# 2016 Florida Center for Nursing Survey of Nursing Programs

#### Nursing Program: BROWARD COUNTY SHERIDAN TECHNICAL COLLEGE

## **Program Dean or Director Contact Information**

Please provide contact information for the person directly responsible for the program represented by this NCLEX code, whether titled Dean or Program Director.
Name:
Phone Number:
Email Address:
Is this institution Non-profit (including public institutions, and private non-profit institutions) or Proprietary (a private for-profit institution)?  Non-Profit School  Proprietary School
If your nursing program has no students currently enrolled, please check this box to skip to the end of this survey.
Please Note: This is intended for new programs that have not yet enrolled their first classes and older programs that retain an NCLEX Code but are not currently in operation. If your program has no current students because you are between classes and the new cohort has not yet started, please complete this survey.
1. Is your PRE-LICENSURE program accredited by the Commission on Collegiate Nursing Education?
• Yes No
2. Is your PRE-LICENSURE program accredited by the Accreditation Commission for Education in Nursing?  Yes No

Please note that Academic Year (AY) 2015-2016 is defined as Fall (August/September) Semester 2015 through Summer (July/August) Semester 2016.

## **Faculty Information**

3. Separations & New Hires:

If your school has more than one NCLEX code, you will be completing multiple surveys. If you are completing more than one survey, please report only on faculty associated with the NCLEX code for this survey to avoid duplication in faculty counts.

In this section, you will tell us about the number of budgeted faculty positions and vacancies, the composition of your faculty, and your current and future need for additional faculty positions. Please include the **Program Dean/Director** in the counts reported.

We ask about both full-time and part-time faculty. Please use the following definitions when counting your faculty:

**Full-time faculty**: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution, hold academic rank, carry the full scope of faculty responsibility (e.g., teaching, advisement, committee work), and receive the rights and privileges associated with full-time employment. These faculty members may be tenured, tenure-track, or non-tenure track.

**Part-time faculty**: Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed part-time as defined by the institution, may or may not hold academic rank, carry responsibility for a specific area (e.g., teaching a single course), and may carry any number of titles (e.g., adjunct, clinical instructor). These faculty members are typically not eligible for tenure.

•	a.	How many FULL-TIME faculty members SEPARATED from your program during AY 2015-2016? Please enter zero if appropriate. Include separations occurring for all reasons,				
		including voluntary separation				
	b.	How many NEW faculty members were hired during AY 2015-2016? Please enter zero if appropriate.				
		Full-time:				
		Part-time/Adjunct:				
	4. Report the number of faculty positions in each category AS OF SEPTEMBER 30, 2016. Please enter zero if appropriate. Note: Number of budgeted positions = Number of vacant positions + Number of filled positions.					
Ful	II-Time Fac	culty	Part-Time/Adjunct-Faculty	Not Applicable for Part-Time Faculty		
Νι	ımber of bu	udgeted positions:	Number of budgeted positions:			
Nu	mber of va	cant positions:	Number of vacant positions:			
Nu	mber of fille	ed positions:	Number of filled positions:			
5. Re <sub>l</sub>	port the nu	umber of faculty members that c	do NOT hold an active nursing license:			
Fu	ıll-time facu	ulty:	Part-time/Adjunct faculty:			

6. Report the number of faculty members by highest degree earned AS OF SEPTEMBER 30, 2016. The total number of faculty members counted in this item should equal the number of FILLED positions reported above.

Ful	II-Time Facult	sy .	Part-Time/Adju	nct Faculty
PhD in Nursing:			PhD in Nursing:	
Doctorate of Nursing Practice	:		Doctorate of Nursing Practice:	
Other Nursing Doctorate:			Other Nursing Doctorate:	
Doctorate, Non-Nursing:			Doctorate, Non- Nursing:	
Masters in Nursing:			Masters in Nursing:	
Masters, Non-Nursing:			Masters, Non-Nursing:	
Bachelors in Nursing:			Bachelors in Nursing:	
Bachelors, Non-Nursing:			Bachelors, Non- Nursing:	
Associate or Diploma in Nursing:			Associate or Diploma in Nursing:	
Total Filled			Total Filled	
7. Report the number of facult members counted in this item	should equal			number of faculty
Female:	Female:			
Male:	Male:			
Unknown:	Unknown:			
Total Filled	Total Filled:			

8. Report the number of faculty members by race/ethnicity AS OF SEPTEMBER 30, 2016. The total number of faculty members counted in this item should equal the number of filled positions reported above. **Full-Time Faculty** Part-Time/Adjunct Faculty White non-Hispanic: White non-Hispanic: Black non-Hispanic: Black non-Hispanic: Hispanic/Latino: Hispanic/Latino: Asian: Asian: American Indian/Alaska Native: American Indian/Alaska Native: Native Hawaiian/Other Pacific Native Hawaiian/Other Pacific Islander: Islander: Other: Other: Unknown: Unknown: Total Filled Total Filled 9. Report the number of faculty members by age AS OF SEPTEMBER 30, 2016. This information will help us project the supply of nurse educators. We recognize that you may have to estimate the age of your faculty. Your best estimate is appreciated. The total number of faculty members counted in this item should equal the number of filled positions reported above. **Full-Time Faculty Part-Time Faculty** 30 or younger: 30 or younger: 31-40: 31-40: 41-50: 41-50: 51-55: 51-55: 56-60: 56-60: 61-65: 61-65: 66-70: 66-70: 71 or older: 71 or older: Unknown: Unknown: **Total Filled Positions** Total Filled Positions 10. If funding were available, how many additional FULL-TIME faculty positions would you add to meet the needs of your current student population?

11. How	many faculty retirements occurred during AY 2015-2016?
12. Whic	h faculty positions are difficult to fill?
[	□ Acute Care
[	□ Adult/Gerontology
[	□ Family Health
[	□ Pediatric/Child Health
[	□ Oncology
[	□ Obstetrics
[	□ Critical Care
[	□ Leadership/Management
[	□ Policy
[	□ Other (please specify)
12 What	are the horriers to faculty receptificant? DI EASE SELECT ALL THAT ADDLY
13. What	are the barriers to faculty recruitment? PLEASE SELECT ALL THAT APPLY.
	Salary not competitive
	Cost of living
	Limited qualified applicant pool
	Geographic location
	No problems with recruiting
	Other (please specify)

#### **Student Information**

Note: Student Information is collected by program type (LPN, ADN, BSN, MSN, and Doctoral) and curriculum track. For LPN and ADN programs, curriculum tracks include Generic/Traditional and Advanced Placement/Bridge. Advanced Placement/Bridge programs include programs transitioning CNAs to LPNs, paramedics to RN, LPN to RN, Registered Respiratory Therapist or Cardiovascular Technologist to RN. For BSN programs, curriculum tracks include Generic/Traditional, Second Degree, and RN-to-BSN. For MSN programs, curriculum tracks are NP – Acute Care, NP – Adult/Gerontology, NP – Family Health, NP – Pediatric/Child Health, NP - Other, CRNA, Midwife, Education, Management/Leadership, CNS, and CNL. For doctoral programs, curriculum tracks are PhD, DNP, and other.

14. Will you be reporting on an LPN Program for THIS NCLEX Code?			
Yes No Check all curriculum options that apply:			
□ Generic/Traditional curriculum			
☐ Bridge curriculum (CNA to LPN, etc.)			

A. Please tell us about your program capacity, admissions, and graduates during AY 2015-2016.

Use the following definitions:

# of student SEATS: the number of seats for NEW students entering your program.

**# of QUALIFIED APPLICANTS:** the total number of applicants to the program who met the minimum admission standards.

**# of students ADMITTED:** the number of qualified applicants that you admitted (offered a seat) in the program. This includes both students who were newly admitted and students who were readmits-i.e. those students who were previously in the nursing program, dropped out, and had to reapply for admission to the program.

**# of ADMITTED/NEW students who enrolled:** Enrolled means that the student registered for course work and paid his/her fees. This includes both students who were newly admitted and students who were re-admits-i.e. those students who were previously in the nursing program, dropped out, and had to reapply for admission to the program.

**# of students GRADUATED**: the total number of students graduating during the academic year, regardless of when they started the program. This item *does not* refer to the cohort of students who began the program during the last academic year, but have not yet graduated.

	Generic/Traditional Students	Advanced Placement / Bridge Students
Number of student SEATS*:		
Number of QUALIFIED APPLICANTS:		
Number of students ADMITTED:		
Number of ADMITTED/NEW students who ENROLLED:		
Number of students GRADUATED:		
*Please count only seats for NEW students en	tering your program.	
B. How many students were enrolled in this program C students at all points in your program's curriculum se		Please include
Total number of Generic/Traditional Students:		
Total number of Advanced Placement / Bridge Students:		

C. Please report your total program enrollment ON SEPTEMBER 30, 2016 by racial/ethnic category. The total number of persons counted in this item must match your total program enrollment in Section B.

	Gene	eric/Traditional Students	Advanced Placement / Bridge Students
White, non-Hispanic			
Black, non-Hispanic			
Hispanic			
Asian			
American Indian or Alaska	n Native		
Native Hawaiian or Other Islander	Pacific		
Other			
Unknown			
Total Program Enrollment			
Male Female Unknown Total Program Enrollment	ic/Traditional Studer	/ Bridge Students	ram enrollment above.
		Iment ON SEPTEMBER 30, nust match your total prog	
	Gene	eric/Traditional Students	Advanced Placement / Bridge Students
17-20			
21-25			
26-30			
31-40			
41-50			

51-6	-60					
61 a	and older					
Unk	nknown					
Total Program Enrollment						
*	*Students for which no data are available will be counted in the "Unknown" category.					
	F. What factors prevented acceptance of more qualified students? PLEASE SELECT ALL THAT APPLY.					
	Lack of qualified faculty applicants					
	Lack of funds to hire faculty					
	Limited clinical sites for interactive learning expe	eriences				
	Lack of qualified student applicants					
	Lack of campus resources: classroom/lab space, budget constraints					
	Other (please specify)					
C	G. What are the reasons for lack of clinical space? PLEASE SELECT ALL THAT APPLY.					
	Increased competition for clinical space due to υ	use from other	nursing progra	ıms		
	Staff nurses do not have time to work with stude	ents				
	Insufficient number of staff to serve in preceptor	r role				
	Displaced by another program					
	Decrease in patient census					
	Closure or partial closure of clinical facility / unit	t				
	Preferential acceptance of BSN students over A	ADN or LPN stu	udents			
	Other (please specify)					

15. Do	15. Do you offer any Graduate Certificate Programs?				
	• Yes No				
Check	call curriculum options that apply:				
	Education				
	Administration				
	NP – Acute Care				
	NP – Family Practice				
	NP – Adult/Gerontology				
	NP – Pediatrics				
	Other (please specify)				
16. If r (must	necessary, please provide any clarifications or comments regarding your responses to this survey not exceed 1000 characters).				

Thank you for participating in our annual survey of education programs!