



April 17, 2019

Dr. Joseph Morris
California Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

Dear Dr. Morris,

In response to the recent release of the remarkable synthesis of information gathered through the 2018 BRN Regional Summits, the California Association of Colleges of Nursing (CACN) Boards of Directors and our memberships congratulate you on the value of the work that has been accomplished to date. We appreciate the collaborative nature of the planning process that included members of our organizations. The use of data, as well as the courage to openly discuss “sacred” and challenging issues, was critical to these statewide meetings. In response to summit findings, the leadership of CACN offer the following recommendations.

Increase the use of Simulation in Prelicensure Nursing Programs to 50%

According to Alexander, et al. (2015), “...the results of NCSBN’s National Simulation Study, along with integrative or systematic reviews in prelicensure nursing, support the premise simulation has outcomes similar to clinical experiences and under the right circumstances can be used to substitute for clinical experiences.” High-quality simulation experiences can be substituted for up to 50% of traditional clinical hours across a prelicensure nursing curriculum. Rather than the number of hours of simulation, the quality of well-planned simulation was of greater importance (Hayden, et al., 2014). Specific to California, given the findings of the 2018 Regional Summits confirming that clinical agencies have reduced their clinical placement capacity, simulation can be part of the solution to address nursing programs’ needs for clinical learning experiences. Noteworthy, similar to direct patient care learning experiences, the use of simulation must have sufficient resources and should be well-planned. Since simulation has been a part of prelicensure nursing education in California, this is an ideal time to increase it from 25% to 50%. Published nursing literature offers valuable guidance on avenues to successfully accomplish high quality simulation experience in prelicensure nursing programs (Alexander, et. al., 2015).

Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., Kardong-Edgren, S., Kesten, K. S., Spector, N., Tagliareni, E., Radtke, B., and Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation*, 3(6), 39-42.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), S1–S64.

Discontinue Nursing Program Letter Writing Supporting/Not Supporting Increases in Neighboring Program Enrollment

CACN is requesting the Education and Licensing Committee's new practice of requesting letters from local nursing programs to support or not support a local school's program growth be discontinued. To date, we have been unable to identify documents that suggests this practice has been sanctioned by the Consumer Affairs' Office of Administrative Law. It is our position that this practice is generating a subjective perspective instead of factual data regarding the determination of resource sufficiency to support an increase in student enrollment in a clinical setting. It is also creating tension between local nursing programs and clinical partners, rather than promoting collegiality and collaboration.

When a Nursing Program intends to expand its enrollment (16 CCR 1427), we recommend the following changes:

1. Use letters of support and data from the clinical agency as evidence that a clinical agency is committed to supporting a nursing program's request to increase enrollment.
2. Allow clinical agencies to determine what nursing programs should and should not be their clinical partner(s).
3. In deciding about program growth, account for regional needs and disparities related to the RN workforce but also the need for nursing faculty addressed by additional graduates from prelicensure accelerated, Masters-Entry programs. Enrollment growth that is not contributing to current or near future regional workforce needs (addressing the need for entry level RNs or nursing faculty) is unnecessary and consumer resources needed in other key areas.
4. Require that the Nursing Programs requesting to increase their enrollment hold institutional accreditation and national nursing accreditation recognized by the Department of Education.

Incentivize Institutional and National-Nursing Accreditation for all California Nursing Programs

The hallmark for ensuring the quality of a nursing program is the external review from academic peers that is associated with institutional accreditation and national nursing accreditation. Faculty and academic administrative peers from selected US universities who possess contemporary knowledge about academic and accreditation standards conduct these accreditation reviews. Their student-centric approach to ensure academic quality comes from a continuous program improvement framework, rather than compliance with state regulations.

Summit findings clarified that 70% of California Associate Degree (AD) nursing programs are not accredited by a national nursing accreditation body. All BSN and graduate-entry programs and 30% of AD California nursing programs hold institutional and national nursing accreditation. Given that existing BRN regulations only dictate the minimum nursing credit requirements, a maximum requirement does not exist in current BRN regulation. An issue that surfaced as a key Summit finding was that some nursing programs require far more credits than is customary for the degree awarded. In California at times the number of clinical credits required by a program translates to an excessive demand for clinical hours. These excess clinical hour requirements ultimately reduce the availability of the clinical agency to other local nursing programs and create a greater burden for the agency and their staff.

Leveling the number of credits for a nursing degree is addressed with national Nursing accreditation. Institutional accreditation (e.g., Accrediting Commission for Community and Junior Colleges [ACCJC], WASC Western Senior College and University Commission) and national Nursing accreditation bodies (e.g. Accreditation Commission for Education for Nursing [ACEN], Commission on Collegiate Nursing Education [CCNE], National League for Nursing [NLN]) are student-centric and assess many critical

elements of the quality of a nursing program including, but not limited to: sufficient program resources, qualified administrative oversight, evidence-based curriculum, student and program outcomes (time to degree, retention and employment rates, NCLEX pass rates), and faculty qualifications. These are the same variables addressed by the BRN program approval process, creating duplication of accreditation and approval processes. Additionally, the process is *costly*, demanding substantial financial and human resources to produce self-studies and to host site visits. There is also significant associated cost for the State of California related to BRN site visits. Therefore, for programs that are nationally accredited by a nursing accrediting body, we are requesting that the BRN:

1. Discontinue the faculty approval process because faculty qualifications are accounted for by ACCJC, WASC, CCNE, ACEN, and NLN accreditation criteria (see resources listed below, pages 4).
2. Nursing programs with three consecutive years of NCLEX 1st time pass rates of 80% or greater (CCNE requirement) will not be required to submit a self-study or undergo program reviews every five years. Instead, the nursing program will share the self-study submitted to the national accreditation body with the BRN.

For California nursing programs that are unable to cover the costs for national accreditation, we recommend that costs be paid for by a campus's central administration, for example the Chancellor's Office. The California Association of Colleges of Nursing (CACN) stands ready and committed to supporting any nursing program that is planning to begin the process of seeking national accreditation. Such actions would allow local nursing programs to collaborate and support one another. Additionally, in response to the many requests from universities outside of California requesting to enter the state to open a nursing program, we support the BRN requiring nursing programs to be accredited at the institution level and by a national nursing accrediting body. In light of the recent events at Brightwood College in San Diego, which did not meet this accreditation requirement, we strongly encourage all nursing programs in California hold institution-level and national nursing accreditation. This would have reduced the risks and prevented the losses the Brightwood students experienced.

CACN stands united in support of Concurrent Enrollment Programs (CEP) that facilitate California AD nursing student progression to the BSN degree. It is critical that these CEPs collect comprehensive program outcome data. For example, both the AD and BSN programs' data collection must minimally include: total program enrollment, total enrolled in the CEP, time to degree, NCLEX 1st time pass rates, retention rates, and employment rates. This student-centric approach will validate and showcase effective and efficient California CEPs. When California nursing programs fully step up to ensure low cost, efficient and high-quality CEPs are in place, the out-of-state interest will diminish.

Finally, we value the rich contributions of existing California-based public as well as private academic institutions. All educational settings are needed to meet the diverse needs of our students who will be the future nursing workforce of this state.

We have given these requests and comments considerable thought and welcome discussion and/or any questions you may have. We request a written response to this letter to clarify how these requests will be considered and are hopeful they will be approved. Thank you for your leadership and commitment to professional nursing practice.

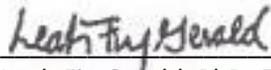
Respectfully submitted,



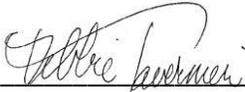
Scott R Ziehm, DNP, RN CACN President



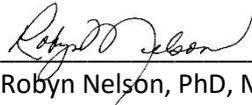
Lorna Kendrick, PhD, APRN, PMHCNS-BC CACN President-elect



Leah FitzGerald, PhD, FNP-BC CACN Secretary



Debbie Tavernier, EdD, MSN, RN CACN Member at Large I



Robyn Nelson, PhD, MSN, RN Member at Large II

Resources:

- Institutional Accreditation Bodies
 - ACCJC (Standard 3A: https://accjc.org/wp-content/uploads/Accreditation-Standards_-_Adopted-June-2014.pdf)
 - Western Senior Colleges and Universities WASC Standards (CFR: 3.1, 3.2, 3.3: <https://www.wscuc.org/content/standards-glance-2013>)
- National Nursing Accreditation Bodies
 - ACEN Standards (2.1-6, 2.8-10: <http://www.acenursing.net/manuals/SC2017.pdf>)
 - CCNE Standards (Key Elements: II E-G: <https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>)
 - NLN Standards (Quality Indicators: IIIA-D: <http://www.nln.org/docs/default-source/accreditation-services/cnea-standards-final-february-201613f2bf5c78366c709642ff00005f0421.pdf>)