN students. Until 2016-17, ADN enrollments predominated.
- The Institute of Medicine's "Future of Medicine" report of 2011 recommended increasing the percentage of the nursing workforce holding the BSN degree to 80 percent by 2020, suggesting a number of educational strategies to reach this goal. While not yet at 80%, the growing percentage of BSN graduates likely reflects attempts to reach this goal.

Table 8. Newly Enrolled Students by Program Type

Program Type	% of Enrollment	# of Enrollees
ADN	40.7%	7,500
LVN-to-ADN	1.0%	186
BSN	53.5%	9,848
ELM	4.8%	884
Total	100.0%	18,418

Newly Enrolled Students in 30-Unit Option

- The LVN 30-unit option was designed as a career ladder for California Licensed Vocational Nurses wishing to become registered nurses. This option takes approximately 18-24 months, and no degree is granted upon completion. Most ADN programs will give LVNs credit for some of 41 the coursework they completed to become an LVN. However, most other states do not recognize California's LVN 30-Unit Option and will not issue RN licenses to these LVNs. The program is approved by the California Board of Registered Nursing.
- Respondents reported thirty-five new students enrolled in a 30-unit option track in 2023-24. This is more students than last year, when 27 students were reported in a 30-unit track.

Table 9. Newly Enrolled Students in 30-Unit Track

Students/Programs	ADN	LVN-to-ADN	BSN	ELM	All Programs
Number of 30-Unit option students	34	0	1	0	35
Number of programs with students enrolled in 30-unit track	4	0	1	0	5
Total number of programs reporting	88	4	47	12	151

Ethnic Distribution of Newly Enrolled Nursing Students

- 78.4% (n=13,671) of students who enrolled in a pre-licensure nursing program for the first time in 2023-24 were ethnic minorities. This is a slight increase over last year, when 76.3% of students were ethnic minorities.
- BSN programs enrolled the greatest share of ethnic minority students (78.9%, n=7,255). ELM programs had the highest share of African American students (7.6%, n=65) and Other Asian students (23.9%, n=203), and ADN programs had the highest proportion of Hispanic students (40.8%, n=2,947).

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

Race/Ethnicity	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Native American	0.4%	1.1%	0.4%	0.9%	0.4%
South Asian	4.1%	2.3%	3.0%	0.7%	3.4%
Filipino	7.4%	7.9%	4.3%	3.9%	5.6%
Hawaii	0.3%	0.6%	0.9%	0.2%	0.6%
Other Asian	11.2%	17.5%	23.4%	23.9%	18.3%
Other Pacific Islander	1.4%	1.7%	0.2%	0.1%	0.7%
African American	5.0%	4.5%	4.9%	7.6%	5.1%
Hispanic	40.8%	29.9%	33.7%	33.6%	36.6%
Multi-race	5.9%	10.2%	6.7%	6.6%	6.4%
Other	1.3%	0.6%	1.2%	0.7%	1.2%
White	22.2%	23.7%	21.1%	21.7%	21.6%
Total	7,221	177	9,196	851	17,445
Ethnic Minorities*	77.8%	76.3%	78.9%	78.3%	78.4%
# Unknown/ unreported	279	9	652	33	973

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

Gender Distribution of Newly Enrolled Nursing Students

- 20.7% (n=3,697) of students who enrolled in a pre-licensure program for the first time reported their gender was male. Last year, 21.1% of students were reported to be male.

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

Gender	ADN	LVN-to-ADN	BSN	ELM	All Programs
Male	21.3%	17.3%	20.6%	17.6%	20.7%
Female	76.3%	81.1%	79.4%	82.1%	78.3%
Other	2.3%	1.6%	0.0%	0.2%	1.0%
Total	7,383	185	9,409	868	17,845
# Unknown/ unreported	117	1	439	16	573

Age Distribution of Newly Enrolled Nursing Students

- 93.4% (n=15,882) of newly enrolled students in pre-licensure nursing programs were younger than 40 years of age.
- A greater proportion of ADN and LVN-to-ADN students were older; 11.2% of ADN students and 18.8% of LVN-to-ADN students were over 40 years of age compared to 6.5% of BSN students and 6.6% of ELM students.

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

Age	ADN	LVN-to-ADN	BSN	ELM	All Programs
17 – 20 years	4.1%	0.0%	13.9%	0.2%	8.9%
21 – 25 years	26.7%	8.6%	38.9%	39.5%	33.5%
26 – 30 years	27.7%	28.5%	21.9%	33.4%	25.0%
31 – 40 years	30.3%	44.1%	18.9%	20.3%	24.0%
41 – 50 years	9.4%	13.4%	5.0%	5.4%	6.9%
51 – 60 years	1.7%	5.4%	1.5%	1.3%	1.6%
61 years and older	0.1%	0.0%	0.0%	0.0%	0.1%
Total	7,308	186	9,008	877	17,379
# Unknown/ unreported	192	0	840	7	1,039

Satellite Campuses and Enrollment

Twenty-one programs (representing 19 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus. Twelve programs (representing 10 schools) reported just one satellite campus each. Four programs (representing four schools) reported two satellite campuses each. Four programs representing three schools reported satellite locations in three different counties, and one school listed satellite campuses in four counties.

Fifteen of the twenty-one programs reported satellite campuses in a different *region* than their main campus.

There were 7,751 students enrolled at satellite campuses in 2023-24.

Satellite data were collected to allow researchers to prepare regional projections.

Student Census

Respondents were asked to provide the total number of students enrolled in their programs on October 15, 2024, both new and ongoing. There was a total of 36,544 students, including both newly enrolled and ongoing students, in prelicensure programs. There were an additional 643 students in the post-licensure segment of ELM programs (not included in this table)—bringing the total to 37,817.

The majority of enrolled students on October 15, 2024, were BSN students.

Table 13. Student Census October 15, 2024

Census	%	#
ADN	35.3%	12,883
LVN-to-ADN	0.4%	161
BSN	59.6%	21,782
ELM	4.7%	1,718
Total	100.0%	36,544
Postlicensure ELM census		643

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2023, and July 31, 2024, 15,110 students completed a pre-licensure nursing program in California.
- BSN programs made up the greatest share of completions (53.9%, n=8,139) followed by ADN programs (including both ADN and LVN-to-ADN programs) (41.2%, n=6,226).
- No students were reported to have completed a 30-unit option program.

Table 14. Nursing Student Completions by Program Type

Program Type	%	#
ADN	40.0%	6,051
LVN-to-ADN	1.2%	175
BSN	53.9%	8,139
ELM	4.9%	745
Total	100.0%	15,110
ELM Postlicensure	-	268
30-unit option students	-	-

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 75.4% (n=10,865) of students who completed a pre-licensure nursing program were from minority ethnic groups. This is a little higher than last year, when 72.3% of completing students were from minority ethnic groups.
- This proportion was similar across most program types. ELM programs had the largest proportion of students from ethnic minorities (77.7%, n=562) and LVN-to-ADN and BSN programs had the smallest (75.0% each, n=126 and n=5,904 respectively).
- Generic ADN programs have the greatest share of Hispanic student completions (38.8%, n=2,197). ELM pre-licensure programs have the greatest proportion of African American (9.7%, n=70) and BSN programs have the greatest proportion of other Asian (27.2%, n=2,138).

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

Race/Ethnicity	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
Native American	0.8%	0.6%	0.3%	0.4%	0.5%	0.0%
South Asian	4.9%	1.8%	2.1%	0.8%	3.1%	0.0%
Filipino	7.5%	6.5%	4.8%	4.3%	5.8%	0.9%
Hawaiian	0.1%	1.2%	0.7%	1.0%	0.5%	25.1%
Other Asian	10.9%	17.3%	27.2%	23.4%	20.5%	1.3%
Other Pacific Islander	0.7%	0.6%	0.3%	0.8%	0.5%	0.0%
African American	4.7%	6.0%	4.0%	9.7%	4.6%	10.0%
Hispanic	38.8%	31.0%	28.6%	32.1%	32.8%	32.5%
Multi-race	5.2%	9.5%	6.6%	5.3%	6.0%	6.9%
Other	1.9%	0.6%	0.5%	0.0%	1.0%	0.0%
White	24.5%	25.0%	25.0%	22.3%	24.6%	23.4%
Total	5,659	168	7,869	723	14,419	37
Ethnic Minorities	75.5%	75.0%	75.0%	77.7%	75.4%	76.6%
# Unknown/ unreported	392	7	270	22	691	231

*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

- 21.5% (n=3,190) of all students who completed a pre-licensure nursing program were male.
- BSN programs had the largest share of male students (22.7%, n=1,828), while LVN-to-ADN programs had the smallest share (15.9%, n=27).

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

Gender	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
Male	20.5%	15.9%	22.7%	18.0%	21.5%	17.7%
Female	79.4%	84.1%	77.3%	81.7%	78.4%	80.7%
Other	0.1%	0.0%	0.0%	0.3%	0.1%	1.6%
Total	5,848	170	8,066	744	14,828	249
# Unknown/ unreported	203	5	73	1	282	19

Age Distribution of Students Who Completed a Nursing Program

- 91.4% (n=13,298) of students completing a nursing program in 2023-24 were younger than 41 years of age when they completed their program.
- People 41 years and older accounted for just 8.6% (n=1,251) of completions from all prelicensure programs.
- LVN-to-ADN programs have the highest percentage of people older than 40 years (20.0%, n=35), while prelicensure BSN programs have the highest percentage of people who are less than 41 years of age (93.1%, n=7,244).

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

Age	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
17 – 20 years	1.8%	0.0%	2.6%	0.0%	2.1%	0.0%
21 – 25 years	23.3%	6.3%	39.5%	19.2%	31.5%	4.5%
26 – 30 years	29.0%	25.7%	27.8%	44.9%	29.1%	36.9%
31 – 40 years	35.3%	48.0%	23.3%	28.6%	28.7%	48.6%
41 – 50 years	8.8%	17.1%	5.9%	6.0%	7.2%	7.3%
51 – 60 years	1.6%	2.9%	0.9%	1.2%	1.2%	2.8%
61 years and older	0.3%	0.0%	0.1%	0.0%	0.2%	0.0%
Total	5,847	175	7,783	744	14,549	179
# Unknown/ unreported	204	0	356	1	561	99

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 1,684 students who completed their programs in 2024-24 had an accommodation for a declared disability—11.2% of all completions.
- Only 44 schools (30.8%) reported that their school collects student disability data as part of the admissions process. Nonetheless, 120 programs representing 116 schools provided data for this series of questions.
- Exam accommodations (86.4%, n=1,455) was the most commonly provided accommodation, followed by priority registration (23.9%, n=402), and disability-related counseling/referral (22.4%, n=378) and academic counseling and advising (22.1%, n=373).
- “Other” responses from written text comments included: preferred seating, direct assistance with clinical tasks, extended time for class re-assignments, recorded lecture and tutoring, breaks during exams, and classroom accommodations.

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

Accommodations	ADN	LVN to ADN	BSN	ELM	Total
Exam Accommodations (Modified/Extended Time/Distraction Reduced Space)	94.1%	81.8%	78.6%	75.3%	86.4%
Priority Registration	42.4%	27.3%	0.0%	9.1%	23.9%
Disability-Related Counseling/Referral	31.1%	72.7%	0.0%	42.0%	22.4%
Academic Counseling/Advising	39.6%	100.0%	0.0%	3.7%	22.1%
Note-Taking Services/ Reader/ Audio Recording/ Smart Pen	33.7%	63.6%	0.0%	29.7%	22.1%
Assistive Technology/ Alternative Format	10.5%	18.2%	0.0%	13.2%	7.4%
Other	9.5%	0.0%	0.0%	12.3%	6.7%
Adaptive Equipment/Physical Space/Facilities	10.9%	27.3%	0.0%	0.9%	6.1%
Interpreter and Captioning Services	1.7%	0.0%	0.0%	0.9%	1.0%
Reduced Courseload	1.1%	0.0%	0.0%	0.0%	0.6%
Service Animals	0.2%	0.0%	0.0%	1.8%	0.4%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of students receiving accommodations	893	11	561	219	1,684

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

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

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 8.1% in 2023-24.
- The overall completion rate for pre-licensure nursing education programs in California was 85.4% in 2023-24.
- ELM programs had the lowest attrition rate (4.5%).
- LVN-to-ADN programs had the highest completion rates (94.7%).
- Generic ADN programs had the highest attrition rate (8.8%) while BSN programs had the lowest on-time completion rate (83.6%) in 2023-24.

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

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Students Scheduled to Complete the Program	6,591	188	8,209	819	15,807
Completed On-time	5,696	178	6,860	764	13,498
Still Enrolled	318	1	698	18	1,035
Total Attrition	577	9	651	37	1,274
Dropped Out	281	4	401	28	714
Dismissed	296	5	250	9	560
Completed Late	532	2	870	10	1,414
On-time Completion Rate	86.4%	94.7%	83.6%	93.3%	85.4%
Attrition Rate	8.8%	4.8%	7.9%	4.5%	8.1%

Note: Seven programs did not provide data on attrition and completion. Five of these programs were new and had no completions. One was on teach-out. One had no completions this year.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity.
- In 2023-24, “Unknown Race” students and Native American students had the lowest attrition rate (6.6% and 6.9% respectively).
- Native American Students had the highest on-time completion rate (91.2%), followed by students of unknown race (88.7%).
- African American students had the lowest on-time completion rate (76.6%) and the highest attrition rate (15.3%).

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

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students Scheduled to Complete the Program	102	3,157	756	958	4,923	3,455	1,053	1,403
Completed On-time	93	2,718	579	825	4,145	2,998	896	1,244
Still Enrolled	2	207	61	54	369	196	79	67
Total Attrition	7	232	116	79	409	261	78	92
Dropped Out	6	115	71	38	222	160	39	63
Dismissed	1	117	45	41	187	101	39	29
Completed Late*	24	429	70	31	431	225	90	114
On-time Completion Rate**	91.2%	86.1%	76.6%	86.1%	84.2%	86.8%	85.1%	88.7%
Attrition Rate***	6.9%	7.3%	15.3%	8.2%	8.3%	7.6%	7.4%	6.6%

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

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

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

Note: Data for traditional and accelerated program tracks are combined in this table.

*Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.

Note: Seven programs did not provide data on attrition and completion. Five of these programs were new and had no completions. One was on teach-out. One had no completions this year.

Employment of Recent Nursing Program Graduates

- Nursing schools reported that 86.5% of their recent RN graduates employed in nursing were employed in California.
- Program directors were asked to report the employment location of recent graduates from their program. Program directors may not have accurate information about all graduates, so these estimates are likely to include some error.
- Across all programs, 67.2% of recent RN prelicensure program graduates employed in nursing in October 2024 were reported to be working in hospitals.
- Post-licensure graduates of ELM programs were the most likely to work in hospitals (75.0%) while graduates of LVN-to-ADN programs were the least likely (66.1%).
- 3.5% of recent nursing program graduates were not yet licensed.
- Statewide, programs reported that 2.5% of nursing graduates from the prior academic year were unable to find employment by October 2024, up slightly from 1.7% in October 2023.
- The employment setting was unknown for an average of 12.9% of recent graduates of the 135 schools who gave any breakdown of graduate employment. Eleven additional schools reported that the employment of 100% of their graduates was unknown.
- In 2023-24, other employment settings provided in text comments included corrections, schools, hospitals, Cal Fire, hospice, psychiatric/mental health facilities, “not working due to personal reasons”, “not looking for work due to personal and medical reasons”, “not employed – taking a break for self-care”, RN staffing agency, working as a missionary, or staying at home with children and not working in nursing.

Table 21. Employment of Recent Nursing Program Graduates

Employment Site	ADN	LVN-to-ADN	BSN	ELM	Total	ELM Post-licensure
Hospital	67.8%	66.1%	66.6%	66.6%	67.2%	75.0%
Long-term care facility	4.5%	9.1%	3.5%	0.7%	4.0%	0.0%
Community/Public Health Facility	3.9%	4.0%	4.4%	5.7%	4.2%	8.3%
Other Healthcare Facility	3.9%	8.7%	3.7%	7.8%	4.3%	4.2%
Pursuing additional nursing education	5.3%	1.5%	0.6%	1.1%	3.3%	0.0%
Participating in a new graduate residency (paid)	8.6%	3.0%	7.2%	15.5%	8.5%	0.0%
Participating in a new graduate residency (unpaid)	0.1%	0.0%	0.3%	0.0%	0.2%	0.0%
Unable to find employment	2.6%	2.6%	2.6%	1.0%	2.5%	0.0%
Not yet licensed	2.5%	5.1%	5.7%	0.9%	3.5%	0.0%
Other setting	0.8%	0.0%	5.6%	0.6%	2.3%	12.5%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2023-24, on average, the employment setting was unknown for 12.9% of recent graduates. 135 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was \$25,638, a decrease from last year's average of \$33,734.
- Private school graduates had an average debt load of \$55,050, while public school graduates averaged \$11,106. These are both much lower than last year's averages because of the large number of schools that reported \$0 in tuition.
- ELM students had the highest average debt load, and ADN students had the lowest average debt load.
- ELM graduates may incur more debt for a number of reasons. 1) there are more scholarships and loan assistance programs available for undergraduate programs, 2) ELM amounts provided may include debt from prior BSN program attendance, and 3) while ELM students may finish the prelicensure segment of their program quickly, it may take many additional semesters or quarters to complete their degree, depending on the concentration.

Table 22. Student Debt Load by Program Type and Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Student Debt	\$11,779	-	\$31,443	\$88,833	\$25,638
Private	\$47,361	-	\$47,131	\$94,280	\$55,050
Public	\$5,758	-	\$10,912	\$81,209	\$11,106
Number of private programs reporting	11	0	24	7	42
Number of public programs reporting	65	0	15	5	85

*Seventeen programs, ten of them at community colleges, reported "\$0" in student debt. Another 28 listed no data for this question. Those schools with averages student debt of "\$0" are averaged into this table.

Table 23. Average Annual In-State Tuition and Fees by Program Type and Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Tuition & Fees	\$10,041	\$1,306	\$40,243	\$62,617	\$24,966
Private	\$49,829	-	\$56,732	\$69,608	\$57,117
Public	\$5,758	\$1,306	\$18,995	\$50,034	\$7,864
Number of private programs reporting	11	0	24	7	42
Number of public programs reporting	64	1	15	5	85

**Two programs, both of them at private colleges, reported "\$0" in tuition. Eleven programs, all but one of them at public colleges and universities, provided no data for this question.

Table 24. Average Annual Cost of Attendance by Program Type and by Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Cost	\$12,685	\$3,403	\$44,314	\$56,669	\$27,022
Private	\$52,094	-	\$62,497	\$57,700	\$58,721
Public	\$5,022	\$3,403	\$20,183	\$54,814	\$10,339
Number of private programs reporting	11	0	24	7	42
Number of public programs reporting	65	1	15	5	86

*Ten programs, eight of them at public colleges and universities, provided no data for this question.

Time to Complete

- The overall average number of weeks per semester was 16.2. The average number of weeks per quarter was 10.8.
- Most programs are on a semester schedule (87.7%, n=136). A few are on a quarter schedule (12.3%, n=19).
- While the majority of ELM programs, like ADN and BSN programs, were on the semester system, a large minority of ELM programs used the quarter system (35.7%, n=5).

Table 25. Type of Schedule by Program Type

	GADN	LVN-to-ADN	BSN	ELM	Total
Semester	93.3%	100.0%	83.0%	64.3%	87.7%
Quarter	6.7%	0.0%	17.0%	35.7%	12.3%
Total	100%	100%	100%	100%	100%
Number of programs reporting	89	5	47	14	155

- In 2023-24, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 26 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported overall averages for their programs.

Table 26. Average Time to Completion by Schedule and Program Type

	ADN	LVN-to-ADN	BSN	ELM min	ELM max
Time to Completion for Full-Time Generic Students					
Average time to completion, semesters	4.2	2.0	6.2	7.0	7.8
Average time to completion, quarters	7.7		13.4	7.8	8.6
Number of programs reporting	88	5	47	14	14
Time to Completion for Full-Time Accelerated Students					
Average time to completion, semesters	2.6	-	5.1	-	-
Average time to completion, quarters	4.5	-	9.2	-	-
Number of programs reporting	40	-	22	-	-

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

- Respondents with ADN programs were asked to rank common reasons ADN graduation was delayed.
- The most highly ranked reason was “student had personal issue(s) that required time away from school” (average score 1.6) and “student had to repeat one or more courses to pass / progress” (average score 2.0).
- Write-in answers for “other” included: courses offered annually only, financial problems, mental and physical health issues, medical/maternity leave, and English language comprehension and communication.
- Reasons for selecting “not applicable” for some or all of the categories in this question included: “only 1 student d/t high risk pregnancy”, “No one takes longer than scheduled time to complete the program”, “No students were delayed”, “All students completed on time for 2023-2024”, “First cohort started January 2024, we do not have this data yet”, and “cheating and plagiarism”.

Table 27. Reasons for Delayed Completion, ADN Students Only

Reasons	rank
Student had personal issue(s) that required time away from school	1.6
Student had to repeat one or more courses to pass/progress	2.0
Student changed course of study	4.6
Unable to obtain a required course(s) to progress	4.9
Inadequate academic advising	4.9
Required pre-requisite or required course not offered	5.3
Other	6.1
Number of programs reporting	82

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

Satellite Campuses and Completion

Twenty-one programs (representing 19 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus. Twelve programs (representing 10 schools) reported just one satellite campus each. Four programs (representing four schools) reported two satellite campuses each. Four programs representing three schools reported satellite locations in three different counties, and one school listed satellite campuses in four counties.

Fifteen of the twenty-one programs reported satellite campuses in a different *region* than their main campus.

A total of 3,110 students from satellite campuses completed in 2023-24.

Satellite data were collected to allow researchers to prepare regional projections.

Faculty Data

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

Full-Time and Part-Time Faculty Data

- On October 15, 2024, there were 5,990 nursing faculty.³ More than two-thirds were part-time faculty (70.7%, n=4,236).
- The faculty vacancy rate in pre-licensure nursing programs was 9.8%, which is close to last year's rate of 9.7%. The vacancy rate among full-time faculty (13.0%) was higher than that of part-time faculty (8.5%), but both were similar to last year's vacancy rates.

Table 28. Total Faculty and Faculty Vacancies

Faculty Type	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	5,990	652	9.8%
Full-time Faculty	1,754	261	13.0%
Part-time Faculty	4,236	391	8.5%

The vacancy rate is calculated by dividing the number of vacancies by the sum of existing faculty and vacancies.

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

- In 2023-24, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 41.1% (n=60) of 146 schools responding agreed. These 60 schools were asked to rank the reason for this shift. Fifty-six schools ranked reasons.
- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions. This has not changed since last year.
- “Other” reasons from text comments included the following:
 - “Increased need due to hospital requirements for lower student to faculty ratio in clinicals.”
 - “Required multiple part time faculty to facilitate individual clinical experiences and labs due to part time faculty schedule conflicts.”
 - “Restrictions by Ed Code on how many units can be taught by each part-time faculty member combined with an increase in the number of clinical sections due to group size restrictions.”
 - “No BSN or MSN programs in our area; only online options.”
 - “Planned program growth; addressing faculty shortages.”
 - “Retirement or resignation of FT faculty, and faculty on sabbatical. Takes time to back-fill, so hire PT to cover.”
 - “Redesign of the skills and simulation labs”
 - “The clinical workload requires more human resources.”

Table 29. Reasons for Hiring More Part-Time Faculty

	Average Rank*	# of schools ranking
Non-competitive salaries for full time faculty	2.9	56
Shortage of RNs applying for full time faculty positions	3.3	56
Insufficient number of full time faculty applicants with required credential	3.8	56
Need for part-time faculty to teach specialty content	4.2	56
Insufficient budget to afford benefits and other costs of FT faculty	5.0	56
Private, state university or community college laws, rules or policies	6.1	56
Need for faculty to have time for clinical practice	6.3	56
To allow for flexibility with respect to enrollment changes	6.9	56
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.8	56
Other	8.8	56

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

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

Table 30. Funding of Faculty Positions

Funding Source	% Full-time Faculty	% Part-time Faculty
Budgeted positions	95.6%	92.5%
100% external funding	1.7%	2.9%
Combination of the above	2.7%	4.6%
Total Faculty	1,737	4,136
Unknown	17	100

- The majority of faculty (64.8%) teach clinical courses only. A smaller proportion (25.1%,) of faculty teaches both clinical and didactic courses, while fewer faculty teach only didactic courses (10.1%).

Table 31. Faculty Teaching Assignments

Course Type	% All Faculty
Clinical courses only	64.8%
Didactic courses only	10.1%
Clinical & didactic courses	25.1%
Total Faculty	100.0%

- 96 of 146 schools (65.8%) reported that faculty in their programs work an overloaded schedule, and 96.9% (n=93) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 36.6% (n=53) of schools reported that their externally funded positions will continue to be funded for the 2024-25 academic year.
- If these positions are not funded, schools reported that they would be able to enroll 18,688 students in pre-licensure RN programs in the next year, which would actually be 101.5% of the current number of students.

Table 32. External Funding for Faculty Next Year

Category	% of Schools	# of Schools
Will continue	36.6%	53
Will not continue	9.7%	14
Unknown	53.8%	78
Not applicable	2.8%	4
Number of schools reporting		145

Faculty Demographic Data

- Like last year, more than half of faculty were non-white (53.3%, n=2,874). Most faculty were female (82.7%, n=4,759). Sixty-four percent of faculty (n=3,550) were 41 years of age or older.

Table 33. Faculty Ethnicity

Race/Ethnicity	% of Faculty	# of Faculty
Native American	0.6%	34
South Asian	6.4%	342
Filipino	7.0%	378
Other Asian	9.2%	491
Hawaiian	1.0%	55
Other Pacific Islander	0.1%	7
African American	9.1%	489
Hispanic	15.2%	817
Multi-race	4.1%	218
Other	0.8%	43
White	46.4%	2,492
Number of faculty	100.0%	5,366
Ethnic Minorities*	53.6%	2,874
Unknown/unreported		624

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

Table 34. Faculty Gender

Gender	% of Faculty	# of Faculty
Men	17.3%	996
Women	82.7%	4,759
Other	0.1%	3
Number of faculty	100.0%	5,758
Unknown/unreported		232

Table 35. Faculty Age

Age	% of Faculty	# of Faculty
30 years or younger	7.2%	399
31 – 40 years	28.7%	1,589
41 – 50 years	26.1%	1,447
51 – 55 years	14.4%	795
56 – 60 years	9.3%	516
61 – 65 years	8.2%	453
66 – 70 years	4.1%	225
71 years and older	2.1%	114
Number of faculty	100.0%	5,538
Unknown/unreported		452

Faculty Education

- On October 15, 2024, almost all full-time faculty (93.8%, n=1,646) held a master's or doctoral degree, while only 60.7% (n=2,447) of part-time faculty held a graduate degree.
- 9.2% of all active faculty (n=549) were reported to be pursuing an advanced degree as of October 15, 2024.

Table 36. Highest Level of Education of Faculty

Type of Degree	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	1.6%	4.0%
Baccalaureate degree in nursing (BSN)	4.4%	34.8%
Non-nursing baccalaureate	0.2%	0.4%
Master's degree in nursing (MSN)	54.8%	47.7%
Non-nursing master's degree	1.7%	2.8%
PhD in nursing	12.0%	2.8%
Doctorate of Nursing Practice (DNP)	20.1%	6.6%
Other doctorate in nursing	1.9%	0.3%
Non-nursing doctorate	3.2%	0.7%
Number of faculty reported	1,755	4,019
Unknown/unreported	-1	217

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

Recruiting Diverse Faculty

- Program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was sharing school and program goals and commitments to diversity (80.4%), followed by highlighting campus and community demographics (76.2%), and sharing faculty development and mentoring opportunities (64.3%).
- “Other” written text comments included: word of mouth, recruiting prior graduates who have gone on to work in the community, referrals from clinical partners, holding an open house to which nurses in the community were invited, using job postings to various platforms (n=3), highlighting the HEED Award for Diversity on the campus website, discussing stipend and salary advancement with the President and VPI, and “We do not have strategies to recruit diverse prelicensure faculty”.

Table 37. Strategies for Recruiting Diverse Faculty

Strategies	% of Schools	# of Schools
Share program/school goals and commitments to diversity	80.4%	115
Highlight campus and community demographics	76.2%	109
Share faculty development and mentoring opportunities	64.3%	92
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	62.2%	89
Showcase how diversity issues have been incorporated into the curriculum	42.7%	61
Highlight success of faculty, including faculty of color	41.3%	59
Use of publications targeting minority professionals (e.g. Minority Nurse)	27.3%	39
Other	8.4%	12
External funding and/or salary enhancements (e.g. endowed lectureship)	4.2%	6
Number of schools that reported		143

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (92.3%) and program policies (85.2%) and were the most frequently reported methods used to prepare part-time faculty to teach.
- “Other” written text comments included: hospital orientation, mentorship, review of faculty and student handbooks, ongoing huddles, Clinical Essentials Online Course/NLN Competencies for Clinical Nurse Educators, Reimbursement of Certified Nurse Educators, ATI Professional Development Modules, orientation with the director, and clinical and course orientation with lead faculty.

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

Methods	% of Schools	# of Schools
Faculty orientation	92.3%	131
Program policies	85.2%	121
Mentoring program	73.2%	104
Administrative policies	73.9%	105
Specific orientation program	65.5%	93
Teaching strategies	64.8%	92
Curriculum review	61.3%	87
External training program	14.1%	20
Other	10.6%	15
None	0.7%	1
Number of schools that reported		142

Faculty Attrition

- Nursing schools reported 246 full-time and 408 part-time faculty members as having retired or left the program in 2023-4.
- Schools reported that an additional 171 faculty members (79 full-time and 92 part-time) are expected to retire or leave the school in 2024-25.
- The most frequently cited reason for a full-time faculty member leaving the program in 2023-24 was retirement (58.6%, n=51), followed career advancement, salary/benefits, and relocation of spouse or other family obligation (each at 16.1%, n=14). The most common reason for a part-time faculty member leaving the program was career advancement (35.4%, n=29), followed by return to clinical practice (31.7%, n=26).
- Layoffs for budgetary reasons (0%, n=0) was the least common reason reported for full or part-time faculty leaving their positions.
- “Other” reasons for full-time faculty leaving reported in text comments included: dissatisfaction with performance appraisal, job dissatisfaction, unsustainable commute, assignment moved to another college, discipline issue, retirement, teaching in other programs within the school of nursing, and summers off.
- “Other” reasons for part-time faculty leaving reported in text comments included: work/life balance, taking a break from teaching, military service, commute issues with increased number of in-person courses, not available to work when needed and separated from institution, quit to eliminate second job.

Table 39. Reasons Faculty Leave Their Positions

Reasons	Full-time Faculty		Part-time Faculty	
	% of Schools	# of Schools	% of Schools	# of Schools
Retirement	58.6%	51	18.3%	15
Career advancement	16.1%	14	35.4%	29
Salary/Benefits	16.1%	14	18.3%	15
Relocation of spouse or other family obligation	16.1%	14	23.2%	19
Return to clinical practice	14.9%	13	31.7%	26
Termination (or requested resignation)	11.5%	10	17.1%	14
Resigned for unknown reasons	12.6%	11	26.8%	22
Layoffs (for budgetary reasons)	0.0%	0	0.0%	0
Workload	4.6%	4	17.1%	14
Personal health issues	14.9%	13	20.7%	17
Workplace climate	6.9%	6	2.4%	2
Other	9.2%	8	11.0%	9
Number of schools that reported		87		82

- In 2023-24, twenty-six schools reported that 42 active faculty went from full-time to part-time.
- The main reason schools reported for faculty going from full-time to part-time schedules was family obligations (40.0%, n=10) and Other (32.9%, n=13).
- “Other” reasons provided in text comments included: unsustainable commute, found a fulltime position elsewhere with higher pay and lower workload, went to another program, hired at another college as tenure track, and personal issues.

Table 40. Reasons Faculty Go from Full-Time to Part-Time

Reasons	% of Schools	# of Schools
Family obligations	40.0%	10
Other	32.0%	8
Return to clinical practice	24.0%	6
Preparing for retirement	16.0%	4
Personal health issues	12.0%	3
Workload	12.0%	3
Workplace climate	4.0%	1
Child care challenges due to childcare/ school closures	0.0%	-
Requested by Program Due to budgetary reason	0.0%	-
Number of schools that reported		26

Faculty Hiring

- 125 schools reported hiring a total of 1,430 faculty members (265 full-time and 1,063 part-time) between August 1, 2023, and July 31, 2024. (The time-base of 102 faculty was not recorded.)
- Thirty-six percent (36.7%, n=525) of these **newly hired faculty** had less than one year of teaching experience before they took the faculty position.
- The **majority of schools** (69.6%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching at another nursing school or experience teaching as a nurse educator in a clinical setting (67.2%). Another 24.8% experienced student teaching while in graduate school.
- However, 59.2% of schools also noted newly hired faculty with no teaching experience.
- “Other” characteristics described by respondents in text comments included “no teaching experience in the clinical setting”, alumni from nursing program, simulation experience, attended CNE training through Benner, preceptor of new RNs, and preceptor for BSN nursing students in clinical setting.

Table 41. Characteristics of Newly Hired Faculty

Characteristics	% of Schools	# of Schools
Experience teaching as a nurse educator in a clinical setting	69.6%	87
Experience teaching at another nursing school	67.2%	84
No teaching experience	59.2%	74
Completed a graduate degree program in last two years	53.6%	67
Experience student teaching while in graduate school	24.8%	31
Experience teaching in a setting outside of nursing	24.0%	30
Other	5.6%	7
Number of schools that reported		125

- Six schools (4.1%) reported they were under a hiring freeze for active faculty at some point between August 1, 2023 and July 31, 2024, and four of these schools (66.7% of schools under a hiring freeze) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

- The most common reason for hiring new fulltime faculty was to replace faculty that had left or retired (77.8%). This was the top reason for schools with all program types.
- To fill reduce faculty workload and program expansion tied for the second most common reason overall (29.6%).
- “Other” reasons for hiring faculty provided in text comments included hiring for specific clinical or content expertise (n=7), new program or campus (n=2), requirements for smaller clinical groups necessitating more instructors, covering full-time faculty on maternity leave, “Replaced faculty that we chose not to rehire”, “To replace faculty that switched to teaching other programs within the school of nursing”, “To address student success & retention items”, “To fill open part-time clinical teaching positions”, “This person was hired as the Interim Program Director”, and “Adjunct Clinical Instructors, Full-Time Lead Instructors”.

Table 42. Reasons for Hiring Faculty

Reasons	ADN	BSN	ELM	All Schools	# of Schools
To replace faculty that retired or left the program	78.5%	77.3%	75.0%	77.8%	105
To reduce faculty workload	26.6%	31.8%	41.7%	29.6%	40
Due to program expansion	27.8%	34.1%	25.0%	29.6%	40
To fill longstanding faculty vacancies (positions vacant for more than one year)	30.4%	22.7%	41.7%	28.9%	39
Other	17.7%	6.8%	25.0%	14.8%	20
To hire faculty with specific experience in virtual &/or simulation education	5.1%	13.6%	8.3%	8.1%	11
To hire faculty with specific experience in online teaching	5.1%	4.5%	0.0%	4.4%	6
Number of schools that reported	79	44	12	135	

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

Barriers to Recruiting Faculty

- Non-competitive salaries (66.2%) was the primary barrier for schools overall, followed by insufficient number of faculty applicants with required credentials (63.4%).
- Overall shortage of RNs was a distant third at 32.4% of schools.
- “Other” reasons given in text comments included: scheduling conflicts with primary nursing jobs, inability to compete with hospital wages, geographic location (long commute from the nearest major city), low wages compared to industry and regional academic institutions, difficulty finding nurses willing to teach for a public college, childcare costs, allowable number of faculty per community college rules re: part-time faculty allotment, availability of qualified faculty, and time it takes to recruit and get positions approved by the district.

Table 43. Barriers to Recruiting Faculty

Barriers	% of Schools	# of Schools
Non-competitive salaries	66.2%	96
Insufficient number of faculty applicants with required credentials	63.4%	92
Overall shortage of RNs	32.4%	47
Workload (not wanting faculty responsibilities)	28.3%	41
BRN rules and regulations	23.4%	34
Private, state university or community college laws, rules or policies	17.2%	25
Housing costs	13.1%	19
No barriers	9.7%	14
Other	6.9%	10
Number of schools that reported		145

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

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (56.3%), followed by psychiatry/mental health (47.2%) were the most difficult areas for which to recruit new active faculty. This finding is similar to last year's findings.
- 22.9% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty. This is roughly twice the number that reported this last year.
- Other categories mentioned in text comments were simulation coordinator and director.

Table 44. Difficult to Hire Clinical Areas

Clinical Area	% of Schools	# of Schools
Pediatrics	56.3%	81
Psych/Mental Health	47.2%	68
Obstetrics/Gynecology	43.1%	62
Medical-surgical	19.4%	28
Geriatrics	4.9%	7
Critical Care	5.6%	8
Community Health	4.2%	6
Other	3.5%	5
No clinical areas	22.9%	33
Number of schools that reported		144

Faculty Salaries

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

Table 45. 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	\$ 79,918	\$ 96,140	\$ 90,861	\$ 118,074
10 months	\$ 78,208	\$111,152	\$ 88,778	\$ 127,337
12 months	\$ 89,447	\$103,887	\$ 94,050	\$ 123,430
Other	\$ 84,129	\$124,152	\$ 97,378	\$ 162,048

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA (81.2% of programs) and score on pre-enrollment assessment tests (80.5% of programs) were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Personal statement (92.3%), a letter of reference and holistic review (each 84.6%) were also important factors in admission for many ELM programs, in addition to minimum/cumulative GPA (100.0%).
- “Multi-criteria screening as defined in California Assembly Bill 548” was an important factor for more than half of generic ADN programs (64.0%) and LVN-to-ADN programs (40.0%), but not for BSN or ELM programs. This legislation applies specifically to community colleges.
- Other admission criteria described by respondents in text comments included essays, pre-enrollment assessment test (HESI), languages spoken, statement on philosophy of nursing, background check, veteran status, and panel interview.

Table 46. Admission Criteria by Program Type

Admission Criteria	ADN	LVN -to- ADN	BSN	ELM	All Programs
Minimum/Cumulative GPA	71.9%	100.0%	91.5%	100.0%	81.2%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	93.3%	80.0%	74.5%	23.1%	80.5%
Completion of prerequisite courses (including recency and/or repetition)	79.8%	80.0%	76.6%	0.0%	72.1%
Minimum grade level in prerequisite courses	66.3%	60.0%	66.0%	69.2%	65.6%
Letter of reference/recommendation	5.6%	0.0%	42.6%	84.6%	61.0%
Health-related work experience	48.3%	40.0%	51.1%	46.2%	48.7%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	64.0%	40.0%	0.0%	0.0%	38.3%
Personal statement	20.2%	20.0%	44.7%	92.3%	33.1%
Lottery	34.8%	20.0%	0.0%	0.0%	23.4%
Holistic Review	0.0%	0.0%	53.2%	84.6%	23.4%
Science GPA	65.2%	20.0%	57.4%	69.2%	22.7%
Interview	10.1%	20.0%	40.4%	53.8%	20.8%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	25.8%	40.0%	0.0%	0.0%	16.2%
Other	12.4%	20.0%	27.7%	0.0%	16.2%
Geographic location	3.4%	0.0%	19.1%	7.7%	8.4%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	89	5	47	13	154

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (79.5%, n=120) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.
- Only generic ADN programs used random selection (27.9%) and modified random selection (19.8%). No LVN-to-ADN, BSN or ELM programs used these selection criteria.
- ELM programs frequently reported using the interview (53.8%) and goal statement (38.5%) as selection criteria.
- Other selection criteria described by respondents in text comments included descriptions of admission criteria (multicriteria screening, lottery, holistic review, TEAS scores, GPA, etc.) Other selection criteria included: “We only accept applications for 1 week; stamped by US postal service,” and “If space is limited & students are tied by ranking, selection is based on date application was submitted”.

Table 47. Selection Criteria for Qualified Applications by Program Type

Selection Criteria	ADN	LVN -to- ADN	BSN	ELM	All Programs
Ranking by specific criteria	74.4%	60.0%	87.2%	92.3%	79.5%
Interviews	10.5%	20.0%	34.0%	53.8%	21.9%
Random selection	27.9%	0.0%	0.0%	0.0%	15.9%
Modified random selection	19.8%	0.0%	0.0%	0.0%	11.3%
First come, first served (based on application date for the quarter/semester)	8.1%	0.0%	14.9%	7.7%	9.9%
Goal statement	3.5%	0.0%	14.9%	38.5%	9.9%
Other	10.5%	0.0%	6.4%	7.7%	8.6%
First come, first served from the waiting list	4.7%	0.0%	4.3%	0.0%	4.0%
Number of programs reporting	86	5	47	13	151

Waiting List

- Nineteen respondents reported having a waiting list. These respondents reported a total of 956 students on a waiting list, including 114 LVN-to-ADN students on a waiting list for a generic ADN program. This is 336 fewer students on waiting lists than last year when there were 1,292 students on a waiting list, indicating a steady decrease in the number of students on a waiting list since 2020-21, the height of the pandemic, when there were 3,052 students.
- Respondents from these 19 programs described how long they keep students on a waiting list. Students typically spent about a semester waiting to get into an ELM program or BSN program, and an average of three semesters to get into a generic ADN program. Students waiting to get into an LVN-to-ADN only program could expect to wait two semesters. and those waiting to get into an LVN-to-ADN track within a generic ADN program could expect to wait an average of 3.9 semesters.
- Few programs were on a quarter system, but among those, students waiting to get into a generic ADN program could expect to wait two quarters, LVN-to-ADN students waiting to get into a generic ADN program could expect to wait three quarters, and those waiting to get into a BSN program could expect to wait one semester.

Table 48. Waiting Lists by Program Type

All Programs	LVN-to-				Total
	ADN	ADN	BSN	ELM	
Qualified applicants on a waiting list	411	74	113	244	842
<i>Qualified LVN-to-BSN applicants on a waiting list for a BSN program</i>	-	-	-	-	-
<i>Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program</i>	114	-	-	-	114
Number of programs responding	13	1	7	3	24
Programs on the Semester System					
Average number of semesters to enroll after being placed on the waiting list	3.0	2.0	0.8	1.0	1.8
<i>Average number of semesters to enroll after being placed on the waiting list--LVN-to-BSN</i>	-	-	-	-	-
<i>Average number of semesters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program</i>	3.9	-	-	-	3.9
Number of programs responding	9	1	4	1	15
Programs on the Quarter System					
Average number of quarters to enroll after being placed on the waiting list	2.0	-	1.0	-	1.5
<i>Average number of quarters to enroll after being placed on the waiting list--LVN-to-BSN</i>	-	-	-	-	-
<i>Average number of quarters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program</i>	3.0	-	-	-	3.0
Number of programs responding	2	-	2	-	4

- The nineteen respondents with waitlists described how long they keep applicants on their waiting list:⁴ 57.9% (n=11) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, 21.1% (n=4) keep students on the waiting list until they are admitted, three (15.8%) reported keeping students on for two application cycles, and another 15.8% (n=3) gave some other cycle.
- While all BSN programs and most ELM programs keep students on the waitlist until the subsequent application cycle is complete and all spaces are filled, ADN programs were almost evenly spread over the various options.
- “Other” answers to how long students stay on the waiting list described by respondents included “12 months”, “start of academic program”, and “students must reapply if they are not brought up from that year’s admission lottery. We only admit in the fall semester”.

Capacity for Program Expansion

- All programs project an increase in enrollment over the next two years.
- ELM and BSN programs projected the most enrollment growth, while BSN programs projected more modest enrollment growth, and LVN-to-ADN programs projected very minimal growth.

Table 49. Current and Projected New Student Enrollment by Program Type

Student Enrollment	LVN-to-				Total
	ADN	ADN	BSN	ELM	
2022-2023 new student enrollment	7,500	186	9,848	884	18,418
2023-2024 projected student enrollment	8,398	189	10,006	1,003	19,596
<i>Expected 2023-2024 enrollment as % of 2022-2023 enrollment</i>	112.0%	101.6%	101.6%	113.5%	106.4%
2024-2025 projected student enrollment	8,774	189	10,813	1,047	20,823
<i>Expected 2024-2025 enrollment as % of 2022-2023 enrollment</i>	117.0%	101.6%	109.8%	118.4%	113.1%

⁴ Some programs reported on both ADN and LVN-to-ADN students within a generic ADN program.

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 61.9% (n=96) of programs. This is similar to last year's results.
- Non-competitive faculty salaries and an insufficient number of qualified clinical faculty (both 44.5%, n=69), were the second most commonly cited barriers.
- Questions about COVID as a barrier to program expansion were removed this year due to the decreasing relevance of these questions over the last two years.
- Of the 155 programs that responded, 14.2% of programs (n=22) reported no general barriers to expansion.
- Other barriers to program expansion described by respondents in written comments include: BRN regulations and caps on admission (n=10), restrictions on the number of students that can be included in clinical groups (n=3), lack of clinical sites (n=3), school or program closure (n=2), need to improve attrition, lack of funding, waiting for accreditation and NCLEX pass rates to justify expansion.

Table 50. Barriers to Program Expansion by Program Type

Barriers	LVN-to-				Total
	ADN	ADN	BSN	ELM	
Insufficient number of clinical sites	67.4%	100.0%	46.8%	64.3%	61.9%
Insufficient number of qualified clinical faculty	48.3%	40.0%	42.6%	28.6%	44.5%
Faculty salaries not competitive	51.7%	100.0%	31.9%	21.4%	44.5%
Insufficient number of qualified classroom faculty	39.3%	40.0%	29.8%	7.1%	33.5%
Insufficient funding for faculty salaries	42.7%	40.0%	19.1%	14.3%	32.9%
Insufficient number of physical facilities and space for skills labs	32.6%	40.0%	8.5%	14.3%	23.9%
Insufficient number of allocated spaces for the nursing program	28.1%	20.0%	12.8%	14.3%	21.9%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	27.0%	20.0%	12.8%	7.1%	20.6%
Insufficient number of physical facilities and space for classrooms	28.1%	20.0%	6.4%	14.3%	20.0%
No barriers to program expansion	10.1%	0.0%	23.4%	14.3%	14.2%
Other	6.7%	0.0%	19.1%	28.6%	12.3%
Insufficient support for nursing school by college or university	15.7%	20.0%	4.3%	7.1%	11.6%
Insufficient financial support for students	14.6%	0.0%	4.3%	0.0%	9.7%
Number of programs reporting	89	5	47	14	155

Program Expansion Strategies

- All of the 96 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies to mitigate the lack of clinical sites were weekend shifts (83.3%, n=80), twelve-hour shifts (80.2%, n=77), and human patient simulators (65.6%, n=63).
- There were no "other" strategies provided in text comments this year.

Table 51. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

Strategies	LVN-to-				Total
	ADN	ADN	BSN	ELM	
Weekend shifts	78.3%	80.0%	95.5%	88.9%	83.3%
Twelve-hour shifts	80.0%	40.0%	90.9%	77.8%	80.2%
Human patient simulators	63.3%	40.0%	68.2%	88.9%	65.6%
Evening shifts	55.0%	100.0%	72.7%	88.9%	64.6%
Innovative skills lab experiences	65.0%	20.0%	63.6%	77.8%	63.5%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	63.3%	40.0%	59.1%	77.8%	62.5%
Virtual simulation	53.3%	60.0%	63.6%	77.8%	58.3%
Night shifts	33.3%	20.0%	54.5%	66.7%	40.6%
Non-traditional clinical sites (e.g. correctional facilities)	33.3%	20.0%	45.5%	33.3%	35.4%
Regional computerized clinical placement system	41.7%	40.0%	18.2%	33.3%	35.4%
Preceptorships	28.3%	40.0%	40.9%	55.6%	34.4%
Telehealth	10.0%	0.0%	22.7%	11.1%	12.5%
Other	3.3%	0.0%	0.0%	11.1%	3.1%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	60	5	22	9	96

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2023-24 a total of 82 programs (52.9% of 155 programs) reported that they were denied access to a clinical placement, unit, or shift.
- The number of programs reporting a loss of clinical placements, units, or shifts this year is more comparable to pre-pandemic numbers. However, the number of placements, units and shifts lost, and the number of students impacted remain a little high compared to pre-pandemic years' totals.
- 41.5% (n=34) of 82 programs that were denied a clinical placement, unit, or shift were offered an alternative.

Table 52. RN Programs Denied Clinical Space by Program Type

Outcomes	ADN	LVN-to-ADN	BSN	ELM	Total
Programs Denied Clinical Placement, Unit, or Shift	43	2	28	9	82
Percent of all programs	48.3%	40.0%	59.6%	64.3%	52.9%
Programs Offered Alternative by Site	16	2	13	3	34
Placements, Units, or Shifts lost	146	-	238	92	476
Total number of students affected	1,068	24	1,748	771	3,611
Number of programs reporting	89	5	47	14	155

- In addition, 59 programs (38.1% of 155 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2023-24 than in the prior year.

Table 53. RN Programs That Reported Fewer Students Allowed for Clinical Space

	ADN	LVN-to-ADN	BSN	ELM	Total
Fewer Students Allowed for a Clinical Placement, Unit, or Shift	32	2	20	5	59
Total Number of programs reporting	89	5	47	14	155

- Most (67.1%, n=53) programs that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. The next most common areas where placements, units, or shifts were lost were pediatrics and obstetrics (41.8%, n=33).
- No “Other” areas were described in text comments.

Table 54. Clinical Area that Lost Placements, Shifts or Units by Program Type

Clinical Area	LVN-to-				Total
	ADN	ADN	BSN	ELM	
Medical/Surgical	70.0%	100.0%	60.7%	66.7%	67.1%
Obstetrics	37.5%	0.0%	46.4%	55.6%	41.8%
Pediatrics	40.0%	0.0%	42.9%	55.6%	41.8%
Psychiatry/Mental Health	27.5%	100.0%	35.7%	55.6%	35.4%
Preceptorship	30.0%	0.0%	25.0%	33.3%	27.8%
Geriatrics	17.5%	0.0%	21.4%	22.2%	19.0%
Critical Care	12.5%	0.0%	10.7%	22.2%	12.7%
Community Health	2.5%	0.0%	10.7%	22.2%	7.6%
Other	0.0%	0.0%	3.6%	0.0%	1.3%
Number of programs reporting	40	2	28	9	79

Reasons for Clinical Space Being Unavailable

- Programs were asked to provide reasons for clinical space being unavailable. (See Table 55 next page.)
- Competition for clinical space due to increase in number of nursing students in the region (50.0%, n=40) and staff nurse overload or insufficient qualified staff (41.3%, n=33), were the top two reasons for clinical space being unavailable.
- Only one program reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement.
- Respondents provided “other” reasons in text comments, including work stoppage/strike, reduced number of students, contract not reviewed, coordinator forgot to submit request, training/orienting new staff on units, limitation on the number of students at two facilities due to merger, corporate decision—no reason provided, closure of (hospital) resulted in other colleges competing and being prioritized for clinical placement.
- In a separate question, ten out of 155 programs (6.5%) reported providing fee to secure a clinical placement.

Table 55. Reasons for Clinical Space Being Unavailable by Program Type

Reasons	LVN-to-				Total
	ADN	ADN	BSN	ELM	
Competition for clinical space due to increase in number of nursing students in region	53.7%	50.0%	42.9%	55.6%	50.0%
Staff nurse overload or insufficient qualified staff due to other reasons	41.5%	50.0%	39.3%	44.4%	41.3%
Displaced by another program	36.6%	0.0%	35.7%	11.1%	32.5%
Nurse residency programs	22.0%	0.0%	25.0%	55.6%	26.3%
Other clinical facility business needs/changes in policy	17.1%	0.0%	17.9%	22.2%	17.5%
Visit from Joint Commission or other accrediting agency	9.8%	0.0%	21.4%	33.3%	16.3%
Decrease in patient census due to other reasons	17.1%	0.0%	17.9%	0.0%	15.0%
Other	7.3%	0.0%	17.9%	11.1%	11.3%
Closure, or partial closure, of clinical facility	2.4%	0.0%	14.3%	11.1%	7.5%
No longer accepting ADN students*	12.2%	0.0%	0.0%	0.0%	6.3%
Change in facility ownership/management	4.9%	0.0%	7.1%	11.1%	6.3%
Implementation of Electronic Health Records system	7.3%	0.0%	3.6%	0.0%	5.0%
Clinical facility seeking magnet status	4.9%	0.0%	0.0%	0.0%	2.5%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	2.4%	0.0%	0.0%	0.0%	1.3%
Number of programs reporting	41	2	28	9	80

* Not asked of BSN or ELM programs.

- The most commonly reported strategy to address the lost clinical space was replacing the lost space at a different site currently used by the nursing program (59.5%, n=47), replacing or adding lost space with a new site (53.2%, n=42).
- In 2023-24, only 6.3% of programs reported reducing student admissions (n=5). This is an improvement over 2021-22, when 19.6% (n=18) reported reducing student admissions, and 2020-21, when 27.6% (n=35) of programs reported doing so. Prior to the pandemic, reducing student admissions was one of the least frequently mentioned strategies for addressing lost clinical space.
- Other strategies described by respondents in write-in answers included use of a skills lab, and replacement with a unit at a former geriatrics facility.

Table 56. Strategies to Address Lost Clinical Space by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	62.5%	50.0%	57.1%	55.6%	59.5%
Added/replaced lost space with new site	50.0%	0.0%	53.6%	77.8%	53.2%
Replaced lost space at same clinical site	27.5%	100.0%	50.0%	33.3%	38.0%
Clinical simulation	40.0%	0.0%	28.6%	33.3%	34.2%
Reduced student admissions	10.0%	0.0%	3.6%	0.0%	6.3%
Other	2.5%	0.0%	7.1%	0.0%	3.8%
Number of programs reporting	40	2	28	9	79

Alternative Clinical Sites

- 40 programs reported increasing out-of-hospital clinical placements in 2023-24.
- School health services (55.0%, n=22), skilled nursing/rehabilitation facilities (52.5%, n=21), and medical practice, clinic, or physician office (48.7%, n=20), were the top alternative out-of-hospital clinical sites reported by these 39 programs.
- Other placements described by respondents in 2023-24 included: child development center and early learning center, residential care, pediatric clinic, fire authority, and developmental center.

Table 57. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

Alternative Clinical Sites	LVN-to-				Total
	ADN	ADN	BSN	ELM	
School health service (K-12 or college)	47.6%	0.0%	68.8%	50.0%	55.0%
Skilled nursing/rehabilitation facility	42.9%	100.0%	62.5%	50.0%	52.5%
Medical practice, clinic, physician office	52.4%	100.0%	50.0%	0.0%	50.0%
Public health or community health agency	9.5%	0.0%	56.3%	100.0%	32.5%
Outpatient mental health/substance abuse	28.6%	100.0%	31.3%	50.0%	32.5%
Home health agency/home health service	23.8%	0.0%	18.8%	0.0%	20.0%
Surgery center/ambulatory care center	19.0%	0.0%	25.0%	0.0%	20.0%
Urgent care, not hospital-based	14.3%	0.0%	31.3%	0.0%	20.0%
Hospice	14.3%	0.0%	25.0%	0.0%	17.5%
Other	19.0%	0.0%	0.0%	0.0%	12.5%
Renal dialysis unit	14.3%	0.0%	6.3%	0.0%	10.0%
Correctional facility, prison or jail	9.5%	0.0%	0.0%	0.0%	5.0%
Case management/disease management	0.0%	0.0%	6.3%	0.0%	2.5%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	21	1	16	2	40

LVN-to-BSN Education

- Four BSN programs reported an LVN-to-BSN track that exclusively admits LVN students or differs significantly from the generic BSN program offered at the school.
- Of the 889 screened applicants, there were 767 qualified applicants, of whom 369 were admitted for a total of approximately 379 admission spaces.
- Most applications were made to a single online program. Because admission spaces at that program are listed as “999” (unlimited), the number of admitted applicants was used as a proxy for the number of admission spaces.

Table 58. LVN-to-BSN Admission Criteria

Admission Criteria	Percent	Number
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	100.0%	4
Minimum/Cumulative GPA	75.0%	3
Minimum grade level in prerequisite courses	75.0%	3
Completion of prerequisite courses (including recency and/or repetition)	75.0%	3
Health-related work experience	25.0%	1
Personal statement	25.0%	1
Interview	25.0%	1
Science GPA	25.0%	1
Letter of reference/recommendation	25.0%	1
None	0.0%	0
Geographic location	0.0%	0
Lottery	0.0%	0
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	0.0%	0
Other	0.0%	0
Number of programs reporting		4

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

Table 59. LVN-to-BSN Selection Criteria

Selection Criteria	Percent	Number
Ranking by specific criteria	75.0%	3
Interviews	25.0%	1
Goal statement	25.0%	1
First come, first served from the waiting list	25.0%	1
Rolling admissions (based on application date for the quarter/semester)	0.0%	0
Other	0.0%	0
Number of programs reporting		4

LVN-to-ADN Education

- Five nursing programs exclusively offer LVN-to-ADN education.
- Of the 89 generic ADN programs, 50.6% (n=45) reported having a separate track for LVNs and 62.9% (n=56) reported admitting LVNs to the generic ADN program on a space-available basis. (Nineteen programs reported both options.)
- Ten (11.2%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2024, there were a total of 114 LVNs on a generic ADN program waitlist. These programs reported that, on average, it takes 3.9 semesters or 3.0 quarters for an LVN student to enroll in the first nursing course after being placed on the waiting list. (See Table 48.)
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are bridge courses, use of skills lab courses to document competencies, and direct articulation of LVN coursework.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents provided in write-in answers include: NSG 328 for transition of LVNs and Military, partnerships with multiple hospitals, patient care clinical rotation, pharmacology update, assigned student support faculty, ATI Comprehensive PN Exam, refresher labs for entering students, and a mandatory bootcamp for entering advanced placement LVN students.

Table 60. LVN-to-ADN Articulation by Program Type

Articulation	ADN	LVN-to-ADN	BSN	All Programs
Bridge course	64.4%	40.0%	7.9%	46.9%
Use of skills lab course to document competencies	51.7%	80.0%	23.7%	44.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	35.6%	60.0%	36.8%	36.9%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	34.5%	40.0%	31.6%	33.8%
Direct articulation of LVN coursework	34.5%	60.0%	15.8%	30.0%
Other	14.9%	0.0%	34.2%	20.0%
Specific program advisor	13.8%	0.0%	5.3%	10.8%
Number of programs reporting	87	5	38	130

Partnerships

- In 2023-24, eighty-six nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.
- A collaborative program entails a written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.⁵
- In 2023-24, 80.9% of ADN programs and 80.0% of LVN-to-ADN programs reported participating in these partnerships, as did 21.3% of BSN programs. No ELM program reported a partnership.
- All but one of the 72 ADN programs participating in a collaborative program were at community colleges, as were all LVN-to-ADN programs. All but two of the participating BSN programs were at California State universities.

Table 61. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Collaborative/shared programs leading to higher degree	72	4	10	N/A	86
Percent of programs with partnerships	80.9%	80.0%	21.3%	N/A	61.0%
Number of programs reporting	89	5	47	N/A	141

⁵ See Close L, Orlowski C. Advancing Associate Degree in Nursing-to-Baccalaureate Degree in Nursing Academic Progression: The California Collaborative Model for Nursing Education. J Nurs Educ. 2015 Dec;54(12):683-8. doi: 10.3928/01484834-20151110-04. PMID: 26652803.

Professional Accreditation

- For this survey, professional accreditation was defined as “Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.”
- While 55.1% (n=49) of generic ADN programs reported some form of professional accreditation, this number is misleading because none of the “other” accreditations described in text comments were for professional accreditations. In reality, only 37 (41.6%) of ADN programs reported a credible form of professional accreditation.
- No LVN-to-ADN program reported a professional accreditation. 95.7% of BSN and 100% ELM programs reported some form of accreditation. (“Other” is not included in this percentage because none of the write in comments referred to current professional accreditations.)
- 44.9% (n=36) of generic ADN programs reported having ACEN accreditation, while one ADN program had CNEA accreditation (1.1%).
- Most (95.7%, n=44) of BSN programs, and 100.0% (n=14) of ELM programs reported having CCNE accreditation. One BSN program also listed ACEN accreditation and one reported CNEA accreditation (each at 2.2%).
- “Other” professional accreditations listed included ACEN candidacy (n=4, all ADN programs), and one BSN program listed CCNE candidacy. Respondents also listed a number of institutional accreditations, including ACCJC/WASC-JC (n=3), ABHES (n=3), BPPE (n=1), and COE (n=1).

Table 62. Professional Accreditation for Eligible Programs by Program Type

Accreditation	ADN	LVN-to-ADN	BSN	ELM	All Programs
CCNE*	n/a	n/a	95.7%	100.0%	37.7%
Not accredited	44.9%	80.0%	0.0%	0.0%	28.6%
ACEN (formerly NLNAC)	40.4%	0.0%	2.2%	0.0%	24.0%
Other	13.5%	20.0%	4.3%	0.0%	9.7%
CNEA	1.1%	0.0%	2.2%	0.0%	1.3%
Number of programs	89	5	46	14	154

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2022-23, 94.0% of the 14,583 students at California BRN-approved nursing programs who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from ADN programs (95.6%) and lowest for BSN programs (92.8%).

Table 63. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX Pass Rate	95.6%	94.7%	92.8%	93.4%	94.0%
<i># Students that took the NCLEX</i>	5,753	187	8,038	605	14,583
<i># Students that passed the NCLEX</i>	5,499	177	7,462	565	13,703
Number of programs reporting	85	5	46	11	147

- Overall NCLEX pass rates in accelerated programs were similar to those in traditional programs; 93.5% of nursing students in an accelerated track who took the NCLEX for the first time in 2023-24 passed the exam.
- Accelerated ELM and BSN programs had a higher average pass rate than their traditional counterparts, but accelerated ADN programs had slightly lower average pass rate than their traditional counterpart.

Table 64. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX Pass Rate	94.8%	93.3%	95.7%	93.6%
<i># Students that took the NCLEX</i>	173	1,142	69	1,384
<i># Students that passed the NCLEX</i>	164	1,065	66	1,295
Number of programs reporting	10	10	2	22

Clinical Simulation

- 151 out of 155 nursing programs (97.4%) reported using clinical simulation in 2023-24.
 - Four programs reported that they did not use clinical simulation. One of the four programs is new, two did not report using simulation last year, and one previously reported using simulation.
- More than half (56.0%, n=84) of the 151 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.
- The majority of nursing programs' funding for simulation purchase (51.4%), maintenance (59.9%) and faculty development and training (57.4%) came from the school's operating budget.
- Overall, a sizable proportion of funding for purchases, maintenance, faculty development, *and* training came from government grants. Other sources like foundations, private donors, and donors made up a very small proportion of overall funding.
- Other sources of funding for purchases and maintenance described by respondents in text comments included: "Song-Brown Grants" and faculty development funds.

Table 65. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

Sources	Purchases	Maintenance	Faculty Training
Your college/university operating budget	51.4%	59.9%	57.4%
Industry (i.e., hospitals, health systems)	0.6%	0.3%	0.7%
Foundations, private donors	7.9%	3.3%	1.7%
Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	37.8%	33.8%	36.8%
Other	1.9%	2.6%	3.3%
Number of programs reporting	150	151	151

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

- 77.2% (n=115) of 151 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences. This is a decrease from last year, when 88.5% of programs had such policies in place.
- The most common policy or procedure was “Adherence to simulation related Professional integrity requirements”, tied with “Development, use and revision of simulation materials for participants, faculty, and staff”. Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators” was the second most common policy or procedure.

Table 66. Policies and Procedures to Ensure Quality of Simulation

Policies and Procedures	% of programs	# of programs
Adherence to simulation related Professional Integrity requirements	87.8%	101
Development, use and revision of simulation materials for participants, faculty, staff	87.8%	101
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	86.1%	99
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	82.6%	95
Required faculty, staff and participant orientation	74.8%	86
Continuous quality improvement mechanisms used	73.0%	84
Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)	60.9%	70
Other participant requirements related to simulation.	48.7%	56
Number of programs reporting		115

- Most 67.5% (n=102) of 151 programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum. This is more than last year, when 94 programs had a written simulation program.
- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics (88.1%). However, the majority of programs included each of the listed elements (except “other”), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and “other”.

Table 67. Elements of Simulation Plan

Elements	% of programs	# of programs
Course by course simulation topics	88.2%	90
Number of hours for each simulation	81.4%	83
How simulation is integrated throughout the curriculum	68.6%	70
Total number of hours for each course	65.7%	67
Abbreviated course by course simulation objectives/expected outcomes	60.8%	62
Other	0.0%	0
Number of programs reporting		102

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan.
- The most common write-in answers as to why the program does not have a written plan were lack of a simulation coordinator or adequate staffing (n=5). Three talked about having a new coordinator who was in the process of developing a plan and resources. Example: “We have a new Director of Simulation and plans to add staff resources. Also plans underway to map our curriculum for virtual reality simulation and develop an AACN crosswalk to simulation CBE.”

Table 68. Reasons Why the Program Does Not Have a Written Plan

Reasons	% of programs	# of programs
Faculty in process of developing a plan	68.1%	32
Time or other limitations have delayed development of a written simulation plan	38.3%	18
Simulation coordinator is developing or assisting faculty with plan development	29.8%	14
Other	23.4%	11
No simulation coordinator*	10.6%	5
Faculty unaware that use of a written plan is a suggested “best practice”	8.5%	4
Number of programs reporting		47

*Category derived from text comments.

- Only 2.7% (n=4) of the 150 programs had “not at all” integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.
- Almost a third (32.0%, n=48) had integrated simulation standards completely, while 62.0% (n=93) had somewhat or mostly integrated these standards.
- Three (2.7%) reported being unfamiliar with the standards.
- This is little changed from the prior year, although there are numerically more schools that have integrated recognized simulation standards at least somewhat, so it is possible that the lack of change has to do with new programs coming online.

Table 69. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Not at all	2.7%	4
Somewhat	23.3%	35
Mostly	38.7%	58
Completely	32.0%	48
Not familiar with the standards	2.7%	4
No answer	0.7%	1
Number of programs reporting	100.0%	150

- In 2023-24, respondents were asked to name the simulation standards with which their programs were aligned. The most commonly cited standards were International Nursing Association for Clinical Simulation and Learning (INACSL), followed by Society for Simulation in Healthcare (SSH).
- Some programs reported being aligned with more than one standard.
- Other standards, provided as write-in text answers, included the California Simulation Alliance (n=7), HSSOBP - Healthcare Simulation Standards of Best Practice (n=2), and Laerdal.

Table 70. Simulation Standards with which Program is Aligned

Simulation Standards	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	67.4%	95
Society for Simulation in Healthcare (SSH)	45.4%	64
National Council of State Boards of Nursing (NCSBN)	38.3%	54
National League for Nursing (NLN)	27.0%	38
Other	8.5%	12
None	7.8%	11
No answer	6.4%	9
Number of programs reporting		141

- Respondents were asked to identify the areas where simulation activities are used to achieve learning objectives.
- The most common area was “critical thinking/decision making and managing priorities of care” (94.7%), followed by “Patient safety/Staff safety and quality of care” (89.3%), and “Application of nursing knowledge/use of nursing process” (88.7%). The least common was “other” (2.7%).
- More than half of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except “other”.
- “Other” areas listed in text comments included: “Rare that there are critical content areas that are not available in our direct care settings...although when and if needed, these objectives are and would be covered in the Skills Lab.”

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

Learning Objectives	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	94.7%	142
Patient safety/Staff safety and Quality of care	89.3%	134
Application of nursing knowledge/use of the nursing process	88.7%	133
Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration	87.3%	131
Teamwork/Inter-professional collaboration	87.3%	131
Preparation for direct clinical patient care	86.7%	130
Communication/crucial conversations	86.0%	129
Manage high risk, low volume care and emergency situations	80.7%	121
Leadership/Delegation/Role clarification	75.3%	113
Guaranteed exposure to critical content areas not available in the direct care setting	73.3%	110
Management of Legal/Ethical situations	57.3%	86
Other	2.7%	4
Total number of programs responding		150

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 6.7% (n=10) of all programs reported doing so, a number that decreased slightly from the prior year.
- These program representatives were asked to describe the quantitative measures used. They are listed below.

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

Quantitative Measures	
1	All simulation scenarios include measures and tracking of responses to the activities used in our simulations. Scenarios will have components such as ATI content and sample NCLEX questions as part of our briefing and debriefing process. We track performance results over time and use that to correlate NCLEX scores and look for connections.
2	DASH Reporting
3	Kaplan Diagnostics Review of trends in NCLEX pass rates
4	NCLEX pass rates year to year
5	None
6	Review pass rate trends Details on clinical judgements Kaplan diagnostic assessments
7	Sat-M, responses evaluated each semester.
8	Set-M survey post simulation
9	performance metrics based on objectives met/not met

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

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

Qualitative Measures	
1	All our IPE events use qualitative measures for all surveys: Readiness for Interprofessional Learning Scale (RIPLS) Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R)
2	Clinical Surveys
3	Clinical survey
4	DASH Reporting
5	On end of program survey
6	Optional narratives available to students.
7	Student opinion surveys
8	participant feedback/surveys Post-simulation, debriefing discussions
9	students evaluations
10	validity, user experience, learning and knowledge transfer

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally recognized simulation evaluation tools to measure simulation effectiveness. Forty-eight percent of 149 programs (48.3%, n=72) responded affirmatively. This is up from approximately 31% last year. Sixty-eight of these programs provided the names of the tools they used to evaluate simulation courses.
- Those who had students evaluate every simulation session with a nationally recognized tool were asked to name the tools they used to measure simulation effectiveness. The most commonly mentioned tools were SET-M, followed by INACSL, some sort of unspecified survey, or unspecified tool.

Table 74. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used	%	Number
SET M	30.9%	21
INACSL	10.3%	7
Other tool (unspecified)	10.3%	7
Survey (unspecified)	10.3%	7
NLN	8.8%	6
Creighton	7.4%	5
SSIH	7.4%	5
DASH	5.9%	4
PEARLS	2.9%	2
Debrief	1.5%	1
i-Human	1.5%	1
ISBAT	1.5%	1
Lasater	1.5%	1
NovEX	1.5%	1
NSST	1.5%	1
Shadowhealth	1.5%	1
SPICE-R	1.5%	1
Grand Total		68

* All categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally recognized tool (n=75) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. Sixty-five respondents provided text comments. The following table summarizes that information.
- A large number of respondents simply noted that they used course evaluations (20.0%, n=13), an evaluation “tool” (18.5%, n=12), or an unspecified survey (20.0%, n=12).

Table 75. Other Tools Used to Evaluate Simulation Courses

Tools Used	%	Total
Course evaluation	20.0%	13
Survey (unspecified)	18.5%	12
Evaluation "Tool" (unspecified)	18.5%	12
Debrief/feedback	10.8%	7
In development	7.7%	5
Instructor feedback / observation	6.2%	4
Other	4.6%	3
INACSL	3.1%	2
Self-evaluation / reflection	1.5%	1
Skills/SLO assessment/exams	1.5%	1
quiz	1.5%	1
Kaplan	1.5%	1
Lasater Clinical Judgment tool	1.5%	1
SSH	1.5%	1
INACSL	1.8%	1
SET-M	1.8%	1
Total providing comments		65

- Respondents were asked what types of simulation they used in different topic areas. Manikin-based simulation and computer-based remained the primary form of simulation used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics.
- Role-play with other students was the most commonly used form of simulation used in psychiatry/mental health (57.6%, n=80) and leadership/management (36.3%, n=45) programs.
- 39.5% (n=49) of programs did not use simulation in leadership/management courses and 13.7% (n=19) did not use simulation in psychiatry/mental health courses.
- Other types of simulation used described in text comments included: virtual reality (n=7), Hearing Voices or other auditory simulation (n=3), escape room simulations (n=3), Kaplan mid-fidelity manikins, mixed-reality simulations, interprofessional education events, sensory deprivation (to understand dementia symptoms), and “Pre-Post Conference concept mapping of simulated patient condition(s).”

Table 76. Type of Simulation Used by Topic Area

Type of Simulation	Funda-mentals	Medical/Surgical	Obste-trics	Pedia-trics	Geria-trics	Psych/Mental Health	Leadership / Mgmt	Other
Manikin-based	81.4%	89.9%	86.1%	86.4%	74.1%	23.0%	26.6%	47.4%
Computer-based (i.e.: software) programs	41.4%	61.5%	48.6%	48.3%	45.3%	39.6%	25.0%	47.4%
Role play with other students	47.6%	43.2%	34.0%	31.3%	33.8%	57.6%	36.3%	15.8%
Standardized /embedded participants	19.3%	24.3%	19.4%	12.9%	16.5%	22.3%	11.3%	42.1%
Task trainers	55.9%	50.7%	38.2%	30.6%	31.7%	5.8%	7.3%	31.6%
Virtual simulations (i.e., via Zoom)	16.6%	27.7%	23.6%	25.9%	23.0%	9.4%	16.9%	21.1%
Other type of simulation	6.2%	8.1%	6.3%	7.5%	5.8%	8.6%	4.0%	31.6%
None	9.0%	2.7%	5.6%	6.1%	9.4%	13.7%	39.5%	15.8%
All Programs Responding	145	148	144	147	139	139	124	19

Clinical Training in Nursing Education

- Respondents were asked to indicate the allocation of their program's clinical hours. The largest proportion of clinical hours in all programs was in direct inpatient care, (72.9% for ADN programs, 69.4% for BSN, and 72.0% for ELM).
- BSN program reported a relatively high percentage of hours in skills labs (13.5%) compared to other programs, whereas ELM programs had more hours allocated to outpatient care (9.5%) than did other programs. ADN programs had the greatest percentages of hours allocated to clinical observation (5.9%).

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

Content Area	Direct Patient Care-- Inpatient			Direct Patient Care-- Outpatient			Direct Patient Care-- Telehealth		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	320.2	222.9	221.2	4.4	3.0	13.1	0.0	0.0	0.0
Fundamentals	79.6	42.0	42.7	0.8	1.0	7.3	0.0	0.0	0.0
Obstetrics	59.4	66.8	75.9	1.9	1.2	11.3	0.1	0.0	0.0
Pediatrics	48.4	63.4	79.5	10.3	2.4	8.8	0.0	0.0	0.0
Geriatrics	64.3	68.2	57.5	3.8	4.9	4.4	0.0	0.2	0.0
Psychiatry/ Mental Health	63.6	67.8	86.3	5.1	3.2	10.4	0.4	0.0	0.0
Leadership/ Management	48.6	51.6	29.5	2.4	2.1	1.5	0.0	0.0	0.0
Other	5.0	30.6	115.0	1.9	23.6	36.5	0.0	0.0	0.0
Total average clinical hours	689.1	613.2	707.6	30.5	41.4	93.3	0.5	0.2	0.0
Number of programs that reported	92	45	13	92	45	13	92	45	13
Percent of hours	72.9%	69.4%	72.0%	3.2%	4.7%	9.5%	0.1%	0.0%	0.0%

Content Area	Skills Labs			Clinical Simulation			Clinical Observation		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	5.9	24.4	24.2	43.2	22.8	13.7	26.2	7.4	0.0
Fundamentals	73.8	66.1	66.0	7.5	5.4	5.0	0.8	0.8	0.0
Obstetrics	0.9	7.7	7.8	9.7	11.6	9.4	7.6	1.1	1.8
Pediatrics	1.2	7.7	6.8	9.3	10.8	6.6	8.3	1.4	1.8
Geriatrics	0.3	3.4	0.3	4.3	9.9	3.1	3.2	2.6	0.0
Psychiatry/ Mental Health	0.9	2.7	4.8	7.0	8.5	7.6	5.2	7.7	0.0
Leadership/ Management	0.2	2.2	0.5	3.1	4.7	4.5	4.3	8.2	11.5
Other	0.2	5.4	2.1	1.9	5.8	3.6	0.0	0.1	0.0
Total average clinical hours	83.5	119.6	112.5	86.1	79.6	53.5	55.6	29.4	15.2
Number of programs that reported	92	45	13	92	45	13	92	45	13
Percent of hours	8.8%	13.5%	11.5%	9.1%	9.0%	5.5%	5.9%	3.3%	1.6%

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

Content Area	Total Clinical Hours			Percent of Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	399.8	280.5	272.2	42.3%	31.8%	27.7%
Fundamentals	162.5	115.3	121.0	17.2%	13.0%	12.3%
Obstetrics	79.6	88.4	106.3	8.4%	10.0%	10.8%
Pediatrics	77.5	85.7	103.6	8.2%	9.7%	10.5%
Geriatrics	76.0	89.3	65.2	8.0%	10.1%	6.6%
Psychiatry/ Mental Health	82.3	89.9	109.0	8.7%	10.2%	11.1%
Leadership/ Management	58.5	68.8	47.6	6.2%	7.8%	4.8%
Other	9.0	65.5	157.2	1.0%	7.4%	16.0%
Total average clinical hours	945.2	883.4	982.2	100.0%	100.0%	100.0%
Number of programs that reported	92	45	13	92	45	13
Percent of hours	100.0%	100.0%	100.0%			

- Percent of clinical hours are derived by dividing the average number of clinical hours per category by the total number of clinical hours for that program type.
- In terms of content area, ADN programs allocated the greatest percentage of hours to medical/surgical (42.3% of hours in ADN programs), although the plurality of hours in each program was allocated to medical/surgical.
- ADN programs also allocated more hours to fundamentals (17.2%) than did other program types.
- ELM programs mentioned “other” content areas more frequently than other program types (16.0% of hours).
- Five programs reported no clinical hours. It is unclear why these schools provided no data.
- In a separate question, respondents were asked whether their programs require that their fundamentals students have clinical practice in direct patient care. Most (76.8%, n=119) said “yes”. This is virtually the same number of programs as last year.

- In each content area and clinical experience, the majority of programs planned to maintain the current balance of clinical training hours over the next 12 months for each clinical experience type and content area listed in the table below.
- Across most content areas except leadership/management, ADN and BSN programs anticipated increases in clinical training hours in clinical simulation. The only place where ELM programs anticipated an overall increase in clinical simulation was in geriatrics.
- All program types across all content areas plan fairly substantial decreases in direct inpatient care in most content areas.

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

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	8.5%	0.0%	14.3%	88.3%	97.9%	85.7%	3.2%	2.1%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	79.8%	76.6%	64.3%	1.1%	2.1%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	73.4%	74.5%	64.3%	1.1%	0.0%	0.0%
Skills Labs	2.1%	0.0%	0.0%	91.5%	87.2%	92.9%	2.1%	2.1%	7.1%
Clinical Simulation	0.0%	0.0%	0.0%	88.3%	91.5%	85.7%	9.6%	4.3%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	84.0%	80.9%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	6.4%	0.0%	7.1%	92.6%	100.0%	78.6%	1.1%	0.0%	7.1%
Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	6.4%	2.2%	7.1%	83.0%	91.3%	85.7%	4.3%	4.4%	7.1%
Direct Out-Patient Care	1.1%	0.0%	0.0%	75.5%	78.3%	71.4%	2.1%	2.2%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	72.3%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	1.1%	0.0%	7.1%	93.6%	95.7%	85.7%	3.2%	4.3%	0.0%
Clinical Simulation	1.1%	0.0%	0.0%	85.1%	89.4%	71.4%	6.4%	2.1%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	77.7%	80.4%	64.3%	1.1%	0.0%	0.0%
Total clinical hours	1.1%	0.0%	7.1%	93.6%	97.9%	92.9%	2.1%	2.1%	0.0%
Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	10.1%	8.5%	7.1%	84.3%	89.4%	92.9%	5.6%	2.1%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	76.4%	76.1%	64.3%	2.3%	4.4%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	74.2%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	1.1%	4.4%	0.0%	92.1%	87.0%	92.9%	1.1%	0.0%	0.0%
Clinical Simulation	1.1%	4.3%	0.0%	88.3%	85.1%	92.9%	8.5%	8.5%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	83.5%	80.4%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	5.3%	6.4%	7.1%	89.4%	93.6%	92.9%	4.3%	0.0%	0.0%

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

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

Pediatrics									
	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	10.6%	6.4%	7.1%	84.0%	93.6%	92.9%	4.3%	0.0%	0.0%
Direct Out-Patient Care	2.1%	0.0%	0.0%	76.6%	80.4%	64.3%	5.3%	4.4%	7.1%
Direct Care Telehealth	0.0%	0.0%	0.0%	72.3%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	0.0%	4.4%	0.0%	90.4%	87.0%	85.7%	9.6%	0.0%	14.3%
Clinical Simulation	0.0%	2.1%	0.0%	93.6%	87.2%	85.7%	3.2%	6.4%	0.0%
Clinical Observation	0.0%	2.1%	0.0%	81.9%	82.6%	64.3%	1.1%	0.0%	0.0%
Total clinical hours	0.0%	0.0%	0.0%	81.9%	82.6%	64.3%	1.1%	0.0%	0.0%
Geriatrics									
	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	5.3%	4.3%	7.1%	93.6%	93.6%	85.7%	0.0%	0.0%	7.1%
Direct Out-Patient Care	0.0%	0.0%	0.0%	79.8%	76.1%	64.3%	1.1%	4.4%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	72.3%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	1.1%	0.0%	0.0%	86.2%	87.0%	71.4%	0.0%	0.0%	0.0%
Clinical Simulation	1.1%	0.0%	0.0%	90.4%	82.6%	64.3%	2.1%	4.4%	7.1%
Clinical Observation	0.0%	0.0%	0.0%	79.8%	80.4%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	4.3%	4.3%	7.1%	92.6%	95.7%	78.6%	0.0%	0.0%	7.1%
Psychiatry/ Mental Health									
	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	6.4%	2.1%	7.1%	88.3%	97.9%	92.9%	4.3%	0.0%	0.0%
Direct Out-Patient Care	2.1%	0.0%	0.0%	79.8%	84.8%	64.3%	1.1%	0.0%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	76.6%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	2.1%	0.0%	0.0%	86.2%	82.6%	76.9%	0.0%	2.2%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	86.2%	87.2%	71.4%	6.4%	6.4%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	81.9%	80.4%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	4.3%	2.1%	7.1%	91.5%	97.9%	92.9%	3.2%	0.0%	0.0%
Leadership/ Management									
	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	3.2%	4.3%	0.0%	83.0%	85.1%	71.4%	2.1%	0.0%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	73.4%	78.3%	64.3%	0.0%	0.0%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	70.2%	76.1%	64.3%	1.1%	0.0%	0.0%
Skills Labs	0.0%	0.0%	0.0%	77.7%	82.6%	76.9%	1.1%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	79.8%	85.1%	64.3%	1.1%	2.1%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	60.0%	84.8%	64.3%	0.0%	0.0%	7.1%
Total clinical hours	2.1%	2.1%	0.0%	86.2%	89.4%	71.4%	1.1%	2.1%	0.0%

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

Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	1.1%	2.2%	7.1%	80.9%	82.6%	78.6%	0.0%	0.0%	0.0%
Direct Out-Patient Care	0.0%	2.2%	0.0%	84.6%	80.4%	64.3%	0.0%	0.0%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	76.6%	76.1%	64.3%	0.0%	0.0%	0.0%
Skills Labs	0.0%	0.0%	0.0%	83.0%	82.6%	64.3%	0.0%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	84.0%	82.6%	78.6%	0.0%	4.4%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	78.7%	80.4%	64.3%	0.0%	0.0%	0.0%
Total clinical hours	0.0%	0.0%	7.1%	86.2%	91.3%	78.6%	0.0%	0.0%	0.0%

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

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

- Fourteen programs indicated that they were decreasing overall clinical hours.
- “Curriculum redesign or change” was the most common reason, followed by the need to reduce units.
- “Other” reasons provided in text comments included only: “Increasing in med/surg; need to decrease specialties”.

Table 79. Why Programs are Reducing Clinical Hours

Reasons	%	#
Curriculum redesign or change	85.7%	12
Need to reduce units	35.7%	5
Unable to find sufficient clinical space	28.6%	4
Students can meet learning objectives in less time	21.4%	3
Other	7.1%	1
Insufficient clinical faculty	7.1%	1
Funding issues or unavailable funding	0.0%	0
Total reporting		14

School Data

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

Institutional Accreditations

- For this survey, institution accreditation was defined as, “Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.”
- The most commonly reported institutional accreditations were WASC-JC (52.8%, n=75) and WSCUC (33.8%, n=48).
- “Other” accreditations described in text comments include some *professional* accreditations such as the Commission on Collegiate Nursing Education (CCNE) (n=5).
- Other *institutional* accrediting agencies listed include Adventist Accrediting Association, Accrediting Commission for Community and Junior Colleges (ACCJC), Accrediting Council for Continuing Education & Training (ACCET), and Council for Occupational Education (COE).

Table 80. Institutional Accreditations

Accreditations	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	52.8%	75
WASC – Senior College and University Commission (WSCUC)	33.8%	48
Other	9.2%	13
Accrediting Bureau of Health Education Schools (ABHES)	7.0%	10
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.1%	3
Higher Learning Commission (HLC)	1.4%	2
Accrediting Council for Independent Colleges and Schools (ACICS)	0.0%	0
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Northwest Commission on Colleges and Universities (NWCCU)	0.0%	0
Number of schools that reported		142

RN Refresher Course

In 2023-24, three nursing schools offered an RN refresher course, and one-hundred and eleven students completed one of these courses.

Nursing Program Directors

- Seventy-two programs reported other programs administered by the RN pre-licensure program director. The most commonly reported programs also administered by the pre-licensure RN program director included Other, CNA, and LVN.
- “Other” programs mentioned in write-in answers included various “graduate” or post-licensure nursing programs (n=7), prelicensure nursing programs such as ELM or LVN-to-ADN (n=5), medical assisting (n=3), phlebotomy (n=2), addiction studies, dental assisting, physical therapy, and various tech and other undergraduate programs. Answers such as “none” and “n/a” are not included.

Table 81. Other Programs Administered by the RN Program Director

Program Types	% of Schools	# of Schools
Other	51.4%	37
CNA	37.5%	27
LVN	33.3%	24
HHA	19.4%	14
EMT	16.7%	12
Health sciences	15.3%	11
RN Post-Licensure programs	12.5%	9
Technician (i.e., psychiatric, radiologic, etc.)	12.5%	9
Other undergraduate programs	9.7%	7
Health professions	8.3%	6
Paramedic	6.9%	5
Number of schools reporting		72

Other Program Administration

Assistant Directors

- Nearly all nursing schools (96.6%, 141 out of 146 schools) reported having *at least one* assistant director.
- The majority of nursing schools (51.0%, n=74) have one assistant director, and almost a third (31.0%, n= 45) have two. 14.5% (n=21) have three or more assistant directors.
- Larger schools are more likely to have multiple assistant directors—schools with one hundred or fewer students averaged 1.2 assistant directors, those with 100-199 students averaged 1.6 assistant directors, and those with 200 or more averaged 2.2 assistant directors.
- While BSN and ELM programs seem to have slightly more assistant directors on average than ADN programs, this may be because they tend to be in larger schools, particularly BSN programs.

Table 82. Number of Assistant Directors by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
# of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	2.9%	0.0%	20.0%	0.0%	14.3%	25.0%	0.0%	6.5%	0.0%	1.1%	6.4%	14.3%
1 Asst. Director	65.7%	88.9%	80.0%	50.0%	85.7%	25.0%	42.1%	25.8%	20.0%	54.3%	46.8%	42.9%
2 Asst. Director	31.4%	11.1%	0.0%	40.0%	0.0%	50.0%	31.6%	32.3%	20.0%	35.1%	23.4%	21.4%
3 Asst. Director	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%	15.8%	19.4%	20.0%	5.3%	12.8%	7.1%
>4 Asst. Director	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%	15.8%	16.1%	40.0%	5.3%	10.6%	14.3%
Programs reporting	35	9	5	40	7	4	19	31	5	94	47	14
Percent of Program Type by School Size	37.2%	19.1%	35.7%	42.6%	14.9%	28.6%	20.2%	66.0%	35.7%	60.6%	30.3%	9.0%
Mean # of assistant directors	1.3	1.1	0.8	1.7	0.9	1.3	2.1	2.2	3.0	1.6	1.8	1.7

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

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

Table 83. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
# of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst. Director	14.7	20.3	23.5	13.5	22.5	10.0	15.3	58.1	40.0	14.3	33.5	24.0
2 Asst. Director	16.4	20.0	0.0	20.4	0.0	40.0	14.2	45.4	50.0	18.0	43.1	43.3
3 Asst. Director	0.0	0.0	0.0	16.8	0.0	0.0	30.7	83.3	85.0	25.1	83.3	85.0
>4 Asst. Director	0.0	0.0	0.0	42.0	0.0	0.0	154.0	138.3	105.8	109.2	138.3	105.8
Programs reporting	33	9	4	39	6	3	20	28	5	92	43	12
Average hours allotted / week	15.3	20.2	23.5	18.0	22.5	30.0	38.1	73.3	77.3	21.4	55.1	47.5
Percent of programs by student count	31.3%			32.7%			36.1%			100.0%		

Table 84. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
# of Assistant Directors	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst. Director	16.7	19.5	23.5	14.1	26.7	10.0	17.8	25.3	40.0	15.8	23.5	24.0
2 Asst. Director	16.9	25.0	0.0	21.8	0.0	40.0	15.9	43.8	50.0	19.1	42.1	43.3
3 Asst. Director	0.0	0.0	0.0	16.8	0.0	0.0	38.3	92.2	85.0	29.7	92.2	85.0
>4 Asst. Director	0.0	0.0	0.0	44.0	0.0	0.0	160.7	160.7	145.8	114.0	160.7	145.8
Programs reporting	35	5	5	40	13	2	20	25	4	95	43	11
Average # of hours spent / week	16.8	20.1	23.5	18.8	26.7	30.0	41.7	70.4	93.3	23.1	53.8	54.2
Percent of programs by student count	30.2%			36.9%			32.9%			100.0%		

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

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

Clerical Staff

- All but two schools reported clerical staff.
- Schools with fewer students generally had fewer clerical staff—for example, schools with less than 100 students had an average of 1.9 clerical staff, those with between 100 and 200 students had an average of 2.9 clerical staff, while those with more than 200 students had an average of 5.6 clerical staff.
- Schools with ADN programs had an average of 2.6 clerical staff while those with BSN programs averaged 5.4 clerical staff, and those with ELM programs averaged 7.4.
- Average hours per staff person were 26.8 for ADN programs, 26.2 for BSN programs, and 31.7 for ELM programs with an overall average number of 28.2 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 85. Number of Clerical Staff by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Number of clerical staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	2.9%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	7.1%
1 clerical staff	57.1%	22.5%	20.0%	22.5%	42.9%	50.0%	0.0%	3.2%	0.0%	30.5%	12.8%	21.4%
2 clerical staff	28.6%	37.5%	0.0%	37.5%	0.0%	0.0%	25.0%	12.9%	20.0%	31.6%	14.9%	7.1%
3 clerical staff	5.7%	22.5%	20.0%	22.5%	0.0%	0.0%	15.0%	22.6%	0.0%	14.7%	19.1%	7.1%
4 clerical staff	5.7%	12.5%	0.0%	12.5%	14.3%	0.0%	25.0%	6.5%	0.0%	12.6%	6.4%	0.0%
>4 clerical staff	0.0%	5.0%	40.0%	5.0%	42.9%	50.0%	35.0%	54.8%	80.0%	9.5%	46.8%	57.1%
Avg. # of staff	1.6	2.7	3.5	2.5	5.0	4.9	4.5	6.3	12.6	2.6	5.4	7.4
Avg. hours per week*	43.5	70.8	74.4	62.9	159.1	187.5	129.6	203.6	335.2	70.3	171.6	209.5
Programs reporting	35	9	5	40	7	4	20	31	5	95	47	14

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

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

Table 86. Average Number of Clerical Staff Hours by Size of School and Program Type

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
Number of clerical staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	32.6	40.0	37.5	40.2	30.0	25.0	0.0	40.0	0.0	35.0	35.0	29.2
2 clerical staff	51.8	50.7	0.0	52.7	0.0	0.0	73.8	75.0	80.0	55.9	64.6	80.0
3 clerical staff	85.0	110.0	120.0	58.7	0.0	0.0	99.7	114.3	0.0	71.2	113.3	120.0
4 clerical staff	65.0	0.0	0.0	116.0	60.0	0.0	90.0	140.0	0.0	96.7	113.3	0.0
>4 clerical staff	0.0	92.5	70.0	127.0	321.3	350.0	210.4	287.8	398.9	191.9	274.6	304.5
Avg, hours per program	43.5	70.8	74.4	62.9	159.1	187.5	129.6	203.6	335.2	70.3	171.6	209.5
Avg. hours per staff	27.1	26.0	21.3	25.1	31.8	38.5	28.6	32.4	26.6	26.8	31.7	28.2
Programs reporting	35	9	5	40	7	4	20	31	5	95	47	14
Percent of programs by student count	31.4%			32.7%			35.9%			100.0%		

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

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

- Respondents were asked to report on the adequacy of the amount of clerical support at their schools. The majority of schools with each program type indicated that their clerical support was very or somewhat adequate. Respondents at ADN programs were less likely to report that the amount of clerical support was somewhat or very adequate.

Table 87. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	6.5%	10.6%	15.4%
Somewhat adequate	53.8%	68.1%	76.9%
Somewhat inadequate	33.3%	19.2%	7.7%
Very inadequate	6.5%	2.1%	0.0%
Number of programs reporting	93	47	13

Clinical Coordinators

- 84.2% (n=123) of the 146 schools responding to this question reported at least one staff person working as a clinical coordinator or on clinical coordination tasks.
- Schools with ELM programs (92.9%, n=13) and BSN programs (93.6%, n=44) were more likely to report having clinical coordinators on staff than were schools with ADN programs (77.9%, n=74).
- Schools with ELM and BSN programs were also more likely to have multiple clinical coordinators than were schools with ADN programs. 71.4% (n=10) of schools with ELM programs and 63.8% (n=30) of schools with BSN programs had multiple clinical coordinators compared to schools with ADN programs (37.9%, n=36).

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

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
# of clinical coordinators	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	28.6%	11.1%	20.0%	15.0%	0.0%	0.0%	15.0%	6.5%	0.0%	20.0%	6.4%	7.1%
1 Clinical Coordinator	40.0%	44.4%	20.0%	50.0%	57.1%	50.0%	30.0%	19.4%	0.0%	42.1%	29.8%	21.4%
2 Clinical Coordinators	17.1%	11.1%	0.0%	25.0%	0.0%	25.0%	20.0%	16.1%	0.0%	21.1%	12.8%	7.1%
>2 Clinical Coordinators	14.3%	33.3%	60.0%	10.0%	42.9%	25.0%	35.0%	58.1%	100.0%	16.8%	51.1%	64.3%
Avg. # of staff	1.9	1.9	3.0	1.6	3.0	2.0	3.2	4.9	5.6	2.0	4.1	3.7
Avg. # of hours	23.8	38.1	71.3	31.3	86.7	80.0	60.4	142.4	147.9	35.0	117.1	103.4
Programs reporting	35	9	5	40	7	4	20	31	5	95	47	14
Percent of programs by student count	31.4%			32.7%			35.9%			100.0%		

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

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (117.1 and 103.4, respectively) than did schools with ADN programs (35.0 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours *per clinical coordinator* per week on average (27.8 and 28.0, respectively) than did schools with ADN programs (average of 17.2 hours per week).
- Smaller schools had fewer average coordinator hours than larger schools, and fewer hours per coordinator than larger schools. Schools with less than 100 students averaged 29.9 hours of clinical coordinator hours per week, and 15.4 hours per coordinator. Schools with 100-199 students averaged 40.6 hours per week overall and 22.1 hours per coordinator. Schools with 200 or more students averaged 113.8 hours per week with an average of 26.4 hours per coordinator.

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

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
# of clinical coordinators	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	17.7	24.3	20.0	20.8	40.0	40.0	21.0	33.7	0.0	19.4	32.2	33.3
2 Clinical Coordinators	21.5	10.0	0.0	49.6	0.0	80.0	55.0	68.0	0.0	42.3	58.3	80.0
>2 Clinical Coordinators	46.4	58.3	88.3	38.5	133.3	160.0	103.3	200.7	147.9	67.1	174.5	129.4
Avg. hours per program	23.8	38.1	71.3	31.3	86.7	80.0	60.4	142.4	147.9	35.0	117.1	103.4
Avg. hours per staff	12.6	18.8	23.8	19.7	24.8	40.0	18.7	29.2	26.4	17.2	27.8	28.0
Programs reporting	35	8	5	40	7	4	19	31	5	94	46	14
Percent of programs by student count	31.2%			33.1%			35.7%			100.0%		

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

*Some programs had no clinical coordinators, and they are not reported in the program counts in this table.

**Average hours reported are for all staff per program and not per person unless otherwise specified. Averages are for programs that have clinical coordinators.

Respondents were asked to report on the adequacy of the amount of clinical coordination support at their schools. Respondents with ADN programs were the most likely to report that the amount of clinical coordination support was less than or not at all adequate.

Table 90. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
More than adequate	2.6%	15.9%	15.4%
Adequate	53.9%	59.1%	76.9%
Less than adequate	38.2%	22.7%	7.7%
Not at all adequate	5.3%	2.3%	0.0%
Total number of programs rep	76	44	13

Retention Specialists

- Thirty-one percent (30.8%, n=45) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.
- Retention specialists were more common in schools with ADN (28.4%, n=27) and BSN programs (38.3%, n=18) than schools with ELM programs, where only 23.1% (n=3) had retention specialists. All program types reported fewer retention specialists this year compared to last year.
- Schools with retention specialists had an average of 35.6 hours per week of retention specialist time. Smaller and midsize schools had fewer retention specialist hours (average 17.8 and 24.2 hours per week respectively) compared to large schools (48.0 hours per week). However, the hours for large schools are skewed by two schools with BSN programs that listed over 100 hours of retention specialist hours per week.
- While ELM and BSN programs have more retention specialist hours than ADN programs on average, ELM and BSN programs also tend to be in larger schools.

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

	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
% with a retention specialist	11.4%	11.1%	25.0%	40.0%	14.3%	0.0%	35.0%	51.6%	40.0%	28.4%	38.3%	23.1%
# with a retention specialist	4	1	1	16	1	0	7	16	2	27	18	3
Avg. hours per program	16.0	25.0	25.0	23.2	40.0	0.0	31.6	55.2	36.8	24.3	52.6	32.8
Programs reporting	35	9	4	40	7	4	20	31	5	95	47	13

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

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

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 66.5% (88 of 136 respondents) reported personal reasons as having a great or moderate impact, while 58.0% (78 of 139 respondents) reported that academic failure had great or moderate impact on student attrition.
- “Other” factors from written comments included: conflicting work schedule, absenteeism, dismissed due to harassment, institutional suspensions, unaware of RN skills/role, code of conduct, declining vaccination, falsification of records, unprepared for college expectations, and lack of necessary study skills.

Table 92. Factors Impacting Student Attrition

	no impact	minor impact	moderate impact	major impact	Total responses
Personal reasons (e.g. home, job, health, family)	3.9%	27.9%	34.1%	32.4%	136
Academic failure	3.8%	36.2%	29.2%	28.8%	139
Financial need	15.1%	28.6%	30.3%	23.7%	131
Other	7.7%	38.5%	30.8%	23.1%	33
Clinical failure	18.8%	46.4%	22.3%	10.5%	133
Change of major or career interest	33.7%	56.1%	9.2%	0.8%	129
Transfer to another school	59.3%	38.3%	2.5%	0.0%	124

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

Recruitment and Retention of Underrepresented Groups

- 41.8% of schools (n=61) of 146 schools reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.
- 143 answered questions regarding strategies to recruit and admit underrepresented students.
- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (69.2%), holistic review (50.3%), and admission counseling (48.3%).
- “Other” strategies mentioned in text comments included outreach to RN associations representing diverse groups, nursing workshops, information sessions, news student symposium days, K-12 activities, Men in Nursing, live pre-application workshops, college & career day activities, and Extended Opportunity Programs and Services (EOPS).

Table 93. Strategies to Recruit and Admit Underrepresented Students

Strategies	% of Schools	# of Schools
Outreach (e.g. high school fairs, community events)	69.2%	99
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	50.3%	72
Admission counseling	48.3%	69
Multi-criteria screening as defined in California Assembly Bill 548	41.3%	59
Additional financial support (e.g. scholarships)	32.9%	47
Open house	30.1%	43
No need. We already have a diverse applicant pool and no additional strategies are needed.	18.2%	26
New admission policies instituted	13.3%	19
Other	11.9%	17
Number of schools reporting		143

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (88.7%); academic counseling (83.1%); and additional financial support such as scholarships (59.2%). These strategies were also the top three for the prior three years.
- “Other” strategies from written comments included “resources for living expenses (e.g. rent assistance, food assistance, childcare assistance, etc.)”, resilience groups, affinity groups, learning communities, Black Student Nursing Association; Men in Nursing Association; Latinx Student Nursing Association, on-campus affordable daycare, retention nurse, nurse tutoring, student support programs, referrals to counseling, health, and tutoring center.

Table 94. Strategies to Support and Retain Underrepresented Students

Strategies	% of Schools	# of Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	88.7%	126
Academic counseling	83.1%	118
Additional financial support (e.g. scholarships)	59.2%	84
Wellness counseling	54.2%	77
Program revisions (e.g. curriculum revisions, evening/weekend program)	12.0%	17
Other	8.5%	12
Additional child care	8.5%	12
No need, students from groups underrepresented in nursing are successful without any additional strategies	6.3%	9
Number of Schools Reporting		142

- Most schools (81.5% n=119) reported that they provided training for faculty to support the success of at-risk students in their nursing programs.
- The most common training included faculty development and orientation (97.5%) followed by cultural diversity training (77.3%).
- Other training described in text comments included, “The Director and Assistant Director train and mentor adjunct faculty to tutor and provide test-taking strategies for students at risk of failure”, “The Center for Teaching Excellence (CTE) offers "teaching tips" link: usfca.edu/CTE; Center for Research, Artistic & Scholarly Excellence (CRASE) link: usfca.edu/CRASE”, “Opportunities for Distance Education certification (for remote instruction as needed”, and “Professional Development: ATI, CNE, CNEcl, Strong Workforce & Work based Learning Training”.

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

Training Type	% of Schools	# of Schools
Faculty development and orientation	97.5%	116
Cultural diversity training	77.3%	92
Faculty mentoring and peer mentoring programs	76.5%	91
Training on disabilities and accommodations	74.8%	89
Training on various student success initiatives	63.9%	76
Other	3.4%	4
Number of schools reporting		119

Access to Prerequisite Courses

- 30 nursing schools (20.7%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. All of these schools reported strategies used to address access to prerequisite courses.
- Accepting online courses from other institutions (63.3%), adding science course sections (53.3%), agreements with other schools for prerequisite courses (50.0%), and were the most common methods used to increase access to prerequisite courses.

Table 96. Access to Prerequisite Courses

Methods Used to Increase Access	% of Schools	# of Schools
Accepting online courses from other institutions	63.3%	19
Adding science course sections	53.3%	16
Agreements with other schools for prerequisite courses	50.0%	15
Offering additional prerequisite courses on weekends, evenings, and summers	46.7%	14
Providing online courses	43.3%	13
Transferable high school courses to achieve prerequisites	23.3%	7
Other	6.7%	2
Prerequisite courses in adult education	3.3%	1
Number of schools reporting		30

Restricting Student Access to Clinical Practice

- 80 out of 146 nursing schools (54.8%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common or very common types of restricted access students faced were lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, bar coding medication administration (i.e., Pyxis), and automated medical supply cabinets (i.e., OmniCell).

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

Types of Restricted Access	Very uncommon	Un-common	Common	Very Common	N/A	# of Schools
Clinical site due to visit from the Joint Commission or other accrediting agency	6.6%	20.9%	35.2%	22.0%	3.3%	79
Patients related to staff nurse preferences or concerns about their additional workload	8.8%	18.7%	33.0%	20.9%	4.4%	78
Electronic medical records	6.6%	26.4%	28.6%	24.2%	1.1%	79
Bar coding medication administration (i.e., Pyxis)	9.9%	24.2%	33.0%	17.6%	1.1%	78
Automated medical supply cabinets (i.e., OmniCell)	6.6%	24.2%	29.7%	19.8%	6.6%	79
Health and safety requirements (i.e., drug screening, background checks)	14.3%	29.7%	15.4%	18.7%	7.7%	78
IV medication administration	9.9%	38.5%	24.2%	7.7%	5.5%	78
Glucometers	20.9%	37.4%	12.1%	9.9%	5.5%	78
Alternative settings due to liability (i.e., home health visits)	11.0%	25.3%	13.2%	6.6%	29.7%	78
Direct communication with health care team members	22.0%	37.4%	9.9%	4.4%	12.1%	78
Other	1.1%	0.0%	5.5%	6.6%	14.3%	25

The numbers in this table differ from those presented in the Trend Report because the denominator is the number of programs that answered for each particular category rather than the number that answered any question in this series.

- Schools reported that students were most frequently restricted from using electronic medical records due to insufficient time to train students (55.6%, n=40) and liability (52.8%, n=38).
- The majority of schools reported that student access to medication administration systems was restricted due to liability (64.3%, n=45) and staff fatigue or burnout (57.1%, n=40).
- “Other” reasons reported in text comments included: IT would not support, conversion to new system, lack of computers for students to use, delays in access to EMR due to hospital backlog or other problems, new hires, hospital policies, and instructor not given access to pyxis or charts.

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

Reasons	Electronic Medical Records	Medication Administration
Liability	52.8%	64.3%
Staff fatigue/burnout	50.0%	57.1%
Staff still learning and unable to assure documentation	48.6%	32.9%
Insufficient time to train students	55.6%	28.6%
Other	16.7%	17.1%
Patient confidentiality	27.8%	11.4%
Cost for training	25.0%	11.4%
Number of schools reporting	72	70

- Thirty-five schools provided additional comments on restrictions to clinical access for students. These comments were varied. Many noted the burden of increased onboarding requirements for students, competition with other schools, restrictions on instructor access and ongoing restrictions on the number of students on the unit. Some comments are listed below:
 - “Onboarding software, such as My Clinical Exchange, is restrictive and expenses are passed on to students. A majority of agencies require student/school participation in these tools yet still require us to provide proof of clearances on demand even though all records are already provided to them via the software programs. This increases faculty, staff, and student time for onboarding and duplication of efforts. Agencies are increasing the amount of training which cuts into valuable clinical time.”
 - “We are encountering more clinical facilities limiting the number of students to 4-6. This is a huge problem because academia sets our cohorts at 10. They are resistant to decreasing the cohort size at this time. They report it is not fiscally sound to lower the number of students in each cohort.”

- “Similar to last year, we keep expecting the restrictions to ease up post-pandemic, but we're still seeing significant impacts and restrictions due to high staff turnover and a higher volume of new-hire orientations happening.”
- “We (community and state schools of nursing) continue to be forced out due to the growth of private for-profit schools in the SF Bay Area. Many local hospitals are training so many new staff that they do not have the time or resources to train students to perform some nursing tasks and equipment.”
- “The instructors in some facilities have access to Pyxis and must obtain all medications for all students on that unit under their access code. Other facilities require only staff to access Pyxis and faculty must wait for the staff to obtain the medications. Both of these are very time-consuming. In one facility, students may not access the MAR on their own. They have to have their instructor sign into the EHR and the student documents the medication under their instructor's code. Again, the students have been asked to not attend clinicals while CMS and CDPH are surveying. Clinical groups have missed 2-4 clinical days/semester because of this. This practice does not appear to be an accurate representation of the unit when students are normally on the unit and participating in patient care but asked to leave when CMS or CDPH is present.”
- The most common way that programs compensate for training in areas of restricted access is training students in the simulation lab. Training students in the classroom was the second most common way that programs compensated for restricted access.
- Other areas mentioned in written comments included training students using paper charting, and collaboration with hospital partners about missed clinical opportunities and makeup.

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

Methods of Compensation	% of Schools	# of Schools
Training students in the simulation lab	92.5%	74
Training students in the classroom	73.8%	59
Purchase practice software, such as SIM Chart	58.8%	47
Ensuring all students have access to sites that train them in this area	47.5%	38
Other	10.0%	8
Number of schools reporting		80

- The most common clinical practice areas in which students faced restrictions were medical/surgical, obstetrics, pediatrics, and psychiatry/mental health.

Table 100. Clinical Area in Which Restricted Access Occurs

Clinical Areas	% of Schools	# of Schools
Medical/surgical	93.7%	74
Obstetrics	81.0%	64
Pediatrics	79.7%	63
Psychiatry/mental health	73.4%	58
Critical care	57.0%	45
Geriatrics	35.4%	28
Community health	24.1%	19
Other department	1.3%	1
Number of schools reporting		79

Collection of Student Disability Data

- In 2023-24, schools were asked if they collect student disability data as part of the admission process. Thirty-one percent of respondents (n=44) reported that they did so and 18.1% (n=26) did not know.

Table 101. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	30.6%	44
No	51.4%	74
Don't Know	18.1%	26
Number of schools reporting		144

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (89)

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

*New 2023-24

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College

Madera College
Mission College

BSN Programs (47)

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

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

ELM Programs (14)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew College of Nursing
Loma Linda University*
University of San Francisco

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

*New ELM programs 2023-24

APPENDIX B – Definition List

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

Phrase	Definition
Accelerated Track	An accelerated track's curriculum extends over a shorter time-period than a traditional program . The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
Active Faculty	Faculty who teach students and have a teaching assignment during the period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Prelicensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
Assembly Bill 548 Multicriteria	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
Assistant Director	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
Attrition Rate	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2023, and July 31, 2024, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
Census Data	Number of students enrolled, or faculty present on October 15, 2024.
Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.
Clinical Practice with Real Patients	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Phrase	Definition
Cohort	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2023, and July 31, 2024, and completed the program on schedule.
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2023, and July 31, 2024, divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level DNP	An entry-level DNP is any DNP that is the first advanced practice credential a candidate would obtain. Any DNP that does not require a master's entry-to-practice is the same as entry level.
Entry-level Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of prelicensure nursing courses and master's level nursing courses.
Evening Program	A program that offers all program activities in the evening i.e., lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-time Faculty	Faculty that work 1.0 FTE, as defined by the school.
Generic Prelicensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
Hi-Fidelity Manikin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
Home campus	The campus where your school's administration is based.
Hybrid program	Combination of distance education and face-to-face courses.
Inpatient	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.

Phrase	Definition
LVN-to-BSN Program	A program that exclusively admits LVN-to-BSN students. If the school also has a generic BSN program, the LVN-to-BSN program is offered separately or differs significantly from the generic program.
Outpatient	Patient in all other healthcare settings than those defined as “inpatient” (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
Part-time Faculty	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
Program Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
Readmitted Students	Returning students who were previously enrolled in your program
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls prelicensure registered nursing students.
Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between August 1, 2023, and July 31, 2024.
Shared Faculty	A faculty member is shared by more than one school, e.g., one faculty member teaches a course in pediatrics to three different schools in one region.
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Completing the Program Behind Schedule	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023, and July 31, 2024.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2023, and July 31, 2024.
Students Who Are Still Enrolled	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between August 1, 2023, and July 31, 2024.
Students Who Were Dismissed from the Program	Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2023, and July 31, 2024, due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.
Students Who Withdrew from the Program	Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2023, and July 31, 2024, due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2023, and July 31, 2024. For those schools that admit multiple times a year, combine all student cohorts.
Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
Transfer Students	Students in your programs that have transferred nursing credits from another prelicensure program. This excludes RN to BSN students.

Phrase	Definition
Underrepresented Group/Students (Minority)	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e., lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

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

Member	Organization
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN	HealthImpact
Jeannine Graves, MPA, MSN, RN, OCN, CNOR	Sutter Cancer Center
Tanya Altmann, PhD, RN	California State University, Sacramento
Tammy Vant Hul, PhD, RN, ACNP, CNE	Riverside City College
LaCandice Ochoa	Community College Chancellor's Office
Wendy Hansbrough, PHN, RN, CNE	California State University, San Marcos
Sagie De Guzman, PhD, A-CNS, A-NPC	Los Angeles Community Hospital and Saint John's Cancer and Research Institute
Alice Benjamin, MSN, ACNS-BC, FNP-C, CEN CV-BC	Sutter Health
Hazel Torres, MN, RN, DNP	Kaiser Permanente
Judy Kornell, RN	Deputy Director Nursing, Statewide Chief Nurse Executive, California Correctional Health Care Services
Kathy Hughes, RN	Service Employees International Union (SEIU)
Jacqueline Bowman	United Nurses Association of California Union of Health Care Professionals (UNAC/UHCP)
Carmen Comsti	California Nurses Association/National Nurses United
VACANT	Healthcare Workforce Development Division
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies UCSF
Sandra Miller, MBA	Assessment Technologies Institute