

## CHARACTERISTICS OF PROFESSIONAL NURSING PROGRAMS

This update presents information for the 129<sup>1</sup> pre-licensure registered nursing (RN) programs in Texas during the 2024 reporting year, including:

- 1 diploma program;
- 67 Associate Degree in Nursing (ADN) programs, including 55 generic ADN programs and 12 licensed vocational nurse (LVN) to ADN stand-alone programs;
- 59 Bachelor of Science in Nursing (BSN) programs; and
- 2 Master of Science in Nursing Alternate Entry (MSN AE) programs.

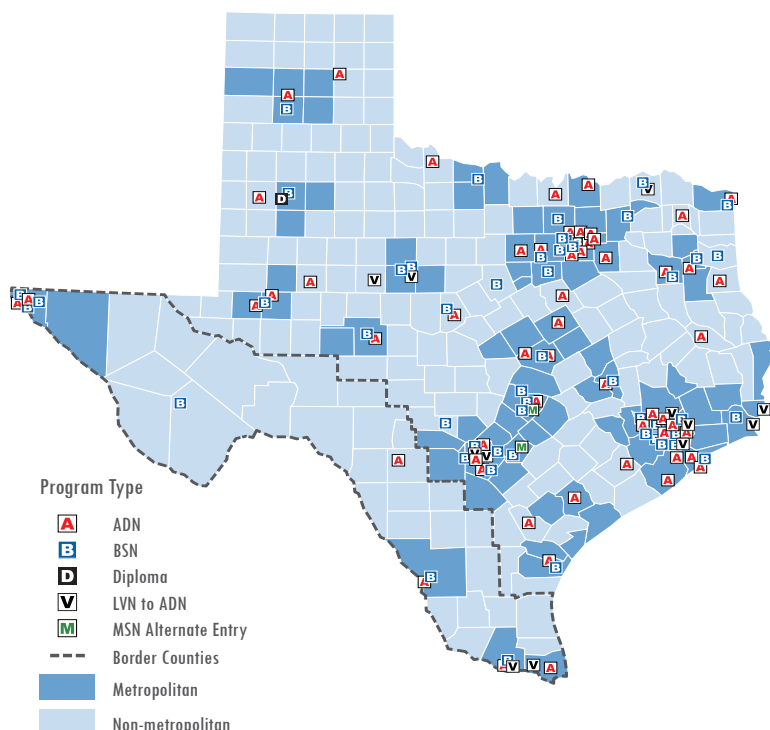
The Texas Center for Nursing Workforce Studies (TCNWS) collected data using the 2024 Board of Nursing's (BON) Nursing Education Program Information Survey (NEPIS) that was available online as of October 1, 2024. The reporting period was academic year (AY) 2023-2024 (September 1, 2023 – August 31, 2024) unless otherwise noted. TCNWS collaborated with the BON in the design and dissemination of the survey.

<sup>1</sup>There is 1 additional ADN program and 3 additional BSN programs that are approved by the BON in 2024 but they had not enrolled their first cohort by Sept 30, 2024, therefore, they were not surveyed for the 2024 NEPIS.

### Geographic Location of Professional Nursing Programs

Figure 1 presents the locations of the 129 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, 2024**



**Table 1. Geographic Designation of Main Campuses by Program Type, 2024**

Program Type	Geographic Designation				Total
	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	
Diploma	0	1	0	0	1
ADN	6	38	1	10	55
LVN to ADN	2	8	0	2	12
BSN	5	48	1	5	59
MSN AE	0	2	0	0	2
Total	13	97	2	17	129

- 97 programs (75.2%) were located in metropolitan, non-border counties.
- 17 programs (13.2%) were located in non-metropolitan, non-border counties.
- 13 programs (10.1%) 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 2023-2024, 3 new programs opened, 2 programs closed, and 3 programs were consolidated into a single program.

For the purposes of table 2, the three programs that were consolidated were counted as closed programs and the program they were consolidated into was counted as a new program.

**Table 2. Changes in the Number of Professional Nursing Programs, 2015-2024**

Year	New Programs	Closed Programs	Total Programs
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
2023	3	1	130
2024	4	5	129

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 2015 to 2024 (1 program).
- The number of LVN to ADN programs remained the same since 2023 (12 programs).
- The number of ADN programs has remained relatively constant since 2015.
- The number of BSN programs has increased by 22.9% from 2015 to 2024.

**Table 3. Number of Professional Nursing Programs by Program Type, 2015-2024**

Year	Diploma	LVN to ADN	ADN	BSN	MSN AE
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
2023	1	12	57	58	2
2024	1	12	55	59	2

## Institution Types<sup>2</sup>

The 129 professional nursing programs operating in Texas during AY 2023-2024 were classified as the following mutually exclusive categories:

- 54 community colleges
- 2 state colleges
- 2 technical colleges
- 43 universities
- 6 health-related institutions
- 17 for-profit college & universities authorized by certificate
- 5 other institutions authorized by certificate

<sup>2</sup>Institution types come from the Texas Higher Education Coordinating Board (<https://apps.highered.texas.gov/program-inventory/>)

## Length of Curriculum in Professional Nursing Programs

In the 2024 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.

- Aside from the one Diploma program, BSN programs had the longest curriculum length with an average of 23.7 months.
- LVN to ADN programs had the shortest curriculum length with an average of 13.7 months.

Table 4. Curriculum Length in Months by Program Type, 2024

Program Type	n	Range	Mean	Median
Diploma	1	-	24	24
LVN to ADN	55	12-20	13.7	12.0
ADN	12	12-24	21.4	22.0
BSN	59	12-36	23.7	23.0
MSN AE	2	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 129 RN programs (84.6%) offered tracks in addition to their primary/main program.

- In addition to the 12 stand-alone LVN to ADN programs, 48 programs (37.2%) offered an LVN to ADN track.
- In addition to the 4 stand-alone RN to BSN programs<sup>3</sup>, 53 programs (41.0%) offered an RN to BSN track, including 44 (34.1%) programs that offered the entire didactic portion online.
- 1 program (0.8%) offered a pre-licensure RN track that offers the entire didactic portion online.
- 20 programs (15.5%) offered a paramedic/EMT to ADN track.
- 12 programs (9.3%) offered a bachelor's degree in another field to BSN track.
- 17 programs (13.2%) offered an accelerated/compressed curriculum.<sup>4</sup>

Programs were asked if they offered a transition track for active duty, former, and retired military personnel.

- 4 programs currently offered such a track. This was the same number of programs that offered this type of track in 2023.
- These 4 programs included 1 BSN program and 3 ADN programs.
- Programs cited challenges to implementing military tracks, such as not having a standardized process to determine which courses and experiences should count towards their nursing degree (3 programs).

No RN programs reported having options for high school students. No RN programs reported options for high school students in AY 2022-2023 also.

<sup>3</sup>Data for the stand-alone RN to BSN programs is not included in this report. Information on these programs can be found on the "2024 Post-Licensure RN to BSN Programs" report.

<sup>4</sup>Accelerated/compressed curriculum is a program of study designed for entering students with degrees in other disciplines or who meet many of the program requirements that provides courses and clinicals in an intensive format.

## Advanced Placement in Professional Nursing Programs<sup>5</sup>

78 out of 129 professional nursing programs offer advanced placement for students.<sup>5</sup> Table 5 indicates the types of mechanisms used to grant advanced placement by program type. Mechanisms included direct transfer of credit or granting credit with a transition course, the completion of designated courses, or passing written exam(s).

- Direct transfer of credit was the most widely used mechanism to grant advanced placement to pre-licensure nursing students across all program types (65.4% of the 78 programs that offered advanced placement), followed by granting credit with a transition course (50.0% of the 78 programs).

- 9 programs reported using mechanisms other than those listed, these included the student having an LVN license (7 programs) or a paramedic license (1 program).

**Table 5. Number of Programs Using Different Mechanisms to Grant Advanced Placement by Program Type, 2024**

Program Type	Type of Advanced Placement					Other
	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	0
ADN	24	33	14	8	2	5
LVN to ADN	3	2	0	1	1	0
BSN	24	4	6	10	1	6
MSN AE	0	0	0	0	0	0
Total	51	39	20	19	4	11

Note: Programs could select more than one option.

<sup>5</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.

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 6, programs were asked what types of advanced placement they offer. Programs could select more than one option. No programs reported offering advanced placements other than those listed.

- 56 programs (43.4%) offered advanced placement to LVNs and 42 programs (32.6%) offered advanced placement to students with prior VN or RN nursing education.
- 51 programs (39.5%) did not grant advanced placement. These included 32 BSN, 9 ADN, 7 LVN to ADN programs. The 1 diploma and the 2 MSN AE programs do not grant advanced placement.

**Table 6. Number of Programs that Grant Different Types of Students Advanced Placement by Program Type, 2024**

Program Type	Type of Students					
	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	1	44	0	3
LVN to ADN	3	0	0	3	0	0
BSN	18	1	0	9	2	1
MSN AE	0	0	0	0	0	0
Total	42	18	1	56	2	4

Note: Programs could select more than one option.

Table 7 shows which type of student is required to take a transition or bridge course to qualify for advanced placement by program type.

- 39 (88.6%) ADN programs, 2 (66.7%) LVN to ADN programs, and 3 (33.3%) BSN programs that offer advanced placement require their LVN to RN students take a bridge course.

- 100% of ADN programs require their military students take a bridge course.
- No programs required students that are allied health professionals or those with a baccalaureate or master's in a discipline other than nursing to take a transition or bridge course to qualify for advanced placement.

**Table 7. Number of programs that require students take bridge or transition course to qualify for advanced placement, 2024**

Program Type	Type of Students					Number of programs that offer advanced placement
	No student is required to take a bridge or transition course	Paramedic/EMT to RN	LVN to RN	Active duty, former, and retired military personnel	Other (please specify)	
Diploma	0	0	0	0	0	0
ADN	7	16	39	3	0	46
LVN to ADN	3	0	2	0	0	5
BSN	21	0	3	0	4	27
MSN AE	0	0	0	0	0	0
Total	31	16	44	3	4	78

Note: Programs could select more than one option.

## Online Availability of Professional Nursing Programs<sup>6</sup>

Programs were asked whether they offered nursing courses via online technology. Of the 129 professional nursing programs:

- 1 program (0.8%) offered the entire didactic program curriculum online. It was a BSN program.
- 60 programs (46.5%) offered select courses online.
- 66 programs (51.2%) offered blended/hybrid courses (courses partially online and partially face-to-face).
- 36 programs (27.9%) had no online course availability.

**Table 8. Online Availability by Program Type, 2024**

Program Type	Entire Didactic Program Online	Select Courses Online	Blended/Hybrid	No Online Courses
Diploma	0	0	0	1
ADN	0	19	28	18
LVN to ADN	0	4	4	7
BSN	1	35	32	10
MSN AE	0	2	2	0
Total	1	60	66	36

Note: Programs could select more than one option.

From 2015 to 2024, the percent of programs that offered the entire didactic curriculum online has decreased from 4.2% in 2015 to 0.8% in 2024. However, the percent of programs offering select courses online has increased from 39.5% in 2015 to 46.5% in 2024.

BON rule 214.9(b)(3) states that faculty have documented competencies specific to online education. Table 9 summarizes the requirements programs have of faculty teaching online courses.

**Table 9. Requirements for faculty teaching online courses, 2024**

Requirement	Number of programs
Completing a course on online or distance learning provided by educational institution	53
Completing a training on learning management system	23
Training on best practices for distance learning	18
Online teaching certification	14
Showing proof of continuing education hours on online learning	9

Note: This was an open-ended question, programs could provide more than one requirement.

<sup>6</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

In the 2024 NEPIS, programs were asked what type of curriculum they used.

- 65 (50.4%) programs reported using a block curriculum,<sup>7</sup> 26 (20.2%) used an integrated curriculum,<sup>8</sup> 18 (14.0%) used a concept-based curriculum,<sup>9</sup> and 14 (10.9%) used the Texas model of concept-based curriculum.
- 6 programs (4.7%) reported using other curriculum types. 2 of the 6 reported using some combination of curriculum types and 2 reported using competency-based curriculum.

If programs implemented permanent curriculum changes during AY 2023-2024,<sup>9</sup> they were asked to select which changes were implemented (Table 10). Programs could select more than one type of change.

- 75.2% of programs did not implement a permanent curriculum change.

**Table 10. Types of Permanent Curriculum Changes Implemented, 2024**

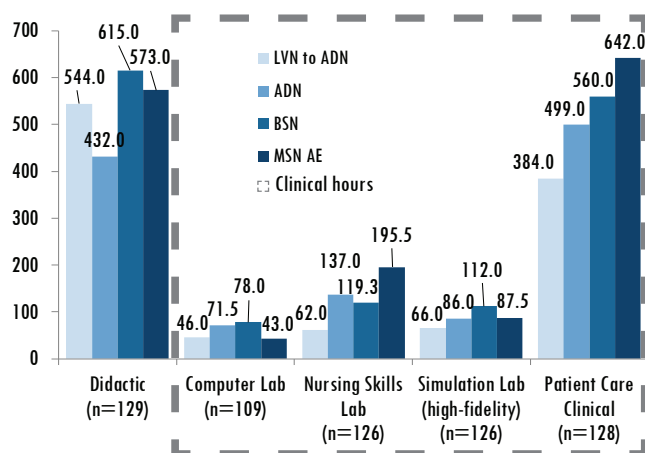
Types of Curriculum Changes	# of programs	% of programs
No permanent change	97	75.2%
A minor change (editorial changes, moving content, hours between courses)	20	15.5%
Adding and removing courses	8	6.2%
Changes in clinical hours	4	3.1%
Online delivery (more didactic online, moving to hybrid courses)	3	2.3%
A change in program objectives, major concepts	3	2.3%
A total revision of curriculum	2	1.6%
Other	12	9.3%

- “Other” responses included changes in general education requirements, change in curriculum type for didactic courses only, and changes in course requirements.

Programs were asked to provide information regarding the number of contact hours required in didactic and clinical courses including, computer lab, skills lab, simulation lab, and patient care clinical situations.

Figure 2 graphs the median value for each of the program activities for ADN, LVN to ADN, BSN, and MSN AE 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 2.

**Figure 2. Median Didactic and Clinical Contact Hours Reported by Program Type, 2024**



Note: n is the number of programs reporting more than zero hours for that type of activity.

As evidenced by Figure 2, 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 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 123 to 1,512 hours.

## Computer Lab

Computer lab is defined as interactive tutorials and learning modules that are part of a curriculum that is separate from didactic. 109 programs (84.5%) reported computer lab hours for their program of study. The computer lab hours reported ranged from 1 to 770 hours. The median number of computer lab hours reported by all programs has increased since 2015 (from 30 to 70.0, or 51.6%).

## 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>10</sup> and task training. 126 programs (97.7%) reported nursing skills lab hours for their programs of study. The skills lab hours reported by professional nursing programs ranged from 4 to 484 hours. The median number of nursing skills lab hours reported by all programs has decreased from 128 in 2015 to 124.5 in 2024.

## 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. 126 programs (97.7%) reported simulation lab hours for their programs of study. The simulation lab hours reported ranged from 16 to 484 hours. The median number of simulation lab hours reported by all programs has increased from 69 in 2015 to 101 in 2024, and the percent of programs offering simulation lab hours has increased from 90.4% to 97.7%. Programs' reported simulation hours for AY 2023-2024 were compared to their AY 2022-2023 hours. Of the 125 programs that reported having simulation hours during both academic years, 34 (27.2%) programs increased their simulation hours and 31 (24.2%) programs decreased their simulation hours. The mean number of hours increased was 32.9.

## Patient Care Clinical Situations

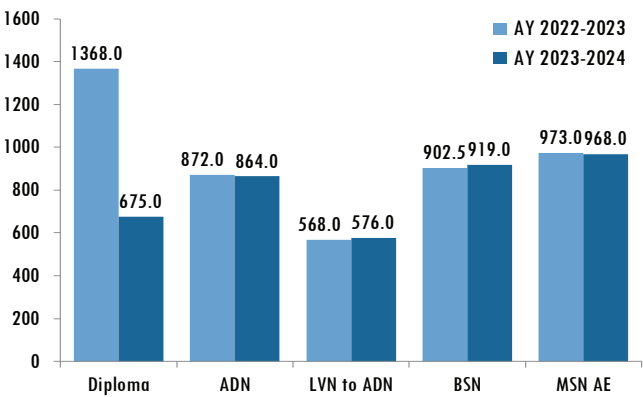
In this report, patient care clinical situations were defined as hands-on practice with actual patients in a clinical setting including all faculty-supervised activities in the clinical setting, such as direct care, observational experiences, and clinical conferences. The patient care clinical situations hours reported ranged from 289 to 1,214 hours. The median number of patient care clinical situations hours reported by all programs has decreased from 656 in 2015 to 535 in 2024. One program did

not report hands-on clinical practice hours because they enrolled their first cohort in Fall 2024 .

Total Clinical Contact Hours

Figure 3 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 3. Median Total Clinical Contact Hours Reported by Program Type, 2023 and 2024



- There was only 1 diploma program, so their reported 675 total clinical contact hours was the same as the median.
- The noted change in total clinical contact hours reported by the diploma program is due to a change in how the program reported their clinical hours.
- There were only 2 MSN AE programs, making the mean and median of clinical contact hours the same (968 hours). Hours were 946 and 990.
- BSN programs reported a median of 919 for total clinical contact hours. The mean clinical contact hours for BSN programs was 960.1. BSN program clinical contact hours ranged from 616 to 1,848.
- ADN programs reported a median of 864 and a mean of 869.2 total clinical contact hours. ADN programs reported a range of total clinical contact hours from 512 to 1,541.
- LVN to ADN programs had a median of 576 and a mean of 583.5 clinical contact hours. Hours ranged from 400 to 872.
- 17 programs (13.2%) reported that they used Dedicated Education Units (DEUs) as a clinical format.<sup>11</sup>

Table 11 displays the percentage of hands-on clinical practice time programs reported students spent in a variety of settings.

Table 11. Percentage of Hands-On Clinical Time Spent by Setting, 2024

Clinical Setting	Mean % of Time Spent	Median % of Time Spent
Acute Care	77.9%	79.4%
Long Term Care	5.5%	3.2%
Community Settings	9.4%	8.0%
Observational	3.9%	1.4%
Other	3.3%	0.0%

- The majority of hands-on clinical practice hours were spent in the acute care setting, with programs reporting an average of 77.9% of clinical practice hours spent in the acute care setting.
- The next most used setting was the community setting, with an average of 9.4% of clinical practice hours.
- “Other” settings included psych/mental health (7 programs) and obstetrics/gynecology (3 programs).

Table 12 shows the median and mean percent of time students spent with different populations during their hands-on clinical practice hours, simulation hours, and other clinical learning experiences. Percentages were calculated by dividing the number of hours spent on a specific population in a clinical learning experience by the total number of hours spent in the respective clinical learning experience.

**Table 12. Percent of hands-on, simulation, and other clinical learning experiences hours spent with different populations.**

	Hands-on clinical hours		Simulation hours		Other (labs, computer, standard patients)	
	Mean % of time spent	Median % of time spent	Mean % of time spent	Median % of time spent	Mean % of time spent	Median % of time spent
Medical/Surgical	50.7%	51.9%	46.5%	44.2%	40.7%	29.9%
Geriatric	11.9%	8.6%	17.8%	11.2%	14.8%	3.4%
Maternal/newborn	8.2%	7.9%	13.4%	11.4%	5.5%	3.5%
Pediatrics	7.1%	6.8%	14.7%	11.4%	4.7%	3.5%
Mental health	7.5%	7.3%	10.9%	7.1%	5.7%	3.5%
Community or population health settings	7.6%	7.4%	4.4%	0.0%	4.5%	0.7%

Recruitment and Practice Partnerships

### Use of Outside Vendors

Programs were also asked about use of outside vendors for recruiting students, marketing, assistance with online formatting and curriculum, contracting clinicals, or finding faculty.

- 21 programs (16.3%) reported that they use an outside vendor for such services.

### Academic Practice Partnerships

Programs were asked if they partnered with health care facilities in a clinical agreement to allow students an opportunity for an enriched and concentrated clinical experience under the supervision of a trained preceptor or nursing faculty.

- 67 (51.9%) programs indicated partnering with health care facilities. This is an increase from the 53 programs that reported having such an agreement in AY 2022-2023.

Those programs that indicated partnering with health care facilities were then asked how many partnerships they have, whether students are paid for the experiences, and how the program evaluates the nursing experiences. Table 13 shows the number of programs by the number of sites they have a partnership with.

**Table 13. Number of healthcare facilities programs are partnered with, 2024.**

Number of healthcare facility partners	Number of Programs
1-20	46
21-40	8
41-60	7
60+	6

- The number of partnerships ranged from 1 to 203.
- 46 (68.7%) programs had partnerships with 1-20 healthcare facilities
- Of the 67 programs, 16 indicated that their students were paid for these experiences. A little over half of these were BSN programs (10, 62.5%); the remaining were ADN programs (6, 37.6%).
- All 67 programs indicated that they evaluate their clinical experiences. The most frequent method for evaluating clinical experiences was clinical evaluation tool/form (26 programs), followed by faculty evaluation (24 programs) and student evaluation (20 programs). The question was free response and programs could report more than one method of evaluation.

<sup>7</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>8</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>9</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>10</sup>Programs are asked specifically about permanent curriculum changes to avoid reporting on temporary curriculum changes programs may have made to address special circumstances.

<sup>11</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>12</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.

