



Washington State Nursing Education Clinical Hours for Registered Nursing Programs: Academic Years 2015-2022



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Summary of Key Findings

Associate Degree in Nursing (AD-RN) Clinical Hours

- From 2015-2022, the average total clinical hours were 571 hours ranging from a low of 225 hours to a high of 1014 hours.
- Most clinical hours are direct care hours, with an average of 496 hours or 87% of the total hours.
- Majority of clinical hours were in the medical/surgical rotation at 46% of total hours.
- Total clinical hours in the AD-RN program have decreased 18% in the last few years with 589 hours in the 2018-2019 year to 490 total hours in the most recent 2021-22 year.
- 50% increase of simulation hours from 36 hours in 2015 to 60 hours in 2021.
- Simulation hours increased 33% starting the 2019-2020 year, at the start of covid and continued post-covid.

Bachelor of Science in Nursing (BSN) Clinical Hours

- From 2015-2022, the average total clinical hours were 815 hours ranging from a low of 556 hours to a high of 1150 hours.
- Most clinical hours are direct care hours, with an average of 702 hours or 86% of the total hours.
- The majority of clinical hours were in the medical/surgical rotation at 25% of total hours.
- Total clinical hours in the BSN program have decreased 13% in the last few years with 851 hours in the 2018-2019 year to 743 total hours in the most recent 2021-22 year.

Registered Nurse to Bachelor of Science in Nursing (RNB) Clinical Hours

- From 2015-2022, the average total clinical hours were 115 hours.
- Most clinical hours are direct care hours, with an average of 96 hours or 83% of the total hours.

Out of State Clinical Placements

- Total of 385 nursing schools with out-of-state clinical placements across various degrees.
- Close to 4,000 clinical placements for out-of-state RN students in AD-RN, BSN, and RNB programs.
- The greatest number of schools over the five-year period were from Oregon (31) and Pennsylvania (29).

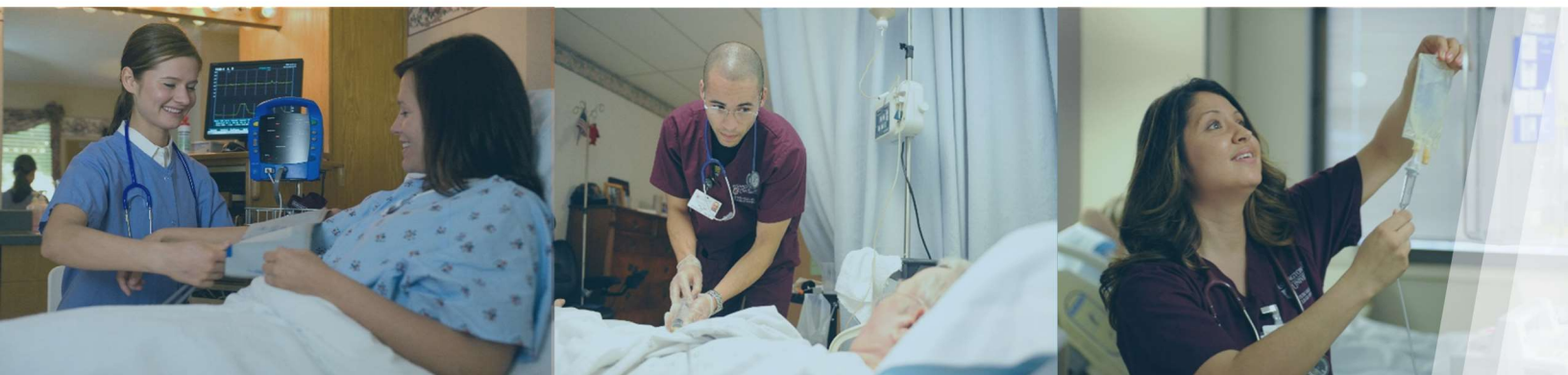


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Background

Nursing graduates are eligible to take the entry to practice nurse licensure exam when the student nurse successfully completes a board approved nursing education program. One of the required qualifications to complete a nursing education program is the hands-on clinical experience where students apply their knowledge and skills in a clinical environment.

Clinical nursing experiences are defined as “planned activities to help students understand, perform, and refine professional competencies at the appropriate program level.” (American Association of Colleges of Nursing, 2016). The total clinical hours include a variety of supervised clinical experiences and activities in providing direct patient care, simulation experiences, and time in skills labs. Direct care clinical hours take place in approved healthcare facilities and in the community such as schools or public health locations. The clinical days, times, and number of hours are typically coordinated by the nursing program and the clinical experience facility.

Nursing programs are struggling to coordinate clinical hours and clinical placements for students to meet program requirements. In a national survey, nursing programs report they are unable to enroll more students due to insufficient availability of clinical sites (254 schools, 69%) and 150 schools (40%) reported insufficient availability of clinical sites as the most important reason for turning away qualified applicants (AACN, 2022).

Currently, there is no standard agreement or requirement for the quantity or quality of clinical hours or experiences to educate a competent nurse. Moreover, there is no evidence to support a minimum number of clinical hours (National Council of State Boards of Nursing [NCSBN], 2021) with every state and nursing program determining the necessary curriculum and clinical experiences required for students to be eligible to graduate from their nursing programs. In 2021, there were 13 state boards of nursing that required a minimum number of clinical experience hours for registered nursing (RN) programs and 38 states without minimums established (NCSBN, 2021).

The state of Washington’s nursing board, the Nursing Care Quality Assurance Commission (NCQAC) regulates the approved clinical and practice experiences for nursing education programs to prepare students for licensure. The NCQAC outlines that faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student and shall plan, oversee, and evaluate student clinical and practice experiences (Practical and Registered Nursing Washington Administrative Code, 2016). The NCQAC requires that students in an associate degree in nursing education program complete at least 500 clinical hours and for students in a bachelor of science nursing program to complete at least 600 hours (Practical and Registered Nursing Washington Administrative Code, 2016).

Introduction

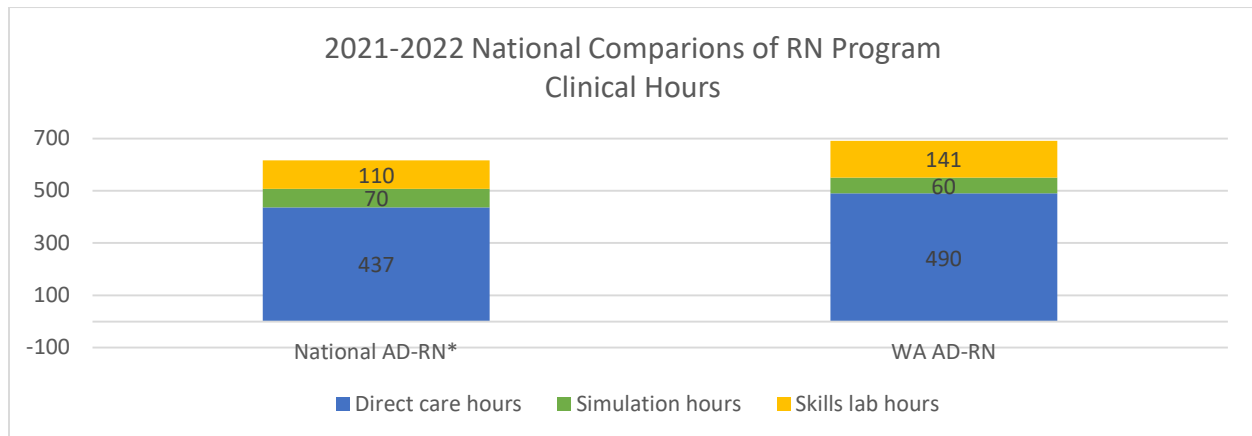
This report was developed by the Washington Center for Nursing in collaboration with the Washington state NCQAC. The report was designed to analyze existing nursing education data to determine 1) the number of clinical hours by program, 2) provide qualitative data on the nursing program experience related to clinical placement, 3) provide clinical hours data on the out-of-state students, and 4) provide clinical hour data trends for the Washington schools of nursing. This report has been informed by a survey of nursing workforce interested parties and stakeholders.

This report provides a trend summary of clinical hours for associate degree programs, bachelor of science in nursing programs, registered nurse to bachelors of science in nursing programs, and out-of-state nursing students who have clinical experiences in Washington. The in-state data includes the academic years from 2015-2022. The main sources of data were from the annual education survey collected by the NCQAC and the NCSBN. More details on the data are provided in the Methods section.

Associate Degree in Nursing Clinical Hours (AD-RN)

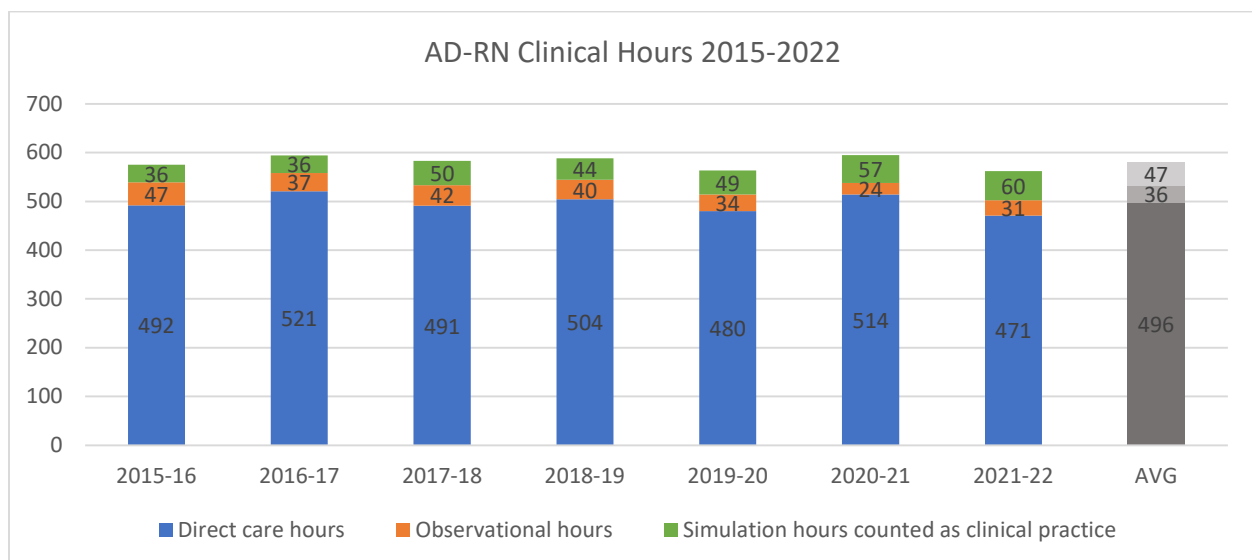
In the 2021-2022 academic year, the national mean of total clinical hours for AD-RN programs was 617 hours (NCSBN, 2022) compared to 691 average hours for Washington programs. The national mean direct patient care hours for an AD-RN program were 437 hours, 70 hours in simulation hours, and 110 hours in skills lab (NCSBN, 2022). The Washington AD-RN programs used 10 fewer hours in simulation compared to the national AD-RN programs.

Figure 1. National Comparison of AD-RN Program Clinical Hours



*Note: National data uses the mean and the WA data uses an average. Source: *NCSBN National Nursing Education Annual Report: 2020–2021 Aggregate Data*

Figure 2. AD-RN Average Total Clinical Hours 2015-2022



From 2015-2022, the AD-RN programs had an average of 571 total clinical hours during the program which includes direct care hours, observation hours, and simulation hours counted as clinical practice. Most of the hours were in direct care with an average of 496 hours (87%),

observation hours were 6% of the hours, and simulation were 8% of the total hours. Simulation hours increased 33% starting the 2019-2020 year, at the start of covid and continued post-covid.

Total clinical hours in the AD-RN program have decreased 18% in the last few years with 589 hours in the 2018-2019 year to 490 total hours in the most recent 2021-22 year. The average direct care hours have also declined with 504 direct care hours in 2018-19 compared to 471 hours in the most recent 2021-22 year. Similarly, direct care clinical hours are decreasing nationally for AD-RN programs with 628 hours in 2010 and 437 hours in 2020-2021 (NCSBN, 2022). Overall 50% increase of simulation hours from 36 in 2015 to 60 hours in 2021.

Figure 3. AD-RN Highest and Lowest Total Clinical Hours 2015-2022

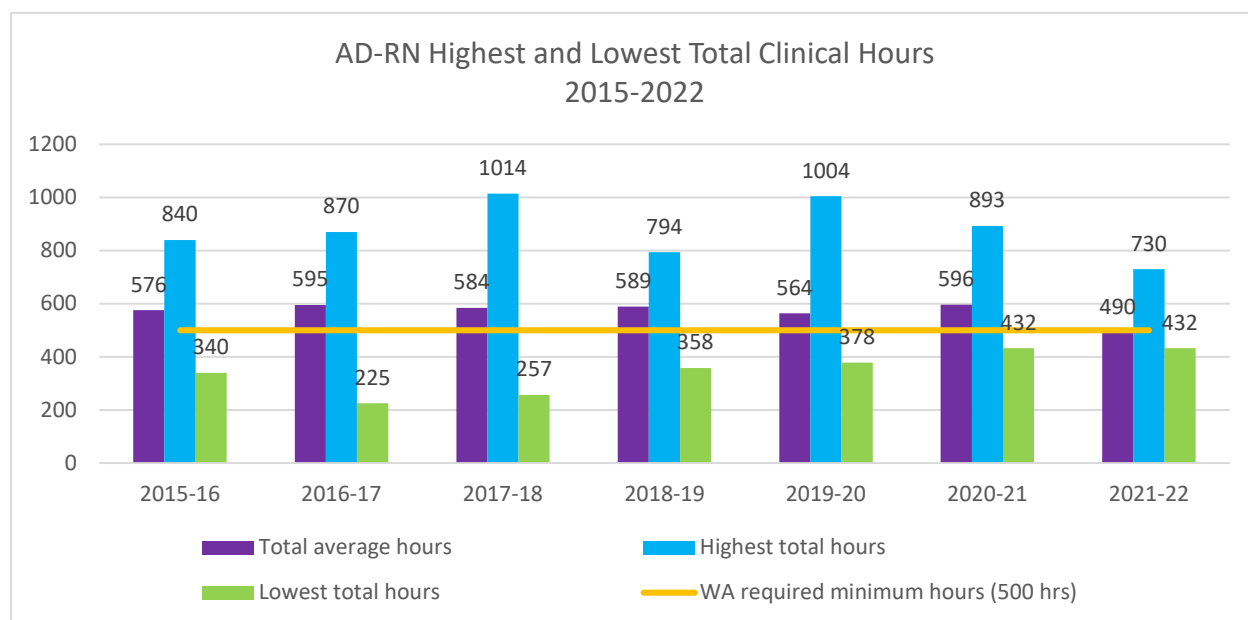


Table 1. AD-RN Highest and Lowest Clinical Hours 2015-2022

AD-RN Highest and Lowest Total Clinical Hours 2015-2022			
	Total average hours	Highest total hours	Lowest total hours
2015-16	576	840	340
2016-17	595	870	225
2017-18	584	1014	257
2018-19	589	794	358
2019-20	564	1004	378
2020-21	596	893	432
2021-22	490	730	432

On the higher end, AD-RN programs average 878 total clinical hours. Alternately, on the low end, programs had an average of 346 total clinical hours. The range of clinical hours varies greatly with one program logging 1,004 total clinical hours in the 2019-2020 academic year and one program noting 257 total clinical hours in the same year. In Washington state, approved AD-RN programs require a minimum of 500 clinical hours for clinical and practice experiences (Practical and Registered Nursing Washington Administrative Code, 2016).

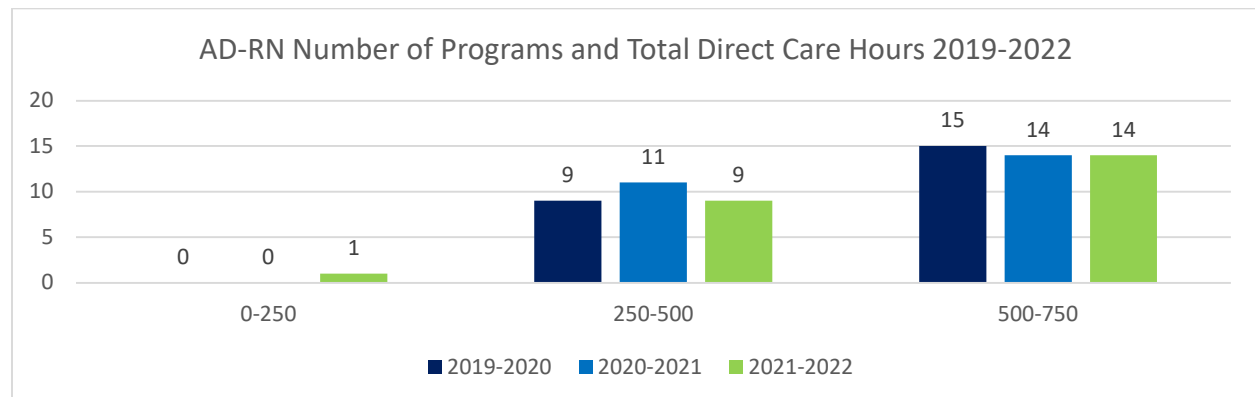
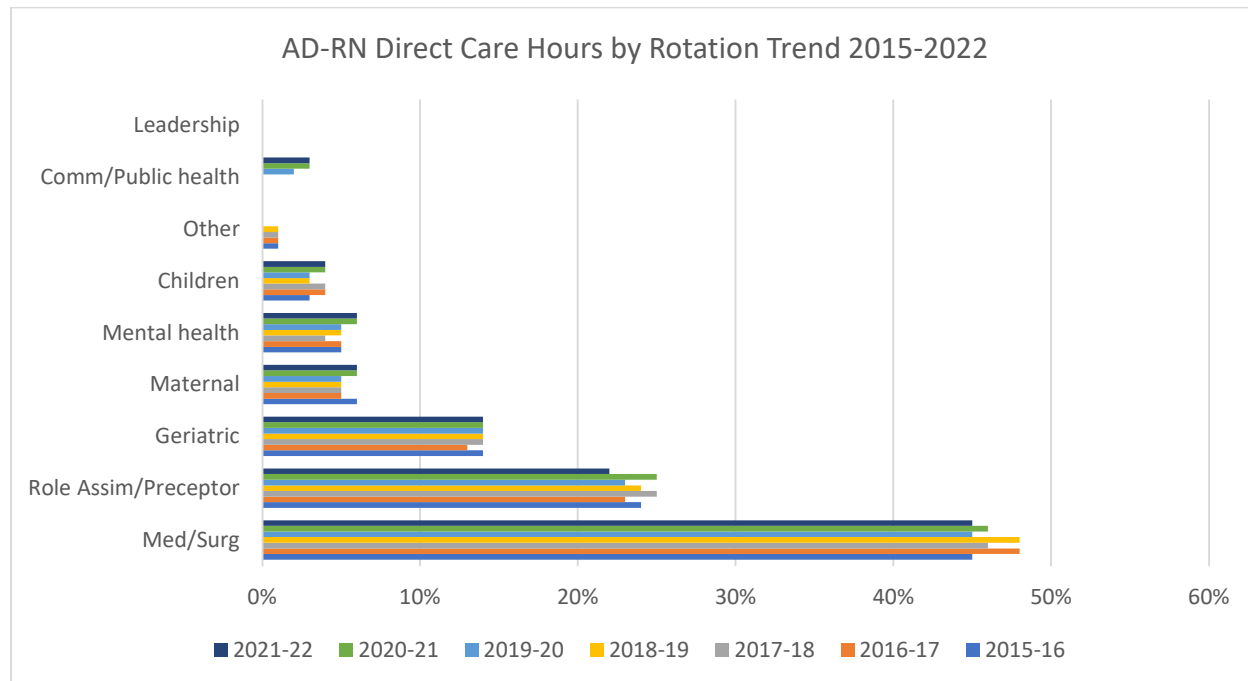
Figure 4. AD-RN Number of Programs by Total Direct Care Hours 2019-2022

Figure 5. AD-RN Direct Care Hours by Rotation Trend 2015-2022



The highest percent of direct care clinical hours by rotation is the Medical/Surgical rotation with an average of 46%. The role assimilation and preceptorship hours average 24% and is the second largest number of direct care hours followed by geriatric clinical hours at 14%. The number and percent of hours completed in each rotation has remained consistent over the last seven years.

Figure 6. AD-RN Percent of Direct Care Hours by Rotation 2015-2022

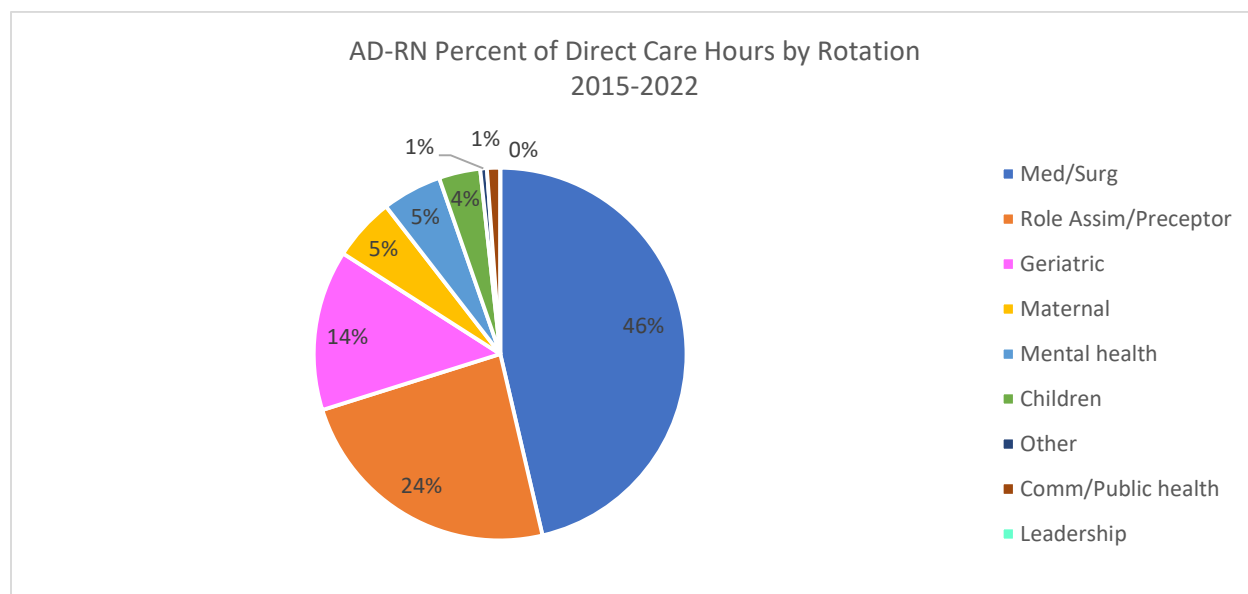
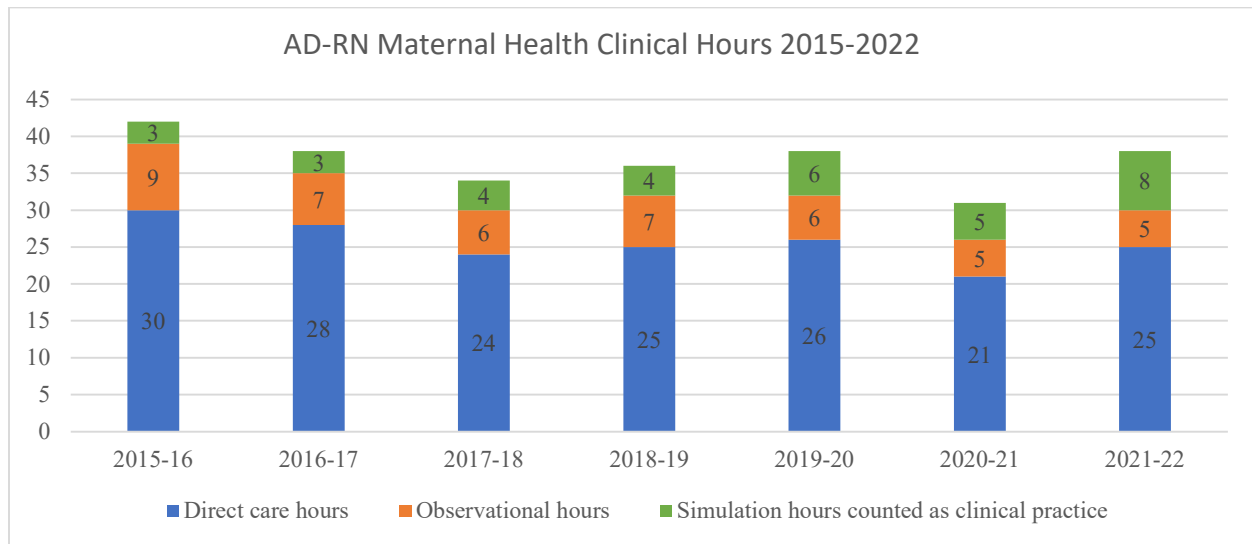
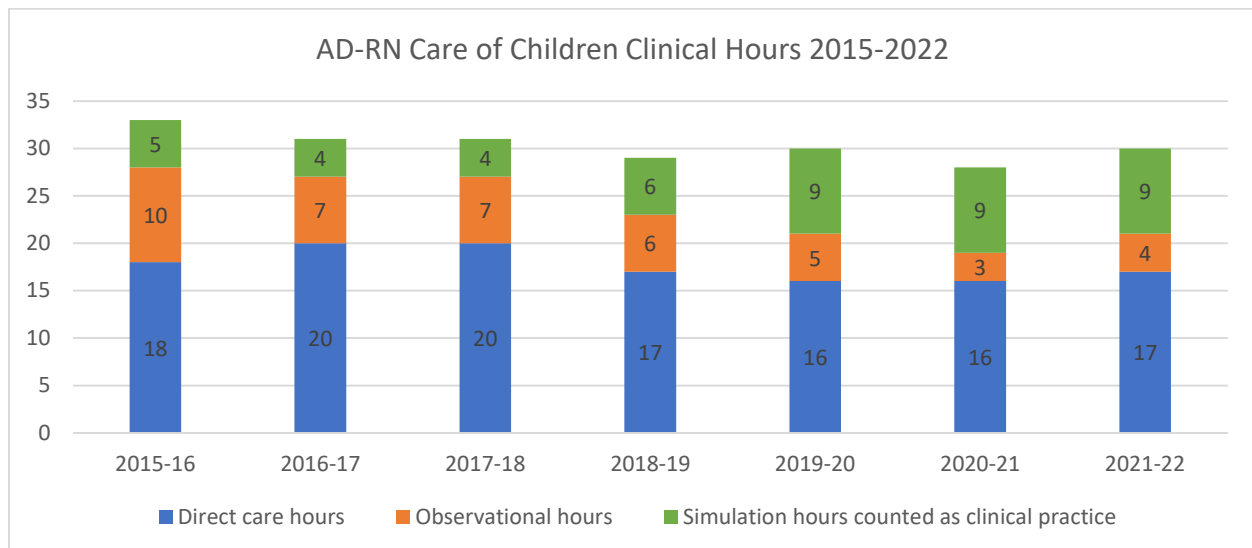


Figure 7. AD-RN Maternal Health Clinical Hours 2015-2022



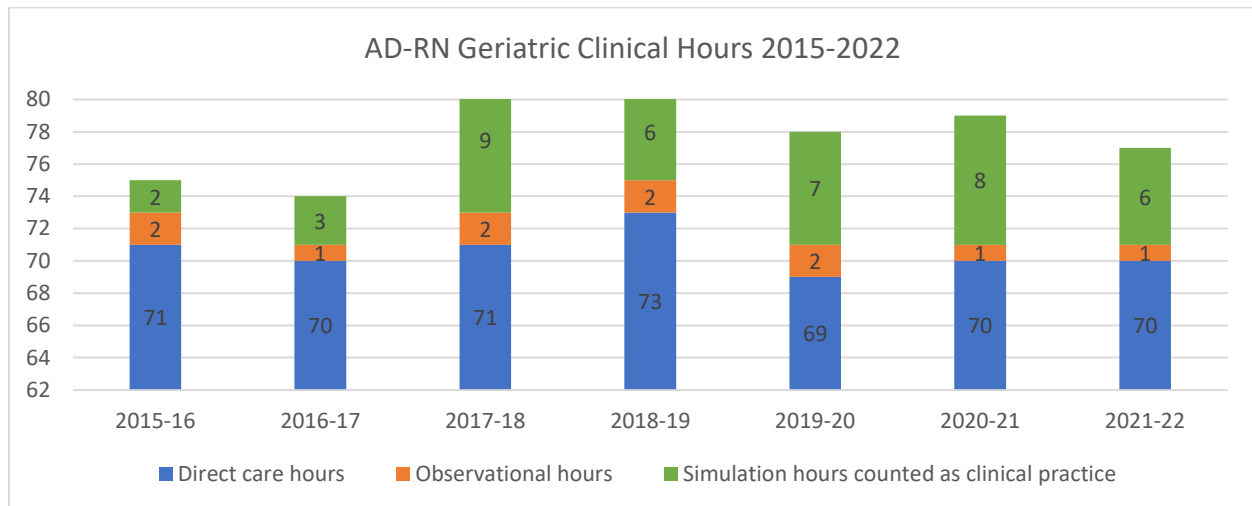
The average total clinical hours in maternal health over seven years was 37 hours with 25 average hours in direct clinical hours. Programs report obstetrics as one of the challenging rotations to find placements. There was a 90% increase in simulation hours from 2015 to 2021.

Figure 8. AD-RN Care of Children Clinical Hours 2015-2022



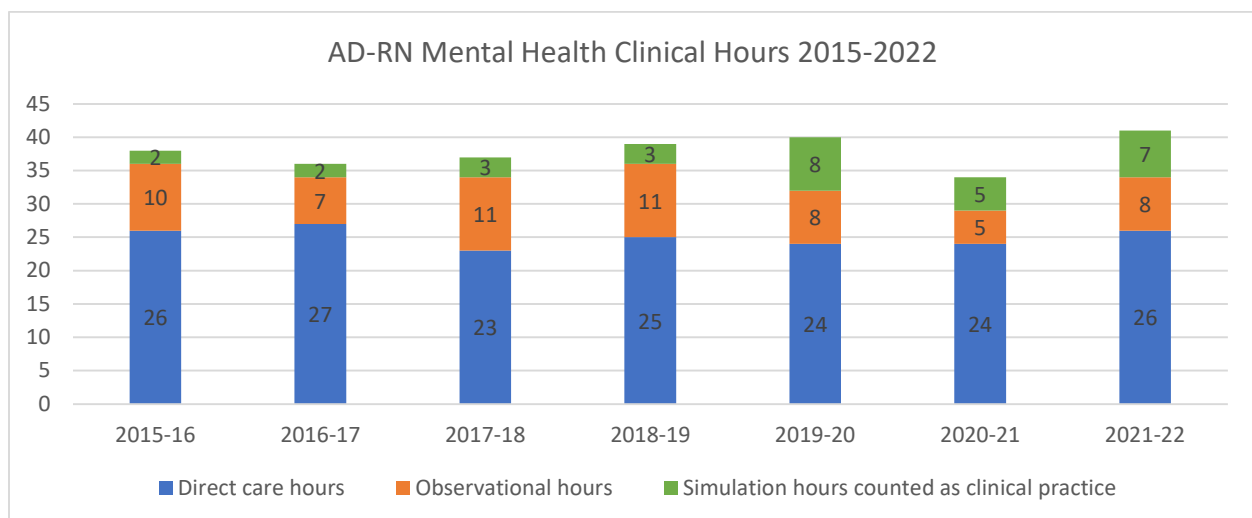
The average total clinical hours in care of children was 30 hours with 17 average hours in direct clinical hours. Programs report pediatrics as one of the challenging rotations to find placements. There was a 57% increase in simulation hours from 2015 to 2021.

Figure 9. AD-RN Geriatric Clinical Hours 2015-2022



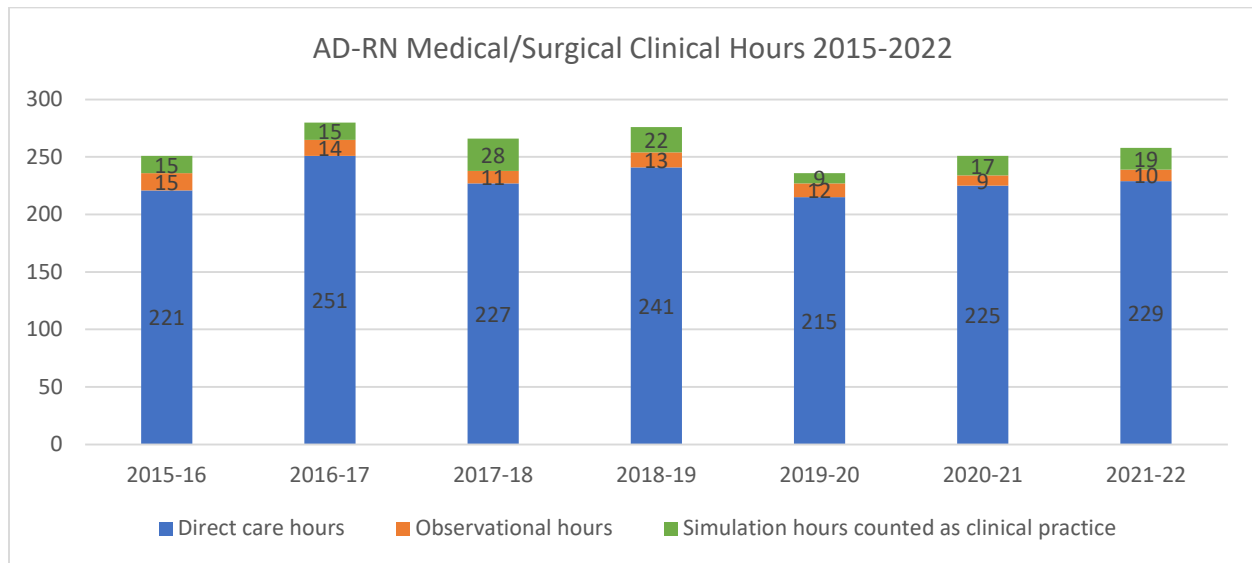
The average total clinical hours geriatrics over seven years was 78 hours with 70 average hours in direct clinical hours. Geriatric hours are the third highest number of hours in the AD-RN programs with an average of 14% in direct care clinical hours.

Figure 10. AD-RN Mental Health Clinical Hours 2015-2022



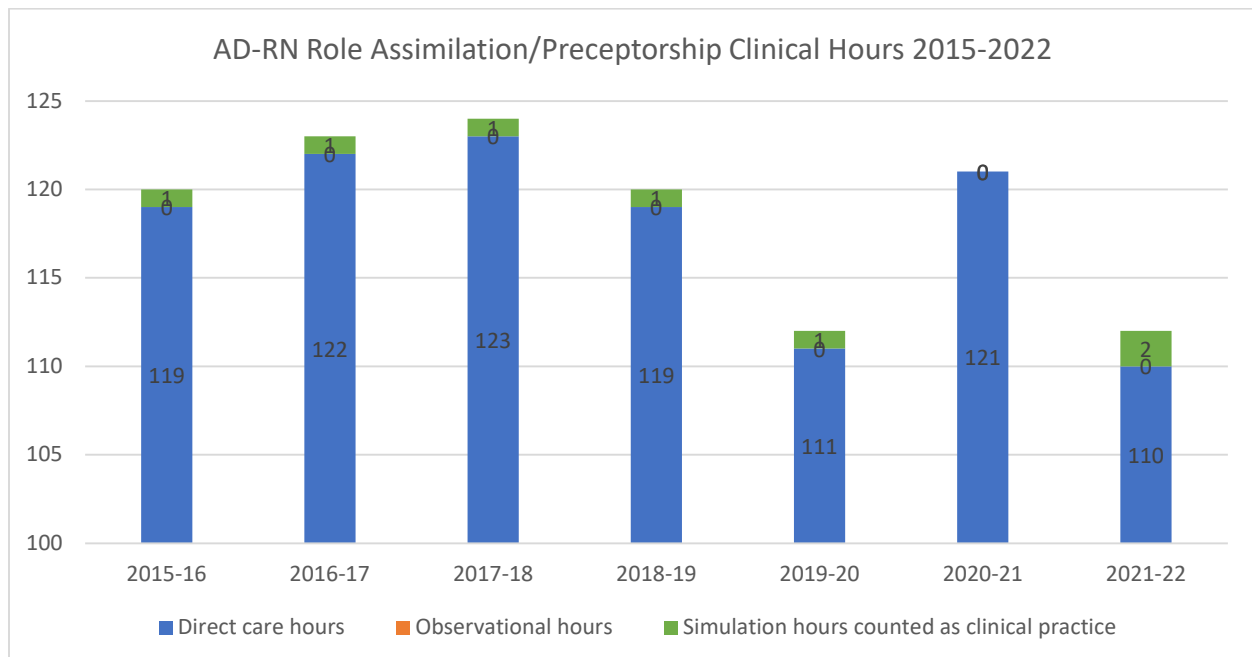
The average total clinical hours in mental health over seven years was 38 hours with 25 average hours in direct clinical hours. Programs report mental health as one of the challenging rotations to find placements. There was an 111% increase in simulation hours from 2015 to 2021 from 2 hours to 7 hours in the most recent year. Mental health had an average of 5% of the direct care hours.

Figure 11. AD-RN Medical/Surgical Clinical Hours 2015-2022



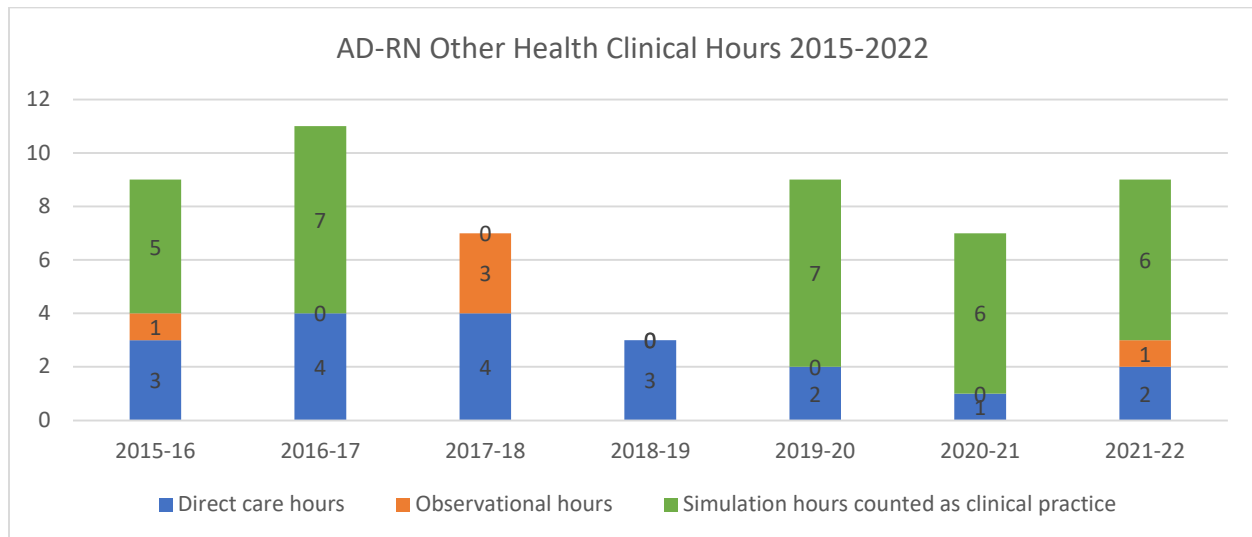
The medical/surgical rotation consistently had the largest number of clinical hours with an average of 259 hours and was 46% of the total direct care hours.

Figure 12. AD-RN Role Assimilation/Preceptorship Clinical Hours 2015-2022



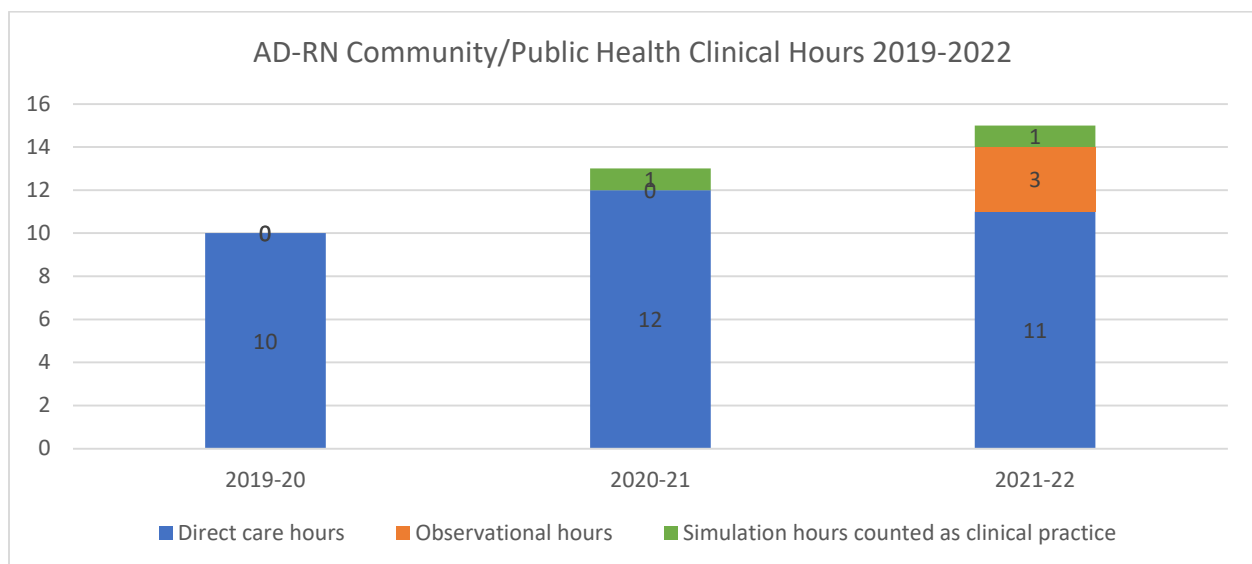
The average total clinical hours in the role assimilation/preceptorship rotation were 119 hours with an average of 118 of those clinical hours in direct care. This clinical rotation is the second highest number of hours of all the rotations during the AD-RN program. There are no hours in observation and less than two hours in simulation for this rotation.

Figure 13. AD-RN Other Health Clinical Hours 2015-2022



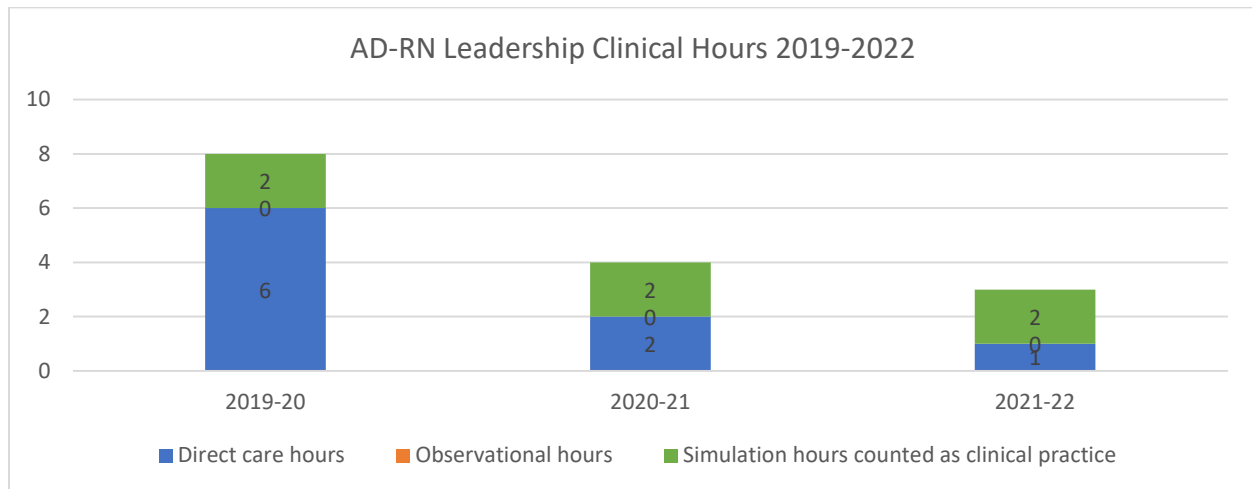
The average number of clinical hours in the Other rotation were 8 hours and averaged 1% of the total clinical hours.

Figure 14. AD-RN Community/Public Health Clinical Hours 2019-2022



Data on community or public health clinical hours in the AD-RN program was only available in recent years and made up 1% of the total clinical hours in the program. The average number of hours in this rotation were 13 hours with the addition of observation and simulation in the 2021-22 year.

Figure 15. AD-RN Leadership Clinical Hours 2019-2022

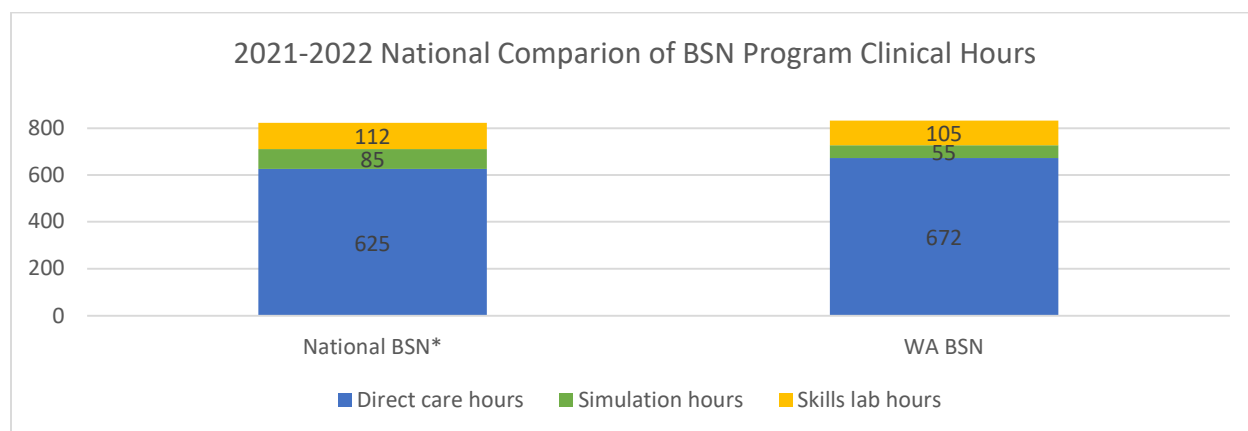


Data on leadership clinical hours in the AD-RN program were only available for the most recent years with an average of 5 hours and made up less than 1% of the total direct care hours during the AD-RN program. No observation hours during this rotation and 2 hours in simulation in each year.

Bachelor of Science in Nursing Clinical Hours (BSN)

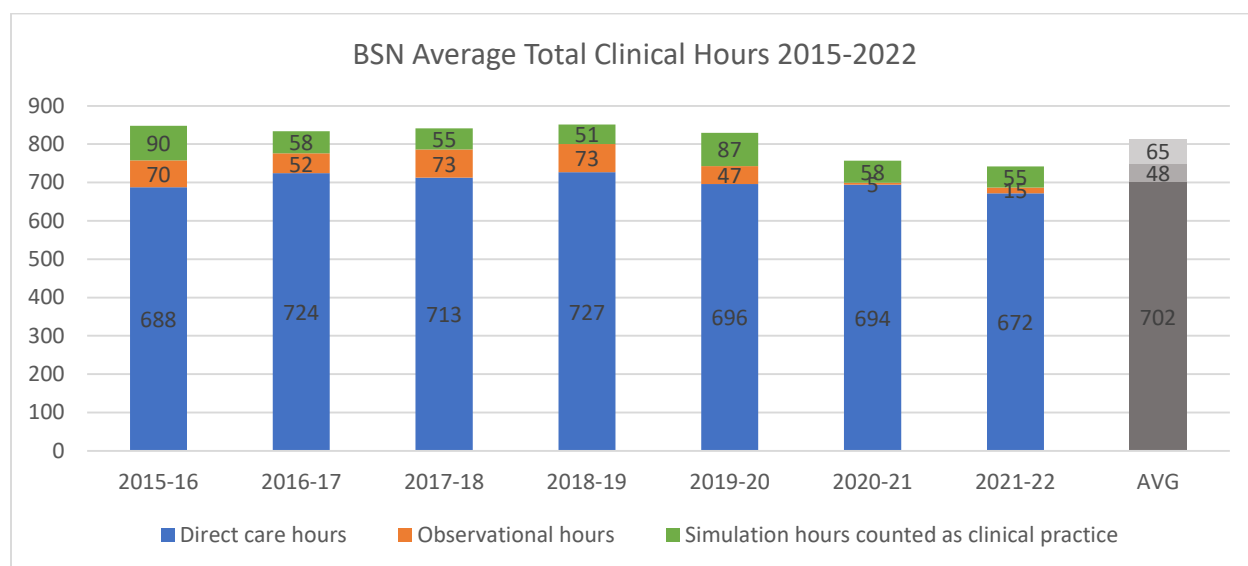
In the 2021-2022 academic year, the national mean of total clinical hours for BSN programs including direct care hours, simulation hours, and skills labs hours was 822 hours compared to 832 average hours for Washington programs. The mean direct patient care hours for a BSN program were 625 hours compared to 672 direct care hours in Washington programs. The Washington BSN programs had 30 fewer hours in simulation compared to the national BSN programs.

Figure 16. National Comparison of BSN Clinical Hours



*Note: National data uses mean and the WA data uses an average. Source: *NCSBN National Nursing Education Annual Report: 2020–2021 Aggregate Data*

Figure 17. BSN Average Total Clinical Hours 2015-2022

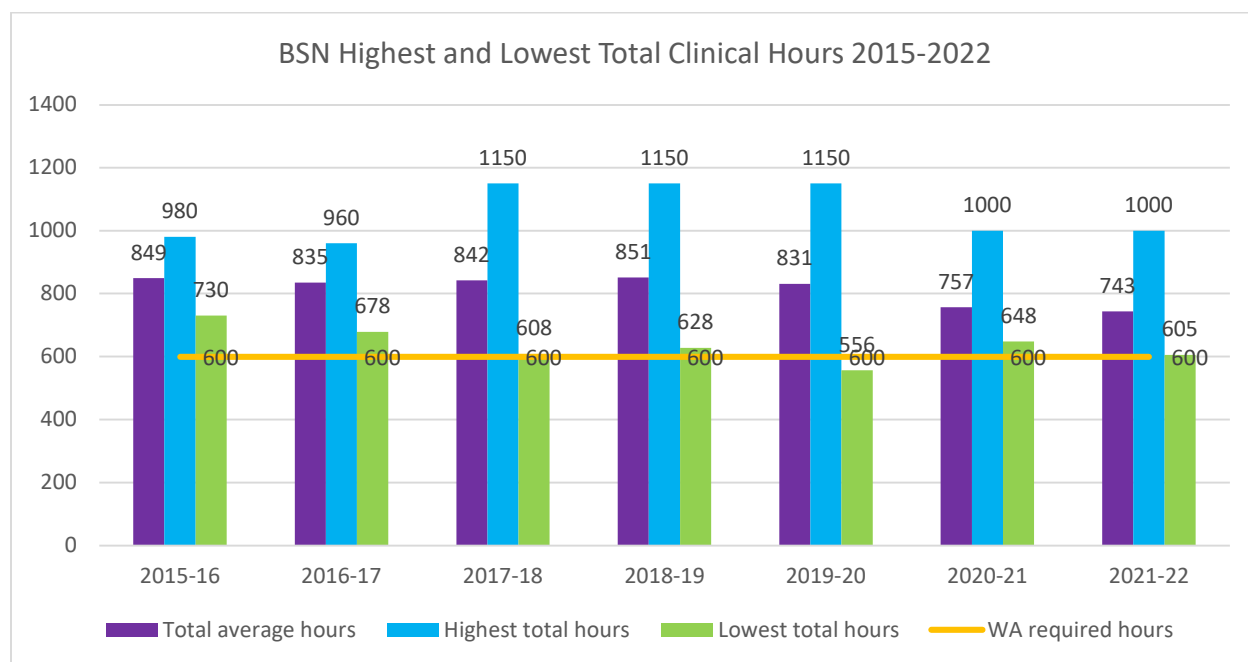


From 2015-2022, the total clinical hours average for BSN programs was 815 clinical hours and includes direct care hours, observation hours, and simulation hours counted as clinical practice.

Most of those hours are in direct care that average 702 hours or 86% of the total hours. Observation time is an average of 48 hours (6%) and the hours in simulation average 65 hours (8%) of the total clinical hours. Simulation hours increased from 51 hours in 2018-2019 to 87 hours the following year and is likely due to the pandemic. The subsequent 2020-2022 academic years had similar simulation hours to the pre-covid years.

Overall clinical hours in the BSN program have decreased 13% in the last few years with 851 hours in the 2018-2019 year to 743 total hours in the most recent 2021-22 year. The average direct care hours have also declined with 727 direct care hours in 2018-19 compared to 672 hours in the most recent 2021-22 year. Similarly, direct care clinical hours are decreasing nationally for BSN programs with 765 hours in 2010 and 625 hours in 2020-2021 (NCSBN, 2022). Simulation hours declined 48% from 90 hours in 2015 to 55 hours in the 2021 year.

Figure 18. BSN Highest and Lowest Total Clinical Hours 2015-2022



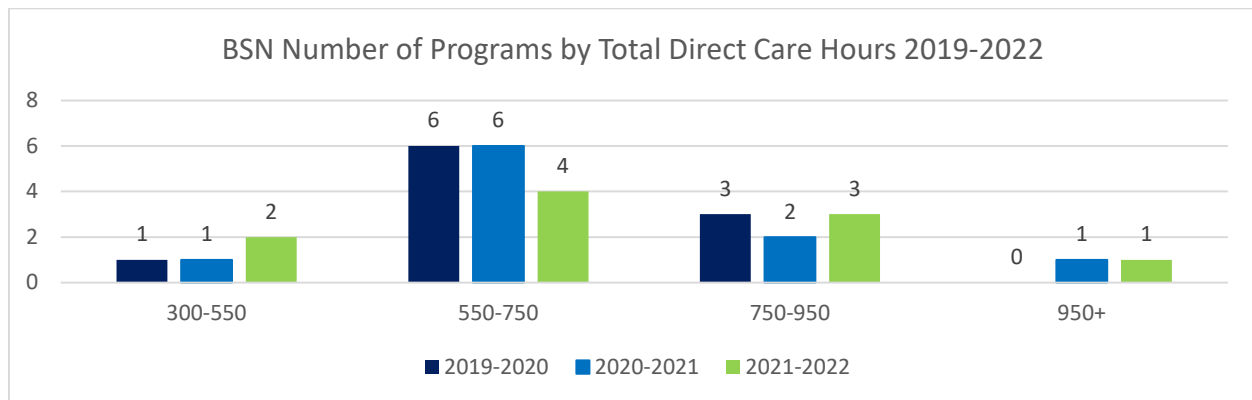
On the higher end, BSN programs are averaging 1,056 total clinical hours which includes direct care hours, observation hours, and simulation hours counted as clinical practice. Alternately, on the lower end, programs are averaging 636 total clinical hours.

The range of clinical hours varies greatly with one program noting 1,150 total clinical hours in the 2019-2020 academic year and one program noting 556 total clinical hours in the same year. In Washington state, approved BSN programs require a minimum of 600 clinical hours for clinical and practice experiences (Practical and Registered Nursing Washington Administrative Code, 2016).

Table 2. BSN Highest and Lowest Total Clinical Hours 2015-2022

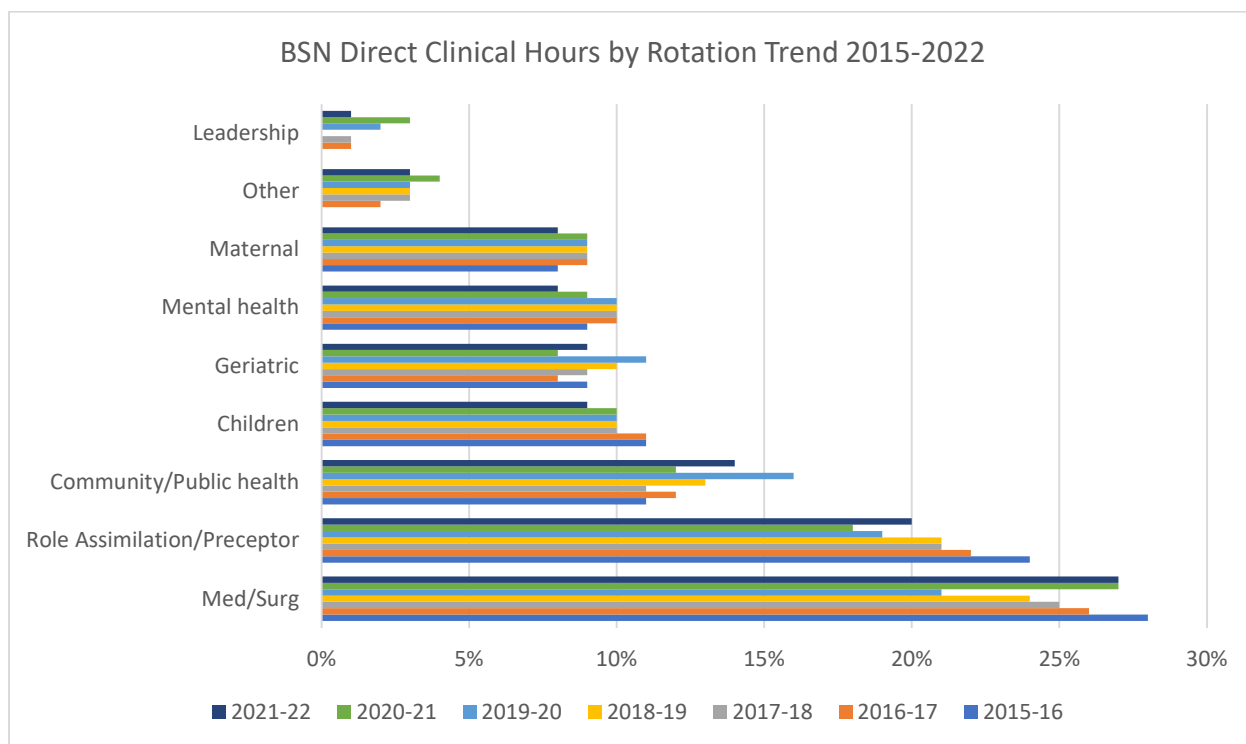
BSN Highest and Lowest Total Clinical Hours 2015-2022			
	Total average hours	Highest total hours	Lowest total hours
2015-16	849	980	730
2016-17	835	960	678
2017-18	842	1150	608
2018-19	851	1150	628
2019-20	831	1150	556
2020-21	757	1000	648
2021-22	743	1000	605

Figure 19. BSN Number of Programs by Total Direct Care Hours 2019-2022



BSN programs vary in the number of total direct care hours. Most programs are in the 550-750 total direct care hours range. There are a few in the 750-950 range and one in the 950 plus hours range.

Figure 20. BSN Direct Clinical Hours by Rotation Trend 2015-2022



Most direct clinical hours in the BSN program are in the medical/surgical clinical rotation with an average of 25% of the direct care hours followed by the role assimilation and preceptorship hours at 21% of the hours. The clinical rotations have remained relatively consistent over the last seven years.

Figure 21. BSN Percent of Direct Care Hours by Rotation 2015-2022

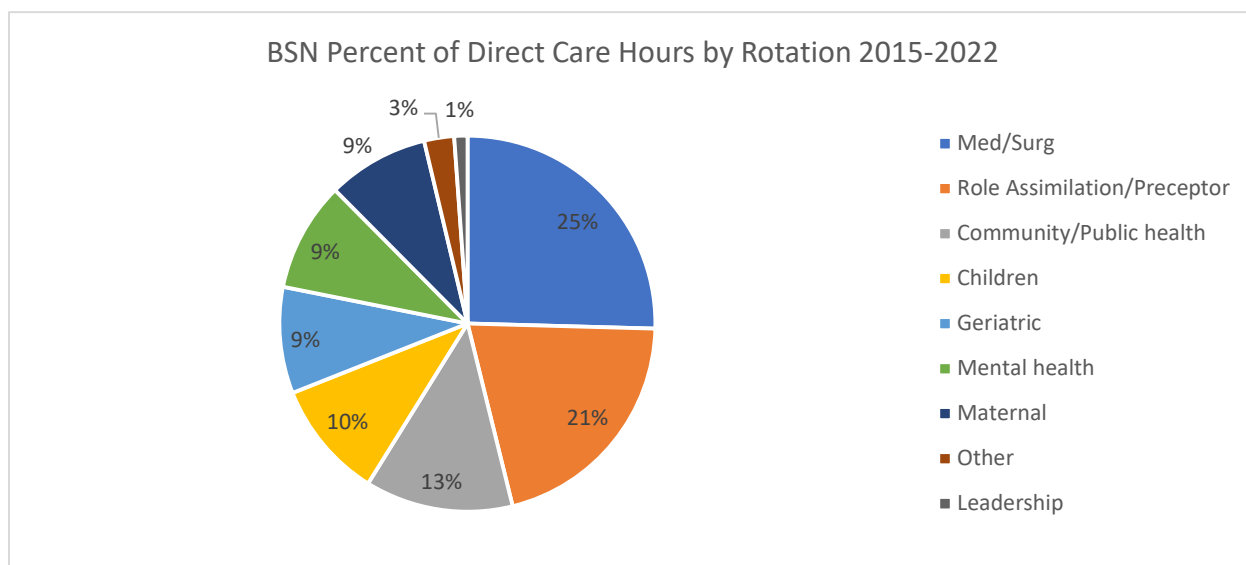
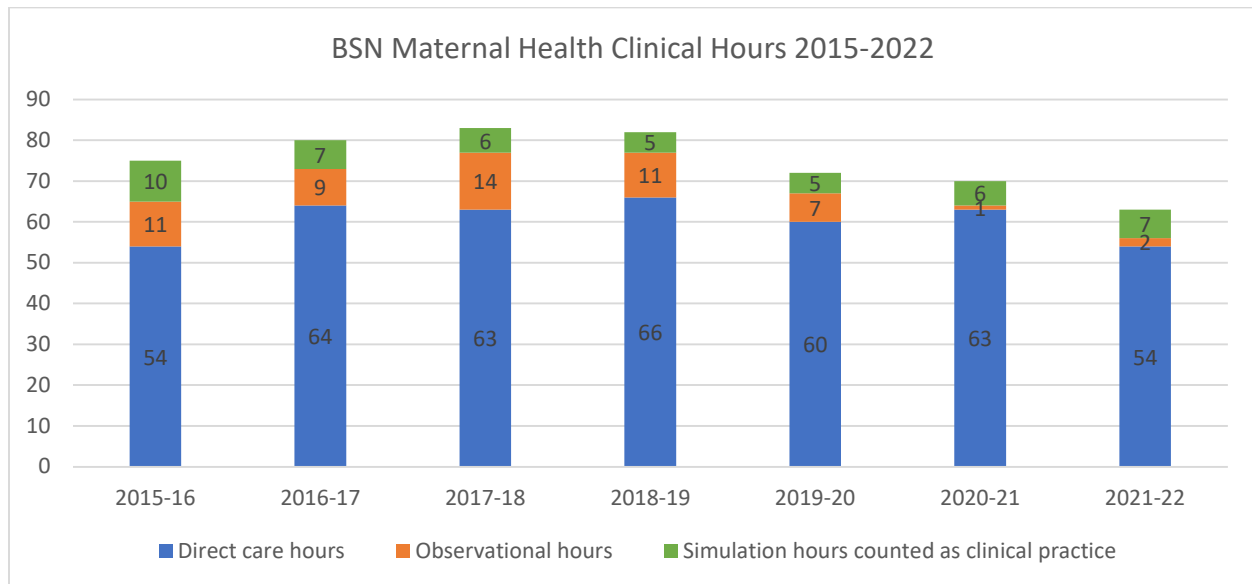
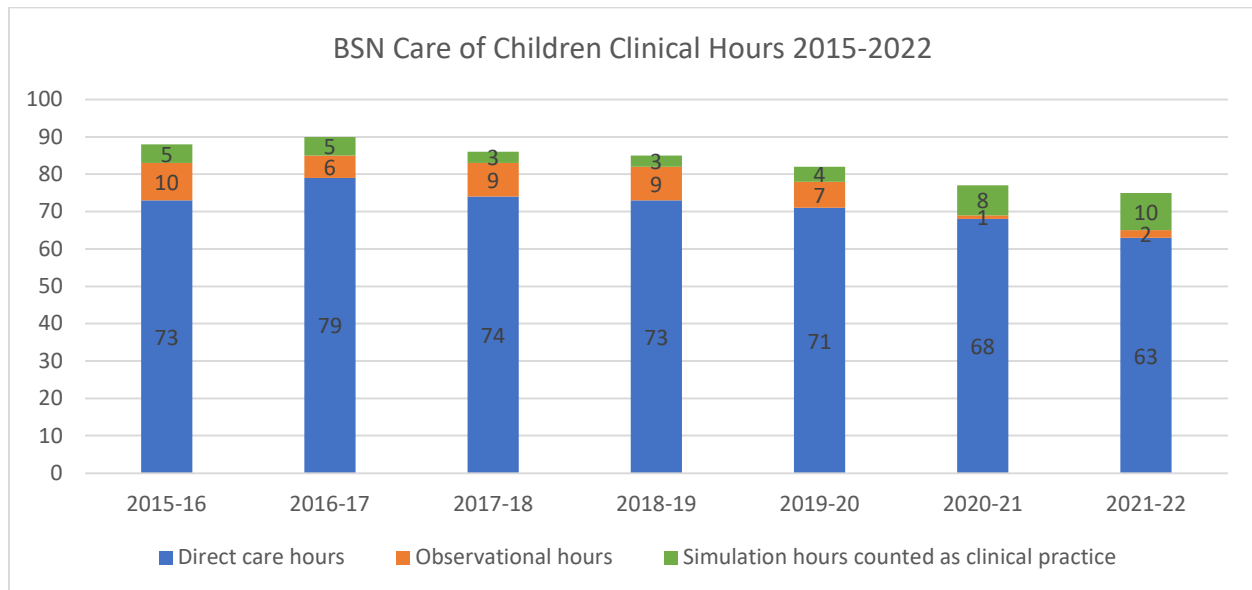


Figure 22. BSN Maternal Health Clinical Hours 2015-2022



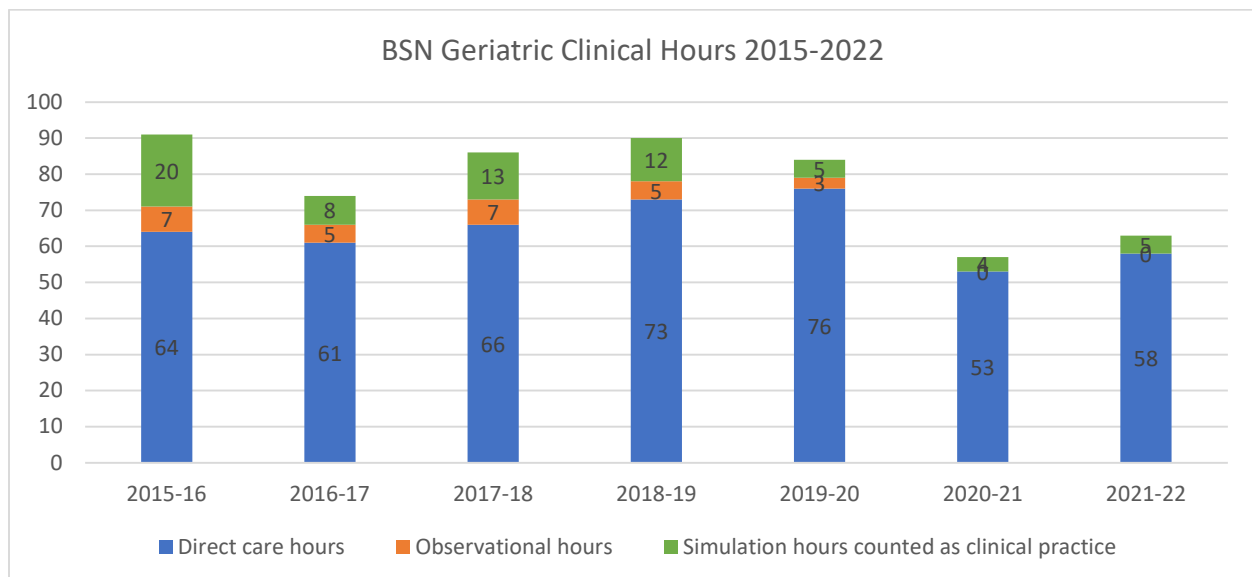
Maternal health clinical hours have declined 27% in the BSN program from 83 total clinical hours in the 2017-18 year to 63 total hours in the 2021-2022 year. Maternal health hours were 9% of the direct care clinical hours.

Figure 23. BSN Care of Children Clinical Hours 2015-2022



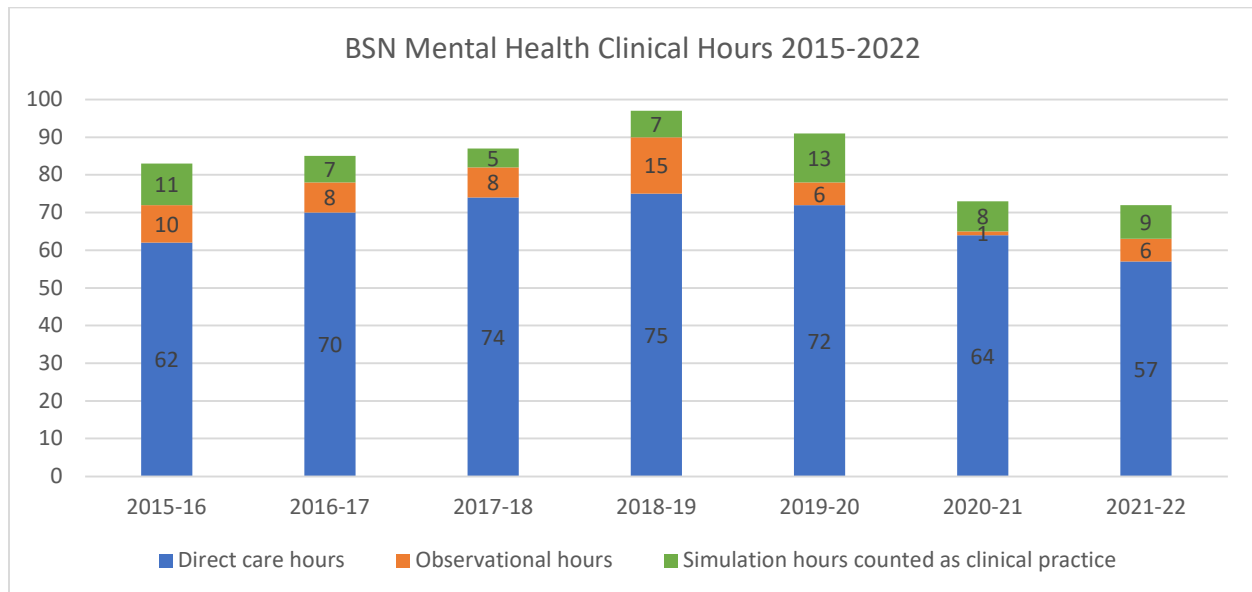
Care of children clinical hours had an average of 83 total hours and have declined approximately 10 hours in the BSN program from 85 total clinical hours in the 2018-19 year to 75 total hours in the 2021-2022 year. Care of children were 10% of the direct care clinical hours and remains one of the top challenging clinical placements reported by programs.

Figure 24. BSN Geriatric Clinical Hours 2015-2022



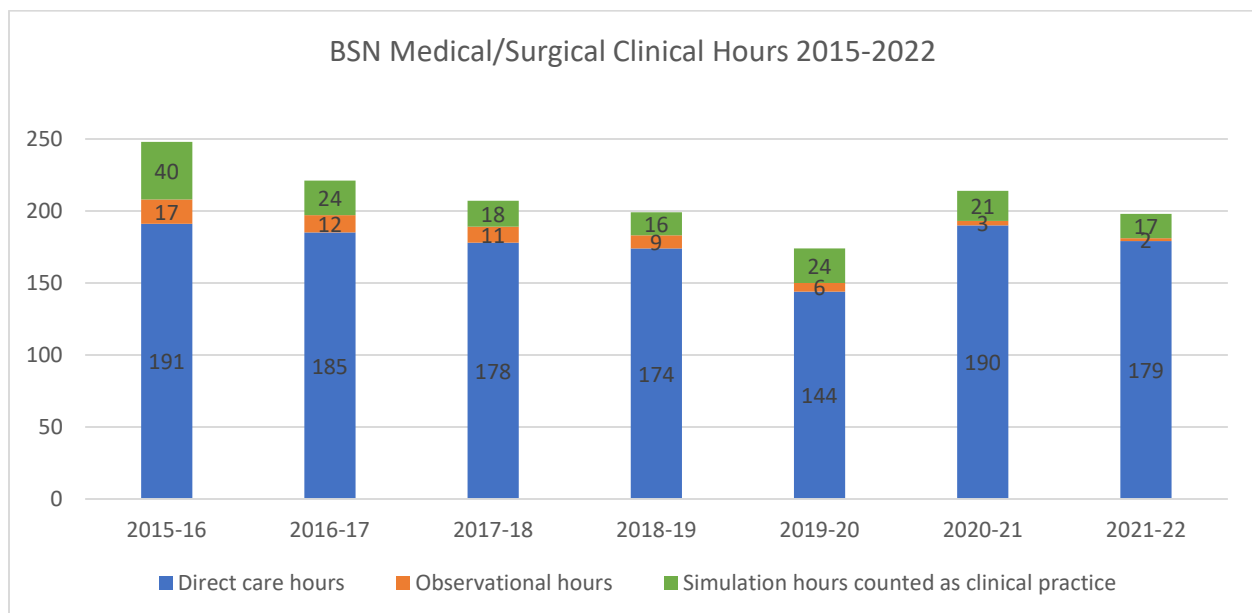
Geriatric clinical hours have declined 35% in the BSN program from 90 total clinical hours in the 2018-19 year to 63 total hours in the 2021-2022 year. Geriatric clinical hours were 9% of the direct care clinical hours in the BSN programs.

Figure 25. BSN Mental Health Clinical Hours 2015-2022



Mental health clinical hours had an average of 84 total hours and have declined approximately 29% from 97 total clinical hours in the 2018-19 year to 72 total hours in the 2021-2022 year. Mental health was 9% of the direct care clinical hours.

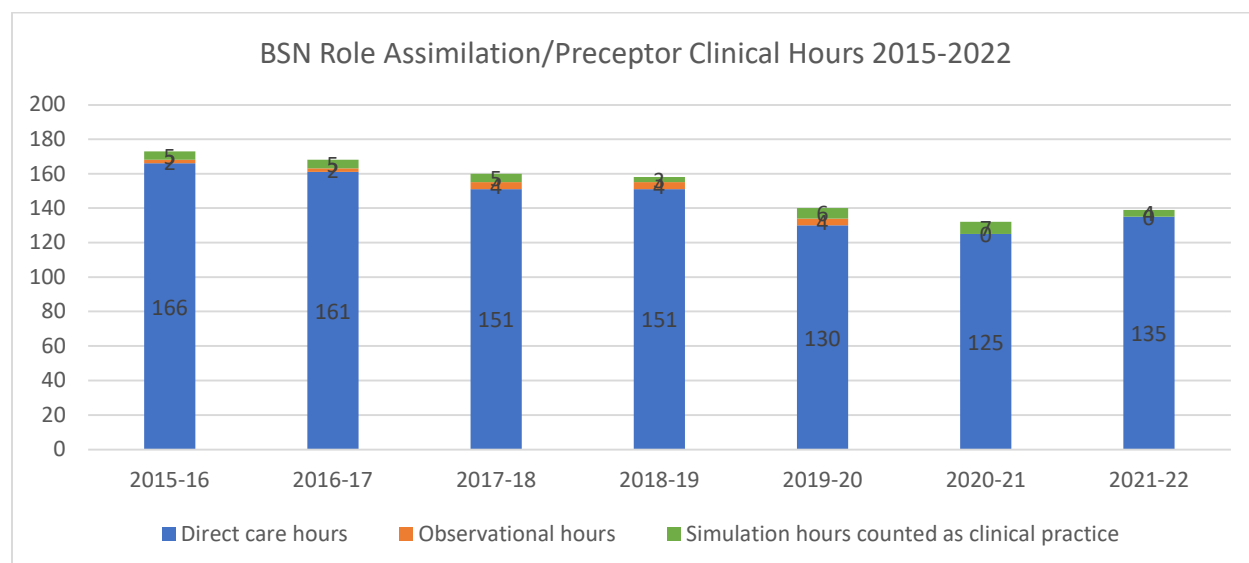
Figure 26. BSN Medical/Surgical Clinical Hours 2015-2022



The medical/surgical rotation consistently had the largest number of clinical hours with an average of 209 hours and was 25% of the total direct care hours in the BSN programs. Medical/surgical clinical hours have decreased 22% from 248 hours in the 2015-16 year to 198

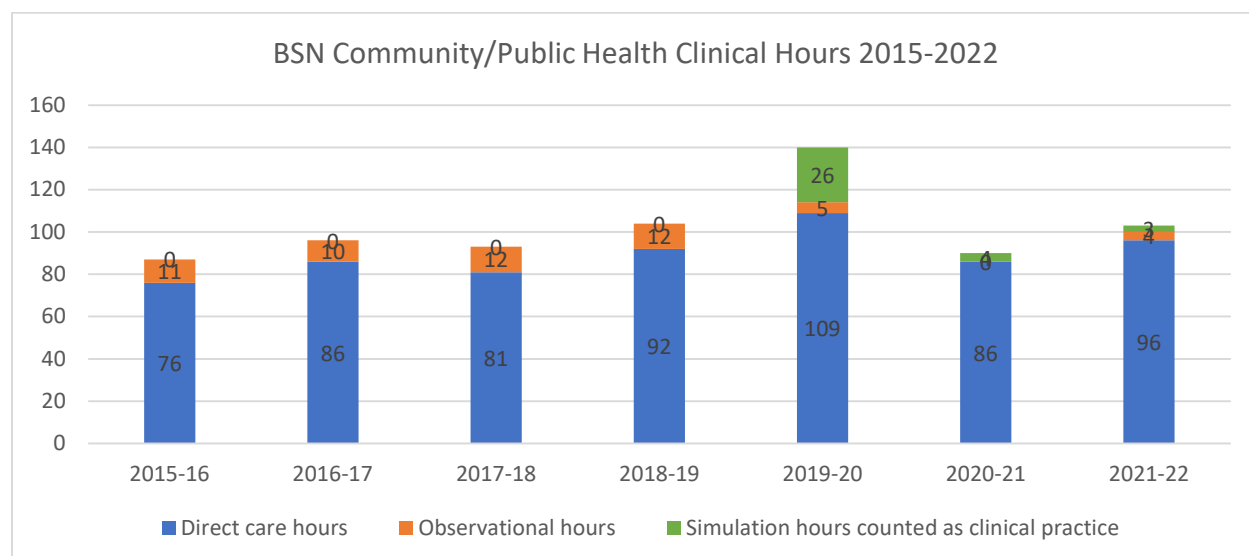
hours in the recent 2021-22 year. Simulation hours have decreased 80% from 40 hours in 2015-16 to 17 hours in 2021-22 year.

Figure 27. BSN Role Assimilation/Preceptor Clinical Hours 2015-2022



Role assimilation and preceptorship hours are the second highest number of hours behind medical/surgical hours and average 153 hours.

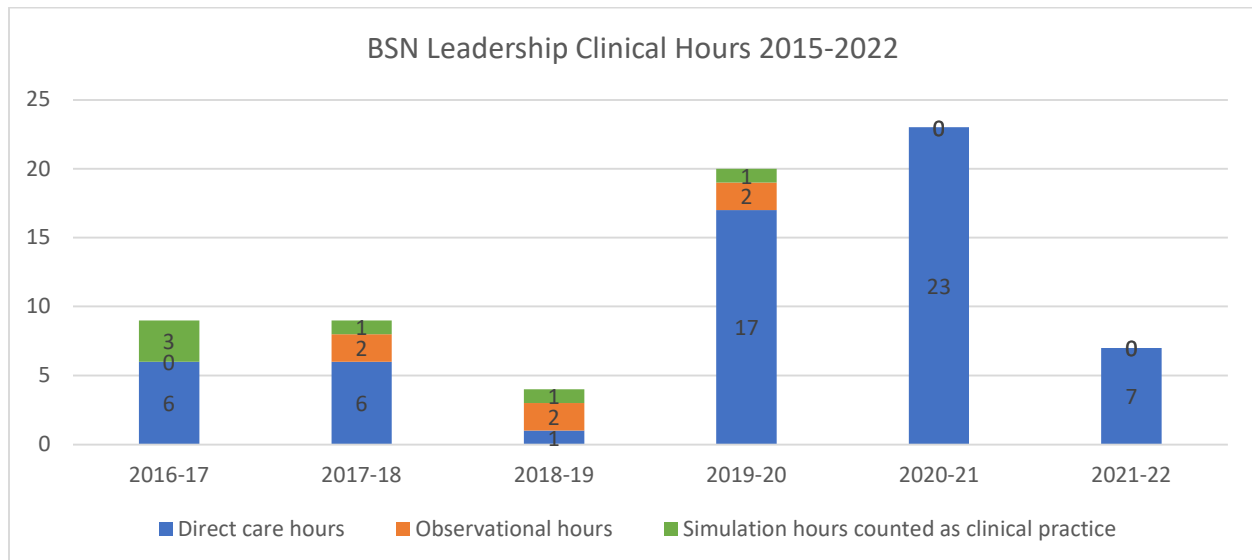
Figure 28. BSN Community/Public Health Clinical Hours 2015-2022



Community and public health hours averaged 102 hours over the seven years as the third highest number of hours in the BSN programs making up 13% of the direct care clinical hours.

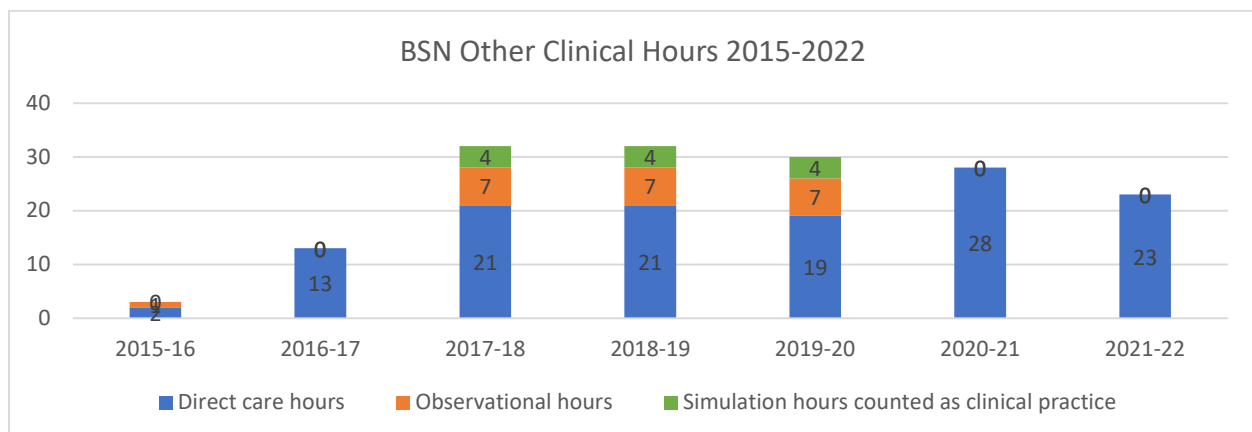
There was a 17% increase in the number of clinical hours focused on community and public health from 87 hours in 2015-16 to 103 hours in the 2021-22 year.

Figure 29. BSN Leadership Clinical Hours 2015-2022



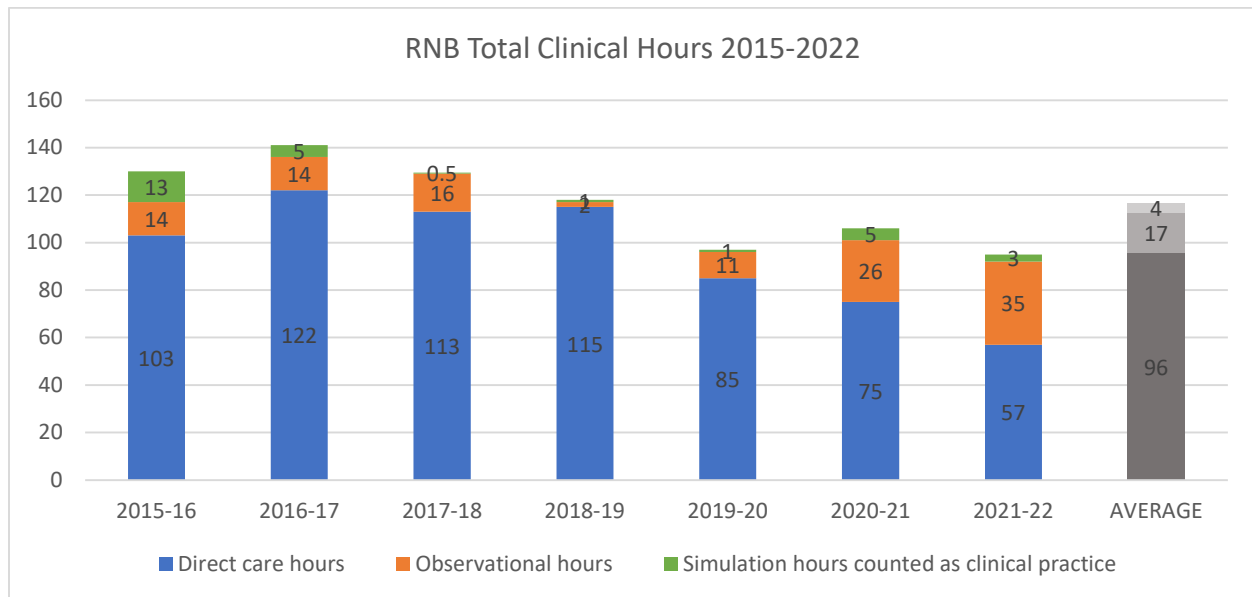
Leadership clinical hours had an average of 12 hours across the BSN programs with few to zero hours in observation or simulation for this rotation.

Figure 30. BSN Other Clinical Hours 2015-2022



Registered Nurse to Bachelor of Science in Nursing (RNB)

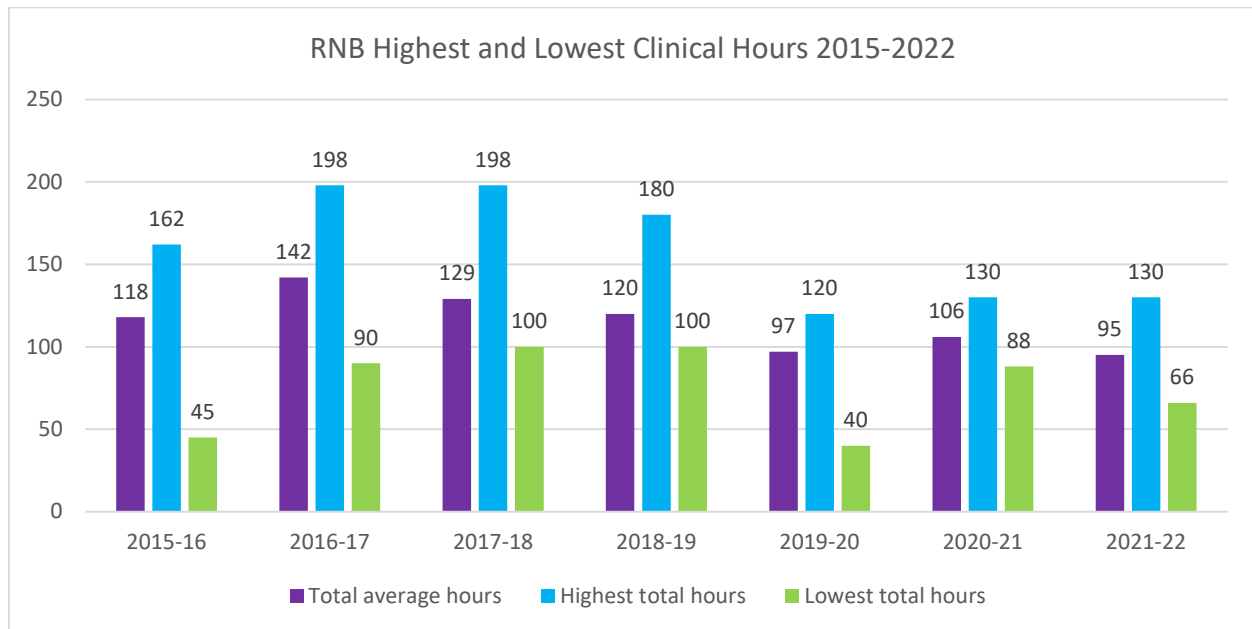
Figure 31. RNB Total Clinical Hours 2015-2022



From 2015-2022, the RNB programs had an average of 115 total clinical hours during the program which includes direct care hours, observation hours, and simulation hours counted as clinical practice. Most of the hours are direct care hours and average 96 hours or 83% of the total hours.

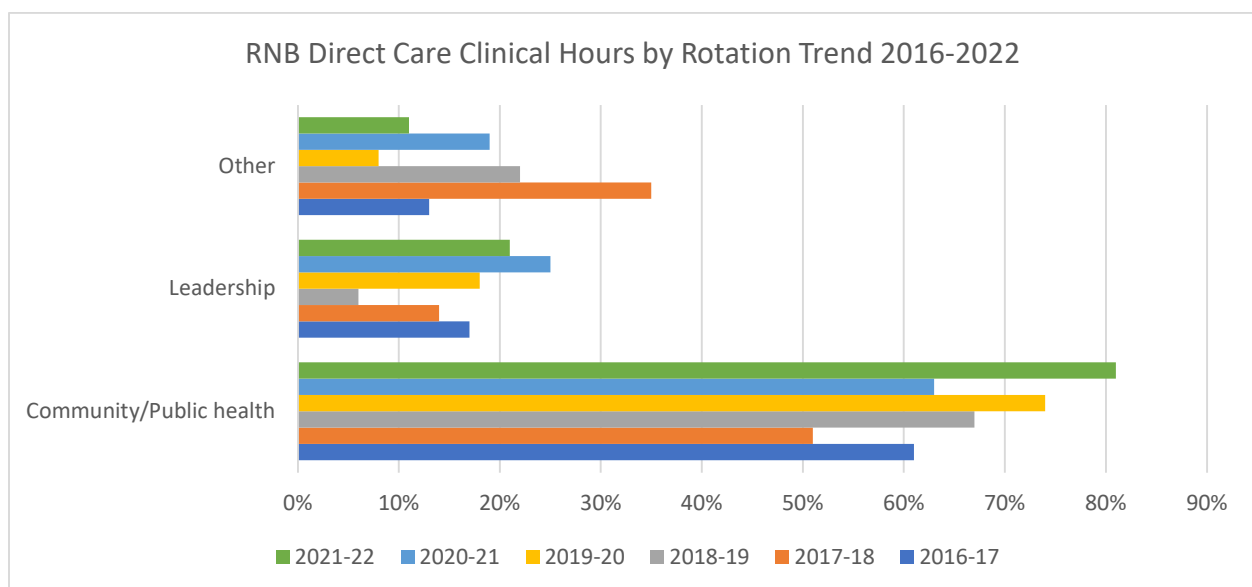
The overall average hours have decreased 21% from 118 hours in the 2015-16 year to a total of 95 hours in the most recent 2021-22 year.

Figure 32. RNB Highest and Lowest Clinical Hours 2015-2022



On the high end, RNB programs are averaging 160 total clinical hours. Alternately, on the low end, programs are averaging 76 total clinical hours. The range of clinical hours varies with one program logging 130 total clinical hours in the 2020-21 academic year and one program noting 88 total clinical hours in the same year.

Figure 33. RNB Direct Care Clinical Hours by Rotation Trend 2016-2022



The majority of hours in the RNB programs are focused on community and public health at 66% of hours.

Figure 34. RNB Percent of Direct Care Hours by Rotation 2015-2022

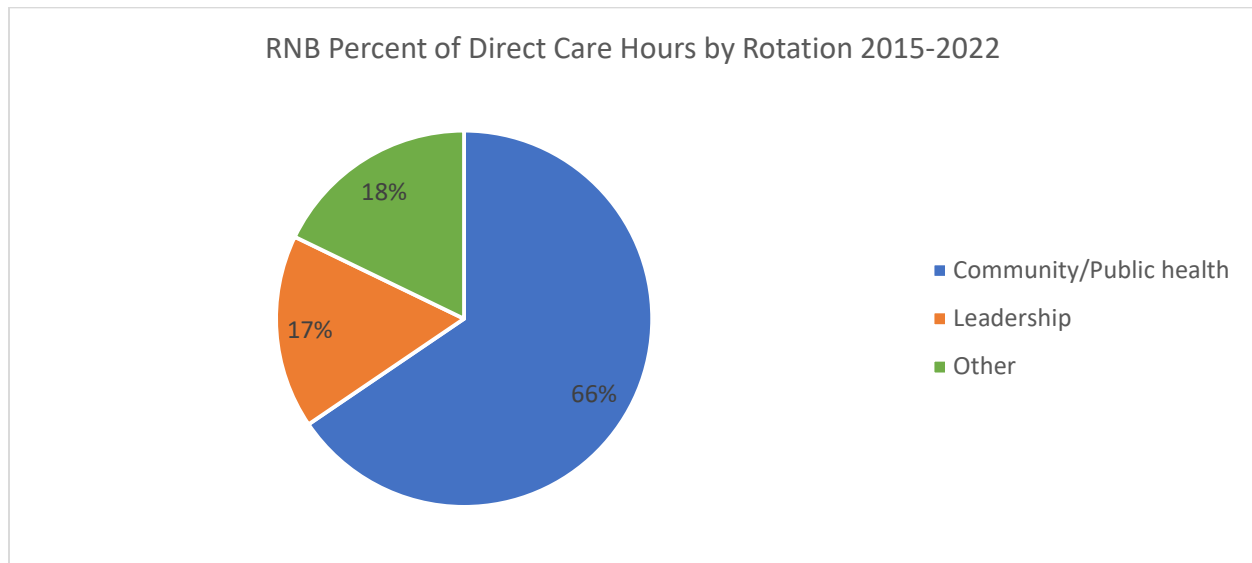
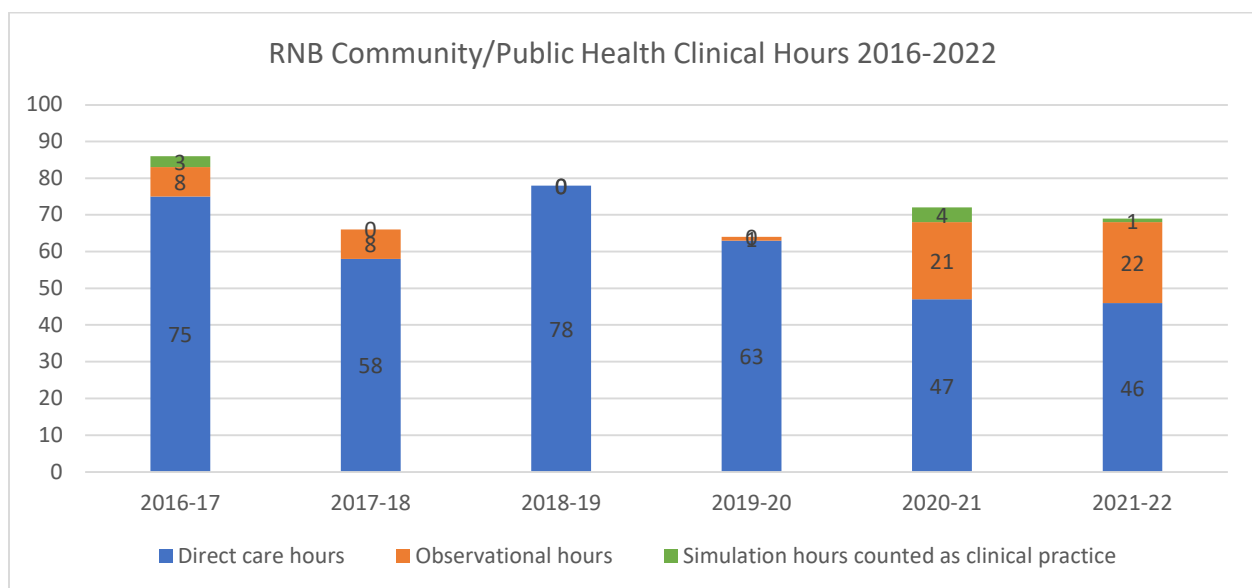


Figure 35. RNB Community/Public Health Clinical Hours 2016-2022



The average number of hours in community and public health was 73 hours. A significant increase was reported in the observation hours in the last two years for this rotation. Very few simulation hours used in the community and public health rotation for RNB programs.

Figure 36. RNB Leadership Clinical Hours 2016-2022

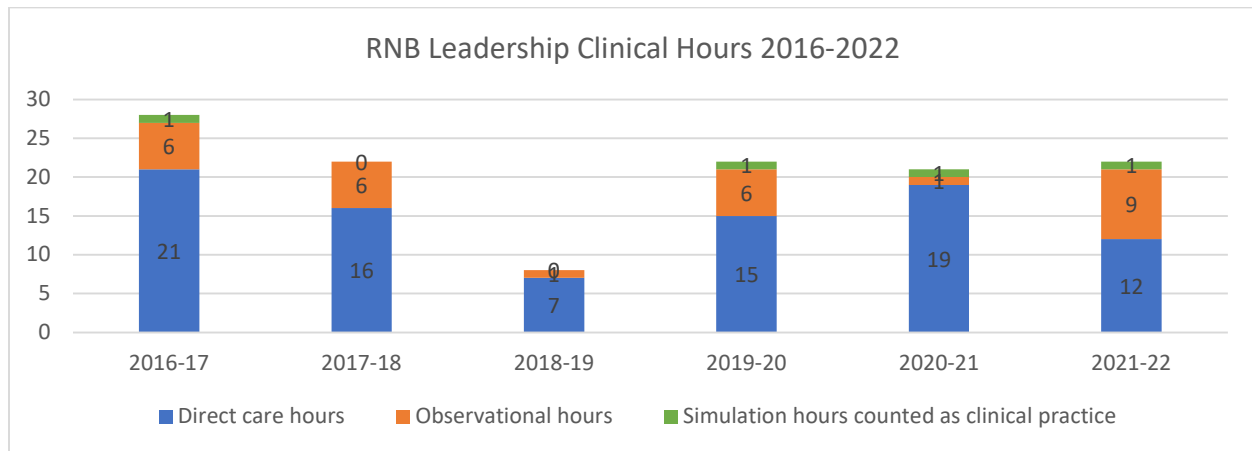
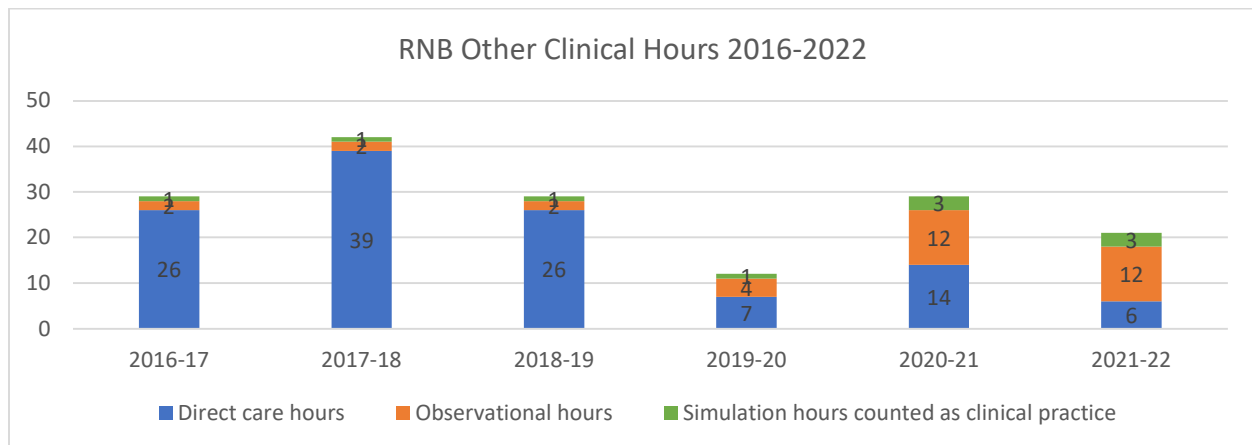


Figure 37. RNB Other Clinical Hours 2016-2022



Qualitative Responses from RN Programs on Clinical Placement

Additional qualitative clinical placement and simulation questions are asked on the annual education survey every year. The survey questions are open ended and allows programs to write in a response. The questions below highlight program responses related to clinical hours, clinical placements, and simulation. The responses are from the 2015-2022 surveys and includes responses from AD-RN and BSN programs. Across the seven years, themes did not vary. Percentages are an average response rate from the seven years.

How has your nursing program managed issues to finding adequate clinical sites?

From the responses, seven themes emerged in no order of importance:

- 1) Joined a clinical consortium to support clinical placement. (17%)
- 2) Hired a clinical coordinator, staff, or personnel to support the clinical placements. (9%)
- 3) Flexible scheduling of clinical hours. Including weekends, evening or night shifts, and use of summer courses or time between other school's scheduled clinical time. (11%)
- 4) Using alternate or non-traditional sites. Placing students in a variety of community settings such as dialysis centers, wound clinics, ambulatory settings, jails, homeless shelters, pre-schools, etc. (25%)
- 5) Relationships with neighboring schools. Coordinating schedules and placement needs with other schools to ensure all have adequate placements. (7%)
- 6) Simulation. Increased simulation hours or lab time to replace direct care hours especially for specialty rotations such as pediatrics, obstetrics, and mental health. (13%)
- 7) Clinical partner relationships. Much effort into networking with clinical partner sites, alumni, advisory committees to explore and secure clinical sites. (23%)

What creative settings/opportunities for clinical placements of students has your program used?

Four themes emerged in no order of importance:

- 1) Using alternate or non-traditional sites. Placing students in a variety of community settings such as dialysis centers, wound clinics, ambulatory settings, jails, homeless shelters, pre-schools, etc. (69%)
- 2) Simulation. Increased simulation hours or lab time to replace direct care hours especially for specialty rotations such as pediatrics, obstetrics, and mental health. (17%)
- 3) Flexible scheduling of clinical hours. Including weekends, evening or night shifts and summer courses. (13%)

What are your biggest challenges for your nursing program at this time?

While several themes emerged in response to this question, only one response was related to clinical hours. Clinical site placement was consistently the second most frequent response every year with 24% of nursing programs reporting clinical site placement and clinical onboarding as their biggest challenge.

Out-of-State Clinical Program Trend Analysis by State

Between 62 and 95 Out-of-State Nursing Schools had clinical sites within Washington State during each of the last five years. The greatest number of schools over the five-year period were from Oregon (31) and Pennsylvania (29). Note that schools within Washington State were excluded from this analysis.

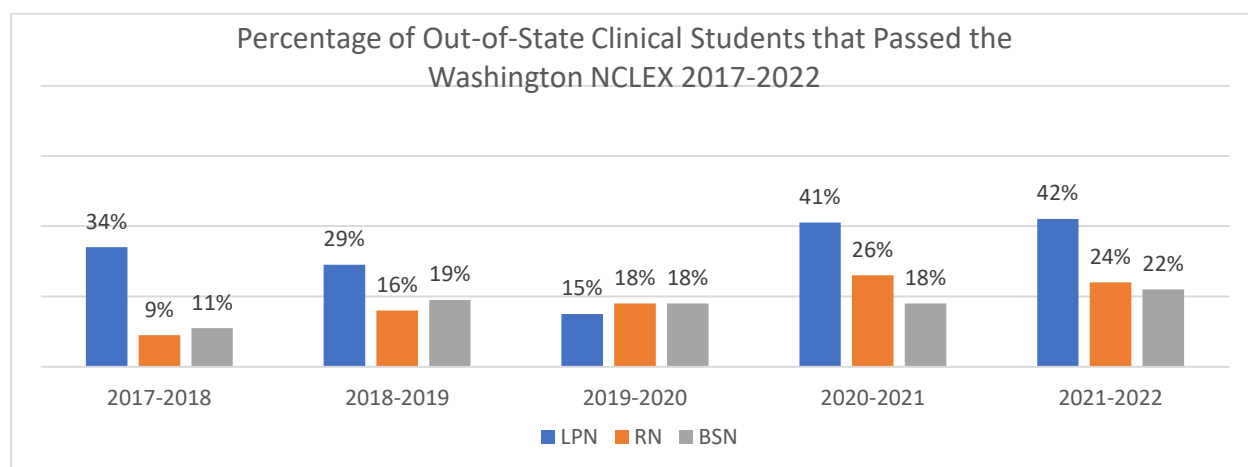
Table 3. Number of Out-of-State Nursing Schools by State and Year

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Total
Alabama	1	3	3	3	3	13
Arizona	2	3	2	2	4	13
Arkansas	0	0	1	1	1	3
California	2	2	4	7	5	20
Colorado	2	2	1	4	3	12
Connecticut	1	2	2	3	3	11
Delaware	0	1	0	0	0	1
Florida	0	1	0	0	0	1
Georgia	1	1	1	1	1	5
Idaho	2	1	3	3	3	12
Illinois	2	3	4	4	4	17
Indiana	2	2	3	3	3	13
Iowa	1	2	2	2	1	8
Kansas	2	2	2	2	2	10
Kentucky	0	2	3	1	1	7
Louisiana	1	1	1	1	1	5
Maine	2	0	2	2	2	8
Maryland	1	0	0	1	1	3
Michigan	3	2	0	1	1	7
Minnesota	1	1	1	4	4	11
Missouri	2	2	1	1	2	8
Montana	0	0	2	1	2	5
Nebraska	2	2	2	3	3	12
Nevada	1	1	0	1	1	4
New Hampshire	0	1	1	1	1	4

New Jersey	1	1	1	2	1	6
New York	1	1	2	3	2	9
North Carolina	1	2	2	2	2	9
North Dakota	3	2	2	2	2	11
Ohio	2	1	2	3	3	11
Oregon	7	5	4	7	8	31
Pennsylvania	6	7	2	7	7	29
South Dakota	0	1	0	0	1	2
Tennessee	2	2	3	4	4	15
Texas	2	2	4	4	5	17
Utah	0	1	0	1	1	3
Vermont	1	1	1	0	1	4
Virginia	2	1	1	1	1	6
Washington DC	1	2	2	2	2	9
Wisconsin	2	2	1	2	3	10
Total	62	68	68	92	95	385

Over the last five years, LPN students that participated in clinicals from Out-of-State nursing education programs indicated the greatest intent to stay as measured by the percentage that took and passed the Washington NCLEX.

Figure 38. Out-of-State Clinical Students that Passed the WA NCLEX from 2017-2022



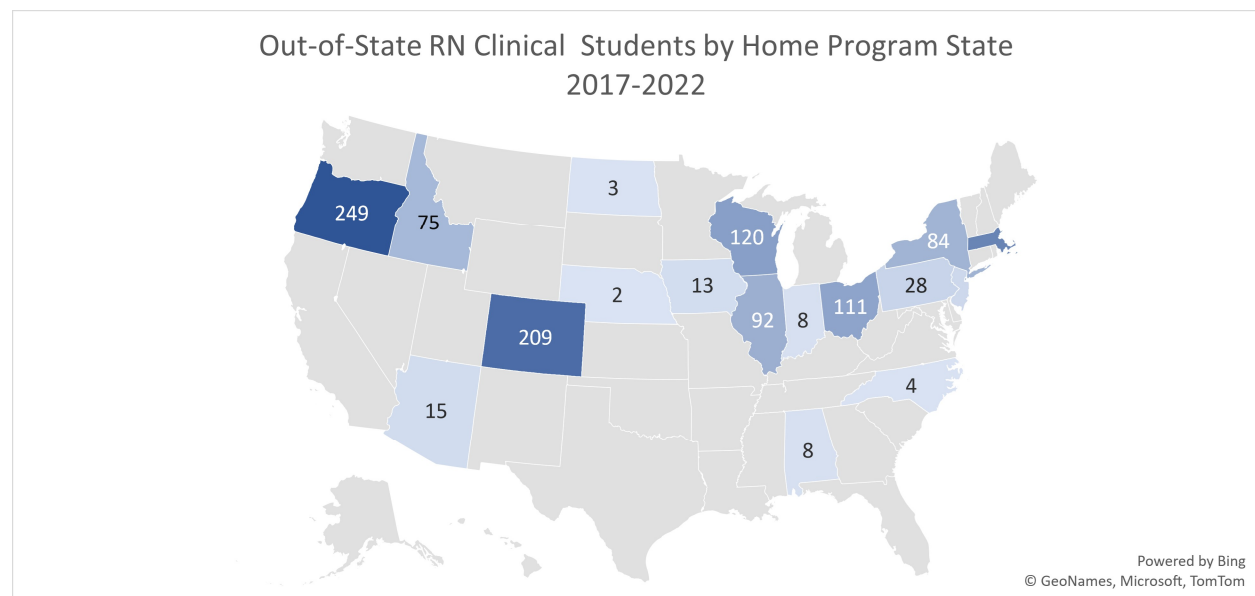
Over the last five years, there were a total of 596 LPN students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Massachusetts (175 students).

Out-of-State LPN Clinical Students by Home Program State 2017-2022

Home Program State	Number of Students
Alaska	0
Alabama	8
Arizona	0
Arkansas	0
California	0
Colorado	127
Connecticut	0
Delaware	0
Florida	8
Georgia	8
Hawaii	0
Idaho	75
Illinois	8
Indiana	20
Iowa	20
Kansas	0
Kentucky	20
Louisiana	0
Maine	0
Massachusetts	120
Michigan	20
Minnesota	20
Mississippi	8
Missouri	20
Montana	0
Nebraska	0
Nevada	0
New Hampshire	0
New Jersey	0
New Mexico	0
New York	75
North Carolina	0
North Dakota	0
Ohio	20
Oklahoma	0
Oregon	20
Pennsylvania	0
Rhode Island	0
South Carolina	0
South Dakota	0
Tennessee	20
Texas	0
Vermont	0
Virginia	0
Washington	20
West Virginia	0
Wisconsin	20
Wyoming	0

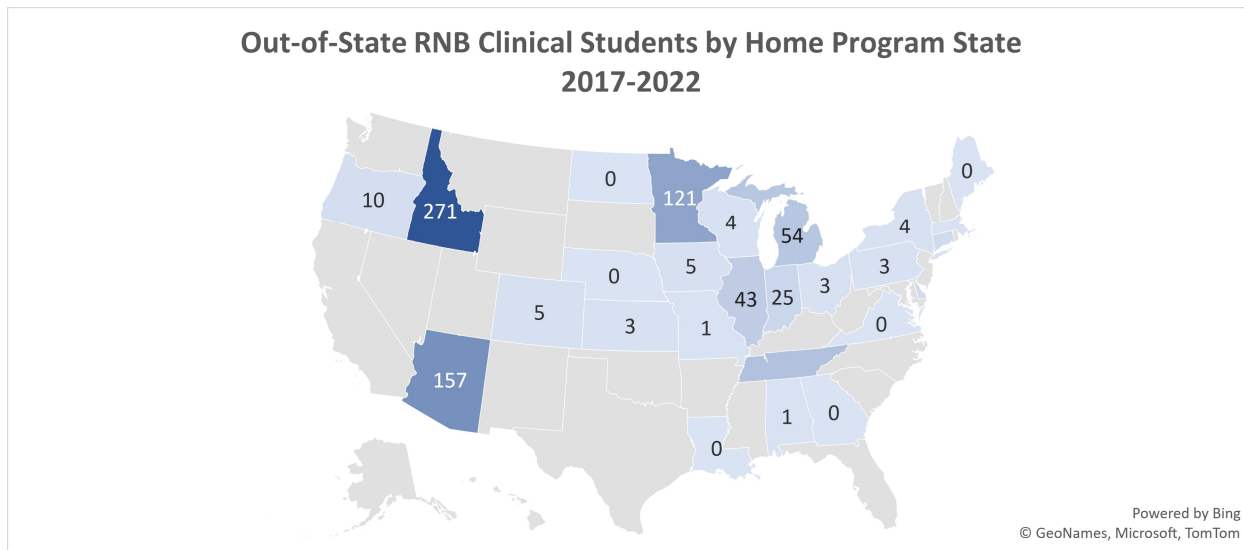
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Figure 40. Out-of-State RN Clinical Students by Home Program State 2017-2022



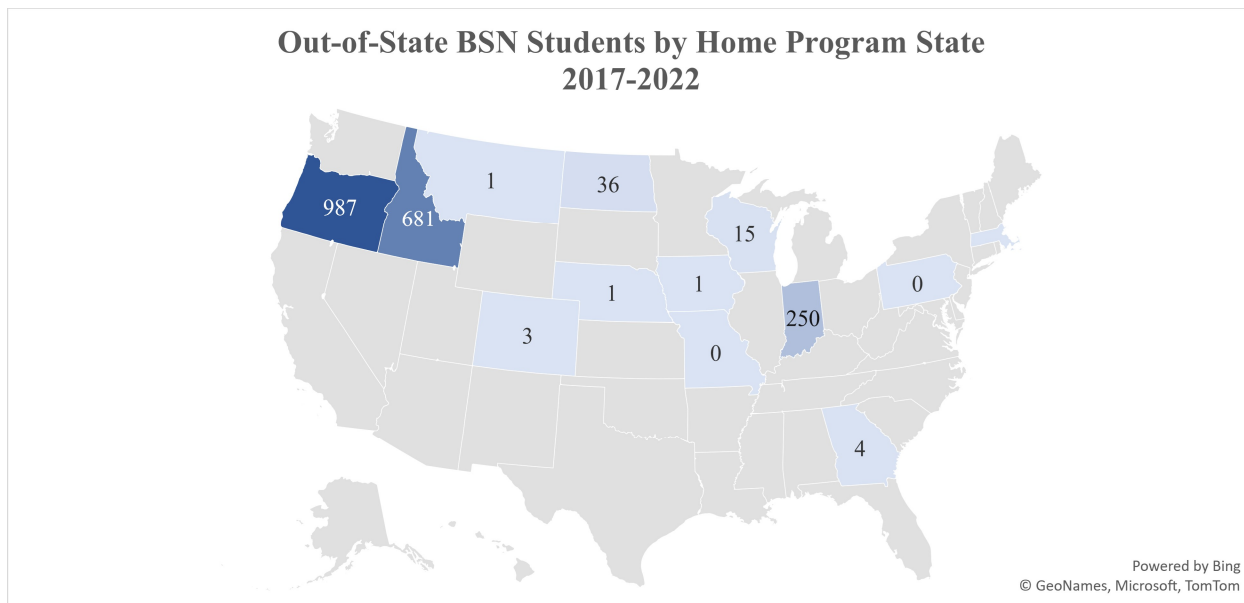
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Figure 41. Out-of-State RNB Clinical Students by Home Program State 2017-2022



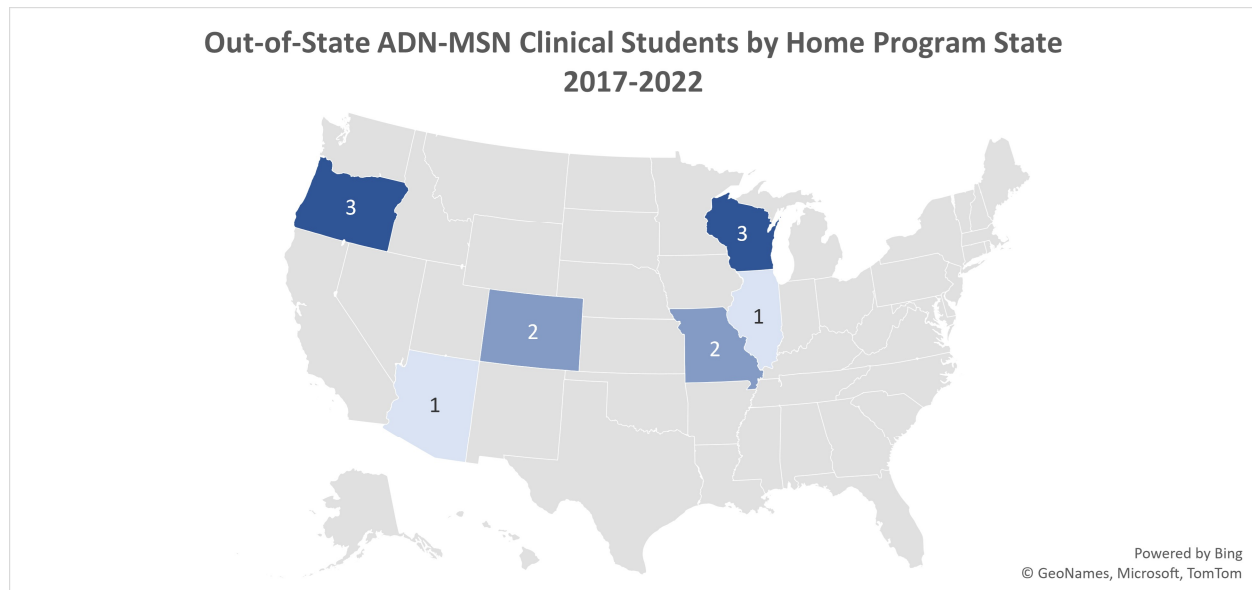
Over the last five years, there were a total of 1,980 BSN students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Oregon (987 students) and Idaho (681).

Figure 42. Out-of-State BSN Clinical Students by Home Program State 2017-2022



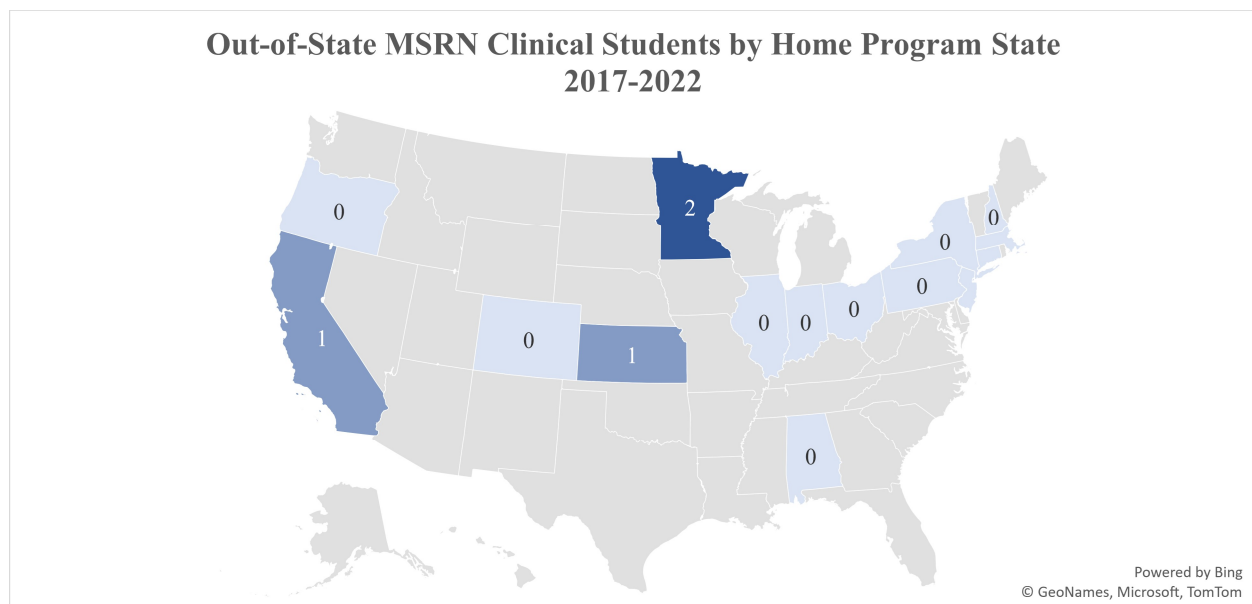
Over the last five years, there were a total of 12 ADNMSN students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Oregon (3 students) and Wisconsin (3).

Figure 43. Out-of-State ADN-MSN Clinical Students by Home Program State 2017-2022



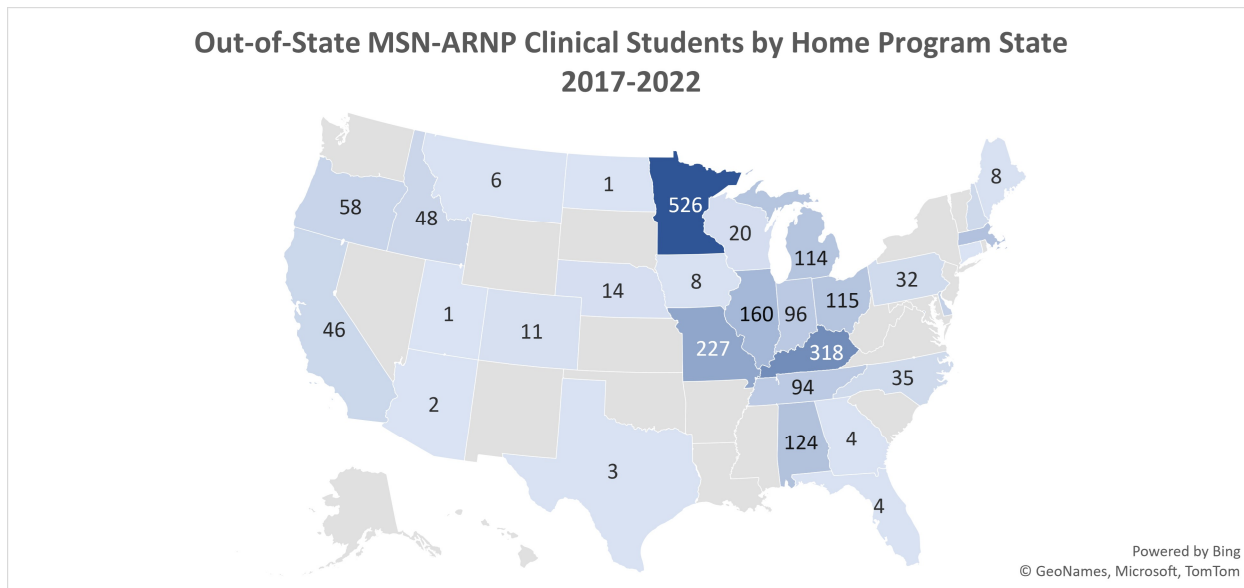
Over the last five years, there were a total of 4 MSN students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Minnesota (2 students).

Figure 44. Out-of-State MSRN Clinical Students by Home Program State 2017-2022



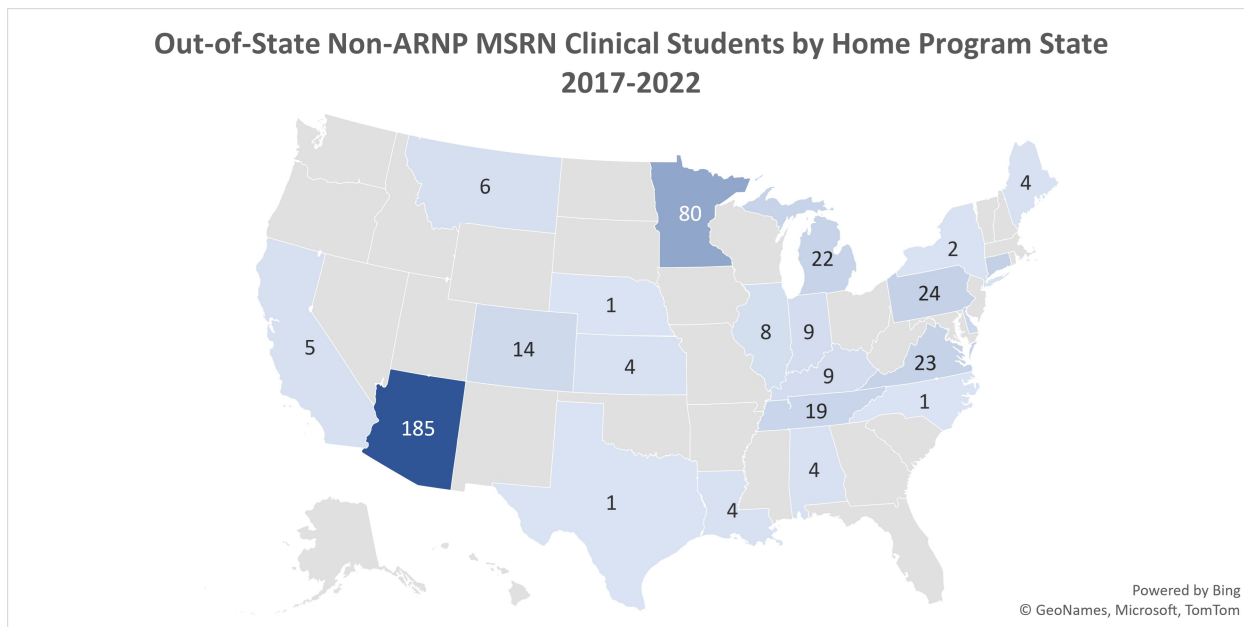
Over the last five years, there were a total of 2,441 MSN-ARNP students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Minnesota (526 students).

Figure 45. Out-of-State MSN-ARNP Clinical Students by Home Program State 2017-2022



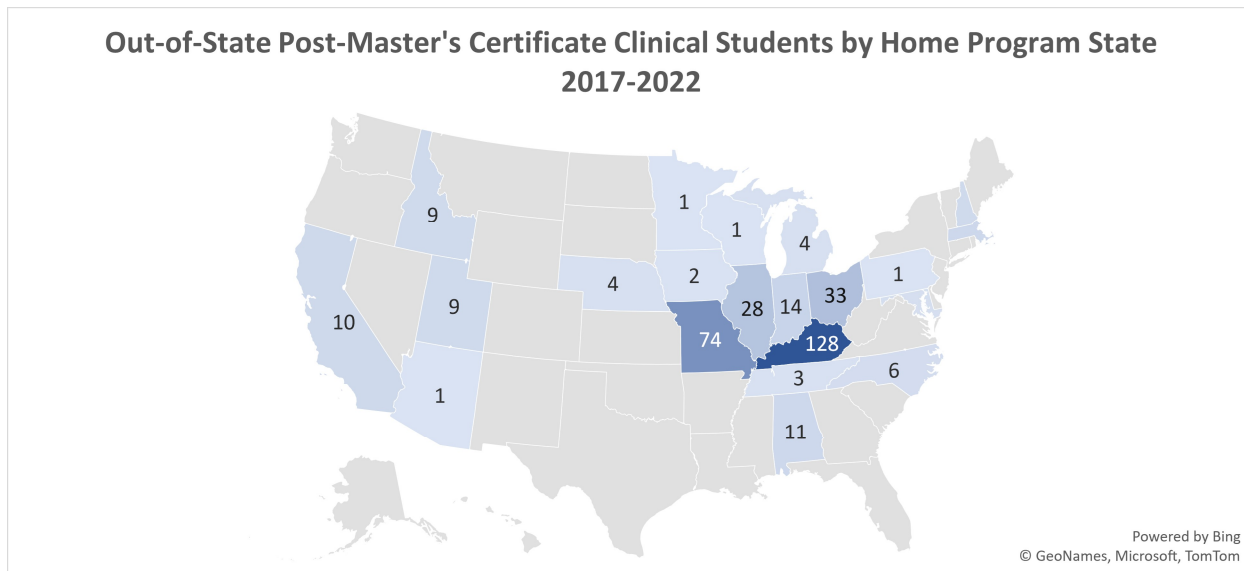
Over the last five years, there were a total of 469 Non-ARNP students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Arizona (185 students).

Figure 46. Out-of-State Non-ARNP MSN Clinical Students by Home Program State 2017-2022



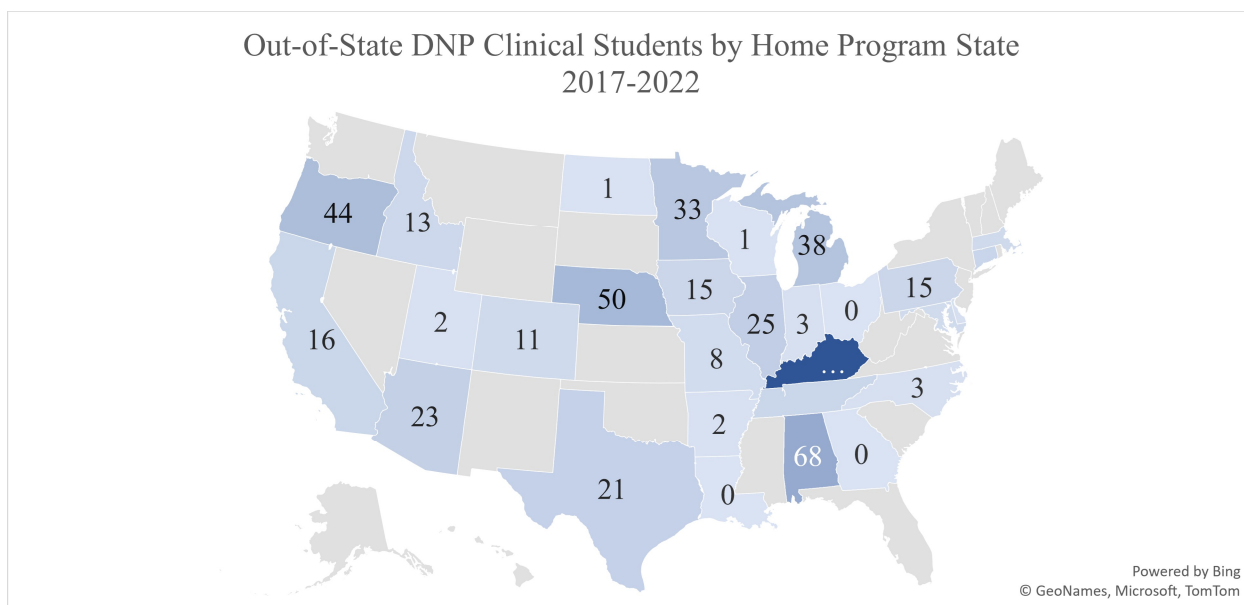
Over the last five years, there were a total of 370 Post-master's Certificate clinical students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Kentucky (128 students).

Figure 47. Out-of-State Post-Master's Clinical Students by Home Program State 2017-2022



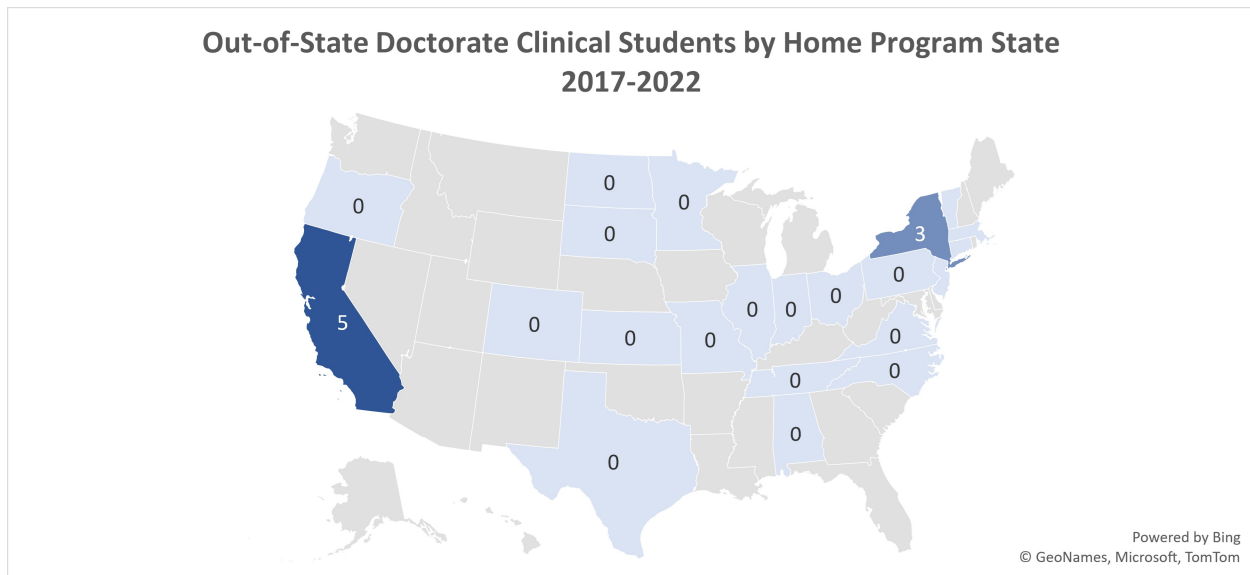
Over the last five years, there were a total of 624 DNP clinical students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in Kentucky (169 students).

Figure 48. Out-of-State DNP Clinical Students by Home Program State 2017-2022



Over the last five years, there were a total of 8 Doctorate clinical students participating in out-of-state clinical placements in Washington. The greatest number were from nursing programs with a home Board of Nursing in California (5 students).

Figure 49. Out-of-State Doctorate Clinical Students by Home Program State 2017-2022



Methodology

A secondary data analysis was conducted using existing data. The main sources of data for this analysis were derived from the Annual Education Survey collected by the NCQAC and the National Council of State Boards of Nursing education survey. The surveys are based on the Minimum Nursing Dataset for Nurse Education from the National Forum of State Nursing Workforce Centers. Survey data is collected annually, and this analysis included data from the 2015-2016 academic year to the 2021-2022 academic year. There were approximately 25 AD-RN programs, 10 BSN programs, and 10 RNB programs all in the state of Washington included in this analysis. The main questions analyzed for this report focused on clinical hours and clinical placement data where programs entered numbers for the listed categories. Data was not included in the analysis if a program submitted a zero for every category or when no data was submitted for that year. A data request was submitted and approved to use for analysis by NCQAC. Survey data is collected annually. Data was reviewed for accuracy and data that was duplicate or incorrect was not used in the analysis. Percentages were calculated by excluding missing cases for each variable.

Regulations regarding nursing education in the state of Washington require programs to submit an annual report via a survey provided by the NCQAC (WAC 246-840-520). The annual report covers data based on the academic year. The data is aggregated and reported in a summary form then shared publicly via the NCQAC website. The data is subject to public disclosure under RCW 42.56. The surveys include, on average, approximately 110-155 unique questions regarding programs, students, faculty, clinical hours, and other selected topics for the year. The survey design followed the National Nursing Workforce Minimum Datasets: Education (2020) and includes additional target information for Washington. During this seven-year analysis, the survey questions were relatively consistent. However, there were some questions added or removed during this time. In the 2015-2018 years, the NCQAC pre-licensure survey data was used for analysis. For the 2019-2022 years, pre-licensure program data was collected using the National Council of State Boards of Nursing survey. Response rate for the annual survey was 100% for the clinical hours data. Limitations include potential errors in data entry as data entry is manual and self-reported, therefore may be entered incorrectly or inaccurately, and accuracy of the report is dependent on the accuracy of data submitted.

Additional data sources included in this analysis were derived from the National Council of State Boards of Nursing aggregate data report for the 2020-2021 year. This data was used to compare national clinical hours and cited where used.

Summary

There is a large variation in the number of clinical hours across programs. There is an overall decline in the total number of clinical hours across all RN programs and is comparable to the decline in clinical hours nationally. There is an increase in the number of simulation hours in specific clinical rotations where programs reported were the most challenging to find clinical placements such as maternal health and care of children rotations. RN programs consistently reported that clinical placement was the second biggest challenge they face and were implementing a variety of creative strategies to expand clinical placement opportunities for their students. There were 385 schools with out-of-state clinical placements in Washington state over the last five years from various bachelor, master's, and doctoral programs.

Recommendations and Future Studies

- 1) Gather and analyze clinical placement data from Washington consortiums to better understand placements, sites, experiences, and gaps in clinical placement.
- 2) Determine geographic gaps by mapping clinical placements in Washington state utilizing the most recent clinical sites.
- 3) Identify best practices for clinical placement across programs.
- 4) Utilize central communication platform for collaboration and communicating program placement needs, sites, and openings.
- 5) Consider assessing the quality of nursing clinical placements rather than the quantity of the hours.
- 6) Explore successes and challenges in implementing simulation as substitute for direct care hours in Washington programs. With expanding evidence supporting simulation in nursing curriculums and newly passed legislation establishing a standard to count one hour of simulation experience in place of two hours of clinical placement learning up to 50% of required clinical hours for nurse licensure (Senate Bill 5582-2023-24).

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