

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: February 5, 2015

ACTION REQUESTED: Vote On Whether To Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- United States University Entry Level Master's Degree Nursing Program
- University of California, Irvine Baccalaureate Degree Nursing Program
- De Anza College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Merced College Associate Degree Nursing Program
- Pasadena City College Associate Degree Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Saddleback College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program
- Santa Barbara City College Associate Degree Nursing Program
- Stanbridge College Associate Degree Nursing Program
- Loma Linda University Nurse Practitioner Program
- University of Phoenix Nurse Practitioner Program, Sacramento Valley Campus and Costa Mesa Campus (Ontario, Pasadena, Diamond Bar Learning Centers)

Acknowledge Receipt of Program Progress Report:

- California Baptist University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- Charles Drew University Entry Level Master's Degree Nursing Program
- CNI College Associate Degree Nursing Program
- College of the Desert Associate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Kaplan College Associate Degree Nursing Program
- Santa Ana College Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.
PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
United States University Entry Level Master's Degree Nursing Program	L. Moody	12/09/2014	NUR 340/340L Nursing Care of the Critically Ill Adult and Older Adult and clinical will be re-sequenced to be the next to the last program course. NUR 460 Nursing Leadership and NUR 460L clinical will be the terminal program course. This will provide remediation time prior to program end for any students who have difficulty with the content of NUR340/340L. There is no change in units or content for either course. A one-time revision in program delivery will be allowed for cohort 9 which is the only student cohort currently in progress. The terminal program course will be delayed 8 weeks during which students will have a break 4/27-6/28/2014 from coursework and the program will provide NCLEX prep activities. This will allow students to be in the final course and still enrolled when CCNE conducts the program accreditation visit in September. All cohort students have requested and agreed to this revision that results in delay of program completion as they wish to have the benefit of graduating from an accredited program. Cohort 10 students will complete the program on 9/4/2015.
University of California, Irvine Baccalaureate Degree Nursing Program	C. Velas	12/05/2014	The program reported a decrease in units/hours for two courses. NS175L-Clinical Preceptorship currently 8 units will decrease to 6 units with a reduction in clinical hours from 240 to 180. NS140-Human Behavior and Mental Health, currently 8 units will decrease to 7 units with a reduction in clinical hours from 120 to 90. Program cited difficulty in clinical placements with current requirement. This change will decrease total clinical units from 30 to 27 quarter units. CRL/TCP forms updated to reflect the change.
De Anza College Associate Degree Nursing Program	S. Engle	11/24/2014	The program received written notification of non-compliance with CCR 1431 annual pass rate <75%. Program pass rate for (July 1, 2013-June 30, 2014) was 69.23% for 52 first time test takers. The program has submitted a comprehensive assessment and action plan to improve the annual pass rate.
Imperial Valley College Associate Degree Nursing Program	L. Chouinard	10/07/2014	Starting with the class admitted Fall 2015, IVC will delete one (1) unit Nursing Trends course. Content is covered in other Medical-Surgical courses, specifically Nursing 227 in the fourth semester. This change will decrease the

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			number of total nursing units required from 38.5 to 37.5 and is closer to the 36 units currently recommended in the newly proposed state community college Transfer Model Curriculum. CRL/TCP forms updated to reflect the change.
Merced College Associate Degree Nursing Program	K. Daugherty	10/28/14	Decrease the total number of units in the CRL science area from 30 to 27 units. Program students no longer have to take coursework in B1 and B2 to graduate. The college now has only a B area thus the program was able to eliminate the need for the previous B1 Physical Science requirement (3 units Chem). Total nursing theory and clinical units unchanged at 41 units. This change reduces the CRL and graduation requirements from 78 to 75 units.
Pasadena City College Associate Degree Nursing Program	B. Caraway	10/29/2014	The program reported proposed change in admission policy. The Pasadena City College (PCC) RN program has previously admitted 60 beginning students (NURS50) to the program each Fall and Spring semester for total 280 RN students. Student enrollment will be reduced from total of 280 to 260, for spring 2015 and 250 for Fall 2015. Program will admit 40 beginning students (NURS 50) Spring 215, and 50 beginning students (NURS 50) Fall 2015. Decreasing enrollment will allow the program to resolve several issues currently facing, such as clinical placement, decrease number of faculty due to illness, and limited class rooms and skills lab space availability due to nursing program move to the Continuing Education Center in 2012. The PCC RN program also admits 20 LVN career ladder students into NURS52 each semester. This admission policy will not change. There are no changes in units, and courses of the proposed curriculum.
Sacramento City College Associate Degree Nursing Program	K. Daugherty	11/24/14	Effective Spring 2015 only, clinical placements for all four semesters for the main and extended campus options will be adjusted/changed placing students at alternate facilities to accommodate the implementation of the EMR at Sutter General and Sutter Memorial Hospitals.
Saddleback College Associate Degree Nursing	B. Caraway	09/17/2014	Program is changing the teaching modality of N161: Life cycle 11: Growth and Development course to include online internet capability. This change will

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Program			assist the student in accessing a required nursing course on line and allows the program to offer both the on campus classes as well as internet versions of the class. The course content and objectives will remain unchanged. The revised curricular changes have no impact on the total program units. This change will be implemented beginning Fall 2014.
San Joaquin Valley College Associate Degree Nursing Program	S. Engle	11/21/2014	Change in course numbers to RN 24, 24L Beginning M/S, 23, 23L Maternal/Newborn, 37, 37L Pediatrics, 46, 46L Adv. M/S, 44 Leadership for the LVN-RN option and 44 Leadership for Generic RN program. No changes were made to course content, sequencing or program units. These revisions will be noted in curriculum and college materials.
Santa Barbara City College Associate Degree Nursing Program	C. Velas	10/29/2014	The program reported the change to BMS127-Medical Microbiology course from 5units to 4units and added BMS157-General Microbiology-4units so students have the option to take one of the two Microbiology courses as a prerequisite to the nursing program. This change will decrease the Science Units from 19units to 18units. CRL/TCP forms updated to reflect the change. This change will become effective January, 2015.
Stanbridge College Associate Degree Nursing Program	B. Caraway	10/24/2014	The program reported changes to admission requirements. GPA is being lowered from 2.7 to 2.5 and they are accepting courses beyond their cut off of five years for sciences for those individuals who have a baccalaureate and involved in biology field. There are no changes in units, and courses of the proposed curriculum.
Loma Linda University Nurse Practitioner Program	C. Mackay	10/22/2014	Multiple curricula changes reported involving course numbers, titles, and units. The new courses are: NRSRG 515 Health Policy 3 units; NSRG 547 Nursing Leadership: Principles and Practice 3 units; RELE 524 Bioethics and Society 3 units; PHSL 588 Pathophysiology 4 units; NRSRG 652 Family Nurse Practitioner-1 4 units 2 didactic, 2 clinical; and, NRSRG 535 Pediatrics-1 4 units, didactic. NRSRG 684 Research Methods is now offered over one quarter instead of two. AGNP track replaced NRSRG 624 with NRSRG 564 Primary Care Adult-Gerontology: Fragile Elders 4 units: 3 didactic, 1 clinical. FNP track added NRSRG 650 Family Nurse Practitioner; Child and Adolescent 5 units: 3 didactic,

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
University of Phoenix Nurse Practitioner Program, Sacramento Valley Campus and Costa Mesa Campus (Ontario, Pasadena, Diamond Bar Learning Centers)	J. Wackerly	12/8/2014	<p>2 clinical. A new population track, Psychiatric Nurse Practitioner, was added to the NPP. The new track reflects national Psychiatric NP standards and meets BRN requirements. The course work is organized similar to the other NP tracks. The graduate MSN core courses and the 3 Ps (Pharmacology in Advanced Practice 1 & 2, Pathophysiology, and Advanced Physical Assessment) are successfully completed prior to advancing to the concurrent theory and clinical population focus courses. The MSN Psychiatric NP track requires 70 academic quarter units; 19 units of clinical practice (570 hours).</p> <p>University of Phoenix has offered the Master of Science in Nursing-Family Nurse Practitioner(FNP) Program, along with post Master's FNP certificate since 1998 as the listed locations. In summary the changes are 1) the addition of 2 credits taking the program from 47 to 49 credits, and 2) updates to the content to be congruent with the latest AACN Masters' Essentials. Clinical courses are split into didactic and clinical components to improve the processes of evaluation of student performance in the clinical setting. The Division of Nursing has elected to add simulation experiences above and beyond the required 500 faculty directed, direct patient care hours. The additional simulation hours, therefore, increased from a total clinical hours in the program from 720 to 765.</p>

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
California Baptist University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs.	L. Shainian	10/13/2014	The nursing department at California Baptist University, Riverside, has added 20,000 square feet of new simulation/flex classroom/laboratory and faculty office space that opened Fall 2014. The newly renovated 2-story building is located adjacent to the current nursing building. There are newly designed classrooms, lounge/study areas, student simulation areas/control room/debriefing room, skills lab, procedure/assessment lab, supply & storage rooms, faculty offices, faculty work room, mail room, faculty conference room, a simulation "studio"/debriefing conference room/actors (instruction patient) theatrical department, and a fully equipped primary care out-patient area (patient waiting area/exam rooms) that is also wired for simulation. This innovative layout and design, coupled with advanced technological capabilities, supports the application of evidence based teaching methodologies that improve student learning and position the program to move forward into the future of nursing education.
Charles Drew University Entry Level Master's Degree Nursing Program	L. Shainian	12/03/2014	As required per BRN CCR 1431 NCLEX Pass Rate policy. The program has received written notification of non-compliance with CCR 1431 an annual pass rate <75%. Program pass rate for July 1, 2013-June 30, 2014 was 47.62% (63 taken; 30 passed). The program has submitted a comprehensive assessment and action plan to improve the annual pass rate. The most recent program pass rate for July 1, 2014 – September 30, 2014 was 59.09% (22 taken; 13 passed).
CNI College Associate Degree Nursing Program	M. Minato	10/22/2014	Initial program approval follow-up visit with the graduating group of Cohort 1 was conducted. Program admitted 21 students on January 2013 and 17 are graduating on October 29, 2014 (three are behind class, one failed). The students reported they received instruction and clinical experiences and feel that they are ready to assume the RN roles on graduation. Students expressed concerns related to scheduling and organizations, which were discussed with administration. Program plans to review the curriculum and consider suggestions made by the students.
College of the Desert Associate Degree Nursing Program	L. Moody	12/01/2014	NCLEX pass rate for the 2013-14 year was below the required performance threshold (CCR 1431) at 74.51% (51 taken; 38 passed). The program was notified of this noncompliance and responded with an acceptable comprehensive assessment and action plan. First quarter results for 2014-15 NCLEX outcomes is 92% pass (25 taken; 22 passed), an improvement reflective of corrective actions implemented.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
East Los Angeles College Associate Degree Nursing Program	S. Ward	12/08/2014	The program submitted a progress report (#1) on 12-2-2014. It provides updates on implementation of the plan of correction previously submitted to the Board for areas of non-compliance.
Kaplan College Associate Degree Nursing Program	L. Moody	12/01/2014	NCLEX pass rate for the 2013-14 year was below the required performance threshold (CCR 1431) at 63.91% (169 taken; 108 passed). The program has submitted an updated progress report describing ongoing implementation of corrective actions including remediation and support for both current and graduated student knowledge, student remediation and support for both current and graduated students, and faculty development. Curriculum is being reviewed under the guidance of an expert consultant. First quarter results for 2014-15 NCLEX outcomes is 66.67% (24 taken; 16 passed).
Santa Ana College Associate Degree Nursing Program	L. Shainian	10/24/2014	As required per BRN CCR 1431 NCLEX Pass Rate policy. The program has received written notification of non-compliance with CCR 1431 an annual pass rate <75%. Program pass rate for July 1, 2013-June 30, 2014 was 72.45% (98 taken; 71 passed). The program has submitted a comprehensive assessment and action plan to improve the annual pass rate. The most recent program pass rate for July 1, 2014 – September 30, 2014 was 85.71% (35 taken; 30 passed).

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AGENDA ITEM: 7.2
DATE: February 5, 2015

ACTION REQUESTED: Vote On Whether To Approve Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on January 8, 2015 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program
 - Loma Linda University Baccalaureate Degree Nursing Program
 - Western Governors University Baccalaureate Degree Nursing Program
 - Bakersfield College Associate Degree Nursing Program
 - Los Angeles Valley College Associate Degree Nursing Program
 - Merritt College Associate Degree Nursing Program
 - Riverside City College Associate Degree Nursing Program

- B. Defer Action to Continue Approval of Prelicensure Nursing Program
 - Fresno City College Associate Degree Nursing Program

- C. Continue Approval of Advanced Practice Nursing Program
 - Loma Linda University Nurse Practitioner Program

- D. Approve Major Curriculum Revision
 - California State University, Los Angeles Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

Education/Licensing Committee Recommendations From meeting of January 8, 2015

The Education/Licensing Committee met on January 8, 2015 and makes the following recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Loma Linda University Baccalaureate Degree Nursing Program.**

Marilynn M. Herrmann, PhD, RN, Dean/Program Director, and Elizabeth Bossert, PhD, Associate Dean SON and Chair of the Graduate Nursing Program.

The university is regionally accredited by the Western Association of Schools and Colleges and school of is accredited by the Commission on Collegiate Nursing Education (CCNE). At the time of the site visit a total of 485 students were enrolled in undergraduate nursing program. Total yearly admissions are 168 students. A total of 125 faculty (excluding the director and assistant director) are teaching in the BSN program, 44 full time and 85 part time faculty members. All faculty are competent in their assigned teaching and clinical areas. Over 33% of FT faculty members hold Doctorates and 25% are engaged in a doctorate study, and the majority of remaining faculty hold Master degrees. Program strengths include stable long term leadership provided by the director and assistant director of the program (both appointed in 2006). The program director has been very influential and successful in securing a variety of grants and donations, and in building partnerships with clinical agencies to improve and expand program resources in many significant ways. This has resulted in increased physical space, equipment and capacity for offering nursing program options and meeting specific instructional needs of students. In a well-attended meeting, the faculty described a high level of involvement by both full and part-time faculty with program monitoring and improvement as well as instructional delivery. Meetings were held with students of all levels, they all conveyed satisfaction with their many opportunities for involvement with the program review and change recommendation. Some students of all levels reported inconsistency among faculty in the review and grading of care plans. Students also felt challenged by the Medical- Surgical courses and expressed concerns with volume and density of materials presented. These concerns were shared with the faculty and administration team. Students Survey is conducted and the reviews of the Medical-Surgical courses are underway to determine what revision may be necessary to ensure students success. A meeting was held with Dr. Richard Hart, President and Dr. Herrmann, Dean School of Nursing where both reported that there was no current plan to change the enrollment or delivery pattern of the nursing program. Dr. Elizabeth Bossert will become the program director to replace Dr. Herrmann who is retiring. The future plan includes the expansion of the University programs to meet the current trends in health care services. NCLEX outcomes have exceeded BRN requirements in a sustained manner over the last six years, ranging from 85.71% to 82.64%. At this time, the LLU BSN program is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval.

ACTION: Continue Approval of Loma Linda University Baccalaureate Degree Nursing Program.

- **Western Governors University Baccalaureate Degree Nursing Program.**

Alice Martanegara, MSN/Ed, RN, State Director of Nursing, and Dr. Jan Jones-Schenk, National Director College of Health Professions.

Western Governors University (WGU) is a nonprofit online university founded and supported by 19 U.S. governors. WGU is regionally accredited by the Northwest Commission on Colleges and Universities. The nursing program is accredited by the Commission on Collegiate Nursing Education. A continuing approval visit was conducted at the WGU on July 25, 26 and 28, 2014, by Shelley Ward, NEC and Carol Mackay, NEC. This is the first continuing approval visit for the program since its inception in 2009. The program was found to be in non-compliance with CCR Sections 1424 (b) – Policies/Procedures Admission Requirement,

1424 (h) – Faculty Geriatrics Approval, 1426 (g) (2) – Required Curriculum Instructional Hours & % Simulation, and 1427 (c) - Clinical Facilities Contract Execution. Three recommendations were rendered. The program submitted a progress report which addressed the areas of non-compliance and recommendation. At the time of the visit (103) students were enrolled, (72) had graduated, and the overall attrition rate was 23% since 2009. Students are enrolled and progress together in cohorts of (10) students every seven to nine months based on the clinical facility partner agreements. Student cohorts remain at the same clinical partner sites for most clinical courses. The course of instruction is composed of (5) six-month terms to be completed in 2.5 years. Progression sequence is designed so that the student completes the didactic course assessments and skills/ simulation lab assessments before progressing to the clinical facility rotations (intensives) within the same term. All theory courses are delivered via an online distance education format. The BRN approved curriculum is based on a 15-week semester system. WGU uses the term “competency” units which are calculated in the same manner as semester units. Content Required For Licensure is approved for a total of 93 semester units and Total Units For Graduation are 120 semester units. Significant changes since 2009 include: the on-ground physical resources were significantly enhanced by moving the program location in 2012 into a newly renovated 4,000 square-foot facility. The program now employs the use of non-partnership clinical facilities at (3) additional locations. Changes in partnership agreements, changes in clinical services offered at partner facilities (i.e. mental health/psych), census variability in obstetrics / pediatrics and availability of coaches are some of the factors that influenced the use of additional clinical facilities. NCLEX annual pass rates for first-time test takers have been consistently above the 75% regulatory threshold since the initial reporting period.

ACTION: Continue Approval of Western Governors University Baccalaureate Degree Nursing Program.

- **Bakersfield College Associate Degree Nursing Program.**
Cindy Collier, RN, MSN, Dean, Nursing/Allied Health.

A continuing approval visit was conducted at the Bakersfield College Associate Degree Nursing Program on September 10th and 11th, 2014, by Shelley Ward, NEC, Badrieh Caraway, NEC and Carol Velas, NEC. The program was found to be in non-compliance with CCR Section 1425 (f) – Content Expert. Three recommendations were rendered. The program submitted a progress report addressing the areas of non-compliance and the recommendations. The Bakersfield College Associate Degree in Nursing Program is located in the Kern County Community College District. The college currently implements the ADN program at the main campus in Bakersfield and at space provided through Cerro Coso Community College, which serves as an alternate program location. The ADN program established this alternate program site in fall 2005 to provide the opportunity for students to complete the LVN to RN curriculum option in their local community at Cerro Coso Community College where there is an LVN program, and to meet a District wide initiative to provide nursing education growth opportunities in the Kern Community College District, which covers over 24, 000 square miles. Approximately (10) LVN-RN students are admitted annually in the fall at this location through a partnership with the college and Ridgecrest Regional Hospital. An equipped skills lab has resources comparable to the main campus. Dedicated faculty are assigned teaching and coordinating responsibilities at this location. Instruction for theory nursing courses is provided through a distance education platform via a live interactive closed television broadcast system, as well as in person at designated times in the semester. The program tracks evaluation data specifically for students at this site as well as for the program at large. The program has been faced with responding to resource challenges since the last continuing approval visit. Classroom space availability is limited for class sizes above (40) students, and space needed for skills lab and simulation created the need to use additional off-campus space a short distance away at the Weill Center. Students have access to state of the art technology such as adult/ pediatric/ OB simulation, medication dispensing system, bedside pc's and a variety of equipment/software upgrades.

The Bakersfield ADN program experienced significant turnover of faculty and support staff in the last five years and with the support of the college replaced (15) positions. Additionally, the college has approved a new Associate Dean of Nursing position and allocated 20% administrative release time for the two program assistant directors, given the program director's administrative responsibilities for several other allied health programs. Grant funding and community partnerships totaling in excess of 7.2 million dollars, is credited with funding key support positions including clinical teaching assistants, the Educational Advisor, Simulation Coordinator, and Success Coach. External funds have also provided for equipment and technology upgrades and faculty development. The advisement and remediation services provided by this funding resulted in the implementation of Early Identification of At Risk Students initiative which has positively influenced attrition and NCLEX – RN examination testing outcomes. College administration voiced their commitment to continue to provide the program with needed resources should granting funding sources discontinue. NCLEX Pass Rates First Time Candidates: 2013-2014 – 91.40%; 2012-2013 - 97.98%; 2011-2012 – 93.10%; 2010-2011 – 88.10%; 2009-2010 – 93.16%.

ACTION: Continue Approval of Bakersfield College Associate Degree Nursing Program.

- **Los Angeles Valley College Associate Degree Nursing Program.**

Mary Cox, MSN, PHN, RN, Program Director.

A regularly scheduled continuing approval visit was conducted on September 29-30, 2014, by Nursing Education Consultants Laura Shainian, Leslie Moody, and Lori Chouinard. There was one finding of non-compliance for Inadequate Resources: CCR 1424(d) Sufficiency of Resources, and related section CCR 1424(h) Program Administration and Faculty Qualifications; and one recommendation: CCR 1424(e) Program Director/Assistant Director. The program has submitted a progress report for the non-compliance and recommendation. The nursing program began in 1960, and is accredited by ACEN through Fall 2016. The program had been admitting fifty students each Fall and Spring semester since 2006, however, beginning Fall 2014, admission was decreased to forty students twice a year due to decreased budget and fulltime equivalent faculty (FTEF). Current enrollment is 177 students. Since the 2012 interim visit, the program has experienced difficulty filling fulltime faculty vacancies. Changes in the college presidency and administration resulted in a lack of continuity and support for the nursing program, and a low ranking for college hiring. Recently there has been the retirement of a fulltime faculty which now totals three fulltime faculty vacancies in addition to a skills lab coordinator position. In response to this need, college administration has approved the hire of three fulltime nursing faculty now in order to ensure adequate faculty resources for the implementation of the program. In addition, there will be provision for a skills lab staff assignment until the college is able to institutionalize the position as a fulltime skills lab coordinator. NEC will follow-up with the program to ensure all plans have been implemented. Grant funding has paid for equipment, supplies and technology, however, there has been no program funding to maintain warranties for all of the lab equipment. Therefore, the college has agreed to allocate funds to pay for equipment warranties and computer software updates, and to review ongoing equipment/supply needs submitted annually by the program director. Programs events include a collaborative with Valley Presbyterian Hospital/COPE Solutions which provided for the enrollment of an additional 20 students in 2008-2010. This coming Spring 2015, collaboration with California State University Northridge (CSUN) will begin with students selected to participate in a three year ADN-BSN program. The collaboration is the result of a ten-year long process. ADN students will be concurrently enrolled in both programs. NCLEX scores are : 2009-2010: 88.07%; 2010-2011: 91.86%; 2011-2012: 95.89%; 2012-2013: 90.54%; 2013-2014: 92.06%

ACTION: Continue Approval of Los Angeles Valley College Associate Degree Nursing Program.

- **Merritt College Associate Degree Nursing Program.**

Dawn Williams, M.S.N., RN, Program Director and Dr. Elmer Bugg, V-P Instruction.

The Peralta Community College District (PCCD) in Alameda County is comprised of four colleges. Merritt College is located in Oakland, and is the only college in the district that offers the associate degree in a nursing program. The program admits students once a year, and currently enrolls 79 students in its nursing program. A regularly scheduled continuing approval visit was conducted from November 19-21, 2012, with findings of four areas of non-compliance (CCR Sections 1424(a) Philosophy; 1424(c) Administration; 1424(d) Resources; and 1427(c) Clinical Facilities) and the issuance of one recommendation, (CCR 1424(b)(1) Total Program Evaluation. The Board granted Deferred Action at its April 10, 2013, meeting. The Program submitted progress reports that were presented to the Education/Licensing Committee and the Board in November 2013, and February, April and May 2014. The remaining areas of non-compliance were determined to be CCR 1424(c) Administration and 1424(d) Resources. Board action at the May 7, 2014, meeting was to continue deferred action with a Progress Report to be submitted in November 2014. Ms. Williams submitted a progress report in November and a verbal update was given at this meeting: improvements that have occurred in the channels of communication between the Program and the Administration bring the Program into compliance with CCR 1424(c); issues related to the safety and environment of the modular units have been resolved and mannequins for use in the labs are fully functioning regarding CCR 1424(d) Resources; faculty vacancies were not filled and the program has reduced admissions to 40 students per year as a result; the hiring process to fill the senior clerical assistant position is almost complete with interviews currently underway; the budget for 2014-2015 reflects a 32% increase from that of the previous year. These actions bring the program into compliance with Board rules and regulations. The College indicates it will focus more on retention, and the Program reported that for this fall semester, retention is 93% for the first semester students. NCLEX pass rates for the academic years of 2009-2010 to 2013-2014 range from 92% to 100%, with an average of 98%. The rate for the first quarter of the 2014-2015 academic year is 100%.

ACTION: Continue Approval of Merritt College Associate Degree Nursing Program with enrollment pattern of forty students per year.

- **Riverside City College Associate Degree Nursing Program.**

Sandra Baker, DNP, RN, CNE, Dean-School of Nursing, and Ms. Tammy Vant Hul, Assistant Department Chair.

A regularly scheduled continuing approval visit was conducted October 14-15, 2014 by Nursing Education Consultants Loretta Chouinard and Leslie A. Moody. The program was found to be operating in full compliance with BRN regulations. There were no findings of noncompliance and no recommendations. The RCC school of nursing admitted their first students in 1957. The college is WASC-ACCJC accredited, and the program is ACEN accredited with 8-year reaccreditation awarded in Fall 2013. Across the past five years the program has admitted between 170-220 students annually, with approximately half entering in each Fall and Spring semester. Admissions vary based on level of resources available, particularly grant funds. In 2012 the school of nursing occupied the newly constructed building which is Leadership in Energy and Environmental Design (LEED) certified and tripled the square footage dedicated to nursing education. In Fall 2013 the program received a national award from the American Assembly for Men in Nursing identifying the RCC SON as one of the 2013 Best Schools of Nursing for Men. The program has applied grant funds to present such programs as the CNA-RN-BSN (collaborative with CSU Fullerton), FLEX (VN-RN) programs using technology to video stream instruction, and the Transition to Practice program for selected graduates initiated in 2011. The program partners with local high schools to provide a High School Fast-Track program which guarantees program admission to those high school graduates meeting criteria, with CSU Fullerton for a concurrent enrollment option to facilitate ADN graduates' completion of BSN

within one year of ADN completion, and is exploring with California Baptist University and University of Phoenix to develop ADN to BSN and MSN pathways. This is a mature prelicensure program with experienced program and college leadership, expert faculty, and contemporary instructional and student support resources. Although some of the current student and curriculum support services and faculty are financed with grant funds, college administration recognizes the need to continue to provide program resources at current levels from the general fund if grant funds become unavailable. Students express a high degree of satisfaction with all program elements and actively participate in program governance. NCLEX outcomes are consistently well above the minimum required performance threshold and employment of program graduates within the first year following program completion is >95%.

ACTION: Continue Approval of Riverside City College Associate Degree Nursing Program.

B. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

• Fresno City College Associate Degree Nursing Program.

Stephanie Robinson, M.H.A., RN, Program Director, and Lorraine Smith, Interim Dean of Instruction.

Fresno City College (FCC) is a college of the State Center Community College District (SCCCD) and, established as Fresno Junior College in 1910, was California's first community college. The nursing program enrolls between 80-100 students in each of the fall and spring semesters and about 60 in the summer. The program indicates that, since 2008, its retention rate is 96-98%; the program completion rate ranges from 91-94%. A regularly scheduled continuing approval visit was conducted from September 24-26, 2014, with an additional meeting scheduled with the director on October 3. The program was found to be in noncompliance with CCR Sections 1424(h), 1425, and 1425.1(d) Faculty Qualifications; 1425.1(b) Faculty Responsibilities; 1427(c) Clinical Facilities; 1429(b) LVN 30-unit Option; and 1431 Licensing Examination Pass Rate Standard. Recommendations were made related to CCR 1424(b)(1) Total Program Evaluation; 1424(d) Resources; 1424 Administration and Organization of the Nursing Program; 1425.1 Faculty Responsibilities; 1426(a) Curriculum; 1427(a) Clinical Facilities; and 1428 Student Participation. The program submitted a progress report in November that addressed the findings and areas of noncompliance, including a plan developed by faculty to address the low NCLEX scores which continues an area of noncompliance. NCLEX pass rate for first-time test takers 2009-10 77.92%; 2010-11 81.11%; 2011-12 82.61%; 2012-13 78.01%; 2013-14 66%; 1st quarter 2014-2015 is 73%.

ACTION: Defer Action To Continue Approval of Fresno City College Associate Degree Nursing Program. Progress report to be presented at the October 2015 Education/Licensing Committee meeting.

C. CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

• Loma Linda University Nurse Practitioner Program.

Elizabeth Bossert, PhD, Associate Dean SON and Chair of the Graduate Nursing Program, and Marilynn M. Herrmann, PhD, RN, Dean/Program Director.

The LLU MSN NP degree program offers five primary care NP tracks: Adult-Gerontology, Family, Pediatric, Neonatal, and Psychiatric NP tracks. Three of these NP tracks were being offered at the time of the visit: Adult-Gerontology, Family, and Pediatric NP tracks. The Neonatal NP track was last offered in 2006. The Psychiatric NP track graduated its first two students in September 2014. LLU also offers a Post Master's NP Certification Program in all population tracks and a DNP Program (post MSN NP). At the time of the site visit a total of 18 students were enrolled in the LLU NPP: AGNP – 2 students; FNP – 8 students; and PNP – 8 students. The LLU MSN NPP unit requirements vary by population track. The AGNP and PNP tracks require a total of 70 academic quarter units. The FNP track requires 69 academic

units and the PNP track requires 70 academic units. All NP tracks in the NPP exceed the required clinical hours. The LLU NPP curriculum reflects national NP educational standards. A regularly scheduled continuing approval visit was conducted by Nursing Education Consultants Carol Mackay, Badrieh Caraway and Dr. Carol Velas on October 20-22, 2014. The LLU NPP was found to have no areas of non-compliance. Four recommendations were made in two areas: Section 1484 (d) (11) arranging for clinical instruction and supervision for students, and Section 1484 (d) (12) (P) legal implications of advanced practice. The program provided a response to the recommendations. At this time, the LLU NPP is being delivered in compliance with the BRN rules and regulations and is recommended for continuing approval. **ACTION: Continue Approval of Loma Linda University Nurse Practitioner Program.**

D. APPROVE MAJOR CURRICULUM REVISION

- **California State University, Los Angeles Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program.**

Lorie H. Judson, PhD, RN, NP, Director and Professor School of Nursing, and Kathleen Hinoki, PhD, RN, Coordinator ELM Program.

The CSULA prelicensure programs had a regularly scheduled continuing approval visit in 2012 with no findings of noncompliance and continuing approval was granted. During the visit discussions were held regarding data that indicated many ELM students were unable to complete the program on time for various reasons related to employment needs and personal life demands. The program spent the past two years evaluating possible alternative approaches culminating in this major curriculum revision proposal. The program requests approval to indefinitely suspend ELM program enrollment and instead add an Accelerated Baccalaureate Degree Option (ABSBN) to the existing generic BSN program. This new option, like the ELM program, would accommodate students who have earned a prior Baccalaureate Degree by not requiring repetition of general academic coursework. The nursing curriculum for this new option will be the same as for the prelicensure portion of the ELM program with only two revisions, updating of content to the N434 Nursing Case Management of Clients with Chronic Illness Across the Life Span course, and re-sequencing of some courses between quarters without change in units or content. ABSBN prerequisite requirements (aside from the previously earned Baccalaureate Degree requirement) and nursing course content will match that of the existing generic BSN program. ABSBN prelicensure nursing coursework will be completed in the same 15-month timeframe as was the pacing for the ELM prelicensure portion. The ABSBN option curriculum proposed in the BRN curriculum forms Total Curriculum Plan (EDP-P-05) and Required Curriculum: Content Required For Licensure (EDP-P-06) submitted by the program meets BRN requirements. Student benefits include being awarded a BSN degree on completion of prelicensure coursework to facilitate employment and the choice to delay entry into a graduate degree program. Currently enrolled program students were informed of this potential revision at the time of admission and support the change. Current or future students who wish to continue with pursuit of the MSN degree will have that option if they meet the existing admission requirement of graduation with an overall GPA of 3.0 and no less than a grade of "C" in any course. Past ELM program students who have "stopped out" with an approved Leave Of Absence (LOA) may resume progress in the program within allowances of university policy existing at the time the LOA was awarded and in compliance with the requirements of the LOA. The program reports required approvals of this revision have been obtained from both the CSU Chancellor's office and the CSULA campus, and wishes to implement this revision immediately upon receipt of approval from the Board.

ACTION: Approve Major Curriculum Revision for California State University, Los Angeles Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3.1
DATE: February 5, 2015

ACTION REQUESTED: Feasibility Study Career Care Institute Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson Education/Licensing Committee

BACKGROUND: Angela Moore, MSN, RN, Assistant Director of Nursing, and Stirlie Cox, Ed, RN, consultant, submitted the Feasibility Study (FS) for a new Associate Degree Nursing Program at Career Care Institute (CCI). Dr. Roberta Ramont and a team of consultants assisted in the development of the FS.

Career Care Institute has been working with the BRN for many years to start a new RN program. The CCI FS dated April 9, 2013 is the first FS submitted since the BRN lifted the moratorium on accepting FS April 1, 2013. Following review of this document, the BRN requested submission of a revised FS to demonstrate compliance with the BRN requirements. The CCI revision was received December 3, 2014.

The following summary describes how the proposed program meets BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10))*.

Description of the Institution

Career Care Institute is a privately owned school established in 1998 and incorporated in 2001. The school president is president of the corporation and sole proprietor. CCI is located at 43770 15th St West, Suite 115 Lancaster, CA 93534. The corporation owns the building housing the school.

CCI currently offers four health related programs: Vocational Nursing, Medical Assisting, Dental Assisting, and Limited Permit X-ray Technician. At the time of submission of the FS, student enrollment in all programs was 68 (30 VN students). The proposed RN program will be the first degree program on the campus. CCI awards a diploma to VN graduates. Certificates are awarded to graduates of the other programs.

CCI was initially granted institutional accreditation by the Council of Occupational Education (COE) on December 15, 2010. A *Show Cause Order* was placed on the school in 2012. This *Show Cause Order* was removed by COE on September 15, 2014. CCI is now accredited by

COE through June 30, 2015. This places CCI on the COE routine accreditation cycle. (COE accreditation is for a period of one year from July 1 through the following June 30. Continued accreditation is determined annually by the commission approval of institutional annual reports.)

The Bureau of Private Postsecondary Education (BPPE) approval is based on the CCI's accreditation status with the Council of Occupational Education (COE). The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) approval of CCI extends through April 2015.

The NCLEX-PN pass rates for graduates of CCI vocational nursing program for the past five years are: 2010-70% (77), 2011-68% (73), 2012-76% (87), 2013-63% (72), and 2014 Year to Date-73% (45). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates for the NCLEX-RN is 75%. CCI has initiated an intensive remediation plan to improve its pass rates.

Geographic Area

The CCI FS includes an overview of the demographics for the Antelope Valley region (Northern LA County and Eastern Kern County), plus a description of its health care needs.

Type of Program

The proposed program will be a generic ADN program. All general education, science, and nursing courses will be offered. The proposed program will be offered year round: six terms of fifteen weeks. The total program can be completed within two calendar years. The proposed program meets the BRN requirement that an approved prelicensure nursing program not be less than two academic years.

Applicant Pool

CCI will recruit students from local high schools, graduates from the VN program, and employees of Ridgecrest Hospital. The CCI FS includes a description of its marketing plan.

Antelope Valley College and College of the Canyons are the only community colleges within a 50 mile radius that offer associate degree nursing programs. There are no BSN programs located within a 50 mile radius.

CCI plans to enroll 32 students annually. The LVN Advanced Placement students will be integrated into the ongoing generic program. Maximum program enrollment will be 64 students. The proposed start date is September 2016.

Curriculum

The CCI proposed curriculum consists of 76 academic semester units: 31 GE and science units and 45 nursing units (24 nursing theory and 21 clinical practice). The FS includes brief course descriptions and the proposed course sequence.

Resources

The CCI campus consists of a two story building (32,000 square feet total). The second floor of the building will house the new RN program. Some renovation is required. There are four classrooms: two designated for nursing and the remaining two for GE and science classes (wet lab). The program director and assistant director will have private offices. Faculty offices will be in cubicles in one large office. The existing VN skills lab (4 patient stations) will be expanded to six. The new Simulation Lab (1500square feet) will have 10 patient units and three high fidelity mannequins. The computer lab will increase the number of computers from 28 to 32. CCI is also planning on purchasing a larger and more effective virtual library in 2015. It will contain materials relevant to ADN education.

A full array of student support services is in place at CCI: Admissions, Financial Aid, Student Services Department, Career Services Department, Student Success Seminars, tutoring, and student advising.

CCI plans to hire four full time and two part time faculty to teach the didactic portion of the program. Clinical faculty will be hired to maintain a one to eight faculty student ratio in the clinical area. The one exception is the Pediatric clinical rotations which will require additional faculty.

Budget

CCI has sufficient fiscal resources to sustain the new RN program. The tuition for the CCI ADN program will be \$62,500.

Funds to develop and support initial program implementation come from corporation savings. It is expected that the program will be self-sufficient in its third year of operation. CCI has an annual reserve fund of \$1,000,000.

Clinical Placements

The CCI FS includes Facility Verification Forms from nine health care facilities. They are:

Glendale Adventist Medical Center (acute care; average daily census 325-420; MS, OB, Psych, and Geri placements);

San Joaquin Community Hospital (acute care; average daily census 245; MS, OB, and Peds placements);

Perris Valley Clinica Medica Famillia (average daily census 100; OB and Peds outpatient);

Ena Rideau Johnson Family Home – (six-bed subacute pediatric facility; average daily census 3; Peds placement);

San Fernando Post Acute Hospital (SNF/Subacute; average daily census 195; MS and Geri placements);

Antelope Valley Care Center (SNF; average daily census 100; Geri placement);

Mayflower Gardens Convalescent Hospital (SNF; average daily census 48; Geri placement);

Landmark Medical Center (institute for mental disease, average daily census 95 adults with acute and chronic psychiatric diagnosis; Psych placement);
Tehachapi Valley Healthcare District (Critical Access Hospital; average daily census, 14 LTC and two to three acute care; MS and Geri placements).

The FS also included a letter from Antelope Valley which denied clinical placement at this time due to a construction project.

The FS demonstrated inpatient clinical placement for all BRN required clinical areas (MS, OB, Psych, Peds, and Geri).

Currently, the LA County region does not have a public clinical placement consortium. CCI has made contact with the California Institute for Nursing and Health Care (CINHC) which administers a centralized clinical placement service for LA. Not all schools of nursing or health care facilities in LA use this service which requires an annual membership fee (\$1758). Once a school of nursing is established it can apply for membership. CCI will evaluate if this service would be beneficial after BRN approval of the new RN program.

Conclusion

The Career Care Institute Feasibility Study meets all BRN Feasibility Study requirements. Remaining concerns for the Self Study phase of the initial approval of new RN programs include: NCLEX-PN pass rates and Council of Occupational Education accreditation.

NEXT STEPS: Notify the program of Board action.

PERSON(S) TO CONTACT: Carol Mackay, RN, MN
Nursing Education Consultant



July 10, 2013

Corrine O. Stevens, RN, BSN, MSN, PHN
Career Care Institute
43770 15th Street West, Suite 115
Lancaster, CA 93534

RE: Career Care Institute Feasibility Study dated April 9, 2013 for an Associate Degree Nursing Program

Dear Ms. Stevens,

The following is in reference to the Career Care Institute (CCI) Feasibility Study (FS) dated April 9, 2013. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the Career Care Institute Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*. In order to meet outstanding requirements, the following additional information is required.

(Please note, a major portion of the April 9, 2013 CCI-FS was a copy with few changes of the CCI-FS submitted to the BRN on March 11, 2010. This was problematic for two reasons: the deficiencies in the 3/10/2010 FS were not addressed, and the 4/9/2013 CCI-FS did not utilize the Board's current *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*.)

Description of the Institution

What is the organizational structure at Career Care Institute's main campus in Lancaster? Please attach an organizational chart.

What is the current student enrollment at CCI Lancaster campus?

With respect to the health related programs offered on CCI Lancaster campus, what is the current number of enrolled students by program, the most recent number of graduates by program, and if applicable, the number and type of degrees awarded. Also, if any of the health related programs have a licensing or certification exam, please provide information on pass rates for these exams for the past five years.

Accreditation

In addition to Accreditation by the Bureau of Health Education Schools (ABHES), who are the accrediting bodies for Career Care Institute and its programs? Please provide official verification of accreditation(s), as well as the current status of all accreditation(s). Also, if there are any problems related to your accreditation(s), please explain.

Does CCI currently award any degrees for its programs?

Has CCI applied to the BPPE for approval of an associate degree nursing program? If yes, what is the status of this application? What degree do you plan to award?

Geographic Area

What are the health care needs of the current and future residents of the Antelope Valley area of Los Angeles?

Start Date

Please adjust the program's start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

Applicant Pool

Please provide a description of the anticipated applicants for the generic track and advanced placement track. Are these applicant pools sustainable? Has CCI collected statistics on individuals interested in the proposed program?

Curriculum

The CCI FS presents two different proposals for the curriculum: the first curriculum proposal follows the first Tab in the FS labeled Curriculum; and, the second curriculum proposal is found in Exhibits F and H from the March 11, 2010 FS.

The following comments refer to materials found in the FS Curriculum Tab on page 4, consider: increasing the number of semester units in semesters one and two of the proposed generic track; moving GE course(s) from semesters five and six into semesters one and two; and, reordering GE and science courses in semesters one and two. Also, please clarify the distribution of the nursing theory and clinical units in the nursing course (in some instances hours are referenced instead of units).

According to the FS Clinical Instruction Tab, the program intends to use the preceptor model for clinical instruction in Nursing 211 (the second to last medical/surgical nursing course) and in Nursing 213 (the last medical/surgical nursing course). This does not meet BRN regulations. The BRN permits the use of the preceptor instructional model in the preceptor component of the last medical/surgical nursing course in a program, but not in prior medical /surgical nursing courses (CCR Section 1426.1).

How many semester credit units (GE, Science and Nursing theory and Clinical) are included in the LVN Advance Placement track?

Where in the LVN Advanced Placement curriculum track and the 30-Unit Option track do LVN students receive instruction in geriatric nursing?

Resources

Please provide details regarding the space (classrooms, skills/simulation lab, computer lab, faculty offices, etc.) available on the CCI Lancaster campus for the proposed program's use? How will a three bed skills lab accommodate a class of 24 students? According to the FS, CCI has a simulation lab. Please describe the Simulation Lab, as well as how it will be utilized by the proposed program. How many computers are available for student use? Are these resources sufficient to accommodate the proposed program?

In addition to renovations for science labs, are there any other renovations needed on the CCI main campus to support the proposed program? Please include timeline(s) for renovation(s).

What plans does CCI Lancaster campus have for expanding its existing holdings in the library, skills/sim lab, and AV/computer lab to meet the learning needs of professional RN students?

Is the existing number of staff in the CCI student support services (Admissions, Financial Aid, etc.) adequate to accommodate the student growth related to the new program?

Faculty resources are not described in the FS. How many full-time and part-time faculty will be needed to implement the proposed program? What is the time line for hiring faculty for the program based on the evolving program needs (enrollment growth and course focus)? Also the budget proposal allows for two theory faculty and two clinical faculty, please explain.

What recruitment strategies will be used to hire faculty for the new program?

Budget

How much money has Career Care Institute allocated for ADN program development? To date, how much money has CCI spent on program development? How much more money does CCI

project will be spent before the program is ready to admit students? Please provide a breakdown of program development expenses.

Is the \$50,000 tuition and fees for generic students or LVN advanced placement students? Please clarify the tuition for both categories.

What are the projected revenues and expenses for the first five years of the program?

Tab-Exhibit I (Budget) FS indicates: “CCI will invest \$1 million dollars annually in the program for the first two years...” “By year two, CCI expects that student tuition... will offset a substantial portion of the operating expenses and will use a significant portion of the tuition revenues for program improvements...” Please reflect these monies in the projected five year budget.

What are the yearly reserve funds for the proposed program in the event of an emergency? How are these funds generated?

Clinical Facilities

The Facility Verification Forms (FS Tab: Clinical Sites) do not meet BRN requirements. Two of the three Facility Verification Forms indicated their intention to offer clinical placements to the new program, but only 3-4 students will be on the unit at one time. No clinical placement form for pediatric nursing was submitted.

The BRN requires Facility Verification Forms (EDP-I-01) to demonstrate the availability of clinical rotations in all the BRN required clinical areas (M/S, OB, Peds, Psych and Geri). Placements should be sufficient to support instruction of an average size clinical cohort (8-10 students).

Is there a regional clinical placement consortium for the Lancaster and LA area? If yes, is CCI participating in this consortium?

Next Steps

According to the BRN *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that Career Care Institute has one more opportunity to satisfactorily meet BRN requirements.

If the second CCI-FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. This may not be the next occurring ELC meeting. Placement on the ELC agenda will be decided based on the committee workload and BRN staff availability. If the second CCI-FS is unsuccessful, the entire process must be started again with a *Letter of Intent*, etc. These *Instructions* ... can be viewed on the BRN web site.

Should you decide to prepare a second Feasibility Study for Career Care Institute, the following suggestions are offered in order to assist the Board members reviewing your FS.

- Prepare a stand-alone Feasibility Study that meets all BRN requirements.
- Organize the FS according to the BRN's most recent *Instructions for Institutions ...*
- Delete reference documents, i.e. published reports, etc., from the FS.

Please submit two hard copies and one electronic version of the second Career Care Institute FS.

I trust this information is helpful. Should you have questions, please contact me.

Sincerely,

Carol Mackay, MN, RN
Nursing Education Consultant
Board of Registered Nursing
Carol_Mackay@dca.ca.gov
760-583-7844

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: February 5, 2015

ACTION REQUESTED: Vote on Whether to Change Program Approval Status for Everest College Associate Degree Nursing Program.

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:

Ruth Ngati, MSN, DNP, RN, the new Director of Nursing Program, was appointed on December 16, 2014, and started on January 8, 2015. The three assistant directors are: Aurora Gumamit, MSN, DNP, RN who was appointed December 10, 2014 ; and Jehad Abu- Kamleh, who was appointed December, 12, 2014; and Michelle Connors, who was appointed December 18, 2014 : the director and all assistant directors are meeting BRN requirements.

A non-routine site visit to Everest College was conducted on December 9, 2014, in response to the Dec. 4th letter from Dr. Sperling on the concerns related to operations of the Everest College ADN Program. The BRN staff coordinated this site visit with the Bureau of Private Postsecondary Education (BPPE). Badrieh Caraway, NEC ; Miyo Minato, SNEC ; and Roxana Aalberts of BPPE, met with the college representatives: Dr. Linda Sperling, Director; Dina Fauchet, Regional Director; and Mr. Greg Waite, Interim President Everest College and Regional Vice President of Operations. Roxana Aalberts addressed the Bureau's concerns.

The meeting focused on the compliance concerns related to nursing program director, clinical placements for current students for Spring 2015 quarter, and plans related to new Spring 2015 admission and their clinical placement that were concerns raised in the previous director's letter to the BRN.

Shortage of clinical sites for the January quarter include Care of Adult II (3 groups) and Pediatric clinical placement for one group. The lack of clinical placement is anticipated to increase in the following quarter that starts in April. The progress report also noted that the admission number for the new enrollment for January is being evaluated, pending acquiring additional clinical spaces. The program's decision will be not to admit 40 students in January unless and until all clinical sites have been identified and have signed contracts by January 5, 2015.

The changes made to the college administration, i.e., appointment of the Interim Campus President and replacement of the Administrative Assistant, have addressed concerns raised in the initial letter to the BRN. Issues related to the implementation of admission policies and procedures and transfer of credits and the responsible individuals making final decisions for the nursing program administration are being addressed and corrective actions taking place.

The progress report submitted to the program NEC in January 22, 2015, providing a detailed update on the progression of actions taken to resolve issues related to the nursing program director, the faculty, and the clinical placement. Based on the information available at the time of that meeting, Education/Licensing Committee made the following recommendations:

- Defer consideration of action regarding program approval status pending further review at the March 2015 Education/Licensing Committee meeting.
- Suspend admission of new students planned for January 2015 and forward until adequate program resources are verified and approved by the Board.

Based on the evidence presented by the program following the January 2015 ELC meeting, the program is now in full compliance with CCR Section 1424(h) - Administration/Organization-Faculty adequacy and CCR Section 1424(d) - Administration/Organization – Sufficient Resources – clinical placement for January 2015, (Medical- Surgical and Pediatric groups) and for the new student admissions (please see attached EDP-P-11 forms).

As of January 8, 2015, the program has a new program director in place and a sufficient number of qualified full-time and part-time faculty to achieve program objectives. The program hired seven new faculty in December 2014, the total number of faculty are 16 (excluding the program director)

The clinical placement issues for January 2015 Quarter, and the other upcoming Quarters have been resolved. The program's efforts have been successful in securing two additional clinical sites bringing the total clinical sites to twelve (12) to achieve program objectives. Based on the evidence submitted the program now is in full compliance with the Board rules and regulations.

NEC Recommendation: Continue approval of Everest College Associate Degree Nursing Program.

NEXT STEPS: Notify program of Board action.

PERSON(S) TO CONTACT: Badrieh Caraway, RN, MS, MEd
Nursing Education Consultant
909-599-8720

Date: December 15, 2014

To: Badrieh Caraway – Nursing Education Consultant
Miyo Minato – Supervising Nursing Education Consultant
Roxana Aalberts, BPPE program analyst

From: Linda Sperling, DHA, MSN, RN

Subject: Update to December 9, 2014 Visit

During a campus visit by the BRN and BPPE, the following concerns were addressed. This is a follow-up to provide an update to how the concerns are being addressed by Everest.

1. Campus Nursing Director – Dr. Linda Sperling will remain on as Campus Nursing Director until Friday, December 19, 2014. The students are on holiday break starting Tuesday, December 23 to January 5. Ruth Ngati has been interviewed and the plan is to have her start on January 5.
2. Assistant Campus Nursing Director – We have two BRN approved Assistant Campus Nursing Directors.
3. Clinical Placements for January 2015 Quarter-We have not been successful in securing any other clinical sites at this time but will continue to look for opportunities. The Interim Campus President has approved hiring a clinical coordinator for the nursing program. A requisition is currently in place. We will not admit 40 students in January unless and until all clinical sites have been identified and are under contract by January 5, 2015.
4. Campus President and Nursing Department Administrative Assistant administering nursing program. – Richard Mallow, past Campus President, is no longer with the company. We are currently seeking a new Campus President. Greg Waite is interim Campus President. He will review the policy/procedures being implemented at the College including the Administrative Assistant's job functions and take corrective actions that are needed. Mr. Waite has had discussions with Nursing Administrative Assistant informing her of her job description and role. She will be provided a current job description to sign and will be placed in her file. All decisions for the nursing program will be made by the Campus Nursing Director and Campus President.
5. Prior Education and Transfer Credits – The academic department is going through all previous student files as well as current potential admissions to determine that all previous transfer credits have been determined applicable to the admission of the student. The Campus President and Campus Dean will discuss the findings to ensure in the future that policies are followed.
 - a. Transfer Policy: Transfer credit shall be given for related previous education completed within the last five years. This includes the following courses:
 - Registered nursing courses from an accredited college/school of nursing
 - Other courses the school determines to be equivalent to courses in the program

Thank you for your visit and the opportunity to continue our nursing program. We will be happy to address any other issues or concerns that you may have. Please let us know if there is anything else that we can provide. We will continue to update you as we improve our situation.

Linda Sperling, DHA, MSN, RN
Campus Nursing Director
Everest College – Ontario Metro

NURSING CURRICULUM AND CLINICAL FACILITIES

(916) 322-3350

NAME OF PROGRAM: Everest College – Ontario Metro	SIGNATURE (Director of RN Program): Ruth K. Ngati, DNP, MSN, CNS, PHN
	DATE: 1/22/15

Please list all nursing subjects offered during the quarter/semester of the approval visit.

WINTER AND SUMMER TERMS													
NURSING COURSE (Name & Number)	M / S	O	C	P	M	H	G	UNITS		LEAD INSTRUCTOR (Name)	CLINICAL LAB INSTRUCTOR(S) (Name)	#STUDENTS/ SECTION	CLINICAL SITE
								LEC	LAB				
(NSG1010) Fundamentals of Nursing (Theory)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.0	0.0	Nikki Chuml	N/A	43	N/A
(NSG1015) Fundamentals of Nursing Clinical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	3.0	Nikki Chuml	Nikki Chuml Edith Amadi Denise Roberts Christine Orloff	43	<ul style="list-style-type: none"> • Kindred – Ontario • Parkview Community Hospital Medical Center
(NSG1030) Maternal Child Nursing (Theory)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.0	0.0	OB Sections: Aurora Gumamit PEDS Sections: Michelle Connors	N/A	32	N/A
(NSG 1035) Maternal Child Nursing Clinical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.0	4.0	OB: Aurora Gumamit PEDS: Michelle Connors	OB: Aurora Gumamit Eartha Reed- Sylvanus Heather Giarratano PEDS: Michelle Connors Erlinda Redoblado ** Remed. PEDS: Heather Giarratano	32	OB/PEDS: <ul style="list-style-type: none"> • Montclair Hospital Medical Center • Parkview Community Hospital Medical Center PEDS: Child Develop. Services Family Services Assoc.

(NSG 2030) Nursing Care of the Adult Client 2 (Theory)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.0	0.0	Jehad Abukamleh	N/A	48	N/A				
(NSG 2035) Nursing Care of the Adult Client 2 Clinical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	4.0	Jehad Abukamleh	Jehad Abukamleh Mikala Chislom Peter Inawat	48	<ul style="list-style-type: none"> • Montclair Hospital Medical Center • Parkview Community Hospital Medical Center 				

SPRING AND FALL TERMS												
NURSING COURSE (Name & Number)	M / S	O	C	P	G	UNITS		LEAD INSTRUCTOR (Name)	CLINICAL LAB INSTRUCTOR(S) (Name)	#STUDENTS/ SECTION	CLINICAL SITE	
						LEC	LAB					
(NSG1020) Nursing Care of the Adult Client 1 (Theory)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.0	0.0	Mikala Chislom	N/A	43	N/A	
(NSG1025) Nursing Care of the Adult Client 1 Clinical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	4.0	Mikala Chislom	Mikala Chislom Edith Amadi Denise Roberts	43	<ul style="list-style-type: none"> • Kindred – Ontario • Montclair Hospital Medical Center • Parkview Community Hospital Medical Center 	
(NSG1026) Nursing Pharmacology (Theory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.0	0.0	Nikki Chuml	Eartha Reed- Sylvanus	43	N/A	
(NSG2010) Mental Health Nursing (Theory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.0	0.0	Theodore Creekmur	N/A	32	N/A	
(NSG 2015) Mental Health Nursing Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	3.0	Theodore Creekmur	Theodore Creekmur Darlene Levy Mary Khristeen Isidro	32	<ul style="list-style-type: none"> • Patton State Hospital • Pacific Grove Hospital 	
(NSG2020) Contemp. NSG in Community Settings (Theory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.0	0.0	Michelle Connors	N/A	32	N/A	

(NSG 2025) Contemp. NSG in Community Settings Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	3.0	Michelle Connors	Michelle Connors Heather Giarratano	32	<ul style="list-style-type: none"> San Bernardino County Public Health Linda Valley Villa Mainstream Center's Inc. Child Develop. Services Family Service Assoc.
(NSG 2040) Advanced Nursing Care (Theory)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.0	0.0	Jehad Abukamleh	N/A	48	N/A
(NSG 2045) Advanced Nursing Care Clinical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.0	4.0	Jehad Abukamleh	Jehad Abukamleh Christine Orloff Peter Inawat Stephanie Zappia	48	<ul style="list-style-type: none"> Montclair Hospital Medical Center Parkview Community Hospital Medical Center Kindred – Ontario
(NSG 2050) Nursing Leadership and Management (Theory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.0	0.0	Aurora Gumamit	N/A	48	N/A
(NSG 2055) Nursing Leadership and Management Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.0	3.0	Aurora Gumamit	Aurora Gumamit Eartha Reed- Sylvanus	48	<ul style="list-style-type: none"> Montclair Hospital Medical Center Parkview Community Hospital Medical Center Kindred – Ontario San Bernardino County Public Health
(NSG2065) Nursing Seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.0	0.0	Nikki Chuml	N/A	48	N/A

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: January 8, 2015

ACTION REQUESTED: Vote On Whether To Recommend Granting An Extension Of The Deadline For Initial Program Approval Until June 2015 For Four-D College Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Rosemary Haggins, DHA, RN, Director of Nursing was approved as BRN Program Director 6-27-2013. The Board voted at its May 19, 2010 meeting to accept the Feasibility Study for Four-D College Associate Degree Nursing Program. The Board subsequently issued a letter to the college from the action voted at its February 6, 2013 meeting specifying the actions and timeline for the establishment of the program. The letter is attached and states in part; "If Board acceptance of the Self-Study and enrollment of students has not occurred by February 2015, the Four-D College Associate Degree Nursing Program application for new program approval will be considered abandoned".

The approval process steps are specified in the, Instructions For Institutions Seeking Approval of New Prelicensure Registered Nursing Program (Business and Professions Code Section 2786; California Code of Regulations Sections 1421, 1422, and 1423) (Effective 10/21/10), and is attached. Step 7 (Self-Study Report and Site Visit) of this document states that, "At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations".

The BRN received first Self-Study report for the proposed program on November 12, 2014. The Nursing Program Initial Approval Application & Cover Data Sheet indicates a proposed start date of March 16, 2015 for generic and LVN to RN Option Students.

NECs (S. Ward, M. Minato) met with college and the proposed program representatives on 11/2/10 to clarify questions about the initial program approval process requirements. The assigned NEC has maintained ongoing communication with program and college representatives since that time. The Self-Study report is under review by the NEC. The proposed prelicensure program will not be able to be initiated by February 2015.

Education/Licensing Committee Recommendation:
Grant an extension of the deadline for initial program approval to June 2015 with the condition that if initial approval is granted the program will be prepared to begin enrolling students no later than September 2015.

NEXT STEPS: Notify school of Board action.
PERSON(S) TO CONTACT: Shelley Ward, M.P.H., R.N., NEC
Nursing Education Consultant

BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 / www.m.ca.gov

Louise Bailey, MEd, RN, Interim Executive Officer



May 20, 2010

Ms. Linda Smith, RN
President and CEO
Four D College
1020 East Washington Street
Colton, CA 92324

Dear Ms. Linda Smith:

The Board of Registered Nursing, at its May 19, 2010 meeting in Costa Mesa, California voted the following action:

“To accept the Feasibility Study for Four D College Associate Degree Nursing Program.”

The assigned consultant to Four D College is Miyo Minato, who will assist your program with the next phase of the initial approval process. The contact telephone number is 323-890-9950 and e-mail address is miyo_minato@dca.ca.gov. If further assistance is needed, feel free to contact your nursing education consultant.

Sincerely,

BOARD OF REGISTERED NURSING

A handwritten signature in blue ink that reads "Miyo Minato".

Miyo Minato, MN, RN
Nursing Education Consultant



March 7, 2013

Linda L. Smith
President/CEO
Four-D College
1020 East Washington Street
Colton, CA 92324

Re: NEW PRELICENSURE NURSING PROGRAM PROPOSAL

Dear Ms. Smith:

The Board of Registered Nursing, at its February 6, 2013 meeting in Garden Grove, California voted the following action:

“BRN staff are directed to enforce Section 1421(a)(4) After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.”

The Board is allowing a two-year period for schools with new prelicensure nursing program proposals currently in process to comply with submission of an acceptable Self-Study and begin student enrollment in the program. If Board acceptance of the Self-Study and enrollment of students has not occurred by February 2015, the Four-D College Associate Degree Nursing Program application for new program approval will be considered abandoned. The school would need to begin the new program proposal process anew with submission of a Letter of Intent if that is desired.

Please feel free to contact Shelley Ward, NEC, at (818) 558-5062 with any questions.

Sincerely,

BOARD OF REGISTERED NURSING

A handwritten signature in blue ink that reads 'Miyo Minato'.

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Shelley Ward, NEC



**INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW
PRELICENSURE REGISTERED NURSING PROGRAM
(Business and Professions Code Section 2786;
California Code of Regulations Sections 1421, 1422, and 1423)
(Effective 10/21/10)**

PURPOSE

The Instructions specify the requirements and process for an institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

STEPS IN THE APPROVAL PROCESS

In accordance with B&PC section 2786(a), the program applicant must be an institution of higher education or affiliated with an institution of higher education (hereafter referred to as affiliated institution). Affiliated institutions must make an agreement with an institution of higher education in California in the same general location, i.e., within 50 miles, to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program. *An institution that wishes to start a new program must meet this requirement prior to submission of an application.*

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master's, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.

STEP 2 –Submit Feasibility Study

Submit a feasibility study to the BRN documenting the need for the program and the program applicant's ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

- a) Description of the institution and the institution's experience providing nursing or other health-related educational programs. The description must include:
 1. History, organizational structure and programs (attach an organization chart), funding sources
 2. Accreditation status and history, (i.e., date of initial accreditation, denials, revocations, warnings) for the institution and any programs offered by the institution
 3. Type of nursing or other health-related programs including number: of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency
 4. If the applicant does not have a nursing program or other health-related programs, provide a statement related to the processes and resources it will utilize to start and sustain a prelicensure registered nursing program.
- b) Geographic area (community) served by the institution and a description of the community and its population.
- c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master's, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.
- d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate, or entry level master's) within a 50-mile radius. Include a statement on plans for promoting the proposed program.
- e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. The proposed program must be at least two academic years, not less than 58 semester or 87 quarter units, and must include *all course areas* specified in CCR 1426. Consult CCR section 1426, Required Curriculum, for required subject matter. Support areas include such items as the library, skills learning lab, computer labs, simulation labs, and tutorial and counseling services.
- f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.
- g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed "Facility Verification Form" (EDP-I-01 Rev 3/10) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

Note: Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.

Include a description of your collaboration and coordination efforts with any existing registered nursing programs and any regional planning consortium.

Affiliate Program Agreement with Institution of Higher Education

An affiliate program must submit an agreement with an institution of higher education that has authority to grant an associate of arts degree or a baccalaureate or higher degree in nursing to individuals who complete an additional course of study approved by the board. The institution of higher education must be in California and within 50 miles of the nursing program. The agreement must include:

- 1) The type of degree to be conferred by the institution of higher education
- 2) The additional course of study required to obtain the degree
- 3) Process and procedures for nursing program students to enroll in the required courses
- 4) Approximate cost and timeframe for students to complete the requirements
- 5) Role and responsibility of the nursing program, institution of higher education, and the student
- 6) Resources available to students at the institution of higher education.

The program applicant may include any additional information that it believes might reasonably affect the Board's decision to accept the feasibility study.

STEP 3 – Review of Feasibility Study

It is the responsibility of the program applicant to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in the Instructions. Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks. In the event the initial review time will exceed this time period, BRN staff will notify the program applicant of the approximate time for the initial review. Priority will be given to first-time applicants for program approval.

The following action will be taken:

- 1) If BRN staff determines that the feasibility study is complete and complies with requirements specified in these Instructions, staff will submit the feasibility study to the Education /Licensing Committee (ELC), (Step 4).
- 2) If the feasibility study is deemed incomplete, staff will notify the program applicant, in writing, of any deficiencies and a date for submission of a completed feasibility study. If BRN staff deems the revised feasibility study is complete, it will be submitted to the ELC (Step 4).
- 3) If staff deems the revised feasibility study incomplete, it will be returned to the program with a written notice of the deficiencies, and will not be submitted to the ELC. The ELC and Board will be notified, at a regularly scheduled meeting, of the name of the program applicant, the return of the feasibility study, and the deficiencies that resulted in the feasibility study being returned. If the applicant still wishes to start a prelicensure registered nursing program, the applicant must restart the process at Step 1.
- 4) If the revised feasibility study is returned because it is incomplete and the applicant still wishes to seek approval of a prelicensure registered nursing program, the applicant must restart at Step 1. The Letter of Intent must include a statement summarizing the BRN staff's reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the applicant has taken.

STEP 4 –Education/Licensing Committee Recommendation on the Feasibility Study

When the feasibility study is deemed complete, it will be submitted to the Board's Education/Licensing Committee for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The BRN will notify the program applicant of the ELC meeting date at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. If the ELC defers action, the program applicant will be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and date for submission of any additional information and/or documents. The ELC considers the following criteria in determining its recommendation to the Board:

- 1) Evidence of applicant's ability to initiate and maintain a prelicensure registered nursing program.
- 2) Evidence of initial and sustainable budgetary provisions for the proposed program.
- 3) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
- 4) For affiliated institutions, the agreement with an institution of higher education within 50 miles to grant an associate of arts degree or baccalaureate or higher degree to students completing the nursing program.
- 5) Evidence of availability of clinical placements for students of the proposed program.
- 6) Plans for administrative and faculty recruitment to staff the proposed program.

STEP 5 - Board Action on the Feasibility Study

The ELC's recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. The Board meeting is also open to the public, with opportunities for public comment. The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

The following action will be taken:

- 1) Within ten (10) days after the Board decision on the feasibility study, the Board will notify the program applicant in writing of its decision.
- 2) If the feasibility study is accepted, the program applicant may proceed to Step 6.
- 3) If the feasibility study is not accepted, the Board notice will include the basis for its decision.
- 4) If action on the feasibility study is deferred, the notice shall specify what additional information and/or documents are needed from the program applicant in order for the feasibility study to be deemed complete and a due date for submission of the materials. The revised feasibility study will be considered at regularly scheduled ELC and Board meetings after the due date for submission of materials. If the revised feasibility study is not accepted, the Board will notify the applicant in writing within ten (10) days; the notice will include the basis for the Board's decision.
- 5) An applicant whose initial or revised feasibility study is not accepted, and who still wishes to seek approval of a prelicensure registered nursing program must restart with Step 1. The Letter of Intent must include a statement summarizing the Board's reason(s) for not accepting the prior feasibility study and subsequent corrective action the applicant has taken.

STEP 6 - Appointment of Program Director

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(a).

STEP 7 - Self-Study Report and Site Visit

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached *Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program* (EDP-I-19 Rev 01/09) and *Criteria and Guidelines for Self-Study* (EDP-R-03 Rev 01/09) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

STEP 8 – ELC and Board Actions related to Approval of the Proposed Program

The NEC's written report is submitted to the Board's ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

- 1) Grant initial approval;
- 2) Deny approval;
- 3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for not accepting the feasibility study or denial of initial approval.

STEP 9 - Certificate of Approval

A certificate of approval will be issued by the BRN once the Board grants initial approval.

ABANDONMENT OF APPLICATION

A program applicant who does not take any action to complete the application process within one year of submitting a Letter of Intent or receipt of notice of Board action not accepting the program's feasibility study shall be deemed to have abandoned the application.



BOARD OF REGISTERED NURSING
 PO Box 944210, Sacramento, CA 94244-2100
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Louise R. Bailey, MEd, RN, Executive Officer

FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee: Telephone Number: E-Mail Address:
Name of health care facility: Type of health care facility (Acute, OPD, SNF, etc.) Average Daily Census for the agency:	Name of Director of Nursing/Designee: Telephone Number: E-Mail Address: Address of Facility:

	Medical-Surgical	Obstetrics	Pediatrics	Psych – Mental Health	Geriatrics
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
<i>Identify shifts and days available for placement of students in the program</i>					

Provide the following information on all other schools utilizing your facility: **Attach additional sheets if needed.**

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

This agency does not have spaces to offer clinical spaces to the new program.

This agency intends to offer clinical placement(s) to this new program.

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Agency Representative completing this form

Date



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Louise R. Bailey, MEd, RN, Executive Officer



FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee: Telephone Number: E-Mail Address:
Name of health care facility: Type of health care facility (Acute, OPD, SNF, etc.) Average Daily Census for the agency:	Name of Director of Nursing/Designee: Telephone Number: E-Mail Address: Address of Facility:

	Medical-Surgical	Obstetrics	Pediatrics	Psych – Mental Health	Geriatrics
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
<i>Identify shifts and days available for placement of students in the program</i>					

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

- This agency does not have spaces to offer clinical spaces to the new program.
- This agency intends to offer clinical placement(s) to this new program.

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Agency Representative completing this form

Date

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6
DATE: February 5, 2015

ACTION REQUESTED: Vote On Whether To Approve The Education/Licensing Committee 2015-2017 Goals And Objectives

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Education/Licensing Committee goals and objectives are reviewed biennially and revised as needed. The 2013-15 ELC Goals and Objectives have been reviewed and revised to produce the attached recommended DRAFT - 2015-2017 ELC Goals and Objectives. Substantive changes include addition of Objective 1.9 under Goal 1; Objective 2.8 under Goal 2; addition of Goal 6 and related objectives; addition of Objective 7.4 under Goal 7. If approved, these goals/objectives will be applied and tracked beginning July 2015.

Education/Licensing Committee Recommendation:
Approve the Education/Licensing Committee 2015-2017 Goals And Objectives.

NEXT STEPS: Make information available to the public.

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE
2015-2017 GOALS AND OBJECTIVES**

GOAL 1

Ensure that nursing education programs meet regulatory requirements, and that the curriculum content addresses contemporary political, technical, economic, healthcare and nursing practice developments.

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if content reflects current trends in healthcare and nursing practice.
- 1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.
- 1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum, and that advanced practice education program curriculum additionally includes Article 7 Standardized Procedure Guidelines.
- 1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 Monitor nursing program curriculum structure and content for application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, the Quality and Safety Education for Nurses (QSEN) Competencies, The Essentials of Baccalaureate Education in Nursing, The Essentials of Master's Education in Nursing and other such works from established sources that present generally accepted standards.
- 1.7 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.
- 1.8 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.
- 1.9 Encourage nursing programs to schedule student attendance at a BRN disciplinary hearing when possible to increase awareness of licensure responsibilities.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support creative approaches to curriculum and instructional delivery, and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet current nursing and community needs.
- 2.2 Review Nursing Practice Act regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.

- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.4 Evaluate the use of technology in teaching activities such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.
- 2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
- 2.6 Collaborate with the BRN Nursing Practice Committee to review, evaluate and recommend revision as needed of regulations pertinent to advanced practice nursing education.
- 2.7 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.
- 2.8. Encourage programs to evaluate curriculum for inclusion of objectives and content to support learning emerging nursing roles of care coordinator, faculty team leader, informatics specialist, nurse/family cooperative facilitator, and primary care partner.

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.

- 3.1 Collaborate with the BRN contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, and publish survey results on the BRN Website.
- 3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness of their nursing education programs in preparing graduates for practice.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice nursing education programs.

- 4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors of prelicensure programs.
- 4.2 Maintain open communication and provide consultation and support services to prelicensure and advanced practice nursing programs in California.
- 4.3 Present BRN updates at COADN Directors' Meetings, annual CACN/COADN Meeting, and other venues as appropriate.
- 4.4 Conduct meetings as needed with advanced practice program directors to seek input, provide updates and foster discussions regarding current issues, regulatory reform and other topics pertinent to advanced practice in California, such as the implications of the Health Care Reform Act of 2009.

GOAL 5

Monitor and evaluate the NCLEX-RN examination construction, process and test-taker outcomes, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

- 5.1 Participate in periodic review of the NCLEX-RN examination process to ensure established security, test administration procedures and other testing standards are met.
- 5.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 5.3 Participate in NCSBN committees and conferences to maintain representation from California.
- 5.4 Monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.
- 5.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

GOAL 6

Maintain licensure and certification application processes in compliance with regulation and to ensure applicants meet all licensure and certification requirements.

- 6.1 Monitor licensure/certification activities to ensure compliance with regulations and policy, and implement improvements as needed.
- 6.2 Track and trend areas of concern regarding application/certification, and communicate significant findings to the Board and stakeholders as appropriate.
- 6.2 Continue work on implementation and improvement of the online licensure and tracking system to ensure timely, efficient and accurate processing of applications, and capability for data retrieval in report formats.
- 6.3 Provide instructions to licensure/certification applicants regarding application requirements and process.

GOAL 7

Provide ongoing monitoring of the Continuing Education (CE) Program and verify compliance with BRN requirements by licensees and providers.

- 7.1 Review and consider for approval CE provider applications to ensure regulatory compliance.
- 7.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 7.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.
- 7.4 Review existing continuing education regulation, policy and guidelines in regards to allowable continuing education topics and other identified concerns, and propose revision as needed.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: February 5, 2015

ACTION REQUESTED: 2013-2014 Annual School Survey Reports (Draft)

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:

The BRN 2013-2014 Annual School Survey was conducted from October 1, 2014 to November 17, 2014. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Center for the Health Professions at the University of California, San Francisco. The BRN received 100% participation from all of the nursing programs and we would like to thank all of the schools for their participation and prompt responses to the survey.

BRN and UCSF staff work each year with nursing program directors representing various prelicensure programs from around the state who review and edit the survey questions if needed. This allows the survey to be a current document that can be used to capture data on new and emerging trends.

The draft of the statewide Annual School Reports includes data on new and continuing student enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey.

NEXT STEPS: Finalize and publish reports.

PERSON(S) TO CONTACT: Julie Campbell-Warnock
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California Board of Registered Nursing

2013-2014 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

January 15, 2015

Prepared by:
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PREFACE

Nursing Education Survey Background

Development of the 2013-2014 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2013 through July 31, 2014. Demographic information and census data were requested for October 15, 2014.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation¹

All California nursing schools were invited to participate in the survey. In 2013-2014, 131 nursing schools offering 141 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	36	36	100%
ELM	16	16	100%
Total Programs	141	141	100%

¹ In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2013-2014 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 2013-2014, a total of 141 pre-licensure nursing programs reported students enrolled in their programs. The decline in the number of programs this year is due to the consolidation of several independent schools into one school with multiple satellite campuses. Most pre-licensure nursing programs in California are public. While the share of public programs has shown an overall decrease in the last ten years, the share of public programs has remained about the same (75%) over the past three years.

Table 2. Number of Nursing Programs, by Academic Year

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Total Nursing Programs*	109	117	130	132	138	139	145	142	143	141
ADN	76	77	82	84	86	86	89	87	88	89
BSN	24	26	32	32	36	37	39	39	40	36
ELM	9	14	16	16	16	16	17	16	15	16
Public	90	96	105	105	105	105	107	106	107	106
Private	19	21	25	27	33	34	38	36	36	35
Total Number of Schools	102	105	117	119	125	125	131	132	133	131

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

The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2013-2014, 49% of nursing programs (n=67) collaborated with another program that offered a higher degree than offered at their own program. Of nursing programs that had these collaborations in 2013-2014, 52% (n=35) had formal agreements and 69% (n=46) had informal agreements.

Table 3. Partnerships*, by Academic Year

	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Schools that partner with another program that leads to a higher degree	9	9	9	19	35	44	50	64	67
Formal collaboration								45.3%	52.2%
Informal collaboration								67.2%	68.7%
Total number of programs that reported	117	130	132	138	139	145	142	141	137

*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 number of spaces available for new students in nursing programs reached a high of 12,812 in 2008-2009 and has shown an overall decline since then with a more significant decline in 2013-2014. In 2013-2014, there were 10,691 spaces available for new students and these spaces were filled with a total of 12,365 students. This year represents the fourth consecutive year in which new student enrollments declined, after having increased every year in the five years prior to the 2010-2011 academic year. The share of nursing programs that reported filling more admission spaces than were available decreased, from 48% (n=68) in 2011-2012 to 43% (n=60) in 2013-2014. The most frequently reported reason for doing so was to account for attrition.

Table 4. Availability and Utilization of Admission Spaces, by Academic Year

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Spaces Available	9,026	10,523	11,475	11,773	12,812	12,797	12,643	12,391	12,739	10,691
New Student Enrollments	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677	13,181	12,365
% Spaces Filled with New Student Enrollments	98.9%	105.8%	110.8%	110.1%	109.2%	111.2%	110.3%	110.4%	103.5%	115.7%

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications nursing programs received in 2013-2014 decreased 16% (n=5,472) over the previous year. In 2013-2014, 58% of the 29,569 qualified applications to California nursing education programs did not enroll. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Table 5. Student Admission Applications*, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Qualified Applications	20,405	28,410	28,506	34,074	36,954	41,634	37,847	38,665	35,041	29,569
ADN	14,615	19,724	19,559	25,021	26,185	28,555	24,722	23,913	19,979	16,664
BSN	4,914	7,391	7,004	7,515	8,585	10,680	11,098	12,387	12,476	10,707
ELM	876	1,295	1,943	1,538	2,184	2,399	2,027	2,365	2,586	2,198
% Qualified Applications Not Enrolled	56.3%	60.8%	55.4%	62.0%	62.1%	65.4%	63.2%	64.6%	62.4%	58.2%

*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.

New student enrollments have been decreasing since 2009-2010 and are currently below levels seen in 2006-2007. In 2013-2014, 12,365 new students enrolled in registered nursing programs. ADN programs had a similar number of new students enroll in those programs over the last two years, while both BSN and ELM programs had enrollment declines. Both public and private programs had declines in the number of new students enrolling in their programs over the last three years. Public programs have seen their enrollments decline by 20% (n=2,019) in the last seven years, while private programs had enrollment growth until 2011-2012, when enrollment declines were experienced in those programs as well.

Table 6. New Student Enrollment by Program Type, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
New Student Enrollment	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677	13,181	12,365
ADN	6,160	7,778	8,899	8,847	9,412	8,594	7,688	7,411	7,146	7,135
BSN	2,371	2,709	3,110	3,404	3,821	4,842	5,342	5,445	5,185	4,423
ELM	395	644	700	710	755	792	909	821	850	807
Private	1,614	2,024	2,384	2,704	3,774	4,607	4,773	4,795	4,642	4,059
Public	7,312	9,107	10,325	10,257	10,214	9,621	9,166	8,882	8,539	8,306

Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2014 decreased in comparison to the previous year and is lower than any year since 2008. All program types saw decreases during this time period. Of the total student body in California's pre-license nursing programs at the time of the 2014 census, 49% (n=11,502) were in ADN programs, 45% (n=10,574) in BSN programs, and 6% (n=1,473) in ELM programs.

Table 7. Student Census Data* by Program Type, by Year

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
ADN	11,117	12,632	14,191	14,304	14,987	14,011	13,041	11,860	12,070	11,502
BSN	6,285	6,799	7,059	7,956	9,288	10,242	11,712	12,248	12,453	10,574
ELM	659	896	1,274	1,290	1,405	1,466	1,778	1,682	1,808	1,473
Total Nursing Students	18,061	20,327	22,524	23,550	25,680	25,719	26,531	25,790	26,331	23,549

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

Student Completions

Student completions declined by 5% (n=609) in 2013-2014. Both ADN and BSN programs contributed to this decline, while ELM programs had a slight increase in student completions over the last year. ADN graduates continue to represent a majority (55%) of all students completing a pre-licensure nursing program in California.

Table 8. Student Completions by Program Type, by Academic Year

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
ADN	4,769	5,351	5,885	6,527	7,075	7,690	6,619	6,162	6,164	5,916
BSN	1,664	1,861	2,074	2,481	2,788	3,157	3,330	3,896	4,364	3,998
ELM	244	316	358	572	663	665	717	756	764	769
Total Student Completions	6,677	7,528	8,317	9,580	10,526	11,512	10,666	10,814	11,292	10,683

Retention and Attrition Rates

The attrition rate among nursing programs has declined from its high of 20.5% in 2004-2005 to 13.0% in 2013-2014, one of the lowest rates in ten years. Of the 9,987 students scheduled to complete a nursing program in the 2013-2014 academic year, 77% (n=7,695) completed the program on-time, 10% (n=991) are still enrolled in the program, and 13% (n=1,301) dropped out or were disqualified from the program.

Table 9. Student Retention and Attrition, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Students Scheduled to Complete the Program	8,507	8,208	8,852	9,769	10,630	10,162	10,007	9,595	11,579	9,987
Completed On Time	6,055	6,047	6,437	7,254	7,990	7,845	7,742	7,570	9,389	7,695
Still Enrolled	710	849	996	950	1,078	928	742	631	762	991
Attrition	1,742	1,312	1,419	1,565	1,562	1,389	1,523	1,394	1,428	1,301
Completed Late [†]						615	487	435	573	657
Retention Rate*	71.2%	73.7%	72.7%	74.3%	75.2%	77.2%	77.4%	78.9%	81.1%	77.1%
Attrition Rate**	20.5%	16.0%	16.0%	16.0%	14.7%	13.7%	15.2%	14.5%	12.3%	13.0%
% Still Enrolled	8.3%	10.3%	11.3%	9.7%	10.1%	9.1%	7.4%	6.6%	6.6%	9.9%

[†]Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either retention or attrition rates.

*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 vary by program type and continue to be lowest among ELM programs and highest among ADN programs. In the last four years, attrition rates have improved in ELM programs, stayed about the same in BSN programs, and shown overall improvement in ADN programs (although there was a slight increase in the average attrition rate in these programs over the last year). In 2013-2014, the average attrition rate for ELM programs was at its lowest (4.7%) in ten years. Attrition rates in public programs have been higher than those in private programs over the past ten years. In the last year, private programs had a slight drop in their average attrition rate while public programs had an increase.

Table 10. Attrition Rates by Program Type*, by Academic Year

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
ADN	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%	18.1%	17.7%	14.0%	15.7%
BSN	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%	10.0%	9.7%	10.3%	10.3%
ELM	14.3%	5.0%	7.2%	5.6%	5.2%	5.6%	8.9%	7.3%	4.9%	4.7%
Private	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%	12.4%	10.9%	11.9%	11.4%
Public	21.2%	16.2%	17.7%	17.5%	16.0%	14.8%	15.9%	15.5%	12.5%	13.7%

*Changes to the survey that occurred in 2004-2005 and 2005-2006 may have affected the comparability of these data over time.

Retention and Attrition Rates for Accelerated Programs

Attrition rates for accelerated programs were much higher in 2010-2011 and 2012-2013 than in other years. The data for 2013-2014 show an average attrition rate of 7.9%, lower than last year's rate and lower than the 13.0% attrition rate reported for traditional programs in the same year.

Table 11. Student Retention and Attrition for Accelerated Programs*, by Academic Year

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Students Scheduled to Complete the Program	686	784	1,159	1,040	1,281	1,035	959
Completed On Time	569	674	1,059	878	1,156	875	868
Still Enrolled	88	83	71	69	53	63	15
Attrition	28	27	29	93	72	97	76
Completed Late [‡]			45	34	72	45	38
Retention Rate**	82.9%	86.0%	91.4%	84.4%	90.2%	84.5%	90.5%
Attrition Rate***	4.1%	3.4%	2.5%	8.9%	5.6%	9.4%	7.9%
% Still Enrolled	12.8%	10.6%	6.1%	6.6%	4.1%	6.1%	1.6%

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

‡Data were collected for the first time in the 2009-2010 survey. 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.

Attrition rates in accelerated programs have varied over the last seven years. Both accelerated ADN and BSN programs had better attrition rates in 2013-2014 than in 2012-2013. The average attrition rate for accelerated ADN programs was about the same as for traditional ADN programs, while accelerated BSN programs had a lower average attrition rate than traditional BSN programs.

Table 12. Attrition Rates by Program Type for Accelerated Programs*, by Academic Year

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
ADN	24.7%	18.5%	6.6%	7.9%	6.3%	21.6%	15.4%
BSN	6.8%	7.0%	5.8%	9.2%	5.4%	8.7%	5.6%

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

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years. In 2013-2014, the highest average NCLEX pass rate was for ADN graduates. All program types had declines in their NCLEX pass rates in 2013-2014 in comparison to the previous year. The NCLEX passing standard was increased in April 2013, which may have impacted the NCLEX pass rates in 2012-2013 and 2013-2014.

Table 13. First Time NCLEX Pass Rates* by Program Type, by Academic Year

	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
ADN	85.0%	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%
BSN	83.3%	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%
ELM	92.0%	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%

*NCLEX pass rates for students who took the exam for the first time in 2013-2014.

NCLEX pass rates for students graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs. While the pass rates for both types of programs have fluctuated over time, students who graduated from accelerated ADN programs had the lowest average pass rate in 2013-2014, while graduates of accelerated BSN programs had higher average pass rates than their traditional counterparts.

Table 14. First Time NCLEX Pass Rates for Accelerated Programs* by Program Type, by Academic Year

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%
BSN	89.4%	92.1%	88.5%	90.9%	89.9%	83.9%	85.7%

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

Employment of Recent Nursing Program Graduates²

The largest share of RN program graduates work in hospitals, even though this share has been decreasing from a high of 88% in 2007-2008. In 2013-2014, programs reported that 56% of graduates were employed in hospitals. The share of new graduates working in nursing in California had been declining, from a high of 92% in 2007-2008 to a low of 64% in 2012-2013. In 2013-2014, there was an increase in the share of graduates working in California, to 69%. Nursing programs reported that 14% of their 2013-2014 graduates had been unable to find employment by October 2014, which has declined slightly from that reported a year ago.

Table 15. Employment Location of 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
Hospital	80.1%	84.3%	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%
Long-term care facilities	0.8%	3.7%	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%	7.1%
Community/public health facilities	2.4%	3.4%	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%	3.7%
Other healthcare facilities	1.8%	2.9%	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%	6.0%
Pursuing additional nursing education[†]								7.1%	10.5%
Other	1.4%	6.1%	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%
Unable to find employment*					27.5%	21.8%	17.6%	18.3%	13.7%
Employed in California	77.5%	87.8%	91.5%	83.4%	81.1%	68.0%	69.6%	63.7%	68.8%

*This option was added to the survey in 2009-10.

[†] This option was added to the survey in 2012-13.

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

² Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2012-2013, on average, the employment setting was unknown for 22% of recent graduates.

Clinical Simulation in Nursing Education

Between 8/1/13 and 7/31/14, 126 of California's 131 nursing schools reported using clinical simulation³. Of the five schools not using clinical simulation, two schools plan to begin using simulation this year and three others plan to start using it next year.

Of the 126 schools that used simulation, 122 of them provided reasons for using simulation. The most frequently reported reasons for why schools used a clinical simulation center in 2013-2014 were to reinforce didactic and clinical training and clinical decision making, provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 126 schools that used clinical simulation centers in 2013-2014, 55% (n=69) plan to expand the use of simulation.

Table 16. Reasons for Using a Clinical Simulation Center*, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
To reinforce didactic and clinical training and clinical decision making							88.5%
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%	85.0%	78.9%	85.9%	83.6%
To standardize clinical experiences	80.9%	75.7%	82.5%	90.0%	85.9%	84.4%	77.9%
To check clinical competencies	69.1%	73.9%	80.7%	71.7%	74.2%	74.2%	72.1%
To make up for clinical experiences	55.9%	56.8%	62.2%	58.3%	58.6%	60.9%	65.6%
To provide interprofessional experiences					44.5%	53.1%	54.1%
To provide remediation							45.9%
To increase capacity in your nursing program	22.1%	14.4%	13.8%	16.7%	14.1%	13.3%	13.9%
To provide faculty development						21.9%	13.9%
To provide collaborative experiences between hospital staff and students					10.9%	11.7%	9.0%
Number of schools that reported reasons for using clinical simulation	68	111	116	120	128	128	122

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

Note - Blank cells indicate that those data were not requested in the given year.

³ Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Clinical Space & Clinical Practice Restrictions⁴

The number of California nursing programs reporting they were denied access to a clinical placement, unit or shift decreased to 81 programs, the lowest in four years. Just under half of all nursing programs in the state (43%, n=61) indicated they were denied access to clinical placements, while 40% (n=57) were denied access to clinical units and 24% (n=34) were denied access to a clinical shift during the 2013-2014 academic year. The clinical site offered fewer alternatives for lost placements and units in 2013-2014 than in the previous three years but offered about the same number of alternative shifts. Access to an alternative clinical site depended on the type of space denied. A quarter of programs denied clinical placement were offered an alternative, compared to 47% of programs denied a clinical unit, and 74% of programs denied a clinical shift. The lack of access to clinical space resulted in a loss of 293 clinical placements, 118 units and 48 shifts, which affected 2,195 students.

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

	2010- 2011	2011- 2012	2012- 2013	2013- 2014
Number of Programs Denied a Clinical Placement, Unit or Shift	93	85	90	81
Programs Denied Clinical Placement	72	65	70	61
Programs Offered Alternative by Site	17	21	23	15
Placements Lost	270	266	227	293
Number of programs that reported	142	140	143	141
Programs Denied Clinical Unit	66	65	62	57
Programs Offered Alternative by Site	35	29	31	27
Units Lost	118	131	106	118
Number of programs that reported	142	139	143	141
Programs Denied Clinical Shift	41	37	39	34
Programs Offered Alternative by Site	31	31	24	25
Shifts Lost	77	54	133	48
Number of programs that reported	141	139	143	141
Total number of students affected	2,190	1,006	2,368	2,195

⁴ 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.

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason has been declining since 2009-2010.

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

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	54.5%	46.9%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%
Closure, or partial closure, of clinical facility		23.7%	25.9%	26.7%	25.9%
No longer accepting ADN students	26.0%	16.1%	21.2%	20.0%	23.5%
Implementation of Electronic Health Records system			3.5%	32.3%	22.2%
Visit from Joint Commission or other accrediting agency				21.1%	21.0%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%
Change in facility ownership/management		11.8%	12.9%	21.1%	14.8%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.5%	11.1%
Facility moving to a new location					6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay					4.9%
Other	20.8%	9.7%	10.6%	11.1%	11.1%
Number of programs that reported	77	93	85	90	81

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.

Reasons for lack of access to clinical space vary by program, although one of the predominant reasons among all program levels remains competition from the increased number of nursing students. Staff nurse overload/insufficient qualified staff was also a frequently cited reason by all program types, and the most frequently reported reason for ELM programs. About one-third of ADN programs reported that clinical sites no longer accepting ADN students was a reason for losing clinical space. While 4.9% of nursing programs reported that the facility began charging a fee for the placement, only one nursing program reported paying a fee for a clinical placement. That program offered to pay the fee and was not asked by the facility to do so.

Table 19. Reasons for Clinical Space Being Unavailable, by Program Type, 2013-2014

	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	46.4%	47.4%	50.0%	46.9%
Staff nurse overload or insufficient qualified staff	44.6%	42.1%	66.7%	45.7%
Displaced by another program	46.4%	42.1%	16.7%	43.2%
Decrease in patient census	21.4%	42.1%	50.0%	28.4%
Closure, or partial closure, of clinical facility	21.4%	31.6%	50.0%	25.9%
No longer accepting ADN students	33.9%	0.0%	0.0%	23.5%
Implementation of Electronic Health Records system	16.1%	31.6%	50.0%	22.2%
Visit from Joint Commission or other accrediting agency	19.6%	15.8%	50.0%	21.0%
Nurse residency programs	16.1%	26.3%	16.7%	18.5%
Change in facility ownership/management	10.7%	26.3%	16.7%	14.8%
Clinical facility seeking magnet status	16.1%	0.0%	0.0%	11.1%
Facility moving to a new location	5.4%	10.5%	0.0%	6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	1.8%	10.5%	16.7%	4.9%
Other	12.5%	10.5%	0.0%	11.1%
Number of programs that reported	56	19	6	81

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (67%) or at a new clinical site (57%). The share of schools replacing the lost placement with a new clinical site has been increasing since 2011-2012. Reducing student admission is an uncommon practice for addressing the loss of clinical space.

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

	2011-2012	2012-2013	2013-2014
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%
Added/replaced lost space with new site	48.2%	53.3%	56.8%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%
Clinical simulation	29.4%	34.4%	32.1%
Reduced student admissions	8.2%	2.2%	7.4%
Other	9.4%	4.4%	1.2%
Number of programs that reported	85	90	81

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

Forty-one (29%) nursing programs in the state reported an increase in out-of-hospital clinical placements in 2013-2014. For the last three years, the most frequently reported non-hospital clinical site to see an increase in placements was a public health/community health agency, reported by 54% of all responding programs in 2013-2014. Skilled nursing/rehabilitation facilities are also common alternatives for hospital clinical placements. Since 2010-2011, the shares of nursing programs using hospice sites and school health service as alternatives for hospital placements have been increasing.

Table 21. Alternative Clinical Sites* Offered to RN Programs that Lost Clinical Space, by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014
Public health or community health agency	43.6%	51.8%	55.0%	53.7%
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%
School health service (K-12 or college)	30.9%	30.4%	22.5%	39.0%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	34.1%
Home health agency/home health service	30.9%	32.1%	35.0%	29.3%
Hospice	25.5%	25.0%	27.5%	29.3%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	19.5%
Case management/disease management	7.3%	12.5%	5.0%	12.2%
Urgent care, not hospital-based	9.1%	12.5%	5.0%	7.3%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%
Occupational health or employee health service	5.5%	5.4%	0%	2.4%
Other				12.2%
Number of programs that reported	55	56	40	41

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

In 2013-2014, 71% (n=93) of 131 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and access to bar coding medication administration. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 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
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%
Student health and safety requirements		39.0%	43.6%	45.3%	43.0%
Some patients due to staff workload		31.0%	37.6%	30.5%	41.9%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%
Number of schools that reported	94	100	101	95	93

*Data collected for the first time in 2009-2010.

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

Schools reported that restricted student access to electronic medical records was due to insufficient time for clinical site staff to train students (69%) and clinical site staff still learning the system (68%). Schools reported that students were restricted from using medication administration systems due to liability (61%) and limited time for clinical staff to train students (42%).

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

	Electronic Medical Records	Medication Administration
Insufficient time to train students	68.8%	41.7%
Staff still learning and unable to assure documentation standards are being met	67.5%	33.3%
Liability	46.8%	61.1%
Staff fatigue/burnout	35.1%	34.7%
Cost for training	32.5%	22.2%
Patient confidentiality	31.2%	16.7%
Other	15.6%	16.7%
Number of schools that reported**	77	72

*Data collected for the first time in 2013-2014.

**Schools that reported EMR or MA as uncommon, common, or very common restrictions for students in clinical practice reported reasons why access was restricted. Schools that reported these restrictions as very uncommon or NA did not report these data.

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

Schools compensate for training in areas of restricted student access by providing training in SIM lab (81%) and in the classroom (63%) and ensuring that all students have access to sites that train them in the area of restricted access (55%).

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

	% Schools
Training students in the SIM lab	81.1%
Training students in the classroom	63.2%
Ensuring all students have access to sites that train them in this area	54.7%
Purchase practice software, such as SIM Chart	41.1%
Other	9.5%
Number of schools that reported	95

*Data collected for the first time in 2013-2014.

*Faculty Census Data*⁵

The total number of nursing faculty continues to increase. On October 15, 2014, there were 4,204 total nursing faculty⁶. Of these faculty, 36% (n=1,498) were full-time and 62% (n=2,619) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2014, schools reported 432 vacant faculty positions. These vacancies represent a 9.3% faculty vacancy rate overall (11.9% for full-time faculty and 8.1% for part-time faculty), which is the highest vacancy rate reported in ten years.

Table 25. Faculty Census Data, by Year

	2005*	2006*	2007*	2008	2009	2010	2011	2012	2013*	2014*
Total Faculty	2,432	2,723	3,282	3,471	3,630	3,773	4,059	4,119	4,174	4,204
<i>Full-time</i>	930	1,102	1,374	1,402	1,453	1,444	1,493	1,488	1,521	1,498
<i>Part-time</i>	959	1,619	1,896	2,069	2,177	2,329	2,566	2,631	2,640	2,619
Vacancy Rate**	6.0%	6.6%	5.9%	4.7%	4.7%	4.9%	4.9%	7.9%	5.9%	9.3%
<i>Vacancies</i>	154	193	206	172	181	196	210	355	263	432

*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)

⁵ Census data represent the number of faculty on October 15th of the given year.

⁶ 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 California nursing schools.

In 2013-2014, 99 of 131 schools (76%) reported that faculty in their programs work an overloaded schedule, and 95% (n=94) of these schools 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
Schools with overloaded faculty	81	84	85	87	94	99
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.0%
Total number of schools	125	125	131	132	133	131

*These data were collected for the first time in 2008-09.

DRAFT

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 109 programs in 2004-2005 to 141 programs in 2013-2014. In the past nine years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree increased from 9 to 67.

After a three-year period of declining availability of admission spaces, California RN programs reported an increase in admission space available in 2012-2013, followed by a decrease to 10,691 admission spaces in 2013-2014. New student enrollments increased by 60% in the ten-year period between 2004-2005 and 2009-2010, but have been declining since then. In each of the past four years California's pre-licensure nursing programs have reported fewer new student enrollments than the previous year. While nursing programs continue to receive more qualified applications than they can admit, qualified applications have decreased by 24% (n=9,096) since 2011-2012. This decline was due to fewer qualified applications to ADN programs.

Pre-licensure RN programs reported a 60% increase in student completions over the last ten years, to a total of 10,683 completions in 2013-2014. After five consecutive years of growth in the number of graduates from California nursing programs, programs reported fewer students graduating from their programs in 2010-2011 compared to the previous year. Between 2010-2011 and 2012-2013, the number of graduates increased modestly, followed by a 5% decline in student completions in the last year.

The 2012-2013 retention rate of 81% was the highest in the past ten years and declined slightly in 2013-2014 to 77%. If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 14% of new nursing program graduates were unable to find employment, which is a decline from the high of 28% in 2009-2010.

Clinical simulation has become widespread in nursing education, with 96% (n=126) of schools reporting using it in some capacity. It is seen by schools as an important tool for reinforcing didactic and clinical training and clinical decision making, providing clinical experiences that are otherwise not available to students, and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing an increase in out-of-hospital clinical placements and programs continuing to report being denied access to clinical placement sites that were previously available to them. In addition, the majority of schools – 71% in 2013-2014 – reported that their students had faced restrictions to specific types of clinical practice.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has increased by 73% in the past ten years, from 2,432 in 2005 to 4,204 in 2014, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2014, 432 faculty vacancies were reported, representing an overall faculty vacancy rate of 9.3% (11.9% for full-time faculty and 8.1% for part-time faculty). This vacancy rate is the highest reported in the last ten years.

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American River College	Los Angeles Valley College
Antelope Valley College	Los Medanos College
Bakersfield College	Mendocino College
Butte Community College	Merced College
Cabrillo College	Merritt College
Cerritos College	Mira Costa College
Chabot College	†Modesto Junior College
Chaffey College	Monterey Peninsula College
Citrus College	Moorpark College
City College of San Francisco	Mount Saint Mary's College
CNI College	Mount San Antonio College
College of Marin	Mount San Jacinto College
College of San Mateo	Napa Valley College
College of the Canyons	Ohlone College
College of the Desert	†Pacific Union College
College of the Redwoods	Palomar College
College of the Sequoias	Pasadena City College
Contra Costa College	Pierce College
Copper Mountain College	Porterville College
Cuesta College	Rio Hondo College
Cypress College	Riverside City College
De Anza College	Sacramento City College
East Los Angeles College	Saddleback College
El Camino College - Compton Education Center	San Bernardino Valley College
El Camino College	San Diego City College
Everest College	San Joaquin Delta College
Evergreen Valley College	San Joaquin Valley College
Fresno City College	Santa Ana College
Glendale Community College	Santa Barbara City College
Golden West College	Santa Monica College
Grossmont College	Santa Rosa Junior College
Hartnell College	Shasta College
Imperial Valley College	Shepherd University
ITT Technical Institute	Sierra College
Kaplan College	Solano Community College
Long Beach City College	Southwestern College
Los Angeles City College	*Stanbridge College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Southwest College	West Hills College Lemoore
Los Angeles Trade-Tech College	†Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
 Carrington College
 College of the Siskiyous
 Gavilan College

Mission College
 Reedley College at Madera Community
 College Center
 Unitek College

BSN Programs (36)[†]

American University of Health Sciences
 †Azusa Pacific University
 Biola University
 California Baptist University
 CSU Bakersfield
 †CSU Channel Islands
 CSU Chico
 CSU East Bay
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 CSU Northridge
 CSU Sacramento
 CSU San Bernardino
 †CSU San Marcos
 †CSU Stanislaus
 Concordia University Irvine
 Dominican University of California

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

ELM Programs (16)

†Azusa Pacific University
 California Baptist University
 CSU Dominguez Hills
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 Charles R. Drew University

†Samuel Merritt University
 †San Francisco State University
 *United States University
 University of California Los Angeles
 University of California San Francisco
 University of San Diego
 University of San Francisco
 Western University of Health Sciences

† Reported student data for satellite campuses

* - New programs in 2013-2014

[†] - In 2013-2014, the 3 programs at West Coast University were consolidated into one main campus with 2 satellite campuses and Humboldt State University graduated its last cohort of BSN students in 2012-2013, reducing the total number of BSN programs.

APPENDIX B – BRN Education Issues Workgroup Members

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2013-2014 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

January 15, 2015

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PREFACE

Nursing Education Survey Background

Development of the 2013-2014 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

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

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2013 through July 31, 2014. Demographic information and census data were requested for October 15, 2014.

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

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

Availability of Data

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

Value of the Survey

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

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

Survey Participation¹

All California nursing schools were invited to participate in the survey. In 2013-2014, 131 nursing schools offering 141 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	82	82	100%
LVN to ADN	7	7	100%
BSN	36	36	100%
ELM	16	16	100%
Total Programs	141	141	100%

¹ In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs²

- 63% of California pre-licensure nursing programs that reported data are ADN programs.

Table 2. Number of California RN Programs by Program Type

	#	%
ADN	82	58.2%
LVN to ADN	7	5.0%
BSN	36	25.5%
ELM	16	11.4%
Total	141	100%

Applications to California Nursing Programs

- 43% of the 29,569 qualified applications to pre-licensure nursing education programs received in 2013-2014 were accepted. Since these data represent applications – and an individual can apply to multiple nursing programs – the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- ADN programs had the highest percentage of qualified applications *not* accepted

Table 3. Applications* for Admission by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total Applications Received	25,765	843	21,613	3,714	51,935
Screened	21,155	693	17,647	3,348	42,843
Qualified	16,242	422	10,707	2,198	29,569
Accepted	6,516	278	5,029	982	12,805
% Qualified Applications Accepted	40.1%	65.9%	47.0%	44.7%	43.3%

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

² In this 2014 report there are 131 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=141) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2013-2014 survey, 131 nursing schools reported data for 141 pre-licensure programs at 162 different locations.

Number of Students who Enrolled in California Nursing Programs

- Of the total number of applications accepted to RN programs, an average of 97% of students enrolled. ELM programs had the lowest share of students enroll into programs for which they were accepted (82%), while both ADN and LVN to ADN programs enrolled more students than they accepted. Some ADN and LVN to ADN programs reported that they enrolled students who had applied in a previous application cycle and were still on the waitlist prior to accepting additional applications for admission. Other schools reported accepting new applications during this enrollment cycle but offered enrollment to students on the waitlist prior to those who applied more recently.
- As in recent years pre-licensure nursing programs enrolled more students in 2013-2014, overall, than the number of admission spaces that were available.
- 43% (n=60) of pre-licensure programs reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

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

	ADN	LVN to ADN	BSN	ELM	Total
Applications Accepted	6,516	278	5,029	982	12,805
New Student Enrollments	6,834	301	4,423	807	12,365
% Accepted Applications that Enrolled	104.9%	108.3%	87.9%	82.2%	96.6%

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

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,338	299	3,262	792	10,691
New Student Enrollments	6,834	301	4,423	807	12,365
% Spaced Filled with New Students Enrollments	107.8%	100.7%	135.6%	101.9%	115.7%

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- Approximately 12% of admission spaces (n=1,269) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2013-2014, 16% (n=1,023) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 85% of these 1,023 supported spaces were the result of grant funding.

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

	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,338	299	3,262	792	10,691
% Supported by Donor Partners	2.4%	0%	3.7%	0%	2.5%
% Supported by Grants	13.8%	24.1%	1.6%	0%	9.3%

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students

- 60% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ADN programs enrolled the greatest share of Hispanic students (25%).

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

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.5%	0.8%	0.5%	1.4%	0.6%
Asian	13.0%	8.8%	21.9%	24.7%	16.9%
Asian Indian	1.2%	9.6%	3.0%	0.7%	2.1%
Filipino	8.6%	13.1%	6.6%	2.1%	7.6%
Hawaiian/Pacific Islander	1.3%	8.1%	3.4%	1.1%	2.2%
African American	5.6%	6.5%	3.8%	1.8%	4.8%
Hispanic	25.3%	9.6%	14.5%	19.6%	20.6%
Multi-race	2.2%	0.4%	4.1%	8.1%	3.3%
Other	2.9%	3.5%	1.7%	0.1%	2.3%
White	39.3%	39.6%	40.4%	40.3%	39.7%
Total	6,270	260	4,249	713	11,492
Ethnic Minorities*	60.7%	60.4%	59.6%	59.7%	60.3%
# Unknown/ unreported	564	41	174	94	873

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

Gender Distribution of Newly Enrolled Nursing Students

- 19% of students who enrolled in a pre-licensure program for the first time were male.
- Generic ADN and BSN programs have greater shares of men enrolling in their programs for the first time than LVN to ADN or ELM programs.

Table 7. Gender Distribution of Newly Enrolled Nursing Students by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Male	20.6%	12.5%	17.6%	15.9%	19.0%
Female	79.4%	87.5%	82.4%	84.1%	81.0%
Total	6,713	279	4,403	807	12,202
# Unknown/ unreported	121	22	20	0	163

Age Distribution of Newly Enrolled Nursing Students

- 68% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

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

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	2.0%	0.0%	17.7%	0.0%	7.8%
21 – 25 years	26.8%	19.3%	42.2%	32.1%	33.8%
26 – 30 years	28.7%	31.9%	18.8%	30.7%	26.4%
31 – 40 years	26.7%	25.9%	11.0%	20.3%	21.5%
41 – 50 years	10.9%	11.3%	3.7%	6.8%	8.4%
51 – 60 years	2.7%	3.3%	0.5%	1.6%	1.9%
61 years and older	0.2%	0.3%	0.0%	0.0%	0.1%
Total	6,698	277	4,152	739	11,866
# Unknown/ unreported	136	24	271	68	499

Newly Enrolled Students by Degree Type

- The majority (55%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Table 9. Newly Enrolled Students by Degree Type

	% Enrollment
ADN	55.3%
LVN to ADN	2.4%
BSN	35.8%
ELM	6.5%
Total	12,365

Newly Enrolled Students by Program Track

- 80% of all newly enrolled nursing students are in the generic program track.
- 17% of BSN students are enrolled in an accelerated track.

Table 10. Newly Enrolled Students by Program Track

	ADN	LVN to ADN	BSN*	ELM*	Total
Generic	83.4%	0.0%	77.0%	100.0%	80.1%
Advanced Placement	13.2%	99.7%	3.8%	0.0%	11.2%
Transfer	0.6%	0.0%	2.3%	0.0%	1.2%
30-Unit Option	0.2%	0.3%	0.0%	0.0%	0.1%
Accelerated	2.6%	0.0%	16.8%	0.0%	7.5%
Total	6,834	301	4,415	752	12,302

*The program track was not reported for all students in BSN and ELM programs.

Newly Enrolled Students Concurrently Enrolled in an ADN to BSN Program

- 22 programs reported enrolling a total of 268 students in an ADN to BSN program in which students are concurrently enrolled in both programs.

Table 11. New Students Enrolling in ADN to BSN Programs

	ADN	LVN to ADN	BSN	Total
# Students Concurrently Enrolled	204	8	56	268
# Programs	19	1	2	22

Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2014, a total of 23,549 nursing students were enrolled in a California nursing program that leads to RN licensure.
- Generic ADN programs had the greatest share of students enrolled, at 47% of all nursing students enrolled on October 15, 2014.

Table 12. Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	11,174	328	10,574	1,473	23,549

Ethnic Distribution of Nursing Student Census Data

- Overall, 61% of students enrolled in a pre-licensure nursing program as of October 15, 2014 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the LVN to ADN level (63% of all students enrolled in a LVN to ADN program).
- Generic ADN programs had the greatest share of Hispanic students (26%).

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

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.7%	0.7%	0.7%	0.9%	0.7%
Asian	12.2%	6.9%	23.7%	24.4%	18.1%
Asian Indian	1.3%	11.1%	1.9%	0.7%	1.6%
Filipino	8.5%	11.5%	6.9%	1.5%	7.4%
Hawaiian/Pacific Islander	1.0%	3.1%	3.1%	1.2%	2.0%
African American	5.1%	4.9%	3.6%	8.8%	4.6%
Hispanic	25.7%	16.7%	17.2%	18.1%	21.3%
Multi-race	2.9%	4.5%	3.9%	6.3%	3.6%
Other	2.8%	3.5%	1.4%	0.5%	2.0%
White	39.9%	37.2%	37.7%	37.6%	38.7%
Total	10,511	288	10,007	1,378	22,184
Ethnic Minorities*	60.1%	62.8%	62.3%	62.4%	61.3%
# Unknown/unreported	663	40	567	95	1,365

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

Gender Distribution of Nursing Student Census Data

- Men represented 19% of all students enrolled in a pre-licensure nursing program as of October 15, 2014.
- Generic ADN programs had the greatest share of men enrolled.

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

	ADN	LVN to ADN	BSN	ELM	Total
Male	19.7%	15.7%	17.6%	16.5%	18.5%
Female	80.3%	84.3%	82.4%	83.5%	81.5%
Total	10,986	306	10,552	1,457	23,301
# Unknown/unreported	188	22	22	16	248

Age Distribution of Nursing Student Census Data

- 70% of students enrolled in a pre-licensure nursing program as of October 15, 2014 were younger than 31 years old.

Table 15. Age Distribution of Nursing Student Census Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	1.1%	0.0%	19.1%	0.0%	9.0%
21 – 25 years	27.6%	23.4%	48.5%	28.3%	36.9%
26 – 30 years	29.3%	28.9%	16.7%	39.3%	24.3%
31 – 40 years	28.1%	28.9%	11.2%	23.5%	20.3%
41 – 50 years	11.5%	14.1%	3.6%	7.4%	7.8%
51 – 60 years	2.3%	3.8%	0.8%	1.4%	1.6%
61 years and older	0.1%	1.0%	0.1%	0.0%	0.1%
Total	10,813	291	10,054	1,396	22,554
# Unknown/ unreported	361	37	520	77	995

Declared Disabilities among Students Enrolled in Nursing Programs

- Nursing programs that have access to student disability data reported that 1,029 students enrolled in their programs on October 15, 2014 had declared a disability. Since only 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.
- For 35% of those 1,029 students, the specific disability declared by the student was unknown to the nursing program. Of those students for whom the declared disability was known, general learning disabilities (19%) and psychiatric disabilities (11%) were the most commonly reported.

Table 16. Declared Disabilities among Students Enrolled in Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Autism/Asperger's Spectrum	0.0%	0.0%	0.7%	0.0%	0.2%
ADD/ADHD	5.1%	0.0%	15.1%	34.2%	8.9%
Blind or Visually Impaired	0.7%	0.0%	0.4%	0.0%	0.6%
Brain Injuries	0.6%	0.0%	0.4%	0.0%	0.5%
Deaf/Hard-of Hearing	1.9%	0.0%	2.8%	5.3%	2.2%
Intellectual Disabilities	4.6%	0.0%	8.8%	10.5%	5.9%
Learning Disabilities	25.3%	0.0%	4.2%	21.1%	19.1%
Medical Disabilities/ Chronic Illness	1.4%	0.0%	2.8%	2.6%	1.8%
Physical Disabilities	1.1%	0.0%	4.9%	0.0%	2.1%
Psychiatric Disabilities	7.1%	0.0%	18.3%	26.3%	10.9%
Communication/Speech and Language Disabilities	2.7%	14.3%	0.7%	7.9%	2.4%
Test Anxiety	5.6%	0.0%	0.0%	0.0%	3.8%
Other	36.7%	0.0%	26.8%	23.7%	33.2%
Unknown	42.1%	85.7%	21.5%	0.0%	35.2%
Total	700	7	284	38	1,029

- 949 students were provided accommodations for a declared disability. Exam accommodations (82.1%) are the most frequently reported accommodations nursing program provide students with disabilities. Academic counseling and advising is provided for almost half (46.7%) of students with disabilities for whom accommodations were provided.

Table 17. Accommodations Provided for Students with Disabilities Enrolled in Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Academic Counseling/Advising	61.2%	100.0%	20.4%	2.6%	46.7%
Disability-Related Counseling/Referral	22.0%	100.0%	4.2%	2.6%	16.3%
Adaptive Equipment/Physical Space/Facilities	11.9%	0.0%	2.1%	2.6%	8.4%
Interpreter and Captioning Services	1.1%	0.0%	0.3%	2.6%	0.9%
Exam Accommodations (Modified/Extended Time/Distracted Reduced Space)	91.0%	100.0%	61.6%	89.7%	82.1%
Assistive Technology/Alternative Format	8.0%	0.0%	7.6%	5.1%	7.7%
Note-Taking Services/Reader/Audio Recording/Smart Pen	24.4%	0.0%	3.5%	33.3%	18.2%
Priority Registration	17.4%	85.7%	3.5%	0.0%	13.0%
Reduced Courseload	0.0%	0.0%	1.0%	0.0%	0.3%
Transportation/Mobility Assistance and Services/Parking	0.0%	0.0%	1.4%	0.0%	0.4%
Other	9.6%	85.7%	21.1%	7.7%	13.6%
Unknown	3.3%	0.0%	0.0%	0.0%	2.1%
Total	614	7	289	39	949

Students who Completed a Nursing Program

Student Completions by Degree Earned

- In 2013-2014, a total of 10,683 students completed a nursing program in a California.
- Generic ADN programs graduated the greatest number of students (53%, n=5,648), followed by BSN program (37%, n=3,998).

Table 18. Nursing Student Completions by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	5,648	268	3,998	769	10,683

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 59% of students who completed a pre-licensure nursing program were ethnic minorities.
- ELM programs have the greatest share of ethnic minorities (64%) among students who completed a nursing program.
- Generic ADN programs have the greatest share of Hispanics (23%) who completed nursing programs.

Table 19. Ethnic Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Native American	0.8%	0.0%	0.3%	1.0%	0.6%
Asian	12.7%	6.8%	22.7%	26.4%	17.2%
Asian Indian	0.9%	11.9%	1.0%	1.0%	1.2%
Filipino	7.7%	13.1%	9.2%	2.8%	8.0%
Hawaiian/Pacific Islander	1.0%	0.0%	1.1%	1.5%	1.1%
African American	4.9%	4.2%	3.2%	10.0%	4.6%
Hispanic	23.0%	14.8%	15.6%	13.9%	19.4%
Multi-race	6.0%	6.4%	2.7%	7.1%	4.9%
Other	1.7%	5.1%	1.7%	0.1%	1.7%
White	41.2%	37.7%	42.7%	36.1%	41.3%
Total	5,286	236	3,597	717	9,836
Ethnic Minorities	58.8%	62.3%	57.3%	63.9%	58.7%
# Unknown/ unreported	362	32	401	52	847

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

Gender Distribution of Students who Completed a Nursing Program

- 19% of all students who completed a pre-licensure nursing program were male.
- About the same share of males (19%) completed ADN and BSN programs compared to other pre-licensure programs.

Table 20. Gender Distribution of Students who Completed a Nursing Program

	ADN	LVN to ADN	BSN	ELM	Total
Male	18.9%	13.4%	19.3%	17.7%	18.8%
Female	81.1%	86.6%	80.7%	82.3%	81.2%
Total	5,439	247	3,838	769	10,293
# Unknown/ unreported	209	21	160	0	390

Age Distribution of Students who Completed a Nursing Program

- 62% of students who completed a pre-licensure nursing program in 2013-2014 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (21%), or an ADN program (16%).

Table 21. Age Distribution of Students who Completed a Nursing Program by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
17 – 20 years	0.8%	0.0%	2.7%	0.0%	1.4%
21 – 25 years	19.9%	20.8%	51.7%	24.8%	32.0%
26 – 30 years	30.2%	26.7%	24.2%	41.0%	28.7%
31 – 40 years	32.9%	31.7%	15.2%	23.6%	25.6%
41 – 50 years	12.9%	16.3%	4.5%	9.3%	9.6%
51 – 60 years	3.2%	3.8%	1.4%	1.3%	2.4%
61 years and older	0.2%	0.8%	0.2%	0.1%	0.2%
Total	5,308	240	3,673	713	9,934
# Unknown/ unreported	340	28	325	56	749

Student Completions by Degree Type

- ADN programs are the largest segment of pre-licensure nursing programs and generic ADN graduates represented 53% of all students who completed a pre-licensure nursing program in 2013-2014.

Table 22. Student Completions by Degree Type

Program Type	%
ADN	52.9%
LVN to ADN	2.5%
BSN	37.4%
ELM	7.2%
Total	10,683

Student Completions by Program Track

- 77% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (16%) complete the program in an accelerated track.
- ADN programs had the highest share of readmitted students.

Table 23. Student Completions by Program Track

	ADN	LVN to ADN	BSN	ELM	Total
Generic	78.2%	0.0%	75.4%	99.7%	76.7%
Advanced Placement	14.3%	98.9%	4.7%	0.0%	11.8%
Transfer	0.6%	0.0%	3.6%	0.0%	1.6%
30-Unit Option	0.2%	0.4%	0.0%	0.0%	0.1%
Readmitted	6.2%	0.7%	0.3%	0.3%	3.4%
Accelerated	0.6%	0.0%	16.1%	0.0%	6.3%
Total	5,648	268	3,998	769	10,683

Declared Disabilities among Students who Completed Nursing Programs

- Nursing programs reported that 475 students who completed their programs in 2013-2014 had declared a disability. Since only 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey, the number of students with disabilities and those who have received accommodations may be underreported here.
- For 42% of those 475 students, the specific disability declared by the student was unknown to the nursing program. Of those students for whom the declared disability was known, general learning disabilities (17%) and ADD/ADHD (12%) were the most commonly reported.

Table 24. Declared Disabilities among Students who Completed Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Autism/Asperger's Spectrum	0.0%	0.0%	0.0%	0.0%	0.0%
ADD/ADHD	12.1%	0.0%	13.5%	11.1%	12.4%
Blind or Visually Impaired	0.6%	0.0%	0.8%	0.0%	0.6%
Brain Injuries	0.3%	0.0%	0.0%	0.0%	0.2%
Deaf/Hard-of Hearing	0.9%	0.0%	0.0%	11.1%	0.8%
Intellectual Disabilities	5.3%	0.0%	0.8%	0.0%	4.0%
Learning Disabilities	19.8%	0.0%	8.7%	22.2%	16.8%
Medical Disabilities/ Chronic Illness	1.5%	0.0%	7.9%	22.2%	3.6%
Physical Disabilities	0.9%	0.0%	1.6%	0.0%	1.1%
Psychiatric Disabilities	7.4%	0.0%	6.3%	11.1%	7.2%
Communication/Speech and Language Disabilities	1.2%	50.0%	0.0%	0.0%	1.1%
Test Anxiety	12.7%	0.0%	0.0%	0.0%	9.1%
Other	4.7%	50.0%	5.6%	0.0%	5.1%
Unknown	32.5%	50.0%	69.0%	22.2%	42.1%
Total	338	2	126	9	475

- 475 students that completed a nursing program in 2013-2014 received at least one accommodation for a declared disability. Exam accommodations (82%) are the most frequently reported accommodations nursing program provide students with disabilities. Academic counseling and advising was provided for 28% of completing students with disabilities for whom accommodations were provided.

Table 25. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Academic Counseling/Advising	35.5%	100.0%	8.5%	0.0%	28.4%
Disability-Related Counseling/Referral	22.5%	50.0%	2.5%	0.0%	17.3%
Adaptive Equipment/Physical Space/Facilities	10.4%	0.0%	0.8%	11.1%	8.0%
Interpreter and Captioning Services	1.4%	0.0%	0.0%	11.1%	1.3%
Exam Accommodations (Modified/Extended Time/Distracted Reduced Space)	92.8%	100.0%	48.3%	88.9%	81.7%
Assistive Technology/Alternative Format	8.7%	0.0%	3.4%	11.1%	7.4%
Note-Taking Services/Reader/Audio Recording/Smart Pen	15.3%	0.0%	5.1%	22.2%	12.8%
Priority Registration	16.5%	0.0%	0.0%	0.0%	12.0%
Reduced Courseload	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation/Mobility Assistance and Services/Parking	0.3%	0.0%	0.0%	0.0%	0.2%
Other	4.3%	0.0%	52.5%	22.2%	16.6%
Total	346	2	118	9	475

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 13.0% in 2013-2014.

Table 26. Completion, Retention and Attrition Data by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	5,622	292	3,242	831	9,987
Completed On-time	4,257	236	2,520	682	7,695
Still Enrolled	456	37	388	110	991
Dropped Out	909	19	334	39	1,301
Completed Late	343	3	302	9	657
Retention Rate*	75.7%	80.8%	77.7%	82.1%	77.1%
Attrition Rate**	16.2%	6.5%	10.3%	4.7%	13.0%

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

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

- The attrition rate for accelerated tracks within ADN nursing programs was 15.4% in 2013-2014.
- Accelerated BSN programs had a comparatively low attrition rate at 5.6%.

Table 27. Completion, Retention and Attrition Data for Accelerated Programs by Program Type

	ADN	BSN	Total
Students Scheduled to Complete the Program	227	732	959
Completed On-time	188	680	868
Still Enrolled	4	11	15
Dropped Out	35	41	76
Completed Late	10	28	38
Retention Rate*	82.8%	92.9%	90.5%
Attrition Rate**	15.4%	5.6%	7.9%

*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)

Employment of Recent Nursing Program Graduates³

- On average, 56% of recent RN graduates employed in nursing in October 2014 were working in hospitals.
- Graduates of BSN programs were the most likely to work in hospitals (72%), while graduates of ADN programs were the least likely (48%).
- Statewide, 14% of nursing students were unable to find employment by October 2014, with ELM programs reporting the highest share of recent graduates (16%) unable to find employment.
- Nursing schools reported that 68.8% of their recent RN graduates employed in nursing, were employed in California.

Table 28. Employment of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	Total
Hospital	47.7%	54.6%	72.0%	57.2%	56.0%
Long-term care facility	9.7%	17.3%	2.2%	2.1%	7.1%
Community/Public Health Facility	3.2%	5.2%	4.8%	3.6%	3.7%
Other Healthcare Facility	7.1%	8.0%	2.8%	8.3%	6.0%
Pursuing additional nursing education	14.9%	6.8%	1.6%	12.3%	10.5%
Other setting	4.4%	0.8%	2.9%	0.4%	3.4%
Unable to find employment	13.6%	7.4%	14.0%	16.1%	13.7%

³ Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2013-2014, on average, the employment setting was unknown for 29% (n=3,060) of recent graduates.

Faculty Data

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

Full-time and Part-time Faculty Data

- On October 15, 2014, there were 4,204 nursing faculty⁴. The majority are part-time faculty (62%, n=2,619).
- The faculty vacancy rate in pre-licensure nursing programs is 9% (432 vacant positions).

Table 29. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	4,204	432	9.3%
Full-time Faculty	1,498	203	11.9%
Part-time Faculty	2,619	229	8.0%

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

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

Table 30. Funding of Faculty Positions

	% Full-time Faculty	% Part-time Faculty
Budgeted positions	90.7%	82.4%
100% external funding	1.5%	7.3%
Combination of the above	2.3%	5.1%
Total Faculty	1,490	2,608
Unknown	8	11

- The majority of full-time faculty (79%) teach both clinical and didactic courses, while the majority of part-time faculty (74%) teach clinical courses only.

Table 31. Faculty Teaching Assignments

	% Full-time Faculty	% Part-time Faculty
Clinical courses only	9.5%	74.2%
Didactic courses only	11.9%	6.8%
Clinical & didactic courses	79.2%	20.4%
Total Faculty	1,490	2,608
Unknown	8	11

⁴ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools.

Faculty for Next Year

- 39% of schools reported that their externally funded positions will continue to be funded for the 2014-2015 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of only 9,051 students across all pre-licensure RN programs in 2014-2015, which would be a 37% decrease in new enrollments compared to the 12,365 new students that enrolled in RN programs in 2013-2014.

Table 32. External Funding for Faculty Next Year

	% Schools
Will continue	39.1%
Will not continue	2.3%
Unknown	13.3%
Not applicable	45.3%
Number of schools reporting	128

Faculty Demographic Data

- Nursing faculty remain predominately white (62%) and female (90%), and 23% of faculty are between 41 and 50 years of age. More than a third (37%) of faculty are over 56 years of age.

Table 33. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.5%
Asian	8.7%
Asian Indian	0.7%
Filipino	6.3%
Hawaiian/Pacific Islander	0.6%
African American	9.3%
Hispanic	9.2%
Multi-race	1.6%
Other	1.2%
White	61.8%
Number of faculty	3,940
Ethnic Minorities*	38.2%
Unknown/unreported	264

Table 34. Faculty Gender and Age

Gender	% Faculty
Men	10.4%
Women	89.6%
Number of faculty	4,075
Unknown/unreported	129
Age	% Faculty
30 years or younger	4.8%
31 – 40 years	18.1%
41 – 50 years	23.2%
51 – 55 years	17.4%
56 – 60 years	18.1%
61 – 65 years	12.6%
66 – 70 years	4.4%
71 years and older	1.5%
Number of faculty	3,941
Unknown/unreported	263

Education

- On October 15, 2014, almost all full-time faculty (97%) held a master's or doctoral degree, while only 64% of part-time faculty held either of those degrees.
- 9% of all active faculty (n=386) were reported as pursuing an advanced degree as of October 15, 2014.

Table 35. Highest Level of Education of Faculty

	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	5.0%
Baccalaureate degree in nursing (BSN)	1.6%	29.4%
Non-nursing baccalaureate	1.0%	1.2%
Master's degree in nursing (MSN)	62.8%	53.7%
Non-nursing master's degree	5.0%	4.0%
PhD in nursing	15.8%	2.7%
Doctorate of Nursing Practice (DNP)	7.0%	2.0%
Other doctorate in nursing	1.4%	0.6%
Non-nursing doctorate	5.0%	1.3%
Number of faculty	1,477	2,582
Unknown/unreported	21	37

Methods Used to Prepare Part-time Faculty to Teach

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

Table 36. Methods Used to Prepare Part-time Faculty to Teach

	% Schools
Program policies	93.7%
Faculty orientation	92.1%
Mentoring program	81.1%
Specific orientation program	73.2%
Curriculum review	66.1%
Administrative policies	63.0%
Teaching strategies	59.8%
External training program	8.7%
Other	12.6%
None	0.0%
Number of schools that reported	127

Faculty Attrition

- Nursing schools reported a total of 174 full-time and 251 part-time faculty members as having retired or left the program in 2013-2014.
- Programs reported an additional 155 faculty members (81 full-time and 74 part-time) are expected to retire or leave the school in 2014-2015.
- The most frequently cited reason for having a faculty member leave the program in 2013-2014 was retirement.

Table 37. Reasons Faculty Leave Their Positions

	% Schools
Retirement	56.7%
Termination (or requested resignation)	22.7%
Resigned	21.6%
Relocation of spouse or other family obligation	18.6%
Career advancement	15.5%
Return to clinical practice	15.5%
Salary/Benefits	11.3%
Workload	7.2%
Layoffs (for budgetary reasons)	1.0%
Other	22.7%
Number of schools that reported	97
Number of schools that gave no reason	0

Faculty Hiring

- 103 schools reported hiring a total of 681 faculty members (165 full-time and 516 part-time) between August 1, 2013 and July 31, 2014.
- 37% (n=252) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (75%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 65% had experience teaching at another nursing school.
- 43% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 10 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2013 and July 31, 2014, and 70% of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 38. Characteristics of Newly Hired Faculty

	% Schools
Experience teaching as a nurse educator in a clinical setting	74.8%
Experience teaching at another nursing school	65.0%
Completed a graduate degree program in last two years	60.2%
No teaching experience	42.7%
Experience student teaching while in graduate school	37.9%
Experience teaching in a setting outside of nursing	30.1%
Other	6.8%
Number of schools that reported	103

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (85%).
- 18% of the schools that hired faculty reported that the hiring was due to program expansion.

Table 39. Reasons for Hiring Faculty

	% Schools
To replace faculty that retired or left the program	84.5%
To fill longstanding faculty vacancies (positions vacant for more than one year)	26.2%
To reduce faculty workload	23.3%
Due to program expansion	17.5%
Other	14.6%
Number of schools that reported	103

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials and non-competitive salaries and were the most frequently reported barriers to faculty recruitment.
- 39% of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 10% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Table 40. Barriers to Recruiting Faculty

	% Schools
Insufficient number of faculty applicants with required credentials	83.5%
Non-competitive salaries	74.8%
Workload (not wanting faculty responsibilities)	39.4%
BRN rules and regulations	32.3%
Private, state university or community college laws, rules or policies	20.5%
Overall shortage of RNs	10.2%
Other	7.1%
No barriers	5.5%
Number of schools that reported	127

Difficult to Hire Clinical Areas

- Pediatrics (60%) and Psych/Mental Health (47%) were the clinical areas in which schools had the most difficulty recruiting new faculty.
- 14% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 41. Difficult to Hire Clinical Areas

	% Schools
Pediatrics	59.8%
Psych/Mental Health	47.2%
Obstetrics/Gynecology	40.9%
Medical-surgical	29.1%
Geriatrics	12.6%
Critical Care	11.0%
Community Health	7.1%
Other	0.8%
No clinical areas	14.2%
Number of schools that reported	127

Schools that Hired Adjunct or Part-time Clinical Faculty Over 67% Time

- The “67% Rule” that was part of Senate Bill 1309 allowed nursing schools to hire adjunct or part-time clinical nursing faculty over 67% time. 27 schools hired faculty per the 67% Rule, while 98 schools did not.
- For those schools that didn’t use the 67% Rule when hiring faculty, the majority (58%, n=57) reported that they had no need to hire part-time faculty more than 67% time and 39% (n=38) of schools reported that their schools did not allow them to hire over 67% time.

Table 42. Nursing School Use of the 67% Rule

	# Schools
Hired Faculty per 67% Rule	27
Did not Hire Faculty per 67% Rule	98
No need to hire >67%	57
Not allowed to hire >67%	38
Number of schools that reported	125

- 27 nursing schools reported that they hired a total of 295 faculty per the 67% Rule since 2010-2011. 74% (n=20) of the schools that hired faculty per the 67% Rule did so to provide consistent faculty within clinical courses, and 44% (n=12) did so to have fewer part-time faculty. Two schools reported that they hired faculty under this rule since full-time positions were not budgeted.

Table 43. Faculty Hired per 67% Rule by Year Hired

	# Faculty
2013-14	78
2012-13	77
2011-12	71
2010-11	69
Number of schools that reported	27

- The majority of schools that hired faculty per the 67% Rule offer ADN programs.

Table 44. Faculty Hired per 67% Rule

Degree Program Offered*	# Schools
ADN	21
BSN	5
ELM	4
Number of schools that reported	27

*Some schools offer more than one degree program. Therefore, the sum of the number of schools by degree type does not equal the total number of schools that reported.

Faculty Salaries

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

Table 45. Average Annual Salary Paid for Full-Time Faculty by Highest Degree Earned & Length of Academic Appointment

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	\$66,069	\$87,143	\$76,521	\$103,509
10 months	\$62,258	\$87,901	\$76,291	\$97,798
11 months	\$79,888	\$92,987	\$89,588	\$113,496
12 months	\$75,109	\$96,843	\$83,056	\$113,588

Nursing Program Data

Program Offerings

- Overall, most nursing programs (88%, n=119) offered a traditional nursing program in 2013-2014.
- Accelerated programs were the most commonly reported non-traditional programs offered at nursing schools.
- One of the 25 programs that reported an accelerated track offers it via distance education.

Table 46. Program Offerings by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Traditional Program	97.5%	71.4%	82.9%	50.0%	88.1%
Accelerated Track	7.4%	0.0%	31.4%	66.7%	18.5%
Collaborative/Shared Education	9.9%	0.0%	0.0%	0.0%	5.9%
Evening Program	4.9%	14.3%	5.7%	0.0%	5.2%
Extended Campus	3.7%	0.0%	2.9%	16.7%	4.4%
Weekend Program	6.2%	0.0%	0.0%	0.0%	3.7%
Distance Education	1.2%	0.0%	8.6%	0.0%	3.0%
Part-time Program	1.2%	0.0%	0.0%	0.0%	0.7%
Contract Education	0.0%	0.0%	0.0%	0.0%	0.0%
Other	4.9%	28.6%	8.6%	0.0%	6.7%
Number of programs that reported	81	7	35	12	135

Frequency of Student Admission

- Most LVN to ADN and ELM programs admit students once per year, while most generic ADN programs admit students twice per year. Admitting students once or twice per year is common for BSN programs.

Table 47. Frequency of Student Admission by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Once per year	27.5%	71.4%	44.4%	100%	36.5%
Twice per year	65.0%	0%	38.9%	0%	52.4%
Three times per year	5.0%	28.6%	5.6%	0%	6.4%
Other	2.5%	0%	11.1%	0%	4.8%
Number of programs that reported	80	7	36	3	126

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was also an important criterion for ADN, LVN to ADN, and BSN programs.
- A personal statement from the applicant was a factor in admission for many BSN and ELM programs.

Table 48. Admission Criteria by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Completion of prerequisite courses	82.7%	100.0%	80.6%	86.7%	83.5%
Minimum/Cumulative GPA	74.1%	85.7%	83.3%	80.0%	77.7%
Minimum grade level in prerequisite	64.2%	71.4%	83.3%	73.3%	70.5%
Score on pre-enrollment exam	71.6%	85.7%	72.2%	26.7%	67.6%
Repetition of prerequisite science courses	50.6%	57.1%	41.7%	13.3%	44.6%
Validated prerequisites	63.0%	85.7%	0.0%	0.0%	41.0%
Health-related work/volunteer experience	35.8%	28.6%	50.0%	53.3%	41.0%
Recent completion of prerequisite courses	25.9%	42.9%	27.8%	26.7%	27.3%
Personal statement	7.4%	14.3%	41.7%	80.0%	24.5%
Criteria as defined in California Assembly Bill 1559	37.0%	14.3%	0.0%	0.0%	22.3%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	30.9%	0.0%	0.0%	0.0%	18.0%
Geographic location	1.2%	0.0%	25.0%	13.3%	8.6%
Other	13.6%	57.1%	52.8%	53.3%	30.2%
None	0.0%	0.0%	0.0%	6.7%	0.7%
Number of programs that reported	81	7	36	15	139

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- Random selection was also used frequently by generic ADN and LVN to ADN programs but was not used by any BSN or ELM programs.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

Table 49. Selection Criteria for Qualified Applications by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Ranking by specific criteria	46.3%	71.4%	85.7%	92.9%	62.5%
Random selection	35.0%	42.9%	0.0%	0.0%	22.8%
Interviews	7.5%	14.3%	28.6%	64.3%	19.1%
Goal statement	3.8%	14.3%	17.1%	57.1%	13.2%
Modified random selection	17.5%	0.0%	0.0%	0.0%	10.3%
First come, first served from the waiting list	12.5%	0.0%	2.9%	7.1%	8.8%
Rolling admissions (based on application date for the quarter/semester)	2.5%	14.3%	5.7%	0.0%	3.7%
Other	6.3%	14.3%	17.1%	21.4%	11.0%
Number of programs that reported	80	7	35	14	136

Waiting List

- 40 programs reported having students on waiting list. Of these programs, 48% keep students on the waiting list until they are admitted and 13% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled.
- 3,969 applicants⁵ to pre-licensure nursing programs were placed on a waiting list in 2013-2014. It took an average of 3.8 quarters/semesters for a student to enroll after being placed on the waiting list.

Table 50. Waiting Lists by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	3,770	60	129	10	3,969
Average number of quarters/semesters to enroll after being placed on the waiting list	4.25	4.7	NA	1.0	3.8

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

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to decrease slightly next year and then remain at that level in 2015-2016.
- Over the next two years, generic ADN and ELM programs expect to see slight declines in enrollment, while LVN to ADN and BSN programs expect to see some enrollment growth.

Table 51. Current and Projected New Student Enrollment by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
2013-2014 new student enrollment	6,834	301	4,423	807	12,365
Expected new student enrollment given <u>current</u> resources					
2014-2015	6,302	371	4,726	763	12,162
2015-2016	6,244	411	4,777	745	12,177

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 79% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Of the 139 programs that responded, only one program reported no barriers to expansion.

Table 52. Barriers to Program Expansion by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Insufficient number of clinical sites	84.0%	85.7%	75.0%	60.0%	79.1%
Faculty salaries not competitive	60.5%	57.1%	36.1%	13.3%	48.9%
Insufficient number of qualified classroom faculty	49.4%	57.1%	41.7%	26.7%	45.3%
Insufficient number of qualified clinical faculty	46.9%	28.6%	38.9%	40.0%	43.2%
Insufficient funding for faculty salaries	45.7%	71.4%	33.3%	20.0%	41.0%
Insufficient number of physical facilities and space for skills labs	27.2%	28.6%	16.7%	33.3%	25.2%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	21.0%	71.4%	19.4%	20.0%	23.0%
Insufficient number of physical facilities and space for classrooms	23.5%	14.3%	19.4%	13.3%	20.9%
Insufficient support for nursing school by college or university	16.0%	14.3%	13.9%	0.0%	13.7%
Insufficient number of allocated spaces for the nursing program	12.3%	0.0%	16.7%	6.7%	12.2%
Insufficient financial support for students	8.6%	0.0%	5.6%	0.0%	6.5%
Other	11.1%	14.3%	19.4%	33.3%	15.8%
No barriers to program expansion	0.0%	0.0%	2.8%	0.0%	0.7%
Number of programs that reported	81	7	36	15	139

Program Expansion Strategies

- 97% (n=107) of the 110 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies were use of human patient simulators, twelve-hour shifts, community based/ambulatory care centers, and evening and weekend shifts.
- The use of regional computerized clinical placement systems was frequently reported by ELM programs.

Table 53. Program Expansion Strategies by Program Type*

	ADN	LVN to ADN	BSN	ELM	Total
Human patient simulators	75.8%	66.7%	77.8%	37.5%	72.9%
Twelve-hour shifts	71.2%	33.3%	70.4%	75.0%	69.2%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	60.6%	83.3%	85.2%	62.5%	68.2%
Evening shifts	68.2%	100.0%	59.3%	50.0%	66.4%
Weekend shifts	62.1%	66.7%	63.0%	75.0%	63.6%
Innovative skills lab experiences	59.1%	83.3%	59.3%	50.0%	59.8%
Preceptorships	40.9%	33.3%	59.3%	25.0%	43.9%
Regional computerized clinical placement system	39.4%	50.0%	40.7%	75.0%	43.0%
Non-traditional clinical sites (e.g. correctional facilities)	24.2%	16.7%	29.6%	12.5%	24.3%
Night shifts	15.2%	0.0%	22.2%	25.0%	16.8%
Other	6.1%	0.0%	11.1%	0.0%	6.5%
Number of programs that reported	66	6	27	8	107

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2013-2014, a total of 81 programs reported that they were denied access to a clinical placement, unit, or shift.
- 43% of programs (n=61) that reported data indicated they were denied access to clinical placements, while 40% (n=57) were denied access to clinical units and 24% (n=34) were denied access to a clinical shift during the 2013-2014 academic year.
- 25% (n=15) of programs denied clinical placement were offered an alternative, compared to 47% (n=27) of programs denied a clinical unit, and 74% (n=25) of programs denied a clinical shift.
- The lack of access to clinical space resulted in a loss of 293 clinical placements, 118 units and 48 shifts, which affected 2,195 students.

Table 54. RN Programs Denied Clinical Space by Program Type

	LVN to				Total
	ADN	ADN	BSN	ELM	
Programs Denied Clinical Placement	41	3	12	5	61
Programs Offered Alternative by Site	8	0	4	3	15
Placements Lost	162	12	108	11	293
Number of programs that reported	82	7	36	16	141
Programs Denied Clinical Unit	33	3	17	4	57
Programs Offered Alternative by Site	17	0	9	1	27
Units Lost	48	7	45	18	118
Number of programs that reported	82	7	36	16	141
Programs Denied Clinical Shift	21	2	8	3	34
Programs Offered Alternative by Site	15	0	7	3	25
Shifts Lost	33	3	8	4	48
Number of programs that reported	82	7	36	16	141
Total number of students affected	1,389	113	543	150	2,195

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

Table 55. Clinical Area that Lost Placements, Shifts or Units by Program Type

	ADN	LVN to	BSN	ELM	Total
		ADN			
Medical/Surgical	76.9%	75.0%	89.5%	50.0%	77.8%
Obstetrics	23.1%	25.0%	31.6%	83.3%	29.6%
Pediatrics	23.1%	50.0%	31.6%	66.7%	29.6%
Psychiatry/Mental Health	21.2%	25.0%	31.6%	33.3%	24.7%
Critical Care	15.4%	0.0%	31.6%	50.0%	21.0%
Geriatrics	19.2%	0.0%	15.8%	0.0%	16.0%
Community Health	11.5%	0.0%	21.1%	16.7%	13.6%
Other	1.9%	0.0%	10.5%	16.7%	4.9%
Number of programs that reported	52	4	19	6	81

Reasons for Clinical Space Being Unavailable

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- No longer accepting ADN students was the most common reason LVN to ADN programs reported for clinical space being unavailable. Being displaced by another program was reported more frequently by ADN programs compared to other programs. Staff nurse overload or insufficient qualified staff was the most common reason among ELM programs.
- While 4.9% of nursing programs reported that the facility began charging a fee for the placement, only one nursing program reported paying a fee for a clinical placement. That program offered to pay the fee and was not asked by the facility to do so.

Table 56. Reasons for Clinical Space Being Unavailable by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	46.2%	50.0%	47.4%	50.0%	46.9%
Staff nurse overload or insufficient qualified staff	44.2%	50.0%	42.1%	66.7%	45.7%
Displaced by another program	48.1%	25.0%	42.1%	16.7%	43.2%
Decrease in patient census	21.2%	25.0%	42.1%	50.0%	28.4%
Closure, or partial closure, of clinical facility	23.1%	0.0%	31.6%	50.0%	25.9%
No longer accepting ADN students	30.8%	75.0%	0.0%	0.0%	23.5%
Implementation of Electronic Health Records system	17.3%	0.0%	31.6%	50.0%	22.2%
Visit from Joint Commission or other accrediting agency	21.2%	0.0%	15.8%	50.0%	21.0%
Nurse residency programs	15.4%	25.0%	26.3%	16.7%	18.5%
Change in facility ownership/management	11.5%	0.0%	26.3%	16.7%	14.8%
Clinical facility seeking magnet status	17.3%	0.0%	0.0%	0.0%	11.1%
Facility moving to a new location	13.5%	0.0%	10.5%	0.0%	6.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	5.8%	0.0%	10.5%	0.0%	4.9%
Other	1.9%	0.0%	10.5%	16.7%	11.1%
Number of programs that reported	52	4	19	6	81

- Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (67%) or at a new clinical site (57%).

Table 57. Strategy to Address Lost Clinical Space by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	67.3%	75.0%	57.9%	83.3%	66.7%
Added/replaced lost space with new site	53.8%	75.0%	63.2%	50.0%	56.8%
Replaced lost space at same clinical site	44.2%	25.0%	47.4%	66.7%	45.7%
Clinical simulation	32.7%	0.0%	36.8%	33.3%	32.1%
Reduced student admissions	5.8%	0.0%	10.5%	16.7%	7.4%
Other	0.0%	0.0%	5.3%	0.0%	1.2%
Number of programs that reported	52	4	19	6	81

Alternative Clinical Sites

- 41 programs reported an increase in out-of-hospital clinical placements in 2013-2014.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall and in ELM programs. Outpatient mental health facilities were used more frequently by generic ADN and LVN to ADN programs, while school health services were the most frequently used by BSN programs.

Table 58. Alternative Clinical Sites by Program

	ADN	LVN to ADN	BSN	ELM	Total
Public health or community health agency	45.0%	33.3%	61.5%	80.0%	53.7%
Skilled nursing/rehabilitation facility	50.0%	33.3%	46.2%	20.0%	43.9%
Outpatient mental health/substance abuse	55.0%	66.7%	23.1%	0.0%	39.0%
School health service (K-12 or college)	20.0%	0.0%	69.2%	60.0%	39.0%
Medical practice, clinic, physician office	35.0%	33.3%	38.5%	20.0%	34.1%
Home health agency/home health service	30.0%	33.3%	30.8%	20.0%	29.3%
Hospice	30.0%	0.0%	38.5%	20.0%	29.3%
Surgery center/ambulatory care center	15.0%	0.0%	30.8%	20.0%	19.5%
Case management/disease management	15.0%	0.0%	15.4%	0.0%	12.2%
Urgent care, not hospital-based	15.0%	0.0%	0.0%	0.0%	7.3%
Correctional facility, prison or jail	10.0%	0.0%	0.0%	20.0%	7.3%
Renal dialysis unit	10.0%	0.0%	0.0%	0.0%	4.9%
Occupational health or employee health service	5.0%	0.0%	0.0%	0.0%	2.4%
Other	15.0%	0.0%	7.7%	20.0%	12.2%
Number of programs that reported	20	3	13	5	41

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 82 generic ADN programs, 26% (n=21) reported having a separate track for LVNs and 82% (n=67) admit LVNs to the generic ADN program on a space available basis.
- 28 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2014 there were a total of 626 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2.8 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.

Table 59. LVN to RN Articulation by Program Type

	ADN	LVN to ADN	BSN	Total
Bridge course	76.9%	57.1%	25.0%	65.7%
Use of skills lab course to document competencies	57.7%	57.1%	40.0%	54.3%
Direct articulation of LVN coursework	35.9%	57.1%	30.0%	36.2%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	37.2%	42.9%	20.0%	34.3%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	29.5%	28.6%	20.0%	27.6%
Specific program advisor	14.1%	57.1%	25.0%	19.0%
Other	11.5%	14.3%	40.0%	17.1%
Number of programs that reported	78	7	20	105

LVN to BSN Education

- 13 BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school. Only 11 of these programs reported criteria for admission to these programs.
 - These programs received 185 qualified applications for 190 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
 - The most common criteria for admission to an LVN to BSN program were minimum/cumulative GPA and minimum grade level in prerequisite courses, followed closely by completion of prerequisite courses.

Table 60. LVN to BSN Admission Criteria

	# LVN to BSN Programs
Minimum/Cumulative GPA	6
Minimum grade level in prerequisite	6
Completion of prerequisite courses	5
Score on pre-enrollment test	4
Repetition of prerequisite science courses	3
Health-related work experience	2
Geographic location	1
Recent completion of prerequisite courses	2
Personal statement	2
Other	2
None	0
Number of programs that reported	11

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

Table 61. LVN to BSN Selection Criteria

	# LVN to BSN Programs
Ranking by specific criteria	5
Interviews	3
Rolling admissions (based on application date for the quarter/semester)	0
Goal statement	0
First come, first served from the waiting list	0
Other	1
Number of programs that reported	7

Partnerships

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

Table 62. Number of RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
Collaborative/shared programs leading to higher degree	57	3	7	0	67
Formal collaboration	30	3	2	-	35
Informal collaboration	41	0	5	-	46

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (33%) of ADN programs reported having ACEN accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 97% of BSN programs and 94% of ELM programs have CCNE accreditation.

Table 63. Professional Accreditation for Eligible Programs by Program Type

	ADN	LVN to ADN	BSN	ELM
ACEN (formerly NLNAC)	32.9%	0%	2.8%	0%
CCNE	NA*	NA*	97.2%	93.8%
Not accredited by ACEN or CCNE	0%	0%	2.8%	6.3%
Number of programs that reported	79	7	36	16

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

First Time NCLEX Pass Rates

- In 2013-2014, 82.7% (n=8,109) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from ADN programs.

Table 64. First Time NCLEX Pass Rates by Program Type

	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	83.4%	75.5%	82.3%	81.9%	82.7%
# Students that took the NCLEX	5,268	229	3,738	569	9,804
# Students that passed the NCLEX	4,395	173	3,075	466	8,109

*These data represent nursing students who took the NCLEX for the first time in 2013-14.

- Overall, pass rates in accelerated programs were slightly higher than those in traditional programs; 83.8% (n=793) of nursing students in an accelerated track who took the NCLEX for the first time in 2013-2014 passed the exam.
- In 2013-2014, accelerated ADN programs had a lower average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was higher than that of traditional BSN programs.

Table 65. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	Total
First Time NCLEX* Pass Rate	68.8%	85.9%	83.8%
# Students that took the NCLEX	112	834	946
# Students that passed the NCLEX	77	716	793

*These data represent nursing students who took the NCLEX for the first time in 2013-14.

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

School Data

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

Nursing Program Directors

- On average, directors spend 42.4 hours per week administering the RN program(s).
- Directors also spend time on staffing (8%), administration of other programs (7%), and counseling (7%).

Table 66. Nursing Program Director's Time

	% of Time Spent
RN program administration	47.0%
Staffing	7.7%
Administration of other programs	7.2%
Counseling	7.0%
Curriculum development	5.9%
Budget	5.6%
Teaching	5.2%
Development (fundraising, grant writing, etc.)	5.1%
Service	2.8%
Scholarship	2.0%
Research	1.6%
Coordination of preceptors/nurse residency programs	1.0%
Other	2.9%
Number of Schools that Reported	130

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

Table 67. Other Programs Administered by the RN Program Director

Other Programs Administered by the RN Program Director	Number of Schools
CNA	23
LVN	23
Graduate programs	17
EMT	14
HHA	14
Health sciences	13
Technician (i.e. psychiatric, radiologic, etc.)	10
Health professions	5
Paramedic	4
Respiratory therapy	4
Medical Assistant program	4
RN to BSN programs	1
Other	13
Number of Schools that Reported	68

Other Program Administration

- The majority of nursing programs (64%) have one assistant director. On average, assistant directors have 13 hours allocated to administering the nursing program and spend 14 hours of their time actually administering it.
- Nursing programs have an average of 2.4 individuals working as clerical staff. Each clerical staff person works an average of 36 hours per week.

Table 68. Number of Assistant Directors

	%
0	2.3%
1	63.9%
2	26.2%
3	5.4%
More than 3	2.3%
Number of Schools that Reported	130

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- 49% (n=60) of the 123 nursing schools that reported factors impacting student attrition reported that academic failure had the greatest impact on student attrition, while 31% (n=38) of schools reported that personal reasons had the greatest impact on student attrition.

Table 69. Factors Impacting Student Attrition

	Average Rank*
Academic failure	1.8
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	3.0
Financial need	3.1
Change of major or career interest	3.6
Transfer to another school	3.9
Number of schools that reported	123

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

Methods Used to Increase Student Retention

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

Table 70. Methods Used to Increase Student Retention

	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	97.7%
Personal counseling	86.8%
Program revisions (e.g. curriculum revisions)	51.9%
New admission policies instituted	40.3%
Increased financial aid, including scholarships	33.3%
Coordinator	5.4%
Early alert system	3.1%
Scholarship	3.1%
Increased child care	1.6%
Other	14.0%
None	1.6%
Number of schools that reported	129

Innovations Used to Expand the Nursing Program

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

Table 71. Innovations Used to Expand the Nursing Program

	% Schools
Simulation training	66.4%
Use of adjunct faculty	66.4%
Grants	53.1%
Weekend schedule	31.3%
Evening schedule	25.8%
Distance Education (e.g. online, interactive video)	16.4%
Accelerated/ year-round program	15.6%
Shared faculty	10.2%
Extended campuses	8.6%
Part-time program	3.9%
Other	5.5%
None	16.4%
Number of schools that reported	128

Access to Prerequisite Courses

- 55 nursing schools (42% of the 130 that reported these data) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. Of these 55 schools, 53 reported strategies used to address access to prerequisite courses.
- Adding science course sections, offering additional prerequisite courses on weekends, evenings and in the summer, and agreements with other schools for prerequisite courses, were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 72. Access to Prerequisite Courses

	% Schools
Adding science course sections	69.8%
Offering additional prerequisite courses on weekends, evenings, and summers	50.9%
Agreements with other schools for prerequisite courses	43.4%
Accepting online courses from other institutions	35.8%
Providing online courses	30.2%
Transferable high school courses to achieve prerequisites	11.3%
Prerequisite courses in adult education	1.9%
Other	13.2%
Number of schools that reported	53

Restricting Student Access to Clinical Practice

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

Table 73. Share of Schools with Restricted Access in the Clinical Setting for RN Students

	Very Uncommon	Uncommon	Common	Very Common	N/A	# Schools
Clinical site due to visit from accrediting agency (Joint Commission)	2.2%	19.8%	40.7%	34.1%	3.3%	91
Bar coding medication administration	10.3%	21.8%	44.8%	17.2%	5.8%	87
Electronic Medical Records	5.6%	22.2%	45.6%	23.3%	3.3%	90
Student health and safety requirements	21.1%	30.0%	21.1%	23.3%	4.4%	90
Glucometers	21.1%	35.6%	23.3%	12.2%	7.8%	90
Automated medical supply cabinets	21.6%	47.7%	15.9%	9.1%	5.7%	88
IV medication administration	21.6%	47.7%	15.9%	9.1%	5.7%	88
Some patients due to staff workload	7.8%	45.6%	31.1%	12.2%	3.3%	90
Direct communication with health team	36.0%	41.6%	7.9%	3.4%	11.2%	89
Alternative setting due to liability	19.5%	37.9%	12.6%	6.9%	23.0%	87

- The majority of schools reported that student access was restricted to electronic medical records due to insufficient time to train students (69%) and staff still learning the system (68%).
- Schools reported that students were restricted from using medication administration systems due to liability (61%) and limited time to train students (42%).

Table 74. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

	Electronic Medical Records	Medication Administration
Insufficient time to train students	68.8%	41.7%
Staff still learning and unable to assure documentation standards are being met	67.5%	33.3%
Liability	46.8%	61.1%
Staff fatigue/burnout	35.1%	34.7%
Cost for training	32.5%	22.2%
Patient confidentiality	31.2%	16.7%
Other	15.6%	16.7%
Number of schools that reported	77	72

- Schools compensate for training in areas of restricted student access by providing training in SIM lab (81%) and in the classroom (61%) and ensuring that all students have access to sites that train them in the area of restricted access (54%).

Table 75. How the Nursing Program Compensates for Training in Areas of Restricted Access

	% Schools
Training students in the SIM lab	80.6%
Training students in the classroom	61.3%
Ensuring all students have access to sites that train them in this area	53.8%
Purchase practice software, such as SIM Chart	39.8%
Training students in skills lab	4.3%
Other	9.7%
Number of schools that reported	93

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

Table 76. Clinical Area in which Restricted Access Occurs

	% Schools
Medical/Surgical	89.2%
Pediatrics	86.0%
Obstetrics	77.4%
Psychiatry/Mental Health	65.6%
Critical Care	64.5%
Geriatrics	46.2%
Community Health	21.5%
Other Department	4.3%
Number of schools that reported	93

Collection of Student Disability Data

- Of the 129 nursing schools that reported how they collect disability data for their students, 20% (n=26) reported that they collect student disability data as part of the admissions process, 70% (n=90) of schools do not collect these data during admissions, and 10% (n=13) do not know if disability data are collected.
- 32 schools reported that they would be able to get access to and report aggregate student disability data as part of this survey. Of the 26 schools that collect student disability data during admission, 46% (n=12) can get aggregate data on students with disabilities to report with this survey.
- Nursing schools were asked how they collect disability data. Of the 104 schools that reported how these data are collected, 76% (n=79) collect these data when a student discloses the disability for an accommodation. Many nursing programs (25%) reported that they do not collect these data themselves but have a centralized office that collects the data so that student confidentiality regarding their specific disability can be maintained.

Table 77. How Schools with RN Programs Collect Student Disability Data

	% Schools
Upon student disclosure	76.0%
Centralized office collects these data (i.e. Disabled students and program service center)	25.0%
Upon admission	20.2%
Data not collected by nursing program	8.7%
Ongoing throughout program	7.7%
When requested by program	1.9%
On admission – as it relates to meeting essential functions	1.9%
Other	2.9%
Unknown	1.0%
Number of schools that reported	104

Funding of Nursing Program

- On average, schools reported that 81% of funding for their nursing programs comes from the operating budget of their college or university, while 14% of funding comes from government sources.

Table 78. Funding of Nursing Programs

	% Schools
Your college/university operating budget	81.1%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	13.9%
Industry (i.e. hospitals, health systems)	2.3%
Foundations, private donors	1.3%
Other	1.5%
Number of schools that reported	129

RN Refresher Course

- In 2013-2014, seven nursing schools offered an RN refresher course, and 126 students completed one of these courses.

Clinical Simulation Center

- 126 of 131 nursing schools (96%) reported using a clinical simulation center in 2013-2014.
- Of the 126 schools that used clinical simulation centers in 2013-2014, 55% (n=69) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Table 79. Educational Techniques of Clinical Simulation

	% Schools
Clinical scenarios	100.0%
Debriefing as part of the simulation experience	96.8%
Hi-fidelity mannequin	94.4%
Students in uniforms	93.5%
A student preparation phase as part of the simulation experience	88.7%
Enclosed simulation room replicating the clinical environment with observation window(s)	72.6%
Videotaping	68.5%
Number of schools that reported	124

Location

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

Table 80. Location of Clinical Simulation

	% Schools
On campus at the nursing school	97.6%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	3.3%
Other	3.3%
Number of schools that reported	123

Staffing

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

Table 81. Staffing Clinical Simulation

	% Schools
Full-time or part-time staff	71.0%
RN clinical simulation coordinator (in addition to RN course faculty)	58.9%
Clinical simulation technician	42.7%
Other	16.1%
Number of schools that reported	124

Reasons for Using Simulation

- The most frequently reported reasons for using a clinical simulation center were to reinforce didactic and clinical training and clinical decision making (89%), to provide clinical experience not available in a clinical setting (84%), to standardize clinical experiences (78%), and to check clinical competencies (72%).

Table 82. Reasons for Using a Clinical Simulation Center

	% Schools
To reinforce didactic and clinical training and clinical decision making	88.5%
To provide clinical experience not available in a clinical setting	83.6%
To standardize clinical experiences	77.9%
To check clinical competencies	72.1%
To make up for clinical experiences	65.6%
To provide interprofessional experiences	54.1%
To provide remediation	45.9%
To increase capacity in your nursing program	13.9%
To provide faculty development	13.9%
To provide collaborative experiences between hospital staff and students	9.0%
Other	0.8%
Number of schools that reported	122

Scenario Development

- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- 32% of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Table 83. Development of Hi-Fidelity Scenarios

	% Schools
By faculty	78.2%
Modified from purchased scenarios	74.2%
Purchased	66.1%
Regional or statewide alliance	32.3%
Shared with another nursing program	9.7%
Other	3.2%
Number of schools that reported	124

Content Areas Taught in Simulation

- Medical/Surgical and fundamentals are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 30 hours of clinical time in medical/surgical, 12 hours in fundamentals, and 7 hours in both pediatrics and obstetrics.

Table 84. Average Hours Spent in Clinical Training by Content Area*

Content Area	Direct Patient Care	Non-Direct Patient Care (excluding simulation)	Clinical Simulation	Total Clinical Hours
Medical/Surgical	165.2	29.7	29.9	224.8
Fundamentals	80.3	48.5	11.5	140.3
Pediatrics	66.2	7.4	7.2	80.8
Obstetrics	69.8	6.5	6.8	83.1
Psychiatry/Mental Health	78.9	4.6	4.2	87.7
Geriatrics	67.1	3.8	4.1	75.0
Leadership/Management	61.5	5.3	2.8	8.1
Other	18.8	1.0	1.0	20.8

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (82)

American River College	Los Angeles Valley College
Antelope Valley College	Los Medanos College
Bakersfield College	Mendocino College
Butte Community College	Merced College
Cabrillo College	Merritt College
Cerritos College	Mira Costa College
Chabot College	†Modesto Junior College
Chaffey College	Monterey Peninsula College
Citrus College	Moorpark College
City College of San Francisco	Mount Saint Mary's College
CNI College	Mount San Antonio College
College of Marin	Mount San Jacinto College
College of San Mateo	Napa Valley College
College of the Canyons	Ohlone College
College of the Desert	†Pacific Union College
College of the Redwoods	Palomar College
College of the Sequoias	Pasadena City College
Contra Costa College	Pierce College
Copper Mountain College	Porterville College
Cuesta College	Rio Hondo College
Cypress College	Riverside City College
De Anza College	Sacramento City College
East Los Angeles College	Saddleback College
El Camino College - Compton Education Center	San Bernardino Valley College
El Camino College	San Diego City College
Everest College	San Joaquin Delta College
Evergreen Valley College	San Joaquin Valley College
Fresno City College	Santa Ana College
Glendale Community College	Santa Barbara City College
Golden West College	Santa Monica College
Grossmont College	Santa Rosa Junior College
Hartnell College	Shasta College
Imperial Valley College	Shepherd University
ITT Technical Institute	Sierra College
Kaplan College	Solano Community College
Long Beach City College	Southwestern College
Los Angeles City College	*Stanbridge College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Southwest College	West Hills College Lemoore
Los Angeles Trade-Tech College	†Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
 Carrington College
 College of the Siskiyous
 Gavilan College

Mission College
 Reedley College at Madera Community
 College Center
 Unitek College

BSN Programs (36)[†]

American University of Health Sciences
 †Azusa Pacific University
 Biola University
 California Baptist University
 CSU Bakersfield
 †CSU Channel Islands
 CSU Chico
 CSU East Bay
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 CSU Northridge
 CSU Sacramento
 CSU San Bernardino
 †CSU San Marcos
 †CSU Stanislaus
 Concordia University Irvine
 Dominican University of California

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

ELM Programs (16)

†Azusa Pacific University
 California Baptist University
 CSU Dominguez Hills
 CSU Fresno
 CSU Fullerton
 CSU Long Beach
 CSU Los Angeles
 Charles R. Drew University

†Samuel Merritt University
 †San Francisco State University
 *United States University
 University of California Los Angeles
 University of California San Francisco
 University of San Diego
 University of San Francisco
 Western University of Health Sciences

† Reported student data for satellite campuses

* - New programs in 2013-2014

[†] - In 2013-2014, the three programs at West Coast University were consolidated into one main campus with two satellite campuses and Humboldt State University graduated its last cohort of BSN students in 2012-2013, reducing the total number of BSN programs.

APPENDIX B – Definition List

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

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

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

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

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

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

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

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2013 and July 31, 2014, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2014.

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

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

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

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2013 and July 31, 2014.

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

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

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

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

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

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

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

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

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

Hybrid Program: Combination of distance education and face-to-face courses.

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

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

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

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

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

Satellite/Alternate campus: A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.

Screened applications: The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/13 and 7/31/14.

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

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2013 and July 31, 2014.

Time Period for the Survey: August 1, 2013 - July 31, 2014. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

Weekend Program: A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Education Issues Workgroup Members

Members

Loucine Huckabay, Chair
 Judee Berg
 Audrey Berman
 Brenda Fong
 Marilyn Herrmann
 Deloras Jones

Stephanie Leach
 Judy Martin-Holland
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 Independent Consultant, Former Executive Director of
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 University of California, San Francisco
 American River College
 Saddleback College
 California State University, East Bay

Ex-Officio Member

Louise Bailey

California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock

California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.8
DATE: February 5, 2015

ACTION REQUESTED: *Information Only:* NCLEX Pass Rate Update

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
January 1, 2014-December 31, 2014*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	10,986	83.52
United States and Territories	157,357	81.79

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year January 1, 2014-December 31, 2014*

1/01/14- 3/31/14		4/01/14- 6/30/14		7/01/14- 9/30/14		10/01/14- 12/31/14		1/01/14- 12/31/14	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
2,130	88.08	3,240	83.40	3,944	83.29	1,672	78.53	10,986	83.52

**Includes (2), (3), (4) and (1) “re-entry” candidates. April 1, 2013 the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program’s first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance (CCR 1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program’s report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC’s continuing approval visit findings reported to ELC with program representatives in attendance.

NEXT STEP(s): Continue to monitor results

PERSON TO CONTACT: Katie Daugherty, MN, RN
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California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2014-June 30, 2015

Academic Year July 1-June 30 [^]	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2014-2015 Cumulative Totals
National US Educated- All degree types *	53,976 (78.4)	14,337 (71.0)			
CA Educated- All degree types*	3,937 (83.2)	1,672 (78.5)			
National-Associate Degree rates**	28,510 (76.5)	8,199 (65.4)			
CA-Associate Degree rates**	2,201 (85.5)	759 (75.3)			
National-BSN+ELM rates**/***	23,966 (80.3)	5,848 (78.7)			
CA-BSN+ELM rates**/***	1,732 (80.4)	912 (81.1)			

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***ELM program rates are included in the BSN degree category by NCSBN.

^Note: Cumulative totals in this report may vary from quarterly totals due to NCSBN corrections. These NCSBN corrections do not significantly change previously reported quarterly or cumulative pass rates. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.

Source: National Council of State Boards Pass Rate Reports

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.9
DATE: February 5, 2015

ACTION REQUESTED: Licensing Program Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

PROGRAM UPDATE:

The Licensing Program evaluators are currently processing the initial review of exam and endorsement applications within our regulation timeframes. Fall graduation season has been a success with applicants being made eligible well within the suggested three month time frame from their graduation date.

In September of 2014 the Licensing Program hired 5 temporary staff; 4 in US evaluations and 1 supervisor over support staff. Recently 4 of the 5 temporary staff obtained permanent state positions, both within the board and at other state agencies. With these vacancies we had to resubmit paperwork to again hire new temporary staff. DCA budget staff has been contact with board staff due to board budgetary constraints to determine the feasibility of reestablishing some of these positions. We have also been working with other units within the board to identify possible vacant positions to utilize for redirection and are in the process of redirecting a permanent vacant position in the Enforcement Complaint Intake unit to fill the recently vacated Licensing support supervisor position. The board has accrued salary savings from other vacant permanent positions within the board to reestablish 2 of the 3 remaining vacant temporary positions. It is expected these will be reestablished and filled by early March.

The Licensing Program manager Gina Sanchez has taken a promotional position with the Board of Accountancy. Her last day with the board was January 29th. Gina started with the BRN in December 2014 just two months after BreEZe went live. In her 13 months with the board she has worked very closely with management and staff to reorganize the unit and revamp business processes to adapt to the continuous changes in BreEZe. She was the chair of the Licensing User Group and ensured that the board's suggestions and concerns were addressed. The board management and staff wish her well in her new endeavor with the Accountancy board. It is expected the licensing manager position will be filled by early March.

We continue to improve processes within the Licensing Program and released the Public Health Nurse application online. Once an applicant or licensee has created a BreEZe profile they can apply and pay for the Public Health Nurse certificate. The next application scheduled to go online is the Nurse Anesthetist certificate. This is currently in the development/testing phase and expected to be released the end of February.

Board staff continues to work in partnership with the BreZE technology team to enhance the system for better process improvement, to identify and track processing times and to design and build reporting tools.

INTERNATIONAL:

In accordance with California Code of Regulations Section 1413 English Comprehension, the Board can require applicants to pass an examination when they have reasonable doubt of an applicant’s ability to comprehend the English language to a degree sufficient to permit them to discharge their duties as a Professional Nurse in this state.

When processing international applications we have seen a rise in some applicants’ inability to communicate with board staff. This has especially been the case when the language of educational instruction was not in English and they are applying to the Board as an examination applicant. In order to continue our mission to protect the public and ensure compliance with our regulations, the international analysts will be referring these applicants to TOEFL to take the examination to prove English comprehension.

This will not be a requirement for all international applicants only those found not to have the ability to comprehend the English language.

STATISTICS:

Board management and staff continue to work collaboratively on statistics with the Department of Consumer Affairs BreZE Reports Team.

In accordance with Business and Professions Code section 115.5, the Board is required to expedite the licensing process for an applicant whose spouse or partner is an active duty member of the armed forces and is being stationed in California.

The cycle time identified in the table below reflects processing times beginning with the cashier date of the application to the issuance of the renewable license for these applicants.

Year	Applications Received	Renewable Licenses Issued	Temporary Licenses Issued	Average Cycle Time
2013	57	32	2	41 days
2014	208	163	8	38 days

NEXT STEP:

Follow directions given by committee and/or board.

PERSON TO CONTACT:

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