
California Board of Registered Nursing

2014-2015 Annual School Report

Data Summary and Historical Trend Analysis

Southern Border

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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 Southern Border, which includes San Diego and Imperial counties. 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 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. 2014-2015 reporting for the Southern Border 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 2014-2015 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

There have been 13 nursing programs in the Southern Border region since 2006-2007. In 2014-2015, the distribution of programs by program type was: seven ADN programs, four BSN programs, and two ELM programs. The majority (62%) of pre-licensure nursing programs in the region are public, and this has stayed constant over the last eight years.

Table 1. Number of Nursing Programs, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Total nursing programs	12	13	13	13	13	13	13	13	13	13
ADN	7	8	8	7	7	7	7	7	7	7
BSN	4	4	4	4	4	4	4	5	4	4
ELM	1	1	1	2	2	2	2	1	2	2
Public	7	8	8	8	8	8	8	8	8	8
Private	5	5	5	5	5	5	5	5	5	5
Total number of schools	11	12	12	13	13	13	13	13	13	13

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.

The share of nursing programs in the Southern Border region that partner with another nursing school that offers a higher degree has increased from three programs in 2011-2012 to six programs in 2014-2015. These six programs represent almost half (46%) of nursing programs in the region. While the majority of these collaborations are informal, several programs in the region have both formal and informal collaborations.

Table 2. Partnerships*, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Programs that partner with another	2	0	1	1	5	3	3	4	8	6
Formal collaboration								50.0%	12.5%	66.7%
Informal collaboration								75.0%	100.0%	83.3%
Number of programs that reported	12	13	13	13	13	13	13	13	13	13

*These data were collected for the first time in 2005-2006.

Note: Blank cells indicate the information was not requested

Admission Spaces and New Student Enrollments

The availability of admission spaces for new students in the Southern Border region and number of new students enrolling in those spaces has fluctuated over time. In 2014-2015, programs in the region reported a total of 1,175 admission spaces available, which were filled with a total of 1,383 new students.

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

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Spaces available	1,065	1,173	1,176	1,140	1,212	1,351	1,148	1,099	1,203	1,175
New student enrollments	1,000	1,211	1,241	1,276	1,484	1,523	1,223	1,033	1,303	1,383
% Spaces filled with new student enrollments	93.9%	103.2%	105.5%	111.9%	122.4%	112.7%	106.5%	94.0%	108.3%	117.7%

[†] 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.

Southern Border nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications received by programs in the region has fluctuated over time. In 2014-2015, 39% of the 2,264 qualified applications to programs in the region were not able to enroll (n=881).

Table 4. Student Admission Applications*†, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Qualified applications	2,862	2,637	2,378	2,802	2,751	2,117	2,887	2,555	2,501	2,264
ADN	1,593	1,433	1,377	1,677	1,448	1,240	1,467	1,238	1,380	1,128
BSN	1,169	1,104	901	1,011	1,203	745	1,188	1,088	820	1,004
ELM	100	100	100	114	100	132	232	229	301	132
% Qualified applications not enrolled	65.1%	54.1%	47.8%	54.5%	46.1%	28.1%	57.6%	59.6%	47.9%	38.9%

*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 enrollments in the region in 2014-2015 has declined 9% (n=140) from a high of 1,523 in 2010-2011 but has increased 38% (n=383) over the last decade. The distribution of new enrollments by program type was 39% ADN (n=545), 57% BSN (n=783), and 4% ELM (n=55). There is a greater share of students in public programs (58%) than in private programs (42%).

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

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
New student enrollment	1,000	1,211	1,241	1,276	1,484	1,523	1,223	1,033	1,303	1,383
ADN	561	653	648	608	660	624	596	553	610	545
BSN	400	521	550	612	699	757	521	371	554	783
ELM	39	37	43	56	125	142	106	109	139	55
Private	417	451	448	451	661	669	596	401	664	586
Public	583	760	793	825	823	854	627	632	639	797

† 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 in the Southern Border region reported that they enrolled fewer students in 2014-2015 compared to the previous year. The most common reason programs gave for enrolling fewer students were mandates to reduce enrollment.

Table 5.1. Percent of Each Type of Program that Enrolled Fewer Students in 2014-2015

Type of Program	ADN	BSN	ELM	Total
Enrolled fewer	42.9%	0.0%	50.0%	30,8%
Did not enroll fewer	57.1%	100.0%	50.0%	69.9%
Number of programs that reported	7	4	2	13

Table 5.2. Reasons for Enrolling Fewer Students

	% of Programs
College/university / BRN requirement to reduce enrollment	75.0%
Other	25.0%
Accepted students did not enroll	0.0%
Lost funding	0.0%
To reduce costs	0.0%
Insufficient faculty	0.0%
Unable to secure clinical placements for all students	0.0%
Lack of qualified applicants	0.0%
Program discontinued	0.0%
Number of programs that reported	4

Student Census Data

The number of students enrolled in nursing programs in the Southern Border region in 2015 is a ten-year high. This is a 41% (n=822) increase from 2006 with the increases reported in BSN and ELM programs. As of October 15, 2015, a total of 2,815 students were enrolled in one of Southern Border region's pre-licensure nursing program. The 2015 census of the region's programs indicates that 34% (n=964) of students were enrolled in ADN programs, 63% (n=1,756) in BSN programs, and 3% (n=95) in ELM programs.

Table 6. Student Census Data by Program Type, by Year**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
ADN	1,067	1,104	1,208	1,063	1,027	1,021	1,049	949	982	964
BSN	887	1,052	1,062	1,301	1,469	1,084	1,158	1,296	1,159	1,756
ELM	39	43	85	143	206	183	211	184	237	95
Total nursing students	1,993	2,199	2,355	2,507	2,702	2,288	2,418	2,429	2,378	2,815

*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

Program completions at Southern Border pre-licensure nursing programs has increased 60% (n=442) from ten years ago. In 2014-2015, more students in the region completed BSN than ADN programs. Of the 1,181 students who completed a program in 2014-2015, 42% (n=500) completed ADN programs, 51% (n=605) completed BSN programs, and 6% (n=76) completed ELM programs.

Table 7. Student Completions† by Program Type, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
ADN	493	503	576	573	549	468	442	493	508	500
BSN	207	250	288	447	641	557	477	458	441	605
ELM	39	35	0	42	53	100	174	98	98	76
Total student completions	739	788	864	1,062	1,243	1,125	1,093	1,049	1,047	1,181

† 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

On-time retention rates in the Southern Border region reported a ten-year high in 2014-2015. Of the 1,083 students scheduled to complete one of the region's pre-licensure nursing programs in the 2014-2015 academic year, 88% (n=950) completed the program on-time, 3% (n=36) are still enrolled, and 9% (n=97) dropped out or were disqualified from the program.

Table 8. Student Retention and Attrition[†], by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Students scheduled to complete the program	832	820	839	1,064	951	882	1,002	866	1,022	1,083
Completed On Time	689	649	659	812	713	735	844	644	710	950
Still Enrolled	35	64	53	96	102	47	41	88	149	36
Total Attrition	108	107	127	156	136	100	117	134	163	97
<i>Attrition-Dropped Out</i>										58
<i>Attrition-Dismissed</i>										39
Completed Late [‡]					46	54	39	26	29	70
Retention rate*	82.8%	79.1%	78.5%	76.3%	75.0%	83.3%	84.2%	74.4%	69.5%	87.7%
Attrition rate**	13.0%	13.0%	15.1%	14.7%	14.3%	11.3%	11.7%	15.5%	15.9%	9.0%
% Still enrolled	4.2%	7.8%	6.3%	9.0%	10.7%	5.3%	8.9%	10.2%	14.6%	3.3%

[‡] 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.

Attrition rates among the region's pre-licensure nursing programs vary by program type. Average attrition rates are lowest among ELM programs. In 2014-2015 the average ADN and BSN program attrition rates were among the lowest reported in the last ten years. Attrition rates for private programs have generally been lower, as is the case this year.

Table 9. Attrition Rates by Program Type[†], by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
ADN	16.3%	11.6%	15.3%	18.2%	21.1%	23.5%	18.2%	18.1%	15.6%	12.3%
BSN	6.6%	16.7%	14.9%	11.4%	12.1%	6.0%	7.6%	14.3%	17.1%	6.1%
ELM	-	-	-	3.5%	2.1%	4.1%	2.8%	5.7%	8.9%	4.8%
Private	11.5%	9.6%	15.5%	12.3%	14.9%	9.4%	5.1%	11.9%	16.4%	3.7%
Public	13.7%	15.2%	15.0%	15.9%	14.1%	14.0%	17.6%	17.5%	14.8%	14.3%

*Changes to the survey that occurred prior to 2005-2006 may have affected the comparability of these data to data in subsequent years.

[†] 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 for Accelerated Programs

Retention and attrition rates for accelerated programs in the Southern Border region have fluctuated over the last eight years. The 2014-2015 average attrition rate of 10% is similar to the rate for traditional programs (9%).

Table 10. Student Retention and Attrition for Accelerated Programs*†, by Academic Year

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Students scheduled to complete the program	87	122	340	183	157	62	131	209
Completed on time	53	102	302	167	145	40	115	186
Still enrolled	8	4	12	6	8	16	0	2
Total attrition	26	16	26	10	4	6	16	21
<i>Attrition-dropped out</i>								10
<i>Attrition-dismissed</i>								11
Completed late‡			18	11	10	2	0	1
Retention rate**	60.9%	83.6%	88.8%	91.3%	92.4%	64.5%	87.8%	89.0%
Attrition rate***	29.9%	13.1%	7.6%	5.5%	2.5%	9.7%	12.2%	10.0%
% Still enrolled	9.2%	3.3%	3.5%	3.3%	5.1%	25.8%	0.0%	1.0%

*These data were collected for the first time in 2007-2008.

† 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.

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

**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)

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

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates in the Southern Border region have fluctuated. In 2014-2015, the highest average NCLEX pass rate was for BSN graduates. All programs had increases in their NCLEX pass rates in 2014-2015 in comparison to the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted NCLEX passing rates in 2012-2013 through 2014-2015.

Table 11. First Time NCLEX Pass Rates* by Program Type, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
ADN	84.1%	87.0%	80.4%	84.5%	88.6%	84.3%	92.4%	88.0%	82.6%	87.5%
BSN	88.5%	93.0%	88.6%	90.9%	86.1%	87.4%	89.5%	91.5%	92.8%	94.3%
ELM	93.6%	94.9%		92.3%	62.5%	82.9%	80.2%	84.4%	72.0%	91.7%

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

Employment of Recent Nursing Program Graduates³

While hospitals represent the most frequently reported employment setting for recent graduates of pre-licensure programs in the Southern Border region, this share has shown an overall decline from a high of 93% of recent graduates in 2007-2008 to 60% in 2014-2015. The biggest increases in non-hospital based employment for these graduates were in long-term care facilities and other healthcare facilities. Programs reported that 17% of recent graduates are pursuing additional nursing education and that 8% of recent graduates had not found employment in nursing at the time of survey which is significantly lower than that reported in previous years. The average regional share of new graduates employed in nursing in California has declined from a high of 95% in 2007-2008 to 84% in 2014-2015—although this is an improvement over the last five years during which the proportion was much lower.

Table 12. Employment Location for Recent Nursing Program Graduates[†], by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Hospital	69.8%	78.5%	93.2%	83.3%	55.6%	56.6%	63.1%	67.4%	51.4%	60.1%
Pursuing additional nursing education ^T								4.3%	3.2%	16.8%
Other healthcare facilities	0.6%	1.8%	2.2%	6.4%	5.6%	4.7%	4.3%	1.4%	12.3%	5.3%
Long-term care facilities	0.9%	1.7%	2.0%	6.9%	5.0%	4.3%	5.2%	5.1%	7.4%	4.9%
Community/ public health facilities	1.3%	1.6%	2.4%	6.1%	7.3%	3.8%	2.2%	2.5%	6.3%	3.8%
Other	27.4%	3.2%	0.2%	9.2%	11.4%	3.9%	2.6%	1.9%	2.3%	1.1%
Unable to find employment*					30.7%	20.3%	22.5%	17.4%	17.2%	8.0%
Employed in California	69.5%	79.4%	95.2%	93.5%	77.1%	72.6%	73.0%	66.6%	73.6%	84.0%

[†]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 2014-2015, on average, the employment setting was unknown for 8.5% 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. Twelve of the 13 Southern Border nursing programs reported using clinical simulation in 2014-2015. About a third (31%, n=4) of the 13 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

The content areas using the most hours of clinical simulation on average are Medical/Surgical (26.6) and Psychiatry/Mental Health (7.5). The largest proportion of clinical hours in all programs is in direct patient care (85%) followed by non-direct patient care (9%) and simulation (7%).

Table 13. Average Hours Spent in Clinical Training by Content Area 2014-2015

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	Clinical Simulation	Total Average Clinical Hours
Medical/surgical	243.7	16.6	26.6	286.9
Fundamentals	91.7	31.7	6.7	130.1
Obstetrics	77.6	9.0	6.8	93.4
Pediatrics	76.0	11.0	6.5	93.5
Geriatrics	79.4	0.7	2.2	82.3
Psychiatry/mental health	75.2	11.2	7.5	93.8
Leadership/management	110.1	0.0	3.8	113.9
Other	41.0	1.3	1.2	43.5
Total average clinical hours	794.7	81.5	61.2	937.4
Percent of clinical hours	84.8%	8.7%	6.5%	100.0%
Number of programs that reported	12	12	12	12

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 Southern Border region programs is in direct patient care. ELM programs allot the largest percentage of their clinical hours (91%) to direct patient care activities. ADN and BSN programs allocated more time to clinical simulation (8% and 6%) than did ELM programs (2%).

Table 14. Average Hours Spent in Clinical Training by Program Area and Content Type

Content Area	Direct Patient Care			Non-Direct Patient Care (excluding simulation)			Clinical Simulation			Total Average Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/surgical	328.5	202.3	72.0	21.8	14.0	6.0	37.6	23.5	0.0	387.9	239.8	78.0
Fundamentals	101.1	75.0	97.0	25.1	41.0	33.0	8.2	5.8	4.0	134.3	121.8	134.0
Obstetrics	61.6	87.3	92.0	4.3	24.0	6.0	7.6	10.0	2.0	73.5	121.3	100.0
Pediatrics	59.9	92.3	92.0	4.0	24.0	6.0	7.6	7.0	2.0	71.5	123.3	100.0
Geriatrics	147.3	61.3	96.0	0.0	0.0	0.0	7.7	0.0	0.0	155.0	61.3	96.0
Psychiatry/ mental health	68.2	84.5	92.0	0.0	24.0	6.0	9.3	5.5	2.0	77.5	114.0	100.0
Leadership/ management	59.3	89.3	120.0	0.0	0.0	4.0	3.3	1.5	0.0	62.7	90.8	124.0
Other	16.5	32.3	132.0	0.0	0.0	8.0	0.0	1.5	4.0	16.5	33.8	144.0
Total average clinical hours	842.4	724.0	793.0	55.3	127.0	69.0	81.3	54.8	14.0	978.9	905.8	876.0
Number of programs that reported	6	4	2	6	4	2	6	4	2	6	4	2

In the 2014-2015 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 clinical simulation hours and decrease direct patient care hours.

Table 15. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type

Fundamentals	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Medical/Surgical	Decrease hours	Maintain hours	Increase hours
Direct patient care	7.7%	92.3%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	92.3%	7.7%
All clinical hours	0.0%	100.0%	0.0%

Table 15. Planned Increase or Decrease in Clinical Hours by Content Area and Clinical Experience Type, Continued

Obstetrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Pediatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	7.7%	92.3%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	92.3%	7.7%
All clinical hours	0.0%	100.0%	0.0%
Psychiatry/Mental Health	Decrease hours	Maintain hours	Increase hours
Direct patient care	7.7%	92.3%	0.0%
Non-direct patient care	0.0%	92.3%	7.7%
Clinical simulation	0.0%	92.3%	7.7%
All clinical hours	0.0%	100.0%	0.0%
Geriatrics	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%
Leadership/Management	Decrease hours	Maintain hours	Increase hours
Direct patient care	0.0%	100.0%	0.0%
Non-direct patient care	0.0%	100.0%	0.0%
Clinical simulation	0.0%	100.0%	0.0%
All clinical hours	0.0%	100.0%	0.0%

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. Only one program reported they would be reducing clinical hours. The reason given for decreasing clinical hours was to enrich the student's experience to increase critical thinking.

Table 16. Why Program is Reducing Clinical Hours

	%
Unable to find sufficient clinical space	0.0%
Other	0.0%
Can teach required content in less time	0.0%
Insufficient clinical faculty	0.0%
Other	100.0%
Total reporting	1

Clinical Space & Clinical Practice Restrictions⁵

The majority (77%, n=10) of Southern Border region nursing programs reported being denied access to a clinical placement, unit or shift in 2014-2015. In 2014-2015, 30% (n=3) 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 139 clinical placements, units or shifts, which affected 235 students. In addition, ten (77%) reported they were allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

Table 17. RN Programs Denied Clinical Space, by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Number of programs denied a clinical placement, unit or shift	11	12	10	8	10
Programs offered alternative by site*					3
Placements, units or shifts lost*					139
Number of programs that reported	13	12	13	13	12
Total number of students affected	258	124	172	217	235

*Significant changes to these questions for the 2014-2015 administration prevent comparison to the data from prior years.

In addition, 3 programs reported that there were fewer students allowed for clinical placements, units or shifts in 2014-2015 than in the prior year.

Table 17.1 RN Programs That Reported Fewer Students Allowed for a Clinical Placement, Unit, or Shift

	ADN	BSN	ELM	Total
Fewer students allowed for a clinical placement, unit, or shift	5	4	1	10
Total number of programs that reported	6	4	2	12

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 are not shown.

The most frequently reported reasons why schools were denied clinical space in 2014-2015 were competition for space arising from an increase in the number of nursing students, staff nurse overload, and being displaced by another program. These reasons have been consistently the most common reported across time.

Table 18. Reasons for Clinical Space Being Unavailable*, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Competition for clinical space due to increase in number of nursing students in region	80.0%	72.7%	75.0%	60.0%	62.5%	81.8%
Staff nurse overload or insufficient qualified staff	50.0%	27.3%	66.7%	20.0%	62.5%	63.6%
Displaced by another program	90.0%	45.5%	75.0%	60.0%	50.0%	63.6%
Nurse residency programs	10.0%	9.1%	33.3%	30.0%	37.5%	45.5%
Decrease in patient census	40.0%	0.0%	0.0%	10.0%	25.0%	36.4%
Closure, or partial closure, of clinical facility		27.3%	25.0%	40.0%	25.0%	27.3%
Visit from Joint Commission or other accrediting agency				0.0%	0.0%	27.3%
No longer accepting ADN students	40.0%	18.2%	41.7%	30.0%	37.5%	18.2%
Change in facility ownership/management		18.2%	0.0%	20.0%	25.0%	18.2%
Clinical facility seeking magnet status	30.0%	18.2%	25.0%	10.0%	25.0%	18.2%
Implementation of Electronic Health Records system				10.0%	0.0%	9.1%
Other	10.0%	9.1%	0.0%	20.0%	12.5%	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%
Number of programs that reported	10	11	12	10	8	11

*Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

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

ADN programs reported competition for clinical space and staff nurse/staff overload as the most frequent barriers to finding clinical space. For BSN programs, competition for clinical space was also the primary barrier along with being displaced by another program and decrease in patient census. There was no clear pattern for ELM programs as a number of factors were cited.

Table 19. Reasons for Clinical Space Being Unavailable, by Program Type, 2014-2015

	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	80.0%	100.0%	50.0%	81.8%
Displaced by another program	40.0%	75.0%	100.0%	63.6%
Other	40.0%	75.0%	100.0%	63.6%
Staff nurse overload or insufficient qualified staff	80.0%	25.0%	100.0%	63.6%
Nurse residency programs	40.0%	50.0%	50.0%	45.5%
Decrease in patient census	0.0%	75.0%	50.0%	36.4%
Closure, or partial closure, of clinical facility	0.0%	75.0%	0.0%	27.3%
Visit from Joint Commission or other accrediting agency	40.0%	25.0%	0.0%	27.3%
Change in facility ownership/management	0.0%	50.0%	0.0%	18.2%
No longer accepting ADN students	40.0%	0.0%	0.0%	18.2%
Clinical facility seeking magnet status	40.0%	0.0%	0.0%	18.2%
Implementation of Electronic Health Records system	0.0%	25.0%	0.0%	9.1%
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	5	4	2	11

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. In 2014-2015, the most frequently reported strategy (73%) was to replace the lost clinical space at a different clinical site currently used by the nursing program. More than half of the programs also reported being able to add or replace lost space with a new site (55%).

Table 20. Strategies to Address the Loss of Clinical Space*, by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015
Replaced lost space at different site currently used by nursing program	66.7%	60.0%	50.0%	72.7%
Added/replaced lost space with new site	58.3%	70.0%	75.0%	54.5%
Replaced lost space at same clinical site	66.7%	30.0%	37.5%	36.4%
Clinical simulation	33.3%	20.0%	25.0%	36.4%
Other	8.3%	0.0%	0.0%	9.1%
Reduced student admissions	8.3%	20.0%	0.0%	0.0%
Number of programs that reported	12	10	8	11

*Data collected for the first time in 2011-12.

Four nursing programs in the region reported using alternative clinical sites for clinical placements which has decreased from a high of ten in 2010-2011. In 2014-2015, 75% of these programs reported using hospice or public health or community health agency as an alternative clinical site.

Table 21. Alternative Out-of-Hospital Clinical Sites* Used by RN Programs, by Academic Year

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015
Hospice	40.0%	37.5%	66.7%	83.3%	75.0%
Public health or community health agency	40.0%	50.0%	66.7%	33.3%	75.0%
Skilled nursing/rehabilitation facility	70.0%	50.0%	50.0%	16.7%	50.0%
Surgery center/ambulatory care center	0.0%	12.5%	16.7%	0.0%	50.0%
Medical practice, clinic, physician office	30.0%	25.0%	16.7%	33.3%	25.0%
School health service (K-12 or college)	30.0%	25.0%	66.7%	16.7%	25.0%
Home health agency/home health service	40.0%	75.0%	33.3%	16.7%	25.0%
Outpatient mental health/substance abuse	50.0%	62.5%	16.7%	0.0%	25.0%
Renal dialysis unit	0.0%	0.0%	16.7%	0.0%	25.0%
Urgent care, not hospital-based	10.0%	12.5%	16.7%	0.0%	25.0%
Other	0.0%	0.0%	16.7%	16.7%	25.0%
Correctional facility, prison or jail	10.0%	25.0%	0.0%	16.7%	0.0%
Case management/disease management	10.0%	25.0%	0.0%	0.0%	0.0%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	10	8	6	6	4

*These data were collected for the first time in 2010-2011.

In 2014-2015, 62% (n=8) of Southern Border schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. Over the past six years in which these data have been collected the most common type of restricted access students faced was to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency. In 2014-2015, other common restrictions were to automated medical supply cabinets (63%), electronic medical records (50%), and due to student health and safety requirements (50%).

Table 22. 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	2014-2105
Clinical site due to visit from accrediting agency (Joint Commission)	56.7%	80.0%	80.0%	87.5%	77.8%	87.5%
Automated medical supply cabinets	11.1%	20.0%	20.0%	0.0%	44.4%	62.5%
Electronic Medical Records	33.3%	40.0%	60.0%	75.0%	55.6%	50.0%
Student health and safety requirements		10.0%	30.0%	25.0%	33.3%	50.0%
Some patients due to staff workload		20.0%	60.0%	37.5%	66.7%	37.5%
Bar coding medication administration	22.2%	30.0%	50.0%	50.0%	44.4%	37.5%
IV medication administration	0.0%	10.0%	10.0%	12.5%	33.3%	12.5%
Direct communication with health team	0.0%	20.0%	30.0%	25.0%	11.1%	12.5%
Alternative setting due to liability	11.1%	10.0%	40.0%	12.5%	11.1%	12.5%
Glucometers	11.1%	10.0%	20.0%	0.0%	11.1%	12.5%
Number of schools that reported	9	10	10	8	9	8

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 2014-2015, schools reported insufficient time to train students (86%) as the most frequent reason for restricted student access to electronic medical records. The proportion of schools reporting liability (43%), staff fatigue and burnout (43%) and staff still learning the system (14%) as a reason for restricting student access decreased from 2013-2014.

The top reasons reported for restricted access to medication administration systems were liability (50%) and staff fatigue and burnout (50%). The proportion of schools reporting staff still learning the system as a reason increased from 17% in 2013-2014 to 33% in 2014-2015.

Table 23. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration, 2013-2014 & 2014-2015

	Electronic Medical Records		Medication Administration	
	2013-2014	2014-2015	2013-2014	2014-2015
Liability	50.0%	42.9%	83.3%	50.0%
Staff fatigue/burnout	50.0%	42.9%	50.0%	50.0%
Staff still learning and unable to assure documentation standards are being met	25.0%	14.3%	16.7%	33.3%
Insufficient time to train students	75.0%	85.7%	66.7%	33.3%
Other	25.0%	0.0%	33.3%	16.7%
Cost for training	12.5%	14.3%	0.0%	0.0%
Patient confidentiality	0.0%	14.3%	0.0%	0.0%
Number of schools that reported	8	7	6	6

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

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 Southern Border region compensate for training in areas of restricted student access by providing training in simulation lab (100%), ensuring all students have access to sites that train students in the areas of restricted access (75%), and training students in the classroom (63%). Purchasing practice software such as SIM Charter was not as common (25%). This data is similar to that reported in 2013-2014.

Table 24. How the Nursing Program Compensates for Training in Areas of Restricted Access

	2013-2014 % Schools	2014-2015 % Schools
Training students in the simulation lab	100.0%	100.0%
Ensuring all students have access to sites that train them in this area	77.8%	75.0%
Training students in the classroom	88.9%	62.5%
Purchase practice software, such as SIM Chart	33.3%	25.0%
Other	0.0%	0.0%
Number of schools that reported	9	8

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

Faculty Census Data⁶

On October 15, 2015 there were 539 total nursing faculty⁷ teaching at Southern Border region nursing programs, 31% of whom (n=168) were full-time while 61% (n=327) were part-time. In addition, there were 35 vacant faculty positions. These vacancies represent a 6.1% faculty vacancy rate overall (15.2% for full-time faculty and 1.5% for part-time faculty).

Table 25. Faculty Census Data[†], by Year

	2006*	2007	2008	2009	2010	2011	2012	2013	2014*	2015*
Total Faculty	292	349	402	445	482	492	454	415	427	539
<i>Full-time</i>	95	124	134	136	143	148	139	157	131	168
<i>Part-time</i>	195	225	268	309	339	344	315	258	280	327
Vacancy Rate**	4.6%	5.7%	3.4%	2.2%	2.2%	3.9%	4.4%	2.6%	10.9%	6.1%
<i>Vacancies</i>	14	21	14	10	11	20	21	11	52	35

[†] 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)

In 2014-2015, the majority (69%, n=9) of Southern Border region nursing schools reported that their faculty worked overloaded schedules. Of these schools, 100% (n=9) pay the faculty extra for the overloaded schedule.

Table 26. Faculty with Overloaded Schedules*, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Schools with overloaded faculty	9	8	8	8	7	10	9
Share of schools that pay faculty extra for the overload	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total number of schools	13	13	13	13	13	13	13

*These data were collected for the first time in 2008-2009.

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.

Summary

The number of Southern Border pre-licensure nursing programs has remained constant at 13 programs since 2006-2007. The share of programs partnering with another program to offer a higher degree than offered at their own school has been increasing over the last three years, from 23% (n=3) of programs in 2011-2012 to 46% (n=6) of programs in 2014-2015.

In 2014-2015, programs in the region reported a total of 1,175 admission spaces available, which were filled with a total of 1,383 new students. Southern Border nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. In 2014-2015, programs in the region received 2,264 qualified applications for admission, 61% of which were able to enroll, which is the second highest percentage reported in the past ten years. Almost one-third (31%) of programs in the region reported enrolling fewer students than the previous year with the majority reporting being due to either a school or BRN imposed mandate to reduce enrollments.

Programs reported 1,181 student completions in 2014-2015 from Southern Border pre-licensure nursing programs, which is a decline from a high of 1,243 students in 2009-2010 but a slight increase from the past three years. If the current ten year low attrition rate of 9% remains constant, and if new student enrollments continue to increase, the annual number of graduates from the region's pre-licensure nursing programs is likely to increase in future years. At the time of the survey, 8% of recent graduates from the region's programs were unable to find employment in nursing, which is down from its high of 31% in 2009-2010.

Clinical simulation has become widespread in nursing education, with all but one nursing school in the Southern Border region reporting using it in some capacity⁸, and nearly a third of schools (31%) 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 simulation hours in all content areas and no programs reported plans to decrease their clinical simulation time. The importance of clinical simulation is underscored by data showing that the majority (85%) of Southern Border region programs are being denied access to clinical placement sites that were previously available to them. In addition, three-quarters (77%, n=10) were allowed fewer students for a clinical placement, unit, or shift in this year than in the prior year.

The total number of currently enrolled pre-licensure nursing students has increased by about 12% since 2009; the number of nursing faculty has increased by about 21% in the same period, largely driven by an increase in full-time faculty, which is the reverse of the situation in most regions. In 2014-2015, 35 faculty vacancies were reported, representing a 6.1% faculty vacancy rate overall (15.2% for full-time faculty and 1.5% for part-time faculty).

⁸ One school did not answer this question.

APPENDICES

APPENDIX A – Southern Border Nursing Education Programs

ADN Programs (7)

Brightwood College (formerly Kaplan College)
Grossmont College
Imperial Valley College
Mira Costa College
Palomar College
San Diego City College
Southwestern College

BSN Programs (4)

CSU San Marcos
National University
Point Loma Nazarene University
San Diego State University

ELM Programs (2)

United States University
University of San Diego

APPENDIX B – BRN Education Issues Workgroup Members

Members

<u>Members</u>	<u>Organization</u>
Loucine Huckabay, Chair	California State University, Long Beach
Judee Berg	HealthImpact (formerly CINHC)
Audrey Berman	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care Services
Brenda Fong	Community College Chancellor's Office
Deloras Jones	Independent Consultant
Judy Martin-Holland	University of California, San Francisco
Robyn Nelson	West Coast University
Tammy Rice	Saddleback College
Stephanie R. Robinson	Fresno City College
Paulina Van	Samuel Merritt University

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing
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Julie Campbell-Warnock	California Board of Registered Nursing
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