Program Review

Standards for Nursing Education & Program Review

Overview of the Standards for Nursing Education and Program Review Process

NANB

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Introduction

This guide outlines the Nurses Association of New Brunswick's (NANB) **Standards** for Nursing Education and the Program Review process and requirements for entry-level[1] Baccalaureate Nursing **Programs** and Nurse Practitioner Programs in New Brunswick.

The program review process is based on the College of Nurses of Ontario (CNO) Program **Approval** Framework and was approved by the NANB Board of Directors (BOD) in September 2021.

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

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

Words in **bold print** are found in the *Program Review Glossary*. They are shown in bold on first appearance.

Regulatory Review of Programs

Our commitment to govern nursing in New Brunswick in the public interest is the basis for the program review process. The ***Nurses Act, 2002***, authorizes the NANB's BOD to approve nursing education programs in New Brunswick (NB). The regulation supports our public-protection mandate to ensure that individuals who enter the nursing profession have the knowledge, skill and judgment to practice safely, ethically and competently.

Entry-level nursing programs in NB must receive program approval from NANB for graduates to be eligible to proceed with registration. While NANB is responsible for assessing programs against standard criteria, the BOD has the final authority to grant a program's approval status.

The Objectives of Program Review

These are the objectives of our program review process:

- fulfil NANB's legislative duty to approve entry-level nursing education programs;
- promote the safe practice of nursing through a standardized nursing education review and approval process;
- grant jurisdictional recognition to nursing education programs;
- provide stakeholders with a transparent account of program review;
- support continuous evaluation and improvement of nursing education programs.

[1] An entry-level program is a nursing program that integrates the **entry-to-practice** (ETP) **competencies** into its curriculum and whose graduates are eligible to write the nursing registration exam.

Program Review Framework

Framework

The program review process is based on the Program Review Framework (see Figure 1).

There are three Standards of Education against which entry-level nursing education programs are reviewed and evaluated:

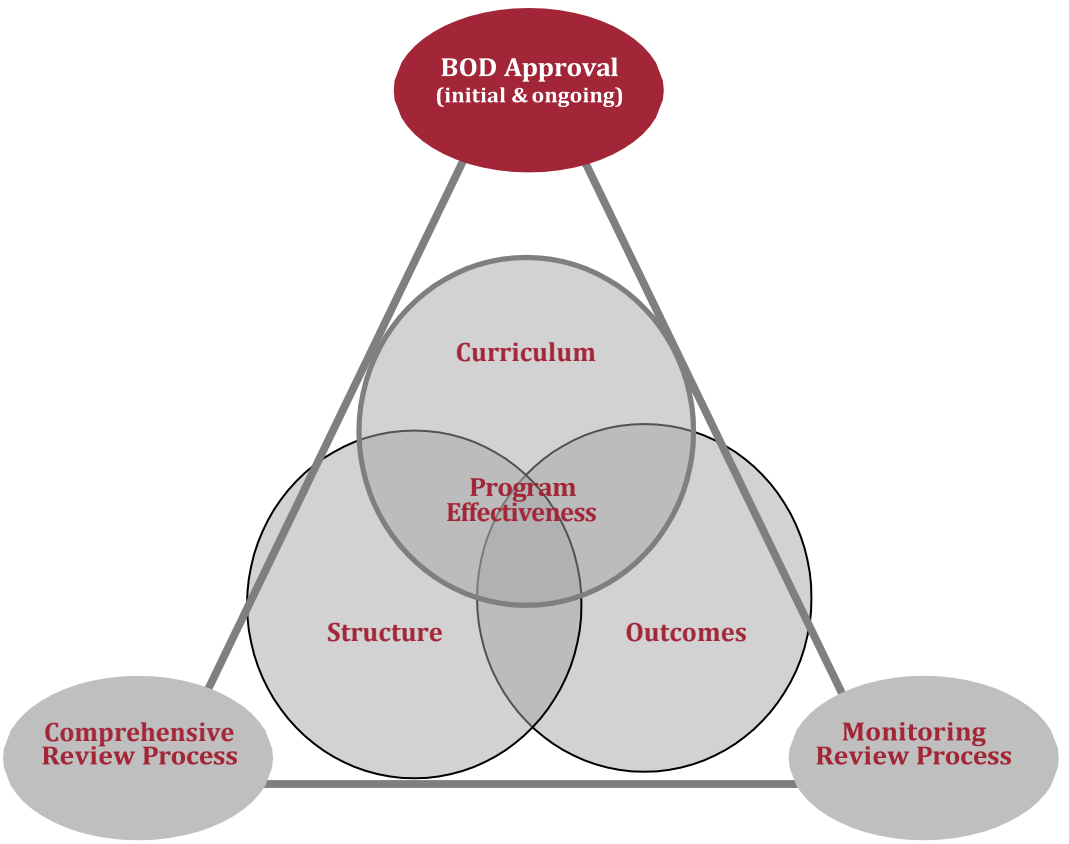
- **Structure** – The program's strategy, policies, procedures and resources support the student's preparation to meet nursing competencies expected for the category and/or class of registration.
- **Curriculum** – The program's **curriculum** prepares students to meet nursing competencies expected for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

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

- a **comprehensive review** process;
- an annual monitoring process;
- NANB BOD approval.

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

Figure 1: Program Review Framework



Guiding Principles

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

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

Program Review 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 (p. 7). 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 ETP competencies 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 – NANB nursing education program review 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	Review of program outcomes (annually or every two years, program dependent)	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 RN or NPs have current registration in NB	2
3b	Regular process to evaluate teaching	4
Sub-total — structure indicators		**25%**

Curriculum standard (total weight 40%)

4	**Curriculum incorporates entry-to-practice 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 New Brunswick. 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 NB.

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 NB.

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 NB.

Program 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 NANB prior to admitting students. For the program to receive approval recognition, the school notifies NANB's Executive Director of its intent to offer a new program, in writing, one year prior to the commencement.

b) The program 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 NANB.

b) NANB's Executive Director, provides written notification to the schools, one year in advance of their program(s') comprehensive review 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 monitoring review** (outlined on p. 11).

Changes to programs

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

b) It is the responsibility of the Nursing Education Advisory Committee (NEAC) to determine if the changes are substantive, whether a program review is required and the scope of the program review. The Committee may **consult** with the schools, or request additional information, to assist in its determination.

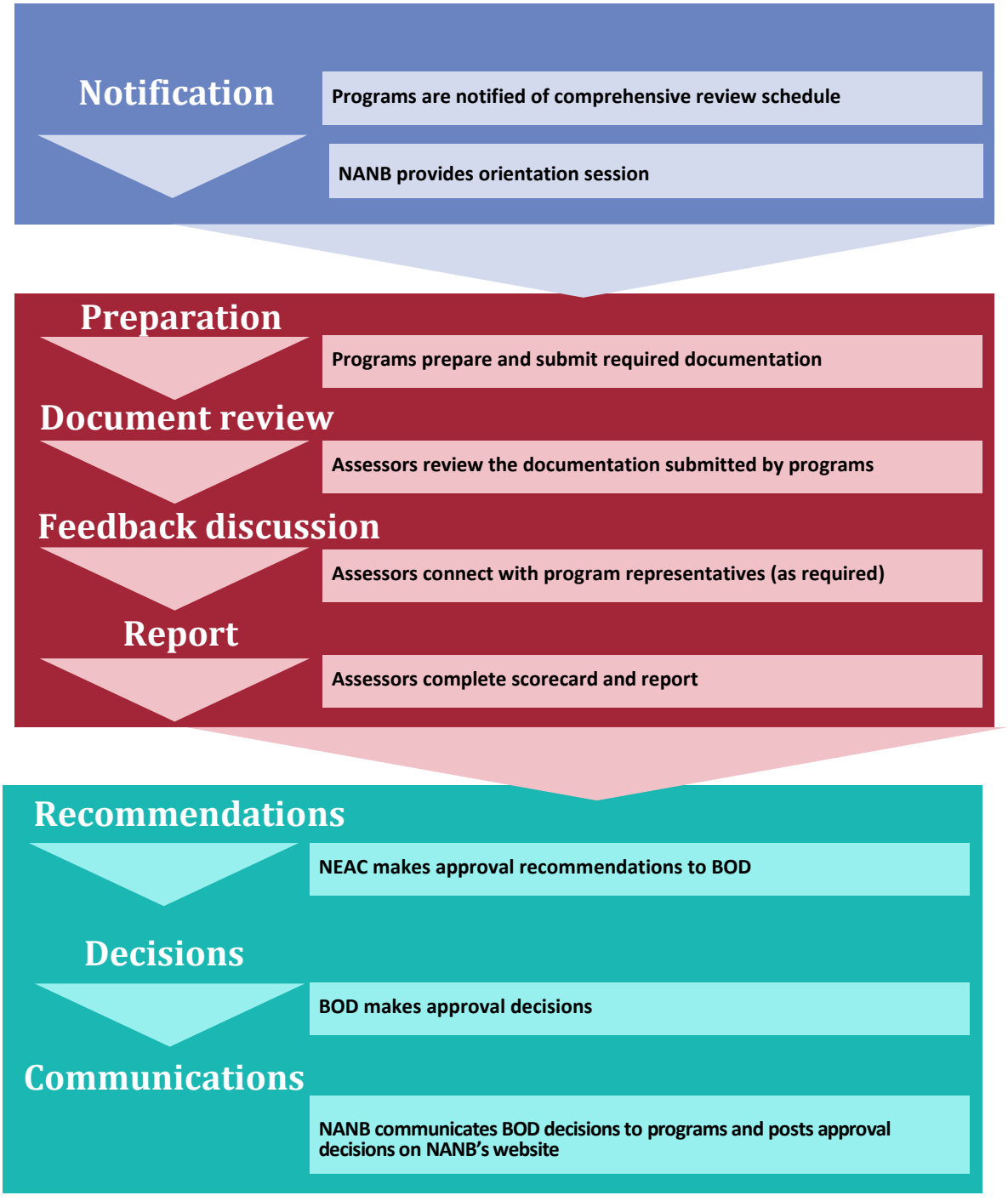
c) Substantive changes may include but are not limited to the following:

- 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 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,
- Significant changes in policies or procedures related to any of the program review indicators.

Discontinued programs

The schools provide written notification to NANB's Executive Director, regarding the discontinuation of any approved programs or sites and the expected date of discontinuation.

Figure 2 – Overview of comprehensive review process



Roles and Responsibilities

Schools have the following responsibilities:

- Submitting required documents for each of their programs as per the review process outlined in pp. 9–10 and according to the schedule of due dates;
- Ensuring their submission demonstrates the requirements, are accurate and complete as per the attestation form;
- Notifying NANB of any changes or new programs that may be subject to program review (see pp. 9 for more details).

NANB is responsible for these actions:

- Ensuring schools have the information and orientation they need to understand the program review requirements and to complete their submission;
- Administering the program review process, which includes coordinating the process with the schools for scheduling, document submission, reviewing evidence and completing the scorecard and assessment report;
- Submitting reports for each school's programs to NEAC and BOD;
- Communicating decisions and working with schools that need an action plan.

Nursing Education Advisory Committee (NEAC)

- The NEAC main function is to analyze program review data and reports based on the standardized Program Review Framework and to make approval recommendations to NANB BOD for all entry-level nursing education programs in NB.

NANB BOD

- BOD 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 entry-level 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 review 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, NANB 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 NANB.

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.

For further information on approval terms and conditions, see Section 8 of the Nursing Education Program Approval Policy.

NANB communicates program approval results and decisions to the schools through a written report of their results and their scorecard. On NANB's website, program approval status is updated annually after BOD decisions.

Document and Submission Requirements

The school granting the degree for the program being reviewed is responsible for coordinating the review process and submission documents for that program. NANB requests a primary contact for the purposes of program review and communications.

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

Indicator Evidence Forms

Each indicator has a list of evidence required to substantiate that the indicator is met (see Appendix B). Forms are provided to the schools to describe evidence for five of the program review indicators (Indicators 1, 2, 3, 5 and 6). Indicator 4 (**curriculum mapping**) requires completion of a separate document (**Curriculum Mapping Tool**). NANB 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 entry-level nursing programs. It is one indicator used by NANB 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 ETP competencies.

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 ETP competencies for each program.

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

The ETP competencies to which schools are required to map their curriculum can be found here: NANB entry-level competencies.

Attestation Form

Schools must submit an Attestation Form with their final documentation submission packages. This form is to be signed by the Dean or Chair 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

Each entry-level nursing education school needs to complete one curriculum map. For example, if a school offers a **Direct-Entry Full Program** and a **Pre-Health Education Entry Specified Program**, the school must complete a curriculum map for each of these programs. However, only one set of **Indicator Evidence Forms** (IEFs) is required regardless of the number of programs being reviewed.

If the program stream is offered across multiple sites, only one set of IEFs should be completed to reflect the entirety of the program. However, multiple sites may wish to complete the IEFs together.

See Appendix A for further instructions on completing the IEFs.

Documentation Submission Process

A secure portal has been set up for each school to upload their program review documents. Each school has a secure separate folder that can be accessed by multiple users to manage their program review documents. Separate instructions will be provided for using the portal.

Folders and Naming Conventions

Within the portal, a folder is labelled for each indicator. Documents should be stored in the corresponding indicator folder. Descriptive and consistent naming is required. For indicators 1, 2, 3 and 6, course documents should be named using the course prefix followed by the course number, the document title and the document description, all separated by an underscore (e.g., NURS1234_Health Assessment_Syllabus, or NURS1235_Pharmacology_Week1PPSlide4). All other documents should be named clearly indicating the content (e.g., Policy 1.1, Procedure for incident reporting, Memorandum of Understanding with RHA, Job Description Clinical Coordinator). For indicator 4, the naming convention for course documents is outlined on pages 11 and 12 in the *Curriculum Mapping Guide*.

Confidentiality and Conflicts of Interest

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

We aim to address and prevent any conflicts of interest, real or perceived, in all aspects of the review process. All individuals involved in any aspect of NANB's review 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 NANB's attention real or perceived conflicts of interest of any individual involved in program review activities.

Program Review Contact Information

For general inquiries contact Practiceconsultation@nanb.nb.ca.

Appendix A: Indicator Evidence Form instructions

Overview

The IEFs are to be submitted by the school. For those offering more than one entry-level nursing education program, only one set of IEFs is to be completed. The IEFs is designed to capture the information for all your programs into one document. Completing the IEFs may be a collaborative process involving the multiple campuses.

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.

Indicator 4 (Curriculum Mapping) has a separate document to be completed and submitted for each program.

Please ensure that the school information at the top of the IEFs 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.

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.

The description is kept to the minimum information required to satisfy the requirements.
The overall description needs no more than 1-2 pages. Include in the description the name of the specific substantiating evidence being submitted following the naming conventions specified on page 13.

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.

As you are describing, include the name of the documentation you are submitting for each evidence requirement. See p. 13 for instructions on how to name your documents.

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 expected for the category and/or class of registration.

Indicator 1

Nursing Program Governance

1a. Nursing governance structure

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

Rationale: Clear program **accountability** for consistently preparing students to practice safely, competently and ethically based on the ETP 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: a) with collaborative partners; or b) across multiple delivery sites as applicable.

A. Describe: For 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 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,
3. 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 review is a curriculum that prepares students to practice safely, competently and ethically based on the ETP competencies. 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 practice safely, competently and ethically. A key outcome evaluated by program review 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 such as, 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 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 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 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 **laboratory**, 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 laboratory, 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 laboratory, 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 or NPs have a current registration

Description: Processes are in place to ensure Faculty who are RNs or NPs have a current registration in NB.

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

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) the process used to review faculty registration status, 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- and part- time faculty registration status. The list includes the initials of the faculty member, 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 ETP competencies and foundational practice standards

Description: The curriculum incorporates ETP competencies and foundational practice standards as demonstrated through curriculum mapping.

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

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 practice safely, competently and ethically, based on the ETP competencies. Clinical placements are a foundational component of this learning.

EVIDENCE REQUIREMENT

Use the NANB 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:

- 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:

- Procedures, process descriptions or guidelines,
- Guidebooks for preceptors,
- Communication processes and procedures,
- Documentation associated with preceptor orientation.

Indicator 7

Registration exam scores 1st time pass rates[2]

Description: NANB 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.
***Note:** for program that have graduates only every 2 years data will be based on 6 years.

Scoring Criteria for Baccalaureate Graduates:
- Met (score = 2): pass rate >=74%;
- Partially met (score = 1): pass rate >=63% but <74%;
- Not met (score = 0): pass rate <63%.

Scoring Criteria for NP Graduates:
- 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 practice safely, competently and ethically.

Indicator 8

Recent graduate's assessment of readiness to practice safely, competently and ethically[3]

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 ETP competencies and foundational standards for safe, competent and ethical practice.

[2] NANB collects data for indicators 7, 8 and 9.
[3] Processes for data collection may need to be determined if not previously established

Indicator 9

Preceptor's assessment of student's readiness to practice safely, competently and ethically[4]

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

Scoring Criteria for Preceptors of 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 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 ETP competencies and foundational standards during their final practice placement (integrative practicum).

[4] Processes for data collection may need to be determined if not previously established

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