
California Board of Registered Nursing

2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

Bay Area

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Contents

PREFACE	1
DATA SUMMARY AND HISTORICAL TREND ANALYSIS.....	2
TRENDS IN PRE-LICENSURE NURSING PROGRAMS	2
<i>Number of Nursing Programs.....</i>	<i>2</i>
<i>Admission Spaces and New Student Enrollments</i>	<i>3</i>
<i>Student Census Data.....</i>	<i>6</i>
<i>Student Completions.....</i>	<i>6</i>
<i>Retention and Attrition Rates.....</i>	<i>7</i>
<i>NCLEX Pass Rates.....</i>	<i>8</i>
<i>Employment of Recent Nursing Program Graduates.....</i>	<i>9</i>
<i>Clinical Training in Nursing Education.....</i>	<i>10</i>
<i>Clinical Space & Clinical Practice Restrictions</i>	<i>14</i>
<i>Faculty Census Data.....</i>	<i>20</i>
SUMMARY.....	22
APPENDICES.....	23
APPENDIX A – BAY AREA NURSING EDUCATION PROGRAMS	23
APPENDIX B – BRN EDUCATION ISSUES WORKGROUP MEMBERS.....	24

Tables

Table 1. Number of Nursing Programs by Academic Year	2
Table 2. Partnerships by Academic Year	3
Table 3. Availability and Utilization of Admission Spaces by Academic Year.....	3
Table 4. Student Admission Applications by Academic Year.....	4
Table 5. New Student Enrollment by Program Type by Academic Year	4
Table 6. Percent of Programs that Enrolled Fewer Students by Academic Year	5
Table 7. Reasons for Enrolling Fewer Students by Academic Year	5
Table 8. Student Census Data by Program Type, by Year	6
Table 9. Student Completions by Program Type by Academic Year	6
Table 10. Student Retention and Attrition by Academic Year	7
Table 11. Attrition Rates by Program Type by Academic Year.....	7
Table 12. First Time NCLEX Pass Rates by Program Type by Academic Year	8
Table 13. Employment Location for Recent Nursing Program Graduates by Academic Year	9
Table 14. Average Hours Spent in Clinical Training by Content Area and Academic Year.....	10
Table 15. Average Hours Spent in Clinical Training by Program Area and Content Type, 2015-2016.....	11
Table 16. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type, 2015-2016.....	11
Table 17. Why Program is Reducing Clinical Hours by Academic Year	13
Table 18. RN Programs Denied Clinical Space by Academic Year.....	14
Table 19. RN Programs That Reported Fewer Students Allowed for Clinical Space by Academic Year	14
Table 20. Reasons for Clinical Space Being Unavailable by Academic Year.....	15
Table 21. Reasons for Clinical Space Being Unavailable by Program Type, 2015-2016.....	16
Table 22. Strategies to Address the Loss of Clinical Space by Academic Year	16
Table 23. Alternative Out-of-Hospital Clinical Sites Used by RN Programs by Academic Year.....	17
Table 24. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year	18
Table 25. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration by Academic Year	19
Table 26. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year	19
Table 27. Faculty Census Data by Year.....	20
Table 28. Reasons for Hiring More Part-time Faculty, 2015-2016.....	20
Table 29. Faculty with Overloaded Schedules by Academic Year.....	21

PREFACE

Each year, the California Board of Registered Nursing (BRN) requires all pre-licensure registered nursing programs in California to complete a survey detailing statistics of their programs, students and faculty. The survey collects data from August 1 through July 31. Information gathered from these surveys is compiled into a database and used to analyze trends in nursing education.

The BRN commissioned the University of California, San Francisco (UCSF) to develop the online survey instrument, administer the survey, and report data collected from the survey. This report presents ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions¹ in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 10-county Bay Area. Counties in the region include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. All 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. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

Beginning with the 2011-2012 Annual School Survey, certain questions were revised to allow schools to report data separately for satellite campuses located in regions different from their home campus. This change was made in an attempt to more accurately report student and faculty data by region, and it resulted in data that were previously reported in one region being reported in a different region. This is important because changes in regional totals that appear to signal either an increase or a decrease may in fact be the result of a program reporting satellite campus data in a different region. However, due to the small number of students impacted and the added complication in collecting the data, accounting for satellite programs in different regions was discontinued in 2014-2015.

Data for 2005-2006 through 2010-2011 and 2014-2015 through 2015-2016 is not impacted by differences in satellite campus data reporting while 2011-2012 through 2013-2014 includes the regional data separately for satellite campuses. Data tables impacted by these change will be footnoted and in these instances, caution should be used when comparing data across years. 2015-2016 reporting for the Bay Area region may be affected by the change in reporting for satellite campus data.

¹ The regions include: (1) Bay Area, (2) Central Coast, (3) Central Sierra (no programs), (4) Greater Sacramento, (5) Northern California, (6) Northern Sacramento Valley, (7) San Joaquin Valley, (8) Los Angeles Area (Los Angeles and Ventura counties), (9) Inland Empire (Orange, Riverside, and San Bernardino counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding regional report.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS²

This analysis presents pre-licensure program data from the 2015-2016 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2015-2016, the Bay Area had a total of 30 pre-licensure nursing programs. Of these programs, 18 are ADN programs, 8 are BSN programs, and 4 are ELM programs. The number of programs in the region has remained about the same over the last eight years. Nearly three-quarters (73%, n=22) of pre-licensure nursing programs in the Bay Area are public. The share of private programs has increased over the last ten years, from 24% (n=7) in 2006-2007 to its current share of 27% (n=8) in 2015-2016.

Table 1. Number of Nursing Programs* by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Total nursing programs	29	30	30	30	31	30	30	30	30	30
ADN	17	18	18	18	18	18	18	18	18	18
BSN	7	7	7	7	8	8	8	8	8	8
ELM	5	5	5	5	5	4	4	4	4	4
Public	22	23	23	23	23	22	22	22	22	22
Private	7	7	7	7	8	8	8	8	8	8
Total number of schools	25	26	26	26	27	27	27	27	27	27

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

² Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Tables affected by this change are noted, and readers are cautioned against comparing data collected these years with data collected before and after this change.

In 2015-2016, 50% (n=15) of Bay Area nursing programs collaborated with another program that offered a higher degree than offered at their own school. While there has been some fluctuation in the share of programs that partner with other schools since 2009-2010, overall these collaborations have increased dramatically in the last ten years.

Table 2. Partnerships by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Programs that partner with another program that leads to a higher degree	1	3	8	13	15	12	14	16	14	15
Formal collaboration							42.9%	50.0%	42.9%	
Informal collaboration							71.4%	68.8%	71.4%	
Number of programs that reported	28	29	30	30	31	30	30	30	30	30

Note: Blank cells indicate the information was not requested.

Admission Spaces and New Student Enrollments

The number of spaces available in Bay Area pre-licensure nursing programs and the number of new students enrolling in these spaces has fluctuated over the last ten years. In 2015-2016, the number of students enrolling in these spaces reached a ten year low of 2,349, the second lowest on record. One-third (n=10) of Bay Area nursing programs enrolled more students than they had admission spaces for in 2015-2016.

Table 3. Availability and Utilization of Admission Spaces[†] by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	2,319	2,368	2,513	2,152	2,523	2,375	2,380	2,254	2,306	2,208
New student enrollments	2,521	2,752	2,874	2,640	2,805	2,545	2,411	2,361	2,525	2,349
% Spaces filled with new student enrollments	108.7%	116.2%	114.4%	122.7%	111.2%	107.2%	101.3%	104.7%	109.5%	106.4%

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Bay Area nursing programs have seen an overall decline in the number of qualified applications received in the last ten years (27%, n=2,175), with the majority of the decline taking place in ADN programs (46%). Even with this decline, Bay Area nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Of the 5,895 qualified applications received in 2015-2016, 60% did not result in enrollments.

Table 4. Student Admission Applications*† by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	8,070	7,910	8,077	8,063	7,574	7,812	6,595	7,060	6,765	5,895
ADN	4,429	4,603	4,363	4,572	4,212	4,422	3,143	2,944	2,971	2,381
BSN	2,605	2,485	2,665	2,522	2,567	2,724	2,366	3,488	2,919	2,541
ELM	1,036	822	1,049	969	795	666	1,086	628	875	973
% Qualified applications not enrolled	68.8%	65.2%	64.4%	67.3%	63.0%	67.4%	63.4%	66.6%	62.7%	60.2%

*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.

†Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

New student enrollment in Bay Area nursing programs has declined in 2015-2016. The distribution of new enrollments by program type was 45% ADN (n=1,067), 42% BSN (n=985), and 13% ELM (n=297). A majority of the new students enrolled are at the region's public programs, accounting for 55% (n=1,296) of total new student enrollments in 2015-2016. The proportion of new enrollments at private schools has increased dramatically since 2006-2007, when it made up only 30% of all enrollments, to 45% in 2015-2016 which has decreased from its high of 49% in 2014-2015.

Table 5. New Student Enrollment by Program Type† by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	2,521	2,752	2,874	2,640	2,805	2,545	2,411	2,361	2,525	2,349
ADN	1,332	1,378	1,426	1,313	1,284	1,130	1,107	1,118	1,105	1,067
BSN	872	1,043	1,173	1,031	1,246	1,179	1,090	1,067	1,040	985
ELM	317	331	275	296	275	236	214	176	380	297
Private	764	900	1,042	1,037	1,189	1,096	1,025	1,028	1,234	1,053
Public	1,757	1,852	1,832	1,603	1,616	1,449	1,386	1,333	1,291	1,296

† Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Four programs reported that they enrolled fewer students in 2015-2016 compared to the previous year. The most common reasons programs gave for enrolling fewer students were “accepted students did not enroll”, “college/university / BRN requirement to reduce enrollment”, and “other”.

Table 6. Percent of Programs that Enrolled Fewer Students by Academic Year

Type of Program	2014-2015		2015-2016	
	Enrolled Fewer	#of programs reporting	Enrolled Fewer	#of programs reporting
ADN	11.1%	18	11.1%	18
BSN	50.0%	8	12.5%	8
ELM	0.0%	4	25.0%	4
Total	20.0%	30	13.3%	30

Table 7. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	83.3%	25.0%
College/university / BRN requirement to reduce enrollment	0.0%	25.0%
Other	0.0%	25.0%
Lost funding	33.3%	0.0%
To reduce costs	50.0%	0.0%
Insufficient faculty	33.3%	0.0%
Unable to secure clinical placements for all students	33.3%	0.0%
Number of programs that reported	6	4

Student Census Data

The total number of students enrolled in Bay Area nursing programs has shown a slow rate of decline since 2009 – from 5,558 students on October 15, 2009 to 4,934 students on the same date in 2016. The composition of currently enrolled students shows 35% (n=1,718) of students were enrolled in ADN programs, 55% (n=2,718) in BSN programs, and 10% (n=498) in ELM programs.

Table 8. Student Census Data[†] by Program Type, by Year

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ADN	1,935	2,208	2,176	2,072	1,964	1,786	1,872	1,826	1,789	1,718
BSN	2,179	2,556	2,790	2,890	2,851	3,029	2,886	2,678	2,681	2,718
ELM	586	601	592	542	664	528	507	478	552	498
Total nursing students	4,700	5,365	5,558	5,504	5,479	5,343	5,265	4,982	5,022	4,934

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

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Student Completions

While the Bay Area has seen an increase in the number of students completing its nursing programs compared to ten years ago, there was an increase and then a decline. Most of this growth has to do with an increase in the number of BSN graduates, although BSN graduates declined steeply in 2015-2016. In 2015-2016, 2,054 students completed a nursing program in the Bay Area. Of these students, 42% earned an ADN (n=872), 47% a BSN (n=957), and 11% an ELM (n=225).

Table 9. Student Completions[†] by Program Type by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	863	993	1,055	1,148	1,124	961	968	936	942	872
BSN	697	973	979	986	1,017	965	1,060	1,046	1,354	957
ELM	228	227	285	290	200	222	229	211	176	225
Total student completions	1,788	2,193	2,319	2,424	2,341	2,148	2,257	2,193	2,472	2,054

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Retention and Attrition Rates

Of the 1,849 students scheduled to complete a Bay Area nursing program in the 2015-2016 academic year, 83% (n=1,541) completed the program on-time, 6% (n=106) are still enrolled, and 11% (n=202) dropped out or were disqualified from the program. Retention rates have shown overall steady improvement over the last decade and the 11% attrition rate in 2015-2016 is one of the lowest reported in the last ten years.

Table 10. Student Retention and Attrition[†] by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Students scheduled to complete the program	1,965	2,427	2,547	2,497	2,406	2,395	2,290	2,300	2,340	1,849
Completed on time	1,591	1,959	2,071	2,038	1,979	2,005	1,892	1,989	1,997	1,541
Still enrolled	137	157	162	156	102	79	143	89	89	106
Total attrition	237	311	314	303	325	311	255	222	254	202
<i>Attrition-dropped out</i>									127	99
<i>Attrition-dismissed</i>									127	103
Completed late [‡]				105	108	54	88	74	105	72
Retention rate*	81.0%	80.7%	81.3%	81.6%	82.3%	83.7%	82.6%	86.5%	85.3%	83.3%
Attrition rate**	12.1%	12.8%	12.3%	12.1%	13.5%	13.1%	11.1%	9.7%	10.9%	10.9%
% Still enrolled	7.0%	6.5%	6.4%	6.2%	4.2%	3.2%	6.2%	4.0%	3.8%	5.7%

[‡] These completions are not included in the calculation of either retention or attrition rates.

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

* Retention rate = (students completing the program on-time) / (students scheduled to complete)

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

Note: Blank cells indicate the information was not requested.

In 2015-2016 data for traditional and accelerated programs was combined beginning with 2010-2011. Since historical data was used for data prior to 2015-2016, there may be some slight discrepancies between reporting sources in data reported in years 2010-2011 to 2014-2015.

Attrition rates among the region's pre-license nursing programs vary by program type. Average attrition rates have declined for all program types over the past ten years. The most significant declines have been in ELM and BSN programs. ADN programs continue to have the highest attrition rates. Private programs have consistently had lower attrition rates than public programs.

Table 11. Attrition Rates by Program Type[†] by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ADN	17.0%	21.0%	17.9%	18.3%	18.2%	19.3%	18.0%	16.7%	18.8%	16.3%
BSN	6.5%	5.4%	7.1%	5.6%	10.7%	8.7%	5.9%	4.0%	5.2%	5.6%
ELM	8.8%	5.5%	7.1%	7.2%	2.9%	2.6%	3.5%	0.5%	1.8%	2.9%
Private	9.6%	5.2%	8.3%	7.8%	12.2%	10.2%	8.2%	6.1%	6.6%	8.8%
Public	13.1%	16.6%	14.6%	14.5%	14.3%	14.8%	13.2%	12.3%	14.1%	12.1%

[†]Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

Data for traditional and accelerated program tracks is now combined and reported here.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Bay Area have been higher for ELM graduates than for ADN or BSN program graduates. In 2015-2016, ELM program graduates again had the highest average NCLEX pass rate. While ADN pass rates stayed about the same over the last three years, BSN and ELM pass rates rose in 2015-2016, although not as high as their pre-2013-2014 levels. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates for the subsequent years.

Table 12. First Time NCLEX Pass Rates* by Program Type by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
ADN	86.8%	84.3%	87.1%	87.0%	86.8%	88.8%	89.0%	83.1%	83.7%	83.3%
BSN	90.3%	85.3%	86.2%	89.0%	86.6%	87.7%	86.6%	80.1%	81.4%	86.5%
ELM	96.2%	93.8%	91.4%	93.0%	90.5%	92.8%	93.2%	87.0%	84.7%	88.5%

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

Employment of Recent Nursing Program Graduates³

Hospitals have historically been the most common employment setting for recent RN graduates. While hospitals continue to employ the largest share of new graduates in the Bay Area, this share has been declining and no longer represents the majority of recent RN graduates in the region. In 2015-2016, the region's programs reported that 46% of recent graduates were working in a hospital setting. Programs also reported that 9% of students had not found employment in nursing at the time of the survey. However, it was also reported that 19% were pursuing additional nursing education and 7% were not yet licensed. More than half (68%) of recent Bay Area RN graduates were employed in California, a share that has declined from a high of 90% of graduates in 2007-2008 but has been increasing again in recent years.

Table 13. Employment Location for Recent Nursing Program Graduates[†] by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Hospital	89.3%	84.5%	53.8%	42.7%	34.5%	48.4%	37.0%	37.9%	46.2%	46.0%
Pursuing additional nursing education	4.3%	1.0%	3.0%	1.8%	5.7%	4.8%	3.5%	6.5%	5.6%	19.4%
Long-term care facilities							13.3%	23.9%	21.8%	9.0%
Unable to find employment*	11.5%	11.2%	43.7%	15.3%	14.3%	3.3%	2.0%	0.9%	2.3%	9.0%
Not yet licensed										7.3%
Community/public health facilities				37.6%	41.8%	26.5%	30.3%	15.4%	10.7%	4.5%
Other healthcare facilities	0.8%	1.8%	13.4%	12.6%	12.3%	9.7%	8.2%	10.0%	9.2%	3.6%
Other	2.1%	1.5%	8.6%	5.4%	7.4%	7.3%	5.6%	6.4%	4.2%	1.2%
Employed in California	89.9%	89.8%	70.5%	75.6%	56.4%	54.0%	50.8%	56.3%	61.1%	68.2%

[†]Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.
Note: Blank cells indicated that the applicable information was not requested in the given year.

³ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2015-2016, on average, the employment setting was unknown for 12% of recent graduates.

Clinical Training in Nursing Education

Questions regarding clinical simulation⁴ were revised in the 2014-2015 survey to collect data on average amount of hours students spend in clinical areas including simulation in various content areas and plans for future use. All thirty Bay Area nursing programs reported using clinical simulation in 2015-2016. About a quarter (23%, n=7) of the 30 programs have plans to increase staff dedicated to administering clinical simulation at their program in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (19.7) and Fundamentals (13.5). The largest proportion of clinical hours in all programs is in direct patient care (80%) followed by skills labs (13%) and simulation (8%).

Allocation of clinical hours by experience type and content area were similar over the last two years, with slightly more hours on average reported in 2015-2016.

Table 14. Average Hours Spent in Clinical Training by Content Area and Academic Year

Content Area	Direct Patient Care		Skills Labs*		Clinical Simulation		All Clinical Hours	
	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
Medical/surgical	228.0	239.0	22.4	32.7	18.6	19.7	269.0	291.4
Fundamentals	88.7	97.7	38.3	52.8	8.9	13.5	135.9	163.1
Obstetrics	83.7	84.6	6.2	14.1	10.6	10.3	100.6	108.9
Pediatrics	79.0	79.4	6.4	10.0	11.3	9.3	96.2	98.7
Geriatrics	71.6	82.9	3.1	4.6	7.5	7.6	82.2	94.5
Psychiatry/mental health	97.4	92.5	3.1	6.2	7.5	7.4	108.1	105.8
Leadership/management	65.8	58.9	4.4	2.0	6.4	5.3	76.6	65.9
Other	59.6	51.5	0.0	2.9	6.8	2.6	66.4	57.0
Total average clinical hours	773.9	786.6	84.0	125.3	77.1	73.5	935.0	985.3
Percent of clinical hours	82.8%	79.8%	9.0%	12.7%	8.3%	7.5%	100.0%	100.0%
Number of programs that reported	27	30	27	30	27	30	27	30

* In 2014-2015, this category was listed as “non-direct patient care”.

⁴ Clinical simulation provides a simulated real-time nursing care experience which allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

The largest proportion of clinical hours in all programs is in direct patient care. In 2015-2016, program types allocated roughly the same proportion of time to direct patient care (79-81%), skills labs (11-13%), and clinical simulation (7-8%).

Table 15. Average Hours Spent in Clinical Training by Program Area and Content Type, 2015-2016

Content Area	Direct Patient Care			Skills Labs			Clinical Simulation			Total Average Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	288.8	147.1	198.8	35.9	25.0	33.3	20.3	14.8	26.5	345.1	186.9	258.5
Fundamentals	112.8	70.1	84.5	56.9	50.4	39.3	12.0	12.6	24.3	181.8	131.5	142.0
Obstetrics	75.5	91.3	112.5	12.1	15.3	20.5	8.0	13.0	14.8	95.6	119.5	147.8
Pediatrics	69.5	89.9	103.3	7.3	14.0	14.0	8.9	9.6	10.3	85.7	113.5	127.5
Geriatrics	66.1	110.3	103.5	4.5	7.0	0.0	5.2	14.7	5.3	75.8	130.1	107.5
Psychiatry/ mental health	84.6	93.3	126.8	4.6	9.6	6.5	5.6	10.9	8.7	94.8	113.8	139.8
Leadership/ management	62.9	61.6	35.8	1.1	3.1	4.0	4.7	9.0	0.0	68.7	72.6	39.8
Other	16.8	106.9	97.3	4.8	0.3	0.0	2.1	2.5	4.8	23.7	109.6	102.0
Total Average Clinical Hours	776.9	770.4	862.3	127.3	124.6	117.5	66.9	82.5	85.0	971.2	977.5	1064.8
Number of programs that reported	18	8	4	18	8	4	18	8	4	18	8	4

In the 2015-2016 survey, programs were asked to report whether over the next 12 months they planned to increase, decrease, or maintain the number of hours in direct patient care, non-direct patient care, and clinical simulation for each of the eight content areas listed above.

In each content area and clinical experience, the majority planned to maintain the current balance of hours. Respondents were more likely to indicate plans to increase rather than decrease clinical simulation hours.

Table 16. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type*, 2015-2016

Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	3.5%	96.6%	0.0%
Skills Labs	0.0%	96.6%	0.0%
Clinical Simulation	0.0%	89.7%	10.3%
Total clinical hours	0.0%	96.6%	3.5%
Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	0.0%	93.1%	0.0%
Skills Labs	0.0%	96.5%	0.0%
Clinical Simulation	0.0%	93.1%	6.9%
Total clinical hours	0.0%	96.6%	3.5%

Table 16. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type*, 2015-2016 (Continued)

Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	6.9%	89.7%	3.5%
Skills Labs	0.0%	100.0%	0.0%
Clinical Simulation	0.0%	93.1%	6.9%
All clinical hours	6.9%	86.2%	6.9%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	6.9%	86.2%	3.5%
Skills Labs	0.0%	93.1%	0.0%
Clinical Simulation	0.0%	96.0%	0.0%
Total clinical hours	6.9%	89.7%	3.5%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	3.5%	96.6%	0.0%
Skills Labs	0.0%	96.6%	0.0%
Clinical Simulation	0.0%	89.7%	6.9%
All clinical hours	0.0%	96.6%	3.5%
Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	6.9%	93.1%	0.0%
Skills Labs	0.0%	96.6%	0.0%
Clinical Simulation	0.0%	93.1%	3.5%
All clinical hours	3.5%	96.6%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	0.0%	92.9%	3.6%
Skills Labs	0.0%	89.3%	0.0%
Clinical Simulation	0.0%	89.3%	3.6%
All clinical hours	0.0%	96.4%	3.6%
Other	Decrease hours	Maintain hours	Increase hours
Direct Patient Care	0.0%	100.0%	0.0%
Skills Labs	0.0%	90.0%	10.0%
Clinical Simulation	0.0%	91.7%	8.3%
All clinical hours	0.0%	100.0%	0.0%

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

Respondents were asked why they were reducing the clinical hours in their program if they indicated in the prior questions that they were decreasing clinical hours in any content area or clinical experience type. Three programs reported they would be reducing clinical hours. The inability to find sufficient clinical space (67%) and insufficient clinical faculty (67%) were cited by the majority of respondents as the top reasons for reducing clinical hours.

Table 17. Why Program is Reducing Clinical Hours by Academic Year

Reason	2014-2015	2015-2016
Unable to find sufficient clinical space	50.0%	66.7%
Insufficient clinical faculty	33.3%	66.7%
Other	16.7%	33.3%
Students can meet learning objectives in less time	0.0%	0.0%
Funding issues or unavailable funding	0.0%	0.0%
Total reporting	6	3

Clinical Space & Clinical Practice Restrictions⁵

The majority (57%, n=17) of Bay Area nursing programs reported being denied access to a clinical placement, unit or shift in 2015-2016.

In 2015-2016, 25% of programs that had been denied clinical placements, units or shifts were offered an alternative by the same clinical site. The lack of access to clinical space resulted in a loss of 42 clinical placements, units or shifts, which affected 325 students.

Table 18. RN Programs Denied Clinical Space by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Number of programs denied a clinical placement, unit or shift	23	16	24	24	17	17
Programs offered alternative by site*					4	4
Placements, units or shifts lost*					39	42
Number of programs that reported	31	30	30	30	29	30
Total number of students affected	694	152	592	619	503	325

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

In the 2015-2016 survey, 14 programs reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year.

Table 19. RN Programs That Reported Fewer Students Allowed for Clinical Space by Academic Year

Type of Program	2014- 2015	2015- 2016
ADN	3	6
BSN	4	6
ELM	3	2
Total reporting	10	14

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

Closure – or partial closure – of clinical facility, was the most commonly reported reason why Bay Area programs were denied clinical space while the second most commonly reported reason was competition for clinical space due to the number of nursing students in the region. This has declined significantly from that first reported in 2009-2010.

No Bay Area programs reported that the facility charging a fee for the placement was a reason for clinical space being unavailable.

Table 20. Reasons for Clinical Space Being Unavailable* by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Closure, or partial closure, of clinical facility		26.1%	6.3%	20.8%	33.3%	44.4%	47.1%
Competition for clinical space due to increase in number of nursing students in region	79.0%	73.9%	50.0%	50.0%	29.2%	44.4%	35.3%
Displaced by another program	63.2%	39.1%	31.3%	33.3%	25.0%	38.9%	23.5%
Staff nurse overload or insufficient qualified staff	52.6%	65.2%	68.8%	45.8%	41.7%	22.2%	23.5%
No longer accepting ADN students*	36.8%	17.4%	18.8%	16.7%	12.5%	22.2%	23.5%
Decrease in patient census	36.8%	43.5%	37.5%	29.2%	29.2%	22.2%	17.6%
Visit from Joint Commission or other accrediting agency				37.5%	33.3%	16.7%	11.8%
Nurse residency programs	31.6%	13.0%	25.0%	0.0%	20.8%	16.7%	11.8%
Change in facility ownership/management		8.7%	18.8%	12.5%	16.7%	16.7%	11.8%
Other	10.5%	17.4%	18.8%	4.2%	8.3%	16.7%	23.5%
Implementation of Electronic Health Records system			6.3%	45.8%	37.5%	11.1%	5.9%
Clinical facility seeking magnet status	47.4%	8.7%	18.8%	12.5%	4.2%	22.2%	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					0.0%	0.0%	0.0%
Number of programs that reported	19	23	16	24	24	18	17

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

*Not asked of BSN or ELM programs but data from these programs may be included from text comments received.

ADN programs reported “no longer accepting ADN students” as the most frequently reported barrier to finding clinical space. For BSN programs, competition for clinical space due to an increase in the number of students in the region, and staff nurse overload or insufficient qualified staff tied for first place as barriers. For ELM programs, closure or partial closure, of a clinical facility was the top reason for clinical space being unavailable.

Table 21. Reasons for Clinical Space Being Unavailable by Program Type, 2015-2016

	ADN	BSN	ELM	Total
Closure, or partial closure, of clinical facility	28.6%	33.3%	100.0%	47.1%
Competition for clinical space due to increase in number of nursing students in region	28.6%	50.0%	25.0%	35.3%
Displaced by another program	28.6%	16.7%	25.0%	23.5%
Staff nurse overload or insufficient qualified staff	0.0%	50.0%	25.0%	23.5%
No longer accepting ADN students*	42.9%	0.0%	25.0%	23.5%
Other	0.0%	33.3%	50.0%	23.5%
Decrease in patient census	0.0%	33.3%	25.0%	17.6%
Visit from Joint Commission or other accrediting agency	14.3%	16.7%	0.0%	11.8%
Change in facility ownership/management	28.6%	0.0%	0.0%	11.8%
Nurse residency programs	0.0%	16.7%	25.0%	11.8%
Implementation of Electronic Health Records system	0.0%	16.7%	0.0%	5.9%
Clinical facility seeking magnet status	0.0%	0.0%	0.0%	0.0%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	7	6	4	17

*Not asked of BSN or ELM programs but data from these programs may be included from text comments received.

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. In 2015-2016, the most frequently reported strategy (94%) was to replace the lost clinical space with a new site. This strategy has become more common among Bay Area programs over the last three years. Many programs also reported being able to replace the lost space at the same clinical site (41%).

Table 22. Strategies to Address the Loss of Clinical Space* by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Added/replaced lost space with new site	56.3%	41.7%	58.3%	61.1%	94.1%
Replaced lost space at same clinical site	62.5%	45.8%	50.0%	16.7%	41.2%
Clinical simulation	50.0%	54.2%	45.8%	44.4%	23.5%
Replaced lost space at different site currently used by nursing program	56.3%	58.3%	75.0%	66.7%	17.6%
Reduced student admissions	6.3%	0.0%	0.0%	0.0%	5.9%
Other	6.3%	0.0%	0.0%	5.6%	5.9%
Number of programs that reported	16	24	24	18	17

The share of Bay Area nursing programs that reported increasing out-of-hospital clinical placements from the previous year has declined over the past three years. In 2015-2016, only 23% (n=7) of Bay Area nursing programs reported increase in out-of-hospital clinical placements from the previous year. This represents a decrease from the 45% (n=14) of nursing programs reporting an increase in out-of-hospital clinical placements in 2010-2011. In 2015-2016, the most frequently reported non-hospital site was school health service (K-12 or college) (reported by 57% of all responding programs) medical practice, clinic, or physician office.

Table 23. Alternative Out-of-Hospital Clinical Sites Used by RN Programs by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
School health service (K-12 or college)	50.0%	30.0%	37.5%	42.9%	30.0%	57.1%
Medical practice, clinic, physician office	14.3%	30.0%	25.0%	14.3%	20.0%	57.1%
Public health or community health agency	57.1%	70.0%	50.0%	71.4%	30.0%	42.9%
Home health agency/home health service	28.6%	20.0%	0.0%	14.3%	20.0%	42.9%
Skilled nursing/rehabilitation facility	42.9%	40.0%	25.0%	14.3%	80.0%	28.6%
Hospice	28.6%	30.0%	12.5%	14.3%	20.0%	28.6%
Urgent care, not hospital-based	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%
Surgery center/ambulatory care center	35.7%	20.0%	0.0%	0.0%	30.0%	14.3%
Outpatient mental health/substance abuse	50.0%	50.0%	0.0%	28.6%	20.0%	14.3%
Other	21.4%	40.0%	0.0%	28.6%	10.0%	14.3%
Correctional facility, prison or jail	0.0%	0.0%	0.0%	0.0%	10.0%	14.3%
Case management/disease management	14.3%	0.0%	0.0%	14.3%	0.0%	0.0%
Renal dialysis unit	14.3%	10.0%	0.0%	0.0%	0.0%	0.0%
Occupational health or employee health service	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	14	10	8	7	10	7

The number of Bay Area nursing schools reporting that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities has decreased slightly over the last five years. The most common types of restrictions students face continue to be access to the clinical site due to a visit from the Joint Commission or other accrediting agency (78%) and bar coding medication administration (56%). Alternative setting due to liability (6%) has decreased in importance over time, as has electronic medical records (44%), but other categories do not demonstrate a clear pattern of increase or decrease.

Table 24. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Clinical site due to visit from accrediting agency (Joint Commission)	72.7%	91.7%	77.3%	78.3%	81.0%	80.0%	77.8%
Bar coding medication administration	68.2%	70.8%	68.2%	56.5%	57.1%	65.0%	55.6%
Student health and safety requirements		50.0%	31.8%	43.5%	38.1%	50.0%	44.4%
Electronic medical records	68.2%	41.7%	63.6%	69.6%	57.1%	35.0%	44.4%
Automated medical supply cabinets	54.5%	37.5%	40.9%	52.2%	42.9%	35.0%	44.4%
Glucometers	40.9%	54.2%	22.7%	43.5%	47.6%	30.0%	44.4%
IV medication administration	36.4%	45.8%	31.8%	30.4%	23.8%	40.0%	33.3%
Some patients due to staff workload		37.5%	59.1%	30.4%	47.6%	40.0%	27.8%
Direct communication with health team	18.2%	12.5%	9.1%	13.0%	9.5%	0.0%	16.7%
Alternative setting due to liability	22.7%	16.7%	27.3%	17.4%	14.3%	15.0%	5.6%
Number of schools that reported	22	24	22	23	21	20	18

Note: Blank cells indicated that the applicable information was not requested in the given year. Numbers indicate the percent of schools reporting these restrictions as "common" or "very common".

In 2015-2016, the top reasons schools reported for restricted student access to electronic medical records were insufficient time for clinical site staff to train students (67%) and clinical site staff still learning the system (58%). The proportion of schools reporting clinical site staff still learning the system as a reason for restricting student access decreased over the last three years from a high of 80% in 2013-2014, the first year these data were collected.

In 2015-2016, the top reasons schools reported for student restricted student access to medication administration systems were liability (25%), limited time for clinical staff to train students (17%), and staff fatigue/burnout (17%). Liability was the primary reason for restricting student access to medication administration systems in the two prior years.

Table 25. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration by Academic Year

	Electronic Medical Records			Medication Administration		
	2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Liability	15.0%	6.7%	25.0%	61.5%	50.0%	25.0%
Insufficient time to train students	55.0%	60.0%	66.7%	46.2%	22.2%	16.7%
Staff fatigue/burnout	30.0%	26.7%	16.7%	30.8%	22.2%	16.7%
Other	0.0%	0.0%	16.7%	0.0%	0.0%	16.7%
Staff still learning and unable to assure documentation standards are being met	80.0%	60.0%	58.3%	46.2%	33.3%	8.3%
Cost for training	35.0%	40.0%	25.0%	38.5%	16.7%	8.3%
Patient confidentiality	25.0%	33.3%	16.7%	7.7%	0.0%	8.3%
Number of schools that reported	20	15	12	13	18	12

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 nursing schools in the Bay Area that experienced student restrictions to clinical practice compensated for training in these areas of restricted access by providing training in the simulation lab (88%) and training students in the classroom (71%).

Table 26. How the Nursing Program Compensates for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools
Training students in the simulation lab	90.5%	85.7%	88.2%
Training students in the classroom	52.4%	52.4%	70.6%
Purchase practice software, such as SIM Chart	52.4%	52.4%	41.2%
Ensuring all students have access to sites that train them in this area	61.9%	61.9%	29.4%
Other	0.0%	4.8%	11.8%
Training students in the skills lab	--	9.5%	--
Number of schools that reported	21	21	17

Note: Data collected for the first time in 2013-2014.

Faculty Census Data⁶

On October 15, 2016 there were 911 total nursing faculty⁷ teaching at Bay Area nursing programs, 32% of whom (n=288) were full-time while 68% (n=618) were part-time. In addition, there were 112 vacant faculty positions. These vacancies represent a 10.9% faculty vacancy rate overall (14.5% for full-time faculty and 9.3% for part-time faculty).

Table 27. Faculty Census Data[†] by Year

	2007*	2008	2009	2010	2011	2012*	2013	2014*	2015*	2016*
Total Faculty	802	855	836	875	932	788	885	938	1,021	911
<i>Full-time</i>	334	333	321	319	314	244	283	322	315	288
<i>Part-time</i>	466	522	515	556	618	544	602	591	707	618
Vacancy Rate**	4.8%	3.5%	3.9%	2.9%	4.1%	14.4%	9.7%	8.9%	9.6%	10.9%
<i>Vacancies</i>	40	31	34	26	40	133	95	92	109	112

[†] Between 2011-2012 and 2013-2014 data may be influenced by satellite campus data being reported and allocated to their proper region. Readers are cautioned against comparing data collected these years with data collected before and after this change.

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

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

‡ One program in the region did not report faculty data for the 2011-2012 survey.

In 2015-2016, 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. 50% (n=13) of 26 schools responding agreed. These 13 schools were asked to rank the reason for this shift.

The top ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions.

Table 28. Reasons for Hiring More Part-time Faculty, 2015-2016

	Average Rank*	Programs reporting
Non-competitive salaries for full time faculty	2.0	12
Shortage of RNs applying for full time faculty positions	3.2	12
Insufficient number of full time faculty applicants with required credential	3.8	12
Insufficient budget to afford benefits and other costs of FT faculty	3.9	9
Need for part-time faculty to teach specialty content	4.8	10
Private, state university or community college laws, rules or policies	5.0	9
Need for faculty to have time for clinical practice	6.1	7
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6.4	8
To allow for flexibility with respect to enrollment changes	6.8	8
Other	7.0	3

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

⁶ Census data represent the number of faculty on October 15th of the given year.

⁷ 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.

In 2015-2016, the majority (66%, n=18) of Bay Area nursing schools reported that their faculty worked overloaded schedules. Of these schools, 94% (n=17) pay the faculty extra for the overloaded schedule.

Table 29. Faculty with Overloaded Schedules by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Schools with overloaded faculty	17	17	21	19	20	24	19	18
Share of schools that pay faculty extra for the overload	94.1%	94.1%	90.5%	84.2%	90.0%	91.7%	94.7%	94.4%
Number of schools that reported	26	26	27	27	27	27	27	27

Summary

Over the past decade, the number of Bay Area pre-licensure nursing programs has remained relatively constant, with 29 in 2006-2007 and 30 in 2015-2016. The number of nursing programs that partner with other schools that offer programs that lead to a higher degree has increased dramatically over the last nine years – from only 1 program in 2006-2007 to 15 programs in 2015-2016.

Bay Area programs reported a total of 2,208 spaces available for new students in 2015-2016, which were filled with a total of 2,349 students. For nine out of the past ten years pre-licensure nursing programs in the Bay Area have enrolled more students than were spaces available. There were 5,895 qualified applications to the region's programs in 2015-2016; 40% (n=2,349) of these applicants enrolled.

In 2015-2016, pre-licensure nursing programs in the Bay Area reported 2,054 student completions. This is a decrease from 2014-2015. With retention rates remaining between 80% and 85%, there will likely be fewer graduates from Bay Area nursing programs in the future. At the time of the survey, 9% of recent graduates from Bay Area RN programs were pursuing additional nursing education and 5% were unable to find employment in nursing which is significantly lower than that reported in previous years.

Clinical simulation has become widespread in nursing education, with all nursing schools in the Bay Area reporting using it in some capacity, and nearly a quarter of programs (23%) reporting plans to increase staff dedicated to administering clinical simulation in the next 12 months. The majority of programs plan to maintain their number of clinical training hours and if any changes were reported, they were more likely to increase the number of clinical simulation hours. Reasons for decreasing overall clinical hours when reported were most often inability to find sufficient clinical space and clinical faculty. The importance of clinical simulation is underscored by data showing that the majority (57%) of Bay Area programs are being denied access to clinical placement sites that were previously available to them. In addition, almost half (47%, n=14) were allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

While the total number of prelicensure nursing students has declined by about 11% since 2009, the number of nursing faculty has increased in the same period (9%), largely driven by an increase in part-time faculty. Half of Bay Area schools reported that they had begun hiring significantly more part-time than full-time faculty over the last 5 years. This shift had to do primarily with non-competitive salaries for full-time faculty and a shortage of RNs applying for full-time faculty positions. In 2015-2016, 112 faculty vacancies were reported, representing a 10.9% faculty vacancy rate overall (14.5% for full-time faculty and 9.3% for part-time faculty).

APPENDICES

APPENDIX A – Bay Area Nursing Education Programs

ADN Programs (15)

Cabrillo College
 Chabot College
 City College of San Francisco
 College of Marin
 College of San Mateo
 Contra Costa College
 De Anza College
 Evergreen Valley College

Los Medaños College
 Merritt College
 Napa Valley College
 Ohlone College
 Pacific Union College
 Santa Rosa Junior College
 Solano Community College

LVN to ADN Programs Only (3)

Gavilan College
 Mission College
 Unitek College

BSN Programs (8)

CSU East Bay
 Dominican University of California
 Holy Names University
 Samuel Merritt University
 San Francisco State University

Sonoma State University
 University of San Francisco
 The Valley Foundation School of Nursing at
 San Jose State University

ELM Programs (4)

Samuel Merritt University
 San Francisco State University
 University of California San Francisco
 University of San Francisco

APPENDIX B – BRN Education Issues Workgroup Members

Members

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Organization

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 HealthImpact (formerly CINHC)
 Samuel Merritt University
 Kaiser Permanente National Patient Care Services
 Community College Chancellor’s Office
 University of California, San Francisco
 West Coast University
 Saddleback College
 Fresno City College
 Samuel Merritt University

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