

## BRN Annual School Survey 2011–2012



\*\* Deadline for Submission: November 15, 2012 at 11:00 pm. \*\*

Please <u>save your responses</u> by saving this page as a PDF. You may also click on the "Download PDF" link that appears just below this message.

Thank you for your participation in the BRN Annual School Survey 2011-2012.

Sincerely, BOARD OF REGISTERED NURSING

Below is a summary of your responses

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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, 2011 to July 31, 2012. In addition, student and faculty census data are requested for October 15, 2012.

The individual program data are then compiled into a statewide aggregate database. The BRN will report aggregate data from the 2011-2012 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 2011–2012 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 username and password provided 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 at a later time 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 must 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 affects 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 the California Board of Registered Nursing at (916) 322-3350. You then may be referred to the researchers, Joanne Spetz, Ph.D. at (415) 502-4443 or Renae Waneka at (415) 502-1558. 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 and 5:00, Monday through Friday, by calling (415) 476-1814, or by writing: Committee on Human Research, Box 0962, 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 SURVEY

Welcome to the 2011-2012 BRN Annual School Survey.

#### Printing Survey Questions

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

#### 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 page with all of the survey sections that should be completed on behalf of your institution. <u>Please complete all of the survey sections that appear in the table of contents</u>. Each section of the survey asks questions about nursing programs offered at your school during the 2011–2012 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 (i.e. from the ADN section to the Pre-Licensure 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. Once you have gone through all of the survey sections required for your school, you will be redirected to the table of contents page that lists all surveys to be completed by your school. All survey sections listed should have a checkmark in front of them. Only click "Next Page" from this screen if you are ready to submit your responses and will not need to review them again. If you want to review your responses again before submitting them, do NOT click the "Next Page" button at the bottom of this screen. You can click on any of the survey sections listed to review your responses again. Once you have finished reviewing your responses, return to the Survey Process Questionnaire and click the "Next Page" button. This process 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" from this screen. After you submit your responses, you will not be able to access them again.

Immediately after submitting your responses, you will be redirected to a web page that includes the survey responses for your school. Please click on the link ("Download PDF") at the top right of this page to download and save and/or print a PDF of your responses for your records. Please verify that all information in your printed report is accurate. If you need to change responses you have already submitted, please contact Renae Waneka (renae.waneka@ucsf.edu) as soon as possible.

#### Survey Assistance

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, <u>CLICK HERE</u>. The definition list is also accessible from the top of each survey page.

If you have questions about the content of the survey, please contact Julie Campbell–Warnock at (916) 574–7681, Julie.Campbell– Warnock@dca.ca.gov. If you have technical difficulties, please contact Renae Waneka, renae.waneka@ucsf.edu. Assistance is available on weekdays between 9:00 A.M. and 4:00 P.M. Pacific Time. A link to the contact information for technical assistance will be accessible from the top of each survey page.

#### Deadline for Submission

The final deadline for submitting your survey responses is **November 15, 2012** at **11:00 P.M**. Responses submitted after this time will not be included in the data compilation and analysis.

Name of university or college

El Camino College

Name of nursing school or department

Nursing

Please select the program(s) offered by your school between August 1, 2011 and July 31, 2012 (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

## Post-licensure Programs

🔲 RN to BSN Program

🔲 Master's Degree Program

Doctoral Program(s) (e.g. PhD, DNS, DNP)

## Home & Satellite Campuses

Do any of your nursing programs have at least one pre-licensure registered nursing student at a <u>satellite campus</u> that is located in a different county than your <u>home campus</u>? Only respond "yes" if the satellite campus is in a different county than your home campus.

⊙ Yes 💿 No

List the counties in which you have at least one satellite campus. Do not include the county of your home campus.

When you respond to the survey, answer questions in the core parts of the survey about <u>both</u> your home and satellite campus(es) unless otherwise directed. Some questions will specifically ask for data about <u>only</u> your home campus. Questions that only pertain to your satellite campus(es) will appear in separate sections.

County 1	
County 2	
County 3	

# **General Pre-Licensure Programs Survey**

The following questions pertain to all of your pre-licensure nursing education programs between August 1, 2011 and July 31, 2012 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.

## 1) Director of Nursing Education Program

Name:	Theresa Kyle
Title:	Director of Nursing
Credentials:	RN, MSN, CPNP
Street address:	16007 Crenshaw Blvd
City:	Torrance
County:	Los Angeles
State:	CA

90506
(310)660-3282
(310)660-3281
(310)660-3281
(310)660-3439
tkyle@elcamino.edu

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

⊙ Yes ⊙ No

## 2) Individual providing survey information:

O Director of Nursing Education Program

O Someone other than the Director

3) Between 6/1/11 and 7/31/12, what was the average number of weekly hours the Director was allotted and the average number of weekly hours actually spent administering the registered nursing education programs? Do not include time spent on other health-related programs.

Director's time	
Average weekly hours <u>allotted</u>	40
Average weekly hours <u>actually spent</u>	60
4) How many Assistant Directors do you have?	
<b>O</b> 1	© 3
<b>O</b> 2	C More than 3

4.a) Between 8/1/11 and 7/31/12, what was the average number of weekly hours each Assistant Director was allotted and the average number of weekly hours they actually spent to administer the registered nursing education programs? Do not include time spent on other health-related programs.

	Average Weekly Hours <u>Allotted</u>	Average Weekly Hours <u>Actually Spent</u>
Assistant Director 1	20	30
Assistant Director 2	12	12
Assistant Director 3	4	4
Average weekly hours for the remaining Assistant Directors		

5) How many total clerical support FTEs have been allotted to the nursing education program? Include full-time and part-time positions.

2	.6	

#### General Pre-Licensure Program Information

Questions in this section pertain to the status of your pre-licensure nursing education program(s) between 8/1/11 and 7/31/12 unless otherwise noted.

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

6) Please rank the following factors in order of their impact on student attrition in your pre-licensure program(s). (A ranking of 1 reflects the factor with the greatest impact on attrition.)

2	Financial need
3	Personal reasons (e.g. home, job, health, family)
0	Change of major or career interest
0	Transfer to another school
1	Academic failure
4	Clinical failure
	Other 1
	Other 2

7) What student retention strategies have you employed in your nursing program(s)? (Check all that apply)

Increased financial aid	Personal counseling
🔲 Increased child care	Program revisions (e.g. curriculum revisions
Student success strategies (e.g. mentoring, remediation, tutoring)	C Other
New admission policies instituted	🗌 None

8) Which innovations have you employed to expand your program? (Check all that apply)

Extended/ <u>satellite campus</u>	🗖 Part-time program
Simulation training	Shared faculty
🗖 Distance education (e.g. online, interactive video)	Use of adjunct faculty
Accelerated/Year-round program	Grants
Evening schedule	Other
🗖 Weekend schedule	🗌 None

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

🔿 Yes 🛛 💿 No

10) Between 8/1/11 and 7/31/12, did any of your pre-licensure nursing students encounter any restrictions to clinical practice imposed by the clinical facilities?

## ⊙ Yes O No

	Very Uncommon	Uncommon	Common	Very Common	Not Applicable
Bar coding medication administration (i.e. Pyxis)	o	o	o	0	0
Electronic medical records	0	0	o	0	0
Glucometers	0	o	0	О	O
Automated medical supply cabinets (i.e. OmniCell)	o	0	0	C	C
IV medication administration	0	O	o	O	C
Clinical site due to visit from the Joint Commission or other accrediting agency	o	©	O	C	O
Direct communication with health care team members	o	o	O	O	0
Alternative settings due to liability (i.e. home health visits)	o	©	O	O	0
Access to patients due to staff nurse preferences or concerns about their additional workload	o	©	0	O	o
Health and safety requirements (i.e. drug screening, background checks)	o	©	C	O	o
Other 1	O	C	C	C	C
Other 2	o	о	0	O	o

## 10.a) Please report how common each of the following restrictions are for students in your pre-licensure nursing programs.

10.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
Dother 1
🗖 Other 2

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

# 11) 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.)

	% of Total Funding Received between 8/1/11 and 7/31/12
Your college/university operating budget	90 %
Industry (i.e. hospitals, health systems)	0 %
Foundations, private donors	0 %
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	10 %
Other	0 %
Total	100 %

12) Of those students who completed the program between 8/1/11 and 7/31/12, what percentage is employed in nursing in California?

	Home Campus
% of graduates employed in nursing in CA	65 %

13) Does your school offer an RN refresher course?

O Yes O No

#### CLINICAL SIMULATION

Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow 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.

14) Did your nursing school use clinical simulation between 8/1/11 and 7/31/12?

⊙ Yes O No

Please answer the following questions about your Clinical Simulation Center for the time period from August 1, 2011 through July 31, 2012.

14.a) Which of the following are educational techniques of your nursing program's clinical simulation? (Check all that apply)

- Clinical scenarios
- 🔽 High-fidelity mannequin

Debriefing and dialoguing as part of the simulation experience Videotaping A student preparation phase as part of the simulation experience Students in uniforms 14.b) Where does your clinical simulation occur? (Check all that apply) A tyour school Through arrangement at another facility (i.e. clinical affiliate, nursing program) Other Clinical simulation technician RIN clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other Shared with another nursing program Purchased Modified from purchased scenarios Regional/Statewide alliance Other		Enclosed simulation room replicating the clinical environment with observation window(s)
A student preparation phase as part of the simulation experience Students in uniforms  14.b) Where does your clinical simulation occur? (Check all that apply)  At your school  Through arrangement at another facility (i.e. clinical affiliate, nursing program) Other  Clinical affiliate, nursing program Clinical simulation technician RN clinical simulation coordinator (in addition to RN course faculty) Clinical simulation coordinator (in addition to RN course faculty) Clinical simulation coordinator (in addition to RN course faculty) Clinical simulation econdinator (in addition to RN course faculty) Clinical simulation econdinator (in addition to RN course faculty) Subtemport of the rollowing do you use to staff your clinical simulation?  4.4.0) How are your clinical scenarios developed? (Check all that apply) Shared with another nursing program Purchased Modified from purchased scenarios Regional/Statewide alliance		Debriefing and dialoguing as part of the simulation experience
Students in uniforms  14.b) Where does your clinical simulation occur? (Check all that apply)  At your school  Through arrangement at another facility (i.e. clinical affiliate, nursing program) Other  Clinical simulation technician  KN clinical simulation technician  KN clinical simulation coordinator (in addition to RN course faculty)  Clinical simulation coordinator (in addition to RN course faculty)  Full-time or part-time staff Other  By faculty Shared with another nursing program Purchased Modified from purchased scenarios Regional/Statewide alliance		Videotaping
14.b) Where does your clinical simulation occur? (Check all that apply)   A tyour school   Through arrangement at another facility (i.e. clinical affiliate, nursing program)   Other   Clinical simulation do you use to staff your clinical simulation? (Check all that apply)   Clinical simulation technician   R N clinical simulation coordinator (in addition to RN course faculty)   Full-time or part-time staff   Other   By faculty   Shared with another nursing program   Purchased   Modified from purchased scenarios		A student preparation phase as part of the simulation experience
At your school Through arrangement at another facility (i.e. clinical affiliate, nursing program) Other Other Clinical simulation technician R N clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other Shared with another nursing program Purchased Modified from purchased scenarios		Students in uniforms
At your school Through arrangement at another facility (i.e. clinical affiliate, nursing program) Other Other Clinical simulation technician R N clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other Shared with another nursing program Purchased Modified from purchased scenarios		
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Intrough arrangement at another facility (i.e. clinical affiliate, nursing program)   Other     14.c) Which of the following do you use to staff your clinical simulation? (Check all that apply)     Clinical simulation technician   R N clinical simulation coordinator (in addition to RN course faculty)   Full-time or part-time staff   Other     14.d) How are your clinical scenarios developed? (Check all that apply)     By faculty   Shared with another nursing program   Purchased   Modified from purchased scenarios   Regional/Statewide alliance	14.b) W	here does your clinical simulation occur? (Check all that apply)
Other 14.c) Which of the following do you use to staff your clinical simulation? (Check all that apply) Clinical simulation technician R I clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other Other Shared with another nursing program Purchased Modified from purchased scenarios Regional/Statewide alliance		At your school
14.c) Which of the following do you use to staff your clinical simulation? (Check all that apply)         Image: Clinical simulation technician         Image: Clinical simulation coordinator (in addition to RN course faculty)         Image: Full-time or part-time staff         Image: Other         Image: Shared with another nursing program         Image: Purchased         Image: Modified from purchased scenarios         Image: Regional/Statewide alliance		Through arrangement at another facility (i.e. clinical affiliate, nursing program)
Clinical simulation technician RN clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other		Other
Clinical simulation technician RN clinical simulation coordinator (in addition to RN course faculty) Full-time or part-time staff Other		
<ul> <li>Clinical simulation technician</li> <li>RN clinical simulation coordinator (in addition to RN course faculty)</li> <li>Full-time or part-time staff</li> <li>Other</li> </ul> 14.d) How are your clinical scenarios developed? (Check all that apply) <ul> <li>By faculty</li> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>		
<ul> <li>Clinical simulation technician</li> <li>RN clinical simulation coordinator (in addition to RN course faculty)</li> <li>Full-time or part-time staff</li> <li>Other</li> </ul> 14.d) How are your clinical scenarios developed? (Check all that apply) <ul> <li>By faculty</li> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>		
<ul> <li>RN clinical simulation coordinator (in addition to RN course faculty)</li> <li>Full-time or part-time staff</li> <li>Other</li> <li>14.d) How are your clinical scenarios developed? (Check all that apply)</li> <li>By faculty</li> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>	14.c) W	hich of the following do you use to staff your clinical simulation? (Check all that apply)
<ul> <li>Full-time or part-time staff</li> <li>Other</li> <li>14.d) How are your clinical scenarios developed? (Check all that apply)</li> <li>By faculty</li> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>		☑ Clinical simulation technician
<ul> <li>Other</li> <li>14.d) How are your clinical scenarios developed? (Check all that apply)</li> <li>By faculty <ul> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul> </li> </ul>		RN clinical simulation coordinator (in addition to RN course faculty)
14.d) How are your clinical scenarios developed? (Check all that apply)          By faculty         Shared with another nursing program         Purchased         Modified from purchased scenarios         Regional/Statewide alliance		Full-time or part-time staff
<ul> <li>□ By faculty</li> <li>□ Shared with another nursing program</li> <li>□ Purchased</li> <li>☑ Modified from purchased scenarios</li> <li>□ Regional/Statewide alliance</li> </ul>		Other
<ul> <li>□ By faculty</li> <li>□ Shared with another nursing program</li> <li>□ Purchased</li> <li>☑ Modified from purchased scenarios</li> <li>□ Regional/Statewide alliance</li> </ul>		
<ul> <li>□ By faculty</li> <li>□ Shared with another nursing program</li> <li>□ Purchased</li> <li>☑ Modified from purchased scenarios</li> <li>□ Regional/Statewide alliance</li> </ul>		
<ul> <li>□ By faculty</li> <li>□ Shared with another nursing program</li> <li>□ Purchased</li> <li>☑ Modified from purchased scenarios</li> <li>□ Regional/Statewide alliance</li> </ul>		
<ul> <li>Shared with another nursing program</li> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>	14.d) Hi	ow are your clinical scenarios developed? (Check all that apply)
<ul> <li>Purchased</li> <li>Modified from purchased scenarios</li> <li>Regional/Statewide alliance</li> </ul>		By faculty
✓ Modified from purchased scenarios ✓ Regional/Statewide alliance		Shared with another nursing program
☐ Regional/Statewide alliance		Purchased
		Modified from purchased scenarios
☐ Other		E Regional/Statewide alliance
		□ Other

14.e) For each of the content areas below, please report whether you include clinical simulation experiences into the curriculum and, if so, what percentage of clinical time is scheduled for clinical simulation? (If your geriatric simulation is integrated into medical/surgical simulation, estimate the percentage of geriatric simulation based on the percentage of Med/Surg simulation that focuses on geriatrics.)

	1	2
	Do you include clinical simulation in this content area?	% of clinical time scheduled for simulation
Fundamentals		5
Medical/Surgical		15
Obstetrics		5
Pediatrics		5
Psychiatry/Mental Health		
Geriatrics		5
Leadership/Management		
Other		10

	critical care
14.f) In ti	he next 12 months, do you plan to expand your use of clinical simulation?
	• Yes • No
14.g) Ho	w has your program used clinical simulation? (Check all that apply.)
	To provide clinical experience not available in a clinical setting
	To increase capacity in your nursing program
	To check clinical competencies
	To make up for clinical experiences
	To provide standardized clinical experiences for all students
	To provide interdisciplinary experiences
	To provide collaborative experiences between hospital staff and students

## FACULTY DEMOGRAPHICS

Please include all active faculty who teach students in your pre-licensure nursing programs during the dates specified.

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.

If a faculty member teaches at both home and satellite campus locations, account for the faculty member at the location in which he/she spends the most time teaching students.

17) Please provide the following census data for your active faculty on October 15, 2012 (combine full-time and part-time).

## Total number of active faculty

	Home Campus
Total number of <u>active</u> <u>faculty</u>	28

#### Ethnicity

	Home Campus
Black/African American	4
American Indian or Alaska Native	0
Asian (if not included in another Asian category)	0
Asian Indian	0
Filipino	6
Native Hawaiian or Other Non-Filipino Pacific Islander	0
White/Caucasian	16

Hispanic/Latino	1
Two or more races	1
Other race	0
Unknown race and ethnicity	0
Total	28

## Gender

	Home Campus
Male	0
Female	28
Unknown gender	0
Total	28

# Age

	Home Campus
30 years or younger	0
31-40 years	5
41-50 years	5
51-55 years	4
56-60 years	6
61-65 years	4
66-70 years	2
71 years and older	2
Unknown age	0
Total	28

# 18.a) On October 15, 2012, how many <u>full-time active faculty</u> did you have? Report the number of individuals, <u>not</u> FTEs.

	Home Campus
Number of <u>full-time active</u> faculty	11

# Of these <u>full-time</u> active faculty, how many were

	Home Campus
a) budgeted positions?	11
<ul><li>b) funded 100% by external funding (i.e. grants, donors) to teach?</li></ul>	0

c) funded by a combination of the above?	0
Total	11

## 18.b) On October 15, 2012, how many part-time active faculty did you have? Report the number of individuals, not FTEs.

	Home Campus	
Number of <u>part-time</u> active faculty	17	

## Of these <u>part-time</u> active faculty, how many were

	Home Campus
a) budgeted positions?	13
<ul><li>b) funded 100% by external funding (i.e. grants, donors) to teach?</li></ul>	2
c) funded by a combination of the above?	2
Total	17

19) Will your externally funded positions continue to be funded for the 2012-13 academic year?

- ⊙ Yes
- O No
- O Unknown
- O Not applicable

20) If you do not receive funding from outside sources, how many students would you be able to enroll next year (2012-13)?

100

## 21.a) Please provide a breakdown of <u>full-time active faculty</u> by highest degree held on 10/15/12.

	Home Campus
Associate Degree in Nursing/Nursing Diploma (i.e. ADN)	0
Baccalaureate Degree in Nursing (i.e. BSN)	0
Non-nursing Baccalaureate Degree	0
Masters Degree in Nursing (i.e. MSN)	8
Non-nursing Masters Degree	0
PhD in Nursing	1
Doctorate of Nursing Practice (DNP)	1
Other Doctorate in Nursing	0
Non-nursing doctorate	1

Unknown degree	0
Total	11

# 21.a) Please provide a breakdown of part-time active faculty by highest degree held on 10/15/12.

	<u>Home Campus</u>
Associate Degree in Nursing/Nursing Diploma (i.e. ADN)	0
Baccalaureate Degree in Nursing (i.e. BSN)	3
Non-nursing Baccalaureate Degree	0
Masters Degree in Nursing (i.e. MSN)	14
Non-nursing Masters Degree	0
PhD in Nursing	0
Doctorate of Nursing Practice (DNP)	0
Other Doctorate in Nursing	0
Non-nursing doctorate	0
Unknown degree	0
Total	17

21.c) How many of your active faculty (full-time and part-time) are currently pursuing an advanced degree (i.e. BSN to MSN)?

2 faculty pursuing an advanced degree

## 22.a) For the full-time active faculty you reported, how many teach only clinical courses, only didactic courses or a combination of both?

	Home Campus
Only clinical courses	0
Only didactic courses	0
<u>Combination</u> of both clinical and didactic courses	11
Total	11

## 22.b) For the part-time active faculty you reported, how many teach only clinical courses, only didactic courses or a combination of both?

	Home Campus
Only clinical courses	13
Only didactic courses	1
Combination of both clinical and didactic courses	3
Total	17

Part-time_Faculty		
23) Which of the following do you use to prep	are your part-time active 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 adjun	ct faculty	
C Other		
None None		
F <u>ull-time_</u> Faculty		
24) Between 8/1/11 and 7/31/12, were any $\underline{ ilde{h}}$	II-time active faculty working an overload	led schedule?
	Yes	No
Home Campus	Ō	o
	č	÷
24.a) If yes, do you pay these <u>active faculty (</u>	extra for the quarloaded achedulo?	
.4.a) ii yes, uu yuu pay iilese <u>active lacuity (</u>		
	Yes	No
Home Campus	Ō	C
aculty Attrition and Vacancies		
25) How many of your active faculty (nart_tim	e and full_time) ratired or left the program	this year (2011-2012)2
25) How many of your <u>active faculty (part-tim</u>		
25) How many of your <u>active faculty</u> (part-tim		this year (2011-2012)? <u>Campus</u>
25) How many of your <u>active faculty (part-tim</u> Full-time active faculty		
	Home	
	Home	
Full-time active faculty	Home	
<u>Full-time</u> active faculty <u>Part-time</u> active faculty	<u>Home</u> 1 1	
<u>Full-time</u> active faculty <u>Part-time</u> active faculty	<u>Home</u> 1 1	
<u>Full-time</u> active faculty <u>Part-time</u> active faculty	<u>Home</u> 1 1	
<u>Full-time</u> active faculty <u>Part-time</u> active faculty 26) Why did <u>full-time</u> active faculty leave the	<u>Home</u> 1 1	

Relocation of spouse or other family obligation	
E Return to clinical practice	
Termination, requested resignation, contract not renewed	
Resigned	
🗖 Layoffs (for budgetary reasons)	
🔲 Workload	
C Other	

## 27) How many of your active faculty are you expecting to retire or leave next year (2012-2013)?

	Home Campus
full-time_active faculty	0
part-time_active faculty	1

## 28) On 10/15/2012, how many positions for active faculty were vacant? Report the number of individuals, not FTEs.

	Home Campus
<u>full-time</u> active faculty vacancies	2
<u>part-time</u> active faculty vacancies	3

# Faculty Hiring

29) Did you hire any active faculty between 8/1/11 and 7/31/12?

⊙ Yes O No

29.a) How many active faculty\_did you hire between 8/1/11 and 7/31/12?



Of these newly hired active faculty ,

29.b) how many were hired to teach

	Faculty hired to teach
<u>full-time</u>	1
<u>part-time</u>	6
Total	7

	5
:9.d) V	Which of the following are characteristics of the <u>active faculty</u> you hired between 8/1/11 and 7/31/12? (Check all that apply
	□ In the last two years, completed a graduate degree program (i.e. MSN, MA, PhD, DNP)
	Experience teaching as a nurse educator in a clinical setting
	Experience student teaching while in graduate school
	Experience teaching at another nursing school
	Experience teaching in a setting outside of nursing
	No teaching experience
	☐ Other
9.e) V	Why did you hire the <u>active faculty t</u> hat you hired between 8/1/11 and 7/31/12? (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)
	C Other
U) DI	d your nursing school have a hiring freeze for <u>active faculty</u> during the 2011–2012 academic year?
	C Yes O No
aculty	y Recruitment and Compensation
1) Fo	r which clinical specialty areas did you have difficulty recruiting new <u>active faculty in 2011–2012?</u> (Check all that apply)
	Medical-surgical
	Obstetrics
	Pediatrics
	Psych/Mental Health
	Geriatrics
	Community Health
	Community Health

34) Please provide the lowest and highest annual salaries that you <u>currently pay</u> your <u>full-time active faculty</u>. Do <u>not</u> include deans, directors or faculty in administrative or research roles. (Round to the nearest dollar amount. Do not use decimals or dollar signs.)

	Annual Salary		Pay Schedule	
	Lowest	Highest	Academic Year	Calendar Year
Highest Degree Held by Faculty Member: Master's Degree< label>	\$ 62000	\$ 85000	©	C
Doctoral Degree (PhD, DNP, MD, etc.)	\$ 80000	\$ 124000	o	O

You have reached the end of the General Pre-Licensure Programs Survey.

Click on the Table of Contents button to choose which section to complete next, or click "Next Page" to be directed to the next section in the list of sections your school should complete.

# **ADN Program Survey**

Do you admit generic students into your ADN program?

⊙ Yes O No

Generic ADN Program Survey

This section of the survey pertains to all students in your Generic ADN Program between August 1, 2011 and July 31, 2012. 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.

1) Please check all that apply for your Generic ADN Program.	
☑ Traditional Program	🗖 Evening Program
Accelerated Program	Extended Campus
☑ LVN to ADN Program	Part-time Program
Collaborative/Shared Education	🔲 Weekend Program
Contract Education	C Other
Distance Education	

1.a) If your ADN program offers an accelerated track, is it available via distance education?

O Yes O No

2) Please provide the total number of **new** student enrollments in your nursing program between 8/1/11 and 7/31/12. 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.

		Home Campus	
New	student enrollments	107	

3) Please provide the number of students in each of the following program tracks for all new student enrollments in your nursing program between 8/1/11 and 7/31/12. Do not include readmitted students.

	Home Campus
Generic	89
Accelerated Track	0
Advanced Placement including, LVN and ADN	18
Transfer	0
30-Unit Option	0
Total	107

4) Please provide a breakdown of all **new** student enrollments in your nursing program between 8/1/11 and 7/31/12 by ethnicity, gender and age. Include <u>all</u> 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.

## Ethnicity

	<u>Home Campus</u>
Black/African American	11
American Indian or Alaska Native	0
Asian (if not included in another Asian category)	27
Asian Indian	0
Filipino	21

Native Hawaiian or Other Non-Filipino Pacific Islander	0
White/Caucasian	22
Hispanic/Latino	17
Two or more races	0
Other race	7
Unknown race and ethnicity	2
Total	107

# <u>Gender</u>

	Home Campus
Male	16
Female	91
Unknown gender	0
Total	107

# Age Group

	Home Campus
17-20 years	4
21-25 years	28
26-30 years	31
31-40 years	30
41–50 years	12
51–60 years	2
61 years and older	0
Unknown age	0
Total	107

# 5) How many admission spaces for the first AD nursing course were available between 8/1/11 and 7/31/12?

	<u>Home Campus</u>
Admission spaces available	120
a) How many of these spaces were supported by i) <u>Donor partners</u> ?	
ii) Grants?	20

6) Did you enroll more new students between 8/1/11 and 7/31/12 than you had admission space for?

O Yes O No

7) How many total applications were received for the first AD nursing course from 8/1/11 to 7/31/12? Do not include applications on a waitlist.

	Home Campus
Total applications	198
a) Of these applications, how many were qualified?	160
b) Of these applications, how many were admitted (admitted applicants are the number of individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period)?	110

8) If you maintain an ongoing waiting list, on October 15, 2012 how many qualified applicants for the first AD nursing course were on the waiting list?



qualified applicants on waiting list

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

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

None	☐ Repetition of prerequisite science courses
Validated Prerequisites	$\square_{ m Community}$ Colleges' Nursing Prerequisite Validation Study Composite Score
Minimum/Cumulative GPA	Criteria as defined in California <u>Assembly Bill 1559</u>
🖌 Minimum grade level in prerequisite courses	Pre-enrollment assessment test
🗖 Geographic location	Health-related work experience
Completion of prerequisite courses	Personal statement
Recent completion of prerequisite courses	C Other

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

- ⊙ Yes
- O No

10) How many qualified applicants were not accepted for enrollment in the first AD nursing course between 8/1/11 and 7/31/12 due to lack of capacity?

	<u>Home Campus</u>
Qualified applicants <u>not</u> accepted	40

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

Random selection	First come, first served (waiting list)
☐ Modified random selection	$\square_{ m quarter/semester)}$ First come, first served (based on application date for the
Ranking by specific criteria	☐ Goal statement
☐ Interviews	C Other
2) How many times per year do you admit <u>generic stude</u>	ents_?
O Once	O Three times
© Twice	O Other
2.a) If you have an <b>accelerated track</b> , how many times p	per year do you admit students?
O Once	O Three times
O Twice	O Other
13) 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
14) Do you have a separate waiting list for LVNs?	
O Yes O No	
5) Concur Data - On October 15, 2012, what was the	total new and continuing student enrollment in the ADN program? (This includes
eneric, accelerated track, advanced placement, LVN to	ADN, transfer, readmitted, and 30- unit option students.)
	Home Campus
Total number of students	188
5.a) Please provide a breakdown of all <u>new and continu</u> ind age. Include <u>all</u> students enrolled in the program on tudents, enter the appropriate number of students into the	ing students enrolled in the ADN program on October 15, 2012 by ethnicity, gen 10/15/2012. If you do not know the ethnic, gender or age distribution of your e unknown field.
Ethnicity	
	Home Campus
Black/African American	25
American Indian or Alaska Native	1
Asian (if not included in another Asian category)	44
Asian Indian	0
Filipino	23
Native Hawaiian or Other Non-Filipino Pacific Islander	0

White/Caucasian	46
Hispanic/Latino	36
Two or more races	0
Other race	13
Unknown race and ethnicity	0
Total	188

## <u>Gender</u>

	Home Campus
Male	25
Female	163
Unknown gender	0
Total	188

# <u>Age</u>

	Home Campus
17-20 years	7
21-25 years	60
26-30 years	52
31-40 years	50
41-50 years	15
51-60 years	4
61 years and older	0
Unknown age	0
Total	188

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

	Home Campus
a) 2012-2013	110
b) 2013-2014	110

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

🔲 No barriers to program expansion

✓ Insufficient number of qualified clinical faculty

Insufficient number of qualified classroom faculty

Insufficient funding for faculty salaries
Faculty salaries not competitive
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)
☑ Insufficient number of clinical sites
□ Insufficient number of allocated spaces for the nursing program
Insufficient support for nursing school by college or university
Insufficient number of physical facilities and space for skills labs
Insufficient number of physical facilities and space for classrooms
Insufficient financial support for students
Other 1
Conter 2
Conter 3

17.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)

<ul> <li>Community based opports and database (e.g. nomeness shellers, harse managed clinics, community in centers)</li> <li>Twelve-hour shifts</li> <li>Evening shifts</li> <li>Night shifts</li> <li>Weekend shifts</li> <li>Non-traditional clinical sites, e.g. correctional facilities</li> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> <li>Other</li> </ul>		Human patient simulators Community based options/ambulatory care (e.g. homeless shelters, nurse managed clinics, community he
<ul> <li>Evening shifts</li> <li>Night shifts</li> <li>Weekend shifts</li> <li>Non-traditional clinical sites, e.g. correctional facilities</li> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>	I <b>V</b>	
<ul> <li>Night shifts</li> <li>Weekend shifts</li> <li>Non-traditional clinical sites, e.g. correctional facilities</li> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>		Twelve-hour shifts
<ul> <li>Weekend shifts</li> <li>Non-traditional clinical sites, e.g. correctional facilities</li> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>		Evening shifts
<ul> <li>Non-traditional clinical sites, e.g. correctional facilities</li> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>		Night shifts
<ul> <li>Innovative skills lab experiences</li> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>		Weekend shifts
<ul> <li>Preceptorships</li> <li>Regional computerized clinical placement system</li> </ul>		Non-traditional clinical sites, e.g. correctional facilities
Regional computerized clinical placement system	$\checkmark$	Innovative skills lab experiences
	V	Preceptorships
☐ Other	☑	Regional computerized clinical placement system
		Other

18) Is your program accredited by NLNAC?

⊙ Yes 🛛 O No

# PROGRAM COMPLETION AND RETENTION RATES

Please answer the following questions concerning student <u>completion</u> and <u>retention</u> 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, 2011 and July 31, 2012* 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**.

19) Please provide the total number of all students who completed the nursing program between 8/1/11 and 7/31/12. 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.

	Home Campus
Total number of students who completed the program	50

# 20) Please provide the number of students in each of the following program tracks for all students who completed the nursing program between 8/1/11 and 7/31/12. Count each student only *once*.

	Home Campus
Generic	24
Accelerated Track	0
Advanced Placement, including LVN to ADN	8
Transfer	1
30-Unit Option	1
Readmitted	16
Total	50

21) Please provide the ethnicity, gender and age for **all** students who completed the nursing program between 8/1/11 and 7/31/12. 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.

#### Ethnicity

	<u>Home Campus</u>
Black/African American	1
American Indian or Alaska Native	0
Asian (if not included in another Asian category)	5
Asian Indian	0
Filipino	14
Native Hawaiian or Other Non-Filipino Pacific Islander	0
White/Caucasian	16
Hispanic/Latino	11
Two or more races	0
Other race	3
Unknown race and ethnicity	0
Total	50

<u>Gender</u>

Male	16
Female	34
Unknown gender	0
Total	50

# Age Group

	Home Campus
17-20 years	2
21-25 years	19
26-30 years	14
31-40 years	13
41-50 years	2
51-60 years	0
61 years and older	0
Unknown age	0
Total	50

22) For students who completed the Generic ADN program between 8/1/11 and 7/31/12, estimate the percentage employed in each of the following types of settings. The total of all percentages should equal 100%.

	Home Campus
Hospitals	65 %
Long-term care facilities	0 %
Community/public health facilities	0 %
Other healthcare facilities	0 %
Other	0 %
Unable to find employment in nursing	0 %
Unknown	35 %
Total	100 %

23) Please answer the following questions for the original cohort(s) of students scheduled on admission to complete the program between August 1, 2011 and July 31, 2012. If there were several cohorts of students who were scheduled on admission to complete the program during the time period above, include all cohorts of students.

Only include generic ADN students. Do not include advanced placement, LVN to ADN, transfer, 30-unit option, accelerated track, or readmitted students. Do not include students participating in an ADN/BSN collaborative program.

Scheduled on admission to complete the program:

Home Campus 97

#### a) Of these students, how many

	Home Campus
Completed the program on schedule?	24
Dropped out of the program or were disqualified?	38
Are still enrolled in the program?	19
Completed the program between 8/1/11 and 7/31/12 but behind schedule?	16
Total	97

24) If you have an accelerated track, please answer the following questions for the original cohort(s) of students scheduled on admission to complete the program between August 1, 2011 and July 31, 2012. If there were several cohorts of students who were scheduled on admission to complete the program during the time period above, include all cohorts of students.

Only include ADN students in the accelerated track. Do not include generic, advanced placement, LVN to ADN, transfer, 30-unit option or readmitted students.

	Home Campus
Accelerated students scheduled on admission to complete the program:	

#### a) Of these students, how many

	Home Campus
Completed the program on schedule?	0
Dropped out of the program or were disqualified?	0
Are still enrolled in the program?	0
Completed the program between 8/1/11 and 7/31/12 but behind schedule?	0
Total	0

25) Between August 1, 2011 and July 31, 2012, how many students in the <u>accelerated track</u> took the NCLEX for the first time and how many students passed the NCLEX on their first attempt?

	Home Campus
Accelerated students who took the NCLEX	
passed the NCLEX	

26) 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

27) Does your	nursing program pa	rticinate in a Collaborative/Shan	ed Program with another r	nursing program leading to a higher degre
, 2000 your		Yes		No
Home	e Campus	•	,	0
<u></u>				
28) Were you	denied a <u>clinical pla</u>	<u>cement</u> at an agency or facility	in 2011-2012 that you ha	ad last year (2010-2011)?
O Ye	s 💿 No			
		agency or facility in 2011–2012	that you had last year (20	010-2011)?
C Ye	s 🧿 No			
30) Were you	denied a shift at an	agency or facility in 2011–2012	that you had last year (2)	010-2011)?
	s 💿 No		, , , ,	
34) Which of t	ne following strategie	es did you use to cover the loss	of clinical placements, sh	nifts and/or units? (Check all that apply)
🗖 Re	eplaced with a differe	ent unit or shift within the same c	linical placement site	
-	eplaced with a unit o ogram	r shift at a different clinical place	ement site that is currently	being used by the nursing
🗖 Ac	ded (or replaced wi	th) a new clinical placement, un	it and/or shift not previou:	sly used by the nursing program
🗖 CI	inical simulation			
🔲 Re	educed the number o	of students admitted to the progra	am	
🗖 Ot	her			
35) Did vou ir	ncrease out_of_bosi	pital clinical placements in the la	et vear (2011_2012)2	
· ·		na ennea pracemento in tre te		
C Ye:	s 💽 No			
35 a ). In which	) of the following alte	rnative sites (other than acute c	are hosnital) were student	ts placed? (Check all that apply.)
ŕ	Ŭ	,		
	killed nursing/rehabil	·		
	ome health agency/h			
	edical practice, clini			
	urgery center/ambula			
	gent care, not hospi			
🗖 Pu	ublic health or comm	unity health agency		
🗖 O.	utpatient mental heal	th/substance abuse		
	ccupational health o	r employee health service		

🗖 Renal dialysis unit	
🔲 Correctional facility, prison or jail	
🗖 Hospice	
🗋 School health service (K-12 or college)	
🔲 Case management/disease management	
🔲 Other	

You have reached the end of the ADN Survey.

Click on the Table of Contents button to choose which section to complete next, or click "Next Page" to be directed to the next section in the list of sections your school should complete.

# **Survey Process Questionnaire**

The following questions pertain to your experience completing the 2011-2012 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.

#### Beta Test Questions

B1) This year, we added new questions and sections to collect data from satellite campuses that are in a different county than the school's home campus. We would like any feedback you have specific to the addition of these questions and sections. Below is a guide, but any feedback you have on this addition is appreciated.

a) If you DO NOT have a satellite campus, did the appearance of "Home Campus" in some of the questions confuse you?

b) If you DO have a satellite campus, what feedback do you have on how the home and satellite campus data are collected? Were the instructions on where to put your home/satellite data clear?



B2) In the questions that asked about race of your students/faculty, how did you interpret the Asian categories? Were you inclined to put students/faculty in more than one of the Asian categories provided? Were the categories confusing? Was this note helpful in determining where to put your students/faculty?

\*\*Note\*\*: Only place your students into the broader Asian/Pacific Islander category if you do not know whether your students belong in one of the more specific Asian categories (Asian Indian, Filipino, or Native Hawaiian or Other Non-Filipino Pacific Islander).

b2) no problem with Asian categories

B3) Which of the following options do you think is the clearest way for us to ask for the Asian ethnicity of your students/faculty?

	C Asian Indian Filipino Native Hawaiian or Other Nor Other Asian/Pacific Islander (i	n-Filipino Pacific Islander f not placed in any other race cate	gory)	
	<ul> <li>Asian Indian</li> <li>Filipino</li> <li>Native Hawaiian or Other Nor</li> <li>Other Asian (not Indian, Filipin)</li> </ul>	n-Filipino Pacific Islander no, Native Hawaiian or Pacific Isla	nder)	
	Asian Indian Filipino	laced in any other race category) Non-Filipino Pacific Islander		
	<ul> <li>Asian (if not placed in any of Asian Indian Filipino Native Hawaiian or Othe</li> </ul>	her race category) r Non-Filipino Pacific Islander		
	O Other			
B4) Whic	h internet browser did you use t	n take the survey?		
		o take the sulvey:		
	Internet Explorer			
	O Mozilla Firefox			
	O Google Chrome			
	O Safari			
	O Other			
1) This s	urvey's questions and instructior	ns were clear and straightforward.		
	Strongly Agree	Agree	Disagree	Strongly Disagree
	õ	õ	ő	õ
2) This s	urvey's multiple-choice answers	sufficiently reflected the answers	I wanted to provide.	
	Strongly Agree	Agree	Disagree	Strongly Disagree
	Ċ	õ	ŏ	õ
3) The us	e of the Internet made this surve	ey more efficient and user-friendly	/ than paper-based survey	ys.
	Strongly Agree	Agree	Disagree	Strongly Disagree
	0	©	C	0
4) Lexpe	rienced few technical difficulties	responding to this survey.		
			Disagras	Strongly Disograp
	Strongly Agree	Agree ©	Disagree O	Strongly Disagree O
	~	~	~	~
5) The in	formation requested by this survi	ey was available and easily obtai	nable.	
-y 110 ill				<b>-</b> / ·
	Strongly Agree	Agree	Disagree	Strongly Disagree

	C		0	0
) The information requested by th	e survey will be valuable	to program administrator	s like myself and other r	nursing education stakehold
Strongly Agree	Agree	D	isagree	Strongly Disagree
O	C		0	C
) If you have participated in the s previous years?	chool survey before, how	v would you characterize	your experience with th	ne survey this year in comp
Much better than before	Better than before	Same as before	Worse than before	Much worse than before
0	0	o	0	0
) My school collects the following	g categories of race/ethni	city data for <u>students</u> :		
🔲 No race/ethnicity data	are collected	🔽 Native Hawa	aiian or Other Non–Filip	ino Pacific Islander
🗖 No race/ethnicity data 🔽 Black/African America		🖌 Native Hawa		ino Pacific Islander
	n		asian	ino Pacific Islander
Black/African America	n	White/Cauca	asian tino	ino Pacific Islander
Black/African American	n	₩ White/Cauc: Hispanic/La	asian tino	ino Pacific Islander
<ul> <li>✓ Black/African American</li> <li>✓ American Indian or Ala</li> <li>✓ Asian</li> </ul>	n	White/Cauca White/Cauca Hispanic/La Two or more Other categ	asian tino races	oino Pacific Islander
<ul> <li>Black/African American</li> <li>American Indian or Ala</li> <li>Asian</li> <li>Asian Indian</li> </ul>	n	White/Cauca White/Cauca Hispanic/La Two or more Other categ	asian tino races	ino Pacific Islander
<ul> <li>Black/African American</li> <li>American Indian or Ala</li> <li>Asian</li> <li>Asian Indian</li> <li>Filipino</li> </ul>	n ıska Native	♥ White/Cauc: ♥ Hispanic/La ♥ Two or more Other categ	asian tino races	ino Pacific Islander
<ul> <li>Black/African American</li> <li>American Indian or Ala</li> <li>Asian</li> <li>Asian Indian</li> <li>Filipino</li> </ul>	n ıska Native	♥ White/Cauc: ♥ Hispanic/La ♥ Two or more Other categ	asian tino races	oino Pacific Islander
<ul> <li>Black/African American</li> <li>American Indian or Ala</li> <li>Asian</li> <li>Asian Indian</li> </ul>	n iska Native g categories of race/ethnic	₩hite/Cauca White/Cauca Two or more Other categ	asian tino races	
Black/African American American Indian or Ala Asian Asian Asian Indian Filipino Ny school collects the following No race/ethnicity data Black/African American	n Iska Native g categories of race/ethnin are collected n	White/Cauca White/Cauca Two or more Other categ Other categ white/Cauca	asian tino races ories collected alian or Other Non-Filip	
Black/African American American Indian or Ala Asian Asian Asian Indian Filipino Ny school collects the following No race/ethnicity data Black/African American American Indian or Ala	n Iska Native g categories of race/ethnin are collected n	White/Cauca White/Cauca Two or more Other categ Other categ White/Cauca White/Cauca	asian tino races ories collected aiian or Other Non-Filip asian	
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c) Do you have any additional feedback on how we should collect race/ethnicity data and how we can make collecting these data easier for you?

9) How could the consolidated survey be changed or improved upon?

10) What information did you find most difficult to obtain?

11) How could obtaining the information requested by the survey be made easier for your program?

12) Please provide any additional feedback about the survey here.

Submit Survey Responses

If you have completed all sections of the survey that appear in the Table of Contents and are ready to submit your survey responses, please click on the "Next Page" button below.

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