Nursing Education and Workforce Advisory Committee Meeting

MEETING MATERIALS

September 10, 2025

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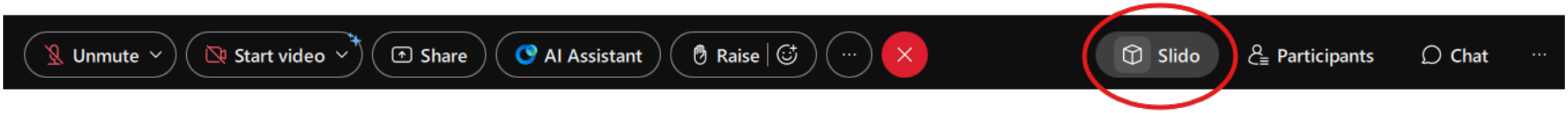
Agenda Item 2.0

General instructions for the format of a teleconference meeting

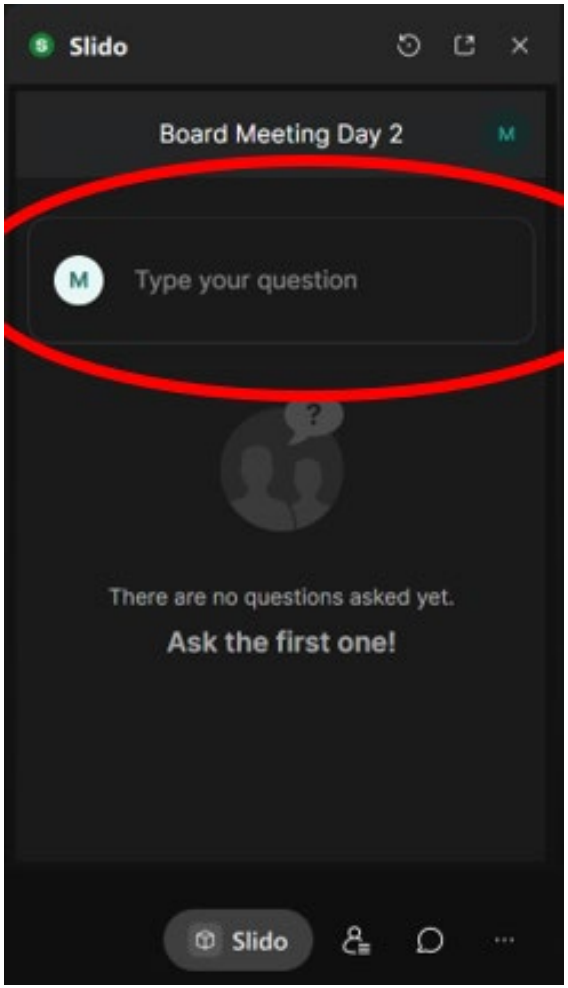
Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

Participating During a Public Comment Period

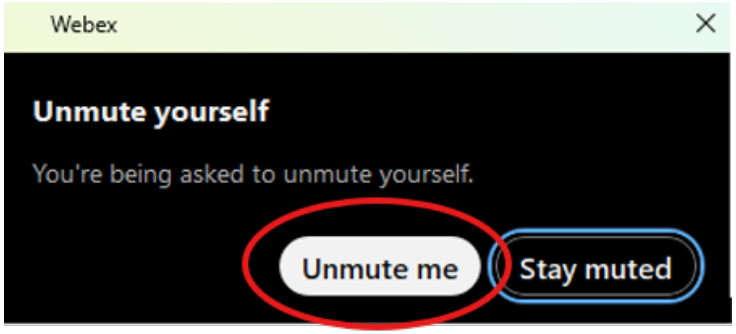
If you would like to make a public comment:



2. The ‘Slido’ panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the ‘Slido’ Q&A panel, type “I would like to make a comment.” You will be identified by the name or moniker you used to join the Webex session, and your line will be opened. On the “Unmute yourself” pop-up, click the ‘**Unmute me**’ button (this may be hidden behind other open applications), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.



Agenda Item 4.0

Review and vote on whether to approve previous meeting minutes

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

DRAFT

BOARD OF REGISTERED NURSING
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE
COMMITTEE MEETING MINUTES

Date: March 5, 2025

Start Time: 11:02 a.m.

Location: The Board of Registered Nursing's Nursing Education and Workforce Advisory Committee (NEWAC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at the primary physical meeting location indicated below:

1747 North Market Blvd., Ste. 190
Sacramento, CA 95834

*A member of the Board's staff was present at the primary physical meeting location. All committee members listed below as being present at the meeting attended remotely.

11:02 a.m. **1.0** **Call to Order/Roll Call/Establishment of a Quorum**
Garrett Chan called the meeting to order at 11:02 a.m. Quorum established at 11:07 a.m.

NEWAC Members:
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN - Chair
Jeannine Graves, MPA, BSN, RN, OCN, CNOR – Vice Chair
Alice Benjamin, MSN, ACNS-BC, FNP-C, CEN CV-BC (Late)
Carmen Comsti
Hazel Torres, MN, RN, DNP
Jacqueline Bowman (Absent)
Joanne Spetz, PhD
Judy Kornell, RN
Kathy Hughes, RN
LaCandice Ochoa
Sagie De Guzman, PhD, A-CNS, ANP-C
Sandra Miller, MBA
Tammy Vant Hul, PhD, RN, ACNP, CNE
Tanya Altmann, PhD, RN
Wendy Hansbrough, PhD, RN, CNE
HCAI Member - Vacant

BRN Staff Representatives:
Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

11:09 a.m. **3.0** **Public comment for items not on the agenda; items for future agendas.**

Discussion: No comments or questions.

Public Comment for Agenda Item 3.0: No public comments in any location.

11:11 a.m. **4.0** **Review and vote on whether to approve previous meeting minutes**

4.1 September 12, 2024

Discussion: Sagie De Guzman requested an update to page 13, paragraph 1, line 10 and explained that the conference was held in Aberdeen, Scotland, not Germany.

Reza Pejuhesh asked if it was a correction.

Sagie De Guzman said he didn't think the location was stated but that he spoke about how licensure was obtained in Germany.

Reza Pejuhesh said the minutes would be corrected.

Motion: **Wendy Hansbrough** Motion to approve September 12, 2024, meeting minutes with the noted correction.

Second: **Tanya Altmann**

Public Comment for Agenda Item 4.0: No public comments in any location.

Vote	TA	TVH	JG	SDG	AB	HT	JK	GC	KH	JB	CC	JS	SM	LO	WH
	Y	Y	Y	Y	AB	Y	A	Y	Y	AB	Y	Y	Y	A	Y
Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB															

Motion Passed

11:17 a.m. **5.0** **Discussion and possible action:** Implementation of Senate Bill 1015 (Reg. Sess. 2023-2024) and how to address section 2785.6, subdivisions (h)(1)(A)-(F), of the Business and Professions Code

Discussion: Presented by Garrett Chan, Carmen Comsti and Loretta Melby.

Garrett Chan said he would like to talk about the concepts before logistics. He said HealthImpact (HI) did a webinar on 12/13/24 on clinical placement consortia and networks. He said HI has been running the Bay Area academic practice consortium since 2006. He said Loretta Melby was very involved with the San Diego consortium and he spoke about the other regional consortiums. He said they are great and address major issues that span the entire region, but they are very large and within each there are different local clinical placement networks. He said history and exposure to consortia and networks is complicated and he agrees with Loretta Melby that things are decided within a region and smaller regions. He applauds CNA for bringing this forward in a bill and is excited to work on this issue.

Hazel Torres said this is an important discussion and yet complex and convoluted. She wanted to provide service side perspective for those who participate and who do not. In her organization they have agreements in place with schools that they allow or host in their hospitals or clinics. They make sure whoever touches patients go through appropriate channels and paths that legal entities require. They've noticed some schools may want to have students placed in their system but might not agree to the liability insurance or accountability asked of certain schools. They also look at

NCLEX pass rates, all the outcomes and metrics, responsiveness of faculty and school administration, type of students. For example, if a cohort is scheduled to start in October, they want the documents at least a month ahead and some schools wait until the last-minute like on a Saturday before the students are to start on Monday. In those cases, they revisit the agreement with the school and say they cannot continue to host the students. She said the idea of a consortium, whether statewide or geographically within the same schools and service in the area is nice, however, there is more that needs to be done in terms of making sure all the schools are given the same quality of curriculum, responsiveness of faculty, ability to accept liability standards, etc. for them to participate in a consortium.

Loretta Melby spoke about different types of consortium items that are required by different types of facilities for students to complete clinicals and make agreements between healthcare facilities and academia. She said consortia do not make decisions about placements. Academic institutions put in bids to facilities and then conflict resolution sessions are scheduled to come up with placements and schedules. The consortiums are data banks. Academia can see which academic institutions are scheduled where and when for each healthcare facility that participates. Then it becomes a scheduling tool. It also can help with various form standardization when they are posted. This is the beginning of a huge undertaking by NEWAC. She would like to see the items distributed to multiple subcommittees to help with workload.

Wendy Hansbrough said she's in San Diego and has been part of their consortium for a long time. She said it does not cover all clinical sites that schools use. There are several sites that are used and not in the consortium. They have a consortium placement committee that meets on a regular basis that looks at practice partnerships and is about relationships. They take the relationships very seriously. She's had complaints about students where she maintains the school's relationship with the site and she pulls the student, who failed in the class and must petition to re-enter. The site always sees the schools taking appropriate action to protect all of them when there is an incident with a student. She thinks if this is centralized it is fraught with many obstacles. They have MOUs negotiated with every clinical partner, there are hundreds of MOUs that are always in place. They get reviewed annually and she would never send a student anywhere unless there is an approved MOU with her contracts department at the clinical site. She would never ever think about sending anybody information about students the week before clinicals start. She thinks this may be a regional issue and most who are in have a set process with relationships with clinical sites with MOUs in place that works well. If it's not broken let's not try to fix it.

Loretta Melby agrees with Wendy. She said the board is looking at data collection that can assist the members make decisions. She spoke about the meetings and those who speak about displacement and resources available to verify the statements made. She said the centralized system would be a way to collect identical data points. She said Texas and Nevada use a statewide consortium. She spoke about Louisiana making the clinical placements, which she is not advocating for. She said the information gathered by NEWAC and recommendations made can be communicated to the legislature for a better path forward to resolve the problem. She said there is another bill by Flora for out-of-state nursing

programs seeking clinical placements for in-state students. She said there is a possibility of this bill passing. It would create more issues with clinical placements in California.

Wendy Hansbrough said she's a data driven decision maker and thinks it's important that any decisions about this are done carefully; given the budget cuts in California it worries her to hear about increasing regulations to do reporting.

Tanya Altmann said she's been a member of the Sacramento AACN (nursing consortium) for over a decade. She said most clinical agencies are using a product called My Clinical Exchange to do their clinical placements and they don't want to sit at the Sac-AACN meeting and talk about placements and doing regional planning that they used to sit and do. It's really changed from that. They also used to sit and look at standardized documents. The big agencies that have a parent out of the state or a parent that makes the decisions are now saying they don't want the regional document; they want to use their document. They used to get a lot of work done at Sac-AACN making decisions and making things very collaborative but now everything has gone by the wayside as the hospitals have got parent companies not participating and they're using software to do their planning. It's becoming more and more difficult. They started having a conversation at their meeting on Monday of this week asking what the purpose is anymore since they're not able to do the things they want with this group meeting. She would like to know if NEWAC should look at the purpose of the consortiums and see if there can be better buy-in from the clinical agencies.

Carmen Comsti said all the right questions are being asked by the members and NEWAC is the right place to consider these issues with all types of representation present to discuss and make recommendations.

Garrett Chan said they run the LA Academic Practice consortium which is partially about placement but more about what issues arise. They are looking at various issues with placement and curriculum and creating more academic partnerships. It is a very large consortium. They are trying to reduce barriers and challenges. He said they are trying to address many issues brought up by EO Melby including transparency.

Garrett Chan asked Reza Pejuhesh if he could take public comment before the committee takes any action.

Reza said public comment can be done first.

12:07 p.m. **Public Comment for Agenda Item 5.0:**

Connie Lafuente, San Diego Imperial County region – She helps coordinate all the meetings for the San Diego nursing and allied health service education consortium. The collaboration is working well. There's a lot of work to be done and they have been very successful because they have health facilities at the table as well as community colleges and universities. They meet regularly and have established guidelines, a calendar, and they work together to streamline the processes to resolve conflicts as they occur. They provide the platform for different educational entities to come and work things out before they go into health facilities to make it easy for the health facilities to not have to deal with a lot of that

stuff. They meet quarterly and have monthly leadership meetings. She welcomes the members to attend one of their meetings.

Continued Discussion:

Garrett Chan proposes answering some of the questions first before going to [Business and Professions Code section 2785.6, subdivision (h)(1), subparts] C and F. Focus on A, B, D, and E first. He invites alternative perspectives. He asks how Carmen Comsti feels as a representative of CNA.

Carmen Comsti thinks the issues need to be studied first before making any recommendations for C and F.

Garrett Chan wants to get a sense of what's going on before coming together and having a conversation about it.

Judy Kornell thinks there must be some structure around it. She thinks what is proposed is correct because you can't collect data until there is some uniformity around the actual data needed so no one is overburdened. Then the board would have the right information available to make decisions.

Garrett Chan said the next agenda item is the report out of the subcommittees and that the committee may want to get input from them before making additional assignments from this issue. He gave a brief description of each subcommittee and their members. He asked if a current subcommittee could take on subpart A.

Joanne Spetz said she thinks this should be in the clinical placement subcommittee, but she is missing a member and missed the last meeting, so she wonders what work she is supposed to be doing.

Garrett Chan said it is up to the members of the subcommittee to decide their work. He asked about B.

Wendy Hansbrough said she's having difficulty finding the information Garrett Chan is referencing.

Garrett Chan said he's reviewing the agenda listed on the website.

Wendy Hansbrough clicked the link and is looking at the Business and Professions Code where she is confused.

Loretta Melby said the entire section is long and pointed her to the exact location of this agenda item.

Garrett Chan said this item could fall with Jeannine Graves and Sagie De Guzman for curriculum standards and guidelines or it could fall under Joanne Spetz's subcommittee.

Sagie De Guzman thinks it falls under curriculum standards and asks if Jeannine Graves agrees, which she does.

Garrett Chan says letter A would fall under curriculum standards and guidelines while B would fall under Joanne Spetz's subcommittee. He asks about letter E, ensuring fair and equitable access to clinical placement among approved schools of nursing programs. He asks Tanya

Altmann and Tammy Vant Hul and faculty subcommittee what they're working on.

Tammy Vant Hul says they're working on a survey for faculty in shortage areas.

Loretta Melby says it could also fall under Joanne Spetz's and Judy Kornell's because it is clinical based.

Judy Kornell says she understands equitable access but not sure what is meant by "fair" since they don't have the power to tell people yes or no. She's unclear on what the language means and asks CNA for clarity.

Carmen Comsti said the primary issue with E is implications for different schools not having access to clinical education and placements. She said the primary issues stem from whether sites prioritize one school over another. The question is what is happening where schools are not able to get their placements and why. She thinks an example of fairness is if a program sends their students hours away for a clinical site rather than a local site. She is interested in what is happening now and to get a good sense of what the discrepancies are and why.

Loretta Melby said she wanted to add the passing of AB 1577 (Lowe) last year for clinical placements in nursing. She explained what the bill is supposed to do. She said F calls out the BRN and read the language. She said the assumption is that the BRN knows all about the clinical placements which the board does not. She said the California Code of Regulations (CCR) says the schools have an active role in clinical placements. She spoke about existing schools with existing clinicals must look at the impact of adding another group in the clinical placements and report to the board. She said looking at a new campus or growth is referenced in regulation, the EDP-I-01, that has to report clinical placements and their impact on existing programs. She said there is a Facilities Verification Form that is also referenced and requires the program to obtain data from a healthcare facility to report to the board. She spoke about the NEWAC role with "equitable placements." BRNs role is consumer protection for those that attend a California nursing program.

Garrett Chan said it might be helpful to find a legal definition for equitable access and what does it look like. When he was the director of the Center for Education and Professional Development for Stanford Healthcare, he dealt with the same issues Hazel brought up where schools would never have faculty in the facility and could not get ahold of anyone when there were issues. He would have to make decisions to contract or not with programs if it was unsafe for everyone. He asked if Loretta Melby or Reza Pejuhesh could provide a legal definition, or the group would need to start exploring what the concept is.

Loretta Melby said as the group explores what the concept is they will look to see if there are legal definitions that align. She said the example that was given saying there was a lack of communication that should have been reported to the BRN pursuant to CCR [title 16,] section 1427(c)(3), (c)(5), and (c)(6) which she read to the group around communication between facilities and nursing programs. This needs to be looked at and could be a non-compliance issue. She said she could assist the committee with determining whether the BRN has authority or not over this issue.

Garrett Chan thanked Loretta Melby. He would like to add letter D to find out if there are any violations for paying to have clinical placements to see what's going on and make recommendations.

Tanya Altmann would like to consider with regard to access hospitals that may be trying for magnet status, and preferential choosing of programs.

Judy Kornell asked if the question is preference of BSN over ADN programs and Tanya Altmann said yes.

Loretta Melby said that is reported regularly. She explained the Magnet misunderstanding of 80% BSN nursing workforce is wrong and only for managers and above.

Garrett Chan thought they could ask California Hospital Association for data that would be important to see.

Loretta Melby said Sheri Lowe is in attendance and might be able to speak about this.

Jeannine Graves asked if Reza Pejuhesh had an opinion about the money part of it because he would be the right person to ask about paying for clinical placement and if that crosses the line.

Reza Pejuhesh asked for clarification because he isn't aware of any other boards having something similar with impaction issues and similar prohibition in BPC section 2786.4. He said the Enforcement Division traditionally has focused on enforcement actions against registered nurse licensees, and that there was no statutory language explicitly prohibiting payment for clinical placements until three years ago. Since the time of that statutory addition, if there were complaints about payment for clinical placements that BRN would try to manage it on a case by case basis.

Loretta Melby said they have tried to reach out to other entities for insight and support, such as BPPE. The BRN has an MOU with them to investigate and look at approval status of the academic institution. She said there is a lot of misunderstanding about the dual oversight. When the BRN is looking at budgetary issues of pay to play then that would be looked at as part of the BPPE MOU or the Chancellor's office. This is less of a nursing program issue and more of an institution issue. The nursing program approval of BVNPT and BRN are different in comparison with the other boards and bureaus under DCA. The oversight is different between boards and other states. She said the identifying and reporting would be done by the nursing programs and facilities before the BRN would look into and investigate. Reporting is not happening, and a requirement may be needed as BVNPT has. Laws can be looked at to see if a reporting requirement needs to be added.

Garrett Chan wants to be mindful of time and called upon LaCandice Ochoa for her comments.

LaCandice Ochoa asked if this was only consideration of hospital clinical placements because community college students do clinicals in other settings. She asked if there is any other coordination needed with other entities in the state that are responsible for those areas such as

community health centers, skilled nursing facilities and those types of places.

Garrett Chan said that's a great comment that would be part of the entire scope of what is looked at. He said Hazel Torres is ambulatory, Judy Kornell is corrections, so it isn't just hospitals.

Kathy Hughes asked Reza Pejuhesh about violations of pay to play because she knows it is still happening. She said they are clever in what they're doing such as endowments and donations and sitting on the boards. She thinks about looking at conflict of interest and whether that coordinates with clinical placements knocking out other programs. She said her union is looking at connecting the dots even though you may not be able to prove a violation, but it is implied.

Sandra Miller said she's concerned that they would be drawing conclusions or implying there is wrongdoing or pay to play. She doesn't know that is the prerogative.

Reza Pejuhesh said there is language that says institutions shall not do pay to play and get clinical placements. It is a tricky issue as people are clever and try to structure things in a way that it isn't obvious which makes it a challenge. He said this language has only existed for a few years and the BRN has not been in the business of enforcing that for a long time. He said the statutory framework may need to be developed further.

Garrett Chan gave the BRN.NEWAC@dca.ca.gov email address for any public members who would like to reach out to the two subcommittees for input on these issues or mccaulie.feusahrens@dca.ca.gov.

Motion: **Garrett Chan** motion to have Joanne Spetz and Judy Kornell's subcommittee look at [Business and Professions Code section 2785.6, subdivision (h)(1),] subparts B, D and E, and Jeannine Graves's and Sagie De Guzman's subcommittee look at subpart A.

Second: **Hazel Torres**

Vote	TA	TVH	JG	SDG	AB	HT	JK	GC	KH	JB	CC	JS	SM	LO	WH
	Y	Y	Y	Y	Y	Y	AB	Y	Y	AB	Y	AB	Y	Y	Y
Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB															

Motion Passed

1:06 p.m. **6.0** **Discussion and possible action:** Report from the seven NEWAC subcommittees: Simulation Standards; Clinical Placement and Impaction; Cultural Competency, Diversity, Pathway to Nursing; Theory Practice Gap and New Grad Orientation; Workforce Retention; Curriculum Standards and Guidelines; and Faculty.

Discussion: Not discussed at this meeting. It will be added to a future agenda for discussion.

1:07 p.m. **7.0** **Information only:** Presentation from the National Council of State Boards of Nursing (NCSBN) on the Prelicensure Annual Report Core Data Survey

Discussion: Nancy Spector, NCSBN Director of Nursing Education Policy, provided a presentation regarding NCSBN's Annual Report Program.

Garrett Chan thanked Nancy Spector for the excellent presentation.

Loretta Melby said the ask on this is to recommend to the board to implement this as part of the annual survey. There may be a role for both so there would be nationwide data as well as Joanne Spetz's California based data that has a lot of longevity.

Public Comment for Agenda Item 7.0: No public comments.

1:40 p.m. **8.0** **Discussion and possible action:** Regarding discussion of the regional projections, potential survey content and data collection strategies for the 2024 RN Survey, and potential changes to the Annual Schools Survey

Discussion: Joanne Spetz introduced the agenda item. She stated there is not much to discuss. There is a draft version of updated regional projections with BRN leadership for review. When the 2024 survey data are analyzed and ready, that model will form the basis for updating the report later into the summer. A more important question is whether there are areas of emerging trends or topics to think about adding to the annual school survey. Regarding data collection and strategies, something we've been dealing with the last few years is survey modes. The survey of RNs has been done in mixed modes, starting with paper and then later adding an online option. In the last few years we've sent initially an email, and then a paper copy to anyone that has not responded to the email, which still yields a fairly good number of responses. We're pondering what experimentation to possibly do for a future survey.

Kathy Hughes asked about the RN survey and response rate for different ages for electronical versus paper format.

Joanne Spetz said they always see a difference. When they first started, the younger nurses responded electronically but the differential is not as big as it was eight years ago. She said it raises the question about whether the paper survey is picking up nurses disproportionately who are near retirement, which can be interesting because you can learn something about their retirement intentions, but I think it disproportionately picks up people who have retired already; and I like to hear about what they did when retired, how old they were, etc., but we don't need a disproportionate response rate from that group.

Kathy Hughes asked about use of social media because the younger generation use it but how to concentrate it on California nurses only.

Joanne Spetz explained how they get the list of nurses with contact information and age to determine how many nurses should be sampled for each age group in the nine regions and six age groups to make sure they get enough responses in each region of California to feel confident about the regional statements and projections. She thought if it was sent to all nurses, they would probably have a biased response group out of that. They email persistently and then send paper surveys. She said it helps to have the BRN logo to get responses.

Sagie De Guzman asked if they are considering text messaging.

Joanne Spetz fell off the meeting.

Carmen Comsti said she and Hazel Torres reported at the last meeting they would like to update areas of the RN workforce survey and if Joanne Spetz had a date she would prefer to get feedback by.

Garrett Chan asked Loretta Melby or McCaulie Feusahrens to ask Joanne Spetz about this.

Joanne Spetz returned by phone as her computer dropped her from the internet.

1:53 p.m. **9.0** **Information only:** Acknowledgement of receipt of letters from Copper Mountain College and California Association of Colleges of Nursing (CACN) regarding various concerns; and scheduling of an additional NEWAC meeting to address issues raised

Discussion: Loretta Melby would like to propose June 11 or 25 to schedule another NEWAC meeting to address the issues in these letters.

Garrett Chan asked if Kimberly Perris can be elevated for this issue.

Loretta Melby asked that the committee keep in mind they need to pick a date for another meeting.

Kimberly Perris said the concerns they are interested in are clinical placement changes, forms and reporting to be done around implementing AB 2684. She would like to work collaboratively with people to have an innovative and progressive workforce that is equitable for all around clinical placements.

Garrett Chan asked Kimberly Perris when she would be available, and she said June 25 works. He asked if anyone from Copper Mountain is present at the meeting. He does not see them in the attendees.

Loretta Melby said BRN proposed a legislative change last year for faculty approval to be moved to a licensing process instead of going through schools. There is a remediation process addressed in the legislation that was modified from the current version in regulations that allows for faculty remediation, but it doesn't allow for director of nursing remediation and that's what Copper Mountain is asking about. She asked at COADN and got a lot of negative responses that they didn't feel was appropriate but wants to make sure it is brought up here to have more discussion on assistant directors and director remediation to consider and make recommendations. There are pathways to become an assistant director or director, and she can provide that information.

Garrett Chan asked if someone could look and see who can join on the 11th and the 25th.

Loretta Melby said there are seven who are available and will make a quorum. If any others can join that would be terrific.

Motion: **Garrett Chan** Motion to schedule this agenda item for a future agenda for discussion and adding a NEWAC meeting on June 25, 2025

Second: **Tanya Altmann**

Public Comment for Agenda Item 9.0: No public comments in any location.

Vote	TA	TVH	JG	SDG	AB	HT	JK	GC	KH	JB	CC	JS	SM	LO	WH
	Y	Y	Y	Y	Y	Y	AB	Y	Y	AB	Y	Y	Y	Y	Y
Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB															

Motion Passed

2:06 p.m. **10.0** **Adjournment:** Garrett Chan, Chair, adjourned the meeting at 2:06 p.m.

Submitted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Accepted by:

Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair
Nursing Education and Workforce Advisory Committee

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

BOARD OF REGISTERED NURSING
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE
COMMITTEE MEETING MINUTES

DRAFT

Date: June 25, 2025

Start Time: 11:11 am

Location: The Board of Registered Nursing's Nursing Education and Workforce Advisory Committee (NEWAC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at the primary physical meeting location indicated below:

1747 North Market Blvd., Ste. 190
Sacramento, CA 95834

*A member of the Board's staff was present at the primary physical meeting location. All committee members listed below as being present at the meeting participated remotely.

11:11 am **1.0** **Call to Order/Roll Call/Establishment of a Quorum**
Garrett Chan called the meeting to order at 11:11 am. Quorum established at 11:15 am.

NEWAC Members:
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN - Chair
Jeannine Graves, MPA, BSN, RN, OCN, CNOR – Vice Chair
Alice Benjamin, MSN, ACNS-BC, FNP-C, CEN CV-BC (Absent)
Jennifer Xiong-Moua (alternate for Anthony Cordova)
Judy Kornell, RN
Hazel Torres, MN, RN, DNP (Absent)
Jacqueline Bowman (Absent)
Joanne Spetz, PhD (Absent)
Kathy Hughes, RN (Absent)
Sagie De Guzman, PhD, A-CNS, ANP-C
Sandra Miller, MBA
Carmen Comsti
Tammy Vant Hul, PhD, RN, ACNP, CNE
Tanya Altmann, PhD, RN
Wendy Hansbrough, PhD, RN, CNE
HCAI Member - Vacant

BRN Staff Representatives:
Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

11:19 am **3.0** **Public comment for items not on the agenda; items for future agendas.**

Discussion: No comments or questions.

Public Comment for Agenda Item 3.0: Paloma Serna – Saving Lives in Custody, California, and the mother of Elisa Serna who died at the age of 24 while in custody in San Diego County on 2019 November. Commented on the death of her daughter while in custody and in need of care, and the involvement of a registered nurse that has not yet faced discipline. Today's agenda talks about issues like

nursing school placement rules for nursing program directors, and communication between nursing staff and the board. When nurses aren't trained well or when the people in charge don't follow through on a complaint or oversight, real people suffer and sometimes they die. Asked the committee to make sure nurses are being properly trained, supervised and held accountable.

Garrett Chan thanked the commenter for her comment and said he was deeply sorry for the loss of her daughter.

11:23 am **4.0** **Discussion and possible action:** Discussion of various concerns and recommendations outlined in letters received from California Association of Colleges of Nursing (CACN) and from Copper Mountain College, generally summarized as follows (copies of original letters will be included in meeting materials):

- Ongoing challenges in securing clinical placements for registered and advanced practice nursing students
- Administrative obligations imposed on nursing schools by BRN regulations and processes
- Implementation of AB 2684 (Reg. Sess., 2021-22)
- Consistency and remediation for program director approvals
- Communication with NECs

Discussion: Garrett Chan asked for President, Daren Otten from Copper Mountain College to present first.

Garrett Chan asked for any comments from the committee members.

Jennifer Xiong-Moua, the community colleges chancellor's office representative, said she is hearing a lot of similar issues from nursing directors regarding similar situations. There is a new program in a rural area trying to start up for 2026 and she is having issues hiring qualified faculty. The one-year recency bedside experience within the last five years is causing a barrier. She is interested in finding alternative pathways as mentioned by Loretta Melby to assist these programs to address their staffing needs.

Loretta Melby said the five-year recency is not an issue for the Assistant Director (AD) and Program Director (PD) positions as that is not a requirement for approval, but it is a nationwide faculty issue. She said she is familiar with the school struggling in Kern County to get faculty in to get this approved. The enrollment is only 20 and they do not require many faculty to get going. She spoke about the five year and one year experience requirements. She said volunteer experience can be used to qualify. She said studies from NCSBN have shown that five-year recency is key in teaching the future nurses since medicine and healthcare changes so quickly. She said the BRN receives complaints that question faculty qualifications regularly because faculty has not been at bedside in many years. They also get complaints from clinical instructors for the same reasons. Evidence shows the need for the five-year requirement. Academic partners believe overall that five years is not a requirement and should not be enforced and accreditors loosely interpret a recency requirement. For programs that are accredited they do not have to have BRN approval for faculty and do not have the five-year recency requirement.

Carmen Comsti said she believes the HCAI representative has not been filled. She wonders if HCAI could potentially develop programs to help with the five-year requirement to fill the pipeline for faculty. It might be good to explore this with HCAI and to seek a representative to fill their position.

Loretta Melby said HCAI is interested, and they are working together to look at this. One of the presenters at one of the board meetings was looking at school nurses to work with as an avenue for people that may have some injuries and be willing to return to the workforce or mentor people into faculty positions. She said BRN does not have a robust database for approved PDs or ADs and instructors. She spoke about the legislation that became effective January 1, 2025, to make it a person-specific application and not school-specific. She said this has only been in effect for six months, so they don't know if there is an increase. Reports can be developed for schools with the data submitted at application to assist schools looking to hire for their different positions.

Garrett Chan appreciates Carmen's comments. He said Kim Perris is on the Health Workforce Education and Training Advisory Council for HCAI and hopes she is listening to this discussion and can take this issue back to them for consideration.

Tanya Altmann said she knows of a community college up north that spent two years trying to fill a director position and had a $150k plus salary. She said there is also a director shortage nationwide. She wonders if applicants can take some budget classes or something along those lines to meet that qualification to allow them to do that role for those that will have vacancies and be out of compliance.

Garrett Chan said one of his DNP students, Dr. Lynette Appen was at Evergreen Valley College and went through the DNP program at San Jose State and did a statewide survey of deans and directors that identified these issues and to start thinking through these issues. He said they have been focused on this at HealthImpact. He spoke about the leadership institute at UCSF for consideration, mentorship, fellowship experience for academic leaders.

Loretta Melby said regulations could be updated to accommodate some of these suggestions. The board is not opposed to this type of suggestion, and this could be considered by them. She spoke about a program that will have no directors in place as of July 1 and the school may have to close. So, the board is becoming aware of these issues. She said there is a private program that has three locations with an AD at each one and one PD overseeing all three. This is something that isn't done at the public programs but might be something to consider. She wants to be able to share this information between all programs. She spoke about appointing two or three ADs and then rotate them in to get the one-year experience to create a larger pool for directors. Loretta Melby appreciates Tanya Altmann's comments for alternative pathways and can put forward the suggestions to the board.

Garrett Chan said NEWAC can make a motion and put forward this information to Nursing Practice Committee. He spoke about the letter from President Otten to have clear communication with colleges or executive leadership of any institution.

Loretta Melby said NECs provide ongoing support to executive leadership at the various programs if necessary. She spoke about methods of communication and with who at the different types of programs throughout California. If a program is part of a greater institution, that can be done.

Garrett Chan wanted to make sure communication is covered as it was brought up in the letter from Copper Mountain College.

Loretta Melby said when they heard about these issues, they do an orientation with the programs because the BRN is an approving institution and not an accrediting body. But they are considering ways to be able to do that going forward.

Reza Pejuhesh gave his interpretation of the BRN's ability to communicate with the academic institutions.

Loretta Melby said the director of nursing is cc'd on most administrative communications with executive leadership at a program. The director is the point of contact with the BRN.

Garrett Chan said this a fact specific case and there is no director and appreciates Reza's comments. He is asking that there be no perception of closed communications if there is a desire to have communication. He knows everyone is busy and wants to work collaboratively and give grace to each other, so we do not create a culture of fear or intimidation. BRN staff are very diligent and work hard and he wants to ensure there is a collaborative culture.

Public Comment for Agenda Item 4.0:

Kimberly Dunker, Dean of Pacific Union College – She said they have an initiative and made effort to go to the rural areas of California to have an enrollment increase in Sonora and they are working up in the Mendocino and Ukiah area and that this is a huge challenge and struggle to find qualified people to lead and direct. She said there have been faculty that have been denied approval by BRN. This conversation resonates with her, and they are working with candidates to get them qualified by having them work in a nursing home to gain bedside experience. She has spoken with Loretta Melby about this and supports changing the regulations.

Loretta Melby said there is no five-year bedside recency requirement for an associate director.

Kimberly Dunker said she sent all the information to the BRN and has not been able to get the AD approved. She will send it again.

Loretta Melby said McCaulie Feusahrens and SNECs are on the call, and they will take a look at this.

Kimberly Dunker said there is a teaching experience issue because her candidate doesn't have it. She's in leadership but doesn't have the teaching.

Kimberly Dunker and Loretta Melby discussed ways to find equivalency to meet the two-year requirement.

Loretta Melby spoke about teaching as a profession and aligning the requirements with the Commission on Teacher Credentialing.

Garrett Chan said this is a great conversation and it reinforces his thought to figure out remediation plans.

Sarah Fry, Director at College of the Desert – She said this conversation needs to include the community college system. Their system needs to reevaluate and align institution structures to support the immense workload required of directors of nursing. The regulatory demands set by the BRN are significant, yet many of the colleges remain unaware and unresponsive to the complexity and intensity of the role. She said in her region there is a wide variability in how the director role is structured and supported. Some are faculty and have a full faculty load while some get release time, but it varies. Some directors are not an administrator, and it gets messy. She said they try to take a round peg and put it in a square hole. She thinks they risk losing leadership going forward. She would like colleges to align their organizational model with BRN expectations and regulations.

Garrett Chan thanked the commenter for her comments.

KaryAnne Weybrew, previous program director – She encourages more mentorship partnerships with the organizations. She said the transition from faculty to administrator is no joke and carries an enormous amount of responsibility. They need to have the kind of support they need. She said all states have different requirements to be a director which feeds into why the situation is as it is. She said she had a fellowship and tried to reach out to the SNECs and had difficulty getting a response.

Jenny Gonzalez Hernandez, PHN, master's prepared, supervisor for 17 years, clinical instructor with public health – She said it's hard to find anything to help prepare a person to go into the teaching or director realm. With all her experience and even having stayed in the hospital for 24 years in bedside care to keep herself current with the hospital environment, she said it's hard to find anything that can move her forward into that level. She's applied to NEWAC a couple times and did not hear anything back. She wonders if there needs to be something from the board offering opportunities or job postings that go out to the nursing community for senior nurses such as herself.

Garrett Chan appreciates the comments, and this brings an excellent question to think about engaging senior nurses who want to give back.

Loretta Melby said Jenny Gonzalez Hernandez could go into her Breeze account to apply as an instructor or assistant director or program director and the information will be visible on Breeze to anyone interested if she is approved by the BRN. If you are not qualified, you will be told what needs to be done.

Reza Pejuhesh said applying in Breeze is to be approved for the type of position but not applying for a job.

Jenny Gonzalez Hernandez said she understands what was said by Loretta Melby.

Garrett Chan asked how long it takes to be approved.

Loretta Melby said faculty is an attestation process and is an instant approval for clinical teaching assistant. Assistant Instructor requires a BSN and if the person applied for licensure with that degree type, then that is already known. The AD self certifies one year experience and could also auto approve. If not, it might require additional review and submission of transcripts. Instructor level requires master's degree with a transcript proving there is one course in teaching at RN level and an attestation that takes a while as it is a bigger review process.

Garrett Chan appreciates the letter from President Otten. He said there is a subcommittee for Faculty and asks that they consider the concept for non-nationally accredited organizations to think about possible regulatory changes by looking at CCR [title 16,] section 1425.

Tammy Vant Hul said that sounds good as she and Tanya Altmann have been working hard with Loretta Melby.

Daren Otten appreciates being able to share the issue with NEWAC and looks forward to connecting with Tammy Vant Hul and Tanya Altmann.

Break 12:59 – 1:05 p.m.
Roll call taken, eight members present at 1:10 p.m.
Quorum reestablished at 1:13 p.m.

Continued Discussion:

Garett Chan introduced the presenters from CACN, Kimberly Perris and Eileen Fry-Bowers

Garrett Chan appreciates the presentation and invites EO Melby to speak next. Presenters have hard stops at 1:50 and 2:00 p.m.

Loretta Melby spoke about mapping the curriculum of CCR [title 16,] section 1426. The issue we run across is reciprocity. Our guidelines in 1426 set the stage for how we review international curriculum as well as all other United States approved programs. So, any changes to 1426 where we deviate from med-surg, OBP, psych-mental health, and geri. would affect that review process for licensure, which is why we have not updated and changed those. Eileen clarified that they are asking for expansion. Loretta said programs are not precluded from going to competency based or concept-based curriculum; there are several programs that are concept-based curriculum as well as many that are pursuing competency-based curriculums. We ask for a cross walk, so we can show curriculum requirements are met. This is done for international and other US programs as well – if they submit a curriculum for us to review so that a person can be licensed and it is not clear, we ask for a crosswalk that can be reviewed. Clinical placements are not limited, and any can be used to meet your objectives. It is not limited to place, so it can inpatient, outpatient, community-based, or telehealth. When Covid started, we were the first to say that telehealth is a modality that can be used to provide direct patient care. If your program is able to meet your program objectives and meet the BPC 2725 requirement to produce graduates that meet the competency requirements via 100% telehealth, you can do that, as long as you can show us how that is done. She spoke about the different hourly breakdowns for the practice competency areas. She said there is no limitation of 50% as there are hourly requirements that can be creatively done for the difficult placements.

Eileen Fry-Bowers appreciates the dialogue, and it is incredibly helpful and can help with some of their challenges. She thinks the NECs may differ in their application of this. She isn't sure where the disconnect is happening. She asks for FAQs or case studies or scenarios that might help everybody understand this better to resolve this issue to allow schools to maximize the possibilities that exist under this issue.

Loretta Melby said she is willing to explore this and asks for specific things that can be looked into to have discussions with the NECs to find out if something was denied and why. Any denials are reviewed as a group now to see if there are any ways to resolve it. She said CCR 1427 is expansive and should not be limiting with the language. It should be inclusive and allow the programs to continue to grow including telehealth, etc.

Loretta Melby said the 500-hour direct patient care is based on the NCSBN survey sent out annually. She spoke about the NCSBN simulation study that was done ten years ago but they reevaluated it to add more information and reconfirmed the use of simulation. She spoke about having nursing recognized as a STEM profession and the process. She spoke about the EDP-I-01 being used by new programs and campus expansions. She agrees with sharing all BRN information with HCAI. She said there was a bill in 2024, SB 1042 – Roth, and she thinks they were at 90% completion. This was an amazing bill with data collection by HCAI as part of the six-month report that facilities already turn in. She hopes there is a legislator who might be listening. She said other program director voices are needed to be heard by the board. She said CCR 1423(b) is a pivotal section about knowingly misrepresenting a material fact to the board that is a cause for action by the board. She said as a program director she struggled with the 30-unit option. There is no degree requirement in California. The requirement is that the program counsel the student who wants to take the 30-unit option that limits them to a California only RN license. If a national license comes about then that would have to be considered. She spoke about the governor's requirement to not exclude any option to a profession. She understands the employment barriers but that is part of the counseling process that occurs prior to entering a program. The EDP-P-18 is in the process of being implemented electronically and she hopes it is easier. She would like to send the data to HCAI. The audit requires the data gathering from EDP-P-18. The facility signature requirement is not in law and the new online system removed the signature beginning May 1st. It is school specific, and the school must speak with the facility to consider what other programs are training at the facility.

Garrett Chan said the commenters dropped off the meeting due to time constraints. He appreciates the information from Loretta Melby. He asked if Tanya Altmann could bring the information back to CACN. Garrett Chan said he works in ambulatory care and does not use the term med/surg. He opened it up for member questions.

Wendy Hansbrough said the document created by board staff was helpful. She is the president elect for CACN and will take this information back to them as well. She said clinical placements is a complicated issue. The challenge is they walk on eggshells with clinical partners so that nothing happens with their students that might jeopardize the placements. She said they are frequently told RNs don't want to precept students anymore. It is costly to organizations to have students in their facilities. She wants

the BRN to know this is complicated and wants to be imaginative and think of different ways to do this. She knows the 30 direct patient care hours are there as a minimum but is curious for those that do their curriculum plans, how many left it at 30 because there are a lot of hours left for med/surg. Then they must bump up the other areas of practice competency.

Garrett Chan said the cost to the student for orientation and onboarding is extensive and also for the health system.

Loretta Melby said the common units is 3 units med/surg1, 3 units med/surg2, 3 units med/surg3, 2 units OB, 2 units peds, 2 units Geri, 2-3 units psych, for 18 units total. She gave the breakdown of hours in various ways to meet the 500-hour requirement. She said the BRN gives the greatest flexibility because each school has their own issues with meeting the requirement. She said it has been implemented well in some schools. She said maybe at the fall COADN meeting schools can present information about this.

Wendy Hansbrough said it isn't just students but the load for schools to do orientation is absolutely ridiculous. She doesn't understand why pace is different in every organization. She would like to see more data driven responses to these issues. She's writing her accreditation documents to have their simulation (sim) center accredited by SSH and it is extremely expensive to do sim correctly. She said their budgets are being cut and she is viciously protecting her sim staff to run high quality sim to make sure they are done in the proper way and students get the information they need. She knows not everyone can do this. She would like the board to take a more formal stance on the value of sim and it would go a long way to supporting those programs trying to get or keep it.

Loretta Melby said the board is not aligned with that request to date, but it doesn't mean they won't do it in the future.

Wendy Hansbrough would like to run the board members through her sim.

Loretta Melby said she thinks the board members see the benefit of sim although they have always considered direct patient care to be pivotal and the golden standard. She said when you update regulation, it has a global impact. If we were to say that all simulation must be accredited, then when we get someone who wants to come in from, say, Turkey, I have to have our staff reach out to find out that their simulation has that same standard or the equivalent in order to allow for licensure. So any time we change the prelicensure requirement to be licensed, it has a worldwide effect.

Garrett Chan clarified that they did not say all sim must be accredited in their recommendations.

Wendy Hansbrough stated she is not saying the board should do this, but suggested that the board consider some way to recognize that simulation has value.

Loretta Melby spoke about the recommendations from NEWAC to the board and sim hasn't been looked at for possible regulation changes. She spoke about preceptor issues in regulation.

Garrett Chan said there is a lot going on here and thinks they need to get back with CACN and asked Reza Pejuhesh how to handle this since Wendy Hansbrough and Tanya Altmann are part of CACN. He asked if this a violation of Bagley-Keene if they meet and discuss with the presenters?

Reza Pejuhesh said these two members are not officially a subcommittee, but they are only two members. He does not see this as a violation.

Loretta Melby said this is a publicly available meeting and the presenters can watch the meeting on the web.

Garrett Chan confirmed that NEWAC meetings are posted to the web.

Loretta Melby said they are posted and viewable on YouTube.

Garrett Chan said there would be no motion and asked for any other member discussion. None was requested. He appreciates the review by BRN staff and legal and the table presented in the meeting materials was very helpful for these complex issues.

Second Public Comment for Agenda Item 4.0: No public comments in any location.

2:27 p.m.

5.0 **Discussion and possible action:** Regarding assigning replacement member(s) to the Clinical Placement and Impaction subcommittee

Discussion: Garrett Chan said Joanne Spetz requested to be removed from this subcommittee and he would like to be added to this subcommittee. He is also requesting to be removed from the Simulation subcommittee.

Loretta Melby asked about discussion of the simulation subcommittee vacancy during this meeting since it is not agendized.

Reza Pejuhesh said he thinks the agenda item covers the issue.

Garrett Chan asked if there are any other members interested in being appointed to this subcommittee. He asked about the motion to be made being one for removal and addition.

Reza Pejuhesh said it can be all one motion.

Motion: **Garrett Chan**: Motioned to remove Joanne Spetz from the Clinical Placement Impaction subcommittee, remove Garrett Chan from the Simulation subcommittee, nominate Garrett Chan for the Clinical Placement Impaction subcommittee.

Second: **Tanya Altmann**

Public Comment for Agenda Item 5.0: No public comments in any location.

Vote*	TA	TVH	JG	SDG	JXM	HT	JK	GC	KH	JB	CC	JS	SM	LP	WH
	Y	Y	Y	AB	Y	AB	AB	Y	AB	AB	Y	AB	Y	AB	Y
Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB															

*During Vote:
It was determined that Sagie De Guzman and Judy Kornell dropped off from the meeting and the committee lost quorum with only eight members online. This resulted in the motion not passing. Garrett Chan requested this agenda item be added to the next NEWAC meeting as the first agenda item for consideration.

Motion did not pass due to lack of quorum

2:43 p.m. **10.0** **Adjournment:** Garrett Chan, Chair, adjourned the meeting at 2:43 p.m.

Submitted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Accepted by:

Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair
Nursing Education and Workforce Advisory Committee

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Agenda Item 5.0

Discussion and possible action: Regarding meeting dates for 2026

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: September 10, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding meeting dates for 2026

REQUESTED BY: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair of the Nursing Education and Workforce Advisory Committee

BACKGROUND:

The NEWAC will meet twice per year. Meetings will be open to the public and adhere to the Bagley-Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

BRN Board, Committee, and Advisory Committee Meetings in 2026

January 21, 2026	**Advisory Committees** Nursing Education and Workforce Advisory Committee (NEWAC)
February 11, 2026	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
March 26-27, 2026	**Board Meeting**
April 7, 2026	**Advisory Committee** Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
April 28, 2026	**Advisory Committees** Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
May 13, 2026	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
June 25-26, 2026	**Board Meeting**
July 22, 2026	**Advisory Committees** Nursing Education and Workforce Advisory Committee (NEWAC)
August 12, 2026	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
September 24-25, 2026	**Board Meeting**
October 6, 2026	**Advisory Committee** Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
October 20, 2026	**Advisory Committees** Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
November 5, 2026	**Board Committee Meetings** Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
December 16-17, 2026	**Board Meeting**

Agenda Item 6.0

Discussion and possible action: Regarding election of Chair and Vice Chair positions

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: September 10, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding election of Chair and Vice Chair positions

REQUESTED BY: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair of the Nursing Education and Workforce Advisory Committee

BACKGROUND:

NEWAC members will identify and vote on a committee Chair and Vice Chair to facilitate meetings in collaboration with the Board's Executive Officer. The Chair will develop the meeting agendas in collaboration with the Board's Executive Officer, staff liaison, and other Board support staff. Only appointed NEWAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The Vice Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NEWAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Agenda Item 7.0

Discussion and possible action: Regarding assigning replacement member(s) to the Clinical Placement and Impaction subcommittee

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: September 10, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding assigning replacement member(s) to the Clinical Placement and Impaction subcommittee

REQUESTED BY: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair of the Nursing Education and Workforce Advisory Committee

BACKGROUND:

The advisory committee will discuss the vacancy to the Clinical Placement and Impaction subcommittee and vote to fill this vacancy which may include reassignments of current members of other subcommittees.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Agenda Item 8.0

Discussion and possible action: Report from the seven NEWAC subcommittees: Simulation Standards; Clinical Placement and Impaction; Cultural Competency, Diversity, Pathway to Nursing; Theory Practice Gap and New Grad Orientation; Workforce Retention; Curriculum Standards and Guidelines; and Faculty.

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: September 10, 2025

ACTION REQUESTED: **Discussion and possible action:** Report from the seven NEWAC subcommittees: Simulation Standards; Clinical Placement and Impaction; Cultural Competency, Diversity, Pathway to Nursing; Theory Practice Gap and New Grad Orientation; Workforce Retention; Curriculum Standards and Guidelines; and Faculty.

REQUESTED BY: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair of the Nursing Education and Workforce Advisory Committee

BACKGROUND:

The seven NEWAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Simulation Standards: Sandra Miller and Garrett Chan
- Clinical Placement and Impaction: Joanne Spetz
- Cultural Competency, Diversity, Pathway to Nursing: Jacqueline Bowman and Anthony Cordova
- Theory Practice Gap and New Grad Orientation: Kathy Hughes and Wendy Hansbrough
- Workforce Retention: Hazel Torres and Carmen Comsti
- Curriculum Standards and Guidelines: Jeannine Graves and Sagie De Guzman
- Faculty: Tanya Altmann and Tammy Vant Hul

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Agenda Item 9.0

Discussion and possible action: Regarding discussion of the regional projections, potential survey content and data collection strategies and potential changes for the 2026 Survey of registered Nurses

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0
DATE: September 10, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding discussion of the regional projections, potential survey content and data collection strategies, and potential changes for the 2026 Survey of Registered Nurses

REQUESTED BY: Joanne Spetz, PhD
Nursing Education and Workforce Advisory Committee member

BACKGROUND:

NEWAC members will discuss the regional projections, potential survey content, data collection strategies and potential changes to the 2026 Survey of Registered Nurses.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Changes to consider for the 2026 Survey of Registered Nurses
Ideas from UCSF Philip R. Lee Institute for Health Policy Studies

Potential changes to existing questions:

Question 20: Where is your place of work?

- Entirely at my employer's site
- Entirely from home
- Hybrid on-site and from home

Could add another question about how often they work remotely if they are hybrid

Question 35F: Poor leadership from manager/institution – suggest separating these into 2 items because a manager can be great while an institution is not, and vice-versa
Question 35G: Institution support of my professional judgement – should this be redone so there are questions about both the organization & also about the supervisor? Or only about the supervisor?

Question 36: Should this continue to be about the direct manager? Or should there be separate sections for each of these?

Question 41. Experiences of discrimination: tabulations here – should all of these items be retained?

	Once a month or more	A few times a month	A few times a year	Less than once a year	Never
A. How often are you unfairly given tasks that no one else wants to do?	13.8%	21.0%	26.7%	14.1%	24.3%
B. At work, when different opinions would be helpful, how often is your opinion not asked for?	11.3%	18.8%	27.0%	16.2%	26.8%
C. How often are you watched more closely than others?	5.5%	7.9%	16.1%	19.9%	50.5%
D. How often are you unfairly humiliated in front of others at work	2.1%	4.1%	9.0%	15.4%	69.3%
E. How often does your supervisor or boss make slurs or jokes related to race/ethnicity, gender, or sexual identity?	1.1%	1.4%	2.9%	4.3%	90.2%
F. How often do your coworkers make slurs or jokes related to race/ethnicity, gender, or sexual identity?	3.0%	3.5%	10.5%	11.0%	72.0%
G. How often do your patients/clients make slurs or jokes related to race/ethnicity, gender, or sexual identity?	7.0%	11.7%	20.9%	16.8%	43.7%
H. How often do you feel that you are ignored or not taken seriously by your boss?	5.7%	9.8%	16.6%	18.3%	49.6%
I. How often do others assume that you work in a lower status job than you do and treat you as such?	4.7%	7.8%	14.8%	16.0%	56.7%
J. How often has a coworker with less experience and fewer qualifications been promoted before you?	2.9%	4.0%	15.3%	20.6%	57.3%

Question 52. This often mirrors what people say in Q51. It might be a candidate for elimination if we are adding new items.

Potential new topic areas (need to identify specific questions):

Student debt

- How much debt did they have when they finished their most recent education program
- How much debt do they have today

Burnout & Resilience

The Brief Resilience Scale is widely used and is free. (Source: Smith et al., 2008: https://pubmed.ncbi.nlm.nih.gov/18696313/)

Scoring is on a 5-point scale from strongly disagree to strongly agree:

- I tend to bounce back quickly after hard times
- I have a hard time making it through stressful events
- It does not take me long to recover from a stressful event
- It is hard for me to snap back when something bad happens
- I usually come through difficult times with little trouble
- I tend to take a long time to get over set-backs in my life

Artificial Intelligence in nursing

- *Which types are in use and for what purposes*
  - How much do you know about AI? (Sommer 2024)
  - To what extent are you aware of currently using AI-enabled tools in your nursing practice? (AMA 2025)
  - Which application areas of AI in nursing do you know? (Sommer 2024)
  - Algorithmic systems to analyze EHR data to determine patient acuity
  - Patient handoff documents generated by AI
  - Do AI functions have methods for errors to be corrected
  - Devices to capture image or sound information about patients such as pain scores or wound assessments
  - Clinical prediction tools that flag potential changes to medical condition of patients
  - Remote patient monitoring
  - Automated charting
  - Automated nursing care plans
- *Attitudes about AI – positive and negative perceptions*
  - How comfortable are you with using AI-based tools in the clinical setting? (McKinsey)
  - The idea of working with AI in my current role makes me… hopeful / uncomfortable / fearful (McKinsey)
  - Please rank your top three concerns with using AI-based technology and tools (McKinsey – 12 choices)
  - Considering the overall impact, how much of an advantage do tools using AI give to your ability to care for your patients? (source: AMA 2025 survey)
  - Overall, would you say the potential increased use of AI in your professional life makes you feel… More excited than concerned / equally concerned and excited / More concerned than excited
    - Could use “opportunity / threat” question in Sommer 2024
  - General Attitudes towards Artificial Intelligence Scale – has 20 items
  - Shinners 2022:
    - I believe that the use of AI in nursing could improve the delivery of patient care
    - I believe that the use of AI in nursing could improve clinical decision making
    - I believe that AI can improve population health outcomes
    - I believe that AI will change my role as a healthcare professional in the future
    - I believe that the introduction of AI will reduce financial cost associated with my role
    - I believe that overall healthcare professionals are prepared for the introduction of AI technology
    - I believe that one day AI may take over part of my role as a healthcare professional
    - I believe that I have been adequately trained to use AI that is specific to my role

        - I believe there is an ethical framework in place for the use of AI technology in my workplace
        - I believe that should AI technology make an error, full responsibility lies with the healthcare professional
    - Oh 2018, physician confidence in AI:
        - Do you agree that you have good familiarity with artificial intelligence?
        - Do you agree that artificial intelligence has useful applications in the healthcare field?
        - Do you agree that the diagnostic ability of artificial intelligence is superior to the clinical experience of a human doctor?
        - Do you agree that artificial intelligence could replace your job?
        - Do you agree that you will always use artificial intelligence when making medical decisions in the future?
    - I trust my employer will implement AI with patient safety as the first priority
- *Barriers and facilitators of AI*
    - Do you believe the current healthcare infrastructure supports the integration of AI into nursing care? (Benfatah 2025)
    - How supportive is your employer toward the adoption of new technologies such as AI?
    - How often do you feel that time constraints impact your ability to integrate AI into your nursing practice?
    - Have you received any formal training on AI technologies?
    - How clear are your employer's policies and procedures regarding the use of AI in nursing care?
    - What do you think is needed most to alleviate concerns about using AI technology in healthcare? (McKinsey – 8 options)
- *Canadian Survey of Nurses (https://insights.infoway-inforoute.ca/use-of-ai-powered-technologies/)*
    - Is AI being used in any of the care settings where you provide care?
    - On a scale of 1-4 with 1 being not at all knowledgeable and 4 being very knowledgeable, how knowledgeable are you about what artificial intelligence is?
    - On a scale of 1-4 how comfortable are you with AI being used as a tool in healthcare?
    - Agreement with AI statements: On a scale of 1-4 do you agree or disagree with the following statements?
        - AI will have a significant impact on healthcare in the future
        - AI-based technologies can improve care planning
        - AI can be used to reduce the time spent on administrative tasks by nurses
        - AI can be used to improve the quality of patient care
        - AI can be used to improve clinical decision making
        - AI can be used to reduce medical errors and provider safer care
        - AI has promising applications to nursing care
        - AI can be used to improve nursing workflows
    - To what extent to you perceive the following factors as potential concerns or disadvantages of the use of AI in nursing practice?
        - Loss of human interaction in healthcare
        - Data security and privacy concerns
        - Concerns over medical liability
        - Mistrust in AI mechanisms, technologies, and solutions by nurses
        - Lack of relevant digital health literacy among nurses
        - Concerns over negative impacts to patient-provider relationship
        - Difficulties with providing meaningful consent to use patients' data
        - Inequities in healthcare for patient groups (e.g., marginalized and underrepresented patients)
        - Job losses in nursing due to AI
    - To what extent do you perceive the following as priorities to support the use of AI in nursing practice?
        - Appropriate training and education for nursing workforce around the use of AI in practice
        - Appropriate regulatory and accreditation system regarding the use of AI-based technologies and devices

- Policies and guidelines from governments and clinical bodies for the integration of AI technologies in nursing care
- Organizational readiness to effectively incorporate AI into practice
- Digital transformation of the US health care system to allow for the use of AI technologies in practice
- Nursing leadership to champion and guide the appropriate use of AI in healthcare

California Board of Registered Nursing

Survey of Registered Nurses 2024

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

Here's how to fill out the Survey:

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

☐$_1$ YES
☐$_2$ NO ⟶ **SKIP TO Question 23**

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

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

CALIFORNIA BOARD OF REGISTERED NURSING
2024 RN SURVEY

SECTION A: EDUCATION & LICENSURE

1. What types of **nursing** degree programs have you completed? Include **all** past to current education.

	Year completed	Location (2-letter state code or name of country)
A. Associate degree in nursing	_____	_____
B. 30-unit option program (LVN-to-RN)	_____	_____
C. Baccalaureate in nursing (BSN or BS with nursing major)	_____	_____
D. Entry Level Master's program (ELM, MEPN, etc.)	_____	_____
E. Diploma program (hospital-based)	_____	_____
F. Master's Degree in nursing (non-ELM)	_____	_____
G. Post-Master's Certificate in nursing	_____	_____
H. Doctor of Nursing Practice (DNP)	_____	_____
I. Research-based Nursing Doctorate (PhD, DNSc, etc.)	_____	_____
J. Other **(Describe):** _____	_____	_____

2. In what US state or other country were you **first licensed** as an RN?

2-letter US state code: _____

OR Other country: _____

3. What year were you first licensed as an RN **in the United States**?

____ ____ ____ ____

4. How did you pay for your **initial** RN education? Include the cost of tuition, room and board, fees, books, and supplies. **(Check all that apply.)**

- ☐a Money from a job I held while in school
- ☐b Money from a job held before school
- ☐c Gifts from parents, spouse, or other family members or friends
- ☐d Loan from parents, spouse, or other family members or friends
- ☐e Federally-assisted student loan
- ☐f Other type of student loan
- ☐g Employer tuition reimbursement plan
- ☐h Federal traineeship, scholarship, or grant (e.g., National Health Service Corps)
- ☐i State or local government scholarship or grant
- ☐j Employer non-government scholarship or grant
- ☐k Other **(Specify):** _____)

5. How much student debt did you have **when you graduated** from your **initial** RN program?

☐a None or $_____

6. How much student debt do you **still owe** from your **initial** RN program?

☐a None or $_____

7. What types of **non-nursing** degree programs have you **completed**, before and/or after your nursing education?

	Year
A. Associate degree (non-nursing)	_____
B. Bachelor's degree (non-nursing)	_____
C. Master's Degree (non-nursing)	_____
D. Doctorate (JD, MD, PhD, etc.)	_____
E. Other program type **(Describe):**_____	_____

8. **Prior** to starting your initial RN education, were you employed in a health occupation? (**Check all that apply**.)

- ☐a No
- ☐b Yes, healthcare clerical or administrative
- ☐c Yes, military medical corps
- ☐d Yes, nursing aide/assistant
- ☐e Yes, other health technician/therapist
- ☐f Yes, medical assistant
- ☐g Yes, licensed practical/vocational nurse
- ☐h Yes, other **(Specify):** _____

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

☐0 No other states

☐1 Yes (**List states):** _____

Are any of these Nurse Licensure Compact states? ☐1 Yes ☐0 No

10. Which of the following **California BRN certifications or listings** do you have? Please indicate the year you received your California license, if applicable. **(Check all that apply.)**

☐a Nurse Anesthetist:
Year licensed: _____

☐b Nurse-Midwife:
Year licensed: _____

☐c Nurse Practitioner:
Year licensed: _____

☐d Clinical Nurse Specialist:
Year licensed: _____

☐e Public Health Nurse

☐f Psychiatric/Mental Health Nurse

☐g None of the above

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

_____ years and _____ months

12. How satisfied are you with the **nursing profession** overall?

☐1 Very dissatisfied
☐2 Dissatisfied
☐3 Neither satisfied nor dissatisfied
☐4 Satisfied
☐5 Very satisfied

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

☐1 Yes ☐2 No → **Skip to Question #17**

14. What percent of coursework is through online classrooms (such as Zoom) or asynchronous learning?

Currently: _____% Normally: _____%

15. What is your degree objective? **(Check all that apply.)**

☐a Associate degree in Nursing (ADN)
☐b Baccalaureate of Science in Nursing (BSN)
☐c Master's degree in Nursing (MSN)
☐d Doctor of Nursing Practice (DNP)
☐e Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.)
☐f Non-degree nursing certificate
☐g Non-nursing Associate degree
☐h Non-nursing Baccalaureate degree
☐i Non-nursing Master's degree
☐j Non-nursing professional Doctorate (JD, MD, etc.)
☐k Non-nursing research or education-focused Doctorate (PhD, EdD, etc.)
☐l Non-nursing certificate

16. Why did you decide to return to school? **(Check all that apply.)**

☐a Personal fulfillment or enrichment
☐b Employer requires me to obtain BSN
☐c Difficulty finding a job with current education
☐d To be eligible for a promotion or higher-level position
☐e Employer encourages me to advance my education
☐f Desire for new skills to improve the quality of care I provide
☐g To prepare me to work in a different setting
☐h To get a higher salary
☐i Interest in an administrative/ management career
☐j Interest in a faculty/teaching career
☐k Interest in becoming an advanced practice nurse (NP, CNM, CRNA, CNS)
☐l Desire to change careers out of nursing
☐m Getting burned out in current job
☐n Other **(Describe):**
_____
_____

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

☐1 **Yes,** working full-time, part-time or per diem → **Continue to Section B on the next page**

☐2 **No** → **Skip to Section C, page 8**

SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

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

18. How many **hours** do you **normally** work in <u>all positions</u> that require a registered nursing license? **(Please complete all items.)**

a. _____ # hours per **day** in all nursing positions

b. _____ # hours per **week** in all nursing positions (do not include unworked on-call hours)

c. _____ # overtime hours per **week** in all nursing positions

d. _____ # hours **on call** <u>not worked</u> per week in all nursing positions

e. _____ # hours in **direct patient care** per week

19. How many **months** per year do you work as an RN?

_____ # months per **year**

20. Where is your place of work? (**Check only one.**)

☐1 Entirely at my employer's site
☐2 Entirely from home
☐3 Hybrid on-site and from home

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

Two Years? (**Check only one.**)	**Five Years?** (**Check only one.**)
☐1 Plan to increase hours of nursing work	☐1 Plan to increase hours of nursing work
☐2 Plan to work approximately as much as now	☐2 Plan to work approximately as much as now
☐3 Plan to reduce hours of nursing work	☐3 Plan to reduce hours of nursing work
☐4 Plan to leave nursing entirely but not retire	☐4 Plan to leave nursing entirely but not retire
☐5 Plan to retire	☐5 Plan to retire

Questions 22 - 41 refer to your <u>principal</u> nursing position, which is the <u>current</u> RN or APRN position in which you spend most of your working time.

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

☐1 A regular employee (including per diem)
☐2 Employed locally through a temporary agency
☐3 Travel nurse/travel agency
☐4 Self-employed

23. How long have you been employed as an RN with your **principal** employer in any position?

_____years and _____ months

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

_____ # hours per week

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

_____ # months per year

26. Which one of these best describes the **job title** of your **principal** nursing position? **(Check only one.)**

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

_____

27. Which of the following best describes the **type of setting** of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work? (**Check only one.**)

Hospital (not mental health)

- ☐1 Hospital, **inpatient** care or **emergency** dept.
- ☐2 Hospital, **ancillary** unit (GI lab, radiology, etc.)
- ☐3 Hospital, **ambulatory care** department (outpatient, surgery, clinic, etc.)
- ☐4 Hospital, **nursing home** unit
- ☐5 Hospital, **other** type of department (administration, home health, etc.)

Other inpatient setting

- ☐6 **Nursing home**/extended care/skilled nursing facility/group home
- ☐7 **Rehabilitation** facility/ long-term acute care
- ☐8 Inpatient **mental health**/substance abuse
- ☐9 **Correctional** facility/prison/jail
- ☐10 **Inpatient hospice** (not hospital-based)
- ☐11 **Other inpatient setting**

Clinic/ambulatory

- ☐12 **Private** medical practice, clinic, office, etc.
- ☐13 **Public** clinic, rural health center, FQHC, etc.
- ☐14 **School health** service (K-12 or college)
- ☐15 Outpatient **mental health**/substance abuse
- ☐16 **Urgent care**, not hospital-based
- ☐17 **Ambulatory surgery** center (free-standing)
- ☐18 **Other clinic/ambulatory (Please describe):** _____

Other types of employment settings

- ☐19 **Occupational health** or employee health service
- ☐20 **Public health** or community health agency (not a clinic)
- ☐21 **Government agency** other than public/community health or corrections
- ☐22 Outpatient **Dialysis** Center
- ☐23 University or college (**academic** department)
- ☐24 **Home health** agency/hospice agency
- ☐25 **Case management**/disease management
- ☐26 **Call center**/telenursing center
- ☐27 Self-employed
- ☐28 **Other setting (Please describe):**_____

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

a._____% Patient care and charting

b._____% Patient education

c._____% Indirect patient/client care (consulting, planning, evaluating care)

d._____% Teaching, precepting or orienting students or new hires/staff

e._____% Supervision/management

f._____% Administration

g._____% Research

h._____% Non-nursing tasks (housekeeping, etc.)

i._____% Other **(Describe):** _____

100% Total _____

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

a. Zip Code _____

b. City _____

c. State _____ (2-letter)

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

_____ miles one-way

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

$_____ /year

32. What benefits does your **principal** nursing position offer? **(Check all that apply.)**

- ☐a Retirement plan
- ☐b Personal health insurance
- ☐c Family/dependent health insurance
- ☐d Dental insurance
- ☐e Tuition reimbursement
- ☐f Paid time to pursue an educational degree
- ☐g None of these benefits

33. Indicate the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. (**Check only one.**)

- ☐ 0 Not involved in direct patient care
- ☐ 1 General medical-surgical
- ☐ 2 Critical care/Intensive care
- ☐ 3 Ambulatory care – primary care
- ☐ 4 Ambulatory care – specialty
- ☐ 5 Community/public health
- ☐ 6 Corrections
- ☐ 7 Dialysis
- ☐ 8 Emergency/trauma
- ☐ 9 Geriatrics
- ☐ 10 Gynecology/family planning
- ☐ 11 Home health care
- ☐ 12 Hospice
- ☐ 13 Labor & delivery
- ☐ 14 Mother-baby unit or newborn nursery
- ☐ 15 Neonatal care
- ☐ 16 Oncology
- ☐ 17 Pediatrics
- ☐ 18 Psychiatry/mental health
- ☐ 19 Rehabilitation
- ☐ 20 School health (K-12 or college)
- ☐ 21 Step-down or telemetry
- ☐ 22 Surgery/peri-operative
- ☐ 23 Other **(Specify):**_____

34. Please rate each of the following factors of your **principal** nursing position:

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

35. To what extent, if any, do the following factors affect your ability to provide **high-quality patient care** or to **do your best work** in your **principal nursing position**?

	Not at all	A little	Moderate extent	Great extent	Does not apply
A. Workplace violence	☐1	☐2	☐3	☐4	☐5
B. Patients with substance use disorders	☐1	☐2	☐3	☐4	☐5
C. Immigration status of patients	☐1	☐2	☐3	☐4	☐5
D. Patient care decisions outside my control	☐1	☐2	☐3	☐4	☐5
E. Functionality of electronic health records	☐1	☐2	☐3	☐4	☐5
F. Poor leadership from manager/institution	☐1	☐2	☐3	☐4	☐5
G. Institution support of my professional judgement	☐1	☐2	☐3	☐4	☐5

36. To what extent do you agree with the statements below about **the organization for which you work** in your **principal nursing position**?

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly Disagree
A. If I did the best job possible, my organization would notice	☐1	☐2	☐3	☐4	☐5	☐6
B. My organization really cares about my well-being	☐1	☐2	☐3	☐4	☐5	☐6
C. My organization responds to my complaints	☐1	☐2	☐3	☐4	☐5	☐6
D. My organization takes pride in my accomplishments	☐1	☐2	☐3	☐4	☐5	☐6
E. My organization values my contribution to its well-being	☐1	☐2	☐3	☐4	☐5	☐6

37. Please rate the degree of your agreement with these statements about the **team with which you work** most frequently**.**

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly Disagree
A. If you make a mistake on this team, it is often held against you	☐1	☐2	☐3	☐4	☐5	☐6
B. Members of my team are able to bring up problems and tough issues	☐1	☐2	☐3	☐4	☐5	☐6
C. People on my team sometimes reject others for being different	☐1	☐2	☐3	☐4	☐5	☐6
D. It is safe to take a risk on this team	☐1	☐2	☐3	☐4	☐5	☐6
E. It is difficult to ask other members of this team for help	☐1	☐2	☐3	☐4	☐5	☐6
F. No one on my team would deliberately act in a way that undermines my efforts	☐1	☐2	☐3	☐4	☐5	☐6
G. Working with members of this team, my unique skills and talents are valued and utilized	☐1	☐2	☐3	☐4	☐5	☐6

38. Overall, based on **your definition of burnout**, how would you rate your level of burnout? (**Check only one.**)

☐1 I enjoy my work. I have no symptoms of burnout

☐2 Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out

☐3 I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion

☐4 The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot

☐5 I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

39. What is the likelihood that you will leave your **principal nursing position** within **two years**?

☐1 Will not leave ☐2 Small possibility ☐3 Reasonably likely ☐4 Definitely leaving

40. To what extent do these factors contribute to your desire to leave or stay in your **principal nursing position**?

	Strongly makes me want to **stay**			**Does not affect** my plan to stay/leave			Strongly makes me want to **leave**
A. Work environment	☐1	☐2	☐3	☐4	☐5	☐6	☐7
B. Manager/administration	☐1	☐2	☐3	☐4	☐5	☐6	☐7
C. Availability/lack of loan repayment	☐1	☐2	☐3	☐4	☐5	☐6	☐7
D. Availability/lack of training opportunities	☐1	☐2	☐3	☐4	☐5	☐6	☐7
E. Patient population	☐1	☐2	☐3	☐4	☐5	☐6	☐7
F. Length of commute	☐1	☐2	☐3	☐4	☐5	☐6	☐7
G. Opportunities for advancement (or lack of)	☐1	☐2	☐3	☐4	☐5	☐6	☐7
H. Schedule/hours	☐1	☐2	☐3	☐4	☐5	☐6	☐7
I. Proximity to family and friends	☐1	☐2	☐3	☐4	☐5	☐6	☐7
J. Proximity to spouse/partner's job	☐1	☐2	☐3	☐4	☐5	☐6	☐7
K. Pay and benefits	☐1	☐2	☐3	☐4	☐5	☐6	☐7
L. Physical demands of the job	☐1	☐2	☐3	☐4	☐5	☐6	☐7
M. Respect from the public for nurses	☐1	☐2	☐3	☐4	☐5	☐6	☐7
N. Teamwork with my coworkers	☐1	☐2	☐3	☐4	☐5	☐6	☐7
O. Childcare or eldercare challenges	☐1	☐2	☐3	☐4	☐5	☐6	☐7

41. Below are some situations you may have experienced at work. Please indicate how often you have experienced them during the past **12 months** at your **principal nursing position**.

	Once a week or more	A few times a month	A few times a year	Less than once a year	Never
A. How often are you unfairly given tasks that no one else wants to do?	☐1	☐2	☐3	☐4	☐5
B. At work, when different opinions would be helpful, how often is your opinion not asked for?	☐1	☐2	☐3	☐4	☐5
C. How often are you watched more closely than others?	☐1	☐2	☐3	☐4	☐5
D. How often are you unfairly humiliated in front of others at work?	☐1	☐2	☐3	☐4	☐5
E. How often does your supervisor or boss make slurs or jokes related to race/ethnicity, gender, or sexual identity?	☐1	☐2	☐3	☐4	☐5
F. How often do your coworkers make slurs or jokes related to race/ethnicity, gender, or sexual identity?	☐1	☐2	☐3	☐4	☐5
G. How often do your patients/clients make slurs or jokes related to race/ethnicity, gender, or sexual identity?	☐1	☐2	☐3	☐4	☐5
H. How often do you feel that you are ignored or not taken seriously by your boss?	☐1	☐2	☐3	☐4	☐5
I. How often do others assume that you work in a lower status job than you do and treat you as such?	☐1	☐2	☐3	☐4	☐5
J. How often has a coworker with less experience and fewer qualifications been promoted before you?	☐1	☐2	☐3	☐4	☐5

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

☐$_1$ Yes

☐$_2$ No ⟶ **Skip to Question #47**

43. How many **additional** nursing positions do you hold? **(do not count** your principal job)

☐$_1$ One ☐$_2$ Two ☐$_3$ Three or more

44. What type of work do you do in your **other nursing positions**? (**Check all that apply.**)

☐$_a$ Hospital staff

☐$_b$ Public health or community health

☐$_c$ Long-term acute care

☐$_d$ School health

☐$_e$ Nursing home, extended care, or skilled nursing facility staff

☐$_f$ Mental health or substance abuse treatment

☐$_g$ Home health or hospice

☐$_h$ Telehealth/telenursing

☐$_i$ Teaching health professions or nursing students

☐$_j$ Ambulatory care, occupational health

☐$_k$ Self-employed

☐$_l$ Other (**Please describe):** _____

_____

45. In your **other** nursing positions, are you…? (**Check all that apply.**)

☐$_a$ A regular employee

☐$_b$ Employed through a temporary agency, not traveling

☐$_c$ Self-employed

☐$_d$ Travel nurse or employed through a traveling nurse agency

46. Please report the following for your **other** nursing positions. **Do not repeat your principal position**.

Additional position 1:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

Additional position 2:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

All other additional positions:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

47. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? (**Check all that apply.**)

☐$_a$ Yes, a temporary agency or registry ☐$_b$ Yes, a traveling agency ☐$_c$ No (**Skip to Section D on page 10**)

48. In what year did you most recently begin work as a temporary, registry, or traveling nurse? ____ ____ ____ ____

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

☐$_a$ Wages

☐$_b$ Supplemental income

☐$_c$ Waiting for a desirable permanent position

☐$_d$ Unable to find any permanent RN job

☐$_e$ Travel/see other parts of the country

☐$_f$ Unable to work enough hours at my primary job

☐$_g$ Maintain skills/get experience

☐$_h$ Control of schedule

☐$_i$ Control of work conditions

☐$_j$ Control of work location

☐$_k$ Other **(Please describe):**_____

SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

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

If you are currently employed as an RN or APRN, please review your response to Q17 on page 2 before continuing to Section B (page 3)

50. What was the last year you worked for pay as an RN or APRN? __ __ __ __

☐$_0$ I have never worked for pay as an RN or APRN

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

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Retired	☐1	☐2	☐3	☐4	☐5
B. Laid off	☐1	☐2	☐3	☐4	☐5
C. Difficult to find **desired** nursing position	☐1	☐2	☐3	☐4	☐5
D. Cannot find **any** work as an RN/APRN	☐1	☐2	☐3	☐4	☐5
E. Childcare responsibilities	☐1	☐2	☐3	☐4	☐5
F. Other family responsibilities	☐1	☐2	☐3	☐4	☐5
G. Inconvenient schedules in nursing jobs	☐1	☐2	☐3	☐4	☐5
H. Stress on the job	☐1	☐2	☐3	☐4	☐5
I. Negative effect of work on my health or well-being	☐1	☐2	☐3	☐4	☐5
J. Unsafe workplace	☐1	☐2	☐3	☐4	☐5
K. Job-related illness/injury	☐1	☐2	☐3	☐4	☐5
L. Non-job-related illness/injury	☐1	☐2	☐3	☐4	☐5
M. Salary	☐1	☐2	☐3	☐4	☐5
N. Dissatisfied with benefits	☐1	☐2	☐3	☐4	☐5
O. Lack of support from my employer/supervisor	☐1	☐2	☐3	☐4	☐5
P. Inability to deliver quality care consistently	☐1	☐2	☐3	☐4	☐5
Q. Lack of respect from the public for nurses	☐1	☐2	☐3	☐4	☐5
R. Dissatisfaction with the nursing profession	☐1	☐2	☐3	☐4	☐5
S. Relocated to a different area	☐1	☐2	☐3	☐4	☐5
T. Travel	☐1	☐2	☐3	☐4	☐5
U. Wanted to try another occupation	☐1	☐2	☐3	☐4	☐5
V. Returned to school	☐1	☐2	☐3	☐4	☐5
W. Other **(Describe):**_____	☐1	☐2	☐3	☐4	☐5

52. To what extent would these changes affect your desire to return to nursing?

	Would **not affect** my **plans**				Would **greatly increase** my desire to return **to nursing**
A. Job opportunities became more available	☐1	☐2	☐3	☐4	☐5
B. Work environments improved	☐1	☐2	☐3	☐4	☐5
C. Student loan repayment became more available	☐1	☐2	☐3	☐4	☐5
D. On-the-job training and development became more available	☐1	☐2	☐3	☐4	☐5
E. School/childcare schedules became more stable	☐1	☐2	☐3	☐4	☐5
F. Commute became shorter	☐1	☐2	☐3	☐4	☐5
G. If remote work from home became available	☐1	☐2	☐3	☐4	☐5
H. Employers offered more opportunities for advancement	☐1	☐2	☐3	☐4	☐5
I. Pay improved	☐1	☐2	☐3	☐4	☐5
J. Work schedules improved	☐1	☐2	☐3	☐4	☐5
K. Fringe benefits improved	☐1	☐2	☐3	☐4	☐5
L. Physical demands of the job were lessened	☐1	☐2	☐3	☐4	☐5
M. Management/administration became more attentive to nursing staff needs	☐1	☐2	☐3	☐4	☐5
N. My personal health situation improved	☐1	☐2	☐3	☐4	☐5
O. Other **(Describe)**: _____	☐1	☐2	☐3	☐4	☐5

53. Which of the following best describes your current intentions regarding work in nursing? **(Check only one.)**

- ☐1 Currently seeking employment in nursing
- ☐2 Plan to work in nursing in the future, but not looking for a job now → How soon?
  - ☐1 Less than one year
  - ☐2 1-2 years
  - ☐3 3-4 years
  - ☐4 5 or more years
- ☐3 Retired
- ☐4 Definitely will not return to nursing, but not retired
- ☐5 Undecided at this time

SECTION D: EMPLOYMENT IN NON-NURSING POSITIONS

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

☐1 Yes ☐2 No → **Skip to Section E, below**

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

56. Please report the following for your **non-nursing** positions (combined if you have more than one).

Average hours worked per week: _____ Months worked per year: _____

Estimated pre-tax annual income: _____

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

- ☐a Health-related services outside of nursing
- ☐b Pharmaceuticals, biotechnology, or medical devices
- ☐c Retail sales and services
- ☐d Education (non-nursing, including K-12 or college)
- ☐e Financial, accounting, and insurance services
- ☐f Consulting organization
- ☐g Other **(Please describe):** _____

SECTION E: CHANGES IN THE PAST YEAR

58. Have you changed employers, positions, how much you work, or whether you work, in the **past 12 months**?

☐1 Yes ☐2 No → **Skip to Section F on the next page**

59. Have you changed **employers or whether you work** in the past year? **(Check all that apply.)**

☐a	I am not working in nursing now, but was working earlier this year	☐e	Added second non-nursing job
☐b	I was not working earlier this year, but am working now in nursing	☐f	Changed second nursing employer
☐c	Changed principal employer	☐g	Stopped working in second nursing job
☐d	Added second nursing job	☐h	Stopped working in secondary non-nursing job
☐i	Other **(Please describe)**: _____		

60. If you changed your principal employer, in what setting did you previously work? (**Check only one.)**

- ☐1 Hospital
- ☐2 Ambulatory care (physician office, surgery center, urgent care center)
- ☐3 Long-term care (nursing home, skilled nursing facility, extended care)
- ☐4 Home health (including home-based hospice)
- ☐5 Other **(Describe):** _____

61. Have you changed **job titles** in the past year? ☐1 Yes ☐2 No → **Skip to Question #63**

62. What was your job title before the change? _____

63. Has there been a change in **how much you work** as an RN in the past year? (**Check only one.)**

- ☐1 No change in hours worked
- ☐2 Increased hours – employer imposed
- ☐3 Increased hours – my choice
- ☐4 Decreased hours – employer imposed
- ☐5 Decreased hours – my choice
- ☐6 Other **(Please describe):** _____

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

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Retired	☐1	☐2	☐3	☐4	☐5
B. Laid off	☐1	☐2	☐3	☐4	☐5
C. Employer reduced my hours	☐1	☐2	☐3	☐4	☐5
D. Employer increased my hours	☐1	☐2	☐3	☐4	☐5
E. Promotion/career advancement	☐1	☐2	☐3	☐4	☐5
F. Desire to fully use skills/learn new skills	☐1	☐2	☐3	☐4	☐5
G. Childcare responsibilities	☐1	☐2	☐3	☐4	☐5
H. Other family responsibilities	☐1	☐2	☐3	☐4	☐5
I. Change in spouse/partner work situation	☐1	☐2	☐3	☐4	☐5
J. Wanted or needed more convenient work hours	☐1	☐2	☐3	☐4	☐5
K. Stress on the job	☐1	☐2	☐3	☐4	☐5
L. Negative effect of work on my health or well-being	☐1	☐2	☐3	☐4	☐5
M. Unsafe workplace	☐1	☐2	☐3	☐4	☐5
N. Job-related illness/injury	☐1	☐2	☐3	☐4	☐5
O. Non-job-related illness/injury	☐1	☐2	☐3	☐4	☐5
P. Salary/benefits	☐1	☐2	☐3	☐4	☐5
Q. Lack of support from my employer/supervisor	☐1	☐2	☐3	☐4	☐5
R. Inability to deliver quality care consistently	☐1	☐2	☐3	☐4	☐5
S. Dissatisfaction with the nursing profession	☐1	☐2	☐3	☐4	☐5
T. Relocated to a different area	☐1	☐2	☐3	☐4	☐5
U. Change in household financial status	☐1	☐2	☐3	☐4	☐5
V. Wanted to try another occupation	☐1	☐2	☐3	☐4	☐5
W. Returned to school	☐1	☐2	☐3	☐4	☐5
X. Wanted to work remotely from home	☐1	☐2	☐3	☐4	☐5
Y. Other **(Describe):**_____	☐1	☐2	☐3	☐4	☐5

SECTION F: RESIDENCE OUTSIDE CALIFORNIA

65. Do you reside primarily outside California?

☐1 Yes ☐2 No → **Skip to Section G on the next page**

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

- ☐a Worked as an RN in California for temporary agency/registry
- ☐b Worked as an RN for California employer in telenursing
- ☐c Worked as an RN for out-of-state telenursing employer with California clients
- ☐d Regularly commuted to California for an RN job
- ☐e Worked as an RN in California but have since moved out
- ☐f Did not work as an RN in California in the past 12 months

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

_____ months or ☐0 Did not work in CA

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

- ☐a **Yes**, I plan to travel to California intermittently to work as an RN
- ☐b **Yes**, I plan to relocate to California and work as an RN
- ☐c **Yes**, I plan to perform telenursing for a California employer
- ☐d **Yes**, I plan to perform telenursing for out-of-state employer with California clients
- ☐e **Yes**, I plan to regularly commute to California to work as an RN
- ☐f **No**, I do not plan to practice in California

SECTION G: DEMOGRAPHICS

69. Year of birth: ____ ____ ____ ____

70. What is your gender identity?

☐1 Female ☐3 Trans Woman ☐5 Non-binary
☐2 Male ☐4 Trans Man ☐6 Genderqueer
☐7 Gender non-conforming
☐8 Prefer to self-describe: _____

71. In what country were you born?

☐1 USA

☐2 Other country:_____

72. What was your parents' highest education?

Mother	Father
☐1 High school or less	☐1 High school or less
☐2 Some college	☐2 Some college
☐3 Assoc. degree	☐3 Assoc. degree
☐4 Bachelor's degree	☐4 Bachelor's degree
☐5 Graduate degree	☐5 Graduate degree
☐6 Don't know	☐6 Don't know

73. Marital status ☐1 Single
☐2 Currently married/partnered
☐3 Separated/divorced/widowed

74. Do you have children living at home with you?

☐2 No ☐1 Yes If Yes, **how many** are:

_____# 0-2 years old

_____# 3-5 years old

_____# 6-12 years old

_____# 13-17 years old

_____# 18 years or older

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

☐1 Yes ☐2 No

If Yes, **how many** adults do you assist or care for? ☐1 1 adult ☐2 2 adults ☐3 3 or more

76. Do you speak any of these non-English languages **fluently**?

☐a Spanish ☐e Vietnamese ☐i Arabic
☐b Cantonese ☐f Armenian ☐j Japanese
☐c Mandarin ☐g Korean ☐k Russian
☐d Tagalog ☐h Farsi
☐l Other **(Specify)**: _____

77. Your home Zip code: _____

or Foreign country: _____

78. What is your ethnic/racial background? (**Check all that apply**).

☐a Caucasian/White/European/Middle Eastern

☐b African-American / Black / African

☐c American Indian/Native American/Alaskan Native

Latino/Hispanic

☐d Central American ☐g Mexican
☐e South American ☐h Other Hispanic
☐f Caribbean

Asian/Pacific Islander

☐i Cambodian ☐o Indian ☐t Pakistani
☐j Chinese ☐p Indonesian ☐u Samoan
☐k Fijian ☐q Japanese ☐v Thai
☐l Filipino ☐r Korean ☐w Tongan
☐m Guamanian ☐s Laotian/ Hmong ☐x Vietnamese
☐n Hawaiian ☐y Other Asian

☐z Other

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

☐1 Less than $125,000 ☐6 $225,000 – $249,999
☐2 $125,000 - $149,999 ☐7 $250,000 – $274,999
☐3 $150,000 - $174,999 ☐8 $275,000 – $299,999
☐4 $175,000 - $199,999 ☐9 $300,000 or more
☐5 $200,000 – $224,999

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

☐1 None
☐2 1-19% ☐4 40-59% ☐7 80-99%
☐3 20-39% ☐6 60-79% ☐8 100%

81. Have you ever served on active duty or reserves in the U.S. Armed Forces? **(Check all that apply.)**

☐a I now serve on active duty
☐b I previously served on active duty
☐c I now am on reserves
☐d I previously was on reserves
☐e I have never been on active duty or reserves

If you have served, are/were you in the Nurse Corps? ☐1 Yes ☐2 No

If you have additional thoughts to share about your work or the nursing profession in California, please write them below.

_____

_____

_____

_____

_____

_____

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_____

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_____

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

My email address is: _____

Agenda Item 10.0

Discussion and possible action: Discussion of various concerns and recommendations outlined in a letter received from the Children's Hospital of Los Angeles, generally regarding (copy of original letter will be included in meeting materials):

- **Communication on clinical placement policies and NEC guidance**
- **Issues impacting preparation of students for pediatric nursing, including current regulations and education, specialty definitions, fewer hours in pediatric training, a generalist focus, etc.**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 10, 2025

BOARD OF REGISTERED NURSING
Nursing Education and Workforce Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 10.0
DATE: March 5, 2025

ACTION REQUESTED: **Discussion and possible action:** Discussion of various concerns and recommendations outlined in a letter received from the Children's Hospital of Los Angeles, generally regarding (copy of original letter included herein):

- Communication on clinical placement policies and NEC guidance
- Issues impacting preparation of students for pediatric nursing, including current regulations and education, specialty definitions, fewer hours in pediatric training, a generalist focus, etc.

REQUESTED BY: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
Chair of the Nursing Education and Workforce Advisory Committee

BACKGROUND:

On July 18, 2025, the NEWAC received a letter from Jennifer Baird, Executive Director and Associate Chief Nursing Officer, Professional Practice, Innovation, and Outcomes at Children's Hospital Los Angeles detailing a number of concerns. This letter is included in these materials following this AIS.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

July 7th, 2025

Subject: Support for Letters from Copper Mountain College and CACN – Urgent Need for Reform in Nursing Education

From: Jennifer Baird
Organization: Children's Hospital Los Angeles

Dear Dr. Chan,

As a healthcare institution deeply invested in the development and sustainability of California's nursing workforce, we share the concerns raised regarding the current regulatory processes of the California Board of Registered Nursing (BRN). I am writing to express our support for the letters submitted by Copper Mountain College and the California Association of Colleges of Nursing (CACN), which were acknowledged during the March 5, 2025, NEWAC meeting.

We acknowledge that bridging the gap between academic preparation and clinical practice is a shared responsibility that cannot rest solely with our academic partners. As a clinical facility, we are committed to playing an active role in undergraduate pre-licensure education. This includes co-creating meaningful clinical experiences, contributing to curriculum development, and ensuring students gain firsthand exposure to the complexities of today's healthcare environment. We are enthusiastic about partnering with academic institutions to build a more cohesive and practice-ready pipeline of nurses, fully prepared to meet the evolving needs of our patient populations from day one.

Concern 1: A lack of clear, consistent, and timely communication, particularly regarding clinical placement policies and NEC guidance, has created significant barriers for clinical facilities and nursing programs, limiting collaboration and widening the academic practice gap.

> There is a notable lack of clarity, consistency, and timely communication in the oversight of nursing education programs, particularly regarding clinical placement policies and the guidance provided by Nursing Education Consultants (NECs), that has created significant barriers for both educational institutions and healthcare facilities. We have encountered significant challenges stemming from inconsistent guidance and decision-making by

NECs. As a clinical facility, we currently lack a direct communication channel with the Board of Registered Nursing (BRN), which limits our ability to seek clarification or express concerns. This lack of access hinders effective collaboration with nursing programs and complicates efforts to ensure that clinical placements and educational partnerships align with regulatory standards. Without a clear and responsive channel for engagement, clinical facilities are constrained in their ability to meaningfully contribute to the education and preparation of future nurses.

Recommendation to solve concern 1:

We propose establishing regular open office hours with senior NECs, providing schools and clinical facilities with a direct and consistent channel to engage with the BRN. This initiative aims to foster stronger collaboration between the BRN and our academic and clinical partners, ensuring we take an active role in shaping the education and training of future nurses. By creating this space for open dialogue, we can enhance communication, address shared challenges, and support a more unified approach to nursing education and clinical practice.

Concern 2: The academic-practice gap is especially evident in pediatric nursing, where the current regulatory and educational framework with rigid definitions of clinical specialties, reduced pediatric hours, and a generalist focus, fails to adequately prepare students for the complexities of pediatric care.

a.) We are especially impacted by the current state of pediatric nursing education. The rigid interpretation of clinical specialty areas, the limited availability of pediatric placements and the decrease in mandatory pediatric hours required in pre-licensure programs have directly affected our ability to recruit and retain pediatric nursing staff. This has led to increased onboarding times for our new graduates, given the steep learning curve they experience when they enter our residency program. This also increases reliance on travel nurses and strains our existing pediatric care teams. The outdated regulatory framework does not reflect the evolving nature of pediatric care, which increasingly spans both acute and community-based settings.

b.) The focus on generalist nursing education has been a detriment to the pediatric nursing workforce. The complexity of our pediatric patients who present with rare, chronic, or

multisystem conditions demands a higher level of clinical preparedness and adaptability. To meet this need, we must begin forming strategic partnerships with nursing schools that are committed to innovation and curriculum reform. We need educational collaborators who are willing to evolve alongside us to ensure that new graduates are not only clinically competent but also ready to thrive in high-acuity, interdisciplinary pediatric environments.

Recommendation to resolve concern 2:

a.) We strongly support CACN's recommendation to revise the required clinical specialty categories outlined in California Code of Regulations §1426(d). The current model, which mandates clinical hours in narrowly defined areas, does not align with the realities of modern healthcare delivery. We endorse the proposed shift to broader, developmentally and functionally relevant categories such as adult and aging, childhood and adolescence, reproduction and childbearing, and behavioral health. This change would allow for greater flexibility in clinical placements, reduce competition for limited acute care sites, and better prepare students for the diverse settings in which they will practice.

During the June 25, 2025, NEWAC meeting, in the BRN response to the CACN letter, it was noted that nursing curricula must clearly specify patient populations. However, the current model primarily defaults to adult patients and is organized around practice settings rather than distinct patient groups. We would like to emphasize that medical-surgical is not a true patient population, it is a practice setting that may involve either adult or pediatric patients. This distinction is critical. We urge the BRN to reconsider the current framework and support a model that explicitly identifies patient populations. Doing so would move us away from the default focus on acute care and adult patients and better align nursing education with the diverse needs of the populations we serve.

b.) In addition to expanding the scope of regulatory areas, there is a critical need for more specialized programs focused on pediatric nursing. Students with a strong interest in pediatrics deserve access to targeted training that prepares them for the unique demands of this field. The current model of offering minimal pediatric placements to all students does not adequately support pediatric workforce development. We face an

urgent need to innovate the way we educate nurses in pediatrics.

We advocate for a shift toward intentional, strategic placements that align with students' career goals and the needs of our healthcare system. Like many children's hospitals, we care for a diverse range of patients, including those in medical-surgical units, behavioral health, fetal medicine, and prenatal care. To fully leverage these opportunities, we need the flexibility to collaborate with academic partners without being constrained by narrow regulatory guidelines.

We call on NEWAC and the BRN to take prompt and decisive action to address these concerns through regulatory enhancements, stronger stakeholder collaboration, and, when appropriate, legislative advocacy. Together, we aim to build a resilient, adaptable, and forward-looking nursing workforce capable of meeting the evolving healthcare needs of California's communities.

Thank you for your continued leadership and commitment to advancing nursing education in our state. We welcome the opportunity to participate in future discussions.

Regards,

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