CRNNL | College of **Registered Nurses** of Newfoundland & Labrador

2019

Nursing Education Program Approval Guide

CRN NL

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Introduction

One of the professional self-regulating responsibilities of the College of Registered Nurses of Newfoundland and Labrador (CRNNL) is to approve nursing education programs that prepare Registered Nurses and Nurse Practitioners for licensure. This authority is derived from the Registered Nurses Act (2008) section 11. (1)(h) which states: The Council may, with the approval of the minister, make regulations respecting the approval of nursing education programs for the purposes of registration and licensing.

Through the approval process, CRNNL strives to promote excellence in nursing practice by ensuring nursing education programs are preparing graduates to achieve the entry-level competencies (ELCs) to practice. Programs must receive approved status from Council to obtain the designation of an "approved program" in Newfoundland & Labrador.

This guide outlines the College of Registered Nurses of Newfoundland & Labrador's Nursing Education Program Approval (program approval) process and requirements for Baccalaureate Nursing Programs (BN), Nurse Practitioner Program (NP), and IEN Bridging/Re-Entry Programs.

This guide helps you understand the program approval process and how to prepare for your program's review. Specifically, it explains the following:

- standards and indicators used to evaluate programs
- review process and documentation requirements
- approval statuses.

The Objectives of Program Approval

The objectives of the program approval process are to:
- fulfil CRNNL's legislative duty to approve nursing education programs for the purposes of registration and licensing
- promote the safe practice of nursing through a standardized nursing education approval process for all nursing education programs
- 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

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

There are three main standards against which 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
- **Curriculum** – The program's curriculum prepares students to meet nursing competencies
- **Outcomes** – The program consistently demonstrates outcomes of preparing graduates to meet nursing competencies

At the three points of the framework are the processes CRNNL will use to approve programs:

- a comprehensive review process
- an annual monitoring review process
- CRNNL Council approval.

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

Figure 1: Program Approval Framework
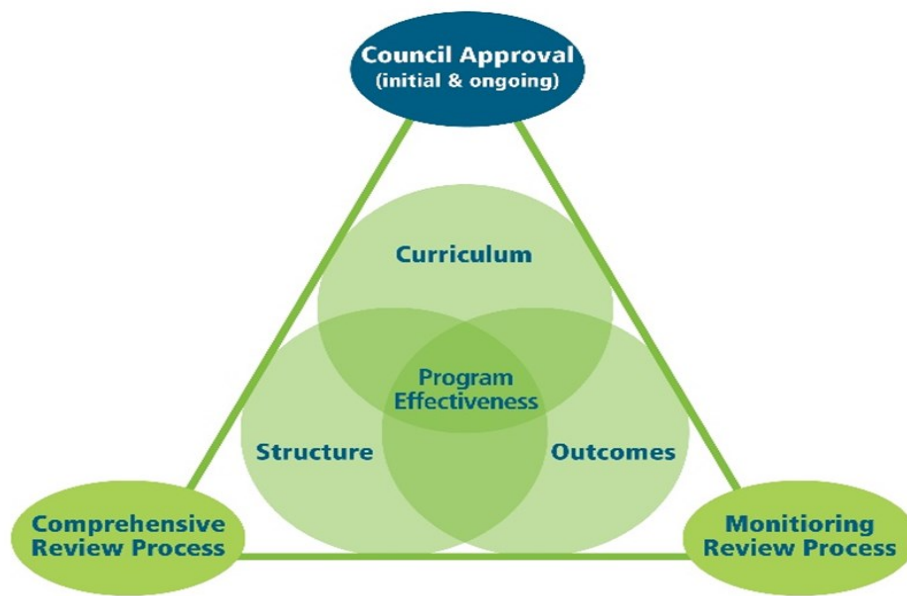
Guiding Principles

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 centered on CRNNL's public-protection mandate
- Transparent – The program approval standards, policies and decisions are available to schools, the public and other stakeholders
- Evidence-informed – The program approval framework and process are based on evidence and best-practice
- Objective – The evaluation and decision-making are based on standardized criteria
- Sustainable – The program approval process can be maintained by all stakeholders.

Program Approval Indicators

Each of the three standards uses 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.

Table 1 provides a high-level summary of the nine indicators. Appendix B 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 score = score for the evidence submitted (2, 1 or 0) x indicator weight (%).

Evidence score: 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 a standard weight (Program Structure 25%; Program Curriculum 40%; and Program Outcomes 35%) and an 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 ELC's and foundational practice standards.

Nursing program approval statuses are based on whether the program exceeds the cut score of 75% and meets the mandatory indicators described below.

Table 1—CRNNL nursing education program approval scorecard

Structure standard (total weight 25%)

Indicator (sub-indicator)		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 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 current certificate of registration in NL	2
3b	Regular process to evaluate teaching	4
Sub-total – structure indicators		25%

Curriculum standard (total weight 40%)

4	Curriculum incorporates entry level competencies and foundational practice standards	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 – Curriculum Indicators		40%

Outcome standard (total weight 35%)

7	Registration exam scores-1st time pass rates (3-year cumulative total)	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 – Outcome Indicators		35%

Total of Standards 1,2,3 weight   **100%**

Approval Status

Programs receive one of the following four approval statuses with a written rationale and summary of their program approval scores:

1. *Preliminary approval*
   A preliminary approval status is given to a new program that meets the criteria for preliminary approval but has not yet graduated students from the program. Graduates from programs with this status are considered graduates of an approved nursing program and are eligible for registration in Newfoundland & Labrador. For an approved status, programs receiving preliminary approval must undergo a comprehensive review in the academic year following the first class of graduates.

2. *Approved*
   A program receives an approved status when it meets the cut score of 75% and the mandatory indicators for program approval. Graduates from a program with this status are considered graduates of an approved nursing program and are eligible for registration in Newfoundland & Labrador.

3. *Approved with conditions*
   A program receives an approved with conditions status when it does not meet the cut score of 75% OR does not meet the mandatory indicators. Graduates from a program with this status are considered graduates of an approved nursing program and are eligible for registration in Newfoundland & Labrador.

4. *Not approved*
   A program is not approved when it fails to meet the cut score of 75% 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 program with this status are not eligible for registration in Newfoundland & Labrador.

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 CRNNL prior to admitting students. For the program to receive approval recognition, the school notifies CRNNL of its intent to offer a new program, in writing, one year prior to the commencement.
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 CRNNL.
   CRNNL provides written notification to the schools, 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.
b. Schools with established programs are also required to complete the annual monitoring review.

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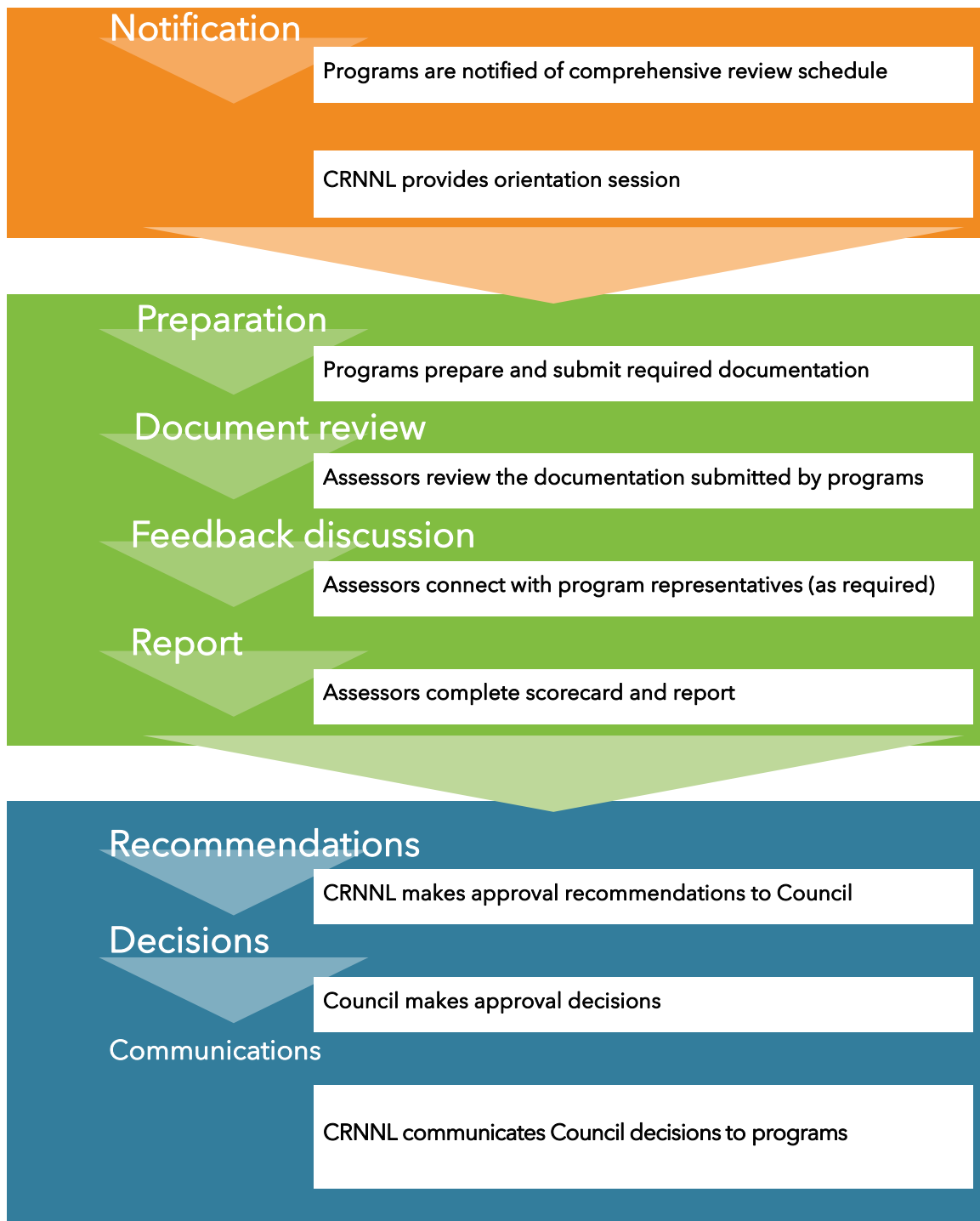
Changes to programs

a. The school is responsible for notifying CRNNL in writing, of any proposed substantive changes to the program or the program's curriculum.

b. CRNNL will determine if the changes are substantive, whether a program approval review is required and the scope of the program approval review. CRNNL may consult with the schools, or request additional information, to assist in its determination.

c. Substantive changes may include but are not limited to the following:
   - 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 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
   - Significant changes in policies or procedures related to any of the program approval indicators.

Discontinued programs

The schools provide written notification to CRNNL regarding the discontinuation of any approved programs and the expected date of discontinuation.

Figure 2 – Overview of the comprehensive review process

Notification

Programs are notified of comprehensive review schedule

CRNNL provides orientation session

Preparation

Programs prepare and submit required documentation

Document review

Assessors review the documentation submitted by programs

Feedback discussion

Assessors connect with program representatives (as required)

Report

Assessors complete scorecard and report

Recommendations

CRNNL makes approval recommendations to Council

Decisions

Council makes approval decisions

Communications

CRNNL communicates Council decisions to programs

Roles and Responsibilities

Schools have the following responsibilities:

- Submitting required documents for each of their programs 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 CRNNL of any changes or new programs that may be subject to program approval.

CRNNL is responsible for these actions:

- Ensuring schools have 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 schools for scheduling, document submission, reviewing evidence and completing the scorecard and assessment report
- Submitting reports to Council
- Communicating decisions and working with schools that need an action plan.

CRNNL Council

Council has the final authority to grant a program's approval status.

Frequency of Reviews

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

Comprehensive review

Every established nursing education program completes a comprehensive review every seven years. The review is based on all nine indicators.

Annual monitoring review

A subset of the program approval indicators (the outcome indicators) are reviewed annually for each program, including all programs not scheduled for a comprehensive review.

Feedback sessions and re-submission process (as necessary)

In the event any indicators or competencies are scored as unmet during the initial evidence review, CRNNL conducts feedback sessions with the schools to review gaps in evidence and provide recommendations for re-submission of unmet indicators/competencies.

If after re-submission the program still 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 a schedule provided by CRNNL.

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

CRNNL communicates program approval results and decisions to the schools through a written report of their results and their scorecard.

Document and Submission Requirements

The school granting the degree for the program being approved is responsible for coordinating the approval process and submission documents for that program. CRNNL requests a primary contact for the purposes of 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 (Evidence Form) is to be used by schools 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 (Curriculum Mapping Tool). Additional templates developed by CRNNL may be required to support submission of specific indicators. CRNNL is responsible for providing the evidence for Indicator 7 (first time pass rates on registration exams) Indicator 8 (graduates assessment of readiness to practice) and Indicator 9 (preceptors assessment of graduates readiness to practice).

Curriculum Mapping

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

During a curriculum review, schools engage in a self-assessment process of their curriculum and provide 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 schools to document their curriculum against foundational practice standards and ELCs for each program.

Each nursing education program is required to map its curriculum during the comprehensive review process, and prior to implementation of any new nursing program, using the curriculum mapping tool. Refer to the Curriculum Mapping Guide document for detailed instructions on completing the curriculum mapping tool.

Attestation Form

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

- submission requirements have been reviewed and are understood
- submitted documents are complete
- information provided is current, accurate and specific to the program under review.

How to complete the forms for each program

A program offered as a collaborative program completes only one Evidence Form to reflect the entirety of the program. In addition, as the curriculum is common across all schools, only one curriculum map is required, and one score is applied to all schools for the curriculum mapping indicator.

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

Documentation submission process

A secure portal (file transfer protocol system or FTP) has been set up to upload the program approval documents. The portal can be accessed by multiple users to manage their program approval documents. Separate instructions with password and log-in information are provided for using the portal.

Folders and naming conventions

Within the portal, there are 4 sub-folders. Within each of the sub-folders, schools create a file structure supporting the type and number of documents being submitted. Consistent naming of documents is required. For example, if a school 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.

Confidentiality and Conflicts of Interest

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

We aim to address and prevent any conflicts of interest, real or perceived, in all aspects of the approval process. All individuals involved in any aspect of CRNNL's approval activities are expected to identify potential conflicts of interest, and to remove themselves from activities or deliberations concerning institutions or programs when such conflicts exist. Programs under review may also bring to CRNNL's attention real or perceived conflicts of interest of any individual involved in program approval activities.

Appendix A: Indicator Evidence Form Instructions

Overview

The Indicator Evidence Form (Evidence Form) is to be submitted by the school granting the degree for the program being approved.

If a program is offered as a collaborative program with a University, the information submitted for that program should reflect the entirety of the program and is to be submitted by the University conferring the degree. However, completing the Evidence Form may be a collaborative process involving 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 Indicator Evidence Form

The Indicator Evidence Form is a spreadsheet. All six sheets of it must be completed:

- Sheet 1: Program information and brief instructions for completing the Evidence Form
- 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 document to be completed and submitted for each program. It is not included in the Evidence Form.

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

The name of your school 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 school achieves the requirement.

Describe – to describe, provide an explanation of 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 timing of the orientation
2. The content of the student orientation
3. The orientation process for clinical faculty including timing of the orientation
4. The content of the clinical faculty orientation.
5. The description is kept to the minimum information required to satisfy the requirements. The overall description needs no more than 1-2 pages. You may enter your description directly into the appropriate column of the Evidence Form, 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 – to 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 Indicator 2a, documentation could include, but is not limited to: orientation schedule and attendance lists; orientation policy, procedure or guideline; orientation manuals or other orientation materials; and student and clinical instructor handbooks. Keep your submitted documentation to the minimum information required to substantiate your description.

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 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 the document describing the example and the integration. The number of required examples is specified. 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 Form.

Scoring the Indicator Evidence Form

Rubrics have been developed for each evidence requirement and indicator. Points are assigned for each item in the description, and for 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

Structure:

The program's strategy, policies, procedures and resources support the student's preparation to meet nursing competencies.

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 a) collaborative partners, b) across multiple delivery sites.

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

EVIDENCE REQUIREMENT 1

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

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

B. **Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

1. Organizational charts
2. Policy or procedure documents
2. Minutes or other sources of communication
4. Current executed agreements, memoranda of understanding or other contracts.

EVIDENCE REQUIREMENT 2

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

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

1. Who has responsibility for coordinating clinical placements (role or committee)
2. What your process and infrastructure is to secure clinical placements
3. How you manage when clinical placements are not available
4. How you assess the quality of the learning environment in clinical placements to ensure it is safe for student learning
5. What your process is for managing an unsafe clinical placement.

B. **Demonstrate:** Provide documentation to substantiate your description.

Possible 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)
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 (A) and demonstrate (B) your curriculum review process.

A. **Describe:** For programs delivered with collaborative partners, and/or across multiple delivery sites, ensure your 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 is involved in the review, including committee composition if applicable; how collaborative partners, or faculty from different sites are involved (as applicable)
   3. How 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 faculty.

B. **Demonstrate:** Provide documentation to substantiate your description.

   Possible 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 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
   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 practise 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 but not limited to, admission criteria, attrition rates, and course grades.

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) your annual registration exam results review process.

A. **Describe:** For programs delivered with collaborative partners, and/or across multiple delivery sites, ensure your 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 is involved in the review, including committee composition if applicable
3. How results are reviewed
4. What multiple factors or program metrics are considered in your analysis (e.g., admission criteria, attrition rates, and grades).

B. **Demonstrate:** Provide documentation to substantiate your 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
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 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 (A) and demonstrate (B) the orientation process to the clinical setting.

A. **Describe:** Include each of the following four items in your description:

1. The orientation process for students with timing of the orientation
2. The content of the student orientation
3. The orientation process for clinical faculty with timing of the orientation
4. The content of the clinical faculty orientation.

B. **Demonstrate:** Provide documentation to substantiate your description.

Possible sources of to demonstrate this requirement:

1. Orientation schedules and attendance lists
2. Orientation policies, procedures or guidelines
3. Orientation manuals or other orientation materials
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 (A) and demonstrate (B) faculty accountabilities and understanding of student supervision requirements in all supervised clinical and preceptored placements.

A. **Describe:** Include each of the following four items in your description:

   1. How faculty are prepared to ensure safe and effective student supervision
   2. The role and responsibility of faculty in supervised clinical placements and preceptored placements
   3. How you ensure ongoing student supervision
   4. How faculty and preceptors can bring issues forward for resolution (through decision making bodies/structures).

B. **Demonstrate:** Provide documentation to substantiate your description.

   Possible sources of documentation to demonstrate this requirement:

   1. Policies, procedures, standards or guidelines
   2. Clinical faculty and preceptor guidebooks
   3. Orientation manuals or other orientation materials.

2c. Regular evaluation of student performance in clinical settings

Description: There is 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 (A) and demonstrate (B) the student evaluation process in the clinical setting.

A. **Describe:** Include each of the following two items in your description:

1. An outline of your formal (documented) and informal evaluation processes and time frames throughout the duration of the clinical placement
2. Your process for progressive remediation based on student evaluations.

B. **Demonstrate:** Provide documentation to substantiate your description.

  a. You 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
    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:
1. having processes in place for reporting, reviewing and mitigating incidents associated with students and faculty in both clinical and academic settings;
2. creating learning opportunities for students and faculty from incidents; and
3. collaborating with clinical placement settings to mitigate future incidents.

The importance of creating a "no blame," systems-focused environment is key in the process of identifying and mitigating student and client safety risks and needs to be integrated in all of the above approaches.

EVIDENCE REQUIREMENT 1

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

A. **Describe:** Include each of the following three items in your description:
   1. Your processes for reporting and communicating safety incidents in clinical and academic settings
   2. Your processes for reviewing safety incidents in clinical and academic settings
   3. Your processes for managing safety incidents in clinical and academic settings.

B. **Demonstrate:** Provide documentation to substantiate your description.
   a. You must include the following in your documentation:
      1. One client safety example with any recommendations and actions undertaken (anonymized) containing, but not limited to, medication errors, falls, privacy and confidentiality. This example must be from the clinical setting.
      2. One student safety example with any recommendations and actions undertaken (anonymized) containing, but not limited to, 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 ago. Examples can include near misses, and don't 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 your processes to manage such an incident "if" it occurred, and/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 literature cited
      5. Incident management (safety) reports (anonymized).

EVIDENCE REQUIREMENT 2

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

A **Describe:** Include each of the following two items in your description:

1. Your process for analysis and synthesis of safety incidents
2. How the synthesis of your review is incorporated into the learning experience for students.

B. **Demonstrate:** Provide documentation to substantiate your description.

a. You must include the following in your 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 analyses
    3. Information sharing with the broader student community
    4. Learning opportunities that address broader systems issues related to safety incidents
    5. Teaching notes (fact sheets, weekly instructor notes)

EVIDENCE REQUIREMENT 3

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

A. **Describe:** Include each of the following two items in your description:

1. Communication structures and processes you have in place with health care institutions for reporting and managing safety incidents
2. Procedures you have in place with health care institutions for reporting and managing safety incidents.

B. **Demonstrate:** Provide documentation to substantiate your description.

a. You 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 ago. Examples can include near misses and don't need to be "critical" incidents. In the event that there has not been a safety incident with the opportunity for the school to collaborate with a placement agency, describe your processes 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)
   3. Documentation of historical incidents (anonymized) and actions/recommendations undertaken

Indicator 3 – Qualified Faculty

Description: 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 certificate of registration.

Description: Processes are in place to ensure Faculty who are RNs and NPs have a current certificate of registration in Newfoundland & Labrador.

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 (A) and demonstrate (B) the process used to review faculty Certificate of Registration, upon initial hire and on an annual basis.

A. **Describe:** Include each of the following three items in your 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.

B. **Demonstrate:** Provide documentation to substantiate your description.

  a. You must include the following in your documentation:
     1. A list that demonstrates the results of the most recent annual review of full-time and part-time faculty registration status. The list includes the initials 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
     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 (A) and demonstrate (B) how you evaluate teaching in the clinical and theoretical environments.

A. **Describe:** Include each of the following four items in your description:

1. The methods you 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 the follow-up process is, if issues are identified
4. How you use the evaluation of teaching results to improve the learning environment.

B. **Demonstrate:** Provide documentation to substantiate your description.

a. You must include the following in your 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
   6. Meeting minutes.

Standard 2 – Program Curriculum

Curriculum: The program's curriculum prepares students to meet nursing competencies expected for the category and/or class of registration.

Indicator 4 – Curriculum incorporates ELCs and foundational practice standards

Description: The curriculum incorporates ELCs, and foundational practice standards as demonstrated through curriculum mapping.

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

EVIDENCE REQUIREMENT

Complete the Curriculum Mapping Tool for this indicator according to the instructions in the Curriculum Mapping Guide.

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 practise safely, competently and ethically, based on the ELCs. Clinical placements are a foundational component of this learning.

EVIDENCE REQUIREMENT

Use the CRNNL template Clinical Practice Experiences Tool (or your own similar template) to describe (A) and demonstrate (B) how clinical placements and clinical learning opportunities prepare students to practice competently, safely and ethically across the lifespan and illness trajectories.

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 (A) and demonstrate (B) that student learning outcomes and evaluation processes are provided to the preceptor for the integrated practicum.

A. **Describe:** Include each of the following three items in the description:

1. How the expectations for student learning outcomes and the evaluation process are shared with the preceptor.
2. What the communication processes (initial and ongoing) are between the nursing program and the preceptor during the placement, including communication of indicator 8 and 9 surveys.
3. The accountabilities of the nursing program and the preceptor during the placement.

B. **Demonstrate:** Provide documentation to substantiate your description.

a. Your documentation must include the following:
   1. Evidence of how you communicate survey information and survey links for indicators 8 and 9 to students and preceptors.
b. Other possible sources of documentation to demonstrate this requirement:
   1. Procedures, process descriptions or guidelines
   2. Guidebooks for preceptors
   3. Communication processes and procedures
   4. Documentation associated with preceptor orientation.

Indicator 7 – Registration exam scores 1st time pass rates

Description: CRNNL provides schools with their registration exam scores-1st time pass rates for each of the school's programs. The exam scores are provided on an annual basis. The program approval score is based on a rolling 3-years of aggregate data for each exam code the final exam data 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 provided on an annual basis so schools can assess their program's effectiveness in preparing students to practise 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 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 foundational standards 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 Preceptors of Baccalaureate/PN 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 Preceptors of 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 preceptor assessment about the student's readiness for practice, based on observed performance of the student's ability to integrate the ELCs and foundational standards during their final practice placement (integrative practicum).

Appendix C: Glossary

Annual monitoring review: One component of the program approval framework used to approve entry-level nursing education programs. A subset of the program approval indicators (the outcome indicators) are examined yearly for each program and the program's approval score is calculated. Programs are approved annually based on the annual monitoring review results or the comprehensive review as required.

Approval: This term designates an education program has met the prescribed standards set out in the College of Registered Nurses of Newfoundland & Labrador's (CRNNL's) program approval process.

Collaborative program: A baccalaureate nursing education program offered in partnership between a College and a University. The program degree is granted by the University.

Comprehensive review: One component of the program approval framework used to approve entry-level nursing education programs. For the comprehensive review, all program approval indicators are reviewed every seven years, unless annual review results are unsatisfactory, and the program's approval score is calculated.

Curriculum: The planned process for achieving a nursing education program's intended outcomes. For purposes of program approval, nursing curricula includes theoretical foundations, learning activities to foster theory application by students and evaluation of student learning.

Curriculum mapping: A process for collecting and documenting curriculum related information against specific criteria or standards. This process ensures an alignment between the standards of nursing practice, entry-level competencies and the educational content being taught. It also identifies and addresses academic gaps, redundancies and misalignments between courses and entry–level competencies.

Curriculum mapping tool: Each entry-level nursing program is required to map its curriculum to entry-level competencies, for both preliminary approval (new programs) and the comprehensive review process (established programs), using the curriculum mapping tool. Programs use the tool to provide evidence that the entry-level competencies, required to prepare graduates to be competent and safe practicing nurses for their category and/or class of nursing, are embedded in the teaching and learning experiences.

Entry-level nursing program (program): Nursing education programs that prepare individuals entering the nursing profession with the competencies expected upon initial registration with the CRNNL.

Established program: A nursing education program that has graduated students and has received an approved or conditional approval status from CRNNL.

Entry-Level competencies: The entry-level competencies outline the proficiencies required for entry-level (newly registered) nurses to provide safe, competent, compassionate and ethical nursing care in a variety of practice settings, upon initial and ongoing registration with CRNNL. The competencies also serve as a guide for curriculum development for schools, and for public and employer awareness of practice expectations for entry-level nurses.

Foundational practice standards: For the purposes of program approval, foundational practice standards are the more commonly cited performance issues.

Indicator: For the purposes of program approval, an indicator is an objective measure used to assess whether an entry-level nursing education program has achieved the program approval standards. An indicator is specific, measurable, attainable, realistic and time-limited.

Indicator Evidence Form: A form completed by programs for the comprehensive review process. The form provides information and documentation to CRNNL demonstrating that the program achieves all evidence requirements for each program approval indicator and standard.

Learner: A person studying nursing at the baccalaureate or graduate level; a nurse new to the profession; an experienced nurse entering a new practice setting; a nurse new to practice in Newfoundland & Labrador; or an experienced nurse entering a new health discipline.

Mandatory indicator: An indicator that must be fully met to receive an approved status.

New program: An entry-level nursing education plan intended for admitting students and requiring preliminary approval status from CRNNL prior to enrolling students.

Preliminary approval status: The standing given to a new program that meets preset criteria but requires a comprehensive review in the academic year following the first class of graduates before receiving full approval. Graduate(s) from programs with preliminary approval are considered graduates of an approved nursing program and are eligible for registration in Newfoundland & Labrador.

Program: A set of courses constituting the entire entry-level nursing education process at a school or university.

Program approval status: Refers to the four approval categories conferred by Council to an entry-level nursing education program. The categories are based on the program's results and score following their program approval review. The four categories are preliminary approval, approved, approved with conditions and not approved.

Safety: The reduction and mitigation of unsafe acts within the health care system. This refers to staff, student and client safety. Staff or student safety includes, but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour and infection control. Client safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Client, staff or student safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blames individuals. The health and well-being of all clients, staff and student is a priority in a culture of safety environment.

School: A school or university that educates nurses (BN or NP). For the purposes of CRNNL''s program approval process, approval of an entry-level nursing education program will be conferred at the school or degree-granting institution level.

Site: The physical location where the entry-level nursing education program is delivered.

Standard: There are three program approval standards based on a logic model: structure, curriculum and

outcomes. The standards are the bases for measuring and approving the performance of an entry-level nursing education program.