
California Board of Registered Nursing

2019-2020 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

The 2019-20 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, 2019 and ending July 31, 2020. Census and associated demographic data were requested for October 15, 2020.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation

All 137 California nursing schools were invited to participate in the survey, and all 137 nursing schools offering 147 BRN-approved pre-licensure programs responded to the survey.¹ Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.²

Table 1. RN Program Response Rate

Program Type	# Programs Reporting	Total # Programs	Response Rate
ADN	87	87	100%
LVN-to-ADN	6	6	100%
BSN	42	42	100%
ELM	12	12	100%
Number of programs	147	147	100%

¹ Since last year's report, two schools are offering new ADN programs, and three schools have started offering new BSN programs.

² Mount Saint Mary's University ADN and BSN programs are counted as two different schools.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs

- 63.3% (n=93) 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 (69.4%, n=102). However, with the addition of five new private programs over the last year, the proportion of public programs has decreased slightly since 2018-19.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	87	59.2%
LVN to ADN	6	4.1%
BSN	42	28.6%
ELM	12	8.2%
Total	147	100.0%
Public	102	69.4%
Private	45	30.6%

Applications to California Nursing Programs

- 29.8% (n=16,356) of the 83,603 qualified applications to pre-licensure nursing education programs received in 2019-20 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.
- LVN-to-ADN programs had the highest percentage of qualified applications accepted while generic ADN programs had the lowest.

Table 3. Applications for Admission by Program Type

	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Total Applications Received*	36,995	438	40,292	5,878	83,603
Screened	32,663	438	34,083	4,923	72,107
Qualified	24,981	349	26,492	3,001	54,823
Accepted	6,415	199	8,494	1,248	16,356
% Qualified Applications Accepted	25.7%	57.0%	32.1%	41.6%	29.8%

*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.

**2019-20 totals include last year's values for one large BSN program that did not report new enrollments or application breakdowns numbers this year.

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

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 (73.2%, n=913), followed by BSN programs (85.2%, n=7,237), while the ADN programs enrolled more students than they accepted (103.8%, n=6,558).
- 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

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Applications Accepted	6,415	199	8,494	1,248	16,356
New Student Enrollments	6,658	194	7,237	913	15,002
% Accepted Applications that Enrolled	103.8%	97.5%	85.2%	73.2%	91.7%

*2019-20 totals include last year's values for one large BSN program that did not report new enrollments or application breakdowns numbers this year.

- As in prior years, some pre-licensure nursing programs (25.2%, n=37) enrolled more students in 2019-20 than the reported number of available admission spaces. Most of these programs (n=30) were ADN programs. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.

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

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Spaces Available	6,315	201	7,732	956	15,204
New Student Enrollments	6,658	194	7,237	913	15,002
% Spaced Filled with New Students Enrollments	105.4%	96.5%	93.6%	95.5%	98.7%

*2019-20 totals include last year's values for one large BSN program that did not report new enrollments or application breakdowns numbers this year.

Schools that Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2019-20 compared to 2018-19. 25.3% of 146 programs (n=37) reported enrolling fewer students in 2019-20 than in the previous year.
- This year, schools were also asked to report on whether they were enrolling fewer students this year, 2020-21, than in the 2019-20 school year. 32.2% (n=47) of 146 programs reported enrolling fewer students than in the previous year.
- The biggest impact was reported among ADN programs. For 2019-20, 27.6% (n=24) of ADN programs reported that they enrolled fewer students; for 2020-21, 41.9% (n=36) enrolled or anticipated enrolling fewer students.

Table 6. Programs That Enrolled Fewer Students in 2019-20 than in 2018-19

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Enrolled fewer	27.6%	16.7%	24.4%	16.7%	25.3%
Did not enroll fewer	67.8%	83.3%	68.3%	83.3%	69.9%
Number of programs reporting	87	6	42	12	147

Table 7. Programs That Enrolled Fewer Students in 2020-21 than in 2019-20

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs*
Enrolled fewer	41.9%	33.3%	21.4%	0.0%	32.2%
Did not enroll fewer	45.3%	66.7%	73.8%	100.0%	58.9%
Number of programs reporting	86	6	42	12	146

*Percentages do not total to 100% because a number of schools indicated that this question was “not applicable”. This may be due to a number of new programs reporting this year and at least one program in the process of phasing out.

- Schools were also asked for the reasons they enrolled fewer students. For 2019-20, the most common reasons given for enrolling fewer students were, “unable to secure clinical placements” (43.2%, n=16), “accepted students did not enroll” (32.4%, n=12), and “other”.
- For 2020-21, the most common reasons given for enrolling fewer students was “unable to secure clinical placements” (75.5%, n=40).
- For both years, schools were also asked about the impact of COVID-19 on their enrollment. The second and third most common reasons for enrolling fewer students in 2020-21 were “decreased an admission cohort (due to COVID)” (50.9%, n=27), and “skipped a cohort (due to COVID)” (32.1%, n=17).
- Even in 2019-20, when the pandemic started, 13.5% (n=5) reported skipping a cohort, and 10.8% (n=4) reported decreasing an admission cohort due to the pandemic.
- Two respondents provided the percent of the decrease for 2019-2020, which averaged 37.5%. 21 respondents provided the percent of the decrease for 2020-2021—which averaged 38.9 %.

- Schools also gave “other” write-in reasons for enrolling for fewer students: For 2019-20, seven schools indicated “other” reasons for enrolling fewer students. Text comments describing these reasons included: COVID-19 (3), program was on probation (1), overenrolled previous year and attrition was less than expected (1), did not accept international or transfer students due to COVID-19 and limited clinical placements (1).
- For 2020-21, eight schools indicated “other” write-in reasons for enrolling fewer students. Text comments describing these reasons included: “clinical partners reducing number of students allowed on site”, “modifications to clinical placements - smaller cohorts and adjusted for lab spaces to accommodate social distancing requirements”, and “keeping numbers low in the skills and simulation lab”.
- The numeric and qualitative data suggests that the increase in schools reporting lack of clinical placements is likely due to COVID-19.

Table 8. Reasons for Enrolling Fewer Students

	2019-2020		2020-2021	
	% of Programs	# of Programs	% of Programs	# of Programs
Unable to secure clinical placements for all students	43.2%	16	75.5%	40
College/university / BRN requirement to reduce enrollment	2.7%	1	3.8%	2
To reduce costs	0.0%	0	3.8%	2
Lost funding	0.0%	0	0.0%	0
Accepted students did not enroll	32.4%	12	9.4%	5
Insufficient faculty	10.8%	4	15.1%	8
Lack of qualified applicants	0.0%	0	1.9%	1
Other	18.9%	7	20.8%	11
COVID-19 factors				
Skipped a cohort	13.5%	5	32.1%	17
Decreased an admission cohort	10.8%	4	50.9%	27
Concerns about safety of students in clinical rotations	5.4%	2	30.2%	16
Concerns about safety of faculty in clinical rotations	5.4%	2	32.1%	17
Challenges converting courses from in-person to online modalities	2.7%	1	18.9%	10
Challenges converting clinicals to virtual simulation	0.0%	0	18.9%	10
Challenges converting clinicals to in-person simulation	2.7%	1	17.0%	9
Number of programs reporting		37		53

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The plurality (48.2%, n=7,237) of students who enrolled in a pre-licensure nursing program for the first time in 2019-20 were BSN students.
- BSN program numbers are an estimate because one large BSN program did not provide enrollment numbers this year. We have substituted last year's enrollment numbers from that program.

Table 9. Newly Enrolled Students by Program Type

	% Enrollment	#
ADN	44.4%	6658
LVN-to-ADN	1.3%	194
BSN*	48.2%	7237
ELM	6.1%	913
Total	100.0%	15,002

*2019-20 totals include last year's values for one large BSN program that did not report new enrollments this year.

Newly Enrolled Students in 30-Unit Option

- Respondents reported eighty-nine new students enrolled in a 30-unit option track in 2019-20. This is many more students than last year, when six students were reported, or than in 2017-18, when 10 students were enrolled in a 30-unit track. 82 of these students were enrolled in one program.

Table 10. Newly Enrolled Students in 30-Unit Track

	ADN	LVN to ADN	BSN	ELM	Total
Number of 30-Unit option students	89	0	0	0	89
Number of programs with students enrolled in 30-unit track	6	0	0	0	6
Number of programs reporting	87	6	41	12	146

Ethnic Distribution of Newly Enrolled Nursing Students

- 70.7% (n=10,179) of students who enrolled in a pre-licensure nursing program for the first time in 2019-20 were ethnic minorities. This is an estimated increase from last year when the proportion was 68.9%.
- ELM programs enrolled the greatest share of ethnic minority students (74.3%, n=660), including the greatest proportion of African-American students (10.0%, n=89).

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

	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Native American	0.9%	2.7%	0.7%	0.3%	0.8%
Asian Indian	14.2%	6.4%	29.5%	27.0%	22.3%
Filipino	2.4%	1.8%	0.9%	0.9%	1.6%
Hawaiian/ Pacific Islander	6.6%	10.0%	4.0%	4.4%	5.2%
Other Asian	0.6%	0.9%	1.8%	1.7%	1.3%
African American	5.5%	5.5%	3.4%	10.0%	4.7%
Hispanic	32.0%	29.1%	23.9%	24.5%	27.6%
Multi-race	5.0%	3.6%	6.7%	4.7%	5.8%
Other	2.8%	3.6%	0.3%	0.7%	1.4%
White	30.1%	36.4%	29.0%	25.7%	29.3%
Total	6,457	110	6,952	888	14,407
Ethnic Minorities*	69.9%	63.6%	71.0%	74.3%	70.7%
# Unknown/ unreported	201	84	285	25	595

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

**2019-20 totals include last year's values for one large BSN program that did not report new enrollments this year.

Gender Distribution of Newly Enrolled Nursing Students

- 22.8% (n=3,419) of students who enrolled in a pre-licensure program for the first time reported their gender was male.
- ADN and BSN programs had greater shares of men enrolling in their programs than did ELM and LVN-to-ADN programs.

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

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Male	23.9%	9.3%	22.8%	17.7%	22.8%
Female	74.7%	54.1%	76.4%	82.3%	75.7%
Other	1.4%	36.6%	0.8%	0.0%	1.5%
Total	6,650	194	7,232	913	14,989
# Unknown/ unreported	8	0	5	0	13

*2019-20 totals include last year's values for one large BSN program that did not report new enrollments this year.

Age Distribution of Newly Enrolled Nursing Students

- 70.3% (n=10,282) of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.
- BSN programs enrolled a larger proportion of students under 31 years of age (78.6%, n=5,668) than did other programs.

Table 13. Age Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	All Programs
17 – 20 years	3.7%	0.0%	18.8%	0.1%	10.6%
21 – 25 years	28.1%	10.6%	37.2%	39.3%	33.1%
26 – 30 years	29.4%	29.3%	22.7%	36.6%	26.7%
31 – 40 years	27.2%	44.7%	16.7%	19.0%	21.8%
41 – 50 years	9.3%	11.4%	4.2%	4.3%	6.6%
51 – 60 years	2.0%	4.1%	0.5%	0.7%	1.2%
61 years and older	0.3%	0.0%	0.1%	0.0%	0.2%
Total	6,578	123	7,086	837	14,618
# Unknown/ unreported	80	71	151	76	389

*2019-20 totals include last year's values for one large BSN program that did not report new enrollments this year.

Veterans

- 85 programs reported 543 declared military veterans among newly enrolled students between August 1, 2019 and July 31, 2020. This represents approximately 4.4% of all newly enrolled students.
- Almost one-quarter (23.9%, n=130) of newly enrolled veterans was reported to have health occupations experience or training prior to enrollment, and 11.0% (n=60) entered with an LVN license.

Table 14. Prior Experience of Newly Enrolled Veterans

	% of Veterans	# of Veterans
Prior health occupations training and/or experience	23.9%	130
Entered the program with an LVN license	11.0%	60
Entered the program as advanced placement	3.5%	19
Total Veterans	38.5%	543

- One-hundred and thirty-two (132) programs reported that special admission considerations are offered for military veterans. The most commonly reported special admission considerations were credit for equivalent courses or transfer credits (70.5%, n=93) and review of individual transcripts (63.6%, n=84)

Table 15. Special Admission Considerations Offered Veterans

	% of Programs	# of Programs
Credit for equivalent courses or transfer credits	70.5%	93
Review of individual transcripts	63.6%	84
Credit for pre-requisites and fundamentals for military medic or corpsman experience	59.8%	79
Priority admission	28.8%	38
Other	28.8%	38
No special consideration for admission	6.8%	9
Additional credit awarded in Multicriteria screening process as defined in California Assembly Bill 548*	0.0%	0
Total Programs Reporting		132

*Category generated from text answers as described in “other” response.

- The most common special option, track, or service offered to veterans was counseling (52.9%, n=74), followed by challenge exams regardless of LVN licensure (47.9%, n=67).
- “Other” responses provided in text comments included: Military Challenge Admission Option for select separated military occupation specialties, review of individual transcripts, advanced placement-credit for 1st semester, and development of Pathway for LVN to RN in Progress.

Table 16. Special Options, Tracks, or Services Offered to Veterans

	% of Programs	# of Programs
Counseling	52.9%	74
Offering challenge exams, regardless of LVN licensure	47.9%	67
Offering challenge exams, if the veteran has an LVN license	27.9%	39
Medic/LVN to RN program	15.7%	22
No special options, tracks or services offered	19.3%	27
Other	7.9%	11
Veterans resource center*	2.9%	4
NCLEX support course specifically for veterans	2.9%	4
Number of programs reporting		140

*Category generated from text answers as described in “other” response.

Currently Enrolled Nursing Students

Nursing Student Census by Degree Type

- On October 15, 2020, 28,265 students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students, at 55.0% (n=15,540) of all nursing students enrolled on October 15, 2020. This is an estimate because one large BSN program did not report its student census this year. Last year's census numbers for that program are substituted in this report.
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are presented in the table below.

Table 17. Student Census by Program Type

	% Currently Enrolled	# Currently Enrolled
ADN	39.3%	11,105
LVN-to-ADN	0.5%	133
BSN*	55.0%	15,540
ELM	5.3%	1,487
Total	100.0%	28,265
ELM Post-licensure		801

*2019-20 totals include last year's values for one large BSN program that did not report a student census this year.

Ethnic Distribution of Nursing Student Census

- More than two-thirds (69.9%, n=18,917) of all students enrolled in a pre-licensure nursing program as of October 15, 2020, were from an ethnic minority group.
- The overall share of ethnic minority nursing students was similar across most program types, although the breakdowns of different groups vary between program types. Generic ADN programs were the least diverse this year (65.9%, n=7,315), and LVN-to-ADN programs were the most diverse (75.2%, n=100).
- Generic ADN programs had the greatest share and number of Hispanic students (32.0%, n=3,554). ELM programs had the greatest share of African American students (9.1% for pre-licensure, n=136, 7.8% for post-licensure, n=59).
- Respondents were asked to disaggregate ELM pre- and post-licensure students in their reporting. These data are provided in the table below.

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

	ADN	LVN-to-ADN	BSN**	ELM Prelicensure	All Prelicensure Programs	ELM Postlicensure
Native American	0.7%	1.5%	0.5%	0.3%	0.6%	0.1%
Asian Indian	1.3%	1.5%	0.5%	0.9%	0.9%	0.3%
Filipino	5.6%	6.0%	4.9%	4.1%	5.3%	0.9%
Hawaiian/ Pacific Islander	0.6%	2.3%	1.3%	0.9%	1.0%	0.7%
Other Asian	13.9%	19.5%	27.5%	27.4%	23.1%	27.0%
African American	4.7%	6.0%	3.7%	9.1%	4.6%	7.8%
Hispanic	32.0%	29.3%	22.0%	22.9%	27.1%	24.4%
Multi-race	5.0%	7.5%	5.7%	5.6%	5.7%	9.4%
Other	2.0%	1.5%	1.1%	0.7%	1.5%	1.6%
White	29.5%	23.3%	28.8%	25.3%	30.1%	27.8%
Total	11,105	133	15,540	1,487	27,079	753
Ethnic Minorities*	65.9%	75.2%	67.1%	71.9%	69.9%	72.2%
# Unknown/unreported	515	2	627	42	1,186	48

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

**2019-20 totals include last year’s values for one large BSN program that did not report a student census this year.

Gender Distribution of Nursing Student Census Data

- Men represented 22.5% (n=6,328) of all students enrolled in pre-licensure nursing programs as of October 15, 2020.
- Generic ADN programs had the greatest shares of men enrolled (23.7%, n=2,552), while LVN-to-ADN programs had the smallest share (17.3%, n=23).

Table 19. Gender Distribution of Nursing Student Census Data by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	All Programs	ELM Postlicensure
Male	23.7%	17.3%	21.5%	23.5%	22.5%	18.2%
Female	76.3%	82.7%	78.5%	76.4%	77.5%	81.0%
Other	0.0%	0.0%	0.0%	0.1%	0.0%	0.6%
Total	10,770	133	15,393	1,485	27,781	800
# Unknown/unreported	335	0	147	2	484	1

*2019-20 totals include last year's values for one large BSN program that did not report a student census this year.

Age Distribution of Nursing Student Census Data

- 71.8% (n=19,157) of students enrolled in a pre-licensure nursing program as of October 15, 2020 were younger than 31 years of age.
- BSN programs had the greatest percentage of students under 31 years of age (79.6%, n=11,467), and LVN-to-ADN programs had the smallest percentage (39.8%, n=53).

Table 20. Age Distribution of Nursing Student Census Data by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	All Programs	ELM Postlicensure
17 – 20 years	2.8%	0.0%	15.5%	0.0%	9.5%	0.0%
21 – 25 years	29.1%	9.8%	42.5%	37.3%	36.7%	11.4%
26 – 30 years	29.3%	30.1%	21.6%	38.1%	25.6%	50.7%
31 – 40 years	28.6%	42.9%	15.9%	19.1%	21.3%	29.7%
41 – 50 years	8.4%	14.3%	3.9%	4.6%	5.8%	5.4%
51 – 60 years	1.6%	2.3%	0.6%	0.9%	1.0%	2.3%
61 years and older	0.1%	0.8%	0.1%	0.1%	0.1%	0.5%
Total	10,744	133	14,408	1,408	26,693	649
# Unknown/unreported	361	0	1,132	79	1,572	152

*2019-20 totals include last year's values for one large BSN program that did not report a student census this year.

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,300 students were approved for accommodations for a declared disability.
- Only 38 schools (27.9%) representing 41 programs reported that their school or program collects student disability data as part of the admissions process. Nonetheless, 109 schools representing 114 programs provided data for this series of questions.
- Exam accommodations were the most commonly reported (79.5%, n=1,034 students). These accommodations were used extensively by ADN and LVN-to-ADN programs, and somewhat less so by BSN and ELM programs. Academic counseling and advising and disability-related counseling and referral were also common among ADN programs.
- "Other" accommodations described in text comments included: extra breaks during lectures, extra time on coursework, preferential seating, access to food and drink in the classroom, provision of PowerPoint slides in advance or allowing student to take photos of the board or slides during lecture, accommodations in clinic.

Table 21. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Exam Accommodations (Modified/Extended Time/Distracted Reduced Space)	94.4%	100.0%	62.4%	50.9%	79.5%
Disability-Related Counseling/Referral	45.2%	66.7%	25.8%	45.6%	38.5%
Academic Counseling/Advising	46.4%	66.7%	14.2%	11.4%	32.2%
Priority Registration	39.4%	33.3%	19.3%	0.9%	29.1%
Note-Taking Services/Reader/Audio Recording/Smart Pen	32.6%	0.0%	13.3%	25.4%	25.2%
Other	10.0%	0.0%	34.4%	34.2%	20.5%
Assistive Technology/Alternative Format	15.1%	0.0%	2.2%	14.0%	10.5%
Adaptive Equipment/Physical Space/Facilities	12.6%	0.0%	3.6%	1.8%	8.5%
Interpreter and Captioning Services	4.2%	0.0%	0.0%	0.0%	2.4%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	1.1%	0.0%	0.4%
Service Animals	0.1%	0.0%	0.4%	0.0%	0.2%
Reduced Course load	0.1%	0.0%	0.0%	0.0%	0.1%
Number of programs responding	73	3	28	10	114
Total Students	733	3	450	114	1,300

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.

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2019 and July 31, 2020, 12,714 students completed a pre-licensure nursing program in California.
- BSN programs had the greatest share of completions (47.9%, n=6,094) followed by ADN programs (44.5%, n=5,663).
- Three students were reported to have completed a 30-unit option program.

Table 22. Nursing Student Completions by Program Type

	% of Completions	# of Completions
ADN	44.5%	5,663
LVN to ADN	1.5%	188
BSN	47.9%	6,094
ELM	6.0%	769
Total	100.0%	12,714
ELM Post-licensure		253

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 67.0% (n=8,139) of students who completed a pre-licensure nursing program were from minority ethnic groups.
- This proportion was similar across most program types. Post-licensure ELM programs had the largest proportion of students from ethnic minorities (72.5%, n=166) and LVN-to-ADN programs had the smallest (62.9%, n=112).
- Generic ADN programs have the greatest share of Hispanic student completions (31.0%, n=1,705). ELM pre-licensure programs have the greatest proportion of African American student completions (9.6%, n=71), followed by ELM post-licensure programs (6.1%, n=14).

Table 23. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Native American	0.6%	1.7%	1.4%	3.9%	1.2%	6.1%
Asian Indian	1.5%	1.1%	0.7%	1.3%	1.1%	0.9%
Filipino	6.6%	7.3%	4.8%	3.5%	5.6%	2.6%
Hawaiian/Pacific Islander	0.8%	3.9%	1.5%	0.1%	1.1%	0.4%
Other Asian	14.7%	23.0%	26.8%	23.2%	21.0%	14.4%
African American	5.1%	3.9%	3.8%	9.6%	4.8%	6.1%
Hispanic	31.0%	18.0%	21.1%	24.1%	25.7%	31.9%
Multi-race	4.2%	3.4%	6.5%	3.4%	5.2%	7.9%
Other	2.3%	0.6%	0.3%	1.3%	1.3%	2.2%
White	33.1%	37.1%	33.2%	29.5%	33.0%	27.5%
Total	5,500	178	5,726	742	12,146	229
Ethnic Minorities*	66.9%	62.9%	66.8%	70.5%	67.0%	72.5%
# Unknown/unreported	163	10	368	27	568	24

*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

- 22.2% (n=2,784) of all students who completed a pre-licensure nursing program were male.
- Generic ADN and BSN programs had the largest shares of male students (22.0%, n=1,231 and 23.5%, n=1,401 respectively), while LVN-to-ADN and ELM pre and post-licensure programs had the smallest shares (17.1%, n=32; 15.6%, n=120; and 16.4%, n=41, respectively).

Table 24. Gender Distribution of Students Who Completed a Nursing Program

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Male	22.0%	17.1%	23.5%	15.6%	22.2%	16.4%
Female	78.0%	82.9%	76.5%	84.2%	77.7%	83.6%
Other	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
Total	5,593	187	5,969	767	12,516	250
# Unknown/unreported	70	1	125	2	198	3

Age Distribution of Students Who Completed a Nursing Program

- 67.1% (n=8,173) of students completing a nursing program in 2019-20 were younger than 31 years of age when they completed their program.
- BSN programs had the largest proportion of completions by students under 31 years of age (75.5%, n=4,328).
- People 41 years and older accounted for just 8.0% (n=979) of completions from all programs, but 11.1% (n=616) of ADN completions, and 14.4% (n=27) of LVN-to-ADN completions.

Table 25. Age Distribution of Students Who Completed a Nursing Program by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
17 – 20 years	1.6%	0.0%	5.4%	3.9%	3.5%	0.0%
21 – 25 years	25.6%	10.6%	40.9%	25.1%	32.6%	2.7%
26 – 30 years	31.4%	27.7%	29.2%	44.7%	31.1%	52.1%
31 – 40 years	30.3%	47.3%	19.3%	20.7%	24.8%	34.6%
41 – 50 years	9.5%	11.7%	4.4%	4.6%	6.9%	9.6%
51 – 60 years	1.5%	1.6%	0.7%	1.0%	1.1%	0.5%
61 years and older	0.1%	1.1%	0.0%	0.0%	0.1%	0.5%
Total	5,564	188	5,731	692	12,175	188
# Unknown/unreported	99	0	363	77	539	65

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 709 students who completed their programs in 2019-20 had an accommodation for a declared disability.
- Since only 38 schools (27.9%) representing 41 programs reported that their school or program collects student disability data as part of the admissions process. Nonetheless, 98 schools representing 102 programs provided data for this series of questions.
- Exam accommodations (96.6%, n=685) was the most commonly provided accommodation, followed disability-related counseling and referral (38.6%, n=274), and academic counseling and advising (36.4%, n=258).
- “Other” responses from written text comments included: tutoring in math and English, access to food and drink during classes and tests, access to handheld devices for monitoring and medical treatment, breaks, preferred seating, weight restriction on lifting.

Table 26. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Exam Accommodations (Modified/Extended Time/Distracted Reduced Space)	112.8%*	100.0%	61.6%	39.0%	96.6%
Disability-Related Counseling/Referral	38.9%	83.3%	37.0%	35.6%	38.6%
Academic Counseling/Advising	46.0%	100.0%	11.6%	5.1%	36.4%
Priority Registration	43.1%	0.0%	2.2%	1.7%	31.3%
Note-Taking Services/Reader/Audio Recording/Smart Pen	28.9%	33.3%	13.8%	28.8%	26.0%
Other	10.5%	0.0%	31.9%	25.4%	15.8%
Adaptive Equipment/Physical Space/Facilities	15.6%	50.0%	4.3%	5.1%	12.8%
Assistive Technology/Alternative Format	8.5%	16.7%	2.9%	6.8%	7.3%
Interpreter and Captioning Services	5.1%	0.0%	0.7%	0.0%	3.8%
Reduced Course load	0.4%	0.0%	0.0%	0.0%	0.3%
Service Animals	0.2%	0.0%	0.7%	0.0%	0.3%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of students receiving accommodations	506	6	138	59	709

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

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

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 8.3% in 2019-20.
- LVN-to-ADN programs had the lowest attrition rate (3.6%); ADN programs the highest (9.0%).
- The overall completion rate for pre-licensure nursing education programs in California was 84.9% in 2019-20.
- LVN-to-ADN programs had the highest completion rate (95.4%) and ADN programs had the lowest completion rate (82.1%) in 2019-20.

Table 27. On-time Completion and Attrition Data by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
<u>Students scheduled to complete the program</u>	6,718	194	6,306	766	13,984
<u>Completed on-time</u>	5,516	185	5,462	706	11,869
<u>Still enrolled</u>	596	2	319	31	948
Total Attrition	606	7	525	29	1,167
<u>Dropped out</u>	343	6	254	20	623
<u>Dismissed</u>	263	1	271	9	544
Completed late*	525	31	204	23	783
On-time completion rate**	82.1%	95.4%	86.6%	92.2%	84.9%
Attrition rate***	9.0%	3.6%	8.3%	3.8%	8.3%

Note: Seven programs did not provide data on attrition and completion. Six were new programs and had no graduates and one ADN program gave no reason.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2019-20, Native American students had the lowest attrition rate (4.8%) and also the lowest on-time completion rate (52.1%) due to the number of students still enrolled. African American students had the highest attrition rate (10.4%). White students had the highest on time completion rate (88.6%).

Table 28. On-time Completion and Attrition Data by Race and Ethnicity

	Native American	Asian	African American	Filipino [¥]	Hispanic	White	Other	Unknown
<u>Students scheduled to complete the program</u>	332	2,915	587	790	3,315	4,076	795	1,174
<u>Completed on-time</u>	173	2,502	484	650	2,774	3,611	681	994
<u>Still enrolled</u>	143	153	42	66	258	185	49	52
Total Attrition	16	260	61	74	283	280	65	128
<u>Dropped out</u>	4	126	22	36	149	172	31	83
<u>Dismissed</u>	12	134	39	38	134	108	34	45
Completed late*	9	129	71	91	201	181	27	43
On-time completion rate**	52.1%	85.8%	82.5%	82.3%	83.7%	88.6%	85.7%	84.7%
Attrition rate***	4.8%	8.9%	10.4%	9.4%	8.5%	6.9%	8.2%	10.9%

*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.

Note: Seven programs did not provide data on attrition and completion. Six were new programs and had no graduates and one ADN program gave no reason.

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

Employment of Recent Nursing Program Graduates

- Program directors were asked to report the employment 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, 59.4% of recent RN graduates employed in nursing in October 2020 were reported to be working in hospitals.
- Graduates of BSN programs and ELM prelicensure programs were the most likely to work in hospitals (65.2% and 61.4% respectively) while graduates of LVN-to-ADN programs were the least likely (56.3%). ADN and ELM post-licensure students were more likely than other graduates to be pursuing additional nursing education (10.6% and 21.3%, respectively).
- 10% of recent nursing program graduates were not yet licensed, including 22.0% of ELM prelicensure students and 16.5% of LVN-to-ADN students.
- Other employment locations written in by respondents included corrections and self-employed legal nurse consultant.
- Statewide, programs reported that 3.3% of nursing graduates from the prior academic year were unable to find employment by October 2020.
- Nursing schools reported that 83.0% of their recent RN graduates employed in nursing were employed in California.

Table 29. Employment of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs	ELM Postlicensure
Hospital	57.0%	56.3%	65.2%	61.4%	59.4%	59.3%
Not yet licensed	8.9%	16.5%	7.8%	22.0%	9.9%	0.0%
Pursuing additional nursing education	10.6%	4.8%	1.5%	5.2%	7.5%	21.3%
Long-term care facility	7.3%	12.6%	3.2%	0.2%	5.9%	1.1%
Participating in a new graduate residency (paid)	5.6%	1.8%	7.5%	3.1%	5.7%	0.0%
Other Healthcare Facility	3.3%	5.5%	4.5%	0.7%	3.5%	15.1%
Community/Public Health Facility	3.2%	2.6%	4.3%	1.2%	3.4%	1.8%
Unable to find employment	2.8%	0.0%	5.3%	2.4%	3.3%	0.5%
Other setting	1.1%	0.0%	0.8%	3.8%	1.1%	0.0%
Participating in a new graduate residency (unpaid)	0.3%	0.0%	0.0%	0.0%	0.2%	1.0%

Note: Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2019-20, on average, the employment setting was unknown for 12% of recent graduates. 129 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was \$23,540. ELM students had the highest average debt load, and LVN-to-ADN students had the lowest average debt load.
- Private school graduates had an average debt load of \$48,581, while public school graduates averaged \$12,271.
- 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 30. Student Debt Load of Recent Nursing Program Graduates

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average debt load	\$10,461	\$2,250	\$33,158	\$92,100	\$23,540
Private	\$33,409	-	\$39,666	\$95,344	\$48,581
Public*	\$6,517	\$2,250	\$21,444	\$86,423	\$12,271
Number of programs reporting	75	2	28	11	116

*Thirteen programs, all of them at community colleges, reported "\$0" in student debt.

Time to Complete

- Most programs are on a semester schedule (88.9%, n=128). A few are on a quarter schedule (11.1%, n=16).
- ELM programs were the most likely to be on a quarter schedule (33.3%, n=4), although most are on a semester schedule (66.7%, n=8).

Table 31. Type of Schedule by Program Type

	ADN	LVN	BSN	ELM	Total
Semester	92.9%	100.0%	85.7%	66.7%	88.9%
Quarter	7.1%	0.0%	14.3%	33.3%	11.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Number of programs reporting	84	6	42	12	144

- In 2019-20, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 31 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.
- The average number of *weeks* per semester was 16.2. The average number of weeks per quarter was 10.25.

Table 32. Average Time to Completion by Schedule and Program Type

	ADN	LVN-to-ADN	BSN	ELM min	ELM max
<i>Full-Time Generic Students</i>					
Average time to completion, semesters	4.7	2.2	6.0	4.6	4.9
Average time to completion, quarters	7.7	N/A	12.5	6.3	6.8
Number of programs reporting	87	6	40	11	11
<i>Full-Time Accelerated Students</i>					
Average time to completion, semesters	2.5	NA	4.8	NA	NA
Average time to completion, quarters [‡]	N/A	N/A	8.5	NA	NA
Number of programs reporting	31	-	18	-	-

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

[‡]One ADN program reported 42 semesters to for accelerated students to complete the program; one BSN program reported 22 quarters for accelerated students to complete the program.

- In 2019-20, respondents with ADN programs were asked to rank common reasons ADN graduation was delayed for the period prior to the start of the COVID-19 pandemic and after the pandemic started. These rankings are displayed below as averages.
- The most highly ranked reason prior to the start of the pandemic was “student had to repeat one or more courses to pass / progress” (1.5). This was chosen as the top reason by 67% of respondents (n=56). The second most highly ranked reason was “student had personal issue(s) that required time away from school” (1.8). 31% of respondents ranked this as the number one reason for delay (n=20).
- The most highly ranked reason after the start of the pandemic was that “student had personal issue(s) that required time away from school” (2.5), and “student had to repeat one or more courses to pass / progress” was the second most highly ranked at 2.8. However, the third most highly ranked reason was “leave due to personal issues related to COVID-19” (3.9).
- Write-in answers for delay included: “Lack of medical clearance to be in hospital during Covid-19 pandemic = involuntary leave of absence”, “Children and elderly at home, stress”, “Pause in program for first, second, and third semesters due to COVID”, “Clinical placements cancelations by healthcare partners because of COVID-19”, “Students complete pre-req courses part time and slowly while working and to achieve high grades because the multi-criterion selection process is competitive”, and “clinical displacements”.

Table 33. Reasons for Delayed Completion, ADN Students Only

	Before COVID	After COVID
Student had personal issue(s) that required time away from school	1.8	2.5
Student had to repeat one or more courses to pass/progress	1.5	2.8
Leave due to personal issues related to COVID*	-	3.9
Leave due to preference for in-person learning*	-	4.8
Unable to obtain a required course(s) to progress	4.4	5.2
Inadequate academic advising	4.4	5.6
Student changed course of study	4.5	6.0
Required pre-requisite or required course not offered	4.8	6.2
Other	7.5	9.0
Does not apply as our program is not a traditional 2-year program	7.1	9.2
Number of programs reporting	83	82

*These two answer categories were not asked of programs for the period prior to the start of the pandemic
 Note: The lower the ranking, the greater the importance of the reason (1 has the highest importance and 10 has the lowest importance.)

Faculty Data

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

Full-Time and Part-Time Faculty Data

- On October 15, 2020, there were 4,929 nursing faculty.³ More than two-thirds were part-time faculty (68.4%, n=3,373).
- The faculty vacancy rate in pre-licensure nursing programs was 6.7%. The vacancy rate among full-time faculty (9.9%) was nearly twice that of part-time faculty (5.1%)

Table 34. Total Faculty and Faculty Vacancies

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	4,929	354	6.7%
Full-Time Faculty	1,556	171	9.9%
Part-Time Faculty	3,373	183	5.1%

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 2019-20, 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. 41.9% (n=57) of 136 schools responding agreed. These 57 schools were asked to rank the reason for this shift. 56 schools overall gave rankings.
- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions.
- “Other” reasons from text comments included “COVID impact on applicants,” “Full-time faculty leaving clinical,” “Grant support for remediation,” “In addition to AB 1051, because of COVID-19, less students per a group are allowed by the clinical sites,” and “flexibility of time based on clinical facility availability for clinical rotations.”

Table 35. Reasons for Hiring More Part-Time Faculty

	Average rank*
Non-competitive salaries for full time faculty	3.0
Shortage of RNs applying for full time faculty positions	3.4
Insufficient number of full-time faculty applicants with required credential	3.9
Need for part-time faculty to teach specialty content	4.1
Insufficient budget to afford benefits and other costs of FT faculty	4.7
Private, state university or community college laws, rules or policies	5.9
Need for faculty to have time for clinical practice	6.1
To allow for flexibility with respect to enrollment changes	6.9
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.9
Other	9.1
Total ranking these options	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 most part-time faculty positions are budgeted positions funded by the school’s general fund. About four percent of part-time faculty positions are paid entirely with external funding, compared with less than one-percent of full-time faculty positions.

Table 36. Funding of Faculty Positions

	% Full-Time Faculty	% Part-Time Faculty
Budgeted positions	97.3%	92.5%
100% external funding	0.8%	4.2%
Combination of the above	1.9%	3.3%
Total Faculty	1,563	3,260

- The majority of faculty (48.2%, n=2,375) teaches clinical courses only. A similar proportion (42.6%, n=2,102) of faculty teaches both clinical and didactic courses, while few faculty teach only didactic courses (9.2%, n=452).

Table 37. Faculty Teaching Assignments

	% All Faculty	# All Faculty
Clinical courses only	48.2%	2,375
Didactic courses only	9.2%	452
Clinical & didactic courses	42.6%	2,102
Total Faculty	100.0%	4,929

- 97 of 136 schools (71.3%) reported that faculty in their programs work an overloaded schedule, and 95.8% (n=92) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 38.0% (n=52) of schools reported that their externally funded positions will continue to be funded for the 2020-21 academic year. If these positions are not funded, schools reported that they would be able to enroll only 10,064 students in pre-licensure RN programs in 2020-21, which would be a 32.9% decrease in new enrollments compared to the (estimated) 15,007 new students that enrolled in RN programs in 2019-20.

Table 38. External Funding for Faculty Next Year

	% of Schools	# of Schools
Will continue	38.0%	52
Will not continue	8.8%	12
Unknown	53.3%	73
Not applicable	0.0%	0
Number of schools reporting	100.0%	137

Faculty Demographic Data

- Nursing faculty remain predominantly white (53.8%, n=2,446) and female (82.2%, n=4,136). Forty-one percent (40.8%, n=1,851) of faculty is between 41 and 55 years of age and 27.8 (n=1,264) of faculty is over 55 years of age.

Table 39. Faculty Ethnicity

Race/Ethnicity	% Faculty	# Faculty
Native American	0.4%	18
Asian Indian	1.5%	67
Filipino	5.5%	248
Hawaiian/Pacific Islander	0.4%	17
Other Asian	13.4%	608
African American	10.1%	459
Hispanic	11.6%	528
Multi-race	2.5%	112
Other	0.9%	43
White	53.8%	2,446
Number of faculty	100.0%	4,546
Ethnic Minorities*	46.2%	2,100
Unknown/unreported	383	4,546

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

Table 40. Faculty Gender and Age

Gender	% Faculty	# Faculty
Men	13.5%	678
Women	82.2%	4,136
Other	0.5%	26
Number of faculty	100.0%	4,840
Unknown/unreported		89
Age	% Faculty	# Faculty
30 years or younger	6.6%	298
31 – 40 years	24.8%	1,127
41 – 50 years	26.3%	1,194
51 – 55 years	14.5%	657
56 – 60 years	11.1%	504
61 – 65 years	10.2%	465
66 – 70 years	4.5%	205
71 years and older	2.0%	90
Number of faculty	100.0%	4,540
Unknown/unreported		389

Faculty Education

- On October 15, 2020, almost all full-time faculty (95.1%, n=1,474) held a master's or doctoral degree, while only 58.8% (n=1,950) of part-time faculty held a graduate degree.
- 7.7% of all active faculty (n=380) were reported to be pursuing an advanced degree as of October 15, 2020.

Table 41. Highest Level of Education of Faculty

	% Full-Time Faculty	% Part-Time Faculty
Associate degree in nursing (ADN)	0.3%	4.4%
Baccalaureate degree in nursing (BSN)	4.5%	36.0%
Non-nursing baccalaureate	0.1%	0.8%
Master's degree in nursing (MSN)	55.4%	49.2%
Non-nursing master's degree	4.0%	1.7%
PhD in nursing	14.1%	2.7%
Doctorate of Nursing Practice (DNP)	15.5%	3.8%
Other doctorate in nursing	1.5%	0.5%
Non-nursing doctorate	4.6%	1.0%
Number of faculty	1,550	3,316
Unknown/unreported*	6	57

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

Recruiting Diverse Faculty

- In 2019-20, program representatives were asked what strategies they used to recruit diverse faculty.
- The most commonly used strategy was sharing school and program goals and commitments to diversity (74.1%, n=100), sending job announcements to a diverse group of institutions and organizations (70.4%, n=95), and sharing and highlighting campus and community demographics (64.4%, n=87).
- “Other” written text comments included: networking with ADN directors and current faculty, recruiting at conferences, word of mouth networking, a faculty diversity internship program, and “don’t often have opportunity to market positions as not granted full time positions within the college to expand the program”.

Table 42. Strategies for Recruiting Diverse Faculty

	% of Schools	# of Schools
Share program/school goals and commitments to diversity	74.1%	100
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	70.4%	95
Highlight campus and community demographics	64.4%	87
Share faculty development and mentoring opportunities	48.9%	66
Use of publications targeting minority professionals (e.g. Minority Nurse)	38.5%	52
Highlight success of faculty, including faculty of color	28.9%	39
Showcase how diversity issues have been incorporated into the curriculum	26.7%	36
Other	7.4%	10
External funding and/or salary enhancements (e.g. endowed lectureship)	3.0%	4
Number of schools that reported	100%	135

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (93.2%) and program policies (88.6%) and were the most frequently reported methods used to prepare part-time faculty to teach.
- “Other” written text comments included: bootcamp for educators, co-teaching, online orientation modules, faculty development courses, clinical orientation, and meetings with faculty and directors.

Table 43. Methods Used to Prepare Part-Time Faculty to Teach

	% of Schools	# of Schools
Faculty orientation	93.2%	123
Program policies	88.6%	117
Mentoring program	73.5%	97
Administrative policies	69.7%	92
Specific orientation program	62.9%	83
Teaching strategies	68.9%	91
Curriculum review	65.9%	87
External training program	12.1%	16
Other	11.4%	15
None	0.8%	1
Number of schools that reported		132

Faculty Attrition

- Nursing schools reported 159 full-time and 265 part-time faculty members as having retired or left the program in 2019-20.
- Schools reported that an additional 134 faculty members (72 full-time and 62 part-time) are expected to retire or leave the school in 2019-20.
- The most frequently cited reason for having a faculty member leave the program in 2019-20 was retirement (64.6%, n=51), followed by termination (17.7%, n=14), and career advancement (15.2%, n=12).
- Workplace climate (1.3%, n=1), and layoffs (0%, n=0) were the least common reasons reported for faculty leaving their positions.
- “Other” reasons reported in text comments included: moved to be closer to family, took a position at another college, leadership concerns, and took an interim director position.

Table 44. Reasons Faculty Leave Their Positions

	% of Schools	# of Schools
Retirement	64.6%	51
Termination (or requested resignation)	17.7%	14
Career advancement	15.2%	12
Workload	13.9%	11
Relocation of spouse or other family obligation	12.7%	10
Concern about exposure to COVID-19	12.7%	10
Other	11.4%	9
Return to clinical practice	10.1%	8
Salary/Benefits	8.9%	7
Personal health issues	8.9%	7
Resigned for unknown reasons	6.3%	5
Child care challenges due to childcare/school closures	5.1%	4
Unwillingness to convert to virtual instruction	3.8%	3
Workplace climate	1.3%	1
Layoffs (for budgetary reasons)	0.0%	-
Number of schools that reported		79

- In 2019-20, twenty-nine schools reported that 43 active full-time faculty went from full-time to part-time.
- The main reason schools reported for faculty going from full-time to part-time schedules was “other” (31.0%, n=9) and return to clinical practice (27.6%, n=8).
- “Other” reasons included: contract not renewed, grant funding ended, changed career path, wanted to avoid clinicals, retired then assumed a part-time position teaching in the skills lab, entered early retirement program, and COVID-19 impacts.

Table 45. Reasons Faculty Go from Full-Time to Part-Time

	% of Schools	# of Schools
Other	31.0%	9
Preparing for retirement	27.6%	8
Family obligations	17.2%	5
Return to clinical practice	13.8%	4
Personal health issues	13.8%	4
Requested by Program Due to budgetary reason	13.8%	4
Workload	6.9%	2
Workplace climate	3.4%	1
Number of schools that reported		29

Faculty Hiring

- 116 schools reported hiring a total of 885 faculty members (191 full-time and 692 part-time, and 2 unreported) between August 1, 2019 and July 31, 2020.
- Thirty percent (51.4%, n=455) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (62.1%, n=72) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching as a nurse educator in a clinical setting, completed a graduate degree program in the last two years (59.5%, n=69) or experienced teaching while in graduate school (41.4%, n=48).
- Thirty-seven schools reported they were under a hiring freeze for active faculty at some point between August 1, 2019 and July 31, 2020, and twenty-three of these schools (62.2%) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.
- Other characteristics described by respondents in text comments included faculty that had experience precepting (three mentions), experience teaching in a foreign nursing school, and “taught part-time at this school”.

Table 46. Characteristics of Newly Hired Faculty

	% of Schools	# of Schools
Experience teaching as a nurse educator in a clinical setting	62.1%	72
Completed a graduate degree program in last two years	59.5%	69
Experience student teaching while in graduate school	41.4%	48
No teaching experience	37.9%	44
Experience teaching in a setting outside of nursing	21.6%	25
Other	6.0%	7
Experience teaching at another nursing school*	-	-
Number of schools that reported		116

*Answer category inadvertently dropped from this year’s questionnaire.

- The most common reason for hiring new faculty was to replace faculty that had left or retired (81.9%, n=95), followed by reducing faculty workload (27.6%, n=32). These two reasons, in this order, were the top two reasons for schools with each program type.
- To fill longstanding faculty vacancies (28.2%, n=22) was the third most common reason for schools with ADN programs, whereas program expansion was the third most common reason for schools with BSN programs (21.6%, n=8) and schools with ELM programs (27.3%, n=3).
- “Other” reasons for hiring faculty provided in text comments included allowing flexibility with scheduling, covering fulltime faculty on sabbatical, filling clinical teaching vacancies, hiring for clinical specialty, replacing part-time faculty, facilitating smaller clinical groups in the clinical setting as a result of COVID, and hiring faculty to teach in open skills lab.

Table 47. Reasons for Hiring Faculty

	ADN	BSN	ELM	All Schools	# Schools
To replace faculty that retired or left the program	80.8%	83.8%	100.0%	81.9%	95
To reduce faculty workload	29.5%	24.3%	54.5%	27.6%	32
To fill longstanding faculty vacancies (positions vacant for more than one year)	28.2%	18.9%	0.0%	25.0%	29
Other	19.2%	13.5%	0.0%	17.2%	20
Due to program expansion	10.3%	21.6%	27.3%	12.1%	14
Number of schools that reported	78	37	11	116	116

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Barriers to Recruiting Faculty

- Insufficient number of faculty applicants with the required credentials was the primary barrier for schools with ELM (66.7%, n=8) and BSN programs (78.6%, n=33); while non-competitive salaries was the number one reason for schools with ADN programs (75.0%, n=69). Insufficient number of faculty applicants with required credentials and non-competitive salaries were the top two barriers for schools with each program type.
- Workload was the third most commonly reported barrier by schools with ADN programs (44.6%, n=41), while BRN rules and regulations was the third most commonly reported barrier by BSN programs (45.2%, n=19). Workload and BRN rules and regulations tied as the third most commonly reported barrier by ELM programs (33.3%, n=4).
- Reasons related to COVID-19 such as concern about exposure (19.1%, n=26), unwillingness to teach virtually (8.8%, n=12), and lack of child care or school closers (8.8%, n=12) were cited by some respondents at schools with all program types, although the former was more common at schools with ADN programs (22.8%, n=21).
- “Other” reasons given in text comments included: conflict between school and clinicals schedules, shortage of faculty in specialties, lack of recent clinical practice, college hiring freeze, and unwillingness of potential faculty to teach clinical courses during the pandemic.

Table 48. Barriers to Recruiting Faculty

	ADN	BSN	ELM	All Schools	# of Schools
Non-competitive salaries	75.0%	73.8%	50.0%	73.5%	100
Insufficient number of faculty applicants with required credentials	69.6%	78.6%	66.7%	69.9%	95
Workload (not wanting faculty responsibilities)	44.6%	26.2%	33.3%	38.2%	52
BRN rules and regulations	31.5%	45.2%	33.3%	36.0%	49
Overall shortage of RNs	29.3%	23.8%	25.0%	26.5%	36
Concern about exposure to COVID-19	22.8%	11.9%	8.3%	19.1%	26
Private, state university or community college laws, rules or policies	18.5%	14.3%	25.0%	17.6%	24
Lack of child care availability / school closures	9.8%	4.8%	8.3%	8.8%	12
Unwillingness of potential faculty to teach virtually	9.8%	7.1%	8.3%	8.8%	12
No barriers	6.5%	0.0%	8.3%	5.1%	7
Other	6.5%	2.4%	0.0%	5.1%	7
Number of schools that reported	92	42	12	136	136

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (54.4%), closely followed by obstetrics/gynecology (46.3%) were the most difficult areas for which to recruit new active faculty.
- 14.0% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.

Table 49. Difficult to Hire Clinical Areas

	% of Schools	# of Schools
Pediatrics	54.4%	74
Obstetrics/Gynecology	46.3%	63
Psych/Mental Health	42.6%	58
Medical-surgical	24.3%	33
Geriatrics	14.7%	20
No clinical areas	14.0%	19
Critical Care	8.8%	12
Community Health	7.4%	10
Other	0.0%	0
Number of schools that reported		136

Faculty Salaries

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

Table 50. 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	\$72,157	\$88,547	\$78,891	\$93,705
10 months	\$70,829	\$99,160	\$91,036	\$126,458
11 months	\$83,553	\$102,281	\$96,210	\$124,713
12 months	\$88,908	\$113,087	\$90,108	\$119,168

Nursing Program Data

Admission Criteria

- Score on pre-enrollment assessment tests, minimum/cumulative GPA, completion of prerequisite courses, and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was important for ADN programs, and to a lesser extent, BSN programs.
- A letter of reference, personal statement, and interview were important factors in admission for many ELM programs, in addition to minimum/cumulative GPA.
- “Multi-criteria screening as defined in California Assembly Bill 548” was an important factor for more than half of ADN programs. This legislation applies specifically to community colleges.
- Other admission criteria described by respondents in text comments included essays, pre-enrollment assessment test (HESI), volunteer work, veteran status, critical thinking test or essay, first generation college student, statement on philosophy of nursing, active RN, and LVN and CPR licenses.

Table 51. Admission Criteria by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	87.4%	83.3%	73.8%	33.3%	78.9%
Minimum/Cumulative GPA	72.4%	83.3%	83.3%	100.0%	78.2%
Completion of prerequisite courses (including recency and/or repetition)	80.5%	83.3%	78.6%	0.0%	73.5%
Minimum grade level in prerequisite courses	62.1%	83.3%	66.7%	100.0%	67.3%
Science GPA	69.0%	33.3%	57.1%	66.7%	63.9%
Health-related work experience	48.3%	16.7%	35.7%	66.7%	44.9%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	57.5%	33.3%	0.0%	0.0%	35.4%
Letter of reference/recommendation	9.2%	0.0%	45.2%	100.0%	26.5%
Interview	12.6%	0.0%	35.7%	66.7%	23.1%
Personal statement	12.6%	0.0%	0.0%	100.0%	15.6%
Lottery	26.4%	0.0%	0.0%	0.0%	15.6%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	21.8%	33.3%	0.0%	0.0%	14.3%
Geographic location	4.6%	0.0%	26.2%	0.0%	10.2%
Other	8.0%	0.0%	19.0%	0.0%	10.2%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	87	6	42	12	147

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (80.1%, n=113) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.
- Random selection was used by many generic ADN and LVN-to-ADN programs but was not used by any BSN or ELM programs.
- ELM programs frequently reported using the interview and goal statement as selection criteria.
- Other selection criteria described by respondents in text comments included descriptions of admission criteria (chancellor's office formula, holistic review, etc.). Some described hybrid methods of selection including part random selection and part selective criterion. Others noted that letters of recommendation were important or that they moved veterans to the top of the waiting list.

Table 52. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	75.6%	60.0%	85.7%	100.0%	80.1%
Interviews	12.2%	0.0%	35.7%	66.7%	23.4%
Random selection	29.3%	20.0%	0.0%	0.0%	17.7%
Modified random selection	23.2%	0.0%	0.0%	0.0%	13.5%
Goal statement	1.2%	0.0%	16.7%	75.0%	12.1%
Other	12.2%	0.0%	11.9%	8.3%	11.3%
First come, first served (based on application date for the quarter/semester)	1.2%	0.0%	11.9%	0.0%	4.3%
First come, first served from the waiting list	3.7%	0.0%	0.0%	8.3%	2.8%
Number of programs reporting	82	5	42	12	141

Waiting List

- 34 programs reported having total of 3,509 students on a waiting list. (Seventeen generic ADN programs maintained separate waitlists for LVN-to-ADN students, and one BSN program maintained an ongoing waitlist for LVN-to-BSN students.)
- Of the 23 regular programs, 43.5% (n=10) keep students on the waiting list until they are admitted, 26.1% (n=6) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, and four (17.3%) reported keeping students on for two application cycles. The one program with an LVN-to-BSN waitlist reported keeping students on the wait list for two application cycles. Among the 17 programs with LVN-to-ADN waitlists, 75.6% (n=13) keep students on the waiting list until they are admitted, 11.8% (n=2) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, 11.8% (n=2) reported keeping students on for two application cycles.
- Other waitlist strategies described in text comments included keeping students on the list until they notify the school that they are no longer interested, or until two years after application, or as long as they re-apply to the waitlist. One noted that students on the waitlist are guaranteed acceptance at the next cycle.
- Students typically spent a single semester waiting to get into a BSN program, but spent an average of up to eight semesters for the one LVN-to-ADN program that reported. LVN-to-ADN students applying to generic programs typically waited 3.5 semesters.
- Average wait time for schools on the quarter schedule varied from single quarter for BSN programs to 2.5 quarters for ADN programs. No programs on the quarter system reported having a waitlist for LVN-to-ADN or LVN-to-BSN applicants.

Table 53. Waiting Lists by Program Type

	ADN*	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list (generic)	2,609	33	177	44	2,863
Qualified LVN-to-BSN applicants on a waiting list for a BSN program	-	-	5	-	5
Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program	641	-	-	-	641
Number of programs responding	25	1	7	1	34
Average number of semesters to enroll after being placed on the waiting list	4.3	8.0	1.3	-	3.5
Average number of semesters for LVN-to-BSN applicants to BSN programs	-	-	1.0	-	1.0
Average number of semesters for LVN-to-ADN applicants to generic ADN programs	3.5	-	-	-	3.5
Number of programs responding	23	1	5	0	31
Average number of quarters to enroll after being placed on the waiting list (for programs with a quarter system)*	2.5	-	1.0	-	2.0
Number of programs responding	2	-	1	0	3

* No programs on the quarter system reported having a waitlist for LVN-to-ADN or LVN-to-BSN applicants.

Capacity of Program Expansion

- Over the next two years, LVN-to-ADN, BSN, and ELM programs do not expect to see much enrollment growth. BSN programs project the most growth, while ADN and LVN-to-ADN programs project a drop in 2020-21 before rebounding to higher numbers of enrollments in 2021-22.

Table 54. Current and Projected New Student Enrollment by Program Type

	ADN	LVN-to-ADN	BSN*	ELM	Total*
2019-20 new student enrollment	6,658	194	7,237	913	15,002
Expected new student enrollment given current resources					
2020-21	6,115	169	7,697	960	14,941
<i>Expected 2020-21 enrollment as % of 2019-20 enrollment</i>	91.8%	87.1%	106.4%	105.1%	99.6%
2021-22	6,598	201	7,866	960	15,625
<i>Expected 2021-22 enrollment as % of 2019-20 enrollment</i>	99.1%	103.6%	108.7%	105.1%	104.2%

*2019-20 totals include last year's values for one large BSN program that did not report projected enrollments this year.

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 68.1% (n=96) of programs.
- Non-competitive faculty salaries (56.0%, n=79), insufficient number of qualified clinical faculty (45.4%, n=64), and insufficient funding for faculty salaries (40.4%, n=57) were also frequently reported general barriers to expansion. For ELM programs, insufficient number of physical facilities and space for skills labs was the second most important barrier (58.3%, n=7).
- Of the 141 programs that responded, fifteen programs reported no general barriers to expansion (10.6%).
- Other barriers to program expansion described by respondents in written comments include: BRN caps on admission (n=9), pandemic related issues (n=6), and dependence on grant support creating uncertainty about future funding (n=3).

Table 55. Barriers to Program Expansion by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	67.1%	60.0%	69.0%	75.0%	68.1%
Faculty salaries not competitive	61.0%	100.0%	52.4%	16.7%	56.0%
Insufficient number of qualified clinical faculty	41.5%	100.0%	47.6%	41.7%	45.4%
Insufficient funding for faculty salaries	39.0%	60.0%	42.9%	33.3%	40.4%
Insufficient number of qualified classroom faculty	37.8%	60.0%	40.5%	41.7%	39.7%
Insufficient number of physical facilities and space for skills labs	30.5%	40.0%	31.0%	58.3%	33.3%
Insufficient number of allocated spaces for the nursing program	23.2%	20.0%	21.4%	33.3%	23.4%
Insufficient number of physical facilities and space for classrooms	28.0%	0.0%	14.3%	25.0%	22.7%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	25.6%	20.0%	14.3%	8.3%	20.6%
Insufficient support for nursing school by college or university	8.5%	20.0%	9.5%	25.0%	10.6%
No barriers to program expansion	3.7%	0.0%	23.8%	16.7%	10.6%
Insufficient financial support for students	7.3%	0.0%	7.1%	8.3%	7.1%
Other	2.4%	0.0%	16.7%	0.0%	6.4%
Number of programs reporting	82	5	42	12	141

- This year, respondents were also asked to indicate whether each barrier was a general problem or a COVID-related barrier. Insufficient number of clinical sites was the top COVID-related barrier reported by 86.8% of programs (n=92).
- Insufficient number of qualified clinical faculty (28.3%, n=30) and insufficient number of physical facilities and space for skills labs (26.4%, n=28) were a distant second and third most commonly chosen COVID-related barriers.
- The extensive loss of clinical spaces due to the pandemic and the need to decrease the number of students in remaining clinical spaces, skills labs, and other facilities is documented in other section of this report (see especially Denial of Clinical Space and Access to Alternative Clinical Sites).
- As noted with Table 55 above, a number of respondents (6) indicated that the pandemic served as a major barrier to program expansion. Comments included: “COVID has made general problems worse”, “anticipate funding to go down due to COVID”, “Limited clinical sites due to COVID-19 pandemic”, and “...The program was greatly impacted by restrictions as to how to complete students during a pandemic. Other states had more liberal abilities allowed by their Boards of Nursing to complete students utilizing greater percentages of online lab substitution for clinical...”

Table 56. Barriers to Program Expansion by Program Type – COVID-Related

	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	89.9%	40.0%	88.0%	85.7%	86.8%
Insufficient number of qualified clinical faculty	26.1%	40.0%	32.0%	28.6%	28.3%
Insufficient number of physical facilities and space for skills labs	27.5%	40.0%	20.0%	28.6%	26.4%
Insufficient number of allocated spaces for the nursing program	20.3%	40.0%	16.0%	14.3%	19.8%
Insufficient number of physical facilities and space for classrooms	20.3%	40.0%	4.0%	0.0%	16.0%
Insufficient funding for faculty salaries	8.7%	60.0%	16.0%	14.3%	13.2%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	10.1%	40.0%	12.0%	14.3%	12.3%
Faculty salaries not competitive	7.2%	80.0%	12.0%	0.0%	11.3%
Insufficient financial support for students	10.1%	0.0%	8.0%	0.0%	8.5%
Insufficient support for nursing school by college or university	7.2%	20.0%	4.0%	14.3%	7.5%
Insufficient number of qualified classroom faculty	5.8%	0.0%	8.0%	14.3%	6.6%
No barriers to program expansion	2.9%	20.0%	12.0%	14.3%	6.6%
Other	1.4%	0.0%	4.0%	0.0%	1.9%
Number of programs reporting	69	5	25	7	106

Program Expansion Strategies

- 100.0% 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 twelve-hour shifts, virtual simulation, innovative skills lab experiences, use of community based/ambulatory care options, and weekend shifts.
- Other strategies described by respondents included “Obtaining BRN approval for expansion of clinical sites”, and “Dependence on grant support makes future planning fluid”.

Table 57. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Twelve-hour shifts	78.2%	33.3%	70.4%	88.9%	75.5%
Virtual simulation	76.4%	66.7%	74.1%	66.7%	74.5%
Innovative skills lab experiences	80.0%	66.7%	63.0%	66.7%	73.4%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	74.5%	33.3%	70.4%	66.7%	71.3%
Weekend shifts	74.5%	33.3%	66.7%	77.8%	71.3%
Evening shifts	65.5%	66.7%	55.6%	66.7%	62.8%
Human patient simulators	60.0%	33.3%	51.9%	66.7%	57.4%
Telehealth	61.8%	33.3%	55.6%	33.3%	56.4%
Regional computerized clinical placement system	54.5%	66.7%	33.3%	55.6%	48.9%
Night shifts	36.4%	0.0%	48.1%	55.6%	40.4%
Preceptorships	23.6%	66.7%	37.0%	77.8%	34.0%
Non-traditional clinical sites (e.g. correctional facilities)	29.1%	0.0%	25.9%	55.6%	29.8%
Other	1.8%	0.0%	7.4%	0.0%	3.2%
None	3.6%	0.0%	0.0%	0.0%	2.1%
Number of programs reporting	55	3	27	9	94

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2019-20 a total of 125 programs (65.6% of 146 programs answering this question) reported that they were denied access to a clinical placement, unit, or shift. For comparison, in 2018-19, the number of programs reporting they were denied access was 70.
- 20.0% (n=25) of 125 programs that were denied a clinical placement, unit, or shift were offered an alternative.
- Prior to the start of the COVID-19 pandemic, a total of 226 placements were lost, but after the pandemic started 3,655 were lost.
- Prior to the start of COVID-19, 1,080 students were affected by the loss of clinical placements, whereas after the pandemic started 22,415 were impacted.

Table 58. RN Programs Denied Clinical Space by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Programs denied clinical placement, unit, or shift	75	5	34	11	125
% of programs	86.2%	83.3%	82.9%	91.7%	85.6%
Programs offered alternative by site	19	0	5	1	25
Placements, Units, or Shifts lost before COVID-19	82	1	118	25	226
Placements, Units, or Shifts lost after COVID-19 started	1,284	14	2,054	303	3,655
Total number of students affected before COVID-19	520	10	418	132	1,080
Total number of students affected after COVID-19 started	9,129	0	11,480	1,806	22,415
Number of programs reporting	87	6	41	12	146

- In addition, 110 programs (75.9%% of 145 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2019-20 than in the prior year.

Table 59. 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	66	3	31	10	110
Number of programs reporting	87	5	41	12	145

- Most (62.7%, n=32) 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 (41.2%, n=21), and obstetrics (35.3%, n=18).

Table 60. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/Surgical	58.6%	100.0%	71.4%	57.1%	62.7%
Pediatrics	44.8%	0.0%	42.9%	28.6%	41.2%
Preceptorship	24.1%	0.0%	64.3%	28.6%	35.3%
Psychiatry/Mental Health	13.8%	0.0%	50.0%	85.7%	33.3%
Obstetrics	24.1%	0.0%	42.9%	28.6%	29.4%
Geriatrics	6.9%	0.0%	35.7%	14.3%	15.7%
Critical Care	3.4%	0.0%	35.7%	0.0%	11.8%
Community Health	6.9%	0.0%	21.4%	0.0%	9.8%
Other	0.0%	0.0%	7.1%	0.0%	2.0%
Number of programs reporting	29	1	14	7	51

Reasons for Clinical Space Being Unavailable

- Lack of PPE due to COVID-19 (79.2%, n=95) was the number one reason reported for lack of clinical space being available in 2019-20, followed by staff nurse overload or insufficient qualified staff due to COVID-19 (73.3%, n=88), and change in site infection protocols due to COVID-19 (69.2%, n=83).
- Pandemic-related reasons far outweighed the usual top reasons for space being unavailable (Competition for clinical space due to increase in number of nursing students in region, staff nurse overload or insufficient qualified staff).
- Only four programs 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, including the fact that hospitals were not accepting students at all or requiring fewer students in clinicals due to COVID-19 (8 mentions), and other reasons related to COVID-19 such as “facilities requesting smaller group size”, “stay at home policies”. Other issues included, “contract not renewed due to legal issues”, “only wanted most senior nursing students”, and “unaffordable for students and program to pay for MyCE clinical platform.”
- In a separate question, eleven programs (7.5%) reported providing financial support to secure a clinical placement.

Table 61. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
Lack of PPE due to COVID-19	81.7%	25.0%	79.4%	81.8%	79.2%
Staff nurse overload or insufficient qualified staff due to COVID-19	70.4%	75.0%	82.4%	63.6%	73.3%
Change in site infection control protocols due to COVID-19	71.8%	75.0%	61.8%	72.7%	69.2%
Site closure or decreased services due to COVID-19	63.4%	75.0%	61.8%	72.7%	65.8%
Decrease in patient census due to COVID-19	35.2%	0.0%	61.8%	54.5%	43.3%
Competition for clinical space due to increase in number of nursing students in region	31.0%	50.0%	26.5%	27.3%	30.0%
Closure, or partial closure, of clinical facility	14.1%	25.0%	29.4%	54.5%	22.5%
Displaced by another program	22.5%	25.0%	20.6%	18.2%	21.7%
Staff nurse overload or insufficient qualified staff due to other reasons	14.1%	25.0%	23.5%	18.2%	17.5%
Other	16.9%	0.0%	17.6%	27.3%	17.5%
No longer accepting ADN students*	19.7%	25.0%	0.0%	0.0%	12.5%
Visit from Joint Commission or other accrediting agency	11.3%	0.0%	14.7%	18.2%	12.5%
Decrease in patient census due to other reasons	4.2%	0.0%	20.6%	9.1%	9.2%
Clinical facility seeking magnet status	11.3%	25.0%	5.9%	0.0%	9.2%
Implementation of Electronic Health Records system	2.8%	0.0%	11.8%	36.4%	8.3%
Change in facility ownership/management	5.6%	0.0%	14.7%	9.1%	8.3%
Nurse residency programs	4.2%	0.0%	14.7%	0.0%	6.7%
Other clinical facility business needs/changes in policy	2.8%	25.0%	5.9%	0.0%	4.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	2.8%	0.0%	5.9%	0.0%	3.3%
Number of programs reporting	71	4	34	11	120

* Not asked of BSN or ELM programs.

- Prior to the start of the COVID-19 pandemic, programs most commonly reported being able to replace the lost space with a different site currently used by the nursing program (61.1%, n=33), or replacing the lost space with a new site (46.3%, n=25).
- *After the start of the pandemic*, the most commonly reported strategy was the use of clinical simulation (87.8%, n=108), followed by replacing the lost space at the same clinical site (65%, n=80). Twenty-nine percent of programs reported reducing student admissions, particularly in ADN programs (n=36).
- Other strategies described by respondents in write-in answers included use telehealth/telenursing (7 mentions), delaying the start of a cohort or discontinuing classes (10 mentions), virtual simulation (3 mentions), and “reduced curriculum units via BRN approval to complete hours and extended first year students to summer to complete clinical”.

Table 62. Strategies to Address Lost Clinical Space by Program Type Prior to COVID-19

	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	56.3%	50.0%	69.2%	71.4%	61.1%
Replaced lost space at same clinical site	46.9%	0.0%	61.5%	28.6%	46.3%
Added/replaced lost space with new site	31.3%	100.0%	53.8%	42.9%	40.7%
Clinical simulation	34.4%	0.0%	30.8%	42.9%	33.3%
Reduced student admissions	3.1%	0.0%	0.0%	0.0%	1.9%
Other	3.1%	0.0%	0.0%	0.0%	1.9%
Number of programs reporting	32	2	13	7	54

Table 63. Strategies to Address Lost Clinical Space by Program Type After the Start of COVID`

	ADN	LVN-to-ADN	BSN	ELM	Total
Clinical simulation	86.5%	100.0%	88.2%	90.9%	87.8%
Replaced lost space at same clinical site	62.2%	50.0%	70.6%	72.7%	65.0%
Added/replaced lost space with new site	58.1%	75.0%	67.6%	45.5%	60.2%
Replaced lost space at different site currently used by nursing program	24.3%	0.0%	47.1%	54.5%	32.5%
Reduced student admissions	41.9%	25.0%	11.8%	0.0%	29.3%
Other	13.5%	0.0%	26.5%	0.0%	15.4%
Number of programs reporting	74	4	34	11	123

Alternative Clinical Sites

- 89 programs reported increasing out-of-hospital clinical placements in 2019-20—a little more than twice as many as in 2018-19.
- Public health or community health agencies, outpatient mental health/substance abuse, medical practices, clinics, or physician’s offices; and school health service were the top alternative out-of-hospital clinical sites reported by these 89 programs.
- Other placements described by respondents included: telehealth (10 mentions), assisted living and senior centers (4 mentions), birthing center/classes (2 mentions), pediatrics/ after school programs/child development center (3 mentions), asthma van, mental health, and “All fundamentals, per BRN NEC review of topical outlines, moved to Skills Lab”.

Table 64. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

	ADN	LVN-to-ADN	BSN	ELM	Total
Public health or community health agency	55.6%	0.0%	72.0%	75.0%	60.7%
Outpatient mental health/substance abuse	31.5%	50.0%	36.0%	25.0%	32.6%
Medical practice, clinic, physician office	29.6%	50.0%	36.0%	12.5%	30.3%
School health service (K-12 or college)	18.5%	0.0%	48.0%	50.0%	29.2%
Skilled nursing/rehabilitation facility	24.1%	50.0%	28.0%	12.5%	24.7%
Home health agency/home health service	25.9%	50.0%	28.0%	0.0%	24.7%
Other	22.2%	0.0%	28.0%	37.5%	24.7%
Hospice	18.5%	0.0%	40.0%	12.5%	23.6%
Surgery center/ambulatory care center	9.3%	50.0%	32.0%	37.5%	19.1%
Case management/disease management	11.1%	0.0%	24.0%	50.0%	18.0%
Urgent care, not hospital-based	13.0%	0.0%	20.0%	12.5%	14.6%
Renal dialysis unit	5.6%	0.0%	16.0%	0.0%	7.9%
Correctional facility, prison or jail	1.9%	0.0%	8.0%	12.5%	4.5%
Occupational health or employee health service	3.7%	0.0%	4.0%	0.0%	3.4%
Number of programs reporting	54	2	25	8	89

LVN to BSN Education

- Five BSN programs reported LVN-to-BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
 - In 2019-20, LVN-to-BSN programs reported screening 421 applicants, of which 175 were qualified applications. There were 175 students admitted for the 158 admission spaces reported. One program had a waiting list with five students.
 - Completion of prerequisite courses and minimum/cumulative and letter of reference or recommendation (both 80%, n=4) were the most commonly reported criteria.

Table 65. LVN to BSN Admission Criteria

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

- Ranking by specific criteria (60.0%, n=3) was the most commonly reported method for selecting students for admission to LVN-to-BSN programs.

Table 66. LVN to BSN Selection Criteria

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

LVN-to-ADN Education

- Six nursing programs exclusively offer LVN-to-ADN education.
- Of the 87 generic ADN programs, 43.7% (n=38) reported having a separate track for LVNs and 68.2% (n=55) reported admitting LVNs to the generic ADN program on a space-available basis. (Ten programs reported both options.)
- Seventeen (20.0%) generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2020, there were a total of 641 LVNs on an ADN program waitlist. These programs reported that, on average, it takes 3.5 semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are use of skills lab courses to document competencies, and bridge courses.
- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents include: LVN-to-RN workshop or bootcamp, individualize education plan, NCLEX for ADN course work, 30-unit option, pharmacology update, “Credit for NS1 depending on review of transcripts, work experience”, and “credit for Fundamentals and Beginning Med Surg”.

Table 67. LVN-to-ADN Articulation by Program Type

	ADN	LVN-to-ADN	BSN	Total
Use of skills lab course to document competencies	65.8%	66.7%	33.3%	60.2%
Bridge course	67.1%	50.0%	27.8%	59.2%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	39.2%	66.7%	27.8%	38.8%
Direct articulation of LVN coursework	32.9%	33.3%	11.1%	29.1%
Specific program advisor	21.5%	33.3%	27.8%	23.3%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	24.1%	16.7%	11.1%	21.4%
Other	10.1%	0.0%	38.9%	14.6%
Number of programs reporting	79	6	18	103

Partnerships

- In 2019-20, eighty-one 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.
- 75.6% (n=63) of 86 ADN programs, 100.0% of LVN-to-ADN programs (n=6), responding to this question reported participating in these partnerships, as did 22.0% (n=9) BSN programs and 8.3% of ELM programs (n=1).
- All of the ADN programs, and all but one of the LVN-to-ADN programs reporting participation were at community colleges. The majority of participating BSN programs were at California State universities, although two were at private institutions. The one ELM program was at a private institution.

Table 68. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN- to- ADN	BSN	ELM	Total
Number of collaborative/ shared programs	65	6	9	1	81
Percent with shared programs	75.6%	100.0%	22.0%	8.3%	55.9%
Number of programs reporting	86	6	41	12	145

Professional Accreditation

- 38.2% (n=29) of all ADN (generic and LVN-to-ADN) programs reported some form of professional accreditation. All BSN and all ELM programs reported some form of accreditation.
- 36.8% (n=28) of all ADN programs (including LVN-to-ADN programs) responding to this question reported having ACEN accreditation, while one ADN program had CNEA accreditation (1.3%). All (100%, n=40) of BSN programs responding to this question, and 100.0% (n=12) of ELM programs reported having CCNE accreditation.
- “Other” accreditations listed included: Transnational Association of Christian Colleges, Adventist Accrediting Association, Commission on Teacher Credentialing (CTC) and Schools, CCNE (2 mentions), BPPE, COE, Council on Education for Public Health (CEPH) and Standards of Accreditation for Health Services (Psychology), National Council for Accreditation of Teacher Education; American Speech Language Hearing Association Council on Academic Accreditation in Audiology and Speech Language Pathology.

Table 69. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
ACEN (formerly NLNAC)	36.8%	0.0%	0.0%	0.0%	21.1%
CCNE*	n/a	0.0%	100.0%	100.0%	39.1%
CNEA	1.3%	0.0%	0.0%	0.0%	0.8%
Not accredited	61.8%	100.0%	0.0%	0.0%	39.1%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	76	5	40	12	133

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2019-20, 91.7% of the 12,014 nursing students 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 ELM programs (93.4%) and lowest for LVN-to-ADN programs (79.6%).

Table 70. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	92.0%	79.6%	91.6%	93.4%	91.7%
<i># Students that took the NCLEX</i>	5,695	167	5,520	632	12,014
<i># Students that passed the NCLEX</i>	5,237	133	5,059	590	11,019
Number of programs reporting	85	6	35	11	137

*These data represent nursing students who took the NCLEX for the first time in 2019-20.

- Overall NCLEX pass rates in accelerated programs were similar to those in traditional programs; 93.9% of nursing students in an accelerated track who took the NCLEX for the first time in 2019-20 passed the exam.
- Accelerated BSN programs had a higher average pass rate than its traditional counterpart, but accelerated ADN and ELM programs had lower pass rates than their traditional counterparts.

Table 71. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	89.9%	94.3%	92.2%	93.9%
<i># Students that took the NCLEX</i>	247	3,750	245	4,242
<i># Students that passed the NCLEX</i>	222	3,535	226	3,983
Number of programs reporting	9	13	5	27

*These data represent nursing students who took the NCLEX for the first time in 2019-20.

Clinical Simulation

- 145 of 147 nursing programs (98.6%) reported using clinical simulation in 2019-20.
- Almost half (43.4%, n=66) of the 147 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months, and a third (33.1%, n=47) reported that they had increased the number of staff dedicated to administering clinical simulation for their program due to the COVID-19 pandemic.
- Most programs (88.4%, n=76) report changing the way they use simulation since the pandemic started. Programs were asked to describe how they had changed.
 - Perhaps the largest change noted in text comments was a move to virtual simulation and/or computer-based software (54 out of 75 comments).
 - Many noted using simulation labs more and enhancing those labs (32 comments).
 - Other strategies included adding an additional simulation lab, purchasing more manikins, or introducing scheduling and cleaning procedures to keep students and faculty safe as they rotated through in smaller groups.
- More than half of nursing programs' funding for simulation maintenance (62.5%), and faculty development and training (57.4%) came from the school's operating budget. Somewhat less than half (49.4%) of nursing programs' funding for simulation *purchases* came from the school's operating budget. Purchases received a greater proportion of funding from industry, foundations, and government than did the other categories. Overall, a sizable proportion of funding for purchases, maintenance, faculty development, and training came from government grants.
- Other sources of funding for purchases and maintenance described by respondents in text comments included: CARES act funding, internal university grants and extended university cost-share, IRA funding, student course fees and tuition, extended learning revenue, and state emergency funding.
- Other sources of funding for training included professional development funds and faculty paying for their own training, as well as vendors, research money, student fees and tuition.

Table 72. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

	Purchases	Maintenance	Faculty Training
Your college/university operating budget	49.4%	62.5%	57.9%
Industry (i.e. hospitals, health systems)	0.8%	0.8%	0.1%
Foundations, private donors	5.1%	3.9%	2.4%
Government (i.e. federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	39.1%	30.7%	36.4%
Other	4.3%	2.2%	3.1%
Number of programs reporting	143	145	145

- 81.2% (n=117) of 144 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences. This is an increase from last year, when 63.9% of programs had such policies in place
- The most common policy or procedure was “development, use and revision of simulation materials for participants, faculty, and staff”, followed closely by “roles and responsibilities of faculty, technicians, simulation coordinators/facilitators”. The least commonly cited were “required initial and ongoing simulation training for faculty and staff”, and “other participant requirements related to simulation”.

Table 73. Policies and Procedures to Ensure Quality of Simulation

	% of programs	# of programs
Development, use and revision of simulation materials for participants, faculty, staff	87.1%	101
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	85.3%	99
Adherence to simulation related Professional Integrity requirements	84.5%	98
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	81.0%	94
Required faculty, staff and participant orientation	76.7%	89
Continuous quality improvement mechanisms used	71.6%	83
Required initial and ongoing simulation training for faculty and staff (i.e. courses, conferences)	70.7%	82
Other participant requirements related to simulation.	43.1%	50
Programs responding		116

- More than half (63.9%, n=92) of 144 programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum.
- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics (91.3%). However, the majority of programs included each of the listed elements (except “other”), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and “other”.
- Other elements described by respondents were: “SLOs mapped with simulation; aligned PLOs and QSEN outcomes”, “Sentinel City (Community Health Nursing)” simulation and ATI HealthAssess Simulation, faculty requirements for training and participation, and simulation coordinators who oversee the topics and content experts who review scenarios in progress.

Table 74. Elements of Simulation Plan

	% of programs	# of programs
Course by course simulation topics	91.3%	84
Number of hours for each simulation	75.0%	69
How simulation is integrated throughout the curriculum	73.9%	68
Total number of hours for each course	71.7%	66
Abbreviated course by course simulation objectives/expected outcomes	63.0%	58
Other	6.5%	6
Total number of programs reporting		92

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan.
- Other write-in answers given included lack of a simulation coordinator or staff (6 mentions), in the process of developing standards/curriculum (2 mentions), “Before COVID 19, students had 100% of clinical hours completed in inpatient hospital”, “interrupted by COVID”, and “Simulation is for enhancement and not a graded activity. It is only used for loss of a clinical day or in optional nursing courses.”

Table 75. Reasons Why the Program Does Not Have a Written Plan

	% of programs	# of programs
Faculty in process of developing a plan	70.0%	35
Time or other limitations have delayed development of a written simulation plan	46.0%	23
Simulation coordinator is developing or assisting faculty with plan development	26.0%	13
Other	20.0%	10
Faculty unaware that use of a written plan is a suggested “best practice”	10.0%	5
No simulation coordinator*	6.0%	3
Total number of programs reporting		50

*Answer category derived from write-in answers.

- Only 2.2% (n=3) of programs had not integrated recognized simulation standards (i.e. INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.
- About one-fourth (28.7%, n=41) had integrated simulation standards completely, while 67.9% (n=95) had somewhat or mostly integrated these standards.
- 1.4% (n=2) noted that they were not familiar with the standards, and 3.5% (n=5) had not at all integrated these standards.

Table 76. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Not at all	3.5%	5
Somewhat	25.2%	36
Mostly	41.3%	59
Completely	28.7%	41
Not familiar with the standards	1.4%	2
Number of programs reporting	100.0%	143

- In 2019-20, respondents were asked to name the simulation standards with which their programs were aligned. The most common standards were International Nursing Association for Clinical Simulation and Learning (INACSL).
- Other standards, provided as write-in text answers, included the California Simulation Alliance (4 mentions), policies or tools based on INACSL (3 mentions), QSEN (2 mentions), ASPE Association of Standardized Patient Educators, CSA Health Impact, SSH, and Laerdal.

Table 77. Simulation Standards with which Program is Aligned

	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	52.4%	75
National Council of State Boards of Nursing (NCSBN)	36.4%	52
National League for Nursing (NLN)	35.0%	50
Society for Simulation in Healthcare (SSH)	34.3%	49
Other	11.9%	17
None	9.1%	13
Number of programs reporting		13

- More than one-third (39.2%, n=56) of all program representatives responding agreed that the majority of their clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations CCR 1426 (g) (2) and 1420 (e).
- Those that indicated that the majority of their clinical courses did not use 25% of clinical course hours for simulation/skills labs were asked why. The main reason selected by most of respondents (88.4%, n=76) was “have enough clinical placements available/ direct patient care learning opportunities available”.
- The second most common reason was “availability of trained staff/technicians and or faculty limits increased use” (45.3%, n=39).

Table 78. Reasons Why Programs Do Not Comply with CCR 1426(g)(2)

	% of programs	# of programs
Have enough clinical placements available/direct patient care learning opportunities available	88.4%	76
Availability of trained staff/technicians and or faculty limits increased use	45.3%	39
Available simulation space/ equipment/ supplies limit increased use	27.9%	24
Faculty prefer to use other available clinical training methods	26.7%	23
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	14.0%	12
Other	7.0%	6
Instructional materials are not yet developed/validated	5.8%	5
Total number of programs reporting		86

- In 2019-20, respondents were asked whether they had expanded their use of simulation to leverage the flexibility provided in the BRN waiver of restrictions on nursing student clinical hours ([DCA Waiver DCA 20-03](#)) related to COVID-19.
- 92.3% (n=132) of 143 respondents answering this question reported that they had used the waiver to expand their program’s use of simulation. Eleven programs (7.7%) did not expand their use of simulation using the DCA waiver.
- The main reason that programs did *not* expand their use of simulation using the DCA waiver was that they had enough clinical placements or direct patient care learning opportunities (63.7%, n=7).
- The second most common reason, was “other”. Text comments describing other reasons included: “reduced footprint on campus as safety precaution”, “campus access limitations”, and “fundamentals delivered in skills lab and did not require waiver”.

Table 79. Reasons Why Programs Did Not Expand Use of Simulation re: DCA Waiver 20-03

	% of programs	# of programs
Enough clinical placements available/direct patient care learning opportunities available	63.6%	7
Other (describe):	27.3%	3
Faculty prefer to use other available clinical training methods	18.2%	2
Courses disrupted by COVID-19 did not fall under waiver provisions	18.2%	2
Costs/funding associated with simulation supplies/maintenance prohibit use or increased use	9.1%	1
Available simulation space/equipment/supplies limit increased use	9.1%	1
Availability of trained staff/technicians and or faculty limits increased use	9.1%	1
Instructional materials are not yet developed/validated	0.0%	0
Total number of programs reporting		11

- Respondents were asked identify the areas where simulation activities are used to achieve learning objectives both before and after the advent of COVID-19.
- The most common area in both periods was in critical thinking/decision making and managing priorities of care. The least common in both periods were management of legal/ethical situations and “other”.
- The prioritizations were similar across both periods, although “communication/crucial conversations” went from being the fifth most common to the third most common, and “Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration”, went from being the third most common to the seventh most common.
- More than two-thirds of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except “other” and legal/ethical situations prior to COVID-19, and every category except “other” after the start of COVID-19.

Table 80. Areas Where Simulation is used to Achieve Learning Objectives

	Before COVID		After COVID Started	
	% of programs	# of programs	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	93.1%	134	94.4%	118
Application of nursing knowledge/use of the nursing process	91.7%	132	93.6%	117
Communication/crucial conversations	87.5%	126	91.2%	114
Patient safety/Staff safety and Quality of care	88.9%	128	88.8%	111
Preparation for direct clinical patient care	87.5%	126	86.4%	108
Teamwork/Inter-professional collaboration	82.6%	119	86.4%	108
Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration	89.6%	129	82.4%	103
Guaranteed exposure to critical content areas not available in the direct care setting	76.4%	110	80.8%	101
Leadership/Delegation/Role clarification	74.3%	107	80.8%	101
Manage high risk, low volume care and emergency situations	77.1%	111	79.2%	99
Management of Legal/Ethical situations	64.6%	93	72.0%	90
Other	4.2%	6	6.4%	8
Total number of programs responding		144		125

- 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 12.4% (n=18) of all programs reported doing so, which is slightly more than the 2018-19 when 9.6% (n=13) schools reported doing so.
- These program representatives were asked to describe the quantitative measures used. They are listed below.
- At least ten schools mentioned the use of survey tools for quantitative measures and three mentioned NCLEX scores.

Table 81. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

Quantitative Measures	
1	5-point Likert scale survey on satisfaction levels and DASH for debriefing*
2	5-point Likert scale survey on satisfaction levels and DASH for debriefing*
3	All students have had simulation in different semesters and our pass rate has been consistently in the 90th percentile.
4	Course evaluations, student surveys
5	End of program " graduates Surveys", Job Placement Surveys, NCLEX passing rate Trackers
6	HESI QSEN subscores and Mountain Measurement NCLEX report for Human Functioning and Health Alterations
7	NCLEX Pass Rates
8	NLN Student satisfaction and self-confidence in learning tool
9	New program. While we do not have NCLEX data yet, we do track quantitative measures, including HESI scores.
10	PEARLS
11	Please note: we only had one graduating cohort (inaugural cohort) in May 2020. Currently, our NCLEX pass rate is 87.5%. We used questionnaires to see what students learned with simulation learning activities. We used both formative and summative evaluations.
12	Scenarios and the learning objectives associated with them are aligned with the NCLEX test plan. Student simulation feedback surveys are utilized, performance on simulation prep activities and the debriefing model is aligned with simulation learning objectives to enhance the student understanding of the contextual changes in the delivery of patient care.
13	Senior Validation of skills and patient scenarios
14	Set-M Simulation Effectiveness Tool - Modified
15	Surveys, pre-post validated tools
16	Likert scale satisfaction from faculty and students about experience / grades received on simulations
17	Use Likert scale QSEN simulation evaluation for each course which is mapped to the overall program outcomes

* Mentioned for each of two programs at the same school.

- Respondents were also asked to describe the *qualitative* measures used, which are listed below.
- Surveys and questionnaires were also mentioned for qualitative measures seven or more times. Other qualitative methods of measuring impact included interviews, observation, open-ended questions, focus groups, reflections, and debriefs.

Table 82. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

Qualitative Measures	
1	Course evaluations, student surveys
2	Debriefing and Clinical Evaluation Tool
3	Interview and observation of students by Director of Simulation/Advisory Committee with student representation and faculty peer evaluation of simulation activities. *
4	Interview and observation of students by director of Simulation/Advisory committee with student representation and faculty peer evaluation of simulation activities. *
5	NLN Educational practices questionnaire.
6	Please note that we only had one graduating cohort (inaugural cohort) in May 2020. Students were asked open ended questions regarding their simulation learning activities.
7	Program Exit and Course Surveys
8	Reflections and student surveys
9	Student Opinion Survey
10	Student complete a questionnaire to address learning objectives at the end of the semester. Information is aggregated and trending is tracked. This is then compared to Mountain Measurements to link to NCLEX.
11	Student evaluation and skills/sim debrief r/t knowledge
12	Survey monkey required of all students to evaluate program resources, classroom, and simulation experiences. Comments have been positive about having simulation experiences. NCLEX pass rates have been consistently in the 90th percentile.
13	The University utilizes student focused groups to collect qualitative feedback from students. The simulation performance assessments utilized are aligned to key behaviors, clinical performance assessments and student performance on objective assessments which are nationally standardized exams.
14	open comments on evaluation forms

* Mentioned for each of two programs at the same school.

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. Thirty-eight percent of 145 programs answering this question (37.9%, n=55) responded affirmatively.
- 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. Some simply mentioned unspecified surveys and debriefs, whereas others specified the tools used. The most commonly used tools, after “other”, included NLN (13.2%, n=7), INACSL (13.2%, n=7), SET-M (9.4%, n=5) and many others.
- Many cases were so specific they were not separately coded and categorized in this table. They included “Home-grown (faculty developed) evaluation tool”, “Likert scale”, “professional integrity requirements, use of simulation materials for participants, evaluation and requirements for participants”, “validated instruments through i-Human and NovEx”, etc.

Table 83. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
Other	26.4%	12
INACSL	13.2%	7
NLN tools	13.2%	7
Debrief	11.3%	6
SET-M	9.4%	5
Survey (unspecified)	7.5%	4
Creighton	5.7%	3
DASH	5.7%	3
ATI	3.8%	2
Lasater Clinical Judgment Rubric	5.7%	3
QSEN	3.8%	2
SSIH	1.9%	1
PEARLS	1.9%	1
Via by Watermark	1.9%	1
Plus/Delta	1.9%	1
Number of programs reporting	*	53

* Categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool (n=80) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. The following table summarizes that information, much of which was similar to that provided to the question about tools used by those who had students evaluate each course with a nationally-recognized tool.
- A large number of respondents (30.0%, n=24) simply noted that they used an “evaluation tool”. A debrief session either in conjunction with other modes or on its own was one of the most commonly mentioned tools (18.8%, n=15). Some used their course evaluation forms to include questions about simulation (7.9%, n=6). Others (16.3%, n=13) noted using an internally developed survey, often administered via SurveyMonkey or Qualtrics.

Table 84. Other Tools Used to Evaluate Simulation Courses

Tools Used*	% of Schools	# of Schools
Evaluation "Tool"	30.0%	24
Student debrief / feedback	18.8%	15
Survey	16.3%	13
Course evaluations	7.5%	6
Instructor feedback / observation	7.5%	6
Other	6.3%	5
Skills/SLO assessment/exams	6.3%	5
Journaling/ debrief/reflection	5.0%	4
QSEN	3.8%	3
Checklist	2.5%	2
Lasater Clinical Judgment Rubric	1.3%	1
NLN tools	1.3%	1
SET-M	0.0%	0
Number of programs reporting*		80

* Categories derived from write-in answers.

- Respondents were asked what types of simulation they used in different topic areas prior to the start of COVID-19, after the start of COVID-19, and what they projected using in another year.
- Prior to the start of COVID-19, Manikin-based simulation was the primary form of simulation that programs used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics, although it was used by fewer programs in the area of geriatrics.
- Role-play with other students was the most commonly used form of simulation used in psychiatry/mental health (66.9%, n=91) and leadership/management (49.2%, n=60) programs.
- Standardized/embedded participants were also used slightly more in psychiatry/mental health than in other topic areas, with 22.8 (n=31) of programs reporting its use in this topic area.
- 31.1% (n=38) of programs did not use simulation in leadership/management courses; 16.9% (n=23) did not use simulation in psychiatric/mental health classes, and 11.6% (n=15) did not use simulation in geriatrics courses.
- Other types of courses in which simulation was used described in text comments included: community/public health (6 mentions), pharmacology, preceptorships (2 mentions), critical care, and various others.
- Other types of simulation used described in text comments included: Hearing Voices (2 mentions). In addition, some programs Alzheimer (Second Wind) and aging simulations, virtual simulation including virtual hospitals, and unfolding case studies.

Table 85. Type of Simulation Used Prior to the Start of COVID-19 by Topic Area

	Funda- mentals	Medical/ Surgical	Obste- trics	Pedia- trics	Geria- trics	Psychiatry/ Mental Health	Leadership/ Mgmt	Other
Manikin- based	79.0%	96.5%	91.2%	88.7%	73.6%	22.8%	32.8%	35.3%
Computer- based (i.e.: software) programs	43.5%	59.9%	49.3%	53.4%	45.0%	34.6%	27.9%	35.3%
Role play	57.2%	53.5%	39.7%	41.4%	45.0%	66.9%	49.2%	29.4%
Standardized /embedded participants	17.4%	25.4%	20.6%	20.3%	20.9%	22.8%	17.2%	41.2%
Task trainers	39.1%	31.7%	24.3%	22.6%	14.7%	4.4%	8.2%	47.1%
Virtual simulations (i.e. via Zoom)	14.5%	18.3%	14.7%	16.5%	11.6%	4.4%	11.5%	17.6%
Other type of simulation	2.9%	5.6%	5.1%	4.5%	5.4%	5.9%	4.9%	47.1%
None	9.4%	0.0%	5.1%	4.5%	11.6%	16.9%	31.1%	11.8%
All Programs Responding	139	142	136	133	129	136	122	17

- Respondents were asked what types of simulation they used in different topic areas **after the start of COVID-19**.
- Computer-based simulation was the primary form of simulation used by nearly all programs after the pandemic started, followed closely by virtual simulation. The increase in the use of virtual simulation was particularly dramatic. There was a decrease in the number of programs using Manikin-based simulation, role play, and embedded participants after the start of the pandemic.
- Other topic areas where programs anticipated using simulation in the future (described in text comments) include: community/public health (8 mentions), capstone project (2 mentions, critical care (2 mentions), preceptorship, health assessment, and pharmacology.
- Other types of simulation activities that programs reported using after the pandemic started included: greater use of virtual reality-based simulation (5 mentions), “Hearing Voices”, debriefing from pre-recorded simulations, “game, return demonstration via video”, IV Arm, “Sentinel City; ATI Health Access; ATI Real Life: Clinical Reasoning Scenarios”, and unfolding case studies.

Table 86. Type of Simulation Used After COVID-19 started

	Funda- mentals	Medical/ surgical	Obstet- rics	Pedi- atrics	Geri- atrics	Psychiatry/ Mental Health	Leadership/ Management	Other
Manikin-based	53.3%	58.6%	54.3%	51.4%	45.3%	17.3%	23.3%	44.4%
Computer-based (i.e.: software) programs	67.4%	83.6%	75.4%	76.1%	67.2%	64.7%	52.5%	61.1%
Role play	47.4%	42.1%	32.6%	33.3%	35.9%	49.6%	35.8%	22.2%
Standardized /embedded participants	11.9%	15.0%	13.0%	13.8%	14.1%	11.3%	8.3%	27.8%
Task trainers	32.6%	27.9%	18.1%	17.4%	10.2%	5.3%	6.7%	16.7%
Virtual simulations (i.e. via Zoom)	62.2%	75.7%	71.0%	73.9%	64.1%	62.4%	57.5%	50.0%
Other type of simulation	5.2%	5.7%	3.6%	3.6%	5.5%	5.3%	5.0%	11.1%
None	7.4%	0.7%	1.4%	1.4%	7.0%	4.5%	16.7%	5.6%
All Programs Responding	135	140	138	138	128	133	120	18

- Respondents were also asked what types of simulation they expected to use **over the next year**.
- Respondents projected moving back to manikin-based simulation as the primary form of simulation, but expected use of computer-based simulation and virtual simulation to remain much higher than prior to the pandemic. Use of role play and task trainers was expected to return to pre-pandemic levels. Use of embedded participants was expected to rise but not return to pre-pandemic levels.
- Other topic areas where programs anticipated using simulation in the future (described in text comments) include: community/public health (5 mentions), capstone project (2 mentions, critical care, preceptorship, advanced med-surg, health assessment, and LVN to RN Transitions course.
- Other types of simulation activities that programs reported using after the pandemic started included: greater use of virtual reality-based simulation (8 mentions), “Hearing Voices”, “Sentinel City; ATI Health Access; ATI Real Life: Clinical Reasoning Scenarios”, unfolding case studies, faculty-developed scenarios and case studies, MP3 player simulating schizophrenia, Second Wind, and KeithRN.

Table 87. Type of Simulation Used by Topic Area in the Next 12 Months

	Funda- mentals	Medical/ surgical	Obstet- rics	Pedi- atrics	Ger- iatrics	Psychiatry/ Mental Health	Leadership/ Management	Other
Manikin-based	78.1%	87.6%	81.6%	78.9%	73.0%	39.8%	37.1%	38.9%
Computer- based (i.e.: software) programs	69.5%	80.6%	78.4%	78.9%	68.0%	71.5%	53.4%	72.2%
Role play with other students	53.1%	48.8%	44.8%	42.2%	43.4%	68.3%	46.6%	38.9%
Standardized /embedded participants	14.8%	17.1%	16.0%	15.6%	14.8%	19.5%	16.4%	16.7%
Task trainers	36.7%	34.9%	26.4%	25.0%	9.0%	8.9%	7.8%	16.7%
Virtual simulations (i.e. via Zoom)	58.6%	65.9%	69.6%	68.8%	63.9%	66.7%	53.4%	50.0%
Other type of simulation	7.8%	10.1%	6.4%	6.3%	7.4%	8.1%	6.0%	16.7%
None	7.8%	0.0%	1.6%	1.6%	4.9%	1.6%	14.7%	11.1%
All Programs Responding	128	129	125	128	122	123	116	18

Clinical Training in Nursing Education

- This year, respondents were asked to indicate the allocation of their program’s clinical hours *before* the pandemic started, and after. Before the pandemic started, the largest proportion of clinical hours in all programs was in direct inpatient care, (73.1% to 75.0%), followed distantly by skills labs (10.6% to 13.1%).
- ELM programs had more hours allocated to outpatient care and clinical observation than did other programs, while ADN and BSN programs had more hours allocated to skills labs and clinical simulation than did ELM programs.
- Most (73.5%, n=108) programs require that their fundamentals students have clinical practice in direct patient care. Fundamentals also uses a greater proportion skills lab hour than do other content areas.

Table 88. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care-- Inpatient			Direct Patient Care-- Outpatient			Skills Labs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	332.3	226.6	196.3	10.0	1.1	15.2	33.4	25.3	20.4
Fundamentals	86.2	42.7	66.2	1.1	2.1	9.8	58.7	61.8	47.4
Obstetrics	70.2	76.8	88.7	2.4	0.7	11.9	9.0	7.8	9.8
Pediatrics	62.1	78.0	84.3	6.1	2.3	9.3	8.1	8.2	9.1
Geriatrics	73.4	81.9	53.8	6.5	3.5	2.8	3.6	9.0	3.8
Psychiatry/ mental health	64.7	78.4	86.5	8.8	5.1	11.6	4.7	4.0	6.3
Leadership/ management	52.9	80.4	102.8	2.3	5.1	7.3	2.2	2.9	9.8
Other	16.8	29.2	80.9	0.6	21.2	34.3	3.1	3.0	3.9
Total average clinical hours	758.6	693.8	759.6	37.8	41.1	102.1	122.8	121.9	110.5
Number of programs reporting	89	40	12	89	40	12	89	40	12
Content Area	Clinical Simulation			Clinical Observation			Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	34.7	19.8	9.0	7.5	2.9	2.5	417.9	275.6	243.5
Fundamentals	7.8	7.0	4.3	2.3	2.1	17.4	156.1	115.7	145.0
Obstetrics	8.3	8.2	4.4	1.6	1.3	3.0	91.5	94.8	117.8
Pediatrics	8.2	5.7	3.3	1.7	0.9	3.3	86.2	95.0	109.3
Geriatrics	4.2	5.9	2.2	2.0	0.4	0.0	89.7	100.8	62.6
Psychiatry/ mental health	6.8	6.3	4.2	2.1	0.3	0.0	87.2	94.1	108.6
Leadership/ management	3.0	7.8	1.3	0.5	2.1	5.3	60.8	98.3	126.7
Other	0.4	1.3	3.3	0.6	2.6	2.7	21.5	57.1	125.1
Total average clinical hours	73.4	62.0	32.0	18.3	12.6	34.3	1,011.0	931.4	1,038.5
Number of programs reporting	89	40	12	89	40	12	89	40	12

- After the pandemic started, the largest proportion of clinical hours in all programs was still in direct inpatient care, but the average overall number of hours dedicated to direct inpatient care decreased by 31% since the start of the pandemic.
- The average number of clinical hours dedicated to outpatient direct care increased by 66%, but still constituted relatively few hours overall.
- The average number of clinical hours dedicated to clinical simulation increased by 230% overall.
- The number of hours dedicated to clinical observation decreased (-22%) and the number of hours dedicated to skills labs decreased very slightly (-1%) overall.
- While the total average number of hours decreased, the decrease was slight (-6%).

Table 89. Average Hours Spent in Clinical Training by Program Type and Content Area – After the Start of COVID-19

Content Area	Direct Patient Care-- Inpatient			Direct Patient Care-- Outpatient			Skills Labs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	261.8	160.9	149.8	20.3	10.4	15.5	31.0	23.4	22.4
Fundamentals	45.0	32.0	43.4	2.5	4.8	10.7	67.4	54.5	51.8
Obstetrics	47.4	47.3	64.7	7.5	6.5	15.1	8.4	6.2	6.5
Pediatrics	40.1	42.7	52.4	9.4	9.8	14.3	7.4	6.2	6.3
Geriatrics	44.9	52.5	49.3	8.8	6.2	2.2	4.5	7.7	1.8
Psychiatry/ mental health	41.4	50.7	56.0	11.5	10.8	15.2	5.8	3.0	3.2
Leadership/ management	32.6	62.8	69.5	4.4	6.9	5.6	2.7	1.8	7.8
Other	13.3	25.5	75.7	1.0	21.6	34.6	3.7	2.9	6.5
Total average clinical hours	526.5	474.4	560.7	65.5	76.9	113.2	130.7	105.7	106.2
Number of programs reporting	74	38	11	74	38	11	74	38	11
Content Area	Clinical Simulation			Clinical Observation			Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	103.4	64.2	26.7	4.9	0.3	2.7	421.3	259.3	217.0
Fundamentals	29.6	18.7	18.9	0.7	0.2	13.5	145.2	110.3	138.4
Obstetrics	22.1	27.3	20.9	1.8	0.3	4.2	87.1	87.6	111.4
Pediatrics	23.2	26.9	26.5	1.6	0.3	3.3	81.7	85.9	102.7
Geriatrics	15.1	16.4	15.3	1.7	0.2	0.4	75.0	82.9	68.9
Psychiatry/ mental health	22.3	25.3	30.0	3.0	0.2	0.5	84.0	89.8	104.9
Leadership/ management	15.1	18.0	12.5	0.4	2.8	7.6	55.1	92.4	103.0
Other	3.5	11.1	14.2	0.3	2.0	5.5	21.8	63.0	136.5
Total average clinical hours	234.2	207.9	165.0	14.4	6.2	37.7	971.3	871.1	982.8
Number of programs reporting	74	38	11	74	38	11	74	38	11

- 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.
- In most content areas, if there was a planned change, respondents were more likely to report a planned decrease in clinical hours in direct inpatient care and an increase in hours in clinical simulation. In obstetrics, pediatrics, and psychiatry/mental health there appeared to be a trend toward increasing hours in outpatient direct care.

Table 90. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	12.9%	19.1%	16.7%	66.7%	64.3%	75.0%	16.1%	7.1%	0.0%
Direct outpatient care	4.3%	0.0%	0.0%	72.0%	78.6%	75.0%	14.0%	0.0%	0.0%
Skills labs	4.3%	4.8%	8.3%	87.1%	83.3%	75.0%	5.4%	4.8%	8.3%
Clinical simulation	6.5%	2.4%	8.3%	73.1%	66.7%	66.7%	18.3%	23.8%	16.7%
Clinical observation	2.2%	0.0%	0.0%	89.3%	81.0%	75.0%	2.2%	0.0%	0.0%
Total clinical hours	2.2%	4.8%	0.0%	94.6%	85.7%	91.7%	1.1%	2.4%	0.0%
Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	12.9%	14.3%	8.3%	72.0%	66.7%	75.0%	7.5%	2.4%	0.0%
Direct outpatient care	2.2%	2.4%	0.0%	78.5%	73.8%	75.0%	5.4%	0.0%	0.0%
Skills labs	5.4%	0.0%	8.3%	80.7%	85.7%	83.3%	9.7%	7.1%	8.3%
Clinical simulation	4.3%	0.0%	0.0%	76.3%	64.3%	58.3%	15.1%	23.8%	25.0%
Clinical observation	1.1%	2.4%	0.0%	87.1%	73.8%	75.0%	0.0%	0.0%	0.0%
Total clinical hours	2.2%	4.8%	0.0%	91.4%	83.3%	91.7%	2.2%	2.4%	0.0%
Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	17.2%	23.8%	25.0%	67.8%	61.9%	66.7%	10.3%	2.4%	0.0%
Direct outpatient care	6.9%	4.8%	0.0%	71.3%	69.1%	66.7%	8.1%	2.4%	8.3%
Skills labs	3.5%	0.0%	0.0%	87.4%	85.7%	75.0%	4.6%	4.8%	16.7%
Clinical simulation	5.4%	2.4%	0.0%	72.0%	66.7%	50.0%	19.4%	23.8%	41.7%
Clinical observation	2.3%	0.0%	0.0%	87.4%	81.0%	66.7%	4.6%	0.0%	8.3%
Total clinical hours	4.3%	4.8%	0.0%	92.5%	85.7%	91.7%	1.1%	2.4%	0.0%
Pediatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	18.3%	31.0%	25.0%	69.9%	54.8%	66.7%	6.5%	2.4%	0.0%
Direct outpatient care	5.4%	4.8%	16.7%	64.5%	64.3%	50.0%	16.1%	9.5%	8.3%
Skills labs	4.3%	0.0%	8.3%	83.9%	83.3%	75.0%	5.4%	7.1%	16.7%
Clinical simulation	4.3%	2.4%	0.0%	68.8%	64.3%	50.0%	21.5%	23.8%	41.7%
Clinical observation	2.2%	0.0%	8.3%	86.0%	83.3%	66.7%	4.3%	0.0%	0.0%
Total clinical hours	4.3%	4.8%	0.0%	91.4%	85.7%	91.7%	1.1%	2.4%	0.0%

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

Table 88. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	11.8%	9.5%	8.3%	80.7%	71.4%	83.3%	4.3%	4.8%	0.0%
Direct outpatient care	2.2%	4.8%	0.0%	83.9%	69.1%	66.7%	4.3%	2.4%	8.3%
Skills labs	2.2%	0.0%	0.0%	89.3%	81.0%	83.3%	3.2%	7.1%	8.3%
Clinical simulation	3.2%	2.4%	0.0%	81.7%	71.4%	83.3%	12.9%	14.3%	8.3%
Clinical observation	4.3%	2.4%	0.0%	89.3%	76.2%	75.0%	0.0%	0.0%	0.0%
Total clinical hours	2.2%	2.4%	0.0%	95.7%	81.0%	91.7%	0.0%	4.8%	0.0%
Psychiatry/ Mental Health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	16.1%	64.3%	16.7%	68.8%	2.4%	75.0%	8.6%	0.0%	0.0%
Direct outpatient care	3.2%	71.4%	0.0%	73.1%	7.1%	75.0%	11.8%	7.9%	0.0%
Skills labs	1.1%	81.0%	0.0%	89.3%	2.4%	83.3%	3.2%	2.6%	8.3%
Clinical simulation	6.5%	57.1%	0.0%	76.3%	26.2%	58.3%	12.9%	10.3%	25.0%
Clinical observation	2.2%	83.3%	0.0%	86.0%	0.0%	75.0%	0.0%	0.0%	0.0%
Total clinical hours	2.2%	88.1%	0.0%	93.6%	2.4%	91.7%	1.1%	0.0%	0.0%
Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	2.2%	7.1%	0.0%	81.7%	69.1%	83.3%	7.5%	4.8%	0.0%
Direct outpatient care	0.0%	2.4%	8.3%	83.9%	71.4%	58.3%	3.2%	2.4%	0.0%
Skills labs	0.0%	0.0%	0.0%	91.4%	78.6%	75.0%	0.0%	2.4%	8.3%
Clinical simulation	4.3%	2.4%	0.0%	78.5%	64.3%	75.0%	8.6%	14.3%	8.3%
Clinical observation	0.0%	0.0%	0.0%	88.2%	73.8%	66.7%	0.0%	4.8%	0.0%
Total clinical hours	0.0%	4.8%	0.0%	93.6%	78.6%	83.3%	0.0%	0.0%	0.0%
Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct inpatient care	0.0%	0.0%	0.0%	92.5%	83.3%	83.3%	0.0%	0.0%	0.0%
Direct outpatient care	0.0%	7.3%	7.3%	91.4%	80.5%	80.5%	0.0%	0.0%	0.0%
Skills Labs	0.0%	0.0%	0.0%	91.4%	82.9%	82.9%	0.0%	2.4%	2.4%
Clinical simulation	0.0%	0.0%	0.0%	88.2%	70.7%	70.7%	3.2%	14.6%	14.6%
Clinical observation	0.0%	0.0%	0.0%	90.3%	82.9%	82.9%	0.0%	0.0%	0.0%
Total clinical hours	0.0%	2.4%	2.4%	93.6%	85.7%	85.7%	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.

- Eight programs of those that responded to these questions reported they have plans to decrease their overall clinical hours in at least one area.
- The most common reasons for decreasing clinical hours were “Curriculum redesign or change” and “unable to find sufficient clinical space”. Two programs that intended to reduce their clinical hours were doing so due to the impacts of the COVID-19 shelter-in-place order.

Table 91. Why Program is Reducing Clinical Hours

	% of Schools	# of Schools
Curriculum redesign or change	75.0%	6
Unable to find sufficient clinical space	37.5%	3
Need to reduce units	25.0%	2
Impacts of COVID-19 shelter-in-place order	25.0%	2
Students can meet learning objectives in less time	12.5%	1
Insufficient clinical faculty	0.0%	0
Other	0.0%	0
Funding issues or unavailable funding	0.0%	0
Number of programs reporting		8

- Most (66.7%, n=98) programs anticipate returning to the same number of in-person and simulation clinical hours as originally planned for the 2019-20 school year once the COVID-19 crisis ends. A small number did not plan to do so (6.1%, n=9), and almost a quarter were just not sure (24.5%, n=36).
- Those who did not intend to return to the same number of in-person and simulation clinical hours were asked how they thought they might modify their clinical hours. Their answers are listed below.

Table 92. How Programs Might Modify Clinical Hours After the Pandemic

1	We have learned much through the COVID crisis and our assessment is that we can do things differently and continue to maintain a strong program and meet program objectives.
2	The RN program changed the curriculum to reduce the units in the program from 43 semester units to 40 semester units. (BRN approved)
3	Will like to increase the number of hours of in-person, but in a clinic or primary care setting
4	We will continue our implementation of our BRN-approved reduced unit curriculum redesign.
5	We are either not sure, or if no, we plan to repeat simulation hours which allows students deeper learning. Prior to COVID-19 our simulation hours were under 25% of total hours.
6	We will likely increase it to the 25% in medical surgical.
7	Increase simulation hours across the curriculum.
8	Most our courses were not doing the maximum 25% simulation hours prior to COVID, since COVID we have worked hard at enhancing our courses with simulation. We will likely continue to use the 25% simulation as we have found it very valuable.
9	Continue to use repeat simulations to reinforce learning.

RN Refresher Course

In 2019-20, five nursing programs offered an RN refresher course, and 177 students completed one of these courses.

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

- The most commonly reported institutional accreditations were WASC-JC (56.3%, n=76) and WSCUC (38.5%, n=52).

Table 93. Institutional Accreditations

	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	56.3%	76
WASC – Senior College and University Commission (WSCUC)	38.5%	52
Other	7.4%	10
Accrediting Bureau of Health Education Schools (ABHES)	4.4%	6
Accrediting Commission of Career Schools & Colleges (ACCSC)	3.0%	4
Higher Learning Commission (HLC)	2.2%	3
Northwest Commission on Colleges and Universities (NWCCU)	1.5%	2
Accrediting Council for Independent Colleges and Schools (ACICS)	0.0%	0
Accrediting Commission of Career Schools and Colleges of Technology (ACCST)	0.0%	0
Number of schools that reported		135

Nursing Program Directors

- The largest proportion of nursing program directors’ time, on average, was spent on managing nursing program compliance (16.4%), managing clinical resources (8.8%), managing student enrollment (7.4%), and managing human resources (7.3%). In prior years, managing clinical resources did not rank as high as a percentage of the director’s time.
- “Other” duties that took up directors’ time included the following written comments: manage changes related to COVID, manage and direct a psychiatric program, building community partners, grant writing, and serving on various committees such as EOC or college curriculum committee.

Table 94. Nursing Program Directors’ Time

	% of Time Spent
Manage nursing program compliance	16.4%
Manage clinical resources	8.8%
Manage student enrollment	7.4%
Manage human resources	7.3%
Facilitate student needs and activities	7.2%
Manage curriculum	7.1%
Facilitate staff development	7.0%
Collaborate with college/district	6.6%
Manage fiscal resources	6.1%
Administration of other programs	5.1%
Teaching students	4.6%
Manage information technology	3.7%
Seeking, managing, and obtaining grant funding/fundraising	3.7%
Promote community awareness and public relations	3.7%
Manage college facilities	3.3%
Research	1.4%
Other (please describe)	0.5%
Number of Schools that Reported	132

Note: Totals are derived from the average of percentages provided, not from sums of hours.

- “Other” programs were the most commonly reported programs also administered by the pre-licensure RN program director, followed by LVN, CNA, and RN post-licensure programs.
- Amongst “other” programs mentioned in write-in answers were dental assisting, medical assisting (5 mentions), respiratory therapy (2 mentions), addiction studies (2 mentions), surgical technology, operating room RN, sterile processing, phlebotomy, healthcare interpreting, HIT, and family consumer studies—degrees in child development and nutrition; and health education.

Table 95. Other Programs Administered by the RN Program Director

	% of Schools	# of Schools
Other	39.7%	31
LVN	32.1%	25
CNA	32.1%	25
RN Post-Licensure programs	24.4%	19
HHA	20.5%	16
EMT	14.1%	11
Health sciences	12.8%	10
Technician (i.e. psychiatric, radiologic, etc.)	10.3%	8
Graduate programs	6.4%	5
Health professions	5.1%	4
Paramedic	2.6%	2
Number of schools reporting		78

Other Program Administration

Assistant Directors

- Nearly all nursing schools (98.0%, 134 out of 137 schools) reported having *at least one* assistant director.
- The majority of nursing schools (63.5%, n=87) have one assistant director, and a quarter (24.8%, n= 34) have two.
- Larger schools are more likely to have multiple assistant directors—schools with one hundred or fewer students averaged 1.2 assistant directors, those with 100-199 students averaged 1.4 assistant directors, and those with 200 or more averaged 1.7 assistant directors.

Table 96. Number of Assistant Directors by Size of School and Program Type

Number of Assistant Directors	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
None	6.1%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	0.0%
1 Assistant Director	75.8%	42.9%	100.0%	55.1%	100.0%	75.0%	45.5%	55.6%	50.0%	61.3%	61.9%	66.7%
2 Assistant Directors	18.2%	42.9%	0.0%	34.7%	0.0%	25.0%	36.4%	22.2%	0.0%	29.0%	21.4%	8.3%
3 Assistant Directors	0.0%	14.3%	0.0%	8.2%	0.0%	0.0%	18.2%	18.5%	33.3%	6.5%	14.3%	16.7%
>3 Assistant Directors	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	16.7%	0.0%	2.4%	8.3%
Programs reporting	33	7	2	49	8	4	11	27	6	93	42	12
Percent of Program Type by School Size	35.5%	16.7%	16.7%	52.7%	19.0%	33.3%	11.8%	64.3%	50.0%	63.3%	28.6%	8.2%
Average # of hours allotted /week*	10.6	35.3	19.0	12.3	14.8	32.5	27.9	35.7	63.4	13.6	31.5	44.1
Average # of hours spent / week*	13.4	33.1	19.0	14.3	16.1	30.0	29.4	43.5	72.8	19.0	30.0	72.8

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

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

Assistant Directors	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
Asst director 1	11.2	18.0	19.0	9.4	14.8	23.3	17.0	19.3	19.0	10.9	17.7	20.9
Asst director 2	8.7	24.3	0.0	14.0	0.0	60.0	42.7	39.3	0.0	16.1	34.3	60.0
Asst director 3	0.0	120.0	0.0	24.5	0.0	0.0	33.0	54.2	64.5	27.3	65.2	64.5
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	150.0	150.0	0.0	150.0	150.0
Number of programs reporting	28	7	2	46	8	4	10	26	5	84	41	11
Average # of hours allotted /week*	10.6	35.3	19.0	12.3	14.8	32.5	27.9	35.7	63.4	13.6	31.5	44.1

Table 98. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type

Assistant Directors	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
Asst director 1	14.3	18.0	19.0	10.9	16.1	15.0	19.6	26.4	26.0	13.2	22.1	20.0
Asst director 2	10.2	19.3	0.0	17.8	0.0	60.0	50.5	46.3	0.0	18.3	34.7	60.0
Asst director 3	0.0	120.0	0.0	22.6	0.0	0.0	42.5	67.6	81.0	29.3	76.3	81.0
All other assistant directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	150.0	150.0	0.0	150.0	150.0
Number of Programs reporting	33	7	2	49	8	4	11	27	6	93	42	12
Average # of hours spent / week*	13.4	33.1	19.0	14.3	16.1	30.0	29.4	43.5	72.8	19.0	30.0	72.8

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

- The largest proportion of assistant director time is spent teaching students (42.0%) followed by managing curriculum (8.0%), managing nursing program compliance (7.5%), and managing clinical resources (7.2%). “Managing clinical resources” has moved up in slightly importance compared to prior years, while facilitating student needs and activities and staff development have moved down slightly.
- “Other” duties that took up assistant directors’ time included the following derived from written comments: COVID Response: adjusting students plans of study without clinical placements, faculty senate chair, sigma honor society, admission process.

Table 99. Nursing Program Assistant Directors’ Time

	% of Time Spent
Teaching students	42.0%
Manage curriculum	8.0%
Manage nursing program compliance	7.5%
Manage clinical resources	7.2%
Facilitate student needs and activities	6.8%
Facilitate staff development	6.3%
Manage student enrollment	4.7%
Manage human resources	3.2%
Collaborate with college/district	2.8%
Manage information technology	2.6%
Promote community awareness and public relations	2.5%
Research	2.1%
Manage college facilities	1.9%
Manage fiscal resources	1.1%
Other (please describe)	1.0%
Seeking, managing, and obtaining grant funding/fundraising	0.6%
Administration of other programs	0.4%
Number of schools reporting	123

Note: Totals are derived from average percentages provided, not from sums of hours.

Clerical Staff

- All 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 100-199 students had an average of 2.2 staff, and those with more than 200 students had an average of 5.7 staff.
- Schools with ADN programs had an average of 2.1 clerical staff while those with BSN programs averaged 5.2 clerical staff, and those with ELM programs averaged 8.0.
- Average hours per staff person were similar across program types and school sizes 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 100. 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		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1 clerical staff	57.6%	30.6%	0.0%	30.6%	25.0%	50.0%	27.3%	0.0%	0.0%	39.8%	11.9%	16.7%
2 clerical staff	33.3%	34.7%	0.0%	34.7%	25.0%	0.0%	0.0%	3.7%	0.0%	30.1%	11.9%	0.0%
3 clerical staff	6.1%	16.3%	0.0%	16.3%	37.5%	50.0%	18.2%	18.5%	0.0%	12.9%	19.0%	16.7%
4 clerical staff	3.0%	16.3%	50.0%	16.3%	0.0%	0.0%	27.3%	25.9%	0.0%	12.9%	19.0%	8.3%
>4 clerical staff	0.0%	2.0%	50.0%	2.0%	12.5%	0.0%	27.3%	51.9%	100.0%	4.3%	38.1%	58.3%
Number of programs reporting	33	7	2	49	8	4	8	27	6	90	42	12
Average hours per week*	43.3	112.5	112.5	60.3	86.3	66.8	97.2	185.6	343.8	58.8	155.5	212.9
Mean # of staff	1.5	3.0	4.5	2.2	2.5	2.0	3.3	6.6	13.2	2.1	5.2	8.0

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

Table 101. 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		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	29.2	38.3	0.0	37.3	60.0	40.0	40.0	0.0	0.0	33.4	47.0	40.0
2 clerical staff	57.5	40.0	0.0	56.1	80.0	0.0	0.0	80.0	0.0	56.6	70.0	0.0
3 clerical staff	34.5	0.0	0.0	62.4	96.7	93.5	105.0	107.0	0.0	64.8	103.1	93.5
4 clerical staff	160.0	120.0	145.0	100.0	0.0	0.0	73.0	111.7	0.0	98.3	112.8	145.0
>4 clerical staff	0.0	400.0	80.0	120.0	120.0	0.0	173.3	258.1	343.8	160.0	258.4	306.1
Number of programs reporting	32	5	2	51	11	5	7	23	5	90	39	12
Average hours per week*	43.3	112.5	112.5	60.3	86.3	66.8	97.2	185.6	343.8	58.8	155.5	212.9

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

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

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

Table 102. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	32.6%	30.0%	41.7%
Somewhat adequate	39.1%	36.0%	58.3%
Somewhat inadequate	17.4%	16.0%	0.0%
Very inadequate	10.9%	10.0%	0.0%
Number of programs reporting	93	42	12

Clinical Coordinators

- 76.6% (n=105) of schools responding to this question reported at least one staff person working as a clinical coordinator or on clinical coordination tasks.
- Schools with ELM programs (100.0%) and BSN programs (85.7%) were more likely to report having clinical coordinators on staff than were ADN programs (71.0%)

Table 103. 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		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
No clinical coordinator	42.4%	57.1%	0.0%	24.5%	0.0%	0.0%	9.1%	7.4%	0.0%	29.0%	14.3%	0.0%
1 clinical coordinator	21.2%	14.3%	0.0%	34.7%	37.5%	75.0%	27.3%	22.2%	0.0%	29.0%	23.8%	42.9%
2 clinical coordinators	15.2%	14.3%	50.0%	24.5%	25.0%	25.0%	18.2%	18.5%	33.3%	20.4%	19.0%	57.1%
>2 clinical coordinators	21.2%	14.3%	50.0%	16.3%	37.5%	0.0%	45.5%	51.9%	66.7%	21.5%	42.9%	0.0%
Number of programs reporting	33	7	2	49	8	4	11	27	6	93	42	12
Average hours per week*	18.7	110.7	110.0	18.5	60.0	41.3	41.0	70.0	99.4	22.0	71.2	81.8

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (71.2 and 81.8, respectively) than did schools with ADN programs (22.0 hours per week).
- Schools with BSN and ELM programs reported more clinical coordinator hours per *clinical coordinator* per week on average (24.2 and 32.7, respectively) than did schools with ADN programs (average of 7.7 hours per week).

Table 104. 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		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	19.6	12.0	0.0	12.0	26.7	28.3	17.3	31.0	0.0	14.5	27.8	28.3
2 Clinical Coordinators	15.4	80.0	80.0	25.8	47.5	80.0	20.0	53.3	53.1	22.4	55.2	66.6
>2 Clinical Coordinators	20.3	240.0	140.0	21.3	101.7	0.0	63.6	92.8	122.5	31.5	102.4	126.0
Number of programs reporting*	19	3	2	37	8	4	10	25	6	66	36	12
Average hours per week*	18.7	110.7	110.0	18.5	60.0	41.3	41.0	70.0	99.4	22.0	71.2	81.8

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

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

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

Table 105. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
Very adequate	21.2%	33.3%	41.7%
Somewhat adequate	40.9%	47.2%	41.7%
Somewhat inadequate	24.2%	11.1%	8.3%
Somewhat inadequate	13.6%	8.3%	8.3%
Number of schools reporting	66	36	12

Retention Specialists

- Thirty-nine percent (39.4%, n=54) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.
- Student retention specialists/coordinators worked an average of 21.9 hours per week.

Table 106. 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
Retention specialist	24.2%	28.6%	0.0%	49.0%	62.5%	50.0%	27.3%	29.6%	33.3%	37.6%	35.7%	33.3%
Average Hours per week*	16.3	40.0	0.0	18.6	20.7	40.0	37.8	30.6	30.0	20.6	28.3	33.3
Number of programs reporting	33	7	2	49	8	4	11	27	6	93	42	12

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. Ten schools reported two programs each; seven had a BSN and an ELM, and three had an ADN and a BSN.

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

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 38.4% (n=51) of the 133 nursing schools reported that personal reasons had the greatest impact on student attrition, while 35.3% (n=47) of schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition.
- Factors related to the COVID-19 pandemic such as concern about exposure to COVID-19, lack of child care/school closures, and unwillingness to continue program in an online environment were ranked lower than some of the more traditional factors.
- “Other” factors from written comments included: California wildfire evacuation, anxiety and stress, lack of necessary study skills, and work/home/school schedule, COVID infections, and difficult instructor.

Table 107. Factors Impacting Student Attrition

	Average Rank*
Personal reasons (e.g. home, job, health, family)	2.1
Academic failure	2.5
Financial need	3.7
Clinical failure	4.0
Change of major or career interest	5.8
Concern about exposure to COVID-19	6.3
Lack of child care/school closures	6.3
Transfer to another school	7.3
Unwillingness to continue program in online environment	7.5
Number of schools reporting	133

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

Recruitment and Retention of Underrepresented Groups

- 34.3% of schools (n=47) reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.
- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were admission counseling (71.5%), outreach, such as high school job fairs and community events (69.3%), and multi-criteria screening (AB 548) (52.6%).
- “Other” strategies listed in text comments included: information sessions (4 mentions), virtual nursing workshops or other workshops (2 mentions), high school career fair, career pathway agreements, Health Occupations Discovery Camp, and inner-city location.

Table 108. Strategies to Recruit and Admit Underrepresented Students

	% of Schools	# of Schools
Admission counseling	71.5%	98
Outreach (e.g. high school fairs, community events)	69.3%	95
Multi-criteria screening as defined in California Assembly Bill 548	52.6%	72
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	46.7%	64
Additional financial support (e.g. scholarships)	41.6%	57
Open house	37.2%	51
New admission policies instituted	15.3%	21
No need. We already have a diverse applicant pool and no additional strategies are needed.	10.2%	14
Other	8.8%	12
Number of Schools Reporting		137

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring (91.2%, n=125); academic counseling (85.4%, n=117); and additional financial support such as scholarships (63.5%, n=87).
- “Other” strategies from written comments include: alternate course progression--remediation, mentoring, and tutoring--scholarships, resilience program, student learning communities, Black Student Nursing Association, Men in Nursing Association, and skills lab assistance.

Table 109. Strategies to Support and Retain Underrepresented Students

	% of Schools	# of Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	91.2%	125
Academic counseling	85.4%	117
Additional financial support (e.g. scholarships)	63.5%	87
Wellness counseling	46.7%	64
Program revisions (e.g. curriculum revisions, evening/weekend program)	10.2%	14
Other	8.0%	11
Additional child care	5.1%	7
No need, students from groups underrepresented in nursing are successful without any additional strategies	3.6%	5
Number of schools reporting		137

- Most schools reported that they provided training for faculty to support the success of at-risk students in their nursing programs (83.9%, n=115).
- The most common training included faculty development and orientation (94.8%) followed by training on disabilities and accommodations (74.8%).
- “Other” training described in text comments includes: formal DEI committee, intensive training for faculty to transition to remote teaching, new faculty academy, Center for Teaching Excellence “Teaching Tips” online.

Table 110. Faculty Training Provided to Support the Success of At-risk Students

	% of Schools	# of Schools
Faculty development and orientation	94.8%	109
Training on disabilities and accommodations	74.8%	86
Cultural diversity training	73.9%	85
Faculty mentoring and peer mentoring programs	73.9%	85
Training on various student success initiatives	60.0%	69
Other	5.2%	6
Number of schools reporting		115

Access to Prerequisite Courses

- 42 nursing schools (30.7%) 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.
- Adding science course sections (61.9%, n=26) and agreements with other schools for prerequisite courses (59.5%, n=15) were the most common methods used to increase access to prerequisite courses.
- “Other” methods used to increase access to prerequisite courses from text comments included: Preferential registration for students who attend orientation, online courses during the pandemic, priority enrollment spots for pre-nursing students, acceptance of students with courses in progress, “An open dialogue with science to create a chemistry for nursing students and drop A and P and micro to four units instead of five”, and “collaborating with other departments to offer a “pre-nursing” track that incorporates prerequisite science and general education.”

Table 111. Access to Prerequisite Courses

	% of Schools	# of Schools
Adding science course sections	61.9%	26
Agreements with other schools for prerequisite courses	59.5%	25
Accepting online courses from other institutions	57.1%	24
Offering additional prerequisite courses on weekends, evenings, and summers	45.2%	19
Providing online courses	40.5%	17
Transferable high school courses to achieve prerequisites	21.4%	9
Other	14.3%	6
Prerequisite courses in adult education	2.4%	1
Number of schools reporting		42

Restricting Student Access to Clinical Practice

- 128 nursing schools (93.4%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common or very common types of restricted access students faced were to sites overall due to COVID-19, lack of access to specific units due to lack of PPE, and lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency.
- Schools reported that the least common types of restrictions students faced were glucometers and direct communication with health care team members.

Table 112. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	Very Uncommon	Un-common	Common	Very Common	N/A
Sites overall due to COVID-19 (13)	0.0%	5.5%	17.2%	72.7%	4.7%
Lack of access to specific units due to lack of PPE	4.7%	10.2%	21.1%	55.5%	8.6%
Clinical site due to visit from the Joint Commission or other accrediting agency	3.9%	19.5%	32.0%	33.6%	8.6%
Inability to onboard or complete orientation of new cohort due to COVID-19	8.6%	16.4%	17.2%	46.1%	10.9%
Automated medical supply cabinets (i.e. OmniCell)	7.8%	21.9%	33.6%	20.3%	14.8%
Bar coding medication administration (i.e. Pyxis)	10.9%	27.3%	28.1%	23.4%	8.6%
Electronic medical records	11.7%	32.8%	24.2%	18.8%	9.4%
Health and safety requirements (i.e. drug screening, background checks)	19.5%	33.6%	14.8%	18.8%	10.2%
Patients related to staff nurse preferences or concerns about their additional workload	14.1%	39.8%	21.1%	10.2%	13.3%
Alternative settings due to liability (i.e. home health visits)	16.4%	25.0%	14.8%	14.1%	28.1%
IV medication administration	13.3%	46.9%	21.9%	6.3%	9.4%
Glucometers	20.3%	43.8%	15.6%	9.4%	9.4%
Direct communication with health care team members	32.0%	37.5%	10.9%	6.3%	10.9%
Other	0.0%	0.0%	0.8%	4.7%	3.5%

Note: Percentages are derived by dividing the total number of schools that selected each category by the total number of schools that answered any of these questions (128).

- Respondents reported a number of “other” types of restricted access, although many of these were actually additional reasons for restricted access. These included lack of access to clinical sites due to COVID-19, bi-weekly COVID-19 testing, reduced faculty/student ratios due to COVID-19, lack of staff for preceptorship, online clinical clearance programs required by facilities, new hospital opening, too much competition from other schools, high volume of new grads on the unit, and extensive and time-consuming orientation.
- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (56.1%, n=55) and liability (45.9%, n=45).
- Schools reported that students were most frequently restricted from using medication administration systems due to liability (67.0%, n=61) and staff fatigue/burnout (39.6%, n=36).
- “Other” reasons included: COVID-19 (6 mentions), short-term rotation, agency regulations, IT staff not available to onboard students, and setting (mental health).

Table 113. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Liability	45.9%	67.0%
Staff fatigue/burnout	36.7%	39.6%
Insufficient time to train students	56.1%	34.1%
Staff still learning and unable to assure documentation standards are being met	35.7%	25.3%
Cost for training	29.6%	18.7%
Other	14.3%	16.5%
Patient confidentiality	25.5%	7.7%
Number of schools reporting	98	91

Numbers indicate the percent of schools reporting these restrictions as “uncommon”, “common” or “very common” to capture any instances where reasons were reported.

- The majority of schools compensate for training in areas of restricted student access by providing training in the simulation lab (90.4%, n=113) and in the classroom (63.2%, n=79) and by purchasing practice software (71.2%, n=89).
- “Other” ways that schools compensate include: alternative practice sites (3 mentions), virtual simulation (4 mentions), telehealth (3 mentions), students volunteering and shadowing RNs at the hospital to cover clinical hours, finding non-bedside nursing hours for students that have finished a majority of their bedside nursing hours, faculty teaching the EMR training or developing EMR simulation, using DocuCare, training in skills lab.

Table 114. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% of Schools	# of Schools
Training students in the simulation lab	90.4%	113
Purchase practice software, such as SIM Chart	71.2%	89
Training students in the classroom	63.2%	79
Ensuring all students have access to sites that train them in this area	50.4%	63
Other	14.4%	18
Number of schools reporting		125

- The most common clinical practice areas in which students faced restrictions were Medical/Surgical and Obstetrics.
- “Other” restricted areas described in text comments include: COVID-specific units, NICU, long-term care, operating room. Others simply noted that sites have restricted the number of students allowed per unit and many are just not accepting students due to the pandemic.

Table 115. Clinical Area in Which Restricted Access Occurs

	% of Schools	# of Schools
Obstetrics	93.0%	119
Medical/surgical	89.1%	114
Pediatrics	86.7%	111
Geriatrics	83.6%	107
Psychiatry/mental health	70.3%	90
Critical care	68.8%	88
Community health	35.9%	46
Other department	5.5%	6
Number of schools reporting		128

Collection of Student Disability Data

- In 2019-20, schools were asked if they collect student disability data as part of the admission process. Twenty-eight percent of respondents (n=38) reported that they did so and 13.2% (n=18) did not know.

Table 116. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	27.9%	38
No	58.8%	80
Don't know/not applicable	13.2%	18
Number of schools reporting		136

Funding of Nursing Program

- On average, schools reported that 82.0% of funding for their nursing programs comes from the operating budget of their college or university, while 12.9% of funding comes from government sources.
- Other sources of income listed by respondents included student fees and tuition, scholarships and grants, cash payments and private loans.

Table 117. Funding of Nursing Programs

	% Schools
Your college/university operating budget	82.0%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	12.9%
Foundations, private donors	2.0%
Industry (i.e. hospitals, health systems)	1.6%
Other	1.5%
Number of schools reporting	137

Note: Totals are derived from the average of percentages provided, sums of funding dollars.

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (87)

American Career College	Los Medanos College
American River College	Mendocino College
Antelope Valley College	Merced College
Bakersfield College	Merritt College
Butte Community College	Mira Costa College
Cabrillo Community College	Modesto Junior College
California Career College	Monterey Peninsula College
Career Care Institute of LA	Moorpark College
Cerritos College	Mount San Antonio College
Chabot College	Mount San Jacinto College
Chaffey College	Mount St. Mary's University AD
Citrus College	Napa Valley College
City College of San Francisco	Ohlone College
CNI College (Career Networks Institute)	Pacific College*
College of Marin	Pacific Union College
College of San Mateo	Palomar 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	Solano Community College
Grossmont College	Southwestern College
Gurnick Academy of Medical Arts	Stanbridge University
Hartnell College	Unitek College
Imperial Valley College	Ventura College
Long Beach City College	Victor Valley College
Los Angeles City College	Weimar Institute
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	

*New ADN programs 2019-20

LVN-to-ADN Programs Only (6)

Allan Hancock College
 Carrington College
 College of the Siskiyous
 Gavilan College

Mission College
 Reedley College at Madera Community
 College Center

BSN Programs (43)

American University of Health Sciences
 Azusa Pacific University
 Biola University
 Brandman University Musco School of Nursing*
 California Baptist University
 Chamberlain College
 Concordia University Irvine
 CSU Bakersfield
 CSU Channel Islands
 CSU Chico
 CSU East Bay
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 CSU Northridge
 CSU Sacramento
 CSU San Bernardino
 CSU San Marcos
 CSU Stanislaus
 Dominican University of California
 Gurnick Academy of Medical Arts*

Holy Names University
 Loma Linda University
 Mount St. Mary's University BSN
 National University
 Point Loma Nazarene University
 Samuel Merritt University
 San Diego State University
 San Francisco State University
 Simpson University
 Sonoma State University
 The Valley Foundation School of Nursing
 at San Jose State
 Unitek College
 University of California Irvine
 University of California Los Angeles
 University of Phoenix
 University of San Francisco
 Vanguard University
 Weimar Institute*
 West Coast University
 Western Governors University

*New BSN programs 2019-20

ELM Programs (12)

Azusa Pacific University
 California Baptist University
 Charles R. Drew University of Medicine
 and Science
 Samuel Merritt University
 San Francisco State University
 University of California Davis
 University of California Irvine
 University of California Los Angeles

University of California San Francisco
 University of San Diego, Hahn School
 of Nursing
 University of San Francisco
 Western University of Health Sciences

APPENDIX B – Definition List

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

	Definition
Active Faculty	Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
Advanced Placement Students	Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but 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, 2017 and July 31, 2018, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same time period.
Census Data	Number of students enrolled or faculty present on October 15, 2018.
Clinical Placement	A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

	Definition
Direct Patient Care	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, Manikins, role-playing, computer simulation, or other activities.
Cohort	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2019 and July 31, 2020 and completed the program on schedule.
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 Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.
Evening Program	A program that offers all program activities in the evening i.e. lectures, etc. This does not include a traditional program that offers evening clinical rotations.
Full-Time Faculty	Faculty that work 1.0 FTE, as defined by the school.

	Definition
Generic Pre-licensure 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.
Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
LVN to BSN Program	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
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.
Professional 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
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2019 and July 31, 2020 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same time period.
Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.
Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/15 and 7/31/16.
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.

	Definition
Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, Manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2017 and July 31, 2018.
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, 2017 and July 31, 2018.
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, 2019 and July 31, 2020 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, 2019 and July 31, 2020 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2019 and July 31, 2020. For those schools that admit multiple times a year, combine all student cohorts.
Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
Transfer Students	Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
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)

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

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Ex-Officio Members

Janette Wackerly, MBA, RN

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California Board of Registered Nursing