



Nursing Education Program Approval Standards

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Purpose

The Nursing Education Program Approval Committee (NEPAC) is established as permitted by Section 3(1)(f) of the *Health Professions Act* (HPA, 2000) and pursuant to the CRNA's *College Bylaws* (2022c). The *College Bylaws* outline that Council establishes the NEPAC regulatory committee (CRNA, 2022c). The *Governance Policies* (2022d), outline the duties and powers of NEPAC to establish the minimum nursing education program approval **STANDARDS¹** and **CRITERIA** required to obtain and maintain the designation of an approved nursing education **PROGRAM**.

The *Nursing Education Program Approval Standards* contain the standards and criteria developed by NEPAC and approved by the CRNA's Council. The four standards must be met for a nursing education program to obtain the designation of an approved nursing education program in Alberta. The criteria describe how each nursing education standard is met. A nursing education standard cannot be achieved if each criterion has not been met. The representatives from the educational institutions are responsible for providing complete evidence that demonstrates the nursing education standards are being or will be met as part of the approval process to obtain or maintain the designation of an approved nursing education program.

Standards and Criteria

Standard 1: Program Structure and Sustainability

The nursing education program has sufficient structures and resources (human, physical, technological, and fiscal) for program sustainability, and supports **NURSING STUDENTS** in the nursing education program leading to

- initial entry-to-practice as a registered nurse (RN);
- re-entry-to-practice as an RN; or
- initial entry-to-practice as a nurse practitioner (NP).

Criteria

The nursing education program has

- 1.1 an organizational structure and processes that outline the accountability of leadership regarding human resources, records management, finances, **CURRICULUM**, and policies;

¹ Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

- 1.2 clearly defined governance structures that include all internal and external committees that directly impact the nursing education program;
- 1.3 processes to continually monitor the availability of resources to optimize nursing student achievement of the **COURSE OBJECTIVES, PROGRAM OUTCOMES,** and **ENTRY-LEVEL COMPETENCIES,** and adjust for factors such as attrition and enrollment numbers;
- 1.4 policies, resources, and strategies available to enable nursing student and nursing **FACULTY** member success;
- 1.5 established minimum admission requirements
 - 1.5.1 in the nursing education program leading to initial entry-to-practice as an RN, of a 30 level (or equivalent) English, Mathematics, two science courses, and one other course, and a minimum entrance grade point average, or
 - 1.5.2 in the nursing education program leading to initial entry-to-practice as an NP, of a baccalaureate degree in nursing, a minimum of 4500 hours of RN practice in the practice focus (i.e., family/all ages, adult, child, neonatal), and a **REGULATED MEMBER** in good standing and holds an active RN practice permit in a Canadian jurisdiction;
- 1.6 a strategy to inform individuals, who are applying to a nursing education program leading to initial entry-to-practice as an RN, of the **REQUISITE SKILLS AND ABILITIES** for Becoming a Registered Nurse in Alberta (CRNA, 2022a);
- 1.7 a sufficient number of faculty members who have the required qualifications for the nursing education program, the course(s) they teach, and who are knowledgeable, skilled, and **COMPETENT**
 - 1.7.1 in the nursing education program leading to initial entry and re-entry-to-practice as an RN, the nursing faculty members have a baccalaureate degree in nursing to teach **NURSING THEORY** and **NURSING PRACTICE,**
 - 1.7.2 in the nursing education program leading to initial entry-to-practice as an NP, the nursing faculty members have a graduate degree in nursing to teach NP theory and practice, and
 - 1.7.3 nursing faculty members who conduct **SIMULATION-BASED EXPERIENCES** are qualified, competent, and receive ongoing education, training, and/or certification to maintain their **COMPETENCE** to conduct **SIMULATION** and debriefing in simulation;
- 1.8 an established process for annual verification that faculty members, who are under the HPA (2000), are regulated members in good standing with their respective regulatory college

- 1.9 in the nursing education program leading to initial entry and re-entry-to- practice as an RN, the nursing faculty members who teach nursing theory and nursing practice are regulated members in good standing and hold an active practice permit with the CRNA,
- 1.10 in the nursing education program leading to initial entry-to-practice as an NP, the nursing faculty members who teach NP theory and practice are regulated members in good standing and hold an active practice permit with the CRNA; and
- 1.11 written contracts with external clinical, simulation, and learning facilities. These contracts are specific to the expectations, roles, and responsibilities of the parties, and are regularly reviewed.

Standard 2: Curriculum

The curriculum has educational opportunities for nursing students to successfully achieve the CRNA entry-level competencies in the nursing education program leading to initial entry-to-practice as an RN or NP. The *Practice Standards for Registrants (2023)* and *Entry-Level Competencies for the Practice of Registered Nurses (2019)* are used in the curriculum for measurement of success in the nursing education program leading to re-entry-to-practice as an RN.

Criteria

The nursing education program has

- 2.1 a philosophy of nursing, mission of the program, and **CONCEPTUAL FRAMEWORK** that guide the development, implementation, and evaluation of the curriculum;
- 2.2 course objectives and program outcomes that align with the entry-level competencies:
 - 2.2.1 The course objectives indicate a progression of complexity, unpredictability, and acuity of the **CLIENT'S** health-care needs, the context of care, and accountability of care as nursing students progress through the nursing education program;
- 2.3 an evidence-informed curriculum that incorporates emerging trends and their effect on the health-care system and client health outcomes;
- 2.4 a curriculum with a logical organizing framework that includes theoretical and application processes to enable nursing students to achieve the entry-level competencies

- 2.4.1 in the nursing education program leading to initial entry-to-practice as an RN, the nursing courses comprise a minimum of 60 per cent of the curriculum as measured by course credits; and
- 2.5 a curriculum that incorporates theoretical and application processes to develop **CRITICAL THINKING** in nursing students to support professional judgement and reasoned decision-making.

Standard 3: Clinical, Laboratory, and Simulation Environments

The nursing education program provides experiences for nursing students to achieve course objectives, program outcomes, and entry-level competencies that include clinical, **LABORATORY**, and simulation environments.

Criteria

The nursing education program has

- 3.1 **CLINICAL PLACEMENTS** and **CLINICAL RESOURCES** that provide educational opportunities for nursing students to achieve the entry-level competencies
 - 3.1.1 in the nursing education program leading to initial entry-to-practice as an RN, the nursing students have experiences in a variety of settings, with diverse clients across the lifespan who present with a range of acuity, complexity, social **DETERMINANTS OF HEALTH**, and health care needs,
 - 3.1.2 in the nursing education program leading to initial entry-to-practice as an NP, the nursing students have experiences appropriate for their practice focus (i.e., family/all ages, adult, child, neonatal), and
 - 3.1.3 the provincial average of clinical placement hours guides the total number of clinical placement hours in the nursing education program and per course;
- 3.2 a final clinical **PRECEPTORSHIP** at the end of the nursing education program where nursing students apply theoretical concepts and consolidate their learning. There is no new foundational content introduced during the final clinical preceptorship
 - 3.2.1 in the nursing education program leading to initial entry-to-practice as an RN, the final clinical preceptorship is a minimum of ten weeks and 350 hours of direct client care, or

- 3.2.2** in the nursing education program leading to initial entry-to-practice as an NP, the final clinical preceptorship requires direct client care in their practice focus (i.e., family/all ages, adult, child, neonatal);
- 3.3** **PRECEPTORS** who are regulated members in good standing and hold an active practice permit with their respective Canadian jurisdictional regulatory college where the preceptorship occurs, experientially qualified, well-oriented to the course and preceptor role, and monitored by nursing faculty members
- 3.3.1** in the nursing education program leading to initial entry-to-practice as an RN, the preceptor is on the RN register, or
- 3.3.2** in the nursing education program leading to initial entry-to-practice as an NP, the preceptor is on the NP register. A physician may be the preceptor, only if an NP is not available;
- 3.4** the **SUPERVISION** of nursing students by nursing faculty members in accordance with the *CRNA Supervision Standards (2022b)*;
- 3.5** nursing faculty member to nursing student ratios in the clinical, laboratory, and simulation environments that provide optimum nursing student learning and safe client care. The following factors must be considered in determining these ratios
- 3.5.1** course objectives, nursing students' knowledge level, clinical placements, supports in the clinical placement, clients' needs, types of clinical experiences, and the presence of a professional role model,
- 3.6** experiences for nursing students in the laboratory and simulation environments that integrate theoretical learning; and
- 3.7** policies and procedures to assure quality and consistency of simulation-based experiences for nursing students, including the development of simulations and a standardized method of facilitating and debriefing simulation experiences.

Standard 4: Evaluation

The nursing education program has an established plan to evaluate the progression of nursing student achievement, course content, course delivery modes, and program outcomes.

Criteria

The nursing education program has

- 4.1** robust and comprehensive processes and strategies in place to evaluate nursing student progress;
- 4.2** formative and summative evaluations of nursing student achievement of specific course objectives;
- 4.3** nursing students who have achieved the entry-level competencies upon completion of their nursing education program;
- 4.4** processes to collect and analyze performance on the entry-to-practice exam, including a comparison with the national average;
- 4.5** systematic processes in place to evaluate curriculum and course components, and this evaluation data is reviewed and utilized for quality improvement to optimize nursing student learning and safe client care:
 - 4.5.1** Faculty members and nursing students provide feedback on the nursing education program curriculum and course components.
 - 4.5.2** Stakeholders are given opportunities to provide feedback on the nursing education program curriculum and course components.

Glossary

CLIENT – The term client(s) can refer to patients, residents, families, groups, communities and populations.

CLINICAL PLACEMENTS – The direct clinical care in settings where nursing students apply knowledge and skills.

CLINICAL RESOURCES – The facilities, agencies, and settings where nursing students engage in nursing practice.

COMPETENCE – The integrated knowledge, skills, judgement, and attributes required of a nurse to practice safely and ethically in a designated role and setting.

COMPETENT – The collection and application of measurable knowledge, skills, abilities, judgment, and attitudes to practice safely and ethically (Canadian Council of Registered Nurse Regulators, 2012).

CONCEPTUAL FRAMEWORK – A set of logically related concepts that provide the structure for the nursing education program and the development of the curriculum.

COURSE OBJECTIVES – The statements which describe what the nursing student is expected to achieve as a result of instruction.

CRITERIA – The outcomes that must be achieved in order to meet a particular standard; a standard cannot be achieved if each criterion has not been met.

CRITICAL THINKING – Purposeful, informed and outcome-focused thinking that includes clinical reasoning, judgement and decision making (Alfaro-Lefevre, 2013).

CURRICULUM – The foundational values, beliefs, and concepts; program/course outcomes/goals/objectives; and overall structure, including how learning is sequenced and built upon progressively to provide the learning experiences necessary for nursing students to achieve the entry-level competencies and practice standards (British Columbia College of Nurses and Midwives, 2021).

DETERMINANTS OF HEALTH – The broad range of factors that impact and determine individual and population health such as a person's individual characteristics and behaviours, the social and economic environment, and the physical environment (Government of Canada, 2022).

ENTRY-LEVEL COMPETENCIES (NP) – The specific knowledge, skills, abilities, and judgment required for a newly-graduated NP to meet the minimum requirements for entry-to- practice (CRNA, 2016).

ENTRY-LEVEL COMPETENCIES (RN) – The observable abilities of an RN at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically (CRNA, 2019).

FACULTY – The teaching and administrative staff and those members of the administration having academic rank in an educational institution in Alberta. Nursing faculty members are those who teach the nursing theory and practice in the nursing education program are regulated members in good standing and hold an active RN practice permit with the CRNA. Non-nursing faculty members are those who teach the non-nursing content in the nursing education program.

LABORATORY – An educational setting that is not a clinical placement, but where nursing students practice nursing skills and competencies in a simulated setting.

NURSING PRACTICE – A synthesis of the interaction among the concepts of persons, health, environment, and nursing. It is a direct service provided to a variety of patient/client populations throughout the life cycle, as well as groups and communities. The nursing practice context is any setting where a nurse-patient/client relationship occurs with the intention of responding to the need or requests for nursing service. Caring is an integral part of this service. In the event that patients/clients are unable to respond to the nurse on their own behalf, the term patient/client shall refer to the family or significant others (HPA, 2000).

NURSING STUDENT – A person enrolled in an approved nursing education program leading to initial entry-to-practice as an RN, re-entry-to-practice as an RN, or initial entry-to-practice as an NP.

NURSING THEORY – Based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses (RNs) apply nursing knowledge, skill, and judgment to teach nursing theory and practice (HPA, 2000).

PRECEPTOR(S) – An experienced regulated member who functions as a role model for a nursing student and provides transitional role support via a collaborative, collegial relationship. In conjunction with a nursing faculty member, the preceptor is responsible for mentoring, supervising, and evaluating the nursing interventions of a nursing student during the final clinical preceptorship.

PRECEPTORSHIP – The clinical placement that occurs at the end of the nursing education program where nursing students fully integrate concepts from the curriculum. This placement has a preceptor to student ratio of 1:1 (may have more than one preceptor). Simulation, workshops, conferences, or other similar professional development opportunities cannot take the place of any preceptorship hours.

PROGRAM – A planned, coordinated group of activities, including the system of resources and structures to deliver the curriculum to ensure the achievement of the course objectives, program outcomes, and entry-level competencies.

PROGRAM OUTCOMES – The expected end results of a curriculum that describes the specific knowledge, skills, or attitudes that the nursing students are required to achieve by the completion of the nursing education program.

REGULATED MEMBER – A registered member of a regulated health profession authorized to perform certain restricted activities and governed by the standards of their College.

REQUISITE SKILLS AND ABILITIES – The basic skills and abilities to achieve the entry-level competencies required by nursing students for progression through a nursing education program and for initial entry-to-practice as a generalist RN in Alberta.

SIMULATION – An educational strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life (International Nursing Association for Clinical & Learning [INASCL], 2016).

SIMULATION-BASED EXPERIENCE(S) – A broad array of structured activities that represent actual or potential situations in education, practice, and research. These activities allow nursing students to develop or enhance knowledge, skills, and/or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment (INASCL, 2016).

STANDARDS – A set of authoritative statements that describe the minimum requirements for approving a nursing education program. The nursing education program approval standards are the basis by which the actual performance of a nursing education program is measured for approval.

SUPERVISION – The consultation, guidance, and oversight by a regulated member in the practice setting. Supervision may be direct, indirect, or indirect remote (CRNA, 2022b).

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