COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

Guidelines for Nursing Education Programs

Preparing for a Review by the CRNBC Education Program Review Committee

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Introduction

This document is for nursing education programs preparing for a program review. It will assist programs to:

- Provide evidence to support a thorough assessment by the College of Registered Nurses of BC (CRNBC) Education Program Review Committee (EPRC),
- Conduct a program self-evaluation, and,
- Prepare for a site visit.

Note: These guidelines must be used in conjunction with the *Nursing Education Program and Course Review Policies*.

The EPRC reviews and evaluates programs against three nursing education standards and the indicators of each standard. The nursing education standards are:

(a) **Curriculum** – The curriculum provides the learning experiences necessary for students to achieve the RN or NP entry-level competencies[1] and Standards of Practice.

(b) **Students** – Students demonstrate progress toward the achievement of the competencies and Standards of Practice.

(c) **Graduates** – Graduates of the nursing education program successfully achieve the competencies and Standards of Practice.

See Policy 6 for the Indicators of the Nursing Education Standards.

1 Hereafter, the word, competencies means the CRNBC entry-level competencies for RNs or NPs applicable to the program/course being reviewed.

Table 1. Links to RN and NP Entry-level Competencies and Standards of Practice

RN entry-level competencies and Standards of Practice	NP entry-level competencies and Standards of Practice
• *Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia* • *Professional Standards for Registered Nurses and Nurse Practitioners* • The CRNBC Practice Standards for Registered Nurses and Nurse Practitioners • *Scope of Practice for Registered Nurses: Standards, Limits and Conditions*	• *Competencies Required for Nurse Practitioners in British Columbia* • *Professional Standards for Registered Nurses and Nurse Practitioners* • The CRNBC Practice Standards for Registered Nurses and Nurse Practitioners • *Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions*

In assessing programs, the EPRC determines whether or not a program demonstrates that it meets the nursing education standards. Programs do this by conducting a program self-evaluation and presenting their findings in a self-evaluation report. A site visit is also a required part of most nursing education program reviews. See Table 2, Education Program Review Process, an outline of the steps in the review process.

Table 2. Outline of the Nursing Education Program Review Process.

Preliminary Review

- The EPRC requires 3 weeks to review the self-evaluation report. They then instruct the site visitors on what evidence to collect and verify.
- Site visit instructions are sent to the program about 1 week before the visit.

Site Visit

- A site visit team visits the educational institution to collect and verify evidence as requested by the EPRC. The visit is normally 2 days at one site.
- The team submits a written report to the EPRC. The site visitors attend an EPRC meeting to discuss the report about 3 weeks thereafter.
- CRNBC sends a copy of the report to the program at the same time it goes to EPRC.

Final Review

- The EPRC concludes its assessment, formulates its tentative recommendation, and discusses these with the program representatives.
- The EPRC then prepares its final report and recommendation to the CRNBC Board. The CRNBC Education Consultant communicates with program representatives about the outcome and timing to complete the process.

Decisions

- The CRNBC Registrar/Chief Executive Officer (CEO) approves, on behalf of the CRNBC Board, the EPRC recommendations when the recognition status of the program is not jeopardized, or a Bylaw amendment to Schedule C is not required, by the recommendation.
- The CEO reports to the Board on EPRC recommendations and actions taken.

Follow up

The CRNBC Education Consultant is available to discuss the final report upon request and to make plans for future reviews.

Questions?

CRNBC welcomes and encourages questions as programs engage in the program review process. When in doubt about any aspect of the program review process, program representatives should contact the CRNBC Education Consultant with questions or to affirm plans. The Administrative Assistant should be contacted about logistical and technical questions. If complex questions arise, the Education Consultant may, with the knowledge of the program involved, discuss the matter with the Education Program Review Committee before providing advice.

Table 3. Contact Information for CRNBC Staff

Joyce Black	Susanna Yan
CRNBC Senior Education Consultant	Administrative Assistant
Tel: 604.739.5652 (ext. 309)	Tel: 604.736-7331 (ext. 219)
Toll-free: 1.800.565.6505 (ext. 309)	Toll-free: 1.800.565.6505 (ext. 219)
Email: black@crnbc.ca	Email: yan@crnbc.ca

Part I: New/Newly Designed or Substantially Changed Nursing Education Program

Educational institutions planning to offer a new or newly designed nursing education program, or to implement substantial changes to an existing recognized program, are expected to submit a notice of intent to the EPRC, in accordance with the definition and requirements in Policy 7. Submissions may be via email or regular mail.

A **new** nursing education program is one that is new to the institution offering the program, i.e., it is not currently being offered at the institution and is not listed in Schedule C of the CRNBC Bylaws. A **newly designed** program is a recognized program that is being completely redesigned and therefore requires a phased-in review process and the same notice of intent as for a new program. A **substantially changed** nursing education program is a program undergoing a substantial change as defined in Policy 7.1.

Programs should contact the CRNBC Education Consultant to determine submission timelines and a planned implementation date, so they can be coordinated with EPRC meetings.

NOTICE OF INTENT TO THE CRNBC EDUCATION PROGRAM REVIEW COMMITTEE

New Program and Newly Designed Program

The notice of intent for a new program or a newly designed program should not exceed 1-2 pages and include:

- A statement of the type and length of the program to be offered.
- The intended start date.
- In the case of a newly designed program where an existing program is being phased out, the date when the last students will graduate and whether an extension of recognition is required to enable them to graduate from a recognized program (Policy 7.7).
- A statement about when the educational institution will be ready to submit their self-evaluation report.
- A bulleted list of the planning process with time lines and key outcomes achieved.
- The status of any other internal or external review/approval processes required.

The CRNBC review may proceed at the same time as other review processes, e.g., by the Ministry of Advanced Education. EPRC recommendations may be conditional

pending official notification that other required reviews have been completed successfully without substantial changes to the program reviewed by EPRC.

Substantially Changed Program

The notice of intent for a substantially changed program should not exceed 3-4 pages, plus the completed Table 4 template with appendices, and include:

- The current CRNBC recognition status of the program, including when the next program review is due.
- An executive summary (1 page or less) describing the reasons for the change.
- The proposed implementation date.
- A bulleted list of what will remain the same in the program.
- A brief description of the transition plan for students currently enrolled in the program, including how they will be accommodated, as well as how any potential challenges will be managed, e.g., students who may need more time to complete one or more practice courses (suggestion: a year by year table of student cohorts may be helpful).
- A brief description of the plan to evaluate the proposed changes in relation to student achievement of the CRNBC entry-level competencies and Standards of Practice.
- If relevant, include a few select key references (3-5), with links where possible. For example, ones that provide the evidence base for changes and define terminology.

The EPRC will determine whether the established program review schedule will stand. If needed, the EPRC may request more information related to specific indicators of the CRNBC nursing education standards.

Table 4. Brief Summary of Proposed Changes According to Definition in Policy 7

1. **There are changes to how the curriculum addresses the competencies and Standards of Practice, including changes in the nature and extent of learning opportunities in the curriculum.** Yes ☐ No ☐ If yes, provide a brief summary and, where applicable, attach the following 1-2 page appendices: • Table(s) or curriculum map(s) that compare, at a macro level, the **current and proposed curricula**, sequence of courses, new courses, etc.; • A table comparing the **current and proposed practice hours** in both the laboratory and practice learning experience hours with clients.
2. **There are changes to the learning resources to support student achievement of the competencies and Standards of Practice, including laboratory and program learning experiences with clients.** Yes ☐ No ☐ If yes, provide a bulleted list of the key resources and/or supports available to implement the changes.
3. **There are changes to expectations about overall student academic performance, including evaluation of student practice and policies about safe student performance.** Yes ☐ No ☐ If yes, provide a brief summary.
4. **There are other significant changes that will impact students' ability to achieve the requirements to register with CRNBC, following graduation from the program, that may include but are not limited to, a change in delivery method, program sites, program partnerships.** Yes ☐ No ☐ If yes, provide a brief summary.

Part II: The Self-evaluation Report Format and Contents

SELF-EVALUATION REPORT FORMAT

Nursing education programs undergoing a review complete a self-evaluation report template, which includes the nursing education standards and the corresponding indicators, as well as a suggested format for the action plan. All evidence and information provided in this section should be organized under the indicators of the three nursing education standards applicable to the type of review being conducted. Other presentation methods make it difficult for the EPRC to locate and systematically assess the evidence about the standards and indicators.

The report must include a table of contents with hyperlinks to corresponding report sections. The narrative part of the self-evaluation report should be in an easy-to-read layout and typeface (1.5 line spacing and 12 point typeface, e.g., APA suggests Times New Roman).

There is a list of tables with hyperlinks to corresponding report tables and a list of appendices at the end of the report.

List of Tables and List of Appendices requirements:

- The tables and appendices are listed in the order in which they occur first in the report.
- Tables are numbered (Table 1, Table 2, etc.), and titled.
- Appendices are labeled with a capital letter (Appendix A, Appendix B, etc.) and titled.
- If there are more appendices than letters in the alphabet, the appendix after Appendix Z is labelled Appendix AA, and subsequent appendices are labelled Appendix BB, Appendix CC etc.
- The List of Tables and List of Appendices titles match the corresponding titles in the report.
- Each appendix:
  - Consists of one document only.
  - Consists of the relevant pages of a larger document. The title and a brief description of the larger document are included.

To facilitate moving within the documents and side-by-side viewing of the self-evaluation report and the appendices:

- The self-evaluation report and the appendices are two separate, paginated documents.
- Each is presented in the Adobe PDF file format with bookmarks.

A reminder that clarity, brevity conciseness enhance the quality and readability of the self-evaluation report. Use the active voice and avoid repetition. The EPRC encourages the thoughtful use of devices that contribute to report readability, such as sub-headings, bulleted lists, tables, maps, flow charts, screen shots, pictures, short (i.e., 1 to 2 minute) videos, and hyperlinks.

Note that hyperlinks must take the reader to **specific** web documents, document sections, or pages. Links to general websites or to lengthy documents that require the reviewer to search further are not helpful and should be avoided. A thorough proofreading of the submission should include verifying that **all hyperlinks are working correctly**, and do not point to internal documents or intranets.

REMEMBER

Clarity, brevity and conciseness enhance the quality and readability of the self-evaluation report.

Use the active voice and avoid repetition.

Collaborative programs

Collaborative nursing programs offer the same or a shared curriculum at two or more educational institutions. In most cases, the partners in a collaborative nursing program conduct their program reviews simultaneously. In these cases, the EPRC asks that repetition of information be avoided.

Typically, there are two types of reports required for these programs, a collaborative report and a site-specific report.

Table 5. Collaborative Program Report Requirements

Collaborative report	Site-specific report
The collaboration prepares and submits a collaborative report. The collaborative report contains information **common to all sites** (usually about curriculum and program evaluation methods).	**Each site** prepares and submits a **site-specific report**, which must: • Portray what the program looks like "on the ground" as it is implemented at each location. • Identify the ways, if any, the curriculum offered at the site differs from the common curriculum. • Identify other site-specific differences, e.g., resources. • Refer to the common information in the collaborative report.

Please contact the CRNBC Education Consultant about any other report formats you may prefer to use, e.g., one integrated report for a collaborative program; an institutional global report with a program specific report for multiple programs offered by the same institution and reviewed by EPRC.

SELF-EVALUATION REPORT CONTENTS

Purpose of the Report

The report begins with a section **(1-2 paragraphs)** that briefly addresses the type and purpose of the review.

Overview of the program

The overview **(3-5 pages)** describes the nursing education program in a concise but comprehensive way. The overview **does not address any indicators** of the nursing education standards to avoid repetition. It provides a macro-level picture or "bird's eye view" of the program and also an understanding of the main contextual elements that are currently influencing the program. Such contextual information often encompasses:

- Factors that support the program, and,

- Factors that present challenges or impediments to program implementation, e.g., organizational, environmental.

The overview includes:

- An organization chart (with hyperlinks to additional information such as position descriptions, committee terms of reference) of the academic and operational leadership positions and committees in the program including those that support faculty and students.
- A table showing the numbers and types of students admitted (e.g., LPN access), the number of times during the academic year when students are admitted and the student population.
- An outline of program delivery methods, e.g., the portions of the program offered onsite, online, or in a hybrid/blended format; full time/part-time study; year-round delivery or not. The locations/campuses where the program is offered.

Collaborative nursing programs also identify:

- The collaborative partners,
- The locations where the program is offered, and
- The collaborative arrangements. This includes an outline of the nature of:
  - The relationships between/among partners, including roles, responsibilities, and,
  - Accountabilities of each, e.g., evaluation of graduates.

Nursing Education Standards – Evidence to support attainment of the Standards

This is the essential part of the report. It must contain evidence about **how the three nursing education standards and each of the related indicators are met**. Refer to Appendix A, *Nursing Education Standards and Indicators with Required Supporting Evidence,* for evidence required to demonstrate to the EPRC that the standards and indicators have been met. Programs are welcome to add evidence in addition to that identified in Appendix A to support the indicators. In some cases, evidence not available at the time of writing the report may be made available to site visitors during the site visit. However, this should be stated in the report. In other cases, the evidence may not be available/applicable, e.g., phased in reviews or re-entry programs.

It's important to include information that may help the EPRC easily and clearly understand the evidence presented. Although summary evidence is required, programs are encouraged to include examples, anecdotes or other illustrations that

help the day-to-day planning, implementation and evaluation of the program come alive in the minds of EPRC members. In addition, programs should feel free to include any information that is relevant to interpretation of the evidence presented and may assist the EPRC to understand the context of program implementation fully.

At the end of the section on each standard, programs draw conclusions about whether the standard is met by listing areas of strength and areas for improvement and/or development followed by a succinct statement as to whether each standard is considered to be met, partially met or not met.

Action plan

This section is a presentation of the specific actions that will be taken during the period of time until the next report, to address the areas for improvement or development, and strategic planning arising from the self-evaluation of the three nursing education standards. The action plan is often clearly presented in a chart format. It needs to include:

- Timeframes or completion deadlines for each action, and,
- The specific position or group responsible and accountable for the actions.

It may include explanatory narrative to augment the chart.

Tables

Tables are often incorporated in the body of the report with narrative about the tabular display just before or after the table. Tables are an efficient way of presenting a significant amount of exact data in a small amount of space. Tables need to be self-explanatory without reference to the text. The text addresses the table highlights, and the interpretation and significance of the table data, based on an analysis completed by the program.

Appendices

Appendices consist of detailed information that would be distracting or inappropriate in the body of the report. The narrative in the self-evaluation report should refer to the appendices and briefly describe the evidence that each provides. Each appendix must be fully relevant to the self-evaluation report.

There are **three required Appendices**. These appendices address the inclusion in the curriculum of the:

i) CRNBC Professional Standards and RN or NP entry level competencies,
ii) CRNBC Practice Standards, and,
iii) RN or NP Scope of Practice: Standards, Limits and Conditions.

The CRNBC Administrative Assistant provides templates for these required appendices to nursing education programs.

Part III: Report Submission and Acceptance of the Report

REPORT READABILITY TO EASILY FIND SALIENT EVIDENCE

Prior to submission, the EPRC requests that the self-report and appendices be carefully proofread to confirm that the report and the appendices meet the required format and content requirements. See Table 6, a checklist that may be used to facilitate this process.

Table 6. Report Checklist

Self-evaluation report

- ☐ The self-evaluation report template format is used.
- ☐ There is a table of contents with hyperlinks to report sections.
- ☐ Layout contributes to report clarity.
- ☐ 1.5 line spacing and 12 point typeface, e.g., APA suggests Times New Roman, are used for the narrative part of the report.
- ☐ The report is paginated.
- ☐ There is a List of Tables with hyperlinks to corresponding report tables.
- ☐ Tables are numbered according to when they first occur in the report and are titled.
- ☐ There is a List of Appendices.
- ☐ Appendices are listed according to when they appear first in the report, labelled using capital letters and are titled.
- ☐ List of Tables and List of Appendices labels and titles match those in the report.
- ☐ Devices are used to make the report as clear and succinct as possible, e.g., sub-headings, bulleted lists, tables, maps, flow charts, screen shots, pictures, short videos, hyperlinks.
- ☐ The active voice is used whenever possible.
- ☐ Repetition is avoided.
- ☐ The Adobe PDF file format with bookmarks is used for the report.

Hyperlinks

- ☐ All links are functional.
- ☐ If links to institutional documents are used, links are functional at locations outside the institution.
- ☐ If links to documents or websites are used, links are to specific web documents, document sections or pages avoiding the need to search sites or documents for the required information.

Appendices

- ☐ Appendices are fully relevant.
- ☐ Each appendix consists of one document only.
- ☐ Only the relevant pages of a larger document are submitted.
- ☐ The appendices are in a separate document that is paginated.
- ☐ The Adobe PDF file format with bookmarks is used for the appendices.

Report Submission and Acceptance

The EPRC requests an electronic copy and several print copies of the self-evaluation report. Please contact the CRNBC Administrative Assistant for current information about the number of copies required and the format.

The reports are submitted to the CRNBC Education Consultant **by 1630 hours on the due date** specified by CRNBC. If the report is submitted late, the program review may need to be rescheduled and this will delay the review. The most extreme consequence of a late submission is that **recognition of the program may expire before the review is completed**.

Reports that do not provide sufficient evidence and/or do not meet the formatting guidelines to the satisfaction of the EPRC may be returned to the program. See Policy 16 for more information about acceptance of the report.

Part IV: Preparing For a Site Visit

This section augments Policy 9, The Site Visit Component of the Review Process. The purpose of the site visit is to collect or verify evidence to augment the information provided in the program self-evaluation report. A site visit is usually two days in length although it may be longer if there are multiple program sites.

PURPOSE OF SITE VISIT

...to collect or verify evidence to augment the information provided in the program self-evaluation report.

THE SITE VISITORS

The CRNBC retains site visitors on a contract basis to conduct the site visit on behalf of, and with the instructions from, EPRC. The site visitors' expenses are paid by CRNBC. There are usually two members per site visit team, although this may be increased in cases where visits need to be made to multiple program sites. Site visit team members are Registered Nurses or Registered Nurse practitioners; usually one is a nurse educator and one is a nurse from a practice setting.

Site visitors:

- Are not members of the EPRC.
- Collect and report evidence obtained during the site visit.
- Do not make recommendations about program assessment or recognition to the EPRC.
- Are absent during the EPRC deliberations about program assessment and recommendation for recognition, i.e., they do not participate in recognition decisions.

THE SITE VISIT PROCESS

Before the site visit

- The CRNBC Education Consultant
  - Identifies potential site visitors.
  - Confirms with the educational institution that there is no potential conflict of interest between a suggested site visitor and the nursing education program being reviewed (see Policy 3A).
  - Contacts the educational institution and the site visitors to provide names and full contact information to all parties.

  - Assigns one of the site visitors to be the team leader who communicates directly with the educational institution representative, usually the head of the nursing education program or designate.
- The team leader contacts the educational institution representative as soon as possible to establish communication and confirm with whom the site visitor will work to draft and finalize the site visit agenda. The educational institution begins drafting the site visit agenda in consultation with the site visit team leader prior to EPRC instructions to the site visitors. The agenda is finalized thereafter. Alternatively, the administrative head of the nursing education program may contact the team leader at any time. See *Nursing Education Program Preparations to Draft the Agenda* **on page 21.**
- The site visitors read the program self-evaluation report.
- The EPRC gives direction to the site visitors about additional evidence to collect and evidence to verify.
- The CRNBC Education Consultant provides the educational institution with a written outline of the EPRC request for the evidence to collect and verify during the site visit. The EPRC instructions are shared to facilitate final preparation of the site visit agenda. EPRC does not expect the program to prepare additional written materials.
- The team leader contacts the educational institution representative to finalize the arrangements for the site visit and make any modifications to the draft agenda (This discussion may take up to 1 hour). The modifications are usually minor provided the guidelines below have been considered when drafting the site visit agenda. However, it is essential that the agenda is designed to facilitate collection of all the information that EPRC requests.

During the site visit

The Education Consultant may be contacted to answer questions and address concerns raised by the team leader or the program representative/s.

At the end of the site visit, the site visit team meets with program representatives to review the evidence collected and seek any further clarification.

After the site visit

- The team leader submits a written report to the EPRC that the committee uses to complete its final review of the program.
- CRNBC sends a copy of the confidential site visit report to the administrative head of the program being reviewed at the same time it is sent to the EPRC and asks the educational program representative to whom it is addressed to

contact CRNBC if there are any questions or concerns about the site visit report.

NURSING EDUCATION PROGRAM PREPARATIONS TO DRAFT THE SITE VISIT AGENDA

To facilitate advance planning and setting a draft agenda, CRNBC suggests the nursing education program make the preparations listed in Table 7. Sufficient time must be set aside for site visitors to meet students, graduates and nursing practice representatives (see bolded items in list below). Phone communication is an option for contact with graduates and nursing practice representatives.

Reasonable efforts should be taken to reduce bias in sampling and responses. Faculty and administrators should **not** be present during site visitor discussions with groups of students, graduates or outside representatives. Administrators, e.g., Directors, Deans, Chairs, should not be present when site visitors meet with nursing faculty.

Ideally, site visitors will have a designated space with telephone and internet connection for document review and other site visit activities. Although site visitors appreciate meeting with as many people as possible, the agenda should be realistically planned to allow time for refreshment breaks, moving from one location to the other, and document review. Most site visitors appreciate having meal times alone to review and refine their plans. Some lunch and coffee meetings may be acceptable to them and needed for scheduling/logistical reasons, e.g., for meeting with external people. The site visitors also appreciate some time at the end of the day to discuss their next day's schedule, and finishing each day at a reasonable hour.

Table 7. Nursing Education Program Preparations to Draft the Agenda

- Arrange an initial meeting (30 minutes) between the site visitors and representatives from the nursing program, e.g., terms/semesters. This allows the opportunity for the site visitors to provide information about the program review process and respond to any questions about the visit.
- Arrange a brief (15 minutes) meeting with site visitors and key administrators within the broader education institution, e.g., the President or Academic Vice President and the Dean.
- **Organize meetings with the site visitors and as many of the students as possible at all levels in the program (30-45 minutes per group) and, in particular, the students completing their last terms/semesters.**
- **Organize opportunities for site visitors to talk with employers and representatives from clinical agencies (e.g. clinical educators, managers responsible for student placements) including preceptors, where the students in the program have practice learning experiences.**
- **Organize opportunities for site visitors to talk with as many graduates of the program as possible.**
- **Organize opportunities for site visitors to meet with the program advisory committee or other stakeholder groups.**
- Arrange time for the site visitors to meet with key committees or representatives of the nursing education program, e.g., faculty, curriculum, program evaluation, and student progress committees; clinical placement coordinator; laboratory staff.
- Make arrangements to have documents available, e.g., Committee minutes; student handbook; program evaluation reports; samples of student work; anonymized evaluations of students; raw data collected from graduates and employers about the preparation of the graduates.
- Allow time for the site visitors to review documents and observe learning resources facilities.
- Arrange a meeting at the end of the visit with representatives from the faculty and administration for site visit team members to review the data collected and seek any needed clarification.

Part V: The Modified Review Process for Nursing Education Programs with CASN Accreditation

Nurse education programs awarded CASN Accreditation within the last two years or who are undergoing CASN Accreditation may be eligible to participate in a modified review process as set out in Policy 10. Eligibility decisions are made by the EPRC. Eligible programs submit a self-evaluation report that addresses only those indicators, previously determined by EPRC, as not being fully addressed in CASN Accreditation (see Table 9). The final EPRC recommendation to the Board about program recognition is made following completion of the modified review process and EPRC review of official evidence of the CASN Accreditation Bureau outcome decision and recommendations.

ELIGIBILITY TO PARTICIPATE IN THE MODIFIED REVIEW PROCESS

Programs wishing to participate in the modified review process submit a request to EPRC. See Table 8 for the request requirements.

Table 8. Request Requirements for Nursing Education Programs Undergoing or Awarded CASN Accreditation

Nursing education programs *undergoing* CASN Accreditation submit a request to participate in the modified review process that includes the following information:	**Nursing education programs *awarded* CASN Accreditation within the last two years** submit a request to participate in the modified review process that includes the following information:
○ The date when the next CRNBC nursing education program review must be completed as stated in the program's last CRNBC Board recognition decision; ○ Copies of official written evidence about specific plans underway with CASN to undergo Accreditation; ○ If not included in the above, timelines for specific CASN requirements, (e.g. submission of the report, site visit) and the anticipated date for the CASN decision about the accreditation outcome; and, ○ If there is a need for an extension to program recognition to harmonize the timing of the CRNBC review and CASN Accreditation, information about timing and the length of the extension required. An application form is available on request from the Administrative Assistant.	○ The date when the next CRNBC nursing education program review must be completed as stated in the program's last CRNBC Board recognition decision; ○ The date and outcome of the last official CASN Accreditation decision with a copy of the official written evidence of the CASN Accreditation Bureau decision with rationale and the recommendations attached; and, ○ A statement about any follow-up correspondence or activity with CASN after the CASN decision was announced with a copy of any subsequent official written evidence about the decision and the recommendations attached. An application form is available on request from the Administrative Assistant.

PROCESS

The EPRC assesses the CASN Accreditation decision and recommendations and considers the relevance of the decision and recommendations to the CRNBC nursing

education standards and indicators. EPRC also considers the length of accreditation; the number of standards, descriptors and key elements that are either partially met or are unmet; and, the nature of the concerns expressed by CASN.

The following are likely to be considered eligible for the modified process:

- Programs eligible for a CRNBC 7-year term of recognition as set out in Policy 4 and Policy 7.6 (d).
- Programs undergoing or that have undergone Path A Stage 2 or Path B CASN Accreditation.
- Programs with CASN accreditation for either seven or five years.
- Programs with a CASN decision without recommendations or with recommendations about standards, descriptors or key elements that are not directly pertinent to the CRNBC program review.

THE MODIFIED SELF-EVALUATION REPORT

The self-evaluation report submitted by nursing education programs participating in the modified review process differs from usual self-evaluation reports in the following ways:

- It provides evidence to support only those indicators that the EPRC has previously determined are not fully assessed in CASN Accreditation (see Table 9).
- The section of the self-evaluation report called, *Overview of the Program* includes:
    - A curriculum map or diagram that contains the following contextual information:
        - The location of all theory and practice courses in the curriculum;
        - The length of the semesters/terms;
        - The length of the program, including breaks between terms/semesters/experiences;
        - The hours and credits per course, and
        - The total hours and credits for the program.
    - Course descriptions with brief course outlines.

Otherwise, the guidelines in Part II: The Self-evaluation Report Contents Format and Contents, and Part III: Report Submission and Acceptance of the Report, apply. A self-evaluation report template for nursing education programs participating in the modified review is available from the CRNBC Administrative Assistant.

Table 9. Indicators of the CRNBC Nursing Education Standards that Nursing Education Programs Shall Address in the Modified Review Process for Programs with CASN Accreditation

CURRICULUM STANDARD

The curriculum provides the learning experiences necessary for students to achieve the RN entry-level competencies and Standards of Practice.

c) The applicable competencies and three categories of CRNBC Standards of Practice:

1. Scope of Practice: Standards, Limits and Conditions;
2. Professional Standards; and
3. Practice Standards;

are systematically introduced in nursing courses so that theory and practice learning in one level are built upon in other levels/courses.

d) The curriculum requires students to apply RN competencies and Standards of Practice while learning to provide nursing care directly with clients and engaging with interprofessional education and care.

STUDENTS STANDARD

Students demonstrate progress toward the achievement of the competencies and Standards of Practice.

a) Students are informed about the requisite skills and abilities (RSAs) needed to achieve registered nurse entry-level competencies (e.g., English proficiency; mathematical, behavioural, and interpersonal skills) and the RSAs are used to support student achievement of the competencies and Standards of Practice.

b) Students receive well-timed formative and summative feedback from faculty about their practice learning to facilitate their achievement of the competencies and Standards of Practice.

c) Students demonstrate their ability to provide safe nursing care before they practise directly with clients, through the use of nursing laboratories and other learning modalities.

g) Consistent expectations of student performance of competencies and Standards of Practice at different levels in the program/course are upheld through orientation and support strategies for faculty, contract faculty, and preceptors.

i) Faculty decisions to remove students from practice settings or fail students for reasons of safe practice and public protection are supported by policies and resources.

k) Students, at program completion, have achieved the competencies and Standards of Practice.

THE SITE VISIT IN A MODIFIED REVIEW PROCESS

A decision about the necessity of a site visit is made by EPRC following their review of the self-evaluation report. A site visit is required when questions arise from the self-evaluation report review that can be answered best in the site visit or when there is a need to verify or augment the evidence provided in the modified self-evaluation report. If a site visit is required, it shall be conducted as set out in Policy 9, The Site Visit Component of the Review Process.

THE EPRC RECOMMENDATION TO THE CRNBC BOARD

Nursing education programs *undergoing* CASN Accreditation must submit, for review by EPRC, official written evidence of the CASN Accreditation Bureau decision and recommendations within 30 business days of receiving it. Once this final review and the modified program review are both complete, EPRC makes its final recommendation to the Board. This means there may be a delay between completion of the modified program review and the EPRC recommendation to the Board.

Appendix A: Nursing Education Standards and Indicators with Required Supporting Evidence

The following table lists the evidence required to support each Nursing Education Standard and each indicator of the standards. Programs are welcome to add evidence in addition to that identified here to support the indicators. However, a description of the program philosophical foundations and related information such as definitions are not required in this report.

ADDITIONAL EVIDENCE

Programs are welcome to add evidence in addition to that identified here to support the indicators.

Some of the required evidence below may not be relevant for re-entry programs and discontinuing programs. The required evidence for discontinuing programs varies depending on the length of recognition extension required, if any, for enrolled students to graduate from the program. Re-entry programs and programs preparing reports for discontinuing programs should contact the Education Consultant for specific information about the report requirements.

Curriculum Standard – The curriculum provides the learning experiences necessary for students to achieve the RN or NP entry-level competencies and Standards of Practice.

Indicators	Required Supporting Evidence
a) The curriculum is clearly described and its foundations are congruent with the achievement of competencies and Standards of Practice.	Provide a curriculum map (or diagram) that includes the following information: ○ The location of all theory and practice courses in the curriculum. ○ The length of semesters/terms. ○ The length of the program, including breaks between terms/semesters/experiences. ○ The hours and credits per course. ○ The total hours and credits for the program. Append course descriptions with brief course outlines. (Note: Standard

	institutional course outlines/curriculum guidelines are sufficient. Full syllabi/course packages are not required in the report but may be required for site visit review.)
b) The achievement of the competencies and Standards of Practice are clearly included in the program outcomes/goals/ objectives.	List the **final program** outcomes/goals/objectives.
c) The applicable competencies and three categories of CRNBC Standards of Practice: 1. Scope of Practice: Standards, Limits and Conditions; 2. Professional Standards, and 3. Practice Standards are systematically introduced in nursing courses so that theory and practice learning at one level are built upon at other levels/courses.	Describe how the curriculum is set up and organized to enable students to achieve the competencies and Standards of Practice throughout the program. Describe where CRNBC competencies and Standards of Practice are introduced and how they are built upon and applied with increasing complexity throughout the curriculum, including in practice experiences. Using 2 examples of program concepts, describe how this occurs. Describe how restricted activities in the relevant Scope of Practice: Standards, Limits and Conditions are taught in the curriculum. Append: Grids that address the inclusion in the curriculum of: i. The CRNBC Professional Standards and the entry level competencies in the curriculum; ii. The CRNBC Practice Standards; and, iii. The Scope of Practice: Standards, Limits and Conditions.

	(Note: Templates for these appendices are available from the CRNBC Administrative Assistant.)
d) The curriculum requires students to apply the competencies and Standards of Practice while learning to provide nursing care directly with clients and engaging with inter-professional education and care.	In a table, identify the: • Practice learning experiences **all** students have and those that may be selected/chosen by students as focused experiences or are discretionary. • Number of practice hours in each course, in each practice setting, • Number of practice hours in each course, in each practice setting with each client age group. • Total number of practice hours in the curriculum. Define what experiences are included in practice hours. Describe where and how psychomotor and other essential nursing skills, e.g., relational and decision making skills, are taught throughout the curriculum. List and briefly describe 2 inter-professional learning opportunities in the curriculum including those in classroom and practice settings. Append relevant charts or working tools.
e) Processes are used to ensure the ongoing currency and relevance of the curriculum to nursing practice.	Describe the nature and frequency of curriculum review processes in place including the roles and responsibilities of relevant committee(s) and individuals. List who are involved in these processes

	including e.g., faculty, students part-time/ contract faculty, practice teaching. How are changes in the CRNBC entry-level competencies and Standards of Practice monitored and incorporated into the curriculum? Describe other methods used to ensure the ongoing relevance of the curriculum to current and future nursing practice. Describe environmental scanning processes used to identify emerging health issues and changes in nursing practice and/or other ways the curriculum is informed by external sources. List and briefly describe partnerships with key stakeholder groups that assist with the evaluation of the curriculum, e.g., Advisory Committees, events convened for input from external stakeholders. Provide 2 examples of regional, national, or international networks and events that impact ongoing curriculum development. State the impact these networks and/or events had on the curriculum. Append: • Terms of reference for relevant committees, e.g., Advisory Committees. • List of recent key documents and developments considered in reviewing curriculum currency and relevance.

Student Standard – Students demonstrate progress toward the achievement of the competencies and Standards of Practice.

Indicators	Required Supporting Evidence
a) Students are informed about the requisite skills and abilities (RSAs) needed to achieve registered nurse entry-level competencies (e.g., English proficiency; mathematical, behavioural, and interpersonal skills) and the RSAs are used to support student achievement of the competencies and Standards of Practice.	Outline/List and briefly describe the processes used to communicate with prospective and enrolled students about the RSAs. Provide 2 examples of the application of the collective RSAs in supporting student achievement, e.g., in student accommodation. Append: • Relevant forms/documents used with students. Information in student handbooks/web links/institutional calendars. • Policies and resources that relate to student accommodations to support their achievement of the RSAs, and ultimately, the competencies and Standards of Practice.
b) Students receive well-timed formative and summative feedback from faculty about their practice learning to facilitate their achievement of the competencies and Standards of Practice.	(**Note:** This indicator addresses feedback in practice learning only and not other courses.) Describe how faculty ensure students are practicing competently and ethically with clients in practice settings. In a bulleted list, provide the following information about the formative evaluation of practice learning: • Frequency

	• Methods used/kinds of interaction • Roles/responsibilities of students, practicing nurses/preceptors as applicable, and faculty including the responsibility for assigning the final course grade. Describe how feedback is linked to student achievement of competencies and Standards of Practice. How is students learning about self-evaluating their practice and developing their own learning plans introduced, built upon and applied with increasing complexity in practice experiences/courses? Describe faculty availability and accessibility to provide feedback. In a bulleted list, provide the following information about the learning plans/contracts that may be developed as a result of feedback: • Methods used/kinds of interactions • Roles/responsibilities of students, practicing nurses/preceptors as applicable, faculty, and others, including the responsibility for final decisions about whether the terms of the learning plan/contract are met. Describe the systems used to document, analyze and learn from adverse events, errors or near misses by students in practice. Append: • The first and final student evaluation forms for practice learning courses that

	require students to provide direct client care. ○ Policies and procedures that relate to student feedback. ○ The template used for remediation learning plans or contracts.
c) Students demonstrate their ability to provide safe nursing care before they practise directly with clients, through the use of nursing laboratories and other learning modalities.	In a table, provide the following information for each laboratory experience/course in the curriculum: • Number of hours, • Nature of learning experiences (e.g., psychomotor skills, relational skills, decision-making skills), • Types of simulations used, • Levelling, and, • Evaluation methods including minimum level of proficiency required. List and briefly describe student supports in laboratory learning settings, e.g., faculty, laboratory instructors, peer learning. Describe how accessible learning laboratories are for nursing students and faculty. Provide 2 examples of cases when laboratories have been used for student remediation required as a result of performance with clients. Describe how student laboratory learning requirements are tracked and monitored to ensure these learning requirements are all successfully completed by the end of the program.

	Append: ○ Policies and procedures that relate to mandatory laboratory learning experiences. ○ Screen shot of relevant tracking tools that relate to mandatory laboratory learning experiences. (Alternatively, the tracking form may be appended.) ○ 2 examples of case studies or scenarios used in laboratory learning activities and specific evaluation tools. ○ Terms of reference for relevant committees/groups.
d) Students have access to sufficient learning resources to support their achievement of competencies and Standards of Practice.	Provide a bulleted list of student supports (e.g., academic advising, library services, writing resources, study skills, student counselling services) available **in the institution.**
e) Practice learning experiences are systematically tracked and monitored to ensure all students have sufficient experiences, e.g., health status, age groups, and settings to achieve the competencies and Standards of Practice.	Describe how student practice placements are obtained and who is involved. List the criteria and methods used to assess the suitability of practice placements, including those for focused/ elective practice experiences. For example, • Are site visits made preceding practice placements, and, • Is student evaluation of practice placements considered? Describe the accountability structure for monitoring that all students have the required practice experiences.

	Describe the systems used to track, monitor, and assess that all students have the required practice experiences. Describe what happens when gaps in student practice learning experiences are identified. Append: ○ A screen shot of a sample of the tracking forms. ○ Relevant policies. ○ Relevant role descriptions. ○ Terms of reference for relevant committees/groups. ○ List or table of practice agencies/settings used. ○ Sample of, or template for, an affiliation agreement with practice agencies.
f) Students and preceptors are supported by the optimum number of qualified faculty.	Provide evidence that the size and composition of the faculty is sufficient to provide teaching and guidance to students to ensure their progress toward achievement of the competencies and Standards of Practice. Describe the level of student supervision provided at each level of the curriculum, e.g., instructor-led groups, preceptorships, or shared learning units. Include student-teacher ratios for each. Provide evidence that the nursing faculty to student ratio in practice settings is sufficient to ensure optimum student learning, student safety, and safe client care.

	Describe processes in place to ensure faculty and preceptors providing student supervision in the provision of direct client care are registered with CRNBC. Describe how the practice experience and expertise of faculty are matched with their assigned responsibilities for student supervision in practice courses. Identify the position/s of the person/s accountable for this activity. Provide 2 examples to illustrate this process. Describe the availability and accessibility of faculty to students and preceptors at various stages of the program. Append: ○ Policies/guidelines about faculty-student ratios. ○ List/table of faculty qualifications.
g) Consistent expectations of student performance of competencies and Standards of Practice at different levels in the program/course are upheld through orientation and support strategies for faculty, contract faculty, and preceptors.	Describe ongoing measures taken to ensure consistent student performance expectations for competent, ethical practice. Identify the position/s of the person/s accountable for this activity. Provide a table illustrating the orientation/ mentorship of new faculty, contract faculty and preceptors that includes orientation and mentorship activities, orientation and mentorship resources, and the person/s accountable. List and briefly describe opportunities for ongoing faculty development about the curriculum. Append:

	○ Orientation/support materials for faculty and preceptors. ○ 2 examples of workshop/meeting agendas. ○ Role descriptions if applicable.
h) Students are supported to enact evidence-informed practice through the use of research findings, best practices and scholarly activities.	Describe how students know about, apply, and contribute to evidence informed practice. Describe how student learning to question practice and seek evidence to support nursing best practices is introduced, built upon and applied with increasing complexity in practice experiences/courses. Include references to specific relevant courses in the curriculum. Describe the infrastructure provided to create and maintain a scholarly environment that includes support for student scholarly activities.
i) Faculty decisions to remove students from practice settings or fail students for reasons of safe practice and public protection are supported by policies and resources.	List and briefly describe what happens in instances of student lack of preparation for, or performance of unsafe nursing practice with, clients in practice settings. Include a description of the practice faculty's role in ensuring safe practice and public protection. List and briefly describe what happens when there is a professional conduct issue with a student and how the public is protected in such cases. Provide 2 examples of instances that resulted in student removal from the practice setting or student failure because of unsafe

	practice and describe how each situation was addressed. Identify the policies in place to support faculty and preceptors to remove a student, on the spot or later on, from the practice setting for public protection. List and briefly describe the policies, processes and resources in place to ensure public safety when students have challenges with practice courses, e.g., increased oversight of student practice. List and briefly describe how public safety is addressed when a student appeals a failure in a practice course, e.g., does the student remain out of the practice setting until the outcome of the appeal is known. Identify the position/s of the person/s accountable for following up on these activities. Append relevant policies, e.g., clinical grade appeal.
j) Student fitness to practice and public protection are considered in progression, failure and readmission decisions.	Describe how the typical student progresses through the program and how this may vary. Describe how students learn about self-regulation and fitness to practice. Describe the processes and resources in place to support students who may have challenges with certain courses or have failed courses. Describe what happens when students fail a nursing practice course. • How many times may students fail and repeat a practice course?

	• How are students who fail readmitted to the program, if this is allowable? Describe the processes in place for students to appeal academic decisions affecting their progress in the program. Append: • Related policies and procedures, e.g., student appeal procedures and processes. • Terms of reference for relevant committees.
k) Students, at program completion, have achieved the competencies and Standards of Practice.	List and briefly describe the final requirements for students to graduate and be recommended to CRNBC as eligible to proceed in the registration process. Describe preceptor feedback about students' preparation to practice safely, competently and ethically. Append forms used to obtain preceptor feedback.

Graduates Standard – Graduates of the nursing education program successfully achieve the competencies and Standards of Practice.

Indicators	Required Supporting Evidence
a) An action plan for implementation of formative and summative program evaluation is clearly presented.	Provide a flow chart, map or table that depicts the formative program evaluation plan/process. Include data collection methods, data analysis, action plans (outcomes), frequency, timelines, and accountability structure. Provide a flow chart, map or table that depicts the summative evaluation plan. Include data collection methods, data analysis, action plans (outcomes), frequency, timelines, and accountability structure. Append: • The data collection tools. • Terms of reference for relevant committees or groups.
b) The results of program evaluation are used in continuing program development to ensure graduates achieve the competencies and Standards of Practice.	Describe how the results of the analysis are used to make program changes. Provide 2 examples of changes made based on the results of formative or summative program evaluation. Append terms of reference for relevant committees or groups.
c) Graduate success rates on the registration examination(s) are monitored, analyzed and used to inform program decisions.	Provide a table that shows registration examination results for program graduates over the last 5 years. Include: • Number of writers, • Number passing,

	• Percentage passing, • BC pass percentage, and, • Canadian pass percentage. Describe how the examination results are monitored and analyzed. Provide 2 examples of how the results have been used. Identify the position/s of the person/s accountable for these activities.
d) Graduates have opportunities to provide feedback about how well their education prepared them to practice safely, competently, and ethically.	For program graduates who have been employed for at least 6 months, provide for the last 5 year period: • An outline of the specific processes used to obtain feedback from these graduates. • An outline of the analysis of the feedback, and, • A summary of the results.
e) Managers and nursing practice leaders, or designates, who are familiar with the practice of graduates, have opportunities to provide feedback about the educational preparation of the graduates to practice safely, competently, and ethically.	For program graduates over the last 5 years, who have been employed for at least 6 months provide: • An outline of the specific processes used to obtain feedback from managers and nursing practice leaders, or designates, about these program graduates; • An outline of the analysis of the findings; and, • A summary of the results.