



SACRAMENTO  
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June 24, 2024

Loretta Melby, RN, MSN,  
Executive Office, Ca Board of Registered Nursing,

Ms. Melby,

I am writing this letter in response to the Marsha Fuerst School of Nursing's petition to open a nursing program satellite campus in the Sacramento region. I strongly object to any new school being approved for the region as I do not believe there is the infrastructure to support this. I have spoken with the executive dean of the Marsha Fuerst School and registered my concerns directly with them. I believe my experience in the region positions me to speak to our local issues.

I have been teaching nursing in Sacramento since 2001 and, after 3 years serving as the Associate Chair, have been the Chairperson/Director of the Sacramento State School of Nursing since August 2015. I maintained a clinical practice until June 2023, I have been an active member of the local Sacramento Academic-Clinical Alliance for Nursing Education (SACANE) group for 13 years, and I also served as the Chair of the SACANE Directors group for 7 years. SACANE membership represents all local clinical agencies and nursing programs with active clinical rotations. I have also serve on the Nursing Education Workforce Advisory Committee for the Board of Nursing since 2016.

My objections can be categorized into four main areas:

1. Sacramento is not a nursing shortage area.
2. Clinical sites are at a premium.
3. Clinical displacement happens for reasons other than student rotations and should be factored into decisions to open new programs.
4. There is a faculty shortage in the area.

1. When speaking with the executive dean of the Marsha Fuerst School of Nursing, their rationale for choosing Sacramento was it being a shortage area. According to the University of California, San Francisco website <https://rnworkforce.ucsf.edu/forecasting> where results of surveys about nursing forecasting, demand, supply, and education are reported, "Substantial shortages are projected for the San Francisco, Central Valley, and Central Coast regions, while surpluses may emerge in the Sacramento and Los Angeles regions." Immediately following the COVID pandemic, there was a slight shift in local demand which is now leveling out as evidenced by local Register Nurse job postings and expediency of new graduate hiring. Furthermore, if in existence, a workforce need combined with a clinical site shortage in an area suggests the need to recruit nurses to the area and not to open new programs.

In Sacramento, and nationwide, there are more applications (not necessarily applicants) than admissions to nursing programs. However, the reasons students are turned away are the same as why new programs should not be approved; there is insufficient infrastructure in the region.

2. There are currently at least 14 nursing schools placing student in the Sacramento region and at least one new school (Northstate) approved for enrollment. At many of the existing schools such as Sacramento State, the Los Rio Community Colleges, and the University of California, Davis leadership is encouraging growth in programs; growth which is not happening due to lack of clinical sites. In fact, for this coming fall semester, the Sacramento State nursing programs' request for two advanced medical-surgical placements we have historically had at a local Kaiser have been denied. We are now "scrounging" to find placements so those 16 students can progress to on-time graduation. None of our requests to other local agencies for two extra spots have been approved. According to the BRN 2022-23 Schools Survey, 73% of all Greater Sacramento programs were denied a clinical placement, 55% of the programs were allowed placements with fewer students, and only 18% were offered an alternative placement (<https://www.rn.ca.gov/forms/rnsurvey201718.shtml>). The survey also reports that, across all programs in the region, 252 students were impacted with 41 placements denied.

Concerns about clinical placements is an ongoing discussion amongst the SACANE nursing program director members and the clinical agency members. Many agency members voiced concerns about the safety for both staff and patients when having students 24/7 on patient care units. It impacts the learning environment also. A number of clinical agency representatives stated that they now do systemwide clinical agreements. These systemwide agreements enable a school, or expanding school, to demonstrate collaboration with a clinical agency and suggest that it is an agreement for clinical placements. It is not. All of the agency representatives present at the 6-10-2024 SACANE joint meeting stated they were at capacity and were unable to take any new clinical rotations. This included one agency representative that knows they provide clinical rotations to students from the Marsh Fuerst school in Glendale; an agency that the executive dean has an EDP-P-18 submitted. I question any EDP-P-18s submitted (apparently 11 were submitted by Marsha Fuerst school) and whether they were signed by agency personnel doing placements or higher leadership without sufficient knowledge of current clinical use, understanding of displacement, and data to make an informed decision not to sign.

A frequently reported concern with new graduate nurses is their lack of "soft skills". Soft skills are personal attributes that are necessary to succeed in any work environment, including nursing. Hard skills of nursing are clinical competencies essential to performing tasks. The number one soft skill required for nurses is communication. This is a skill that would be hard to hone if the student completes all of their clinical experiences on night shift where there tends to be less opportunity to practice these skills with patients, families, and other members of the healthcare team including physicians and nursing leadership. Yet when the topic of a shortage of clinical placements is raised, often it is assumed that nursing programs are rejecting night shifts. Many programs use and or request to use evening and night shifts for at least some of their clinical rotations but not all. Use of night shifts is not the answer to a lack of clinical sites.

3. There are a number of other factors that influence availability of clinical placements. Since the COVID pandemic, many local hospitals have begun or increased their new graduate hiring and, thus, their new graduate residency programs. Seasoned nurses retired and the nurses now senior on the units are few and being utilized for new graduate mentoring. It negates patient safety to have a new nurse oversee a nursing student and it is not fair to the new nurse who has yet developed the expertise needed. This last spring,

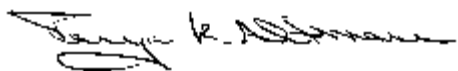
Sacramento State nursing was denied for two full clinical sections at a local Dignity hospital where we have historically had clinical rotations. We were not displaced by another school but by a new graduate residency program. Luckily, another agency opened two clinical rotations (being clear it was temporary) so that our students could progress towards graduation. Those rotations are not available for fall 2024. Hospitals also close units, or decrease the number of students they are willing to take, due to events such as change in leadership, high numbers of inexperienced nurses, low census numbers, renovations, etc. on the unit. Agencies expect clinical faculty to be on site and overseeing students during certain types of rotations. Schools are not funded to provide on-site clinical supervision to only 2-3 students so when a clinical agency cannot take the full clinical group, often the result is the whole rotation being displaced. According to [Trends in Nursing Education: Spring 2024 Findings](#), released by Core Higher Education Group, “78% of respondents said that sites are limiting the number of students per placement site in our 2024 survey compared to 39% in 2022” (pg. 12): they further comment on the increased cost to schools.

4. It is well known amongst those working in healthcare fields that there is a nursing faculty shortage and schools of nursing are turning away qualified applicants for pre-licensure programs. The shortage of nursing faculty has been an ongoing discussion at SACANE meetings since the inception of the collaborative. At every SACANE directors meeting, schools report their need for faculty and we troubleshoot together. At Sacramento State University, we hire a high number of part-time faculty and, when searching for full-time tenure track faculty, have had failed searches. It is unclear where new schools would get sufficient faculty but it is clear that existing schools would be impacted. Given the Board of Registered Nursing requirement that faculty be approved in their specialty, at minimum, a new school would need 4-5 faculty to cover theory and enough faculty to cover clinical rotations. The Marsha Fuerst School of Nursing proposal is for 45 students/semester with three semesters per year and will need faculty to cover all content and semesters.

I understand a board decision cannot be based on future plans of existing schools. However, for the reasons articulated, I do not support the approval of any new school for the Sacramento region. If clinical sites were available, expansion of existing nursing programs would be more practical and feasible than opening up new, or satellite, programs in the Sacramento region. The current programs have the infrastructure already established and would need to add less faculty. The lack of their growth demonstrates impact in the region and not the infrastructure for new programs to open.

If you have any question, please do not hesitate to contact me.

Sincerely,



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