BOARD OF REGISTERED NURSING

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California Board of Registered Nursing

2023-2024 Annual School Survey

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California Board of Registered Nursing
2023-2024 Annual School Survey

*The following information sheet is a requirement for individuals participating in research.

INFORMATION SHEET

A. PURPOSE AND BACKGROUND

Annually, the Board of Registered Nursing (BRN) conducts an online survey to collect data from both prelicensure and postlicensure nursing education programs. This survey contains questions relating to student and faculty demographics, admission and completion rates and program administration. The survey time period is August 1, 2023 to July 31, 2024. In addition, student and faculty Census Data are requested for October 15, 2024.

The individual program data are then compiled into a statewide aggregate database. The BRN will report aggregate data from the 2023-2024 survey in the Annual School Report. Statewide and regional trends in nursing education over the past ten years will also be analyzed and reported. Reports generated as a result of these analyses will be available on the BRN website (http://www.rn.ca.gov/).

Joanne Spetz, Ph.D., at the University of California, San Francisco, is administering the 2023-2024 BRN Annual School Survey, and is analyzing and reporting upon the survey data on behalf of the Board. All California nursing education program deans and directors will be invited to complete this survey.

B. PROCEDURES

At this reading, the BRN has contacted you via email stating that the online survey is available and ready to complete. The unique survey link in that email will allow you to enter the system and begin completing the online survey. If you need to exit the survey prior to completing a section, you may save your responses and return to the system later to continue filling out the survey.

At the end of the survey is a short Survey Process Questionnaire that asks about your experiences with the survey tool and your recommendations for its improvement. Completing this questionnaire will take less than 5 minutes of your time and will allow the BRN to improve the survey tool in future years.

C. RISKS/DISCOMFORTS

The following information pertains to the person completing the survey. It does not pertain to a nursing school. Participation in research may involve a loss of privacy. However, all personal information will be handled as confidentially as possible. We will do our best to make sure that the personal information gathered for this survey is kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this survey is published or presented at scientific meetings, your name and other personal information will not be used. School data provided in this survey are of public record.

D. BENEFITS

There will be no direct benefit to you for participating in this survey. However, the results of this survey may be used by program directors for grant writing purposes, program evaluation, and to assist campus administration and the community to understand the issues facing nursing education. The knowledge gained will also be used by policymakers to determine the effects of recently implemented policy changes on nursing education. This will guide future funding of nursing education initiatives. Foundations and health care organizations will also use the results when making decisions regarding nursing education funding. These data may also be utilized by regional workforce planners.

E. COSTS/PAYMENT

There will be no costs to you for participating in this study. Similarly, there is no payment for your participation.

F. QUESTIONS

If you have any comments or concerns about participating in or completing this survey, please contact Lisel Blash at (415) 476-8468 (lisel.blash@ucsf.edu) or principal investigator Joanne Spetz, Ph.D. at (415) 502-4443. If for some reason you do not wish to do this, you may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. You may reach the committee office between 8:00 A.M. and 5:00 P.M. Pacific Time, Monday through Friday, by calling (415) 476-1814, or by writing: Human Research Protection Program, Box 1288, University of California, San Francisco, San Francisco, CA 94143.

If you have read the above information, your questions have been satisfactorily answered, and you are ready to begin the survey, please click on the "Next Page" button below.

NAVIGATING THE ONLINE SURVEY

Printing Survey Questions

If you would like to print the survey questions prior to completing the online survey, CLICK HERE to select the sections you would like to print. Each section you select will appear in a PDF format.

It is recommended that you print the survey questions and complete the paper version prior to completing the online survey, as this will allow you, if necessary, to distribute the survey sections to others to complete and to ensure you have responses for all of the questions. You are asked to complete the Administration & Staff and Faculty Information sections in addition to the individual program sections. If you have one or more prelicensure programs, you will also complete the Prelicensure Student Attrition, Recruitment, and Retention section in addition to the individual prelicensure program sections.

Navigating the Survey

The survey begins by asking general questions about your school and the type of nursing programs offered at your institution. After completing this section of the survey, you will be redirected to a table of contents with all of the survey sections that should be completed on behalf of your institution. Please complete all of the survey sections that appear in the table of contents. Each section of the survey asks questions about nursing programs offered at your school during the 2023-2024 academic year.

If you need to go back and forth within a section of the survey, click on the "Previous Page" or "Next Page" buttons at the bottom of the page. **Do not use the back button in your internet browser unless otherwise directed.** If you want to switch from one section of the survey to another (e.g., from the ADN section to the Faculty Information section), click on the table of contents icon in the top left corner to click on the sections that are available for you to complete.

At the top of each page of the online survey, there are several links that help you find definitions to key words and get technical support.

Working in the Survey

If you want to exit the survey prior to completing it, you should be able to close it and come back to where you left off. You can click on your unique survey link to return to the survey to complete the survey with your previous responses already entered.

DO NOT allow multiple people to input data at the same time. Your responses may not be saved. Coordinate with other individuals working on the survey to avoid this problem and make sure that no more than one person is working in the survey interface at any one time.

Submitting Survey Responses
Once you have completed all survey sections required for your school and are ready to submit them, return to the Table of Contents by clicking on the Table of Contents button at the bottom of the page. All of the survey sections that appear on this page should have a check mark in front of them, indicating that all survey sections have been viewed. To submit your responses, click on the section titled "Submit Survey Responses." This section will bring you to a message indicating that you have reached the end of the survey and can submit your responses by clicking "Next Page." **Once you have submitted your responses, you will be redirected to a web page that will allow you to download and save your survey responses as a PDF. Please save a copy of your results for your records.** Once you have submitted your responses, you will not be able to access them again. If you need to change responses you have already submitted, please contact Lisel Blash (lisel.blash@ucsf.edu; 415-476-8468) as soon as possible.

Survey Assistance
Survey assistance is available on weekdays between 9:00 A.M. and 4:00 P.M. Pacific Time.

Content: To assist you in completing the survey, detailed instructions accompany each section and definitions for particular terms are provided. Terms with definitions are in blue-ink and underlined throughout the survey. Their definitions can be accessed by clicking on the term. To access the list of terms and their definitions, CLICK HERE. To access the FAQs, CLICK HERE. The definitions are also available at the end of PDF version of the full survey document (CLICK HERE) and hyper-linked within the full document. The definition list and FAQs are also accessible from the top of each online survey page.

Technical Issues: If you have technical difficulties that are not answered within the survey information, please contact Lisel Blash, lisel.blash@ucsf.edu; 415-476-8468.

Deadline for Submission: The final deadline for submitting your survey response is **November 15, 2024** at **11:45 P.M.** Responses submitted after this time will not be included in the data compilation and analysis.

INSTITUTIONAL INFORMATION

Please begin by providing the following information about your institution.

Name of university or college: _____

_____

Is your school a public institution or private institution?
○ Public   ○ Private

      If your school is a private institution, is it for-profit or non-profit?
      ○ For-Profit   ○ Non-Profit

Please select the program(s) offered by your school between **August 1, 2023 and July 31, 2024**. (*Check all that apply*.):

      <u>Prelicensure Programs</u>
      ☐ **ADN Program** (This includes LVN to ADN programs)
      ☐ **BSN Program** (This includes <u>LVN to BSN</u> programs)
      ☐ **Entry-level Master's (ELM) Program**
        (This includes students in both pre and post licensure portions of ELM programs)

      <u>Post-Licensure Programs (if any)</u>
      ☐ **RN to BSN Program**
      ☐ **Master's Degree Program**
        (Not including students in ELM programs)
      ☐ **DNP Program**
      ☐ **Research-based Doctoral Program (PhD, DNS, etc.)**

      If **ADN Program** is selected
        Do you admit <u>generic</u> ADN students into your program?
        If you have an LVN-to-ADN only program, please select "no".)

        ○ Yes   ○ No

        If **yes**, complete the *Generic ADN section* on page 28. If **no**, skip to the *LVN to ADN Only section on page 55*. You will only complete one of these sections.[1]

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[1] Since this survey is exclusively online, the survey software will direct respondents to the appropriate section depending on the response to this question.

GENERAL PRELICENSURE PROGRAMS SURVEY

Prior to completing the program-specific surveys, please provide the general program information requested below, including administration & staffing, faculty information, and student attrition, recruitment, and retention factors.

The following questions pertain to all of your **prelicensure** nursing education programs for the period between **August 1, 2023 and July 31, 2024** unless otherwise noted. Questions about post-licensure nursing education programs are asked in another section.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, or the category is not applicable, please **leave the space blank**.

ADMINISTRATION & STAFFING

> **If you have both a pre and postlicensure program:**
> Do your pre- and post-licensure programs both have the same director?
>
> ○ Yes   ○ No
> *If you have the same program director for both the pre and the post-licensure program, fill out the information about that program director below.*
>
> > *If you have different program directors for the prelicensure programs and post-licensure programs, fill out the information for the prelicensure program director below and for the postlicensure program director in the Post-licensure Programs Survey.*

1. Current Director of Prelicensure Nursing Education Program

    Name: _____

    Phone: _____

    Email: _____

    a) Has the Program Director been in this position for less than one year?

        ○ Yes   ○ No

2. Individual providing survey information: ☐ Same as above

    If the Director of Nursing Education is **not** completing this survey, please complete the following for the person(s) completing the survey:

    Name: _____

    Title: _____

    Phone: _____

    Email: _____

3. If the Director oversees multiple programs, which of the following do they oversee?
    (Check all that apply.)

LVN	☐
CN**A**	☐
HHA	☐
EMT	☐
Paramedic	☐
Technician (i.e., psychiatric, radiologic, etc.)	☐
Health sciences	☐
Health professions	☐
Other undergraduate programs	☐
RN Post-Licensure programs	☐
Other	☐

*(Please describe):*_____

_____

If you have both pre and post licensure programs, we will ask about assistant directors that serve only *the prelicensure program* and any *assistant directors that serve* both *programs in this section. We will ask about assistant directors that serve* only *the postlicensure program in the Postlicensure Program Survey.*

4. How many prelicensure <u>assistant directors</u> do you have?

    (If you have both a pre- and post-licensure program: How many <u>assistant directors</u> do you have that serve BOTH the pre and the post-licensure program?*)*

    (If total =0, skip to question 5.)

    Prelicensure-only assistant directors   _____

    Assistant directors that serve both programs _____

    TOTAL   **_____**

a) Between August 1, 2023 and July 31, 2024, what was the average number of weekly hours each <u>assistant director</u> was allotted and the average number of weekly hours they actually spent administering the registered nursing education programs? **Do not** include time spent on other health-related programs.

	Average weekly hours <u>allotted</u>	**Average weekly hours <u>actually spent</u>**
Assistant directors that serve both programs		
Assistant director 1	_____	_____
Assistant director 2	_____	_____
Assistant director 3	_____	_____
Average for the remaining Assistant directors	_____	_____

	Average weekly hours <u>allotted</u>	**Average weekly hours <u>actually spent</u>**
Prelicensure-only assistant directors		
Assistant director 1	_____	_____
Assistant director 2	_____	_____
Assistant director 3	_____	_____
Average for the remaining Assistant directors	_____	_____

Any comments about assistant director time: _____

_____

_____

If you have both pre and post licensure programs, we will ask about clerical support staff that serve only the prelicensure program and any clerical support staff that serve both programs in this section. We will ask about clerical support staff that serve only the postlicensure program in the Postlicensure Program Survey.

5. What is the total number of individuals (individual people not FTEs) that provide **clerical support** for the prelicensure programs (including student workers)? *Count each individual, including those working on a full-time, part-time and intermittent basis.*

	# of clerical support staff
Prelicensure–only clerical support staff	_____
If you have a post-licensure program:	
Clerical staff that support both programs	_____
TOTAL	**_____**

b) What is the total number of hours per week (on average throughout the year) these individuals **combined** spend providing **clerical support** for the prelicensure program(s) (including student workers)? *For example, if you have 3 different individuals providing clerical support and one averages 40 hours per week, one 30 and one 20, the total reported here would be 90 hours.*

	Total # of clerical support hours per week
Prelicensure–only clerical support staff	_____ Hrs./wk.
If you have a post-licensure program:	
Clerical Staff that support both programs	_____ Hrs./wk.
TOTAL	_____ **Hrs./wk.**

c) How adequate is the amount of **clerical support** for your prelicensure programs?

	More than adequate	Adequate	Less than adequate	Not at all adequate
Prelicensure Program clerical support	○	○	○	○

If you have both pre and post licensure programs, we will ask about clinical placement coordination staff that serve only the prelicensure program and any clinical placement coordination staff that serve both programs in this section. We will ask about clinical placement coordination staff that serve only the postlicensure program in the Postlicensure Program Survey.

6. What is the total number of individuals (individual people not FTEs) that provide **clinical placement coordination support** (i.e., secures clinical placements and preceptors, maintains relationships with agencies, assigns students, makes schedule, etc.) for the prelicensure program(s) (including student workers)? *Count each individual, including those working on a full-time, part-time and intermittent basis.*

	Total # of clinical placement coordination staff
Prelicensure–only **clinical placement coordination** staff	_____
If you have a post-licensure program:	
Clinical placement coordination staff that support both programs	_____
TOTAL	**_____**

a) What is the total number of hours per week (on average throughout the year) these individuals **combined** spend providing **clinical placement coordination** support for the prelicensure programs (including student workers)? *For example, if you have 3 different individuals providing clinical placement coordination support and one averages 40 hours per week, one 30 and one 20, the total reported here would be 90 hours.*

	Total # of clinical placement coordination hours per week
Prelicensure–only **clinical placement coordination** staff	_____ Hrs./wk.
If you have a post-licensure program:	
Clinical placement coordination staff that support both programs	_____ Hrs./wk.
TOTAL	_____**Hrs./wk.**

b) How adequate is the amount of <u>clinical placement coordination support</u> for your prelicensure programs?

	More than adequate	**Adequate**	**Less than adequate**	**Not at all adequate**
Prelicensure Program Clinical placement coordination support	○	○	○	○

    c) Are there some clinical placement coordinators in the pre or postlicensure nursing program that also serve other clinical areas (e.g., LVN, MA, PCAT, or RT programs)?

      ○ Yes   ○ No (*If no, skip to question 7.)*

        6.c.i) If yes, please list the total number of pre or postlicensure nursing program clinical placement coordinators that also serve other clinical areas (e.g., LVN, MA, PCAT, or RT programs). _____

7. Do you have a **student retention specialist or coordinator** that is exclusively dedicated to the **prelicensure** RN programs?

○ Yes   ○ No (*If no, skip to question 8.)*

    a) If yes, please report the average number of hours per week allocated to the **student retention specialist**.

        _____ hours/week

8. Which of the following institutional accreditations (not nursing program accreditation) does your college or university have? *(Check all that apply.)*

    Institutional Accreditation: "Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education."

    (**Notes:** specific nursing program degree accreditations will be collected later in the survey. **Data from this question is posted on the BRN website.)

    ☐ Accrediting Bureau of Health Education Schools (ABHES)
    ☐ Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC/WASC-JC)
    ☐ Accrediting Commission of Career Schools & Colleges (ACCSC)
    ☐ Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)
    ☐ Accrediting Council for Independent Colleges and Schools (ACICS)
    ☐ Higher Learning Commission (HLC)
    ☐ Northwest Commission on Colleges and Universities (NWCCU)
    ☐ WASC – Senior College and University Commission (WSCUC)
    ☐ Other: _____

PRELICENSURE FACULTY INFORMATION

FACULTY DEMOGRAPHICS

Please include all active faculty **who teach students in your prelicensure programs during the dates specified.** *Do not include personnel that do not have a current teaching assignment during the specified period even if your program classifies them as faculty.*

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

9. On **October 15, 2024**, how many **full-time** active faculty did you have that teach prelicensure students? *(Report the number of individuals, not FTES).*

   *Number of full-time active faculty that teach **prelicensure** students*   _____

   a) Of these **full-time** active prelicensure faculty, how many were:

	Number of full-time active faculty that teach prelicensure students
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

10. On **October 15, 2024**, how many **part-time** active faculty did you have that teach prelicensure students? *(Report the number of individuals, not FTES).*

Number of <u>part-time</u> active faculty that teach prelicensure students _____

    a) Of these **part-time** <u>active faculty</u>, how many were:

	Number of faculty
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

11. Please provide the following faculty census data for your active faculty who teach prelicensure students on **October 15, 2024** (combine full-time and part-time faculty).

FACULTY RACE AND ETHNICITY	Prelicen17_2017 *Number of faculty*
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race or ethnicity	

FACULTY GENDER	*Number of faculty*
Male	
Female	
Other gender	
Unknown gender	

FACULTY AGE	*Number of faculty*
30 years or younger	
31-40 years	
41-50 years	
51-55 years	
56-60 years	
61-65 years	
66-70 years	
71 years and older	
Unknown age	

12. Has your program begun hiring significantly more part-time than full-time active prelicensure faculty over the past 5 years than previously (i.e., has your ratio of full to part faculty changed significantly)?

    ○ Yes   ○ No

    (If no, skip to question 13.)

    a)   If yes, what are the reasons for this shift?
        Please rank the following in order of importance from 1-10 with one being the most important and 10 the least. Please write N/A in categories that are not applicable to your school/programs.

Reasons

Non-competitive salaries for full-time faculty	_____
Shortage of RNs applying for full-time faculty positions	_____
Insufficient number of full-time faculty applicants with required credential	_____
Private, state university or community college laws, rules or policies	_____
Need for part-time faculty to teach specialty content	_____
Need for faculty to have time for clinical practice	_____
Insufficient budget to afford benefits and other costs of FT faculty	_____
To allow for flexibility with respect to enrollment changes	_____
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	_____
Other: _____	_____

13. Will your externally funded positions continue to be funded for the **2024-2025** academic year?

    ○ Yes   ○ No   ○ Don't know   ○ Not applicable

14. If you do <u>not</u> receive funding for faculty from outside sources, how many prelicensure students would you be able to enroll next year (**2024-2025**)?

    _____prelicensure students

15. Please provide a breakdown of all active prelicensure faculty by highest degree held on **October 15, 2024**.

a) **Full-time active prelicensure faculty** *The total for this question should equal the total number of faculty reported in question 9*	*Number of faculty*
Associate Degree in Nursing/Nursing Diploma (ADN)	
Baccalaureate Degree in Nursing (BSN)	
Non-nursing Baccalaureate Degree	
Master's Degree in Nursing (MSN)	
Non-nursing Master's Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	

b) **Part-time active prelicensure faculty** *The total for this question should equal the total number of faculty reported in question 10*	Prelicen21a_2 012 *Number of faculty*
Associate Degree in Nursing/Nursing Diploma (ADN)	
Baccalaureate Degree in Nursing (BSN)	
Non-nursing Baccalaureate Degree	
Master's Degree in Nursing (MSN)	
Non-nursing Master's Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
Total number of all faculty *Should equal the total number of faculty reported in question 11*	

16. How many of your active prelicensure faculty (full-time and part-time) are currently pursuing an advanced degree (i.e., BSN to MSN, PhD, DNP, etc.)?

    Number of faculty _____

17. For all of the **active prelicensure faculty** you reported (both full- and part-time), how many teach only clinical courses, only didactic courses, or a combination of both?

    <u>*Number of faculty*</u>

<u>Only</u> clinical courses	_____
<u>Only</u> didactic courses	_____
<u>Combination</u> of both clinical and didactic courses	_____
Total number of faculty	**_____**

Part-time Faculty

18. Which of the following do you use to prepare your **part-time** active prelicensure faculty to teach? (*Check all that apply.*)

    ☐ Specific orientation program
    ☐ Mentoring program
    ☐ Teaching strategies
    ☐ Program policies
    ☐ Curriculum review
    ☐ Faculty orientation
    ☐ Administrative policies
    ☐ External program that trains adjunct faculty
    ☐ Other: _____
    ☐ None

Full-time Faculty

19. Between **August 1, 2023 and July 31, 2024,** were any **full-time** active prelicensure faculty working an overloaded schedule?

    ○ Yes   ○ No   *(If no, skip to question 20.)*

    a) If yes, do you pay these active faculty extra for the overloaded schedule?

    ○ Yes   ○ No

FACULTY ATTRITION AND VACANCIES

20. How many of your <u>active prelicensure faculty</u> (<u>full-time</u> and <u>part-time</u>) retired or left the program this year (August 1, 2023 to July 31, 2024)? *(If "0", please skip to question 21.)*

Number of faculty

<u>Full-time faculty</u>   _____

<u>Part-time faculty</u>   _____

    a) Why did **full-time** <u>active prelicensure faculty</u> leave the program? (*Check all that apply*.)

      ☐ NOT APPLICABLE

      ☐ Retirement
      ☐ Career advancement
      ☐ Salary/benefits
      ☐ Relocation of spouse or other family obligation
      ☐ Return to clinical practice
      ☐ Termination, requested resignation, contract not renewed
      ☐ Resigned for unknown reasons
      ☐ Layoffs (for budgetary reasons)
      ☐ Workload
      ☐ Personal health issues/death
      ☐ Workplace climate
      ☐ Other: _____

    b) Why did **Part-time** Faculty leave the program? (*Check all that apply*.)

      ☐ NOT APPLICABLE

      ☐ Retirement
      ☐ Career advancement
      ☐ Salary/benefits
      ☐ Relocation of spouse or other family obligation
      ☐ Return to clinical practice
      ☐ Termination, requested resignation, contract not renewed
      ☐ Resigned for unknown reasons
      ☐ Layoffs (for budgetary reasons)
      ☐ Workload
      ☐ Personal health issues/death
      ☐ Workplace climate
      ☐ Other: _____

21. How many of your active full-time prelicensure faculty went from full-time to part-time during this program year (August 1, 2023 to July 31, 2024)? *(If "0", please skip to question 22.)*

    # Of full-time faculty moving to part-time _____

a) Why did full-time active prelicensure faculty move to part-time during this program year?
(Check all that apply.)

☐ Other family obligations
☐ Return to clinical practice
☐ Personal health issues
☐ Workplace climate
☐ Preparing for retirement
☐ Requested by program due to budgetary reason
☐ Workload
☐ Other: _____

22. How many of your active prelicensure faculty are you expecting to retire or leave next year (2024-2025)?

    Full-time active faculty _____

    Part-time active faculty _____

23. On October 15, 2024, how many positions for active prelicensure faculty were you seeking to fill? (*Report the number of individuals, not FTEs.*)

    Full-time active faculty vacancies _____

    Part-time active faculty vacancies _____

FACULTY HIRING

24. Did you hire any <u>active prelicensure faculty</u> between August 1, 2023 and July 31, 2024?

    ○ Yes   ○ No   *(If no, skip to question 25.)*

	Number of faculty
a) How many active prelicensure faculty did you hire between August 1, 2023 and July 31, 2024?	
b) Of the <u>active prelicensure faculty</u> hired between August 1, 2023 and July 31, 2024, how many were hired to teach:	
<u>Full-time</u>?	
<u>Part-time</u>?	
c) How many had less than one year of teaching experience before they began teaching at your school?	

d) Which of the following are characteristics of the <u>active prelicensure faculty</u> you hired between August 1, 2023 and July 31, 2024? (*Check all that apply.*)

	Characteristics of new faculty
In the last two years, completed a graduate degree program (i.e., MSN, MA, PhD, DNP)	☐
Experience teaching as a nurse educator in a clinical setting	☐
Experience student teaching while in graduate school	☐
Experience teaching at another nursing school	☐
Experience teaching in a setting outside of nursing	☐
No teaching experience	☐
Other (please describe):	☐

e) Why did you hire the <u>active prelicensure faculty</u> between August 1, 2023 and July 31, 2024? (*Check all that apply.*)

☐ Due to program expansion
☐ To reduce faculty workload
☐ To replace faculty that retired or left the program
☐ To fill longstanding faculty vacancies (positions vacant for more than one year)
☐ To hire faculty with specific experience in online teaching
☐ To hire faculty with specific experience in virtual &/or simulation education
☐ Other:_____

25. Did your nursing school have a hiring freeze for <u>active prelicensure faculty</u> during the 2023-2024 academic year?

○ Yes   ○ No   *(If no, skip to question 26.)*

a) Did a hiring freeze prevent you from hiring all needed faculty during the 2023-2024 academic year?

○ Yes   ○ No

FACULTY RECRUITMENT AND COMPENSATION

26. What strategies are you using to recruit diverse prelicensure faculty?

☐ Share program/school goals and commitments to diversity
☐ Highlight campus and community demographics
☐ Showcase how diversity issues have been incorporated into the curriculum
☐ Highlight success of faculty, including faculty of color
☐ Share faculty development and mentoring opportunities
☐ Send job announcements to a diverse group of institutions and organizations for posting and recruitment
☐ Use of publications targeting minority professionals (e.g., Minority Nurse)
☐ External funding and/or salary enhancements (e.g., endowed lectureship)
☐ Other: _____

27. For which clinical specialty areas did you have difficulty recruiting new <u>active prelicensure faculty</u> in 2023-2024? (*Check all that apply.*)

☐ None
☐ Medical/surgical
☐ Obstetrics
☐ Pediatrics
☐ Psych/Mental Health
☐ Geriatrics
☐ Critical Care
☐ Community Health
☐ Other:_____

28. Which of the following factors serve as barriers to **recruiting** active prelicensure faculty to your program?
(*Check all that apply.*)

☐ No barriers to recruiting faculty
☐ Non-competitive salaries
☐ Overall shortage of RNs
☐ Insufficient number of faculty applicants with required credential
☐ Private, state university, or community college laws, rules, or policies
☐ BRN rules and regulations
☐ Workload (i.e., not wanting to assume faculty responsibilities)
☐ Housing costs
☐ Other:_____

29.   How many **new** active prelicensure faculty (full-time and part-time) do you anticipate being budgeted over the next year (2024-2025)?

Number of faculty

New full-time active prelicensure faculty   _____

New part-time active prelicensure faculty   _____

30. Please provide the lowest and highest annual base salaries that you **currently pay** your **full-time active prelicensure faculty**. Do **not** include **overload pay**. Do **not** include deans, directors, or faculty in administrative or research roles. *(Round to the nearest dollar amount. Do not use decimals.)*

*Faculty that teaches **ANY prelicensure** students*

	Salary Range		Length of teaching appointment for faculty				
Degree Held	Lowest <u>annual</u> salary	Highest <u>annual</u> salary	9 - mos.	10 - mos.	12 - mos.	Other	If "Other" length of teaching appointment (Please describe)
Master's Degree	$	$	○	○	○	○	
Doctoral Degree (PhD, DNP, MD, etc.)	$	$	○	○	○	○	

STUDENT ATTRITION, RECRUITMENT, RETENTION FACTORS

Questions in this section pertain to the status of your **prelicensure** nursing education program(s) between August 1, 2023 and July 31, 2024 unless otherwise noted.

If the program has <u>no instances</u> of a particular population, please enter 0 in the space provided. If the data are <u>not available</u>, please indicate so by leaving the space blank.

31. What was the impact of the following factors on student **attrition** in your prelicensure program(s)?

Attrition Factor	Not Applicable	No Impact	Minor Impact	Moderate Impact	Great Impact
Financial need	O	O	O	O	O
Personal reasons (e.g., home, job, health, family)	O	O	O	O	O
Change of major or career interest	O	O	O	O	O
Transfer to another school	O	O	O	O	O
Academic failure	O	O	O	O	O
Clinical failure	O	O	O	O	O
Other 1 (Describe: _____)	O	O	O	O	O
Other 2 (Describe: _____)	O	O	O	O	O

32. Does your school or nursing program(s) collect student disability data as part of the data collected in the admissions process?

O Yes   O No   O Don't know

33. Is your school part of a pipeline program that supports people from <u>underrepresented</u> groups to apply to your nursing programs?

O Yes   O No

34. What strategies do you use to **recruit and admit** students from groups **underrepresented** in nursing?

   ☐ No need. We already have a diverse applicant pool and no additional strategies are needed.
   ☐ Admission counseling
   ☐ New admission policies instituted
   ☐ Additional financial support (e.g., scholarships)
   ☐ Multi-criteria screening as defined in California Assembly Bill 548
   ☐ Holistic review (e.g., residency, language skills, veteran status, other life experiences)
   ☐ Outreach (e.g., high school fairs, community events)
   ☐ Open house
   ☐ Other: _____)

35. What strategies do you use to **support and retain** students from groups **underrepresented** in nursing?

   ☐ No need, students from groups underrepresented in nursing are successful without any additional strategies
   ☐ Additional financial support (e.g., scholarships)
   ☐ Additional child care
   ☐ Student success strategies (e.g., mentoring, remediation, tutoring)
   ☐ Wellness counseling
   ☐ Academic counseling
   ☐ Program revisions (e.g., curriculum revisions, evening/weekend program)
   ☐ Other: _____)

36. Does your school provide any training for faculty in your nursing program to support the success of students at-risk of academic failure?

     ○ Yes   ○ No   *(If no, skip to question 37.)*

       a) If yes, please indicate which type of training is provided (*Check all that apply.*)

      ☐ Faculty development and orientation
      ☐ Cultural diversity training
      ☐ Training on disabilities and accommodations
      ☐ Faculty mentoring and peer mentoring programs
      ☐ Training on various student success initiatives

      ☐ Other: _____)

37. Is lack of access to prerequisite science and general education courses a problem for your pre-nursing students?

   ○ Yes   ○ No   *(If no, skip to question 38.)*

a) If yes, which of the following strategies have been used by your college to help prelicensure-nursing students gain access to prerequisite science and general education courses? (Check all that apply.)

☐ Agreements with other schools for prerequisite courses
☐ Prerequisite courses in adult education
☐ Transferable high school courses to achieve prerequisites
☐ Offering additional prerequisite courses on weekends, evenings, and summers
☐ Providing online courses
☐ Accepting online courses from other institutions
☐ Adding science course sections
☐ Other: _____)

38. Between August 1, 2023 and July 31, 2024, did any of your prelicensure nursing students encounter any restrictions to clinical practice imposed by the clinical facilities?

○ Yes   ○ No   *(If no, skip to question 39.)*

a) If yes, please report how common each of the following restrictions are for students in your prelicensure nursing programs.

	Very Uncommon	Uncommon	Common	Very Common	Not Applicable
Bar coding medication administration (i.e., Pyxis)	○	○	○	○	○
Electronic medical records	○	○	○	○	○
Glucometers	○	○	○	○	○
Automated medical supply cabinets (i.e., Omnicell)	○	○	○	○	○
IV medication administration	○	○	○	○	○
Clinical site due to visit from the Joint Commission or other accrediting agency	○	○	○	○	○
Direct communication with health care team members	○	○	○	○	○
Alternative settings due to liability (i.e., home health visits)	○	○	○	○	○
Patients related to staff nurse preferences or concerns about additional workload	○	○	○	○	○
Health and safety requirements (i.e., drug screening, background checks)	○	○	○	○	○
Other _____	○	○	○	○	○

b)   In which areas do these clinical restrictions occur? *(Check all that apply)*

☐ Medical/surgical
☐ Obstetrics
☐ Pediatrics
☐ Psychiatry/mental health
☐ Geriatrics
☐ Critical care
☐ Community health
☐ Preceptorships

☐ Other 1: _____
☐ Other 2: _____

c)   What reasons were given for restricting student access to the following? *(Check all that apply.)*

	Electronic Medical Records	Medication Administration
Insufficient time to train students	☐	☐
Liability	☐	☐
Patient confidentiality	☐	☐
Staff fatigue/burnout	☐	☐
Staff still learning and unable to assure documentation standards are being met	☐	☐
Cost for training	☐	☐
Other: _____	☐	☐

d)   How does the program make up for training in these areas of restricted access? *(Check all that apply.)*

☐   Ensuring all students have access to sites that train them in this area
☐   Training students in the classroom
☐   Training students in the SIM lab
☐   Purchase practice software, such as SIM Chart

☐   Other:_____

e)   If you have additional comments about student restrictions to clinical practice, please report them here.

_____

_____

_____

39. Of those students who completed your prelicensure programs between **August 1, 2023 to July 31, 2024,** what percentage is employed in nursing in California?

    _____ % of graduates employed in nursing in California.

40. Does your school offer an RN refresher course?

    ○ Yes   ○ No   *(If no, skip to next applicable section.)*

    a)   Which RN refresher courses are offered?

        Course 1:   _____

        Course 2:   _____

        Course 3:   _____

    b)   How many students completed a refresher course between August 1, 2023 and July 31, 2024?

        _____   Students completed

GENERIC ADN PROGRAM SURVEY

Do you admit generic ADN students into your program?

O Yes   O No

If **yes**, complete the *Generic ADN section* below.

If **no**, skip to the *LVN to ADN section on page 55*. You will only complete one of these sections.

(Contact Lisel Blash – lisel.blash@ucsf.edu, 415.476.8468 – if you have questions.)[2]

This section of the survey pertains to all students in your **Generic ADN Program** between *August 1, 2023 and July 31, 2024*. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. Which of the following nursing program accreditations does your ADN degree program have? (*Check all that apply.)* (*Does not include BRN approval.)*

   Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

   Note: Data from this question is posted on the BRN website.

   ☐ None
   ☐ ACEN (Accreditation Commission for Education in Nursing)
   ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
   ☐ Other: _____

2. Please indicate the mechanisms in place to facilitate a seamless progression from LVN to ADN education. *(Check all that apply.)*

   ☐ Direct articulation of LVN coursework
   ☐ Bridge course
   ☐ Use of skills lab course to document competencies
   ☐ Credit granted for LVN coursework following successful completion of a specific ADN course(s)
   ☐ Use of tests (such as NLN achievement tests or challenge exams to award credit)
   ☐ Specific program advisor
   ☐ Other: _____

3. Does your nursing program participate in a Collaborative/Shared/Concurrent/ Dual Enrollment Program Agreement with another nursing program leading to a BSN or higher degree?

   O Yes   O No

---

[2] Since this survey is exclusively online, the survey software will direct respondents to the appropriate section depending on the response to this question.

APPLICATIONS & ADMISSIONS

4. How many admission spaces for the first AD nursing course were available between August 1, 2023 and July 31, 2024?

   _____admission spaces available

5. How many <u>total</u> applications were received for the first AD nursing course from **August 1, 2023 to July 31, 2024**? Do **not** include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)

Applications	**# Applications for first AD nursing course**
a) Total applications received:	
Of these applications, how many were: b) Screened?	
c) Qualified?	
d) Admitted? (Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.)	

6. What required admission criteria do you use to identify qualified applicants? (*Check all that apply.*)

   ☐ None
   ☐ Minimum/Cumulative GPA
   ☐ Minimum grade level in prerequisite courses
   ☐ Geographic location
   ☐ Completion of prerequisite courses (including recency and/or repetition)
   ☐ Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula
   ☐ Multicriteria screening as defined in California Assembly Bill 548 (Community Colleges only)
   ☐ Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)
   ☐ Health-related work experience
   ☐ Personal statement
   ☐ Lottery
   ☐ Interview
   ☐ Science GPA
   ☐ Letter of reference/Recommendation
   ☐ Other: _____

7. What method(s) do you use to select <u>generic students</u> from the qualified applicant pool? (*Check all that apply.)*

☐ Random selection
☐ Modified random selection
☐ Ranking by specific criteria
☐ Interviews
☐ First come, first served (waiting list)
☐ First come, first served (based on application date for the quarter/semester)
☐ Goal statement
☐ Other:_____

8. If you have an **accelerated track,** do you require students applying to this track to have a previous degree?

○ Yes   ○ No   ○ Not applicable

9. If you have an **advanced placement** track**,** do you require students applying to this track to have a previous degree?

○ Yes   ○ No   ○ Not applicable

10. Do you maintain an ongoing waiting list?

○ Yes   ○ No *(If no, skip to question 11.)*

a) On **October 15, 2024** how many qualified applicants for the first AD nursing course were on the <u>waiting list</u>? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

_____ qualified applicants

b) How long do you keep a qualified applicant on the waiting list?
☐ Until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
☐ For 2 application cycles
☐ Until they are admitted
☐ Other: _____

c) On average, how long do you estimate it takes a person to enroll in the first nursing course after being placed on the waiting list?

_____ semesters/quarters

11. How do you admit LVN to ADN students? (*Check all that apply.*)
☐ Separate track for LVN to ADN students
☐ LVN students admitted to generic program on a space-available basis
☐ Not applicable

12. Do you have a separate waiting list for LVNs?

    ○ Yes   ○ No   *(If no, skip to question 13.)*

   a) How many LVNs were on the waiting list on October 15, 2024?

      _____ LVNs

   b) How long do you keep a qualified LVN-to-RN student on the waiting list?

      ☐ Until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
      ☐ For 2 application cycles
      ☐ Until they are admitted
      ☐ Other: _____

   c) On average, how long do you think it takes an LVN-to-RN student to enroll in the first nursing course after being placed on the waiting list?

      _____ semesters/quarters

13. What is the average total value of student loans per nursing graduate, upon graduation? This data may be available from your campus financial aid office.

   $_____

      a) What are the annual in-state tuition and fees for your program?
         $_____

      b) What is annual cost of attendance for your program, not including room and board?
         $_____

ENROLLMENTS

14. Please provide the total number of **new** student enrollments in your ADN program between August 1, 2023 and July 31, 2024. Include **all** students new to the program, including generic, accelerated track, advanced placement, LVN to ADN, transfer, and 30-unit option students. Do **not** count readmitted students.

   _____New student enrollments

15. How many of the new students enrolled in the ADN program between August 1, 2023 and July 31, 2024 are 30-unit option students?

   _____30-unit option students

16. Please provide a breakdown of all **new** student enrollments in your nursing program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program, including generic, accelerated track, advanced placement, LVN to ADN, transfer, and 30-unit option students. Do **not** include readmitted students.

If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the "unknown" field.

RACE AND ETHNICITY	Enrollments
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race or ethnicity	

GENDER	Enrollments
Male	
Female	
Other gender	
Unknown gender	

AGE	Enrollments
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

17. Did you enroll fewer new students in your program between **August 1, 2023 and July 31, 2024** than the previous year?

    ○ Yes   ○ No   ○ Not applicable   *(If no, skip to question 18.)*

    a) If yes, why did you enroll fewer students? (Check all that apply)

    ☐ Unable to secure clinical placements for all students
    ☐ College/university requirement to reduce enrollment
    ☐ To reduce costs
    ☐ Lost funding
    ☐ Accepted students did not enroll
    ☐ Insufficient faculty
    ☐ Other (describe): _____

18. What do you expect your <u>new student enrollment</u> to be in the following academic years?

    a) 2024-2025: _____

    b) 2025-2026: _____

CENSUS

19. **Census Data:**   On **October 15, 2024**, how many <u>total</u> students (new and continuing) were enrolled in the ADN program? (This includes generic, accelerated track, advanced placement, LVN to ADN, transfer, readmitted, and 30-unit option students.)

    _____ Total new and continuing students

BARRIERS TO EXPANSION

20. Which of the following are barriers to the expansion of your nursing program(s)?
    (*Check **no more than five**.*)

    ☐ No barriers to program expansion
    ☐ Insufficient number of qualified clinical faculty
    ☐ Insufficient number of qualified classroom faculty
    ☐ Insufficient funding for faculty salaries
    ☐ Faculty salaries not competitive
    ☐ Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
    ☐ Insufficient number of clinical sites
    ☐ Insufficient number of allocated spaces for the nursing program
    ☐ Insufficient support for nursing school by college or university
    ☐ Insufficient number of physical facilities and space for skills labs
    ☐ Insufficient number of physical facilities and space for classrooms
    ☐ Insufficient financial support for students

    ☐ Other: _____

a) If you selected lack of clinical sites as one of your top barriers to program expansion, which of the following strategies have you employed to mitigate this barrier? (*Check all that apply.*) *Otherwise, skip to question 21.*

☐ None
☐ Human patient simulators
☐ Community based options/ambulatory care (e.g., homeless shelters, nurse managed clinics, community health centers)
☐ Twelve-hour shifts
☐ Evening shifts
☐ Night shifts
☐ Weekend shifts
☐ Non-traditional clinical sites, e.g., correctional facilities
☐ Innovative skills lab experiences
☐ Preceptorships
☐ Regional computerized clinical placement system
☐ Telehealth
☐ Virtual Simulation
☐ Other:_____

ATTRITION & COMPLETION

Please answer the following questions concerning student attrition and completion as they pertain to different student tracks, programs, and demographics.

These questions pertain solely to those students who *completed* the AD nursing program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

21. Please provide the total number of all students who completed the nursing program between August 1, 2023 and July 31, 2024. Include generic, accelerated track, advanced placement, LVN to ADN, transfer, 30-unit option and readmitted students. Also include students who completed the program behind schedule.

_____ Total number of students who completed the program

22. How many of the students who completed the ADN program between August 1, 2023 and July 31, 2024 were 30-unit option students?

_____ 30-unit option students

23. Does the ADN program operate on semesters or quarters?

☐ Semester   ☐ Quarters

a) How many weeks is your semester/quarter?
_____weeks

b) Generic students normally complete the program in:

_____ semesters/quarters

c) Accelerated students normally complete the program in:

_____ semesters/quarters

24. If students take longer than anticipated/scheduled for their ADN (typically 2 years), which of the following are reasons for the delay? Please rank the top reasons why students take longer than anticipated/scheduled, to finish their ADN.

(*Rank from 1-8, with 1 being most important and 8 being least*.)

If the entire question is not applicable, please check the "does not apply" box and explain why (e.g., "No students were delayed" or "Our program is not a traditional 2-year program.", etc.) If the **overall question** is applicable, but i**ndividual answers** are not, you may enter N/A in the box next to the answer choice.

_____ Inadequate academic advising

_____ Unable to obtain a required course(s) to progress

_____ Required pre-requisite or required course not offered

_____ Student had personal issue(s) that required time away from school

_____ Student changed course of study

_____ Student had to repeat one or more courses to pass/progress

_____ Does not apply as our program is not a traditional 2-year program, please explain:

_____

_____ Other, please explain: _____

_____ Does not apply. Please explain: _____

25. Please provide the race and ethnicity, gender and age for **all** students who completed the nursing program between August 1, 2023 and July 31, 2024. Include generic, accelerated track, advanced placement, LVN to ADN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Completions
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Completions
Male	
Female	
Other gender	
Unknown gender	

AGE	Completions
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

26. How many of **all** students who completed the ADN program between August 1, 2023 and July 31, 2024 were approved for at least one accommodation for a disability? *(If 0, skip to question 27.)*

_____ Total number of students approved for accommodation

    a) Of these students, please report the number of students that have been approved to receive each of the accommodations listed below. (*If a student receives more than one accommodation, please include the student in as many categories as applicable.*)

_____ Academic counseling/advising

_____ Disability-related counseling/referral

_____ Adaptive equipment/physical space/facilities

_____ Interpreter and captioning services

_____ Exam accommodations (modified/extended time/distraction reduced space)

_____ Assistive technology/alternative format

_____ Note-taking services/reader/audio recording/smart pen

_____ Priority registration

_____ Reduced course load

_____ Transportation/mobility assistance and services/parking

_____ Service animals

_____ Other:_____

EMPLOYMENT

27. For students who completed the Generic ADN program between August 1, 2023 and July 31, 2024, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2024. The total of all percentages should equal 100%.

    If graduate is both working and pursuing additional education, please indicate the primary activity in which the student is engaged

	%
Hospitals	_____
Long-term care facilities	_____
Community/public health facilities	_____
Other healthcare facilities	_____
Pursuing additional nursing education in lieu of employment (i.e., BSN, MSN, PhD, DNP)	_____
Participating in a new graduate residency (*paid*)	_____
Participating in a new graduate residency (unpaid)	_____
Unable to find employment in nursing	_____
Not yet licensed	_____
Other (describe:) _____	
Unknown	_____
Not applicable	_____
TOTAL	**100%**

Generic and Accelerated Students

28. Please answer the following questions for the student cohort(s) that were scheduled upon enrollment to graduate between *August 1, 2023 and July 31, 2024.* If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include **all** cohorts of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

> **Only** include generic and accelerated track ADN students. Do **not** include advanced placement, LVN to ADN (they will be captured in the next question), transfer, 30-unit option, students participating in ADN/BSN collaborative program or readmitted students.

> *Students on leave but expected to return are considered* still enrolled*.*

> Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on time.

Note: Data from these questions are used by the BRN to calculate completion and attrition rates that are posted on the BRN website.

Scheduled on admission to complete=completed+withdrew+dismissed+still enrolled
Completion rate=completed/scheduled to complete
Attrition rate=withdrew+dismissed/scheduled to complete

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of ADN students scheduled on admission to complete the program									

Of these ADN students, how many

Status	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the program on schedule?									
Withdrew from the program?									
Were dismissed from the program?									
Are still enrolled in the program?									

29. How many **generic and accelerated track** ADN students completed the program between August 1, 2023 and July 31, 2024 but behind schedule?

   Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

Advanced Placement Students

30. Please answer the following questions for your advanced placement students, including **military and LVN step-up to RN** student cohort(s) that were scheduled on admission to complete the program during August 1, 2023 and July 31, 2024 and not included in previous question. If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include all cohorts of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on schedule.

Students on leave but expected to return are considered still enrolled.

Scheduled on admission to complete=completed+withdrew+dismissed+still enrolled
Completion rate=completed/scheduled to complete
Attrition rate=withdrew+dismissed/scheduled to complete

Advanced Placement	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of ADN students scheduled on admission to complete the program									

Of these students, how many

Status	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the program on schedule?									
Withdrew from the program?									
Were dismissed from the program?									
Are still enrolled in the program?									
TOTAL									

31. How many **advanced placement students**, including military and **LVN step-up to RN student** cohort(s) within the generic program, completed the program between August 1, 2023 and July 31, 2024 but behind schedule?

    Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

Advanced Placement	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

NCLEX DATA FOR <u>ACCELERATED TRACK</u> STUDENTS ONLY

32. How many students in the accelerated track took the NCLEX for the first time between **July 1, 2023 and June 30, 2024?** Of those, how many passed on their first attempt?

    *NOTE: This is a different time window than that in most of the rest of the survey.

    _____ Accelerated students who took the NCLEX

    _____ Accelerated students who passed the NCLEX on their first attempt

    If your ADN program does not have accelerated track students, skip to question 33.

CLINICAL TRAINING

Clinical training includes simulation, skills labs, clinical observation, and clinical practice with real patients.

Please answer the following questions about clinical training in the ADN program for the period from August 1, 2023 to July 31, 2024.

33. For your ADN program in each of the content areas below, please report the number of hours spent on clinical practice with real patients, clinical simulation, clinical observation, and skills labs PER SEMESTER or QUARTER, whichever schedule your program uses. (If your geriatrics content is integrated, please estimate the hours of all geriatric clinical experiences.) If your program has more than one track, e.g., generic and accelerated, that have different amounts of hours in each content area, please average the number of hours for the tracks.

> **Clinical simulation** provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Number and Type of Clinical Hours in Each Content Area

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			Clinical Observation	Skills Labs	Clinical Simulation	Total Clinical Training Hours
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

34. In the next 12 months in your ADN program, please report whether you plan to **increase**, **decrease** or **maintain** the number of clinical hours in each clinical experience type and for each content area. If you do not have this content area or type of clinical experience, write "**N/A**". If you do not know, write "**unknown**". *(Note: the online survey will have a drop-down menu for each of the boxes below so that you can select increase, decrease, maintain, not applicable, or unknown for each category.)*

Increase, Decrease or Maintain the Number of Clinical Hours in Each Clinical Experience and Content Area?

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			Clinical Observation	Skills Labs	Clinical Simulation	Total Clinical Training Hours
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

a) *Why* are you reducing the number of clinical hours in one or more content areas in you ADN program? *(If you are not reducing the overall number of clinical hours in any content area, skip to question 35.)*

☐ Unable to find sufficient clinical space
☐ Students can meet learning objectives in the classroom (or by another method) in less time.
☐ Funding issues or unavailable funding
☐ Insufficient clinical faculty
☐ Need to reduce units
☐ Curriculum redesign or change
☐ Other: _____

35. Do you require your fundamentals students to have clinical practice in direct patient care?

    ○ Yes   ○ No

CLINICAL SIMULATION

Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

36. Did your ADN program use clinical simulation between August 1, 2023 and July 31, 2024?

    ○ Yes   ○ No   *(If no, skip to question 50.)*

37. 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: _____

38. 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)

    _____   Other: _____

39. 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)
>
> _____   Other: _____

40. Does the program have simulation policies and procedures in place to ensure quality and consistent simulation experiences?

○ Yes   ○ No   *(If no, skip to question 41.)*

   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

41. Does the program have a written simulation plan that guides integration of simulation in the curriculum?

○ Yes   ○ No   *(If no, skip to question 41.b)*

   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:_____

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:_____

42. 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

43. Which simulation standards is your program aligned with? *(Check all that apply.)*

☐ International Nursing Association for Clinical Simulation and Learning (INACSL)
☐ Society for Simulation in Healthcare (SSH)
☐ National Council of State Boards of Nursing (NCSBN)
☐ National League for Nursing (NLN)
☐ Other (Describe)_____
☐ None/not applicable

44. Did the majority of your clinical courses use the maximum percentage of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e)?

○ Yes   ○ No   *(If yes, skip to question 45**Error! Reference source not found.**.)*

a) If no, why not? (*Check all that apply.*)

☐ Have enough clinical placements available/direct patient care learning opportunities 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: _____

45. 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: _____

46. 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 47.)*

    If yes, describe measures used:

    a) Quantitative measures: _____

        _____

    b) Qualitative measures: _____

        _____

47. 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 47.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:

        _____

48. In 2023-2024, please indicated what type of simulation was used for each type of course.
    (Check all that apply.)

Course Description	None in this course	Manikin-based	Computer based scenarios (i.e., software programs)	Role Play	Standardized/ embedded participants	Task trainers	Virtual simulations (i.e., via Zoom)	Other Type of Simulation (describe)
Fundamentals								
Medical/surgical								
Obstetrics								
Geriatrics								
Psychiatry/mental health								
Pediatrics								
Leadership/management								
Other (describe _____)								

49. In the next 12 months, do you plan to increase staff dedicated to administering clinical simulation for your ADN program?

   ⭘ Yes   ⭘ No

CLINICAL SPACE

50. Were you denied a clinical placement, unit or shift at a hospital in 2023-2024 that you had the previous year?

   ⭘ Yes   ⭘ No   *(if no, skip to question 51.)*

   a) Were you offered an alternative at that hospital in 2023-2024 that differed from the placement, unit or shift you had the previous year?

      ⭘ Yes   ⭘ No

   b) How many hospital placements, units or shifts did you lose in 2023-2024? Only include placements, units or shifts for which you did not accept alternatives at the same hospital.

      Placements, units, or shifts _____

c)   If you were denied a clinical placement, unit or shift in 2023-2024, what were the reasons given?
(Check all that apply.)

☐   No longer accepting ADN students
☐   Nurse residency programs
☐   Clinical facility seeking magnet status
☐   More nursing students in the region have increased competition for clinical space
☐   Displaced by another program
☐   Closure or partial closure of clinical facility
☐   Change in facility ownership/management
☐   Implementation of electronic health records
☐   Visit from the Joint Commission or other accrediting agency
☐   The facility began charging a fee for the placement and your program would not pay
☐   Decrease in patient census due to other reasons
☐   Staff nurse overload or insufficient qualified staff due to other reasons
☐   Other clinical facility business needs/changes in policy

☐   Other:_____

d)   In which areas did you lose a clinical placement, shift or unit in 2023-2024? (Check all that apply)

☐   Medical/surgical
☐   Obstetrics
☐   Pediatrics
☐   Psychiatry/Mental Health
☐   Geriatrics
☐   Critical Care
☐   Community Health
☐   Preceptorships
☐   Other 1 (Describe: _____)
☐   Other 2 (Describe: _____)

e)   How many students were affected by this loss of clinical placement(s), unit(s) or shift(s)?

Students affected _____

f)   Which of the following strategies did you use to cover the loss of clinical placements, shifts and/or units? (Check all that apply)

☐   Replaced with a different unit or shift within the same clinical placement site
☐   Replaced with a unit or shift at a different clinical placement site that is currently being used by the nursing program
☐   Added (or replaced with) a new clinical placement, unit and/or shift not previously used by the nursing program.
☐   Clinical simulation
☐   Reduced the number of students admitted to the program

☐   Other: _____

51. Were there fewer ADN students allowed for any clinical placement, unit or shift in 2023-2024 than there were in the previous year?

    ○ Yes   ○ No

52. Between August 1, 2023 and July 31, 2024, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

    ○ Yes   ○ No

53. Did you increase out-of-hospital clinical placements in the last year (2023-2024)?

    ○ Yes   ○ No   *(If no, skip to question 54.)*

    a) If yes, in which of the following alternative sites (other than acute care hospital) were students placed? *(Check all that apply.)*

        ☐ Skilled nursing/rehabilitation facility
        ☐ Home health agency/home health service
        ☐ Medical practice, clinic, physician office
        ☐ Surgery center/ambulatory care center
        ☐ Urgent care, not hospital-based
        ☐ Public health or community health agency
        ☐ Outpatient mental health/substance abuse
        ☐ Occupational health or employee health service
        ☐ Renal dialysis unit
        ☐ Correctional facility, prison or jail
        ☐ Hospice
        ☐ School health service (K-12 or college)
        ☐ Case management/disease management
        ☐ Other:_____

SATELLITE PROGRAMS

54. Does your ADN program have at least one prelicensure registered nursing student at a satellite/alternate campus that is located in a different county than your home campus? Only respond "yes" if the satellite/alternate campus is in a different county than your home campus. The campus must be located in California and approved by the BRN as an alternate/secondary location.

    ○ Yes   ○ No   (If no, skip to the next applicable section.)

    a) List the county for your main campus and the different counties in which you had at least one satellite ADN program between **8/1/23 and 7/31/24**.

Campus	County
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

    b) List number of new ADN student enrollments at each campus between **August 1, 2023 and July 31, 2024**. The sum of these enrollments should match the total number of enrollments listed in question 14.

    For new student enrollments, include **all** students new to the program, including LVN, transfer, and 30-unit option students. Do **not** count readmitted students.

Campus	Enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

c) List the number of ADN students completing at each campus between **August 1, 2023 and July 31, 2024**. The sum of these completions should match the total number of completions listed in question 21.

For completions, include generic, accelerated track, advanced placement, LVN to ADN, transfer, 30-unit option and readmitted students. Also include students who completed the program behind schedule.

Campus	Completions
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

d) List the total ADN student census at each campus between **August 1, 2023 and July 31, 2024**. This includes new enrollments and continuing students. The sum of these numbers should equal the total census listed in question 19.

Campus	Total new and continuing enrollments (census)
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

e) List the projected new ADN student enrollments for the **2024-2025** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "a" of question 18.

Campus	2024-2025 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

f) List the projected new ADN student enrollments for the **2025-2026** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "b" of question 18.

Campus	2025-2026 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	

LVN TO ADN ONLY PROGRAM SURVEY

Note If you completed the Generic ADN Program Survey, do not complete the LVN to ADN Survey. Your LVN to ADN students are captured in the Generic ADN Program Survey.

This section of the survey pertains to all students in your **LVN to ADN Program** between *August 1, 2023 and July 31, 2024*. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. Which of the following nursing program accreditations does your LVN degree program have? (*Check all that apply.*) (*Does not include BRN approval.*)

   Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

   Note: Data from this question is posted on the BRN website.
   ☐ None
   ☐ ACEN (Accreditation Commission for Education in Nursing)
   ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
   ☐ Other: _____

2. Please indicate the mechanisms in place to facilitate a seamless progression from LVN to ADN education. (*Check all that apply.*)

   ☐ Direct articulation of LVN coursework
   ☐ Bridge course
   ☐ Use of skills lab course to document competencies
   ☐ Credit granted for LVN coursework following successful completion of a specific ADN course(s)
   ☐ Use of tests (such as NLN achievement tests or challenge exams to award credit)
   ☐ Specific program advisor
   ☐ Other: _____

3. Does your nursing program participate in Collaborative/Shared/Concurrent/ Dual Enrollment Program Agreement with another nursing program leading to a BSN or higher degree?
   ○ Yes   ○ No

APPLICATIONS & ADMISSIONS

4. How many admission spaces for the first LVN to ADN nursing course were **available** between August 1, 2023 and July 31, 2024?

    _____Admission spaces available

5. How many total applications were received for the first LVN to ADN nursing course from **August 1, 2023 to July 31, 2024**? Do **not** include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)

Applicants	Total
a) Total number of applications:	
Of these applications, how many were:	
b) Screened?	
c) Qualified?	
d) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

6. What required admission criteria do you use to identify qualified applicants? (*Check all that apply.*)

☐ None
☐ Minimum/Cumulative GPA
☐ Minimum grade level in prerequisite courses
☐ Geographic location
☐ Completion of prerequisite courses (including recency and/or repetition)
☐ Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula
☐ Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)
☐ Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)
☐ Health-related work experience
☐ Personal statement
☐ Lottery
☐ Interview
☐ Science GPA
☐ Letter of reference/recommendation

☐ Other:_____

7. What method(s) do you use to select <u>LVN to ADN students</u> from the qualified applicant pool?
    (*Check all that apply.*)

    ☐   Random selection
    ☐   Modified random selection
    ☐   Ranking by specific criteria
    ☐   Interviews
    ☐   First come, first served (waiting list)
    ☐   First come, first served (based on application date for the quarter/semester)
    ☐   Goal statement
    ☐   Other: _____

8. Do you maintain an ongoing waiting list?
    ○ Yes   ○ No

    a) On **October 15, 2024** how many qualified applicants for the first LVN to AD nursing course
        were on the waiting list?   Only include applicants who are on an ongoing waiting list and will
        be considered for a subsequent application cycle.

        _____qualified applicants

    b) How long do you keep a qualified applicant on the waiting list?

        ☐   Until the subsequent application cycle is complete and all spaces are filled (1 application
            cycle)
        ☐   For 2 application cycles
        ☐   Until they are admitted

        ☐   Other: _____

    c) On average, how long do you estimate it takes a person to enroll in the first nursing course after
        being placed on the waiting list?

        _____   quarters/semester

9. What is the average total value of student loans per nursing graduate, upon graduation? This
    data should be available from your campus financial aid office.

    $_____

            a) What is the annual in-state tuition and fees for your program?
                $_____

            b) What is annual cost of attendance for your program, not including room and board?
                $_____

ENROLLMENTS

10. Please provide the total number of **new** student enrollments in your nursing program between August 1, 2023 and July 31, 2024. Include **all** students new to the program, including LVN, transfer, and 30-unit option students. Do **not** count readmitted students.

    _____New student enrollments

11. How many of the new students enrolled in the LVN to ADN program between August 1, 2023 and July 31, 2024 are 30-unit option students?

    _____30-unit option students

12. Please provide a breakdown of all **new** student enrollments in your nursing program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include <u>all</u> students new to the program, including LVN, transfer, and 30-unit option students. Do **not** include readmitted students. If you do not know the racial and ethnicity, gender or age distribution of your students, enter the appropriate number of students in the "unknown" field.

RACE AND ETHNICITY	Enrollments
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Enrollments
Male	
Female	
Other gender	
Unknown gender	

AGE	Enrollments
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

13. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?

○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 14.)*

a) If yes, why did you enroll fewer students?

    ☐ Unable to secure clinical placements for all students
    ☐ College/university requirement to reduce enrollment
    ☐ To reduce costs
    ☐ Lost funding
    ☐ Accepted students did not enroll
    ☐ Insufficient faculty
    ☐ Other (describe): _____

14. What do you expect your <u>new student enrollment</u> to be in the following academic years?

    c) 2024-2025: _____

    d) 2025-2026: _____

CENSUS

15. **Census Data:** On October 15, 2024, how many total students (new and continuing) were enrolled in the LVN to ADN program? (This includes LVN, transfer, readmitted, and 30-unit option students.)

    _____ Total students (new and continuing)

BARRIERS TO EXPANSION

16. Which of the following are barriers to the expansion of your nursing program(s)? (*Check **no more than five**.*)

☐ No barriers to program expansion
☐ Insufficient number of qualified clinical faculty
☐ Insufficient number of qualified classroom faculty
☐ Insufficient funding for faculty salaries
☐ Faculty salaries not competitive
☐ Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
☐ Insufficient number of clinical sites
☐ Insufficient number of allocated spaces for the nursing program
☐ Insufficient support for nursing school by college or university
☐ Insufficient number of physical facilities and space for skills labs
☐ Insufficient number of physical facilities and space for classrooms
☐ Insufficient financial support for students

☐ Other 1: _____

☐ Other 2: _____

☐ Other 3: _____

a) If you selected lack of clinical sites as one of your top barriers to program expansion, which of the following strategies have you employed to mitigate this barrier? (*Check all that apply*.)

☐ Human patient simulators
☐ Community based options/ambulatory care (e.g., homeless shelters, nurse -managed clinics, community health centers)
☐ Twelve-hour shifts
☐ Evening shifts
☐ Night shifts
☐ Weekend shifts
☐ Non-traditional clinical sites, e.g., correctional facilities
☐ Innovative skills lab experiences
☐ Preceptorships
☐ Regional computerized clinical placement system
☐ Telehealth
☐ Virtual Simulation
☐ Other: _____
☐ None

ATTRITION & COMPLETION

Please answer the following questions concerning student attrition and completion as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who *completed* the LVN to AD nursing program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

17. Please provide the total number of **all** students who completed the nursing program between August 1, 2023 and July 31, 2024. Include LVN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

_____ Total number of students who completed the program

18. How many of the students who completed the LVN to ADN program between August 1, 2023 and July 31, 2024 were 30-unit option students?

_____30-unit option students

19. Does the LVN to ADN program operate on semesters or quarters?

☐ Semester   ☐ Quarters

a) How many weeks is your semester/quarter?
_____weeks

b) Full-time LVN to ADN students normally complete the program in:

_____ semesters/quarters

20. Please provide the race and ethnicity, gender, and age for **all** students who completed the nursing program between August 1, 2023 and July 31, 2024. Include LVN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Completions
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Completions
Male	
Female	
Other gender	
Unknown gender	

AGE	Completions
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

21. How many of all students who completed the LVN to ADN program between August 1, 2023 and July 31, 2024 were approved for at least one accommodation for a disability? *(If 0, skip to question 22.)*

_____Total number of students approved for accommodation

a) Of these students, please report the number of students that have been approved to receive each of the accommodations listed below. (*If a student receives more than one accommodation, please include the student in as many categories as applicable*.)

_____   Academic counseling/advising

_____   Disability-related counseling/referral

_____   Adaptive equipment/physical space/facilities

_____   Interpreter and captioning services

_____   Exam accommodations (modified/extended time/distraction reduced space)

_____   Assistive technology/alternative format

_____   Note-taking services/reader/audio recording/smart pen

_____   Priority registration

_____   Reduced course load

_____   Transportation/mobility assistance and services/parking

_____   Service animals

_____   Other:_____

22. For students who completed the LVN to ADN program between August 1, 2023 and July 31, 2024, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on **October 15, 2024**. The total of all percentages should equal 100%.

	%
Hospitals	_____
Long-term care facilities	_____
Community/public health facilities	_____
Other healthcare facilities	_____
Pursuing additional nursing education in lieu of employment (i.e., BSN, MSN, PhD, DNP)	_____
Participating in a new graduate residency (*paid*)	_____
Participating in a new graduate residency (unpaid)	_____
Unable to find employment in nursing	_____
Not yet licensed	_____
Other (describe:) _____	
Unknown	_____
Not applicable	_____
TOTAL	**100%**

PROGRAM ATTRITION AND COMPLETION RATES

23. Please answer the following questions for the student cohorts (s) that were scheduled upon enrollment to graduate between *August 1, 2023 and July 31, 2024*. If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include **all** cohorts of students.   If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program). Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on schedule.

    Include LVN to ADN students. Do <u>not</u> include transfer or 30-Unit Option students.   *Students on leave but expected to return are considered* still enrolled.

    Note: Data from these questions are used by the BRN to calculate completion and attrition rates that are posted on the BRN website.

    *Scheduled on admission to complete=completed+withdrew+dismissed+*still enrolled
    Completion rate=completed/scheduled to complete
    Attrition rate=withdrew+dismissed/scheduled to complete

LVN-to-ADN Students	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students scheduled on admission to complete the program									

Of these students, how many:

Status	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the program on schedule?									
Withdrew from the program?									
Were dismissed from the program?									
Are still enrolled in the program?									

24. How many students within the LVN to ADN only program completed the program between August 1, 2023 and July 31, 2024 but behind schedule?

   Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

CLINICAL TRAINING

Clinical training includes simulation, skills labs, clinical observation, and clinical practice with real patients.

Please answer the following questions about clinical training in your LVN to ADN program for the period from August 1, 2023 to July 31, 2024.

25. For your LVN to ADN program in each of the content areas below, please report the number of hours spent on clinical practice with real patients, clinical simulation, clinical observation, and skills labs PER SEMESTER or QUARTER, whichever schedule your program uses. (If your geriatrics content is integrated, please estimate the hours of all geriatric clinical experiences.)

Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Number and Type of Clinical Hours in Each Content Area

Content Area	Clinical Practice with Real Patients			Clinical Observation	Skills Labs	Clinical Simulation	Total Clinical Training Hours
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

26. In the <u>next 12 months</u>, in your LVN to ADN program, please report whether you plan to **increase**, **decrease** or **maintain** the number of clinical hours in each clinical experience type and for each content area. If you do not have this content area or type of clinical experience, write "**N/A**". If you do not know, write "**unknown**". *(Note: the online survey will have a drop-down menu for each of the boxes below so that you can select increase, decrease, maintain, not applicable, or unknown for each category.)*

Increase, Decrease or Maintain the Number of Clinical Hours in Each Clinical Experience and Content Area?

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			**Clinical Observation**	**Skills Labs**	**Clinical Simulation**	**Total Clinical Training Hours**
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

   a) Why are you reducing the number of clinical hours in one or more content areas in your LVN to ADN program? *(If you are not reducing the overall number of clinical hours in any content area, skip to question 27.)*

   ☐ Unable to find sufficient clinical space
   ☐ Students can meet learning objectives in the classroom (or by another method) in less time.
   ☐ Funding issues or unavailable funding
   ☐ Insufficient clinical faculty
   ☐ Need to reduce units
   ☐ Curriculum redesign or change

   ☐ Other: _____

27. Do you require your fundamentals students to have clinical practice in direct patient care?

   ○ Yes   ○ No

CLINICAL SIMULATION

Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

28. Did your LVN to ADN program use clinical simulation between August 1, 2023 and July 31, 2024?

   ○ Yes   ○ No   *(If no, skip to question 42.)*

29. 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: _____

30. 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)
   _____   Other: _____

31. 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)
   _____   Other: _____

32. Does the program have simulation policies and procedures in place to ensure quality and consistent simulation experiences?

○ Yes   ○ No   *(If no, skip to question 33.)*

   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

33. Does the program have a written simulation plan that guides integration of simulation in the curriculum?

○ Yes   ○ No   *(If no, skip to question 33.b)*

   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:_____

   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:_____

34. 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

35. Which simulation standards is your program aligned with? *(Check all that apply.)*
    - ☐ International Nursing Association for Clinical Simulation and Learning (INACSL)
    - ☐ Society for Simulation in Healthcare (SSH)
    - ☐ National Council of State Boards of Nursing (NCSBN)
    - ☐ National League for Nursing (NLN)
    - ☐ Other (Describe)_____
    - ☐ None/not applicable

36. Did the majority of your clinical courses use the maximum percentage of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e)?

    ○ Yes   ○ No   *(If no, skip to question 37.)*

    a) If no, why not? (*Check all that apply.*)

    - ☐ Have enough clinical placements available/direct patient care learning opportunities 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: _____

37. 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:_____

38. 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 39.)*
    If yes, describe measures used:

a) Quantitative measures: _____

_____

b) Qualitative measures: _____

_____

39. 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 39.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

_____

40. In 2023-2024, please indicate what type of simulation was used for each type of course. *(Check all that apply.)*

Course Description	None in this course	Manikin-based	Computer based scenarios (i.e., software programs)	Role Play	Standardized/ embedded participants	Task trainers	Virtual simulations (i.e., via Zoom)	Other (describe)
Fundamentals								
Medical/surgical								
Obstetrics								
Pediatrics								
Geriatrics								
Psychiatry/mental health								
Leadership/management								
Other (describe _____)								

41. In the <u>next 12 months</u>, do you plan to increase staff dedicated to administering clinical simulation for your LVN to ADN program?

○ Yes   ○ No

CLINICAL SPACE

42. Were you denied a clinical placement, unit or shift at a hospital in 2023-2024 that you had the previous year?
    ○ Yes   ○ No   *(If no, skip to question 43.)*

    a) Were you offered an alternative at that hospital in 2023-2024 that differed from the placement, unit or shift you had the previous year?
       ○ Yes   ○ No

    b) How many hospital placements, units or shifts did you lose in 2023-2024? Only include placements, units or shifts for which you did not accept alternatives for at the same hospital.
       Placements, Units, or Shifts_____

    c) If you were denied a clinical placement, unit or shift in 2023-2024, what were the reasons given? *(Check all that apply.)*

       ☐ No longer accepting ADN students
       ☐ Nurse residency programs
       ☐ Clinical facility seeking magnet status
       ☐ More nursing students in the region have increased competition for clinical space
       ☐ Displaced by another program
       ☐ Closure or partial closure of clinical facility
       ☐ Change in facility ownership/management
       ☐ Implementation of electronic health records
       ☐ Visit from the Joint Commission or other accrediting agency
       ☐ The facility began charging a fee for the placement and your program would not pay
       ☐ Decrease in patient census due to other reasons
       ☐ Staff nurse overload or insufficient qualified staff due to other reasons
       ☐ Other clinical facility business needs/changes in policy
       ☐ Other:_____

    d) In which areas did you lose a clinical placement, shift or unit in 2023-2024? (*Check all that apply*)
       ☐ Medical/surgical
       ☐ Obstetrics
       ☐ Pediatrics
       ☐ Psychiatry/Mental Health
       ☐ Geriatrics
       ☐ Critical Care
       ☐ Community Health
       ☐ Preceptorships
       ☐ Other (Describe: _____)

    e) How many students were affected by this loss of clinical placement(s), unit(s) or shift(s)?

       Number of students _____

f) Which of the following strategies did you use to cover the loss of clinical placements, shifts and/or units? (*Check all that apply.*)

   ☐   Replaced with a different unit or shift within the same clinical placement site

   ☐   Replaced with a unit or shift at a different clinical placement site that is currently being used by the nursing program

   ☐   Added (or replaced with) a new clinical placement, unit and/or shift not previously used by the nursing program.

   ☐   Clinical simulation

   ☐   Reduced the number of students admitted to the program

   ☐   Other: _____

43. Were there fewer LVN to ADN students allowed for any clinical placement, unit or shift in 2023-2024 than there were in the previous year?

  ○ Yes   ○ No

44. Between August 1, 2023 and July 31, 2024, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

  ○ Yes   ○ No

45. Did you increase out-of-hospital clinical placements in the last year (2023-2024)?

  ○ Yes   ○ No   *(If no, skip to question 46.)*

a) If yes, in which of the following alternative sites (other than acute care hospital) were students placed? (*Check all that apply.)*

☐ Skilled nursing/rehabilitation facility
☐ Home health agency/home health service
☐ Medical practice, clinic, physician office
☐ Surgery center/ambulatory care center
☐ Urgent care, not hospital-based
☐ Public health or community health agency
☐ Outpatient mental health/substance abuse
☐ Occupational health or employee health service
☐ Renal dialysis unit
☐ Correctional facility, prison or jail
☐ Hospice
☐ School health service (K-12 or college)
☐ Case management/disease management
☐ Other: _____

SATELLITE PROGRAMS

46. Does your LVN-to-ADN program have at least one prelicensure registered nursing student at a satellite/alternate campus that is located in a different county than your home campus? Only respond "yes" if the satellite/alternate campus is in a different county than your home campus. The campus must be located in California and approved by the BRN as an alternate/secondary location.

    ○ Yes   ○ No (If no, skip to the applicable section.)

    a) List the county for your main campus and the different counties in which you had at least one satellite LVN-to-ADN program between **8/1/23 and 7/31/24**.

Campus	County
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

    b) List number of new LVN-to-ADN student enrollments at each campus between **August 1, 2023 and July 31, 2024**. The sum of these enrollments should match the total number of enrollments listed in question 10.

    For **new student enrollments**, include **all** students new to the program, including transfer, and 30-unit option students. Do **not** count readmitted students.

Campus	Enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

c) List the number of LVN-to-ADN students completing at each campus between **August 1, 2023 and July 31, 2024**. The sum of these completions should match the total number of completions listed in question 17.

For completions, include generic, accelerated track, advanced placement, transfer, 30-unit option and readmitted students. Also include students who completed the program behind schedule.

Campus	Completions
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

d) List the total LVN-to-ADN student census at each campus between **August 1, 2023 and July 31, 2024**. This includes new enrollments and continuing students. The sum of these numbers should equal the total census listed in question 15.

Campus	Total new and continuing enrollments (census)
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

e) List the projected new LVN-to-ADN student enrollments for the **2024-2025** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "a" of question 14.

Campus	2024-2025 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

f) List the projected new LVN-to-ADN student enrollments for the **2025-2026** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "b" of question 14.

Campus	2025-2026 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

BSN PROGRAM SURVEY

This section of the survey pertains to all students in your **BSN Program** between *August 1, 2023 and July 31, 2024*. Include LVN to BSN students unless otherwise noted. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. Which of the following nursing program accreditations does your BSN degree program have? (*Does not include BRN approval.)*

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

    (*Check all that apply.)*   *Note: Data from this question is posted on the BRN website.*

    ☐ None
    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ Other:_____

2. Please indicate the mechanisms in place to facilitate a seamless progression from LVN to BSN education. (*Check all that apply*.)

    ☐ Direct articulation of LVN coursework
    ☐ Bridge course
    ☐ Use of skills lab course to document competencies
    ☐ Credit granted for LVN coursework following successful completion of a specific BSN course(s)
    ☐ Use of tests (such as NLN achievement tests or challenge exams to award credit)
    ☐ Specific program advisor
    ☐ Other:_____

3. Does your nursing program participate in a Collaborative/Shared/Concurrent/ Dual Enrollment Program Agreement with another nursing program leading to a higher degree?

    ○ Yes   ○ No

APPLICATIONS & ADMISSIONS
Please answer the following questions for the first bachelor's degree nursing course. Only include generic and accelerated track BSN students. Do not include advanced placement, LVN to BSN, transfer, 30-unit option, or readmitted students.

4. How many admission spaces for the first bachelor's degree nursing course were **available** between August 1, 2023 and July 31, 2024?

    _____ admission spaces available

5. How many <u>total</u> applications were received for the first bachelor's degree nursing course from **August 1, 2023 to July 31, 2024?** Do **not** include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)

Applicant Status	Total
Total number of applications: _____	
Of these applications, how many were	
a) Screened?	
b) Qualified?	
c) Admitted? (Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.)	

6. What required admission criteria do you use to identify qualified applicants? (*Check all that apply.)*

☐ None
☐ Minimum/cumulative GPA
☐ Minimum grade level in prerequisite courses
☐ Geographic location
☐ Completion of prerequisite courses (including recency and/or repetition)
☐ Pre-enrollment assessment test (e.g., TEAS, SAT, ACT, GRE)
☐ Lottery
☐ Interview
☐ Science GPA
☐ Letter of reference/recommendation
☐ Holistic review (e.g., residency, language skills, veteran status, other life experiences)
☐ Health-related work experience
☐ Personal statement

☐ Other:_____

7. What method(s) do you use to select students from the qualified applicant pool?
   (*Check all that apply.*)

   ☐ Ranking by specific criteria
   ☐ Interviews
   ☐ First come, first served (waiting list)
   ☐ First come, first served (based on application date for the quarter/semester)
   ☐ Goal statement
   ☐ Other: _____

8. If you have an **accelerated track,** do you require students applying to this track to have a previous degree?

   ○ Yes   ○ No   ○ Not applicable

9. If you have an **advanced placement** track**,** do you require students applying to this track to have a previous degree?
   ○ Yes   ○ No   ○ Not applicable

10. Do you maintain an ongoing waiting list?
    ○ Yes   ○ No   *If "no", skip to question 13*

11. On **October 15, 2024** how many qualified applicants for the first bachelor's degree nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle. *(If you do not maintain an ongoing waitlist, please skip to question 13.)*

    _____ qualified applicants

    a) How long do you keep a qualified applicant on the waiting list?

       ☐ Until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
       ☐ For 2 application cycles
       ☐ Until they are admitted
       ☐ Other: _____

    b) On average, how long do you estimate it takes a person to enroll in the first nursing course after being placed on the waiting list?

       _____ Semesters/quarters

12. What is the average total value of student loans per nursing graduate, upon graduation, for your BSN program? This data may be available from your campus financial aid office.

$_____

        a. What are the annual in-state tuition and fees for your BSN program? $_____

        b. What is annual cost of attendance for your BSN program, not including room and board? $_____

ENROLLMENTS

13. Please provide the total number of **new** student enrollments in your BSN program between August 1, 2023 and July 31, 2024. Include **all** students new to the program, including generic, accelerated track, advanced placement, LVN to BSN, transfer, and 30-unit option students. Do **not** count readmitted students.

_____New student enrollments

14. How many of the new students enrolled in the BSN program between August 1, 2023 and July 31, 2024 are 30-unit option students?

_____30-unit option students

15. Please provide a breakdown of all new student enrollments in your BSN program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program, including generic, accelerated track, advanced placement, LVN to BSN, transfer, and 30-unit option students. Do **not** include readmitted students. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Enrollments
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Enrollments
Male	
Female	
Other gender	
Unknown gender	

AGE	Enrollments
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

16. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?

○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 17.)*

a) If yes, why did you enroll fewer students?

☐ Unable to secure clinical placements for all students
☐ College/university requirement to reduce enrollment
☐ To reduce costs
☐ Lost funding
☐ Accepted students did not enroll
☐ Insufficient faculty
☐ Other (describe): _____

17. What do you expect your new student enrollment to be in the following academic years?

a) 2024-2025: _____

b) 2025-2026: _____

CENSUS

18. **Census Data:** On **October 15, 2024**, how many total students (new and continuing) were enrolled in the BSN program? (This includes generic, transfer, readmitted, advanced placement, LVN to BSN, 30-unit option, and accelerated track students.)

_____total students (new and continuing)

LVN to BSN STUDENTS

19. Does your school have an LVN to BSN program that exclusively admits LVN students? (If your school also has a generic BSN program, but the LVN to BSN program is offered separately or differs significantly from the generic program, check "Yes.")

○ Yes   ○ No   *(If no, skip to question 20.)*

Please answer the following questions for the first LVN to BSN course that only admits LVN to BSN students. Do not include generic BSN students or advanced placement LVNs admitted to your generic BSN program.

a) How many admission spaces for the first LVN to BSN nursing course were **available** between August 1, 2023 and July 31, 2024?

_____admission spaces available

b) How many <u>total</u> applications were received for the first LVN to BSN course from August 1, 2023 to July 31, 2024? Do **not** include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)

Applicants	<u>Total</u>
Total number of applications:	
Of these applications, how many were:	
i. Screened?	
ii. Qualified?	
iii. Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

c) What required admission criteria do you use to identify qualified LVN to BSN applicants? (*Check all that apply.*)
☐ None
☐ Minimum/cumulative GPA
☐ Minimum grade level in prerequisite courses
☐ Geographic location
☐ Completion of prerequisite courses (including recency and/or repetition)
☐ Pre-enrollment assessment test (e.g., SAT, ACT, GRE, etc.)
☐ Health-related work experience
☐ Personal statement
☐ Lottery
☐ Interview
☐ Science GPA
☐ Letter of reference/recommendation
☐ Holistic review (e.g., residency, language skills, veteran status, other life experiences)
☐ Other: _____

d) What method(s) do you use to select LVN to BSN students from the qualified applicant pool? (*Check all that apply.*)
☐ Ranking by specific criteria
☐ Interviews
☐ First come, first served (waiting list)
☐ First come, first served (based on application date for the quarter/semester)
☐ Goal statement
☐ Other:_____

e) Do you maintain an ongoing waiting list for your LVN to BSN program?
  ○ Yes   ○ No   *if no, skip to question 19.f)*

  i.   If you maintain an <u>ongoing</u> <u>waiting list</u>, on **October 15, 2024** how many qualified applicants for the first LVN to BSN course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

      _____ qualified applicants

  ii. How long do you keep a qualified applicant on the waiting list?
      ☐ Until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
      ☐ For 2 application cycles
      ☐ Until they are admitted
      ☐ Other: _____

  iii. On average, how long do you estimate it takes a person to enroll in the first LVN to BSN course after being placed on the waiting list?

      _____ Semesters/quarters

f) Did you enroll fewer students to your **LVN to BSN** program between August 1, 2023 and July 31, 2024 than the previous year?

  ○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 20.)*

  i.   If yes, why did you enroll fewer LVN to BSN students?

      ☐ Unable to secure clinical placements for all students
      ☐ College/university requirement to reduce enrollment
      ☐ To reduce costs
      ☐ Lost funding
      ☐ Accepted students did not enroll
      ☐ Insufficient faculty
      ☐ Other (describe): _____

BARRIERS TO EXPANSION

20. Which of the following are barriers to the expansion of your BSN nursing program(s)?

(Check **no more than five**.)

☐ No barriers to program expansion
☐ Insufficient number of qualified clinical faculty
☐ Insufficient number of qualified classroom faculty
☐ Insufficient funding for faculty salaries
☐ Faculty salaries not competitive
☐ Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
☐ Insufficient number of clinical sites
☐ Insufficient number of allocated spaces for the nursing program
☐ Insufficient support for nursing school by college or university
☐ Insufficient number of physical facilities and space for skills labs
☐ Insufficient number of physical facilities and space for classrooms
☐ Insufficient financial support for students

☐ Other:_____

a) If you selected lack of clinical sites as one of your top barriers to program expansion, which of the following strategies have you employed to mitigate this barrier? (*Check all that apply.*)
☐ None

☐ Human patient simulators
☐ Community based options/ambulatory care (e.g., homeless shelters, nurse-managed clinics, community health centers)
☐ Twelve-hour shifts
☐ Evening shifts
☐ Night shifts
☐ Weekend shifts
☐ Non-traditional clinical sites (e.g., correctional facilities)
☐ Innovative skills lab experiences
☐ Preceptorships
☐ Regional computerized clinical placement system
☐ Telehealth
☐ Virtual Simulation
☐ Other:_____

ATTRITION & COMPLETION

Please answer the following questions concerning student attrition and completion as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who *completed* the BSN program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

21. Please provide the total number of **all** students who completed the nursing program between August 1, 2023 and July 31, 2024. Include generic, accelerated track, advanced placement, LVN to BSN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

    _____Total number of students who completed the program

22. How many of the students who completed the BSN program between August 1, 2023 and July 31, 2024 were 30-unit option students?

    _____30-unit option students

23. Does the BSN program operate on semesters or quarters?

    ○ Semesters   ○ Quarters

    a) How many weeks is your semester/quarter?
       _____weeks
    b) Full-time generic students normally complete the program in:

       _____ Semesters/quarters

    c) Full-time accelerated students normally complete the program in:

       _____ Semesters/quarters

24. Please provide the race and ethnicity, gender and age for **all** students who **completed** the nursing program between August 1, 2023 and July 31, 2024. Include generic, advanced placement, LVN to BSN, transfer, 30-unit option, accelerated track, and readmitted students. Also include students who completed the program behind schedule. If you do not know the racial, ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Completions
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Completions
Male	
Female	
Other gender	
Unknown gender	

AGE	Completions
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

25. How many of **all** students who completed the BSN program between August 1, 2023 and July 31, 2024 were approved for at least one accommodation for a disability?

_____ Total number of students approved for accommodation

a) Of these students, please report the number of students that have been approved to receive each of the accommodations listed below. (*If a student receives more than one accommodation, please include the student in as many categories as applicable*.)

_____   Academic counseling/advising

_____   Disability-Related counseling/referral

_____   Adaptive equipment/Physical space/Facilities

_____   Interpreter and captioning services

_____   Exam accommodations (modified/extended time/distraction-reduced space)

_____   Assistive technology/alternative format

_____   Note-Taking services/reader/audio recording/smart pen

_____   Priority registration

_____   Reduced course load

_____   Transportation/mobility assistance and services/parking

_____   Service animals

_____   Other:_____

26. For students who completed the BSN program between August 1, 2023 and July 31, 2024, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on **October 15, 2024**. The total of all percentages should equal 100%.

	%
Hospitals	_____
Long-term care facilities	_____
Community/public health facilities	_____
Other healthcare facilities	_____
Pursuing additional nursing education in lieu of employment (i.e., BSN, MSN, PhD, DNP)	_____
Participating in a new graduate residency (*paid*)	_____
Participating in a new graduate residency (unpaid)	_____
Unable to find employment in nursing	_____
Not yet licensed	_____
Other (describe:) _____	
Unknown	_____
Not applicable	_____
TOTAL	**100%**

PROGRAM ATTRITION & COMPLETION

27. Please answer the following questions for the student cohorts that were scheduled upon enrollment to graduate between *August 1, 2023 and July 31, 2024. If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include **all** cohorts of students.* If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

    Only include generic and accelerated track BSN students. Do **not** include advanced placement, LVN to BSN (they will be addressed in another question), transfer, 30-unit option, or readmitted students. *Students on leave but expected to return are considered still enrolled.* Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on schedule.

    Note: Data from these questions are used by the BRN to calculate completion and attrition rates that are posted on the BRN website.

    Scheduled on admission to complete=completed+withdrew+dismissed+still enrolled
    Completion rate=completed/scheduled to complete
    Attrition rate=withdrew+dismissed/scheduled to complete

BSN Students	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students scheduled on admission to complete the program:									

Of these students, how many

Status	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the program on schedule?									
Withdrew from the program?									
Were dismissed from the program?									
Are still enrolled in the program?									

28. How many BSN students completed the program between August 1, 2023 and July 31, 2024, but behind schedule?

    Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

29. Please answer the following questions for your advanced placement students, including military and LVN step-up to RN student cohort(s) that were scheduled upon enrollment to graduate between August 1, 2023 and July 31, 2024. *If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include* **all** *cohorts of students.* If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program). Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on schedule.

    Students on leave but expected to return are considered still enrolled.

    *Scheduled on admission to complete=completed+withdrew+dismissed+*still enrolled
    Completion rate=completed/scheduled to complete
    Attrition rate=withdrew+dismissed/scheduled to complete

LVN-to-BSN Students	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students scheduled on admission to complete the program									

Of these students, how many

Status	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the program on schedule?									
Withdrew from the program?									
Were dismissed from the program?									
Are still enrolled in the program?									

30. How many advanced *placement* students, including military and LVN step-up to RN student cohort(s), completed the program between August 1, 2023 and July 31, 2024 but behind schedule?

   Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

NCLEX DATA FOR ACCELERATED TRACK STUDENTS ONLY

31. How many students in the accelerated track took the NCLEX for the first time between **July 1, 2023 and June 30, 2024?** Of those, how many passed on their first attempt?

   *NOTE: This is a different time window than that in most of the rest of the survey.

   _____ Accelerated students who took the NCLEX

   _____ Accelerated students who passed the NCLEX on their first attempt

   If your BSN program does not have accelerated track students, skip to question 32.

CLINICAL TRAINING

Clinical training includes simulation, skills labs, clinical observation, and clinical practice with real patients.

Please answer the following questions about clinical training in the BSN program for the period from August 1, 2023 to July 31, 2024.

32. For your BSN program in each of the content areas below, please report the number of hours spent on clinical practice with real patients, clinical simulation, clinical observation, and skills labs PER SEMESTER or QUARTER, whichever schedule your program uses. (If your geriatrics content is integrated, please estimate the hours of all geriatric clinical experiences.) If your program has more than one track, e.g., generic and accelerated, that have different amounts of hours in each content area, please average the number of hours for the tracks.

   Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Number and Type of Clinical Hours in Each Content Area

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			**Clinical Observation**	**Skills Labs**	**Clinical Simulation**	**Total Clinical Training Hours**
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

33. In the next 12 months in your BSN program, please report whether you plan to **increase**, **decrease** or **maintain** the number of clinical hours in each clinical experience type and for each content area. If you do not have this content area or type of clinical experience, write "**N/A**". If you do not know, write "**unknown**". *(Note: the online survey will have a drop-down menu for each of the boxes below so that you can select increase, decrease, maintain, not applicable, or unknown for each category.)*

Increase, Decrease or Maintain the Number of Clinical Hours in Each Clinical Experience and Content Area?

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			**Clinical Observation**	**Skills Labs**	**Clinical Simulation**	**Total Clinical Training Hours**
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

a) Why are you reducing the number of clinical hours in one or more content areas in your BSN program? *(If you are not reducing the overall number of clinical hours in any content area, skip to question 34.)*
   - ☐ Unable to find sufficient clinical space
   - ☐ Students can meet learning objectives in the classroom (or by another method) in less time.
   - ☐ Funding issues or unavailable funding
   - ☐ Insufficient clinical faculty
   - ☐ Need to reduce units
   - ☐ Curriculum redesign or change
   - ☐ Other:_____

34. Do you require your fundamentals students to have clinical practice in direct patient care?

   ○ Yes   ○ No

CLINICAL SIMULATION

Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

35. Did your BSN program use clinical simulation between August 1, 2023 and July 31, 2024?

    ○ Yes   ○ No   *(If no, skip to question 49.)*

36. 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: _____

37. 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)

    _____   Other: _____

38. 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)

    _____ Other: _____

39. Does the program have simulation policies and procedures in place to ensure quality and consistent simulation experiences?

    ○ Yes ○ No *(If no, skip to question 40.)*

    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

40. Does the program have a written simulation plan that guides integration of simulation in the curriculum?

    ○ Yes ○ No *(If no, skip to question 40.b)*

    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:_____

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:_____

41. 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

42. Which simulation standards is your program aligned with? *(Check all that apply.)*

- ☐ International Nursing Association for Clinical Simulation and Learning (INACSL)
- ☐ Society for Simulation in Healthcare (SSH)
- ☐ National Council of State Boards of Nursing (NCSBN)
- ☐ National League for Nursing (NLN)
- ☐ Other (Describe)_____
- ☐ None/not applicable

43. Did the majority of your clinical courses use the maximum percentage of clinical hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e)?

○ Yes   ○ No   *(If yes, skip to question 44.)*

a) If no, why not? (*Check all that apply.*)

- ☐ Have enough clinical placements available/direct patient care learning opportunities 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:_____

44. 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:_____

45. 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 46.)*

If yes, describe measures used:

a) Quantitative measures used to show impact of simulation learning activities on annual NCLEX pass rates year to year: _____

_____

b) Qualitative measures used to show impact of simulation learning activities on annual NCLEX pass rates year to year: _____

_____

46. 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 46.b)*

a) If yes, name the tools used to assess/evaluate simulation effectiveness in each course throughout the program:

_____

b) If no, describe how the program assesses/evaluates simulation effectiveness in each course throughout the program

47. In 2023-2024, please indicated what type of simulation was used for each type of course.
    (Check all that apply.)

Course Description	None in this course	Manikin-based	Computer based scenarios (i.e., software programs)	Role Play	Standardized/ embedded participants	Task trainers	Virtual simulations (i.e., via Zoom)	Other (describe)
Fundamentals								
Medical/surgical								
Obstetrics								
Geriatrics								
Psychiatry/mental health								
Pediatrics								
Leadership/management								
Other (describe _____)								

48. In the next 12 months, do you plan to increase staff dedicated to administering clinical simulation for your BSN program?

    ○ Yes   ○ No

CLINICAL SPACE

49. Were you denied a clinical placement, unit, or shift at a hospital in 2023-2024 that you had the previous year?

    ○ Yes   ○ No   *(If no, skip to question 50.)*

    a) Were you offered an alternative at that hospital that differed from the placement, unit, or shift you had the previous year?

       ○ Yes   ○ No

    b) How many hospital placements, units, or shifts did you lose in 2023-2024? Only include placements for which you did not accept alternate placements at the same hospital.

       Placements, units, or shifts _____

c) If you were denied a clinical placement, unit, or shift in 2023-2024, what were the reasons given? (*Check all that apply.)*

☐ No longer accepting ADN students
☐ Nurse residency programs
☐ Clinical facility seeking magnet status
☐ More nursing students in the region have increased competition for clinical space
☐ Displaced by another program
☐ Closure or partial closure of clinical facility
☐ Change in facility ownership/management
☐ Implementation of electronic health records
☐ Visit from the Joint Commission or other accrediting agency
☐ The facility began charging a fee for the placement and your program would not pay
☐ Decrease in patient census due to other reasons
☐ Staff nurse overload or insufficient qualified staff due to other reasons
☐ Other clinical facility business needs/changes in policy
☐ Other:_____

d) In which areas did you lose a clinical placement, unit, or shift in 2023-2024? (*Check all that apply.*)

☐ Medical/surgical
☐ Obstetrics
☐ Pediatrics
☐ Psychiatry/Mental Health
☐ Geriatrics
☐ Critical Care
☐ Community Health
☐ Preceptorships
☐ Other (Describe:_____)

e) How many students were affected by this loss of clinical placement(s), unit(s), or shift(s)?

Number of students _____

f) Which of the following strategies did you use to cover the loss of clinical placements, units, or shifts? (*Check all that apply.*)

☐ Replaced with a different unit or shift within the same clinical placement site
☐ Replaced with a unit or shift at a different clinical placement site that is currently being used by the nursing program
☐ Added (or replaced with) a new clinical placement, unit and/or shift not previously used by the nursing program.
☐ Clinical simulation
☐ Reduced the number of students admitted to the program
☐ Other:_____

50. Are there fewer BSN students allowed for any clinical placement, unit, or shift in 2023-2024 than there were in the previous year?

    ○ Yes   ○ No

51. Between August 1, 2023 and July 31, 2024, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

    ○ Yes   ○ No

52. Did you increase out-of-hospital clinical placements in the last year (2023-2024)?

    ○ Yes   ○ No   *(If no, skip to question 53.)*

    a) If yes, in which of the following alternative sites (other than acute care hospital) were students placed? *(Check all that apply.)*

    ☐ Skilled nursing/rehabilitation facility
    ☐ Home health agency/home health service
    ☐ Medical practice, clinic, physician office
    ☐ Surgery center/ambulatory care center
    ☐ Urgent care, not hospital-based
    ☐ Public health or community health agency
    ☐ Outpatient mental health/substance abuse
    ☐ Occupational health or employee health service
    ☐ Renal dialysis unit
    ☐ Correctional facility, prison, or jail
    ☐ Hospice
    ☐ School health service (K-12 or college)
    ☐ Case management/disease management
    ☐ Other: _____

SATELLITE PROGRAMS

53. Does your BSN program have at least one prelicensure registered nursing student at a satellite/alternate campus that is located in a different county than your home campus? Only respond "yes" if the satellite/alternate campus is in a different county than your home campus. The campus must be located in California and approved by the BRN as an alternate/secondary location.

      O Yes   O No (If no, skip to the next applicable section.)

      a) List the county for your main campus and the different counties in which you had at least one satellite BSN program between **8/1/23 and 7/31/24**.

Campus	County
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

      b) List number of new BSN student enrollments at each campus between **August 1, 2023 and July 31, 2024**. The sum of these enrollments should match the total number of enrollments listed in question 13.

For **new student enrollments**, include **all** students new to the program, including transfer, LVN-to-BSN ,and 30-unit option students. Do **not** count readmitted students.

Campus	Enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

c) List the number of BSN students completing at each campus between **August 1, 2023 and July 31, 2024**. The sum of these completions should match the total number of completions listed in question 21.

For completions, include generic, accelerated track, advanced placement, LVN to BSN, transfer, 30-unit option and readmitted students. Also include students who completed the program behind schedule.

Campus	Completions
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

d) List the total BSN student census at each campus between **August 1, 2023 and July 31, 2024**. This includes new enrollments and continuing students. The sum of these numbers should equal the total census listed in question 18.

Campus	Total new and continuing enrollments (census)
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

e) List the projected new BSN student enrollments for the **2024-2025** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "a" of question 17.

Campus	2024-2025 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

f) List the projected new ADN student enrollments for the **2025-2026** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "b" of question 17.

Campus	2025-2026 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	

ENTRY LEVEL MASTER'S (ELM) PROGRAM SURVEY

This section of the survey pertains to all students in your **Entry Level Master's (ELM) Program** between *August 1, 2023 and July 31, 2024*. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

Important Note: Please include information about **both the prelicensure and post-licensure segments of your ELM program in this section. Do **not** report about your ELM program students in the post-licensure section of this survey. *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure where separate responses are requested and leave post-licensure response sections blank.*

PROGRAM DETAILS

1. Which of the following nursing program accreditations does your ELM degree program have? (*Check all that apply.*) (*Does not include BRN approval.*)

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

    (*Check all that apply*.) ***Note: Data from this question is posted on the BRN website.***

    ☐ None
    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ Other:_____

2. Does your nursing program participate in a Collaborative/Shared/Concurrent/ Dual Enrollment Program Agreement with another nursing program leading to a higher degree?

    ○ Yes   ○ No

APPLICATIONS & ADMISSIONS

3. How many admission spaces for the first ELM nursing course were **available** between August 1, 2023 and July 31, 2024?

    _____Admission spaces available

4. How many <u>total</u> applications were received for the first ELM nursing course from **August 1, 2023 to July 31, 2024**? Do **not** include applications on a waitlist. *(If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)*

Status of ELM Applications	Total
Total number of applications:	
Of these applications, how many were:	
a) Screened?	
b) Qualified?	
c) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

5. What required admission criteria do you use to identify qualified applicants? (*Check all that apply.*)

☐ None
☐ Minimum/Cumulative GPA
☐ Minimum grade level in prerequisite courses
☐ Geographic location
☐ Completion of prerequisite courses (including recency and/or repetition)
☐ Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)
☐ Health-related work experience
☐ Personal statement
☐ Lottery
☐ Interview
☐ Science GPA
☐ Letter of reference/Recommendation
☐ Holistic review (e.g., residency, language skills, veteran status, other life experiences)

☐ Other 1: _____

☐ Other 2 _____

☐ Other 3: _____

6. What method(s) do you use to select ELM students from the qualified applicant pool?
    (Check all that apply.)

    ☐   Ranking by specific criteria
    ☐   Interviews
    ☐   First come, first served (waiting list)
    ☐   First come, first served (based on application date for the quarter/semester)
    ☐   Goal statement
    ☐   Other:_____

7. Do you maintain an ongoing waiting list?
        ○ Yes   ○ No

8. On **October 15, 2024** how many qualified applicants for the first ELM nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

    _____qualified applicants

    a. How long do you keep a qualified applicant on the waiting list?

    ☐   until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
    ☐   for 2 application cycles
    ☐   until they are admitted
    ☐   Other: _____

    b. On average, how long do you estimate it takes a person to enroll in the first nursing course after being placed on the waiting list?

        _____ quarters/semester

9. What is the average total value of student loans per nursing graduate upon graduation? This data may be available from your campus financial aid office.

    $_____

    a) What is the annual in-state tuition and fees for your program?
        $_____

    b) What is annual cost of attendance for your program, not including room and board?
        $_____

ENROLLMENTS

10. Please provide the total number of **new** student enrollments in your ELM program between August 1, 2023 and July 31, 2024. Include **all** students new to the program, including generic, accelerated track, advanced placement, transfer and 30-unit option students. Do not count readmitted students.

    _____new student enrollments

11. How many of the new students enrolled in the ELM program between August 1, 2023 and July 31, 2024 are 30-unit option students?

    _____30-unit option students

12. Please provide a breakdown of all **new** student enrollments in your ELM program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program, including generic, accelerated track, advanced placement, transfer and 30-unit option students. Do not count readmitted students. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

13. **RACE AND ETHNICITY**	**Enrollments**
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	**Enrollments**
Male	
Female	
Other gender	
Unknown gender	

AGE	**Enrollments**
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

13. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?
    ○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 14.)*

    a. If yes, why did you enroll fewer students?
    ☐ Unable to secure clinical placements for all students
    ☐ College/university requirement to reduce enrollment
    ☐ To reduce costs
    ☐ Lost funding
    ☐ Accepted students did not enroll
    ☐ Insufficient faculty
    ☐ Other (describe): _____

14. What do you expect your <u>new student enrollment</u> to be in the following academic years?

    a) 2024-2025: _____

    b) 2025-2026: _____

CENSUS

15. **Census Data:** On **October 15, 2024**, how many <u>total</u> students (new and continuing) were enrolled in the ELM program (this includes transfer, readmitted, 30-unit option and accelerated track students)? *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure and leave post-licensure response sections blank.*

    Students in Prelicensure Segment _____

    Students in Postlicensure Segment _____

BARRIERS TO EXPANSION

16. Which of the following are barriers to the expansion of your ELM nursing program(s)? (Check **no more than five**.)
    ☐ No barriers to program expansion
    ☐ Insufficient number of qualified clinical faculty
    ☐ Insufficient number of qualified classroom faculty
    ☐ Insufficient funding for faculty salaries
    ☐ Faculty salaries not competitive
    ☐ Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
    ☐ Insufficient number of clinical sites
    ☐ Insufficient number of allocated spaces for the nursing program
    ☐ Insufficient support for nursing school by college or university
    ☐ Insufficient number of physical facilities and space for skills labs
    ☐ Insufficient number of physical facilities and space for classrooms
    ☐ Insufficient financial support for students
    ☐ Other:_____

a. If you selected lack of clinical sites as one of your top barriers to program expansion, which of the following strategies have you employed to mitigate this barrier? (*Check all that apply.*)

☐ Human patient simulators
☐ Community based options/ambulatory care (e.g., homeless shelters, nurse-managed clinics, community health centers)
☐ Twelve-hour shifts
☐ Evening shifts
☐ Night shifts
☐ Weekend shifts
☐ Non-traditional clinical sites, e.g., correctional facilities
☐ Innovative skills lab experiences
☐ Preceptorships
☐ Regional computerized clinical placement system
☐ Telehealth
☐ Virtual Simulation

☐ Other: _____
☐ None

ATTRITION & COMPLETION

Please answer the following questions concerning student attrition and completion as they pertain to different student tracks, programs and demographics.

These questions pertain **both** to those students who *completed* the prelicensure and post-licensure segments of the ELM program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure and leave post-licensure response sections blank.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

17. Please provide the total number of all ELM program students who completed the **pre- and post-licensure** segments of the program between August 1, 2023 and July 31, 2024. Include generic, accelerated track, advanced placement, LVN to ELM, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

    *If your program does not have designated pre- and post-licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report **all students as prelicensure** and leave post-licensure response sections **blank**.*

    _____ Total number of students who completed the **prelicensure** segment of the program

    _____ Total number of students who completed the **postlicensure** portion of the program

    For questions 17.a and 17.b, if you are reporting all student completions as prelicensure because your program does not have designated pre and post-licensure segments, report those students in these questions. If you are reporting student completions separately for pre- and post-licensure segments then only report students completing the post-licensure segment in these questions.

    a. Please provide the total number of students that completed the entire ELM program at your school in each of the following program areas in the specified period (August 1, 2023 and July 31, 2024). If a student completed two nursing tracks at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

        The sum of students in these categories may not equal the total reported in question 17 above.

        _____Nursing Administration/Leadership/Health Systems

        _____ Clinical Nurse Specialist

        _____ Nurse Practitioner

        _____Clinical Nurse Leader

        _____Case Management

        _____Other: _____

b. Please provide the number of **students that completed the entire** portion of the ELM program in each of the following **Nurse Practitioner specialties** between August 1, 2023 and July 31, 2024. Count each student only once.

   The total number of students you report here should equal the number of nurse practitioner students you reported in question 17.a.

   _____Individual/Family

   _____Adult/Gerontology (acute)

   _____Adult/Gerontology (primary)

   _____Pediatrics (acute)

   _____Pediatrics (primary)

   _____Neonatal

   _____Women's Health/Gender Related

   _____ Psychiatric/Mental Health

   _____ Other _____

   _____ Total number of students that completed Nurse Practitioner Specialties

18. How many of the students who completed the ELM program between August 1, 2023 and July 31, 2024 were 30-unit option students?

    _____ 30-unit option students

19. Does the ELM program operate on semesters or quarters?

    ○ Semester   ○ Quarters

    a) How many weeks is your semester/quarter?
       _____weeks

20. How many semesters or quarters does it normally take full-time students to complete the entire ELM program? (*If you offer different tracks that complete in different time periods, please respond for your shortest and longest tracks, if only one track is offered, answer the same for minimum/maximum*).

    _____ Minimum (shortest) # of semesters/quarters

    _____ Maximum (longest) # of semesters/quarters

21. Please provide the race and ethnicity, gender and age for **all** students who completed the ELM program between August 1, 2023 and July 31, 2024. Include generic, transfer, and readmitted students. Also include students who completed the program behind schedule. If you do not know the racial and ethnic, gender, or age distribution of your students, enter the appropriate number of students into the unknown field. *The total number(s) of students you report in this question should equal the number(s) you reported in question 17.* *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure and leave post-licensure response sections blank.*

RACE AND ETHNICITY	Prelicensure Segment	Postlicensure Segment
Black/African-American		
American Indian or Alaska Native		
South Asian (e.g., Indian, Pakistani, etc.)		
Filipino		
Native Hawaiian		
Other Asian		
Other Pacific Islander		
White/Caucasian		
Hispanic/Latino		
Mixed race		
Other race		
Unknown race		

GENDER	Prelicensure Segment	Postlicensure Segment
Male		
Female		
Other gender		
Unknown gender		

AGE	Prelicensure Segment	Postlicensure Segment
17-20 years		
21-25 years		
26-30 years		
31-40 years		
41-50 years		
51-60 years		
61 years and older		
Unknown age		

22. How many of **all** students who completed the ELM program between August 1, 2023 and July 31, 2024 were approved for at least one accommodation for a disability? *(If 0, skip to question 23.)*

    _____ Total number of students approved for accommodation

   a. Of these students, please report the number of students that have been approved to receive each of the accommodations listed below. (*If a student receives more than one accommodation, please include the student in as many categories as applicable. The sum of all modifications reported may not equal the total number of individual students who have declared a disability.*)

      _____ Academic counseling/advising

      _____ Disability-related counseling/referral

      _____ Adaptive equipment/physical space/facilities

      _____ Interpreter and captioning services

      _____ Exam Accommodations (Modified/Extended Time/ Distraction Reduced Space)

      _____ Assistive technology/alternative format

      _____ Note-taking services/reader/audio recording/smart pen

      _____ Priority registration

      _____ Reduced course load

      _____ Transportation/mobility assistance and services/parking

      _____ Service animals

      _____ Other: _____

23. For students who completed the ELM program between August 1, 2023 and July 31, 2024, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2024. The total of all percentages in each column should equal 100%.

If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure and complete the post-licensure response as 100% Not Applicable.

Employment Settings	% Prelicensure Segment	% Postlicensure Segment
Hospitals		
Long-term care facilities		
Community/public health facilities		
Other healthcare facilities		
Pursuing additional nursing education in lieu of employment (i.e., BSN, MSN, PhD, DNP)		
Participating in a new graduate residency (paid)		
Participating in a new graduate residency (unpaid)		
Unable to find employment in nursing		
Not yet licensed		
Other		
Unknown		
Not Applicable		
TOTAL	**100%**	**100%**

24. Please answer the following questions for the student cohorts that were scheduled upon enrollment to complete **the prelicensure segment** (do not include students in the post-licensure segment) between *August 1, 2023 and July 31, 2024.* If there were several cohorts of students who were scheduled on admission to complete the prelicensure portion of the program during the time period above, include **all** cohorts of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program). *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students here as prelicensure segment completions.* Students who graduated within the program year in which they were expected to graduate, even if delayed by a semester or a quarter, are considered on schedule.

Only include generic and accelerated track ELM students. Do **not** include LVN to ELM, transfer, 30-unit option, or readmitted students.

Students on leave but expected to return are considered still enrolled.

Note: Data from these questions are used by the BRN to calculate completion and attrition rates that are posted on the BRN website.
Scheduled on admission to complete=completed+withdrew+dismissed+still enrolled
Completion rate=completed/scheduled to complete
Attrition rate=withdrew+dismissed/scheduled to complete

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students scheduled on admission to complete the prelicensure segment of the program									

Of these students, how many	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Completed the **prelicensure segment** of the program on schedule?									
Withdrew from the prelicensure segment of the program?									
Were dismissed from the prelicensure segment of program?									
Are still enrolled in the prelicensure segment of the program?									

25. How many ELM students completed the program between August 1, 2023 and July 31, 2024 but behind schedule?

    Students completing the program behind schedule *are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.*

	African-American	Native American	Filipino	Other Asian	White	Hispanic	Other / multi-racial	Unknown race	All Students
Number of students completing the program behind schedule?									

NCLEX DATA FOR ACCELERATED TRACK STUDENTS ONLY

If your ELM program does not have accelerated track students, skip to question 27.

26. How many students in the accelerated track took the NCLEX for the first time between **July 1, 2023 and June 30, 2024?** Of those, how many passed on their first attempt?

    *NOTE: This is a different time window than that in most of the rest of the survey.

    _____ Accelerated students who took the NCLEX

    _____ Accelerated students who passed the NCLEX on their first attempt

CLINICAL TRAINING

Clinical training includes simulation, skills labs, clinical observation, and clinical practice with real patients.

Please answer the following questions for students in the **prelicensure segment** of your ELM program. *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as prelicensure.*

Please answer the following questions about clinical training in the ELM program for the period from August 1, 2023 to July 31, 2024.

27. In your ELM program in each of the content areas below, please report the number of hours spent on clinical practice with real patients, clinical simulation, clinical observation, and skills labs PER SEMESTER or QUARTER, whichever schedule your program uses. If your geriatrics content is integrated, please estimate the hours of all geriatric clinical experiences.) If your program has more than one track, e.g., generic and accelerated, that have different amounts of hours in each content area, please average the number of hours for the tracks.

   Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

Number and Type of Clinical Hours in Each Content Area

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			**Clinical Observation**	**Skills Labs**	**Clinical Simulation**	**Total Clinical Training Hours**
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

28. In the <u>next 12 months</u> in your ELM program, please report whether you plan to **increase**, **decrease** or **maintain** the number of clinical hours in each clinical experience type and for each content area. If you do not have this content area or type of clinical experience, write "**N/A**". If you do not know, write "**unknown**". *(Note: the online survey will have a drop-down menu for each of the boxes below so that you can select increase, decrease, maintain, not applicable, or unknown for each category.)*

Increase, Decrease or Maintain the Number of Clinical Hours in Each Clinical Experience and Content Area?

Content Area	Type of Clinical Experience						
	Clinical Practice with Real Patients			**Clinical Observation**	**Skills Labs**	**Clinical Simulation**	**Total Clinical Training Hours**
	Inpatient	*Outpatient*	*Telehealth*				
Fundamentals							
Medical/ surgical							
Obstetrics							
Pediatrics							
Geriatrics							
Psychiatry/ mental health							
Leadership/ management							
Other							

Describe other: _____

a) Why are you reducing the number of clinical hours in one or more content areas in your ELM program? *(If you are not reducing the overall number of clinical hours in any content area, skip to question 29.)*
   ☐ Unable to find sufficient clinical space
   ☐ Students can meet learning objectives in the classroom (or by another method) in less time.
   ☐ Funding issues or unavailable funding
   ☐ Insufficient clinical faculty
   ☐ Need to reduce units
   ☐ Curriculum redesign or change
   ☐ Other: _____

29. Do you require your fundamentals students to have clinical practice in direct patient care?
    ○ Yes   ○ No

CLINICAL SIMULATION

Clinical simulation provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.

30. Did your ELM program use clinical simulation between August 1, 2023 and July 31, 2024?

    ○ Yes   ○ No   (*If no, skip to question 44.*)

31. 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: _____

32. 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)

    _____   Other: _____

33. 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)

    _____   Other: _____

34. Does the program have simulation policies and procedures in place to ensure quality and consistent simulation experiences?

    ○ Yes   ○ No   (*If no, skip to question 35.)*

    a) If yes, check all areas that are included in simulation policies and procedures
       ☐ Adherence to simulation-related Profession 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

35. Does the program have a written simulation plan that guides integration of simulation in the curriculum?

    ○ Yes   ○ No   (If no, please skip to question 35.b)

    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: _____

    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: _____

36. 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

37. Which simulation standards is your program aligned with? *(Check all that apply.)*
    ☐ International Nursing Association for Clinical Simulation and Learning (INACSL)
    ☐ Society for Simulation in Healthcare (SSH)
    ☐ National Council of State Boards of Nursing (NCSBN)
    ☐ National League for Nursing (NLN)
    ☐ Other (Describe)_____
    ☐ None/not applicable

38. Did the majority of your clinical courses use the maximum percentage of clinical hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e)?

  ○ Yes   ○ No   *(If yes, skip to question 39**Error! Reference source not found.**.)*

a)   If no, why not? (*Check all that apply.*)

    ☐ Have enough clinical placements available/direct patient care learning opportunities 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: _____

39. 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: _____

40. 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 41.)*
If yes, describe measures used:

a) Quantitative measures: _____

   _____

b) Qualitative measures: _____

   _____

41. 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 42.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

   _____

42. In 2023-2024, please indicated what type of simulation was used for each type of courses.
(Check all that *apply.)*

Course Description	None in this course	Manikin-based	Computer based scenarios (i.e., software programs)	Role Play	Standardized/ embedded participants	Task trainers	Virtual simulations (i.e., via Zoom)	Other type of simulation (describe)
Fundamentals								
Medical/surgical								
Obstetrics								
Geriatrics								
Psychiatry/mental health								
Pediatrics								
Leadership/management								
Other type of course (describe _____)								

43. In the <u>next 12 months</u>, do you plan to increase staff dedicated to administering clinical simulation for your ELM program?

⭘ Yes   ⭘ No

CLINICAL SPACE

44. Were you denied a clinical placement, unit or shift at a hospital in 2023-2024 that you had the previous year?

⭘ Yes   ⭘ No   *(If no, skip to question 45.)*

a) Were you offered an alternative at that hospital in 2023-2024 that differed from the placement, unit or shift you had the previous year?

⭘ Yes   ⭘ No

b) How many hospital placements, units or shifts did you lose in 2023-2024? Only include placements, units or shifts for which you did not accept alternatives for at the same hospital.

Placements, units, or shifts _____

c) If you were denied a clinical placement, unit or shift in 2023-2024, what were the reasons given? *(Check all that apply.)*

☐ No longer accepting ADN students
☐ Nurse residency programs
☐ Clinical facility seeking magnet status
☐ More nursing students in the region have increased competition for clinical space
☐ Displaced by another program
☐ Closure or partial closure of clinical facility
☐ Change in facility ownership/management
☐ Implementation of electronic health records
☐ Visit from the Joint Commission or other accrediting agency
☐ The facility began charging a fee for the placement and your program would not pay
☐ Decrease in patient census due to other reasons
☐ Staff nurse overload or insufficient qualified staff due to other reasons
☐ Other clinical facility business needs/changes in policy

☐ Other: _____

d) In which areas did you lose a clinical placement, shift or unit in 2023-2024? *(Check all that apply.)*

☐ Medical/surgical
☐ Obstetrics
☐ Pediatrics
☐ Psychiatry/Mental Health
☐ Geriatrics
☐ Critical Care
☐ Community Health
☐ Preceptorships

☐ Other 1 (Describe: _____)

☐ Other 2 (Describe: _____)

e) How many students were affected by this loss of clinical placement(s), unit(s) or shift(s)?

Number of students _____

f) Which of the following strategies did you use to cover the loss of clinical placements, shifts and/or units? *(Check all that apply.)*

☐ Replaced with a different unit or shift within the same clinical placement site

☐ Replaced with a unit or shift at a different clinical placement site that is currently being used by the nursing program

☐ Added (or replaced with) a new clinical placement, unit and/or shift not previously used by the nursing program.

☐ Clinical simulation

☐ Reduced the number of students admitted to the program

☐ Other:_____

45. Were there fewer ELM students allowed for any clinical placement, unit or shift in 2023-2024 than there were in the previous year?
    ○ Yes   ○ No

46. Between August 1, 2023 and July 31, 2024, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.
    ○ Yes   ○ No

47. Did you increase out-of-hospital clinical placements in the last year (2023-2024)?
    ○ Yes   ○ No   *(If no, skip to question 48.)*

    a) If yes, in which of the following alternative sites (other than acute care hospital) were students placed? *(Check all that apply.)*

    ☐ Skilled nursing/rehabilitation facility
    ☐ Home health agency/home health service
    ☐ Medical practice, clinic, physician office
    ☐ Surgery center/ambulatory care center
    ☐ Urgent care, not hospital-based
    ☐ Public health or community health agency
    ☐ Outpatient mental health/substance abuse
    ☐ Occupational health or employee health service
    ☐ Renal dialysis unit
    ☐ Correctional facility, prison or jail
    ☐ Hospice
    ☐ School health service (K-12 or college)
    ☐ Case management/disease management

    ☐ Other: _____

48. Does your ELM program have distinct pre- and post-licensure segments (i.e., at some point during the program students are eligible to take the licensing examination prior to completing the ELM program/degree)?

○ Yes   ○ No

a) How many semesters or quarters does it normally take full-time students to complete the prelicensure segment of the ELM program (when they are eligible to take the licensure examination)? If your program does not have designated pre and post licensure segments, i.e., your students do not qualify for licensure until they complete the entire ELM program, report time frames here. (If you offer different tracks that complete in different time periods, please respond for your shortest and longest tracks).

_____ Minimum (shortest) # of semesters/quarters

_____ Maximum (longest) # of semesters/quarters

b) How many semesters or quarters does it normally take full-time students to complete the post-licensure segment of the ELM program? If your program does not have designated pre and post licensure segments, i.e., your students do not qualify for licensure until they complete the entire ELM program, report time frames in the previous question as prelicensure segment and leave this post-licensure segment response blank. (If you offer different tracks that complete in different time periods, please respond for your shortest and longest tracks).

_____ Minimum (shortest) # of semesters/quarters

_____ Maximum (longest) # of semesters/quarters

c) Do you offer a degree option for students who opt-out of the program upon completion of the prelicensure segment of the program and are eligible to take the licensing examination?

○ Yes   ○ No   *(If no, skip to question 49.)*

i. If yes, what is the degree? _____

SATELLITE PROGRAMS

49. Does your ELM program have at least one prelicensure registered nursing student at a satellite/alternate campus that is located in a different county than your home campus? Only respond "yes" if the satellite/alternate campus is in a different county than your home campus. The campus must be located in California and approved by the BRN as an alternate/secondary location.

   ○ Yes   ○ No (if no, skip to the next applicable section.)

   a) List the county for your main campus and the different counties in which you had at least one satellite ELM program between **8/1/23 and 7/31/24**.

Campus	County
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

   b) List number of new ELM student enrollments at each campus between **August 1, 2023 and July 31, 2024**. The sum of these enrollments should match the total number of enrollments listed in question **Error! Reference source not found.**.

   For new ELM enrollments, include all students new to the program, including generic, accelerated track, advanced placement, transfer and 30-unit option students. Do not count readmitted students.

Campus	Enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

c) List the number of ELM students completing the **prelicensure segment** at each campus between **August 1, 2023 and July 31, 2024**. The sum of these completions should match the total number of completions listed in question 21.

For ELM completions, include generic, accelerated track, advanced placement, LVN to ELM, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

If your program does not have designated pre- and post-licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as pre-licensure and leave post-licensure response sections blank.

Campus	Prelicensure Segment Completions
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

d) List the number of ELM students completing the **postlicensure segment** at each campus between **August 1, 2023 and July 31, 2024**.

For ELM completions, include generic, accelerated track, advanced placement, LVN to ELM, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

If your program does not have designated pre- and post-licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as pre-licensure and leave post-licensure response sections blank.
.

Campus	Postlicensure Segment Completions
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

e) List the total ELM student census at each campus between **August 1, 2023 and July 31, 2024**. This includes new enrollments and continuing students. The sum of these numbers should equal the total census listed in question 19.

Campus	Total new and continuing enrollments (census)
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

f) List the projected new ELM student enrollments for the **2024-2025** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "a" of question 18.

Campus	2024-2025 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	
Satellite 6	

g) List the projected new ELM student enrollments for the **2025-2026** academic year. The sum of these new enrollments should equal the total number of projected enrollments in part "b" of question 18.

Campus	2025-2026 projected enrollments
Main Campus	
Satellite 1	
Satellite 2	
Satellite 3	
Satellite 4	
Satellite 5	

50. Please provide any additional information/comments about your ELM program that you feel is important:

_____

_____

GENERAL POSTLICENSURE PROGRAMS SURVEY

Prior to completing the program-specific surveys, please provide the postlicensure program information requested below, including Administration & Staffing and Faculty Information.

The following questions pertain to all of your postlicensure nursing education programs in the [period](#) between **August 1, 2023 and July 31, 2024** unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, or the category is **not applicable**, please **leave the space blank**.

If you have prelicensure programs, and you have the same director for your pre and postlicensure programs, please fill out the information about the director in the **Prelicensure Programs Survey**.

If you have prelicensure programs, and you have a different director for your pre and postlicensure programs, fill out the information for postlicensure program director below and for the prelicensure program director in the **Prelicensure Programs Survey**.

POSTLICENSURE ADMINISTRATION & STAFFING

1. Do your pre- and post-licensure programs both have the same director?

    ○ Yes   ○ No   ○ Not applicable, postlicensure program only
    (If yes, skip to question 4 and make sure that you completed program director info in the Prelicensure Program survey section.)

2. Has the Program Director been in this position for less than one year?

    ○ Yes   ○ No

3. Current Director of the Postlicensure Nursing Education Program

    Name: _____

    Title: _____

    Phone: _____

    Email: _____

4. Individual providing survey information:
    ☐ Director
    ☐ Someone other than the director

    a) If the Dean/Director of Nursing Education is **not** completing this survey, please complete the following for the person(s) completing the survey:

        Name: _____

        Title: _____

        Phone: _____

        Email: _____

5. If the Postlicensure Director oversees multiple programs, which of the following does (s)he oversee?
    (Check all that apply.)

	Director, Postlicensure
LVN	☐
CNA	☐
HHA	☐
EMT	☐
Paramedic	☐
Technician (i.e., psychiatric, radiologic, etc.)	☐
Health sciences	☐
Health professions	☐
RN Prelicensure programs	☐
Other graduate programs	☐
Other *(Please describe)*:	☐

6. How many postlicensure assistant directors do you have? *(If total =0, skip to question 7.)*

                                                #
    Post-licensure only assistant directors _____

    a) Between August 1, 2023 and July 31, 2024, what was the average number of weekly hours
        each **postlicensure** assistant director was allotted and the average number of weekly
        hours they actually spent administering the registered nursing education programs? **Do
        not** include time spent on other health-related programs.

	Average weekly hours allotted	Average weekly hours actually spent
Postlicensure Only Assistant Directors		
Assistant director 1	_____	_____
Assistant director 2	_____	_____
Assistant director 3	_____	_____
Average for the remaining Assistant directors	_____	_____

Comments: _____

_____

7. What is the total number of individuals (individual people not FTEs) that provide **clerical support** for the **postlicensure** programs (including student workers)? *Count each individual, including those working on a full-time, part-time and intermittent basis.*

> **# of clerical support staff**

Postlicensure–only clerical support staff   _____

a) What is the total number of hours per week (on average throughout the year) these individuals **combined** spend providing **clerical support** for the **postlicensure** programs (including student workers)? *For example, if you have 3 different* individuals *providing clerical support and one averages 40 hours per week, one 30 and one 20, the total reported here would be 90 hours.*

> **Total # of clerical support hours per week**

Postlicensure–only clerical support staff   _____ Hrs./wk.

b) How adequate is the amount of **clerical support** for your postlicensure programs?

	More than adequate	Adequate	Less than adequate	Not at all adequate
Postlicensure program clerical support	○	○	○	○

8. What is the total number of individuals (individual people not FTEs) that provide **clinical placement coordination support** (i.e., secures clinical placements and preceptors, maintains relationships with agencies, assigns students, makes schedule, etc.) for the postlicensure programs (including student workers)? *Count each individual, including those working on a full-time, part-time and intermittent basis.*

> **Total # of clinical placement coordination staff**

Postlicensure–only **clinical placement coordination** staff   _____

a) What is the total number of hours per week (on average throughout the year) these individuals **combined** spend providing **clinical placement coordination support** for the **postlicensure** programs (including student workers)? *For example, if you have 3 different* individuals *providing clinical placement coordination support and one averages 40 hours per week, one 30 and one 20, the total reported here would be 90 hours.*

> **Total # of clinical placement coordination hours per week**

Postlicensure-only **clinical placement coordination** staff   _____ Hrs./wk.

b) How adequate is the amount of clinical placement coordination support for your postlicensure programs?

	More than adequate	Adequate	Less than adequate	Not at all adequate
Postlicensure-only clinical placement coordination support	○	○	○	○

c) *(If you have only a postlicensure program)* Are there some clinical placement coordinators in the postlicensure nursing program that also serve other clinical areas (e.g., LVN, MA, PCAT, or RT programs)?

   ○ Yes   ○ No (*If no, skip to question 9.*)

   8.c.i) If yes, please list the total number of postlicensure nursing program clinical placement coordinators that also serve other clinical areas (e.g., LVN, MA, PCAT, or RT programs)._____

9. Which of the following institutional accreditations (not nursing program accreditation) does your college or university have? *(Check all that apply.)*

   Institutional Accreditation: "Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education."

   (**Notes:** specific nursing program degree accreditations will be collected later in the survey. **Data from this question is posted on the BRN website.)

   ☐ Accrediting Bureau of Health Education Schools (ABHES)
   ☐ Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC/WASC-JC).
   ☐ Accrediting Commission of Career Schools & Colleges (ACCSC)
   ☐ Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)
   ☐ Accrediting Council for Independent Colleges and Schools (ACICS)
   ☐ Higher Learning Commission (HLC)
   ☐ Northwest Commission on Colleges and Universities (NWCCU)
   ☐ WASC – Senior College and University Commission (WSCUC)
   ☐ Other: _____

10. Which of your post-licensure programs have regionally or nationally approved online programs? *(Check all that apply.)*

   ☐ None
   ☐ RN to BSN
   ☐ MSN
   ☐ DNP
   ☐ Research-based PhD
   ☐ Other (describe)_____

POSTLICENSURE FACULTY INFORMATION

POSTLICENSURE FACULTY DEMOGRAPHICS

Please include all active faculty **who** teach **students in your nursing programs during the dates specified.** *Do not include personnel that do not have a current teaching assignment during the specified period even if your program classifies them as faculty.*

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

11. How many of your prelicensure active faculty also teach post-licensure students?

    _____

12. Does your nursing school use any active faculty that **teach post-licensure students only** (no prelicensure students)? *If no, skip to the next applicable section.*

    ○ Yes   ○ No

13. On **October 15, 2024**, how many **full-time** active faculty did you have that teach ONLY postlicensure students? (*Report the number of individuals, not FTES).*

    *Number of full-time active faculty that teach ONLY **post-licensure** students   _____*

        a)   Of these **full-time** active postlicensure faculty, how many were:

	*Full-time active faculty that teach **ONLY post-licensure** students*
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

14. On **October 15, 2024**, how many **part-time** active postlicensure faculty did you have that teach ONLY postlicensure students? *(Report the number of individuals, not FTES).*

    *Number of part-time active faculty that teach ONLY **post-licensure** students* ____

    a)   Of these **part-time** active faculty, how many were:

	*Part-time active faculty that teach **ONLY post-licensure** students*
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

15. Please provide the following census data for your active postlicensure faculty on **October 15, 2024** (combine full-time and part-time faculty).

FACULTY RACE AND ETHNICITY	*Faculty that teach **ONLY post-licensure** students*
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race or ethnicity	

FACULTY GENDER	*Number of faculty*
Male	
Female	
Other gender	
Unknown gender	

FACULTY AGE	*Number of faculty*
30 years or younger	
31-40 years	
41-50 years	
51-55 years	
56-60 years	
61-65 years	
66-70 years	
71 years and older	
Unknown age	

16. Has your program begun hiring significantly more part-time than full-time active postlicensure faculty over the past 5 years than previously (i.e., has your ratio of full to part faculty changed significantly)?

  ○ Yes ○ No *(If no, skip to question 17.)*

   a) If yes, what are the reasons for this shift? Please rank the following in order of importance from 1-10 with one being the most important and 10 the least. Please write N/A in categories that are not applicable to your school/programs.

Reasons

Non-competitive salaries for full-time faculty	_____
Shortage of RNs applying for full-time faculty positions	_____
Insufficient number of full-time faculty applicants with required credential	_____
Private, state university or community college laws, rules or policies	_____
Need for part-time faculty to teach specialty content	_____
Need for faculty to have time for clinical practice	_____
Insufficient budget to afford benefits and other costs of FT faculty	_____
To allow for flexibility with respect to enrollment changes	_____
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	_____
Other: _____	_____

17. Will your externally funded positions continue to be funded for the **2024-2025** academic year?

  ○ Yes ○ No ○ Don't know ○ Not applicable

18. If you do <u>not</u> receive funding for faculty from outside sources, how many students would you be able to enroll next year (**2024-2025**)?

  _____post-licensure students

19. Please provide a breakdown of all active postlicensure-only faculty by highest degree held on **October 15, 2024**.

a) Full-time active faculty *The total for this question should equal the total number of faculty reported in question 13*	*# Of faculty that teach **ONLY post-licensure** students*
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master's Degree in Nursing (i.e., MSN)	
Non-nursing Master's Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
Total full-time active faculty	
b) Part-time active faculty *The total for this question should equal the total number of faculty reported in question 14.*	*# Of faculty that teach **ONLY post-licensure** students*
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master's Degree in Nursing (i.e., MSN)	
Non-nursing Master's Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
Total part-time active faculty	

20. How many of your <u>active</u> postlicensure <u>faculty</u> (<u>full-time</u> and <u>part-time</u>) are currently pursuing an advanced degree (i.e., BSN to MSN, PhD, DNP, etc.)?

    Number of faculty _____

21. For all of the **active postlicensure faculty** you reported (both full- and part-time), how many teach only clinical courses, only didactic courses or a combination of both? *The total for this question should equal the total number of faculty reported in question 13 plus the number reported in question 14.)*

	Number of faculty
<u>Only</u> clinical courses	_____
<u>Only</u> didactic courses	_____
<u>Combination</u> of both clinical and didactic courses	_____
Total number of faculty	**_____**

Part-time Faculty

22. Which of the following do you use to prepare your **part-time** <u>active</u> postlicensure <u>faculty</u> to teach? (*Check all that apply.*)

    ☐ None
    ☐ Specific orientation program
    ☐ Mentoring program
    ☐ Teaching strategies
    ☐ Program policies
    ☐ Curriculum review
    ☐ Faculty orientation
    ☐ Administrative policies
    ☐ External program that trains adjunct faculty
    ☐ Other: _____

Full-time Faculty

23. Between **August 1, 2023 and July 31, 2024,** were any **full-time** active postlicensure faculty working an overloaded schedule?

○ Yes   ○ No   *(If no, skip to question 24.)*

    a) If yes, do you pay these active postlicensure faculty extra for the overloaded schedule?

      ○ Yes   ○ No

FACULTY ATTRITION AND VACANCIES

24. How many of your active postlicensure faculty (part-time and full-time) retired or left the program this year (2023-2024)? *(If "0", please skip to question 25.)*

	Faculty that teach ***ONLY post-licensure*** *students*
Full-time active faculty vacancies	_____
Part-time active faculty vacancies	_____
Total number of faculty	_____

    a) Why did **full-time** active postlicensure faculty leave the program? (*Check all that apply*.)

      ☐ NOT APPLICABLE

      ☐ Retirement
      ☐ Career advancement
      ☐ Salary/benefits
      ☐ Relocation of spouse or other family obligation
      ☐ Return to clinical practice
      ☐ Termination, requested resignation, contract not renewed
      ☐ Resigned for unknown reasons
      ☐ Layoffs (for budgetary reasons)
      ☐ Workload
      ☐ Personal health issues/death
      ☐ Workplace climate
      ☐ Other: _____

b) Why did **Part-time** Faculty leave the program? (*Check all that apply*.)

☐ NOT APPLICABLE

☐ Retirement
☐ Career advancement
☐ Salary/benefits
☐ Relocation of spouse or other family obligation
☐ Return to clinical practice
☐ Termination, requested resignation, contract not renewed
☐ Resigned for unknown reasons
☐ Layoffs (for budgetary reasons)
☐ Workload
☐ Personal health issues/death
☐ Workplace climate
☐ Other: _____

25. How many of your active full-time postlicensure faculty went from **full-time** to **part-time** during this program year (August 1, 2023 to July 31, 2024)? *(If "0", please skip to question 26.)*

Faculty that teach
***ONLY post-licensure** students*

Of full-time faculty moving to part-time   _____

a) Why did full-time active postlicensure faculty move to part-time active faculty during this program year (August 1, 2023 to July 31, 2024)? *(Check all that apply.)*

☐ Other family obligations
☐ Return to clinical practice
☐ Personal health issues
☐ Workplace climate
☐ Preparing for retirement
☐ Requested by program due to budgetary reason
☐ Workload
☐ Other: _____

26. How many of your <u>active</u> postlicensure <u>faculty</u> are you expecting to retire or leave <u>next</u> year (2024-2025)?

	Faculty that teach **ONLY post-licensure** *students*
<u>Full-time</u> active faculty vacancies	_____
<u>Part-time</u> active faculty vacancies	_____

27. On October 15, 2024, how many positions for <u>active</u> postlicensure <u>faculty</u> were you seeking to fill? (*Report the number of individuals, <u>not</u> FTEs.*)

	Faculty that teach **ONLY post-licensure** *students*
<u>Full-time</u> active faculty vacancies	_____
<u>Part-time</u> active faculty vacancies	_____

FACULTY HIRING

28. Did you hire any <u>active</u> postlicensure <u>faculty</u> between August 1, 2023 and July 31, 2024?

○ Yes   ○ No   (*If no, skip to question 29.*)

	Faculty that teach **ONLY post-licensure** *students*
a) How many active postlicensure faculty did you hire between August 1, 2023 and July 31, 2024?	
b) Of the <u>active</u> postlicensure <u>faculty</u> hired between August 1, 2023 and July 31, 2024, how many were hired to teach:	
<u>Full-time</u>?	
<u>Part-time</u>?	
c) How many had less than one year of teaching experience before they began teaching at your school?	

d) Which of the following are characteristics of the <u>active </u>postlicensure <u>faculty </u>you hired between August 1, 2023 and July 31, 2024?   (*Check all that apply.*)

	Faculty that teach ONLY post-licensure students
In the last two years, completed a graduate degree program (i.e., MSN, MA, PhD, DNP)	☐
Experience teaching as a nurse educator in a clinical setting	☐
Experience student teaching while in graduate school	☐
Experience teaching at another nursing school	☐
Experience teaching in a setting outside of nursing	☐
No teaching experience	☐
Other:	☐

Please describe: _____

e) Why did you hire the <u>active</u> postlicensure <u>faculty</u> between August 1, 2023 and July 31, 2024? (*Check all that apply.*)

☐ Due to program expansion
☐ To reduce faculty workload
☐ To replace faculty that retired or left the program
☐ To fill longstanding faculty vacancies (positions vacant for more than one year)
☐ To hire faculty with specific experience in online teaching
☐ To hire faculty with specific experience in virtual &/or simulation education
☐ Other:_____

29. Did your nursing school have a hiring freeze for <u>active faculty</u> during the 2023-2024 academic year?

○ Yes   ○ No   *(If no, skip to question 30.)*

a) Did a hiring freeze prevent you from hiring all needed postlicensure faculty during the 2023-2024 academic year?

○ Yes   ○ No

FACULTY RECRUITMENT AND COMPENSATION

30. What strategies are you using to recruit diverse faculty?

☐ Share program/school goals and commitments to diversity
☐ Highlight campus and community demographics
☐ Showcase how diversity issues have been incorporated into the curriculum
☐ Highlight success of faculty, including faculty of color
☐ Share faculty development and mentoring opportunities
☐ Send job announcements to a diverse group of institutions and organizations for posting and recruitment
☐ Use of publications targeting minority professionals (e.g., Minority Nurse)
☐ External funding and/or salary enhancements (e.g., endowed lectureship)
☐ Other: _____

31. For which clinical specialty areas did you have difficulty recruiting new active postlicensure faculty in 2023-2024? (*Check all that apply.*)

☐ None
☐ Public Health/Community Health
☐ Leadership rotation
☐ Practicum experience
☐ Other:_____

32. Which of the following factors serve as barriers to **recruiting** active postlicensure faculty to your program?
(*Check all that apply.*)

☐ No barriers to recruiting faculty
☐ Non-competitive salaries
☐ Overall shortage of RNs
☐ Insufficient number of faculty applicants with required credential
☐ Private, state university or community college laws, rules or policies:
☐ BRN rules and regulations
☐ Workload (i.e., not wanting to assume faculty responsibilities)
☐ Housing costs
☐ Other:_____

33. How many **new** active postlicensure faculty (full-time and part-time) do you anticipate being budgeted over the next year (2024-2025)?

Number of faculty

New full-time active postlicensure faculty   _____

New part-time active postlicensure faculty   _____

34. Please provide the lowest and highest annual base salaries that you **currently pay** your **full-time active** postlicensure faculty. Do not include overload pay. Do **not** include deans, directors, or faculty in administrative or research roles. *(Round to the nearest dollar amount. Do not use decimals.)*

*Faculty that teach **ONLY post-licensure** students*

	Salary Range		Length of teaching appointment for faculty				
	Lowest <u>annual</u> salary	Highest <u>annual</u> salary	9 - mos.	10 - mos.	12 - mos.	Other	If "Other" length of teaching appointment (Please describe)
Master's Degree	$	$	O	O	O	O	
Doctoral Degree (PhD, DNP, MD, etc.)	$	$	O	O	O	O	

RN TO BSN PROGRAM SURVEY

This section of the survey pertains to all students in your **RN to BSN Program**, including <u>accelerated</u>, part-time and full-time RN to BSN students. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

Please answer all questions for the period between *August 1, 2023 and July 31, 2024* unless otherwise specified. If your program admits students more than once per year, combine all student <u>cohorts</u> admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. Please indicate the characteristics of your RN to BSN program. *(Check all that apply.)*

    ☐ RN to BSN program only (no prelicensure students)
    ☐ RNs are admitted into spaces with prelicensure students
    ☐ RNs are admitted to a specific RN-to-BSN track in the Generic BSN program

    ☐ Other:_____

2. What types of delivery format(s) does your RN to BSN program offer? (*Check all that apply.*)

    ☐ 100% In-Person
    ☐ 100% Online
    ☐ Hybrid Online/In-Person
    ☐ Full-time Program
    ☐ Part-time Program
    ☐ Weekend Program
    ☐ Other: _____

3. Which of the following nursing <u>program accreditations</u> does your RN to BSN degree program have? (*Check all that apply.*) (*Does not include BRN approval.)*

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ Other: _____
    ☐ None

4. Please indicate approaches used by your program to increase RN access to the program.
    (Check all that apply.)

    ☐ Classes provided onsite in work settings
    ☐ Use of teleconferencing, online and other Distance Education modes
    ☐ Flexibility in course scheduling (block schedules, evening or weekend courses)
    ☐ Partial funding of classes by work setting
    ☐ Other:_____

        _____

5. Please indicate the mechanism(s) used to award credit for prior education and experience, or to
    achieve seamless articulation from ADN to BSN. *(Check all that apply.)*

    ☐ Programs in partnership with ADN programs or similar collaborative agreements
    ☐ Direct articulation of ADN coursework
    ☐ Use of portfolios to document competencies
    ☐ Use of escrow credit (credit granted for lower division work following successful completion of
        specific upper division courses)
    ☐ Use of tests (such as NLN achievement tests or challenge exams to award credit)
    ☐ Specific program advisor
    ☐ Other: _____

APPLICATIONS & ADMISSIONS

6. How many admission spaces for the first RN to BSN course were **available** between August 1, 2023
    and July 31, 2024?

    _____ Admission spaces

7. How many <u>total</u> applications were received for the first RN to BSN course **August 1, 2023 to July 31,
    2024?**
    (If your school admits all qualified applicants and guarantees them a place in the nursing program,
    please report the total number of general applicants to the school (rather than just the nursing
    program) and then report the numbers of admitted students for the first nursing course.)

    Applicants   **Students**

    a) Total number of RN to BSN applications: _____

    b) *Of these applications, how many were:*
    Admitted (admitted applicants are the number   _____
    of individuals who received official notice from
    the program that they were invited to begin the
    nursing program during the reporting period)?

ENROLLMENTS

Please answer the following questions concerning student enrollment as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who enrolled in the RN to BSN program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

8.   Please provide the total number of **new** student enrollments in your RN to BSN program between August 1, 2023 and July 31, 2024. Include **all** students new to the program. Do **not** count readmitted students.

	# Of RNs Newly Enrolled
Specific Post-Licensure BSN (RN to BSN) program <u>and</u> began taking BSN courses while enrolled in an ADN program (e.g., California Collaborative Model for Nursing Education)	_____
Post-Licensure BSN (RN to BSN) program	_____
TOTAL number of students	**_____**

9. Please provide a breakdown of all **new** student enrollments in your RN to BSN program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program. Do **not** include readmitted students. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Enrollments
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race or ethnicity	

GENDER	Enrollments
Male	
Female	
Other gender	
Unknown gender	

AGE	Enrollments
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

10. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?

    ○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 11.)*

    a) If yes, why did you enroll fewer students?
        secure clinical placements for all students
        ☐   Unable to secure clinical placements for all students
        ☐   College/university requirement to reduce enrollment
        ☐   To reduce costs
        ☐   Lost funding
        ☐   Accepted students did not enroll
        ☐   Insufficient faculty
        ☐   Other (describe): _____

11. What do you expect your <u>new student enrollment</u> to be in the following academic years?

    a) 2024-2025: _____

    b) 2025-2026: _____

CENSUS

12. **Census Data**: On **October 15, 2024**, how many <u>total</u> students (new and continuing) were enrolled in the RN to BSN program?

    _____ Total students (new and continuing)

COMPLETIONS

Please answer the following questions concerning student completions as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who enrolled in the RN to BSN program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

13. Please provide the total number of **all** students who completed the nursing program between August 1, 2023 and July 31, 2024.

	# Of RN Completions
Specific Post-Licensure BSN (RN to BSN) program <u>and</u> began taking BSN courses while enrolled in an ADN program (e.g., California Collaborative Model for Nursing Education)	_____
Post-Licensure BSN (RN to BSN) program	_____
TOTAL number of students	**_____**

14. Please provide a breakdown of all **completions** in your RN to BSN program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program. Do **not** include readmitted students.   If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the "unknown" field.

RACE AND ETHNICITY	Completions
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race or ethnicity	

GENDER	Completions
Male	
Female	
Other gender	
Unknown gender	

AGE	Completions
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

MASTER'S DEGREE PROGRAM SURVEY

This section of the survey pertains to all students in your **Master's degree programs**. Include students in a post-graduate certificate program. Do not include students in ELM programs who should be reported in the prelicensure survey section. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

Please answer all questions for the period from *August 1, 2023 to July 31, 2024* unless otherwise specified. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. Which of the following master's degree programs does your school offer? (*Check all that apply*.)

    ☐ Diploma-RN to MSN
    ☐ ADN to MSN
    ☐ BSN to MSN
    ☐ Other:_____

2. What types of delivery format(s) does your Master's program offer? (*Check all that apply.*)
    ☐ 100% In-Person
    ☐ 100% Online
    ☐ Hybrid Online/In-Person
    ☐ Full-time Program
    ☐ Part-time Program
    ☐ Weekend Program
    ☐ Other: _____

3. Which of the following nursing program accreditations does your post-licensure Master's degree program have? (*Check all that apply.*) (*Does not include BRN approval.*)

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

    ☐ None
    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
    ☐ Accreditation Commission for Midwifery Education (ACME)
    ☐ Other:_____

4. Which of the following program tracks were offered by your nursing school between August 1, 2023 and July 31, 2024? *(Check all that apply.)*

   ☐ Clinical Nurse Specialist
   ☐ Nurse Practitioner
   ☐ Certified Nurse Midwife
   ☐ Certified Registered Nurse Anesthetist
   ☐ Other tracks (describe): _____

NURSE PRACTITIONERS

If your school has a pre-APRN Nurse Practitioner Program (NP) Program, please answer the following questions. Otherwise, please skip to question 5. `

   a) Which of the following NP track options were offered by your program between August 1, 2023 and July 31, 2024? *(Check all that apply.)*

   ☐ Individual/Family
   ☐ Adult/Gerontology (acute)
   ☐ Adult/Gerontology (primary)
   ☐ Pediatrics (acute)
   ☐ Pediatrics (primary)
   ☐ Neonatal
   ☐ Women's Health/Gender Related
   ☐ Psychiatric-Mental Health

   ☐ Other: _____

   b) Did your nursing program offer a dual NP track that combined more than one population foci [i.e., Adult/Gerontology (acute) and Psychiatric-Mental Health NP track] between August 1, 2023 and July 31, 2024?
      ○ Yes   ○ No   (*If no, skip to question 4c*)

      i. How many dual NP tracks did your program offer between August 1, 2023 and July 31, 2024?

         ○ 1   ○ 2   ○ 3   ○ Other (How many?) _____

      ii. Please report the names of each of your dual NP tracks.

         a) _____

         b) _____

         c) _____

c) Did your NP program offer any didactic courses online between August 1, 2023 and July 31, 2024?

   ○ Yes   ○ No

d) Did your NP program enroll any out-of-state online students between August 1, 2023 and July 31, 2024?
   ○ Yes   ○ No

e) Does your NP program prepare your graduates to take a national certification exam?
   ○ Yes   ○ No

   i.   If yes, which certification exam(s) do your graduates take? (*Check all that apply.*):

      ☐ American Association of Critical Care Nurses Certification Corporation (AACN)
      ☐ American Academy of Nurse Practitioners Certification Program (AANP)
      ☐ American Nurses Credentialing Center (ANCC)
      ☐ The National Certification Corporation (NCC)
      ☐ Pediatric Nursing Certification Board (PNCB)

      ☐ Other:_____

f) Does your NP program officially track the success rate of its graduates on the certification exam(s) for NPs?
   ○ Yes   ○ No

g) Did your nursing program offer a post-graduate NP certificate between August 1, 2023 and July 31, 2024?
   ○ Yes   ○ No

APPLICATIONS & ADMISSIONS

Please answer the following questions concerning student admissions and enrollments as they pertain to different student tracks, programs and demographics. **Do not include students in ELM programs who should be reported in the prelicensure survey section.**

These questions pertain solely to those students who applied to and *enrolled in* the Master's degree program between *August 1, 2023 and July 31, 2024* unless otherwise noted. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

5. How many admission spaces for the first nursing course were **available** between August 1, 2023 and July 31, 2024?

   _____admission spaces

6. How many <u>total</u> applications were received for the first Master's course from **August 1, 2023 to July 31, 2024** in each of the following categories? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number of admitted students for the first nursing course.)

    Of these applicants, how many were admitted and enrolled between **August 1, 2023 to July 31, 2024**?

    Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.

    For **enrollments**, include all students new to the program. If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed. Do not count readmitted students or students in ELM programs who should be reported in the prelicensure survey section.

Track	# Applications	# Admitted	# Enrolled
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track 1 (describe)			
Other Track 2 (describe)			
Other Track 3 (describe)			
Other Track 4 (describe)			

a) How many Master's students *enrolled* in more than one nursing specialty program (dual track) at your school between August 1, 2023 and July 31, 2024?

    _____students enrolled in a dual track

ENROLLMENTS

7. Provide the total number of students that enrolled in the Master's program between August 1, 2023 and July 31, 2024. Include all students that enrolled in the program. Count each student only once. Do not count readmitted students. Do not include students in ELM programs who should be reported in the prelicensure survey section.

    New enrollments_____

8. Please provide a breakdown of all **new** student enrollments in your Master's program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program. Do **not** include readmitted students or students in ELM programs who should be reported in the prelicensure survey section. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

    If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed.

Enrollments by Race/Ethnicity	Clinical Nurse Specialist (CNS)	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track (Combined)
Black/African-American					
American Indian or Alaska Native					
South Asian (e.g., Indian, Pakistani, etc.)					
Filipino					
Native Hawaiian					
Other Asian					
Other Pacific Islander					
White/Caucasian					
Hispanic/Latino					
Mixed race					
Other race					
Unknown race					

Enrollments by Gender	CNS	NP	CNM	CRNA	OTHER
Male					
Female					
Other gender					
Unknown gender					

Enrollments by Age	CNS	NP	CNM	CRNA	OTHER
17-20 years					
21-25 years					
26-30 years					
31-40 years					
41-50 years					
51-60 years					
61 years and older					
Unknown age					

9. Did you enroll fewer students to your MSN program between August 1, 2023 and July 31, 2024 than the previous year?

    ○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 10.)*

    a) If yes, why did you enroll fewer students?
        ☐   Unable to secure clinical placements for all students
        ☐   College/university requirement to reduce enrollment
        ☐   To reduce costs
        ☐   Lost funding
        ☐   Accepted students did not enroll
        ☐   Insufficient faculty
        ☐   Other (describe): _____

10. What do you expect your new student enrollment to be in the following academic years?
    a) 2024-2025: _____

    b) 2025-2026: _____

CENSUS

11. **Census Data**: On **October 15, 2024**, how many total students (new and continuing) were enrolled in the program?   Do not include students in ELM programs who were already and should be reported in the prelicensure survey section.

    _____ Total students (new and continuing)

COMPLETIONS

Please answer the following questions concerning student completions as they pertain to different student tracks, programs and demographics. **Do not include students in ELM programs. They should be reported in the prelicensure survey section.**

These questions pertain solely to those students who completed the Master's degree program between *August 1, 2023 and July 31, 2024* unless otherwise noted. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

12. Please provide the total number of students that completed the MSN program between August 1, 2023 and July 31, 2024. Include all students that completed the program. Count each student only once. Do not include students in ELM programs who should be reported in the prelicensure survey section.

    Completions_____

13. For your Master's program, please provide the total number of students that completed each of the following programs between August 1, 2023 and July 31, 2024. If a student completed two nursing programs at your school (e.g., dual track in CNS and NP) in the specified period, count that student in both of the programs listed. *The sum of students in these categories may not equal the total reported in question 12.*

Track	# Completed
Clinical Nurse Specialist	_____
Nurse Practitioner	_____
Certified Nurse Midwife	_____
Certified Registered Nurse Anesthetist	_____
Other Track 1 (describe):	_____
_____	
Other Track 2 (describe):	_____
_____	
Other Track 3 (describe):	_____
_____	
Other Track 4 (describe):	_____
_____	
Other Track 5 (describe):	_____
_____	

a) How many Master's students *completed* more than one nursing program (dual track) at your school between August 1, 2023 and July 31, 2024?

_____ Students that completed a dual track

14. Please provide the number of **students** that completed each of the following **Nurse Practitioner specialties** between August 1, 2023 and July 31, 2024. Count each student only once.

The total number of students you report here should equal the number of nurse practitioner students you reported in question 13.

_____Individual/Family

_____Adult/Gerontology (acute)

_____Adult/Gerontology (primary)

_____Pediatrics (acute)

_____Pediatrics (primary)

_____Neonatal

_____Women's Health/Gender Related

_____Psychiatric/Mental Health

_____Other: _____

_____Total Nurse Practitioner completions

15. Please provide the race and ethnicity, gender and age for **all** students who completed the nursing program between August 1, 2023 and July 31, 2024. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field. Do not include students in ELM programs should be reported in the prelicensure survey section.

If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

Completions by RACE/ETHNICITY	Clinical Nurse Specialist (CNS)	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track (Combined)
ETHNICITY					
Black/African-American					
American Indian or Alaska Native					
South Asian (e.g., Indian, Pakistani, etc.)					
Filipino					
Native Hawaiian					
Other Asian					
Other Pacific Islander					
White/Caucasian					
Hispanic/Latino					
Mixed race					
Other race					
Unknown race					
Completions by GENDER	**CNS**	**NP**	**CNM**	**CRNA**	**OTHER**
Male					
Female					
Other gender					
Unknown gender					
Completions by AGE	**CNS**	**NP**	**CNM**	**CRNA**	**OTHER**
17-20 years					
21-25 years					
26-30 years					
31-40 years					
41-50 years					
51-60 years					
61 years and older					
Unknown age					

16. Was there a delay in the progression of APRN students due to lack of clinical preceptor? placements?

    O Yes   O No

DNP PROGRAM SURVEY

This section of the survey pertains to students in your **Doctor of Nursing Practice (DNP) Program**.

Please answer all questions for the period from *August 1, 2023 to July 31, 2024* unless otherwise specified. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

Questions about **research-based doctoral programs** are now in a separate section.

PROGRAM DETAILS

1. Which of the following DNP programs does your school offer? *(Check all that apply.)*
    ☐ Diploma-RN to DNP
    ☐ ADN to DNP
    ☐ BSN to DNP
    ☐ MSN to DNP
    ☐ Other: _____

2. What types of delivery format(s) does your DNP program offer? (*Check all that apply.)*

    An entry-level (prelicensure) DNP is any DNP that is the first advanced practice credential a candidate would obtain. Any DNP that does not require a master's entry-to-practice is the same as entry level.

Entry-level DNP	**Post-Master's level DNP**
☐ 100% In-Person	☐ 100% In-Person
☐ 100% Online	☐ 100% Online
☐ Hybrid Online/In-Person	☐ Hybrid Online/In-Person
☐ Full-time Program	☐ Full-time Program
☐ Part-time Program	☐ Part-time Program
☐ Weekend Program	☐ Weekend Program
☐ Other:	☐ Other:

3. Which of the following nursing program accreditations does your DNP degree program have? (*Check all that apply.)* (*Does not include BRN approval.)*

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association. (Does not include BRN approval.)

    ☐ None
    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
    ☐ Accreditation Commission for Midwifery Education (ACME)
    ☐ Other: _____

4. Which of the following tracks were offered by your DNP program between August 1, 2023 and July 31, 2024? *(Check all that apply.)*

	Entry-Level DNP	**Post-Master's DNP**
Clinical Nurse Specialist	☐	☐
Nurse Practitioner	☐	☐
Certified Nurse Midwife	☐	☐
Certified Registered Nurse Anesthetist	☐	☐
Other 1: _____	☐	☐
Other 2: _____	☐	☐
Other 3: _____	☐	☐
Other 4: _____	☐	☐

NURSE PRACTITIONERS

a) Does your post-master's NP/DNP program require your applicants to the program to be nationally certified as NPs?
   ○ Yes   ○ No   ○ Not applicable, we don't have post-master's DNP students

Entry-Level Nurse Practitioners

   If you do not have an Entry-Level DNP program, *please skip to question 5.*

b) Which of the following NP track options were offered by your entry-level DNP program between August 1, 2023 and July 31, 2024? *(Check all that apply.)*:

☐ Individual/Family
☐ Adult/Gerontology (acute)
☐ Adult/Gerontology (primary)
☐ Pediatrics (acute)
☐ Pediatrics (primary)
☐ Neonatal
☐ Women's Health/Gender Related
☐ Psychiatric-Mental Health
☐ Other: _____

c) Did your program offer a dual NP/DNP track that combined more than one population foci [i.e., Adult/Gerontology (acute) and Psychiatric-Mental Health NP track] between August 1, 2023 and July 31, 2024?

   ○ Yes   ○ No   (*If no, skip to question 4.d.*)

   i.   How many dual NP/DNP tracks did your program offer between August 1, 2023 and July 31, 2024?

       ○ 1   ○ 2   ○ 3   ○ Other (how many?) _____

ii.   Please report the names of each of your dual NP tracks.

a) _____

b) _____

c) _____

d) Did your NP/DNP program offer any didactic courses online between August 1, 2023 and July 31, 2024?
○ Yes   ○ No

e) Did your NP/DNP program enroll any out-of-state online students between August 1, 2023 and July 31, 2024?
○ Yes   ○ No

f) Does your entry-level NP/DNP program prepare your graduates to take a national certification exam?

○ Yes   ○ No   ○ Not applicable   *(If no, skip to question 4.g)*

i.   If yes, which certification exam(s) do your graduates take? *(Check all that apply.)*

☐ American Association of Critical Care Nurses Certification Corporation (AACN)
☐ American Academy of Nurse Practitioners Certification Program (AANP)
☐ American Nurses Credentialing Center (ANCC)
☐ The National Certification Corporation (NCC)
☐ Pediatric Nursing Certification Board (PNCB)
☐ Other: _____

g) Does your entry-to-practice NP program officially track the success rate of its graduates on the certification exam(s) for NPs?
○ Yes   ○ No   ○ Not applicable

h) Did your nursing program offer a post-graduate NP certificate between August 1, 2023 and July 31, 2024?
○ Yes   ○ No

APPLICATIONS & ADMISSIONS

5. How many admission spaces for the first DNP course were **available** between **August 1, 2023 to July 31, 2024**?

_____DNP admission spaces

6. How many <u>total</u> applications were received for the first **DNP** course from **August 1, 2023 to July 31, 2024** in each of the following categories? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number of admitted students for the first nursing course.)

Of these DNP applicants, how many were admitted and enrolled between **August 1, 2023 to July 31, 2024**? *Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.*

For **enrollments**, include all students new to the program. If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed. Do not count readmitted students.

Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period

Entry-Level DNP Program Enrollments	**# Applications**	**# Admitted**	**# Enrolled**
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track			
Other Track			
Other Track			
Other Track			
Other Track			

Post-Master's Level DNP Program Enrollments	**# Applications**	**# Admitted**	**# Enrolled**
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track			
Other Track			
Other Track			
Other Track			
Other Track			

a)   How many students *enrolled* in more than one nursing specialty program (dual track) at your school between August 1, 2023 and July 31, 2024?

           _____ Entry-level DNP students enrolled in a dual track

           _____ Post-master's level DNP students enrolled in a dual track

ENROLLMENTS

7.   How many **new** students enrolled in your DNP program between August 1, 2023 and July 31, 2024?
Include **all** students new to the program. Count each student only once. Do **not** count readmitted students.

     New enrollments _____

8.   Please provide a breakdown of **all** new **entry-level** student enrollments in your DNP program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include all students new to the program. Do **not** count readmitted students. If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNM and NP), count that student in both of the programs listed.

Enrollments by RACE/ ETHNICITY	Clinical Nurse Specialist (CNS)	Entry-level Nurse Practitioner (NP)	Entry-level Certified Nurse Midwife (CNM)	Entry-level Certified Registered Nurse Anesthetist (CRNA)	Entry-level Other Track
Black/African-American					
American Indian or Alaska Native					
South Asian (e.g., Indian, Pakistani, etc.)					
Filipino					
Native Hawaiian					
Other Asian					
Other Pacific Islander					
White/Caucasian					
Hispanic/Latino					
Mixed race					
Other race					
Unknown race					
Total number of new students:					

Enrollments by GENDER	CNS	NP	CNM	CRNA	Other Track
Male					
Female					
Other gender					
Unknown gender					

Enrollments by AGE	CNS	NP	CNM	CRNA	Other Track
17-20 years					
21-25 years					
26-30 years					
31-40 years					
41-50 years					
51-60 years					
61 years and older					
Unknown age					

9. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?

   O Yes   O No   O Not Applicable   *(If no, skip to question 10.)*

   a) If yes, why did you enroll fewer students?
      ☐   Unable to secure clinical placements for all students
      ☐   College/university requirement to reduce enrollment
      ☐   To reduce costs
      ☐   Lost funding
      ☐   Accepted students did not enroll
      ☐   Insufficient faculty
      ☐   Other (describe): _____

10. What do you expect your new student enrollment to be in the following academic years?

    a) 2024-2025: _____

    b) 2025-2026: _____

CENSUS

11. **Census Data:** On **October 15, 2024**, how many total students (new and continuing) were enrolled in the doctoral program?

    _____ Total entry-level DNP students (new and continuing)

    _____ Total post-master's level DNP students (new and continuing)

COMPLETIONS

Please answer the following questions concerning DNP student completion as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who *completed* the DNP program between *August 1, 2023 and July 31, 2024* unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available or the item is inapplicable**, please **leave the space blank**.

12. Please provide the total number of all students who completed the DNP program between August 1, 2023 and July 31, 2024. Count each student only once.

    Completions _____

13. Please provide the total number of entry-level and post-Master's level DNP students that **completed** each of the following programs between August 1, 2023 and July 31, 2024. If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

	Entry-Level DNP Program	Post-Master's Level DNP Program
Clinical Nurse Specialist		
Nurse Practitioner		
Certified Nurse Midwife		
Certified Registered Nurse Anesthetist		
Other Track 1: _____		
Other Track 2: _____		
Other Track 3: _____		
Other Track 4: _____		

   a) How many DNP students *completed* more than one nursing program (dual track) at your school between August 1, 2023 and July 31, 2024?

   _____ Entry-Level DNP students that completed a dual track
   _____ Post-Master's Level students that completed a dual track

14. Please provide the number of **students** that completed each of the following **Nurse Practitioner specialties** in your NP/DNP program between August 1, 2023 and July 31, 2024. Count each student only once.

The total number of students you report here should equal the number of nurse practitioner students you reported in the question 13.

_____Individual/Family

_____Adult/Gerontology (acute)

_____Adult/Gerontology (primary)

_____Pediatrics (acute)

_____Pediatrics (primary)

_____Neonatal

_____Women's Health/Gender Related

_____Psychiatric/Mental Health

_____Other: _____

_____Total nurse practitioner completions

15. Please provide the race and ethnicity, gender and age for **all entry-level** students who completed the DNP program between **August 1, 2023 and July 31, 2024**. If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

ENTRY-LEVEL DNP STUDENT COMPLETIONS BY RACE/ ETHNICITY	Clinical Nurse Specialist (CNS)	Prelicensure Nurse Practitioner (NP)	Prelicensure Certified Nurse Midwife (CNM)	Prelicensure Certified Registered Nurse Anesthetist (CRNA)	Other Track
Black/African-American					
American Indian or Alaska Native					
South Asian (e.g., Indian, Pakistani, etc.)					
Filipino					
Native Hawaiian					
Other Asian					
Other Pacific Islander					
White/Caucasian					
Hispanic/Latino					
Mixed race					
Other race					
Unknown race					

ENTRY-LEVEL DNP STUDENT COMPLETIONS BY GENDER	CNS	NP	CNM	CRNA	Other Track
Male					
Female					
Other gender					
Unknown gender					

ENTRY-LEVEL DNP STUDENT COMPLETIONS BY AGE	CNS	NP	CNM	CRNA	Other Track
17-20 years					
21-25 years					
26-30 years					
31-40 years					
41-50 years					
51-60 years					
61 years and older					
Unknown age					

RESEARCH-BASED DOCTORAL PROGRAM SURVEY

This section of the survey pertains to students in your **Research-based Doctoral Program (PhD, DNS, etc.)**

Please answer all questions for the period from *August 1, 2023 to July 31, 2024* unless otherwise specified. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available**, please **leave the space blank**.

PROGRAM DETAILS

1. What types of delivery format(s) does your PhD program offer? (*Check all that apply.*)

    ☐ 100% In-Person
    ☐ 100% Online
    ☐ Hybrid Online/In-Person
    ☐ Full-time Program
    ☐ Part-time Program
    ☐ Weekend Program
    ☐ Other: _____)

2. Which of the following nursing program accreditations does your research-based doctoral degree program have? (*Check all that apply.*) (*Does not include BRN approval.*)

    Program Accreditation: Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.

    ☐ None
    ☐ ACEN (Accreditation Commission for Education in Nursing)
    ☐ CCNE (Commission on Collegiate Nursing Education)
    ☐ NLN-CNEA (National League for Nursing Commission for Nursing Education Accreditation)
    ☐ Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
    ☐ Accreditation Commission for Midwifery Education (ACME)
    ☐ Other: _____

APPLICATIONS & ADMISSIONS

3. How many admission spaces for the first research-based doctoral course were **available** between August 1, 2023 and July 31, 2024?

    _____ admission spaces

4. How many <u>total</u> applications were received for the first **research-based** doctoral course from August 1, 2023 and July 31, 2024? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number admitted students for the first nursing course.)

    Applicants   **Students**

    Total number of PhD applications: _____

    Of these applications, how many were:
    Admitted (admitted applicants are the number   _____
    of individuals who received official notice from
    the program that they were invited to begin the
    nursing program during the reporting period)?

ENROLLMENTS

Please answer the following questions concerning doctoral student enrollments as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who enrolled in the doctoral program between August 1, 2023 and July 31, 2024 unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available or the item is inapplicable**, please **leave the space blank**.

5. Please provide a breakdown of **all** new student enrollments in your research-based doctoral program between August 1, 2023 and July 31, 2024 by ethnicity, gender and age. Include <u>all</u> students new to the program. Do **not** include readmitted students. If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

RACE AND ETHNICITY	Enrollments
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	

GENDER	Enrollments
Male	
Female	
Other gender	
Unknown gender	

AGE	Enrollments
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	

51-60 years	
61 years and older	
Unknown age	

6. Did you enroll fewer students to your program between August 1, 2023 and July 31, 2024 than the previous year?

   ○ Yes   ○ No   ○ Not Applicable   *(If no, skip to question 7.)*

   b) If yes, why did you enroll fewer students?
   - ☐ Unable to secure clinical placements for all students
   - ☐ College/university requirement to reduce enrollment
   - ☐ To reduce costs
   - ☐ Lost funding
   - ☐ Accepted students did not enroll
   - ☐ Insufficient faculty
   - ☐ Other (describe): _____

7. What do you expect your new student enrollment to be in the following academic years?

   a) 2024-2025: _____

   b) 2025-2026: _____

CENSUS

8. **Census Data:** On **October 15, 2024**, how many total students (new and continuing) were enrolled in the doctoral program?

   _____ Total students (new and continuing)

COMPLETIONS

Please answer the following questions concerning doctoral student completion as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who completed, the doctoral program between August 1, 2023 and July 31, 2024 unless otherwise noted.

If the program has **no instances** of a particular population, please **enter 0** in the space provided. If the data are **not available or the item is inapplicable**, please **leave the space blank**.

9. Please provide the race and ethnicity, gender and age for **all** students who completed the research-based doctoral program between August 1, 2023 and July 31, 2024.   If you do not know the racial and ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field. Count each student only once.

RACE AND ETHNICITY	Completions
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
GENDER	**Completions**
Male	
Female	
Other gender	
Unknown gender	
AGE	**Completions**
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

SURVEY PROCESS QUESTIONNAIRE

The following questions pertain to your experience completing the 2023-2024 Consolidated Registered Nursing Education Survey. In order for us to best serve your program and the entire California nursing community, please take a moment to rate your level of agreement with each of the following statements as well as to offer suggestions for survey improvement. Thank you.

DIRECTIONS
Please indicate your level of agreement or disagreement with the survey items.

Question number	QUESTION	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	This survey's questions and instructions were clear and straightforward.	O	O	O	O
2.	This survey's multiple-choice answers sufficiently reflected the answers I wanted to provide.	O	O	O	O
3.	I experienced few technical difficulties responding to this survey.	O	O	O	O
4.	The information requested by this survey was available.	O	O	O	O
5.	The information requested by this survey was easily obtainable.	O	O	O	O
6.	The information requested by the survey will be valuable to program administrators like myself and other nursing education stakeholders.	O	O	O	O

Question number	QUESTION	Much better than before	Better than before	Same as before	Worse than before	Much worse than before	Not Applicable
7.	If you have participated in the school survey before, how would you characterize your experience with the survey this year in comparison to previous years?	O	O	O	O	O	O

8.	How could the consolidated survey be changed or improved upon?	
9.	What information did you find most difficult to obtain?	
10.	How could obtaining the information requested by the survey be made easier for your program?	
11.	Please provide any additional feedback about the survey here.	

DEFINITION LIST

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

	Term	Definition
	Active Faculty	Faculty who teach students and have a teaching assignment during the period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
	Accelerated Track	An accelerated track's curriculum extends over a **shorter time-period than a traditional program**. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
	Adjunct Faculty	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
	Advanced Placement Students	Prelicensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
	Assembly Bill 548 Multicriteria	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
	Assistant Director	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
	Attrition Rate	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between August 1, 2023 and July 31, 2024, divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
	Census Data	Number of students enrolled or faculty present on October 15, 2024.
	Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.

Term	Definition
Clinical Placement	A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.
Clinical Practice with Real Patients	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
Clinical Simulation	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.
Cohort	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
Collaborative / Shared Education	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2023 and July 31, 2024 divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
Contract Education	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.
Distance Education	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
Donor Partners	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
Entry-level DNP	An entry-level DNP is any DNP that is the first advanced practice credential a candidate would obtain. Any DNP that does not require a master's entry-to-practice is the same as entry level.

	Term	Definition
	Entry-level Master's (ELM)	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of prelicensure nursing courses and master's level nursing courses.
	Evening Program	A program that offers all program activities in the evening i.e., lectures, etc. This does not include a traditional program that offers evening clinical rotations.
	Full-time Faculty	Faculty who work 1.0 FTE, as defined by the school.
	Generic Prelicensure Students	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
	Hi-Fidelity Manikin	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
	Home campus	The campus where your school's administration is based.
	Hybrid program	Combination of distance education and face-to-face courses.
	Inpatient	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
	Institutional Accreditation	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
	LVN 30 Unit Option Students	LVNs enrolled in the curriculum for the 30-unit option.
	LVN to BSN Program	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
	Outpatient	Patient in all other healthcare settings than those defined as "inpatient" (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
	Part-time Faculty	Faculty who work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
	Program Accreditation	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
	Readmitted Students	Returning students who were previously enrolled in your program
	Satellite/ Alternate campus	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls prelicensure registered nursing students.

	Term	Definition
	Screened applications	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between August 1, 2023 and July 31, 2024.
	Shared Faculty	A faculty member is shared by more than one school, e.g., one faculty member teaches a course in pediatrics to three different schools in one region.
	Skills Lab	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
	Students Completing the Program Behind Schedule	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2023 and July 31, 2024.
	Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2023 and July 31, 2024.
	Students Who Are Still Enrolled	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between August 1, 2023 and July 31, 2024.
	Students Who Completed on Schedule	Students scheduled on admission to complete the program between August 1, 2023 and July 31, 2024 and completed the program on schedule.
	Students Who Were Dismissed from the Program	Students who were required to leave the program prior to their scheduled completion date occurring between August 1, 2023 and July 31, 2024 due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.
	Students Who Withdrew from the Program	Students who voluntarily left the program prior to their scheduled completion date occurring between August 1, 2023 and July 31, 2024 due to personal and/or financial reasons.
	Time Period for the Survey	August 1, 2023 and July 31, 2024. For those schools that admit multiple times a year, combine all student cohorts.
	Traditional Program	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
	Transfer Students	Students in your programs that have transferred nursing credits from another prelicensure program. This excludes RN to BSN students.

Term	Definition
Underrepresented Group/Students (Minority):	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African-Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.
Validated Prerequisites	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
Waiting List	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
Weekend Program	A program that offers all program activities on weekends, i.e., lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.