NLN
Commission *for* **Nursing Education Accreditation**

National League for Nursing
COMMISSION FOR NURSING EDUCATION ACCREDITATION

ACCREDITATION STANDARDS FOR NURSING EDUCATION PROGRAMS

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NLN CNEA Accreditation: A Mark of Quality and Excellence in Nursing Education

The National League for Nursing (NLN) has a long and distinguished history of championing quality nursing education to prepare a competent and skilled nursing workforce. Since 1952, the NLN has provided leadership in establishing quality assurance and improvement processes in nursing education through the development of professional accreditation standards, that when applied through the accreditation process, provide nursing programs with a public mark of educational quality.

With the establishment of the NLN Commission for Nursing Education Accreditation (**CNEA**) as a programmatic accrediting body in September 2013, the NLN's commitment to setting standards that foster quality and excellence in nursing education continues through an accreditation process that is infused with the NLN core values of caring, diversity, integrity, and excellence.

According to the US Department of Education (2012), accreditation is "the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements (p. 4)." The Council of Higher Education Accreditation (CHEA) expands upon this definition by describing the nature of the accreditation process to be a collegial "standards-based, evidence-based, judgement-based, peer-based process" (Eaton, 2012, p.14). Public accountability and a goal of quality improvement are primary purposes of accreditation (Eaton, 2012). Self-assessment by the institution and program is an important component of the process. Engaging in systematic self-assessment provides the institution and program with a collective opportunity to reflect upon and identify strengths and areas for improvement for the purpose of pursuing continuous quality improvement in their educational mission.

The NLN CNEA accreditation process encourages the development of a culture of continuous quality improvement as evidenced by the NLN CNEA mission statement. Through the establishment of NLN CNEA, an autonomous accreditation division that carries out its work by setting forth accreditation standards infused with the NLN core values, the NLN continues its presence of over a century of effecting and advocating for quality patient care through ensuring quality nursing education.

NLN CNEA Mission
The National League for Nursing Commission for Nursing Education Accreditation (**CNEA**) promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and competent nursing workforce.

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NLN CNEA Accreditation Process and NLN Core Values

The NLN Commission for Nursing Education Accreditation implements its mission and carries out its accreditation activities guided by the NLN's core values – **caring, diversity, integrity, and excellence** – as applied to the accreditation process.

A **culture of caring** is demonstrated through an accreditation process that reflects a culture of advocacy for quality assurance in nursing education, and is implemented in a collegial, collaborative context with stakeholders. NLN CNEA staff, governance board, committee members, and onsite evaluation teams demonstrate through their interactions with stakeholders that accreditation standards can be upheld in a rigorous, yet caring and respectful manner.

A **culture of diversity** is evidenced by a commitment to accredit all types of nursing programs from practical/vocational education through clinical doctoral education. NLN CNEA's accreditation standards reflect a respect for the diversity of nursing programs' mission, curricula, faculty, and students that can be found to exist in nursing education nationally and internationally.

A **culture of integrity** exists throughout NLN CNEA with a commitment to exercising personal, professional, and organizational integrity throughout the accreditation process. This is evidenced, in part, by ensuring transparency and ethical decision-making in all accreditation activities, and demonstrating open communication and timely responsiveness to stakeholders.

A **culture of excellence** is promoted through establishing clarity of purpose in the accreditation process with an emphasis on fostering continuous quality improvement in nursing programs. The outcome of a culture of excellence collaboratively instilled in nursing programs through participation in the accreditation process, is the creation of a student-centered learning environment that prepares a caring and competent nursing workforce.

NLN CNEA's Standards of Accreditation

There are five standards, which when considered together, comprehensively address the foundational institution and program elements that are essential to ensuring quality academic programs. These five standards are: 1) Culture of Excellence – Program Outcomes; 2) Culture of Integrity and Accountability – Mission, Governance, and Resources; 3) Culture of Excellence and Caring – Faculty; 4) Culture of Excellence and Caring – Students; and 5) Culture of Learning and Diversity – Curriculum and Evaluation Processes. The standards are explicated through 32 quality indicators and accompanying interpretive guidelines for each quality indicator. The foundation of the NLN CNEA accreditation standards is built upon the extensive contributions that the National League for Nursing has made to quality nursing education over the years.

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In 2004, the NLN released a seminal work, the *NLN Hallmarks of Excellence in Nursing Education* which were created to provide schools of nursing with a framework they could use to continuously improve in their pursuit of excellence in nursing education (Adams and Valiga, 2009). The *Hallmarks of Excellence* (2004) are relevant for all types of institutions and programs and address quality indicators in the following components of nursing education: 1) students; 2) faculty; 3) curriculum; 4) teaching/learning/evaluation strategies; 5) resources; 6) continuous quality improvement; 7) innovation; 8) educational research; 9) environment; and 10) leadership.

From the original work on the *Hallmarks of Excellence* (2004), the *Excellence in Nursing Education Model* (2006) was developed depicting eight core elements and the accompanying components required to facilitate the achievement of program excellence: 1) clear program standards and hallmarks that raise expectations; 2) well-prepared faculty; 3) qualified students; 4) well-prepared educational administrators; 5) evidence-based programs and teaching/evaluation methods; 6) quality and adequate resources; 7) student-centered, interactive, innovative programs and curricula; and 8) recognition of expertise. The *Hallmarks of Excellence* and the *Excellence in Nursing Education Model* are further explicated in the NLN publication *Achieving Excellence in Nursing Education* (Adams and Valiga, 2009). Drawing upon the scholarly work of these three substantive NLN publications, the NLN CNEA Standards of Accreditation provide a comprehensive framework for ensuring quality in nursing education programs across the academic spectrum.

The following paragraphs briefly address – from an organizational, professional, and philosophical perspective – the significance of the standards' elements in fostering quality in higher education, and nursing education, in particular. The NLN CNEA Standards of Accreditation are unique in that, taken in their totality, they create a culture and symphony of excellence committed to the formation of nursing professionals rather than a listing of impersonal rules and data. These perspectives are integrated throughout the NLN CNEA standards and quality indicators. ***The NLN CNEA Standards of Accreditation are applied to all types of nursing programs, <u>including distance education programs</u>.***

Standard I: Culture of Excellence – Program Outcomes
Establishing clear program outcomes is an essential first step in benchmarking and evaluating a nursing program's success in achieving and sustaining a quality educational environment for faculty and students. Program outcomes can be defined as the results achieved in response to goals set by the program. For example, program goals and related outcomes may be developed associated with faculty achievement; curriculum (end-of-program, level, or course outcomes); student learning and achievement; and any other indicator of program quality that faculty determine to be important to the overall success of the program. Collectively

engaging in the identification and development of expected program outcomes and determining the benchmarks to measure success, ensures that the program administrators, faculty, staff, and students are working collaboratively to achieve and maintain program excellence.

Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources

The mission of the institution describes its purpose and provides a statement of how the institution views its reason for existence and the students it seeks to serve. An institution's mission will guide the goal setting, decision-making, and actions that occur within the institution, articulating the values that the institution holds as primary to educating students and supporting faculty and staff. The academic nursing unit's mission is aligned with the parent institution's mission, and all nursing program goals, outcomes, and values espouse the institution's mission, goals, and values, creating an organizational climate that is congruent for students, faculty, and staff.

The governance structures within the institution and nursing units are designed to work collaboratively to support implementation of the institution and program mission. Nursing faculty participate in and provide leadership at varying levels of governance within the educational environment, considering the goals of the institution and nursing program (NLN, 2012). Student input and participation in institution and program governance is actively encouraged and sought out by faculty and administration. This is accomplished in an environment that promotes collegial dialogue, ethical behavior, and values development (NLN, 2004). Decisions regarding institution and program resource allocation are made from a mission-focused perspective and with the intent to insure adequate resources for the pursuit of quality within the nursing program (Mosely, 2009).

Standard III: Culture of Excellence and Caring – Faculty

Well-prepared faculty are essential to fostering quality learning experiences in academic programs, as it is the faculty's expertise and creativity that determine the program's potential for creating excellence in the learning environment (Halstead, 2009). Defining the appropriate faculty complement (i.e., teachers, clinicians, and researchers) for a nursing program is dependent upon the institution's mission (NLN, 2004), and thus will vary amongst institutions and programs. To maintain competence as a nurse educator, faculty pursue continuous quality improvement in the role and commit to lifelong learning (NLN, 2005, 2012). Faculty are provided with opportunities and resources by the institution and program to engage in professional development and maintain role effectiveness.

Standard IV: Culture of Excellence and Caring – Students

A student-centered learning environment is cultivated within the program and student diversity is recognized and embraced within a supportive environment. Qualified students are admitted to the program and retained, and a record of students successfully achieving the learning outcomes of the nursing program is apparent. A system of student support exists within the institution and nursing unit with a goal of meeting individualized learning needs and fostering student success. The learning environment is created to facilitate the professional development of students and socialize them to the nursing role for which they are being prepared (NLN, 2012).

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Faculty hold the responsibility for ensuring that the program curricula is contemporary, evidence-based, and flexible (Speakman, 2009). Built upon a foundation of professional standards, the curricula must be kept up-to-date to reflect community and societal needs, and nursing and health care trends (NLN, 2012). The input of communities of interest is solicited regularly to inform curricular decision-making and revisions, and maintain the relevance of the curricula.

The NLN's evidence-based *Education Competencies Model* (2010) provides a broad-based framework that can guide the development of curricula of all types of programs, ranging from pre-licensure nursing education to practice doctorate education. Focused on four general program outcomes related to enhancing human flourishing, demonstrating sound nursing judgment, developing a professional identity, and exhibiting a spirit of inquiry, the model further defines and elaborates upon six integrating concepts: context and environment; knowledge and science; personal and professional development; quality and safety; relationship-centered care; and teamwork (NLN, 2010). Each of these integrating concepts have been explicated into three forms of apprenticeships that are necessary to the formation of a professional and assist learners to develop their nursing practice – knowledge, practice, and ethical comportments – drawn from the work of Benner et al (2009). The NLN *Education Competencies Model* is an academic model and useful guide to faculty who are designing and revising curricula for all types of nursing programs.

The teaching/learning/evaluation processes that are implemented within the curricula are designed to facilitate "…students' abilities to think critically, reflect thoughtfully, and provide culturally-sensitive, evidence-based nursing care to diverse populations" (NLN, 2009, p. 153). The teaching/learning/evaluation strategies are varied, innovative, evidence-based, and facilitate interaction between faculty, students, and others involved in the teaching-learning process (NLN, 2004).

The NLN CNEA five *Standards of Accreditation* provide a national and global quality assurance framework through which nursing programs of all types, *including distance education programs,* can act to implement and achieve excellence in nursing education.

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Standard I: Culture of Excellence – Program Outcomes

The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program's commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
I-A. Faculty and staff assess and evaluate achievement of identified program outcomes by engaging in an on-going, systematic, evidence based process.	➤ Faculty and staff have implemented an ongoing systematic, evidence-based process designed to demonstrate program effectiveness in achieving program outcomes with a commitment to continuous quality improvement. ➤ The evidence-based process minimally consists of elements related to identified program outcomes; internal benchmarks; multiple strategies for data collection; established timelines; person(s) responsible for recording and analyzing data; plan for dissemination of findings; and analysis of the effectiveness of the actions taken. ➤ Program outcomes include, but are not limited to program completion rates, licensure and certification pass rates, and employment rates of graduates. ➤ The systematic process used to gather and analyze data is reviewed at regular intervals for continued relevance and revised as needed. Actions implemented in response to feedback received from the process are documented, along with the outcomes achieved by the actions taken.	➤ Examples of faculty and staff engaging in regularly scheduled review of identified program outcomes with documentation of review outcomes and resulting decisions ➤ Examples of data-driven decisions based on the review analysis of achievement of identified program outcomes
I-B. Faculty and staff decisions regarding program effectiveness and continuous quality	➤ There is documented evidence of decision-making regarding program effectiveness and continuous quality improvement efforts based upon data analysis	➤ Evidence of communities of interest providing input into program planning and decision-

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.	and feedback. ➤ Communities of interest are provided opportunities to provide input into the program planning and decision-making processes. ➤ A record of efforts related to continuous quality improvement documents faculty and staff responses to data analysis, affirms the achievement of the set benchmarks, and identifies areas needing improvement, and the deletion and/or development of new benchmark indicators.	making about the quality of the program, with documented examples (i.e., meeting minutes, program reports, etc.) ➤ Examples of faculty and staff actions based upon data-analysis and resulting outcomes of those actions ➤ Examples of attainment of set benchmarks and areas identified for improvement.
I-C. The program achieves expected program outcomes related to program completion rates.	➤ The program sets benchmarks and monitors data regarding program completion rates for each individual program in the nursing unit. ➤ Faculty set the benchmark for the program completion rate based on consideration of student demographics, providing rationale for their identified program completion rate benchmark. ➤ New programs that have not yet produced graduates have set a benchmark for expected program completion rates and faculty have developed and implemented a plan to ensure successful attainment of the identified outcome. ➤ For existing programs, three academic years of *averaged* program completion rate data demonstrate achievement of the program's targeted benchmark. ➤ Programs *not* meeting their established benchmark, have completed an analysis of contributing factors, developed a plan to address identified factors impacting program completion rates that includes timelines for achieving the expected program completion rate.	➤ Three academic years of trended data on program completion rates ➤ Documentation of implementation and evaluation plans to achieve set benchmarks about program completion rates, and a plan for intervention if needed.

Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
I-D. The program achieves expected program outcomes related to graduates performance on licensure and certification examinations.	➤ The program achieves a minimum graduate licensure pass rate of 80 percent among first-time takers, *averaged* over the most recent three-year calendar time period, for each pre-licensure program (practical/vocational, diploma, associate, and bachelor's) producing graduates eligible to seek licensure. Pre-licensure programs must also be in compliance with their state regulatory agencies in regard to minimum licensure pass rates. ➤ Graduates writing certification examinations achieve a minimum certification pass rate of 80 percent, first–time takers *averaged* over the most recent three-year calendar time period for each program (master's, post-master's, clinical doctorate) producing graduates eligible to seek certification. ➤ Programs *not* meeting the established benchmark for licensure and certification pass rates have completed an analysis of the situation, developed a plan to address identified factors impacting licensure and certification pass rates, and included actions and timelines for achieving the expected program pass rates. ➤ New programs that have not yet produced graduates have set a benchmark for expected program licensure and certification pass rates and faculty have developed and implemented a plan to ensure successful attainment of the identified outcomes.	➤ Three calendar years of trended data on licensure and certification pass rates. ➤ Documentation of implementation and evaluation plans to achieve set benchmarks related to licensure and certification examinations and a plan for intervention if needed.
I-E. The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation.	➤ The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation for each program offered in the nursing unit (practical/vocational, diploma, associate, bachelor's, master's, post-master's, or clinical doctorate). Internal benchmarks are set based upon workforce data analysis and data	➤ Three academic years of trended data of employment rates ➤ Documentation of implementation and evaluation plans to achieve set benchmarks about employment rates and plans for intervention if needed

Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	monitored regarding graduate employment rates within the first 6 to12 months of graduation. ➤ Programs _not_ meeting established benchmarks for graduate employment rates in nursing complete an analysis of contributing factors (including regional workforce analysis with input from the community of interest), develop and implement a plan to address identified factors impacting graduate employment rates, and set a timeline for achieving the expected graduate employment rates. ➤ New programs that have not yet produced graduates establish a benchmark for expected graduate employment rates (including regional workforce analysis) with input from the communities of interest, and faculty design and implement a plan to ensure successful attainment of the set goal.	
I-F. Faculty, students, alumni and employers express satisfaction with program effectiveness.	➤ Quantitative and qualitative data-gathering processes are in place to gather faculty, student, alumni, and employer satisfaction data on program effectiveness on an on-going and regular schedule. ➤ Data analysis demonstrates overall program effectiveness in achieving expected outcomes. ➤ A record of continuous quality improvement efforts documents faculty responses to data analysis and areas indicating a need for improvement, as appropriate, in response to communities of interest feedback.	➤ Documentation of faculty, student, alumni, and employer satisfaction with program effectiveness and resulting program actions related to continuous quality improvement

Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program's expected outcomes, and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program's expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
II-A. Faculty and staff define the core values, mission, and goals for the nursing program, ensuring they are aligned with institutional mission and goals; expected program outcomes are derived from the established mission and goals.	➤ Faculty and staff express a clear and unified vision regarding the mission and goals of the nursing program, which are publicly shared with all communities of interest ➤ Faculty and staff, as appropriate, can articulate the program's core values and expected program outcomes ➤ There is evidence that the missions of the institution and nursing academic unit are aligned with each other. ➤ Expected program outcomes are evident and appropriate for the program mission and type (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). Evidence exists that faculty and staff conduct regularly scheduled reviews of mission and goal statements and expected program outcomes to ensure continued relevance to contemporary nursing practice.	➤ Documents demonstrating alignment between institution and program mission ➤ Documents describing program goals, expected program outcomes, and core values ➤ Committee minutes document the review process and decision-making related to maintaining relevant mission and goal statements, core values and expected program outcomes ➤ Documents describe regularly scheduled reviews of the mission, goals, core values, and expected program outcomes for continued relevance and resulting actions ➤ Evidence of public dissemination of mission statements and

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Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
		program goals, to communities of interest.
II-B. The organizational structure of the parent institution and the nursing program provide opportunities for faculty and students to demonstrate involvement in institutional and program governance, enabling achievement of expected program outcomes.	➤ There is evidence of organizational support for faculty and students to participate in the governance of the institution and the nursing academic unit. ➤ Documented evidence exists demonstrating that faculty and students are engaged in governance activities. Faculty and students articulate examples of how their engagement in governance activities has facilitated achievement of program outcomes. ➤ Governance structures facilitate the inclusion of students enrolled in distance education programs	➤ Evidence of faculty and student participation in program governance activities in meeting minutes, committee membership rosters, student governance activities
II-C. Communities of interest provide feedback which is used to inform program decision-making about the educational preparation of students.	➤ The nursing program seeks and utilizes feedback from communities of interest to inform program development and decision-making about the educational preparation of students. ➤ Partnerships among communities of interest and the nursing program promote a sense of cohesiveness and intra- and interprofessional collaboration, leading to contemporary experiential learning experiences for students with a goal of preparing a diverse, competent workforce.	➤ Evidence of means by which communities of interest provide feedback and how such feedback is used to inform program development and decision-making ➤ Evidence of outcomes related to partnership collaboration between program and communities of interest
II-D. Program publications, documents, and policies are clear, current, accurately reflect program practices, and are accessible to communities of interest.	➤ There is evidence of periodic review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest. ➤ All program publications are clear, current and accurately reflect program practices. ➤ Accreditation status is communicated accurately to the public, including contact information for NLN CNEA. ➤ A process is developed and implemented to notify	➤ Evidence of notification of policy changes to communities of interest ➤ Copies of publications and websites providing accurate information regarding accreditation status and NLN CNEA contact information ➤ Copies of program publications, documents, and policies, with

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	communities of interest of changes in publications and documents in a timely fashion.	documentation of regular reviews and resulting actions
II-E. The nursing unit is led by a chief academic nurse administrator who is educationally and experientially qualified for the role and administratively entrusted with the responsibility and authorization to provide the leadership needed to achieve the program's expected outcomes.	➤ The curriculum vita of the chief academic nurse administrator of the nursing academic unit provides evidence of the appropriate academic credentials and relevant experience which qualifies him/her to lead the nursing academic unit. ➤ The chief academic nurse administrator holds an active and unencumbered nursing license and has a graduate degree in nursing, appropriate for the type of program(s) he/she leads (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). ➤ Programs that employ a chief academic nurse administrator, who does not hold the requisite graduate nursing degree for the program(s) he/she leads, design and implement an organizational development plan with a goal of requiring the chief academic nurse administrator to actively pursue a graduate nursing degree with a timeline in place for degree attainment. Documentation is provided that shows active and steady progression toward graduate nursing degree attainment by the chief academic nurse administrator. ➤ The program has written policies that describe the administrative role and responsibilities of the chief academic nurse administrator, including the responsibility to manage the procurement and allocation of the program's resources and budget for the purpose of facilitating achievement of the nursing academic unit's mission, goals, core values, and expected outcomes.	➤ Copy of chief academic nurse administrator's current curriculum vitae ➤ Position description of chief academic nurse administrator ➤ Examples of chief academic nurse administrator's outcomes/accomplishments in the role
II-F. The nursing program has	➤ Budgetary resources are available for supporting the	➤ Copies of academic nursing unit

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Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
the necessary budgetary, human, instructional, physical, and technological resources to demonstrate achievement of the mission, goals, and expected program outcomes.	implementation of academic and student services designed to assist students in achieving learning outcomes; recruit, develop and retain the human resources needed to achieve the program's mission and goals; and acquire the instructional and professional development resources needed to facilitate faculty and students in meeting expected program outcomes. ➤ Physical facility infrastructure includes access to safe, current and adequate space in classroom, simulation, and laboratory settings. ➤ Library, instructional equipment and supplies are adequate for supporting achievement of expected student learning outcomes. ➤ Technological infrastructure is adequate to support student learning needs in on-campus and distance education learning environments.	(program) budget, for past three years ➤ Examples of adequate and/or expanded budgetary, human, instructional, physical and technological resources designed to meet learning needs of students ➤ Examples of adequate and/or expanded budgetary, human, instructional, physical and technological resources designed to meet faculty teaching, scholarship, and service responsibilities
II-G. Nursing program resources are periodically reviewed and allocated as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and expected student learning outcomes.	➤ There is documentation of the systematic review of nursing program budgetary, human, instructional, physical and technological resources by the chief academic nurse administrator, faculty, staff, and students with data used to seek and allocate resources as appropriate to sustain an environment of continuous quality improvement and to meet expected program outcomes.	➤ Documentation reflecting the periodic review of the adequacy of budgetary, human, instructional, physical and technological resources and resulting actions ➤ Evidence of actions taken to seek and allocate resources as a result of the review.

Standard III: Culture of Excellence and Caring – Faculty

The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program's mission and goals. The faculty complement consists of educationally and experientially qualified individuals of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program's mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
III-A. The program's faculty are qualified, diverse and adequate in number to meet program goals.	➤ There is an adequate number of faculty to meet the program's goals and support students in accomplishing learning outcomes. ➤ The nursing program exhibits an inclusive organizational environment and resources supportive of recruiting and retaining a diverse faculty. ➤ All nursing programs (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) employ full- and part-time nursing program faculty, including non-nursing faculty, who are qualified by education, professional credentials, and experience for their assigned teaching responsibilities and, at a minimum, meet qualifications set forth by state and other relevant regulatory agencies and professional nursing organizations. ➤ Advanced practice nursing programs (e.g., master's, post-master's and clinical doctorates) employ faculty who possess the relevant content knowledge, practice expertise, and the required national professional certification credentials for their assigned teaching responsibilities as established by	➤ List of all full- and part- time faculty by name, including credentials, degrees and granting institutions dates of awards, certifications, honorary designations, and other pertinent academic/practice credentials ➤ Documentation of compliance with state board of nursing rules and regulations regarding faculty qualifications for the program in which they teach ➤ Descriptions of faculty/student ratios in classroom, laboratory, simulation, and clinical settings ➤ Number of faculty and staff FTEs committed to the program ➤ Descriptions of institution and program methods used to calculate faculty FTEs ➤ Examples of institutional and program policies related to

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Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	statute and regulatory agencies and professional nursing organizations.	faculty workload and program compliance with the policies
	➤ Nursing programs clearly develop and implement policies regarding the academic degree qualifications of faculty, including non-nursing faculty, which are adhered to and aligned with the program's mission and goals, and type of program in which the faculty teach (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). All program types are expected to continually strive to employ full and part-time faculty who hold a graduate degree in nursing or a field related to their teaching responsibilities.	➤ Evidence of continuing professional development of faculty in the individual and aggregate form ➤ Examples of institutional and program actions related to the recruitment and retention of a diverse faculty
	➤ Programs that employ faculty without the graduate degree credential design and implement organizational development plans with a goal of demonstrating trending progression toward achieving a full complement of faculty who are prepared at the graduate level.	
	➤ The majority of faculty who do not hold a graduate degree document evidence of active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline.	
	➤ Nurse faculty hold active and unencumbered licensure as registered nurses and maintain the professional practice knowledge base required for their assigned teaching responsibilities through current engagement in the nursing profession and relevant direct or non-direct practice. Non-nurse faculty who are licensed health care professionals are likewise held to similar expectations relevant to their professional expertise.	
	➤ The program's established faculty/student ratios in classroom, clinical, simulation, and laboratory settings, including all distance education	

Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	environments, meet the standards set forth by professional organizations and regulatory agencies. Faculty/student ratios are designed to support the implementation of a variety of teaching/learning methodologies, and the assessment and evaluation of student learning outcomes, as appropriate for program type (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate).	
III-B. Preceptors are qualified and prepared for their assigned role and responsibilities in facilitating student learning.	➢ The nursing program provides rationale for the use of preceptors and other alternative clinical supervisory models appropriate for the program type in which they are utilized. Programs which do not use preceptors or other alternative clinical supervisory models do not need to address this quality indicator. ➢ The nursing program defines the academic and experience qualifications of preceptors that are used within the program, ensuring they are in alignment with applicable regulatory agency rules and professional standards. ➢ The preceptor's role, qualifications, and responsibilities in the learning environment are clearly described and shared with all members of the learning community (i.e., students, faculty and other care providers). ➢ Preceptor role and responsibilities are differentiated from the faculty role. ➢ The nursing program has established evaluation processes, criteria and evaluation measures for the preceptor role. ➢ Preceptors are oriented to and coached in the role to facilitate their effectiveness in supporting achievement of expected student learning outcomes.	➢ Examples of selection criteria, orientation materials, and evaluation criteria for preceptors and others who supervise students in practice settings ➢ Description of expected preceptor qualifications, roles, and responsibilities, aligned with assigned teaching responsibilities ➢ Examples of preceptor evaluation processes and criteria. ➢ Evidence of preceptors' awareness of how they are evaluated in the role

Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
III-C. Faculty are supported in providing unique and innovative contributions to the faculty role as defined by the missions of the parent institution and nursing program.	➢ The unique and innovative contributions of each faculty member are valued and recognized by the parent institution and program. ➢ Clearly established expectations of faculty in the areas of teaching, practice, research/scholarship, and service with the mission and goals of the institution and program are in place, as appropriate for program type, and faculty are oriented to the expectations. ➢ The parent institution and nursing program provide support, mentoring, professional development opportunities, and resources to create a healthy workplace environment for faculty that cultivates a culture of caring, diversity, integrity and excellence, and empowers individual faculty to meet expected faculty competencies and outcomes. ➢ Resources that are available to support faculty development include but are not limited to travel funds, research/scholarship support, professional development programs, internal grant funds, faculty practice plans, degree attainment, etc. ➢ Evidence exists that faculty have the opportunity to engage in continuous quality improvement for ongoing development as educators, practitioners, and/or scholars/researchers and that they participate in those opportunities. ➢ Part-time and adjunct faculty are oriented, mentored, and guided in their teaching roles.	➢ Examples of faculty development resources and opportunities with related outcomes for the faculty role as appropriate to program type ➢ Appointment to rank, promotion, tenure guidelines, as applicable for institutional mission ➢ Evidence of faculty participation in on-going professional development ➢ Definitions of expectations of faculty contributions to the teaching, practice, research/scholarship, and service missions of the parent institution and nursing program
III-D. Faculty demonstrate individual and collective achievement of the program's expected faculty outcomes.	➢ Data describing actual individual and collective faculty outcomes are gathered and analyzed at designated intervals and used to measure the faculty's ability to meet expected faculty outcomes appropriate to the program type and within an organizational environment supportive of continuous	➢ Documentation of individual faculty accomplishments and contributions related to expected faculty outcomes ➢ Documentation of collective faculty outcomes (from past

Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	quality improvement. ➤ A system for evaluation of individual faculty performance is in place for full-time and part-time faculty and is used to recognize accomplishments as well as define plans for future development and contributions to the program.	three years) meet expected faculty outcomes ➤ Evidence of faculty evaluation criteria and support for meeting identified performance goals related to teaching, practice, scholarship/research, and service, as appropriate for the program type.

Standard IV: Culture of Excellence and Caring – Students

The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program's commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
IV-A. The institution and program provide student services that are student-centered; culturally responsive; and readily accessible to all students, including those enrolled in distance education; and, guide students through the processes associated with admission, recruitment, retention progression, graduation and career planning. Student services are evaluated for effectiveness and ability to satisfactorily meet student needs through a process of continuous quality improvement.	➤ Students enrolled in on-campus and distance education programs have sufficient access to student services to facilitate their achievement of learning outcomes and academic success. ➤ Student support services include, but are not limited to, academic advising; tutoring; financial aid guidance; personal counseling; and career guidance. ➤ There is evidence of ongoing review and revision of the effectiveness of student support services with attention to meeting the needs of diverse learners.	➤ Copies of student handbooks, bulletins, catalogs, describing policies related to recruitment, admission, retention, progression, graduation, and career preparation ➤ Descriptions of program and institutional support services that are available to students. ➤ Evidence that students have knowledge of and access the support services available to them. ➤ Example of evaluation plan for student services and documentation of actions taken in response to the review
IV-B. The program's student policies conform with institutional student policies and are readily available to the public.	➤ There is evidence that student policies conform with the parent institution's policies. There is an explanation with accompanying rationale related to any existing differences between institutional and programmatic student policies and expected	➤ Examples of nursing program policies' alignment with the parent institution's policies, and the program's mission, goals, core values, and expected

Standard IV: Culture of Excellence and Caring – Students

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	program outcomes. ➤ Documents outlining recruiting and admissions practices, program marketing, academic calendars, catalogs, and grading policies and practices are accurate and accessible to students and the public. ➤ There is evidence of a plan for regularly scheduled review and revision of policies and documentation of outcomes resulting from decision-making in response to the periodic reviews. ➤ Evidence exists that student policies are implemented in a consistent and uniform manner.	program outcomes ➤ Copies of student handbooks, bulletins, catalogs, describing policies related to recruitment and admission; retention and progression; graduation and career preparation ➤ Evidence of regularly scheduled review of student policies and resulting actions ➤ Examples of consistent and equitable application of student policies to all learners
IV-C. Student policies are clearly delineated and accessible with students advised of changes with adequate notice.	➤ All information regarding student policies is clear, documented, and readily accessible in various media formats for on-campus and distance education students. ➤ There is evidence that students are notified of policy changes with adequate notice.	➤ Examples of the accessibility of student policies (websites, handbooks, etc.) and communication of changes in policies to on-campus and distance education students ➤ Examples of adequate notice of policies changes to students.
IV-D. Faculty and staff process the formal program complaints of students using policies and procedures that are clearly delineated.	➤ The program provides students with a process for addressing formal complaints in accordance with parent institution and program policies. ➤ The institutional and program definition, policies, and procedures associated with filing a formal complaint are accessible to students. ➤ Evidence exists that information regarding formal complaints is maintained by the program and addresses due process and actions taken to resolve the complaint. ➤ The program makes available to on-site program	➤ Records of formal complaints against the program from date covering the most recent accreditation period (or previous three years, if program not currently accredited) and resolution outcomes ➤ Copy of student appeals process

Standard IV: Culture of Excellence and Caring – Students

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	evaluators records of student complaints accrued from date covering most recent accreditation period	
IV-E. Student records are maintained in a secure, confidential manner in accordance with the policies of the parent institution, nursing program, and regulatory guidelines.	➤ Established program policies and processes on document security and retention are in place in written form to ensure security and confidentiality of student records. Evidence exists that the processes are followed by all faculty and staff.	➤ Copies of policies and procedures regarding document security and retention ➤ Copies of policies and procedures followed by faculty and staff to maintain confidentiality of student records and examples of compliance with policies and processes.

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth, and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program's culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
V-A. The curriculum is designed to foster achievement of clearly delineated student learning outcomes that are specific to the program mission and type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) and aligned with expected curricular program outcomes.	➤ Student learning outcomes are clearly delineated for each program type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) and are appropriate for the expected practice (employment) role students will assume upon graduation from the program. ➤ The curriculum design includes competencies, course objectives, unit/module objectives, learning activities, and evaluation strategies that are student-centered, support progression toward achievement of identified student learning outcomes and curricular program outcomes ➤ Students of the program are able to describe course student learning outcomes, their relationship to program outcomes, and provide examples of how the curriculum facilitates student achievement of the outcomes.	➤ Copies of program outcomes, competencies, course outcomes/objectives for each program type offered ➤ Course syllabi with examples of learning activities and evaluation strategies ➤ Examples of learning activities appropriate for program type ➤ Students articulate examples of learning outcomes relationship to program outcomes and how the curriculum fosters their attainment of outcomes.
V-B. The curriculum incorporates professional nursing standards and other	➤ Faculty identify and adopt the appropriate professional and regulatory nursing standards, other professional standards and guidelines, and	➤ Examples of teaching/learning/evaluation processes that demonstrate the

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
professional standards and guidelines, associated with PN/VN and RN licensure, APRN certification and/or other graduate level practice competencies aligned with practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate types.	competencies in accordance with expected program and student learning outcomes, according to program type (practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate, and the intended practice roles associated with those program types. ➤ Graduate programs preparing advanced practice nurses incorporate established APRN professional standards into the curriculum to ensure student eligibility to achieve national certification for intended practice roles, including minimum number of supervised clinical hours. **NOTE:** When specialty accreditation options are available, each APRN degree/certificate program is required to seek accreditation by an agency recognized by the US Department of Education for the specific nursing practice role. ➤ Evidence exists that the adopted standards and competencies have been systematically integrated throughout the curriculum and the curriculum has been designed to address current licensure and certification criteria. ➤ Students and faculty can articulate which professional and regulatory standards, guidelines and competencies have been integrated into the curriculum and cite examples of how they are applied to the curricula.	integration of professional and regulatory nursing standards, other professional standards and guidelines and competencies into the curriculum (i.e., tables, cross-walks, syllabi, etc.) ➤ Copies of course syllabi ➤ Evidence of graduate APRN curricular elements addressing alignment with APRN populations (i.e., LACE document), including degree transcript designations and attainment of minimum number of supervised clinical hours ➤ Copies of professional standards, regulatory statutes, guidelines, competencies, etc. and evidence of how they are integrated into the respective curricula ➤ **NOTE:** See Appendix B for examples of professional standards, etc. that faculty may consider, as appropriate, for integration into program curricula
V-C. The program's curriculum is sequenced, designed and implemented to progressively support student achievement of learning outcomes and the acquisition of competencies appropriate for the intended	➤ The PN/VN and RN pre-licensure and undergraduate curriculum is built upon and incorporates a foundation of nursing arts and sciences into the program of study. Faculty and students can describe how any courses taken to fulfill the general education, basic sciences, social sciences, and/or human sciences curricular requirements of the program	➤ Program designs depict curriculum program of study for each program type offered ➤ Examples of how articulation (i.e., bridging programs) support student acquisition of and progression through previous

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
practice role.	support the development of the professional identity of nurses. ➤ The curriculum is sequenced and designed to promote student progression through the program without unnecessary duplication of learning experiences. ➤ Rationale is provided to support faculty decisions related to credit hour requirements, curriculum sequencing and progression design. ➤ Baccalaureate nursing competencies and outcomes are the underpinning for the graduate nursing programs at the master's level (MSN) as evidenced by program-specific outcomes and student learning activities that demonstrate student progression from undergraduate level competencies to graduate level competencies for the intended practice role. ➤ Graduate nursing programs at the clinical doctorate level clearly build upon master's level competencies as evidenced by program-specific outcomes and student learning activities that demonstrate student progression through master's level competencies to direct and indirect graduate level practice competencies for intended practice role. ➤ Academic progression model programs that bridge students from prelicensure to post licensure (e.g. second degree program, entry-level master's, etc.); practice/vocational nursing to registered nursing programs; RN-BSN programs; and post-licensure programs to graduate programs (e.g., ASN-MSN, BSN-DNP, etc.), demonstrate how learners acquire the requisite knowledge, skills, and professional behaviors of the bridged program. Evidence exists that students successfully transition the bridged curriculum and achieve the expected learning	educational levels and allow for student achievement of learning outcomes at the intended program outcome level. ➤ Rationale for selection of general education, basic sciences, social sciences, and/or human sciences courses chosen to support and complement learning in nursing courses. ➤ Rationale for sequencing of nursing courses ➤ Students articulate examples of competencies needed for the intended practice role following graduation ➤ Course syllabi demonstrate learning expectations relevant to the program type

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	outcomes of the subsequent program.	
V-D. The curriculum is up-to-date, dynamic, evidence-based, and reflects current societal and health care trends and issues, research findings, and contemporary educational practices.	➢ There is evidence that faculty design, review, and revise curricula based on consideration of current evidence-based findings, societal needs, health care issues and trends, practice regulation, and feedback from communities of interest. ➢ Contemporary and innovative practices in nursing education and curriculum design are considered by faculty and integrated as appropriate into the curriculum. ➢ Relevant local, regional, national, and international social and health care trends, and issues, and workforce needs are addressed as appropriate within the curriculum and in congruence with the program's mission, goals, values, and expected program outcomes.	➢ Documentation of data-driven curriculum review and revisions in minutes, reports, etc. and resulting actions ➢ Learning examples specify contemporary and innovative practices as appropriate ➢ Students and faculty articulate Identified trends, issues and workforce needs
V-E. The curriculum provides students with experiential learning that supports evidence-based practice, intra- and interprofessional collaborative practice, student achievement of clinical competence, and as appropriate to the program's mission and expected curricular outcomes, expertise in a specific role or specialty.	➢ Faculty design and incorporate a variety of experiential learning experiences into the curriculum, including distance education programs, as appropriate for the expected practice role of the program's graduates. ➢ Partnerships and agency contracts with health care and community facilities and other organizations are comprehensive and diverse in scope and designed to foster student acquisition of evidence-based practice competencies relevant to the workforce practice role for which the learner is being prepared. ➢ Intra- and interprofessional collaborative student learning opportunities are provided to facilitate professional role development.	➢ Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student's achievement of learning outcomes ➢ Copies of agency contracts ➢ Copies of student/faculty evaluation of agencies used to support experiential learning activities ➢ Course syllabi
V-F. The curriculum provides experiential learning that enhances student ability to	➢ The faculty design and implement experiential learning experiences throughout the curriculum, including distance education programs, that foster	➢ Examples of student learning activities in classroom, clinical, laboratory and simulated

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
demonstrate leadership, clinical reasoning, reflect thoughtfully, provide culturally responsive care to diverse populations, and integrate concepts, including, but not limited to context and environment of care delivery, knowledge and science, personal and professional development, quality and safety, patient-centered care, and teamwork into their practice.	the acquisition of professional nursing values, encompassing, but not limited to, leadership skills, clinical reasoning, reflective thought, and culturally responsive care to diverse populations. ➤ The curriculum integrates the concepts, including, but not limited to, context and environment of care delivery, knowledge and science applied to implementation and evaluation of evidenced-base care, personal and professional development, quality and safety, patient-centered care, and teamwork to enable students to develop role specific competencies.	environments and accompanying examples of student's achievement of learning outcomes ➤ Course syllabi
V-G. The faculty use a variety of teaching, learning, and evaluation strategies within the curriculum, including distance education programs, that are evidence-based, student-centered, and designed to create a culture of learning as demonstrated by student achievement of expected course and curricular program outcomes appropriate for the program type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate).	➤ Teaching, learning, and evaluation strategies in all settings, including distance education programs, are selected and planned by faculty based upon evidence related to best practices in education. Teaching/learning strategies are designed to foster active student learning and evaluation strategies are chosen to measure student attainment of expected learning outcomes. ➤ An environment exists within the program that facilitates student-centered teaching/learning practices and supports faculty in adopting and integrating new teaching/learning strategies as appropriate. ➤ Evaluation strategies are appropriate for measuring the student achievement of expected course and program outcomes. ➤ The learning environment is inclusive of classroom, experiential, laboratory, and simulated settings.	➤ Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student's achievement of learning outcomes ➤ Examples of teaching, learning and evaluation strategies that are used in distance learning programs ➤ Course syllabi

Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
V-H. The faculty design and implement evaluation strategies to measure individual student achievement, ensuring the evaluation strategies are explicitly communicated in course materials and program policies and related to expected course and curricular program outcomes.	➤ Evaluation strategies in all programs, including distance education programs, are appropriate to the learning activities being evaluated, and are focused on each student's achievement of course and curricular program outcomes. ➤ Faculty retain the responsibility for evaluation of each student's performance, including precepted learning experiences. ➤ Grading policies, scales, and criteria are clearly defined at the course level and communicated to all students at the beginning of each course. ➤ There is evidence that grading policies, including those used in distance education programs, are consistently applied by faculty.	➤ Examples of grading policies, scales, rubrics
V-I. Technology, including the use of distance education technology as applicable, is used effectively to support the teaching, learning, and evaluation process.	➤ Faculty and students receive adequate support and development in the use of technology to support the teaching, learning, and evaluation process. ➤ Technology-supported learning materials are accessible to all students enrolled in the nursing program. ➤ Students are oriented to any technology required to participate in the teaching/learning process. ➤ Faculty are oriented to and receive development and support in the use of instructional technology.	➤ Examples of technology orientation programs ➤ Evidence of technology staff support for faculty and students ➤ Examples of professional development opportunities for faculty ➤ Students articulate examples of technology supporting attainment of learning
V-J. There is systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program's	➤ The curriculum and the teaching, learning, and evaluation process undergo scheduled, periodic review. ➤ Data are regularly obtained from faculty, students, alumni, and practice partners to determine outcomes achieved and satisfaction with curriculum and teaching/learning/evaluation strategies. ➤ Data are analyzed and shared with communities of	➤ Evidence of means by which student feedback on curriculum and teaching/ learning/evaluation processes is solicited and how feedback is used to inform program decision-making ➤ Documentation of preceptor roles and responsibilities in student

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
expected student outcomes.	interest. ➤ Resulting data feedback is used by faculty to inform continuous quality improvement efforts and make evidence-based decisions about curricular revisions.	evaluation process ➤ Copies of course evaluations ➤ Examples of evaluation tools

Appendix A – Glossary of Terms

Caring – "A culture of caring, as a fundamental part of the nursing profession, characterizes our concern and consideration for the whole person, our commitment to the common good, and our outreach to those who are vulnerable. All organizational activities are managed in a participative and person-centered way, demonstrating an ability to understand the needs of others and a commitment to act always in the best interests of all stakeholders" (NLN, 2007, www.nln.org).

Community of Interest – As defined by the nursing academic unit, the community of interest represents categories of individuals, institutions, organizations, practitioners, etc., internal and external to the nursing academic unit, who collectively share an interest in the expected outcomes of the nursing academic unit and are commonly considered to be stakeholders in the educational process.

Competency – "A principle of professional practice that identifies the expectations required for safe and effective performance of a task or implementation of a role" (NLN, 2009, p. 182).

Context and Environment – "In relation to organizations, context and environment refer to the conditions or social system within which the organization's members act to achieve specific goals. Context and environment are a product of the organization's human resources, and also the policies, procedures, rewards, leadership, supervision, and other attributes that influence interpersonal interactions" (NLN, 2010, p.65).

Continuous quality improvement (CQI) – "A comprehensive, sustained, and integrative approach to system assessment and evaluation that aims toward continual improvement and renewal of the total system" (NLN, 2009, p. 182).

Core Values – An essential belief that guides the behaviors manifested within the institution, program, and individuals within those organizations, and influences organizational and individual decision-making and actions. Core values are individualized and specific to the institution and program.

Course Outcomes – "Expected culmination of all learning experiences for a particular course with the nursing program, including the mastery of essential core competencies relevant to that course. Courses should be designed to promote synergy and consistency across the curriculum and lead to the attainment of program outcomes" (NLN, 2010, p.65).

Curriculum – "The interaction among learners, teachers, and knowledge – occurring in an academic environment - that is designed to accomplish goals identified by the learners, the teachers, and the profession the learners expect to enter" (NLN, 2009, p.182).

Appendix A – Glossary of Terms

Curriculum Outcomes – Expected culmination of all learning experiences at end-of-program, demonstrating achievement of core nursing practice competencies (knowledge, skill and attributes) and learning outcomes appropriate for the role for which the learner is being prepared to assume upon graduation. The curriculum should be designed to promote synergy and consistency across the program courses and levels, and facilitate seamless academic progression across the continuum of nursing program types.

Diploma nursing program – a post-secondary educational program that prepares individuals for a career as a registered nurse.

Distance Education – NLN CNEA adheres to the *U. S. Department of Education definition* of distance education (34 CFR Part 602.3): "Distance education means education that uses one or more of the technologies listed…to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include: 1) the internet; 2) one-way or two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; 3) audioconferencing; or 4) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, and CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3)" (USDE, p. 5, 2012).

Diversity – "A culture of diversity embraces acceptance, respect, and inclusivity. We understand that each individual is unique and recognize individual differences, which can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. A culture of diversity is about understanding ourselves and each other and moving beyond simple tolerance to embracing and celebrating the richness of each individual. While diversity can be about individual differences, it also encompasses institutional and system-wide behavior patterns" (NLN, 2007, www.nln.org).

Empowerment – "Enabling experiences that foster autonomy, choice, control, and responsibility and that encourage individuals to display existing abilities, learn new abilities, and continually grow (NLN, 2009, p. 182)

Evidence-Based Practice – "The provision of nursing care to individuals, groups and communities that evolves from the systematic integration of research findings about a particular clinical problem" (NLN, 2009, p. 182).

Evidence-Based Teaching – "Using systematically developed and appropriately integrated research as the foundation for curriculum design, selection of teaching/learning strategies, selection of evaluation methods, advisement practices, and other elements of the educational enterprise" (NLN, 2009, p. 182).

Excellence – "A culture of excellence reflects a commitment to continuous growth, improvement, and understanding. It is a culture where transformation is embraced, and the status quo and mediocrity are not tolerated" (NLN, 2007, www.nln.org).

Appendix A – Glossary of Terms

Expected program outcomes – Expected outcomes are anticipated outcomes established by faculty and staff accompanied by associated benchmark measures used by the program to determine if the outcome has been met.

Experiential learning – "…a philosophy and methodology in which educators purposefully engage with students in direct experience and focused reflection to increase knowledge, develop skills, and clarify values" (Association for Experiential Education, para. 2, www.aee.org/what-is-ee)

Faculty outcomes – Output (results) of faculty work related to faculty role expectations in teaching, scholarship/research, practice and service, as defined by the program and aligned with institution and program mission. Faculty outcomes are measured individually and in aggregate as one means by which to demonstrate program effectiveness.

Goals – Goals are what the program wants to accomplish and directs resources to achieve.

Healthful work environment – "Healthful workplace/educational environments for nurses and nursing students incorporate several essential competencies: …1) effective and open communication; 2) active relationship-centered collaboration; 3) competent and credible nurse/faculty leadership; 4) recognition and respect for the value of nurse/student contributions; 5) accountability; 6) and the encouragement of continued professional growth and development" (NLN, 2010, p. 61).

Human flourishing – "…an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own efforts….Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community and population (NLN, 2010, pp.66-67). Human flourishing is a hallmark characteristic of a healthful work and learning environment.

Innovation – Using knowledge by which to create "new (or perceived as new)" ways to transform systems, (NLN, 2005, p. 61) including educational systems.

Integrity – "A culture of integrity is evident when organizational principles of open communication, ethical decision-making, and humility are encouraged, expected, and demonstrated consistently" (NLN, 2007, www.nln.org). Organizational integrity involves staying aligned to the stated mission, goals and core values espoused by the institution and program and creating an organizational environment that fosters faculty, student, and staff success.

Instructional resources – Learning materials in a variety of media that are used to facilitate the teaching/learning process.

Appendix A – Glossary of Terms

Interprofessional collaboration – Collaborative relationships developed among professionals from two or more disciplines or professions, in this instance, to achieve quality patient care.

Intraprofessional collaboration – Collaborative relationships developed among professionals who are within the same discipline or profession, in this instance, nursing.

Knowledge and science – "Refers to foundations that serve as a basis for nursing practice…these foundations include a) understanding and integrating knowledge from a variety of disciplines outside nursing that provide insight into the physical, psychological, social, spiritual, and cultural functioning of human beings; b) understanding and integrating knowledge from nursing science to design and implement plans of patient-centered care for individuals, families and communities; c) understanding how knowledge and science develop; d) demonstrating how all members of a discipline have responsibility for contributing to the development of that discipline's evolving science; and e) understanding the nature of evidence-based practice" (NLN, 2010, p. 67).

Learner (student)-centered environment – Educational environment that is focused on assessing student learning needs and supporting the design of learning activities that foster student inquiry, promote interaction and collaboration, and allow for student input into choice of learning experiences (Billings, 2012).

Learning community – A group of individuals (e.g., learners, teachers, practitioners) who come together in the learning process with a common goal of facilitating the achievement of expected learning outcomes.

Mission statement – A mission statement describes the unique purpose for which the institution and/or program exists.

Nursing academic unit – The organizational infrastructure within which one or more types of academic nursing programs are administratively housed under the leadership of one chief academic nurse administrator.

Patient-centeredness – "An orientation to care that incorporates and reflects the uniqueness of an individual patient's background, personal preferences, culture, values, traditions and family. A patient-centered approach supports optimal health outcomes by involving patients and those close to them in decisions about their clinical care. Patient-centeredness supports the respectful, efficient, safe, and well-coordinated transition of the patient through all levels of care" (NLN, 2010, p. 68).

Personal and Professional Development – "Lifelong process of learning, refining, and integrating values and behaviors that a) are consistent with the profession's history, goals, an codes of ethics; b) serve to distinguish the practice of nurses from that of other health care providers; and c) give nurses the courage needed to continually improve the care of patients, families and communities and to ensure the profession's ongoing viability (NLN, 2010, p.68)

Appendix A – Glossary of Terms

Preceptor – A health care professional who holds the requisite academic credentials and has the professional expertise to facilitate, in collaboration with faculty, student achievement of learning outcomes in the clinical setting.

Professional identity – "…the internalization of core values and perspectives recognized as integral to the art and science of nursing" (NLN, 2010, p. 68) and manifested in the practice of nursing.

Program outcomes – Results achieved in response to goals set by the program. For example, program goals and related outcomes may be developed associated with the accomplishments of faculty; curriculum; adequacy of support services and resources; student learning and achievement; and any other measure of program quality that faculty and staff, as appropriate, determine to be important to the overall success of the program.

Quality and Safety – "the degree to which health care services 1) are provided in a way consistent with current professional knowledge; 2) minimize the risk of harm to individuals, populations, and providers; 3) increase the likelihood of desired health outcomes; and 4) are operationalized from an individual, unit, and systems perspective" (NLN, 2010, p. 68).

Spirit of Inquiry – "…is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problems" (NLN, 2010, p. 69).

Student learning outcomes – The achievement of expected knowledge, skills and attributes demonstrated by students at course and program levels. Student learning outcomes are measured in classroom and experiential settings, and are reported in individual and aggregate formats. Examples of aggregate student learning outcomes at the program level include retention and graduation rates, performance on licensure and certification examinations, and employment rates (Sauter, Gillespie, & Knepp, 2012).

Student support services – "Services that promote the comprehensive development of the student and help strengthen learning outcomes by reinforcing and extending the educational institution's influence beyond the classroom. Such services include but are not limited to admissions, financial aid, registration, orientation, advisement, tutoring, counseling, discipline, health, housing, placement, student organizations and activities, cultural programming, child care, security and athletics" (NLN, 2009, p. 185).

Teamwork – "to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect and shared decision making to achieve quality patient care" (NLN, 2010, p. 69).

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Appendix B – Professional Nursing Standards, Guidelines, Competencies (Examples)

The following list provides **examples** of professional nursing standards, guidelines and competencies that nursing faculty *may elect* to integrate into their program curricula. This is not meant to be an all-inclusive listing; programs may elect to incorporate other professional standards depending upon program mission, focus, and intended outcomes.

- Adult-Gerontology Acute Care Nurse Practitioner Competencies (AACN/NONPF, 2012)
- Adult-Gerontology Primary Care Nurse Practitioner Competencies (AACN/NONPF, 2010)
- Clinical Nurse Specialist Core Competencies (NACNS, 2010)
- Code of Ethics for Nurses (ANA, 2015)
- Core Competencies for Interprofessional Collaborative Practice (IPEC, 2011)
- Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012)
- Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)
- Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996)
- Essentials of Master's Education in Nursing (AACN, 2011)
- Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
- NLN Core Competencies for Nurse Educators (NLN, 2012)
- NLN Hallmarks of Excellence (NLN, 2004)
- NLN Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate and Research Doctorate Programs in Nursing (NLN, 2009)
- Nurse Executive Competencies (AONE, 2015)
- Nurse Practitioner Core Competencies (NONPF, 2012)
- Nursing: Scope and Standards of Practice (ANA, 2015)
- Population-Focused NP Competencies (NONPF, 2013)
- Quad Council Competencies for Public Health Nurses (Quad Council, 2011)
- Quality and Safety Education for Nurses (QSEN, 2009; 2012)
- Women's Health Clinical Nurse Specialist Competencies (AWHONN/NACNS, 2014)