This update presents information for all 244 nursing programs surveyed in Texas during the 2020 reporting year, including:

- 125 pre-licensure registered nursing (RN) programs
- 86 vocational nursing (VN) programs
- 33 graduate nursing programs

The Texas Center for Nursing Workforce Studies (TCNWS) collected data using the 2020 Board of Nursing's (BON) Nursing Education Program Information Survey (NEPIS) that was available online as of October 5, 2020. The reporting period was academic year (AY) 2019-2020 (September 1, 2019 – August 31, 2020) unless otherwise noted. TCNWS collaborated with the BON in the design and dissemination of the survey.

In response to the COVID-19 pandemic, TCNWS and the BON added questions related to programs' responses to the pandemic, such as if and how they supported local healthcare facilities, and whether or not they made curriculum changes. This report contains a summary of programs' responses to these questions.

Support For Local Healthcare Facilities

Personal Protective Equipment

Programs were asked if they were able to provide personal protective equipment (PPE) to their local hospitals. 112 (45.9% of all programs) were able to. Table 1 shows the most common types of equipment provided.

- Of the 112 programs that provided PPE to facilities, the majority provided masks, gowns, and gloves.

Table 1. Types of PPE Provided to Facilities by Programs (n=112)

Type of PPE	# of Programs	% of Programs
Masks	98	87.5%
Isolation Gowns	75	67.0%
Gloves	71	63.4%
Face Shields	30	26.8%
Shoe Covers	13	11.6%
Hand Sanitizer	4	3.6%
Cleaning Supplies	3	2.7%

Other Support

Programs were also asked about other forms of support they gave to local hospitals and healthcare facilities:

- 27 (11.1%) provided other equipment, such as hospital beds.
- 21 (8.6%) provided facility support.
- 154 (63.1%) encouraged faculty to support the treatment efforts.

72 programs (29.5% of all programs) responded that their institution would be able to convert simulation facilities for patient care during a public health crisis like the COVID-19 pandemic. Table 2 shows the amount of time programs said it would take to convert their facilities for patient care.

- Most programs reported that it would take less than 4 days.

Table 2. Amount of Time to Convert Facilities for Patient Care (n=72)

Amount of Time to Convert Facilities for Patient Care	# of Programs	% of Programs
Less than 24 hours	16	22.2%
1-3 days	30	41.7%
4-7 days	11	15.3%
More than one week	15	20.8%

Programs were also asked if they had re-evaluated hands-on clinical requirements to revise the number of clinical hours in response to the COVID-19 pandemic. 60.8% of RN programs (76 programs), 55.8% of VN programs (48 programs), and 42.4% of graduate programs (14 programs) responded that they had.

Tables 3 and 4 show the differences in median clinical contact hours both pre- and post-COVID in RN and VN programs.[1] Pre-COVID was defined as prior to March 2020, and post-COVID was defined as the period since March 2020, when the COVID-19 pandemic escalated in Texas.

- ■ RN and VN programs both more than tripled their median computer lab hours.

- ■ Both program types also saw decreases in all other types of curriculum hours.

Table 3. Median Clinical Contact Hours in VN Programs, Pre-COVID vs. Post-COVID (n=86)

Type of Curriculum Hours[1]	Median Hours Pre-COVID	Median Hours Post-COVID
Computer Lab	49	175
Nursing Skills Lab	178	116
High-Fidelity Simulation Lab	48	40
Patient Care Clinical Situations	560	281

Table 4. Median Clinical Contact Hours in RN Programs, Pre-COVID vs. Post-COVID (n=125)

Type of Curriculum Hours[1]	Median Hours Pre-COVID	Median Hours Post-COVID
Computer Lab	40	147
Nursing Skills Lab	128	99
High-Fidelity Simulation Lab	88	71
Patient Care Clinical Situations	560	350

[1]Computer Lab = computer activities with planned clinical objectives which may include virtual clinical excursions or VCEs, interactive tutorials, and learning modules that are carried out as student assignments; Nursing Skills Lab = low- and medium-fidelity situations that include skill sets, task training, and return demonstration, and may mimic the clinical environment; High-Fidelity Simulation Lab = high-fidelity simulated clinical situations that include orientation, learning objectives, and simulation experiences in a realistic patient scenario guided by trained faculty and followed by a debriefing and evaluation of student performance; Patient Care Clinical Situations = all faculty-supervised activities in the clinical setting, observational experiences, and clinical conferences