GUIDELINE
OF APPLYING THE NATIONAL
STANDARDS
FOR ACCREDITING
NURSING COLLEGES
IN IRAQ
2022

NATIONAL COUNCIL FOR ACCREDITATION OF NURSING COLLEGES

MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH

Supervision and scientific evaluation apparatus

ACCREDITATION DEPARTMENT

VERSION (0)

GUIDELINE OF APPLYING

NATIONAL STANDARDS FOR ACCREDITATING OF NURSING COLLEGES IN IRAQ

BY

NATIONAL COUNCIL FOR PROGRAM ACCREDITATION OF NURSING COLLEGES

(NCANC)

2022

Contents

Contributors

1. **Prof. Dr. Rajha Abdul Hassan Hamza**
   Chairman of Council, Ph.D. in Adult Nursing
   University of Kufa / College of Nursing
   rajihaa.hamzah@uokufa.edu.iq

2. **Prof. Dr. Sahar Adham Ali**
   Deputy of Chairman, Ph.D. in Adult Nursing
   University of Babylon / College of Nursing
   emeralsahar@gmail.com

3. **Assist. Prof. Dr. Musaab Majid AbdulWahhab**
   Council Secretary, Ph.D. in Adult Nursing
   University of Baghdad / College of Nursing
   musaab@conursing.uobaghdad.edu.iq

4. **Assist Prof. Dr. Wafa Abdul Karim Abbas**
   Baghdad College for Medical Sciences
   Ph.D. in Maternity
   wafaabdulkarim@bcms.edu.iq

5. **Assist Prof. Dr. Diaa Kareem Abd Ali**
   Al-Ameed University / College of Nursing
   Ph.D. in Adult nursing
   Dr.diaa@alameed.edu.iq

6. **Assist Prof. Dr. Mohammed Abdul Kareem Mustafa**
   University of Kufa / College of Nursing
   Ph.D. in Adult Nursing
   mohammeda.aljanabi@uokufa.edu.iq

7. **Assist Prof. Dr. Jenan Akber Shukoor**
   University of Kirkuk / College of Nursing
   Ph.D. in Community Heath Nursing
   jinanshukur@uokirkuk.edu.iq

8. **Assist Prof. Dr. Hassan Abdulla Athbi**
   University of Karbala / College of Nursing
   Ph.D. in Adult Nursing
   Hasan.abdala@uokerbala.edu.iq

9. **Assist Prof. Dr. Alaa Mahaibus Tuama**
   University of Thi Qar / College of Nursing
   Ph.D. in Community Health Nursing
   s.alaa25@yahoo.com

10. **Assist Prof. Dr. Akeel Azeez Aarar**
    Misan University / College of Nursing
    Ph.D. in Adult Nursing
    akeelazeez@uomisan.edu.iq

11. **Assist Prof. Dr. Hiader Ameer Jabor**
    Al Qadisiyah University / College of Nursing
    Ph.D. in Psychiatric and Mental Health Nursing
    Hiader.jabor@qu.edu.iq

12. **Dr. Sabah Abdulah Jafar**
    Muthana University / College of Nursing
    Ph.D. in Adult Nursing
    Sabah.abd@mu.edu.iq

13. **Dr. Mohammed Ahmed Sultan**
    University of Mosul / College of Nursing
    Ph.D. in Pediatric Nursing
    mohammed.ahmed@uomosul.edu.iq

14. **Dr. Adil Ali Hussein**
    University of Basra / College of Nursing
    Ph.D. in Pediatric Nursing
    adil.hussein@uobasrah.edu.iq

15. **Dr. Mohammed Qasim Baktash**
    University of Telafer / College of Nursing
    Community Health Nursing
    Mohammed.q.baktash@uotelafer.edu.iq

Advisory Board

1. **Samiha Suhail Jarrah**
   Professor, Dean Faculty of Nursing
   Ph.D. Primary Health Care Nursing University of Wales
   Applied Science Private University
   Phone: (962)-795346244
   E-mail: nur_dean@asu.edu.jo

2. **Majeda M. El-Banna,**
   Professor, Community Health Nursing
   PhD, RN, CNE, ANEF
   School of Nursing, George Washington University
   Office phone: (571)553-0226 USA
   E- mail: melbanna@gwu.edu

3. **Ghanim ALSHEIKH**
   Professor, MBChB, PhD (Lond), DPHC, FFPH-RCP
   Dept. Primary Care & Public Health,
   Imperial College London
   Phone: +44-7940154021
   E-mail: alsheikhg@gmail.com

4. **Dr. Ahmed Abdulhussein Talib Al-Emarah**
   Professor, PhD in Quality- University of Bath –UK
   University of Kufa / College of Administration and Economic
   Phone: +447473264959
   E-mail: ahmed.imarah@uokufa.edu.iq

5. **Dr. Bahia Abdallah El-Moufti**
   Assist. Professor, Director/Nursing Program
   The Lebanese American University (LAU)
   Phone: 09613113516 Lebanon
   E-mail: bahia.abdullah@lau.edu.lb

6. **Dr. Riyadh Kareem Abbood**
   MBCHB, DCM, FRSPH
   Quality Expert / Public Health
   FELLOW of Health Security
   Phone: +9647801011077
   E-mail: Riadhk.alshebli@uokufa.edu.iq

Preface

Nursing colleges aspire enhancement their educational services by working hard to raise the efficiency of their administrative capacity, resources, curriculum teaching staff, and students, to improve the quality of outcomes. Therefore, the National Council for Program Accreditation of Nursing Colleges (NCANC) was approved by the Apparatus Supervision and Scientific Evaluation (ASSE) to achieve colleges' vision through excellence and accreditation though ordor No. C/1/277 on 8/3/2022, to prepare accreditation standards and the guideline, for the purpose of optimally employing human resources through creating an appropriate environment that can be constantly developed to build skills and knowledge and work with high professionalism to provide students with professional capabilities that qualify them to provide services to meet society requirement. This cannot be achieved without relying on quality improvement for nursing education.

Frequent council meetings and workshops have been held by experts about accreditation in order to ensure the right start for working and application of national standards of nursing education.

Prof. Dr. Rajha A. Hamza

NCANC Chairperson

MOHESR-Iraq 2022

Abbreviation

ASSE   Apparatus of Supervision and Scientific Evaluation

CNE   Continuous Nursing Education

DE   Distance Education

ELA   Expected Level of Achievement

EPSLO   End-of-program student learning outcomes

LMS   Learning management system

MoHESR   Ministry of High Education and Scientific Research

NCANC   National Council for Program Accreditation of Nursing Colleges

SPE   Systematic Plan for Evaluation

T E   Traditional Education

SWOT   Strength, Weakness, Opportunities, Threats

WHO   World Health Organization

Acknowledgment

The Council

Glossary

Academic Progression Models: Models for the delivery of nursing education programs that facilitate progression from one level of nursing education and/or practice to a higher level of nursing education and/or practice.

Accreditation: The voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved.

Annual Report: Information an NCANC-accredited program is required to submit to the NCANC on an annual basis.

Approval: The term generally referred to by most state regulatory agencies for nursing programs to describe authorization of nursing education programs meeting minimal standards as defined in the state nurse practice act and/or rules and regulations.

Direct Outcome Assessment Methods: Student demonstrations and/or the actual products of student work used by faculty to determine achievement of course and/or end-of-program student learning outcomes (and for graduate programs, the role-specific nursing competencies). Examples include, but are not limited to, examinations (e.g., standardized or faculty-developed), portfolio, clinical performance tools, rubrics, and assignments (e.g., papers, projects, presentations).

Indirect Outcome Assessment Methods: Perspectives (e.g., reflections, opinions or thoughts) about student's learning achievement regarding course and/or end-of- program student learning outcomes (and for graduate programs, the role-specific nursing competencies). Examples include, but are not limited to surveys, self- assessments, focus groups, interviews, and student peer review.

Formative and Summative Student Evaluation Methods:

The use of assessment methods to gauge students' comprehension and learning by comparing it against a standard or benchmark while learning is in progress (Formative) or at the completion of a learning experience, such as a unit or course (Summative).

Formative evaluation methods provide ongoing feedback to assist the student and faculty to identify the student's strengths/weaknesses regarding learning achievement and target areas that need work.

Summative evaluation usually involves students receiving a grade that indicates their level of performance on an assignment, examination, and/or course that reflects learning achievement.

Summative Nursing Program-Level Assessment:

The aggregation of student performance data used by faculty to identify the extent to which a group of students achieved the identified end-of-program student learning outcomes (and for graduate programs, the role-specific nursing competencies) upon completion of the program of study.

Data for program-level assessment may include direct and indirect assessment and evaluation methods in courses at or near the end of the program. The analysis and evaluation of aggregate program-level summative assessment data, according to program-established benchmarks, forms the basis for making changes to the program of study for program improvement in support of student learning and achievement.

Branch Campus: A location of a governing organization that is geographically separate and independent from the main campus of the governing organization. A location is independent of the main campus if the location:
- Is permanent in nature;
- Offers courses in educational nursing programs leading to a degree, certificate, or other recognized educational credential;
- Has its own faculty and administrative or supervisory organization; and
- Has its own budgetary and hiring authority.

Candidacy: The beginning process for a nursing program seeking accreditation with the NCANC.

Candidate Status: Candidate status is granted after a review of the potential of a nursing program to achieve NCANC accreditation.

Certification: The process by which an organization, association, voluntary agency, or state regulatory agency grants recognition that an individual possesses predetermined knowledge and/or skills specified for practice in an area of specialization.

Closing Report: A written plan developed by a governing organization/nursing education unit that provides for the equitable treatment of students should a governing organization/nursing education unit, or a nursing program location that provides 50% or more of a nursing program, cease to operate before all students have completed their nursing program of study.

Communities of Interest: A group of people, identified by the nursing education unit who formally or informally influence nursing program processes, decision-making of a nursing education unit, the end-of-program student learning outcomes, and the program outcomes of a nursing program. Examples include, but are not limited to, students, graduates, healthcare employer representatives, governing organization representatives, regulatory agency representatives, and members of the public.

Compliance: When the nursing program meets the intent of the NCANC Standards and Criteria as determined by peer evaluators after a review of the program's supporting evidence and the application of professional judgment.

Contractual Agreement: Typically, one in which a nursing program enters an agreement for receipt of courses or portions of courses (e.g., general education courses) delivered by another college/university or service provider to educate the program's students.

Course Student Learning Outcomes: Statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the course. Course student learning outcomes must be consistent with standards of contemporary nursing practice. Course student learning outcomes:

- Must be aligned and linked to the end-of-program student learning outcomes;
- Should have a single, measurable action;
- Support students' achievement of the end-of-program student learning outcomes and program outcomes; and for graduate programs, role-specific nursing competencies;
- Typically progress from "simple to complex" as students advance through the nursing program of study; and
- Organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning environments and learning experiences, and student performance assessment methods, etc.

Criteria: Statements that identify the elements that needs to be examined in standard evaluation.

Disaggregate Data: The separation of aggregated data into subcomponents to enhance understanding of student achievement and expose unseen trends. Program faculty should consider disaggregation when warranted and applicable such as by option, location, cohort,and/or diversity. For example, end-of-program student learning outcome data may be disaggregated by location; job placement data may be disaggregated to include: role/track options, and degree/certificate options.

Evidence-based Nursing Practice: Professional nursing knowledge, skills, and behaviors that are based on current research and professional standards of the present time.

Evidence-based Teaching/Instructional Strategies: Methods that are based on current research and professional standards of the present time used by faculty to enhance and relate course content to students for attainment of educational outcomes.

End-of-Program Student Learning Outcomes: Statements of learner-oriented, practice- ready expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the nursing program, regardless of the nursing program option. End-of-program student learning outcomes provide the framework for all curricular matters, represent the point of transition from being a student to being an entry-level practitioner for the chosen level of nursing education, and must be different for each program type (e.g., the end-of-program student learning outcomes for an associate degree and a baccalaureate degreeoffered by the same governing organization should be unique to each program).

Equity: The use of intentional actions and efforts to ensure fair treatment, access, opportunity, and advancement for all individuals.

Expected Level of Achievement: A measurable index identified by the faculty that reflects desired outcome. An ELA should be high enough as to be genuine and encourage continuous improvement, but not so high as to be idealistic and, thus, unachievable.

Faculty, Non-Nursing: Non-nurses (e.g., dietician, pharmacologist, or physiologist) who teach and evaluate nursing students, are educationally and experientially qualified, and are **assigned to teach A nursing course**. Non-nurse faculty are not faculty members who teach general education courses. Non-nurse faculty are not guest speakers/invited presenters who teach selected topics in a nursing course.

Faculty, Nursing: Nurses who teach and evaluate nursing students in didactic, clinical, and/or laboratory settings, and are educationally and experientially qualified for their assigned roles and responsibilities (e.g., professor, assistant professor, instructor, Assistant Instructor), staff, etc.

Full-time Faculty: Nurses who teach and/or evaluate nursing students and have a full- time employment status at the governing organization

Part-time Faculty: Nurses who teach and/or evaluate nursing students and have an appointment that is less than a full-time status at the governing organization.

Faculty Development: Activities that facilitate faculty maintenance or enhancement of expertise in clinical and teaching/instructional responsibilities. Examples include, but are not limited to, certification, continuing education, formal advanced education, clinical practice, research, publications, and other scholarly activities.

Formal Complaints and Grievances: An allegation against a nursing program consistent with the nursing program or governing organization's definition of formal complaints and/or grievances, typically expressed as a written, signed statement. The governing organization/accredited nursing education program is expected to maintain a record of all formal complaints or grievances against the program since the last NCANC accreditation visit, including evidence of documentation of due process and timely resolution. **Note:** Programs seeking initial accreditation should maintain records of formal student complaints and/or grievances from the time Candidate status is achieved.

Governing Organization: The institution with overall responsibility and authority for a nursing education unit and a nursing program (e.g., university, college, hospital/medical center, career center).

Inclusion: The intentional and continuing efforts in which all individuals respect, support, and value others. An inclusive environment provides equitable access to opportunities and resources and offers respect in words and actions for all.

Information Literacy: The ability to identify appropriate sources of information, evaluate the quality and applicability of the information obtained, and use the information in nursing practice to enhance patient care and outcomes, and effectively communicate with other healthcare professionals.

Initial Accreditation: The first time that a program is accredited with the NCANC; the period of accreditation is for four years.

Interprofessional Collaboration: Sharing of information among two or more healthcare professionals from different disciplines who are working together as a team with a common purpose and mutual respect to improve patient outcomes.

Job Placement Rate: Percentage of graduates, typically within one (1) year of graduation who are employed in a position for which a nursing program prepared them.

Learning Environments and Experiences, Clinical / Practicum: Direct, hands-on, planned learning activities required of nursing students in all degree or certificate granting nursing education programs, regardless of the student's licensure status at the time of admission. Settings include, but are not limited to, acute-care and specialty hospitals, long-term care facilities, ambulatory care centers, physician offices, communities, and home health care.

Clinical/practicum learning experiences should engage nursing students in the cognitive, affective, and psychomotor work of nursing appropriate for the level at which students are being prepared. Consistent with the level of academic study and the roles and responsibilities after graduation, clinical/practicum experiences should prepare graduates for practice in the care of patients/clients including a/an: individual, family, group, or populations, and support students' attainment of the identified end-of-program student learning outcomes and/or role-specific nursing competencies. Clinical/practicum experiences are overseen by qualified nursing faculty and may include assistance from preceptors who provide feedback to students in support of their learning and professional development.

Clinical/practicum learning experiences are required for all nursing students enrolled in any undergraduate or graduate program, including all students enrolled in post-licensure undergraduate programs, graduate programs, all program options in any undergraduate and graduate programs, and/or certificate program options.

Learning Environments and Experiences, Skills and/or Simulation Laboratory:
Opportunities for students to learn about nursing care in settings designed to look, feel, and/or function as a real-world practice learning environment, offering real-world practice learning experiences, which may include the use of low-fidelity, mid-fidelity, high-fidelity and/or virtual simulation equipment.

These experiences facilitate students' application of knowledge, skills, and behaviors in the care of patients/clients including a/an: individual, family, group, or populations, and support the end-of-program student learning outcomes and and/or role-specific nursing competencies.

High-fidelity simulation: Practice learning experiences that incorporate a full-body computerized patient simulator that mimics the patient's responses to the student's actions.

Mid-fidelity simulation: Practice learning experiences that incorporate a computerized patient simulator with basic physiologic functions, such as computer-based self-directed learning systems.

Low-fidelity simulation: Practice learning experiences that utilize static mannequins or task-trainers

for basic nursing skills.

Virtual simulation: Practice learning experiences that are computer-generated simulations with virtual (e.g., three-dimensional images) patients and/or care environments for the development of nursing knowledge and skills.

Licensure: The process by which a governmental agency gives affirmation to the public that the individuals engaged in an occupation or profession have minimal education, qualifications, and competence necessary to practice in a safe manner.

Location: Sites where a nursing program is delivered, in whole or part, including the main location, off-campus instructional sites, and branch campuses.

Methods of Delivery: The teaching/instructional strategies used by faculty to deliver instruction of a nursing course.

Traditional Education: A method for delivering nursing courses in which instruction occurs when a student and instructor are physically in the same place at the same time (e.g., face-to-face). This method of delivery may be web-enhanced/supported, where the instruction occurs through traditional face-to-face delivery, and students are expected to attend the in-person class. The learning management system (LMS), or other web- based system, is used to support the course such as posting syllabi and calendars for easy student access. In addition, students may also be expected to participate in web- based learning activities, such as discussion boards or learning activities posted online.

Distance Education: A method of delivery of nursing courses in which instruction occurs when a student and instructor are not physically in the same place. Instruction may be synchronous or asynchronous. Distance education uses one or more distance technology (e.g., one-way, or two-way transmissions, audio, video, the Internet) to support **regular and substantive** interactions between the instructor and the students.

Substantive Interaction: Engaging students in teaching, learning, and assessment, consistent with the content under discussion and includes at least two of the following:
1. Providing direct instruction;
2. Assessing or providing feedback on a student's coursework;
3. Providing information or responding to questions about the content of a course or competency;
4. Facilitating a group discussion regarding the content of a course or competency; or
5. Providing other teaching/instructional activities considered common practice and/or best practice.

Regular Interaction
1. Providing the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course.
2. Monitoring the student's academic engagement, success, and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the

student when needed based on such monitoring or upon request by the student.

Mentored: A formal or informal process through which a more experienced individual advises, guides, and/or coaches another individual who is less experienced or is transitioning to a new position or employment setting.

Mission, Goals and /or Values: Description of the beliefs, philosophy, and underpinnings that describes the unique characteristics and/or purpose of a nursing program, nursing education unit, and/or governing organization.

Non-compliance: When the nursing program does not meet the intent of the NCANC Standards and Criteria as determined by peer evaluators after a review of the program's supporting evidence and the application of professional judgment.

Non-Discriminatory: Policies, processes, and practices that are fair and equitable for students regardless of personal or social identifiers including but not limited to gender, race, ethnicity, and/or religion.

Nurse Administrator: The nurse with responsibility and authority for the administrative and teaching/instructional activities of a nursing education unit and nursing programs within the governing organization (e.g., dean, chairperson, director, etc.).

Nursing Program Type: The educational level (master's, PhD. certificate, baccalaureate) offered by a governing organization that leads to the awarding of a certificate, or degree.

Off-Campus Instructional Site: Any location that is physically apart from the main campus of the governing organization where a nursing program is offered, in whole or part.

Certification Examination Pass Rates: The number of graduates, shown as a percent, who were successful on a particular certification examination when required for practice.

Licensure Examination Pass Rates: The number of graduates, shown as a percent, who were successful on examination required for practice in a particular nation/territory and at the level for which the program prepared the graduates.

Policies, Admission: Nursing program or governing organization policies that describe non-discriminatory requirements for admission to a nursing program. Admission requirements may include, but are not limited to, transfer of credit, program prerequisites, GPA, health status (e.g., vaccinations), criminal background checks, licensure status, and gap analysis process.

Policies, Progression: Nursing program and/or governing organization policies that describe non-discriminatory requirements for progression within a nursing program. Progression requirements may include, but are not limited to, GPA, minimum course grade requirements, minimum examination score or average requirements, academic honesty, readmission processes.

Policies, Graduation: Nursing program and/or governing organization policies that describe

non-discriminatory requirements for graduation from a nursing program. Graduation requirements may include, but are not limited to, course completion requirements (major and general education) and high-stakes testing.

Policies, Technology Requirement: Nursing program and/or governing organization polices that describe non-discriminatory requirements for student access to technology while enrolled in a nursing program. Technology requirements may include, but are not limited to, internet access, hardware, software or applications, browsers, virus protection, student identification verification technology and/or fees, and memory or storage capacity.

Policies, Transfer of Credit: Nursing program and/or governing organization policies that describe non-discriminatory specifications under which the governing organization/nursing program will accept courses/credits that were earned at another governing organization/nursing program. The credit(s) from the courses at the former governing organization/nursing program may or may not be accepted by the new governing organization/nursing program. Each governing organization/nursing program makes its own decisions about accepting transfer credit.

Professional Identity: A sense of oneself, and in relationship with others, that's influenced by the characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse.

Program of Study: Total number of credit hours required to complete the defined certificate, or degree allocated over a specific number of academic semester; the program of study is inclusive of all prerequisite courses, general education/core courses, and nursing courses required to complete the certificate, or degree.

Program Outcomes: Measurable indicators that reflect the extent to which the purposes of the nursing program are achieved and by which nursing program effectiveness is documented.
The NCANC specifies and requires the assessment of the following nursing program outcomes:
- **Undergraduate programs:**
  - Licensure examination pass rate;
  - Program completion rate; and
  - Job placement rate.

- **Graduate programs:**
  - Licensure examination pass rate and/or certification examination pass rate;
  - Program completion rate; and
  - Job placement rate.

- The assessment of additional program outcomes is the choice of the governing organization and nursing education unit.

Preceptor: An educationally and experientially qualified person who has received orientation to function as a resource and role model for nursing students. While a student can have input into identifying preceptors, it is the responsibility of the nursing program faculty/leaders to identify and arrange for preceptors and to ensure all students have preceptors.
Note: Nursing programs use a variety of terms to describe individuals who act in a preceptor capacity. Such titles include, but are not limited to, mentors, coaches, and volunteers.

Prerequisite Course: A course that is required prior to enrolling in another course.
Note: All credit courses that are required prerequisites and/or requirements for admission to a nursing program <u>do</u> count toward the total number of credit and hours.

Program Completion Rate Program completion rate calculation begins with a student's enrollment in the first nursing course and at the time when a student can no longer receive a 100% tuition refund for the first nursing course regardless of the source of funds used to pay the students' teaching. The moment in time may be referred to as the register date or something different. The calculation ends with students' completion of all requirements for conferral of a certificate, or degree.

Public: Any individual or group with an interest in, but no direct responsibility for, the development or delivery of a nursing program (e.g., patients/clients, non-nursing students, non- nursing faculty, healthcare providers, and citizens).

Public Information: Information available to the public as required by NCANC. May include, but is not limited, to admission criteria, graduation criteria, program of study, and program outcomes data.

Published: All forms of information made available by a nursing program and/or governing organization, including paper and electronic sources intended to inform the public.

Qualified, Educationally: required academic degree(s) that prepare individuals for their assigned roles and responsibilities.

Qualified, Experientially: Documented current or recent direct engagement in a significant manner in nursing experiences for those whose roles and responsibilities include teaching, administrating, and/or precepting students. The experience-based activities and experiences that enhance one's knowledge, skills, and/or abilities to perform assigned roles and responsibilities.

Regulatory Agencies: Appropriate government agency or agencies that has/have jurisdictional authority over a governing organization and/or nursing program. Examples include, but are not limited to, a regulatory agency for nursing, an education department or ministry, or a higher education system.

Resources, Fiscal: The financial support required for securing and maintaining the human and physical resources (e.g., personnel, supplies, materials, equipment) and student support services necessary to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Fiscal resources include, but are not limited to, tuition, fees, grants, governmental appropriations, donations, and investment earnings.

Resources, Physical: The physical spaces needed to facilitate student learning and support student achievement of end-of-program student learning outcomes and program outcomes. Physical resources may include, but are not limited to, classrooms, laboratories, faculty and staff offices, and other common spaces used by nursing students and faculty and staff.

Resources, Learning and Technology: The equipment and/or materials needed to facilitate student learning and development of the necessary knowledge, skills, and behaviors to support achievement of the end-of-program student learning outcomes and program outcomes; additionally, the equipment needed by faculty and staff to fulfill their job responsibilities. Learning resources may include, but are not limited to, laboratory equipment and supplies, electronic or physical journals, databases, books, and physical or electronic media (e.g., videos).

Technology resources include, but are not limited to, hardware (e.g., computers), general software or applications (e.g., word processing, presentation software), healthcare specific technology, software or applications (e.g., electronic health records), learning management systems, internet access, browsers, virus protection, and memory or electronic storage capacity.

Role-Specific Nursing Competencies (Graduate Programs Only):
Expected measurable levels of graduate level nursing performance that integrate knowledge, skills, and behaviors in the specialty area. Competencies may include, but are not limited to, specific knowledge areas, clinical judgments, and behaviors based upon the role and/or scope of practice of the master's- or doctoral-prepared nurse.

Single Nursing Program: Determination of whether a nursing program is a single nursing program offered at different sites, or are multiple nursing programs, depends on several factors. The NCANC retains the right to determine whether a nursing program is a single nursing program and whether a location at which a nursing program is offered must hold separate accreditation.

A nursing program is a single nursing program when all the following academic control criteria are met:

- The nursing program is within a single governing organization that is accredited through an institutional accrediting agency recognized by the NCANC
- The nursing program is located only on a governing organization's
- A single certificate or degree is awarded from the same governing organization to students who successfully complete the nursing program.
- A NCSBN program code or codes that are specific to the accredited nursing program offered by the single governing organization.
- There is one (1) nursing program of study for each nursing program option offered by the single governing organization.
- There is one (1) set of end-of program student learning outcomes and program outcomes utilized for the nursing program offered by the single governing organization.
- There is a systematic plan for evaluation in place that addresses the end-of program student learning outcomes and program outcomes for the nursing program offered by the single governing organization.
- There is one (1) nurse administrator for the nursing program.
  - o The nurse administrator must have continuous, active, daily, and personal responsibility and authority at all locations for the nursing program.
  - o Must have academic control of the nursing program
  - o The nurse administrator must continually have adequate time and resources daily at all locations to administer the nursing program.
  - o The nurse administrator must oversee the daily governing organization, nursing education unit, and nursing program matters such as, but not limited to, personnel

matters, student matters, curricular matters, and resources matters.

- All nursing program and nursing education unit personnel at all locations must report to the nurse administrator.
- There is one (1) group of faculty members for the nursing program who continually function daily as a faculty of the whole program within a set of established faculty policies through their organization and decision-making processes and continually have input into the curriculum development, delivery, and evaluation.
- There is a single set of policies governing all nursing students enrolled in the nursing program that is established by a single governing organization and a single nursing education unit.

The NCANC retains the right to determine whether a nursing program is a single nursing program and whether a location at which a nursing program is offered must hold separate accreditation.

Staff: Non-faculty personnel who assist, support, and/or coordinate in nursing programs. Staff include, but are not limited to, clerical, laboratory, and administrative personnel (regardless of the individual's title or classification by the governing organization) that are part of the nursing program.
Note: Governing organizations use a variety of terms to describe individuals who act in an assisting/supporting/coordinating capacity. Such titles include, but are not limited to, administrative assistants, advisors, program directors, clinical coordinator, skills laboratory coordinator, simulation coordinator, associate nursing director, etc.

Standard: Agreed-upon expectations to measure quantity, extent, value, and educational quality.

Student Records: Student records, electronic or physical, that are maintained by the governing organization, nursing program, or third-party vendor on behalf of the nursing program. Student records may include, but are not limited to, admission application materials (including gap analysis for post-master's certificate), financial aid materials, grades, assessment of student performance (e.g., clinical evaluation tools), health records (e.g., vaccinations), BLS certification, license verifications, and counseling documents.
Any information alone or in combination that is linked or linkable to a specific student may be subject to state or federal privacy laws and, as applicable, measures must be taken to protect the student's privacy. Access to student records, electronic or physical, must be limited to authorized personnel to ensure the protection and confidentiality of students' records.

Student Support Services: Services available to nursing students designed to facilitate and support student success in the nursing program. May include, but is not limited to, advising, counseling, tutoring, library services, technology, and health services (mental and/or physical).

Sufficient: Enough or adequate for the purpose of achieving the end-of-program student learning outcomes and program outcomes.

Sufficient Faculty:

Adequate number of full- and/or part-time faculty to support values, mission, goals of the nursing

program. Evidence of adequacy typically includes, but is not limited to:

- The ratio of faculty to the total number of nursing students enrolled in all the nursing courses required for a nursing program or programs;
- The faculty to student ratios for didactic, skills/simulation laboratories, and clinical/practicum experiences;
- The required workload for faculty; workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, practice, research, and other scholarly activities.
- Required and voluntary non-teaching responsibilities required by the governing organization and/or nursing education unit;
- Adequate faculty time to implement a variety of teaching/learning strategies, develop and review the curriculum, and assess the end-of-program student learning outcomes and program outcomes;
- The number of faculty on required or voluntary overload and amount of required and voluntary overload for each faculty member; and
- Achievement of end-of-program student learning outcomes and program outcomes.

Suggestions for Improvement: When the nursing program meets the intent of the NCANC Standards and Criteria and is in compliance with the Criterion, as determined by peer evaluators, after a review of the program's supporting evidence and the application of professional judgment. However, evidence also demonstrates that an opportunity for improvement is available to enhance the quality of the nursing program.

Sustainable Resources: The capacity of the governing organization to continuously replenish fiscal, physical, and/or human resources to meet current needs and the capacity of the governing organization to increase fiscal, physical, and/or human resources to meet future needs.

Systematic Plan for Evaluation (SPE): A written document emphasizing the plan for ongoing, comprehensive assessment of the end-of-program student learning outcomes and program outcomes. Plan must include assessment methods, frequency of data collection, and frequency of evaluation for each end-of-program student learning outcome and program outcome. May also include documentation of the plan's implementation (data, analysis, and actions) *or* indicate where that information is located.

Teach-Out Agreement: A written agreement between governing organizations/nursing education units that provides for the equitable treatment of students and a reasonable opportunity for students to complete their nursing program of study should a governing organization/nursing education unit, or nursing program location that provides 50% or more of a nursing program offered, cease to operate before all enrolled students have completed their nursing program of study. This applies to the closure of a governing organization, an off-campus instructional site, a branch campus, or a nursing program. A teach-out agreement requires NCANC approval in advance of implementation.

PART I
NATIONAL STANDARDS

STANDARD 1
ADMINISTRATIVE CAPACITY AND RESOURCES

- **Criterion 1.1**

  The mission, goals and/or values of the governing organization are evident in the mission, goals, values, and/or philosophy of the nursing program.

- **Criterion 1.2**

  a. The College has organizational structures for scientific branches and administrative formations reviewed periodically.

  b. The nurse administrator and nursing faculty have formal representation in governing organization and nursing program governance activities.

  c. Students have opportunities to participate in governance activities for the governing organization and the nursing program.

- **Criterion 1.3**

  a. Participation of the relevant institutions and organizations in preparing the vision, mission and goals of the college and having input into the program revision process, decision-making, end of program students outcomes.

- **Criterion 1.4**

  The nurse administrator is a nurse who:

  a. Holds educational qualifications as required by the:
    - Governing organization and
    - Regulatory agencies;

  b. Holds nursing licensure, and certification as applicable, consistent with the assigned roles and responsibilities; and

  c. Is experientially qualified for the assigned roles and responsibilities.

- **Criterion 1.5**

  The nurse administrator:

  a. Is oriented and mentored in the assigned roles and responsibilities;

  b. Develops and maintains expertise in the assigned responsibilities, including administration and leadership of the nursing program; and

  c. Has sufficient time for the assigned roles and responsibilities.

- **Criterion 1.6**

  The nurse administrator has the authority to:

  a. Administer and lead the nursing program;

  b. Prepare the nursing program budget with faculty input; and

  c. Administer fiscal resources allocated to the nursing program.

- **Criterion 1.7**

  When present faculty and/or staff who assist or support nursing program administration:

  a. Hold the educational qualifications as required by the:

    - Governing organization and

    - Regulatory agencies;

  b. Are experientially qualified for their assigned roles and responsibilities;

  c. Are sufficient in number; and

  d. Have sufficient time for their assigned roles and responsibilities.

- **Criterion 1.8**

  The nursing program has sufficient and sustainable fiscal resources to support the program at all locations and for all methods of delivery.

- **Criterion 1.9**

  The nursing program has sufficient and sustainable physical resources to support the program at all locations and for all methods of delivery.

STANDARD 2

FACULTY AND STAFF

- **Criterion 2.1**

    Full-time faculty are nurses who:

    a. Hold the educational qualifications as required by the:

    - Governing organization and
    - Regulatory agencies;

    b. Hold nursing certification as applicable, consistent with their assigned roles and responsibilities;

    d. Are experientially qualified for their assigned roles and responsibilities; and

    e. Are sufficient in number.

- **Criterion 2.2**

    Part-time faculty are nurses who:

    a. Hold the educational qualifications as required by the:

    - Governing organization and
    - Regulatory agencies;

    b. Hold nursing certification as applicable, consistent with their assigned roles and responsibilities;

    c. Are experientially qualified for their assigned roles and responsibilities; and

    d. Are sufficient in number.

- **Criterion 2.3**

    Non-nurse faculty who teach nursing courses:

    a. Hold the educational qualifications as required by the:

    - Governing organization and
    - Regulatory agencies; and

    b. Are experientially qualified for their assigned roles and responsibilities.

- **Criterion 2.4**

  Policies for nursing faculty are comprehensive and consistent with those of the governing organization; justification is provided for any policy differences.

- **Criterion 2.5**

  a. Full-time faculty are oriented and mentored in their assigned responsibilities.
  b. Part-time faculty are oriented and mentored in their assigned responsibilities.

- **Criterion 2.6**

  Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):

  a. Evidence-based teaching/instructional strategies that are relevant for all methods of delivery;
  b. Standards of clinical practice;
  c. Assessment and evaluation methods; and
  d. Principles of diversity, equity, and/or inclusion.

- **Criterion 2.7**

  Part-time faculty develops and maintains current expertise in their teaching responsibilities, including (but not limited to):

  a. Evidence-based teaching/instructional strategies that are relevant for all methods of delivery;
  b. Standards of clinical practice;
  c. Assessment and evaluation methods; and
  d. Principles of diversity, equity, and/or inclusion.

- **Criterion 2.8**

  a. Full-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.

  b. Part-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.

- **Criterion 2.9**

  Preceptors, when used:

  a. Hold the educational qualifications as required by the:

    - Nursing program and
    - Regulatory agencies;

  b. Hold licensure, and certification as applicable, consistent with their assigned roles and responsibilities;

  c. Are experientially qualified for their assigned roles and responsibilities,

  d. Are oriented, mentored, and monitored; and

  e. Have clearly documented responsibilities, which may include input into student evaluation.

STANDARD 3

STUDENTS

- **Criterion 3.1**

  The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:

    a. Admissions;

    b. Progression;

    c. Graduation;

    d. Formal complaints and grievances procedures; and

    e. Technology requirements.

- **Criterion 3.2**

  Governing organization or nursing program records for resolution of formal complaints or formal grievances include evidence of:

  a. Due process; and

  b. Timely resolution in accordance with the governing organization or nursing program polices or procedures.

- **Criterion 3.3**

  Student records maintained by the nursing program are kept secure and are in compliance with applicable policies/procedures of the governing organization and regulatory agencies.

- **Criterion 3.4**

  Changes in nursing program policies/procedures are clearly and consistently communicated to students in an effective and timely manner.

- **Criterion 3.5**

  Student support services are commensurate with the needs of nursing students, regardless of location, methods of delivery, or program option.

- **Criterion 3.6**

  a. Learning and technology resources for nursing students are selected by the faculty and relevant to the educational level at which students are being prepared.

  b. Students are oriented to and receive support for learning and technology resources.

  c. Learning and technology resources are current and accessible regardless of location, methods of delivery, or program option.

- **Criterion 3.7**

  Students are informed of their responsibilities regarding any financial assistance.

STANDARD 4

CURRICULUM

- **Criterion 4.1**

  The nursing curriculum has one set of end-of-program student learning outcomes that:

  a. Are based on contemporary professional nursing standards, guidelines, and/or competencies; and

  b. Apply to all program options and reflect the educational level at which students are being prepared.

  Additionally, for Graduate Programs:

  c. Integrate role-specific nursing competencies applicable to each program option.

- **Criterion 4.2**

  Course student learning outcomes are organized to demonstrate progression to facilitate the students' achievement of:

  a. The end-of-program student learning outcomes.

  Additionally, for Graduate Programs:

  b. The role-specific nursing competencies.

- **Criterion 4.3**

  Teaching/instructional strategies and learning activities in all learning environments are varied, appropriate for the method of delivery, and incorporate learning and technology resources to facilitate the students' achievement of course student learning outcomes.

- **Criterion 4.4**

  The nursing curriculum is:

  a. Developed by the faculty and regularly reviewed for currency; and

  b. Implemented as published.

- **Criterion 4.5**

  The nursing program of study includes:

- Undergraduate Programs:

a. General education courses/concepts that enhance nursing knowledge and practice for the educational level at which students are being prepared.

b. Nursing courses that facilitate student achievement of course student learning outcomes and end-of-program student learning outcomes.

- Graduate Programs:

a. Core/foundational courses that enhance nursing knowledge and practice for the educational level at which students are being prepared.

b. Nursing courses that facilitate student achievement of course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

- **Criterion 4.6**

  Course credits and/or clock hours for all nursing courses in the program of study, including ratios for contact hours, comply with requirements of the:

  a. Governing organization and

  b. Regulatory agencies.

  Additionally for Graduate Programs:

  c. Certifying agencies, as applicable.

- **Criterion 4.7**

  Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:

  a. Diversity, equity, inclusion, and/or social determinants of health;

  b. Evidence-based practice, research, and/or scholarship;

  c. Information literacy;

  d. Inter professional collaboration and delegation; and

  e. Professional identity and scope of practice.

- **Criterion 4.8**

  If used, skills and/or simulation laboratory learning environments and experiences:

a. Reflect evidence-based nursing practice;

b. Include healthcare technology;

c. Meet regulatory agencies requirements for skills laboratory and/or simulation, as applicable;

- **For Undergraduate Programs:**

d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.

- **For Graduate Programs:**

e. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

- **Criterion 4.9**

Clinical / practicum learning environments and experiences:

a. Have current written agreements that specify expectations for all parties for the protection of the student;

b. Reflect evidence-based nursing practice;

c. Meet regulatory agencies' requirements for clinical/practicum learning environments, as applicable; and

- **For Undergraduate Programs:**

Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.

- **For Graduate Programs:**

d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

- **Criterion 4.10**

Formative and summative student evaluation methods:

a. Are utilized throughout the curriculum in all learning environments;

b. Are varied and appropriate for all methods of delivery; and

c. Align with the progression of course student learning outcomes.

STANDARD 5

OUTCOMES

- **Criterion 5.1**

The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:

a. Use a variety of appropriate direct outcome assessment methods to ensure comprehensive summative assessment for each end-of-program student learning outcome;

b. Establish a specific, measurable expected level of achievement outcome statement for each summative assessment method;

c. Collect aggregate assessment data at regular intervals (determined by the faculty) to ensure sufficiency of data to inform decision-making and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;

d. Analyze assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and when necessary, implement actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement;

e. Maintain documentation for the three most recent years of the assessment data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' end-of-program student learning outcome achievement; and

f. Share the analysis of the end-of-program student learning outcome data with communities of interest.

Additionally for Graduate Programs:

g. The systematic plan for evaluation describes the process for regular summative nursing program-level assessment for role-specific nursing competencies for each program option, which may be aligned with the end-of-program student learning outcomes or assessed separately.

- **Criterion 5.2**

  The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

  a. Calculate the on-time program completion rate for each program option from the first nursing course through completion of the courses required for conferral of a certificate, diploma, or degree;

  b. Establish a specific, measurable expected level of achievement outcome statement for on-time program completion for each program option and provide a rationale for each expected level of achievement;

  c. Collect aggregate program completion rate data annually and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;

  d. Analyze program completion rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve program completion rate;

  e. Maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in completing the program; and

  f. Share the analysis of the program completion rate data with communities of interest.

- **Criterion 5.3**

  The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice). The faculty will:

a. Examine aggregate examination pass rate data (licensure and/or certification) secured from regulatory and/or certifying agencies. The most recent annual pass rate OR the mean pass rate for three most recent years must meet at least one of the following based on the total number of test-takers:

- 80% or greater for all first-time test-takers; or
- 80% or greater for all first-time test-takers and repeaters; or

- At or above the national/territorial mean based on the nursing program type.

b. Disaggregate the pass rate data to promote meaningful analysis; provide justification for data that are not disaggregated;

c. Analyze program licensure and/or certification examination pass rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve students' examination pass rate success;

d. Maintain documentation for the three most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination; and

e. Share the analysis of the licensure and/or certification examination pass rate data with communities of interest.

Part II

SELF-ASSESSMENT

SECTION I : Program Information: (REQUIRED INFORMATION)

Governing Organization
- Name:
- Street Address:
- Mailing Address:

Dean of College
- Name:
- Credentials:
- Job Title:
- Telephone:
- Email:

Nursing Department
- Name of Nursing Education Unit/Program(s):
- ❖ **Program Type(s)** (Include only those programs addressed in the report; e.g., associate, baccalaureate):
- Street Address:
- Mailing Address:

NCANC Accreditation
Year(s) Nursing Program(s) Established:
NCANC Accreditation Standards and Criteria used for this report:

Students Enrollment

Stages	Nursing Students enrollment
First	
Second	
Third	
Fourth	
Total number	

Academic Term

Type of Academic Term:	✓ Quarter ✓ Trimester ✓ Semester ✓ Other: _____
Number of Weeks in an Academic Term:	

Program's Credit Hours Table

Program Option	Total Basic Science Credit Hours Required to Complete Program	Total Nursing Credit Hours Required to Complete Program	Total Credit Hours Required to Complete Program

SECTION II: Narrative Report

♦ Introduction

A brief history of the program, including program strengths and/or any areas needing development identified during the self-assessment process.

♦ Narrative addressing the program's compliance with required Standards and Criteria

Program	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5

SECTION III: Appendices

♦ Required Appendices

- ✓ **Faculty Profile Table,** including Cover Sheet, Tables, and Qualification and Professional Development addenda (**Note:** Use the most current version of this table posted on the NCANC website)
- ✓ Two-page abbreviated nursing course syllabi
- ✓ Systematic Plan of Evaluation including each end-of-program student learning outcome and program outcomes related to licensure/certification examination pass rates, program completion rates, and job placement rates

♦ Optional Appendices, Selected documents, or excerpts from documents, and/or lengthy tables or exemplars referenced in the narrative, that provide supporting evidence of the program's compliance with the Standards and Criteria

Note: Optional appendices are included in the total page limitation for the written report.

➕ **Candidacy Presentation and Appendices** o Electronic and searchable document (avoid scanned documents), One <u>single</u> document (narrative and appendices), Sequentially paginated (including appendices)

✓ **Written in Arabic**

✓ **Minimum of an 11-point font size for narrative sections, a 10-point font size may be used in tables**

✓ **Tables:**
- Titled, numbered, and referenced in the written narrative
- Columns or rows should be clearly labeled as appropriate
- Tables included in the narrative should be a single page or less; when possible, avoid tables that are multiple pages. If needed, longer tables should be included as an appendix and the information referenced and summarized in the narrative.

✓ **Hyperlinks may be included in the report. Ensure all hyperlinks are functioning prior to submission and are accessible to external reviewers (no intranet links)**

✓ **The Candidacy Presentation, including the program information, report narrative, and optional appendices, is not to exceed 100 pages for a single program.**

- <u>Required</u> appendices are not included in the page limitation

National Standards for Accreditation of Nursing Colleges, Iraq

STANDARD 1

- **Administrative Capacity and Resources**
  - **Criterion 1.1**

    The mission, goals and/or values of the governing organization are evident in the mission, goals, values, and/or philosophy of the nursing program

	FOCUSED QUESTIONS
a)	What are the mission, goals, and/or values of the governing organization?
b)	What are the mission, goals, values, and/or philosophy of the nursing program?
c)	How do the mission, goals, values, and/or philosophy of the nursing program support the governing organization in fulfilling its mission and/or goals?
d)	How do the governing organization mission, goals, and/or values support the nursing program fulfilling its mission and/or goals?
e)	Does the program use any form of distance education for nursing courses? If distance education is used by the nursing program, is its use congruent with the mission of the governing organization and the mission/philosophy of the nursing program?
	SUPPORTING EVIDENCE
•	Catalogs
•	Handbooks (Student/Faculty)
•	Websites
•	Meeting Minutes
•	Position Statements
•	Mission/Goals/Values/Philosophy Statements
•	Table illustrating alignment between the mission/goals/values/philosophy of the nursing program and mission/goals/values of the governing organization
•	Interviews with governing organization and program administrators and interviews with faculty

- **Criterion 1.2**
  1) The College has organizational structures for scientific branches and administrative formations reviewed periodically.
  2) The nurse administrator and nursing faculty have formal representation in governing organization and nursing program governance activities.
  3) Students have opportunities to participate in governance activities for the governing organization and the nursing program.

	FOCUSED QUESTIONS
a)	What is the governance structure of the governing organization and nursing program at each location? What is the role of the nurse administrator in governance of the nursing program and the governing organization? What is the role of nursing faculty in governance of the nursing program and the governing organization? On what governance committees (governing organization and nursing program) do nursing faculty and the nurse administrator serve?
b)	What opportunities do students have to participate in governance activities within the nursing program and the governing organization? Within these opportunities, what is the role of students in governance activities within the nursing program and the governing organization?
	SUPPORTING EVIDENCE
•	Handbooks (Faculty/Student)
•	Organizational Charts (Governing Organization/Nursing Program)
•	Committee Assignments/Participation Lists/Workgroups (faculty/student governance activities)
•	Meeting Minutes (three most recent years)
•	Interviews with governing organization and program administration, faculty, and students

- **Criterion 1.3**

Participation of the relevant institutions and organizations in preparing the vision, mission, and goals of the college and having input into the program revision process, decision-making; and of program student's outcomes.

	FOCUSED QUESTIONS
	Who are the communities of interest for the nursing program?
	How do the communities of interest provide input into program processes and decision-making?
	SUPPORTING EVIDENCE
•	Advisory Committee/Council/Board Membership list(s)
•	Meeting Minutes (three most recent years)
•	Websites
•	Course/Program Evaluations (students, communities of interest, other stakeholders)
•	Interviews with clinical agency representatives, students, and the public

- **Criterion 1.4**

  The nurse administrator is a nurse who:

1) holds educational qualifications as required by the:

   • Governing organization and

   • Regulatory agencies;

2) Holds nursing licensure, and certification as applicable, consistent with the assigned roles and responsibilities; and

3) Is experientially qualified for the assigned roles and responsibilities.

	FOCUSED QUESTIONS
a)	Who is the nurse administrator, for the nursing program? What are the governing organization's educational qualification requirements for the nurse administrator? What are the regulatory agencies' educational qualifications for the nurse administrator's position)? Does the nurse administrator meet these requirements? Have exceptions or waivers been granted if the nurse administrator does not meet the educational qualification requirements?
b)	What licensure and/or certification does the nurse administrator currently hold?
c)	What are the roles and responsibilities for the nurse administrator? How is the nurse administrator experientially qualified for the role responsibilities?
	PPORTING EVIDENCE
•	Job/Position Description
•	State or National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health)
•	Transcripts/Verification of Credentials (Note: May be unofficial or official in accordance with governing organization policy.)
•	Qualifications Exceptions/Waivers, if applicable
•	Licensure/Certification documentation
•	Curriculum Vitae (CV)
•	Professional Development Records
•	Interviews with the nurse administrator and governing organization administrators

- **Criterion 1.5**

  The nurse administrator:

a) Is oriented and mentored in the assigned roles and responsibilities;

b) Develops and maintains expertise in the assigned responsibilities, including administration and leadership of the nursing program; and

c) Has sufficient time for the assigned roles and responsibilities.

	FOCUSED QUESTIONS
a)	How is/was the nurse administrator oriented to the role? How is/was the nurse administrator mentored in the role?
b)	How has/is the nurse administrator developing and/or maintaining expertise in the assigned responsibilities, including administration and leadership?
c)	What is/are the workload distribution/assignments of the nurse administrator position? Is/Are the workload distribution/assignments similar to that/those of other individuals in similar positions within the governing organization?
d)	Does the role include release time? Oversight of other departments/programs? Does the nurse administrator have a teaching load? If so, what percentage, and is this comparable to other individuals in similar positions within the governing organization? Does the nurse administrator have enough time for all assigned roles/responsibilities?
	SUPPORTING EVIDENCE
•	Personnel File (e.g., performance evaluations, orientation records, mentoring records)
•	Curriculum Vitae (CV)
•	Professional Development Records
•	Workload Distribution/calculations/policies
•	Job/Position Descriptions
•	Faculty/Governing Organization Handbooks/Manuals
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Health or Education)
•	Interviews with governing organization and program administrators and interviews with faculty

- **Criterion 1.6**

    The nurse administrator has the authority to:
    a) Administer and lead the nursing program;
    b) Prepare the nursing program budget with faculty input; and
    c) Administer fiscal resources allocated to the nursing program.

	FOCUSED QUESTIONS
a.	What authority and responsibility for development and administration of the program does the nurse administrator have? Is the authority and responsibility for development and administration of the program held by the nurse administrator consistent with the level of authority and responsibility held by individuals in similar positions within the governing organization? Does the authority and responsibility for administration of the program meet national (for international programs) regulations regarding the role of the nurse administrator?
b.	What is the nurse administrator's authority for the program's budget preparation? How does nursing faculty provide input into the budgetary process?
c.	What is the nurse administrator's role and process for administering fiscal resources to the program?
	SUPPORTING EVIDENCE
•	Organizational Charts (Governing Organization/Nursing Program)
•	Job/Position Description
•	Budget Policy/Process
•	Faculty/Governing Organization Handbooks/Manuals
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Health or Education) related to nurse administrator role, if applicable
•	Interviews with governing organization and program administrators and interviews with faculty

- **Criterion 1.7**
    When present faculty and/or staff who assist or support nursing program administration:
    a)   Hold the educational qualifications as required by the:
    　• Governing organization and
    　• Regulatory agencies;
    b)   Are experientially qualified for their assigned roles and responsibilities;
    c)   Are sufficient in number; and
    d) Have sufficient time for their assigned roles and responsibilities.

	FOCUSED QUESTIONS
a)	Does the program use faculty and/or staff to assist/support administration (at all locations) and/or coordinate and/or lead program options/tracks? If you, who are the faculty and/or staff who assist? If yes, what are the governing organizations' educational qualification requirements for these positions?
b)	What are the regulatory agencies educational qualification requirements for these positions? Are the individuals current in these roles hold the educational qualifications required? If applicable, what are the roles and responsibilities for each of these positions and how does completion of these job duties support the nursing program?
c)	How are the individuals in these positions experientially qualified for the role responsibilities? How many staff are dedicated to the nursing program and how many are shared between programs or with other departments? Are the positions described full-time and/or part-time? Is the support provided sufficient to the program? What is/are the workload distribution/assignments for these positions?
d)	Is/Are the workload distribution/assignments similar to that/those of other individuals in similar positions within the governing organization? If faculty are in these roles, do the roles include release time?
	SUPPORTING EVIDENCE
•	Job/Position Descriptions
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education or Health)
•	Faculty/Governing Organization Handbooks/Manuals
•	Transcripts (Note: May be unofficial or official in accordance with governing organization policy.)
•	Curriculum Vitae (CV) and Résumés Interviews with program administration, program staff, faculty, and students
	RECOMMENDED TABLE

Staff/Laboratory Personnel Title	Staff Number/Status	Summary of Educational and Experiential Qualifications for Position
Add additional rows as necessary.		
	[Number here] ☐ FT ☐ PT	
	[Number here] ☐ FT ☐ PT	
	[Number here] ☐ FT ☐ PT	

- **Criterion 1.8**

  The nursing program has sufficient and sustainable fiscal resources to support the program at all locations and for all methods of delivery.

	FOCUSED QUESTIONS
a)	What are the sources of funding for the nursing program (e.g., tuition, fees, and/or grants)?
b)	Have the sources and/or amount of funding changed over time?
c)	What is the governing organization and/or nursing program doing to ensure sufficiency of funding for maintenance of the program?
d)	What is the budget of the nursing program?
e)	Is more than one nursing program offered by the nursing program (e.g., practical and associate, baccalaureate and master's)? How is the budget managed for each nursing program offered?
f)	Is the nursing program offered at more than one location? If so, how is the nursing budget distributed across locations or are there separate budgets for each location? Are budgets comparable?
g)	Is the nursing program budget sufficient to ensure achievement of the end-of-program student learning outcomes and program outcomes for all program options and all methods of delivery (e.g., face-to-face, hybrid, distance education)?
	SUPPORTING EVIDENCE
•	Budget Data: three years of actual budgets for governing organization and nursing program, inclusive of all locations where the nursing program is offered (or from the time Candidacy was achieved)
•	Comparative Budgets: Governing Organization/Nursing Program
•	All Funding Sources for the governing organization and nursing program
•	Interviews with governing organization and program administrators and interviews with faculty

- **Criterion 1.9**

  The nursing program has sufficient and sustainable physical resources to support the program at all locations and for all methods of delivery.

	FOCUSED QUESTIONS
•	What delivery methods are used for nursing courses? (e.g., face-to-face, hybrid, distance education)
•	What physical resources (e.g., equipment, classrooms, laboratories, offices, and common spaces) are available for the faculty, staff, and students of the nursing program at all locations that the nursing program and all program options are offered?
•	Are these physical resources dedicated to the nursing program or shared with other programs?
•	How do these physical resources at all locations meet the needs of the faculty, staff, and students in all program options and all methods of delivery (e.g., face-to-face, hybrid, distance education)?
•	What private meeting spaces are available at all locations if faculty have shared offices? Where are these spaces located and how many are available?
•	When are physical resources (computer and skills laboratories) at all locations accessible to students in all program options outside of scheduled class times?
•	How are physical resources for all program options comparable for all locations?
	SUPPORTING EVIDENCE
•	Space Diagrams (Inclusive of all Locations)
•	Tables/lists of resources
•	Tours/observations of Physical Space (Inclusive of all Locations)
•	Classrooms
•	Offices
•	Laboratories (Skills, Simulation, and Computer)
•	Hours of Operation/Access
•	Interviews with program administration, faculty, and students

STANDARD 2

- Faculty and Staff

- **Criterion 2.1**

    Full-time faculty are nurses who:

a. hold the educational qualifications as required by the:

  • Governing organization and

  • Regulatory agencies;

b. Hold nursing certification as applicable, consistent with their assigned roles and responsibilities;

c. Are experientially qualified for their assigned roles and responsibilities; and

d. Are sufficient in number.

	FOCUSED QUESTIONS
a)	What are the governing organization's educational qualification requirements for full-time faculty?
	What are the regulatory agencies' educational qualifications for full-time faculty?
	Does each full-time faculty member meet these requirements? Have exceptions or waivers been granted if a full-time faculty member does not meet the educational qualification requirements? If the program uses distance education, how does the full-time faculty meet state qualifications based on student location? Does the full-time faculty in graduate programs meet the requirements of specialty/certification agencies for the specialty?
b)	Does each full-time faculty member hold current licensure? Certification?
c)	What are the roles and responsibilities for full-time faculty? How are the full-time faculty experientially qualified for the role responsibilities?
d)	What is the workload policy for full-time nursing faculty? What is the distribution of teaching and nonteaching workload expectations? What are the non-teaching workload expectations? (e.g., teaching, advisement, administration, committee activity, service, practice, research, and other scholarly activities)? How many full-time faculty teach in the program? If applicable, describe by program option and/or location.
	What is the ratio of full-time faculty to the total number of nursing students enrolled in all the nursing courses required for a nursing program or programs?
	How many faculty have required or voluntary overload and what is the amount of required and/or voluntary overload for each faculty member? Is overload teaching mandatory/compensated? How frequently are full-time faculty in overload?
	How are full-time faculty teaching assignments determined?
	What are the full-time faculty-to-student ratios in the classroom, laboratory,

	simulation, online, and clinical/practicum setting? Are these ratios the same for all locations, if applicable?
	Are there faculty-to-student ratio requirements mandated by the national agency (for international programs) mandated (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education, Ministry of Health) or other agency or specialty groups?
	Does the program meet these expectations/requirements?
	Do the faculty have adequate time to implement a variety of teaching/learning strategies, develop and review the curriculum, and assess the end-of-program student learning outcomes and program outcomes?
	REQUIRED EVIDENCE
•	**Faculty Profile Table**
	SUPPORTING EVIDENCE
•	Faculty Job/Position Descriptions
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health)
•	Faculty Records (Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
•	Transcripts (**Note:** May be unofficial or official in accordance with governing organization policy.)
•	Curriculum Vitae (CV)
•	Licensure documentation
•	Professional Development Records
•	Qualifications Exceptions/Waivers, if applicable
•	Student Enrollment Data (full- and part-time)
•	Workload Policy/Workload Distributions (e.g., teaching, advising)
•	Teaching Assignments
•	Faculty-to-Student Ratios in Classroom, Laboratory, Simulation, Online, and in Clinical
•	Program/Governing Organization Handbooks/Bylaws
•	Interviews with nurse administration, faculty, students, and human resources personnel

- **Criterion 2.2**

  Part-time faculty are nurses who:

a. Hold the educational qualifications as required by the:
  - Governing organization and
  - Regulatory agencies;
b. Hold nursing certification as applicable, consistent with their assigned roles and responsibilities;
c. Are experientially qualified for their assigned roles and responsibilities; and
d. Are sufficient in number.

	FOCUSED QUESTIONS
a)	What are the governing organization's educational qualification requirements for part-time faculty?
	What are the regulatory agencies' educational qualifications for part-time faculty?
	Does each part-time faculty member meet these requirements? Have exceptions or waivers been granted if a part-time faculty member does not meet the educational qualification requirements? If the program uses distance education, how do the part-time faculty meet state qualifications based on student location?
	Do the part-time faculty in graduate programs meet the requirements of specialty/certification agencies for the specialty?
b)	Does each part-time faculty member hold current licensure? Certification?
c)	What are the roles and responsibilities for part-time faculty? How are the part-time faculty experientially qualified for the role responsibilities?
d)	What is the workload policy for part-time nursing faculty? Are there non-teaching workload expectations? (e.g., teaching, advisement, administration, committee activity, service, practice, research, and other scholarly activities)?
e)	How many part-time faculty teach in the program? If applicable, describe by program option and/or location. How many faculty have required or voluntary overload and what is the amount of required and/or voluntary overload for each faculty member? Is overload teaching mandatory/compensated?
	How are part-time faculty teaching assignments determined?
	REQUIRED EVIDENCE
•	**Faculty Profile Table** with Qualification and Professional Development addenda for each part-time faculty member teaching during the cycle the visit occurs.
	SUPPORTING EVIDENCE

•	Faculty Job/Position Descriptions
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education/Health)
•	Teaching Assignments
•	Faculty Records (Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
•	Transcripts (**Note:** May be unofficial or official in accordance with governing organization policy.)
•	Curriculum Vitae (CV)
•	Licensure documentation
•	Professional Development Records
•	Qualifications Exceptions/Waivers, if applicable
•	Workload Policy/Workload Distributions (e.g., teaching, advising)
•	Teaching Assignments
•	Faculty-to-Student Ratios in Classroom, Laboratory, Simulation, Online, and in Clinical
•	Program/Governing Organization Handbooks/Bylaws
•	Interviews with nurse administration, faculty, students, and human resources personnel

- **Criterion 2.3**

   Non-nurse faculty who teach nursing courses:
   a. Hold the educational qualifications as required by the:
   - Governing organization and
   - Regulatory agencies; and
   b. Are experientially qualified for their assigned roles and responsibilities.

	FOCUSED QUESTIONS
a)	Does the program have any non-nurse faculty who teach nursing course? If so, who are they?
	What are the governing organization's educational qualification requirements for non-nurse faculty?
	What are the regulatory agencies' educational qualifications for non-nurse faculty?
	Does each non-nurse faculty member meet these requirements? Have exceptions or waivers been granted if a part-time faculty member does not meet the educational qualification requirements? If the program uses distance education, how do the non-nurse faculty meet state qualifications based on student location?
b)	What are the roles and responsibilities for non-nurse faculty? How are the non-nurse faculty experientially qualified for the role responsibilities? How are non-nurse faculty teaching assignments determined? How are non-nurse faculty qualified to teach their assigned nursing courses?
	SUPPORTING EVIDENCE
•	Faculty Job/Position Descriptions
•	National (for international programs) Rules and Regulations (e.g., Board of Nursing, Higher Education, Ministry of Education/Health)
•	Teaching Assignments
•	Transcripts (**Note:** May be unofficial or official in accordance with governing organization policy.)
•	Curriculum Vitae (CV)
•	Licensure documentation, if applicable
•	Professional Development Records
•	Qualifications Exceptions/Waivers, if applicable
•	Interviews with nurse administration, faculty, and human resources personnel

- **Criterion 2.4**

  Policies for nursing faculty are comprehensive and consistent with those of the governing organization; justification is provided for any policy differences.

	FOCUSED QUESTIONS
•	What faculty policies are in place? Are these the same for each location?
•	Are the policies for nursing faculty the same at each location as the policies for non-nurse faculty within the governing organization? If applicable, are policy differences justifiable?
	SUPPORTING EVIDENCE
•	Policy and Procedure Manuals (Governing Organization/Nursing Program)
•	Faculty Handbooks (Governing Organization/Nursing Program)
•	Governing Organization and Nursing Faculty Bylaws
•	Collective bargaining agreement/union contracts
•	Interviews with governing organization and program administrators and interviews with faculty

- **Criterion 2.5**

  a. Full-time faculty are oriented and mentored in their assigned responsibilities.

  b. Part-time faculty are oriented and mentored in their assigned responsibilities.

	FOCUSED QUESTIONS
a)	How are full-time faculty oriented to the governing organization, the nursing program, and their assigned areas of responsibility? How are full-time faculty mentored in their areas of responsibility?
b)	How are part-time faculty oriented to the governing organization, the nursing program, and their assigned areas of responsibility? How are part-time faculty mentored in their areas of responsibility?
	SUPPORTING EVIDENCE
•	Governing Organization/Program Orientation/Mentoring Policies and Procedures
•	Workload Assignments
•	Governing Organization/Program Orientation Records/Checklists
•	Formal and/or Informal Mentoring Program/Records
•	Interviews with program administrators and faculty

- **Criterion 2.6**

  Full-time faculty develops and maintain current expertise in their teaching responsibilities, including (but not limited to):

a. Evidence-based teaching/instructional strategies that are relevant for all methods of delivery;
b. Standards of clinical practice;
c. Assessment and evaluation methods; and
d. Principles of diversity, equity, and/or inclusion.

	FOCUSED QUESTIONS
a)	Does full-time faculty teaching performance reflect evidence-based teaching/instructional strategies for all methods of delivery (e.g., face-to-face, hybrid, distance education)? How do full-time faculty develop and maintain their teaching expertise, including all methods of delivery (e.g., classroom technologies, learning management system, simulation equipment, electronic medical records)? What support services for instructional and distance technologies are available for faculty at all locations (full-time and part-time)? How are the support services accessed? When can support services be accessed?
b)	How do full-time faculty maintain their clinical practice expertise and knowledge of current clinical practice standards? For graduate programs, how does faculty maintain their certifications in compliance with the specialty groups as required?
c)	How do full-time faculty develop and maintain their expertise in assessment and evaluation?
d)	How do full-time faculty develop and maintain their expertise in the principles of diversity, equity, and/or inclusion?
	REQUIRED EVIDENCE
•	**Faculty Profile Table**
	SUPPORTING EVIDENCE
•	Professional Development Records (Teaching and Nursing Practice)
•	Faculty Records (Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
•	Tenure/Reappointment Records
•	Instructional Support Service Documentation
•	Distance Technology Support Documentation
•	Interviews with faculty

- **Criterion 2.7**

  Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):
  a. Evidence-based teaching/instructional strategies that are relevant for all methods of delivery;
  b. Standards of clinical practice;
  c. Assessment and evaluation methods; and
  d. Principles of diversity, equity, and/or inclusion.

	FOCUSED QUESTIONS
a)	Does part-time faculty teaching performance reflect evidence-based teaching/instructional strategies for all methods of delivery (e.g., face-to-face, hybrid, distance education)? How do part-time faculty develop and maintain their teaching expertise, including all methods of delivery (e.g., classroom technologies, learning management system, simulation equipment, electronic medical records)? What support services for instructional and distance technologies are available for faculty at all locations (full-time and part-time)? How are the support services accessed? When can support services be accessed?
b)	How do part-time faculty maintain their clinical practice expertise and knowledge of current clinical practice standards? For graduate programs, how do faculty maintain their certifications in compliance with the specialty groups as required?
c)	How do part-time faculty develop and maintain expertise in assessment and evaluation?
d)	How do part-time faculty develop and maintain expertise in diversity, equity, and/or inclusion principles?
	REQUIRED EVIDENCE
•	**Faculty Profile Table**
	SUPPORTING EVIDENCE
•	Professional Development Records (Teaching and Nursing Practice)
•	Faculty Records (Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
•	Tenure/Reappointment Records
•	Instructional Support Service Documentation
•	Distance Technology Support Documentation
•	Interviews with faculty

- **Criterion 2.8**
  a. Full-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.
  b. Part-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.

	FOCUSED QUESTIONS
a)	What is the governing organization and/or program policy/procedure for evaluation of full- time faculty?
	What aspects of faculty performance are included in the evaluation process for faculty?
	How does the evaluation process evaluate effectiveness in their assigned areas of responsibility?
b)	What is the governing organization and/or program policy/procedure for evaluation of part- time faculty?
	What aspects of faculty performance are included in the evaluation process for faculty?
	How does the evaluation process evaluate effectiveness in their assigned areas of responsibility?
	SUPPORTING EVIDENCE
•	Faculty performance evaluation Policies and Procedures
•	Performance Evaluation Documentation/Forms
•	Faculty Job/Position descriptions
•	Contracts (e.g., employment, collective bargaining/union agreement, HR Manual)
•	Interviews with administrators and faculty

- **Criterion 2.9**
  Preceptors, when used:
  a. Hold the educational qualifications as required by the:
    • Nursing program and
    • Regulatory agencies;
  b. Hold licensure and certification as applicable, consistent with their assigned roles and responsibilities;
  c. A experientially qualified for their assigned roles and responsibilities,
  d. Are oriented, mentored, and monitored; and
  e. Have clearly documented responsibilities, which may include input into student evaluation.

	FOCUSED QUESTIONS
a)	Does the program use preceptors for any clinical/practicum or practice learning experiences in the curriculum? Are there any nursing program's educational qualification requirements for preceptors? If so, what are they?
	Are there any regulatory agency educational qualification requirements for preceptors? If so, what are they?
	Does each preceptor meet these requirements?
b)	Does each part-time faculty member hold current licensure? Certification?
c)	How are preceptors identified and selected? How are preceptor qualifications verified? How are student placements with preceptors supported and facilitated by the program to ensure timely program completion? How are the preceptors experientially qualified for the role responsibilities?
d)	How are preceptors oriented? How are preceptors mentored? How are preceptors monitored?
e)	What are the roles and responsibilities of the preceptors? What are the roles and responsibilities of faculty working with preceptors?
	SUPPORTING EVIDENCE
•	Policy and Procedures National (for international programs) Rules and Regulations (e.g.,
	Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education, Ministry of
	Health)
•	Other Agencies Requirements or Specialty groups
•	Handbooks/Manuals
•	Identification/Selection Criteria
•	Contracts/Agreements; Role Responsibilities
•	Curriculum Vitae (CV)
•	Licensure/Certification
•	Orientation Materials; Documentation of Meetings/Communications with Preceptors
•	Interviews with faculty, students, and preceptors

STANDARD 3

- Students

- **Criterion 3.1**

   The following nursing program or governing organization policies are publicly accessible,

   current, non-discriminatory, and implemented as published; justification is provided when

   nursing policies differ from the governing organization:

a. Admissions;
b. Progression;
c. Graduation;
d. Formal complaints and grievances procedures; and
e. Technology requirements.

	FOCUSED QUESTIONS
a)	Where are governing organization and nursing program policies located? Are policies current? How can students at each location and/or the public access nursing student policies? What is the admission policy for the program (Grade Point Admission, entrance examination, background checks, and health requirements)? Is the admission policy nondiscriminatory? How do the faculty ensure the admission policy is implemented?
b)	What progression policies (e.g., grading, program advancement) are used by the program? Do these policies for nursing students differ from the policies for non-nursing students? If so, how? What is the justification for differences? Are progression policies consistent with best practices in nursing education? Is the progression policy non-discriminatory? How do the faculty ensure the progression policy is implemented as written?
c)	What is the governing organization graduation policies (e.g., credit hours, GPA)? Does the policy for nursing students from the policies for non-nursing students? If so, how? What is the justification for differences? For graduate programs, does the official graduation documentation clearly state the role and population focus of the nurse practitioner program?
d)	What is the definition of a formal complaint or grievance within the governing organization and/or nursing program? What is the formal complaint or grievance policy of the governing organization? What is the formal complaint or grievance policy of the program? Is the formal complaint or grievance policy non-discriminatory? How do the faculty and program administrators ensure the formal complaint or grievance policy is implemented as written?
e)	How are students at each location informed about any technology requirements? Are the technology requirements for nursing students the same as those for non-nursing students? If not, why not? Does the program utilize any distance education? If so, what are the technology requirements specific to distance education? What are the policies specific to distance education? How are students informed about any policies specific to distance education? What processes are in place to verify the identity of students taking courses by distance education? Are there additional fees for this identification process?

	SUPPORTING EVIDENCE
•	Recruitment/Program Materials (electronic copy and/or hard copy)
•	Website location and/or page number in handbooks/manual/catalog where students would find: ○Policies/procedures/requirements (e.g., admissions, progression, graduation) o process/procedure for formal complaints and/or grievances of technology requirements for the nursing program?
•	Identification of documents that demonstrate how student policies are implemented as published, which may include student records/spreadsheets/advising documents (peer evaluators will review a random sample of 10% of records representing all program options, locations, and/or levels- Preparing Faculty, Staff, and Student Records (Paper or Electronic) for Review)
•	Interviews with governing organization and program administrators, faculty, and students

- **Criterion 3.2**

  Governing organization or nursing program records for resolution of formal complaints or formal grievances include evidence of:

  a. Due process; and

  b. Timely resolution in accordance with the governing organization or nursing program polices or procedures.

	FOCUSED QUESTIONS
a)	How many formal complaints or formal grievances has the program received since the last program review (or when Candidacy was achieved)? What types of formal complaints or formal grievances were received? How many of the formal complaints or formal grievances have been resolved?
b)	Was the policy followed for each formal complaint or formal grievance?
c)	Was resolution timely for each formal complaint or formal grievance filed?
	SUPPORTING EVIDENCE
•	Formal program complaint and/or grievance records
•	Interviews with program administrators and students

- **Criterion 3.3**

  Student records maintained by the nursing program are kept secure and are in compliance with applicable policies/procedures of the governing organization and regulatory agencies.

	FOCUSED QUESTIONS
•	What student records are maintained by the nursing program?
•	What are the nursing program's policies for maintenance of student records?
•	What are the national (for international programs) guidelines for maintenance of nursing program student records?
•	How and where are nursing student records maintained by the program? Who has access to these records?
•	What measures are taken to protect the security/access of student records maintained by the nursing program?
•	How are students' records managed if there are multiple locations?
	SUPPORTING EVIDENCE
•	Policies and Procedures for record retention within the nursing program
•	National (for international programs) Guidelines and Regulations regarding nursing student records, if applicable

- **Criterion 3.4**

  Changes in nursing program policies/procedures are clearly and consistently communicated to students in an effective and timely manner.

	FOCUSED QUESTIONS
•	How are students notified of changes in the program, policies, and/or procedures?
•	How are students provided effective and timely notification of changes in the program, policies, and/or procedures?
•	Have there been any recent changes in the program, policies, and/or procedures? If so, how were these changes clearly communicated to students?
	SUPPORTING EVIDENCE
•	Attestations, public announcements, copies of emails, screen shots demonstrating how changes in policies/procedures or program information (e.g., clinical/practicum schedules, admission/progression criteria) was communicated to students, if applicable.
•	Interviews with students and faculty

- **Criterion 3.5**

  Student support services are commensurate with the needs of nursing students, regardless of location, methods of delivery, or program option.

	FOCUSED QUESTIONS
•	What student services are available for nursing students at all locations where the nursing program is offered? Are the student services comparable at all locations where the nursing program is offered? Do all students have access to similar resources, regardless of the program's method of delivery? How? What are the hours of operation/access for student services at all locations where the nursing program is offered?
•	What library or learning resource center resources are available to nursing students? How to students access these resources (e.g., on-site, online, both)?
•	Are the available support services congruent with the level of student need based on the nursing program type?
•	Do nursing students at all locations where the nursing program is offered have access?
•	Do nursing students at all locations where the nursing program is offered have access to additional services? If so, what are the services and why are these services provided?
•	How do students access services at all locations where the nursing program is offered?
•	What are the hours of operation/access for student services at all locations where the nursing program is offered?
	SUPPORTING EVIDENCE
•	Website location and/or page number in handbooks/manual/catalog where students would find information regarding student services
•	Lists/Descriptions of Services Available to Students (including online library or learning resources)
•	Student surveys regarding satisfaction with available services
•	Interviews with student services personnel and students

- **Criterion 3.6**
  a. Learning and technology resources for nursing students are selected by the faculty and relevant to the educational level at which students are being prepared.
  b. Students are oriented to and receive support for learning and technology resources.
  c. Learning and technology resources are current and accessible regardless of location, methods of delivery, or program option.

	FOCUSED QUESTIONS
a)	What student-centered learning and/or technology resources are used by students during the program for all program options and locations? How are these learning and technology resources sufficient to meet the learning needs of students in all program options at all locations? How are these resources identified and selected at all locations? What is the role of nursing faculty in the identification and selection of these resources?
b)	How are students at each location oriented to learning and technology resources used in the didactic component (e.g., learning management system), laboratory/simulation laboratory component and clinical/practicum component (e.g., electronic medical record) of the nursing courses? Is support available to students at each location? If so, what type of support is available? When is support available to students at each location? How do students access support at each location?
c)	Are learning and technology resources current and up-to-date (including library resources)? What is the process to ensure that the resources are current and up to date at all locations? How do students access the learning and technology resources (e.g., onsite/online library resources) at all locations? When can students access the learning resources and technology at all locations? Are these resources sufficient learning and technological resources to meet the needs of students for all locations, options, and methods of delivery (e.g., face-to-face, hybrid, distance education)?
	SUPPORTING EVIDENCE
•	List of Learning and Technology Resources Available to Nursing Students
•	Meeting Minutes (three most recent years)
•	Orientation Agenda/Attendance Records
•	Clinical Agency Orientation Packets/Agenda
•	Learning Management System (LMS) content/support

•	Policies and Procedures (e.g., library acquisitions; culling/selection/deselection)
•	Hours of Operation/Access
•	Website location and/or page number in handbooks/manual/catalog where students would find information regarding support for learning and technology resources
•	Virtual or in-person review/tour of library/learning resource center
•	Interviews with faculty and students

- **Criterion 3.7**
  Students are informed of their responsibilities regarding any financial assistance.

	FOCUSED QUESTIONS
•	How and when are students informed of their responsibilities regarding financial assistance?
	SUPPORTING EVIDENCE
•	Website location and/or page number in handbooks/manual/catalog where students would find information regarding financial aid services and their responsibilities related to financial assistance.
•	Interviews with financial aid personnel and students

STANDARD 4

- **Curriculum**

  - **Criterion 4.1**
    The nursing curriculum has one set of end-of-program student learning outcomes that:
    a. Are based on contemporary professional nursing standards, guidelines, and/or competencies; and
    b. Apply to all program options and reflect the educational level at which students are being prepared.
    Additionally, for Graduate Programs:
    c. Integrate role-specific nursing competencies applicable to each program option.

	FOCUSED QUESTIONS
a)	What are the program's end-of-program student learning outcomes?
	Where and how are students informed about the end-of-program student learning outcomes? What professional nursing standards, guidelines, and/or competencies were used to develop the curriculum?

	Are the end-of-program student learning outcomes consistent with contemporary practice?
	How does the program ensure continued currency?
	Is consistent terminology used when referring to the end-of-program student learning outcomes?
b)	What program options are offered by the program? (e.g., Nurse Educator, Family Nurse Practitioner)?
	Are the end-of-program student learning outcomes the same for all program options? Note: End-of program student learning outcomes must be appropriate and distinct for each program type (e.g., Clinical Doctorate, Master's, BSN, Associate, Diploma, practical).
c)	Additionally, for Graduate Programs: For graduate programs options and consistent with the specialty organizations, what are the role-specific nursing competencies for each program option? What role-specific nursing standards were used to develop the curriculum for each program track? How are these aligned with the end-of-program student learning outcomes for the overall graduate program?
	Note: End-of-program student learning outcomes must be the same for all program track; role specific nursing competencies must be appropriate and distinct for each program option. Which program options have certification examinations?
	How are the requirements related to content and/or practicum experiences met?
	How are students notified of the specific requirements for each certification examination?
	REQUIRED EVIDENCE
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
•	Website location and/or page number in handbooks/manual/catalog where students would find the end-of-program student learning outcomes listed
•	Interviews with faculty
•	Additionally, for Graduate Programs: Website location and/or page number in handbooks/manual/catalog where students would find the role- specific nursing competencies for all program options
•	Website location and/or page number in handbooks/manual/catalog where students would find the certification examination requirements for all program options

- **Criterion 4.2**

  Course student learning outcomes are organized to demonstrate progression to facilitate the students' achievement of:

  a. The end-of-program student learning outcomes.

  Additionally, for Graduate Programs:

  b. The role-specific nursing competencies.

	FOCUSED QUESTIONS
a)	How are the course student learning outcomes linked to the end-of-program student learning outcomes? Do course outcomes consistently progress (e.g., simple-to-complex) throughout the program of study for all program options?
b)	Additionally, for Graduate Programs: How are the course student learning outcomes linked to the role-specific nursing competencies for all program options?
	REQUIRED EVIDENCE
●	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
●	Program of Study for all program options in academic terms
●	Curricular Mapping documents
●	System or statewide curriculum documents/policies
●	Interviews with faculty

- **Criterion 4.3**

  Teaching/instructional strategies and learning activities in all learning environments are varied, appropriate for the method of delivery, and incorporate learning and technology resources to facilitate the students' achievement of course student learning outcomes.

	FOCUSED QUESTIONS
•	What are some examples of learning activities in the program?
•	How are learning activities selected?
•	How are the learning activities linked to the course student learning outcomes?
•	What types of learning and technology resource are used in the program?
•	How do the learning activities contribute to student learning and attainment of the course

	student learning outcomes?
•	How are the learning activities appropriate for the methods of delivery used by the program or program option (e.g., face-to-face, hybrid, distance education)?
•	If distance education is utilized, how are **interactions regular and substantive**?
	REQUIRED EVIDENCE
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
•	System or statewide curriculum documents/policies
•	Description of how learning and technology resources are used in the curriculum
•	Samples of student work/course assignments
•	Interviews with faculty and students

- **Criterion 4.4**

The nursing curriculum is:
a. Developed by the faculty and regularly reviewed for currency; and
b. Implemented as published.

	FOCUSED QUESTIONS
a)	What is the role of faculty in the development of the nursing curriculum for all program options? When and how do the faculty review curriculum? What faculty review processes/practices ensure curricular currency?
b)	Where is the program of study published? Is the nursing curriculum implemented as published?
	REQUIRED EVIDENCE
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
•	Meeting minutes (three most recent years)
•	System or statewide curriculum documents/policies
•	Program of Study for all program options
•	Interviews with faculty and students

- **Criterion 4.5**

  The nursing program of study includes:

  - Undergraduate Programs:

a. General education courses/concepts that enhance nursing knowledge and practice for the educational level at which students are being prepared.

b. Nursing courses that facilitate student achievement of course student learning outcomes and end-of-program student learning outcomes.

  - Graduate Programs:

a. Core/foundational courses that enhance nursing knowledge and practice for the educational level at which students are being prepared.

b. Nursing courses that facilitate student achievement of course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

	FOCUSED QUESTIONS
-	**Undergraduate Programs:**
a)	What general education courses are required for completion of the program of study for all program options? Why were these general education courses included? How does each general education course contribute to the acquisition of nursing knowledge? How does each general education course contribute to the development of nursing practice? How does the program of study and course sequencing of nursing courses contribute to student learning and attainment of the course and end-of-program student learning outcomes?
-	**Graduate Programs:**
a)	What core/foundational courses are required for completion of the program of study for all program options? Why were these courses included? How does each core/foundational course contribute to the acquisition of nursing knowledge? How does each core/foundational course contribute to the development of nursing practice? Do the core/foundational courses and nursing courses meet the requirements of certification agencies?
b)	How does the program of study and course sequencing of nursing courses contribute to student learning and attainment of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies?
	SUPPORTING EVIDENCE
●	Program of Study for all program options, including prerequisite and/or required non-nursing courses
●	Current syllabi for all nursing courses. Website location and/or page number in handbooks/manual/catalog where students would find the Program of Study

- **Criterion 4.6**

  Course credits and/or clock hours for all nursing courses in the program of study, including ratios for contact hours, comply with requirements of the:

  a. Governing organization and

  b. Regulatory agencies.

  <u>Additionally for Graduate Programs:</u>

  c. Certifying agencies, as applicable.

	FOCUSED QUESTIONS
a)	How many total (inclusive of all prerequisite and general education courses) credit and/or clock hours are required to complete the program of study for all program options? What is the length of an academic term for the program for all program options? What credit-to-contact hour ratio(s) are used by the program in all program options for didactic, skills/laboratory and clinical/practicum or practice learning experiences? What are the governing organization's policies regarding the awarding of credit and/or clock hours for didactic, skills laboratory, simulation laboratory, and clinical/practicum? Are the nursing courses consistent with these policies?
b)	Does the program have the minimum credit/quarter/clock hours required by national (for international programs) regulatory agency? Do the state or national (for international programs)
c)	regulatory agencies (e.g., BON or State Higher Education Regulatory Agency, Ministry of Education) Have any policies related to nursing program length? If so, is the program in compliance with these policies? If not, does the program have state or national (for international programs) authorization for the program length? Are the nursing courses consistent with these policies? Additionally, for Graduate Programs: Does the program offer options that require certification? If so, what are the certification requirements for didactic, skills laboratory, simulation laboratory, and clinical/practicum? Are the nursing courses consistent with these policies?
	Required Evidence
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
•	Website location and/or page number in handbooks/manual/catalog of Governing Organization Policies and Procedures for awarding credits and/or clock hours
•	State or National (for international programs) Rules and Regulations for awarding credit or contact hours (e.g., Board of Nursing, State Higher Education Regulatory Agency, Ministry of Education)
•	Waivers/authorizations for program length exceeding guidelines or regulations
•	Credit/contact-hour worksheets/tables for didactic, laboratory, simulation, and clinical experiences

•	Schedules/calendars (Didactic, Laboratory, Practice Learning Experiences)
•	Lab/clinical hour verification forms (e.g., Precepted Practice Learning Experiences)
•	Additionally, for Graduate Programs: Certification requirements
RECOMMENDED TABLE	

- **Credit-to-Contact-Hour Ratios Table**

Academic Setting	Credit-to-Contact-Hour Ratio/Equivalency
Didactic:	
Laboratory:	
Simulation:	
Clinical:	

- **Criterion 4.7**

  Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:

a. Diversity, equity, inclusion, and/or social determinants of health;

b. Evidence-based practice, research, and/or scholarship;

c. Information literacy;

d. Inter professional collaboration and delegation; and

e. Professional identity and scope of practice.

	FOCUSED QUESTIONS
a.	How is diversity, equity, inclusion, and/or social determinants of health incorporated throughout the curriculum consistent with the role of the nurse at the program's educational level? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?
b.	How is evidence-based practice, research, and scholarship incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?
c.	How is information literacy incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?

d.	How is inter professional collaboration and delegation incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum? What direct interactions with the inter professional team occur in all program options?
e.	How is professional identity and scope of practice incorporated throughout the curriculum? Are there examples of learning activities for these concepts in didactic, laboratory, and/or clinical/practicum?
	REQUIRED EVIDENCE
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE
•	Samples of student work/course assignments
•	Interviews with faculty and students

- **Criterion 4.8**

  If used, skills and/or simulation laboratory learning environments and experiences:
  a. Reflect evidence-based nursing practice;
  b. Include healthcare technology;
  c. Meet regulatory agencies requirements for skills laboratory and/or simulation, as applicable;
  - For Undergraduate Programs:
  d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.
  - For Graduate Programs:
  d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

	FOCUSED QUESTIONS
a)	What learning environments and experiences are used during the program of study, inclusive of all program options?
	How many total contact hours of skills laboratory and/or simulation are included in the program of study for each program option?
	How are the experiences reflective of evidence-based nursing practice?
b)	What types of healthcare technology are available in these environments or during these experiences?

c)	**Are there any state or national (for international programs) regulations related to the use of simulation in lieu of clinical/practicum time? If so, what are these regulations, and is the program compliant?**

d)	**- For Undergraduate Programs:**
	
	    ➢ How are the experiences appropriate for the level of education offered?
	How do the environments and experiences support achievement of the course and end-of-program student learning outcomes?
	
	  - For Graduate Programs:
	
	    ➢ How are the experiences appropriate for the level of education offered?
	How do the environments and experiences support achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies?

	SUPPORTING EVIDENCE
•	List of learning environments (e.g., laboratory settings), including available healthcare technology
•	Tours of skills and/or simulation laboratory learning environments
•	State or National (for international programs) Regulations related to laboratory and/or simulation experiences
•	Course by course breakdown of the number of required skills and/or simulation laboratory learning experiences
•	Interviews with faculty and students
RECOMMENDED TABLE	

- **Laboratory and Simulation Hours Table**

Program Option	Total Number of Required Simulation Hours (Contact)	Total Number of Required Laboratory Hours (Contact)

Add more lines as needed

- **Criterion 4.9**

  Clinical/practicum learning environments and experiences:

  a. Have current written agreements that specify expectations for all parties for the protection of the student;

  b. Reflect evidence-based nursing practice;

  c. Meet regulatory agencies' requirements for clinical/practicum learning environments, as applicable; and

  - For Undergraduate Programs:

  d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.

  - For Graduate Programs:

  e. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies.

	FOCUSED QUESTIONS
a)	What types of direct, hands-on planned clinical/practicum experiences with patients across the lifespan, including interactions with the patient's family/friends and the interdisciplinary team are required for completion of the program of study, inclusive of all program options? How many total contact hours of clinical/practicum hours are included in the program of study for each program option? What is the process for securing clinical/practicum practice agency agreements? What is the process for securing preceptor agreements, including when students are expected to contribute to finding a preceptor? Are there written agreements for all clinical/practicum practice agencies and/or preceptors currently in use, including when students are expected to contribute to finding a preceptor? Are the written agreements current? Do the written agreements specify expectations for all parties, including when students are expected to contribute to finding a preceptor? If so, what are some of the expectations and how were the expectations determined? How do the written agreements ensure the protection of students?
b)	How are the experiences reflective of evidence-based nursing practice?
c)	Are there any national (for international programs) regulations related to the use of simulation in lieu of clinical/practicum time? If so, what are these regulations, and is the program compliant?

d)	**- For Undergraduate Programs:** How are the experiences appropriate for the level of education offered? How do the clinical/practicum environments and learning experiences support achievement of the end-of-program student learning outcomes in each program option? **- For Graduate Programs:** How are the clinical/practicum experiences appropriate for the level of education offered? How do the clinical/practicum environments and learning experiences support achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies for each specialty program option (as applicable)?
	For graduate programs, do students complete the minimum number of direct patient care clinical hours to meet certification requirements? How is the program transitioning to the new requirements for additional/minimum supervised direct patient care hours? For post-master's certificate options, how are previous practicum hours verified/documented? Describe the gap analysis process when adding new population foci? For clinical doctorate programs, how many practicum hours are required? How are practicum hours verified and logged to ensure students attain at least 500 direct and/or indirect hours? For post-master's program, how are clinical hours from prior master's programs verified to ensure a minimum of 1,000 practicum hours after the baccalaureate degree?
Note	Ⅰ : As a practice profession, all nursing programs and program options in the program of study are expected to include clinical/practicum practice. Although the NCANC does not have specific requirements regarding the number of hours, types, or clinical/practicum settings for each program and/or program option, the NCANC holds the program leaders accountable for ensuring that students complete clinical/practicum or practice learning experiences that are consistent with post-graduation expectations (e.g., licensure, certification, and safe practice), the degree/certificate/diploma awarded, and students being able to achieve the end-of-program student learning outcomes. Ⅱ : For precepted clinical/practicum learning experiences, the NCANC holds the program leaders accountable for directly arranging for students or assisting students to arrange clinical/practicum experiences that are consistent with post-graduation expectations (e.g., licensure, certification, and safe practice), the degree/certificate/diploma awarded, and students being able to achieve the end-of-program student learning outcomes. For graduate programs to also attain the role-specific nursing competencies.
	SUPPORTING EVIDENCE
•	List of Clinical/Practicum Agencies currently in use
•	Clinical Affiliation Agreements currently in use
•	Preceptor Agreements
•	National (for international programs) regulations related to clinical/practicum learning

	experiences
•	Current syllabi for all nursing courses
•	Clinical site selection criteria
•	Faculty and/or student evaluations of the clinical sites
•	Interviews with faculty, students, and clinical agency representatives

- **Clinical/Practicum Hours Table**

Program Option	Total Number of Required Clinical/Practicum Hours (Contact)

- **Criterion 4.10**

   Formative and summative student evaluation methods:
  a. Are utilized throughout the curriculum in all learning environments;
  b. Are varied and appropriate for all methods of delivery; and
  c. Align with the progression of course student learning outcomes.

	FOCUSED QUESTIONS
a)	What formative and summative methods of evaluation are used to evaluate students' performance throughout the program in didactic, laboratory, and clinical/practicum?
	How were/are methods of evaluation of students' performance developed or selected?
b)	What delivery formats are used for nursing courses throughout the program of study, inclusive of all program options?
	How are the formative and summative methods of evaluation appropriate for each delivery method in all program options?
	How do faculty ensure that program testing policies are consistent with best educational practice?
c)	How are the formative and summative methods of evaluation aligned with course student learning outcomes?
	How do evaluation methodologies progress (e.g., simple-to-complex) throughout the curriculum?
	REQUIRED EVIDENCE
•	Current syllabi for all nursing courses.
	SUPPORTING EVIDENCE

•	Grading rubrics
•	Samples of student work/course assignments
•	Test mapping documents
•	Skills/simulation laboratory evaluation tools/checklists
•	Clinical/practicum evaluation tools
•	Meeting minutes (three most recent years)
•	Interviews with faculty and students

STANDARD 5

- OUTCOMES

- **Criterion 5.1**

  The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:

  a. Use a variety of appropriate direct outcome assessment methods to ensure comprehensive summative assessment for each end-of-program student learning outcome;

  b. Establish a specific, measurable expected level of achievement outcome statement for each summative assessment method;

  c. Collect aggregate assessment data at regular intervals (determined by the faculty) to ensure sufficiency of data to inform decision-making and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;

  d. Analyze assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and when necessary, implement actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement;

  e. Maintain documentation for the three most recent years of the assessment data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' end-of-program student learning outcome achievement; and

  f. Share the analysis of the end-of-program student learning outcome data with communities of interest.

Additionally for Graduate Programs:

g. The systematic plan for evaluation describes the process for regular summative nursing program-level assessment for role-specific nursing competencies for each program option, which may be aligned with the end-of-program student learning outcomes or assessed separately.

FOCUSED QUESTIONS

- **Programs Seeking Initial Accreditation:**
New programs without graduates will not have end-of-program student learning outcomes data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

a. Have the faculty developed a written SPE that includes a plan (assessment methods, ELAs, data collection intervals, assessment intervals) for evaluating end-of-program student learning outcome data?

b. What is the plan for the sharing of the analysis of the end-of-program student learning outcome data with communities of interest once the program has graduates?

Note: Programs seeking initial accreditation that have had graduates should address items a-f(g) but are only required to have data from the time that candidacy with the ACEN was achieved.

- **Programs seeking Continuing Accreditation:**
a. How did the faculty develop the written systematic plan of evaluation? Is the plan for assessment (assessment methods, ELAs, data collection frequency and analysis frequency) documented in the SPE?
How/when is this plan used by the faculty for program level assessment?

What direct assessment methods are used by the faculty to assess the extent of students' summative achievement of each end-of-program student learning outcome?
How are the assessment methods aligned with the concepts and competencies in the end-of-program student learning outcome statements?

Are all concepts/competencies in each outcome statement assessed?

Note: The appropriateness of an assessment method is based on whether its application yields data, which when analyzed assist faculty in determining whether the outcome being evaluated has or has not been met. The nursing program should select assessment method(s) appropriate to the concepts/competencies in the college being evaluated.

b. Does each assessment method have a specific, measurable expected level of achievement? Are the ELAs specific to each assessment method selected? What are some example ELA statements from the Systematic Plan of Evaluation?

c. What is the schedule for data collection? How does the faculty ensure sufficiency of the data?

What data is disaggregated and why? If data are not disaggregated, what is the rationale? Are the data collected providing meaningful and sufficient information for decision-making?

d. What is the schedule for analysis of the data for each end-of-program student learning outcome? Are there examples of actions taken based on the data analysis?

Note: Although assessment of student achievement of the end-of-program student learning outcomes may be performed every academic term or every academic year, faculty may elect to analyze the data only when sufficient data have been collected (e.g., every 2-5 years).

e. Is the data, analysis (and actions if needed) documented in the college? If not, where is this information located?

f. How and when is the analysis of the data shared with communities of interest?

Additionally for graduate programs:

g. Are the role-specific nursing competencies for graduate programs assessed separately or aligned with the end-of-program student learning outcomes?

✓ If aligned, how did the faculty determine this alignment? How do faculty ensure that the alignment provides comprehensive assessment of each role-specific nursing competency?

✓ If separate, how do the faculty use the Systematic Plan of Evaluation to assess each role-specific nursing competency for all program options/tracks? What are some examples from the Systematic Plan of Evaluation relative to assessment methods, data collection, assessment intervals, analysis, and actions? What are some examples of how the analysis and assessment of data are used for program decision-making?

Additionally, for graduate programs with APRN program options:

h. Does the Systematic Plan of Evaluation include the plan to assess graduate and employer satisfaction to demonstrate compliance with Specialty requirements?

	REQUIRED EVIDENCE
•	Systematic Plan of Evaluation
	SUPPORTING EVIDENCE
•	Tools/rubrics/assignments/projects used for summative program assessment
•	Raw data collection/reports
•	Meeting minutes/reports
•	Interviews with faculty

- **Criterion 5.2**

  The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

a. Calculate the on-time program completion rate for each program option from the first nursing course through completion of the courses required for conferral of a certificate, diploma, or degree;

b. Establish a specific, measurable expected level of achievement outcome statement for on-time program completion for each program option and provide a rationale for each expected level of achievement;

c. Collect aggregate program completion rate data annually and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;

d. Analyze program completion rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve program completion rate;

e. Maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in completing the program; and

f. Share the analysis of the program completion rate data with communities of interest.

FOCUSED QUESTIONS

- **Programs Seeking Initial Accreditation:**

  New programs without graduates will not have program completion data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

a. Have the faculty developed a written SPE that includes a plan (assessment methods, an ELA with rationale, data collection intervals, assessment intervals) for evaluating program completion data?

b. What is the plan for the sharing of the analysis of the program completion data with communities of interest once the program has graduates?

Note: Programs seeking initial accreditation that have had graduates should address items a-f but are only required to have data from the time that candidacy with the NCANC was achieved.

- **Programs seeking Continuing Accreditation:**

a. How are program completion data calculated for each program option? Does the program calculate program completion based on all students enrolled in the first nursing course in alignment with the NCANC definition for program completion?

  Is on-time completion rate used? Are additional timeframes used (e.g., 150%; ultimate)? If so, which?

b. Is the expected level of achievement for each program option and location the same? If not, what is the expected level of achievement for each?

How was the expected level of achievement determined? Was the expected level of achievement determined by faculty?

What is the rationale for the expected level of achievement?

NOTE: An ELA should be high enough to be genuine and encourage continuous improvement, but not so high as to be idealistic and unachievable. Program leaders and faculty are encouraged to set a realistic "stretch ELA" for student achievement without fear of penalty. Whether or not the ELA is met, the program is expected to analyze the data to assist with making decisions related to student performance.

c. When are program completion rate data collected?
What are the aggregate program completion rates for the most recent 3 years?

Are program completion rate data disaggregated? If not, what is the faculty's rationale for not disaggregating the data?

d. When are program completion rate data collected?
What are the aggregate program completion rates for the most recent 3 years?
Are program completion rate data disaggregated? If not, what is the faculty's rationale for not disaggregating the data?
When are program completion rate data analyzed? Are there examples of how faculty analysis of data were used for program decision-making?

e. Does the program have three years of program completion data? Is the data located in the SPE? Is the data, analysis (and actions if needed) documented in the SPE? If not, where is this information located?

f. How is the analysis of the data shared with communities of interest?

NOTE: Graduates' annualized, aggregated program completion rate data from (minimally) the most recent cohort(s) must be published in at least one publicly accessible publication. Publicly accessible means in an open manner observable by or in a place accessible to the public. Common publicly accessible publications include a nursing program/governing organization website, catalog, handbook, etc.

	GUIDANCE – EXPECTED LEVEL OF ACHIEVMENT
•	Program Completion Rate: [XX]% of all students who begin in the [first nursing course in program or program option] will complete the program on-time in [X] terms.
•	The outcome statement should: • Include ALL students who begin the nursing program • State the first nursing course in the program • Identify the number of terms for on-time completion of the nursing portion of the program of study

•	Faculty **may** elect to collect additional program completion data (e.g.,150% completion timeframe, ultimate completion rate).
•	Some programs have additional program options, which may be shorter or longer than the traditional option offered (e.g., full-time vs. part-time options;; diploma-to-BSN option). If applicable, an ELA for each available program option, reflecting the appropriate first nursing course and number of terms for on-time completion should be developed.
	REQUIRED EVIDENCE
•	Systematic Plan of Evaluation
	SUPPORTING EVIDENCE
•	Raw data collection/reports
•	Meeting minutes/reports (if analysis/actions are not recorded)
•	Interviews with faculty
RECOMMENDED TABLES	

- **Program Length Table for Calculations**

Program Option	Total Number of Academic Terms to Complete Program/Option (including pre-requisites)	Number of Academic Terms for Nursing Coursework

- **Aggregated Program Completion Table**

Program Completion – Aggregated for the Entire Program			
Year	Total number of students starting in the first nursing course	Total Number of on-time graduates	Program Completion Rate
20XX	N=	N=	XX%
20XX	N=	N=	XX%
20XX	N=	N=	XX%

- **Disaggregated Program Completion Table (if applicable)**

Program Completion Rate – Disaggregated by XXX (e.g., options, locations, cohorts)				
Year	Option/Location X	Option/Location X	Option/Location X	Option/Location X
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)

Add more columns or another table, if needed

- **Criterion 5.3**

  The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice). The faculty will:

  d. Examine aggregate examination pass rate data (licensure and/or certification) secured from regulatory and/or certifying agencies. The most recent annual pass rate **OR** the mean pass rate for three most recent years must meet at least one of the following based on the total number of test-takers:

  • 80% or greater for all first-time test-takers; or

  • 80% or greater for all first-time test-takers and repeaters; or

  • At or above the national/territorial mean based on the nursing program type.

  e. Disaggregate the pass rate data to promote meaningful analysis; provide justification for data that are not disaggregated;

  f. Analyze program licensure and/or certification examination pass rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve students' examination pass rate success;

  g. Maintain documentation for the three most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination; and

  h. Share the analysis of the licensure and/or certification examination pass rate data with communities of interest.

FOCUSED QUESTIONS

Does the program offer a pre-licensure (i.e., practical or registered nurse) program option or a program option with an associated certification examination required for practice (e.g., nurse practitioner)? If so:

- **For Programs Seeking Initial Accreditation:**

New programs without graduates will not have licensure and/or certification data at the time of the initial accreditation visit; however, the Systematic Plan of Evaluation must be developed and available for peer evaluators at the time of the initial accreditation visit. Narrative should address the following:

a. Have the faculty developed a written peer evaluation that includes a plan (assessment methods, data collection intervals, assessment intervals) for evaluating licensure and/or certification data?

b. What is the plan for the sharing of the analysis of the licensure and/or certification data with communities of interest once the program has graduates?

NOTE: Programs seeking initial accreditation that have had graduates should address items a-f but are only required to have data from the time that candidacy with the NCANC was achieved.

- **For Programs seeking Continuing Accreditation:**

a. Has the program achieved the benchmark for licensure/certification pass rate? Is the most recent annual pass rate OR the mean pass rate for three most recent years:
  • 80% or greater for all first-time test-takers? or

  • 80% or greater for all first-time test-takers and repeaters? or

  • At national/territory mean based on the nursing program type?

b. Are the pass rate data disaggregated? If not, what is the faculty's rationale for not disaggregating the data?

c. When are the pass rate data analyzed? Are there examples of how the faculty analysis of data were used to maintain and/or improve the pass rate?

d. Does the program have three years of pass rate data? Is the data, analysis (and actions if needed) documented in the peer evaluation? If not, where is this information located?

e. How is the analysis of the data shared with communities of interest?

NOTE: Graduates' annualized, aggregated success on the licensure and/or certification examination from (minimally) the most recent cohort(s) must be published in at least one publicly accessible publication. Publicly accessible means in an open manner observable by or in a place accessible to the public. Common publicly accessible publications include a nursing program/governing organization website, catalog, handbook, etc.

REQUIRED EVIDENCE

- Systematic Plan of Evaluation

SUPPORTING EVIDENCE

- Examination Results Reports from the official regulatory and/or certifying agencies

- Meeting Minutes/Reports/Action Plans (if analysis/actions are not recorded in the Peer Evaluation)
- Interviews with faculty

RECOMMENDED TABLES

Aggregate Data - Recommended Table Options

- **Disaggregated Licensure and/or Certification Examination Table (if needed)**

Performance on Licensure or Certification Examination – Disaggregated				
Year	**Examination Pass Rate**			
	Option/Location X	**Option/Location X**	**Option/Location X**	**Option/Location X**
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)
20XX	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)	XX% (XX/XX)

(Add more columns or another table, if needed for any other disaggregated data)

GUIDELINE
OF APPLYING THE NATIONAL
STANDARDS
FOR ACCREDITING
NURSING COLLEGES
IN IRAQ
2022