

This update presents information for the 128 pre-licensure registered nursing (RN) programs in Texas during the 2022 reporting year, including:

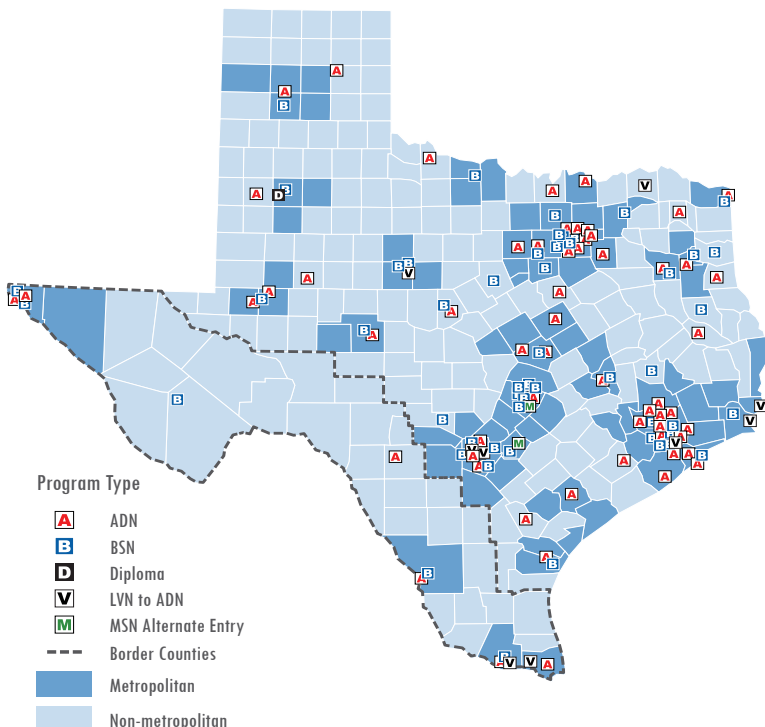
- 1 diploma program;
- 68 Associate Degree in Nursing (ADN) programs, including 57 generic ADN programs and 11 licensed vocational nurse (LVN) to ADN stand-alone programs;
- 57 Bachelor of Science in Nursing (BSN) programs; and
- 2 Master of Science in Nursing Alternate Entry (MSN AE) programs.

The Texas Center for Nursing Workforce Studies (TCNWS) collected data using the 2022 Board of Nursing’s (BON) Nursing Education Program Information Survey (NEPIS) that was available online as of October 3, 2022. The reporting period was academic year (AY) 2021-2022 (September 1, 2021 – August 31, 2022) unless otherwise noted. TCNWS collaborated with the BON in the design and dissemination of the survey.

### Geographic Location of Professional Nursing Programs

Figure 1 presents the locations of the 128 professional nursing programs in Texas by metropolitan and non-metropolitan counties. Table 1 summarizes the location of programs by type and geographic designation.

**Figure 1. Geographic Location of Professional Nursing Programs by Type**



**Table 1. Geographic Designation of Main Campuses by Program Type**

Program Type	Geographic Designation				Total
	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	
Diploma	0	1	0	0	1
ADN	5	39	1	12	57
LVN to ADN	2	7	0	2	11
BSN	5	46	1	5	57
MSN AE	0	2	0	0	2
<b>Total</b>	<b>12</b>	<b>95</b>	<b>2</b>	<b>19</b>	<b>128</b>

- 95 programs (74.2%) were located in metropolitan, non-border counties.
- 19 programs (14.8%) were located in non-metropolitan, non-border counties.
- 12 programs (9.4%) were located in metropolitan, border counties.
- 2 programs (1.6%) were located in a non-metropolitan, border county.

## Changes in the Number of Professional Nursing Programs

Table 2 displays the number of newly opened, closed, and total professional nursing programs over the past 10 years.

- During AY 2021-2022, 2 new programs opened and 0 programs closed.

**Table 2. Changes in the Number of Professional Nursing Programs, 2013-2022**

Year	New Programs	Closed Programs	Total Programs
2013	9	2	113
2014	3	2	114
2015	6	1	119
2016	3	6	116
2017	6	3	119
2018	3	0	122
2019	4	2	124
2020	2	1	125
2021	3	2	126
2022	2	0	128

Table 3 shows the number of professional nursing programs, by program type, over the past 10 years.

- The number of diploma programs has remained the same from 2013 to 2022.

- The number of LVN to ADN stand-alone programs has remained the same since 2017.
- The number of ADN programs has remained relatively steady since 2013.
- The number of BSN programs has increased by 32.6% from 2013 to 2022.

**Table 3. Number of Professional Nursing Programs by Program Type, 2013-2022**

Year	Diploma	LVN to ADN	ADN	BSN	MSN AE
2013	1	10	58	43	1
2014	1	10	58	44	1
2015	1	9	60	48	1
2016	1	8	59	47	1
2017	1	11	57	49	1
2018	1	11	57	52	1
2019	1	11	57	54	1
2020	1	11	56	56	1
2021	1	11	55	58	1
2022	1	11	57	57	2

## Institution Types

The 128 professional nursing programs operating in Texas during AY 2021-2022 were classified as follows<sup>1</sup>:

- 56 community colleges
- 2 state colleges
- 2 technical colleges
- 24 public universities
- 5 health-related institutions
- 19 private/independent institutions of higher education
- 20 private postsecondary educational institutions

These were mutually exclusive categories.

<sup>1</sup>Institution types come from the Texas Higher Education Board (<http://www.txhighereddata.org/Interactive/Institutions.cfm>)



## Length of Curriculum in Professional Nursing Programs

In the 2022 NEPIS, programs were asked to report the length of their nursing curriculum in months, not including nursing prerequisites. Table 4 displays the curriculum length by program type.

- BSN programs had the longest curriculum length with the average being 23.9 months.
- LVN to ADN programs had the shortest curriculum length with the average being 13.5 months.

Table 4. Curriculum Length in Months by Program Type

	Range	Mean	Median
Diploma	24	24	24
LVN to ADN	12-20	13.5	12.0
ADN	12-28	21.3	22.0
BSN	12-36	23.9	24.0
MSN AE	12-20	16	16

## Program Tracks in Professional Nursing Programs

Program tracks are alternate pathways for students to meet the nursing program's objectives or outcomes. 110 of the 128 RN programs (85.9%) offered tracks in addition to their basic program.

- 62 programs (48.4%), including the 11 stand-alone LVN to ADN programs, offered an LVN to ADN track.
- 53 programs (41.4%) offered an RN to BSN track, including 25 programs that offered the entire didactic portion online. This does not include the stand alone RN to BSN programs.
- 7 programs (5.5%) offered a pre-licensure RN track that offers the entire didactic portion online.
- 20 programs (15.6%) offered a paramedic/EMT to ADN track.
- 12 programs (9.4%) offered a bachelor's degree to BSN track.
- 12 programs (9.4%) offered an accelerated/compressed curriculum.

Programs were asked about tracks that give active duty, former, or retired military personnel nursing credit for allied health care training or experience.

- 8 programs currently offered such a track.
- These 8 programs included 3 BSN programs, 4 ADN programs, and 1 LVN to ADN program.
- Programs cited challenges to implementing military tracks, such as applicants not having enough experience (3 programs) and unclear guidelines on awarding credits (2 programs).

No RN programs reported having options for high school students.

## Advanced Placement in Professional Nursing Programs<sup>2</sup>

Some professional nursing programs offer advanced placement for students.<sup>2</sup> Students with prior VN or RN nursing education, paramedics, students with a background in allied health, LVNs, or students who hold a baccalaureate or master's degree in a discipline other than nursing may be eligible for advanced placement.

- As shown in Table 5, 57 programs (44.5%) offered advanced placement to LVNs and 45 programs (35.2%) offered advanced placement to students with prior VN or RN nursing education.
- 36.7% of programs did not grant advanced placement. These included 29 BSN, 10 ADN, 5 LVN to ADN, 1 diploma, and 2 MSN AE programs.

There were several mechanisms used by programs to grant advanced placement to students. Such mechanisms included direct transfer of credit or granting credit with a transition course, the completion of designated courses, or passing written exam(s). Table 6 indicates the types of mechanisms used to grant advanced placement by program type.

- Direct transfer of credit was the most widely used mechanism to grant advanced placement to pre-licensure nursing students across all program types (43.8% of programs), followed by granting credit with a transition course (35.9% of programs).

**Table 5. Number of Programs that Grant Different Types of Students Advanced Placement<sup>2</sup> by Program Type**

Program Type	Type of Advanced Placement					
	Students with prior VN or RN nursing education	Paramedic/EMT	Allied health	LVN	Baccalaureate/master's in discipline other than nursing	Military healthcare personnel
Diploma	0	0	0	0	0	0
ADN	21	17	2	46	0	6
LVN to ADN	3	0	0	3	0	1
BSN	21	1	0	8	3	2
MSN AE	0	0	0	0	0	0
Total	45	18	2	57	3	9

**Table 6. Number of Programs Using Different Mechanisms to Grant Advanced Placement<sup>2</sup> by Program Type**

Program Type	Type of Advanced Placement				
	Direct transfer of credit	Grant credit with transition course	Grant credit with completion of designated courses	Grant credit with passing written exam(s)	College credit for active duty, former, and retired military personnel
Diploma	0	0	0	0	0
ADN	27	37	13	9	3
LVN to ADN	3	2	0	1	0
BSN	26	7	6	11	1
MSN AE	0	0	0	0	0
Total	56	46	19	21	4

<sup>2</sup>Advanced placement is defined as a mechanism by which students with relevant prior education and/or experience may be offered course credit by meeting certain other requirements.

## Online Availability of Professional Nursing Programs<sup>3</sup>

Programs were asked whether they offered nursing courses via online technology. Of the 128 professional nursing programs:

- 2 programs (1.6%) offered the entire didactic program curriculum online. Both were BSN programs.
- 72 programs (56.3%) offered blended/hybrid courses (courses partially online and partially face-to-face).
- 32 programs (25.0%) had no online course availability.

From 2013 to 2022, the percent of programs that offered the entire didactic curriculum online has decreased (5.3% in 2013). However, the percent of programs offering select courses online has increased (up from 33.6% in 2013).

**Table 7. Online Availability by Program Type, 2022**

Program Type	Entire Didactic Program Online	Select Courses Online	Blended/Hybrid	No Online Courses
Diploma	0	0	1	0
ADN	0	20	32	17
LVN to ADN	0	4	3	6
BSN	2	37	34	9
MSN AE	0	1	2	0
<b>Total</b>	<b>2</b>	<b>62</b>	<b>72</b>	<b>32</b>

<sup>3</sup>Please note that programs may offer select courses entirely online and select courses as hybrids. Also note that all programs, whether or not they offered any portion of their program online, offered hands-on, face-to-face clinical experiences. Didactic curriculum is defined as including actual hours of classroom instruction in nursing and non-nursing Board-required courses/content.

## Curriculum and Program Hours in Professional Nursing Programs

### Curriculum

In the 2022 NEPIS, programs were asked what type of curriculum they used.

- 62 (48.4%) programs reported using a block curriculum,<sup>4</sup> 33 (25.8%) used an integrated curriculum,<sup>5</sup> and 27 (21.1%) used a concept-based curriculum.<sup>6</sup>
- 6 programs (4.7%) reported using other curriculum types. 4 of the 6 reported using some combination of curriculum types.

If programs implemented permanent curriculum changes during AY 2021-2022, they were asked to select which changes were implemented (Table 7). Programs could select more than one type of change.

- 75% of programs did not implement a permanent curriculum change.
- “Other” responses included implementing Differentiated Essential Competencies (DECs), increasing lecture hours, and providing online/hybrid options.

Programs were asked whether standardized exams determine the progression of students and if programs use outside vendors for recruiting, marketing, etc.

- 39 programs (30.5%) reported that standardized exams determine the progression of students.

**Table 7. Types of Permanent Curriculum Changes Implemented, 2022**

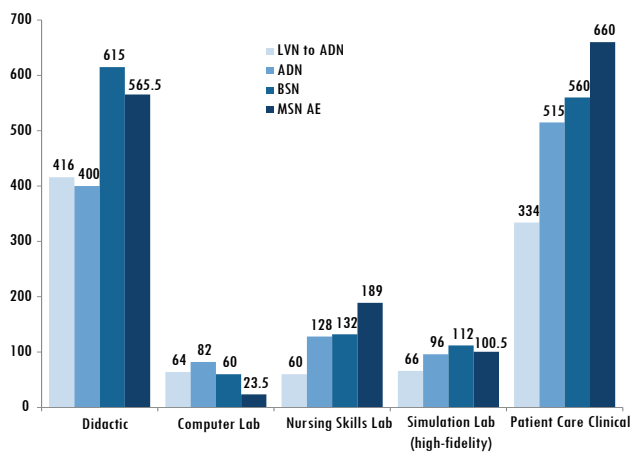
	# of programs	% of programs
No permanent change	96	75.0%
A minor change (editorial changes, moving content, hours between courses)	15	11.7%
Changes in clinical hours	4	3.1%
Online delivery (more didactic online, moving to hybrid courses)	11	8.6%
A total revision of curriculum	1	0.8%
Adding and removing courses	4	3.1%
A change in program objectives, major concepts	1	0.8%
Other	8	6.3%

- 11 programs (8.6%) reported that they use an outside vendor for recruiting students, marketing, assistance with online formatting and curriculum, contracting clinicals, or finding faculty.

## Program Hours

Programs were asked to provide information regarding the number of contact hours required in each of the following areas in their program of study: didactic, computer lab, skills lab, simulation lab, and patient care clinical situations. Figure 3 graphs the median value for each of the program activities for ADN, LVN to ADN, and BSN programs. Please note that there was only one diploma program so the median value was equal to the actual value reported by the program. For that reason, they are not graphed in Figure 3.

Figure 3. Median Contact Hours Reported by Program Type



As evidenced by Figure 3, there was variation in the hours required by professional nursing programs both between and within program types. Some reasons for the variation may include: inherent differences between the program types (e.g., LVN to ADN programs are generally more abbreviated programs of study than ADN or BSN programs), differences between the operational definitions used in the NEPIS and how programs define these activities, or variations in the accuracy of self-reporting these hours by professional nursing programs.

### Didactic Contact Hours

In this report, didactic includes actual hours of classroom instruction in nursing and non-nursing Board-required courses/content. The didactic hours reported by professional nursing programs ranged from 37 to 2,730 hours.

### Computer Lab

Computer lab is defined as interactive tutorials and learning modules that are part of a curriculum that is separate from didactic. 114 programs (89.1%) reported computer lab hours for their program of study. The computer lab hours reported ranged from 0 to 414 hours.

The median number of computer lab hours reported by all programs had not changed substantially since 2013 but decreased by 9 hours from 2021 to 2022. The percent of programs offering computer lab hours increased from 69.9% to 89.1% between 2013 and 2022.

### Nursing Skills Lab (low- and moderate-fidelity simulations and task training)

In this report, nursing skills lab is defined as low- and medium-fidelity simulations<sup>7</sup> and task training. All but 1 program reported skills lab hours as part of their nursing curriculum. The skills lab hours reported by professional nursing programs ranged from 0 to 414 hours. The median number of nursing skills lab hours reported by all programs has decreased from 135 in 2013 to 128 in 2022.

### High-Fidelity Simulation Lab

Simulation lab refers to high-fidelity situations which are defined as structured learning experiences with computerized mannequins that are anatomically precise and reproduce physiologic responses. The environment mimics the clinical setting. 127 programs (99.2%) reported simulation lab hours for their programs of study. The simulation lab hours reported ranged from 0 to 454 hours. The median number of simulation lab hours reported by all programs has increased from 58.8 in 2013 to 101 in 2022, and the percent of programs offering simulation lab hours has increased from 91.2% to 99.2%.

33 programs (25.8%) reported that they had plans to increase the number of simulation lab hours over the next academic year. 56 programs (43.8%) reported that they weight simulation lab hours differently from hands-on clinical practice hours.

Programs were asked to provide their faculty-to-student ratios in simulation activities.

- The ratios varied from 1:2 in 1 program to 1:15 in 3 programs.
- The most commonly reported ratio was 1:10 (60 programs).

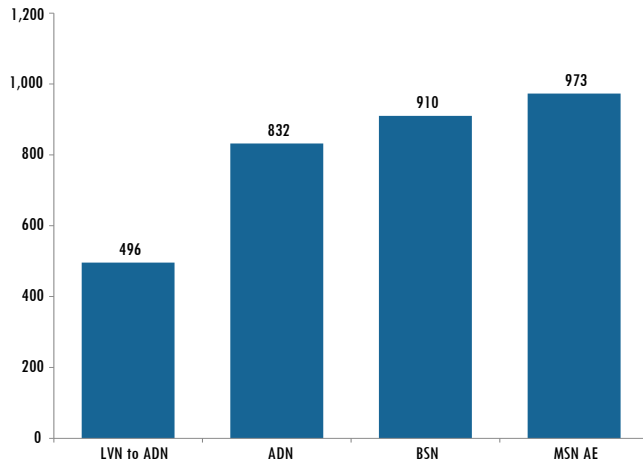
### Patient Care Clinical Situations

In this report, patient care clinical situations were defined as hands-on clinical practice with actual patients in a clinical setting including all faculty-supervised activities in the clinical setting, such as direct care, observational experiences, and clinical conferences. The patient care clinical situations hours reported ranged from 77.8 to 1,039 hours. The median number of patient care clinical situations hours reported by all programs has decreased from 670 in 2013 to 536 in 2022.

## Total Clinical Contact Hours

Figure 4 displays the median total clinical contact hours reported by program type. Total clinical contact hours includes patient care clinical situations, nursing skills lab, simulation lab, and computer lab hours.

**Figure 4. Median Total Clinical Contact Hours Reported by Program Type**



- There was only 1 diploma program, so they were not included in Figure 4. The diploma program reported 1,368 total clinical contact hours.
- There were only 2 MSN AE programs, making the mean and median of clinical contact hours the same (973 hours). Hours ranged from 946 to 1,000.
- BSN programs reported a median of 910 for total clinical contact hours. The mean clinical contact hours for BSN programs was 934.9. BSN program clinical contact hours ranged from 100 to 1,928.
- ADN programs reported a median of 832 and a mean of 878.7 total clinical contact hours. ADN programs reported a range of total clinical contact hours from 400 to 1,624.
- LVN to ADN programs had a median of 496 and a mean of 577.4 clinical contact hours. Hours ranged from 432 to 982.

- 14 programs (10.9%) reported that they used Dedicated Education Units (DEUs) as a clinical format.<sup>8</sup>
- 57 programs (44.5%) reported that their programs had partnered with health care facilities in a clinical agreement to allow students an opportunity for an enriched and concentrated clinical experience (may be paid) under supervision of a trained preceptor or nursing faculty as a part of the curriculum.

Table 8 displays the percentage of hands-on clinical practice time programs reported students spent in a variety of settings.

- The majority of hands-on clinical practice hours were spent in the acute care setting, with programs reporting an average of 77.1% of clinical practice hours spent in the acute care setting.
- The next most used setting was the community setting, with an average of 12.5% of clinical practice hours.
- “Other” settings included psych/mental health (9 programs) and simulations (4 programs).
- The percentage of time spent in the listed clinical settings has remained steady since 2014, when these categories were first introduced.

**Table 8. Percentage of Hands-On Clinical Time Spent by Setting**

Clinical Setting	Mean % of Time Spent	Median % of Time Spent
Acute Care	77.1%	80.0%
Long Term Care	6.4%	5.0%
Community Settings	12.5%	10.0%
Other	11.1%	5.0%

<sup>4</sup>Block curriculum: blocks or chunks of nursing content that are structured around particular clinical specialty areas, patient population, pathology, or physical systems. The content and focus of each course tends to be unique to that course. Content commonly is specific to areas such as medical-surgical nursing, mental health nursing, pediatric nursing, maternity nursing, gerontological nursing, and community nursing.

<sup>5</sup>Integrated curriculum: curriculum pattern where nursing content is woven across courses in the curriculum rather than being based on body systems or specific health problems.

<sup>6</sup>Concept-based curriculum: curriculum based upon faculty-identified concepts that are considered core to nursing practice and threaded across the curriculum. Each concept is presented through application to exemplars of each concept.

<sup>7</sup>Low-fidelity simulation allows the user to practice skills in isolation. Moderate-fidelity simulation offers more realism than low-fidelity simulation, but does not have the user completely immersed in the situation.

<sup>8</sup>A Dedicated Education Unit is a nursing education model based upon a contractual agreement between a hospital and a nursing education program. Staff nurses on a specific hospital unit function as the primary instructors for nursing students during clinical learning experiences, and nursing program faculty serve as mentors and education resources for the staff nurses.

