



# BOARD OF REGISTERED NURSING



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## California Board of Registered Nursing

### 2020-2021 Annual School Survey

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# California Board of Registered Nursing

## 2020-2021 Annual School Survey

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

### INFORMATION SHEET

#### A. PURPOSE AND BACKGROUND

Annually, the Board of Registered Nursing (BRN) conducts an online survey to collect data from both pre-licensure and post-licensure nursing education programs. This survey contains questions relating to student and faculty demographics, admission and completion rates and program administration. The survey time period is August 1, 2020 to July 31, 2021. In addition, student and faculty [census data](#)) data are requested for October 15, 2021.

The individual program data are then compiled into a statewide aggregate database. The BRN will report aggregate data from the 2020-2021 survey in the Annual School Report. Statewide and regional trends in nursing education over the past ten years will also be analyzed and reported. Reports generated as a result of these analyses will be available on the BRN website (<http://www.rn.ca.gov/>).

Joanne Spetz, Ph.D., at the University of California, San Francisco, is administering the 2020-2021 BRN Annual School Survey, and is analyzing and reporting upon the survey data on behalf of the Board. All California nursing education program deans and directors will be invited to complete this survey.

#### B. PROCEDURES

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

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

**C. RISKS/DISCOMFORTS**

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

**D. BENEFITS**

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

**E. COSTS/PAYMENT**

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

**F. QUESTIONS**

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

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

## NAVIGATING THE ONLINE SURVEY

### Printing Survey Questions

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

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

### Navigating the Survey

The survey begins by asking general questions about your school and the type of nursing programs offered at your institution. After completing this section of the survey, you will be redirected to a table of contents with all of the survey sections that should be completed on behalf of your institution. Please complete all of the survey sections that appear in the table of contents. Each section of the survey asks questions about nursing programs offered at your school during the **2020-2021** academic year.

If you need to go back and forth within a section of the survey, click on the "Previous Page" or "Next Page" buttons at the bottom of the page. **Do not use the back button in your internet browser unless otherwise directed.** If you want to switch from one section of the survey to another (e.g., from the ADN section to the Faculty Information section), click on the table of contents icon in the top left corner to click on the sections that are available for you to complete. If you want to exit the survey prior to completing it, click "Next Page" on the page you are currently working on before closing your internet browser. You can click on your unique survey link to return to the survey to complete the survey with your previous responses already entered.

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

### Submitting Survey Responses

Once you have completed all survey sections required for your school and are ready to submit them, return to the Table of Contents by clicking on the Table of Contents button at the bottom of the page. All of the survey sections that appear on this page should have a check mark in front of them, indicating that all survey sections have been viewed. To submit your responses, click on the section titled "Submit Survey Responses." This section will bring you to a message indicating that you have reached the end of the survey and can submit your responses by clicking "Next Page." **Once**

**you have submitted your responses, you will be redirected to a web page that will allow you to download and save your survey responses as a PDF. Please save a copy of your results for your records.** Once you have submitted your responses, you will not be able to access them again. If you need to change responses you have already submitted, please contact Lisel Blash (lisel.blash@ucsf.edu; 415-476-8468) as soon as possible.

### **Survey Assistance**

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

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

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

**Deadline for Submission:** The final deadline for submitting your survey response is **November 22, 2021** at **11:00 P.M.** Responses submitted after this time will not be included in the data compilation and analysis.

## INSTITUTIONAL INFORMATION

Please begin by providing the following information about your institution.

Name of university or college: \_\_\_\_\_

Please select the program(s) offered by your school between **August 1, 2020 and July 31, 2021**. (Check all that apply.):

Pre-licensure Programs

- ADN Program** (This includes LVN to ADN programs)
- BSN Program** (This includes [LVN to BSN](#) programs)
- Entry-level Master's (ELM) Program**  
(This includes students in both pre and post licensure portions of ELM programs)

Post-Licensure Programs

- RN to BSN Program**
- Master's Degree Program**  
(Not including students in ELM programs)
- DNP Program**
- Research-based Doctoral Program (PhD, DNS, etc.)**

→ If **ADN Program** is selected

Do you admit [generic](#) ADN students into your program?

Yes    No

If **yes**, complete the *Generic ADN section* on page 30. If **no**, skip to the *LVN to ADN section on page 57*. You will only complete one of these sections. <sup>1</sup>

Do any of your nursing programs have at least one pre-licensure registered nursing student at a [satellite/alternate campus](#) that is located in a different county than your [home campus](#)? Only respond "yes" if the satellite/alternate campus is in a different county than your home campus. The campus must be located in California and approved by the BRN as an alternate/secondary location.

Yes    No

- a) If yes, list the different counties in which you have at least one satellite campus. **Do not** include the county of your home campus.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

<sup>1</sup> Since this survey is exclusively online, the survey software will direct respondents to the appropriate section depending on the response to this question.

## PRELICENSURE PROGRAMS SURVEY

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

The following questions pertain to all of your **pre-licensure** nursing education programs for the [period](#) between **August 1, 2020 and July 31, 2021** unless otherwise noted. Questions about post-licensure nursing education programs are asked in another section.

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

### ADMINISTRATION & STAFFING

**If you have both a pre- and post-licensure program:**

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

- Yes       No

*If you have the same program director for both the pre and the post-licensure program, fill out the information about that program director below.*

*If you have different program directors for the pre-licensure programs and post-licensure programs, fill out the information for pre-licensure program director below and for the post-licensure program director in the Post-licensure Programs Survey.*

**1. Director of Prelicensure Nursing Education Program**

	Director pre-licensure
Name:	
Phone:	
Email:	

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

- Yes       No

**2. Individual providing survey information:**       Same as above

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



3. Please report the average percent of the Director's work time spent on each of the following activities during the **2020-2021** academic year. All categories should total 100%.

	%
<b>Manage nursing program compliance</b> (i.e., regulation, accreditation, legal, prepare required reports)	
<b>Manage student enrollment</b> (i.e., student recruitment, evaluation of non-generic students, student success strategies, and clinical rotation schedules)	
<b>Manage curriculum</b> (i.e., pre-requisite validation & alignment with other schools/programs, curriculum development, ADN to BSN/MSN collaboratives)	
<b>Manage information technology</b> (i.e., integration into curriculum & clinical practice, nursing website, policies related to distance education)	
<b>Manage college facilities</b> (i.e., classrooms, space for skills and simulation lab, office space)	
<b>Manage human resources</b> (i.e., recruit & hire faculty and staff)	
<b>Manage clinical resources</b> (i.e., secure clinical sites; participate in regional planning of clinical placements)	
<b>Manage fiscal resources</b> (i.e., develop & monitor budget)	
Seeking, managing, and obtaining <b>grant funding/fundraising</b>	
<b>Facilitate staff development</b> (i.e., coach, train, mentor, supervise and evaluate faculty and staff)	
<b>Facilitate student needs and activities</b> (i.e., advise students, refer students to services, provide reasonable accommodations, administer discipline process, facilitate employment opportunities, and administer scholarships)	
<b>Collaborate with college/district</b> (i.e., advocate for nursing dept. needs, follow campus policies & procedures, participate in college meetings/events)	
<b>Promote community awareness and public relations</b> (i.e., represent nursing school at various events, participate in marketing and outreach activities, monitor and respond to proposed legislation)	
<b>Teaching students</b>	
<b>Research</b>	
<b>Administration of other programs</b>	
<b>Other</b> (please describe):	
<b>TOTAL</b>	<b>100%</b>

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

LVN	<input type="checkbox"/>
CAN	<input type="checkbox"/>
HHA	<input type="checkbox"/>
EMT	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>
Technician (i.e., psychiatric, radiologic, etc.)	<input type="checkbox"/>
Health sciences	<input type="checkbox"/>
Health professions	<input type="checkbox"/>
RN Post-Licensure programs	<input type="checkbox"/>
Other graduate programs	<input type="checkbox"/>
Other (Please describe)	<input type="checkbox"/>

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

5. How many prelicensure [assistant directors](#) do you have?

(If you have both a pre- and post-licensure program: How many [assistant directors](#) do you have that serve BOTH the pre and the post-licensure program?)

*(if total =0, skip to question 6)*

	#
Prelicensure-only assistant directors	
Assistant directors that serve both programs	
<b>TOTAL</b>	

- a) Between 8/1/20 and 7/31/21, what was the average number of weekly hours each assistant director was allotted and the average number of weekly hours they actually spent administering the registered nursing education programs? **Do not** include time spent on other health-related programs.

	Average weekly hours <u>allotted</u>	Average weekly hours <u>actually spent</u>
<b>Assistant directors that serve both programs</b>		
Assistant director 1		
Assistant director 2		
Assistant director 3		
Average for the remaining assistant directors		
<b>Prelicensure-only assistant directors</b>		
Assistant director 1		
Assistant director 2		
Assistant director 3		
Average for the remaining Assistant directors		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b) For all [assistant directors](#) combined, please report the average percent of work time spent on each of the following activities during the **2020-2021** academic year. All categories should total 100%.

	<b>Assistant Director time (%)</b>
<b>Manage nursing program compliance</b> (i.e., regulation, accreditation, legal, prepare required reports)	
<b>Manage student enrollment</b> (i.e., student recruitment, evaluation of non-generic students, student success strategies, and clinical rotation schedules)	
<b>Manage curriculum</b> (i.e., pre-requisite validation & alignment with other schools/programs, curriculum development, ADN to BSN/MSN collaboratives)	
<b>Manage information technology</b> (i.e., integration into curriculum & clinical practice, nursing website, policies related to distance education)	
<b>Manage college facilities</b> (i.e., classrooms, space for skills and simulation lab, office space)	
<b>Manage human resources</b> (i.e., recruit and hire faculty and staff)	
<b>Manage clinical resources</b> (i.e., secure clinical sites; participate in regional planning of clinical placements)	
<b>Manage fiscal resources</b> (i.e., develop & monitor budget)	
Seeking, managing, and obtaining <b>grant funding/fundraising</b>	
<b>Facilitate staff development</b> (i.e., coach, train, mentor, supervise and evaluate faculty and staff)	
<b>Facilitate student needs and activities</b> (i.e., advise students, refer students to services, provide reasonable accommodations, administer discipline process, facilitate employment opportunities, and administer scholarships)	
<b>Collaborate with college/district</b> (i.e., advocate for nursing dept. needs, follow campus policies & procedures, participate in college meetings/events)	
<b>Promote community awareness and public relations</b> (i.e., represent nursing school at various events, participate in marketing and outreach activities, monitor and respond to proposed legislation)	
<b>Teaching students</b>	
<b>Research</b>	
<b>Administration of other programs</b>	
<b>Other</b> (please describe below):	
<b>TOTAL</b>	<b>100%</b>

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

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

	# of clerical support staff
Pre-licensure–only clerical support staff	
If you have a post-licensure program: Clerical staff that support both programs	
<b>TOTAL</b>	

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

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

- b) How adequate is the amount of clerical support for your prelicensure programs?

	More than adequate	Adequate	Less than adequate	Not at all adequate
Prelicensure Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

	# of clinical placement coordination staff
Prelicensure–only clinical placement coordination staff	
If you have a post-licensure program: Clinical placement coordination staff that support both programs	
<b>TOTAL</b>	

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

	Total # of clinical placement coordination hours per week
Pre-licensure–Only clinical placement coordination staff	Hrs./wk.
If you have a post-licensure program: Clinical placement coordination staff that support both programs	Hrs./wk.
<b>TOTAL</b>	Hrs./wk.

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

	More than adequate	Adequate	Less than adequate	Not at all adequate
Prelicensure Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you have a **student retention specialist** or **coordinator** that is exclusively dedicated to the **pre-licensure RN** programs?

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

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

\_\_\_\_\_ hours/week

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

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

**(Notes:** specific nursing program degree accreditations will be collected later in the survey.

**\*\*Data from this question is posted on the BRN website.)**

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

## PRELICENSURE FACULTY INFORMATION

### FACULTY DEMOGRAPHICS

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

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

10. On **October 15, 2021**, how many **full-time** active faculty did you have that teach pre-licensure students? (Report the number of individuals, not FTES).

Number of full-time active faculty that teach **pre-licensure** students \_\_\_\_\_

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

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



11. On **October 15, 2021**, how many **part-time** active faculty did you have that teach prelicensure students? *(Report the number of individuals, not FTES).*

*Number of part-time active faculty that teach pre-licensure students* \_\_\_\_\_

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

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

12. Please provide the following [census data](#) for your active prelicensure faculty on **October 15, 2021** (combine full-time and [part-time](#) faculty).

	<i>Number of faculty</i>
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race and ethnicity	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
30 or younger	
31-40 years	
41-50 years	
51-55 years	
56-60 years	
61-65 years	
66-70 years	
71 years and older	
Unknown age	

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

- Yes  No

*(If no, skip to question 14.)*

a) If yes, what are the reasons for this shift?

*Please rank the following in order of importance from 1-10 with one being the most important and 10 the least.*

Reasons	Rank from 1-10
Non-competitive salaries for full-time faculty	
Shortage of RNs applying for full-time faculty positions	
Insufficient number of full-time faculty applicants with required credential	
Private, state university or community college laws, rules or policies	
Need for part-time faculty to teach specialty content	
Need for faculty to have time for clinical practice	
Insufficient budget to afford benefits and other costs of FT faculty	
To allow for flexibility with respect to enrollment changes	
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	
Other:	

14. Will your externally funded positions continue to be funded for the 2020-2021 academic year?

- Yes  No  Don't know  Not applicable

15. If you do not receive funding for faculty from outside sources, how many prelicensure students would you be able to enroll next year (2020-2021)?

\_\_\_\_\_pre-licensure students

16. Please provide a breakdown of all [active prelicensure faculty](#) by highest degree held on **October 15, 2021**.

<b>a) <a href="#">Full-time active prelicensure faculty</a></b> <i>The total for this question should equal the total number of faculty reported in question 10</i>	<i>Number of faculty</i>
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master’s Degree in Nursing (i.e., MSN)	
Non-nursing Master’s Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
<b>b) <a href="#">Part-time active prelicensure faculty</a></b> <i>The total for this question should equal the total number of faculty reported in question 11</i>	<i>Number of faculty</i>
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master’s Degree in Nursing (i.e., MSN)	
Non-nursing Master’s Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
<b>Total number of all faculty</b> <i>Should equal the total number of faculty reported in question 12</i>	

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

Number of faculty	
-------------------	--

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

	<i>Number of faculty</i>
<u>Only clinical courses</u>	
<u>Only didactic courses</u>	
<u>Combination of both clinical and didactic courses</u>	
<b>Total number of faculty</b>	

**[Part-time Faculty](#)**

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

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

**[Full-time Faculty](#)**

20. Between **August 1, 2020 and July 31, 2021**, were any [full-time active prelicensure faculty](#) working an overloaded schedule?

Yes  No (If no, skip to question 21.)

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

Yes  No

**FACULTY ATTRITION AND VACANCIES**

21. How many of your active prelicensure faculty (part-time and full-time) retired or left the program this year (August 1, 2020 to July 31, 2021)? (If "0", please skip to question 22.)

	Number of faculty
<u>full-time faculty</u>	
<u>part-time faculty</u>	

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

- Retirement
- Career advancement
- Salary/benefits
- Relocation of spouse or other family obligation
- Return to clinical practice
- Termination, requested resignation, contract not renewed
- Resigned for unknown reasons
- Layoffs (for budgetary reasons)
- Workload
- Personal health issues/death
- Workplace climate
- Concern about exposure to COVID-19
- Unwillingness to convert to virtual instruction
- Child care challenges due to childcare/school closures
- Other: \_\_\_\_\_
- NOT APPLICABLE

22. How many of your active full-time prelicensure faculty went from full-time to part-time during this program year (8/1/2020-7/31/2021)? (If "0", please skip to question 23.)

# of full-time faculty moving to part-time \_\_\_\_\_

a) Why did full-time active prelicensure faculty move to part-time active faculty during this program year (8/1/2020-7/31/2021)? (Check all that apply.)

- Child care challenges due to childcare/school closures
- Other family obligations
- Return to clinical practice
- Personal health issues
- Workplace climate
- Preparing for retirement
- Requested by program due to budgetary reason
- Workload
- Other: \_\_\_\_\_

23. How many of your [active prelicensure faculty](#) are you expecting to retire or leave next year (2020-2021)?

<i>Faculty retiring or leaving next year</i>	Number of faculty
<a href="#">Full-time</a> active faculty	
<a href="#">Part-time</a> active faculty	

24. On 10/15/2021, how many positions for [active prelicensure faculty](#) were you seeking to fill? (Report the number of individuals, not FTEs.)

	Number of faculty
<a href="#">Full-time</a> active faculty vacancies	
<a href="#">Part-time</a> active faculty vacancies	

**FACULTY HIRING**

25. Did you hire any [active prelicensure faculty](#) between 8/1/20 and 7/31/21?

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

	Number of faculty
a) How many active prelicensure faculty did you hire between 8/1/20 and 7/31/21?	
b) Of the <a href="#">active prelicensure faculty</a> hired between 8/1/20 and 7/31/21, how many were hired to teach:	
<a href="#">Full-time</a> ?	
<a href="#">Part-time</a> ?	
c) How many had less than one year of teaching experience before they began teaching at your school?	

d) Which of the following are characteristics of the active prelicensure faculty you hired between 8/1/20 and 7/31/21? (Check all that apply.)

	<i>Characteristics of new faculty</i>
In the last two years, completed a graduate degree program (i.e., MSN, MA, PhD, DNP)	<input type="checkbox"/>
Experience teaching as a nurse educator in a clinical setting	<input type="checkbox"/>
Experience student teaching while in graduate school	<input type="checkbox"/>
Experience teaching at another nursing school	<input type="checkbox"/>
Experience teaching in a setting outside of nursing	<input type="checkbox"/>
No teaching experience	<input type="checkbox"/>
Other:	<input type="checkbox"/>

e) Why did you hire the active prelicensure faculty between 8/1/20 and 7/31/21? (Check all that apply.)

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

26. Did your nursing school have a hiring freeze for active prelicensure faculty during the 2020-2021 academic year?

Yes  No (If no, skip to question 27.)

a) Did a hiring freeze prevent you from hiring all needed faculty during the 2020-2021 academic year?

Yes  No



**FACULTY RECRUITMENT AND COMPENSATION**

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

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

28. For which clinical specialty areas did you have difficulty recruiting new [active prelicensure faculty](#) in **2020-2021**? (Check all that apply.)

- Medical/surgical
- Obstetrics
- Pediatrics
- Psych/Mental Health
- Geriatrics
- Critical Care
- Community Health
- Other: \_\_\_\_\_
- None

29. Which of the following factors serve as barriers to **recruiting** [active prelicensure faculty](#) to your program?

(Check all that apply.)

- Non-competitive salaries
- Overall shortage of RNs
- Insufficient number of faculty applicants with required credential
- Private, state university or community college laws, rules or policies
- BRN rules and regulations
- Workload (i.e., not wanting to assume faculty responsibilities)
- Concern about exposure to COVID-19
- Lack of child care availability / school closures
- Unwillingness of potential faculty to teach virtually
- Other: \_\_\_\_\_
- No barriers to recruiting faculty

30. How many **new active prelicensure faculty** ([full-time](#) and [part-time](#)) do you anticipate being budgeted over the next year (2021-2022)?

	<i>Number of faculty</i>
New <a href="#">full-time active prelicensure faculty</a>	
New <a href="#">part-time active prelicensure faculty</a>	

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

a) *Faculty that teach ANY pre-licensure students*

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

### STUDENT ATTRITION, RECRUITMENT, RETENTION FACTORS

Questions in this section pertain to the status of your **pre-licensure** nursing education program(s) between **8/1/20 and 7/31/21** unless otherwise noted.

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

32. What was the impact of the following factors on student **attrition** in your pre-licensure program(s)?

Attrition Factor	Not Applicable	No Impact	Minor Impact	Moderate Impact	Great Impact
Financial need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal reasons (e.g., home, job, health, family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of major or career interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer to another school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about exposure to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of child care/school closures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwillingness to continue program in online environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1 (Describe: _____ )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 2 (Describe: _____ )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes    No    Don't know

34. Is your school part of a pipeline program that supports people from underrepresented groups to apply to your nursing programs?

- Yes    No

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

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

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

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

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

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

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

- Faculty development and orientation
- Cultural diversity training
- Training on disabilities and accommodations
- Faculty mentoring and peer mentoring programs
- Training on various student success initiatives
- Other: \_\_\_\_\_ )

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

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

a) If yes, which of the following strategies have been used by your college? (*Check all that apply.*)

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

39. Between 8/1/20 and 7/31/21, did any of your pre-licensure nursing students encounter any restrictions to clinical practice imposed by the clinical facilities?

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

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

<b>Lack of access to:</b>	Very Uncommon	Uncommon	Common	Very Common	Not Applicable
Bar coding medication administration (i.e., Pyxis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic medical records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glucometers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automated medical supply cabinets (i.e., Omnicell)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV medication administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical site due to visit from the Joint Commission or other accrediting agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct communication with health care team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative settings due to liability (i.e., home health visits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients related to staff nurse preferences or concerns about additional workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and safety requirements (i.e., drug screening, background checks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sites overall due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to specific units due to lack of PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to onboard or complete orientation of new cohort due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Medical/surgical
- Obstetrics
- Pediatrics
- Psychiatry/mental health
- Geriatrics
- Critical care
- Community health
- Preceptorships
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_

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

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

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

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

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

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40. Please identify the percentage of your funding that came from each of the following sources. The total of all percentages should equal 100%. (Round to the nearest percent. Do not use decimal points.)

Funding Source	% of Total Funding Received between 8/1/20 and 7/31/21
Your college/university operating budget	
Industry (i.e., hospitals, health systems)	
Foundations, private donors	
Government (i.e., federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	
Other: _____	
<b>Total</b>	<b>100%</b>

41. Of those students who completed your prelicensure programs between 8/1/20 to 7/31/21, what percentage is employed in nursing in California?

\_\_\_\_\_ % of graduates employed in nursing in California.

42. Does your school offer an RN refresher course?

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

a) Which RN refresher courses are offered?

Course 1: \_\_\_\_\_

Course 2: \_\_\_\_\_

Course 3: \_\_\_\_\_

b) How many students completed a refresher course between 8/1/20 and 7/31/21?

\_\_\_\_\_ Students completed

## GENERIC ADN PROGRAM SURVEY

Do you admit generic ADN students into your program?

Yes    No

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

If **no**, skip to the *LVN to ADN section on page 57*. You will only complete one of these sections.

Contact Lisel Blash – [lisel.blash@ucsf.edu](mailto:lisel.blash@ucsf.edu), 415.476.8468 – if you have questions.)<sup>2</sup>

This section of the survey pertains to all students in your **Generic ADN Program** between **August 1, 2020 and July 31, 2021**. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

### PROGRAM DETAILS

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

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

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

- ACEN (Accreditation Commission for Education in Nursing)
  - CNEA (Commission for Nursing Education Accreditation)
  - Other: \_\_\_\_\_
  - None
2. Please indicate the mechanisms in place to facilitate a seamless progression from LVN to ADN education. *(Check all that apply.)*
    - Direct articulation of LVN coursework
    - Bridge course
    - Use of skills lab course to document competencies
    - Credit granted for LVN coursework following successful completion of a specific ADN course(s)
    - Use of tests (such as NLN achievement tests or challenge exams to award credit)
    - Specific program advisor
    - Other: \_\_\_\_\_
  3. Does your nursing program participate in a [Collaborative/Shared/Concurrent/ Dual Enrollment Program](#) Agreement with another nursing program leading to a BSN or higher degree?
 

Yes    No

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<sup>2</sup> Since this survey is exclusively online, the survey software will direct respondents to the appropriate section depending on the response to this question.



**APPLICATIONS & ADMISSIONS**

4. How many admission spaces for the first AD nursing course were available between **8/1/20** and **7/31/21**?

\_\_\_\_\_ Admission spaces available

<p>5. How many <u>total</u> applications were received for the first AD nursing course from <b>8/1/20 to 7/31/21</b>? Do <b>not</b> include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)</p>	
	<b>Total</b>
a) Total number of applications:	
Of these applications, how many were:	
b) <a href="#">Screened</a> ?	
c) <a href="#">Qualified</a> ?	
d) <a href="#">Admitted</a> (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

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

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

7. What method(s) do you use to select [generic students](#) from the qualified applicant pool? (*Check all that apply.*)
- Random selection
  - Modified random selection
  - Ranking by specific criteria
  - Interviews
  - First come, first served (waiting list)
  - First come, first served (based on application date for the quarter/semester)
  - Goal statement
  - Other: \_\_\_\_\_
8. If you have an [accelerated track](#), do you require students applying to this track to have a previous degree?
- Yes  No
9. If you have an [advanced placement](#) track, do you require students applying to this track to have a previous degree?
- Yes  No
10. If you maintain an [ongoing waiting list](#), on **October 15, 2021** how many qualified applicants for the first AD nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.
- \_\_\_\_\_ qualified applicants
- a) How long do you keep a qualified applicant on the waiting list?
- until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
  - for 2 application cycles
  - until they are admitted
  - other: \_\_\_\_\_
- b) On average, how long do you estimate it takes a person to enroll in the first nursing course after being placed on the waiting list?
- \_\_\_\_\_ quarters/semester
11. How do you admit LVN to ADN students? (*Check all that apply.*)
- Separate track for LVN to ADN students
  - LVN students admitted to generic program on a space available basis
12. Do you have a separate waiting list for LVNs?
- Yes  No (*If no, skip to question 13.*)

- a) How many LVNs were on the waiting list on 10/15/2020?  
 \_\_\_\_\_ LVNs
  
- b) How long do you keep a qualified LVN-to-RN student on the waiting list?
  - Until the subsequent application cycle is complete and all spaces are filled (1 application cycle)
  - For 2 application cycles
  - Until they are admitted
  - Other: \_\_\_\_\_
  
- c) On average, how long do you think it takes an LVN-to-RN student to enroll in the first nursing course after being placed on the waiting list?  
 \_\_\_\_\_quarters/semesters

**ENROLLMENTS**

- 13. Please provide the total number of **new** student enrollments in your ADN program between **8/1/20 and 7/31/21**. Include **all** students new to the program, including generic, [accelerated track](#), advanced placement, LVN to ADN, transfer, and 30-unit option students. Do **not** count readmitted students.  
 \_\_\_\_\_ New student enrollments
  
- 14. How many of the new students enrolled in the ADN program between **8/1/20 and 7/31/21** are 30-unit option students?  
 \_\_\_\_\_ 30-unit option students
  
- 15. Of all the new students that enrolled in your ADN program between **8/1/20 and 7/31/21**, how many declared they are military veterans? *(if 0, skip to question 4.b.)*  
 \_\_\_\_\_ declared military veterans
  - a) Of these military veterans, how many have:
    - 3.a.i) Have prior health occupations training and/or experience? \_\_\_\_\_
    - 3.a.ii) Entered the program with an LVN license? \_\_\_\_\_
    - 3.a.iii) Entered the program as advanced placement? \_\_\_\_\_

- b) Which of the following special considerations does your program offer for the admission of military veterans? (*Check all that apply.*)
- No special consideration for admission
  - Priority admission
  - Credit for pre-requisites and fundamentals for military medic or corpsman experience
  - Credit for equivalent courses or transfer credits
  - Review of individual transcripts
  - Other: \_\_\_\_\_
- c) Which of the following special options, tracks or services does your program offer for military veterans? (*Check all that apply.*)
- No special options, tracks or services offered
  - NCLEX support course specifically for veterans
  - Medic/LVN to RN program
  - Offering challenge exams, if the veteran has an LVN license
  - Offering challenge exams, regardless of LVN licensure
  - Counseling
  - Other: \_\_\_\_\_

16. Please provide a breakdown of all **new** student enrollments in your nursing program between **8/1/20 and 7/31/21** by ethnicity, gender and age. Include all students new to the program, including generic, accelerated track, advanced placement, LVN to ADN, transfer, and 30-unit option students. Do **not** include readmitted students. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	<b>Total</b>
Total number of new students:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

17. Did you enroll fewer new students in your program between 8/1/20 and 7/31/21 than the previous year?

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

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

**BARRIERS TO EXPANSION**

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

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

- No barriers to program expansion
- Insufficient number of qualified clinical faculty
- Insufficient number of qualified classroom faculty
- Insufficient funding for faculty salaries
- Faculty salaries not competitive
- Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
- Insufficient number of clinical sites
- Insufficient number of allocated spaces for the nursing program
- Insufficient support for nursing school by college or university
- Insufficient number of physical facilities and space for skills labs
- Insufficient number of physical facilities and space for classrooms
- Insufficient financial support for students
- Uncertainty and challenges related to COVID pandemic**
- Other 1: \_\_\_\_\_

a) If you selected lack of clinical sites as one of your top barriers to program expansion, which of the following strategies have you employed to mitigate this barrier? (Check *all that apply.*) *Otherwise, skip to question 20.*

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

**ATTRITION & COMPLETION**

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

These questions pertain solely to those students who *completed* the AD nursing program between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

20. Please provide the total number of all students who completed the nursing program between **8/1/20 and 7/31/21**. Include generic, [accelerated track](#), advanced placement, LVN to ADN, transfer, 30-unit option and readmitted students. Also include students who completed the program behind schedule.

Total number of students who completed the program \_\_\_\_\_

21. How many of the students who completed the ADN program between **8/1/20 and 7/31/21** were 30-unit option students?

\_\_\_\_\_ 30-unit option students

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

Semester    Quarters

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

\_\_\_\_\_ weeks

- b) Generic students normally complete the program in:

\_\_\_\_\_ semesters/quarters

- c) Accelerated students normally complete the program in:

\_\_\_\_\_ semesters/quarters



23. If students take longer than anticipated/scheduled for their ADN (typically 2 years), which of the following are reasons for the delay? Please rank the top reasons why students take longer than anticipated/scheduled, to finish their ADN. *(Rank from 1-8, with 1 being most important and 8 being least.)*

	Inadequate academic advising
	Unable to obtain a required course(s) to progress
	Required pre-requisite or required course not offered
	Student had personal issue(s) that required time away from school
	Student changed course of study
	Student had to repeat one or more courses to pass/progress
	Does not apply as our program is not a traditional 2-year program, please explain:
	Other, please explain:

24. Please provide the ethnicity, gender and age for **all** students who completed the nursing program between 8/1/20 and 7/31/21. Include generic, [accelerated track](#), advanced placement, LVN to ADN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	<b>Total</b>
Total number of student completions:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

25. How many of **all** students who completed the ADN program between **8/1/20 and 7/31/21** were approved for at least one accommodation for a disability? *(if 0, skip to question 26.)*

\_\_\_\_\_ Total number of students approved for accommodation

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

- \_\_\_\_\_ Academic counseling/advising
- \_\_\_\_\_ Disability-related counseling/referral
- \_\_\_\_\_ Adaptive equipment/physical space/facilities
- \_\_\_\_\_ Interpreter and captioning services
- \_\_\_\_\_ Exam accommodations (modified/extended time/distraction reduced space)
- \_\_\_\_\_ Assistive technology/alternative format
- \_\_\_\_\_ Note-taking services/reader/audio recording/smart pen
- \_\_\_\_\_ Priority registration
- \_\_\_\_\_ Reduced courseload
- \_\_\_\_\_ Transportation/mobility assistance and services/parking
- \_\_\_\_\_ Service animals
- \_\_\_\_\_ Other: \_\_\_\_\_

**EMPLOYMENT**

26. For students who completed the Generic ADN program between 8/1/20 and 7/31/21, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2021. The total of all percentages should equal 100%.

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

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

**Generic and Accelerated Students**

27. Please answer the following questions for the student [cohort\(s\)](#) that were scheduled upon enrollment to graduate between **August 1, 2020 and July 31, 2021**. If there were several [cohorts](#) of students who were scheduled on admission to complete the program during the period above, include **all cohorts** of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program). The

**Only** include [generic](#) and [accelerated track](#) ADN students. Do **not** include advanced placement, LVN to ADN (they will be captured in the next question), transfer, 30-unit option, [students participating in ADN/BSN collaborative program](#) or readmitted students. *Students on leave but expected to return are considered [still enrolled](#).*

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

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

ADN Students									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete</a> the program									
<b>Of these students, how many</b>									
<a href="#">Completed the program on schedule?</a>									
<a href="#">Withdrew</a> from the program?									
Were <a href="#">dismissed</a> from the program?									
Are <a href="#">still enrolled</a> in the program?									

28. How many **generic and accelerated track** ADN students completed the program between **8/1/20 and 7/31/21** but behind schedule?

***Students completing the program behind schedule*** are students who were scheduled to complete the program in a prior academic year, but instead completed the program between **August 1, 2020 and July 31, 2021**.

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

**Advanced Placement Students**

29. Please answer the following questions for your advanced placement students, including military and LVN step-up to RN student cohort(s) that were scheduled on admission to complete the program during **August 1, 2020 and July 31, 2021** and not included in previous question. If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include all cohorts of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

*Students on leave but expected to return are considered [still enrolled](#).*

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

<b>Number of LVN to ADN Students (within generic program)</b>									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete the program</a>									
<b>Of these students, how many</b>									
<a href="#">Completed the program on schedule?</a>									
<a href="#">Withdrew from the program?</a>									
Were <a href="#">dismissed</a> from the program?									
Are <a href="#">still enrolled</a> in the program?									

30. How many advanced placement students, including military and LVN step-up to RN student cohort(s), within the generic program completed the program between 8/1/20 and 7/31/21 but behind schedule?

**Students completing the program behind schedule** are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2020 and July 31, 2021.

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

**NCLEX DATA FOR ACCELERATED TRACK STUDENTS ONLY**

If your ADN program does not have accelerated track students, skip to question 36.

	Students
31. How many students in the accelerated track took the NCLEX for the first time between July 1, 2020 and June 30, 2021?	
a) Of these accelerated track students, how many passed the NCLEX on their first attempt?	



**CLINICAL TRAINING**

Clinical training includes [simulation](#), [skills labs](#), [clinical observation](#), and [clinical practice with real patients](#).

Please answer the following questions about clinical training in the ADN program for the period from **August 1, 2020 to July 31, 2021**.

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

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

**Number and Type of Clinical Hours in Each Content Area**

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

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

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

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

a) Why are you reducing the number of clinical hours in one or more content areas in you ADN program? (If you are not reducing the overall number of clinical hours in any content area, skip to question 40.)

- Unable to find sufficient clinical space
- Students can meet learning objectives in the classroom (or by another method) in less time.
- Funding issues or unavailable funding
- Insufficient clinical faculty
- Need to reduce units
- Curriculum redesign or change
- Impacts of COVID-19
- Other: \_\_\_\_\_

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

- Yes  No

**CLINICAL SIMULATION**

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

35. Did your ADN program use clinical simulation between 8/1/20 and 7/31/21?

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

a. IF YES: During the 2020-21 academic year, due to COVID 19, did you change the way your program uses clinical simulation?

- Yes  No

If YES: please describe: \_\_\_\_\_

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

**% of total funding received**

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

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

**% of total funding received**

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

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

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

- a) If yes, check all areas that are included in simulation policies and procedures
- Adherence to simulation related Professional Integrity requirements
  - Continuous quality improvement mechanisms used
  - Development, use and revision of simulation materials for participants, faculty, staff
  - Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation
  - Other participant requirements related to simulation.
  - Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators
  - Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)
  - Required faculty, staff and participant orientation

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

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

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

b) If No, please identify why the program does not have a written plan? (*Check all that apply*)

- Faculty unaware that use of a written plan is a suggested “best practice”
- Faculty in process of developing a plan
- Time or other limitations have delayed development of a written simulation plan
- Simulation coordinator is developing or assisting faculty with plan development
- Other: \_\_\_\_\_

41. To what extent have you integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation? (i.e., Facilitation, Debriefing, etc.) (*Check only one.*)

- Not at all
- Somewhat
- Mostly
- Completely
- Not familiar with the standards

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

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

43. Did the majority of your clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e))?

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

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

- Enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Other (describe): \_\_\_\_\_

44. Did you expand your use of simulation to leverage the flexibility provided in the BRN waiver of restrictions on nursing student clinical hours ([DCA Waiver DCA 20-03](#)) related to COVID-19 in the 2020-2021 academic year?

- Yes  No (*If yes, skip to question 45.*)

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

- Enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Courses disrupted by COVID-19 did not fall under waiver provisions
- Other (describe): \_\_\_\_\_

45. Identify the areas where simulation activities are used to achieve objectives/learning outcomes:  
*(Check all that apply.)*

- Preparation for direct clinical patient care
- Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration
- Communication/crucial conversations
- Critical thinking/decision making/managing priorities of care
- Application of nursing knowledge/use of the nursing process
- Patient safety/Staff safety and Quality of care
- Leadership/Delegation/Role clarification
- Management of Legal/Ethical situations
- Teamwork/Inter-professional collaboration
- Manage high risk, low volume care and emergency situations
- Guaranteed exposure to critical content areas not available in the direct care setting
- Other: \_\_\_\_\_

46. Does the program collect annual data (quantitative and/or qualitative measures) that shows the impact of simulation learning activities on annual NCLEX pass rates year to year?

- Yes    No   *(If no, skip to question 47.)*

*If yes, describe measures used:*

a) Quantitative measures: \_\_\_\_\_  
\_\_\_\_\_

b) Qualitative measures: \_\_\_\_\_  
\_\_\_\_\_

47. Is every simulation session evaluated by students using standardized, nationally recognized, simulation evaluation tools to measure simulation effectiveness?

- Yes    No   *(If no, skip to question 47.b)*

a) If Yes, name the tools used \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

48. In 2020-2021, please indicated what type of simulation was used for each type of course.  
(Check all that apply.)

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

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

- Yes  No

#### CLINICAL SPACE

50. Were you denied a [clinical placement](#), unit or shift at a hospital in **2020-2021** that you had the previous year?

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

a) Were you offered an alternative at that hospital in **2020-2021** that differed from the placement, unit or shift you had the previous year?

- Yes  No

b) How many hospital placements, units or shifts did you lose in **2020-2021**? Only include placements, units or shifts for which you did not accept alternatives at the same hospital.

Placements, units, or shifts \_\_\_\_\_

c) If you were denied a clinical placement, unit or shift in **2020-2021**, what were the reasons given? *(Check all that apply.)*

- No longer accepting ADN students
- Nurse residency programs
- Clinical facility seeking magnet status
- More nursing students in the region have increased competition for clinical space
- Displaced by another program
- Closure or partial closure of clinical facility
- Change in facility ownership/management
- Implementation of electronic health records
- Visit from the Joint Commission or other accrediting agency
- The facility began charging a fee for the placement and your program would not pay
- Decrease in patient census due to COVID-19
- Decrease in patient census due to other reasons
- Staff nurse overload or insufficient qualified staff due to COVID-19
- Staff nurse overload or insufficient qualified staff due to other reasons
- Lack of PPE due to COVID-19
- Change in site infection control protocols due to COVID-19
- Site closure or decreased services due to COVID-19
- Other clinical facility business needs/changes in policy
- Other: \_\_\_\_\_



d) In which areas did you lose a clinical placement, shift or unit in 2020-2021? (Check all that apply)

<input type="checkbox"/>	Medical/surgical
<input type="checkbox"/>	Obstetrics
<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Psychiatry/Mental Health
<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	Critical Care
<input type="checkbox"/>	Community Health
<input type="checkbox"/>	Preceptorships
<input type="checkbox"/>	Other 1 (Describe: _____ )
<input type="checkbox"/>	Other 2 (Describe: _____ )

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

**Number of students** \_\_\_\_\_

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

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

51. Were there fewer ADN students allowed for any clinical placement, unit or shift in 2020-2021 than there were in the previous year?

- Yes  No

52. Between August 1, 2020 and July 31, 2021, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

- Yes  No

53. Did you increase out-of-hospital clinical placements in the last year (2020-2021)?

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

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

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

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

\$ \_\_\_\_\_

## LVN TO ADN ONLY PROGRAM SURVEY

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

This section of the survey pertains to all students in your **LVN to ADN Program** between **August 1, 2020 and July 31, 2021**. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

### PROGRAM DETAILS

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

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

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

- None
  - ACEN (Accreditation Commission for Education in Nursing)
  - CNEA (Commission for Nursing Education Accreditation)
  - Other: \_\_\_\_\_
2. Please indicate the mechanisms in place to facilitate a seamless progression from LVN to ADN education. *(Check all that apply.)*
    - Direct articulation of LVN coursework
    - Bridge course
    - Use of skills lab course to document competencies
    - Credit granted for LVN coursework following successful completion of a specific ADN course(s)
    - Use of tests (such as NLN achievement tests or challenge exams to award credit)
    - Specific program advisor
    - Other: \_\_\_\_\_
  3. Does your nursing program participate in [Collaborative/Shared/Concurrent/ Dual Enrollment Program](#) Agreement with another nursing program leading to a BSN or higher degree?
    - Yes
    - No

**APPLICATIONS & ADMISSIONS**

4. How many admission spaces for the first LVN to ADN nursing course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Admission spaces available

5. How many total applications were received for the first LVN to ADN nursing course from <b>8/1/20 to 7/31/21</b> ? Do <b>not</b> include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)	
	<b>Total</b>
a) Total number of applications:	
Of these applications, how many were:	
b) <a href="#">Screened?</a>	
c) Qualified?	
d) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

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

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

7. What method(s) do you use to select [LVN to ADN students](#) from the qualified applicant pool?  
(Check all that apply.)

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

8. Do you maintain an ongoing waiting list?

Yes  No

a) On **October 15, 2021** how many qualified applicants for the first LVN to AD nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

\_\_\_\_\_ qualified applicants

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

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

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

\_\_\_\_\_ quarters/semester

## ENROLLMENTS

9. Please provide the total number of **new** student enrollments in your nursing program between **8/1/20 and 7/31/21**. Include **all** students new to the program, including LVN, transfer, and 30-unit option students. Do **not** count readmitted students.

\_\_\_\_\_ New student enrollments

10. How many of the new students enrolled in the LVN to ADN program between **8/1/20 and 7/31/21** are 30-unit option students?

\_\_\_\_\_ 30-unit option students

11. Of all the new students that enrolled in your program between 8/1/20 and 7/31/21, how many declared they are military veterans? (If 0, skip to question 11.b.)

\_\_\_\_\_ declared military veterans

a) Of these military veterans, how many:

i. Have prior health occupations training and/or experience? \_\_\_\_\_

ii. Entered the program with an LVN license? \_\_\_\_\_

iii. Entered the program as advanced placement? \_\_\_\_\_

b) Which of the following special considerations does your program offer for the admission of military veterans? (Check all that apply.)

- No special consideration for admission
- Priority admission
- Credit for pre-requisites and fundamentals for military medic or corpsman experience
- Credit for equivalent courses or transfer credits
- Review of individual transcripts
- Other: \_\_\_\_\_

c) Which of the following special options, tracks or services does your program offer for military veterans? (Check all that apply.)

- No special options, tracks or services offered
- NCLEX support course specifically for veterans
- Medic/LVN to RN program
- Offering challenge exams, if the veteran has an LVN license
- Offering challenge exams, regardless of LVN licensure
- Counseling
- Other: \_\_\_\_\_

12. Please provide a breakdown of all **new** student enrollments in your nursing program between **8/1/20 and 7/31/21** by ethnicity, gender and age. Include **all** students new to the program, including LVN, transfer, and 30-unit option students. Do **not** include readmitted students. If you do not know the ethnicity, gender or age distribution of your students, enter the appropriate number of students in the “unknown” field.

	<b>Total</b>
Total number of new students:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

13. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

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

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_



**BARRIERS TO EXPANSION**

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

- No barriers to program expansion
- Insufficient number of qualified clinical faculty
- Insufficient number of qualified classroom faculty
- Insufficient funding for faculty salaries
- Faculty salaries not competitive
- Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
- Insufficient number of clinical sites
- Insufficient number of allocated spaces for the nursing program
- Insufficient support for nursing school by college or university
- Insufficient number of physical facilities and space for skills labs
- Insufficient number of physical facilities and space for classrooms
- Insufficient financial support for students
- Uncertainty and challenges related to COVID pandemic**
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_
- Other 3: \_\_\_\_\_

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

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

**ATTRITION & COMPLETION**

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

These questions pertain solely to those students who *completed* the LVN to AD nursing program between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

16. Please provide the total number of **all** students who completed the nursing program between **8/1/20 and 7/31/21**. Include LVN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

\_\_\_\_\_ Total number of students who completed the program

17. How many of the students who completed the LVN to ADN program between **8/1/20 and 7/31/21** were 30-unit option students?

\_\_\_\_\_ 30-unit option students

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

Semester     Quarters

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

\_\_\_\_\_ weeks

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

\_\_\_\_\_ semesters/quarters

19. Please provide the ethnicity, gender and age for all students who completed the nursing program between 8/1/20 and 7/31/21. Include LVN, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	<b>Total</b>
Total number of student completions:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

20. How many of all students who completed the LVN to ADN program between 8/1/20 and 7/31/21 were approved for at least one accommodation for a disability? (If 0, skip to question 21.)

\_\_\_\_\_ Total number of students approved for accommodation

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

\_\_\_\_\_ Academic counseling/advising

\_\_\_\_\_ Disability-related counseling/referral

\_\_\_\_\_ Adaptive equipment/physical space/facilities

\_\_\_\_\_ Interpreter and captioning services

\_\_\_\_\_ Exam accommodations (modified/extended time/distraction reduced space)

\_\_\_\_\_ Assistive technology/alternative format

\_\_\_\_\_ Note-taking services/reader/audio recording/smart pen

\_\_\_\_\_ Priority registration

\_\_\_\_\_ Reduced courseload

\_\_\_\_\_ Transportation/mobility assistance and services/parking

\_\_\_\_\_ Service animals

\_\_\_\_\_ Other: \_\_\_\_\_

21. For students who completed the LVN to ADN program between 8/1/20 and 7/31/21, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2021. The total of all percentages should equal 100%.

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

**PROGRAM ATTRITION AND COMPLETION RATES**

22. Please answer the following questions for the student [cohorts](#) (s) that were scheduled upon enrollment to graduate between **August 1, 2020 and July 31, 2021**. If there were several [cohorts](#) of students who were scheduled on admission to complete the program during the period above, include **all cohorts** of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

Include LVN to ADN students. Do not include transfer or 30-Unit Option students. *Students on leave but expected to return are considered [still enrolled](#).*

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

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

LVN to ADN Only Students									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete</a> the program									
<b>Of these students, how many:</b>									
<a href="#">Completed the program on schedule?</a>									
<a href="#">Withdrew</a> from the program?									
Were <a href="#">dismissed</a> from the program?									
Are <a href="#">still enrolled</a> in the program?									

23. How many students within the LVN to ADN only program completed the program between 8/1/20 and 7/31/21 but behind schedule?

*Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2020 and July 31, 2021.*

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

**CLINICAL TRAINING**

Clinical training includes [simulation](#), [skills labs](#), [clinical observation](#), and [clinical practice with real patients](#).

Please answer the following questions about clinical training in your LVN to ADN program for the period from **August 1, 2020 to July 31, 2021**.

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

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

**Number and Type of Clinical Hours in Each Content Area**

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



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

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

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

a) Why are you reducing the number of clinical hours in one or more content areas in your LVN to ADN program? (If you are not reducing the overall number of clinical hours in any content area, skip to question 30.)

- Unable to find sufficient clinical space
- Students can meet learning objectives in the classroom (or by another method) in less time.
- Funding issues or unavailable funding
- Insufficient clinical faculty
- Need to reduce units
- Curriculum redesign or change
- Impacts of COVID-19
- Other: \_\_\_\_\_

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

**CLINICAL SIMULATION**

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

27. Did your LVN to ADN program use clinical simulation between 8/1/20 and 7/31/21?  
 Yes  No (If no, skip to question 42.)
- a. IF YES: During the 2020-21 academic year, due to COVID 19, did you change the way your program uses clinical simulation?  
 Yes  No  
 If YES: please describe: \_\_\_\_\_

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

**% of total funding received**

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

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

**% of total funding received**

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

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

Yes  No (*If no, skip to question 32.*)

b) If yes, check all areas that are included in simulation policies and procedures

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

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

Yes  No (*If no, skip to question 32.b*)

a) If yes, does the written plan include any of the following? (*Check all that apply.*)

- How simulation is integrated throughout the curriculum  
 Course by course simulation topics  
 Abbreviated course by course simulation objectives/expected outcomes  
 Number of hours for each simulation  
 Total number of hours for each course  
 Other: \_\_\_\_\_

b) If no, please identify why the program does not have a written plan. (*Check all that apply.*)

- Faculty unaware that use of a written plan is a suggested “best practice”
- Faculty in process of developing a plan
- Time or other limitations have delayed development of a written simulation plan
- Simulation coordinator is developing or assisting faculty with plan development
- Other: \_\_\_\_\_

33. To what extent have you integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation? (I.e., Facilitation, Debriefing, etc.) (*Check only one.*)

- Not at all
- Somewhat
- Mostly
- Completely
- Not familiar with the standards

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

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

35. Did the majority of your clinical courses use 25% of clinical course hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e))?

- Yes    No   (*If yes, skip to question 36.*)

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

- Have enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Other: \_\_\_\_\_

36. Did you expand your use of simulation to leverage the flexibility provided in the BRN waiver of restrictions on nursing student clinical hours ([DCA Waiver DCA 20-03](#)) related to COVID-19 in the 2020-2021 academic year?

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

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

- Enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Courses disrupted by COVID-19 did not fall under waiver provisions
- Other (describe): \_\_\_\_\_

37. Identify the areas where simulation activities are used to achieve objectives/learning outcomes. *(Check all that apply.)*

- Preparation for direct clinical patient care
- Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration
- Communication/crucial conversations
- Critical thinking/decision making/managing priorities of care
- Application of nursing knowledge/use of the nursing process
- Patient safety/Staff safety and Quality of care
- Leadership/Delegation/Role clarification
- Management of Legal/Ethical situations
- Teamwork/Inter-professional collaboration
- Manage high risk, low volume care and emergency situations
- Guaranteed exposure to critical content areas not available in the direct care setting
- Other: \_\_\_\_\_

38. Does the program collect annual data (quantitative and/or qualitative measures) that shows the impact of simulation learning activities on annual NCLEX pass rates year to year?

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

*If yes, describe measures used:*

a) Quantitative measures: \_\_\_\_\_  
 \_\_\_\_\_

b) Qualitative measures: \_\_\_\_\_  
 \_\_\_\_\_

39. Is every simulation session evaluated by students using standardized, nationally recognized, simulation evaluation tools to measure simulation effectiveness?

Yes  No (if no, skip to question 39.b)

a) If Yes, name the tools used \_\_\_\_\_  
 \_\_\_\_\_

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

40. In 2020-2021, please indicated what type of simulation was used for each type of course.  
 (Check all that apply.)

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

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

Yes  No

**CLINICAL SPACE**

42. Were you denied a clinical placement, unit or shift at a hospital in 2020-2021 that you had the previous year?  
 Yes  No *(If no, skip to question 43.)*
- a) Were you offered an alternative at that hospital in 2020-2021 that differed from the placement, unit or shift you had the previous year?  
 Yes  No
- b) How many hospital placements, units or shifts did you lose in 2020-2021? Only include placements, units or shifts for which you did not accept alternatives for at the same hospital.  
 Placements, Units, or Shifts \_\_\_\_\_
- c) If you were denied a clinical placement, unit or shift in 2020-2021, what were the reasons given?  
*(Check all that apply.)*
- No longer accepting ADN students
  - Nurse residency programs
  - Clinical facility seeking magnet status
  - More nursing students in the region have increased competition for clinical space
  - Displaced by another program
  - Closure or partial closure of clinical facility
  - Change in facility ownership/management
  - Implementation of electronic health records
  - Visit from the Joint Commission or other accrediting agency
  - The facility began charging a fee for the placement and your program would not pay
  - Decrease in patient census due to COVID-19
  - Decrease in patient census due to other reasons
  - Staff nurse overload or insufficient qualified staff due to COVID-19
  - Staff nurse overload or insufficient qualified staff due to other reasons
  - Lack of PPE due to COVID-19
  - Change in site infection control protocols due to COVID-19
  - Site closure or decreased services due to COVID-19
  - Other clinical facility business needs/changes in policy
  - Other: \_\_\_\_\_

d) In which areas did you lose a clinical placement, shift or unit in 2020-2021? (Check all that apply)

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

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

Number of students \_\_\_\_\_

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

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

43. Were there fewer LVN to ADN students allowed for any clinical placement, unit or shift in 2020-2021 than there were in the previous year?

- Yes  No

44. Between August 1, 2020 and July 31, 2021, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

- Yes  No

45. Did you increase out-of-hospital clinical placements in the last year (2020-2021)?

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



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

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

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

\$ \_\_\_\_\_

## BSN PROGRAM SURVEY

This section of the survey pertains to all students in your **BSN Program** between **August 1, 2020 and July 31, 2021**. Include [LVN to BSN](#) students unless otherwise noted. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

### PROGRAM DETAILS

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

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

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

- ACEN (Accreditation Commission for Education in Nursing)
- CNEA (Commission for Nursing Education Accreditation)
- CCNE (Commission on Collegiate Nursing Education)
- Other: \_\_\_\_\_
- None

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

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

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

Yes     No

### APPLICATIONS & ADMISSIONS

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

4. How many admission spaces for the first BSN nursing course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Admission spaces available

5. How many <u>total</u> applications were received for the first bachelor’s degree nursing course from <b>8/1/20 to 7/31/21</b> ? Do <b>not</b> include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)	
	<b><u>Total</u></b>
a) Total number of applications:	
Of these applications, how many were:	
b) <a href="#">Screened?</a>	
c) Qualified?	
d) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

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

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

7. What method(s) do you use to select students from the qualified applicant pool?

(Check all that apply.)

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

8. If you have an [accelerated track](#), do you require students applying to this track to have a previous degree?

- Yes    No    Not applicable

9. If you have an [advanced placement](#) track, do you require students applying to this track to have a previous degree?

- Yes    No    Not applicable

10. Do you maintain an ongoing [waiting list](#)?

- Yes    No

11. On **October 15, 2021** how many qualified applicants for the first bachelor's degree nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle. (If you do not maintain an ongoing waitlist, please skip to question 6.)

\_\_\_\_\_ qualified applicants

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

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

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

\_\_\_\_\_ Semesters/quarters

**NEW STUDENT ENROLLMENTS**

12. Please provide the total number of **new** student enrollments in your nursing program between **8/1/20 and 7/31/21**. Include **all** students new to the program, including generic, [accelerated track](#), advanced placement, LVN to BSN, transfer, and 30-unit option students. Do **not** count readmitted students.

\_\_\_\_\_ New student enrollments

13. How many of the new students enrolled in the BSN program between **8/1/20 and 7/31/21** are 30-unit option students?

\_\_\_\_\_ 30-unit option students

14. Of all the new students that enrolled in your BSN program between **8/1/20 and 7/31/21**, how many declared they are military veterans? (*If 0, skip to question 3.b.*)

\_\_\_\_\_ Declared military veterans

- a) Of these military veterans, how many have:

- i. Prior health occupations training and/or experience? \_\_\_\_\_
- ii. Entered the program with an LVN license? \_\_\_\_\_
- iii. Entered the program as advanced placement? \_\_\_\_\_

- b) Which of the following special considerations does your program offer for the admission of military veterans? (*Check all that apply.*)

- No special consideration for admission
- Priority admission
- Credit for pre-requisites and fundamentals for military medic or corpsman experience
- Credit for equivalent courses or transfer credits
- Review of individual transcripts
- Other: \_\_\_\_\_

- c) Which of the following special options, tracks or services does your program offer for military veterans? (*Check all that apply.*)

- No special options, tracks or services offered
- NCLEX support course specifically for veterans
- Medic/LVN to RN program
- Offering challenge exams, if the veteran has an LVN license
- Offering challenge exams, regardless of LVN licensure
- Counseling
- Other: \_\_\_\_\_

15. Please provide a breakdown of all new student enrollments in your nursing program between 8/1/20 and 7/31/21 by ethnicity, gender and age. Include all students new to the program, including generic, accelerated track, advanced placement, LVN to BSN, transfer, and 30-unit option students. Do not include readmitted students. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	<b>Total</b>
Total number of new students:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

16. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

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

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

**LVN to BSN STUDENTS**

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

Yes  No (If no, skip to question 19.)

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

a) How many admission spaces for the first LVN to BSN nursing course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Admission spaces available

b) How many total applications were received for the first LVN to BSN course from **8/1/20 and 7/31/21**? Do **not** include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)

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



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

- None
- Minimum/cumulative GPA
- Minimum grade level in prerequisite courses
- Geographic location
- Completion of prerequisite courses (including recency and/or repetition)
- Pre-enrollment assessment test (e.g., SAT, ACT, GRE, etc.)
- Health-related work experience
- Personal statement
- Lottery
- Interview
- Science GPA
- Letter of reference/recommendation
- Holistic review (e.g., residency, language skills, veteran status, other life experiences)
- Other 1: \_\_\_\_\_

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

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

e) Do you maintain an ongoing waiting list for your LVN to BSN program?

- Yes    No   *if no, skip to question 18.f)*

i. If you maintain an ongoing waiting list, on **October 15, 2021** how many qualified applicants for the first LVN to BSN course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

\_\_\_\_\_ qualified applicants

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

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

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

\_\_\_\_\_ Semesters/quarters

- f) Did you enroll fewer students to your **LVN to BSN** program between **8/1/20 and 7/31/21** than the previous year?

Yes  No  Not Applicable *(If no, skip to question 19.)*

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing**
- Other (describe): \_\_\_\_\_

**BARRIERS TO EXPANSION**

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

- No barriers to program expansion
- Insufficient number of qualified clinical faculty
- Insufficient number of qualified classroom faculty
- Insufficient funding for faculty salaries
- Faculty salaries not competitive
- Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
- Insufficient number of clinical sites
- Insufficient number of allocated spaces for the nursing program
- Insufficient support for nursing school by college or university
- Insufficient number of physical facilities and space for skills labs
- Insufficient number of physical facilities and space for classrooms
- Insufficient financial support for students
- Uncertainty and challenges related to COVID pandemic**
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_
- Other 3: \_\_\_\_\_

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

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

**ATTRITION & COMPLETION**

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

These questions pertain solely to those students who *completed* the BSN program between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

20. Please provide the total number of **all** students who completed the nursing program between **8/1/20 and 7/31/21**. Include generic, advanced placement, LVN to BSN, transfer, 30-unit option, [accelerated track](#), and readmitted students. Also include students who completed the program behind schedule.

\_\_\_\_\_ Total number of students who completed the program

21. How many of the students who completed the BSN program between **8/1/20 and 7/31/21** were 30-unit option students?

\_\_\_\_\_ 30-unit option students

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

Semesters    Quarters

a) How many weeks is your semester/quarter?

\_\_\_\_\_ weeks

b) Full-time generic students normally complete the program in:

\_\_\_\_\_ Semesters/quarters

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

\_\_\_\_\_ Semesters/quarters

23. Please provide the ethnicity, gender and age for **all** students who **completed** the nursing program between **8/1/20 and 7/31/21**. Include generic, advanced placement, LVN to BSN, transfer, 30-unit option, **accelerated track**, and readmitted students. Also include students who completed the program behind schedule. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	All students completing the program
Total number of student completions:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race and ethnicity	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	

24. How many of **all** students who completed the BSN program between **8/1/20 and 7/31/21** were approved for at least one accommodation for a disability?

\_\_\_\_\_ Total number of students approved for accommodation

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

\_\_\_\_\_ Academic counseling/advising

\_\_\_\_\_ Disability-related counseling/referral

\_\_\_\_\_ Adaptive equipment/physical space/facilities

\_\_\_\_\_ Interpreter and captioning services

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

\_\_\_\_\_ Assistive technology/alternative format

\_\_\_\_\_ Note-taking services/reader/audio recording/smart pen

\_\_\_\_\_ Priority registration

\_\_\_\_\_ Reduced courseload

\_\_\_\_\_ Transportation/mobility assistance and services/parking

\_\_\_\_\_ Service animals

\_\_\_\_\_ Other: \_\_\_\_\_

25. For students who completed the BSN program between 8/1/20 and 7/31/21, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2021. The total of all percentages should equal 100%.

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

**PROGRAM ATTRITION & COMPLETION**

26. Please answer the following questions for the student [cohorts](#) that were scheduled upon enrollment to graduate between **August 1, 2020 and July 31, 2021**. If there were several [cohorts](#) of students who were scheduled on admission to complete the program during the period above, include **all cohorts** of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

**Only** include [generic](#) and [accelerated track](#) BSN students. Do **not** include advanced placement, LVN to BSN (they will be addressed in another question), transfer, 30-unit option, or readmitted students. *Students on leave but expected to return are considered [still enrolled](#).*

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

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

BSN Students									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete</a> the program:									
Of these students, how many									
<a href="#">Completed the program on schedule?</a>									
<a href="#">Withdrew</a> from the program?									
Were <a href="#">dismissed</a> from the program?									
Are <a href="#">still enrolled</a> in the program?									

27. How many BSN students completed the program between **8/1/20 and 7/31/21** but behind schedule?

***Students completing the program behind schedule*** are students who were scheduled to complete the program in a prior academic year, but instead completed the program between **August 1, 2020 and July 31, 2021**.

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



28. Please answer the following questions for your advanced placement students, including military and LVN step-up to RN student cohort(s) that were scheduled upon enrollment to graduate between August 1, 2020 and July 31, 2021. If there were several cohorts of students who were scheduled on admission to complete the program during the period above, include all cohorts of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program).

*Students on leave but expected to return are considered [still enrolled](#).*

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

LVN to BSN Students									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete</a> the program									
<b>Of these students, how many</b>									
<a href="#">Completed the program on schedule?</a>									
<a href="#">Withdrew</a> from the program?									
Were <a href="#">dismissed</a> from the program?									
Are <a href="#">still enrolled</a> in the program?									

29. How many advanced placement students, including military and LVN step-up to RN student cohort(s), completed the program between **8/1/20 and 7/31/21** but behind schedule?

*Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between **August 1, 2020 and July 31, 2021**.*

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

**NCLEX DATA FOR ACCELERATED TRACK STUDENTS ONLY**

30. Between July 1, 2020 and June 30, 2021, how many students in the accelerated track **took** the NCLEX for the first time and how many students **passed** the NCLEX on their first attempt?

*If your BSN program does not have accelerated track students, skip to question 31.*

Accelerated students who took the NCLEX	
Accelerated students who passed the NCLEX	

**CLINICAL TRAINING**

**Clinical training** includes [simulation](#), [skills labs](#), [clinical observation](#), and [clinical practice with real patients](#).

Please answer the following questions about clinical training in the BSN program for the period from **August 1, 2020 to July 31, 2021**.

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

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

**Number and Type of Clinical Hours in Each Content Area**

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

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

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

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

- a) Why are you reducing the number of clinical hours in one or more content areas in your BSN program? (If you are not reducing the overall number of clinical hours in any content area, skip to question 33.)
- Unable to find sufficient clinical space
  - Students can meet learning objectives in the classroom (or by another method) in less time.
  - Funding issues or unavailable funding
  - Insufficient clinical faculty
  - Need to reduce units
  - Curriculum redesign or change
  - Impacts of COVID-19
  - Other: \_\_\_\_\_

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

### CLINICAL SIMULATION

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

34. Did your BSN program use clinical simulation between 8/1/20 and 7/31/21?

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

- a. IF YES: During the 2020-21 academic year, due to COVID 19, did you change the way your program uses clinical simulation?

Yes  No

If YES: please describe: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget
- \_\_\_\_\_ Industry (i.e., hospitals, health systems)
- \_\_\_\_\_ Foundations, private donors
- \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)
- \_\_\_\_\_ Other: \_\_\_\_\_

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

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

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

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

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

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

a) If yes, does the written plan include any of the following? (*Check all that apply.*)

- How simulation is integrated throughout the curriculum
- Course by course simulation topics
- Abbreviated course by course simulation objectives/expected outcomes
- Number of hours for each simulation
- Total number of hours for each course
- Other: \_\_\_\_\_

- b) If no, please identify why the program does not have a written plan. *(Check all that apply.)*
- Faculty unaware that use of a written plan is a suggested “best practice”
  - Faculty in process of developing a plan
  - Time or other limitations have delayed development of a written simulation plan
  - Simulation coordinator is developing or assisting faculty with plan development
  - Other: \_\_\_\_\_
40. To what extent have you integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation? (i.e., Facilitation, Debriefing, etc.) *(Check only one.)*
- Not at all
  - Somewhat
  - Mostly
  - Completely
  - Not familiar with the standards
41. Which simulation standards is your program aligned with? *(Check all that apply.)*
- International Nursing Association for Clinical Simulation and Learning (INACSL)
  - Society for Simulation in Healthcare (SSH)
  - National Council of State Boards of Nursing (NCSBN)
  - National League for Nursing (NLN)
  - Other (Describe) \_\_\_\_\_
  - None/not applicable
42. Did the majority of your clinical courses use 25% of clinical hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e))?
- Yes    No   *(If yes, skip to question 43.)*
- a) If no, why not? *(Check all that apply.)*
- Have enough clinical placements available / direct patient care learning opportunities available
  - Faculty prefer to use other available clinical training methods
  - Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
  - Available simulation space/equipment/supplies limit increased use
  - Availability of trained staff/technicians and or faculty limits increased use
  - Instructional materials are not yet developed/validated
  - Other: \_\_\_\_\_
43. Did you expand your use of simulation to leverage the flexibility provided in the BRN waiver of restrictions on nursing student clinical hours ([DCA Waiver DCA 20-03](#)) related to COVID-19 **in the 2020-2021 academic year**?
- Yes    No   *(If yes, skip to question 44.)*

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

- Enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Courses disrupted by COVID-19 did not fall under waiver provisions
- Other (describe): \_\_\_\_\_

44. Identify the areas where simulation activities are used to achieve objectives/learning outcomes. *(Check all that apply.)*

- Preparation for direct clinical patient care
- Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration
- Communication/crucial conversations
- Critical thinking/decision making/managing priorities of care
- Application of nursing knowledge/use of the nursing process
- Patient safety/Staff safety and Quality of care
- Leadership/Delegation/Role clarification
- Management of Legal/Ethical situations
- Teamwork/Inter-professional collaboration
- Manage high risk, low volume care and emergency situations
- Guaranteed exposure to critical content areas not available in the direct care setting
- Other: \_\_\_\_\_

45. Does the program collect annual data (quantitative and/or qualitative measures) that shows the impact of simulation learning activities on annual NCLEX pass rates year to year?

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

*If yes, describe measures used:*

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

\_\_\_\_\_

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

\_\_\_\_\_

46. Is every simulation session evaluated by students using standardized, nationally recognized, simulation evaluation tools to measure simulation effectiveness?

- Yes    No   *(if no, skip to question 46.b)*



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

\_\_\_\_\_

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

\_\_\_\_\_

47. In 2020-2021, please indicated what type of simulation was used for each type of course.  
(Check all that apply.)

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

48. In the next 12 months, do you plan to increase staff dedicated to administering clinical simulation for your BSN program?
- Yes  No

**CLINICAL SPACE**

49. Were you denied a clinical placement, unit or shift at a hospital in **2020-2021** that you had the previous year?

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

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

- Yes  No

- b) How many hospital placements, units or shifts did you lose in **2020-2021**? Only include placements for which you did not accept alternate placements at the same hospital.

Placements, units, or shifts \_\_\_\_\_

c) If you were denied a clinical placement, unit or shift in 2020-2021, what were the reasons given? (Check all that apply.)

- No longer accepting ADN students
- Nurse residency programs
- Clinical facility seeking magnet status
- More nursing students in the region have increased competition for clinical space
- Displaced by another program
- Closure or partial closure of clinical facility
- Change in facility ownership/management
- Implementation of electronic health records
- Visit from the Joint Commission or other accrediting agency
- The facility began charging a fee for the placement and your program would not pay
- Decrease in patient census due to COVID-19
- Decrease in patient census due to other reasons
- Staff nurse overload or insufficient qualified staff due to COVID-19
- Staff nurse overload or insufficient qualified staff due to other reasons
- Lack of PPE due to COVID-19
- Change in site infection control protocols due to COVID-19
- Site closure or decreased services due to COVID-19
- Other clinical facility business needs/changes in policy
- Other: \_\_\_\_\_

d) In which areas did you lose a clinical placement, shift or unit in 2020-2021? (Check all that apply.)

- Medical/surgical
- Obstetrics
- Pediatrics
- Psychiatry/Mental Health
- Geriatrics
- Critical Care
- Community Health
- Preceptorships
- Other 1 (Describe: \_\_\_\_\_ )

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

Number of students \_\_\_\_\_

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

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

50. Are there fewer BSN students allowed for any clinical placement, unit or shift in 2020-2021 than there were in the previous year?

- Yes  No

51. Between August 1, 2020 and July 31, 2021, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

- Yes  No

52. Did you increase out-of-hospital clinical placements in the last year (2020-2021)?

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

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

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

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

\$\_\_\_\_\_

## ENTRY LEVEL MASTER'S (ELM) PROGRAM SURVEY

This section of the survey pertains to all students in your [Entry Level Master's \(ELM\) Program](#) between **August 1, 2020 and July 31, 2021**. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

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

### PROGRAM DETAILS

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

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

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

- ACEN (Accreditation Commission for Education in Nursing)  
 CNEA (Commission for Nursing Education Accreditation)  
 CCNE (Commission on Collegiate Nursing Education)  
 Other: \_\_\_\_\_

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

Yes  No

### APPLICATIONS & ADMISSIONS

3. How many admission spaces for the first ELM nursing course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Admission spaces available

<p>4. How many <u>total</u> applications were received for the first ELM nursing course from <b>8/1/20 to 7/31/21</b>? Do <b>not</b> include applications on a waitlist. (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of qualified and admitted students for the first nursing course.)</p>	
a) Total number of applications:	
Of these applications, how many were:	
b) <a href="#">Screened</a> ?	
c) Qualified?	
d) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

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

- None
- Minimum/Cumulative GPA
- Minimum grade level in prerequisite courses
- Geographic location
- Completion of prerequisite courses (including recency and/or repetition)
- Pre-enrollment assessment test (TEAS, SAT, ACT, GRE)
- Health-related work experience
- Personal statement
- Lottery
- Interview
- Science GPA
- Letter of reference/Recommendation
- Holistic review (e.g., residency, language skills, veteran status, other life experiences)
  
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_
- Other 3: \_\_\_\_\_

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

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

7. Do you maintain an ongoing waiting list?

Yes  No

8. On **October 15, 2021** how many qualified applicants for the first ELM nursing course were on the waiting list? Only include applicants who are on an ongoing waiting list and will be considered for a subsequent application cycle.

\_\_\_\_\_ qualified applicants

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

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

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

\_\_\_\_\_ quarters/semester

## ENROLLMENTS

9. Please provide the total number of **new** student enrollments in your ELM program between **8/1/20 and 7/31/21**. Include **all** students new to the program, including generic, [accelerated track](#), advanced placement, transfer and 30-unit option students. Do not count readmitted students.

\_\_\_\_\_ New student enrollments

10. How many of the new students enrolled in the ELM program between **8/1/20 and 7/31/21** are 30-unit option students?

\_\_\_\_\_ 30-unit option students

11. Of all the new students that enrolled in your ELM program between **8/1/20 and 7/31/21**, how many declared they are military veterans? (If 0, skip to question 11b.)

\_\_\_\_\_ declared military veterans

- a. Of these military veterans, how many have:
- i. Have prior health occupations training and/or experience? \_\_\_\_\_
  - ii. Entered the program with an LVN license? \_\_\_\_\_
  - iii. Entered the program as advanced placement?
- b. Which of the following special considerations does your program offer for the admission of military veterans? (*Check all that apply.*)
- No special consideration for admission
  - Priority admission
  - Credit for pre-requisites and fundamentals for military medic or corpsman experience
  - Credit for equivalent courses or transfer credits
  - Review of individual transcripts
  - Other: \_\_\_\_\_
- c. Which of the following special options, tracks or services does your program offer for military veterans? (*Check all that apply.*)
- No special options, tracks or services offered
  - NCLEX support course specifically for veterans
  - Medic/LVN to RN program
  - Offering challenge exams, if the veteran has an LVN license
  - Offering challenge exams, regardless of LVN licensure
  - Counseling
  - Other: \_\_\_\_\_

12. Please provide a breakdown of all **new** student enrollments in your ELM program between **8/1/20** and **7/31/21** by ethnicity, gender and age. Include all students new to the program, including generic, [accelerated track](#), advanced placement, transfer and 30-unit option students. Do not count readmitted students. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

	<b>Total</b>
Total number of new students:	
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
17-20 years	
21-25 years	
26-30 years	
31-40 years	
41-50 years	
51-60 years	
61 years and older	
Unknown age	



13. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

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

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

**BARRIERS TO EXPANSION**

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

- No barriers to program expansion
- Insufficient number of qualified clinical faculty
- Insufficient number of qualified classroom faculty
- Insufficient funding for faculty salaries
- Faculty salaries not competitive
- Insufficient funding for program support (e.g., clerical, travel, supplies, equipment)
- Insufficient number of clinical sites
- Insufficient number of allocated spaces for the nursing program
- Insufficient support for nursing school by college or university
- Insufficient number of physical facilities and space for skills labs
- Insufficient number of physical facilities and space for classrooms
- Insufficient financial support for students
- Uncertainty and challenges related to COVID pandemic**
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_
- Other 3: \_\_\_\_\_

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

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

**ATTRITION & COMPLETION**

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

These questions pertain **both** to those students who *completed* the pre-licensure and post-licensure segments of the ELM program between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

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

16. Please provide the total number of all ELM program students who completed the **pre- and post-licensure** segments of the program between **8/1/20 and 7/31/21**. Include generic, [accelerated track](#), [advanced placement](#), LVN to ELM, transfer, 30-unit option, and readmitted students. Also include students who completed the program behind schedule.

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

\_\_\_\_\_ Total number of students who completed the **pre-licensure** segment of the program

\_\_\_\_\_ Total number of students who completed the **post-licensure** portion of the program

*For questions 16.a and 16.b, if you are reporting all student completions as pre-licensure because your program does not have designated pre and post-licensure segments, report those students in these questions. If you are reporting student completions separately for pre- and post-licensure segments then only report students completing the post-licensure segment in these questions.*

- a. Please provide the total number of students that completed the entire ELM program at your school in each of the following program areas in the specified period (**8/1/20 and 7/31/21**). If a student completed two nursing tracks at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

*The sum of students in these categories may not equal the total reported in question 14 above.*

\_\_\_\_\_ Nursing Administration/Leadership/Health Systems

\_\_\_\_\_ Clinical Nurse Specialist

\_\_\_\_\_ Nurse Practitioner

\_\_\_\_\_ Clinical Nurse Leader

\_\_\_\_\_ Case Management

\_\_\_\_\_ Other: \_\_\_\_\_

- b. Please provide the number of **students that completed the entire** portion of the ELM program in each of the following **Nurse Practitioner specialties** between **8/1/20 and 7/31/21**. Count each student only once.

*The total number of students you report here should equal the number of nurse practitioner students you reported in question 16.a.*

\_\_\_\_\_ Individual/Family

\_\_\_\_\_ Adult/Gerontology (acute)

\_\_\_\_\_ Adult/Gerontology (primary)

\_\_\_\_\_ Pediatrics (acute)

\_\_\_\_\_ Pediatrics (primary)

\_\_\_\_\_ Neonatal

\_\_\_\_\_ Women's Health/Gender Related

\_\_\_\_\_ Psychiatric/Mental Health

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Total number of students that completed Nurse Practitioner Specialties**

17. How many of the students who completed the ELM program between **8/1/20 and 7/31/21** were 30-unit option students?

\_\_\_\_\_ 30-unit option students

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

Semester  Quarters

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

\_\_\_\_\_ weeks

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

\_\_\_\_\_ Minimum (shortest) # of semesters/quarters

\_\_\_\_\_ Maximum (longest) # of semesters/quarters

20. Please provide the ethnicity, gender and age for **all** students who completed the ELM program between **8/1/20 and 7/31/21**. Include generic, transfer, and readmitted students. Also include students who completed the program behind schedule. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field. *The total number(s) of students you report in this question should equal the number(s) you reported in question 17. If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students as pre-licensure and leave post-licensure response sections blank.*

	Pre-Licensure Segment	Post-Licensure Segment
Total number of student completions		
<b>ETHNICITY</b>		
Black/African-American		
American Indian or Alaska Native		
South Asian (e.g., Indian, Pakistani, etc.)		
Filipino		
Native Hawaiian		
Other Asian		
Other Pacific Islander		
White/Caucasian		
Hispanic/Latino		
Mixed race		
Other race		
Unknown race		
<b>GENDER</b>		
Male		
Female		
Other gender		
Unknown gender		
<b>AGE</b>		
17-20 years		
21-25 years		
26-30 years		
31-40 years		
41-50 years		
51-60 years		
61 years and older		
Unknown age		

21. How many of **all** students who completed the ELM program between **8/1/20 and 7/31/21** were approved for at least one accommodation for a disability? *(If 0, skip to question 22.)*

\_\_\_\_\_ Total number of students approved for accommodation

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

\_\_\_\_\_ Academic counseling/advising

\_\_\_\_\_ Disability-related counseling/referral

\_\_\_\_\_ Adaptive equipment/physical space/facilities

\_\_\_\_\_ Interpreter and captioning services

\_\_\_\_\_ Exam Accommodations (Modified/Extended Time/ Distraction Reduced Space)

\_\_\_\_\_ Assistive technology/alternative format

\_\_\_\_\_ Note-taking services/reader/audio recording/smart pen

\_\_\_\_\_ Priority registration

\_\_\_\_\_ Reduced courseload

\_\_\_\_\_ Transportation/mobility assistance and services/parking

\_\_\_\_\_ Service animals

\_\_\_\_\_ Other: \_\_\_\_\_

22. For students who completed the ELM program between 8/1/20 and 7/31/21, estimate the percentage of graduates employed as an RN in each of the following settings or enrolled in a more advanced nursing degree program, or not yet licensed on October 15, 2021. The total of all percentages in each column should equal 100%.

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

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

23. Please answer the following questions for the student [cohorts](#) that were scheduled upon enrollment to complete the **pre-licensure segment** (do not include students in the post-licensure segment) between **August 1, 2020 and July 31, 2021**. If there were several [cohorts](#) of students who were scheduled on admission to complete the pre-licensure portion of the program during the time period above, include **all cohorts** of students. If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of students starting the nursing core (rather than all students scheduled on admission to the university to complete the program). *If your program does not have designated pre and post licensure segments (i.e., your students do not qualify for licensure until they complete the entire ELM program), report all students here as pre-licensure segment completions.*

Only include [generic](#) and [accelerated track](#) ELM students. Do **not** include [LVN to ELM](#), transfer, [30-unit option](#), or readmitted students. *Students on leave but expected to return are considered [still enrolled](#).*

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

*Scheduled on admission to complete=completed+withdrew+dismissed+[still enrolled](#)*

*Completion rate=completed/scheduled to complete*

*Attrition rate=withdrew+dismissed/scheduled to complete*

ELM Students									
	Native American	Asian	African-American	Filipino	Hispanic	White	Other / multi-racial	Unknown race	All Students
Number of students <a href="#">scheduled on admission to complete</a> the pre-licensure segment of the program									
<b>Of these students, how many</b>									
Completed the <b>pre-licensure segment</b> of the program <u>on schedule</u> ?									
<a href="#">Withdrew</a> from the pre-licensure segment of the program?									
Were <a href="#">dismissed</a> from the pre-licensure segment of program?									
Are <a href="#">still enrolled</a> in the pre-licensure segment of the program?									



24. How many ELM students completed the program between 8/1/20 and 7/31/21 but behind schedule?

**Students completing the program behind schedule** are students who were scheduled to complete the program in a prior academic year, but instead completed the program between August 1, 2020 and July 31, 2021.

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

**NCLEX DATA FOR ACCELERATED TRACK STUDENTS ONLY**

If your ELM program does not have [accelerated track](#) students, skip to question 26.

	Total
25. How many students in the <a href="#">accelerated track</a> took the NCLEX for the first time between July 1, 2020 and June 30, 2021?	
Of these <a href="#">accelerated track</a> students, how many passed the NCLEX on their first attempt?	

**CLINICAL TRAINING**

Clinical training includes [simulation](#), [skills labs](#), [clinical observation](#), and [clinical practice](#) with real patients.

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

Please answer the following questions about clinical training in the ELM program for the period from **August 1, 2020 to July 31, 2021**.

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

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

**Number and Type of Clinical Hours in Each Content Area**

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

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

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

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

- a) Why are you reducing the number of clinical hours in one or more content areas in your ELM program? (If you are not reducing the overall number of clinical hours in any content area, skip to question 28.)
- Unable to find sufficient clinical space
  - Students can meet learning objectives in the classroom (or by another method) in less time.
  - Funding issues or unavailable funding
  - Insufficient clinical faculty
  - Need to reduce units
  - Curriculum redesign or change
  - Impacts of COVID-19
  - Other: \_\_\_\_\_

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

- Yes  No

### CLINICAL SIMULATION

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

29. Did your ELM program use clinical simulation between 8/1/20 and 7/31/21?

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

a. IF YES: During the 2020-21 academic year, due to COVID 19, did you change the way your program uses clinical simulation?

- Yes  No

If YES: please describe: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget  
 \_\_\_\_\_ Industry (i.e., hospitals, health systems)  
 \_\_\_\_\_ Foundations, private donors  
 \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)  
 \_\_\_\_\_ Other: \_\_\_\_\_

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

**% of total funding received**

- \_\_\_\_\_ Your college/university operating budget
- \_\_\_\_\_ Industry (i.e., hospitals, health systems)
- \_\_\_\_\_ Foundations, private donors
- \_\_\_\_\_ Government (i.e., federal/state grants, Chancellor's Office, Federal Workforce Investment Act)
- \_\_\_\_\_ Other: \_\_\_\_\_

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

Yes  No (*If no, skip to question 34.*)

- a) If yes, check all areas that are included in simulation policies and procedures
- Adherence to simulation-related Profession Integrity requirements
  - Continuous quality improvement mechanisms used
  - Development, use and revision of simulation materials for participants, faculty, staff
  - Evaluation mechanisms and requirements for participants, faculty and all aspects of simulation
  - Other participant requirements related to simulation
  - Roles and responsibilities of faculty, technicians, simulation coordinators/facilitators
  - Required initial and ongoing simulation training for faculty and staff (i.e., courses, conferences)
  - Required faculty, staff and participant orientation

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

Yes  No (*if no, please skip to question 34.b*)

- a) If yes, does the written plan include any of the following: (*Check all that apply.*)

- How simulation is integrated throughout the curriculum
- Course by course simulation topics
- Abbreviated course by course simulation objectives/expected outcomes
- Number of hours for each simulation
- Total number of hours for each course
- Other: \_\_\_\_\_

- b) If no, please identify why the program does not have a written plan. (*Check all that apply.*)
- Faculty unaware that use of a written plan is a suggested “best practice”
  - Faculty in process of developing a plan
  - Time or other limitations have delayed development of a written simulation plan
  - Simulation coordinator is developing or assisting faculty with plan development
  - Other: \_\_\_\_\_
35. To what extent have you integrated recognized simulation standards (i.e., INACSL, NCSBN, NLN, and the Society for Simulation in Healthcare-HHS) in each component of simulation? (I.e., Facilitation, Debriefing, etc.) (*Check only one.*)
- Not at all
  - Somewhat
  - Mostly
  - Completely
  - Not familiar with the standards
36. Which simulation standards is your program aligned with? (*Check all that apply.*)
- International Nursing Association for Clinical Simulation and Learning (INACSL)
  - Society for Simulation in Healthcare (SSH)
  - National Council of State Boards of Nursing (NCSBN)
  - National League for Nursing (NLN)
  - Other (Describe) \_\_\_\_\_
  - None/not applicable
37. Did the majority of your clinical courses use 25% of clinical hours for simulation/skills labs per the regulations (CCR 1426 (g) (2) and 1420 (e))?
- Yes    No   (*If yes, skip to question 38.*)
- a) If no, why not? (*Check all that apply.*)
- Have enough clinical placements available/direct patient care learning opportunities available
  - Faculty prefer to use other available clinical training methods
  - Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
  - Available simulation space/equipment/supplies limit increased use
  - Availability of trained staff/technicians and or faculty limits increased use
  - Instructional materials are not yet developed/validated
  - Other: \_\_\_\_\_
38. Did you expand your use of simulation to leverage the flexibility provided in the BRN waiver of restrictions on nursing student clinical hours ([DCA Waiver DCA 20-03](#)) related to COVID-19 in the 2020-2021 academic year?
- Yes    No   (*If yes, skip to question 39.*)

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

- Enough clinical placements available/direct patient care learning opportunities available
- Faculty prefer to use other available clinical training methods
- Costs/funding associated with simulation supplies/maintenance prohibit use or increased use
- Available simulation space/equipment/supplies limit increased use
- Availability of trained staff/technicians and or faculty limits increased use
- Instructional materials are not yet developed/validated
- Courses disrupted by COVID-19 did not fall under waiver provisions
- Other (describe): \_\_\_\_\_

39. Identify the areas where simulation activities are used to achieve objectives/learning outcomes. *(Check all that apply.)*

- Preparation for direct clinical patient care
- Psychomotor/procedural skills i.e., IV insertion, N/G tube insertion, medication administration
- Communication/crucial conversations
- Critical thinking/decision making/managing priorities of care
- Application of nursing knowledge/use of the nursing process
- Patient safety/Staff safety and Quality of care
- Leadership/Delegation/Role clarification
- Management of Legal/Ethical situations
- Teamwork/Inter-professional collaboration
- Manage high risk, low volume care and emergency situations
- Guaranteed exposure to critical content areas not available in the direct care setting
- Other: \_\_\_\_\_

40. Does the program collect annual data (quantitative and/or qualitative measures) that shows the impact of simulation learning activities on annual NCLEX pass rates year to year?

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

*If yes, describe measures used:*

a) Quantitative measures: \_\_\_\_\_

\_\_\_\_\_

b) Qualitative measures: \_\_\_\_\_

\_\_\_\_\_

41. Is every simulation session evaluated by students using standardized, nationally recognized, simulation evaluation tools to measure simulation effectiveness?

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

a) If Yes, name the tools used \_\_\_\_\_

\_\_\_\_\_

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

42. In 2020-2021, please indicated what type of simulation was used for each type of courses.  
(Check all that apply.)

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

43. In the next 12 months, do you plan to increase staff dedicated to administering clinical simulation for your ELM program?  
 Yes  No

**CLINICAL SPACE**

44. Were you denied a clinical placement, unit or shift at a hospital in 2020-2021 that you had the previous year?

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

a) Were you offered an alternative at that hospital in 2020-2021 that differed from the placement, unit or shift you had the previous year?

- Yes  No

b) How many hospital placements, units or shifts did you lose in 2020-2021? Only include placements, units or shifts for which you did not accept alternatives for at the same hospital.

Placements, units, or shifts \_\_\_\_\_



c) If you were denied a clinical placement, unit or shift in **2020-2021**, what were the reasons given? (Check all that apply.)

- No longer accepting ADN students
- Nurse residency programs
- Clinical facility seeking magnet status
- More nursing students in the region have increased competition for clinical space
- Displaced by another program
- Closure or partial closure of clinical facility
- Change in facility ownership/management
- Implementation of electronic health records
- Visit from the Joint Commission or other accrediting agency
- The facility began charging a fee for the placement and your program would not pay
- Decrease in patient census due to COVID-19
- Decrease in patient census due to other reasons
- Staff nurse overload or insufficient qualified staff due to COVID-19
- Staff nurse overload or insufficient qualified staff due to other reasons
- Lack of PPE due to COVID-19
- Change in site infection control protocols due to COVID-19
- Site closure or decreased services due to COVID-19
- Other clinical facility business needs/changes in policy
- Other: \_\_\_\_\_

d) In which areas did you lose a clinical placement, shift or unit in **2020-2021**? (Check all that apply.)

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

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

**Number of students** \_\_\_\_\_

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

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

45. Were there fewer ELM students allowed for any clinical placement, unit or shift in 2020-2021 than there were in the previous year?

Yes  No

46. Between August 1, 2020 and July 31, 2021, were you asked to provide financial support to secure clinical placements? Do not include fees for training or student orientation.

Yes  No

47. Did you increase out-of-hospital clinical placements in the last year (2020-2021)?

Yes  No *(If no, skip to question 48.)*

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

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

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

Yes  No

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

\_\_\_\_\_ Minimum (shortest) # of semesters/quarters

\_\_\_\_\_ Maximum (longest) # of semesters/quarters

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

\_\_\_\_\_ Minimum (shortest) # of semesters/quarters

\_\_\_\_\_ Maximum (longest) # of semesters/quarters

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

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

i. If yes, what is the degree? \_\_\_\_\_

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

\$ \_\_\_\_\_

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

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## POSTLICENSURE PROGRAMS SURVEY

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

The following questions pertain to all of your postlicensure nursing education programs in the [period](#) between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

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

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

### POSTLICENSURE ADMINISTRATION & STAFFING

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

Yes     No     Not applicable, postlicensure program only

(If yes, skip to question 4 and make sure that you completed program director info in the Prelicensure Program survey section.)

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

Yes     No

3. Please provide contact information for the Director of the Postlicensure Nursing Education Program

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Individual providing survey information:

Director

Someone other than the director

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5. Please report the average percent of the Postlicensure Director's work time spent on each of the following activities during the 2020-2021 academic year. All categories should total 100%.

	Percent
<b>Manage nursing program compliance</b> (i.e., regulation, accreditation, legal, prepare required reports)	
<b>Manage student enrollment</b> (i.e., student recruitment, evaluation of non-generic students, student success strategies, and clinical rotation schedules)	
<b>Manage curriculum</b> (i.e., pre-requisite validation & alignment with other schools/programs, curriculum development, ADN to BSN/MSN collaboratives)	
<b>Manage information technology</b> (i.e., integration into curriculum & clinical practice, nursing website, policies related to distance education)	
<b>Manage college facilities</b> (i.e., classrooms, space for skills and simulation lab, office space)	
<b>Manage human resources</b> (i.e., recruit & hire faculty and staff)	
<b>Manage clinical resources</b> (i.e., secure clinical sites; participate in regional planning of clinical placements)	
<b>Manage fiscal resources</b> (i.e., develop & monitor budget)	
Seeking, managing, and obtaining <b>grant funding/fundraising</b>	
<b>Facilitate staff development</b> (i.e., coach, train, mentor, supervise and evaluate faculty and staff)	
<b>Facilitate student needs and activities</b> (i.e., advise students, refer students to services, provide reasonable accommodations, administer discipline process, facilitate employment opportunities, and administer scholarships)	
<b>Collaborate with college/district</b> (i.e., advocate for nursing dept. needs, follow campus policies & procedures, participate in college meetings/events)	
<b>Promote community awareness and public relations</b> (i.e., represent nursing school at various events, participate in marketing and outreach activities, monitor and respond to proposed legislation)	
<b>Teaching students</b>	
<b>Research</b>	
<b>Administration of other programs</b>	
<b>Other</b> (please describe):	
<b>TOTAL</b>	<b>100%</b>

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

	Director, Postlicensure
LVN	<input type="checkbox"/>
CAN	<input type="checkbox"/>
HHA	<input type="checkbox"/>
EMT	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>
Technician (i.e., psychiatric, radiologic, etc.)	<input type="checkbox"/>
Health sciences	<input type="checkbox"/>
Health professions	<input type="checkbox"/>
RN Pre-Licensure programs	<input type="checkbox"/>
Other graduate programs	<input type="checkbox"/>
Other:	<input type="checkbox"/>
<i>(Please describe)</i>	

7. How many postlicensure [assistant directors](#) do you have? (if total =0, skip to question 8.)

	#
Post-licensure only assistant directors	

a) Between 8/1/20 and 7/31/21, what was the average number of weekly hours each **postlicensure assistant director** was allotted and the average number of weekly hours they actually spent administering the registered nursing education programs? **Do not** include time spent on other health-related programs.

	Average weekly hours allotted	Average weekly hours actually spent
<b>Postlicensure-only assistant directors</b>		
Postlicensure-only assistant director 1		
Postlicensure-only assistant director 2		
Postlicensure-only assistant director 3		
Average for the remaining Postlicensure-only assistant directors		

Comments: \_\_\_\_\_

\_\_\_\_\_

- b) For all postlicensure [assistant directors](#) combined, please report the average percent of work time spent on each of the following activities during the 2020-2021 academic year. All categories should total 100%.

	Assistant directors, Postlicensure-only
<b>Manage nursing program compliance</b> (i.e., regulation, accreditation, legal, prepare required reports)	
<b>Manage student enrollment</b> (i.e., student recruitment, evaluation of non-generic students, student success strategies, and clinical rotation schedules)	
<b>Manage curriculum</b> (i.e., pre-requisite validation & alignment with other schools/programs, curriculum development, ADN to BSN/MSN collaboratives)	
<b>Manage information technology</b> (i.e., integration into curriculum & clinical practice, nursing website, policies related to distance education)	
<b>Manage college facilities</b> (i.e., classrooms, space for skills and simulation lab, office space)	
<b>Manage human resources</b> (i.e., recruit and hire faculty and staff)	
<b>Manage clinical resources</b> (i.e., secure clinical sites; participate in regional planning of clinical placements)	
<b>Manage fiscal resources</b> (i.e., develop & monitor budget)	
Seeking, managing, and obtaining <b>grant funding/fundraising</b>	
<b>Facilitate staff development</b> (i.e., coach, train, mentor, supervise and evaluate faculty and staff)	
<b>Facilitate student needs and activities</b> (i.e., advise students, refer students to services, provide reasonable accommodations, administer discipline process, facilitate employment opportunities, and administer scholarships)	
<b>Collaborate with college/district</b> (i.e., advocate for nursing dept. needs, follow campus policies & procedures, participate in college meetings/events)	
<b>Promote community awareness and public relations</b> (i.e., represent nursing school at various events, participate in marketing and outreach activities, monitor and respond to proposed legislation)	
<b>Teaching students</b>	
<b>Research</b>	
<b>Administration of other programs</b>	
<b>Other</b> (please describe below):	
<b>TOTAL</b>	<b>100%</b>

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

	# of staff
Post-licensure–only clerical support staff	

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

	Total # of clerical support hours per week
Postlicensure–only clerical support staff	Hrs./wk.

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

	More than adequate	Adequate	Less than adequate	Not at all adequate
Postlicensure Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	# of clinical placement coordination staff
Postlicensure–only clinical placement coordination staff	



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

	Total # of clinical placement coordination hours per week
Post-licensure—Only clinical placement coordination staff	Hrs./wk.

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

	More than adequate	Adequate	Less than adequate	Not at all adequate
Postlicensure Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

- RN to BSN                       *Not applicable (no post-licensure programs)*
- MSN
- Research-based PhD
- DNP
- None

## POSTLICENSURE FACULTY INFORMATION

### POSTLICENSURE FACULTY DEMOGRAPHICS

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

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

12. How many of your pre-licensure active faculty also teach post-licensure students?

\_\_\_\_\_

13. Does your nursing school use any active faculty that **teach post-licensure students only** (no pre-licensure students)?

Yes  No

14. On **October 15, 2021**, how many **full-time** active faculty did you have? (Report the number of individuals, not FTES).

Number of full-time active faculty that teach **ONLY post-licensure** students \_\_\_\_\_

b) Of these **full-time active** postlicensure [faculty](#), how many were:

	<i>Full-time active faculty that teach <b>ONLY post-licensure</b> students</i>
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

15. On **October 15, 2021**, how many **part-time** active postlicensure faculty did you have? (*Report the number of individuals, not FTES*).

Number of part-time active faculty that teach **ONLY post-licensure** students \_\_\_\_\_

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

	<i>Part-time active faculty that teach <b>ONLY post-licensure</b> students</i>
a.i) Budgeted positions?	
a.ii) Funded 100% by external funding (i.e., grants, donors) to teach?	
a.ii) Funded by a combination of the above?	

16. Please provide the following [census data](#) for your active postlicensure faculty on **October 15, 2021** (combine full-time and [part-time](#) faculty).

	<i>Faculty that teach ONLY post-licensure students</i>
<b>ETHNICITY</b>	
Black/African-American	
American Indian or Alaska Native	
South Asian (e.g., Indian, Pakistani, etc.)	
Filipino	
Native Hawaiian	
Other Asian	
Other Pacific Islander	
White/Caucasian	
Hispanic/Latino	
Mixed race	
Other race	
Unknown race and ethnicity	
<b>GENDER</b>	
Male	
Female	
Other gender	
Unknown gender	
<b>AGE</b>	
30 or younger	
31-40 years	
41-50 years	
51-55 years	
56-60 years	
61-65 years	
66-70 years	
71 years and older	
Unknown age	

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

Yes  No (If no, skip to question 18.)

a) If yes, what are the reasons for this shift? Please rank the following in order of importance from 1-10 with one being the most important and 10 the least.

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

18. Will your externally funded positions continue to be funded for the 2020-2021 academic year?

Yes  No  Don't know  Not applicable

19. If you do not receive funding for faculty from outside sources, how many students would you be able to enroll next year (2020-2021)?

\_\_\_\_\_post-licensure students

20. Please provide a breakdown of all [active](#) postlicensure [faculty](#) by highest degree held on **October 15, 2021**.

<p><b>a) <a href="#">Full-time active faculty</a></b>  <i>The total for this question should equal the total number of faculty reported in question 14</i></p>	<p><i># of faculty that teach <b>ONLY post-licensure</b> students</i></p>
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master’s Degree in Nursing (i.e., MSN)	
Non-nursing Master’s Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
<p><b>b) <a href="#">Total full-time active faculty</a></b></p>	
<p><b>c) <a href="#">Part-time active faculty</a></b>  <i>The total for this question should equal the total number of faculty reported in question 15.</i></p>	<p><i># of faculty that teach <b>ONLY post-licensure</b> students</i></p>
Associate Degree in Nursing/Nursing Diploma (i.e., ADN)	
Baccalaureate Degree in Nursing (i.e., BSN)	
Non-nursing Baccalaureate Degree	
Master’s Degree in Nursing (i.e., MSN)	
Non-nursing Master’s Degree	
PhD in Nursing	
Doctorate of Nursing Practice (DNP)	
Other Doctorate in Nursing	
Non-nursing doctorate	
Unknown degree	
<p><b>Total part-time active faculty</b></p>	

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

Number of faculty	
-------------------	--

22. For all of the **active postlicensure faculty** you reported (both full- and part-time), how many teach only clinical courses, only didactic courses or a combination of both? *The total for this question should equal the total number of faculty reported in question 14 plus the number reported in question 15.)*

	# of faculty that teach <b>ONLY post-licensure</b> students
<u>Only</u> clinical courses	
<u>Only</u> didactic courses	
<u>Combination</u> of both clinical and didactic courses	
<b>Total number of faculty</b>	

**Part-time Faculty**

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

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

**Full-time Faculty**

24. Between **August 1, 2020 and July 31, 2021**, were any **full-time active** postlicensure **faculty** working an overloaded schedule?

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

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

Yes  No

**FACULTY ATTRITION AND VACANCIES**

25. How many of your **active** postlicensure **faculty** (**part-time** and **full-time**) retired or left the program this year (**2020-2021**)? (If "0", please skip to question 26.)

	<i>Faculty that teach <b>ONLY post-licensure students</b></i>
<a href="#">full-time faculty</a>	
<a href="#">part-time faculty</a>	
<b>Total number of faculty</b>	

a) Why did **full-time active** postlicensure **faculty** leave the program? (Check all that apply.)

- Retirement
- Career advancement
- Salary/benefits
- Relocation of spouse or other family obligation
- Return to clinical practice
- Termination, requested resignation, contract not renewed
- Resigned for unknown reasons
- Layoffs (for budgetary reasons)
- Workload
- Personal health issues/death
- Workplace climate
- Concern about exposure to COVID-19
- Unwillingness to convert to virtual instruction
- Child care challenges due to childcare/school closures
- Other: \_\_\_\_\_
- NOT APPLICABLE



26. How many of your active full-time postlicensure faculty went from full-time to part-time during this program year (8/1/2020-7/31/2021)? (If "0", please skip to question 27.)

	<i>Faculty that teach <b>ONLY post-licensure</b> students</i>
# of full-time faculty moving to part-time	

a) Why did full-time active postlicensure faculty move to part-time active faculty during this program year (8/1/2020-7/31/2021)? (Check all that apply.)

- Child care challenges due to childcare/school closures
- Other family obligations
- Return to clinical practice
- Personal health issues
- Workplace climate
- Preparing for retirement
- Requested by program due to budgetary reason
- Workload
- Other: \_\_\_\_\_

27. How many of your active postlicensure faculty are you expecting to retire or leave next year (2021-2022)?

<i>Faculty retiring or leaving next year</i>	<i>Faculty that teach <b>ONLY post-licensure</b> students</i>
<u>Full-time</u> active faculty	
<u>Part-time</u> active faculty	

28. On 10/15/2021, how many positions for active postlicensure faculty were you seeking to fill? (Report the number of individuals, not FTEs.)

	<i>Faculty that teach <b>ONLY post-licensure</b> students</i>
<u>Full-time</u> active faculty vacancies	
<u>Part-time</u> active faculty vacancies	

**FACULTY HIRING**

29. Did you hire any active postlicensure faculty between **8/1/20 and 7/31/21**?

Yes  No (If no, skip to question 30.)

	<i>Faculty that teach ONLY post-licensure students</i>
a) How many active postlicensure faculty did you hire between <b>8/1/20 and 7/31/21</b> ?	
b) Of the <u>active postlicensure faculty</u> hired between <b>8/1/20 and 7/31/21</b> , how many were hired to teach:	
<u>Full-time</u> ?	
<u>Part-time</u> ?	
c) How many had less than one year of teaching experience before they began teaching at your school?	

d) Which of the following are characteristics of the active postlicensure faculty you hired between **8/1/20 and 7/31/21**? (Check all that apply.)

	<i>Faculty that teach ONLY post-licensure students</i>
In the last two years, completed a graduate degree program (i.e., MSN, MA, PhD, DNP)	<input type="checkbox"/>
Experience teaching as a nurse educator in a clinical setting	<input type="checkbox"/>
Experience student teaching while in graduate school	<input type="checkbox"/>
Experience teaching at another nursing school	<input type="checkbox"/>
Experience teaching in a setting outside of nursing	<input type="checkbox"/>
No teaching experience	<input type="checkbox"/>
Other:	<input type="checkbox"/>

*Please describe:*

e) Why did you hire the active postlicensure faculty between 8/1/20 and 7/31/21? (Check all that apply.)

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

30. Did your nursing school have a hiring freeze for active faculty during the 2020-2021 academic year?

Yes  No (If no, skip to question 31.)

a) Did a hiring freeze prevent you from hiring all needed postlicensure faculty during the 2020-2021 academic year?

Yes  No

#### FACULTY RECRUITMENT AND COMPENSATION

31. What strategies are you using to recruit diverse faculty?

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

32. For which clinical specialty areas did you have difficulty recruiting new active postlicensure faculty in 2020-2021? (Check all that apply.)

- Medical/surgical
- Obstetrics
- Pediatrics
- Psych/Mental Health
- Geriatrics
- Critical Care
- Community Health
- Other: \_\_\_\_\_
- None

33. Which of the following factors serve as barriers to **recruiting active** postlicensure **faculty** to your program?

(Check all that apply.)

- Non-competitive salaries
- Overall shortage of RNs
- Insufficient number of faculty applicants with required credential
- Private, state university or community college laws, rules or policies:
- BRN rules and regulations
- Workload (i.e., not wanting to assume faculty responsibilities)
- Concern about exposure to COVID-19
- Lack of child care availability / school closures
- Unwillingness of potential faculty to teach virtually
- Other: \_\_\_\_\_
- No barriers to recruiting faculty

34. How many **new active** postlicensure **faculty** (**full-time** and **part-time**) do you anticipate being budgeted over the next year (2021-2022)?

New <b>full-time active</b> postlicensure <b>faculty</b>	
New <b>part-time active</b> postlicensure <b>faculty</b>	

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

*Faculty that teach **ONLY post-licensure** students*

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

## RN TO BSN PROGRAM SURVEY

This section of the survey pertains to all students in your **RN to BSN Program**, including accelerated, part-time and full-time RN to BSN students. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

Please answer all questions for the period between **August 1, 2020 and July 31, 2021** unless otherwise specified. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

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

### PROGRAM DETAILS

1. Please indicate the characteristics of your RN to BSN program. *(Check all that apply.)*

- RN to BSN program only (no pre-licensure students)
- RNs are admitted into spaces with pre-licensure students
- RNs are admitted to a specific RN-to-BSN track in the Generic BSN program
- Other: \_\_\_\_\_

2. What types of delivery format(s) does your RN to BSN program offer? *(Check all that apply.)*

- 100% In-Person
- 100% Online
- Hybrid Online/In-Person
- Full-time Program
- Part-time Program
- Weekend Program
- Other: \_\_\_\_\_

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

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

- ACEN (Accreditation Commission for Education in Nursing)
- CCNE (Commission on Collegiate Nursing Education)
- CNEA (Commission for Nursing Education Accreditation)
- Other: \_\_\_\_\_
- None

4. Please indicate approaches used by your program to increase RN access to the program.  
(Check all that apply.)

- Classes provided onsite in work settings
- Use of teleconferencing, online and other Distance Education modes
- Flexibility in course scheduling (block schedules, evening or weekend courses)
- Partial funding of classes by work setting
- Other: \_\_\_\_\_  
\_\_\_\_\_

5. Please indicate the mechanism(s) used to award credit for prior education and experience, or to achieve seamless articulation from ADN to BSN. (Check all that apply.)

- Programs in partnership with ADN programs or similar collaborative agreements
- Direct articulation of ADN coursework
- Use of portfolios to document competencies
- Use of escrow credit (credit granted for lower division work following successful completion of specific upper division courses)
- Use of tests (such as NLN achievement tests or challenge exams to award credit)
- Specific program advisor
- Other: \_\_\_\_\_  
\_\_\_\_\_

**APPLICATIONS & ADMISSIONS**

6. How many admission spaces for the first RN to BSN course were **available** between **8/1/20** and **7/31/21**?

\_\_\_\_\_ Admission spaces

7. How many total applications were received for the first RN to BSN course **8/1/20 to 7/31/21**? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the numbers of admitted students for the first nursing course.)

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

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

- None
- Minimum/Cumulative GPA
- Minimum grade level in prerequisite courses
- Geographic location
- Completion of prerequisite courses
- Recent completion of prerequisite courses
- Repetition of prerequisite science courses
- Pre-enrollment assessment test
- Health-related work experience
- Personal statement
- Other 1: \_\_\_\_\_

**ENROLLMENTS & COMPLETIONS**

Please answer the following questions concerning student enrollment and [completion](#) as they pertain to different student tracks, programs and demographics.

These questions pertain solely to those students who enrolled in and those who *completed* the RN to BSN program between **August 1, 2020 and July 31, 2021** unless otherwise noted.

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

9. Please provide the total number of **new** student enrollments in your RN to BSN program between **8/1/20 and 7/31/21**. Include **all** students new to the program. Do **not** count readmitted students.

Please provide the total number of **all** students who completed the nursing program between **8/1/20 and 7/31/21**.

	# of RNs Newly Enrolled	# of RN Completions
Specific Post-Licensure BSN (RN to BSN) program <u>and</u> began taking BSN courses while enrolled in an ADN program (e.g., California Collaborative Model for Nursing Education)		
Post-Licensure BSN (RN to BSN) program		
TOTAL number of students		



10. Please provide a breakdown of all **new** student enrollments in your RN to BSN program between **8/1/20 and 7/31/21** by ethnicity, gender and age. Include all students new to the program. Do **not** include readmitted students.

Please provide the ethnicity, gender and age for **all** students who completed the RN to BSN program between **8/1/20 and 7/31/21**.

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

<b>ETHNICITY</b>	<b>Enrollments</b>	<b>Completions</b>
Black/African-American		
American Indian or Alaska Native		
South Asian (e.g., Indian, Pakistani, etc.)		
Filipino		
Native Hawaiian		
Other Asian		
Other Pacific Islander		
White/Caucasian		
Hispanic/Latino		
Mixed race		
Other race		
Unknown race and ethnicity		
<b>GENDER</b>	<b>Enrollments</b>	<b>Completions</b>
Male		
Female		
Other gender		
Unknown gender		
<b>AGE</b>	<b>Enrollments</b>	<b>Completions</b>
17-20 years		
21-25 years		
26-30 years		
31-40 years		
41-50 years		

51-60 years		
61 years and older		
Unknown age		

11. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

Yes  No  Not Applicable (If no, skip to question 12.)

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

secure clinical placements for all students

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

## MASTER'S DEGREE PROGRAM SURVEY

This section of the survey pertains to all students in your **Master's degree programs**. Include students in a post-graduate certificate program. Do not include students in ELM programs who should be reported in the pre-licensure survey section. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

Please answer all questions for the period from **August 1, 2020 to July 31, 2021** unless otherwise specified. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

### PROGRAM DETAILS

1. Which of the following master's degree programs does your school offer? *(Check all that apply.)*

- Diploma-RN to MSN
- ADN to MSN
- BSN to MSN
- Other: \_\_\_\_\_

2. What types of delivery format(s) does your Master's program offer? *(Check all that apply.)*

- 100% In-Person
- 100% Online
- Hybrid Online/In-Person
- Full-time Program
- Part-time Program
- Weekend Program
- Other: \_\_\_\_\_

3. Which of the following nursing [program accreditations](#) does your post-licensure Master's degree program have? *(Check all that apply.) (Does not include BRN approval.)*

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

- ACEN (Accreditation Commission for Education in Nursing)
- CCNE (Commission on Collegiate Nursing Education)
- CNEA (Commission for Nursing Education Accreditation)
- Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
- Accreditation Commission for Midwifery Education (ACME)
- Other: \_\_\_\_\_
- None

4. Which of the following program tracks were offered by your nursing school between August 1, 2020 and July 31, 2021? (Check all that apply.)

- Clinical Nurse Specialist
- Nurse Practitioner
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Other tracks (describe): \_\_\_\_\_

**NURSE PRACTITIONERS**

If your school has a pre-APRN Nurse Practitioner Program (NP) Program, please answer the following questions. Otherwise, please skip to question 5. `

a) Which of the following NP track options were offered by your program between August 1, 2020 and July 31, 2021? (Check all that apply.)

- Individual/Family
- Adult/Gerontology (acute)
- Adult/Gerontology (primary)
- Pediatrics (acute)
- Pediatrics (primary)
- Neonatal
- Women’s Health/Gender Related
- Psychiatric-Mental Health
- Other: \_\_\_\_\_

b) Did your nursing program offer a dual NP track that combined more than one population foci [i.e., Adult/Gerontology (acute) and Psychiatric-Mental Health NP track] between August 1, 2020 and July 31, 2021?

Yes  No (If no, skip to question 4c)

i. How many dual NP tracks did your program offer between August 1, 2020 and July 31, 2021?

1  2  3  Other (How many?) \_\_\_\_\_

ii. Please report the names of each of your dual NP tracks.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

- c) Did your NP program offer any didactic courses online between August 1, 2020 and July 31, 2021?  
 Yes  No
- d) Did your NP program enroll any out-of-state online students between August 1, 2020 and July 31, 2021?  
 Yes  No
- e) Does your NP program prepare your graduates to take a national certification exam?  
 Yes  No
- i. If yes, which certification exam(s) do your graduates take? (*Check all that apply.*):
- American Association of Critical Care Nurses Certification Corporation (AACN)
  - American Academy of Nurse Practitioners Certification Program (AANP)
  - American Nurses Credentialing Center (ANCC)
  - The National Certification Corporation (NCC)
  - Pediatric Nursing Certification Board (PNCB)
  - Other: \_\_\_\_\_
- f) Does your NP program officially track the success rate of its graduates on the certification exam(s) for NPs?  
 Yes  No
- g) Did your nursing program offer a post-graduate NP certificate between August 1, 2020 and July 31, 2021?  
 Yes  No

**APPLICATIONS & ADMISSIONS**

Please answer the following questions concerning student admissions and enrollments as they pertain to different student tracks, programs and demographics. **Do not include students in ELM programs who should be reported in the pre-licensure survey section.**

These questions pertain solely to those students who applied to and *enrolled in* the Master’s degree program between **August 1, 2020 and July 31, 2021** unless otherwise noted. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

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

- 5. How many admission spaces for the first nursing course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ admission spaces

- 6. How many total applications were received for the first Master’s course from **8/1/20 to 7/31/21** in each of the following categories? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number of admitted students for the first nursing course.)

Of these applicants, how many were admitted and enrolled between **8/1/20 to 7/31/21**?

For enrollments, include all students new to the program. If a student is enrolled in more than one nursing program at your school (i.e. a dual track in CNS and NP), count that student in both of the programs listed. Do not count readmitted students or students in ELM programs who should be reported in the pre-licensure survey section.

**Admitted applicants** are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.

Track	# Applications	# Admitted	# Enrolled
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track(s)			

Please provide the names of the other tracks:

\_\_\_\_\_

- a) How many Master's students *enrolled* in more than one nursing specialty program (dual track) at your school between 8/1/20 and 7/31/21?

\_\_\_\_\_ students enrolled in a dual track

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

- None
- Minimum/Cumulative GPA
- Minimum grade level in prerequisite courses
- Geographic location
- Completion of prerequisite courses
- Recent completion of prerequisite courses
- Repetition of prerequisite science courses
- Pre-enrollment assessment test
- Health-related work experience
- Personal statement
- Other 1: \_\_\_\_\_
- Other 2: \_\_\_\_\_
- Other 3: \_\_\_\_\_

**ENROLLMENTS**

8. Provide the total number of students that enrolled in the Master's program between 8/1/20 and 7/31/21. Include all students that enrolled in the program. Count each student only once. Do not count readmitted students. Do not include students in ELM programs who should be reported in the pre-licensure survey section.

New enrollments \_\_\_\_\_

9. Please provide a breakdown of all **new** student enrollments in your Master’s program between **8/1/20 and 7/31/21** by ethnicity, gender and age. Include **all** students new to the program. Do **not** include readmitted students or students in ELM programs who should be reported in the pre-licensure survey section. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

If a student is enrolled in more than one nursing program at your school (i.e. a dual track in CNS and NP), count that student in both of the programs listed.

Enrollments	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
Black/African-American				
American Indian or Alaska Native				
South Asian (e.g., Indian, Pakistani, etc.)				
Filipino				
Native Hawaiian				
Other Asian				
Other Pacific Islander				
White/Caucasian				
Hispanic/Latino				
Mixed race				
Other race				
Unknown race				
Gender	NP	CNM	CRNA	OTHER
Male				
Female				
Other gender				
Unknown gender				
Age	NP	CNM	CRNA	OTHER
17-20 years				
21-25 years				
26-30 years				
31-40 years				
41-50 years				
51-60 years				
61 years and older				
Unknown age				



10. Did you enroll fewer students to your MSN program between 8/1/20 and 7/31/21 than the previous year?

Yes  No  Not Applicable (If no, skip to question 11.)

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

- Unable to secure clinical placements for all students
- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 due to the pandemic
- Decreased an admission cohort, due to the pandemic, that was scheduled to begin between 8/1/20 and 7/31/21(indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

**COMPLETIONS**

Please answer the following questions concerning student completions as they pertain to different student tracks, programs and demographics. **Do not include students in ELM programs should be reported in the pre-licensure survey section.**

These questions pertain solely to those students who completed the Master’s degree program between **August 1, 2020 and July 31, 2021** unless otherwise noted. If you collaborate with another institution to provide nursing education and your school is the degree-granting institution, please report data on the students for whom you grant a degree.

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

12. Please provide the total number of students that completed the MSN program between 8/1/20 and 7/31/21. Include all students that completed the program. Count each student only once. Do not include students in ELM programs who should be reported in the pre-licensure survey section.

Completions \_\_\_\_\_

13. For your Master’s program, please provide the total number of students that completed each of the following programs between **8/1/20 and 7/31/21**. If a student completed two nursing programs at your school (e.g., dual track in CNS and NP) in the specified period, count that student in both of the programs listed. *The sum of students in these categories may not equal the total reported in question 12.*

Track	# Completed
Clinical Nurse Specialist	
Nurse Practitioner	
Certified Nurse Midwife	
Certified Registered Nurse Anesthetist	
Other Track	

Please provide the names of the other tracks:

\_\_\_\_\_

a) How many Master’s students *completed* more than one nursing program (dual track) at your school between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Students that completed a dual track

14. Please provide the number of **students** that completed each of the following **Nurse Practitioner specialties** between **8/1/20 and 7/31/21**. Count each student only once.

*The total number of students you report here should equal the number of nurse practitioner students you reported in question 13.*

\_\_\_\_ Individual/Family

\_\_\_\_ Adult/Gerontology (acute)

\_\_\_\_ Adult/Gerontology (primary)

\_\_\_\_ Pediatrics (acute)

\_\_\_\_ Pediatrics (primary)

\_\_\_\_ Neonatal

\_\_\_\_ Women's Health/Gender Related

\_\_\_\_ Psychiatric/Mental Health

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ **Total Nurse Practitioner completions**

15. Please provide the ethnicity, gender and age for **all** students who completed the nursing program between **8/1/20 and 7/31/21**. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field. Do not include students in ELM programs should be reported in the pre-licensure survey section.

If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

Completions	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
<b>ETHNICITY</b>				
Black/African-American				
American Indian or Alaska Native				
South Asian (e.g., Indian, Pakistani, etc.)				
Filipino				
Native Hawaiian				
Other Asian				
Other Pacific Islander				
White/Caucasian				
Hispanic/Latino				
Mixed race				
Other race				
Unknown race				
<b>GENDER</b>	<b>NP</b>	<b>CNM</b>	<b>CRNA</b>	<b>OTHER</b>
Male				
Female				
Other gender				
Unknown gender				
<b>AGE</b>	<b>NP</b>	<b>CNM</b>	<b>CRNA</b>	<b>OTHER</b>
17-20 years				
21-25 years				
26-30 years				
31-40 years				
41-50 years				
51-60 years				
61 years and older				
Unknown age				

16. Was there a delay in the progression of APRN students due to lack of clinical preceptor placements?

- Yes    No

## DNP PROGRAM SURVEY

This section of the survey pertains to students in your **Doctor of Nursing Practice (DNP) Program**.

Please answer all questions for the period from **August 1, 2020 to July 31, 2021** unless otherwise specified. If your program admits students more than once per year, combine all student cohorts admitted during the time period specified.

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

### PROGRAM DETAILS

1. Which of the following DNP programs does your school offer? *(Check all that apply.)*

- Diploma-RN to DNP
- ADN to DNP
- BSN to DNP
- MSN to DNP
- Other: \_\_\_\_\_

2. What types of delivery format(s) does your DNP program offer? *(Check all that apply.)*

#### Entry-level DNP

- 100% In-Person
- 100% Online
- Hybrid Online/In-Person
- Full-time Program
- Part-time Program
- Weekend Program
- Other: \_\_\_\_\_

#### Post-Master's level DNP

- 100% In-Person
- 100% Online
- Hybrid Online/In-Person
- Full-time Program
- Part-time Program
- Weekend Program
- Other: \_\_\_\_\_

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

**Program Accreditation:** Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association. (Does not include BRN approval.)

- ACEN (Accreditation Commission for Education in Nursing)
- CCNE (Commission on Collegiate Nursing Education)
- CNEA (Commission for Nursing Education Accreditation)
- Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
- Accreditation Commission for Midwifery Education (ACME)
- Other: \_\_\_\_\_
- None

4. Which of the following tracks were offered by your DNP program between August 1, 2020 and July 31, 2021? (Check all that apply.)

	Entry-Level DNP	Post-Master's DNP
Clinical Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwife	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetist	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**NURSE PRACTITIONERS**

a) Does your post-master's NP/DNP program require your applicants to the program to be nationally certified as NPs?  
 Yes  No  Not applicable

**Pre-APRN Nurse Practitioners**

If you do not have a Pre-APRN DNP program, please skip to question 5.

b) Which of the following NP track options were offered by your entry-level DNP program between August 1, 2020 and July 31, 2021? (Check all that apply.):

- Individual/Family
- Adult/Gerontology (acute)
- Adult/Gerontology (primary)
- Pediatrics (acute)
- Pediatrics (primary)
- Neonatal
- Women's Health/Gender Related
- Psychiatric-Mental Health
- Other: \_\_\_\_\_

c) Did your program offer a dual NP/DNP track that combined more than one population foci [i.e., Adult/Gerontology (acute) and Psychiatric-Mental Health NP track] between August 1, 2020 and July 31, 2021?

Yes  No (If no, skip to question 4.c)

i. How many dual NP/DNP tracks did your program offer between August 1, 2020 and July 31, 2021?

1  2  3  Other (how many?) \_\_\_\_\_

- ii. Please report the names of each of your dual NP tracks.
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) Did your NP/DNP program offer any didactic courses online between August 1, 2020 and July 31, 2021?  
 Yes  No
- e) Did your NP/DNP program enroll any out-of-state online students between August 1, 2020 and July 31, 2021?  
 Yes  No
- f) Does your entry-to-practice NP/DNP program prepare your graduates to take a national certification exam?  
 Yes  No  Not applicable *(If no, skip to question 4f)*
- i. If yes, which certification exam(s) do your graduates take? *(Check all that apply.)*
- American Association of Critical Care Nurses Certification Corporation (AACN)
  - American Academy of Nurse Practitioners Certification Program (AANP)
  - American Nurses Credentialing Center (ANCC)
  - The National Certification Corporation (NCC)
  - Pediatric Nursing Certification Board (PNCB)
  - Other: \_\_\_\_\_
- g) Does your entry-to-practice NP program officially track the success rate of its graduates on the certification exam(s) for NPs?  
 Yes  No  Not applicable
- h) Did your nursing program offer a post-graduate NP certificate between August 1, 2020 July 31, 2021?  
 Yes  No

### APPLICATIONS & ADMISSIONS

5. How many admission spaces for the first DNP course were **available** between **8/1/20 to 7/31/21**?

\_\_\_\_\_ DNP admission spaces

6. How many **total** applications were received for the first **DNP** course from **8/1/20 to 7/31/21** in each of the following categories? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number of admitted students for the first nursing course.)

Of these DNP applicants, how many were admitted and enrolled between **8/1/20 to 7/31/21**? *Admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.*

For **enrollments**, include all students new to the program. If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed. Do not count readmitted students.

**Admitted applicants** are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period

<b>Entry-Level DNP Program</b>	<b># Applications</b>	<b># Admitted</b>	<b># Enrolled</b>
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track			
<b>Post-Master’s Level DNP Program</b>	<b># Applications</b>	<b># Admitted</b>	<b># Enrolled</b>
Clinical Nurse Specialist			
Nurse Practitioner			
Certified Nurse Midwife			
Certified Registered Nurse Anesthetist			
Other Track			

Please provide the names of the other entry-level DNP tracks:

\_\_\_\_\_

Please provide the names of the other Post-Master’s level DNP tracks:

\_\_\_\_\_

- a) How many students *enrolled* in more than one nursing specialty program (dual track) at your school between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Entry-level DNP students enrolled in a dual track

\_\_\_\_\_ Post-master’s level DNP students enrolled in a dual track



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

- None
- Minimum/Cumulative GPA
- Minimum grade level in selected courses
- Geographic location
- Completion of selected courses
- Repetition of selected courses
- Interviews
- Goal statement/Personal statement
- Standardized test, such as the GRE
- Health-related work experience
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**ENROLLMENTS**

8. How many **new** students enrolled in your DNP program between 8/1/20 and 7/31/21? Include **all** students new to the program. Count each student only once. Do **not** count readmitted students.

New enrollments \_\_\_\_\_

9. Please provide a breakdown of **all new entry-level student** enrollments in your DNP program between 8/1/20 and 7/31/21 by ethnicity, gender and age. Include **all** students new to the program. Do **not** count readmitted students. If a student is enrolled in more than one nursing program at your school (i.e., a dual track in CNS and NP), count that student in both of the programs listed. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

If a student is enrolled in more than one nursing program at your school (i.e. a dual track in CNM and NP), count that student in both of the programs listed.

DOC4_2017	Prelicensure Nurse Practitioner (NP)	Prelicensure Certified Nurse Midwife (CNM)	Prelicensure Certified Registered Nurse Anesthetist (CRNA)	Other Track (post or prelicensure)
ETHNICITY	NP	CNM	CRNA	Other Track
Total number of new students:				
Black/African-American				
American Indian or Alaska Native				
South Asian (e.g., Indian, Pakistani, etc.)				
Filipino				
Native Hawaiian				
Other Asian				
Other Pacific Islander				

White/Caucasian				
Hispanic/Latino				
Mixed race				
Other race				
Unknown race				
<b>GENDER</b>	<b>NP</b>	<b>CNM</b>	<b>CRNA</b>	<b>Other Track</b>
Male				
Female				
Other gender				
Unknown gender				
<b>AGE</b>	<b>NP</b>	<b>CNM</b>	<b>CRNA</b>	<b>Other Track</b>
17-20 years				
21-25 years				
26-30 years				
31-40 years				
41-50 years				
51-60 years				
61 years and older				
Unknown age				

10. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

Yes  No  Not Applicable (If no, skip to question 11.)

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

- Unable to secure clinical placements for all students
- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing**
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

**COMPLETIONS**

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

These questions pertain solely to those students who *completed* the DNP program **between August 1, 2020 and July 31, 2021** unless otherwise noted.

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

- 12. Please provide the total number of all students who completed the DNP program between 8/1/20 and 7/31/21. Count each student only once.

Completions \_\_\_\_\_

- 13. Please provide the total number of entry-level and post-Master’s level DNP students that completed each of the following programs between **8/1/20 and 7/31/21**. If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed.

	<b>Entry-Level DNP Program</b>	<b>Post-Master’s Level DNP Program</b>
<b>Clinical Nurse Specialist</b>		
<b>Nurse Practitioner</b>		
<b>Certified Nurse Midwife</b>		
<b>Certified Registered Nurse Anesthetist</b>		
Other Track		

Please provide the names of the other tracks:

\_\_\_\_\_

- a) How many DNP students *completed* more than one nursing program (dual track) at your school between **8/1/20 and 7/31/21**?

\_\_\_\_\_ Entry-Level DNP students that completed a dual track  
 \_\_\_\_\_ Post-Master’s Level students that completed a dual track

14. Please provide the number of **students** that completed each of the following **Nurse Practitioner specialties** in your NP/DNP program between **8/1/20 and 7/31/21**. Count each student only once.

*The total number of students you report here should equal the number of nurse practitioner students you reported in the question 13.*

\_\_\_\_ Individual/Family

\_\_\_\_ Adult/Gerontology (acute)

\_\_\_\_ Adult/Gerontology (primary)

\_\_\_\_ Pediatrics (acute)

\_\_\_\_ Pediatrics (primary)

\_\_\_\_ Neonatal

\_\_\_\_ Women's Health/Gender Related

\_\_\_\_ Psychiatric/Mental Health

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Total nurse practitioner completions

15. Please provide the ethnicity, gender and age for **all entry-level** students who completed the DNP program between **8/1/20 and 7/31/21**. If a student completed two nursing programs at your school (i.e., dual track in CNS and NP) in the specified period, count that student in both of the programs listed. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

DOC14_2017 ENTRY-LEVEL DNP STUDENTS	Prelicensure Nurse Practitioner (NP)	Prelicensure Certified Nurse Midwife (CNM)	Prelicensure Certified Registered Nurse Anesthetist (CRNA)	Other Track (post or prelicensure)
ETHNICITY	NP	CNM	CRNA	Other Track
Black/African-American				
American Indian or Alaska Native				
South Asian (e.g., Indian, Pakistani, etc.)				
Filipino				
Native Hawaiian				
Other Asian				
Other Pacific Islander				
White/Caucasian				
Hispanic/Latino				
Mixed race				
Other race				
Unknown race				
GENDER	NP	CNM	CRNA	Other Track
Male				
Female				
Other gender				
Unknown gender				
AGE	NP	CNM	CRNA	Other Track
17-20 years				
21-25 years				
26-30 years				
31-40 years				
41-50 years				
51-60 years				
61 years and older				
Unknown age				

## RESEARCH-BASED DOCTORAL PROGRAM SURVEY

This section of the survey pertains to students in your **Research-based Doctoral Program (PhD, DNS, etc.)**

Please answer all questions for the period from **August 1, 2020 to July 31, 2021** unless otherwise specified. If your program admits students more than once per year, combine all student [cohorts](#) admitted during the time period specified.

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

### PROGRAM DETAILS

1. **What types of delivery format(s) does your PhD program offer?** (Check all that apply.)

- 100% In-Person
- 100% Online
- Hybrid Online/In-Person
- Full-time Program
- Part-time Program
- Weekend Program
- Other: \_\_\_\_\_ )

2. **Which of the following nursing [program accreditations](#) does your research-based doctoral degree program have?** (Check all that apply.) (Does not include BRN approval.)

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

- ACEN (Accreditation Commission for Education in Nursing)
- CCNE (Commission on Collegiate Nursing Education)
- CNEA (Commission for Nursing Education Accreditation)
- Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
- Accreditation Commission for Midwifery Education (ACME)
- Other: \_\_\_\_\_
- None

**APPLICATIONS & ADMISSIONS**

3. How many admission spaces for the first doctoral course were **available** between **8/1/20 and 7/31/21**?

\_\_\_\_\_ admission spaces

4. How many <u>total</u> applications were received for the first <b>research-based</b> doctoral course from <b>8/1/20 and 7/31/21</b> ? (If your school admits all qualified applicants and guarantees them a place in the nursing program, please report the total number of general applicants to the school (rather than just the nursing program) and then report the number admitted students for the first nursing course.)	
	<b>Students</b>
a) Total number of PhD applications:	
<b>Of these applications, how many were:</b>	
b) Admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	

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

- None
- Minimum/Cumulative GPA
- Minimum grade level in selected courses
- Geographic location
- Completion of selected courses
- Repetition of selected courses
- Interviews
- Goal statement/Personal statement
- Standardized test, such as the GRE
- Health-related work experience
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**ENROLLMENTS & COMPLETIONS**

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

These questions pertain solely to those students who completed the doctoral program between August 1, 2020 and July 31, 2021 unless otherwise noted.

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

- 6. Please provide a breakdown of **all** new student enrollments in your research-based doctoral program between **8/1/20 and 7/31/21** by ethnicity, gender and age. Include all students new to the program. **Do not include readmitted students**. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field.

Please provide the ethnicity, gender and age for **all** students who completed the research-based doctoral program between **8/1/20 and 7/31/21**. If you do not know the ethnic, gender or age distribution of your students, enter the appropriate number of students into the unknown field. Count each student only once.

	PhD4_2020 PhD Enrollments	PhD13_2020 PhD Completions
Total students:		
<b>ETHNICITY</b>	<b>PhD Enrollments</b>	<b>PhD Completions</b>
Black/African-American		
American Indian or Alaska Native		
South Asian (e.g., Indian, Pakistani, etc.)		
Filipino		
Native Hawaiian		
Other Asian		
Other Pacific Islander		
White/Caucasian		
Hispanic/Latino		
Mixed race		
Other race		
Unknown race		
<b>GENDER</b>	<b>PhD Enrollments</b>	<b>PhD Completions</b>
Male		



Female		
Other gender		
Unknown gender		
<b>AGE</b>	<b>PhD Enrollments</b>	<b>PhD Completions</b>
17-20 years		
21-25 years		
26-30 years		
31-40 years		
41-50 years		
51-60 years		
61 years and older		
Unknown age		

7. Did you enroll fewer students to your program between 8/1/20 and 7/31/21 than the previous year?

Yes  No  Not Applicable (If no, skip to question 8.)

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

- College/university requirement to reduce enrollment
- To reduce costs
- Lost funding
- Accepted students did not enroll
- Insufficient faculty
- Skipped a cohort that was due to begin between 8/1/20 and 7/31/21 because to the pandemic
- Decreased an admission cohort that was scheduled to begin between 8/1/20 and 7/31/21 because of the pandemic (indicate % decreased: \_\_\_\_\_)
- Concerns about safety of students in clinical rotations
- Concerns about safety of faculty in clinical rotations
- Challenges converting courses from in-person to online modalities
- Challenges converting clinicals to virtual simulation
- Challenges converting clinicals to in-person simulation
- Need to reduce in-person class sizes to accommodate social distancing
- Other (describe): \_\_\_\_\_

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

a) 2021-2022: \_\_\_\_\_

b) 2022-2023: \_\_\_\_\_

## SURVEY PROCESS QUESTIONNAIRE

The following questions pertain to your experience completing the **2020-2021** Consolidated Registered Nursing Education Survey. In order for us to best serve your program and the entire California nursing community, please take a moment to rate your level of agreement with each of the following statements as well as to offer suggestions for survey improvement. Thank you.

**DIRECTIONS**

Please indicate your level of agreement or disagreement with the survey items.

QUESTIONS					
1.	This survey's questions and instructions were clear and straightforward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	This survey's multiple-choice answers sufficiently reflected the answers I wanted to provide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I experienced few technical difficulties responding to this survey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	The information requested by this survey was available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	The information requested by this survey was easily obtainable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	The information requested by the survey will be valuable to program administrators like myself and other nursing education stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Much better than before	Better than before	Same as before	Worse than before	Much worse than before
7.	If you have participated in the school survey before, how would you characterize your experience with the survey this year in comparison to previous years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	How could the consolidated survey be changed or improved upon?					
9.	What information did you find most difficult to obtain?					
10.	How could obtaining the information requested by the survey be made easier for your program?					
11.	Please provide any additional feedback about the survey here.					

## DEFINITION LIST

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

	Phrase	Definition
	<b>Accelerated Track</b>	An accelerated track's curriculum extends over a <b>shorter time-period than a traditional program</b> . The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.
	<b>Active Faculty</b>	Faculty who teach students and have a teaching assignment during the period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.
	<b>Adjunct Faculty</b>	A faculty member that is employed to teach a course in a part-time and/or temporary capacity.
	<b>Advanced Placement Students</b>	Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but do not include students who transferred or were readmitted.
	<b>Assembly Bill 548 Multicriteria</b>	Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.
	<b>Assistant Director</b>	A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.
	<b>Attrition Rate</b>	The total number of generic and/or accelerated students who withdrew or were dismissed from the program and who were scheduled to complete the program between <b>August 1, 2020 and July 31, 2021</b> , divided by the total number of generic and/or accelerated students who were scheduled to complete during the same period.
	<b>Census Data</b>	Number of students enrolled or faculty present on <b>October 15, 2021</b> .
	<b>Clinical Observation</b>	Students Observing a healthcare professional provide care to patients or clients in a clinical or other setting.

<b>Clinical Placement</b>	A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.
<b>Clinical Practice with Real Patients</b>	Any clinical experience or training that occurs in a clinical setting and serves real patients, including managing the care, treatments, counseling, self-care, patient education, charting and administration of medication. Include non-direct patient care activities such as working with other health care team members to organize care or determine a course of action as long as it occurs in the clinical setting to guide the care of real patients.
<b>Clinical Simulation</b>	Provides a simulated nursing care scenario that allows students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process. Simulation can include experiences with standardized patients, manikins, role-playing, computer simulation, or other activities.
<b>Cohort</b>	A cohort is a learning group of first-time students who enroll in, progress together and complete a predetermined series of courses that eventually lead to a degree.
<b>Collaborative / Shared Education</b>	A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.
<b>Completion Rate</b>	The total number of generic and/or accelerated students who completed the program on schedule between <b>August 1, 2020 and July 31, 2021</b> divided by the total number of generic and/or accelerated students enrolled who were scheduled to complete during the same period.
<b>Contract Education</b>	A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.
<b>Distance Education</b>	Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).
<b>Donor Partners</b>	Hospitals or other entities that fund student spaces within your nursing program, including contract education arrangements.
<b>Entry-level Master's (ELM)</b>	A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

<b>Evening Program</b>	A program that offers all program activities in the evening i.e., lectures, etc. This does not include a traditional program that offers evening clinical rotations.
<b>Full-time Faculty</b>	Faculty that work 1.0 FTE, as defined by the school.
<b>Generic Pre-licensure Students</b>	Students who begin their first course (or semester/quarter) of approved nursing program curriculum (not including prerequisites).
<b>Hi-Fidelity Manikin</b>	A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.
<b>Home campus</b>	The campus where your school's administration is based.
<b>Hybrid program</b>	Combination of distance education and face-to-face courses.
<b>Inpatient</b>	Patient admitted to a facility (e.g., acute hospital, long-term care, etc.)
<b>Institutional Accreditation</b>	Accreditation of the institution by an agency recognized by the United States Secretary of Education (as required by the BRN) to assure the public that the educational institution meets clearly defined objectives appropriate to education.
<b>LVN 30 Unit Option Students</b>	LVNs enrolled in the curriculum for the 30-unit option.
<b>LVN to BSN Program</b>	A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.
<b>Outpatient</b>	Patient in all other healthcare settings than those defined as "inpatient" (e.g., ambulatory surgery, urgent or primary care clinics, health fairs, schools, etc.).
<b>Part-time Faculty</b>	Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.
<b>Program Accreditation</b>	Voluntary and self-regulatory advanced accreditation of a nursing education program by a non-governmental association.
<b>Readmitted Students</b>	Returning students who were previously enrolled in your program
<b>Satellite/ Alternate campus</b>	A campus other than your home campus that is approved by the BRN as an alternate/secondary location, operates under the administration of your home campus, is in a county other than where your home campus is located, is in California, and enrolls pre-licensure registered nursing students.
<b>Screened applications</b>	The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/20 and 7/31/21.

<b>Shared Faculty</b>	A faculty member is shared by more than one school, e.g., one faculty member teaches a course in pediatrics to three different schools in one region.
<b>Skills Lab</b>	Excluding simulation, any clinical experience or training that occurs that does not include real patients and is not directly related to the support of real patients. Includes practicing on other students, actors, manikins, etc. Do not include activities such as communicating with health care team members to organize care for real patients.
<b>Students Completing on Schedule</b>	Students scheduled on admission to complete the program between <b>August 1, 2020 and July 31, 2021</b> and completed the program on schedule.
<b>Students Completing the Program Behind Schedule</b>	Students completing the program behind schedule are students who were scheduled to complete the program in a prior academic year, but instead completed the program between <b>August 1, 2020 and July 31, 2021</b> .
<b>Students Scheduled on Admission to Complete</b>	Students scheduled on admission to complete the program between <b>August 1, 2020 and July 31, 2021</b> .
<b>Students Who Are Still Enrolled</b>	Students still enrolled in the program, including those students on leave who are expected to return, who were scheduled to complete between <b>August 1, 2020 and July 31, 2021</b> .
<b>Students Who Were Dismissed from the Program</b>	Students who were required to leave the program prior to their scheduled completion date occurring between <b>August 1, 2020 and July 31, 2021</b> due to an ineligibility determined by the program such as academic failure, attendance or other disqualification.
<b>Students Who Withdrew from the Program</b>	Students who voluntarily left the program prior to their scheduled completion date occurring between <b>August 1, 2020 and July 31, 2021</b> due to personal and/or financial reasons.
<b>Time Period for the Survey</b>	<b>August 1, 2020 and July 31, 2021</b> . For those schools that admit multiple times a year, combine all student cohorts.
<b>Traditional Program</b>	A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.
<b>Transfer Students</b>	Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.
<b>Underrepresented Group/Students (Minority):</b>	A group whose percentage of the population in nursing is lower than their percentage of the population in California. Underrepresented minorities are generally considered to include Hispanic/Latinos, African-Americans, Native Americans, Native Hawaiian/Pacific Islanders, and those of two or more races.

	<b>Validated Prerequisites</b>	The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.
	<b>Waiting List</b>	A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.
	<b>Weekend Program</b>	A program that offers all program activities on weekends, i.e., lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.