California Board of Registered Nursing 2012-2013 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

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PREFACE

Nursing Education Survey Background

Development of the 2012-2013 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2012 through July 31, 2013. Demographic information and census data were requested for October 15, 2013.

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

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

Availability of Data

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

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

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

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

Survey Participation¹

All California nursing schools were invited to participate in the survey. In 2012-2013, 133 nursing schools offering 143 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	81	81	100%
LVN to ADN	7	7	100%
BSN	40	40	100%
ELM	15	15	100%
Total Programs	143	143	100%

¹ In this 2013 report there are 133 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=143) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2012-2013 survey, 130 nursing schools reported data for 143 pre-licensure programs at 161 different locations.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs²

• 61.5% of California pre-licensure nursing programs that reported data are ADN programs.

Table 2. Number of California RN Programs

Program Type		
ADN	81	56.6%
LVN to ADN	7	4.9%
BSN	40	28.0%
ELM	15	10.5%
Total	143	100%

Applications to California Nursing Programs

- 42.3% of the 35,041 qualified applications to pre-licensure nursing education programs received in 2012-2013 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.
- ADN programs had the highest percentage of qualified applications not accepted

Table 3. Applications for Admission by Program Type

Applications*	ADN	LVN to ADN	BSN	ELM	Total
Total Received	28,096	591	22,396	4,217	55,300
Screened	25,711	591	18,439	3,566	48,307
Qualified	19,568	411	12,476	2,586	35,041
Accepted	7,247	302	6,017	1,247	14,813
% Qualified Applications Accepted	37.0%	73.5%	48.2%	48.2%	42.3%

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

 $^{^2}$ In this 2013 report there are 133 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=143) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2012-2013 survey, 133 nursing schools reported data for 143 pre-licensure programs at 161 different locations.

Number of Students who Enrolled in California Nursing Programs

- Of the total number of applications accepted to RN programs, an average of 89.0% of students enrolled. ELM programs had the lowest share of students enroll into programs for which they were accepted (68.2%), while all applications accepted to LVN to ADN programs enrolled in those programs.
- As in recent years pre-licensure nursing programs enrolled more students in 2012-2013, overall, than the number of admission spaces that were available.
- 42.7% (n=61) of pre-licensure programs reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

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

	ADN	LVN to ADN	BSN	ELM	Total
Applications Accepted	7,247	302	6,017	1,247	14,813
New Student Enrollments	6,844	302	5,185	850	13,181
% Accepted Applications that Enrolled	94.4%	100.0%	86.2%	68.2%	89.0%

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

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,186	348	5,379	826	12,739
New Student Enrollments	6,844	302	5,185	850	13,181
% Spaced Filled with New Students Enrollments	110.6%	86.8%	96.4%	102.9%	103.5%

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- 14.1% of admission spaces (n=1,789) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2012-2013, 23.8% (n=1,474) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 90.0% of these 1,474 supported spaces were the result of grant funding.

Table 5. Donor Partner and Grant Support for Admission Spaces by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,186	348	5,379	826	12,739
% Supported by Donor Partners	2.4%	0.0%	1.5%	1.2%	1.9%
% Supported by Grants	21.4%	0.7%	3.2%	1.2%	12.2%

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students

- 61.2% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ELM programs had the highest percentage of ethnic minorities (63.5%) as newly enrolled nursing students.

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.7%	0.3%	1.0%	0.9%	0.8%
Asian	12.8%	6.5%	19.8%	22.7%	15.9%
Asian Indian	1.6%	10.6%	4.7%	0.4%	2.9%
Filipino	8.9%	16.7%	8.2%	2.7%	8.4%
Hawaiian/Pacific Islander	1.2%	5.1%	2.6%	1.2%	1.9%
African American	5.7%	3.1%	3.7%	16.0%	5.6%
Hispanic	23.6%	14.0%	18.1%	12.8%	20.6%
Multi-race	2.8%	2.0%	2.9%	5.9%	3.0%
Other	2.9%	3.1%	1.2%	1.0%	2.2%
White	39.7%	38.6%	37.9%	36.5%	38.8%
Total	6,491	293	4,620	814	12,218
Ethnic Minorities*	60.3%	61.4%	62.1%	63.5%	61.2%
# Unknown/ unreported	353	9	565	36	963

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

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

Gender Distribution of Newly Enrolled Nursing Students

- 19.9% of students who enrolled in a pre-licensure program for the first time were male.
- Generic ADN and BSN programs have greater shares of men enrolling in their programs for the first time than LVN to ADN or ELM programs.

Table 7. Gender Distribution of Newly	v Enrolled Nursing	g Students b	y Program Ty	pe
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Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	20.4%	15.6%	20.1%	16.0%	19.9%
Female	79.6%	84.4%	79.9%	84.0%	80.1%
Total	6,680	302	5,163	850	12,995
# Unknown/ unreported	164	0	22	0	186

Age Distribution of Newly Enrolled Nursing Students

• 67.5% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	2.9%	0.0%	14.0%	0.0%	7.1%
21 – 25 years	27.0%	13.6%	47.8%	31.0%	35.2%
26 – 30 years	27.7%	31.5%	20.0%	36.3%	25.3%
31 – 40 years	28.2%	31.5%	13.3%	22.6%	22.0%
41 – 50 years	11.6%	18.2%	4.0%	9.7%	8.6%
51 – 60 years	2.5%	4.3%	0.7%	0.3%	1.7%
61 years and older	0.1%	1.0%	0.0%	0.1%	0.1%
Total	6,501	302	4,991	793	12,587
# Unknown/ unreported	343	0	194	57	594

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

Newly Enrolled Students by Degree Type

• The majority (51.9%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Table 9. Newly Enrolled Students by Degree Type

Program Type	% Enrollment
ADN	51.9%
LVN to ADN	2.3%
BSN	39.3%
ELM	6.4%
Total	13,181

Newly Enrolled Students by Program Track

- 76.1% of all newly enrolled nursing students are in the generic program track.
- 23.8% of BSN students are enrolled in an accelerated track.

Table 10. Newly Enrolled Students by Program Track

Program Track	ADN	LVN to ADN	BSN	ELM	Total
Generic	84.5%	0.0%	65.6%	100.0%	76.1%
Advanced Placement	13.8%	100.0%	7.1%	0.0%	12.2%
Transfer	0.8%	0.0%	3.5%	0.0%	1.8%
30-Unit Option	0.3%	0.0%	0.0%	0.0%	0.1%
Accelerated	0.7%	0.0%	23.8%	0.0%	9.7%
Total	6,844	302	5,185	850	13,181

Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2013, a total of 26,331 nursing students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students enrolled, at 47.3% of all nursing students enrolled on October 15, 2013.

Table 11. Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	11,768	302	12,453	1,808	26,331

Ethnic Distribution of Nursing Student Census Data

- Overall, 60.8% of students enrolled in a pre-licensure nursing program as of October 15, 2013 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the ELM level (67.6% of all students enrolled in an ELM program).

Table 12. Ethnic Distribution of Nursing Student Census Data by Program Type

Race/Ethnicity	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.8%	0.0%	0.6%	1.0%	0.8%
Asian	13.1%	12.4%	24.4%	23.8%	19.0%
Asian Indian	1.1%	9.7%	1.1%	0.5%	1.1%
Filipino	8.4%	13.9%	8.5%	2.2%	8.1%
Hawaiian/Pacific Islander	1.3%	0.0%	1.9%	9.4%	2.2%
African American	5.4%	2.6%	3.5%	10.0%	4.9%
Hispanic	23.3%	15.0%	18.1%	12.9%	20.1%
Multi-race	2.5%	3.7%	2.9%	7.1%	3.0%
Other	2.4%	3.0%	1.2%	0.7%	1.8%
White	41.6%	39.7%	37.8%	32.4%	39.2%
Total	11,210	267	10,962	1,748	24,187
Ethnic Minorities*	58.4%	60.3%	62.2%	67.6%	60.8%
# Unknown/ unreported	558	35	1,491	60	2,144

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

Gender Distribution of Nursing Student Census Data

- Men represented 19.2% of all students enrolled in a pre-licensure nursing program as of October 15, 2013.
- LVN to ADN and ELM programs had a below average percentage of men among enrolled pre-licensure nursing students.

Table 13. Gender Distribution of Nursing Student Census Data by Program Type

Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	19.6%	15.5%	19.2%	17.3%	19.2%
Female	80.4%	84.5%	80.8%	82.7%	80.8%
Total	11,663	278	12,426	1,801	26,168
# Unknown/ unreported	105	24	27	7	163

Age Distribution of Nursing Student Census Data

• 68.7% of students enrolled in a pre-licensure nursing program as of October 15, 2013 were younger than 31 years old.

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	1.6%	0.0%	14.9%	0.1%	7.7%
21 – 25 years	26.3%	17.3%	48.3%	23.9%	36.5%
26 – 30 years	28.1%	30.9%	19.3%	36.2%	24.5%
31 – 40 years	29.6%	33.8%	12.8%	24.8%	21.4%
41 – 50 years	11.4%	14.7%	3.9%	11.7%	7.9%
51 – 60 years	2.8%	2.9%	0.7%	3.1%	1.8%
61 years and older	0.2%	0.4%	0.0%	0.2%	0.1%
Total	11,393	278	12,041	1,749	25,461
# Unknown/ unreported	375	24	412	59	870

Table 14. Age Distribution of Nursing Student Census Data by Program Type

Students who Completed a Nursing Program

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 57.9% of students who completed a pre-licensure nursing program were ethnic minorities.
- LVN to ADN programs continue to have the greatest share of ethnic minorities (59.8%) among students who completed a nursing program.

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

Race/Ethnicity	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.9%	0.4%	0.5%	0.7%	0.7%
Asian	13.1%	8.8%	21.1%	23.1%	16.6%
Asian Indian	1.3%	9.2%	2.7%	0.7%	1.9%
Filipino	8.9%	19.1%	11.1%	4.1%	9.6%
Hawaiian/Pacific Islander	1.1%	0.4%	1.1%	1.9%	1.1%
African American	5.6%	3.2%	4.5%	9.6%	5.4%
Hispanic	21.6%	13.9%	14.0%	13.7%	18.1%
Multi-race	1.8%	2.0%	2.9%	3.1%	2.3%
Other	2.9%	2.8%	1.1%	0.3%	2.1%
White	42.7%	40.2%	41.1%	42.9%	42.1%
Total	5,702	251	3,879	737	10,569
Ethnic Minorities	57.3%	59.8%	58.9%	57.1%	57.9%
# Unknown/ unreported	208	3	485	27	723

*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

- 17.9% of all students who completed a pre-licensure nursing program were male.
- A greater share of males completed ADN programs compared to other pre-licensure programs.

Gender	ADN	LVN to ADN	BSN	ELM	Total
Male	18.7%	18.9%	17.4%	14.4%	17.9%
Female	81.3%	81.1%	82.6%	85.6%	82.1%
Total	5,860	254	4,357	757	11,228
# Unknown/ unreported	50	0	7	7	64

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

Age Distribution of Students who Completed a Nursing Program

- 63.2% of students who completed a pre-licensure nursing program in 2012-2013 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (18%), or an ADN program (16%).
- About half of the students who completed a BSN program were younger than 26 years of age, compared to 30% of students in all programs.

Table 17. Age Distribution of Students who Completed a Nursing Program by ProgramType

Age Group	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	0.8%	0.0%	4.6%	0.0%	2.2%
21 – 25 years	20.7%	14.2%	46.3%	23.6%	30.5%
26 – 30 years	31.9%	34.6%	25.7%	45.1%	30.5%
31 – 40 years	30.8%	33.5%	17.1%	23.2%	25.1%
41 – 50 years	12.5%	15.0%	5.3%	6.6%	9.4%
51 – 60 years	3.3%	2.8%	1.0%	1.3%	2.2%
61 years and older	0.1%	0.0%	0.1%	0.1%	0.1%
Total	5,824	254	4,183	758	11,019
# Unknown/ unreported	86	0	181	6	273

Student Completions by Degree Type

 ADN programs are the largest segment of pre-licensure nursing programs and ADN graduates represented 52.3% of all students who completed a pre-licensure nursing program in 2012-2013.

Table 18. Student Completions by Degree Type

Program Type			
ADN	52.3%		
LVN to ADN	2.2%		
BSN	38.6%		
ELM	6.8%		
Total	11,292		

Student Completions by Program Track

- 77.4% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (17.3%) complete the program in an accelerated track.
- ADN programs had the highest share of advanced placement and readmitted students.

Table 19. Student Completions by Program Track

Program Track	ADN	LVN to ADN	BSN	ELM	Total
Generic	79.9%	0.0%	75.5%	99.9%	77.4%
Advanced Placement	13.2%	99.2%	4.4%	0.0%	11.0%
Transfer	0.8%	0.0%	2.3%	0.1%	1.3%
30-Unit Option	0.4%	0.0%	0.0%	0.0%	0.2%
Readmitted	5.6%	0.8%	0.4%	0.0%	3.2%
Accelerated	0.0%	0.0%	17.3%	0.0%	6.8%
Total	5,910	254	4,364	764	11,292

Completion, Retention and Attrition Data

• The overall attrition rate for pre-licensure nursing education programs in California was 12.3% in 2012-2013.

	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	7,111	296	3,412	760	11,579
Completed On-time	5,561	256	2,887	685	9,389
Still Enrolled	533	17	174	38	762
Dropped Out	1,017	23	351	37	1,428
Completed Late	374	6	186	7	573
Retention Rate*	78.2%	86.5%	84.6%	90.1%	81.1%
Attrition Rate**	14.3%	7.8%	10.3%	4.9%	12.3%

Table 20. Completion, Retention and Attrition Data by Program Type

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

- The attrition rate for accelerated tracks within nursing programs was 9.4% in 2012-2013.
- Accelerated BSN programs had a comparatively low attrition rate at 8.7%.

Table 21. Completion, Retention and Attrition Data for Accelerated Programs by Program Type[†]

	ADN	BSN	Total
Students Scheduled to Complete the Program	51	984	1,035
Completed On-time	38	837	875
Still Enrolled	2	61	63
Dropped Out	11	86	97
Completed Late	4	41	45
Retention Rate*	74.5%	85.1%	84.5%
Attrition Rate**	21.6%	8.7%	9.4%

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

†LVN to ADN and ELM programs are excluded because (1) none of these programs reported attrition data for the accelerated track and (2) they are considered accelerated by definition.

Employment of Recent Nursing Program Graduates³

- On average, 57% of recent RN graduates employed in nursing in October 2013 were working in hospitals.
- Graduates of ADN programs were the least likely to work in hospitals (50%), while graduates of BSN and ELM programs were the most likely (66%).
- Statewide, 18% of nursing students were unable to find employment by October 2013, with ADN and BSN programs reporting the highest share of recent graduates (20%) unable to find employment.
- Nursing schools reported that 63.7% of their recent RN graduates employed in nursing, were employed in California.

Employment Location	ADN	LVN to ADN	BSN	ELM	Total
Hospital	49.9%	56.0%	65.6%	65.5%	56.7%
Long-term care facility	10.5%	17.9%	4.5%	1.2%	7.9%
Community/Public Health Facility	3.9%	4.7%	3.1%	3.3%	3.6%
Other Healthcare Facility	5.2%	4.0%	3.6%	5.4%	4.7%
Pursuing additional nursing education	8.7%	7.2%	1.8%	12.9%	7.1%
Other setting	1.7%	0.0%	2.0%	1.4%	1.7%
Unable to find employment	20.1%	10.1%	19.5%	10.2%	18.3%

Table 22. Employment of Recent Nursing Program Graduates

³ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2012-2013, on average, the employment setting was unknown for 22% of recent graduates.

Faculty Data

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

Full-time and Part-time Faculty Data

- On October 15, 2013, there were 4,180 nursing faculty⁴. The majority are part-time faculty (63%, n=2,653).
- The faculty vacancy rate in pre-licensure nursing programs is 6.1% (271 vacant positions).

Table 23. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	4,180	271	6.1%
Full-time Faculty	1,524	156	9.3%
Part-time Faculty	2,653	115	4.2%

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

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

Table 24. Funding of Faculty Positions

Funding of Faculty Positions*	% Full-time	% Part-time
	Faculty	Faculty
Budgeted positions	94.9%	80.9%
100% external funding	2.2%	13.3%
Combination of the above	2.6%	4.3%
Total Faculty	1,524	2,653

 The majority of full-time faculty (78.0%) teach both clinical and didactic courses, while the majority of part-time faculty (79.6%) teach clinical courses only.

Table 25. Faculty Teaching Assignments

Teaching Assignment	% Full-time	% Part-time
	Faculty	Faculty
Clinical courses only	8.3%	79.6%
Didactic courses only	13.3%	8.9%
Clinical & didactic courses	78.0%	10.5%
Total Faculty	1,524	2,653

⁴ 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 the region.

Faculty for Next Year

 37.1% of schools reported that their externally funded positions will continue to be funded for the 2013-2014 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of 9,937 students across all pre-licensure RN programs in 2013-2014.

Table 26. External Funding for Faculty Next Year

External Funding for Faculty Next Year	% Schools
Will continue	37.1%
Will not continue	5.3%
Unknown	10.6%
Not applicable	47.0%
Number of schools reporting	132

Faculty Demographic Data

• Nursing faculty remain predominately white (64.5%) and female (88.8%), and 25% of faculty are between 41 and 50 years of age.

Table 27. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	6.4%
Asian Indian	0.8%
Filipino	6.8%
Hawaiian/Pacific Islander	0.9%
African American	8.9%
Hispanic	9.2%
Multi-race	1.1%
Other	1.0%
White	64.5%
Number of faculty	3,778
Ethnic Minorities*	35.5%
Unknown/unreported	402

Table 28. Faculty Gender and Age

Gender	% Faculty
Men	11.2%
Women	88.8%
Number of faculty	4,058
Unknown/unreported	122
Age	% Faculty
30 years or younger	1 7%
JU years or younger	4.770
31 – 40 years	17.1%
31 – 40 years 41 – 50 years	17.1% 24.6%
31 – 40 years 41 – 50 years 51 – 55 years	17.1% 24.6% 19.4%

Gender	% Faculty
61 – 65 years	11.0%
66 – 70 years	4.1%
71 years and older	1.6%
Number of faculty	3,766
Unknown/unreported	414

Education

- On October 15, 2013, almost all full-time faculty (97.7%) held a master's or doctoral degree, while only 60.7% of part-time faculty held either of those degrees.
- 9.6% of all active faculty (n=403) were reported as pursuing an advanced degree as of October 15, 2013.

Table 29. Highest Level of Education of Faculty

Highest Degree Held	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	7.7%
Baccalaureate degree in nursing (BSN)	2.0%	31.2%
Non-nursing baccalaureate	0.0%	0.4%
Masters degree in nursing (MSN)	65.1%	52.5%
Non-nursing masters	2.8%	2.8%
PhD in nursing	15.4%	2.0%
Doctorate of Nursing Practice (DNP)	4.9%	1.1%
Other doctorate in nursing	3.0%	0.3%
Non-nursing doctorate	6.5%	2.0%
Number of faculty	1,517	2,606
Unknown/unreported	7	47

Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations and program policies were the most frequently reported methods used to prepare part-time faculty to teach.
- Mentoring programs, administrative policies and specific orientation programs were also frequently reported methods.

Table 30. Methods Used to Prepare Part-time Faculty to Teach

Methods	% Schools
Faculty orientation	90.7%
Program policies	82.9%
Mentoring program	76.7%
Administrative policies	75.2%
Specific orientation program	72.1%
Curriculum review	63.6%
Teaching strategies	62.8%
External training program	17.1%
Other	11.6%
None	0.8%
Number of schools that reported	129

Faculty Attrition

- 103 schools reported a total of 147 full-time and 242 part-time faculty members as having retired or left the program in 2012-2013.
- Programs reported an additional 139 faculty members are expected to retire or leave the school in 2013-2014.
- The most frequently cited reason for having a faculty member leave the program in 2012-2013 was retirement.

Table 31. Reasons Faculty Leave Their Positions

Reason for Faculty Leaving	% Schools
Retirement	49.5%
Resigned	22.6%
Career advancement	11.8%
Termination (or requested resignation)	26.9%
Relocation of spouse or other family obligation	14.0%
Return to clinical practice	16.1%
Salary/Benefits	9.7%
Workload	3.2%
Layoffs (for budgetary reasons)	0.0%
Other	17.2%
Number of schools that reported	93
Number of schools that gave no reason	10

Faculty Hiring

- 111 schools reported hiring a total of 611 faculty members (163 full-time and 448 parttime) between August 1, 2012 and July 31, 2013.
- 40.1% (n=245) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (69%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 67% had experience teaching at another nursing school.
- 40% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 18 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2012 and July 31, 2013, and 50% of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Characteristics of Newly Hired Faculty	% Schools
Experience teaching as a nurse educator in a clinical setting	68.8%
Experience teaching at another nursing school	67.0%
Completed a graduate degree program in last two years	56.0%
Experience student teaching while in graduate school	46.8%
No teaching experience	40.4%
Experience teaching in a setting outside of nursing	18.3%
Number of schools that reported	109

Table 32. Characteristics of Newly Hired Faculty

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (79%).
- Less than one-quarter (19%) of the schools that hired faculty reported that the hiring was due to program expansion.

Table 33. Reasons for Hiring Faculty

Reasons for Hiring Faculty	% Schools
To replace faculty that retired or left the program	79.1%
To fill longstanding faculty vacancies (positions vacant for more than one year)	32.7%
To reduce faculty workload	22.7%
Due to program expansion	19.1%
Number of schools that reported	110

Barriers to Recruiting Faculty

- Non-competitive salaries and an insufficient number of faculty applicants with the required credentials were the most frequently reported barriers to faculty recruitment.
- About one-third of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 18% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Table 34. Barriers to Recruiting Faculty

Barriers to Recruiting Faculty	% Schools
Non-competitive salaries	75.2%
Insufficient number of faculty applicants with required credentials	73.6%
Workload (not wanting faculty responsibilities)	33.3%
BRN rules and regulations	28.7%
Overall shortage of RNs	17.8%
Private, state university or community college laws, rules or policies	17.1%
Other	7.0%
No barriers	9.3%
Number of schools that reported	129

Difficult to Hire Clinical Areas

- Pediatrics (54%) and Psych/Mental Health (44%) were the clinical areas in which schools had the most difficulty recruiting new faculty.
- 16% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 35. Difficult to Hire Clinical Areas

Clinical Areas	% Schools
Pediatrics	53.5%
Psych/Mental Health	44.2%
Obstetrics/Gynecology	34.9%
Medical-surgical	34.1%
Geriatrics	16.3%
Critical Care	13.2%
Community Health	8.5%
Other	0.8%
No clinical areas	16.3%
Number of schools that reported	129

Faculty Salaries

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.
- 71% of schools pay masters-prepared faculty on an academic calendar, and 72% of schools pay doctoral-prepared faculty on an academic calendar.

Table 36.1. Lowest Adjusted Annual Salary* Paid for Full-Time Faculty by Degree Type

Highest Degree	Low	Average	High
Held by Faculty			
Master's Degree	\$38,664	\$76,407	\$114,000
Doctoral Degree	\$41,496	\$89,951	\$141,333

*Salary data were collected differently in 2012-2013 to better account and adjust for faculty paid over 9, 10 and 12 month periods. Therefore, these data may not be directly comparable with previous years.

Table 36.2. Highest Adjusted Annual Salary* Paid for Full-Time Faculty by Degree Type

Highest Degree	Low	Average	High
Held by Faculty			
Master's Degree	\$50,000	\$101,283	\$180,000
Doctoral Degree	\$50,000	\$116,772	\$202,298

*Salary data were collected differently in 2012-2013 to better account and adjust for faculty paid over 9, 10 and 12 month periods. Therefore, these data may not be directly comparable with previous years.

Nursing Program Data

Program Offerings

- Overall, most nursing programs (90%, n=124) offered a traditional nursing program in 2012-2013
- Accelerated and extended education programs were the most commonly reported nontraditional programs offered at nursing schools.
- One of the 20 programs that reported an accelerated track offers it via distance education.

Table 37. Program Offerings by Program Type

Program Offerings	ADN	LVN to ADN	BSN	ELM	Total
Traditional Program	98.8%	100.0%	78.9%	58.3%	89.9%
Accelerated Track	3.7%	0.0%	31.6%	41.7%	14.5%
Extended Campus	4.9%	0.0%	10.5%	8.3%	6.5%
Weekend Program	6.2%	0.0%	2.6%	8.3%	5.1%
Evening Program	7.4%	0.0%	2.6%	0.0%	5.1%
Collaborative/Shared Education	3.7%	14.3%	2.6%	0.0%	3.6%
Distance Education	1.2%	0.0%	7.9%	0.0%	2.9%
Part-time Program	0.0%	0.0%	2.6%	8.3%	1.4%
Contract Education	1.2%	0.0%	0.0%	0.0%	0.7%
Other	1.2%	0.0%	5.3%	8.3%	2.9%
Number of programs that reported	81	7	38	12	138

Frequency of Student Admission

• Although most nursing programs admit students twice per year, LVN to ADN and ELM programs typically admit students once per year.

Table 38. Frequency of Student Admission by Program Type

Frequency of Student Admission	ADN	LVN to ADN	BSN	ELM	Total
Once per year	29.6%	71.4%	39.5%	100%	36.4%
Twice per year	65.4%	0%	39.5%	0%	52.7%
Three times per year	5.0%	28.6%	7.9%	0%	7.0%
Other	0%	0%	13.2%	0%	3.9%
Number of programs that reported	81	7	38	3	129

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), 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 also an important criterion for ADN, LVN to ADN, and BSN programs.
- A personal statement from the applicant was a factor in admission for many BSN and ELM programs.

Table 39. Admission Criteria by Program Type

Admission Criteria	ADN	LVN to ADN	BSN	ELM	Total
Completion of prerequisite courses	80.2%	85.7%	78.9%	93.3%	81.6%
Minimum/Cumulative GPA	70.4%	100.0%	86.8%	93.3%	78.7%
Minimum grade level in prerequisite courses	65.4%	85.7%	78.9%	80.0%	71.6%
Score on pre-enrollment exam	66.7%	85.7%	73.7%	40.0%	66.7%
Validated prerequisites	64.2%	100.0%	0.0%	0.0%	41.8%
Repetition of prerequisite science courses	48.1%	57.1%	36.8%	13.3%	41.8%
Health-related work/volunteer experience	28.4%	28.6%	47.4%	46.7%	35.5%
Recent completion of prerequisite courses	28.4%	42.9%	21.1%	33.3%	27.7%
Personal statement	9.9%	14.3%	42.1%	73.3%	25.5%
Other	8.6%	42.9%	34.2%	53.3%	22.0%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	34.6%	14.3%	0.0%	0.0%	20.6%
Criteria as defined in California Assembly Bill 1559	33.3%	14.3%	0.0%	0.0%	19.9%
Geographic location	1.2%	0.0%	18.4%	6.7%	6.4%
None	0.0%	0.0%	0.0%	6.7%	0.7%
Number of programs that reported	81	7	38	15	141

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- In generic ADN programs, random selection was nearly as common a method of selecting students for admission.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

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Selection Criteria	ADN	LVN to	BSN	ELM	Total
		ADN			
Ranking by specific criteria	43.8%	57.1%	84.2%	86.7%	60.0%
Random selection	41.3%	28.6%	0.0%	0.0%	25.0%
Interviews	6.3%	0.0%	26.3%	66.7%	17.9%
Goal statement	2.5%	0.0%	21.1%	46.7%	12.1%
First come, first served from the waiting list	15.0%	14.3%	2.6%	0.0%	10.0%
Modified random selection	15.0%	14.3%	0.0%	0.0%	9.3%
Rolling admissions (based on application	2.5%	0.0%	7.9%	6.7%	4.3%
date for the quarter/semester)					
Other	7.5%	28.6%	15.8%	46.7%	15.0%
Number of programs that reported	80	7	38	15	140

Table 40. Selection Process for Qualified Applications by Program Type

Waiting List

- 32 programs reported having students on waiting list. Of these programs, 66% keep students on the waiting list until they are admitted and 28% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled.
- 4,872 applicants⁵ to pre-licensure nursing programs were placed on a waiting list in 2012-2013. It took an average of 3.3 quarters/semesters for a student to enroll after being placed on the waiting list.

Table 41. Waiting Lists by Program Type

Waiting Lists	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	4,655	57	143	17	4,872
Average number of quarters/semesters to enroll after being placed on the waiting list	3.3	2.0	3.0	NA	3.3

⁵ Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to increase slightly next year and then remain at that level in 2014-2015.
- Over the next two years, ADN programs expect to see slight declines in enrollment, while all other programs expect to see some enrollment growth.

Table 42. Capacity of Program Expansion by Program Type

Current and Projected New Student Enrollment	ADN	LVN to ADN	BSN	ELM	Total
2012-2013 new student enrollment	6,844	302	5,185	850	13,181
Expected new student enrollment given current resources					
2013-2014	6,677	320	5,456	889	13,342
2014-2015	6,576	402	5,500	869	13,347

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 72% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Of the 140 programs that responded, four programs reported no barriers to expansion.

Table 43. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Insufficient number of clinical sites	76.5%	42.9%	71.1%	64.3%	72.1%
Faculty salaries not competitive	60.5%	71.4%	42.1%	21.4%	52.1%
Insufficient funding for faculty salaries	45.7%	42.9%	50.0%	28.6%	45.0%
Insufficient number of qualified clinical faculty	50.6%	42.9%	28.9%	28.6%	42.1%
Insufficient number of qualified classroom faculty	49.4%	57.1%	28.9%	21.4%	41.4%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	33.3%	28.6%	26.3%	21.4%	30.0%
Insufficient number of physical facilities and space for classrooms	27.2%	0.0%	39.5%	28.6%	29.3%
Insufficient number of physical facilities and space for skills labs	19.8%	0.0%	28.9%	28.6%	22.1%
Insufficient number of allocated spaces for the nursing program	13.6%	28.6%	21.1%	7.1%	15.7%
Insufficient financial support for students	11.1%	28.6%	13.2%	21.4%	13.6%
Insufficient support for nursing school by college or university	8.6%	0.0%	7.9%	28.6%	10.0%
Other	13.6%	0.0%	13.2%	0.0%	11.4%
No barriers to program expansion	3.7%	0.0%	0.0%	7.1%	2.9%
Number of programs that reported	81	7	38	14	140

Program Expansion Strategies

- 88% (n=89) of the 101 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies were use of human patient simulators, twelvehour, evening and weekend shifts, and community-based/ambulatory care centers.
- The use of regional computerized clinical placement systems and non-traditional sites were strategies frequently reported by BSN programs.

	ADN	LVN to ADN	BSN	Total
Human patient simulators	96.8%	100.0%	96.3%	88.1%
Twelve-hour shifts	77.4%	66.7%	66.7%	67.3%
Evening shifts	66.1%	33.3%	74.1%	61.4%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	61.3%	66.7%	74.1%	59.4%
Weekend shifts	59.7%	66.7%	74.1%	58.4%
Innovative skills lab experiences	58.1%	66.7%	74.1%	57.4%
Preceptorships	50.0%	66.7%	40.7%	43.6%
Regional computerized clinical placement system	38.7%	66.7%	55.6%	40.6%
Night shifts	38.7%	33.3%	59.3%	40.6%
Non-traditional clinical sites (e.g. correctional facilites)	16.1%	33.3%	44.4%	22.8%
Other	22.6%	33.3%	25.9%	21.8%
Number of programs that reported	60	3	26	89

Table 44. Program Expansion Strategies by Program Type*

*No ELM programs reported program expansion strategies in 2012-2013.

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2012-2013, a total of 87 programs reported that they were denied access to a clinical placement, unit, or shift.
- Just under half of the programs (48.3%, n=69) that reported data indicated they were denied access to clinical placements, while 41.3% (n=59) were denied access to clinical units and 27.3% (n=39) were denied access to a clinical shift during the 2012-2013 academic year.
- Slightly more than one-third (34.9%, n=23) of programs denied clinical placement were offered an alternative, compared to 50.8% (n=31) of programs denied a clinical unit, and 61.5% (n=24) of programs denied a clinical shift.
- The lack of access to clinical space resulted in a loss of 227 clinical placements, 106 units and 133 shifts, which affected 2,368 students.

		LVN to			
	ADN	ADN	BSN	ELM	Total
Programs Denied Clinical Placement	36	3	19	12	69
Programs Offered Alternative by Site	7	0	8	8	23
Placements Lost	114	12	71	30	227
Number of programs that reported	81	7	40	15	143
Programs Denied Clinical Unit	34	2	15	8	59
Programs Offered Alternative by Site	21	1	5	4	31
Units Lost	51	3	33	19	106
Number of programs that reported	81	7	40	15	143
Programs Denied Clinical Shift	20	0	13	6	39
Programs Offered Alternative by Site	12	-	9	3	24
Shifts Lost	86	-	36	11	133
Number of programs that reported	81	7	40	15	143
Total number of students affected	1,269	61	812	226	2,368

Table 45. RN Programs Denied Clinical Space by Program Type

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

Table 46. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Medical/Surgical	69.4%	100.0%	68.2%	33.3%	65.5%
Pediatrics	24.5%	50.0%	54.5%	33.3%	34.5%
Critical Care	18.4%	25.0%	36.4%	41.7%	26.4%
Obstetrics	14.3%	50.0%	36.4%	25.0%	23.0%
Psychiatry/Mental Health	16.3%	0.0%	22.7%	16.7%	17.2%
Community Health	6.1%	0.0%	22.7%	33.3%	13.8%
Geriatrics	16.3%	0.0%	13.6%	0.0%	12.6%
Other	12.2%	0.0%	4.5%	0.0%	8.0%
Number of programs that reported	49	4	22	12	87

Reasons for Clinical Space Being Unavailable

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- Being displaced by another program was reported more frequently by ADN programs compared to other programs.

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	ADN	LVN to ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	50.0%	50.0%	68.2%	58.3%	55.7%
Displaced by another program	46.0%	25.0%	40.9%	41.7%	43.2%
Staff nurse overload or insufficient qualified staff	38.0%	25.0%	50.0%	50.0%	42.0%
Implementation of Electronic Health Record system	26.0%	50.0%	50.0%	25.0%	33.0%
Decrease in patient census	28.0%	50.0%	31.8%	33.3%	30.7%
Closure, or partial closure, of clinical facility	18.0%	50.0%	40.9%	33.3%	27.3%
Change in facility ownership/management	18.0%	0.0%	36.4%	16.7%	21.6%
Visit from Joint Commission or other accrediting agency	12.0%	25.0%	40.9%	25.0%	21.6%
No longer accepting ADN students	32.0%	50.0%	0.0%	0.0%	20.5%
Nurse residency programs	14.0%	0.0%	31.8%	16.7%	18.2%
Clinical facility seeking magnet status	26.0%	0.0%	4.5%	0.0%	15.9%
Other	14.0%	25.0%	9.1%	0.0%	11.4%
Number of programs that reported	50	4	22	12	88

Table 47. Reasons for Clinical Space Being Unavailable by Program Type

 Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (66%) or at a new clinical site (54%).

Table 48. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	65.3%	50.0%	68.2%	66.7%	65.5%
Added/replaced lost space with new site	36.7%	100.0%	72.7%	75.0%	54.0%
Replaced lost space at same clinical site	44.9%	25.0%	31.8%	33.3%	39.1%
Clinical simulation	26.5%	25.0%	50.0%	41.7%	34.5%
Reduced student admissions	2.0%	0.0%	0.0%	0.0%	1.1%
Other	6.1%	0.0%	0.0%	8.3%	4.6%
Number of programs that reported	49	4	22	12	87

Alternative Clinical Sites

- 40 programs reported an increase in out-of-hospital clinical placements in 2012-2013.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall, as well as for BSN and ELM programs. Skilled nursing/rehabilitation facilities were more frequently used by ADN and LVN to ADN programs.

	ADN	LVN to ADN	BSN	ELM	Total
Public health or community health agency	33.3%	0.0%	84.6%	71.4%	55.0%
Skilled nursing/rehabilitation facility	50.0%	100.0%	30.8%	42.9%	45.0%
Home health agency/home health service	27.8%	0.0%	53.8%	28.6%	35.0%
Surgery center/ambulatory care center	50.0%	0.0%	15.4%	14.3%	30.0%
Hospice	33.3%	0.0%	30.8%	14.3%	27.5%
School health service (K-12 or college)	22.2%	0.0%	30.8%	14.3%	22.5%
Medical practice, clinic, physician office	22.2%	0.0%	23.1%	28.6%	22.5%
Outpatient mental health/substance abuse	27.8%	0.0%	15.4%	14.3%	20.0%
Renal dialysis unit	11.1%	0.0%	0.0%	0.0%	5.0%
Urgent care, not hospital-based	5.6%	0.0%	0.0%	14.3%	5.0%
Correctional facility, prison or jail	11.1%	0.0%	0.0%	0.0%	5.0%
Case management/disease management	5.6%	0.0%	7.7%	0.0%	5.0%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	18	2	13	7	40

Table 49. Alternative Clinical Sites by Program Type

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 81 generic ADN programs, 28% (n=23) reported having a separate track for LVNs and 79% (n=64) admit LVNs to the generic ADN program on a space available basis.
- 24 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2013 there were a total of 616 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2.4 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.

	ADN	LVN to ADN	BSN	Total
Bridge course	79.5%	71.4%	52.2%	73.1%
Use of skills lab course to document competencies	51.3%	57.1%	52.2%	51.9%
Direct articulation of LVN coursework	41.0%	57.1%	43.5%	42.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	37.2%	42.9%	43.5%	38.9%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	23.1%	14.3%	26.1%	23.1%
Specific program advisor	19.2%	28.6%	30.4%	22.2%
Other	12.8%	14.3%	26.1%	15.7%
Number of programs that reported	78	7	23	108

Table 50. LVN to RN Articulation by Program Type

LVN to BSN Education

- Eleven BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
 - These programs received 345 qualified applications for 239 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
 - The most common criteria for admission to an LVN to BSN program was minimum/cumulative GPA, followed closely by minimum grade level in prerequisite courses and completion of prerequisite courses.

Table 51. LVN to BSN Admission Criteria

	# LVN to BSN
	Programs
Minimum/Cumulative GPA	6
Minimum grade level in prerequisite courses	4
Completion of prerequisite courses	4
Score on pre-enrollment test	3
Repetition of prerequisite science courses	2
Health-related work experience	1
Geographic location	1
Recent completion of prerequisite courses	0
Personal statement	3
Other	3
None	0
Number of programs that reported	11

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

Table 52. LVN to BSN Selection Criteria

	# LVN to BSN
	Programs
Ranking by specific criteria	6
Interviews	3
Rolling admissions (based on application	0
date for the quarter/semester)	
Goal statement	2
First come, first served from the waiting list	0
Other	0
Number of programs that reported	7

Partnerships

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

Table 53. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Collaborative/shared programs leading to higher degree	55	3	6	0	64
Formal collaboration	23	3	5	-	31
Informal collaboration	40	0	3	-	43

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (32.9%) of ADN programs reported having ACEN accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 92.3% of BSN programs and 93.8% of ELM programs have CCNE accreditation.

Table 54. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN (formerly NLNAC)	32.9%	0%	2.5%	6.3%
CCNE	NA*	NA*	92.3%	93.8%
Not accredited by ACEN or CCNE	0%	0%	5.2%	0%
Number of programs that reported	79	7	39	16

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

First Time NCLEX Pass Rates

- In 2012-2013, 88.3% (n=10,698) of nursing students who took the NCLEX for the first time
 passed the exam.
- The NCLEX pass rate was highest for students who graduated from ELM programs.

	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	88.8%	88.5%	87.1%	91.8%	88.3%
# Students that took the NCLEX	5,753	227	4,203	515	10,698
# Students that passed the NCLEX	5,109	201	3,660	473	9,443

Table 55. First Time NCLEX Pass Rates by Program Type

*These data represent nursing students who took the NCLEX for the first time in the past five years.

- Overall, pass rates in accelerated programs were slightly lower than those in traditional programs; 84.3% (n=960) of nursing students in an accelerated track who took the NCLEX for the first time in 2012-2013 passed the exam.
- In 2012-2013, accelerated ADN programs had a higher average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was lower than that of traditional BSN programs.

Table 56. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	Total
First Time NCLEX*	93.5%	83.9%	84.3%
Pass Rate			
# Students that took	46	1,093	1,139
the NCLEX			
# Students that	43	917	960
passed the NCLEX			

*These data represent nursing students who took the NCLEX for the first time in the past five years.

** No LVN to ADN or ELM programs reported data in this area.

School Data

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

Nursing Program Directors

- On average, directors spend most of their time administering the RN program(s) and spend more time on that than is allotted.
- Directors also spend more time on administration of other programs (17%), service (16%), and development (fundraising, grant writing, etc) (13%) than on teaching (9%), scholarship (7%), and coordination of preceptors or nurse residency programs (5%).
- Other commonly reported activities that came under purview of the director were budgeting, curriculum, committees, personnel and student issues (including staffing, mentoring, discipline, etc.), and regulatory duties (reports, surveys, etc.).

Table 57. Nursing Program Director's Time

	% of Time
	Spent
RN program administration	73.8%
Administration of other programs	17.2%
Service	16.1%
Development (fundraising, grant writing, etc.)	13.4%
Teaching	9.0%
Scholarship	6.9%
Coordination of preceptors/nurse residency	5.2%
programs	
Research	3.7%
Other	18.9%
Number of Schools that Reported	132

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

Table 58. Other Programs Administered by the RN Program Director

Other Programs Administered by the RN Program Director	Number of
	Schools
CNA	25
LVN	22
Graduate programs	19
EMT	14
Health sciences	12
HHA	10
Technician (i.e. psychiatric, radiologic, etc.)	9
RN to BSN programs	6
Health professions	4
Paramedic	3
Dental programs	3
Medical Assistant program	3
Other	12
Number of Schools that Reported	67

Other Program Administration

- The majority of nursing programs have one assistant director. On average, assistant directors have 30.0% of their time allocated to administering the nursing program and spend 32.6% of their time actually administering it.
- Nursing programs have an average of 2.6 FTEs dedicated to program administration (including all directors, assistant directors and other support staff, but not including clerical support staff) and 2.3 FTEs dedicated to clerical support of the nursing program.

Table 59. Number of Assistant Directors

0	3.0%
1	64.4%
2	25.0%
3	4.6%
More than 3	3.0%
Number of Schools that Reported	132

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- 51% (n=68) of nursing schools reported that academic failure had the greatest impact on student attrition, while 29% (n=39) of schools reported that personal reasons had the greatest impact on student attrition.

Table 60. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.7
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	2.9
Financial need	3.2
Change of major or career interest	4.0
Transfer to another school	4.3

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

Methods Used to Increase Student Retention

 Student success strategies such as mentoring, remediation, tutoring, and personal counseling were reported as the most common methods used to increase student retention.

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	96.9%
Personal counseling	83.2%
Program revisions (e.g. curriculum revisions)	43.5%
New admission policies instituted	36.6%
Increased financial aid, including scholarships	33.6%
Increased child care	3.1%
Clinical simulation	2.3%
Other	6.9%
None	1.5%
Number of schools that reported	131

Table 61. Methods Used to Increase Student Retention

Innovations Used to Expand the Nursing Program

• Simulation training, use of adjunct faculty, and grants were reported as the most common methods used to expand the nursing program.

Table 62. Innovations Used to Expand the Nursing Program

	% Schools
Simulation training	66.9%
Use of adjunct faculty	60.8%
Grants	53.8%
Evening schedule	31.5%
Weekend schedule	31.5%
Accelerated/ year-round program	15.4%
Distance Education (e.g. online, interactive video)	12.3%
Shared faculty	11.5%
Extended campuses	10.8%
Part-time program	2.3%
Other	6.9%
None	13.8%
Number of schools that reported	130

Access to Prerequisite Courses

- 56 nursing schools (42.1%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students.
- Adding science course sections, agreements with other schools for prerequisite courses, and offering additional prerequisite courses on weekends, evenings and in the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 63. Access to Prerequisite Courses

	% Schools
Adding science course sections	50.0%
Agreements with other schools for prerequisite courses	46.2%
Offering additional prerequisite courses on weekends, evenings, and summers	38.5%
Accepting online courses from other institutions	26.9%
Providing online courses	21.2%
Transferable high school courses to achieve prerequisites	19.2%
Prerequisite courses in adult education	1.9%
Other	11.5%
Number of schools that reported	52

Restricting Student Access to Clinical Practice

- 95 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and electronic medical records.
- Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 64. Share of Schools with Restricted Access in the Clinical Setting for RN Students

Type of Restricted Access	Very	Uncommon	Common	Very	N/A	
	Uncommon			Common		Schools
Clinical site due to visit from	7.5%	13.8%	41.5%	37.2%	0%	94
accrediting agency (Joint Commission)						
Bar coding medication administration	3.3%	18.5%	52.2%	22.8%	3.3%	92
Electronic Medical Records	5.4%	17.4%	54.4%	20.7%	2.2%	92
Student health and safety	17.6%	33.0%	24.2%	23.1%	2.2%	91
requirements						
Glucometers	18.7%	36.3%	27.5%	11.0%	6.6%	91
Automated medical supply cabinets	10.1%	23.6%	34.8%	16.9%	14.6%	89
IV medication administration	17.8%	50.0%	22.2%	3.3%	6.7%	90
Some patients due to staff workload	15.4%	48.4%	24.2%	7.7%	4.4%	91
Direct communication with health team	28.6%	47.3%	16.5%	2.2%	5.5%	91
Alternative setting due to liability	17.6%	40.7%	12.1%	7.7%	22.0%	91

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

Table 65. Clinical Area in which	Restricted Access Occurs
----------------------------------	---------------------------------

	% Schools
Medical/Surgical	89.5%
Pediatrics	77.9%
Obstetrics	69.5%
Critical Care	60.0%
Psychiatry/Mental Health	55.8%
Geriatrics	33.7%
Community Health	23.2%
Other Department	8.4%
Number of schools that reported	95

Funding of Nursing Program

• On average, schools reported that 75% of funding for their nursing programs comes from the operating budget of their college or university, while 16% of funding comes from government sources.

Table 66. Funding of Nursing Programs

Funding of Nursing Program	% Schools
Your college/university operating budget	75.2%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	15.5%
Industry (i.e. hospitals, health systems)	2.9%
Foundations, private donors	1.3%
Other	1.3%
Number of schools that reported	131

RN Refresher Course

• In 2012-2013, five nursing schools offered an RN refresher course, and 134 students completed one of these courses.

Clinical Simulation Center

- 128 of 133 nursing schools (96%) reported using a clinical simulation center in 2012-2013.
- Of the 128 schools that used clinical simulation centers in 2012-2013, 61% (n=78) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Table 67. Educational Techniques of Clinical Simulation

	% Schools
Clinical scenarios	98.4%
Debriefing as part of the simulation experience	94.4%
Hi-fidelity mannequin	93.6%
Students in uniforms	92.8%
A student preparation phase as part of the simulation experience	90.4%
Enclosed simulation room replicating the clinical environment with observation window(s)	68.8%
Videotaping	68.0%
Number of schools that reported	128

Location

• 98% of schools that use a clinical simulation have facilities on campus at the nursing school.

Table 68. Location of Clinical Simulation

	% Schools
On campus at the nursing school	98.4%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	8.1%
Other	3.2%
Number of schools that reported	124

Staffing

 Schools most frequently staff clinical simulation with full-time or part-time staff or a clinical simulation coordinator.

Table 69. Staffing Clinical Simulation

	% Schools
Full-time or part-time staff	71.0%
RN clinical simulation coordinator (in addition to RN course faculty)	61.3%
Clinical simulation technician	42.7%
Other	17.7%
Number of schools that reported	124

Reasons for Using Simulation

• The most frequently reported reasons for using a clinical simulation center were to provide clinical experience not available in a clinical setting (88%), to standardize clinical experiences (86%), and to check clinical competencies (76%).

Table 70. Reasons for Using a Clinical Simulation Center

	% Schools
	00.0%
To provide clinical experience not available in a clinical setting	88.0%
To standardize clinical experiences	86.4%
To check clinical competencies	76.0%
To make up for clinical experiences	62.4%
To provide interprofessional experiences	54.4%
To provide faculty development	22.4%
To increase capacity in your nursing program	13.6%
To provide collaborative experiences between hospital staff and students	12.0%
Number of schools that reported	125

Scenario Development

- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- 29.6% of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Table 71. Development of Hi-Fidelity Scenarios

	% Schools
By faculty	76.0%
Modified from purchased scenarios	76.0%
Purchased	65.6%
Regional or statewide alliance	29.6%
Shared with another nursing program	13.6%
Other	6.4%
Number of schools that reported	125

Content Areas Taught in Simulation

- Medical/Surgical, fundamentals, pediatrics and obstetrics are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 16% of clinical time in medical/surgical, 15% in fundamentals, and 13% in pediatrics.

Table 72. Content Areas Taught in Clinical Simulation

	% Schools	Average % of Content Taught in Simulation
Medical/Surgical	97.5%	16.0%
Fundamentals	84.4%	15.4%
Pediatrics	82.0%	12.5%
Obstetrics	77.9%	11.4%
Geriatrics	62.3%	11.2%
Psychiatry/Mental Health	47.5%	9.4%
Leadership/Management	39.3%	9.3%
Other	14.8%	16.3%
Number of schools that	122	121

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (81)

American River College Antelope Valley College **Bakersfield College Butte Community College** Cabrillo College **Cerritos College** Chabot College Chaffey College Citrus College City College of San Francisco *CNI College College of Marin College of San Mateo College of the Canyons College of the Desert College of the Redwoods College of the Sequoias Contra Costa College **Copper Mountain College** Cuesta College Cypress College De Anza College East Los Angeles College El Camino College - Compton Education Center El Camino College **Everest College Evergreen Valley College** Fresno City College **Glendale Community College** Golden West College Grossmont College Hartnell College Imperial Valley College ITT Technical Institute Kaplan College Long Beach City College Los Angeles City College Los Angeles County College of Nursing & Allied Health Los Angeles Harbor College Los Angeles Southwest College

Los Angeles Trade-Tech College Los Angeles Valley College Los Medanos College Mendocino College Merced College Merritt College Mira Costa College †Modesto Junior College Monterey Peninsula College Moorpark College Mount Saint Mary's College Mount San Antonio College Mount San Jacinto College Napa Valley College Ohlone College †Pacific Union College Palomar College Pasadena City College **Pierce College** Porterville College **Rio Hondo College Riverside City College** Sacramento City College Saddleback College San Bernardino Valley College San Diego City College San Joaquin Delta College San Joaquin Valley College Santa Ana College Santa Barbara City College Santa Monica College Santa Rosa Junior College Shasta College Shepherd University Sierra College Solano Community College Southwestern College Ventura College Victor Valley College West Hills College Lemoore †Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College Carrington College College of the Siskiyous Gavilan College

BSN Programs (40)

American University of Health Sciences †Azusa Pacific University **Biola University** California Baptist University 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 Concordia University Irvine Dominican University of California Holy Names University T Humboldt State University

Mission College Reedley College at Madera Community College Center Unitek College

Loma Linda University Mount Saint Mary's College +National University Point Loma Nazarene University **†Samuel Merritt University** San Diego State University **†**San Francisco State University Simpson University Sonoma State University *United States University University of California Irvine University of California Los Angeles †University of Phoenix - Northern California University of San Francisco The Valley Foundation School of Nursing at San Jose State University West Coast University - Inland Empire West Coast University - Los Angeles West Coast University - Orange County Western Governors University

ELM Programs (15)

†Azusa Pacific University California Baptist University CSU Dominguez Hills CSU Fresno CSU Fullerton CSU Long Beach CSU Los Angeles Charles R. Drew University †Samuel Merritt University
 †San Francisco State University
 University of California Los Angeles
 University of California San Francisco
 University of San Diego
 University of San Francisco
 Western University of Health Sciences

† Reported student data for satellite campuses

- T- Program graduated last class of students in 2012-2013
- * New programs in 2012-2013

APPENDIX B – Definition List

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

Accelerated Program: An Accelerated Program's curriculum extends over a shorter timeperiod than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.

Active Faculty: Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

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

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

Assembly Bill 1559 Criteria: Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.

Assistant Director: A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2012 and July 31, 2013, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2013.

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

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

Collaborative/Shared Education: A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2012 and July 31, 2013.

Contract Education: A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

Distance Education: Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).

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

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

Full-Time Equivalents (FTEs): One FTE is equal to 40 hours per week.

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

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

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

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

LVN to BSN Program: A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

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

Part-Time Faculty: Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.

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

Retention Rate: The total number of generic students who completed the program between August 1, 2012 and July 31, 2013 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

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 8/1/12 and 7/31/13.

Shared Faculty: A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2012 and July 31, 2013.

Time Period for the Survey: August 1, 2012 - July 31, 2013. 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 Education Issues Workgroup Members

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