College of
Registered
Nurses of
Saskatchewan

Nursing Education Program Approval Guide

Effective: June 5, 2024

Introduction

This guide outlines the College of Registered Nurses of Saskatchewan (CRNS) Nursing Education Program Approval (program approval) process and requirements for entry- to-practice level Baccalaureate Nursing Programs (RN) and Nurse Practitioner Programs (NP), as well as the RN Bridging Program for Internationally Education Nurses (RNBP-IEN) and the RN Bridging Program for Re-entry to Practice (RNBP-RTP).

The program approval process has been standardized across all categories of nursing and is based on the Program Approval Framework (framework) approved by the Nursing Education Program Approval Committee (NEPAC) March 2020.

This guide is to help nursing education programs understand the program approval process and how to prepare for program reviews. Specifically, it explains the following:

 CRNS curriculum mapping tool (ELC and contemporary issues in nursing practice):

· standards and indicators used to evaluate programs;

· review process and documentation requirements; and

· approval statuses.

Regulatory Approval of Programs

The CRNS's commitment to govern nursing in Saskatchewan in the public interest is the basis for CRNS's program approval process. *The Registered Nurses Act, 1988,* authorizes CRNS's Council to approve entry to practice nursing programs in Saskatchewan. The regulation supports the public-protection mandate to ensure that individuals meet entry level RN and NP competencies, reasonably ensuring those who enter the nursing profession have the knowledge, skill, and judgment to practice safely, ethically and competently.

Entry-level nursing programs in Saskatchewan must receive program approval from the CRNS for graduates to be eligible to proceed with registration. The authority for approving entry-level nursing programs in Saskatchewan has been delegated from the CRNS Council to the CRNS Nursing Education Program Approval Committee (NEPAC). NEPAC can grant a program's approval status and make other decisions related to program approval, such as comprehensive program reviews, annual report reviews, addressing complaints against nursing programs, and addressing curriculum changes. CRNS Council has the authority to hear an appeal of NEPAC's decisions. The appeal process can be found in the Council charter and on page 9 of this guide.

The Objectives of Program Approval

According to The Registered Nurses Act, 1988, (the Act) one of the responsibilities of CRNS council is to:

(c) Approve programs of study and education courses for the purposes of registration requirements (pg. 5).

In the CRNS Bylaws 2023, under BYLAW IX – Council and Statutory Committees

Section I (1) The council may establish any council committee that it considers necessary or that are provided for by the Bylaws and delegate to it powers or duties as allowed by section 13 of *The Registered Nurses Act, 1988*. (pg. 48). This bylaw enables the Nursing Education Program Approval Committee (NEPAC) to "perform its powers or duties as delegated to it by council" (Bylaws 2023, pg. 48). Council policy related to NEPAC can be found in the [NEPAC Charter](#).

The objectives of the program approval process are to:

· Fulfill the CRNS's legislative duty to approve entry-level nursing education programs.

· Promote the safe practice of nursing through a standardized nursing education approval process for all categories of nursing education.

· Grant jurisdictional recognition to nursing education programs.

· Provide stakeholders with a transparent account of program approval.

· Support continuous evaluation and improvement of nursing education programs.

Program Approval Framework

Framework

The program approval process is based on the Program Approval Framework approved by Council (see Figure 1).

There are three main standards against which entry-level nursing education programs are reviewed and evaluated:

· Structure – The program's strategy, policies, procedures, and resources support the student's preparation to meet nursing competencies expected for the category of registration.
· Curriculum – The program's curriculum prepares students to meet nursing competencies expected for the category of registration.
· Outcomes – The program consistently demonstrates outcomes of preparing graduates to meet nursing competencies expected for the category of registration.

At the three points of the framework are the processes CRNS uses to approve programs:

· a comprehensive review process;
· an annual review process; and
· CRNS NEPAC approval.

At the centre of the framework is the program's effectiveness in preparing graduates to practice in a safe, competent, and ethical manner and to meet entry to practice competencies.

Figure 1: Program Approval Framework
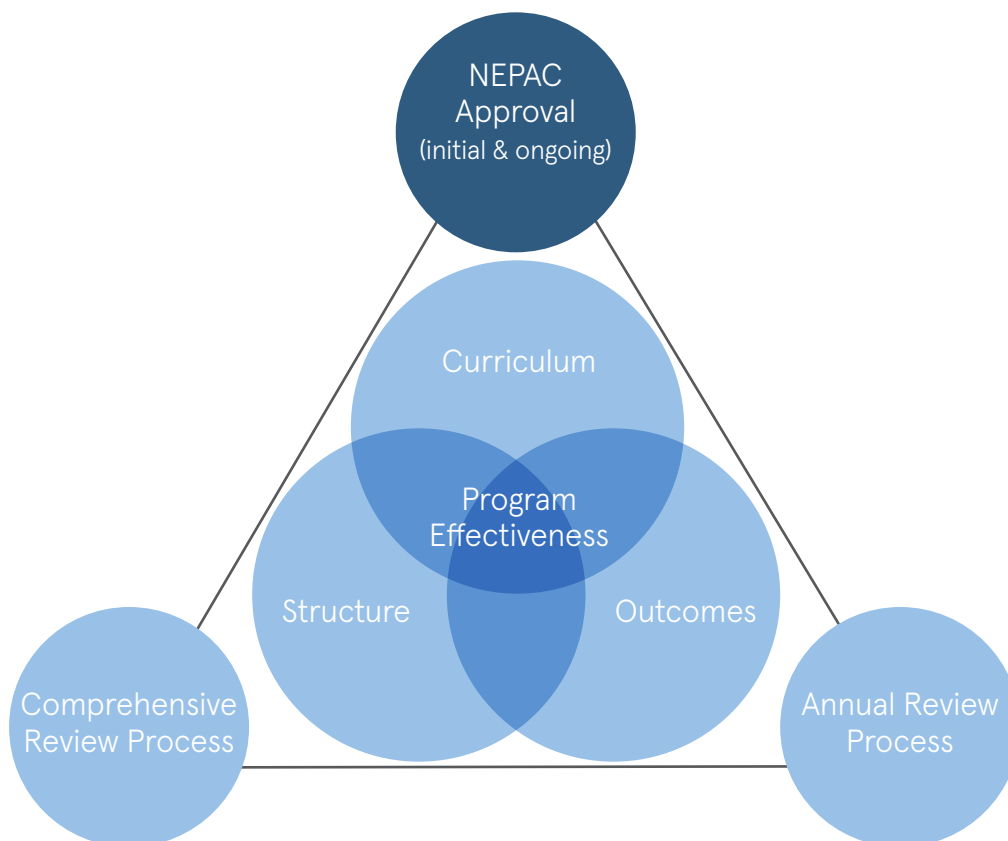
Guiding principles

The following five principles helped guide the development of the evaluation process and continue to guide our program approval process and decisions:

· Regulatory-focused – The program approval standards and process are centred on CRNS's public-protection mandate.

· Transparent – The program approval standards, policies and decisions are available to nursing programs, the public and other stakeholders.

· Evidence-informed – The program approval framework and process are based on current evidence and best-practice.

· Objective – The evaluation and decision-making is based on standardized criteria.

· Sustainable – The program approval process can be maintained by all stakeholders.

Program Approval Indicators

Each of the three standards use indicators and associated evidence requirements to evaluate a program's performance for that standard. Each indicator has been validated and supports the principles and objectives for program approval.

Visit the CRNS website at Education Program Approval to learn more about the program approval process.

Table 1 provides a high-level summary of the nine indicators.

Table 1: Program Approval Framework

	Structure Standard	Weight (%)
1	Nursing program governance	6
1a	Nursing program governance structure	2
1b	Curriculum review structure	2
1c	Annual review of program outcomes	2
2	Client and student safety	13
2a	Orientation of student and faculty to a clinical setting	2
2b	Student supervision in all clinical placements	3
2c	Regular evaluation of student performance in clinical setting	3
2d	Processes are in place to manage and learn from safety incidents	5
3	Qualified faculty	6
3a	Faculty who are RNs and NPs have a current license in Saskatchewan	2
3b	Regular process to evaluate teaching	4
Sub-Total	**Structure Indicators**	**25%**
	Curriculum Standard	**Weight (%)**
4	Curriculum incorporates entry-level competencies and contemporary issues in nursing practice	25
5	Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives	10
6	Processes in place to communicate expectations for the student placement to preceptor	5
Sub-Total	**Structure Indicators**	**40%**
	Outcome Standard (3-year cumulative total)	**Weight (%)**
7	Registration exam scores-1st time pass rates	17
8	Recent graduates' assessment of their preparation to practice safely competently, and ethically	8
9	Preceptor assessment of student's readiness to practice	10
Sub-Total	**Structure Indicators**	**35%**
	Total of Standards 1, 2, 3 Weight	**100%**

Appendix B on page 16 provides a more detailed description of each indicator and the evidence requirements.

How Programs Are Evaluated

To support the principle of using objective and evidence-informed practices to inform decision-making, a scoring tool and rubrics are used to evaluate the evidence for each of the indicators. This section describes how the indicators are evaluated to score each program.

The score for each indicator is calculated on two factors, as shown in the following equation:

Indicator scores: Score for the evidence submitted (2, 1 or 0) x indicator weight (%).

Evidence scores: Based on the program's submitted evidence, each indicator is evaluated against a rubric that determines whether the indicator has been met (score = 2), partially met (score = 1) or not met (score = 0).

Indicator weight: Each indicator has a "weight" that contributes a relative percentage to the program's total score based on its regulatory importance. The indicator weights, shown in Table 1, total to standard weight (Program Structure 25%; Program Curriculum 40%; and Program Outcomes 35%) and overall weight (Total 100%).

A subset of indicators, defined as "mandatory" from a regulatory perspective, must be "met" (score = 2) for the program to receive an approved status. The following are mandatory indicators:

· client and student safety (indicator 2a–d)

· curriculum incorporates ELCs and contemporary issues in nursing practice

Nursing program approval status is based on whether the program exceeds the cut score of 75% and meets the mandatory indicators.

Approval Status

Each program assessed shall be rated in one of the following categories, with a written rationale for the rating and the specified period for which it is granted.

Preliminary approval

Preliminary approval is the rating given to a new foundational program that shows evidence of the ability to meet the criteria for approval, but that has not yet graduated students. A foundational entry level nursing program is one void of advances, accelerated options or alternate pathways. A foundational program receiving preliminary approval must undergo an assessment for full approval in the academic year following the first class of graduates from the foundational program. Graduates from a program who received this rating will be considered graduates of an approved nursing education program for registration in Saskatchewan.

Approval Granted

Approval granted is the rating given to a program following preliminary or conditional approval that has met the 75% cut score AND the mandatory indicators for program approval. NEPAC may identify recommendations for the program to address criteria of concern. Graduates from a nursing education program that received this rating will be considered graduates of an approved nursing education program for registration in Saskatchewan.

Conditional Approval

Conditional approval is the rating granted to a program that does not meet the 75% cut score or does not meet the mandatory indicators. NEPAC identifies requirements for the program to address criteria of concern, which are to be addressed by the program in a specified time period. Graduates from a program that have received this rating may be required to complete further education before they are considered graduates of an approved nursing education program and eligible for registration in Saskatchewan.

Approval Denied

Approval denied is the rating given to a program that fails to meet the cut score or does not meet the mandatory indicators over a consecutive number of years and does not demonstrate improvement in meeting the requirements. Graduates from a nursing education program that receive this rating will not be eligible for registration in Saskatchewan.

Program Approval Notification and Review Process

The following outlines the notification requirements and review processes for new and established programs and for situations where programs may be changed or discontinued.
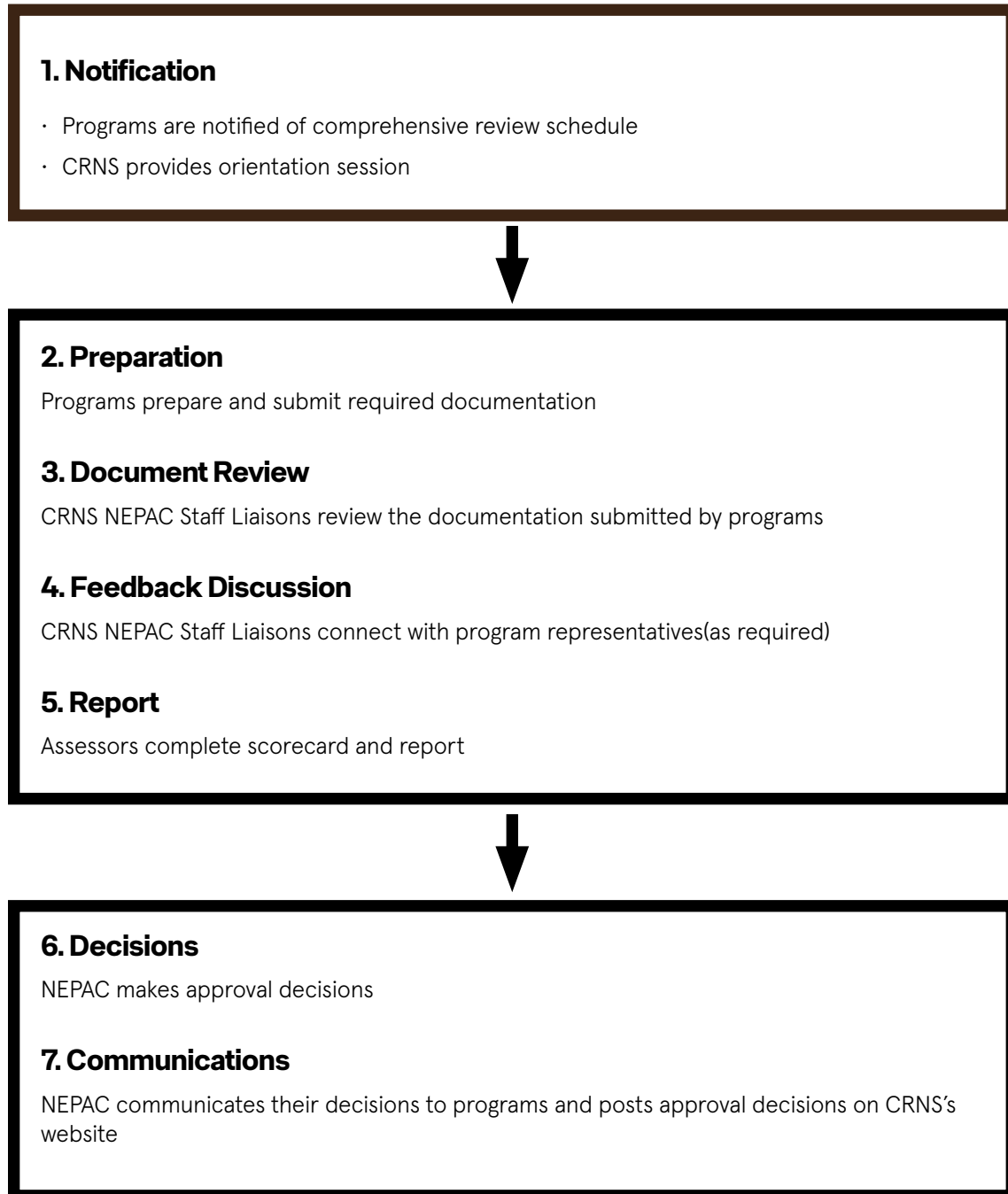
New programs

a. A new entry-level nursing education program planning to admit students requires a preliminary approval status from CRNS prior to admitting students. For the program to receive approval recognition, the school notifies NEPAC of its intent to offer a new program, in writing CRNS Nursing Program Notification of Change form one year prior to commencement of the new program.

b. The program approval review minimally includes a review of the new program's curriculum.

Established programs

a. Nursing education programs that have graduated students and have received an approved or conditional approval status from CRNS.

b. NEPAC provides written notification to the programs, one year in advance of their program(s) comprehensive approval submission deadline. An overview of the key steps required to complete the comprehensive review process is illustrated in Figure 2.

c. Schools with established programs are also required to complete the annual review process.

Figure 2: Overview of the comprehensive review process

1. Notification

- Programs are notified of comprehensive review schedule
- CRNS provides orientation session

2. Preparation

Programs prepare and submit required documentation

3. Document Review

CRNS NEPAC Staff Liaisons review the documentation submitted by programs

4. Feedback Discussion

CRNS NEPAC Staff Liaisons connect with program representatives(as required)

5. Report

Assessors complete scorecard and report

6. Decisions

NEPAC makes approval decisions

7. Communications

NEPAC communicates their decisions to programs and posts approval decisions on CRNS's website

Changes to programs

a. The program is responsible for notifying NEPAC of any proposed substantive changes believed to make the program significantly different from the program that was originally granted approval, six months prior to implementation, using the CRNS Nursing Program Notification of Change Form. The program will identify the standard(s) and indicator(s) impacted, explain the rationale, and the benefit realized for student learning, inclusive of proposed accommodation to current students depending on change impact.

b. NEPAC will review the information that may impact the previous approval status.In the case of a substantive change, NEPAC will determine if initiation of the full comprehensive review process, an interim report and/or an interim visit is necessary. The Committee may consult the program or request more information to help with its decision making.

c. Substantive changes may include but are not limited to:

- significant changes to the delivery method of the program;
- significant changes made to the curriculum including how the curriculum addresses the competencies;
- changes to the admission requirements or exemption criteria for students entering the entry-level program;
- changes to the delivery site of the program such as offering a program at a new site;
- new or changes to collaborative partners or other organizational governance changes that impact the delivery of the program; and
- significant changes in policies or procedures related to any of the program approval indicators.

Changes to a program in direct response to NEPAC suggestions resulting from a comprehensive or annual review do not need to undergo the notification of change process.

Proposed Discontinuing Program Process

The Dean of the Nursing Education Program will provide prior written notification to NEPAC, regarding the discontinuation of any approved nursing education programs with a proposed dissolution process.

Right of Appeal

The education program has the right to appeal the decision(s) of NEPAC regarding program approval. The program will notify CRNS Council in writing using the CRNS Notification of Appeal Nursing Education Programs Approval Committee Decisions form within 30 calendar days of the program being notified of the NEPAC's decision. CRNS Council shall hear the appeal in accordance with Council policy. The appeal decision of the Council is final.

Process For a Complaint Against a Program

Complaints against a Saskatchewan nursing program will be received in writing using the [CRNS Nursing Program Complaint Form](). NEPAC will review the document and determine whether the complaint against the program relates to program approval and decide to:

    a. take no action if NEPAC determines that no action is warranted;

    b. request additional information from the program; and/or;

    c. conduct a comprehensive or partial review, and/or site visit(s) of the nursing education program following elements of the program approval processes.

Options b) and c) may result in:

    i. no further action; or,

    ii. NEPAC determining what actions the program needs to take to address the concerns and the reporting timelines.

The nursing education program and the complainant will each be sent a letter acknowledging the complaint, within 30 days. The program will be informed, in writing, of NEPAC's decision determining whether the complaint is warranted, and if a review, interim report, and/or site visit(s) are determined necessary. Once the review and/or site visit(s) are complete, NEPAC will inform the program of the outcome in writing and if conditions are imposed and their specified timelines. The complainant will be notified of the outcome of the review once it is completed.

Roles and Responsibilities

Programs have the following responsibilities:

· Attending orientation to the program approval process and collaborating with CRNS staff to understand requirements, timelines, and data expectations.

· Submitting required documents for each program as per the approval process and according to the schedule of due dates.

· Ensuring their submission demonstrates the requirements are accurate and complete as per the attestation form.

· Notifying CRNS of any changes or new programs that may be subject to program approval.

CRNS is responsible for these actions:

· Ensuring the program has the information and orientation they need to understand the program approval requirements and to complete their submission.

· Administering the program approval process, which includes coordinating the process with the program for scheduling, ensuring a feasible, workable system for document submission, and coordinating with NEPAC a process for reviewing evidence and completing the scorecard and assessment report.

· Providing NEPAC access to reports from each program.

· Communicating decisions and working with programs that need an action plan.

Nursing Education Program Approval Committee (NEPAC)

NEPAC's main function is to complete all program approval related decisions as delegated by the CRNS Council ([3.8 NEPAC Charter]())

· Review the process for approval of nursing education programs as delegated to the NEPAC, which includes revisions to documents governing the approval of nursing education programs.

· Provide an annual report to Council regarding updates on nursing education programs and decisions made.

CRNS Council

· Has delegated all program approval decision-making authority to NEPAC.

· Council has the authority to hear an appeal to NEPAC's decisions.

Frequency of Reviews

Program approval status is determined annually based on comprehensive or annual review results, as applicable:

Comprehensive review of all three standards every seven years (pending the results of the annual review). Indicators for each standard are scored according to required documentation submitted by the programs using the scoring rubric. Programs must meet a cut score of 75% and receive a "met" score on the mandatory indicators for approval.

Annual monitoring review to be submitted by each program to NEPAC using the CRNS NEPAC Annual Review Template. The Annual Review is due August 1 annually.

Feedback sessions and re-submission process (as necessary) – In the event any indicators or competencies are scored as unmet during the initial evidence review by the NEPAC, the CRNS NEPAC Liaison conducts feedback sessions with the program to review gaps in evidence and provide recommendations for re-submission of partially met and unmet indicators/competencies.

If, after re-submission, the program does not meet the cut score of 75% or either of the two mandatory requirements, the program receives conditional approval and must develop an action plan to address gaps based on recommendations and submit the requested evidence according to the schedule provided by NEPAC.

Approval Terms and Conditions

Programs receiving conditional approval for **not meeting the cut-score** but meeting all mandatory indicators, have up to **three years** to implement their action plan and meet the requirements.

Programs receiving **conditional approval** for not meeting the mandatory requirements have **one year** to implement their action plan and meet the mandatory requirements.

Should a program score fall below the program approval cut score as a result of the annual monitoring process, the program will be required to develop an action plan to address the gaps based on recommendations and schedule provided by NEPAC.

NEPAC communicates program approval results and decisions to the programs through a written report of their results and their scorecard. On the CRNS website, program approval status is updated annually within five business days of NEPAC's decisions.

Document and Submission Requirements

The educational institution granting the diploma, degree or certificate for the program being approved is responsible for coordinating the approval process and submission documents for that program. CRNS is responsible for providing a mechanism for document submission and granting access to the system to those whom the programs deem part of the submission process. CRNS requests a primary contact for program approval and communications.

This section provides a high-level overview of key documents required for the comprehensive review.

Indicator Evidence Form

Each indicator has a list of evidence required to substantiate that the indicator is met (see Appendix B). The Indicator Evidence Form is used by programs to document and submit the evidence for five of the program approval indicators (Indicators 1, 2, 3, 5 and 6). Indicator 4 (curriculum mapping) requires completion of a separate document, the Curriculum Mapping Tool. Additional templates developed by CRNS may be required to support the submission of specific indicators.

CRNS is responsible for providing the evidence for Indicator 7 (first-time pass rates on registration exams).

Indicator 8 (graduates' assessment of readiness to practice survey) and Indicator 9 (preceptors' assessment of graduate's readiness to practice survey) will be collected and collated by the CRNS, with the results being shared with the NEPAC and the programs, annually.

Curriculum Mapping

Curriculum mapping is foundational to all entry-level nursing programs. It is one indicator used by CRNS to evaluate and approve entry-level nursing programs. Curriculum mapping is a mandatory indicator focused on the regulatory mandate of public safety and integrating and teaching ELCs.

During a curriculum review, the program engages in a self-assessment process of their curriculum and provides evidence of the teaching and learning experiences required to prepare graduates to be competent and safe practicing nurses. Curriculum mapping provides a systematic approach for programs to document their curriculum against contemporary issues in nursing practice and ELCs.

Each entry-level nursing education program must map its curriculum using the Curriculum Mapping Tool during the comprehensive review process, prior to implementing any new entry-level nursing program and when new ELCs are implemented. Refer to the Curriculum Mapping Tool guide for detailed instructions on completing the curriculum mapping tool.

Programs must map their curriculum to the ELCs specific to the programs they are teaching: either the CRNS RN Entry Level Competencies 2024 or the CRNS Nurse Practitioner Entry Level Competencies 2023.

Attestation Form

Programs must submit an Attestation Form with their final documentation submission packages. This form is to be signed by the Dean(s) or Chair(s) of the program(s) attesting that all:

· submission requirements have been reviewed and are understood;

· submitted documents are complete; and,

· information provided is current, accurate and specific to the program under review.

Please note if the program is a collaborative program, there would need to be an attestation form from both Deans and/or Chairs of the program.

How to Complete the Forms for Each Program

Each entry-level nursing education program needs to complete one curriculum map. If the program stream is offered across multiple sites or as a collaborative program, only one Evidence Form should be completed to reflect the entire program. However, multiple sites or collaborative partners may wish to complete the evidence form together.

See Appendix A for further instructions on completing the Evidence Form.

Documentation Submission Process

A secure portal, through Microsoft Teams, has been set up for each program to upload their program approval documents. Each program has a separate secure folder that can be accessed by multiple users to manage their program approval documents.

Folders and Naming Conventions

Within the portal, a folder is labelled for each indicator. Within each of the indicator folders, programs are to create a file structure supporting the type and number of documents being submitted. Consistent naming of documents is required. For example, if a program cites Clinical Preceptor Orientation Handbook as a source of evidence on their evidence form, the corresponding document submitted to the portal must be titled Clinical Preceptor Orientation Handbook.

Site Visit

NEPAC may determine a site visit to be necessary to collect more information about a nursing education program to determine an approval rating for a program. NEPAC will determine who will conduct the visit and how it should occur (virtually or in person). The nursing education program and the CRNS staff liaison(s) will work collaboratively to establish the date(s) of the site visit(s). The reviewer(s) shall review the pertinent documents, complete the visit to clarify and validate data reported in the pertinent documents, as deemed necessary by NEPAC. At the end of the site visit(s), the reviewer(s) will first provide a verbal report to NEPAC and then to the nursing education program. The reviewer(s) shall provide a confidential written report of their findings to NEPAC. The nursing education program shall be provided with a copy of the site visit report and will provide feedback on the document's factual content only. Following the site visit and based on the report of the reviewers, NEPAC will determine next steps which will be communicated to the program. The education program will be responsible for sharing the expenses incurred for the site visit.

Confidentiality and Conflicts of Interest

Information, documents, and correspondence about program reviews are kept confidential and not disclosed to persons outside CRNS, other than official representatives of the education program or agents conducting the program approval assessment on behalf of CRNS.

The current CNA Code of Ethics for Registered Nurses and the CRNS Council policies Code of Conduct and Conflict of Interest direct the conduct of the members of NEPAC, the Review Team, and CRNS staff throughout the approval process. Each member of NEPAC and the Review Team will sign and abide by the code of conduct approved by the Council. NEPAC, in consultation with the educational institution, shall examine any perceived potential or actual conflicts of interest at the outset of each program review.

Program Approval Contact Information

For general inquiries contact programapproval@crns.ca

Appendix A: Evidence Submission Spreadsheet

Overview

The Evidence Submission Spreadsheet is to be submitted by the educational institution granting the diploma, degree or certificate for the program being approved. There are two versions of the evidence submission spreadsheet available: one for schools with one program undergoing program approval and one for schools with multiple programs undergoing program approval.

If a program is offered as a collaborative program with a University, College or Polytechnic Institute, the information submitted for that program should reflect the entire program and is to be submitted by the University conferring the degree. However, completing the evidence submission spreadsheet may be a collaborative process involving multiple campuses or collaborative partner(s).

Appendix B of this guide provides detailed descriptions for Indicators 1-9. The description includes a definition and rationale for each indicator, a list of the required evidence to substantiate the indicator and examples of data sources.

How to Complete the Evidence Submission Spreadsheet form

The evidence submission spreadsheet Form is an Excel spreadsheet. All six sheets must be completed:

· Sheet 1: Program information and brief instructions for completing the evidence submission spreadsheet.
· Sheet 2: Submission table for Indicator 1: Nursing Program Governance Indicator.
· Sheet 3: Submission table for Indicator 2: Client and Student Safety Indicator.
· Sheet 4: Submission table for Indicator 3: Qualified Faculty Indicator.
· Sheet 5: Submission table for Indicator 5: Clinical Experience Indicator.
· Sheet 6: Submission table for Indicator 6: Integrated Practicum Indicator.

Indicator 4 (Curriculum Mapping) has a separate Excel document to be completed and submitted for each program. It is not included in the evidence submission spreadsheet.

Please ensure that Sheet 1 is fully completed, including the name of the school, program(s) under review, sites if applicable, and the name of the person(s) completing the form.

The program's name should also be included at the top of sheets 2-6 in the applicable text box provided.

Describe and Demonstrate

For each evidence requirement, you will be asked to describe and demonstrate how your program achieves the requirement.

Describe

Explain your policy, procedure, standards or approach as pertains to the requested evidence requirement. Each evidence requirement will identify items to be specifically included in your description. For example, Indicator 2a (orientation to the clinical setting) requires the following four items to be included in the description:

1. The orientation process for students, including the timing of the orientation.

2. The content of the student orientation.

3. The orientation process for clinical faculty, including the timing of the orientation.

4. The content of the clinical faculty orientation.

The overall description needs no more than one or two pages. You may enter your description directly into the appropriate column of the evidence submission spreadsheet or write the description on a separate Word document and reference the name of the Word document in the appropriate column. The Word document must be submitted as part of your program approval submission package.

Demonstrate

Provide documentation substantiating your description. Using the example above (2a: orientation to the clinical setting), provide documentation to substantiate your description for each of the four required items.

Each evidence requirement provides a list of possible sources of documentation to demonstrate the requirement. For example, Indicator 2a, documentation could include orientation schedule and attendance lists; orientation policy, procedure or guideline; orientation manuals or other orientation materials; and student and clinical instructor handbooks.

For some indicators, you must submit specific documentation. For example, Indicator 2c (regular evaluation of student performance in clinical settings) requires an example of a student evaluation during a clinical placement (anonymized). Other indicators require you to demonstrate the integration of the described process by providing a case study or example. These documents may already exist, such as an incident management report and recommendations, or you may need to create a document describing the example and the integration. The number of required examples is specified in Standards 1–3, 5 and 6. Only provide the number of examples requested.

List the documentation you are submitting for each evidence requirement in the document list column of the evidence submission spreadsheet. See page 13 (Folders and Naming Conventions) for instructions on how to name your documents.

Scoring the Indicator Evidence Submission Spreadsheet

Rubrics have been developed for each evidence requirement and indicator. Points are assigned for each item in the description, and the substantiating documentation, including case studies or examples. Each indicator is scored as Met, Partially Met or Not Met based on the scoring rubrics.

Appendix B: Indicator and Evidence Descriptions

Standard 1 — Program Structure

The program's strategy, policies, procedures, and resources support the student's preparation to meet nursing competencies expected for the category and/or class of registration.

Indicator 1 - Nursing Program Governance

1a. Nursing program governance structure

Description: There are documented governance structures and processes for the coordinated delivery of safe nursing education programs, including programs delivered with collaborative partners and/or across multiple delivery sites.

Rationale: Clear program accountability for consistently preparing students to practice safely, competently, and ethically based on the entry-level competencies (ELC) is required, including clear governance and decision-making processes for the delivery of nursing education.

Evidence Requirement 1

Describe and demonstrate the governance structure for the delivery of the program(s), including with collaborative partners and/or across multiple delivery sites as applicable.

Describe: For programs delivered with collaborative partners and/or across multiple delivery sites, ensure the description for each item addresses these delivery models. Include each of the following three items in the description:

1. The governance structure and accountabilities for program delivery and decision making with the names of partners to any agreement(s), if applicable.

2. How program delivery decisions are made.

3. How decisions and information are communicated to the faculty.

Demonstrate: Provide documentation to substantiate the description. Sources of documentation to demonstrate this requirement:

1. organizational charts;

2. policy or procedure documents;

3. minutes or other sources of communication; and/or,

4. current executed agreements, memoranda of understanding or other contracts.

Evidence Requirement 2

Describe and demonstrate how the program ensures there is a coordinated approach to safe clinical placements that meets program objectives.

Describe: For programs delivered with collaborative partners and/or across multiple delivery sites, ensure the description for each item addresses these delivery models. Include each of the following five items in your description:

1. Who has the responsibility for coordinating clinical placements (role or committee)?

2. What your process and infrastructure are to secure clinical placements?

3. How you manage when clinical placements are not available?

4. How the quality of the learning environment in clinical placements is assessed to ensure it is safe for student learning?

5. What your process is for managing an unsafe clinical placement?

Demonstrate: Provide documentation to substantiate the description. Sources of documentation to demonstrate this requirement:

1. case studies or examples (anonymized) that demonstrate how you managed an unsafe clinical placement;

2. policy or procedure documents;

3. committee terms of reference or meeting minutes (e.g. program curriculum committee, steering committee); and/or,

4. job or role descriptions.

1b. Curriculum review structure

Description: There are documented accountabilities and processes for curriculum development and regular review.

Rationale: The foundation of program approval is a curriculum that prepares students to practice safely, competently, and ethically based on the ELCs. An effective governance structure includes clear accountabilities and processes that ensure the curriculum is kept current, is standardized across sites where applicable, and faculty across all sites are informed about the curriculum and any changes.

Evidence Requirement

Describe and demonstrate the curriculum review process.

Describe: For programs delivered with collaborative partners and/or across multiple delivery sites, ensure the description for each item addresses these delivery models. Include each of the following four items in your description:

1. Who is accountable, or what committees have responsibility for this function?

2. Who participates in the review, including committee composition if applicable; how collaborative partners or faculty from different sites are involved (as applicable)?

3. How the curriculum is reviewed and how often; what processes are in place to ensure the curriculum is standardized across sites (as applicable).

4. How decisions and changes to the curriculum are communicated to the faculty.

Demonstrate: Provide documentation to substantiate the description. Sources of documentation to demonstrate this requirement:

1. terms of reference of curriculum (joint) committee or other committees with similar mandates, including objectives, accountabilities, composition and timing of the review;

2. documented procedures or guidelines for curriculum review;

3. minutes from curriculum committee meetings or other committees with similar mandates that document agenda, attendees and any results and recommendations;

4. communications and/or minutes from meetings with faculty regarding curriculum; and/or,

5. agreements, memoranda of understanding and other contracts.

1c. Annual review of program outcomes

Description: There is an annual review of program outcomes that includes the review of nursing registration exam results.

Rationale: Programs should monitor and review outcomes to assess the program's effectiveness in preparing students to practice safely, competently, and ethically. A key outcome evaluated by program approval is registration exam results. Programs should have a process to review registration exam results, and factors that may impact exam results, to inform and enhance their programs. For example, admission criteria, attrition rates, and course grades.

Evidence Requirement

Describe and demonstrate the annual registration exam results review process.

Describe: For programs delivered with collaborative partners and/or across multiple delivery sites, ensure the description for each item addresses these delivery models. Include each of the following four items in your description:

1. Who is accountable or what committees have responsibility for this function?

2. Who participates ,in the review, including committee composition, if applicable?

3. How are results reviewed?

4. What multiple factors or program metrics are considered in your analysis (e.g. admission criteria, attrition rates, and grades)?

Demonstrate: Provide documentation to substantiate the description. Possible sources of documentation to demonstrate this requirement:

1. committee terms of reference, including objectives, composition, schedules and accountabilities;

2. minutes from committee meetings that document agenda, attendees and any results and recommendations of the review; and/or,

3. dashboards, metrics or other sources of data included in reviews.

Indicator 2 – Client and Student Safety

Description: Policies, procedures and practices are in place to mitigate risk to clients and students.

2a. Orientation of the student and faculty to the clinical setting

Description: There is an orientation of the student and clinical faculty to the clinical setting prior to the student commencing direct patient care.

Rationale: Orientation of students and clinical faculty to the clinical setting, including institutional policies, procedures, and health record systems, prior to the student commencing direct patient care, is essential for ensuring both client and student safety.

Evidence Requirement

Describe and demonstrate the orientation process to the clinical setting.

Describe: Include each of the following four items in the description:

1. The orientation process for students with the timing of the orientation.

2. The content of the student orientation.

3. The orientation process for clinical faculty with the timing of the orientation.

4. The content of the clinical faculty orientation.

Demonstrate: Provide documentation to substantiate the description. Sources to demonstrate this requirement:

1. orientation schedules and attendance lists;

2. orientation policies, procedures or guidelines;

3. orientation manuals or other orientation materials; and/or,

4. student and clinical instructor handbooks.

2b. Student supervision in clinical placements

Description: There is student supervision in all supervised clinical and preceptored placements.

Rationale: Student supervision in clinical placements is essential for the safety of the client and the student.

Evidence Requirement

Describe and demonstrate faculty accountabilities and understanding of student supervision requirements in all supervised clinical and preceptored placements.

Describe: Include each of the following four items in the description:

1. How are the faculty prepared to ensure safe and effective student supervision?

2. What is the role and responsibility of faculty in supervised clinical placements and preceptored placements?

3. How does the program ensure ongoing student supervision?

4. How can faculty and preceptors bring issues forward for resolution (through the decision-making bodies/structures)?

Demonstrate: Provide documentation to substantiate the description. Sources of documentation to demonstrate this requirement:

1. policies, procedures, standards or guidelines;

2. clinical faculty and preceptor guidebooks; and/or,

3. orientation manuals or other orientation materials.

2c. Regular evaluation of student performance in clinical settings

Description: There is a regular evaluation of student performance in the clinical setting that includes documented assessments and mechanisms for remediation as required.

Rationale: Timely and regular student evaluation ensures students continuously learn and are provided feedback. In situations where student performance could adversely affect client safety, students are removed or reallocated.

Evidence Requirement

Describe and demonstrate the student evaluation process in the clinical setting.

Describe: Include each of the following two items in the description:

1. An outline of the program's formal (documented) and informal evaluation processes and time frames throughout the duration of the clinical placement.

2. The program's process for progressive remediation based on student evaluations.

Demonstrate: Provide documentation to substantiate your description.

a) The programs must include the following in your documentation:

1. One example of a student evaluation during a clinical placement (anonymized).

2. One example of a remediation plan that includes progression and follow-up (anonymized).

b) Other possible sources of documentation to demonstrate this requirement:

1. policies or procedures related to student evaluation in the clinical setting; and/or,

2. progression and remediation policies or procedures.

2d. Processes are in place to manage and learn from safety incidents

Description: Processes are in place to manage and learn from safety incidents involving clients and students.

Rationale: Creating a safe environment for students and clients is multifactorial. This includes:

Evidence Requirement 1

Describe and demonstrate the nursing program's processes that address client and student safety incidents.

1. The processes for reporting and communicating safety incidents in clinical and academic settings.

2. The processes for reviewing safety incidents in clinical and academic settings.

3. The processes for managing safety incidents in clinical and academic settings.

Demonstrate: Provide documentation to substantiate the description.

a) Programs must include the following in the documentation:

1. One client safety example with any recommendations and actions undertaken (anonymized) containing medication errors, falls, privacy and confidentiality. This example must be from the clinical setting.

2. One student safety example with recommendations and actions undertaken (anonymized) containing needle stick injuries, falls, and physical or verbal violence from clients/families. This example can be from the lab, class, simulation or clinical setting.

Note: Examples should be as recent as possible and up to a maximum of three years prior.

Examples can include near misses and do not need to be "critical" incidents.

Examples for the academic setting can be from lab, class or simulation.

In the absence of a client or student safety incident, describe the processes to manage such an incident "if" it occurred or how learning would be provided through client safety events described in the literature.

b) Other possible sources of documentation to demonstrate this requirement:

1. school policy or procedure documents specific to the nursing education program;

2. incident review committee terms of reference;

3. minutes of committee meetings and outcomes;

4. reference links to the literature cited; and/or,

5. incident management (safety) reports (anonymized).

Evidence Requirement 2

Describe and demonstrate how safety incidents are incorporated and used as opportunities for students to learn about risk mitigation.

Describe: Include each of the following in two items in the description:

The program's process for analysis and synthesis of safety incidents.

How the synthesis of an incident review is incorporated into the learning experience for students.

Demonstrate: Provide documentation to substantiate the description.

a) The program must include the following in the documentation:

1. One example (anonymized) of integrating learning from a safety incident or near miss into the setting (academic or clinical). Incidents can be from the lab, class, simulation or clinical placements.

b) Other possible sources of documentation to demonstrate this requirement:

1. incident management (safety) reports (anonymized);

2. self-reflection and critical incident analysis;

3. information sharing with the broader student community;

4. learning opportunities that address broader systems issues related to safety incidents; and/or,

5. teaching notes (fact sheets, weekly instructor notes).

Evidence Requirement 3

Describe and demonstrate the nursing program's collaboration with health care institutions and placement agencies for reporting and managing safety incidents.

Describe: Include each of the following two items in the description:

1. Communication structures and processes in place with health care institutions for reporting and managing safety incident.

2. Procedures in place with health care institutions for reporting and managing safety incidents.

Demonstrate: Provide documentation to substantiate the description.

a) The programs must include the following in your documentation:

1. One client safety incident example (anonymized) that involved communication and follow- up between the school and service agency.

Examples should be as recent as possible and up to a maximum of three years prior.

Examples can include near misses and do not need to be "critical" incidents.

If there has not been a safety incident with the opportunity for the program to collaborate with a placement agency, describe the process to manage such an incident "if" it were to occur.

Specify any incorporated learning from an event that happened in the service area and affected client safety.

b) Other possible sources of documentation to demonstrate this requirement:

1. incident management reports (anonymized);

2. minutes of committee meetings and outcomes; other decision documentation (anonymized); and/or,

3. documentation of historical incidents (anonymized) and actions/recommendations undertaken.

Indicator 3 – Qualified Faculty

Qualified faculty resources play an integral role in creating the structure, processes and safe environment for student learning and client safety. The following indicators provide a minimal foundation.

3a. Faculty who are RNs and NPs have a current active practicing license

Description: Processes are in place to ensure faculty who are RNs and NPs have a license in good standing with the CRNS.

Rationale: An effective and safe learning environment for teaching the ELCs requires faculty to be a registered member of the nursing profession.

Evidence Requirement

Describe and demonstrate the process used to review faculty registration status, upon initial hire and annually.

Describe: Include each of the following three items in the description:

1. The registration review process upon initial hire, including who is responsible for this function.

2. The annual registration review process, including who is responsible for this function.

3. How you assess and mitigate the potential impact of findings or practice restrictions on the safety of the teaching/learning environment.

Demonstrate: Provide documentation to substantiate the description.

a) The program must include the following in your documentation:

1. A list that demonstrates the results of the most recent annual review of full- and part-time faculty registration status. The list includes the initials only of the faculty, faculty position, registration status and most current date registration status was verified. (Do not provide the registration number).

b) Other possible sources of documentation to demonstrate this requirement:

1. departmental operational procedures that outline how and when annual faculty registration is reviewed and recorded;

2. documented processes for managing faculty practice restrictions if/when they occur; and/or,

3. committee minutes or other sources of communication.

3b. Regular process to evaluate teaching

Description: There is a regular process to evaluate teaching to improve the learning environment.

Rationale: Faculty contribute toward creating a safe and effective learning environment. Regular evaluation of teaching in the clinical and theoretical environments helps identify potential issues and safety risks, for timely resolution and promotes a safe learning environment for clients and students.

Evidence Requirement

Describe and demonstrate how the program evaluates teaching in clinical and theoretical environments.

Describe: Include each of the following four items in the description:

1. Which method does the program use to collect and review evaluation feedback from stakeholders including from students, preceptors, unit staff, coordinators, service providers and administration?

2. Who is accountable for, and who is involved in, reviewing the feedback?

3. What is the follow-up process is if issues are identified?

4. How the evaluation of teaching results is used results to improve the learning environment?

Demonstrate: Provide documentation to substantiate the description.

a) The programs must include the following in the documentation:

   1. One example of a clinical course evaluation (anonymized).

   2. One example of a theoretical course evaluation (anonymized).

   3. One example of the evaluation of teaching used to improve the learning environment.

b) Other possible sources of documentation to demonstrate this requirement:

   1. policies or procedures for course evaluations;

   2. documented accountabilities for course evaluations;

   3. student, preceptor or unit staff feedback (anonymized);

   4. program coordinator documentation if relevant;

   5. incident or critical incident reports (anonymized), if relevant to the issue; and/or,

   6. meeting minutes.

Standard 2 – Program Curriculum

Indicator 4 - Curriculum incorporates ELCs and contemporary issues in nursing practice

1a. Nursing program governance structure

Description: The curriculum incorporates ELCs and contemporary issues in nursing practice, as demonstrated through curriculum mapping.

Rationale: Nursing education programs are accountable to prepare students to practice safely, competently, and ethically, based on the ELCs.

Evidence Requirement 1

Complete the Curriculum Mapping Tool for this indicator according to the instructions in the [Curriculum Mapping Tool.](#)

Indicator 5—Clinical placement opportunities support learners to attain and demonstrate acquisition of program objectives

Description: Clinical placements and clinical learning opportunities support learners in attaining and demonstrating acquisition of program objectives by providing learning experiences across diverse settings, in complex health and illness situations and across the lifespan.

Rationale: Programs are accountable to prepare students to practice safely, competently, and ethically, based on the ELCs. Clinical placements are a foundational component of this learning.

Evidence Requirement 1

Use the CRNS template Clinical Practice Experiences Tool (part of the evidence submission spreadsheet) to describe and demonstrate how clinical placements and clinical learning opportunities prepare students to practice competently, safely, and ethically across the lifespan and illness trajectories. (See Clinical Practice Experience Tool Guide for instructions on how to complete the spreadsheet).

Indicator 6 – Processes in place to communicate expectations for the student placement to the preceptor for the integrated practicum

Description: Processes are in place to communicate the expectations for the student placement to the preceptor for the integrated practicum.

Rationale: Preceptors employed by the institution in which students are completing their integrated practicum need to understand the student learning objectives and the placement's evaluation expectations for the student to be successful and the clients to be safe.

Evidence Requirement

Describe and demonstrate that student learning outcomes and evaluation processes are provided to the preceptor for the integrated practicum.

Describe: Include each of the following three items in the description:

1. How are the expectations for student learning outcomes and the evaluation process shared with the preceptor?

2. What is the communication processes (initial and ongoing between the nursing program and the preceptor during the placement (including communication of indicator eight (8) and nine (9) surveys)?

3. What are the accountabilities of the nursing program and the preceptor during the placement?

Demonstrate: Provide documentation to substantiate the description.

1. The program's documentation must include the following:

   · Evidence of how the program communicates survey information and survey links for indicators eight (8) and nine (9) to students and preceptors.

2. Other possible sources of documentation to demonstrate this requirement:

   · procedures, process descriptions or guidelines;

   · guidebooks for preceptors;

   · communication processes and procedures; and/or,

   · documentation associated with preceptor orientation.

Standard 3 - Outcome Standard (3-year cumulative total)

Indicator 7 - Registration exam scores first-time pass rates

Description: CRNS utilizes the program's first-time pass rates from the national report received from CCRNR for evaluation of this indicator. The exam scores are reviewed annually. The program approval score is based on a rolling three-year aggregate data for each exam code. The final exam data considered for indicator seven (7) is based on a total score for all program sites.

Scoring criteria:

· Met (score = 2): pass rate >=80%;

· Partially met (score = 1): pass rate >=70% but <80%;

· Not met (score = 0): pass rate <70%.

Rationale: Individual site data will be reviewed on an annual basis so NEPAC can assess the program's effectiveness in preparing students to practice safely, competently and ethically.

Indicator 8—Recent graduate's assessment of readiness to practice safely, competently, and ethically

Description: Provides an objective measurement of aggregated graduate's assessment of their readiness to practice.

Scoring Criteria for Baccalaureate/RN Graduates:

· Met (score = 2): average score of all survey items >=74%

· Partially met (score = 1): average score of all survey items >=63% but <74%;

· Not met (score = 0): average score of all survey items <63%.

Scoring Criteria for NP Graduates:

· Met (score = 2): average score of all survey items >=89%

· Partially met (score = 1): average score of all survey items >=78% but <89%;

· Not met (score = 0): average score of all survey items <78%.

Rationale: This outcome measurement captures the assessment of new graduate's readiness to practice; their ability to integrate the ELCs and contemporary issues in nursing practice for safe, competent, and ethical practice.

Indicator 9—Preceptor's assessment of student's readiness to practice safely, competently and ethically

Description: Provides an objective measurement of aggregated preceptor's assessment of student's readiness to practice.

Scoring Criteria for Baccalaureate/RN Graduates:

· Met (score = 2): average score of all survey items >=74%

· Partially met (score = 1): average score of all survey items >=63% but <74%;

· Not met (score = 0): average score of all survey items <63%.

Scoring Criteria for NP Graduates:

· Met (score = 2): average score of all survey items >=89%

· Partially met (score = 1): average score of all survey items >=78% but <89%;

· Not met (score = 0): average score of all survey items <78%.

Rationale: This outcome measurement provides a preceptor assessment about the student's readiness for practice based on observed performance of the student's ability to integrate the ELCs and contemporary issues in nursing practice during their final practice placement (integrative practicum).

CRNS collects data for indicators 7, 8, and 9.