BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE
MEETING MINUTES

DATE & TIME: January 26, 2017
9:00 am

MAIN LOCATION: Department of Consumer Affairs Headquarters #2 – Board of Registered Nursing
1747 North Market Blvd., Suite 100, Pearl Room
Sacramento, CA  95834-1924

TELECONFERENCE LOCATIONS:

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<tr>
<th>Location</th>
<th>Address</th>
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<tr>
<td>Kaiser Permanente NPCS Department</td>
<td>1800 Harrison Street, 17th Floor</td>
<td>Oakland, CA</td>
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<td>Kansas City Downtown Marriott</td>
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<td>Nursing and Allied Health, Building 500</td>
<td>Menifee, CA</td>
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PRESENT: Stephanie L. Decker, Kaiser Permanente National Patient Care Services, Co-chair
Loucine Huckabay, PhD, RN, PNP, FAAN, CSU Long Beach, Co-chair
Tanya Altmann, PhD, RN, CSU Sacramento
Judith G. Berg, MS, RN, FACHE, HealthImpact
Vicki Bermudez, RN, California Nurses Association/National Nurses United (for Saskia Kim)
Fiona Castleton, Health Professions Education Foundation, OSHPD (for Linda Onstad-Adkins)
Pilar De La Cruz-Reyes, MSN, RN, Board Member
Brenda Fong, California Community College Chancellor’s Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCNS-BC, FAPA, UCLA School of Nursing Hlth Ctr
Jeaninne Graves, MPA, BSN, RN, OCN, CNOR, Sutter Cancer Center
Marketa Houskova, RN, BA, MAIA, American Nurses Association/California
Carol Jones, MSN, RN, PHN, UNAC/UHCP (for Denise Duncan)
Judy Martin-Holland, PhD, MPA, RN, FNP, University of California, San Francisco
Sandra Miller, MBA, Assessment Technologies Institute
Robyn Nelson, PhD, RN, West Coast University
Susan Odegard-Turner, PhD, RN, Association of California Nurse Leaders (for Pat McFarland)
Stephanie Robinson, PhD, MHA, RN, Fresno City College
Joanne Spetz, PhD, Institute for Health Policy Studies, University of California, San Francisco
Peter Zografas, PhD, RN, Mt. San Jacinto College

ALSO PRESENT: Julie Campbell-Warnock, MA, Research Program Specialist, Board of Registered Nursing
Katie Daugherty, MN, RN, Nursing Education Consultant, Board of Registered Nursing
Miyo Minato, RN, Supervising Nurse Education Consultant, Board of Registered Nursing
Joseph Morris, PhD, MSN, RN, Executive Officer, Board of Registered Nursing
Janette Wackerly, MBA, RN, Supervising Nurse Educ Consultant, Board of Registered Nursing

PUBLIC PRESENT: Ross Lallian, OSHPD
Dorian Love, Health Professions Education Foundation/OSHPD
Dorian Rodriguez, OSHPD
Angie Strawn, Chamberlain College of Nursing
Linda Zorn, Butte College/California Community College Chancellor’s Office
1.0 Call to Order/Roll Call/Establishment of a Quorum
Meeting was called to order at 9:45 am, roll was taken and a quorum was established.

1.1 Introductions
Introductions of all committee members, staff, and guests was completed.

2.0 Vote on Whether to Approve Previous Meeting Minutes of Minutes
2.1 November 17, 2015 – Nursing Workforce Advisory Committee (NWAC)

Motion: Judith Berg made a motion that the Committee approve the Minutes from November 17, 2015 Nursing Workforce Advisory Committee Meeting.
Second: Jeannine Graves

No public comment.

VOTES

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VOTES

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2.2 April 26, 2016 – Education Issues Workgroup (EIW)

Motion: Judy Martin-Holland made a motion that the Committee approve the Minutes from April 26, 2016 Education Issues Workgroup.
Second: Stephanie Robinson

No public comment.

VOTES

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VOTES

| Y | Y | Y | Y |

3.0 Background and Purpose of the Nursing Workforce Advisory Committee (NWAC), Education Issues Workgroup (EIW) and Nursing Education and Workforce Advisory Committee
This current, newly formed NEWAC is the combination of the EIW and the NWAC as recommended by the legislature during the BRNs Sunset Review Report process to bring together educator and employer representatives and stakeholders to communicate, collaborate and assist one another on relevant nursing issues and identify how the Board might assist in these efforts. The EIW’s main task has been to assist the BRN staff by reviewing the Annual School Survey and at times advise BRN staff on education issues. The EIW included representation from different pre-licensure educational degree programs deans or directors and a few stakeholders. Membership representation always included a variety of geographic (north, south, central) and program type representation (i.e., public and private, degree type). The EIW has been has been meeting annually. The NWAC was established in 2001 to advise the Board on the content of surveys regarding RN workforce issues and identify factors in the workplace that positively and negatively affect the health and safety of consumers and nursing staff. Over time, largely due to budget constraints, the Committee had been meeting biennially with its main purpose to review the biennial RN survey and provide input. This Committee included members from nursing education, nursing associations/stakeholders, and other state agencies.
3.1 Vote on Whether to Approve EIW or Similar Subgroup to Complete Annual School Survey Work

The EIW has played an important role in working with the BRN staff and the BRN contractor, UCSF, in providing input to the Annual School Surveys questions and data review. The meetings with the EIW have been working meetings, where details about what questions should be asked, and question and answer choice wording are discussed. As the BRN staff have relied upon the input of the EIW for the Annual School Survey, the BRN staff recommend a subgroup of the education representatives and perhaps some stakeholders continue to work with the staff and report back to the NEWAC. BRN staff still need to verify any legal requirements of a subgroup and consider budget issues to finalize details but is requesting the Committee to make a decision on the approval of the subgroup in concept.

The Committee discussed the positive aspects of this and possible representation on the subgroup. For further clarification in the future and to work most effectively, the Committee requested staff to draft goals and objectives for the NEWAC and the subgroup and to provide a draft at the next meeting.

Motion: Judy Martin-Holland made a motion that the Committee approve a subgroup to work with staff on the Annual School Survey and have staff and the NEWAC Co-chairs determine membership and other details.
Second: Susan Odegaard-Turner

No public comment.

VOTES

TA  JB  VB  FC  SD  PDCR  BF  SF  JG  MH  LH  CJ  JMH  SM  RN
Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y

3.2 Review/Discuss RN Recruitment in California – Ways to Increase Diversity

The majority of RNs in the California workforce (and nationally) are white females and until the majority of these RNs over 50 begin to retire this will continue. There is a significant difference in the diversity of the RN student population compared to the workforce. The student population is much more diverse, but while small increases are being made in the male and Hispanic RN population, future forecasts indicate there will still be a discrepancy compared to the population of California. The African-American population has seen slight declines from the past. Native Americans and Pacific Islanders are other groups that have not seen any significant change over time.

Some issues identified and discussed include:

- Pipeline Issues (DOE has pipeline grants)
  - Need student recruitment/resources in elementary and junior high schools
  - Need for mentors/tutors at all levels
  - Information to high school counselors and science teachers
- Nursing Program Issues
  - Educators at all levels need more cultural/diversity training to deal with different ethnic/racial groups
  - Schools need to promote their programs to the different communities, let them know there are options
    - Go out to the community
  - Provide resources to assist with decreasing attrition
  - Develop partnerships and affiliations with the targeted populations

The Committee wants to accumulate a resource for best practices, partners and contacts related to increasing the diversity of RNs. Committee members will send those they have to BRN staff by February 28, 2017 and a resource list/information will begin to be drafted. The BRN staff shared a recently developed flyer about careers in nursing targeted to men and minority groups. These flyers are being distributed to a variety of groups and the BRN can provide to stakeholders if they would like to distribute. Some possible edits to the flyer were identified and committee members were encouraged to send any other feedback/suggested edits to the BRN staff by February 28, 2017 for consideration in editing future versions of the flyer.

No public comments received and no motion required.
3.3 Review/Discuss Clinical Practice Sites – Issues Related to Educators and Employers and Displacement Issues

Keeping and finding clinical placements continue to be a challenge for some schools and an increase in placements in non-hospital settings continues. There is concern from public schools that some private schools with more resources are providing monetary support to the hospitals and/or paying preceptors and public schools do not have the resources to do this. Space is also sometimes taken by students enrolled in out-of-state programs, thus leaving less space for students of schools in California. Data was provided from the draft 2015-2016 BRN Annual School Report showing the trend of programs reporting being denied a clinical placement, unit or shift. This data appears to be showing a decline, however data showing programs that reported fewer students allowed for a clinical placement showed an increase from the previous year. Additional data was presented on reasons for space being unavailable and alternative clinical sites used.

In order to work on some of these issues or keep them from occurring, the committee discussed the importance of strong academic/practice partnerships being in place. Schools must facilitate ongoing communication and build relationships with the service agencies. Schools should encourage service agencies to agree not to let students from out-of-state programs displace current students from California based programs. Regional consortiums often assist with this and other placement issues. Alternative and non-traditional sites are being more widely used. The Department of Corrections is willing to work with students, however, concern for students safety has kept this from being a widely used alternative. Some states are beginning programs to reward agencies through reimbursements or tax rebates for offering placements to public school nursing program students to increase access for public schools. This issue will continue to be discussed by the committee.

No public comments received and no motion required.

3.4 Review/Discuss Clinical Simulation

Currently the BRN regulation limits the amount of simulation to 25% of the total hands-on patient care training. There has been ongoing discussion/requests from nursing programs to increase this percentage as clinical practice space has become more difficult to obtain and keep. The BRN collects data on the Annual School Survey regarding the use of clinical simulation in the nursing programs and a summary of the data was presented that shows on average overall, nursing programs report 7% to 8% of clinical training is spent in simulation. This percentage varies slightly by content area with the highest percentage (9%) reported in obstetrics and pediatrics.

The NCSBN study regarding clinical simulation was discussed and the idea of working on a pilot project in California to identify simulation standards and identifying schools (such as CSU Chico) with best practices in simulation. Other states such as Arizona and Texas were discussed as possible models, places to obtain information. It was discussed that a subgroup would be formed to review these issues and determine the best process for moving forward. HealthImpact will spearhead with funding assistance from the Community College Chancellor’s Office. Representatives from COADN, CACN, BRN, and other simulation experts will be included on the workgroup. Reports and updates will be provided back to this committee.

No public comments received and no motion required.

3.5 Review/Discuss Changes in Education for Ambulatory Care

RN care is moving more and more outside of the traditional hospital setting and into the community. It was discussed that two papers provide some good information in this area, one being from the Macy Foundation (June 2016) titled “Registered Nurses: Partners in Transforming Primary Care – Recommendations from the Macy Foundation Conference on Preparing RNs for Enhanced Roles in Primary Care” and one from the California HealthCare Foundation (August 2015) titled “RN Role Reimagined: How Empowering RNs Can Improve Primary Care”. These papers will be sent to committee members as background for future discussion.

No public comments received and no motion required.
3.6 Committee Members Share Other Recent Nursing Research & Ideas for Possible Additional Research

This is an opportunity for committee members to provide any updates on recent nursing workforce research or any ideas for possible additional research. It was reported that the BRN and UCSF complete a variety of research which is available on the BRN website at http://www.rn.ca.gov/forms/pubs.shtml. UCSF (Susan Chapman) is researching Psych Nurse Practitioners to determine shortage areas.

Some ideas for areas where research would be helpful included:

- Successful methods for recruiting and retaining diverse student populations
- Assessments of current diversity and forecasts on a regional basis
- Onboarding/retention of new graduates from graduate and employer perspective (some of this collected in annual new graduate survey conducted by a collaboration of organizations)

Some parts of these topics are being collected on existing surveys. These research areas and others will continue to be discussed by the committee.

No public comments received and no motion required.

4.0 Public Comment for Items Not on the Agenda

No public comments regarding items not on the agenda were received.

5.0 Adjournment

Meeting adjourned at 12:05 pm.

Date of next meeting: TBD

____________________________   __________________________
Joseph Morris, PhD, MSN, RN    Loucine Huckabay
BRN Executive Officer     Committee Co-Chair
AGENDA ITEM: 2.0  
DATE: October 12, 2017

ACTION REQUESTED: Vote to Recommend Committee Background, Purpose, Goals, and Membership

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: Attached is a draft document for discussion and vote which outlines the Background, Purpose, Goals, and Membership for the NEWAC beginning in 2018. This will formalize the NEWAC work and make it consistent with other BRN advisory committees.

NEXT STEPS: Present NEWAC recommendations to the Boards ELC in January 2018 and the full Board in February 2018.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist
BOARD OF REGISTERED NURSING
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE
BACKGROUND, PURPOSE, GOALS, AND MEMBERSHIP

BACKGROUND
The combining of the Board’s Nursing Workforce Advisory Committee (NWAC) and Education Issues Workgroup (EIW) into one committee, later named the Nursing Education and Workforce Advisory Committee (NEWAC), was approved by the Board in June 2015. This combining of committees was in response to a recommendation from the legislature during the BRNs sunset review process. This recommendation was made so that a combined committee could address issues impacting both nursing education and the nursing workforce. Meetings of the NEWAC will be conducted in accordance with the rules of the State’s public open meetings requirements.

PURPOSE
The purpose of the NEWAC is to bring together educator, employer and practice representatives and stakeholders to:

• communicate, collaborate and assist one another on relevant nursing issues
• identify how the Board might assist in these efforts
• provide guidance to the Board on the content of surveys regarding RN workforce issues and surveys of RN nursing education programs

That will lead to positive outcomes for the future of registered nursing to benefit the health and safety of health care consumers in California.

GOALS

Goal #1
Collaborate to identify current and relevant issues that impact quality registered nursing education, employment, and workforce trends in California.

Goal #2
Facilitate work to resolve, improve and/or continue work and dialogue on the identified issues with the goal to improve quality registered nursing care to consumers in California.

Goal #3
Provide recommendations and guidance to the Board of Registered Nursing on identified issues and topics in areas for which the Board could assist and/or facilitate the work of the committee.

Goal #4
Review and provide input, when requested by the Board of Registered Nursing, on the content of surveys regarding RN workforce issues and education programs.

MEMBERSHIP PROCEDURES
Members’ terms will be two year terms with half of the committee beginning/expiring at the beginning of each calendar year, thus for the first year (2018), to avoid having all terms expire at the same time, half of the committee will serve for three years. Terms may be renewed or extended in cases where stakeholder representation would be compromised and the BRN Executive Officer or designee determines continuation of an individual’s membership is important to the committee work. Members’
who are appointed to replace an outgoing member during the term, shall carry the term expiration as the original member and may be appointed for another term. The BRN Executive Officer or designee will coordinate committee appointments and membership and has final approval of all committee appointments and terms. A listing of the members terms, appointment and expiration dates will be maintained by the BRN.

Appointed committee members are the only individuals allowed to participate and vote as a member. Representatives or designees will not be allowed to participate as a committee member in an appointed committee members absence. Others attending, who are not members of this committee, may attend meetings as an audience member and speak during public comment times but may not otherwise participate or vote.

Committee chair or co-chairs and a secretary will be decided by the committee and will serve for two years or until their term expires. The chairs or co-chairs will assist the BRN staff with the meeting agendas and facilitating the meetings. The secretary member will draft minutes of each meeting and assist the BRN staff in preparation of draft and final minutes.

The NEWAC will include representatives from the following:

- 2 - Nursing program representatives appointed by COADN (one from Northern and one from Southern California)
- 2 - Nursing program representatives appointed by CACN (one from Northern and one from Southern California)
- 3 (minimum) - Nursing program dean/director representatives appointed by the BRN Executive Officer or designee
- 2 - RN employer representatives
- 2 - Currently practicing RN representatives
- 2 - Currently practicing APRN representatives
- 2 - Public representatives
- 1 - Office of State Health Planning & Development – Health Professions Education Foundation Representative
- 1 - Office of State Health Planning & Development – Health Workforce Development Division Representative
- 3 – College Chancellor’s Office Representatives (i.e., Community College, CSU and UC)
- 3 to 4 - Professional Nursing Organization Representatives (i.e., American Nurses Association/California, Association of California Nurse Leaders, California Hospital Association, HealthImpact)
- 2-3 - Union Organization Representatives (i.e., California Nurses Association, SEIU, UNAC/UHCP)
- 1 - BRN Board Member
- 1 - BRN research vendor
AGENDA ITEM: 2.1
DATE: October 12, 2017

ACTION REQUESTED: Nominations and Vote to Recommend 2018 to 2020/2021 NEWAC Chair/Co-chairs and Secretary Positions

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: As included in the previous agenda item document, NEWAC Background, Purpose, Goals and Membership, Committee chair or co-chairs and a secretary will be decided by the committee and will serve for two years or until their term expires. The chairs or co-chairs will assist the BRN staff with the meeting agendas and facilitating the meetings. The secretary member will draft minutes of each meeting and assist the BRN staff in preparation of draft and final minutes. The positions will begin in early 2018 (following final approval at the February 2018 Board meeting).

At this time, the committee can entertain nominations and vote to recommend the positions to the Board’s Nursing Education and Licensing Committee at their next meeting in January 2018 and then to the Board at their meeting in February 2018.

NEXT STEPS: Present NEWAC recommendations to the Boards ELC in January 2018 and the full Board in February 2018.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist
AGENDA ITEM: 3.1
DATE: October 12, 2017

ACTION REQUESTED: Report of April 11, 2017 Roundtable Discussion: Clinical Placement Issues

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: The BRN invited educators, employers, and stakeholder representatives to attend a roundtable discussion regarding clinical placement issues on April 11, 2017. Attached is the agenda, the list of participants and the key points that were discussed. One recommendation that was discussed was that nursing may want to develop its own report, separate from the IOM report. It was suggested to move this idea to the NEWAC to develop measurable, realistic, and obtainable objectives to focus on solutions.

The information from this roundtable meeting is being brought to NEWAC for review, consideration, and possible recommendations for future work in this area.

NEXT STEPS: Possible recommendations to the Boards ELC in January 2018 and the full Board in February 2018 for future work.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist
ROUNDTABLE DISCUSSION: CLINICAL PLACEMENT ISSUES

DATE: April 11, 2017
TIMES: 10:00am – 12:00pm
LOCATION Board of Registered Nursing
1747 North Market Blvd., Suite 150-Library Conference Room
Sacramento, CA 95834-1924
(916) 574-7600

AGENDA

1. Introductions and housekeeping

2. Discussion Points:
   A. Future of Nursing
   B. Preparing RNs for Diverse Workplace Opportunities
   C. Interpretation of “Clinical Site” in Legislation
   D. Consortiums
   E. Trends in Nursing

3. Summary of Discussion/Future Planning

4. Wrap-up/Adjourn
## Participants for Roundtable Discussion
### Regarding Clinical Placements
#### BRN Headquarters, Library – 4/11/17

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<th>Name</th>
<th>Title/Organization</th>
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<tr>
<td>Scott R. Ziehm, DNP, RN</td>
<td>Associate Dean for Prelicensure Programs and Accreditation &amp; Professor, UCSF – President-elect CACN</td>
<td>Remote</td>
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<td>Philip A. Greiner, DNSc, RN</td>
<td>Professor &amp; Director, San Diego State University, current President CACN</td>
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<td>Sandra (Sandy) Melton, PhD, ACNS-BC, CNE, RN</td>
<td>Director, School of Nursing &amp; Allied Health, Ventura College, President-elect COADN South</td>
<td>In Person</td>
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<tr>
<td>Marshall Alameida, PhD, RN, CNS</td>
<td>Dean of Health Sciences, College of Marin, current President COADN North</td>
<td>Remote</td>
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<td>Stephanie R. Robinson, RN, MHA, PhD</td>
<td>Director of Nursing, Fresno City College, past-President COADN North</td>
<td>Remote</td>
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<td>Robyn Nelson, PhD, MSN, RN</td>
<td>Dean of Nursing, West Coast University</td>
<td>Remote</td>
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<td>Katie Skelton, RN, MSN</td>
<td>Chief Nursing Officer, St. Joseph's Orange County</td>
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<td>Margarita Baggett, RN, MSN</td>
<td>Chief Clinical Officer, UCSD Health System</td>
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<td>Michelle Lopes, RN, MSN</td>
<td>Chief Nursing Officer, John Muir Medical Center</td>
<td>In Person</td>
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<td>BJ BARTLESON, RN, MS, NEA-BC</td>
<td>Vice President, Nursing &amp; Clinical Services California Hospital Association</td>
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<tr>
<td>Pat McFarland, RN, MSN, FAAN</td>
<td>Chief Executive Officer, Association of California Nurse Leaders</td>
<td>In Person</td>
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<td>Judith (Judee) Berg, MS, RN, FACHE</td>
<td>Chief Executive Officer, HealthImpact</td>
<td>In Person</td>
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<tr>
<td>Sarah Huchel</td>
<td>Principal Consultant, Senate Committee on Business, Professions and Economic Development</td>
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<tr>
<td>Matthew</td>
<td>Intern, Senate Committee on Business Professions and Economic Development</td>
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**BRN Staff:**
- Dr. Joseph Morris, Executive Officer
- Stacie Berumen, Assistant Executive Officer
- Janette Wackerly, Supervising Nursing Education Consultant
- Julie Campbell-Warnock, Research Program Specialist
ROUND TABLE MEETING: CLINICAL PLACEMENT/DISPLACEMENT ISSUES

DATE/TIME: April 11, 2017 - 10:00am to 12:00pm
LOCATION Board of Registered Nursing
1747 North Market Blvd., Suite 150-Library Conference Room
Sacramento, CA 95834-1924

Attendees In Person or By Conference Call: Sarah Huchel and Intern from Senate B&P, Michelle Lopes, Julie Campbell-Warnock, BJ Bartleson, Judee Berg, Janette Wackerly, Pat McFarland, Sandy Melton, Joseph Morris, Stacie Berumen, Marshall Alameida, Scott Ziehm, Phil Greiner, Katie Skelton, Margarita Baggett, Robin Nelson, Stephanie Robinson

KEY POINTS

Future of Nursing
The IOM report has set the framework for much of the evolution of nursing in recent years:

- Movement of RN roles in the hospital/acute care to other settings. California has fewer hospital beds per capita than any other state and research has shown that less RNs are working in acute care than historically, which may in part be due to the economic recession.
- With the shift to different roles for RNs, need shift in thinking for nurse leaders for new roles and alternative clinical placements for students including community settings/care coordination, primary care partners in clinics, urgent care and retail roles, criminal justice clinical settings.
- Research/Papers on this topic have been completed by Jack Needleman, Dr. Tom Bodenheimer at UCSF is reviewing/writing on this issue as well as the Macy Foundation looking at the role of nursing in primary care.
- Challenges that arise when considering community based clinical placements include the ability to accommodate large cohorts of students at one time, different skill sets needed than in acute care, alternative forms of supervision/definition of supervision, more innovation by schools in planning clinical placements, what BRN considers an acceptable clinical placement.
- Senate B&P Committee representative indicated BRN sunset bill, SB 799 may be a vehicle that could be used for any needed legislative changes in these areas.

Preparing RNs for Diverse Workplace Opportunities
Things to consider if reduce the number of clinical hours in medical-surgical/acute care and increase in community care settings:

- Impact/shift on hospitals and training/residency programs for new graduates.
- Concepts from patient care in med-surg are in all settings (home health, skilled nursing, etc.) so need to move away from task teaching to concepts and critical thinking.
- Nursing education programs and associations (nurse leaders) need to reform how nursing roles are perceived and valued (acute care is not better); reframe what nursing is to students.
- Nursing develop its own report, separate from the IOM report and recommend to move this discussion to the Nursing Education and Workforce Advisory Committee (NEWAC) to develop measurable, realistic and obtainable objectives to focus on solutions.
Consortiums
There is currently no one statewide consortium system; they are regionally based and regions use them to different degrees, some have more sophisticated systems than others and some regions are not using them. They require technology, someone to run it so must have funding. Systems in some regions of the state were discussed. Issues regarding consortiums include:

- How do we ensure there is transperancy and equal access? All students deserve opportunities/access to the same experiences
- Should consortiums be required for both schools and employers? Emphasis should be on employers and schools working it out to keep it out of the regulatory/mandated process

Trends in Nursing
The IOM report recommendation for RNs to be prepared at the BSN level has lead to issues with clinical placements:

- Some hospitals only want BSN or higher level students/licensees. Some hospitals will hire ADN nurses as long as they get a BSN within a certain time period
- 1,000 ADN students are currently co-enrolled in ADN and BSN programs and many programs have agreements or collaborations with programs that award a higher degree. Formal and statewide agreement between the CSU and Community Colleges for nursing are being established.
- HealthImpact has list of partnerships between ADN and BSN programs they will share
- There are more Community College students than CSU could accept
- Cost of BSN program is prohibitive for some
- There is a growing concern with the quality of BSN education and discussion from the industry side to institute a BSN level certification, which would require an additional exam

Summary of Discussion/Future Planning
- ACNL and HealthImpact discussed the need to work at the regional level, have meetings with stakeholders to develop ground rules to help resolve this issue outside of the regulatory process. Have schools and employers with ACNL, Hospital Assocation and HealthImpact attempt to work it out
- Hospital Association cannot require the employers to work with the consortium but can strengthen the product and encourage them to work to improve collaboration
- Identify funding sources for consortiums
- HealthImpact coordinating a task force looking at data, trends and best practices of clinical simulation and has a goal to have recommendations to the NEWAC meeting in October. Recommendations will be provided to stakeholders before they are finalized for NEWAC
BOARD OF REGISTERED NURSING  
Nursing Education & Workforce Advisory Committee  
Agenda Item Summary

AGENDA ITEM: 3.2  
DATE: October 12, 2017

ACTION REQUESTED: Report on BRN Clinical Displacement Survey of Nursing Education Programs

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: The BRN is currently surveying RN pre-licensure nursing education programs regarding clinical displacements they may have encountered during the last academic year. For the purposes of this survey, “displacement” is defined as “the pre-licensure nursing education program students being replaced by students from another pre-licensure nursing education program at a clinical site previously used by the pre-licensure nursing education program, whether for a shift, unit, entire placement, or facility allowing fewer students and/or preceptorships, without being offered a feasible alternative.”

The survey is being done to collect data regarding the clinical displacement experiences of BRN approved pre-licensure nursing education programs in order to collect specific data on clinical displacement. The BRN has heard a variety of anecdotal information on this subject which the Annual School Survey data to date has not always substantiated. It is hoped the collection of this data will assist in gaining a better understanding of what is transpiring across the state and provide the NEWAC with additional data to better assess this issue.

This survey is being made available by survey monkey through DCA SOLID Training and Planning Solutions during the same time period as the Annual School Survey, October 2 through November 15, 2017. For your information, attached is a copy of the survey questions. Data collected from the survey will be reported at the next NEWAC meeting.

NEXT STEPS: Continue to consider issue at future NEWAC meetings.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist
The California Board of Registered Nursing (BRN) is asking you to complete this survey to collect data regarding the clinical displacement experiences of BRN approved pre-licensure nursing education programs. It is hoped that the collection of specific data on clinical displacement, for which we have heard a variety of anecdotal information, will assist in gaining a better understanding of what is transpiring across the state in regards to this issue.

For the purposes of this survey, “displacement” is defined as your pre-licensure nursing education program students being replaced by students from another pre-licensure nursing education program at a clinical facility previously used by your pre-licensure nursing education program, whether for a shift, unit, entire placement, or facility allowing fewer students and/or preceptorships, without being offered a feasible alternative.

The data collected will be provided to the BRN Nursing Education and Workforce Advisory Committee (NEWAC) to assist in identifying displacement experiences. The survey is anonymous. Identifiable individual results will not be available to the BRN. You will have the opportunity to add comments at the end of the survey.

Thank you for taking the time to participate in this important survey. The BRN appreciates your sharing your experiences with us in an ongoing effort to work together on critical nursing education issues.
For the purposes of this survey, “displacement” is defined as your pre-licensure nursing education program students being replaced by students from another pre-licensure nursing education program at a clinical facility previously used by your pre-licensure nursing education program, whether for a shift, unit, entire placement, or facility allowing fewer students and/or preceptorships, without being offered a feasible alternative.

1. What type(s) of pre-licensure program(s) does your school offer? (Check all that apply)
   - ADN
   - BSN
   - ELM

2. Were there changes in the number of clinical placements for academic year 2016-2017 from the previous academic year (2015-2016) for your pre-licensure nursing education program?
   - Increase
   - Decrease
   - No Change

3. Has your pre-licensure nursing program experienced any displacement (i.e. unit, shift, entire placement, or facility allowing fewer students and/or preceptorships) from any clinical facility in the last academic year (2016-2017), without being offered a feasible alternative?
   - Yes  (skips to question #4)
   - No   (skips to question #6)
4. How many times in the last academic year (2016-2017) has your pre-licensure nursing program experienced displacement from any existing clinical facility (i.e. unit, shift, entire placement, or facility allowing fewer students and/or preceptorships), without being offered a feasible alternative?

- None  (skips to question #6)
- One
- Two
- Three
- Four
- Five or more
The following two questions will ask you to provide the details of each clinical displacement (up to five) that you experienced in the last year.

If your pre-licensure program experienced less than five displacements, provide details for the number of displacements that you reported in the previous question.

If your pre-licensure program experienced more than five displacements. Provide details for the five displacements that had the greatest impact on students. For example: if your pre-licensure program had seven separate displacement experiences, please use the five question sets to report your displacements that had the most impact on students.

For the purposes of this survey, “displacement” is defined as your pre-licensure nursing education program students being replaced by students from another pre-licensure nursing education program at a clinical facility previously used by your pre-licensure nursing education program, whether for a shift, unit, entire placement, or facility allowing fewer students and/or preceptorships, without being offered a feasible alternative.
The following question sets are in reference to the clinical displacement (i.e. unit, shift, entire placement, or facility allowing fewer students and/or preceptorships) that you experienced in the last academic year (2016-2017). Please choose the best answer that applies to each number of applicable displacements.

The following two questions will ask you to provide the details of each clinical displacement (up to five) that you experienced in the last year.

If your pre-licensure program experienced less than five displacements, provide details for the number of displacements that you reported in the previous question.

If your pre-licensure program experienced more than five displacements. Provide details for the five displacements that had the greatest impact on students. For example: if your pre-licensure program had seven separate displacement experiences, please use the five question sets to report your displacements that had the most impact on students.

For the purposes of this survey, “displacement” is defined as your pre-licensure nursing education program students being replaced by students from another pre-licensure nursing education program at a clinical facility previously used by your pre-licensure nursing education program, whether for a shift, unit, entire placement, or facility allowing fewer students and/or preceptorships, without being offered a feasible alternative.

To answer question #5, please use the scroll bar below to reveal all nine sub-questions and responses (5a through 5i).

5. To answer question #5, please use the scroll bar to reveal all nine sub-questions and responses (5a through 5i). The following are asked scroll bar fashion across the page horizontally with first to fifth displacement going vertically.

*Survey allows participant to select the displacement number (first displacement – fifth displacement) and requests the following questions for each displacement.

<table>
<thead>
<tr>
<th>5a. What specific reason were you given by the facility for the displacement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No longer accepting ADN students/Accepting only BSN or higher students</td>
</tr>
<tr>
<td>2. Facility seeking Magnet status</td>
</tr>
<tr>
<td>3. Accepting students from another nursing program whose enrollment is associated with a grant or other relevant funding program</td>
</tr>
<tr>
<td>4. Accepting students from another nursing program with no additional explanation</td>
</tr>
<tr>
<td>5. Began charging a fee for clinical placement your program would not pay but another program would</td>
</tr>
<tr>
<td>6. No reason provided by the clinical facility</td>
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<tr>
<td>7. Accepting students from another nursing program who could meet the schedule offered by the clinical facility</td>
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<tr>
<td>8. The program declined an alternative placement offered by the clinical facility</td>
</tr>
<tr>
<td>9. Other, please explain in comment box</td>
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</tbody>
</table>
5b. From what type of clinical facility were you displaced from?

1. Hospital
2. Long-term care
3. Sub-acute setting
4. Other inpatient setting
5. Clinic/ambulatory setting
6. Other healthcare setting

5c. From what clinical area were you displaced from?

1. Medical/ Surgical
2. Obstetrics
3. Pediatrics
4. Psych/Mental Health
5. Geriatrics
6. Critical Care/ ICU
7. Community Health (pre-licensure students only)
8. Other, please explain in comment box

5d. What was the displacement?

1. Before Shift
2. Entire Facility
3. Unit
4. Shift
5. Fewer students allowed
6. Preceptorship
7. Other, please explain in comment box

5e. How many students were impacted by the displacement?

1. 1-5
2. 6-10
3. 11-20
4. 21-30
5. 31-40
6. 41-50
7. 51-75
8. 76-100
9. More than 100

5f. How did you cover the displacement?

1. Replaced with a before shift
2. Replaced with the same clinical facility (i.e. changed a shift day/time)
3. Replaced with another clinical facility being used by the program
4. Replaced with a new clinical facility not previously used by the program
5. Reduction of students accepted in the program
6. Covered in Clinical Simulation/Skills Lab/Classroom
7. Other, please explain in comment box
5g. Rate the impact of the displacement to your student(s)

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No impact (i.e. displacement occurred prior to faculty beginning)</td>
</tr>
<tr>
<td>2.</td>
<td>Little/minor impact (i.e. faculty had to change time slightly or change site location)</td>
</tr>
<tr>
<td>3.</td>
<td>Moderate impact (i.e. faculty had to make minor schedule change or travel somewhat further for placement)</td>
</tr>
<tr>
<td>4.</td>
<td>Significant impact (i.e. faculty had to travel significantly farther and/or make significant change to schedule)</td>
</tr>
</tbody>
</table>

5h. Rate the impact of the displacement to your faculty scheduling/teaching assignments

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
<td>Moderate impact (i.e. faculty had to make minor schedule change or travel somewhat further for placement)</td>
</tr>
<tr>
<td>4.</td>
<td>Significant impact (i.e. faculty had to travel significantly farther and/or make significant change to schedule)</td>
</tr>
</tbody>
</table>

5i. Identify the county where the displacement occurred

<table>
<thead>
<tr>
<th>County Code</th>
<th>County Name</th>
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<tbody>
<tr>
<td>01</td>
<td>ALAMEDA</td>
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<td>02</td>
<td>ALPINE</td>
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<td>03</td>
<td>AMADOR</td>
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<td>04</td>
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<td>CALAVERAS</td>
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<td>06</td>
<td>COLUSA</td>
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<td>CONTRA COSTA</td>
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<td>08</td>
<td>DEL NORTE</td>
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<td>09</td>
<td>EL DORADO</td>
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<td>10</td>
<td>FRESNO</td>
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<td>11</td>
<td>GLENN</td>
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<td>12</td>
<td>HUMBOLDT</td>
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<td>13</td>
<td>IMPERIAL</td>
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<td>14</td>
<td>INYO</td>
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<td>LAKE</td>
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<td>LASSEN</td>
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<td>LOS ANGELES</td>
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<td>20</td>
<td>MADERA</td>
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<td>PLUMAS</td>
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<td>RIVERSIDE</td>
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<td>SAN BERNARDINO</td>
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<td>37</td>
<td>SAN DIEGO</td>
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<td>SAN FRANCISCO</td>
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<td>39</td>
<td>SAN JOAQUIN</td>
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<td>SANTA BARBARA</td>
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<td>41</td>
<td>SANTA CLARA</td>
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<td>42</td>
<td>SANTA CRUZ</td>
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<td>SISKIYOU</td>
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<td>YOLO</td>
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<td>YUBA</td>
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Please explain any "Other" responses (type the question and your response in comment box)

To answer question #5, please use the scroll bar below to reveal all nine sub-questions and responses (5a through 5i).
The following questions are regarding a consortium or organized group in your area used to match clinical facility placements with students in the pre-licensure educational programs.

6. Are there consortia or other organized groups in your area to match or maintain clinical placements between pre-licensure educational programs and clinical facilities?
   - Yes  (skips to question #7)
   - No    (skips to question #12)
7. Is your pre-licensure program a member of this consortium or organized group?
   Yes  (skips to question #9)
   No   (skips to question #12)

Please provide us further details: If yes, what is the name of the consortium? / If no, why not?

8. How does a pre-licensure education program become a member of the consortium or organized group? (Check all that apply):
   Complete an application/paperwork
   Pay a fee
   Meet certain requirements (please explain in comment box)
   By invitation (please explain in comment box)
   I don't know
   Other (please explain in comment box)

If you selected certain requirements, by invitation, or other, please explain in the comment box below:
9. Are you satisfied with the clinical placement process of the consortium or group?
   - Not at all satisfied
   - Somewhat dissatisfied
   - Somewhat satisfied
   - Very satisfied

10. Please describe what you would like to see changed or improved about the consortium group:

11. Please describe what you are satisfied with about the consortium group:
12. Please provide any helpful suggestions/solutions regarding the clinical placement/displacement issue that you think would be helpful to the work of the BRN’s Nursing Education and Workforce Advisory Committee (NEWAC).
Thank you for participating in this survey.
The California Board of Registered Nursing appreciates your valuable input.

If you have any questions about this survey, please contact Julie Campbell-Warnock in the BRN at Julie.Campbell-Warnock@dca.ca.gov
ACTION REQUESTED: Report of April 24, 2017 NEWAC Education Subgroup Meeting

REQUESTED BY: Dr. Joseph Morris, Executive Officer - BRN

BACKGROUND: On April 24, 2017, the BRN convened the NEWAC Education Subgroup members to review the 2015-2016 Annual School Survey and data it collected to consider changes and updates for the 2016-2017 Survey document. The Subgroup members included (in addition to BRN and UCSF staff):

Tanya Altmann, CSU, Sacramento
Audrey Berman, Samuel Merritt University
Brenda Fong, California Community College Chancellor’s Office
Judee Berg, HealthImpact
Lucy Huckabay, CSU, Long Beach
Judy Martin-Holland, University of California, San Francisco
Peter Zografos, Mount San Jacinto College
Robyn Nelson, West Coast University
Stephanie Robinson, Fresno City College

In June 2017, the BRN sent an e-mail to the nursing programs with a brief summary of some of the edits, additions, etc. that were made to the 2016-2017 survey. Following are the highlights that were included in that e-mail:

- To collect data for the BRN’s Nursing Education and Workforce Advisory Committee (NEWAC) to assist in their review and analysis of current work on two topics: educational clinical simulation experiences and work towards increasing the diversity of RNs in California; additional questions have been added to the clinical training/simulation questions (more detail regarding these questions is provided in Agenda Item 3.5) and collection of demographic data related to student attrition/retention completion data has been added. These questions are asking for additional quantitative and qualitative data.
- Definitions added, some for existing and some for new terms in the survey.
Question requesting quantitative data on clerical support and clinical coordination support changed to report total numbers of individuals and total hours versus breakdown of hours by individual.

- Question regarding strategies used to recruit, support and retain students from groups underrepresented in nursing has been made into two questions.

- Some questions related to nursing faculty are being re-ordered for a more logical flow and require quantitative breakdowns total back to numbers reported in a previous question.

- Questions specific to LVN to ADN student admissions and completions added to the Generic ADN section (these questions are similar to LVN to BSN questions in BSN survey section) and include requests for both qualitative and quantitative data.

- Answer choices for qualitative question regarding admission criteria used to identify qualified applicants were revised.

- Question that asks for clinical training hours by content area expanded to break down hours for clinical hours with real patients to inpatient and outpatient (definitions for these will be included) and adding a category for recording clinical observation hours by content area in addition to clinical practice with real patients, skills lab and clinical simulation.

- Adding “other” category to all gender demographic questions for students and faculty.

The 2016-2017 Annual School Survey was BETA tested in September 2017 by 14 programs and the online survey was opened for programs to begin completing on October 2 and will remain open through November 15, 2017. Statewide preliminary data collected from the survey is generally reported at the Board’s January Education/Licensing Committee meeting and regional reports in March. Complete final reports are then available on the BRN website in late spring.

**NEXT STEPS:** None.

**PERSON(S) TO CONTACT:** Julie Campbell-Warnock, Research Program Specialist
ACTION REQUESTED: Presentation of Clinical Simulation Subcommittee Findings

REQUESTED BY: Judee Berg, Executive Officer – HealthImpact

BACKGROUND: The NEWAC appointed subcommittee for simulation has worked since the last NEWAC meeting in January. KT Waxman, Chair of the NEWAC Simulation Subcommittee and Director of California Simulation Alliance will present information regarding the Subcommittee findings and address the attached documents that are provided and include:

1. Cover letter to Dr. Huckabay as NEWAC Chairperson
2. Recommendations for Regulation Change
3. Recommendations for Simulation Guidelines
4. BRN Response to the Recommendations

NEXT STEPS: Consider and discuss information presented.

PERSON(S) TO CONTACT: Dr. Joseph Morris, Executive Officer
September 28, 2017

Loucine Huckabay, PhD, RN, PNP, FAAN, CSU
Chairperson, Nursing Education & Workforce Advisory Committee
Board of Registered Nursing
1747 North Market Blvd.
Sacramento, CA 95834

Dear Dr. Huckabay,

On behalf of the NEWAC appointed subcommittee for simulation, please accept our recommendations. The group, comprised of 14 individuals representing schools of nursing, hospitals, and the board of registered nursing, met several times over the summer to create 2 documents that support our recommendations. These documents (attached) have been reviewed by the entire subcommittee as well as various stakeholders around the state including the CACN, COADN, CHA, ACNL, HealthImpact and the California Simulation Alliance (CSA). Also attached is a document from the BRN staff responding to our recommendations.

Our recommendations for the BRN, in summary are: 1.) Adopt the regulation for increased use of simulation in schools of nursing in California. 2.) Adopt guidelines to ensure that nursing programs are committed to providing high-quality simulation educational activities.

The BRN response to the recommendation to implement simulation guidelines was to support. The BRN response to the recommendation to change section CCR 1426 (g) (2) was to request additional data and evidence. Therefore, the NEWAC simulation subcommittee requests permission to conduct 3-5 pilots in schools of nursing using the proposed new standards in order to obtain sufficient outcome data.

We look forward to discussing this with the NEWAC committee on October 12.

Respectfully,

KT Waxman, DNP, MBA, RN, CNL, CENP, CHSE, FSSH, FAAN
Chair, NEWAC Simulation Subcommittee
Director, California Simulation Alliance
NEWAC Simulation Subcommittee Recommendations

Subcommittee members: KT Waxman (chair), Connie Telles, Dee Oliveri, Mary Adams, Judee Berg, Katie Daugherty, Marie Gilbert, Lorie Judson, Jan L. Keller-Unger, Joseph Morris, Robyn Nelson, Teresa Simbro, Anna Valdez, Linda Zorn.

Purpose: The NEWAC appointed simulation subcommittee is requesting this part of CCR 1426 (g) (2) related to simulation be changed to read the following:  With the exception of an initial course that teaches basic nursing skills in the skills lab, 50% of clinical hours in a course must be in direct patient care in an area specified in section 1426 (d) in a board approved setting.

Background: Currently, the relevant part of section CCR 1426 (g) (2) states: With the exception of an initial nursing course that teaches basic nursing skills in the skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426 (d) in a board approved clinical setting. The NEWAC would like the BRN to consider reviewing the guidelines on the amount of simulation allowed for pre-licensure students as part of their clinical experience. A review of the evidence including, but not limited to, the NCSBN research study that supports clinical practice time in simulation indicates that simulation is an evidence-based alternative. This study provides substantial evidence that up to 50% simulation can be effectively submitted for traditional experience in all pre-licensure core nursing courses. (Hayden, et. all, 2014, s38). Simulation allows deliberate practice in a controlled, safe environment. Students are able to practice nursing skills and procedures prior to performance on actual patients. (Hayden, et. all, 2014, s38). Simulation provides active learning.
collaboration, and reflection to enhance students’ critical thinking skills and provides a strategy to achieve learning outcomes and evaluate the effectiveness of teaching methods and technology in meeting the needs of the students. (Billings & Halstead, 2011, Foronda, Liu, & Bauman, 2013).

**Definition:** Gaba (2004) states, “Simulation is an educational strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life. Simulation can incorporate one or more modalities to promote, improve, or validate a participant’s performance.”

**Pertinent evidence:** In addition to the landmark NCSBN study, simulation has been proven effective throughout the world in schools and hospitals. Current practices in the education of nurses around the world point to simulation strategies as a mainstay to promote affective, psychomotor, cognitive, and metacognitive skills needed to function in today’s health care arena (P. R. Jeffries, 2007). In 2009 Jeffries hypothesized that “simulation could eventually be used for the majority of clinical time in nursing education” (p. 71). Further, simulation is an established, effective method for delivering education and is a valid method for meeting the needs of a nursing education system that inadequately prepares its students (Pamela R. Jeffries et al., 2013). In 2009, the University of San Francisco received BRN approval with a waiver to allow under-graduate students in the pediatric rotation to conduct 50% of their clinical hours in simulation and 50% in the clinical setting. The study was conducted on 122 junior students. One of the drivers for this pilot program was the lack of pediatric clinical placements in the SF Bay Area. Outcomes for the pilot were positive and the students reported that they received a much richer clinical experience. Scenarios practiced in simulation, such as low, volume, high risk situations would not have been possible in the clinical setting. (Lambton, J., Pauly-O’Neill, S. 2014)

Simulation-based education (SBE) is indispensable in preparing healthcare providers for patient care (Gaba & Raemer, 2007). It has been used in healthcare for over three decades with the past decade showing evidence of a move towards standardization and translational outcomes (Adamson, 2010; Gore et al., 2012; Kardong-Edgren et al., 2012).
Clinical skills are important, but it is understood that they are often performed during crisis events and with multiple team members present, thus compounding the difficulty of the actual skill. Teamwork training with simulation offers a unique opportunity for interprofessional collaboration and a chance for various members to practice together. Full body patient simulators can set up in a clinical environment (either real or simulated) to provide a realistic way for healthcare providers to practice interprofessional patient care management, teamwork skills, communication, thereby enhancing patient safety and managing the risk for patient harm and error. The field of aviation has demonstrated significant error reductions from using teamwork training with simulation (Shapiro et al., 2004) while the healthcare field is just starting to gather evidence (Knight et al., 2014).

Other studies have demonstrated that learners favor simulation over traditional learning (Baker & Tyler, 2011; Delac, Blazier, Daniel, & D, 2013; Keys et al., 2009). Fanning and Gaba (2007) note that traditional methods, such as didactic lectures, are “not particularly effective in adult learning, and may even be even less so in team-oriented training exercises” (p.115). Presenting individuals with a simulated scenario that embeds a skill creates for a challenging learning opportunity that allows the learner to explore their actions and behaviors, beyond merely correct performance the actual skill. The Institute of Medicine (IOM) has also supported the use of SBE noting weaknesses of traditional clinical time (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011).

Faculty development is critical for simulation to be effective, however; it is often an afterthought (Hallmark, 2015; Pamela R. Jeffries, 2008; Kardong-Edgren et al., 2012). Furthermore, faculty development in general is commonly undervalued (Hallmark, 2015). The National League for Nursing (NLN) identified core competencies for nurse educators, which included the use of advanced technologies to support the learning process (Halstead & Billings, 2007).

Despite its growing popularity, many educators are reluctant or unable to incorporate manikin-based simulation into their teaching (Jansen, Berry, Brenner, Johnson, & Larson, 2010). For many educators, a knowledge and skill gap exists between the demand for simulation and competence in developing and using simulation (Lane & Mitchell, 2013). Educators require the knowledge and skills to use...
this educational strategy in order to maximize its full potential (Decker, Sportsman, Puetz, & Billings, 2008). Pamela R. Jeffries et al. (2013) noted that faculty development methods favored active learning with hands on practice in simulation methods while Jansen, Johnson, Larson, Berry, and Brenner (2009) proposed having educators run simulations immediately after training and networking with others. Howard (2011) emphasized that as simulation expands there is a need for proper faculty training.

Several barriers to simulation education exist which prevent faculty from using simulation effectively and are associated with a negative impact on student learning (Jansen et al., 2009). The following barriers have been identified: time, training, attitude, lack of space and equipment, scheduling of the laboratory, funding, staffing, and engaging students (Jansen et al., 2009). Many faculty members or professional educators possess expert clinical knowledge, but may lack knowledge and expertise related to design of educational experiences, experiential learning theories, current simulation teaching methods, debriefing methods, and use of technology (Waxman & Telles, 2009).

Berkowitz, Peyre, and Johnson (2011) emphasize that without a better understanding of the contradictory demands and motivations of faculty to teach using simulation, sustainable and meaningful learning in the simulation laboratory might not be achieved. Sole, Amidei, and Betsy Guimond (2012) found that 91.4% of simulation coordinators received their training from the simulation vendors. Vendor training is primarily focused on teaching the learners how to operate the equipment. Although this is important, it does not satisfy the overall needs of for an educator to gain competency in simulation methodologies. The NCSBN study noted that “faculty who are not trained or experienced in simulation pedagogy may not attain the same effectiveness of content delivery as those on the study teams” (Alexander, 2014, p. 2).

Simulation provides students the opportunity to develop critical thinking and psychomotor skills in a harmless learning environment. Simulation scenarios are built upon the learning objectives. The learning objectives drive the debriefing which occurs at the end of the simulated experience and this allows health professionals and instructors to review the simulation without judgment (Arafeh, Hansen, & Nichols, 2010). Scenario based simulations promote communication, teamwork, delegation, priority setting, and leadership skills (Scherer, Myers, O’Connor & Haskins, 2013). These skills are difficult to obtain in a clinical setting.
Buckley, Hensman, Thomas, Dudley, Nevin, & Coleman (2012) compare 191 student’s perceptions before and after a simulation using role playing and a mannequin. The result showed most students in all professional groups increased the confidence in interacting with other professionals as a result of the session.

Debourgh and Prion (2011) designed a quasi-experimental pre-post test design with convenience sample of 294 pre-licensure nursing students. The course was a required activity but the pre-and post test were voluntary. The study was used to gain knowledge of the effectiveness of simulation in safety principles of teamwork and communication. The mean score on the pre-test was 29.66 and post test was 34.93 with the Cohens’ d (effect size) showing a significant difference in pre and post test scores. Qualitative data collected from faculty and students following the simulation and at the end of the semester provided the validation and overall effectiveness of the simulation exercise.

**Pertinent Requirements**: Schools of nursing will need to adopt simulation guidelines and adhere to these guidelines to be approved to move to the increase to 50%. (see attached document). The following criteria will need to be met to increase simulation to 50% in the clinical portion of the program.

- A written plan for simulation
- Analysis and evaluation of program survey data
- Evaluation of the simulation experience
- Evaluation of program that includes increased simulation time with results sent to Nurse Education Consultant (NEC) as needed with result provided to BRN as needed. The BRN or the program’s assigned NEC approves the program’s use of increased simulation time based on documents sent to them by the program

In order to continue to use 50% a program or school will have to show evidence of the following:

- Evidence of ongoing faculty development in simulation and debriefing
- Evidence of faculty competencies met in simulation and debriefing
- Provision of a simulation environment with adequate faculty, space, equipment and supplies to simulate realistic clinical experiences to meet the curriculum and course objectives. (NCNA)
Benefits of simulation:

- Simulation allows deliberate practice in a controlled, safe environment. Students are able to practice nursing skills and procedures prior to performance on actual patients (Hayden, Smiley, Alexander, Kardong-Edgren, & Jefferies, 2014; International Nursing Association for Clinical simulation & Learning [INACSL], 2013.)
- Simulation promotes active learning, collaboration, and reflection to enhance students critical thinking skills; and
- Simulation provides a strategy to achieve learning outcomes and evaluate the effectiveness of teaching methods and technology in meeting the needs of the students (Billings & Halstead, 2011; Foronda, Lu, & Bauman, 2013).

Summary

In surveying State Boards of Nursing across the United States in 2014, Hayden, Smiley, and Gross (2014) noted that out of the 61 jurisdictions that regulate Registered Nursing (RN) practice, eight states and six international jurisdictions did not allow simulation to replace clinical hours. Virginia allowed up to 50% per course, but not exceeding 20% across the entire program. The state of Massachusetts was not regulating simulation hours and Louisiana, Ohio, and South Carolina did not support the use of simulation in lieu of clinical hours (Hayden et al., 2014).

A recent survey of BON simulation regulations was conducted by a graduate student in summer, 2015. This survey revealed that the following states specifically indicated a 25% maximum amount of simulation that can replace clinical hours: California, Vermont, Colorado, Michigan, Nevada, and North Carolina. In comparison, Washington, Florida, New York, and Texas allow up to 50% of simulation that can be used to replace clinical hours. Clearly, there is a wide variation in BON regulation of allowable simulation hours in nursing programs across the United States.

The NEWAC would like the BRN to review the current guidelines, regulations and the NCSBN study to allow more simulation (50%) to be accepted as clinical hours.
References


CACN white paper, (2016)


North Carolina Nurses Association (NCNA) Position Statement on Use of Simulation for up to 50% of Traditional Clinical Experiences in Prelicensure Nursing Education Programs *(pubs.ncnurses.org/pub/8a41aaba-782b-cb6e-2763-f498304a0e3a)*

Texas Board of Nursing (2015) simulation in pre-licensure nursing education (3.8.6.a)
NEWAC Simulation Subcommittee Simulation Guidelines Recommendations

Subcommittee members: KT Waxman (chair), Connie Telles, Dee Oliveri, Mary Adams, Judee Berg, Katie Daugherty, Marie Gilbert, Lorie Judson, Jan L. Keller-Unger, Joseph Morris, Robyn Nelson, Teresa Simbro, Anna Valdez, Linda Zorn.

Proposed new guidelines

These guidelines have been developed based on findings from the NCSBN National Simulation Study (Hayden, Smiley, Alexander, Kardong-Edgren, & Jefferies, 2014), the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: SimulationSM, the Society for Simulation in Healthcare CORE Accreditation Standards, and the Society for Simulation in Healthcare TEACHING/EDUCATION Accreditation Standards.

<table>
<thead>
<tr>
<th>PROGRAM GUIDELINES</th>
<th>Source</th>
</tr>
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<tbody>
<tr>
<td>Full or provisional simulation program accreditation OR the program can demonstrate the following:</td>
<td></td>
</tr>
<tr>
<td>The school has created a framework that provides adequate resources (fiscal, human, and material) to support the simulation.</td>
<td>SSH Accreditation: Core Accreditation Standards</td>
</tr>
<tr>
<td>Policies and procedures are in place to ensure quality-consistent simulation experiences for the students.</td>
<td>SSH Accreditation: Core Accreditation Standards</td>
</tr>
<tr>
<td>The program has clearly defined roles and responsibilities for simulation faculty members/facilitators.</td>
<td>SSH Accreditation: Core Accreditation Standards</td>
</tr>
<tr>
<td>The program uses simulation educational activities that are evidence based, engaging, and effective.</td>
<td>SSH Accreditation: Teaching/Education Standards</td>
</tr>
<tr>
<td>The program has mechanisms in place to evaluate educational activities.</td>
<td>SSH Accreditation: Teaching/Education Standards</td>
</tr>
<tr>
<td>The program has appropriately designated physical space for education, storage, and debriefing.</td>
<td>SSH Accreditation: Core Accreditation Standards</td>
</tr>
<tr>
<td>The program has adequate equipment and supplies to create a realistic patient care environment.</td>
<td>NCSBN Study</td>
</tr>
<tr>
<td>Program can justify ratio of clinical hours: simulation hours if 1:1 ration not used</td>
<td>NCSBN Study – source pending</td>
</tr>
<tr>
<td>The program has personnel with expertise designing simulation educational activities</td>
<td>SSH Accreditation: Teaching/Education Standards &amp; NCSBN study</td>
</tr>
<tr>
<td>The program has a plan for orienting simulation faculty members to their roles</td>
<td>SSH Accreditation: Core Accreditation Standards</td>
</tr>
</tbody>
</table>
The program has a process to assure faculty utilizing simulation are formally trained in simulation pedagogy | NCSBN study
---|---
The program has a process to assure ongoing development and competence of its simulation educators, at least annually. | SSH Accreditation: Teaching/Education Standards
The program continually improves the operations of simulation through the use of a quality management system. | SSH Accreditation: Core Accreditation Standards

<table>
<thead>
<tr>
<th>Faculty Preparation Guidelines</th>
<th>INACSL Standards Committee (2016, December). INACLS standards of Best Practice: SimulationSM</th>
</tr>
</thead>
</table>
Standard — Faculty incorporate evidence-based standards for best educational practices in the design, conduct, and evaluation of simulation activities. | |
Faculty assure simulation-based experiences are purposefully designed to meet identified objective and optimize achievement of expected outcomes. This design includes a needs assessment, measurable objectives, a structured format based on purpose, theory and modality, scenario design, fidelity, learner-centered facilitation, prebriefing, debriefing, and evaluation of learners, facilitators, and simulation experience | INACSL standards of best practice: SimulationSM Simulation Design. *Clinical Simulation in Nursing*, 12(S), S5-S12. [http://dx.doi.org/10.1016/j.ecns.2016.09.005](http://dx.doi.org/10.1016/j.ecns.2016.09.005) |
Faculty assure all simulation-based experiences begin with the development of measurable objectives designed to achieve expected outcomes | INACSL standards of best practice: SimulationSM Outcomes and objectives. *Clinical Simulation in Nursing*, 12(S), S13-S15. [http://dx.doi.org/10.1016/j.ecns.2016.09.006](http://dx.doi.org/10.1016/j.ecns.2016.09.006) |
Faculty assure facilitation methods are varied, and use of a specific method is dependent on the learning needs of the participants and the expected outcomes. A facilitator assumes responsibility and oversight for managing the entire simulation-based experience | INACSL standards of best practice: SimulationSM Facilitation. *Clinical Simulation in Nursing*, 12(S), S16-S20. [http://dx.doi.org/10.1016/j.ecns.2016.09.007](http://dx.doi.org/10.1016/j.ecns.2016.09.007) |
Faculty assures all simulation-based experiences include a planned de-briefing aimed at improving future performance. Faculty adopt Socratic dialogue to explore learners’ thought processes in order to understand their perceptions of the learning experience | INACSL standards of best practice: SimulationSM Debriefing. *Clinical Simulation in Nursing*, 12(S), S21-S25. [http://dx.doi.org/10.1016/j.ecns.2016.09.008](http://dx.doi.org/10.1016/j.ecns.2016.09.008) |

Faculty assure all simulation-based experiences require participant evaluation

Faculty assure professional integrity is demonstrated and upheld by all involved in simulation-based experiences

Faculty include simulation-enhanced interprofessional education to enable participants from different professions to engage in a simulation-based experience to achieve shared or linked objectives and outcomes. In situations where participation from different professions is not possible, faculty will include interprofessional scenarios utilizing simulated/standardized participants

Faculty utilize consistent terminology to provide guidance and clear communication and reflect shared values in simulation experiences, research, and publications.

<table>
<thead>
<tr>
<th>Resources available</th>
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<tbody>
<tr>
<td>CHSE Certification:</td>
</tr>
<tr>
<td>California Simulation Alliance Education Courses, Mentor Program, and Apprentice Program:</td>
</tr>
<tr>
<td>Three-Step Program at Boise State:</td>
</tr>
<tr>
<td>INASCL Standards</td>
</tr>
<tr>
<td>Massachusetts Nursing Initiative:</td>
</tr>
<tr>
<td>Montgomery College—Maryland:</td>
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<tr>
<td>National League for Nursing (NLN):</td>
</tr>
<tr>
<td>Quality and Safety Education for Nurses(QSEN):</td>
</tr>
</tbody>
</table>

University of South Dakota: [www.usd.edu/health-sciences/nursing/simulation-scenarios](http://www.usd.edu/health-sciences/nursing/simulation-scenarios)

University of Washington: [http://collaborate.uw.edu/educators-toolkit/stroke.html-0](http://collaborate.uw.edu/educators-toolkit/stroke.html-0)

Textbooks:

Jeffries (2007) Simulations in Nursing Education: From Conceptualization to Evaluation;


References


Formerly California Institute for Nursing and Health Care


August 2017

To: BRN Nursing Education & Workforce Advisory Committee (NEWAC) Simulation Subcommittee

From: Dr. Joseph Morris, PhD, RN, Executive Officer
Nursing Education Consultants (NECS) Dr. W. Boyer, B. Caraway, K. Daugherty, Dr. S. Engle, L. Melby, L. Shainian, Dr. L. Sperling, Dr. C. Velas, J. Wackerly, SNEC, S. Ward, K. Weinkam

Subject: Response to the two NEWAC Simulation Subcommittee proposal documents:

- Proposal #1: Simulation Guidelines/Standards
- Proposal #2: CCR 1426 (g) (2) regulatory change proposal request

Dr. Morris requests the Board staff's complete written Board response be sent by the NEWAC simulation subcommittee to the full NEWAC Committee along with the final versions of the two documents that will be reviewed by the NEWAC Committee in October 2017. Dr. Morris, in collaboration with the NEWAC committee in October 2017, will determine the next steps relative to the work that has been done to date.

The Board leadership and NECS staff thanks the NEWAC Simulation Subcommittee for your valuable work and providing key stakeholders and Board staff the opportunity to comment on these two important proposal documents.

Proposal #1: Feedback/Comments related to Simulation Guidelines/Standards

The Board staff did not identify any suggested changes/edits of the Guidelines/Standards document except to suggest clear titling of the document and inclusion of information regarding the NEWAC simulation subcommittee that prepared the document and the date prepared. For the titling, an example might be... 2017 NEWAC Proposed Simulation Guidelines/Standards: Proposed for the Adoption and Use by California Pre-licensure Nursing Programs.

Board staff suggests the following actions regarding the proposed NEWAC Simulation Guidelines/Standards:

- Before finalizing the proposed NEWAC Simulation Guidelines/Standards, review NCSBN's Proposed NCSBN Model Rules on Use of Simulation in a Prelicensure Nursing Education Program document. It is expected the document will be adopted at the upcoming mid-to late August 2017 NCSBN Annual Meeting/Delegate Assembly, based on review of the NCSBN document the NEWAC simulation subcommittee may decide to further modify the NEWAC proposed Simulation Guidelines to ensure California guidelines remain consistent with current California regulation CCR 1426 (g) (2) and the soon to be adopted NCSBN Simulation Use document.

- Ensure the NEWAC Simulation Guidelines/Standards, if adopted and used by California pre-licensure programs, remain consistent with current simulation literature, nationally published evidence-based practice standards, and best practices.

- Promote use of the NEWAC Simulation Guidelines/Standards, if adopted, to assess/evaluate simulation use and the effectiveness of simulation activities in achieving program and student learning outcomes.

- Consider development of an electronic fillable companion form to the NEWAC Simulation Guidelines/Standards document, if adopted. Request all programs use the fillable form to assess/evaluate use and adherence to the Simulation Guidelines/Standards annually. The companion fillable form might include a section listing the Guidelines/Standards, a section to rate Guidelines/Standards use/adherence that includes a standardized rating system (i.e., met, partially met, unmet) and a third section of the companion form for the program to list actions taken/comments.

- If the proposed NEWAC Simulation Guidelines/Standards are adopted by the CA prelicensure programs, consider conducting an annual survey (survey monkey tool or annual school survey) to collect/analyze and report comparative data/outcomes related to use and the actions programs implement/plan to implement to promote use of the Guidelines/Standards.

- If the NEWAC proposed/generated set of Simulation Guidelines are adopted by California pre-licensure programs; suggest NECS also consider use of the NEWAC Simulation Guidelines/Standards to conduct simulation assessment and evaluation activities during initial and continuing school visits.

- Support NEWAC's close collaborative work with Board leadership and NECS staff on an ongoing basis over the next two academic years, and thereafter, to promote the advancement of simulation use in California.
Proposal #2: Feedback/Comments related to a request for the Board to consider a change in CCR 1426 (g) (2)

Board staff thanks the NEWAC Simulation Workgroup for the regulatory change proposal, the review of simulation literature, and summary of the published regulatory changes and progress being made to advance the use of simulation in nursing education in several other state boards of nursing jurisdictions throughout the United States.

Regulatory change requests are reviewed by Board leadership and NEC staff in the context of fulfilling the Board’s public protection mandate. Fulfilling the public protection mandate extends to the Board’s work in maintaining appropriate regulation of pre-licensure nursing education programs and the outcomes achieved by these programs here in California.

The Board, Board leadership and staff have the duty and obligation to maintain nursing education regulations that:

- Promote the highest standards of educational excellence
- Prepare prelicensure program graduates adequately for safe, competent entry into practice as registered nurses
- Demonstrate NCLEX-RN pass rates for first time testers at or above the national NCLEX-RN pass rates annually
- Ensure approved nursing education programs comply with all required regulations and Board policies/guidelines
- Ensure public protection and regulatory compliance by withdrawing program approval, when deemed necessary
- Provide sufficient conclusive evidence to support existing regulations or changes in regulations

Board review activities included review of current simulation literature, national simulation standards, the proposed regulatory change request of CCR 1426 (g) (2), and the available CA specific data related to simulation use by California pre-licensure nursing programs. This included the BRN Annual School Survey Data Summary and Historical Trend Analysis for 2016-2016 and the most recent BRN 2016 California Effectiveness of Simulation Education Survey Report Conclusions section.

Results from the most recent 2015-2016 California Annual School Survey Data Summary and Historical Trend Analysis report and the BRN 2015 California Effectiveness of Simulation Education Survey Report Conclusions section provided the following key statistics related to simulation use by California pre-licensure programs:

- In 2014-2015, with 130 of 140 schools reporting, the average total of clinical hours spent in clinical training was 917.5 hours as compared to the 949.9 hours reported by 136 of 141 schools in 2015-2016.
- The percent of clinical hours of direct patient care was 80.5% (total average clinical hours was 738.6 hrs.) in 2014-2015 and 80.4% (total average clinical hours was 764 hrs.) in 2015-2016.
- The percent of skills labs clinical hours was 11.6% (total average clinical hours spent in clinical training was 106.6 hrs.) in 2014-2015 and increased to 12.6% (total average clinical hours spent in clinical training was 119.9 hrs.) in 2015-2016.
- The percent of simulation clinical hours was 7.9% (total average clinical hours was 72.4 hrs.) in 2014-2015 and decreased to 6.9% (total average clinical hours was 66.0 hrs.) in 2015-2016.
- The 2015-2016 Annual School Survey Trend Report results: Average Hours Spent in Clinical Training by Content Area and Academic Year (found in Table 17, pg.12) shows on average programs used fewer simulation hours (down to 66 hours instead of 72 hours) and increased use of skills lab hours (up from 106.6 to 119 hours) in 2015-2016 as compared with 2014-2015.
- In the two most recent annual school survey periods, programs reported using 19.5% of the 25% allowable clinical hours for skills/simulation labs per CCR 1426 (g) (2). This means on average there was an additional 5.5% of allowable clinical hours available for simulation/skills lab clinical hours that programs did not use in the last two academic years.
- In 2015-2016 there was an increase in average total of clinical hours, and use of skills lab clinical hours also increased but use of simulation clinical hours decreased. The reasons for these changes is not explained in the report. In the future, it will be important to capture an explanation for these changes.
- In the Conclusion section of the BRN 2015 California Effectiveness of Simulation Education Survey Report (pg. 44) respondents indicated that more simulation and hands-on experiences would have made their transition to practice easier. Respondents viewed simulation and hands-on experiences as complementary with each other. The report conclusion also states simulation should not replace hand-on experiences.
- The BRN 2015 California Effectiveness of Simulation Education Survey Report made the following final statement as the last sentence in the report Conclusion section...how much simulation, what sort, and in what combination with hands-on clinical practice best prepares students for practice remains to be determined through future research.
Based on the California data provided above, the Board staff has concluded more in-depth information/data and research related to simulation use is necessary. This will include collecting additional information regarding available resources such as simulation funding/costs, faculty development funding/faculty simulation preparation, and more detailed review of the evaluation measures used by programs to determine simulation effectiveness and identify the impact of simulation use on program outcomes.

Other key areas requiring further study include collecting information on how more simulation use in California would impact:
- Existing first time NCLEX-RN pass rates; particularly if rates with the existing regulations are above the national rates like California currently enjoys
- Graduates' safe entry into practice job performance as a registered nurse;
- Existing RN graduate residency and or transition to practice programs (i.e., length, costs etc.)
- Employers new graduate RN selection and orientation activities (content, length, costs)
- Employers and program graduates' satisfaction with educational preparation provided by the program if less clinical hours of direct care hands-on experiences are provided

Obtaining California employers views on increased simulation use in California is also imperative to capture, particularly if increased simulation use means the number of direct patient care clinical hours will decrease.

Additionally, and equally important, Board staff recommends sufficient data/information be obtained from those state boards of nursing (SBONs) that have approved 25% simulation or allow up to 50% clinical simulation use. Researching how the nursing education programs and these SBON evaluate the impact of simulation use, especially if simulation use results in a decrease in direct patient care hours will be very useful. Knowing what impact simulation use is having on graduates safe, competent entry in to practice job performance, NCLEX pass rates and the graduate transition to practice/graduate residency programs offered in these other state board jurisdictions that have approved 50% will be invaluable as California considers possible regulatory changes in nursing education regulations in the future. Following the more in-depth research on simulation use, the Board may determine much more specific simulation related regulatory changes are indicated.

Therefore, the Board leadership and NEC staff recommends the following:
- No change in CCR 1426 (g) (2) be made until more in-depth California specific and other state boards. information/data on simulation use and outcomes is collected and studied over the next two academic years.
- Study activities will include obtaining sufficient information/evidence from those Boards that have approved a maximum of 25% and those that have approved use of 50% of clinical hours in simulation. It will be important to understand how nursing education programs and the Boards in these state board jurisdictions evaluate the impact of simulation, the impact of a decrease in direct patient care hours in relation to student learning, testing, clinical performance, NCLEX pass rates, graduate transition to practice/graduate residency programs, and employers and program graduates' satisfaction with educational preparation. This is vital information to obtain and evaluate as California considers possible changes in its existing regulations pertaining to simulation use/allowable clinical hours.
- The NEWAC Advisory Committee consider appointing an ongoing NEWAC simulation subcommittee to participate in further study of simulation use over the next two academic years.
- The NEWAC Committee/designees continue to participate in the refinement of annual school survey questions and other survey efforts related to simulate use in California.
- The NEWAC Advisory Committee/designees continue to work in collaboration with Board leadership and NEC staff to further the development/refinement of the suggested simulation approval criteria included on page 6 of the Proposal #2 document.
AGENDA ITEM: 3.4.1
DATE: October 12, 2017

ACTION REQUESTED: Discussion and Possible Vote to Recommend Subcommittee Findings

REQUESTED BY: Judee Berg, Executive Officer – HealthImpact

BACKGROUND: The NEWAC has been presented with documents and a presentation from KT Waxman, Chair of the NEWAC Simulation Subcommittee and Director of California Simulation Alliance and will discuss the information and direction of the NEWAC on this issue.

NEXT STEPS: Follow directions from NEWAC for future work on this topic.

PERSON(S) TO CONTACT: Dr. Joseph Morris, Executive Officer
AGENDA ITEM: 3.5  
DATE: October 12, 2017

ACTION REQUESTED: Report on Additional Questions Regarding Clinical Simulation Added to BRN Annual School Survey

REQUESTED BY: Joseph Morris, Executive Officer - BRN

BACKGROUND: Based on a recommendation from the NEWAC Clinical Simulation Subcommittee and BRN staff to collect additional information regarding clinical simulation being used by the nursing programs, the BRN added additional questions to the 2016-2017 Annual School Survey related specifically to clinical simulation. For your information, attached are the additional questions that were added (this does not include all of the questions asked about clinical training on the survey, only the new ones related specifically to clinical simulation.

NEXT STEPS: Data collected from the questions will be provided to the NEWAC at a future meeting for review.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist II
Below are questions related to clinical simulation added to the 2016-2017 Annual School Survey at the recommendation of the NEWAC Clinical Simulation Subcommittee and BRN staff. These reflect only a new question set added related specifically to clinical simulation. They do not include all of the questions asked on the survey regarding clinical training of students in nursing programs.

**General program related simulation information**

1. Identify the percentage of funding for simulation purchases from each of the following sources. The total of all percentages should equal 100% (*Round to the nearest percent. Do not use decimal points.*)

   % of total funding received
   - Your college/university operating budget
   - Industry (i.e. hospitals, health systems)
   - Foundations, private donors
   - Government (i.e. federal/state grants, Chancellor’s Office, Federal Workforce Investment Act)
   - Other: ____________________________________________________________

2. Identify the percentage of funding for maintenance of simulation equipment etc. from each of the following sources. The total of all percentages should equal 100% (*Round to the nearest percent. Do not use decimal points.*)

   % of total funding received
   - Your college/university operating budget
   - Industry (i.e. hospitals, health systems)
   - Foundations, private donors
   - Government (i.e. federal/state grants, Chancellor’s Office, Federal Workforce Investment Act)

3. Identify the percentage of funding for simulation related faculty development/training from each of the following sources. The total of all percentages should equal 100% (*Round to the nearest percent. Do not use decimal points.*)

   % of total funding received
   - Your college/university operating budget
   - Industry (i.e. hospitals, health systems)
   - Foundations, private donors
   - Government (i.e. federal/state grants, Chancellor’s Office, Federal Workforce Investment Act)

4. Does the program have simulation policies and procedures in place to ensure quality and consistent simulation experiences? ____ Yes ____ No (*If no, skip to question 5.*)

4.a. If yes, check all areas that are included in simulation policies and procedures

   - Adherence to simulation related Professional Integrity requirements
   - Continuous quality improvement mechanisms used
   - Development, use and revision of simulation materials for participants, faculty, staff
   - Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation
   - Other participant requirements related to simulation.
   - Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators
   - Required initial and ongoing simulation training for faculty and staff (i.e. courses, conferences)
   - Required faculty, staff and participant orientation
Curriculum related Simulation questions

5. Does the program have a written simulation plan that guides integration of simulation in the curriculum? (Check only one.)
   - Yes
   - No (If no, skip to question 5.b.)

5.a. If yes, does the written plan include any of the following: (Check all that apply)
   - How simulation is integrated throughout the curriculum
   - Course by course simulation topics
   - Abbreviated course by course simulation objectives/expected outcomes
   - Number of hours for each simulation
   - Total number of hours for each course
   - Other: ___________________________________________________________________

5.b. If No, please identify why the program does not have a written plan: (Check all that apply)
   - Faculty unaware that use of a written plan is a suggested “best practice”
   - Faculty in process of developing a plan
   - Time or other limitations have delayed development of a written simulation plan
   - Simulation coordinator is developing or assisting faculty with plan development
   - Other: ___________________________________________________________________

6. To what extent have you integrated recognized simulation standards (i.e. INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation? (i.e. Facilitation, Debriefing, etc.) (Check only one.)
   - Not at all
   - Somewhat
   - Mostly
   - Completely
   - Not familiar with the standards

7. Do the majority of your clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e))? (Check only one.)
   - Yes
   - No (If yes, skip to question 8.)

7.a. If no, why not? (Check all that apply)
   - Have enough clinical placements available
   - Faculty prefer to use other available clinical training methods
   - Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
   - Available simulation space/equipment/supplies limit increased use
   - Availability of trained staff/technicians and or faculty limits increased use
   - Instructional materials are not yet developed/validated
   - Other: ___________________________________________________________________

8. Identify the areas where simulation activities are used to achieve objectives/learning outcomes (Check all that apply):
   - Preparation for direct clinical patient care
   - Psychomotor/procedural skills i.e. IV insertion, N/G tube insertion, medication administration
   - Communication/crucial conversations
   - Critical thinking/decision making/managing priorities of care
   - Application of nursing knowledge/use of the nursing process
   - Patient safety/Staff safety and Quality of care
   - Leadership/Delegation/Role clarification
   - Management of Legal/Ethical situations
   - Teamwork/Inter-professional collaboration
   - Manage high risk, low volume care and emergency situations
   - Guaranteed exposure to critical content areas not available in the direct care setting
   - Other: ___________________________________________________________________
9. Does the program collect annual data (quantitative and/or qualitative measures) that shows the impact of simulation learning activities on annual NCLEX pass rates year to year?
   _______ Yes  _______ No (If no, skip to question 10.)
   If yes, describe measures used:
   a) Quantitative measures: _________________________________________________________
      __________________________________________________________________________
   b) Qualitative measures: _________________________________________________________
      __________________________________________________________________________

10. Is every simulation session evaluated by students using standardized, nationally recognized, simulation evaluation tools to measure simulation effectiveness?
    _______ Yes  _______ No (If no, skip to question 10.b.)
    a) If Yes, name the tools used _______________________________________________________
       __________________________________________________________________________
    b) If No, describe how the program assesses/evaluates simulation effectiveness in each course throughout the program _______________________________________________________
       __________________________________________________________________________

11. For each type of course, please indicate what type of simulation is currently used. (Check all that apply.)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>None in this course</th>
<th>Mannequin-based</th>
<th>Computer Based scenarios</th>
<th>Role Play with other students</th>
<th>Standardized Patients (actors)</th>
<th>Other (describe)</th>
</tr>
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<tbody>
<tr>
<td>Fundamentals</td>
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<td>Medical/surgical</td>
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<td>Obstetrics</td>
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<td>Psychiatry/mental health</td>
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<td>Pediatrics</td>
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<td>Leadership/management</td>
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<td>Other (describe</td>
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</tbody>
</table>

12. For each type of course, please indicate what type of simulation the program plans to use in the next 2 to 3 years. (Check all that apply.)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>None in this course</th>
<th>Mannequin-based</th>
<th>Computer Based scenarios</th>
<th>Role Play with other students</th>
<th>Standardized Patients (actors)</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals</td>
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<tr>
<td>Medical/surgical</td>
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<td>Other (describe</td>
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</tbody>
</table>
AGENDA ITEM:  4.1
DATE: October 12, 2017

ACTION REQUESTED:  Report on BRN 2016 Survey and Forecasting Report of RNs in California

REQUESTED BY:  Joseph Morris, Executive Officer - BRN

BACKGROUND:  Preliminary results of the 2016 California Registered Nurse study, the tenth in a series of surveys designed to collect and evaluate nursing workforce data and identify trends that may assist policy makers and the public in addressing the nursing shortage and workplace issues, was presented at the May 10, 2017 Nursing Practice Committee meeting. Data for the 2016 study was collected in late spring to early summer of 2016. The 2016 survey was conducted and analyzed for the Board of Registered Nursing by the University of California, San Francisco (UCSF), Institute for Health Policy Studies. Joanne Spetz, Ph.D., UCSF, served as the principal investigator for the study and presented a summary to the Board of the 2016 survey findings.

Along with each biennial RN survey and report, the BRN contracts with the University of California San Francisco (UCSF), Institute for Health Policy Studies to complete the Forecasts of the Registered Nurse Workforce in California report which presents RN supply and demand projections. Following the 2016 RN Survey, UCSF is also preparing the 2017 forecasting report which is based on a variety of data sources including the 2016 Survey of California RNs, BRN licensing data, data from other California state agencies (i.e., OSHPD, EDD, Department of Finance) and national survey data. Joanne also presented preliminary highlights of the data at the May 10, 2017 Nursing Practice Committee meeting.

These reports will soon be finalized and posted to the BRN website.

NEXT STEPS:  Post final reports to the BRN website.

PERSON(S) TO CONTACT:  Julie Campbell-Warnock, Research Program Specialist II
AGENDA ITEM: Discussion of BRN 2018 RN Survey Questions

REQUESTED BY: Dr. Joseph Morris, Executive Officer – BRN
                Dr. Joanne Spetz, Professor - Philip R. Lee Institute for Health
                Policy Studies

BACKGROUND: The BRN is mandated (B&P Section 2717) to collect and analyze workforce data from its licensees for future workforce planning and to produce reports on the collected workforce data at a minimum on a biennial basis. The data must include hours of work, number of positions held, time spent in direct patient care, clinical practice area, type of employer, work location, future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings and demographic data. The BRN, through the University of California, San Francisco, conducts a survey and publishes a report on our website every two years to fulfill this mandate.

The 2018 survey is being shortened to 12 pages from previously being 16 pages long to make it quicker and easier for respondents to complete and for budgetary reasons. As a result, some questions have been consolidated and some, that are not required data, have been deleted. The BRN is requesting your review of the draft 2018 BRN survey document which will be provided at the meeting along with a summary of the changes. Some revisions are very minor and just supplied for your information. We are requesting that your review focus on the content of the survey itself (i.e., are we missing something important, is terminology current, etc.). Recommendations will be considered by the BRN for the 2018 and future versions of the survey.

NEXT STEPS: Finalize survey for distribution in spring 2018.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist II
Dear Workgroup Members,

Below is a summary of suggested revisions to the 2018 BRN Survey of Registered Nurses. Note that the 2018 survey is being shortened to 12 pages from previously being 16 pages long. Many of the proposed changes outlined below are intended to shorten the survey and make it quicker and easier for respondents to complete.

<table>
<thead>
<tr>
<th>Section/Question</th>
<th>Survey Question</th>
<th>Concern</th>
<th>Suggested Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Education questions</td>
<td>Education question section is long and repetitive</td>
<td>Consolidated items to match the 2017 NP/CNM survey format</td>
</tr>
<tr>
<td>Employment</td>
<td>Q 27. Employment setting clinical area</td>
<td>Many people select multiple or write in multiple</td>
<td>Allow multiple selections – up to 3</td>
</tr>
<tr>
<td>Employment</td>
<td>Q 27. Employment setting clinical area</td>
<td>Confusion between options “labor &amp; delivery” and “obstetrics/gynecology”, receive write-ins for “family planning”</td>
<td>Create “Gynecology/family planning” in place of “obstetrics/gynecology”</td>
</tr>
<tr>
<td>Employment</td>
<td>Q. 28. Questions about Electronic Health Records (EHRs)</td>
<td>Most nurses have EHRs now</td>
<td>Keep only one question related to EHRs with an answer choice of “No system in my workplace”</td>
</tr>
<tr>
<td>Demographics</td>
<td>Q. 60. Gender</td>
<td>No option other than Male/Female</td>
<td>Add “other” (as was done for NP/CNM survey and Annual School Survey)</td>
</tr>
<tr>
<td>Demographics</td>
<td>Q. 66. Race/ethnicity</td>
<td>Responses indicate Filipinos don’t consider themselves a subgroup of Pacific Islanders</td>
<td>Combine Asian &amp; Pacific Islander headings and include all subgroups</td>
</tr>
</tbody>
</table>
California Board of Registered Nursing

Survey of Registered Nurses
2018

Conducted for the Board of Registered Nursing
by the
University of California, San Francisco

Here’s how to fill out the Survey:

• Use pen or pencil to complete the survey.
• Please try to answer each question.
• Most questions can be answered by checking a box, or writing a number or a few words on a line.
• Never check more than one box, except when it says Check all that apply.
• Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this: 

  □  YES
  □  NO  SKIP TO Question 23

• If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
• If you need help with the survey, call toll-free (877) 276-8277.
• **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.
SECTION A: EDUCATION AND LICENSURE INFORMATION

1. What types of nursing degree programs have you completed?  (Check all that apply, including both initial and advanced education.)

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>Year Completed</th>
<th>Location (2-letter state code or name of country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma program</td>
<td></td>
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</tr>
<tr>
<td>Associate degree in nursing</td>
<td></td>
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<tr>
<td>30-unit option program (LVN-to-RN)</td>
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<tr>
<td>Baccalaureate in nursing</td>
<td></td>
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<tr>
<td>Entry Level Master’s program (ELM, MEPN, etc.)</td>
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<tr>
<td>Master’s Degree in nursing (non-ELM)</td>
<td></td>
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<tr>
<td>Doctor of Nursing Practice (DNP)</td>
<td></td>
<td></td>
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<tr>
<td>Research or education-based Nursing Doctorate (PhD, DNSc, etc.)</td>
<td></td>
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<tr>
<td>Other (Describe): _________________________________</td>
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</tbody>
</table>

2. What types of non-nursing post-secondary degree programs have you completed, before and/or after your nursing education?  (Check all that apply.)

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>Year Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree (non-nursing)</td>
<td></td>
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<tr>
<td>Bachelor’s degree (non-nursing)</td>
<td></td>
</tr>
<tr>
<td>Master’s Degree (non-nursing)</td>
<td></td>
</tr>
<tr>
<td>Doctorate – professional (JD, MD, DDS, DPT, etc.)</td>
<td></td>
</tr>
<tr>
<td>Doctorate - research or education (PhD, EdD, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other (Describe): _________________________________</td>
<td></td>
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</tbody>
</table>

3. Immediately prior to starting your initial RN education, were you employed in a health occupation?  (Check only one.)

- No
- Yes, healthcare clerical or administrative
- Yes, military medical corps
- Yes, nursing aide/assistant
- Yes, other (Specify: _______________________________)

4. In what state or country were you first licensed as an RN?  
   2-letter state code: _______   OR   Other country: _______________________________

5. In what year were you first licensed as an RN in the United States?  __ __ __ __

6. In what year were you first licensed as an RN in California?  __ __ __ __

7. Not including California, do you hold an active RN license in other states?

- No other states ...... □ Yes (which states? _______________________________)
8. Which of the following California Board of Registered Nursing certifications or listings, if any, do you have? (Check all that apply.)

- None
- Nurse Anesthetist
- Nurse-Midwife
- Nurse Practitioner
- Public Health Nurse
- Psychiatric/Mental Health Nurse
- Clinical Nurse Specialist

9. Since completing your initial RN education, how many years and months have you worked in a job that requires a registered nursing license? Exclude years since graduation during which you did not work as an RN.

_____ years and _____ months

10. How satisfied are you with the nursing profession overall?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>4</td>
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</table>

11. Are you currently enrolled in a degree program or certification program?

- Yes
- No — Skip to Question #14 below.

12. What is your objective? (Check all that apply.)

- Associate degree in Nursing (ADN)
- Baccalaureate of Science in Nursing (BSN)
- Master's degree in Nursing (MSN)
- Doctor of Nursing Practice (DNP)
- Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.)
- Non-degree nursing certificate
- Non-nursing Associate degree
- Non-nursing Baccalaureate degree
- Non-nursing Master's degree
- Non-nursing professional Doctorate (JD, MD, etc.)
- Non-nursing research or education-focused Doctorate (PhD, EdD, etc.)
- Non-nursing certificate

13. What percent of coursework is through online or distance learning? _______%

14. Are you currently employed for pay in a position that requires an RN license, including any Advanced Practice Registered Nurse (APRN) positions?

- Yes, working full-time, part-time or per diem
- No — Skip to Section C, page 9.

Section B: For Nurses Currently Employed in Nursing

Please complete this section if you are working in a position that requires an RN license, including APRN positions. In this survey, "RN" or "registered nursing" refers to both RNs and APRNs.

15. How many hours do you normally work in all positions that require a registered nursing license? (Please complete all items.)

a. _____ # hours per day in all nursing positions
b. _____ # hours per week in all nursing positions (do not include unworked on-call hours)
c. _____ # overtime hours per week in all nursing positions
d. ____ # hours **on call** not worked per week in all nursing positions

16. How many **months** per year do you work as an RN? _____ # months per **year**

17. What are your intentions regarding your nursing employment in the next:

<table>
<thead>
<tr>
<th>TWO YEARS? (Check only one.)</th>
<th>FIVE YEARS? (Check only one.)</th>
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</thead>
<tbody>
<tr>
<td>□ 1 Plan to increase hours of nursing work</td>
<td>□ 1 Plan to increase hours of nursing work</td>
</tr>
<tr>
<td>□ 2 Plan to work approximately as much as now</td>
<td>□ 2 Plan to work approximately as much as now</td>
</tr>
<tr>
<td>□ 3 Plan to reduce hours of nursing work</td>
<td>□ 3 Plan to reduce hours of nursing work</td>
</tr>
<tr>
<td>□ 4 Plan to leave nursing entirely but not retire</td>
<td>□ 4 Plan to leave nursing entirely but not retire</td>
</tr>
<tr>
<td>□ 5 Plan to retire</td>
<td>□ 5 Plan to retire</td>
</tr>
</tbody>
</table>

Questions 18 through 31 refer to your principal nursing position, which is the current RN or APRN position in which you spend most of your working time.

18. In your **principal** nursing position, are you...? (Check only one.)

| □ 1 A regular employee | □ 3 Self-employed |
| □ 2 Employed through a temporary employment service agency | □ 4 Travel nurse or employed through a traveling nurse agency |

19. How long have you been employed as an RN with your **principal** employer?

_____ years and _____ months

20. How many **hours per week** do you normally work in your **principal** nursing position?

_____ # hours per week

21. How many **months per year** do you normally work in your **principal** nursing position?

_____ # months per year

22. Where is your **principal** nursing position located? (Please complete all items.)


23. How many miles is it **one-way** from your residence to your **principal** nursing position? If you work for a traveling nurse agency or registry, write the average **one-way distance** from your residence to your current or most recent employment location.

_____ miles one-way

24. Please specify the **total annual earnings** for your **principal nursing position only**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

$________________ /year

25. Does your compensation from your **principal** nursing position include:

   (Check all that apply.)

   □ a. Retirement plan
   □ b. Personal health insurance
   □ c. Tuition reimbursement
   □ d. Dental insurance
   □ e. Family/dependent health insurance
   □ f. Paid time to pursue an educational degree
   □ g. None of the above
26. Which one of the following best describes the job title of your principal nursing position? (Check only one.)

- □ 1 Staff nurse/direct care nurse  □ 13 Educator, academic setting (professor, instructor in a school of nursing)
- □ 2 Charge nurse and direct care nurse  □ 14 Staff educator, service setting (in-service educator, clinical nurse educator)
- □ 3 Charge nurse or Team leader (not direct care)  □ 15 Patient educator
- □ 4 Senior management (CEO, Vice President, Nursing Executive, Dean)  □ 16 Patient care coordinator/case manager/discharge planner/patient navigator
- □ 5 Middle management (Asst. Director, Dept. Head, Nurse Manager, Associate Dean)  □ 17 Quality improvement nurse, utilization review, risk management
- □ 6 Front-line management (Head Nurse, Supervisor)  □ 18 Informatics/Clinical documentation specialist
- □ 7 Clinical Nurse Specialist (CNS)  □ 19 Infection control nurse
- □ 8 Certified Registered Nurse Anesthetist (CRNA)  □ 20 Occupational health nurse
- □ 9 Certified Nurse-Midwife (CNM)  □ 21 Wound and/or ostomy nurse
- □ 10 Nurse Practitioner (NP)  □ 22 Telenursing / telephone advice nurse
- □ 11 School Nurse  □ 23 Researcher
- □ 12 Public Health/Community Health Nurse  □ 24 Clinical Nurse Leader
- □ 25 Other (Please describe: ________________________________________________)

27. Mark the clinical areas in which you most frequently provide direct patient care in your principal nursing position. (Check up to three.)

- □ 0 Not involved in direct patient care
- □ 1 General medical-surgical  □ 10 Geriatrics  □ 18 Orthopedics
- □ 2 Critical care/Intensive care  □ 11 Gynecology/family planning  □ 19 Pediatrics
- □ 3 Ambulatory care – primary care  □ 12 Home health care  □ 20 Psychiatry/mental health
- □ 4 Ambulatory care – specialty  □ 13 Hospice  □ 21 Rehabilitation
- □ 5 Cardiology  □ 14 Labor & delivery  □ 22 School health (K-12 or post-secondary)
- □ 6 Community/public health  □ 15 Mother-baby unit or normal newborn nursery  □ 23 Step-down or transitional bed unit
- □ 7 Corrections  □ 16 Neonatal care  □ 24 Surgery/pre-op/post-op/PACU/anesthesia
- □ 8 Dialysis  □ 17 Oncology  □ 25 Telemetry
- □ 9 Emergency/trauma  □ 26 Other (specify: ______________________)

28. How does your electronic health/medical record affect the quality of care you provide to patients? (Check only one.)

- □ 0 No systems in my workplace
- □ 1 The system nearly always improves the quality of patient care
- □ 2 The system usually improves the quality of patient care
- □ 3 The system has no effect on the quality of care
- □ 4 The system occasionally reduces the quality of patient care
- □ 5 The system almost always reduces the quality of patient care
29. Which of the following best describes the type of setting of your principal nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work? (Check only one.)

<table>
<thead>
<tr>
<th>Setting Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>Hospital (not mental health)</td>
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</tr>
<tr>
<td>☐ 1 Hospital, inpatient care or emergency department</td>
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</tr>
<tr>
<td>☐ 2 Hospital, ancillary unit (GI lab, radiology, therapy, etc.)</td>
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</tr>
<tr>
<td>☐ 3 Hospital, ambulatory care department (outpatient, surgery, clinic, etc.)</td>
<td></td>
</tr>
<tr>
<td>☐ 4 Hospital, nursing home unit</td>
<td></td>
</tr>
<tr>
<td>☐ 5 Hospital, other type of department (administration, home health, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other inpatient setting</td>
<td></td>
</tr>
<tr>
<td>☐ 6 Nursing home/extended care/skilled nursing facility/group home</td>
<td></td>
</tr>
<tr>
<td>☐ 7 Rehabilitation facility/long-term acute care</td>
<td></td>
</tr>
<tr>
<td>☐ 8 Inpatient mental health/substance abuse</td>
<td></td>
</tr>
<tr>
<td>☐ 9 Correctional facility/prison/jail</td>
<td></td>
</tr>
<tr>
<td>☐ 10 Inpatient hospice (not hospital-based)</td>
<td></td>
</tr>
<tr>
<td>☐ 11 Other inpatient setting</td>
<td></td>
</tr>
<tr>
<td>Clinic/ambulatory</td>
<td></td>
</tr>
<tr>
<td>☐ 12 Private medical practice, clinic, physician office, etc.</td>
<td></td>
</tr>
<tr>
<td>☐ 13 Public clinic, rural health center, FQHC, etc.</td>
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</tr>
<tr>
<td>☐ 14 School health service (K-12 or college)</td>
<td></td>
</tr>
<tr>
<td>☐ 15 Outpatient mental health/substance abuse</td>
<td></td>
</tr>
<tr>
<td>☐ 16 Urgent care, not hospital-based</td>
<td></td>
</tr>
<tr>
<td>☐ 17 Ambulatory surgery center (free-standing)</td>
<td></td>
</tr>
<tr>
<td>☐ 18 Other clinic/ambulatory (Please describe: ______________________________________)</td>
<td></td>
</tr>
<tr>
<td>Other types of employment settings</td>
<td></td>
</tr>
<tr>
<td>☐ 19 Occupational health or employee health service</td>
<td></td>
</tr>
<tr>
<td>☐ 20 Public health or community health agency (not a clinic)</td>
<td></td>
</tr>
<tr>
<td>☐ 21 Government agency other than public/ community health or corrections</td>
<td></td>
</tr>
<tr>
<td>☐ 22 Outpatient Dialysis Center</td>
<td></td>
</tr>
<tr>
<td>☐ 23 University or college (academic department)</td>
<td></td>
</tr>
<tr>
<td>☐ 24 Home health agency/home health service (including hospice)</td>
<td></td>
</tr>
<tr>
<td>☐ 25 Case management/disease management</td>
<td></td>
</tr>
<tr>
<td>☐ 26 Call center/telenursing center</td>
<td></td>
</tr>
<tr>
<td>☐ 27 Self-employed</td>
<td></td>
</tr>
<tr>
<td>☐ 28 Other (Please describe: ____________________________________________________)</td>
<td></td>
</tr>
</tbody>
</table>

30. Approximately what percentage of your time is spent on each of the following functions during a typical week in your principal position?

- a. ____% Patient care and charting
- b. ____% Patient education
- c. ____% Indirect patient/client care (consultation, planning, evaluating care)
- d. ____% Teaching, precepting or orienting students or new hires/staff (include prep time)
- e. ____% Supervision/management
- f. ____% Administration
- g. ____% Research
- h. ____% Non-nursing tasks (housekeeping, etc.)
- i. ____% Other (Please describe: _____________________________________________________)

__ 100% Total
31. Please rate each of the following factors of your principal nursing position:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Your job overall</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>B. Your salary</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>C. Employee benefits</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
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<td>D. Adequacy of RN skill level where you work</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>☐ 6</td>
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<tr>
<td>E. Adequacy of the number of RN staff where you work</td>
<td>☐ 1</td>
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<td>☐ 3</td>
<td>☐ 4</td>
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<td>☐ 6</td>
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<td>F. Adequacy of clerical support services</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>G. Non-nursing tasks required</td>
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<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
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<td>H. Amount of charting required</td>
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<td>☐ 6</td>
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<td>I. Your workload</td>
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<td>☐ 3</td>
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<td>K. Work schedule</td>
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<td>M. Opportunities for advancement</td>
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<td>☐ 3</td>
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<td>N. Support from other nurses you work with</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<tr>
<td>O. Teamwork between coworkers and yourself</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
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<tr>
<td>P. Leadership from your nursing administration</td>
<td>☐ 1</td>
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<td>☐ 3</td>
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<tr>
<td>Q. Involvement in patient care decisions</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
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<td>R. Relations with physicians</td>
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<td>☐ 3</td>
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<tr>
<td>S. Relations with other non-nursing staff</td>
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<td>☐ 2</td>
<td>☐ 3</td>
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<tr>
<td>T. Relations with agency or registry nurses</td>
<td>☐ 1</td>
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<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
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<td>U. Interaction with patients</td>
<td>☐ 1</td>
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<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
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<tr>
<td>V. Time available for patient education</td>
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<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>W. Involvement in policy or management decisions</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>X. Opportunities to use my skills</td>
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<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
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<tr>
<td>Y. Opportunities to learn new skills</td>
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<td>☐ 2</td>
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<td>☐ 5</td>
<td>☐ 6</td>
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<tr>
<td>Z. Quality of preceptor and mentor programs</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>AA. Employer-supported educational opportunities</td>
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<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>BB. Quality of patient care where you work</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>CC. Feeling that work is meaningful</td>
<td>☐ 1</td>
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<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
<tr>
<td>DD. Recognition for a job well done</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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<td>☐ 5</td>
<td>☐ 6</td>
</tr>
</tbody>
</table>

32. Do you currently hold more than one nursing job?

☐ 1 Yes  ☐ 2 No — Skip to Question #37 on the next page.
33. How many nursing positions do you hold in addition to your principal job?
  □ 1 One      □ 2 Two      □ 3 Three      □ 4 Four or more

34. In your other nursing positions, are you...? (Check all that apply.)
  □ a A regular employee
  □ b Employed through a temporary employment service agency, not traveling
  □ c Self-employed
  □ d Travel nurse or employed through a traveling nurse agency

35. What type of work do you do in your other nursing positions? (Check all that apply.)
  □ a Hospital staff
  □ b Public health or community health
  □ c Long-term acute care
  □ d School health
  □ e Nursing home, extended care, or skilled nursing facility staff
  □ f Mental health or substance abuse treatment
  □ g Home health or hospice
  □ h Telehealth/telenursing
  □ i Teaching health professions or nursing students
  □ j Ambulatory care, occupational health
  □ k Self-employed
  □ l Other (Please describe: ________________________)

36. Please report the following for your other nursing positions.

Additional nursing positions (not principal nursing position) | Hours worked per week | Months worked per year | Estimated pre-tax annual income
--- | --- | --- | ---
Additional job 1 | (a1) _____ Hrs/week | (a2) _____ Months/year | (a3) _______ $/year
Additional job 2 | (b1) _____ Hrs/week | (b2) _____ Months/year | (b3) _______ $/year
Additional job 3 | (c1) _____ Hrs/week | (c2) _____ Months/year | (c3) _______ $/year
All other additional nursing positions | (d1) _____ Hrs/week | (d2) _____ Months/year | (d3) _______ $/year

37. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?
  □ 2 No    □ 1 Yes

Are you in an internship/transition residency program?  □ 1 Yes  □ 2 No

38. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? (Check all that apply.)
  □ a Yes, a temporary agency or registry
  □ b Yes, a traveling agency
  □ c No  →  Skip to Question #40 below.

39. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (Check all that apply.)

   □ a Wages
   □ b Control of work location
   □ c Unable to find any permanent RN job
   □ d Waiting for a desirable permanent position
   □ e Benefits
   □ f Control of work conditions
   □ g Maintain skills/get experience
   □ h Unable to work enough hours at my primary job
   □ i Control of schedule
   □ j Supplemental income
   □ k Travel/see other parts of the country
   □ l Other (Please describe: ___________________________________)

Page 7
40. Have you ever stopped working as a registered nurse for a period of more than one year?
   □ Yes    □ No — Skip to Section D on page 10.

41. How long did you stop working as a registered nurse? ____ years and ____ months

42. How important were each of the following reasons for why you stopped working as a registered nurse for a period of more than one year?
   If you have not stopped working for more than one year, skip to Section D on page 10.
   
<table>
<thead>
<tr>
<th>Reason</th>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Important</th>
<th>Very important</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Could not find work as an RN</td>
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<td>□</td>
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<td>□</td>
<td></td>
</tr>
<tr>
<td>B. Childcare responsibilities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>C. Other family responsibilities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>D. Moving to a different area</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>E. Stress on the job</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>F. Job-related illness or injury</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>G. Non-job-related illness or injury</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>H. Salary</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>I. Dissatisfied with benefits</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>J. Laid off</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>K. Went back to school</td>
<td>□</td>
<td>□</td>
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<tr>
<td>L. Travel</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>M. Try another occupation</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>N. Other dissatisfaction with job</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>O. Dissatisfaction with the nursing profession</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>P. Other</td>
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<td>□</td>
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</tbody>
</table>

   (Please describe: ____________________________________________________________)

43. How important were each of the following reasons for why you returned to working as a registered nurse after stopping for more than one year?
   If you have not stopped working for more than one year, skip to Section D on page 10.

<table>
<thead>
<tr>
<th>Reason</th>
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<th>Somewhat important</th>
<th>Important</th>
<th>Very important</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Job opportunities improved</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>B. Change in family / childcare duties</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>C. Completed school</td>
<td>□</td>
<td>□</td>
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<tr>
<td>D. Change in household income</td>
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<tr>
<td>E. Personal health change</td>
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<td>□</td>
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<tr>
<td>F. Satisfaction with nursing work</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>G. Relocation</td>
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<td>□</td>
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<td>H. Change in household access to benefits</td>
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<tr>
<td>I. Other</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

   (Please describe: ____________________________________________________________)

PLEASE SKIP TO SECTION D, PAGE 10
SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term “registered nurse” applies to both RNs and APRNs.

If you are currently employed as an RN or APRN, please skip to Section D on page 10

44. What was the last year you worked for pay as a registered nurse or APRN? __ __ __ __

☐ 0 I have never worked for pay as an RN or APRN

45. How important are each of the following factors in why you are not employed in nursing?

<table>
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<tr>
<th>Factor</th>
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<td>A. Cannot find any work as an RN</td>
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<tr>
<td>B. Difficult to find desired nursing position</td>
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<td>□ 2</td>
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<tr>
<td>C. Retired</td>
<td>□ 1</td>
<td>□ 2</td>
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<td>D. Childcare responsibilities</td>
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<tr>
<td>E. Other family responsibilities</td>
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<td>□ 2</td>
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<td>□ 5</td>
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<tr>
<td>F. Moving to a different area</td>
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<tr>
<td>G. Stress on the job</td>
<td>□ 1</td>
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<tr>
<td>H. Job-related illness/injury</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
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<tr>
<td>I. Non-job-related illness/injury</td>
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<td>J. Salary</td>
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<tr>
<td>K. Dissatisfied with benefits</td>
<td>□ 1</td>
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<td>L. Other dissatisfaction with your job</td>
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<td>□ 2</td>
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<td>□ 5</td>
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<tr>
<td>M. Dissatisfaction with the nursing profession</td>
<td>□ 1</td>
<td>□ 2</td>
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<td>□ 5</td>
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<tr>
<td>N. Travel</td>
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<td>□ 2</td>
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<td>□ 5</td>
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<tr>
<td>O. Wanted to try another occupation</td>
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<tr>
<td>P. Inconvenient schedules in nursing jobs</td>
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<tr>
<td>Q. Returned to school</td>
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<td>□ 2</td>
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<td>□ 5</td>
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<tr>
<td>R. Laid off</td>
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</tbody>
</table>

(Please describe: _________________________________________________________)

46. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?

☐ 2 No   ☐ 1 Yes       Are you in an internship/transition residency program?

☐ 1 Yes   ☐ 2 No

47. Which of the following best describes your current intentions regarding work in nursing?

☐ 1 Currently seeking employment in nursing → Skip to Section D, page 10.

☐ 2 Plan to return to nursing in the future

52a. How soon?  

☐ 1 Less than one year  

☐ 2 1-2 years  

☐ 3 3-4 years  

☐ 4 5 or more years → Skip to Section D, page 10.

☐ 3 Retired

☐ 4 Definitely will not return to nursing, but not retired → Skip to Section D, page 10.

☐ 5 Undecided at this time (Continue to Question #48.)
48. Would any of the following factors affect your decision to return to nursing?

<table>
<thead>
<tr>
<th>Factor</th>
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<th>Important</th>
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</thead>
<tbody>
<tr>
<td>A. Affordable childcare at or near work</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>B. Flexible work hours</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
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<tr>
<td>C. Modified physical requirements of job</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
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<tr>
<td>D. Higher nursing salary</td>
<td>□₁</td>
<td>□₂</td>
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<td>□₄</td>
<td>□₅</td>
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<tr>
<td>E. Better retirement benefits</td>
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<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
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<tr>
<td>F. Better health care benefits</td>
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<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
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<tr>
<td>G. Better support from nursing management</td>
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<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>H. More support from other nurses</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>I. Better nurse-to-patient ratios</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>J. Adequate support staff for non-nursing tasks</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>K. Availability of re-entry programs/ mentoring</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>L. Improvement in my health status</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>M. Other</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
</tbody>
</table>

(Please describe: ______________________________________________________)

SECTION D: EMPLOYMENT OUTSIDE NURSING

49. Are you currently employed in a non-nursing position (that does not require a registered nursing license)?

☐₁ Yes  ☐₂ No  → Skip to Section E on page 11.

50. Does your position utilize any of your nursing knowledge?  ☐₁ Yes  ☐₂ No

51. Please indicate the field(s) of your work position(s) outside of nursing. (Check all that apply.)

☐ₐ Health-related services outside of nursing
☐ₖ Pharmaceuticals, biotechnology, or medical devices
☐₇ Retail sales and services
☐₈ Education, elementary and secondary
☐₉ Financial, accounting, and insurance services
☐₁₀ Consulting organization
☐₁₁ Other (Please describe: ____________________________________________)

52. Please indicate the following for up to three work positions outside of nursing.

<table>
<thead>
<tr>
<th>Position #1</th>
<th>Hours/week (a1)</th>
<th>$/year (a2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position #2</td>
<td>Hours/week (b1)</td>
<td>$/year (b2)</td>
</tr>
<tr>
<td>Position #3</td>
<td>Hours/week (c1)</td>
<td>$/year (c2)</td>
</tr>
</tbody>
</table>
SECTION E: CHANGES IN THE PAST YEAR

53. Have you changed positions or employers in the past year? (Check all that apply.)

- ☐ a No change in positions or employers
- ☐ b Added second nursing job
- ☐ c Added second non-nursing job
- ☐ d Stopped working in a secondary nursing job
- ☐ e Stopped working in a secondary non-nursing job
- ☐ f Retired
- ☐ g I am not working as an RN now, but was working earlier this year
- ☐ h I was not working earlier this year, but am working now as an RN
- ☐ i New position with the same employer
- ☐ j Same position with a different employer
- ☐ k New position with a different employer
- ☐ l Other (Please describe: ____________________________)

54. Has there been a change in how much you work as an RN in the past year? (Check all that apply.)

- ☐ a No change in hours worked
- ☐ b Did not work as an RN in the past year
- ☐ c Increased hours – employer imposed
- ☐ d Increased hours – my choice
- ☐ e Decreased hours – employer imposed
- ☐ f Decreased hours – my choice
- ☐ g Other (Please describe: ____________________________)

If you answered “No change” in both Question 53 and 54, please skip to Section F on the next page.

55. How important were each of the following factors in your change in employment or hours worked during the past year?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Important</th>
<th>Very important</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Retired</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>B. Childcare responsibilities</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>C. Other family responsibilities</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>D. Salary</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>E. Benefits</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>F. Laid off</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>G. Employer reduced hours</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>H. Change in spouse/partner work situation</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>I. Change in financial status</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>J. Relocation/moved to a different area</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>K. Promotion/career advancement</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>L. Change in my health status</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>M. Wanted to work more convenient hours</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>N. Dissatisfaction with previous position</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>O. Stress on the job</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>P. Desire to use my skills more fully or learn new skills</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Q. Other (describe: _________________)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>
SECTION F: RESIDENCE OUTSIDE CALIFORNIA

56. Do you reside primarily outside California? □ 1 Yes  □ 2 No → Skip to Section G, below.

57. If you reside outside California, please check any of the following that apply regarding the past 12 months. (Check all that apply.)

□ a. Worked as an RN in California for temporary agency/registry
□ b. Worked as an RN for California employer in telenursing
□ c. Worked as an RN for out-of-state telenursing employer with California clients
□ d. Regularly commuted to California for an RN job
□ e. Worked as an RN in California but have since moved out
□ f. Did not work as an RN in California

58. How many months did you work in California as an RN in the past 12 months?

_____ months or □ 0 Did not work as an RN in CA

59. If you reside outside California, do you plan to work as an RN in California in the next two years? (Check all that apply.)

□ a. Yes, I plan to travel to California intermittently to work as an RN
□ b. Yes, I plan to relocate to California and work as an RN
□ c. Yes, I plan to perform telenursing for a California employer
□ d. Yes, I plan to perform telenursing for out-of-state employer with California clients
□ e. Yes, I plan to regularly commute to California to work as an RN.
□ f. No, I plan to keep my California license active but do not plan to practice in California
□ g. No, I plan to let my California license lapse

SECTION G: DEMOGRAPHIC INFORMATION

60. Gender □ 1 Female □ 2 Male □ 3 Other

61. Year of birth  19 ___ ___

62. In what country were you born? _____________________________

63. Marital status □ 1 Single □ 2 Currently married/partnered □ 3 Separated/divorced/widowed

64. Do you have children living at home with you? □ 1 Yes  □ 2 No → Continue to Question #65

If Yes, how many are:

a) 0-2 years ____ b) 3-5 years____ c) 6-12 years ____ d) 13-18 years ____ e) 19+ years ____

65. Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? Do not include paid positions. (Do not include paid positions.)

□ 1 Yes  □ 2 No → Continue to Question #66

If Yes, how many adults do you assist or care for?

□ 1 1 adult □ 2 2 adults □ 3 3 or more adults
66. What is your ethnic/racial background (Check all that apply)?

<table>
<thead>
<tr>
<th>Asian/Pacific Islander</th>
<th>Latino/Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 5 Cambodian</td>
<td>☐ 10 Korean</td>
</tr>
<tr>
<td>☐ 6 Chinese</td>
<td>☐ 11 Laotian/Hmong</td>
</tr>
<tr>
<td>☐ 30 Fijian</td>
<td>☐ 12 Pakistan</td>
</tr>
<tr>
<td>☐ 31 Filipino</td>
<td>☐ 24 Samoan</td>
</tr>
<tr>
<td>☐ 32 Guamanian</td>
<td>☐ 13 Thai</td>
</tr>
<tr>
<td>☐ 33 Hawaiian</td>
<td>☐ 26 Tongan</td>
</tr>
<tr>
<td>☐ 7 Indian</td>
<td>☐ 14 Vietnamese</td>
</tr>
<tr>
<td>☐ 8 Indonesian</td>
<td>☐ 28 Other</td>
</tr>
<tr>
<td>☐ 9 Japanese</td>
<td></td>
</tr>
<tr>
<td>☐ 15 Central American</td>
<td></td>
</tr>
<tr>
<td>☐ 16 South American</td>
<td></td>
</tr>
<tr>
<td>☐ 17 Cuban</td>
<td></td>
</tr>
<tr>
<td>☐ 18 Mexican</td>
<td></td>
</tr>
<tr>
<td>☐ 19 Other Hispanic</td>
<td></td>
</tr>
<tr>
<td>☐ 20 Central American/Black/African</td>
<td></td>
</tr>
<tr>
<td>☐ 21 Caucasian/White/ European/Middle Eastern</td>
<td></td>
</tr>
<tr>
<td>☐ 22 American Indian/Native American/Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>☐ 23 Other</td>
<td></td>
</tr>
</tbody>
</table>

67. Other than English, what languages do you speak fluently? (Check all that apply.)

☐ ☐ None ☐ ☐ Spanish ☐ ☐ Tagalog/other Filipino dialect ☐ ☐ Cantonese
☐ ☐ Korean ☐ ☐ French ☐ ☐ Other Chinese dialect
☐ ☐ Vietnamese ☐ ☐ Hindi/Urdu/Punjabi/other South Asian language
☐ ☐ Other (Please describe: _____________________________)

68. Your home Zip code: _________ or other country (Please specify: ___________________________)

69. Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:

☐ 1 Less than $30,000 ☐ 4 $60,000 - 74,999 ☐ 7 $125,000 – 149,999
☐ 2 $30,000 - 44,999 ☐ 5 $75,000 - 99,999 ☐ 8 $150,000 – 174,999
☐ 3 $45,000 - 59,999 ☐ 6 $100,000 – 124,999 ☐ 9 $175,000 – 199,999
☐ 10 $200,000 or more

70. Approximately what percentage of your total household income comes from your nursing job(s)?

☐ 1 None ☐ 3 20-39% ☐ 5 60-79% ☐ 7 100%
☐ 2 1-19% ☐ 4 40-59% ☐ 6 80-99%

Thank you for completing the survey.
Please return the questionnaire in the postage-paid envelope provided.
If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.

Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Yes, I would like to be notified when the report is published.

My email address is: ____________________________________________
AGENDA ITEM: 4.3
DATE: October 12, 2017

ACTION REQUESTED: Report on Resources Collected Related to Increasing Diversity of RNs in California

REQUESTED BY: Dr. Joseph Morris, Executive Officer – BRN

BACKGROUND: Julie Campbell-Warnock will provide an update on the status of the compilation of the best practices resources related to increasing the diversity of RNs collected thus far from the committee members.

NEXT STEPS: Continue collection and compilation of resources.

PERSON(S) TO CONTACT: Julie Campbell-Warnock, Research Program Specialist II
INFORMATION/BEST PRACTICES:
RESOURCES RELATED TO INCREASING RN DIVERSITY IN CALIFORNIA
California Board of Registered Nursing (BRN):
Nursing Education and Workforce Advisory Committee (NEWAC)

ARTICLES/PUBLICATIONS
2. California Community Colleges; Health Workforce Initiative Publications: https://ca-hwi.org/about-hwi/hwi-magazine/
3. *Consider a Rewarding Career in Nursing*; Pamphlet from California Board of Registered Nursing focusing on diverse recruitment: http://www.rn.ca.gov/pdfs/careerbrochure.pdf

PROGRAMS
6. UCSF-Fresno model for healthcare professionals developed by Catherine Flores (success engaging entire families)
7. Partner with minority nursing associations for a campaign in partnership with employers/education. Include mentoring with all levels of nursing leaders

FINANCIAL ASSISTANCE
8. Health Resources and Services Administration (HRSA); Has a variety of Grants, Loans and Scholarships available: https://www.hrsa.gov/about/index.html
9. Office of Statewide Health Planning and Development; Has a variety of programs that offer Grants, Loans and Scholarships through the Health Professions Education Foundation (HPEF): https://www.oshpd.ca.gov/HPEF/Programs/; and the Healthcare Workforce Development Division (HWDD): https://www.oshpd.ca.gov/HWDD/

IDEAS FOR TARGET OUTREACH
10. Those with former military healthcare experience
11. Emphasizing advantages of nursing career relating to more traditional male goals: stable career through economic downturns; opportunities for advancement; mobility; compensation
12. High school recruitment (career days)/Leadership focused organizations and conferences (i.e., Cal-HOSA, 4-H, FFA, etc.)
INFORMATION/BEST PRACTICES:
RESOURCES RELATED TO RN CAREER PATHWAYS: PRIMARY CARE FOCUSED

California Board of Registered Nursing (BRN):
Nursing Education and Workforce Advisory Committee (NEWAC)

1. Report and series of Journal articles from Josiah Macy who hosted a meeting on RNs in Primary Care:
   orming-primary-care

2. *RN Role Reimagined: How Empowering Registered Nurses Can Improve Primary Care*; California Healthcare
   Foundation; August 2015: http://www.chcf.org/publications/2015/08/rn-role-reimagined

3. California Community Colleges; Health Workforce Initiative Publications:
   https://ca-hwi.org/about-hwi/hwi-magazine/