California Board of Registered Nursing
2022-2023 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

August 19, 2024

Prepared by:
Lisel Blash, MPA
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

Contents

Tables

PREFACE

Nursing Education Survey Background

The 2022-23 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix C. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Data presented in this report are from the academic year beginning August 1, 2022 and ending July 31, 2023. Census and associated demographic data were requested for October 15, 2023.

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

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

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys are available for public access on the BRN website.

Value of the Survey

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

The BRN extends appreciation to the Nursing Education & Workforce Advisory Committee and survey respondents. Their participation has been vital to the success of this project.

Survey Participation

All 143 California nursing schools were invited to participate in the survey, and all 143 nursing schools offering 152 BRN-approved pre-licensure programs responded to the survey.[1] Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.[2]

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	87	87	100%
LVN-to-ADN	5	5	100%
BSN	47	47	100%
ELM	13	13	100%
Number of Programs	**152**	**152**	**100%**

---

[1] Since last year's report, one new ADN program opened, two new BSN programs opened and three BSN programs closed.

[2] Mount Saint Mary's University ADN and BSN programs are usually counted as two different schools, but submitted as one school this year. Chamberlain University has two separate campuses that are counted as two separate schools as of 2020-21.

DATA SUMMARY – Pre-Licensure Programs

Admission Spaces, Applications, and Enrollments

Number of California Nursing Programs

- 60.5% (n=92) of California pre-licensure nursing programs that reported data are ADN programs, including both generic ADN programs and LVN-to-ADN programs.

- The majority of California pre-licensure nursing programs are public (67.1%, n=102). This number has decreased by one since 2021-2022.

Table 2. Number of California RN Programs by Program Type

Program Type	#	%
ADN	87	57.2%
LVN-to-ADN	5	3.3%
BSN	47	30.9%
ELM	13	8.6%
Total	**152**	**100.0%**
Public	102	67.1%
Private	50	32.9%
For Profit	*21*	*42.0%*
Not For Profit	*29*	*58.0%*

Applications to California Nursing Programs

- 31.7% (n=18,367) of the 57,987 qualified applications to pre-licensure nursing education programs received in 2022-23. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

Table 3. Applications for Admission by Program Type

	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Total Applications Received*	35,369	489	60,340	7,069	103,267
Screened	29,765	470	49,334	4,675	84,244
Qualified	21,544	305	32,769	3,369	57,987
Accepted	6,745	188	10,330	1,104	18,367
% Qualified Applications Accepted	**31.3%**	**61.6%**	**31.5%**	**32.8%**	**31.7%**

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.
**This table includes applicants to LVN-to-BSN in the BSN program totals.
Note: Three ADN programs reported no applicants or admissions - one because they were teaching-out their program in preparation for closure, and two because they were changing their application process.

Number of Students Who Enrolled in California Nursing Programs

- ELM programs had the lowest share of students enroll into programs for which they were accepted (81.4%, n=899), followed by BSN programs (93.5%, n=9,659), while the generic ADN programs enrolled more students than they accepted (102.4%, n=6,907).

- ADN programs likely enrolled more students than the number of applications accepted because either (1) they added students from a waitlist, or (2) they admitted LVNs into the second year of a generic ADN program to replace an opening created by a generic ADN student that left the program

Table 4. Share of Accepted Applications that Enrolled by Program Type

Applications / Enrollments	ADN	LVN-to-ADN	BSN*	ELM	All Programs
Applications Accepted	6,745	188	10,330	1,104	18,367
New Student Enrollments	6,905	188	9,659	899	17,651
% Accepted Applications that Enrolled	102.4%	100.0%	93.5%	81.4%	96.1%

*Note: this table includes applicants to LVN-to-BSN in the BSN program totals.

- As in prior years, some pre-licensure nursing programs (27.6%, n=42) reported enrolling more students in 2022-23 than the reported number of available admission spaces. Most of these programs (n=30) were ADN programs. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a generic ADN student leaves the program.

- However, there were overall more admission spaces than student enrollments for every program type *except* generic ADN programs in 2022-2023.

Table 5. Share of Admission Spaces Filled with New Student Enrollments by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Spaces Available	6,738	189	9,953	1,032	17,912
New Student Enrollments	6,905	188	9,659	899	17,651
% Spaced Filled with New Students Enrollments	102.5%	99.5%	97.0%	87.1%	98.5%

*Note: this table includes applicants to LVN-to-BSN in the BSN program totals.

Programs that Reported Enrolling Fewer Students Compared to Prior Years

- Schools were asked to report on whether they enrolled fewer students in 2022-23 compared to 2021-22. 15.8% of 152 programs (n=24) reported enrolling fewer students in 2022-23 than in the previous year. This is a drop from the 25.7% that reported this in 2021-22, and an even bigger drop from the 40.1% that reported this in 2020-2021 during the height of the pandemic. A review of enrollment trends reveals that schools overall enrolled 1,041 more students in 2022-23 than in 2020-21 (See Trend Report for more details.)

- Only 16.1% (n=14) of ADN programs (combined) in 2022-23 reported enrolling fewer students compared to 20.9% in 2021-22 and more than half (53.8%, n=50) in 2020-21.

    - 14.9% (n=7) of BSN programs reported that they enrolled fewer students—a decrease from the 31.3% (n=15) that reported enrolling fewer students last year.

    - 23.1% (n=3) of ELM programs reported that they enrolled fewer students—a decrease from the 38.5% (n=5) that reported enrolling fewer students last year.

Table 6. Programs That Enrolled Fewer Students in 2022-23 than in 2021-22

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Enrolled fewer	16.1%	0.0%	14.9%	23.1%	15.8%
Did not enroll fewer	79.3%	100.0%	85.1%	76.9%	81.6%
Number of programs that reported	**87**	**5**	**47**	**13**	**152**

- Schools were also asked for the reasons they enrolled fewer students. In 2022-22, the most common reasons given for enrolling fewer students was "Accepted students did not enroll" (48.0%, n=12).

- The second most common reason was: "Other" (32.0%, n=8), followed by "Insufficient faculty" (24.0%, n=6).

- While one program reported skipping a cohort, and one reported decreasing a cohort, no schools gave other COVID-related reasons for enrolling fewer students—a big change from recent prior years. No number was given for the percent of the decrease.

- Seven respondents also gave "other" write-in reasons for enrolling for fewer students. Most of these comments repeated and elaborated upon categories chosen from the list. Only one comment had to do with the impacts of the COVID-19 pandemic on enrollments. Others reasons provided were changed cohort admission date, readmitted students took up some seats, "Decrease the number of admissions for the beginning 12/1/22 and 7/31/23 requested by college administration," (students) accepted at other institutions, and "Academic program transition - New DNP Program will replace the MS Program. ELM paused admissions after the AY 2022-23 cycle."

Table 7. Reasons for Enrolling Fewer Students

Reasons	% of programs	#of programs
Accepted students did not enroll	48.0%	12
Other	32.0%	8
Insufficient faculty	24.0%	6
Unable to secure clinical placements for all students	16.0%	4
Lack of qualified applicants	4.0%	1
Skipped a cohort	4.0%	1
Decreased an admission cohort	4.0%	1
College/university / BRN requirement to reduce enrollment	0.0%	0
To reduce costs	0.0%	0
Lost funding	0.0%	0
Concerns about safety of students in clinical rotations	0.0%	0
Concerns about safety of faculty in clinical rotations	0.0%	0
Challenges converting courses from in-person to online modalities	0.0%	0
Challenges converting clinicals to virtual simulation	0.0%	0
Challenges converting clinicals to in-person simulation	0.0%	0
Need to reduce in-person class sizes to accommodate social distancing	0.0%	0
Number of programs that reported		**25**

Newly Enrolled Nursing Students

Newly Enrolled Students by Degree Type

- The majority (54.7%, n=9,659) of students who enrolled in a pre-licensure nursing program for the first time in 2022-23 were BSN students. This is a slight increase from last year (n=9,179). Until 2016-17, ADN enrollments predominated.

- The Institute of Medicine's "Future of Medicine" report of 2011 recommended increasing the percentage of the nursing workforce holding the BSN degree to 80 percent by 2020, suggesting a number of educational strategies to reach this goal. While not yet at 80%, the growing percentage of BSN graduates likely reflects attempts to reach this goal.

Table 8. Newly Enrolled Students by Program Type

Program Type	% of Enrollment	# of Enrollees
ADN	39.1%	6,905
LVN-to-ADN	1.1%	188
BSN	54.7%	9,659
ELM	5.1%	899
Total	**100.0%**	**17,651**

Newly Enrolled Students in 30-Unit Option

- The LVN 30-unit option was designed as a career ladder for California Licensed Vocational Nurses wishing to become registered nurses. This option takes approximately 18-24 months and no degree is granted upon completion. Most ADN programs will give LVNs credit for some of the coursework they completed to become an LVN. However, most other states do not recognize California's LVN 30-Unit Option and will not issue RN licenses to these LVNs. The program is approved by the California Board of Registered Nursing.

- Respondents reported twenty-seven new students enrolled in a 30-unit option track in 2022-23. This is many fewer students than last year, when 170 students were reported in a 30-unit track.

- All of the twenty-seven ADN students were enrolled a single ADN program.

Table 9. Newly Enrolled Students in 30-Unit Track

Students/Programs	ADN	LVN-to-ADN	BSN	ELM	All Programs
Number of 30-Unit option students	27	0	0	0	27
Number of programs with students enrolled in 30-unit track	1	0	0	0	1
Total number of programs reporting	**84**	**6**	**43**	**10**	**143**

Ethnic Distribution of Newly Enrolled Nursing Students

- 76.3% (n=12,971) of students who enrolled in a pre-licensure nursing program for the first time in 2022-23 were ethnic minorities. This is a slight increase over last year, when 75.4% of students were ethnic minorities.

- ELM programs enrolled the greatest share of ethnic minority students (77.7%, n=688), including the greatest proportion of African-American students (9.9%, n=88).

Table 10. Ethnic Distribution of Newly Enrolled Nursing Students by Program Type

Race/Ethnicity	ADN	LVN-to-ADN	BSN**	ELM	All Programs
Native American	0.5%	1.7%	0.5%	0.3%	0.5%
South Asian	3.4%	7.9%	4.5%	4.4%	4.1%
Filipino	8.6%	15.7%	4.0%	1.7%	5.8%
Hawaii	0.3%	1.7%	0.9%	0.2%	0.6%
Other Asian	9.9%	10.1%	23.1%	23.3%	17.9%
Other Pacific Islander	1.6%	0.6%	0.2%	0.1%	0.7%
African American	6.0%	3.9%	4.9%	9.9%	5.6%
Hispanic	38.0%	30.3%	31.6%	29.2%	33.9%
Multi-race	4.6%	2.2%	6.5%	8.2%	5.8%
Other	1.7%	0.0%	1.3%	0.2%	1.4%
White	25.4%	25.8%	22.6%	22.3%	23.7%
Total	**6,598**	**178**	**9,332**	**886**	**16,994**
Ethnic Minorities*	74.6%	74.2%	77.4%	77.7%	76.3%
# Unknown/ unreported	309	10	327	13	659

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

Gender Distribution of Newly Enrolled Nursing Students

- 21.1% (n=3,652) of students who enrolled in a pre-licensure program for the first time reported their gender was male. This percent is similar to last year, when 22.8% of students were reported to be male.

Table 11. Gender Distribution of Newly Enrolled Nursing Students by Program Type

Gender	ADN	LVN-to-ADN	BSN	ELM	All Programs
Male	22.0%	16.5%	20.9%	17.2%	21.1%
Female	76.9%	83.5%	79.0%	82.6%	78.4%
Other	1.1%	0.0%	0.1%	0.2%	0.5%
Total	**6,899**	**188**	**9,306**	**897**	**17,290**
# Unknown/ unreported	8	0	353	2	363

Age Distribution of Newly Enrolled Nursing Students

- 67.8% (n=11,336) of newly enrolled students in pre-licensure nursing programs were younger than 31 years of age.

- BSN and ELM programs enrolled a larger proportion of students under 31 years of age (75.0%, n=6,782 & 75.5%, n=643, respectively) than did other programs.

Table 12. Age Distribution of Newly Enrolled Nursing Students by Program Type

Age	ADN	LVN-to-ADN	BSN	ELM	All Programs
17 – 20 years	4.3%	0.0%	15.4%	0.4%	10.1%
21 – 25 years	27.4%	5.9%	38.1%	41.4%	33.7%
26 – 30 years	26.2%	29.3%	21.5%	33.7%	24.1%
31 – 40 years	31.1%	45.2%	19.8%	19.8%	24.6%
41 – 50 years	8.7%	16.5%	4.6%	3.6%	6.3%
51 – 60 years	2.0%	2.7%	0.6%	0.9%	1.2%
61 years and older	0.2%	0.5%	0.0%	0.1%	0.1%
Total	**6,637**	**188**	**9,042**	**852**	**16,719**
# Unknown/ unreported	270	0	617	47	934

Satellite Campuses and Enrollment

Eighteen programs (representing 16 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus. Nine programs (representing 9 schools) reported just one satellite campus each. Four programs (representing four schools) reported two satellite campuses each. Five programs representing three schools reported three or more locations each.

Twelve programs reported satellite campuses in a different region than their main campus.

There was a total of 4,105 newly enrolled students at the satellite campuses in 2022-23. These satellite campuses were projected to enroll 4,051 students in 2023-24, and 4,216 students in 2024-25.

Satellite data were collected to allow researchers to prepare regional projections.

Student Census

Respondents were asked to provide the total number of students enrolled in their programs on October 15, 2023—both new and ongoing. There was a total of 33,090 students, including both newly enrolled and ongoing students, in prelicensure programs. There were an additional 709 students in the post-licensure segment of ELM programs (not included in this table).

The majority of enrolled students on October 15, 2023, were BSN students.

Table 13. Student Census October 15, 2023

Census	%	#
ADN	35.7%	11,805
LVN-to-ADN	0.6%	185
BSN	59.2%	19,600
ELM	4.5%	1,500
Total	**100.0%**	**33,090**

Students Who Completed a Nursing Program

Student Completions by Degree Earned

- Between August 1, 2022 and July 31, 2023, 13,984 students completed a pre-licensure nursing program in California.

- BSN programs made up the greatest share of completions (55.4%, n=7,754) followed by ADN programs (including both ADN and LVN-to-ADN programs) (38.8%, n=5,429).

- Twenty-seven students were reported to have completed a 30-unit option program.

Table 14. Nursing Student Completions by Program Type

Program Type	%	#
ADN	37.6%	5,263
LVN-to-ADN	1.2%	166
BSN	55.4%	7,754
ELM	5.8%	806
Total	**100.0%**	**13,989**
ELM Postlicensure	-	278
30-unit option students	-	27

Ethnic Distribution of Students Who Completed a Nursing Program in California

- Overall, 72.3% (n=9,573) of students who completed a pre-licensure nursing program were from minority ethnic groups. This is similar to last year, when 72.4% of completing students were from minority ethnic groups.

- This proportion was similar across most program types. LVN-to-ADN programs had the largest proportion of students from ethnic minorities (76.9%, n=120) and post-licensure ELM programs had the smallest (69.1%, n=181).

- Generic ADN programs have the greatest share of Hispanic student completions (35.9%, n=1,821). ELM pre-licensure programs have the greatest proportion of African American (7.6%, n=60) and other Asian (24.8%, n=195).

- LVN-to-ADN and generic ADN programs have the greatest shares of Filipino students (16.0%, n=25 and 9.4%, n=477, respectively).

Table 15. Ethnic Distribution of Students Who Completed a Nursing Program by Program Type

Race/Ethnicity	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
Native American	0.6%	1.9%	0.5%	0.5%	0.6%	0.4%
South Asian	3.4%	9.6%	4.2%	3.2%	3.9%	4.2%
Filipino	9.4%	16.0%	3.4%	1.8%	5.8%	1.9%
Hawaiian	0.2%	1.9%	1.1%	0.1%	0.7%	23.3%
Other Asian	9.9%	9.6%	24.9%	24.8%	19.0%	0.4%
Other Pacific Islander	1.5%	0.0%	0.4%	0.5%	0.8%	0.0%
African American	4.6%	4.5%	3.6%	7.6%	4.2%	8.4%
Hispanic	35.9%	28.8%	27.3%	27.6%	30.7%	26.7%
Multi-race	4.2%	4.5%	6.9%	6.5%	5.8%	2.7%
Other	1.7%	0.0%	0.4%	0.3%	0.9%	1.1%
White	28.6%	23.1%	27.2%	27.0%	27.7%	30.9%
Total	**5,063**	**156**	**7,229**	**785**	**13,233**	**16**
Ethnic Minorities	71.4%	76.9%	72.8%	73.0%	72.3%	69.1%
# Unknown/ unreported	200	10	525	21	749	262

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

Gender Distribution of Students Who Completed a Nursing Program

- 20.0% (n=2,702) of all students who completed a pre-licensure nursing program were male.

- Generic ADN and BSN programs had the largest shares of male students (20.7%, n=1,056 and 20.0%, n=1,479 respectively), while LVN-to-ADN and ELM pre- and post-licensure programs had the smallest shares (15.1%, n=25; 17.1%, n=138; and 18.3%, n=51, respectively).

Table 16. Gender Distribution of Students Who Completed a Nursing Program

Gender	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
Male	20.7%	15.1%	20.0%	17.1%	20.0%	18.3%
Female	78.9%	84.9%	79.8%	82.6%	79.7%	81.7%
Other	0.4%	0.0%	0.2%	0.2%	0.3%	0.0%
Total	**5,103**	**166**	**7,396**	**805**	**13,495**	**278**
# Unknown/ unreported	160	-	358	1	494	-

Age Distribution of Students Who Completed a Nursing Program

- 62.5% (n=8,197) of students completing a nursing program in 2022-23 were younger than 31 years of age when they completed their program.

- People 41 years and older accounted for just 9.0% (n=1,179) of completions from all prelicensure programs.

- ADN and LVN-to-ADN programs have the highest percentage of people older than 40 years (11.6% and 18.1%, respectively), while prelicensure BSN and ELM programs have the highest percentages of people who are less than 41 years of age (92.6% and 95.5%, respectively).

Table 17. Age Distribution of Students Who Completed a Nursing Program by Program Type

Age	ADN	LVN-to-ADN	BSN	ELM	All Programs	Post-licensure ELM
17 – 20 years	1.5%	0.0%	3.9%	2.4%	2.8%	0.0%
21 – 25 years	23.2%	6.6%	36.2%	17.4%	29.8%	10.7%
26 – 30 years	30.3%	31.9%	27.3%	51.6%	29.9%	36.6%
31 – 40 years	33.4%	43.4%	25.1%	24.1%	28.5%	44.4%
41 – 50 years	9.3%	12.7%	6.3%	4.2%	7.4%	6.8%
51 – 60 years	2.1%	5.4%	1.1%	0.3%	1.5%	1.5%
61 years and older	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%
Total	**5,016**	**166**	**7,201**	**711**	**13,094**	**205**
# Unknown/ unreported	247	0	553	95	895	73

Declared Disabilities among Students Who Completed Nursing Programs

- Nursing programs reported that 1,241 students who completed their programs in 2022-23 had an accommodation for a declared disability—8.9% of all completions.

- Only 47 schools (33.1%) reported that their school collects student disability data as part of the admissions process. Nonetheless, 111 schools representing 117 programs provided data for this series of questions.

- Exam accommodations (89.3%, n=1,106) was the most commonly provided accommodation, followed by priority registration (29.5%, n=366), and academic counseling and advising (27.2%, n=338).

- "Other" responses from written text comments included: preferred seating, note cards, proctoring, and "Independent double-check for color confirmation in clinical assessment due to color blindness".

Table 18. Accommodations Provided for Students with Disabilities who Completed Nursing Programs by Program Type

Accomodations	ADN	LVN to ADN	BSN	ELM	Total
Exam Accommodations (Modified/Extended Time/Distraction Reduced Space)	97.7%	100.0%	83.9%	63.2%	89.3%
Priority Registration	39.0%	0.0%	16.8%	21.3%	29.5%
Academic Counseling/Advising	44.2%	0.0%	8.4%	0.0%	27.2%
Note-Taking Services/ Reader/ Audio Recording/ Smart Pen	25.8%	25.0%	20.9%	31.6%	24.8%
Disability-Related Counseling/Referral	35.5%	0.0%	3.4%	13.2%	22.2%
Other	10.1%	0.0%	27.6%	27.9%	17.9%
Assistive Technology/ Alternative Format	13.6%	0.0%	7.2%	32.4%	13.5%
Adaptive Equipment/Physical Space/Facilities	19.7%	0.0%	1.4%	1.5%	11.5%
Interpreter and Captioning Services	3.2%	0.0%	0.2%	0.0%	1.9%
Transportation/Mobility Assistance and Services/Parking	0.6%	0.0%	0.7%	0.7%	0.6%
Reduced Courseload	0.6%	0.0%	0.0%	0.0%	0.3%
Service Animals	0.1%	0.0%	0.7%	0.0%	0.3%
Total number of students receiving accommodations	**685**	**4**	**416**	**136**	**1,241**

Note: Students with declared disabilities may receive more than one accommodation so the number of accommodations may be higher than the number of students with a declared disability.

*Respondents sometimes reported more students receiving a specific accommodation than overall number of students receiving accommodations.

Completion and Attrition Rates

- The overall attrition rate for pre-licensure nursing education programs in California was 8.5% in 2022-23.

- The overall completion rate for pre-licensure nursing education programs in California was 85.4% in 2022-23.

- ELM programs had the lowest attrition rate (2.9%).

- ELM programs had the highest completion rates (95.0%).

- Generic ADN programs had the highest attrition rate (9.6%) while LVN-to-ADN programs had the lowest on-time completion rate (80.1%) in 2022-23.

Table 19. On-time Completion and Attrition Data by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Students Scheduled to Complete the Program	**6,027**	**266**	**7,748**	**882**	**14,923**
Completed On-time	5,104	213	6,591	838	12,746
Still Enrolled	342	45	497	18	902
Total Attrition	**581**	**8**	**660**	**26**	**1,275**
Dropped Out	337	7	293	18	655
Dismissed	244	1	367	8	620
Completed Late	491	-	714	10	1,215
On-time Completion Rate	**84.7%**	**80.1%**	**85.1%**	**95.0%**	**85.4%**
Attrition Rate	**9.6%**	**3.0%**	**8.5%**	**2.9%**	**8.5%**

Note: Thirteen programs did not provide data on attrition and completion. Eleven of these programs were new and had no completions. One was on teach-out. One other did not complete this section and data on their attrition and completions is pending.

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity.

- In 2022-23, "Unknown Race" students and Filipino students had the lowest attrition rate (both at 7.5%) followed by Native American students (7.6%).

- Native American Students had the highest on-time completion rate (90.9%), followed by students of unknown race (88.1%).

- African American students had the lowest on-time completion rate (77.8%) and the highest attrition rate (15.2%).

Table 20. On-time Completion and Attrition Data by Race and Ethnicity

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students Scheduled to Complete the Program	66	3,039	586	775	4,238	3,705	913	1,601
Completed On-time	60	2,567	456	677	3,592	3,209	775	1,410
Still Enrolled	1	190	41	40	297	209	53	71
Total Attrition	5	282	89	58	349	287	85	120
Dropped Out	2	140	45	28	164	177	47	52
Dismissed	3	142	44	30	185	110	38	68
Completed Late*	5	411	45	51	347	202	57	95
On-time Completion Rate**	90.9%	84.5%	77.8%	87.4%	84.8%	86.6%	84.9%	88.1%
Attrition Rate**	7.6%	9.3%	15.2%	7.5%	8.2%	7.7%	9.3%	7.5%

*These completions are not included in the calculations for either completion or attrition rates.

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

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

Note: Data for traditional and accelerated program tracks are combined in this table.

¥Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.

Note: Thirteen programs did not provide data on attrition and completion. Eleven of these programs were new and had no completions. One was on teach-out. One other did not complete this section and data on their attrition and completions is pending.

Employment of Recent Nursing Program Graduates

- Nursing schools reported that 86.5% of their recent RN graduates employed in nursing were employed in California.

- Program directors were asked to report the employment location of recent graduates from their program. Program directors may not have accurate information about all graduates so these estimates are likely to include some error.

- Across all programs, 72.2% of recent RN prelicensure program graduates employed in nursing in October 2023 were reported to be working in hospitals.

- Graduates of ADN programs were the most likely to work in hospitals (73.9%) while graduates of LVN-to-ADN programs were the least likely (67.3%).

- 3.2% of recent nursing program graduates were not yet licensed.

- Statewide, programs reported that 1.7% of nursing graduates from the prior academic year were unable to find employment by October 2023.

- The employment setting was unknown for an average of 14.6% of recent graduates.

- In 2022-23, other employment settings provided in text comments included corrections, home health, dialysis clinic, hospice, rehab clinic, not yet employed, "mission field nurse", and schools.

Table 21. Employment of Recent Nursing Program Graduates

Employment Site	ADN	LVN-to-ADN	BSN	ELM	Total	ELM Post-licensure
Hospital	73.9%	67.3%	69.5%	72.3%	**72.2%**	82.7%
Long-term care facility	3.4%	10.3%	2.1%	4.3%	**3.4%**	0.0%
Community/Public Health Facility	1.6%	5.6%	3.5%	4.7%	**2.5%**	16.0%
Other Healthcare Facility	2.9%	12.2%	3.7%	3.7%	**3.5%**	0.0%
Pursuing additional nursing education	3.7%	1.1%	1.9%	1.2%	**2.9%**	0.0%
Participating in a new graduate residency (paid)	8.3%	0.6%	10.9%	6.0%	**8.6%**	0.0%
Participating in a new graduate residency (unpaid)	0.3%	0.0%	0.8%	0.1%	**0.4%**	0.0%
Unable to find employment	1.1%	0.0%	3.2%	2.2%	**1.7%**	0.0%
Not yet licensed	3.8%	2.9%	2.7%	0.6%	**3.2%**	1.3%
Other setting	1.1%	0.0%	1.6%	4.8%	**1.5%**	0.0%

Note: Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2022-23, on average, the employment setting was unknown for 14.6% of recent graduates. 131 programs provided answers about the employment location of graduates.

Student Debt Load

- The overall average debt load of nursing graduates was $33,734, an increase from last year's average of $27,901.

- Private school graduates had an average debt load of $73,883, while public school graduates averaged $13,429.

- ELM students had the highest average debt load, and ADN students had the lowest average debt load.

- ELM graduates may incur more debt for a number of reasons. 1) there are more scholarships and loan assistance programs available for undergraduate programs, 2) ELM amounts provided may include debt from prior BSN program attendance, and 3) while ELM students may finish the prelicensure segment of their program quickly, it may take many additional semesters or quarters to complete their degree, depending on the concentration.

Table 22. Student Debt Load by Program Type and Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Student Debt	$9,522	$21,554	$62,751	$97,387	$33,734
Private	$27,385	$46,527	$85,826	$105,408	$73,883
Public*	$6,499	$15,310	$20,150	$84,553	$13,429
Number of programs reporting	**75**	**5**	**37**	**13**	**130**

*Twelve programs, all but two of them at community colleges, reported "$0" in student debt.

Table 23. Average Annual In-State Tuition and Fees by Program Type and Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Tuition & Fees	$10,097	$12,698	$42,700	$52,120	$23,709
Private	$56,258	$46,085	$61,880	$50,071	$58,273
Public*	$2,069	$4,352	$13,367	$54,989	$6,972
Number of programs reporting	**81**	**5**	**43**	**12**	**141**

**Four programs, all but one of them at community colleges, reported "$0" in student debt.

Table 24. Average Annual Cost of Attendance by Program Type and by Public/Private Status

Type of Program	ADN	LVN-to-ADN	BSN	ELM	All Programs
Average Cost	$10,885	$15,827	$45,332	$51,590	$24,785
Private	$45,766	$46,085	$62,219	$45,880	$55,090
Public*	$4,905	$8,263	$17,890	$59,583	$10,111
Number of programs reporting	**82**	**5**	**42**	**12**	**141**

*Two programs, both of them at community colleges, reported "$0" in annual costs.

Time to Complete

- The overall average number of *weeks* per semester was 16. The average number of weeks per quarter was 11.

- Most programs are on a semester schedule (88.7%, n=134). A few are on a quarter schedule (11.3%, n=17).

- While the majority of ELM programs, like ADN and BSN programs, were on the semester system, a large minority of ELM programs used the quarter system (30.8%, n=4).

Table 25. Type of Schedule by Program Type

	GADN	LVN-to-ADN	BSN	ELM	Total
Semester	94.2%	100.0%	83.0%	69.2%	89.3%
Quarter	5.8%	0.0%	17.0%	30.8%	10.7%
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Number of programs reporting	**86**	**5**	**47**	**13**	**150**

- In 2022-23, respondents were asked to provide the average time it took for generic and accelerated full-time students to complete their program. Table 26 reports these averages. ELM directors reported minimum and maximum times for students to complete the pre-licensure segment of the program, while ADN, LVN-to-ADN, and BSN program directors reported overall averages for their programs.

Table 26. Average Time to Completion by Schedule and Program Type

	ADN	LVN-to-ADN	BSN	ELM min	ELM max
Time to Completion for Full-Time Generic Students					
Average time to completion, semesters	4.1	2.2	6.0	7.0	7.9
Average time to completion, quarters	6.0		10.9	7.8	8.0
Number of programs reporting	**86**	**5**	**43**	**-**	**-**
Time to Completion for Full-Time Accelerated Students					
Average time to completion, semesters	2.8	-	4.9	-	-
Average time to completion, quarters	2.5	-	9.1	-	-
Number of programs reporting	**59**	**-**	**32**	**-**	**-**

*Minimum and maximum numbers refer to ELM pre-licensure segments only.

- In 2022-23, respondents with ADN programs were asked to rank common reasons ADN graduation was delayed.

- The most highly ranked reason was "student had personal issue(s) that required time away from school" and "student had to repeat one or more courses to pass / progress" both of which ranked an average score of 1.7.

- Write-in answers for "other" included: financial problems or stressors (n=3).

- Reasons for selecting "not applicable" for some or all of the categories in this question included: no students delayed, program closed, "If students do not pass a course, they cannot re-enter the program. We give the seat to an advanced placement student," "Cohort groups are guaranteed classes," "Our cohort will graduate in April 2024," and various comments that certain specific options were not applicable to the program.

Table 27. Reasons for Delayed Completion, ADN Students Only

Reasons	rank
Student had personal issue(s) that required time away from school	1.7
Student had to repeat one or more courses to pass/progress	1.7
Unable to obtain a required course(s) to progress	4.6
Student changed course of study	4.7
Inadequate academic advising	4.8
Required pre-requisite or required course not offered	5.4
Other	6.8
Number of programs reporting	**76**

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

Satellite Campuses and Completion

Eighteen programs (representing 16 schools) reported having students enrolled in a satellite/alternate campus that is located in a different county than their main campus. Nine programs (representing 9 schools) reported just one satellite campus each. Four programs (representing four schools) reported two satellite campuses each. Five programs representing three schools reported three or more locations each.

Twelve programs reported satellite campuses in a different region than their main campus.

There was a total of 3,091 graduating students at the satellite campuses in 2022-23.

Satellite data were collected to allow researchers to prepare regional projections.

Faculty Data

Analysis of faculty data by program type is not provided because faculty data are reported by school, not by program type. Many schools have multiple programs.

Full-Time and Part-Time Faculty Data

- On October 15, 2023, there were 5,787 nursing faculty.[3] More than two-thirds were part-time faculty (71.3%, n=4,125).

- The faculty vacancy rate in pre-licensure nursing programs was 9.7%, down from 12.1% last year. The vacancy rate among full-time faculty (12.5%) was higher than that of part-time faculty (8.5%), but both were lower than last year's vacancy rates.

Table 28. Total Faculty and Faculty Vacancies

Faculty Type	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty*	**5,787**	**623**	**9.7%**
Full-time Faculty	1,662	238	12.5%
Part-time Faculty	4,125	385	8.5%

---

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

- In 2022-23, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. 47.2% (n=67) of 142 schools responding agreed. These 67 schools were asked to rank the reason for this shift. Sixty-one schools ranked reasons.

- The top-ranked reason was non-competitive salaries for full-time faculty, followed by a shortage of RNs applying for full-time faculty positions. This has not changed since last year.

- "Other" reasons from text comments included: replacing retired faculty (n=2), promotions that took time to backfill, fulltime faculty workload decrease due to bargaining agreement, shortage of nurses seeking fulltime teaching jobs, decreased student to faculty ratio in clinical sections, new program, and health care benefits.

Table 29. Reasons for Hiring More Part-Time Faculty

Reasons	Average Rank*	# of schools ranking
Non-competitive salaries for full time faculty	2.5	61
Shortage of RNs applying for full time faculty positions	3.1	61
Insufficient number of full time faculty applicants with required credential	3.9	61
Need for part-time faculty to teach specialty content	4.4	61
Insufficient budget to afford benefits and other costs of FT faculty	5.1	61
Private, state university or community college laws, rules or policies	5.6	61
Need for faculty to have time for clinical practice	6.3	61
To allow for flexibility with respect to enrollment changes	7.2	61
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.7	61
Other	9.1	61

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

- Nearly all full-time and part-time faculty positions are budgeted positions funded by the school's general fund. About three percent of part-time faculty positions are paid entirely with external funding, compared with two percent of full-time faculty positions.

Table 30. Funding of Faculty Positions

Funding Source	% Full-time Faculty	% Part-time Faculty
Budgeted positions	96.8%	93.5%
100% external funding	1.9%	3.0%
Combination of the above	1.3%	3.5%
Total Faculty	**1,657**	**4,035**
Unknown	5	90

- The majority of faculty (64.8%) teaches clinical courses only. A smaller proportion (23.6%,) of faculty teaches both clinical and didactic courses, while fewer faculty teach only didactic courses (11.6%).

Table 31. Faculty Teaching Assignments

Course Type	% All Faculty
Clinical courses only	64.8%
Didactic courses only	11.6%
Clinical & didactic courses	23.6%
Total Faculty	**100.0%**

- 104 of 142 schools (73.2%) reported that faculty in their programs work an overloaded schedule, and 97.1% (n=101) of schools with faculty that work an overloaded schedule pay the faculty extra for the overloaded schedule.

Faculty for Next Year

- 36.2% (n=52) of schools reported that their externally funded positions will continue to be funded for the 2023-24 academic year.

- If these positions are not funded, schools reported that they would be able to enroll only 15,552 students in pre-licensure RN programs in the next year, which would be only 88.2% of the current number of students, or an 11.8% decrease in new enrollments compared to the 17,624 new students that enrolled in RN programs in 2022-23.

Table 32. External Funding for Faculty Next Year

Category	% of Schools	# of Schools
Will continue	36.2%	51
Will not continue	9.9%	14
Unknown	51.1%	72
Not applicable	2.8%	4
Number of schools reporting		**141**

Faculty Demographic Data

- Nursing faculty remain predominantly female (82.5%, n=4,725). Like last year, more than half of faculty were non-white (54.5%, n=2,896). Sixty-six percent of faculty (n=3,462) were 41 years of age or older.

Table 33. Faculty Ethnicity

Race/Ethnicity	% of Faculty	# of Faculty
Native American	0.5%	29
South Asian	4.6%	247
Filipino	6.8%	363
Other Asian	11.5%	612
Hawaiian	0.7%	39
Other Pacific Islander	0.4%	22
African American	9.7%	518
Hispanic	15.0%	795
Multi-race	3.6%	190
Other	1.5%	81
White	45.5%	2,420
Number of faculty	**100.0%**	**5,316**
Ethnic Minorities*	54.5%	2,896
Unknown/unreported		471

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

Table 34. Faculty Gender

Gender	% of Faculty	# of Faculty
Men	17.4%	997
Women	82.5%	4,725
Other	0.1%	6
Number of faculty	**100.0%**	**5,728**
Unknown/unreported		59

Table 35. Faculty Age

Age	% of Faculty	# of Faculty
30 years or younger	7.2%	376
31 – 40 years	26.9%	1,414
41 – 50 years	26.7%	1,401
51 – 55 years	13.8%	723
56 – 60 years	10.5%	551
61 – 65 years	8.4%	443
66 – 70 years	4.3%	225
71 years and older	2.3%	119
Number of faculty	**100.0%**	**5,252**
Unknown/unreported		535

Faculty Education

- On October 15, 2023, almost all full-time faculty (91.2%, n=1,515) held a master's or doctoral degree, while only 59.4% (n=2,406) of part-time faculty held a graduate degree.

- 10.1x`% of all active faculty (n=587) were reported to be pursuing an advanced degree as of October 15, 2023.

Table 36. Highest Level of Education of Faculty

Type of Degree	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	1.4%	4.8%
Baccalaureate degree in nursing (BSN)	7.2%	33.7%
Non-nursing baccalaureate	0.2%	2.2%
Master's degree in nursing (MSN)	55.6%	49.1%
Non-nursing master's degree	1.5%	1.3%
PhD in nursing	10.5%	2.5%
Doctorate of Nursing Practice (DNP)	18.9%	5.0%
Other doctorate in nursing	1.2%	0.6%
Non-nursing doctorate	3.5%	0.9%
Number of faculty reported	**1,662**	**4,053**
Unknown/unreported	0	72

*The number unknown is determined by subtracting the sum of the faculty by degree type from the overall sum of faculty reported. The sum of full- and part-time faculty by degree category reported by schools often did not equal the total number of faculty reported.

Recruiting Diverse Faculty

- Program representatives were asked what strategies they used to recruit diverse faculty.

- The most commonly used strategy was sharing school and program goals and commitments to diversity (76.9%), sending job announcements to a diverse group of institutions and organizations (68.5%), and highlighting campus and community demographics (65.0%).

- "Other" written text comments included: recruiting at conferences, word of mouth (n=2), professional networking, minority organizations, local Philippine newspaper, recruiting prior graduates who have gone on to receive higher degrees, exploring using a stipend and/or salary advancement, referrals from clinical partners and faculty, and "no strategies".

Table 37. Strategies for Recruiting Diverse Faculty

Strategies	% of Schools	# of Schools
Share program/school goals and commitments to diversity	76.9%	110
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	68.5%	98
Highlight campus and community demographics	65.0%	93
Share faculty development and mentoring opportunities	62.9%	90
Showcase how diversity issues have been incorporated into the curriculum	41.3%	59
Highlight success of faculty, including faculty of color	37.8%	54
Use of publications targeting minority professionals (e.g. Minority Nurse)	33.6%	48
Other	9.1%	13
External funding and/or salary enhancements (e.g. endowed lectureship)	4.2%	6
Number of schools that reported		**143**

Methods Used to Prepare Part-Time Faculty to Teach

- Faculty orientations (87.8%) and program policies (84.2%) and were the most frequently reported methods used to prepare part-time faculty to teach.

- "Other" written text comments included: faculty handbook, hospital orientation, in-services, paying fulltime faculty to orient the new parttime faculty, self-study continuing education modules, associate faculty meetings and training days, orientation and training with director and assistant director, workshops and seminars, clinical flex days, and associate faculty meetings and training days.

Table 38. Methods Used to Prepare Part-Time Faculty to Teach

Methods	% of Schools	# of Schools
Faculty orientation	87.8%	122
Program policies	84.2%	117
Mentoring program	74.1%	103
Administrative policies	66.9%	93
Specific orientation program	61.2%	85
Teaching strategies	61.2%	85
Curriculum review	59.0%	82
External training program	13.7%	19
Other	10.1%	14
None	0.7%	1
Number of schools that reported		**139**

Faculty Attrition

- Nursing schools reported 182 full-time and 614 part-time faculty members as having retired or left the program in 2022-23.

- Schools reported that an additional 197 faculty members (77 full-time and 120 part-time) are expected to retire or leave the school in 2023-24.

- The most frequently cited reason for a full-time faculty member leaving the program in 2022-23 was retirement (56.5%, n=48), followed by relocation of spouse or other family obligation (18.8%, n=16). The most common reason for a part-time faculty member leaving the program was return to clinical practice (34.5%, n=29), followed by career advancement (29.8%, n=25).

- Unwillingness to convert to virtual instruction ((0%, n=0) was the least common reason reported for faculty leaving their positions.

- "Other" reasons for full-time faculty leaving reported in text comments included: care for an elderly parent, obtained another position closer to home with better benefits, wanted more flexible schedule for family and personal reasons.

- "Other" reasons for part-time faculty leaving reported in text comments included: return to school for graduate degree, an opportunity closer to home, obtaining a fulltime position, scheduling conflict with primary role, pregnancy, did not like teaching, family obligations.

Table 39. Reasons Faculty Leave Their Positions

Reasons	Full-time Faculty		Part-time Faculty	
	% of Schools	# of Schools	% of Schools	# of Schools
Retirement	56.5%	48	28.6%	24
Career advancement	16.5%	14	29.8%	25
Salary/Benefits	16.5%	14	22.6%	19
Relocation of spouse or other family obligation	18.8%	16	19.0%	16
Return to clinical practice	17.6%	15	34.5%	29
Termination (or requested resignation)	8.2%	7	14.3%	12
Resigned for unknown reasons	8.2%	7	20.2%	17
Layoffs (for budgetary reasons)	1.2%	1	0.0%	0
Workload	8.2%	7	17.9%	15
Personal health issues	12.9%	11	20.2%	17
Workplace climate	5.9%	5	3.6%	3
Other	3.5%	3	15.5%	13
Concern about exposure to COVID-19	1.2%	1	0.0%	0
Unwillingness to convert to virtual instruction	0.0%	0	0.0%	0
Child care challenges due to childcare/school closures	1.2%	1	0.0%	0
Number of schools that reported		**85**		**84**

- In 2022-23, thirty-one schools reported that 114 active faculty went from full-time to part-time.

- The main reason schools reported for faculty going from full-time to part-time schedules was preparing for retirement (35.5%, n=11) and family obligations (32.3%, n=10).

- "Other" reasons included: continuing education, new job, and unknown.

Table 40. Reasons Faculty Go from Full-Time to Part-Time

Reasons	% of Schools	# of Schools
Preparing for retirement	35.5%	11
Family obligations	32.3%	10
Return to clinical practice	22.6%	7
Personal health issues	22.6%	7
Other	12.9%	4
Workload	9.7%	3
Child care challenges due to childcare/ school closures	3.2%	1
Requested by Program Due to budgetary reason	3.2%	1
Workplace climate	0.0%	-
Number of schools that reported		**31**

Faculty Hiring

- 128 schools reported hiring a total of 1,419 faculty members (256 full-time and 1,250 part-time) between August 1, 2022 and July 31, 2023.

- Forty-five percent (44.7%, n=634) of these **newly hired faculty** had less than one year of teaching experience before they took the faculty position.

- The **majority of schools** (75.0%) that hired a faculty person in the last year reported that their newly hired faculty had experience teaching at another nursing school or experience teaching as a nurse educator in a clinical setting. Another 63.3% experienced student teaching while in graduate school.

- "Other" characteristics described by respondents in text comments included preceptorship in a clinical setting, teaching experience including theory and/or clinical, prior student teaching experience with the nursing school, experience in simulation, adjunct teaching experience, experience or specialized training in specialty areas such as mental health.

Table 41. Characteristics of Newly Hired Faculty

Characteristics	% of Schools	# of Schools
Experience teaching at another nursing school	75.0%	96
Experience teaching as a nurse educator in a clinical setting	75.0%	96
Experience student teaching while in graduate school	63.3%	81
Completed a graduate degree program in last two years	59.4%	76
No teaching experience	27.3%	35
Experience teaching in a setting outside of nursing	19.5%	25
Other	7.8%	10
Number of schools that reported		**128**

- Seven schools (4.9%) reported they were under a hiring freeze for active faculty at some point between August 1, 2022 and July 31, 2023, and three of these schools (42.9% of schools under a hiring freeze) reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

- The most common reason for hiring new fulltime faculty was to replace faculty that had left or retired (89.6%). This was the top reasons for schools with all program types.

- To fill longstanding faculty vacancies was the second most common reason overall (37.0%). However, for schools with an ELM program, reducing faculty workload (45.5%) was the second most common reason cited.

- "Other" reasons for hiring faculty provided in text comments included hiring for specific clinical or content expertise (n=6), new program or campus (n=3), requirements for smaller clinical groups necessitating more instructors (n=2), covering full-time faculty on sabbatical or unanticipated leave of absence, new funding, approved program expansion, and as backup for fulltime faculty (n=1 each).

Table 42. Reasons for Hiring Faculty

Reasons	ADN	BSN	ELM	All Schools	# of Schools
To replace faculty that retired or left the program	88.0%	92.7%	90.9%	89.6%	121
To fill longstanding faculty vacancies (positions vacant for more than one year)	41.0%	31.7%	27.3%	37.0%	50
To reduce faculty workload	28.9%	29.3%	45.5%	30.4%	41
Due to program expansion	24.1%	26.8%	27.3%	25.2%	34
To hire faculty with specific experience in virtual &/or simulation education	8.4%	7.3%	18.2%	8.9%	12
To hire faculty with specific experience in online teaching	3.6%	0.0%	0.0%	2.2%	3
Other	13.3%	14.6%	18.2%	14.1%	19
Number of schools that reported	**83**	**41**	**11**	**135**	

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Barriers to Recruiting Faculty

- Insufficient number of faculty applicants with required credentials (75.0%) was the primary barrier for schools overall, followed by non-competitive salaries (72.9%).

- Reasons related to COVID-19 such as concern about exposure (3.6%, n=5), lack of child care or school closers (3.6%, n=5), and unwillingness to teach virtually (2.1%, n=3), were cited by some respondents, but considerably less frequently than in the prior two years.

- "Other" reasons given in text comments included: scheduling conflicts with primary nursing jobs, inability to compete with travel nurse wages, geographic location (long commute from the nearest major city), low wages compared to industry and regional academic institutions, difficulty finding nurses willing to teach for a public college, and BRN rules on clinical competency.

Table 43. Barriers to Recruiting Faculty

Barriers	% of Schools	# of Schools
Insufficient number of faculty applicants with required credentials	75.0%	105
Non-competitive salaries	72.9%	102
Overall shortage of RNs	47.1%	66
BRN rules and regulations	33.6%	47
Workload (not wanting faculty responsibilities)	33.6%	47
Private, state university or community college laws, rules or policies	22.9%	32
Housing costs	12.1%	17
No barriers	3.6%	5
Other	3.6%	5
Concern about exposure to COVID-19	3.6%	5
Lack of child care availability / school closures	3.6%	5
Unwillingness of potential faculty to teach virtually	2.1%	3
Number of schools that reported		**140**

Note: Data about faculty are reported at the school level, not at the program level. Hence numbers reported reflect barriers by schools that have this program type. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN. For this reason, there will be overlap in reporting and it is not possible to say that any particular barrier pertains to a specific program type if that school has more than one program type.

Difficult to Hire Clinical Areas

- Respondents indicated that pediatrics (62.4%), followed by psych/mental health 48.2%) were the most difficult areas for which to recruit new active faculty. This is the same as last year.

- 10.6% of respondents reported that there were no clinical areas for which it was difficult to recruit new active faculty.

- Other categories mentioned in text comments were simulation coordinator and director.

Table 44. Difficult to Hire Clinical Areas

Clinical Area	% of Schools	# of Schools
Pediatrics	62.4%	88
Psych/Mental Health	48.2%	68
Obstetrics/Gynecology	50.4%	71
Medical-surgical	26.2%	37
Geriatrics	6.4%	9
Critical Care	7.8%	11
Community Health	6.4%	9
Other	1.4%	2
No clinical areas	10.6%	15
Number of schools that reported		**141**

Faculty Salaries

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

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

	Master's Degree		Doctoral Degree	
	Average Low	Average High	Average Low	Average High
9 months	$ 72,285	$ 95,922	$ 92,866	$ 115,269
10 months	$ 74,288	$106,614	$ 84,318	$ 117,977
12 months	$ 93,883	$108,728	$ 106,796	$ 134,677
Other	$ 70,996	$ 99,843	$ 83,774	$ 119,983

Nursing Program Data

Admission Criteria

- Minimum/cumulative GPA (78.8%) and score on pre-enrollment assessment tests (74.2%) were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

- A letter of reference (92.3%), personal statement (76.9%), and holistic review (100.0%) were also important factors in admission for many ELM programs, in addition to minimum/cumulative GPA.

- "Multi-criteria screening as defined in California Assembly Bill 548" was an important factor for more than half of generic ADN programs (66.3%) and LVN-to-ADN programs (60.0%). This legislation applies specifically to community colleges.

- Other admission criteria described by respondents in text comments included essays, pre-enrollment assessment test (HESI), statement on philosophy of nursing, background check, critical thinking test score, work experience, employer letter, and panel interview.

Table 46. Admission Criteria by Program Type

Admission Criteria	ADN	LVN -to- ADN	BSN	ELM	All Programs
Minimum/Cumulative GPA	70.9%	100.0%	85.1%	100.0%	78.8%
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	81.4%	60.0%	78.7%	15.4%	74.2%
Completion of prerequisite courses (including recency and/or repetition)	74.4%	80.0%	74.5%	0.0%	68.2%
Minimum grade level in prerequisite courses	68.6%	40.0%	66.0%	69.2%	66.9%
Letter of reference/recommendation	8.1%	0.0%	36.2%	92.3%	58.9%
Health-related work experience	44.2%	20.0%	46.8%	46.2%	44.4%
Multi-criteria screening as defined in California Assembly Bill 548 (Community Colleges only)	66.3%	60.0%	0.0%	0.0%	39.7%
Personal statement	18.6%	20.0%	51.1%	76.9%	33.8%
Lottery	30.2%	20.0%	0.0%	0.0%	25.8%
Science GPA	62.8%	40.0%	53.2%	61.5%	24.5%
Holistic Review	0.0%	0.0%	55.3%	100.0%	23.8%
Interview	12.8%	20.0%	38.3%	53.8%	17.9%
Other	12.8%	20.0%	17.0%	0.0%	13.2%
Community Colleges' Nursing Prerequisite Validation Study - Chancellor's Formula	18.6%	40.0%	0.0%	0.0%	11.9%
Geographic location	2.3%	0.0%	23.4%	15.4%	9.9%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**86**	**5**	**47**	**13**	**151**

Selection Process for Qualified Applications

- Ranking by specific criteria was the most common method (74.0%, n=108) for selecting students for admission to nursing programs among those who met minimum qualifications. BSN and ELM programs more commonly cited this criterion.

- Random selection was used by many generic ADN (33.3%) programs but was not used by any LVN-to-ADN, BSN or ELM programs. Only ADN programs used modified random selection (19.8%).

- ELM programs frequently reported using the interview (61.5%) and goal statement (53.8%) as selection criteria.

- Other selection criteria described by respondents in text comments included descriptions of admission criteria (multicriteria screening, lottery, statement of purposes, letters of recommendation, etc.) Some described hybrid methods of selection including part random selection and part selective criterion ("90% ranking and 10% random (*selection*) of qualified applicants"). Other selection criteria included: "If space is limited & students are tied by ranking, selection is based on date application was submitted," and "If space is limited & students are tied by ranking, selection is based on date application was submitted". One respondent stated, "New program – took everyone".

Table 47. Selection Criteria for Qualified Applications by Program Type

Selection Criteria	ADN	LVN -to-ADN	BSN	ELM	All Programs
Ranking by specific criteria	66.7%	60.0%	83.0%	92.3%	74.0%
Interviews	8.6%	20.0%	27.7%	61.5%	19.9%
Random selection	33.3%	0.0%	0.0%	0.0%	18.5%
Other	18.5%	20.0%	8.5%	7.7%	14.4%
Goal statement	4.9%	0.0%	19.1%	53.8%	13.7%
Modified random selection	19.8%	0.0%	0.0%	0.0%	11.0%
First come, first served (based on application date for the quarter/semester)	6.2%	0.0%	14.9%	7.7%	8.9%
First come, first served from the waiting list	3.7%	0.0%	2.1%	7.7%	3.4%
Number of programs reporting	**81**	**5**	**47**	**13**	**146**

Waiting List

- Eighteen respondents reported having a waiting list. However, twenty-one respondents reported a total of 1,292 students on a waiting list, including 211 LVN-to-ADN students on a waiting list for a generic ADN program. This is 421 fewer students on waiting lists compared to last year, and 1,760 fewer students on a waiting list compared to 2020-21, the height of the pandemic, when there were 3,052 students.

- Respondents from 16 programs described how long they keep students on a waiting list. Students typically spent a semester waiting to get into an ELM program or BSN program, and an average of 2.7 semesters to get into a generic ADN program. However, students waiting to get into an LVN-to-ADN only program could expect to wait four semesters. and those waiting to get into an LVN-to-ADN track within a generic ADN program could expect to wait an average of 4.7 semesters. Very few programs reported a quarter system, but reported shorter wait times.

- Twenty-five respondents described how they process applicants on their waitlist (some reported on both ADN and LVN-to-ADN students within a generic ADN program): 52.0% (n=13) keep students on the waiting list until they are admitted, 36.0% (n=9) keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled, three (12.0%) reported keeping students on for two application cycles, and another 12.0% (n=3) gave some other cycle.

Table 48. Waiting Lists by Program Type

Waiting List Categories	ADN	LVN-to-ADN	BSN	ELM	Total
Qualified applicants on a waiting list	772	60	237	223	1,292
Qualified LVN-to-BSN applicants on a waiting list for a BSN program	-	-	-	-	-
Qualified LVN-to-ADN applicants on a waiting list for a generic ADN program	211	-	-	-	211
Number of programs responding	**14**	**1**	**3**	**3**	**21**
Average number of semesters to enroll after being placed on the waiting list	2.7	4.0	1.0	1.0	2.3
Average number of semesters to enroll after being placed on the waiting list--LVN-to-BSN	-	-	-	-	-
Average number of semesters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program	4.7	-	-	-	4.7
Number of programs responding	**12**	**1**	**2**	**1**	**16**
Average number of quarters to enroll after being placed on the waiting list	2.0	-	1.0	-	1.5
Average number of quarters to enroll after being placed on the waiting list--LVN-to-BSN	-	-	-	-	-
Average number of quarters to enroll after being placed on the waiting list--LVN-to-ADN within GADN program	3.0	-	-	-	3.0
Number of programs responding	**2**	**0**	**2**	**0**	**4**

Capacity for Program Expansion

- Overall, programs project an increase in enrollment over the next two years. (Last year they projected a *decrease.)*

- ADN programs project the most enrollment growth, while LVN-to-ADN and BSN programs projected very modest enrollment growth.

Table 49. Current and Projected New Student Enrollment by Program Type

Student Enrollment	ADN	LVN-to-ADN	BSN	ELM	Total
2022-2023 new student enrollment	6,907	188	9,659	899	17,653
2023-2024 projected student enrollment	**7,665**	**189**	**9,820**	**966**	**18,640**
Expected 2023-2024 enrollment as % of 2022-2023 enrollment	111.0%	100.5%	101.7%	107.5%	105.6%
2024-2025 projected student enrollment	**8,368**	**198**	**10,105**	**1,021**	**19,692**
Expected 2024-2025 enrollment as % of 2022-2023 enrollment	121.2%	105.3%	104.6%	113.6%	111.6%

Barriers to Program Expansion

- The principal general barrier to program expansion for all program types remains an insufficient number of clinical sites, reported by 57.2% (n=87) of programs. This is similar to last year's results.

- Non-competitive faculty salaries (46.7%, n=71) and insufficient number of qualified clinical faculty (43.4%, n=66), were the second and third most commonly cited barriers.

- Uncertainty and challenges related to the COVID pandemic was less important in 2021-2022, decreasing from 46.5% of schools in 2020-21 to 23.2% in 2021-22, dropping further to 9.2% in 2022-23.

- Of the 152 programs that responded, 12.5% of programs (n=19) reported no general barriers to expansion.

- Other barriers to program expansion described by respondents in written comments include: BRN regulations and caps on admission (n=9), competition from other schools (n=2), low NCLEX scores (n=2), faculty shortages (n=2), and lack of space (n=2).

Table 50. Barriers to Program Expansion by Program Type

Barriers	ADN	LVN-to-ADN	BSN	ELM	Total
Insufficient number of clinical sites	59.8%	60.0%	51.1%	61.5%	57.2%
Faculty salaries not competitive	51.7%	100.0%	36.2%	30.8%	46.7%
Insufficient number of qualified clinical faculty	47.1%	40.0%	42.6%	23.1%	43.4%
Insufficient funding for faculty salaries	39.1%	20.0%	25.5%	30.8%	33.6%
Insufficient number of qualified classroom faculty	40.2%	40.0%	25.5%	7.7%	32.9%
Insufficient number of physical facilities and space for skills labs	26.4%	40.0%	14.9%	15.4%	22.4%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	21.8%	40.0%	12.8%	15.4%	19.1%
Insufficient number of physical facilities and space for classrooms	20.7%	40.0%	12.8%	15.4%	18.4%
Insufficient number of allocated spaces for the nursing program	19.5%	0.0%	12.8%	23.1%	17.1%
Other	10.3%	0.0%	19.1%	30.8%	14.5%
No barriers to program expansion	11.5%	0.0%	19.1%	0.0%	12.5%
Insufficient support for nursing school by college or university	9.2%	20.0%	10.6%	15.4%	10.5%
Uncertainty and challenges related to COVID pandemic	11.5%	0.0%	6.4%	7.7%	9.2%
Insufficient financial support for students	9.2%	0.0%	4.3%	7.7%	7.2%
Number of programs reporting	**87**	**5**	**47**	**13**	**152**

Program Expansion Strategies

- All of the 87 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.

- The most frequently-reported strategies to mitigate the lack of clinical sites were: weekend shifts (73.6%, n=62), twelve-hour shifts (71.3%, n=64), and community-based ambulatory care sites (71.3%, n=63).

- There were no "other" strategies provided in text comments this year.

Table 51. Program Expansion Strategies to Address a Lack of Clinical Sites by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Weekend shifts	73.1%	66.7%	75.0%	75.0%	73.6%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	78.8%	33.3%	62.5%	62.5%	71.3%
Twelve-hour shifts	71.2%	33.3%	70.8%	87.5%	71.3%
Evening shifts	67.3%	100.0%	66.7%	75.0%	69.0%
Human patient simulators	67.3%	33.3%	58.3%	100.0%	66.7%
Innovative skills lab experiences	69.2%	66.7%	50.0%	75.0%	64.4%
Virtual simulation	59.6%	66.7%	62.5%	62.5%	60.9%
Regional computerized clinical placement system	40.4%	66.7%	37.5%	25.0%	39.1%
Non-traditional clinical sites (e.g. correctional facilites)	38.5%	0.0%	41.7%	25.0%	36.8%
Preceptorships	34.6%	33.3%	33.3%	50.0%	35.6%
Night shifts	15.4%	0.0%	37.5%	50.0%	24.1%
Telehealth	13.5%	0.0%	33.3%	12.5%	18.4%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**52**	**3**	**24**	**8**	**87**

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2022-23 a total of 81 programs (53.6% of 151 programs) reported that they were denied access to a clinical placement, unit, or shift.

- The number of programs reporting a loss of clinical placements, units, or shifts is more comparable to pre-pandemic numbers. However, the number of placements, units and shifts lost and the number of students impacted remain high compared to pre-pandemic years' totals.

- 24.7% (n=20) of 81 programs that were denied a clinical placement, unit, or shift were offered an alternative.

Table 52. RN Programs Denied Clinical Space by Program Type

Outcomes	ADN	LVN-to-ADN	BSN	ELM	Total
Programs Denied Clinical Placement, Unit, or Shift	42	3	29	7	81
Percent of all programs	**48.3%**	**60.0%**	**61.7%**	**58.3%**	**53.6%**
Programs Offered Alternative by Site	11	2	5	2	20
Placements, Units, or Shifts lost	135	5	305	70	515
Total number of students affected	1,069	44	2,127	693	3,933
Number of programs reporting	**87**	**5**	**47**	**12**	**151**

- In addition, 66 programs (43.4% of 152 programs) reported that there were *fewer students* allowed for a clinical placement, unit, or shift in 2022-23 than in the prior year.

Table 53. RN Programs That Reported Fewer Students Allowed for Clinical Space

	ADN	LVN-to-ADN	BSN	ELM	Total
Fewer Students Allowed for a Clinical Placement, Unit, or Shift	39	2	19	6	66
Total Number of programs reporting	**87**	**5**	**47**	**13**	**152**

- Most (59.5%, n=47) programs that lost placements, units, or shifts reported lost placement sites in medical/surgical clinical areas. The next most common areas where placements, units, or shifts were lost were pediatrics (54.4%, n=43), and obstetrics (44.3%, n=35).

- "Other" areas described in text comments include: home health and perioperative nursing. One respondent commented, "We have not been able to offer our students preceptorships since the pandemic".

Table 54. Clinical Area that Lost Placements, Shifts or Units by Program Type

Clinical Area	ADN	LVN-to-ADN	BSN	ELM	Total
Medical/Surgical	56.1%	66.7%	64.3%	57.1%	59.5%
Obstetrics	46.3%	0.0%	46.4%	42.9%	44.3%
Pediatrics	56.1%	33.3%	50.0%	71.4%	54.4%
Psychiatry/Mental Health	39.0%	33.3%	25.0%	71.4%	36.7%
Critical Care	7.3%	33.3%	10.7%	28.6%	11.4%
Geriatrics	9.8%	0.0%	14.3%	14.3%	11.4%
Community Health	2.4%	0.0%	10.7%	28.6%	7.6%
Preceptorship	29.3%	33.3%	32.1%	42.9%	31.6%
Other	7.3%	0.0%	0.0%	0.0%	3.8%
Number of programs reporting	**41**	**3**	**28**	**7**	**79**

Reasons for Clinical Space Being Unavailable

- Programs were asked to provide reasons for clinical space being unavailable. (See Table 55 next page.)

- Competition for clinical space due to increase in number of nursing students in region (51.9%, n=41) and staff nurse overload or insufficient qualified staff (45.6%, n=36), were the top two reasons for clinical space being unavailable.

- Most pandemic-related reasons ("Change in site infection control protocols due to COVID-19", "Decrease in patient census due to COVID-19", "Site closure or decreased services due to COVID-19") were further down the list this year than in 2021-22, but remain reasons for clinical space being unavailable. Only "Staff nurse overload or insufficient qualified staff due to COVID-19" (25.3%, n=20) remained a common pandemic-related reason for clinical space being unavailable.

- No programs reported being denied space because the facility began charging a fee or another RN program offered to pay a fee for the placement.

- Respondents provided "other" reasons in text comments, including "Increased fees for student onboarding," closure of a local hospital, which forced a program to compete with other programs for limited clinical placements, staff and management turnover, Pronto Wellness/Clinical Edify application process, and work stoppage/strike.

- In a separate question, nine out of 150 programs (6.0%) reported providing financial support to secure a clinical placement.

Table 55. Reasons for Clinical Space Being Unavailable by Program Type

Reasons	ADN	LVN-to-ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	56.1%	66.7%	39.3%	71.4%	51.9%
Staff nurse overload or insufficient qualified staff due to other reasons	43.9%	100.0%	39.3%	57.1%	45.6%
Nurse residency programs	29.3%	33.3%	39.3%	42.9%	34.2%
Displaced by another program	31.7%	33.3%	35.7%	14.3%	31.6%
Staff nurse overload or insufficient qualified staff due to COVID-19	19.5%	33.3%	25.0%	57.1%	25.3%
Decrease in patient census due to other reasons	22.0%	33.3%	21.4%	0.0%	20.3%
Closure, or partial closure, of clinical facility	24.4%	0.0%	14.3%	28.6%	20.3%
Visit from Joint Commission or other accrediting agency	12.2%	0.0%	25.0%	28.6%	17.7%
Other	17.1%	0.0%	21.4%	14.3%	17.7%
Change in facility ownership/management	22.0%	0.0%	7.1%	28.6%	16.5%
Other clinical facility business needs/changes in policy	7.3%	0.0%	14.3%	14.3%	10.1%
Decrease in patient census due to COVID-19	7.3%	33.3%	7.1%	14.3%	8.9%
Site closure or decreased services due to COVID-19	4.9%	0.0%	7.1%	14.3%	6.3%
No longer accepting ADN students*	9.8%	0.0%	0.0%	0.0%	5.1%
Implementation of Electronic Health Records system	7.3%	0.0%	0.0%	0.0%	3.8%
Clinical facility seeking magnet status	2.4%	0.0%	7.1%	0.0%	3.8%
Change in site infection control protocols due to COVID-19	2.4%	0.0%	3.6%	14.3%	3.8%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay*	0.0%	0.0%	0.0%	0.0%	0.0%
Lack of PPE due to COVID-19	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	**41**	**3**	**28**	**7**	**79**

 * Not asked of BSN or ELM programs.

- The most commonly reported strategy to address the lost clinical space was the replacing the lost space at a different site currently used by the nursing program (69.1%, n=56), replacing or adding lost space with a new site (60.5%, n=49).

- In 2022-23, only 4.9% of programs reported reducing student admissions (n=4). This is an improvement over 2021-22, when 19.6% (n=18) reported reducing student admissions, and 2020-21, when 27.6% (n=35) of programs reported doing so. Prior to the pandemic, reducing student admissions was one of the least frequently mentioned strategies for addressing lost clinical space.

- Other strategies described by respondents in write-in answers included use of virtual simulation, added an additional day in an alternative facility, made existing groups at another facility larger, "split section on and off rotation, switched to 12-hour shifts", and "Changed from 10:1 to 8:1 and 6:1 faculty to student ratios."

Table 56. Strategies to Address Lost Clinical Space by Program Type

Strategies	ADN	LVN-to-ADN	BSN	ELM	Total
Replaced lost space at different site currently used by nursing program	57.1%	100.0%	75.9%	100.0%	69.1%
Added/replaced lost space with new site	61.9%	66.7%	55.2%	71.4%	60.5%
Replaced lost space at same clinical site	33.3%	66.7%	31.0%	28.6%	33.3%
Clinical simulation	35.7%	33.3%	31.0%	57.1%	35.8%
Reduced student admissions	9.5%	0.0%	0.0%	0.0%	4.9%
Other	9.5%	0.0%	3.4%	0.0%	6.2%
Number of programs reporting	**42**	**3**	**29**	**7**	**81**

Alternative Clinical Sites

- 50 programs reported increasing out-of-hospital clinical placements in 2022-23.

- Public health or community health agency (48.0%, n=24), skilled nursing/rehabilitation facilities (44.0%, n=22), school health services (28.0%, n=14) were the top alternative out-of-hospital clinical sites reported by these 50 programs.

- Historically, the most mentioned alternatives to hospital sites described by respondents in text comments were related to children (child development center, pediatric clinic, Head Start), followed distantly by care for seniors or those with disabilities (assisted living, long-term care, senior center). Starting in 2019-20, categories like COVID sites and telehealth became the most common alternative. By 2022-23, no sites mentioned obviously COVID-related sites.

- Other placements described by respondents in 2022-23 included: memory care facilities, fire authority, shot clinics and health fairs, residential care, Head Start/Early Start programs, and childcare setting for pediatrics.

Table 57. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Program

Alternative Clinical Sites	ADN	LVN-to-ADN	BSN	ELM	Total
Public health or community health agency	32.0%	50.0%	66.7%	60.0%	48.0%
Skilled nursing/rehabilitation facility	32.0%	0.0%	72.2%	20.0%	44.0%
Medical practice, clinic, physician office	44.0%	0.0%	38.9%	0.0%	36.0%
Outpatient mental health/substance abuse	40.0%	100.0%	22.2%	40.0%	36.0%
School health service (K-12 or college)	24.0%	0.0%	38.9%	20.0%	28.0%
Home health agency/home health service	32.0%	0.0%	27.8%	0.0%	26.0%
Surgery center/ambulatory care center	24.0%	50.0%	33.3%	0.0%	26.0%
Hospice	24.0%	0.0%	16.7%	0.0%	18.0%
Urgent care, not hospital-based	12.0%	0.0%	11.1%	0.0%	10.0%
Correctional facility, prison or jail	12.0%	0.0%	5.6%	20.0%	10.0%
Case management/disease management	12.0%	0.0%	11.1%	0.0%	10.0%
Other	16.0%	0.0%	5.6%	0.0%	10.0%
Renal dialysis unit	12.0%	0.0%	5.6%	0.0%	8.0%
Occupational health or employee health service	4.0%	0.0%	0.0%	0.0%	2.0%
Number of programs reporting	**25**	**2**	**18**	**5**	**50**

LVN-to-BSN Education

- Only one BSN program reported an LVN-to-BSN track that exclusively admits LVN students or differ significantly from the generic BSN program offered at the school.

- Of the 53 screened applicants, there were 30 qualified applicants, of whom 28 were admitted for a total of 28 admission spaces. This program had no students on a waitlist.

Table 58. LVN-to-BSN Admission Criteria

Admission Criteria	Percent	Number
Minimum/Cumulative GPA	100.0%	1
Minimum grade level in prerequisite courses	100.0%	1
Completion of prerequisite courses (including recency and/or repetition)	100.0%	1
Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)	100.0%	1
Health-related work experience	100.0%	1
Personal statement	100.0%	1
Interview	100.0%	1
Science GPA	100.0%	1
Letter of reference/recommendation	100.0%	1
None	0.0%	0
Geographic location	0.0%	0
Lottery	0.0%	0
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	0.0%	0
Other	0.0%	0
Number of programs reporting		**1**

- Ranking by specific criteria and interviews were the most only reported method for *selecting* students for admission by the one school that answered questions about selection criteria.

Table 59. LVN-to-BSN Selection Criteria

Selection Criteria	Percent	Number
Ranking by specific criteria	100.0%	1
Interviews	100.0%	1
Rolling admissions (based on application date for the quarter/semester)	0.0%	0
Goal statement	0.0%	0
First come, first served from the waiting list	0.0%	0
Other	0.0%	0
Number of programs reporting		**1**

LVN-to-ADN Education

- Five nursing programs exclusively offer LVN-to-ADN education.

- Of the 87 generic ADN programs, 44.8% (n=39) reported having a separate track for LVNs and 58.6% (n=51) reported admitting LVNs to the generic ADN program on a space-available basis. (Eleven programs reported both options.)

- Ten (11.6%) generic ADN programs reported having a separate waiting list for LVNs.

- On October 15, 2023, there were a total of 211 LVNs on a generic ADN program waitlist. These programs reported that, on average, it takes 4.7 semesters or 3.0 quarters for an LVN student to enroll in the first nursing course after being placed on the waiting list. (See Table 48.)

- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to ADN education are bridge courses, use of skills lab courses to document competencies, and direct articulation of LVN coursework.

- Other mechanisms that facilitate a seamless progression from LVN to ADN described by respondents provided in write-in answers include: "Transcript review, resume, letters of rec., personal statement review", "Partnerships with local hospitals for LVNs progressing to RN", credit for LVN coursework, "NSG328 for transition of LVNs and military (credit for prior learning)", nursing student success advisor, pharmacology update, and work with student on space available options.

Table 60. LVN-to-ADN Articulation by Program Type

Articulation	ADN	LVN-to-ADN	BSN	All Programs
Bridge course	65.9%	75.0%	20.0%	54.6%
Use of skills lab course to document competencies	54.1%	50.0%	40.0%	50.4%
Direct articulation of LVN coursework	38.8%	50.0%	16.7%	33.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	31.8%	25.0%	30.0%	31.1%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	28.2%	0.0%	36.7%	29.4%
Specific program advisor	9.4%	0.0%	13.3%	10.1%
Other	12.9%	25.0%	20.0%	15.1%
Number of programs reporting	**85**	**4**	**30**	**119**

Partnerships

- In 2022-23, eighty-four nursing programs reported participating in collaborative or shared programs with another nursing program leading to a BSN or higher degree.

- A collaborative program entails 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 arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

- 80.2% (n=69) of 84 ADN programs reporting, 50.0% of LVN-to-ADN programs (n=4) responding to this question reported participating in these partnerships, as did 26.1% (n=12) BSN programs. One ELM program (7.7%) reported a partnership.

- All of the 69 ADN programs participating in a collaborative program, and all but two were at community colleges, as were both LVN-to-ADN programs. All but two of the participating BSN programs were at California State universities. The one ELM program participating in a collaborative program was at a private school.

Table 61. RN Programs that Partner with Other Nursing Programs by Program Type

	ADN	LVN-to-ADN	BSN	ELM	All Programs
Collaborative/shared programs leading to higher degree	69	2	12	1	84
Percent of programs with partnerships	79.3%	50.0%	26.1%	7.7%	56.0%
Number of programs reporting	**87**	**4**	**46**	**13**	**150**

Professional Accreditation

- For this survey, professional accreditation was defined as "Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association."

- 50.6% (n=44) of generic ADN programs reported some form of professional accreditation. No LVN-to-ADN program reported accreditation. 93.6% of BSN and 100% ELM programs reported some form of accreditation. ("Other" is not included in this percentage because none of the write in comments referred to current professional accreditations).

- 37.9% (n=33) of generic ADN programs responding to this question reported having ACEN accreditation, while one ADN program had CNEA accreditation (1.1%). Most (95.7%, n=44) of BSN programs responding to this question, and 92.3% (n=12) of ELM programs reported having CCNE accreditation. One BSN program also listed ACEN accreditation (2.2%).

- "Other" professional accreditations listed included ACEN candidacy (n=6), and one listed CCNE candidacy. Respondents also listed a number of institutional accreditations, including ACCJC (n=2), HLC (n=1), and ABHES (n=2).

Table 62. Professional Accreditation for Eligible Programs by Program Type

Accreditation	ADN	LVN-to-ADN	BSN	ELM	All Programs
ACEN (formerly NLNAC)	37.9%	0.0%	2.2%	0.0%	22.7%
CCNE*	n/a	0.0%	95.7%	92.3%	37.3%
CNEA	1.1%	0.0%	0.0%	0.0%	0.7%
Not accredited	49.4%	75.0%	0.0%	0.0%	30.7%
Other	11.5%	25.0%	2.2%	7.7%	8.7%
Number of programs reporting	**87**	**4**	**46**	**13**	**150**

* CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2022-23, 85.7% of the 14,663 students at California BRN-approved nursing programs who took the NCLEX (National Council Licensure Examination) for the first time passed the exam.

- The NCLEX pass rate was highest for students who graduated from ADN programs (88.0%) and lowest for LVN-to-ADN programs (82.3%).

Table 63. First Time NCLEX Pass Rates by Program Type

	ADN	LVN-to-ADN	BSN	ELM	Total
First Time NCLEX Pass Rate	**88.0%**	**82.3%**	**84.4%**	**84.8%**	**85.7%**
# Students that took the NCLEX	5,646	164	8,149	704	14,663
# Students that passed the NCLEX	4,967	135	6,874	597	12,573
Number of programs reporting	**84**	**5**	**38**	**11**	**138**

- Overall NCLEX pass rates in accelerated programs were lower than those in traditional programs; 84.7% of nursing students in an accelerated track who took the NCLEX for the first time in 2022-23 passed the exam.

- Accelerated ADN and ELM programs had a higher average pass rates than their traditional counterparts, but accelerated BSN programs had lower average pass rates than their traditional counterparts.

Table 64. NCLEX Pass Rates for Accelerated Programs by Program Type

	ADN	BSN	ELM	Total
First Time NCLEX Pass Rate	**89.8%**	**83.5%**	**91.4%**	**84.7%**
# Students that took the NCLEX	127	1,592	186	1,905
# Students that passed the NCLEX	114	1,330	170	1,614
Number of programs reporting	**6**	**12**	**4**	**22**

Clinical Simulation

- 143 out of 152 nursing programs (94.0%) reported using clinical simulation in 2022-23.

  o Nine reported that they did not use clinical simulation. One of the nine programs is on teach-out, three are new, and one previously reported not using simulation. Four reported using simulation last year.

- More than half (54.6%, n=78) of the 143 programs have plans to increase staff dedicated to administering clinical simulation at their school in the next 12 months.

- About a quarter of these 143 programs (23.8%, n=33) report changing the way they use simulation during 2022-23 due to the COVID-19 pandemic. This is less than half the number that reported doing so last year. Programs were asked to describe how they had changed.

  o The largest change noted in text comments was an increase and further incorporation of simulation into the curriculum, particularly virtual simulation (14 out of 23 comments).

    ▪ "We have strengthened our SIM program and have increased the use across the program. We have adopted INACSL guidelines, and our SIM Specialist has certification. We have used grant monies to purchase equipment, hired AV techs, developed policies and procedures, and overall amped up."

    ▪ "In 2022-2023, the program launched a new curriculum with an increase and embedded simulation in all courses. Students are still in clinical sites for the entire 8 or 16-week semester with additional simulation and skills hours embedded into the clinical course objectives to complete their total clinical training hours required for the course. The 1st semester Fundamental course is the only course with 5 weeks of direct care and the remainder of the training hours are in simulation and skills lab."

  o Some also noted that they were returning to more in-person simulation.

    ▪ "Purchased additional high-fidelity mannequins, equipment and software, increased rotations. Faculty were given release time for simulation."

    ▪ "We resumed face-to-face simulation post-COVID restrictions."

  o While the loosening of pandemic restrictions meant that many programs could decrease the number of simulation hours and return students to clinical placements and in-person simulation labs - simulation tools developed during the pandemic are helping to expand their options.

    ▪ "Used it for psychiatric/mental health and pediatric courses due to decrease in the number of students allowed at clinical sites post pandemic."

    ▪ "During the 22-23 academic year one pediatric clinical site cancelled on us and we adapted by having 2 clinical groups alternate days at one clinical site and supplemented the direct-care training with video simulation training experiences."

- The majority of nursing programs' funding for simulation maintenance (61.4%), and faculty development and training (56.1%) came from the school's operating budget. While the largest portion of nursing programs' funding for simulation *purchases* (50.3%) came from a combination of government, foundations, industry, or other sources, a large proportion also came from the college's operating budget (49.7%).

- Overall, a sizable proportion of funding for purchases, maintenance, faculty development, *and* training came from government grants. Other sources like foundations, private donors, and donors made up a very small proportion of overall funding.

- Other sources of funding for purchases and maintenance described by respondents in text comments included: "Song-Brown Grants" and "non-government grants".

- "Other" sources of funding for training included "Song-Brown Grants" and "faculty private-pay."

Table 65. Funding Sources for Simulation Purchases, Maintenance, and Faculty Development and Training

Sources	Purchases	Maintenance	Faculty Training
Your college/university operating budget	49.7%	61.4%	56.1%
Industry (i.e., hospitals, health systems)	0.9%	0.1%	0.2%
Foundations, private donors	7.0%	3.4%	1.7%
Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)	41.3%	34.4%	39.6%
Other	1.1%	0.7%	2.5%
Number of programs reporting	**142**	**142**	**142**

*These percentages are derived from averages of percentages and not raw numbers.

- 81.8% (n=117) of 143 programs responding had in place simulation policies and procedures to ensure quality and consistent simulation experiences. This is a slight decrease from last year, when 83.5% of programs had such policies in place.

- The most common policy or procedure was "Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation", closely followed by "Development, use and revision of simulation materials for participants, faculty, and staff", "Adherence to simulation related Professional integrity requirements", and "Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators".

Table 66. Policies and Procedures to Ensure Quality of Simulation

Policies and Procedures	% of programs	# of programs
Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation	88.0%	103
Development, use and revision of simulation materials for participants, faculty, staff	86.3%	101
Adherence to simulation related Professional Integrity requirements	83.8%	98
Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators	83.8%	98
Required faculty, staff and participant orientation	73.5%	86
Continuous quality improvement mechanisms used	70.1%	82
Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)	63.2%	74
Other participant requirements related to simulation.	45.3%	53
Number of programs reporting		**117**

- Most 65.7% (n=94) of 143 programs using clinical simulation have a written simulation plan that guides integration of simulation in the curriculum. This is slightly more than last year, when 89 programs had a written simulation program.

- Those with written simulation plans were asked to indicate which elements were included. The most common element selected was course-by-course simulation topics (88.0%). However, the majority of programs included each of the listed elements (except "other"), with the least common being abbreviated course-by-course simulation objectives or expected outcomes and "other".

- Other elements described by respondents were: "Content leveled across semesters" and "1-2 simulations per course, pediatrics and fundamentals use more".

Table 67. Elements of Simulation Plan

Elements	% of programs	# of programs
Course by course simulation topics	88.0%	81
Number of hours for each simulation	81.5%	75
How simulation is integrated throughout the curriculum	80.4%	74
Total number of hours for each course	63.0%	58
Abbreviated course by course simulation objectives/expected outcomes	54.3%	50
Other	3.3%	3
Number of programs reporting		**92**

- The most common reason given for why a program with clinical simulation did not yet have a written plan was that faculty was in the process of developing a plan, followed by time or other limitations that delayed the development of the plan.

- The most common write-in answers as to why the program does not have a written plan were lack of a simulation coordinator or adequate staffing (n=7). Various other comments included: "Simulation is integrated into the curriculum. Additional simulation requests will need to follow the simulation planning process and get approval from the prelicensure committee," "Policies are old (and) need revision; working on integration plan, not highly dependent on simulation currently," "Not using simulation much currently," and "Simulation is for enhancement and not a graded activity. It is only used for loss of a clinical day or in optional nursing courses."

Table 68. Reasons Why the Program Does Not Have a Written Plan

Reasons	% of programs	# of programs
Faculty in process of developing a plan	60.9%	28
Time or other limitations have delayed development of a written simulation plan	43.5%	20
Simulation coordinator is developing or assisting faculty with plan development	37.0%	17
Other	17.4%	8
No simulation coordinator*	13.0%	6
Faculty unaware that use of a written plan is a suggested "best practice"	4.3%	2
Number of programs reporting		**46**

- Only 3.5% (n=5) of the 142 programs had "not at all" integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation.

- Almost a third (31.0%, n=44) had integrated simulation standards completely, while 62.7% (n=89) had somewhat or mostly integrated these standards.

- Three (2.1%) reported being unfamiliar with the standards.

Table 69. Extent of Integration of Recognized Simulation Standards

	% of programs	# of programs
Not at all	3.5%	5
Somewhat	28.9%	41
Mostly	33.8%	48
Completely	31.0%	44
Not familiar with the standards	2.1%	3
No answer	0.7%	1
Number of programs reporting	**100.0%**	**142**

- In 2022-23, respondents were asked to name the simulation standards with which their programs were aligned. The most commonly cited standards were International Nursing Association for Clinical Simulation and Learning (INACSL).

- Some programs reported being aligned with more than one standard.

- Other standards, provided as write-in text answers, included the California Simulation Alliance (n=3), and a number of simulation tools like PEARLS (Promoting Excellence in Reflective Learning in Simulation), DASH (Debriefing for Simulation in Healthcare), and Creighton.

Table 70. Simulation Standards with which Program is Aligned

Simulation Standards	% of programs	# of programs
International Nursing Association for Clinical Simulation and Learning (INACSL)	65.2%	92
Society for Simulation in Healthcare (SSH)	41.1%	58
National Council of State Boards of Nursing (NCSBN)	37.6%	53
National League for Nursing (NLN)	29.1%	41
Other	5.0%	7
None	8.5%	12
No answer	6.4%	9
Number of programs reporting		**141**

- On April 3, 2020, in response to the COVID-19 pandemic, the director of the Department of Consumer Affairs (DCA) issued a waiver (DCA Waiver DCA 20-03) on certain restrictions on nursing student clinical hours. This waiver: a) reduced the requirement that "clinical hours be in direct patient care from 75% down to 50% for nursing students in obstetrics, pediatrics, and mental health/psychiatry courses," and b) allowed up to 50% of clinical practice through simulation or lab training provided certain conditions are met for nursing students in geriatrics and medical/surgical course".

- This waiver expired on December 31, 2021 and the COVID-19 public health emergency ended in May 2023. Forty-three respondents indicated that they had changed their program's use of simulation due to the expiration of the waiver.

- Predictably, the most common way that programs changed was a decrease in the number of simulation hours (48.8%, n=21). However, some programs also changed the mode of the simulation used, or even increased the number of simulation hours.

- "Other" ways programs changed, provided in text comments, included: including VR simulation in the program, "less iHuman and more skills and face-to-face simulation", and "Created 2 additional rooms for OB and Peds Sims separate from FON and MS."

Table 71. Ways Programs Changed their Use of Simulation Due to the Expiration of DCA Waiver 20-03

Ways Programs Changed	% of programs	# of programs
Decreased number of simulation hours	48.8%	21
Changed the mode of clinical simulation used	37.2%	16
Increased number of simulation hours	27.9%	12
Other (describe):	7.0%	3
Total number of programs reporting		**43**

- Nineteen respondents indicated that their programs made use of the amendments in 2786.3.a (Section13) to request a reduction in the required number of direct patient care hours in geriatrics, medical-surgical, mental health-psychiatric nursing, obstetrics, or pediatrics until the end of the 2023-2024 academic year.

- The categories in which programs most commonly requested a reduction of direct patient care hours were psychiatric nursing, obstetrics, and pediatrics.

Table 72. Categories In Which Programs Requested a Reduction in Direct Patient Care Hours Pursuant to 2786.3.a

Categories	% of programs	# of programs
Mental health/psychiatric nursing	78.9%	15
Obstetrics	73.7%	14
Pediatrics	73.7%	14
Medical-surgical	47.4%	9
Geriatrics	31.6%	6
Other (describe):	10.5%	2
Total number of programs reporting		**19**

- Respondents were asked to identify the areas where simulation activities are used to achieve learning objectives.

- The most common area was "critical thinking/decision making and managing priorities of care" (95.8%), followed by "application of nursing knowledge/use of nursing process" and "Patient safety/Staff safety and quality of care" (both 93.0%). The least common was "management of legal/ethical situations" (55.6%) and "other" (1.4%).

- More than half of respondents indicated that they were using simulation to achieve learning outcomes and objectives in every category except "other".

- "Other" reasons listed in text comments were: "DEI".

Table 73. Areas Where Simulation is used to Achieve Learning Objectives

Learning Objectives	% of programs	# of programs
Critical thinking/decision making/managing priorities of care	95.8%	136
Application of nursing knowledge/use of the nursing process	93.0%	132
Patient safety/Staff safety and Quality of care	93.0%	132
Communication/crucial conversations	90.1%	128
Preparation for direct clinical patient care	89.4%	127
Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration	88.7%	126
Teamwork/Inter-professional collaboration	88.0%	125
Manage high risk, low volume care and emergency situations	78.2%	111
Leadership/Delegation/Role clarification	71.8%	102
Guaranteed exposure to critical content areas not available in the direct care setting	69.7%	99
Management of Legal/Ethical situations	55.6%	79
Other	1.4%	2
Total number of programs responding		**142**

- Respondents were asked whether their program collects annual data (quantitative and/or qualitative) that show the impact of simulation learning activities on annual NCLEX pass rates year-to-year. Only 8.4% (n=12) of all programs reported doing so, a number that decreased slightly since the prior year.

- These program representatives were asked to describe the quantitative measures used. They are listed below.

Table 74. Quantitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Qualitative Measures
1	All simulation scenarios include measures and tracking of responses to the activities that are used in our simulations. Scenarios will have components such as ATI content and sample NCLEX questions as part of our briefing and debriefing process. We track the performance results over time and use that to correlate to NCLEX scores and look for connections.
2	DASH Reporting
3	NCLEX Pass Rates
4	SET-M
5	SET-M
6	Satisfaction survey
7	School uses following forms: Clinical evaluation forms Clinical procedure check list
8	Survey using 5 Likert scale questionnaire
9	We used questionnaires to see what students learned with simulation learning activities. We used both formative and summative evaluations.
10	Use class climate surveys for simulation in all courses.

- Respondents were also asked to describe the *qualitative* measures used, which are listed below.

Table 75. Qualitative Measures Used to Show Impact of Simulation Learning Activities on NCLEX Pass Rates

	Qualitative Measures
1	All our IPE events use qualitative measures including: Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R) and Readiness for Interprofessional Learning Scale (RIPLS). These surveys allow us to track the qualitative impact of simulation on students, and we track this over time. At end of year meetings we can correlate the trends in survey data to NCLEX performance, and this allows us to make data driven decisions.
2	Comments on satisfaction survey
3	DASH Reporting
4	Open ended question at the end of each survey
5	Reflections, Likert survey for effectiveness, post-grad surveys
6	SET-M
7	Student Evaluations
8	Students were asked open ended questions regarding their simulation learning activities.
9	Trended student written comments
10	student opinion survey

- Respondents were asked whether every simulation session was evaluated by students using standardized, nationally-recognized simulation evaluation tools to measure simulation effectiveness. Forty-eight percent of 143 programs (47.6%, n=68) responded affirmatively. This is up from slightly from approximately 46% last year. Sixty-five of these programs provided the names of the tools they used to evaluate simulation courses.

- Those who had students evaluate every simulation session with a nationally-recognized tool were asked to name the tools they used to measure simulation effectiveness. The most commonly mentioned tools were SET-M (30.8%, n=20), followed by "other" (12.3%, n=8), and INACSL and some sort of unspecified survey (both 9.2%, n=6).

Table 76. Nationally Recognized Tools Used to Evaluate Simulation Courses

Tools Used	%	Number
SET M	30.8%	20
Other tool (unspecified)	12.3%	8
INACSL	9.2%	6
Survey (unspecified)	9.2%	6
DASH	7.7%	5
Debrief	7.7%	5
NLN	7.7%	5
Creighton	6.2%	4
SSIH	6.2%	4
Lasater	3.1%	2
NCBSN	3.1%	2
i-Human	1.5%	1
PNCI	1.5%	1
QSEN	1.5%	1
PEARLS	1.5%	1
Shadowhealth	1.5%	1
Grand Total		**65**

* All categories derived from write-in answers.

- Respondents who did not ask students to evaluate every simulation session with a nationally-recognized tool (n=74) were asked to describe how the program assessed or evaluated the effectiveness of simulation in each course. Fifty-seven respondents provided text comments. The following table summarizes that information, much of which was similar to that provided to the question about tools used by those who had students evaluate each course with a nationally-recognized tool.

- A large number of respondents simply noted that they used an "evaluation tool" (28.1%, n=16), an unspecified survey or course evaluations (each 15.8%, n=9).

Table 77. Other Tools Used to Evaluate Simulation Courses

Tools Used	%	Total
Evaluation "Tool" (unspecified)	28.1%	16
Survey (unspecified)	15.8%	9
Course evaluation	15.8%	9
Skills/SLO assessment/exams	12.3%	7
Debrief/feedback	8.8%	5
Instructor feedback / observation	7.0%	4
In development	5.3%	3
Other	5.3%	3
Self-evaluation / reflection	3.5%	2
Checklist	3.5%	2
CAE tool	1.8%	1
Skills practicum and clinical pass	1.8%	1
Lasater Clinical Judgment tool	1.8%	1
Creighton	1.8%	1
NLN	1.8%	1
SSH	1.8%	1
INACSL	1.8%	1
SET-M	1.8%	1
Total providing comments		**57**

- Respondents were asked what types of simulation they used in different topic areas. Manikin-based simulation remained the primary form of simulation used in fundamentals, medical/surgical, obstetrics, pediatrics, and geriatrics.

- Role-play with other students was the most commonly used form of simulation used in psychiatry/mental health (58.3%, n=74) and leadership/management (37.0%, n=44) programs.

- 31.1% (n=37) of programs did not use simulation in leadership/management courses, 13.0% (n=16) did not use simulation in geriatrics courses, and 13.4% (n=17) did not use simulation in psychiatry/mental health courses.

- Other types of simulation used described in text comments included: virtual simulation (n=6), including immersive virtual reality; Hearing Voices (auditory hallucinations simulation) (n=3), escape room simulations (n=2), high-fidelity manikins, and "Pre-Post Conference" concept mapping of simulated patient condition(s)."

Table 78. Type of Simulation Used by Topic Area

Type of Simulation	Funda-mentals	Medical/ Surgical	Obste-trics	Pedia-trics	Geria-trics	Psych/ Mental Health	Leadership / Mgmt	Other
Manikin-based	82.2%	93.3%	90.3%	84.3%	72.4%	21.3%	30.3%	47.6%
Computer-based (i.e.: software) programs	47.4%	64.4%	50.0%	55.2%	45.5%	44.9%	31.1%	47.6%
Role play with other students	42.2%	36.3%	27.6%	25.4%	22.0%	58.3%	37.0%	19.0%
Standardized /embedded participants	17.0%	24.4%	19.4%	11.9%	14.6%	22.8%	16.0%	38.1%
Task trainers	49.6%	48.1%	35.8%	32.1%	25.2%	4.7%	12.6%	47.6%
Virtual simulations (i.e., via Zoom)	18.5%	25.2%	20.1%	18.7%	15.4%	7.9%	13.4%	23.8%
Other type of simulation	5.9%	5.9%	3.7%	4.5%	3.3%	5.5%	2.5%	47.6%
None	7.4%	0.0%	1.5%	4.5%	13.0%	13.4%	31.1%	4.8%
All Programs Responding	**135**	**135**	**134**	**134**	**123**	**127**	**119**	**21**

Clinical Training in Nursing Education

- Respondents were asked to indicate the allocation of their program's clinical hours. The largest proportion of clinical hours in all programs was in direct inpatient care, (73.7% for ADN programs, 69.7% for BSN, and 67.6% for ELM.

- BSN program reported a relatively high percentage of hours in skills labs (12.4%) compared to other programs, whereas ELM programs had more hours allocated to outpatient care (13.9%) than did other programs.

- ADN programs had the greatest percentages of hours allocated to direct inpatient care (73.7%) and clinical observation (6.6%).

Table 79. Average Hours Spent in Clinical Training by Program Type and Content Area

Content Area	Direct Patient Care--Inpatient			Direct Patient Care--Outpatient			Direct Patient Care--Telehealth		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	325.1	195.3	178.1	6.6	4.8	13.1	0.1	0.0	0.0
Fundamentals	82.8	41.0	35.8	1.0	2.6	7.3	0.0	0.0	0.0
Obstetrics	64.3	69.4	80.5	1.8	0.8	11.5	0.2	0.0	0.5
Pediatrics	54.7	63.8	80.8	7.7	3.0	8.2	0.1	0.0	0.0
Geriatrics	73.4	70.6	49.0	4.0	6.1	2.8	0.1	0.0	0.0
Psychiatry/ Mental Health	65.9	58.7	65.2	4.8	1.8	16.2	0.9	0.1	0.0
Leadership/ Management	46.0	56.7	33.0	1.8	3.0	6.2	0.4	0.0	0.4
Other	6.2	33.8	113.9	1.2	19.7	65.9	0.0	0.0	0.0
Total average clinical hours	**718.5**	**589.3**	**636.3**	**28.9**	**41.9**	**131.0**	**1.8**	**0.1**	**0.8**
Number of programs that reported	**89**	**46**	**13**	**89**	**46**	**13**	**89**	**46**	**13**
Percent of hours	73.7%	69.7%	67.6%	3.0%	5.0%	13.9%	0.2%	0.0%	0.1%
Content Area	**Skills Labs**			**Clinical Simulation**			**Clinical Observation**		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	4.9	18.3	11.7	35.1	24.1	9.7	29.5	8.9	0.0
Fundamentals	73.3	60.7	62.7	9.6	7.9	6.4	1.2	1.2	0.0
Obstetrics	1.3	5.6	6.8	8.2	10.5	8.7	9.0	1.3	1.8
Pediatrics	2.6	5.9	5.0	7.9	10.8	8.0	8.1	1.5	2.5
Geriatrics	1.0	2.6	0.3	6.1	7.7	3.1	6.1	2.4	0.0
Psychiatry/ Mental Health	2.2	3.2	3.8	5.6	6.6	10.0	6.0	7.7	0.0
Leadership/ Management	0.4	2.2	2.2	2.1	5.6	4.2	4.5	11.3	7.8
Other	0.2	6.1	10.7	1.1	1.8	7.7	0.1	0.3	0.0
Total average clinical hours	**85.8**	**104.6**	**103.2**	**75.7**	**75.0**	**57.8**	**64.6**	**34.6**	**12.2**
Number of programs that reported	**89**	**46**	**13**	**89**	**46**	**13**	**89**	**46**	**13**
Percent of hours	8.8%	12.4%	11.0%	7.8%	8.9%	6.1%	6.6%	4.1%	1.3%

Table 79. (continued). Average Hours Spent in Clinical Training by Program Type and Content Area – Total Clinical Hours

Content Area	Total Clinical Hours			Percent of Total Clinical Hours		
	ADN	BSN	ELM	ADN	BSN	ELM
Medical/Surgical	401.3	251.3	212.5	41.1%	29.7%	22.6%
Fundamentals	168.0	113.5	112.2	17.2%	13.4%	11.9%
Obstetrics	84.8	87.7	109.8	8.7%	10.4%	11.7%
Pediatrics	81.1	85.1	104.4	8.3%	10.1%	11.1%
Geriatrics	90.6	89.4	55.2	9.3%	10.6%	5.9%
Psychiatry/ Mental Health	85.3	78.2	95.2	8.8%	9.2%	10.1%
Leadership/ Management	55.3	78.7	53.8	5.7%	9.3%	5.7%
Other	8.8	61.7	198.2	0.9%	7.3%	21.1%
Total average clinical hours	**975.3**	**845.6**	**941.2**	**100.0%**	**100.0%**	**100.0%**
Number of programs that reported	**89**	**46**	**13**	**89**	**46**	**13**
Percent of hours	100.0%	100.0%	100.0%			

- Percent of clinical hours are derived by dividing the average number of clinical hours per category by the total number of clinical hours for that program type.

- In terms of content area, ADN programs allocated the greatest percentage of hours to medical/surgical (41.1% of hours in ADN programs), although the plurality of hours in each program was allocated to medical/surgical.

- ADN programs also allocated more hours to fundamentals (17.2%).

- ELM programs mentioned "other" content areas more frequently than other program types (21.1% of hours).

- Three programs reported no clinical hours. One of these programs is on teach-out and the other two gave no reason.

- In a separate question, respondents were asked whether their programs require that their fundamentals students have clinical practice in direct patient care. Most (77.6%, n=118) said "yes". This is virtually the same number of programs as last year.

- In each content area and clinical experience, the majority of programs planned to maintain the current balance of clinical training hours over the next 12 months for each clinical experience type and content area listed in the table below.

- All program types except ELM, across each content area, anticipated increases in clinical training hours in clinical simulation except in the area of leadership/management and, where only BSN programs anticipated a slight increase, and "other. The only place where ELM programs anticipated an increase in clinical simulation were obstetrics and pediatrics.

- All program types plan fairly substantial decreases in direct inpatient care in pediatrics, obstetrics, and psychiatry/mental health. ELM programs projected fairly sizeable decreases in all types of clinical experience in fundamentals.

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience

Medical/Surgical	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	8.8%	2.1%	7.7%	86.8%	91.5%	84.6%	4.4%	4.3%	0.0%
Direct Out-Patient Care	2.2%	0.0%	0.0%	76.9%	82.6%	76.9%	1.1%	4.4%	0.0%
Direct Care Telehealth	2.2%	2.2%	0.0%	67.0%	78.3%	76.9%	1.1%	2.2%	0.0%
Skills Labs	2.2%	0.0%	0.0%	90.1%	93.5%	84.6%	3.3%	2.2%	0.0%
Clinical Simulation	3.3%	0.0%	0.0%	83.5%	93.6%	84.6%	12.1%	4.3%	0.0%
Clinical Observation	1.1%	0.0%	0.0%	86.8%	82.6%	76.9%	0.0%	2.2%	0.0%
Total clinical hours	**3.3%**	**0.0%**	**7.7%**	**95.6%**	**95.7%**	**84.6%**	**1.1%**	**2.1%**	**0.0%**
Fundamentals	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	4.4%	2.2%	7.7%	85.7%	89.1%	92.3%	3.3%	8.7%	0.0%
Direct Out-Patient Care	1.1%	0.0%	7.7%	73.6%	80.4%	76.9%	1.1%	4.4%	0.0%
Direct Care Telehealth	1.1%	0.0%	7.7%	67.0%	78.3%	69.2%	0.0%	2.2%	0.0%
Skills Labs	2.2%	4.3%	7.7%	92.3%	93.6%	92.3%	1.1%	2.1%	0.0%
Clinical Simulation	1.1%	0.0%	7.7%	86.8%	89.1%	69.2%	5.5%	6.5%	0.0%
Clinical Observation	1.1%	0.0%	7.7%	81.3%	84.8%	69.2%	0.0%	2.2%	0.0%
Total clinical hours	**2.2%**	**0.0%**	**7.7%**	**94.5%**	**97.9%**	**92.3%**	**0.0%**	**2.1%**	**0.0%**
Obstetrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	5.9%	4.3%	7.7%	90.6%	93.6%	92.3%	3.5%	2.1%	0.0%
Direct Out-Patient Care	1.2%	0.0%	0.0%	74.1%	80.4%	84.6%	2.4%	4.4%	0.0%
Direct Care Telehealth	1.2%	2.2%	0.0%	69.4%	78.3%	76.9%	0.0%	2.2%	0.0%
Skills Labs	1.2%	0.0%	0.0%	91.8%	93.5%	92.3%	3.5%	2.2%	0.0%
Clinical Simulation	1.1%	0.0%	0.0%	86.8%	95.7%	84.6%	9.9%	4.3%	7.7%
Clinical Observation	1.2%	0.0%	0.0%	83.5%	84.8%	76.9%	0.0%	4.4%	0.0%
Total clinical hours	**2.2%**	**2.1%**	**0.0%**	**94.5%**	**95.7%**	**100.0%**	**2.2%**	**2.1%**	**0.0%**

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

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Pediatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	9.9%	4.3%	7.7%	85.7%	91.5%	92.3%	2.2%	4.3%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	76.9%	84.8%	84.6%	5.5%	2.2%	0.0%
Direct Care Telehealth	1.1%	2.2%	0.0%	69.2%	78.3%	76.9%	0.0%	2.2%	0.0%
Skills Labs	1.1%	0.0%	0.0%	91.2%	91.3%	92.3%	2.2%	2.2%	0.0%
Clinical Simulation	3.3%	0.0%	0.0%	84.6%	93.6%	84.6%	8.8%	4.3%	7.7%
Clinical Observation	1.1%	0.0%	0.0%	84.6%	84.8%	76.9%	2.2%	2.2%	0.0%
Total clinical hours	**1.1%**	**0.0%**	**0.0%**	**84.6%**	**84.8%**	**76.9%**	**2.2%**	**2.2%**	**0.0%**
Geriatrics	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	3.3%	2.1%	7.7%	93.4%	91.5%	84.6%	2.2%	2.1%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	79.1%	80.4%	76.9%	1.1%	4.4%	0.0%
Direct Care Telehealth	0.0%	2.2%	0.0%	71.4%	78.3%	76.9%	0.0%	2.2%	0.0%
Skills Labs	0.0%	0.0%	0.0%	90.1%	89.1%	76.9%	1.1%	4.4%	0.0%
Clinical Simulation	1.1%	0.0%	0.0%	91.2%	91.3%	76.9%	4.4%	2.2%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	85.7%	82.6%	76.9%	0.0%	4.4%	0.0%
Total clinical hours	**1.1%**	**2.1%**	**7.7%**	**96.7%**	**95.7%**	**84.6%**	**1.1%**	**2.1%**	**0.0%**
Psychiatry/ Mental Health	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	6.6%	6.4%	7.7%	89.0%	91.5%	84.6%	3.3%	2.1%	0.0%
Direct Out-Patient Care	1.1%	0.0%	0.0%	76.9%	82.6%	76.9%	4.4%	2.2%	0.0%
Direct Care Telehealth	1.1%	2.2%	0.0%	71.4%	78.3%	76.9%	1.1%	2.2%	0.0%
Skills Labs	1.1%	0.0%	0.0%	86.8%	91.3%	76.9%	1.1%	2.2%	0.0%
Clinical Simulation	3.3%	0.0%	0.0%	89.0%	91.5%	76.9%	4.4%	6.4%	0.0%
Clinical Observation	1.1%	0.0%	0.0%	86.8%	84.8%	76.9%	0.0%	4.4%	0.0%
Total clinical hours	**2.2%**	**2.1%**	**7.7%**	**96.7%**	**95.7%**	**84.6%**	**1.1%**	**2.1%**	**0.0%**
Leadership/ Management	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	0.0%	0.0%	0.0%	89.0%	89.1%	84.6%	1.1%	2.2%	0.0%
Direct Out-Patient Care	0.0%	0.0%	0.0%	74.7%	82.6%	76.9%	0.0%	2.2%	0.0%
Direct Care Telehealth	0.0%	2.2%	0.0%	68.1%	78.3%	76.9%	0.0%	4.4%	0.0%
Skills Labs	0.0%	0.0%	0.0%	83.5%	87.0%	76.9%	0.0%	2.2%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	86.8%	89.1%	76.9%	0.0%	2.2%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	83.3%	84.8%	76.9%	0.0%	2.2%	0.0%
Total clinical hours	**1.1%**	**0.0%**	**0.0%**	**89.0%**	**89.4%**	**84.6%**	**1.1%**	**2.1%**	**0.0%**

Table 80. Planned Increase or Decrease in Clinical Hours by Content Area and Type of Clinical Experience* (Continued)

Other	Decrease hours			Maintain hours			Increase hours		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
Direct In-Patient Care	1.1%	0.0%	15.4%	84.6%	93.5%	69.2%	0.0%	0.0%	0.0%
Direct Out-Patient Care	0.0%	0.0%	0.0%	84.6%	84.8%	84.6%	0.0%	0.0%	0.0%
Direct Care Telehealth	0.0%	0.0%	0.0%	76.9%	82.6%	76.9%	0.0%	0.0%	0.0%
Skills Labs	0.0%	0.0%	0.0%	87.9%	89.1%	84.6%	0.0%	0.0%	0.0%
Clinical Simulation	0.0%	0.0%	0.0%	87.9%	91.3%	84.6%	0.0%	0.0%	0.0%
Clinical Observation	0.0%	0.0%	0.0%	85.7%	87.0%	76.9%	0.0%	0.0%	0.0%
Total clinical hours	**1.1%**	**0.0%**	**7.7%**	**87.9%**	**91.3%**	**84.6%**	**0.0%**	**2.2%**	**0.0%**

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

Respondents were asked why they were reducing the number of clinical hours in their program if they indicated in the prior questions that they were decreasing overall clinical hours in any content area.

- Ten programs indicated that they were decreasing overall clinical hours.

- "Curriculum redesign or change" was the most common reason, followed by the need to reduce units.

- "Other" reasons provided in text comments include: "ELM paused effective 2023" and "We are not reducing total hours, but redistributing to ensure better continuity of experience while still being well above the minimum requirements for specialty rotations."

Table 81. Why Programs are Reducing Clinical Hours

Reasons	%
Curriculum redesign or change	70.0%
Need to reduce units	30.0%
Other	20.0%
Students can meet learning objectives in less time	10.0%
Unable to find sufficient clinical space	10.0%
Impacts of COVID-19	0.0%
Insufficient clinical faculty	0.0%
Funding issues or unavailable funding	0.0%
Total reporting	**10**

School Data

Data in this section represent all schools with pre-licensure nursing programs. These questions were not asked for each program type. Where breakdowns are provided by the types of programs the school has, it is important to keep in mind that many schools have multiple programs and there may be overlap (see the section on Other Program Administration).

Institutional Accreditations

- For this survey, institution accreditation was defined as, "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."

- The most commonly reported institutional accreditations were WASC-JC (54.5%, n=78) and WSCUC (35.0%, n=50).

- "Other" accreditations described in text comments include some *professional* accreditations such as the Commission on Collegiate Nursing Education (CCNE) (n=3).

- Other *institutional* accrediting agencies listed include Accrediting Bureau of Health Education Schools (ABHES), Adventist Accrediting Association, Accrediting Commission for Community and Junior Colleges (ACCJC), and Transnational Association of Christian Colleges and Schools (TRACS). Other organizations include the California Bureau for Private Postsecondary Education (BPPE).

Table 82. Institutional Accreditations

Accreditations	% of Schools	# of Schools
Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (WASC-JC)	54.5%	78
WASC – Senior College and University Commission (WSCUC)	35.0%	50
Accrediting Bureau of Health Education Schools (ABHES)	7.0%	10
Other	5.6%	8
Accrediting Commission of Career Schools & Colleges (ACCSC)	2.1%	3
Higher Learning Commission (HLC)	0.0%	0
Accrediting Council for Independent Colleges and Schools (ACICS)	1.4%	2
Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)	0.0%	0
Northwest Commission on Colleges and Universities (NWCCU)	0.0%	0
Number of schools that reported		**143**

RN Refresher Course

In 2022-22, two nursing schools offered an RN refresher course, and seven students completed one of these courses.

Nursing Program Directors

- Sixty-six programs reported other programs administered by the RN pre-licensure program director. The most commonly reported programs also administered by the pre-licensure RN program director included "other", followed by CNA, LVN, and HHA.

- "Other" programs mentioned in write-in answers included various "graduate" or post-licensure nursing programs (n=8), prelicensure nursing programs such as ELM or LVN-to-ADN (n=3), medical assisting (n=4), respiratory therapy, addiction studies, registered dental assisting, physical therapy assistant, health information technology, nutrition, and phlebotomy. Answers such as "none" and "n/a" are not included.

Table 83. Other Programs Administered by the RN Program Director

Program Types	% of Schools	# of Schools
CNA	34.8%	23
Other	33.3%	22
LVN	33.3%	22
HHA	18.2%	12
RN Post-Licensure programs	16.7%	11
EMT	15.2%	10
Health sciences	13.6%	9
Technician (i.e., psychiatric, radiologic, etc.)	12.1%	8
Health professions	10.6%	7
Other undergraduate programs	6.1%	4
Paramedic	4.5%	3
Numberof schools reporting		**66**

Other Program Administration

Assistant Directors

- Nearly all nursing schools (95.8%, 137 out of 143 schools) reported having *at least one* assistant director.

- The majority of nursing schools (52.5%, n=75) have one assistant director, and almost a third (32.9%, n= 47) have two. 10.5% (n=15) have three or more assistant directors.

- Larger schools are more likely to have multiple assistant directors—schools with one hundred or fewer students averaged 1.5 assistant directors, those with 100-199 students averaged 1.7 assistant directors, and those with 200 or more averaged 1.8 assistant directors.

Table 84. Number of Assistant Directors by Size of School and Program Type

# of Assistant Directors	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	7.9%	0.0%	20.0%	0.0%	18.2%	25.0%	0.0%	0.0%	0.0%	3.3%	4.3%	15.4%
1 Asst. Director	55.3%	66.7%	60.0%	57.9%	54.5%	25.0%	43.8%	44.4%	0.0%	54.3%	51.1%	30.8%
2 Asst. Director	36.8%	33.3%	20.0%	39.5%	27.3%	50.0%	18.8%	25.9%	25.0%	34.8%	27.7%	30.8%
3 Asst. Director	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	18.8%	7.4%	25.0%	4.3%	4.3%	7.7%
>4 Asst. Director	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.8%	22.2%	50.0%	3.3%	12.8%	15.4%
Programs reporting	**38**	**9**	**5**	**38**	**11**	**4**	**16**	**27**	**4**	**92**	**47**	**13**
Percent of Program Type by School Size	41.3%	19.1%	38.5%	41.3%	23.4%	30.8%	17.4%	57.4%	30.8%	60.5%	30.9%	8.6%
Mean # of assistant directors	1.3	1.3	1.0	1.4	1.1	1.3	2.1	2.1	3.0	1.5	1.7	1.8

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

- On average, assistant directors have fewer hours allotted to administering the nursing program than they actually spend administering it. However, the number of hours allocated and spent varies by both program type and school size. Some schools listed more hours allotted than spent.

- On average, schools with ADN programs share fewer assistant directors and have fewer assistant director hours allotted than schools with other types of programs.

Table 85. Average Number of Assistant Director Hours Allotted per Week by Size of School and Program Type

| # of Assistant Directors | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst. Director	14.3	19.3	16.0	9.9	26.8	10.0	12.0	23.6	-	12.0	20.6	14.5
2 Asst. Director	24.9	55.0	60.0	14.0	48.7	45.0	18.5	44.5	50.0	19.2	42.8	50.0
3 Asst. Director	-	-	-	61.0	-	-	63.3	102.5	85.0	63.3	85.1	85.0
>4 Asst. Director	-	-	-	-	-	-	112.3	140.0	96.0	112.3	136.0	96.0
Programs reporting	**34**	**9**	**4**	**37**	**9**	**3**	**16**	**27**	**4**	**87**	**45**	**11**
Average hours allotted / week	18.7	31.2	27.0	13.0	34.1	33.3	41.5	59.4	81.8	20.4	48.7	48.6

Table 86. Average Number of Assistant Director Hours Spent per Week by Size of School and Program Type

| # of Assistant Directors | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Asst. Director	18.1	21.0	16.0	10.7	29.7	10.0	13.1	25.5	-	14.1	25.4	14.5
2 Asst. Director	24.8	87.5	60.0	17.6	52.0	45.0	30.3	48.6	50.0	21.9	55.9	50.0
3 Asst. Director	-	-	-	-	-	-	77.0	60.5	85.0	77.0	60.5	85.0
>4 Asst. Director	-	-	-	-	-	-	116.3	161.8	133.5	116.3	161.8	133.5
Programs reporting	**34**	**5**	**5**	**36**	**13**	**2**	**16**	**25**	**4**	**86**	**43**	**11**
Average # of hours spent / week	20.8	37.6	27.0	13.5	37.1	33.3	47.7	64.4	100.5	22.8	53.9	55.5

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

*Average hours reported are for all staff per program and not per person.

Clerical Staff

- All but three schools reported clerical staff.

- Schools with fewer students generally had fewer clerical staff—for example, schools with less than 100 students had an average of 2.6 clerical staff, those with between 100 and 200 students had an average of 2.9 clerical staff, while those with more than 200 students had an average of 5.9 clerical staff.

- Schools with ADN programs had an average of 2.6 clerical staff while those with BSN programs averaged 6.0 clerical staff, and those with ELM programs averaged 7.5.

- Average hours *per staff person* were 27.6 for ADN programs, 26.2 for BSN programs, and 26.5 for ELM programs with an overall average number of 26.9 hours per person, taking into account total clerical support hours and total number of staff reported.

Table 87. Number of Clerical Staff by Size of School and Program Type

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
Number of clerical staff	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None or not reported	5.3%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	7.7%
1 clerical staff	44.7%	21.1%	20.0%	21.1%	36.4%	25.0%	6.3%	3.7%	0.0%	28.3%	19.1%	15.4%
2 clerical staff	34.2%	39.5%	0.0%	39.5%	18.2%	25.0%	31.3%	18.5%	0.0%	35.9%	17.0%	7.7%
3 clerical staff	5.3%	13.2%	0.0%	13.2%	18.2%	0.0%	25.0%	11.1%	25.0%	12.0%	10.6%	7.7%
4 clerical staff	7.9%	21.1%	20.0%	21.1%	0.0%	25.0%	6.3%	7.4%	0.0%	13.0%	6.4%	15.4%
>4 clerical staff	2.6%	5.3%	40.0%	5.3%	27.3%	25.0%	31.3%	59.3%	75.0%	8.7%	46.8%	46.2%
Avg. # of staff	**1.9**	**5.3**	**4.3**	**2.6**	**4.0**	**5.0**	**4.2**	**7.0**	**13.3**	**2.6**	**6.0**	**7.5**
Avg. hours per week*	**52.2**	**69.0**	**95.4**	**68.5**	**136.4**	**200.0**	**124.1**	**201.4**	**353.1**	**71.9**	**159.9**	**216.2**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

*Average hours reported are for all staff per program and not per person.

Table 88. Average Number of Clerical Staff Hours by Size of School and Program Type

| Number of clerical staff | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 clerical staff	35.1	40.0	37.5	39.7	32.5	40.0	40.0	40.0	0.0	36.7	36.7	38.8
2 clerical staff	50.6	57.0	0.0	72.0	60.0	80.0	69.8	68.0	0.0	63.2	64.6	80.0
3 clerical staff	75.0	0.0	0.0	52.8	90.0	0.0	87.3	90.7	80.0	69.4	90.4	80.0
4 clerical staff	106.7	160.0	160.0	90.4	0.0	160.0	139.0	37.0	0.0	98.5	78.0	160.0
>4 clerical staff	155.0	81.3	92.0	110.0	356.7	520.0	221.6	300.7	444.2	185.4	277.4	339.4
Avg, hours per program	**52.2**	**69.0**	**95.4**	**68.5**	**136.4**	**200.0**	**124.1**	**201.4**	**353.1**	**71.9**	**159.9**	**216.2**
Avg. hours per staff	**27.6**	**12.9**	**22.4**	**26.4**	**34.1**	**40.0**	**29.3**	**28.5**	**26.7**	**27.5**	**26.7**	**28.8**
Programs reporting	**35**	**9**	**4**	**38**	**11**	**4**	**16**	**26**	**4**	**89**	**46**	**12**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.
*Average hours reported are for all staff per program and not per person except where specified.

- Respondents were asked to report on the adequacy of the amount of clerical support at their schools. The majority of schools with each program type indicated that their clerical support was very or somewhat adequate. Respondents at ADN programs were less likely to report that the amount of clerical support was somewhat or very adequate.

Table 89. Adequacy of Amount of Clerical Support

Adequacy	ADN	BSN	ELM
Very adequate	11.1%	13.0%	8.3%
Somewhat adequate	44.4%	63.0%	75.0%
Somewhat inadequate	37.8%	21.7%	16.7%
Very inadequate	6.7%	2.2%	0.0%
Number of programs reporting	**90**	**46**	**12**

Clinical Coordinators

- 79.0% (n=113) of the 143 schools responding to this question reported at least one staff person working as a clinical coordinator or on clinical coordination tasks.

- Schools with ELM programs (92.3%, n=12) and BSN programs (89.4%, n=42) were more likely to report having clinical coordinators on staff than were schools with ADN programs (73.9%, n=68).

- Schools with ELM and BSN programs were also more likely to have multiple clinical coordinators than were schools with ADN programs. 61.5% (n=8) of schools with ELM programs and 63.8% (n=30) of schools with BSN programs had multiple clinical coordinators compared to schools with ADN programs (37.0%, n=34).

Table 90. Number of Clinical Coordinators by Size of School and Program Type

# of clinical coordinators	Number of Students in School											
	Less than 100			100-199			More than 200			All Programs		
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
None	34.2%	22.2%	20.0%	23.7%	9.1%	0.0%	12.5%	7.4%	0.0%	26.1%	10.6%	7.7%
1 Clinical Coordinator	26.3%	33.3%	40.0%	44.7%	45.5%	50.0%	43.8%	14.8%	0.0%	37.0%	25.5%	30.8%
2 Clinical Coordinators	21.1%	11.1%	20.0%	21.1%	27.3%	25.0%	18.8%	11.1%	0.0%	20.7%	14.9%	15.4%
>2 Clinical Coordinators	18.4%	33.3%	20.0%	10.5%	18.2%	25.0%	25.0%	66.7%	100.0%	16.3%	48.9%	46.2%
Avg. # of staff	**2.4**	**2.4**	**2.3**	**1.7**	**2.3**	**2.0**	**2.9**	**4.3**	**6.0**	**2.2**	**3.5**	**3.4**
Avg. # of hours	**30.5**	**52.1**	**67.5**	**24.5**	**58.5**	**80.0**	**66.2**	**104.6**	**164.0**	**34.8**	**84.9**	**103.8**
Programs reporting	**38**	**9**	**5**	**38**	**11**	**4**	**16**	**27**	**4**	**92**	**47**	**13**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

*Average hours reported are for all staff per program and not per person.

- Schools with BSN and ELM programs overall reported more clinical coordinator hours per week on average (103.8 and 84.9, respectively) than did schools with ADN programs (34.8 hours per week).

- Schools with BSN and ELM programs reported more clinical coordinator hours *per clinical coordinator* per week on average (24.3 and 30.4, respectively) than did schools with ADN programs (average of 15.7 hours per week).

Table 91. Average Number of Clinical Coordinator Hours by Size of School and Program Type

| # of clinical coordinators | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
1 Clinical Coordinator	23.3	40.0	30.0	22.0	36.0	40.0	26.7	35.0	0.0	23.3	36.7	35.0
2 Clinical Coordinators	28.3	60.0	60.0	29.8	55.0	80.0	35.8	55.0	0.0	30.1	55.7	70.0
>2 Clinical Coordinators	43.4	61.7	150.0	24.3	120.0	160.0	148.3	128.4	164.0	66.3	119.0	161.0
Avg. hours per program	**30.5**	**52.1**	**67.5**	**24.5**	**58.5**	**80.0**	**66.2**	**104.6**	**164.0**	**34.8**	**84.9**	**103.8**
Avg. hours per staff	**12.5**	**21.5**	**30.0**	**14.8**	**25.4**	**40.0**	**21.5**	**24.4**	**27.3**	**21.5**	**24.3**	**30.4**
Programs reporting	**38**	**9**	**5**	**38**	**11**	**80**	**16**	**27**	**164**	**92**	**47**	**249**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

*Some programs had no clinical coordinators and they are not reported in the program counts in this table.

**Average hours reported are for all staff per program and not per person unless otherwise specified. Averages are for programs that have clinical coordinators.

- Respondents were asked to report on the adequacy of the amount of clinical coordination support at their schools. Respondents with ADN programs were the most likely to report that the amount of clinical coordination support was somewhat or very inadequate.

Table 92. Adequacy of Amount of Clinical Coordination Support

Adequacy	ADN	BSN	ELM
More than adequate	7.4%	9.5%	8.3%
Adequate	45.6%	71.4%	75.0%
Less than adequate	36.8%	16.7%	16.7%
Not at all adequate	10.3%	2.4%	0.0%
Total number of programs reporting	**68**	**42**	**12**

Retention Specialists

- Thirty-nine percent (38.5%, n=55) of schools reported having a student retention specialist or coordinator on staff exclusively dedicated to the nursing program.

- Retention specialists were more common in schools with ADN (38.2%, n=34) and BSN programs (44.7%, n=21) than schools with ELM programs, where only 33.3% (n=4) had retention specialists.

- Schools with retention specialists had an average of 24.9 hours per week of retention specialist time. Smaller and midsize schools had fewer retention specialist hours (average 15.5 and 24.3 hours per week respectively) compared to large schools (30.4 hours per week).

- While ELM and BSN programs have more retention specialist hours than ADN programs, ELM and BSN programs also tend to be in larger schools.

Table 93. Retention Specialists and Average Number of Retention Specialist Hours by Size of School and Program Type

| | Number of Students in School | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM	ADN	BSN	ELM
% with a retention specialist	25.0%	44.4%	25.0%	44.7%	36.4%	25.0%	50.0%	48.1%	50.0%	37.8%	44.7%	33.3%
# with a retention specialist	9	4	1	17	4	1	8	13	2	34	21	4
Avg. hours per program	**29.7**	**17.5**	**30.0**	**19.3**	**27.5**	**16.0**	**61.3**	**47.3**	**36.8**	**20.8**	**37.8**	**29.9**
Programs reporting	**36**	**9**	**4**	**38**	**11**	**4**	**16**	**27**	**4**	**90**	**47**	**12**

Note: Student data was collected by program while staff numbers were collected by school. Student and staff counts are reported here by program except for schools that include multiple programs. In those cases, the number of students was combined and the same data were reported for both programs. Nine schools reported two programs each; eight had a BSN and an ELM, and one had an ADN and a BSN.

*Average hours reported are for all staff per program and not per person unless otherwise specified.

Factors Impacting Student Attrition

- Personal reasons and academic failure continue to be reported as the factors with the greatest impact on student attrition. 65.6% (86 of 132 respondents) of schools reported personal reasons as having a great or moderate impact, while 57.9% (n=77 of 133 respondents) reported that academic failure had great or moderate impact on student attrition.

- Factors related to the COVID-19 pandemic such as concern about exposure to COVID-19, lack of child care/school closures, and unwillingness to continue program in an online environment were not as impactful as traditional factors.

- "Other" factors from written comments included: unwillingness to get required COVID-19 vaccination (n=3), mental health challenges, lack of necessary study skills, code of conduct - cheating, accumulated absences, deceased, and medical leave.

Table 94. Factors Impacting Student Attrition

Factors	no impact	minor impact	moderate impact	great impact	Total responses
Personal reasons (e.g. home, job, health, family)	1.5%	32.6%	29.5%	36.4%	132
Academic failure	5.3%	36.8%	30.8%	27.1%	133
Financial need	15.4%	31.6%	28.2%	24.8%	117
Clinical failure	28.0%	41.5%	16.9%	13.6%	118
Change of major or career interest	39.6%	48.1%	9.4%	2.8%	106
Lack of child care/school closures	53.5%	32.3%	11.1%	3.0%	99
Transfer to another school	69.0%	23.8%	4.8%	2.4%	84
Concern about exposure to COVID-19	74.7%	20.0%	2.1%	3.2%	95
Unwillingness to continue program in online environment	86.4%	12.1%	1.5%	0.0%	66
Other	0.0%	33.3%	22.2%	44.4%	9

*These percentages are derived by dividing the number answering each category by the total number of respondents answering each series.

Recruitment and Retention of Underrepresented Groups

- 33.6% of schools (n=48) of 143 schools reported being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.

- 139 answered questions regarding strategies to recruit and admit underrepresented students.

- The strategies most commonly used by schools to recruit and admit students from groups underrepresented in nursing were outreach, such as high school job fairs and community events (66.9%), admission counseling (48.2%), and multi-criteria screening (AB 548) (47.5%).

- "Other" strategies mentioned in text comments include: online or in-person information sessions and workshops (n=5), holistic admissions (n=2), Credit for Prior Learning, K-12 activities, College & Career Day activities, IVROP/EOPS Activities, tabling, and campus enrollment career pathway events,

Table 95. Strategies to Recruit and Admit Underrepresented Students

Strategies	% of Schools	# of Schools
Outreach (e.g. high school fairs, community events)	66.9%	93
Admission counseling	48.2%	67
Multi-criteria screening as defined in California Assembly Bill 548	47.5%	66
Holistic review (e.g. residency, language skills, veteran status, other life experiences)	48.2%	67
Additional financial support (e.g. scholarships)	32.4%	45
Open house	28.1%	39
New admission policies instituted	15.1%	21
No need. We already have a diverse applicant pool and no additional strategies are needed.	15.8%	22
Other	10.8%	15
Number of schools reporting		**139**

- The strategies most commonly used by schools to support and retain underrepresented students are student success strategies such as mentoring, remediation, and tutoring 85.8%, n=121); academic counseling (81.6%, n=115); and additional financial support such as scholarships (56.0%, n=79). These strategies were also the top three for the prior two years.

- "Other" strategies from written comments include: part-time LVN to RN track, student success coordinator, individual tutoring and remediation (n=3), learning communities including: Black Student Nursing Association, Men in Nursing Association, Latinx Student Nursing Association and Cultural Centers; resilience program, health services counseling, BSN pathway and LVN/Military Advanced Placement Opportunities, affordable on-campus day care, alternate course progression as needed.

Table 96. Strategies to Support and Retain Underrepresented Students

Strategies	% of Schools	# of Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	85.8%	121
Academic counseling	81.6%	115
Additional financial support (e.g. scholarships)	56.0%	79
Wellness counseling	51.1%	72
Program revisions (e.g. curriculum revisions, evening/weekend program)	11.3%	16
Other	9.9%	14
Additional child care	6.4%	9
No need, students from groups underrepresented in nursing are successful without any additional strategies	6.4%	9
Number of Schools Reportig		**141**

- Most schools (81.8%, n=117) reported that they provided training for faculty to support the success of at-risk students in their nursing programs.

- The most common training included faculty development and orientation (88.9%) followed by cultural diversity training (77.8%).

Table 97. Faculty Training Provided to Support the Success of At-risk Students

Training Type	% of Schools	# of Schools
Faculty development and orientation	88.9%	104
Cultural diversity training	77.8%	91
Training on disabilities and accommodations	72.6%	85
Faculty mentoring and peer mentoring programs	75.2%	88
Training on various student success initiatives	61.5%	72
Other	7.7%	9
Number of schools reporting		**117**

Access to Prerequisite Courses

- 34 nursing schools (23.8%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students. All of these schools reported strategies used to address access to prerequisite courses.

- Adding science course sections (58.8%), agreements with other schools for prerequisite courses (55.9%), and accepting online courses from other institutions (52.9%) were the most common methods used to increase access to prerequisite courses.

- "Other" methods used to increase access to prerequisite courses from text comments included: "Accept students with courses in progress" and "Working with other department chairs."

Table 98. Access to Prerequisite Courses

Methods Used to Increase Access	% of Schools	# of Schools
Adding science course sections	58.8%	20
Agreements with other schools for prerequisite courses	55.9%	19
Accepting online courses from other institutions	52.9%	18
Providing online courses	50.0%	17
Offering additional prerequisite courses on weekends, evenings, and summers	35.3%	12
Transferable high school courses to achieve prerequisites	26.5%	9
Other	5.9%	2
Prerequisite courses in adult education	2.9%	1
Number of schools reporting		**34**

Restricting Student Access to Clinical Practice

- 92 out of 143 nursing schools (64.3%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.

- The most common or very common types of restricted access students faced were lack of access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, Bar coding medication administration (i.e., Pyxis), and Automated medical supply cabinets (i.e., OmniCell). In 2021-22, the most common reason for restricted access was sites overall due to COVID-19, which is, as of 2022-23, number eight on the list.

Table 99. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Types of Restricted Access	Very uncommon	Un-common	Common	Very Common	N/A
Clinical site due to visit from the Joint Commission or other accrediting agency	6.6%	35.2%	33.0%	22.0%	3.3%
Bar coding medication administration (i.e., Pyxis)	11.0%	26.4%	33.0%	18.7%	9.9%
Automated medical supply cabinets (i.e., OmniCell)	8.8%	25.3%	31.9%	19.8%	12.1%
Electronic medical records	6.6%	34.1%	34.1%	16.5%	7.7%
Patients related to staff nurse preferences or concerns about their additional workload	8.8%	36.3%	29.7%	14.3%	8.8%
Health and safety requirements (i.e., drug screening, background checks)	19.8%	35.2%	18.7%	12.1%	12.1%
IV medication administration	13.2%	44.0%	23.1%	6.6%	9.9%
Sites overall due to COVID-19	14.3%	41.8%	19.8%	8.8%	11.0%
Glucometers	24.2%	42.9%	12.1%	7.7%	9.9%
Direct communication with health care team members	26.4%	39.6%	12.1%	5.5%	15.4%
Alternative settings due to liability (i.e., home health visits)	17.6%	31.9%	7.7%	8.8%	31.9%
Inability to onboard or complete orientation of new cohort due to COVID-19	34.1%	35.2%	8.8%	1.1%	17.6%
Lack of access to specific units due to lack of PPE	25.3%	46.2%	5.5%	2.2%	17.6%
Other	17.6%	0.0%	0.0%	0.0%	0.0%
Total Schools answering any question in this series					**91**

- Respondents reported a number of "other" types of restricted access, although many of these were actually additional reasons for restricted access. These included limits on the size of student groups, and the overall number of students allowed at sites (n=8), which has not let up with the expiration of the COVID-19 pandemic (according to some schools), patient census (n=2), clinical site closures, and extensive onboarding requirements.

- The majority of schools reported that student access to electronic medical records was restricted due to insufficient time to train students (61.3%, n=46) and "Staff still learning and unable to assure documentation standards are being met" and liability (both 46.7%, n=35).

- Schools reported that students were most frequently restricted from using medication administration systems due to liability (61.0%, n=47) and staff fatigue/burnout (54.5%, n=42).

- "Other" reasons reported in text comments included: insufficient staffing/preceptors (n=4), limit on number of students that can be on the unit, and medication error by another school.

Table 100. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration

Reasons	Electronic Medical Records	Medication Administration
Insufficient time to train students	61.3%	39.0%
Liability	46.7%	61.0%
Patient confidentiality	28.0%	10.4%
Staff fatigue/burnout	44.0%	54.5%
Staff still learning and unable to assure documentation	46.7%	29.9%
Cost for training	17.3%	7.8%
Other	9.3%	15.6%
Number of schools reporting	**75**	**77**

- Thirty-one schools provided additional comments on restrictions to clinical access for students. These comments were varied. Many noted the burden of increased onboarding requirements for students, and ongoing restrictions on the number of students on the unit. Some comments are listed below:

  o "Private schools in our area (school name) have sweetheart deals with employers where they offer a greatly discounted BSN for RNs employed by facilities. This gives (the school) preference in getting clinical placements and preceptorships. This is an equity issue that community and states colleges cannot offer. Private schools grow and community and states programs struggle."

- o (From a school in a rural part of the state): "RNs in clinical sites cite burnout due to having students in the facility every day of the week. Hospital RNs have not been welcoming to students from outside our geographical area that have no intention of staying in the area after they graduate. Some hostility toward them noted."

- o "Clinical sites continue to use COVID restricted numbers to limit number of students slots and unit access. With a 40 student class limits of 8 student for med-surg, psych, and gerontology and 5 students for OB make staffing very difficult and expensive."

- o "Many hospitals continue to only take a small number of students (4-8) especially in specialty areas."

- o "There are increasing onboarding requirements of upwards to 20 hours / student / rotation. These include educational modules required of the clinical site. These add burdens to the process."

- o "Onboarding software is restrictive and expenses are passed along to the students. Now the majority of agencies require this (e.g., MyClnicalExchange), although they will still require us to provide them with student records on demand despite having their own access to all requested materials within the onboarding software. This all increases our staff, student, and faculty time demands for onboarding. Agencies are increasing the amount of training which cuts close to the max indirect care hours per course by regulation. Each agency expects the schools to be able to train on their specific equipment yet they all use different brands of equipment."

- The majority of schools compensate for training in areas of restricted student access by providing training in the simulation lab (91.2%) and by training students in the classroom (62.6%).

- Respondents offered many other "Other" ways that schools compensate, provided in text comments, include: faculty workarounds (n=3) such as teaching the students the EMR in a computer lab, using skills labs and/or virtual simulation (n=2), and other strategies such as "Students receive experience at the hospital but with assigned nurse removing meds from the automated system."

Table 101. How the Nursing Program Compensates for Training in Areas of Restricted Access

Methods of Compensation	% of Schools	# of Schools
Training students in the simulation lab	91.2%	83
Training students in the classroom	62.6%	57
Ensuring all students have access to sites that train them in this area	54.9%	50
Purchase practice software, such as SIM Chart	51.6%	47
Other	8.8%	8
Number of schools reporting		**91**

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

- "Other" restricted areas described in text comments include: emergency department and OB and Peds clinics.

Table 102. Clinical Area in Which Restricted Access Occurs

Clinical Areas	% of Schools	# of Schools
Medical/surgical	84.4%	76
Pediatrics	82.2%	74
Obstetrics	76.7%	69
Critical care	61.1%	55
Psychiatry/mental health	60.0%	54
Geriatrics	34.4%	31
Community health	24.4%	22
Other department	4.4%	4
Number of schools reporting		**90**

Collection of Student Disability Data

- In 2022-23, schools were asked if they collect student disability data as part of the admission process. Thirty-three percent of respondents (n=46) reported that they did so and 17.6% (n=25) did not know.

Table 103. Schools' Collection of Disability Data

	% of Schools	# of Schools
Yes	33.1%	47
No	49.3%	70
Don't Know	17.6%	25
Number of schools reporting		**142**

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (87)

American Career College
American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Compton College
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
Evergreen Valley College
Fresno City College
Glendale Career College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts - ADN
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing
    and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College

Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount St. Mary's University AD
Napa Valley College
Ohlone College
Pacific College
Pacific Union College
Palomar College
Palo Verde College*
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Sierra College
Smith Chason School of Nursing*
Solano Community College*
Southwestern College
Sri Sai Krish Institute*
Ventura College
Victor Valley College
Weimar University
West Hills College Lemoore
Xavier College
Yuba College

*New 2022-23

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College

Madera College
Mission College

BSN Programs (47)

American University of Health Sciences
Angeles College*
Arizona College of Nursing*
Azusa Pacific University
Biola University
California Baptist University
Chamberlain University - Irwindale
Chamberlain University - Rancho
  Cordova
Charles R. Drew University of Medicine
    and Science*
CNI College (Career Networks Institute)
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Dominican University of California

Fresno Pacific University*
Gurnick Academy of Medical Arts - BSN
Loma Linda University
Mount St. Mary's University BSN
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
Stanbridge University*
The Valley Foundation School of Nursing
    at San Jose State
UMass Global (Brandman)
Unitek College
University of California Irvine
University of California Los Angeles
Valley Campus, Sacramento
University of San Francisco
Vanguard University
West Coast University
Westmont College
William Jessup College*

*New BSN programs 2022-23

ELM Programs (13)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew University of Medicine
    of Nursing and Science
University of San Francisco

Samuel Merritt University
Western University of Health Sciences
San Francisco State University
University of California Davis
University of California Irvine
University of California Los Angeles
University of the Pacific*

*New ELM programs 2022-23

APPENDIX B – Definition List

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

Phrase	Definition
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.
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.
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, 2022 and July 31, 2023, 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, 2023.
Clinical Observation	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.

Phrase	Definition
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.
Completed on Schedule Students	Students scheduled on admission to complete the program between August 1, 2022 and July 31, 2023 and completed the program on schedule.
Completion Rate	The total number of generic and/or accelerated students who completed the program on schedule between August 1, 2022 and July 31, 2023 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.
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.

Phrase	Definition
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 that 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 that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
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.
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, 2022 and July 31, 2023.
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.

Phrase	Definition
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, 2022 and July 31, 2023.
Students Scheduled on Admission to Complete	Students scheduled on admission to complete the program between August 1, 2022 and July 31, 2023.
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, 2022 and July 31, 2023.
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, 2022 and July 31, 2023 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, 2022 and July 31, 2023 due to personal and/or financial reasons.
Time Period for the Survey	August 1, 2022 and July 31, 2023. 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.
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.

APPENDIX C – BRN Nursing Education and Workforce Advisory Committee (NEWAC)

Members	Organization
Tanya Altmann, PhD, RN	California State University, Sacramento
Norlyn Asprec	Health Professions Education Foundation, OSHPD
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Barbara Barney-Knox, RN, MSN	Nursing/Health Care Services, California Department of Corrections and Rehabilitation
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN and Carol Jones, MSN, RN, PHN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
Jeannine Graves, MPA, BSN, RN, OCN, CNOR	Sutter Cancer Center
Sharon A. Goldfarb, DNP, FNP-BC, RN	Northern COADN President, College of Marin
Marketa Houskova, BA, RN, MAIA	American Nurses Association\California (ANA/C)
Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
Kathy Hughes, RN	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
Donna Kistler, MS, RN	California Association of Nurse Leaders (ACNL)
Judy Martin-Holland, PhD, MPA, RN, FNP	University of California, San Francisco
Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
Sandra Miller, MBA	Assessment Technologies Institute (ATI)
Robyn Nelson, PhD, RN	West Coast University
Linda Onstad-Adkins/ Fiona Castleton	Health Professions Education Foundation, Office of Statewide Health Planning and Development (OSHPD)
Stephanie R. Robinson, PhD, MHA, RN	Fresno City College
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco

Hazel Torres, MN, RN   Kaiser Permanente Southern CA, Ambulatory
                                                        Care Services, Regional Professional
                                                        Development

KT Waxman, DNP, MBA, RN, FSSH, FAAN   California Simulation Alliance,
                                                        University of San Francisco

Peter Zografos, PhD, RN   Mount San Jacinto College

Ex-Officio Members

Janette Wackerly, MBA, RN   Supervising Nursing Education Consultant,
                                                        California Board of Registered Nursing