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**Sent:** Tuesday, April 8, 2025 3:39 PM

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**Subject:** Concerns related to April ELC Agenda Item

Dear Officers of the BRN,

I am unable to attend the ELC Meeting on April 17 so am sending written comments related to a proposed new program. The agenda item relates to the feasibility study for a new prelicensure nursing program from Arizona College of Nursing (AZCN). The proposed program proposes adding 144 students a year into a region that is already significantly impacted with nursing programs needing clinical placements.

Materials note that AZCN reached out to surrounding programs in both January and February 2025. I did not receive a request to provide input on the impact but would have responded that clinical agencies in the region are already heavily impacted with prelicensure nursing students and I would not support another school starting a program in the region. Over the past year, other programs have had requests for new campuses **deferred** (Marsha Fuerst) or requests for significant enrollment increases **denied** (Samuel Merritt), for the same reasons – clinical sites in the region are impacted with students.

The meeting materials note that two major medical centers have already said they are at full capacity for clinical placements. The materials further state that AZCN would mitigate displacements by using summers and weekends – strategies that are already being used throughout the region. Night shifts are also heavily used for preceptorship placements.

I am concerned that adding yet another school in the region, will have a negative impact on the quality of available clinical learning for existing programs.

Thank you.

**Shana Ruggenberg**, EdD, RNC-OB, CNS, CNE  
Director, Master's Entry Program in Nursing  
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*Pronouns: she/her/hers*

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Self-schedule appointments via **Zoom**: [45 minutes](#) | [30 minutes](#)  
Or contact: **Kat Lambert** | [klambert@ucdavis.edu](mailto:klambert@ucdavis.edu)

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April 4, 2025

Loretta Melby, RN, MSN,  
Executive Office, Ca Board of Registered Nursing,

Ms. Melby,

I am writing this letter in response to the Arizona College of Nursing's petition to open a nursing program satellite campus in the Sacramento region. I strongly object to any new school being approved for the region as I do not believe there is the infrastructure to support this. I have spoken with Carol Velas, Director of Nursing Regulatory Affairs, and registered my concerns directly with them. I believe my experience in the region positions me to speak to our local issues.

I have been teaching nursing in Sacramento since 2001 and, after 3 years serving as the Associate Chair, have been the Chairperson/Director of the Sacramento State School of Nursing since August 2015. I maintained a clinical practice until June 2023, I have been an active member of the local Sacramento Academic-Clinical Alliance for Nursing Education (SACANE) group for 13 years, and I also served as the Chair of the SACANE Directors group for 7 years. SACANE membership represents all local clinical agencies and nursing programs with active clinical rotations. Since 2016, I have also served on the Nursing Education Workforce Advisory Committee for the Board of Nursing.

My objections can be categorized into four main areas:

1. Sacramento is not a nursing shortage area.
2. Clinical sites are at a premium.
3. Clinical displacement happens for reasons other than student rotations and should be factored into decisions to open new programs.
4. There is a faculty shortage in the area.

1. When speaking with the Director of Nursing Regulatory Affairs for the Arizona College of Nursing, their rationale for choosing Sacramento was it being a shortage area. According to the University of California, San Francisco website <https://rnworkforce.ucsf.edu/forecasting> where results of surveys about nursing forecasting, demand, supply, and education are reported, "Substantial shortages are projected for the San Francisco, Central Valley, and Central Coast regions, while surpluses may emerge in the Sacramento and Los Angeles regions." This data is confirmed by the Department of Health Care Access and information <https://data.chhs.ca.gov/dataset/registered-nurse-shortage-areas-in-california> where RN Area ID 22, which covers Sacramento/Elk Grove, is identified as not being an RN Shortage Area. Per their data, the target ratio is 943 and the current ratio is 1080.1. Immediately following the COVID pandemic, there was a slight shift in local demand which is now leveling out as evidenced by local Register Nurse job postings and expediency of new graduate hiring. Furthermore, if in existence, a workforce need combined with a clinical site shortage in an area suggests the need to recruit nurses to the area and not to open new programs.

In Sacramento, and nationwide, there are more applications (not necessarily applicants) than admissions to nursing programs. However, the reasons students are turned away are the same as why new programs should not be approved; there is insufficient infrastructure in the region (both faculty and clinical sites).

2. There are currently at least 14 nursing schools placing student in the Sacramento region and at least one new school (Northstate) approved for enrollment. The University of the Pacific was recently approved for an enrollment increase. Both of which will further impact Sacramento clinical sites and the impact has yet to be felt. Samuel Merritt requested an increase and was denied at the last Board meeting. At many of the other existing schools such as Sacramento State, the Los Rio Community Colleges, and the University of California, Davis leadership is encouraging growth in programs; growth which is not happening due to lack of clinical sites.

Over the last few semesters, we have experience increasing difficulties securing clinical allocations. I have submitted examples of the clinical agency decreases in student acceptances to you, Ms. Melby, and my NEC, Ms. Daugherty, at the time of receipt as evidence of current clinical placement issues and displacement. According to the BRN 2022-23 Schools Survey, 73% of all Greater Sacramento programs were denied a clinical placement, 55% of the programs were allowed placements with fewer students, and only 18% were offered an alternative placement (<https://www.rn.ca.gov/forms/rnsurvey201718.shtml> ). The survey also reports that, across all programs in the region, 252 students were impacted with 41 placements denied.

Concerns about clinical placements is an ongoing discussion amongst the SACANE nursing program director members and the clinical agency members. Many agency members voiced concerns about the safety for both staff and patients when having students 24/7 on patient care units. It impacts the learning environment also. A number of clinical agency representatives stated that they now do systemwide clinical agreements. These systemwide agreements enable a school, or expanding school, to demonstrate collaboration with a clinical agency and suggest that it is an agreement for clinical placements. It is not. All of the agency representatives present at the 6-10-2024 SACANE joint meeting stated they were at capacity and were unable to take any new clinical rotations.

Ms. Velas, from Arizona College of Nursing, communicated with me about their plan to submit a Feasibility Study for a BSN program in Sacramento. They claim to have procured clinical sites and mentioned that, per our EDP-P-18s, “the only clinical setting we would share with CSU-Sacramento is SETA for pediatrics”. As this is not a site we are currently using, I question their source of information and the validity of their claim “to ensure other students are not being displaced”. As we know, there is inconsistencies in the data provided in the EDP-P-18s and inconsistencies in who is signing on behalf of the agencies (whether they were signed by agency personnel doing placements or higher leadership without sufficient knowledge of current clinical use, understanding of displacement, and data to make an informed decision not to sign). Furthermore, I have yet to receive the “clinical impactation survey” they said they were sending to gather information for the BRN approval process, however, one of my faculty without responsibilities for clinical placements received the survey. I question why it went to other when, having spoken with me, they knew I was the responsible part at Sacramento State to complete the survey.

A frequently reported concern with new graduate nurses is their lack of “soft skills”. Soft skills are personal attributes that are necessary to succeed in any work environment, including nursing. Hard skills of nursing are clinical competencies essential to performing tasks. The number one soft skill required for nurses is communication. This is a skill that would be hard to hone if the student completes all of their clinical experiences on night shift where there tends to be less opportunity to practice these skills with patients, families, and other members of the healthcare team including physicians and nursing leadership. Yet when the

topic of a shortage of clinical placements is raised, often it is assumed that nursing programs are rejecting night shifts. Many programs use and or request to use evening and night shifts for at least some of their clinical rotations but not all. Use of night shifts is not the answer to a lack of clinical sites.

3. There are a number of other factors that influence availability of clinical placements. Since the COVID pandemic, many local hospitals have begun or increased their new graduate hiring and, thus, their new graduate residency programs. Seasoned nurses retired and the nurses now senior on the units are few and being utilized for new graduate mentoring. It negates patient safety to have a new nurse oversee a nursing student and it is not fair to the new nurse who has yet developed the expertise needed. Spring 2024, Sacramento State nursing was denied for two full clinical sections where we have historically had clinical rotations; fall 2024 we were denied one of the placements; currently we are awaiting approval/denial of one placement all at a local Dignity hospital. We have also lost fall placements at Kaiser South Sacramento. At Dignity, we were not displaced by another school but by a new graduate residency program. Luckily, another agency opened two clinical rotations (being clear it was temporary) so that our students could progress towards graduation.

Hospitals also close units, or decrease the number of students they are willing to take, due to events such as change in leadership, high numbers of inexperienced nurses, low census numbers, renovations, etc. on the unit. Agencies expect clinical faculty to be on site and overseeing students during certain types of rotations. Schools are not funded to provide on-site clinical supervision to only 2-3 students so when a clinical agency cannot take the full clinical group, often the result is the whole rotation being displaced. According to [\*Trends in Nursing Education: Spring 2024 Findings\*](#), released by Core Higher Education Group, “78% of respondents said that sites are limiting the number of students per placement site in our 2024 survey compared to 39% in 2022” (pg. 12); they further comment on the increased cost to schools.

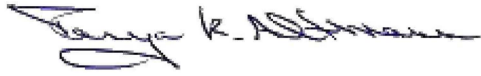
4. It is well known amongst those working in healthcare fields that there is a nursing faculty shortage and schools of nursing are turning away qualified applicants for pre-licensure programs. The shortage of nursing faculty has been an ongoing discussion at SACANE meetings since the inception of the collaborative. At every SACANE directors meeting, schools report their need for faculty and we troubleshoot together. At Sacramento State University, we hire a high number of part-time faculty and, when searching for full-time tenure track faculty, have had failed searches. This is already made more difficult by the recent enrollment increase approved for the university of the Pacific.

It is unclear where new schools would get sufficient faculty but it is clear that existing schools would be impacted. Given the Board of Registered Nursing requirement that faculty be approved in their specialty, at minimum, a new school would need 4-5 faculty to cover theory and enough faculty to cover clinical rotations. I was not told of the enrollment numbers planned by Arizona College of Nursing. Assuming it is in the range of 40 students/semester and clinical group sizes of 10 students (which is more than I am seeing agencies approve currently) they will need at least 16 faculty to cover all content and semesters.

I understand a board decision cannot be based on future plans of existing schools. However, for the reasons articulated, I do not support the approval of any new school for the Sacramento region. If clinical sites were available, expansion of existing nursing programs would be more practical and feasible than opening up new, or satellite, programs in the Sacramento region. The current programs have the infrastructure already established and would need to add less faculty. The lack of their growth demonstrates impactation in the region and a lack of infrastructure for new programs to open.

If you have any question, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Tanya K. Altmann". The signature is fluid and cursive, with the first name "Tanya" being more prominent.

Tanya K. Altmann, PhD, RN

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