SASKATCHEWAN RN ASSOCIATION

Program Approval for Established RN Education Programs

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I. INTRODUCTION

The nursing education program approval standards and criteria are approved by the association under the provisions of *The Registered Nurses Act, 1988* (*The RN Act).* Clause 19(1)(a)(i)(A)(I) of *The RN Act, 1988* states:

> The council may register as a registered nurse and issue a licence to practise registered nursing to a person who produces evidence establishing to the satisfaction of the council that the person has successfully completed a basic registered nursing education program given in Saskatchewan and approved by the council….

The End "Better Professional Practice" is accomplished in part by ensuring that graduates from nursing education programs are competent to practice according to the standards of the association. Approval of basic, re-entry, and RN(NP) education programs is required by Section 19 of *The RN Act.* Clause 15(2)(l) of *The RN Act* provides for a bylaw governing the approval of RN education programs for purposes of registration pursuant to the Act.

The following documents, which identify the standards for competent practice, provide the foundation for the approval of RN nursing education programs:

- *The Registered Nurses Act, 1988*
- Current SRNA *Bylaws*
- Current *Standards and Foundation Competencies for the Practice of Registered Nurses*
- Current CNA *Code of Ethics*

In Canada, there are two processes for the evaluation of basic nursing education programs; a provincially regulated approval process and a national voluntary accreditation program through the Canadian Association of Schools of Nursing (CASN). While the CASN accreditation program is designed to align itself with provincial regulatory approval processes, the two evaluation processes are complementary but not synonymous.

The accreditation program offered by CASN promotes excellence and is recognized worldwide as an important, objective method to assess professional education programs. Accreditation identifies strengths and opportunities for improvement that can aid decision making. The process provides administrators and faculty with information regarding areas that require development, modification and/or resources

(CASN, 2014). Most of the quality dimensions and standards specified in the CASN accreditation program are fundamental qualities of the SRNA approval process.

The SRNA has decided to align the CASN Accreditation Program (2014) with the current program approval process for the approval of established basic nursing education programs offered in Saskatchewan. The SRNA retains responsibility for developing policy to govern use of the accreditation program as the basis for approval, determining the approval status, and making recommendations about the basic nursing education program to the schools of nursing. This document provides the policies and process for the SRNA Nursing Education Program Approval Process for Established Nursing Education Programs.

II. ROLES IN THE COLLABORATIVE NURSING EDUCATION PROGRAM APPROVAL PROCESS/CASN ACCREDITATION PROCESS

The SRNA

The SRNA shall:

1. Use:
   a) the current SRNA Standards and Criteria for Nursing Education Program Approval; and
   b) to the extent they are consistent with the SRNA Standards and Criteria for Nursing Education Program Approval, the current CASN Accreditation Program policies, procedures, and standards as the basis for program approval;

2. Notify the CASN of the pending expiration of program approval for a nursing program approval at least two years in advance;

3. Provide orientation to the Review Team, on the subject of SRNA policies, processes, and standards for program approval;

4. Have the option to appoint an observer from the SRNA to each Review Team reviewing a nursing program in Saskatchewan, in accordance with Annex A of the Letter Of Understanding (LOU), and notify the CASN and the nursing program of the SRNA observer; and

5. Notify the CASN of the approval status of nursing programs.

The CASN

The CASN shall:

1. Upon receipt of the SRNA's notification of the pending expiration of a nursing program's program approval and an educational institution's application for accreditation, ensure that the nursing program is incorporated into the accreditation schedule such that the entire accreditation process will be completed (i.e. CASN's final decision on accreditation submitted to the nursing program with a copy to the SRNA) no less than three months prior to the program approval expiry date;

2. Notify the SRNA when an application for accreditation has been submitted to CASN by a nursing program in Saskatchewan, to allow for initial discussion and input between CASN and SRNA on the joint review process;

3. Copy the SRNA on all correspondence pertaining to accreditation between the CASN Accreditation Bureau (CAB) and the nursing program, such as the application acceptance letter, any requests by CAB for more information or clarification, CAB's responses to requests for extensions, CAB decision letters, and correspondence relating to appeals;

4. Select and train, normally three months prior to a visit (or an interim visit), a fully participating member of the Review Team, recommended by the SRNA, based on mutually agreeable criteria including but not limited to:
    - Masters Preparation (PhD preferred)
    - Experience in curriculum development, implementation, and program evaluation in RN education
    - Experience in appropriate areas of clinical practice
    - Current registration with their provincial RN regulatory body
    - Experience as a program assessor

5. At the discretion of the SRNA, permit a SRNA appointed observer to accompany the Review Team during a site visit, observe the CAB decision-making process for CASN accreditation decisions, and observe any appeal arising from such decision. The observer must respect all CASN accreditation program policies and procedures, including

respecting the defined *Role of the Observer* and signing the form, *Reviewer and Observer Commitments*;

6. Provide orientation to the SRNA observer on the CASN Review Team or involved in the accreditation process, normally three months prior to the site visit;

7. Notify the SRNA of the members of the Review Team assembled for review of Saskatchewan nursing programs;

8. Submit to the SRNA a copy of the final Review Team reports along with the educational institution's response for Saskatchewan education units and nursing programs;

9. Inform the SRNA of the CASN accreditation decisions for Saskatchewan nursing programs; and

10. Seek SRNA input into any revision to the CASN accreditation program, standards and key elements which apply to Saskatchewan.

The Educational Institutions

The nursing programs of the University of Regina, the University of Saskatchewan, and Saskatchewan Polytechnic (the SCBScN and the BSN programs) shall follow the CASN accreditation program policies and procedures, and in addition, the educational institutions shall:

1. Apply to the CASN for the joint review and approval of the applicable nursing program no later than two years in advance of the program approval expiry date;

2. Review the proposed Review Team members according to the SRNA's guidelines and the CASN's *Conflict of Interest Guidelines*, and notify the CASN of any conflict of interest;

3. Send a copy of the Self-study Report, Self-assessment Report, and the site visit schedule to both the SRNA and the CASN. The Self-study Report must include all applicable SRNA standards and criteria for nursing education program approval and CASN standards and key elements. The Self-assessment Report must include all SRNA standards and criteria for

nursing education program approval that do not align with the CASN standards and key elements;

4. Submit an annual report to the SRNA in between formal program approval/accreditation visits, as per the SRNA policy and format (see Appendix D for annual report format); and

5. Review the structure for the nursing program as defined by the SRNA with the Review Team.

The Review Team

The Review Team shall follow CASN accreditation program policies and procedures, except as specified below:

1. The Review Team is responsible for verifying and clarifying the nursing education program's Self-study and Self-assessment Reports through a site visit to the program site(s). The Review Team does not determine an approval rating for the nursing education program. The Review Team is external to the program being evaluated;

2. The CASN will consult with the SRNA and come to a decision jointly as to the final number and qualifications of Review Team members. A minimum of one Review Team member shall represent the interests of the SRNA and shall be accountable to ensure that the SRNA standards and criteria for program approval are addressed;

3. The Review Team will participate in an orientation on the SRNA program approval process, including a review of the standards for nursing education programs;

4. The Review Team and the SRNA observer will participate in the CASN reviewer educational sessions, if they have not already done so;

5. If there is disagreement within the Review Team regarding the content or conclusion of the Review Team Reports, the dissenting team member(s) must document the nature of the disagreement with supporting rationale, citing evidence from the review documentation, interviews and/or observations. This additional document must be signed and appended to the Review Team Reports; and

6. All members of the Review Team and the SRNA observer must review *SRNA Code of Conduct and Conflict of Interest* and *CASN Conflict of Interest Guidelines* and sign the appropriate SRNA and CASN forms. All documents, correspondence and communications between the SRNA, the CASN and the educational institutions will be treated with strict confidentiality by the Review Team.

The nursing education program is consulted to ensure there is no conflict of interest prior to final selection of the Review Team.

The Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee shall consist of up to seven members appointed by the SRNA Membership Advisory Committee. Members shall have diverse expertise and perspectives.

1. Membership shall consist of:
   a) Four registered nurses, one of whom is a registered nurse (nurse practitioner), from a broad range of practice, preferably nurses who work with new graduates, are in leadership positions, and/or have expertise in evaluation.
   b) One public representative with expertise in general education.
   c) One representative from the government responsible for *The Registered Nurses Act, 1988.*
   d) One representative from another health profession.

2. Members of this Committee shall be appointed for a three year term, renewable for one additional term. Terms of office shall be staggered to provide for continuity.

Role of the Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee shall:

1. Review the process for approval of nursing education programs as delegated to the Nursing Education Program Approval Committee.

2. Consult, as necessary or appropriate, with individuals who have expertise related to a program or any other matter considered by the Committee.

3. Following a nursing education program approval review, make a decision regarding its recommendation to the SRNA Council on the subject of program approval. The Committee will forward its report to the SRNA Executive Director.

4. Maintain processes to ensure due process, procedural fairness and an open, transparent process for resolution of issues and/or concerns.

5. Submit an annual report to the SRNA Council regarding updates from the nursing education programs.

The SRNA Staff Resource

The SRNA Staff Resource performs the following roles in relation to the nursing education approval process:

1. Works with the CASN Accreditation Manager to organize and coordinate the accreditation/program approval process;

2. Assists nursing education programs to understand the approval process and the requirements of the review. The SRNA Staff Resource is available to meet with nursing education programs prior to the submission of a Self-assessment Report and/or a site visit. The SRNA Staff Resource will also provide follow-up with the program, as required, following a review;

3. Serves as staff support to the Nursing Education Program Approval Committee. This role includes providing a list of potential Review Team members for consideration; acting as a liaison between the Committee and both the CASN and the nursing education programs. The SRNA Staff Resource supports the work done by the Nursing Education Program Approval Committee but does not participate in making decisions about approval status of a program being reviewed;

4. Provides orientation to the Review Team on the subject of SRNA policies, processes, and the standards for program approval; and

5. May serve as an observer to the Review Team during the accreditation/approval process.

The SRNA Observer

The observer must be a member of the Nursing Education Program Approval Committee or a staff member of the SRNA.

The SRNA observer performs the following roles in relation to the nursing education program approval process:

1. Review, sign, and adhere to CASN and SRNA policies regarding professional and ethical conduct, confidentiality, and respect for intellectual property;

2. Attend the review preparation and orientation teleconferences;

3. Provide advice and support if requested to the Review Team, the nursing programs, and/or the CAB. Support would include providing guidance and information related to the signed letter of agreement and the observer's organization's program policies, procedures, and standards;

4. Provide information and assistance on the interpretation of the SRNA standards for the nursing educational program;

5. Assist the Review Team Lead/Reviewers as requested; and

6. Keep confidential all information relating to affairs of the schools of nursing, and any personal information of the employees, agents or students of the schools of nursing, of which knowledge is a result of their engagement hereunder.

III. APPROVAL STANDARDS

Nursing Education Standards

The following are standards set out for nursing education programs:

1. Program - The program has the appropriate internal structures and supports to ensure that students are capable of achieving the practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

2. Curriculum - The curriculum provides learning experiences necessary to achieve professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

3. Students - Students acquire and demonstrate professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

4. Graduates - Graduates achieve professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

5. Resources - Students have access to resources and opportunities to acquire and demonstrate professional competency requirements and professional accountability.

Standard 1: Program

Program - The program has the appropriate internal structures and supports to ensure that students are capable of achieving the practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

Criteria:

1. The program is equivalent to a four year post-secondary nursing baccalaureate program.

2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program, and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.

3. The nursing education program has met all requirements of the educational institution and is approved by the educational institution's governance body.

Standard 2: Curriculum

Curriculum - The curriculum provides learning experiences necessary to achieve professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

Criteria:

1. The philosophy of the nursing program and the conceptual framework guide the development and implementation of the curriculum.

2. The standards and foundation competencies and the code of ethics for RNs are addressed throughout the curriculum.

3. The program curriculum and outcomes are responsive to and reflect current and emerging trends in:
   a) Health and health promotion
   b) Legal and ethical standards
   c) Diversity of client populations
   d) Evidence-informed nursing practice
   e) Education and research
   f) Interprofessional collaboration
   g) Client safety
   h) Technology

4. The curriculum includes:
   a) An overall organizing framework, course sequencing, course descriptions, and course objectives.
   b) Diverse learning experiences that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies.
   c) Allocated classroom, laboratory, and clinical hours which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies.
   d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.
   e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings.

f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.

Standard 3: Students

Students - Students acquire and demonstrate professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

Criteria:

1. Students learn about self-regulation and are made aware of the SRNA's requirements for licensure.

2. Policies and procedures for student selection, promotion, probation, failure, and appeal are clearly communicated to students, faculty, and stakeholders.

3. Methods are in place to examine the correlation between admission criteria, student attrition, and student success. Based on this analysis, policies are developed and/or revised as required.

4. Policies and procedures are in place for student placement into clinical settings:
   a) The student's immunization status meets the requirements of the clinical facility.
   b) The student has a security clearance check that meets the requirements of the clinical facility.
   c) The student has appropriate current BCLS certification.

5. Processes are in place to ensure that students receive timely formative and summative feedback from faculty regarding their theoretical and practical learning.

6. Processes are in place to ensure that students are involved in the planning, implementation, and evaluation of the program.

Standard 4: Graduates

Graduates - Graduates achieve professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*

Criteria:

1. Prior to graduation, evaluations provide evidence that students have met:
   a) The current *Standards and Foundation Competencies for the Practice of Registered Nurses* and the current CNA *Code of Ethics.*
   b) The course and designated program outcomes.

2. Trends in the graduate's performance on the association approved registration examination are at or above the national average.

3. Feedback from graduates, employers, and consumers provide evidence that graduates are meeting the standards and competencies for safe, competent and ethical practice in diverse contexts of practice.

4. Data is collected and analyzed on the graduate's ability to meet requirements for licensure and standards and competencies in diverse context of practice.

Standard 5: Resources

Resources - Students have access to resources and opportunities to acquire and demonstrate professional competency requirements and professional accountability.

Criteria:

1. Faculty
   1.1 The faculty size and composition is sufficient to provide teaching and guidance in order to ensure student progress towards meeting the current *Standards and Foundation Competencies for the Practice of Registered Nurses*:
      a) There are approved policies and procedures for all full time and part time faculty related to:
         i. Faculty selection including clinical expertise, teaching ability, research and scholarly activities.

ii. Ongoing evaluation of teaching, scholarly activities, and clinical competence in the settings where nursing faculty supervise students.
iii. Professional development.

b) There are policies and procedures in place for faculty to provide input and feedback regarding the educational program's ability to meet (a).

1.2 The minimum faculty requirements shall include:

a) A dean/director who has the authority and responsibility for decisions related to the curriculum and the nursing education program.
b) Sufficient number of adequately prepared faculty to ensure:
   i. The development, implementation, and evaluation of the program.
   ii. That student learning is optimized.
   iii. That safe nursing care is provided to clients.

1.3 Nursing faculty possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities:

a) A dean/director of the education program who:
   i. Is a member of the SRNA;
   ii. Has a master's degree, doctoral degree preferred; and
   iii. Has a graduate or undergraduate degree in nursing.
b) Full time faculty who:
   i. Are members of the SRNA or RPNAS (as appropriate); and
   ii. Have a master's degree (or evidence of working towards a master's degree) with at least one degree, either graduate or undergraduate in nursing.
c) Part time faculty who:
   i. Are members of the SRNA or RPNAS (as appropriate); and
   ii. Have a baccalaureate degree in nursing, master's preferred.
d) Nursing faculty must be involved as educators in the nursing content in the program.
e) Students in clinical settings are supervised and/or preceptored by Registered Nurses and/or Registered Psychiatric Nurses as appropriate.

2. Clinical resources

2.1 The nursing education program has current written agreements with

clinical agencies that specify expectations for all parties and ensure protection of the students and faculty.

2.2 Clinical learning activities and clinical placements provide opportunities for students to meet the designated program outcomes and meet the current *Standards and Foundation Competencies for the Practice of Registered Nurses*:

a) Student clinical experiences reflect current best practices.
b) The allocation of a sufficient number of clinical hours across the life span to allow graduates to achieve curriculum/program objectives and the standards and competencies for Registered Nurses (e.g. medicine, surgery, pediatrics, obstetrics, mental health, geriatrics, and community health).
c) The allocation of clinical placements encompasses a variety of nursing practice settings (acute, chronic, and community).
d) The allocation of a full time clinical preceptorship at the end of the program that consolidates theory and nursing practice.
e) The nursing faculty to student ratio in clinical settings is sufficient to ensure optimum learning and that client care is safe guarded.

3. Financial resources

3.1 There are sufficient financial resources to ensure that the program is viable and able to meet the designated program outcomes.

4. Physical resources

4.1 There are sufficient resources, including physical space, library and technical, to enable students to achieve the designated program outcomes.

4.2 Learning resources and technology that are used by the nursing education program (including those who utilize alternate methods of delivery) are comprehensive, current, and accessible to faculty and students.

IV. PROGRAM APPROVAL RATINGS

The CASN accreditation decision will be made by the CAB. The SRNA Nursing Education Program Approval Committee will review the Self-study and Self-assessment Reports; CASN accreditation reports and CAB decision letters and make a decision regarding its recommendation to the SRNA Council on the subject of program approval. The Committee will forward its report to the Executive Director of the SRNA. The Executive Director shall make a recommendation to Council regarding the report of the Nursing Education Program Approval Committee. The Executive Director of the SRNA will notify the educational institution in writing of the SRNA Council's approval rating, which may be one of the following:

Preliminary Approval: The rating given to a new program that shows evidence of the ability to meet the criteria for approval but that has not yet graduated students from the program or an established program seeking initial approval. A program receiving preliminary approval must undergo an assessment for full approval in the academic year following the first class of graduates. Graduates from a program who have received this rating will be considered graduates of an approved nursing education program for the purposes of registration/licensure. The nursing education program is responsible to ensure the graduates meet the current *Standards and Foundation Competencies for the Practice of Registered Nurses* at the date of graduation.

Provisional Approval: The rating given to a new program or an established program that is seeking initial approval, or an existing program that was previously approved and that only partially meets the criteria as identified. Provisional approval is granted for a designated time period. The Council makes recommendations to the program regarding the criteria that are not met or are only partially met. Graduates from a program that has received this rating may be required to upgrade before they are considered graduates of an approved nursing education program and eligible for registration/licensure.

Approval Granted: The rating given to a program that meets the criteria for approval. Following preliminary approval, approval may be granted up to seven years depending on the nature and significance of strengths and deficits identified in the review. Graduates from a nursing education program that has received this rating will be considered graduates of an approved nursing education program for the purposes of registration/licensure.

Approval Denied: The rating given to a program that does not meet the approval criteria. Graduates from a nursing education program that has received this rating will not be eligible for registration in Saskatchewan. In the event that the SRNA Council denies program approval to the nursing program, the CAB shall be notified immediately. The CAB and the SRNA will then determine if an additional joint visit or joint review needs to be considered before the next scheduled joint review.

V. THE APPROVAL PROCESS FOR ESTABLISHED PROGRAMS

Notification of Intent to Review Program

The nursing education programs shall apply to the CASN for the joint review and approval of the applicable nursing program no later than two years in advance of the program approval expiry date. The CASN will notify the SRNA when an application for accreditation has been submitted to CASN by the nursing program.

Self-study Report and Self-assessment Report

The program shall send a copy of the Self-study Report, Self-assessment Report, and the site visit schedule to both the SRNA and the CASN. The Self-study Report must include all applicable SRNA standards and criteria for nursing education program approval and CASN standards and key elements. The Self-assessment Report must include all SRNA standards and criteria for nursing education program approval that does not align with the CASN standards and key elements. A comparability chart of the SRNA and the CASN standards has been developed to assist the program to complete the Self-study and Self-assessment Reports (see Appendix B).

Review of Self-study and Self-assessment Reports

The Nursing Education Program Approval Committee and the Review Team shall review the Self-study and Self-assessment Reports. The nursing education program may be required to provide additional information upon request of either the Nursing Education Program Approval Committee and/or the Review Team. The Self-assessment Report template can be found in Appendix C. The Self-study Report template can be found in the CASN accreditation document.

Site Visit

The nursing education program, the CASN, and the SRNA will work collaboratively to establish the dates of the site visit. The Review Team shall visit the nursing education

program on-site(s) to clarify and validate data reported in the Self-study and Self-assessment Reports. A SRNA observer will accompany the Review Team on the site visit.

Nursing Education Program Approval Committee Recommendation

The Nursing Education Program Approval Committee shall receive a copy of the following:

- Review Team's report(s) with the educational institution's response;
- SRNA appointed Review Team member report addressing those program approval standards and criteria that do not align with the CASN key elements; and
- A copy of the CAB's decision.

The Nursing Education Program Approval Committee will review all documents and make a reasoned recommendation regarding the approval rating. A copy of the Nursing Education Program Approval Committee's draft report will be forwarded to the nursing education program to afford the program an opportunity to respond to the tentative approval rating recommendation. The nursing education program may provide a response verbally, via e-mail, or may request a face to face meeting with the Nursing Education Program Approval Committee. The Nursing Education Program Approval Committee will forward its report to the Executive Director. The Executive Director shall make a recommendation to Council regarding the report of the Nursing Education Program Approval Committee.

Notification to Program

The Executive Director shall notify the nursing education program of the Council's reasoned decision in writing regarding the program approval rating.

SRNA Council Review

In the event the program is not satisfied with Council's decision regarding the program approval rating, it may seek in writing, within 30 days, a review by Council. The program will be allowed to file further material for Council's consideration. Council's decision following a review regarding the program approval rating shall be final.

VI. ANNUAL UPDATES

The purpose of the annual update is to provide updated, new or changed information since the previous submission to the Nursing Education Program Approval Committee. The SRNA reserves the right to initiate a review of the nursing education program at any time when the Committee, upon reviewing the annual report or other relevant information, has reason to believe that the program may not be meeting the standards for nursing education programs or there is evidence that the program's ability to meet the current standards for nursing education is compromised due to substantive changes in the program (e.g. courses, clinical practice). If the Committee requires an additional review of the nursing program, the SRNA will notify the CASN immediately.

Information to be included in the annual update is as follows (See Appendix D):

1. Any significant changes, revisions, or other updates, including strategic initiatives for the program (in the immediate future) since the previous submission. This may include program and faculty achievements.

2. Description of the progress and ongoing development in meeting identified recommendations from the Approval Report.

3. Description of the analysis of program evaluation data (course evaluations, student and faculty feedback) as well as an identified plan regarding how the program intends to integrate this data into the future program development.

4. Description of challenges and opportunities for improvement in the content and/or ongoing delivery of the nursing education program that reflect current trends.

5. Description of challenges in meeting program objectives.

6. Impact of change on ability of graduates to meet SRNA standards and foundation competencies.

7. Any other information deemed relevant by the school of nursing.

All annual updates are to be submitted to the Nursing Education Program Approval Committee and are due **June 1** of each year.

Substantive Change to an Established Program

CASN "Program change"
"Program change" means a change in the curriculum or learning outcomes of a nursing program from that which was accredited. A program change may be major or minor:

- **"Major program change"** means a program change where the philosophical underpinnings of the curriculum or more than one third of the learning outcomes/intents are changed.
- **"Minor program change"** means a program change where the flow of learning or revisions to course and learning outcomes happen without altering the underlying philosophical underpinnings of the curriculum, and less than one third of the learning outcome/intents are changed.

SRNA "Program Change"
Substantive change(s) may include, but are not limited to:

- Significant changes made to the length of the program.
- Significant changes made to the target student population.
- Significant changes made to the program resources.
- Significant changes made to the implementation of the program.
- Significant changes made to the curriculum.
- Any other changes deemed to make the program significantly different from the program that was originally granted approval.

If a nursing program is planning major/substantive program changes, both the CASN and the SRNA are to be informed of such planned changes at least six months in advance of implementation. The CAB and the SRNA will review the program changes against criteria as specified in the CASN accreditation program and the SRNA program approval process to determine if the magnitude of the changes necessitates the requirement of an interim report, interim visit, or full accreditation/approval review. If the nursing education program is unclear as to whether program changes are substantive, major or minor, they should contact the Manager of Accreditation at the CASN and/or the Staff Resource at the SRNA. The decision will be made jointly by the CASN and the SRNA.

VII. CONFLICT OF INTEREST & CONFIDENTIALITY

The current Canadian Nurses Association *Code of Ethics for Registered Nurses* and the SRNA Council policies *Code of Conduct* and *Conflict of Interest* direct the conduct of the members of the Nursing Education Program Approval Committee and Council throughout the approval process. Each member of the Nursing Education Program Approval Committee will sign and abide by the code of conduct approved by Council.

All members of the Review Team and the SRNA observer must review the *SRNA Code of Conduct and Conflict of Interest* and the *CASN Conflict of Interest Guidelines* and sign the appropriate SRNA and CASN forms. All documents, correspondence and communications between the SRNA, the CASN and the educational institutions will be treated with strict confidentiality by the Review Team.

The Nursing Education Approval Committee in consultation with the nursing education program shall examine any perceived potential or actual conflict of interests at the outset of each program review. This shall include selection of members of the Review Team.

Members of the Review Team shall not request materials from the nursing education programs for their personal use at any time during the approval process nor use the opportunity of the site visit to sell personal consulting services.

As noted above, all information, documents, and correspondence regarding a program review shall be considered confidential. The decision of the Council to grant or deny approval shall be a matter of public record.

VIII. ALTERNATE DISPUTE RESOLUTION PROCESS

The SRNA supports a collaborative program approval process. The nursing education program will be provided with opportunities throughout the program approval process to provide input:

- Selection of the date of the site visit;
- Selection of the Review Team;
- Clarification of factual information documented in the Review Team's site visit report; and
- Nursing Education Program Approval Committee's tentative approval rating recommendation.

At any point in the approval process if the nursing education program is not satisfied with a decision of the Nursing Education Program Approval Committee, the program may request a meeting with the Committee. At the discretion of the Nursing Education Program Approval Committee, the Executive Director may be asked to attend any such meeting in an attempt to accomplish low level resolution.

The final recommendation of the Nursing Education Program Approval Committee will be forwarded to the Executive Director in a written report of recommendations, including rationale. The Executive Director shall notify the nursing education program, in writing, of the Council's final approval rating.

If the nursing program is dissatisfied with the decision of the SRNA Council, the program may seek a review, in writing, to Council within 30 days of the decision. The nursing program will be allowed to file further material for Council's consideration. Council's decision following a review regarding the program approval rating or process to be followed shall be final.

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Appendices

Appendix A
Glossary

Approval: The term used to designate that an education program has met the prescribed standards set by the appropriate provincial body. It is a compulsory process and is based on standards and competencies required for nurse registration.

Association: The term used to identify the Saskatchewan Registered Nurses' Association.

Attrition: The loss of students from an education program prior to graduation.

Bachelor (Baccalaureate) Degree: A program which is 120 credits, (or the equivalent). A program with a professional focus designed to prepare graduates to meet admission requirements and to be competent practitioners in the profession. The capacity for independent professional work is demonstrated by academic and practical exercises, under supervision, followed by admission tests to the profession (Association of Universities and Colleges of Canada, 2008).

Client: A person with whom the registered nurse is engaged in a therapeutic relationship. In most circumstances, the client is an individual but may also include family members and/or substitute decision makers. The client can also be a group (e.g. therapy), a community (e.g. public health) or a population (e.g. children with diabetes).

Collaboration: Client care involving joint communication and decision-making processes among the client, RNs and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

Community: An organized group of persons bound together by ties of social, ethnic, cultural or occupational origin or geographic locations.

Competence: The overall display by a nurse, in the professional care of clients(s), the knowledge, skill, and judgment required in the practice situation. The nurse functions with care and regard for the welfare of the client and in the best interests of the public, nurses and nursing profession.

Competency: The demonstration, by a nurse, of knowledge, skill and judgment derived from the nursing roles and functions, within a specific context.

Council: The governing Council of the Saskatchewan Registered Nurses' Association as described in *The Registered Nurses Act, 1988.*

Criterion: Standard or test by which something can be judged.

Curriculum: Provides learning experience necessary to achieve professional practice requirements. The planned process by which a nursing program achieves its intended outcomes. It includes philosophical foundations, intents, content, sequencing of learning experiences, and evaluation.

Environment: A mosaic composed of cultural, social, technological, psychological, political, economic, occupational, and physical influences. These interlocking but distinct environments each have their own impact or potential for impact on health.

Graduate: One who has successfully completed the requirements of an approved nursing education program.

Interprofessional Collaboration: A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

New Program: This refers to a program being offered by a new institution and/or the implementation of a new curriculum.

Nursing Education, Basic: The initial education program by which an individual becomes eligible to write the registration examination for nursing.

Nursing Faculty: Registered nurse or registered psychiatric nurse faculty that have been hired by the nursing education program and teach nursing content. Nursing faculty does not encompass cross-appointments from other faculties and/or sessional/guest lecturers.

Outcome: The end result of goal directed activities.

Preceptor: An experienced registered nurse or registered psychiatric nurse (as appropriate to the clinical setting) who functions as a role model for a nursing student and provides transitional role support via a collaborative, collegial relationship. In

conjunction with a nursing faculty advisor, the preceptor is responsible for mentoring, supervising, and evaluating the nursing activities of a nursing student during the final clinical preceptorship.

Preceptorship: A teaching and learning method involving a formal, usually one-to-one, relationship between the preceptor and a nursing student. The learning occurs as the nursing student practices full time (as defined in the clinical facility) alongside the expert nurse. The preceptor assists the student to consolidate theory with the roles, functions and competencies of the graduate about to enter practice.

Program: The program is a patterned combination and sequence of courses in a variety of subjects. Some courses extend over one term or semester, some over two. A program covers a period of one or more, usually three or more years.

Rating: A status given to a nursing education program as a result of the approval process.

Registration: A process whereby graduate nurses are declared by the SRNA to be currently eligible to practice in Saskatchewan and which includes a listing of qualified individuals as maintained on an official roster.

Standard: A desired and achievable level of performance against which actual performance can be compared. Standards for nursing practice reflect the philosophical values of the profession; clarify what the registered nursing profession expects of its members and inform the public of the minimal level of acceptable practice of registered nurses. These standards apply to every setting and provide a benchmark for the basic level of safe registered nursing practice across Saskatchewan. The standards state minimum levels below which performance is unacceptable.

Supervision: The active process of directing, assigning, delegating, guiding, and influencing the outcome of an individual's performance of an activity. Supervision (adapted from American Nurses Association, 1997) is generally categorized as direct (being physically present or immediately available while the activity is being performed) such as in an acute care setting; or indirect (provision of direction through various means of written and verbal communications) such as in a community setting.

Appendix B
CASN/SRNA Standards & Criteria
Comparability Chart for Program Approval

CASN Key Elements – Leadership & Governance	SRNA Standards & Criteria
1. Faculty of the Educational Unit engage in systematic strategic planning, and are guided by a current strategic plan that reflects societal, cultural, academic, and practice trends which facilitates achievement of the Unit's mission, goals, and objectives.	
2. The leadership of the Educational Unit makes decisions through consultation and promotes, advocates for, and advances the achievements of the faculty, staff and students.	
3. The nursing leader/academic head of the Educational Unit is accountable for decision making in human resources, finances, and policy and possesses the experience and academic qualifications to provide academic leadership.	Resources; criteria 1.2(a): 1.2 The minimum faculty requirements shall include: a) A dean/director who has the authority and responsibility for decisions related to the curriculum and the nursing education program.
4. Clearly defined, transparent organizational structures, policies, and processes facilitate the effective functioning of the Educational Unit, its academic program(s), and student admissions.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any

	group(s) to whom the nursing education program is accountable to and whose decisions may impact the program. Students; criteria 3: 3. Methods are in place to examine the correlation between admission criteria, student attrition, and student success. Based on this analysis, policies are developed and/or revised as required.
5. Ethical, legal, and regulatory standards of the socio-political context are reflected in the policies, procedures, and practices of the Educational Unit.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.
6. Security, confidentiality, and privacy are ensured by policies and procedures that reflect current legislation and regulations.	Program; criteria 3: 3. The nursing education program has met all requirements of the educational institution and is approved by the educational institution's governance body.
7. Student and faculty complaints, grievances and appeals are dealt with fairly using established policies, procedures and practices.	Students; criteria 2: 2. Policies and procedures for student selection, promotion, probation, failure, and appeal are

	clearly communicated to students, faculty, and stakeholders.
CASN Key Elements – Partnerships	**SRNA Standards & Criteria**
1. Partnerships are based on a formal written agreement, a Memorandum Of Understanding (MOU), or contract that is mutually agreed upon, meets best practices, and clearly identifies expectations, roles, and responsibilities of all parties.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.
2. The Educational Unit respects the terms of the MOU and/or contracts.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.
3. The Educational Unit demonstrates respect for its partners and maintains good lines of communication with them.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program,

	including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.
4. The Educational Unit participates with its partners in joint evaluations of the achievement of the partnership goals and objectives.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.
5. The Educational Unit provides benefits to its partners through its contributions to the achievement of mutual goals.	Program; criteria 2: 2. There is an organizational structure that clearly demonstrates the lines of authority and relationships that are pertinent to the nursing education program, including those between collaborative partners delivering the nursing education program and the identification of any group(s) to whom the nursing education program is accountable to and whose decisions may impact the program.

CASN Key Elements - Resources	SRNA Standards & Criteria
1. Financial resources are sufficient for the Educational Unit to achieve the Nursing Education Program's mission and goals.	Resources; criteria 3: 3. There are sufficient financial resources to ensure that the program is viable and able to meet the designated program outcomes.
2. A strategic student enrolment plan, aligned with faculty resources and a human resource plan, guides student admissions.	
3. Information resources and library services support the learning and scholarship needs of faculty and students.	Resources; criteria 4.1 & 4.2: 4.1 There are sufficient resources, including physical space, library and technical, to enable students to achieve the designated program outcomes. 4.2 Learning resources and technology that are used by the nursing education program (including those who utilize alternate methods of delivery) are comprehensive, current, and accessible to faculty and students.
4. Administrative services facilitate the effective delivery of the Nursing Education Program(s) and support faculty and clinical/nurse educators appropriately.	
5. The information technology system and technical support meet the administrative needs of the Unit, and the teaching, learning, and scholarship needs of the faculty and students.	Resources; criteria 4.1 & 4.2: 4.1 There are sufficient resources, including physical space, library and technical, to enable students to achieve the designated program outcomes. 4.2 Learning resources and technology that are used by the nursing

	education program (including those who utilize alternate methods of delivery) are comprehensive, current, and accessible to faculty and students.
6. Student services are commensurate with the needs of nursing students.	
CASN Key Elements – Teaching & Learning	**SRNA Standards & Criteria**
1. Faculty, with the academic qualifications and professional experience for the areas in which they teach, are sufficient in number to accomplish the mission, goals, and expected program outcomes.	Resources; criteria 1.1(a-b); 1.2(a-b); & 1.3(a-b): 1.1 The faculty size and composition is sufficient to provide teaching and guidance in order to ensure student progress towards meeting the current *Standards and Foundation Competencies for the Practice of Registered Nurses*: a) There are approved policies and procedures in place for all full time and part time faculty related to: i. Faculty selection including clinical expertise, teaching ability, research and scholarly activities. ii. Ongoing evaluation of teaching, scholarly activities, and clinical competence in the settings where nursing faculty supervise students. iii. Professional development. b) There are policies and procedures for faculty to provide input and feedback regarding the educational program's ability to meet (a).

	1.2 The minimum faculty requirements shall include: a) A dean/director who has the authority and responsibility for decisions related to the curriculum and the nursing education program. b) Sufficient number of adequately prepared faculty to ensure: i. The development, implementation, and evaluation of the program. ii. That student learning is optimized. iii. That safe nursing care is provided to clients. 1.3 Nursing faculty possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities: a) A dean/director of the education program who: i. Is a member of the SRNA; ii. Has a master's degree, doctoral degree preferred; and iii. Has a graduate or undergraduate degree in nursing. b) Full time faculty who: i. Are members of the SRNA or RPNAS (as appropriate); and ii. Have a master's degree (or evidence of working towards a master's degree) with at least one degree, either graduate or undergraduate in nursing.

2. Contractual clinical faculty have the academic, professional, and experiential qualifications for the areas in which they instruct, and are well oriented, mentored, and evaluated by permanent faculty.	Resources; criteria 1.3(c): c) Part time faculty who: i. Are members of the SRNA or RPNAS (as appropriate); and ii. Have a baccalaureate degree in nursing, masters preferred.
3. Faculty implementation of the Nursing Education Program(s) reflects its philosophy and the formal curriculum model and plan.	Curriculum; criteria 1 & 4(d): 1. The philosophy of the nursing program and the conceptual framework guide the development and implementation of the curriculum. 4. The curriculum includes: d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.
4. Preceptors are experientially qualified, supported by the health service organization, and are well oriented, mentored, and monitored by faculty of the unit.	Resources; criteria 1.3(e): 1.3 Nursing faculty possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities: e) Students in clinical settings are supervised and/or preceptored by Registered Nurses and/or Registered Psychiatric Nurses as appropriate.
5. Faculty members engage in curriculum development, review, and revision.	Curriculum; criteria 4(f): 4. The curriculum includes: f) Formative and summative evaluation processes are in place that includes students,

	faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
6. Faculty and clinical instructors/nurse educators evaluate students effectively and constructively in theoretical and clinical courses.	Students; criteria 5: 5. Processes are in place to ensure that students receive timely formative and summative feedback from faculty regarding their theoretical and practical learning.
7. Faculty are supported in providing interprofessional education and opportunities for intersectoral collaboration.	
CASN Key Elements - Environment	**SRNA Standards & Criteria**
1. A climate of openness, respect, and equity shapes the relationships of faculty, students, and staff of the Educational Unit and supports the achievement of expected learner outcomes.	
2. Inclusion and respect of diversity are reflected in the stated values and in the relationships of the Educational Unit.	
3. The socio-cultural environment of the Educational Unit fosters student leadership and professionalism.	
4. The socio-cultural environment of the Educational Unit fosters the achievement of the program goals/outcomes.	

5. The physical space of the Unit, including classrooms, faculty offices, laboratories, and their layout effectively support the delivery of the Nursing Education Program(s).	Resources; criteria 4.1: 4.1 There are sufficient resources, including physical space, library and technical, to enable students to achieve the designated program outcomes.
6. Practice placement sites provide learning opportunities that effectively help learners attain the outcomes of the Educational Program(s) and facilitate intra and interprofessional collaboration.	Resources; criteria 2.2(a-e): 2.2 Clinical learning activities and clinical placements provide opportunities for students to meet the designated program outcomes and meet the current *Standards and Foundation Competencies for the Practice of Registered Nurses*: a) Student clinical experiences reflect current best practices. b) The allocation of a sufficient number of clinical hours across the life span to allow graduates to achieve curriculum/program objectives and the standards and competencies for Registered Nurses (e.g. medicine, surgery, pediatrics, obstetrics, mental health, geriatrics, and community health). c) The allocation of clinical placements encompasses a variety of nursing practice settings (acute, chronic, and community). d) The allocation of a full time clinical preceptorship at the end of the program that consolidates theory and nursing practice. e) The nursing faculty to student ratio in clinical settings is sufficient to ensure optimum

	learning and that client care is safe guarded.
CASN Key Elements - Scholarship	**SRNA Standards & Criteria**
1. The institutional infrastructure and workloads support the development and maintenance of faculty scholarship.	Resources; criteria 1.1(a-b): 1.1 The faculty size and composition is sufficient to provide teaching and guidance in order to ensure student progress towards meeting the current *Standards and Foundation Competencies for the Practice of Registered Nurses*: a) There are approved policies and procedures in place for all full time and part time faculty related to: i. Faculty selection including clinical expertise, teaching ability, research and scholarly activities. ii. Ongoing evaluation of teaching, scholarly activities, and clinical competence in the settings where nursing faculty supervise students. iii. Professional development. b) There are policies and procedures for faculty to provide input and feedback regarding the educational program's ability to meet (a).
2. Faculty scholarship is integrated into educational activities in the Educational Unit and contributes to a scholarly climate among faculty and learners.	

3. Members of the faculty are involved in the Scholarship of Discovery.	
4. Members of the faculty are involved in the Scholarship of Teaching.	
5. Members of the faculty are involved in the Scholarship of Integration.	
6. Members of the faculty are involved in the Scholarship of Application.	
CASN Key Elements – Program Framework	**SRNA Standards & Criteria**
1. The curriculum is based on clear statements of expected outcomes that are congruent with the program's mission and goals, the roles for which the program is preparing graduates and regulatory entry-to-practice competencies and standards of practice.	Curriculum; criteria 1: 1. The philosophy of the nursing program and the conceptual framework guide the development and implementation of the curriculum.
2. The approaches for teaching, learning and evaluation of learners' performances articulated in the program framework facilitate achievement of the expected learner outcomes.	Curriculum; criteria 1: 1. The philosophy of the nursing program and the conceptual framework guide the development and implementation of the curriculum.
3. The curriculum provides learning experiences related to primary health care, health promotion, prevention, curative, supportive, rehabilitative, and end-of-life care, across the life span of individuals,	Curriculum; criteria 4(a-e): 4. The curriculum includes: a) An overall organizing framework, course sequencing, course descriptions, and course objectives.

families, groups, communities, and populations, interprofessional practice and addresses regulatory entry-to-practice competencies.	b) Diverse learning experiences which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. c) Allocated classroom, laboratory, and clinical hours that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes. e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings.
4. The curriculum prepares students to address complex health issues that affect clients in a variety of settings.	Curriculum; criteria 4(b): 4. The curriculum includes: b) Diverse learning experiences that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies.
5. The curriculum prepares graduates with general, foundational knowledge in the humanities, sciences, and social sciences, necessary for professional nursing	

practice, and for preparing graduates to address current and emerging needs of society.	
6. The sequence and selection and implementation of planned practice experiences support learner achievement of the expected outcomes and entry-to-practice competencies.	Curriculum; criteria 4(e): 4. The curriculum includes: e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings.
CASN Key Elements – Knowledge-based Practice	**SRNA Standards & Criteria**
1. The program provides learning opportunities to apply knowledge from nursing and related fields, and to use clinical reasoning skills to analyze and interpret practice data, draw conclusions, and plan care.	Curriculum; criteria 4(a-f): 4. The curriculum includes: a) An overall organizing framework, course sequencing, course descriptions, and course objectives. b) Diverse learning experiences which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. c) Allocated classroom, laboratory, and clinical hours that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.

	e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings. f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
2. The program provides progressive learning opportunities for students to acquire information from a variety of sources and apply critical appraisal skills related to evidence.	Curriculum; criteria 4(a-f): 4. The curriculum includes: a) An overall organizing framework, course sequencing, course descriptions, and course objectives. b) Diverse learning experiences that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. c) Allocated classroom, laboratory, and clinical hours which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.

	e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings. f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
3. The program provides learning opportunities that develop students' ability to use information communication technology in accordance with professional and regulatory standards and workplace policies.	Curriculum; criteria 4(a-f): 4. The curriculum includes: a) An overall organizing framework, course sequencing, course descriptions, and course objectives. b) Diverse learning experiences which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. c) Allocated classroom, laboratory, and clinical hours that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.

	e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings. f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
4. The program provides learning opportunities that develop students' ability to use information and communication technologies in the delivery of patient/client care.	Curriculum; criteria 4(a-f): 4. The curriculum includes: a) An overall organizing framework, course sequencing, course descriptions, and course objectives. b) Diverse learning experiences which enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. c) Allocated classroom, laboratory, and clinical hours that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies. d) Courses and teaching and learning methods that are consistent with the educational program's philosophy, conceptual framework, and designated program outcomes.

	e) A method for tracking and monitoring clinical hours and placements for each student to ensure that all students have clinical practice with clients across the life span in a variety of clinical settings. f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
CASN Key Elements – Professional Growth	**SRNA Standards & Criteria**
1. The program provides opportunities for learners to develop practice patterns that contribute to a culture of patient safety.	Curriculum; criteria 2: 2. The standards and foundation competencies and the code of ethics for RNs are addressed throughout the curriculum.
2. The program develops learners' abilities to anticipate, recognize, and manage situations that place patients at risk**.**	
3. The program develops students' understanding of and ability to recognize, respond to, and disclose adverse events and to adopt practices that constitute continuing improvement of competence.	Curriculum; criteria 4(b): 4. The curriculum includes: b) Diverse learning experiences that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies.
4. The program provides opportunities for students that foster self-regulation, the	Students; criteria 1: 1. Students learn about self-regulation and are made aware of

development of accountability and responsibility for one's practice, and ensures their ability to deliver safe, competent, ethical nursing care.	the SRNA's requirements for licensure.
5. The program provides opportunities for students to demonstrate performance of nursing practice standards within their licensing jurisdiction.	Curriculum; criteria 2: 2. The standards and foundation competencies and the code of ethics for RNs are addressed throughout the curriculum.
6. The program provides students with opportunities to understand and apply existing codes of nursing ethics, guidelines, and standards for nursing practice in clinical situations.	Curriculum; criteria 2: 2. The standards and foundation competencies and the code of ethics for RNs are addressed throughout the curriculum.
7. The program provides opportunities for students to develop functional working relationships, including intra/interprofessional and intersectoral collaboration.	
8. The program provides the opportunities for students to develop theoretical and practical knowledge of relational practice, cultural safety, and social and political advocacy.	Curriculum; criteria 4(b): 4. The curriculum includes: b) Diverse learning experiences that enable students to meet the course objectives, designated program outcomes, and standards and foundation competencies.
CASN Key Elements - Evaluation	**SRNA Standards & Criteria**
1. An evaluation plan guides the assessment of the curriculum, program delivery, and program outcomes.	Curriculum; criteria 4(f): 4. The curriculum includes: f) Formative and summative evaluation processes are in

	place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
2. There is on-going implementation of the evaluation process, which includes data collection from students, faculty, graduates, employers, and other relevant stakeholders.	Curriculum; criteria 4(f): 4. The curriculum includes: f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
3. Students' and graduates' ability to provide safe, ethical nursing care, and to meet the entry-to-practice competencies and standards of practice, is monitored and evaluated.	Students; criteria 5: 5. Processes are in place to ensure that students receive timely formative and summative feedback from faculty regarding their theoretical and practical learning. Graduates; criteria 1-4: 1. Prior to graduation, evaluations provide evidence that students have met: a) The current *Standards and Foundation Competencies for the Practice of Registered Nurses*. b) The course and designated program outcomes. 2. Trends in the graduate's performance on the association approved registration examination are at or above the national average.

	3. Feedback from graduates, employers, and consumers provide evidence that graduates are meeting the standards and competencies for safe, competent and ethical practice in diverse contexts of practice. 4. Data is collected and analyzed on the graduate's ability to meet requirements for licensure and standards and competencies in diverse context of practice.
4. Evaluation data are used to make improvements to the program.	Curriculum; criteria 4(f): 4. The curriculum includes: f) Formative and summative evaluation processes are in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.
CASN Key Elements	**SRNA Standards & Criteria**
	Program; criteria 1: 1. The program is equivalent to a four year post-secondary nursing baccalaureate program.
	Program; criteria 3: 3. The nursing education program has met all requirements of the educational institution and is approved by the educational institution's governance body.
	Curriculum; criteria 3(a-h): 3. The program curriculum and outcomes are responsive to and

	reflect current and emerging trends in: a) Health and health promotion b) Legal and ethical standards c) Diversity of client populations d) Evidence-informed nursing practice e) Education and research f) Interprofessional collaboration g) Client safety h) Technology
	Students; criteria 3: 3. Methods are in place to examine the correlation between admission criteria, student attrition, and student success. Based on this analysis, policies are developed and/or revised as required.
	Students; criteria 4(a-c): 4. Policies and procedures are in place for student placement into clinical settings: a) The student's immunization status meets the requirements of the clinical facility. b) The student has a security clearance check that meets the requirements of the clinical facility. c) The student has appropriate current BCLS certification.
	Student; criteria 6: 6. Processes are in place to ensure that students are involved in the planning, implementation, and evaluation of the program.

	Resources; criteria 1.3(d): 1.3 Nursing faculty possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities: d) Nursing faculty must be involved as educators in nursing content in the program.
	Resources; criteria 2.1: 2.1 The nursing education program has current written agreements with clinical agencies that specify expectations for all parties and ensure protection of the students and faculty.

Appendix C
Self-assessment Report

The Self-assessment Report will address the SRNA Program Approval Standards and Criteria that cannot be mapped to a CASN Key Element.

Standard 1: Program

Program - The program has the appropriate internal structures and supports to ensure that students are capable of achieving the practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses.*

Criteria:	**Met**	**Partially Met**	**Not Met**
1. The program is equivalent to a four year post-secondary nursing baccalaureate program.			

Discussion:

Recommendation:

Criteria:	**Met**	**Partially Met**	**Not Met**
3. The nursing education program has met all requirements of the educational institution and is approved by the educational institution's governance body.			

Discussion:

Recommendation:

Standard 2: Curriculum

Curriculum - The curriculum provides learning experiences necessary to achieve professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses.*

Criteria:	**Met**	**Partially Met**	**Not Met**
3. The program curriculum and outcomes are responsive to and reflect current and emerging trends in: a) Health and health promotion b) Legal and ethical standards c) Diversity of client populations d) Evidence-informed nursing practice e) Education and research f) Interprofessional collaboration g) Client safety h) Technology			

Discussion:

Recommendation:

Standard 3: Students

Students - Students acquire and demonstrate professional practice requirements as described in the current *Standards and Foundation Competencies for the Practice of Registered Nurses.*

Criteria:	Met	Partially Met	Not Met
3. Methods are in place to examine the relationship between admission criteria, student attrition and student success. Based on this analysis, policies are developed and/or revised as required.			

Discussion:

Recommendation:

Criteria:	Met	Partially Met	Not Met
4. Policies and procedures are in place for student placement into clinical settings: a) The student's immunization status meets the requirements of the clinical facility. b) The student has a security clearance check that meets the requirements of the clinical facility. c) The student has appropriate current BCLS certification.			

Discussion:

Recommendation:

Criteria:	Met	Partially Met	Not Met
6. Processes are in place to ensure that students are involved in the planning, implementation and evaluation of the program.			

Discussion:

Recommendation:

Standard 5: Resources

Resources - Students have access to resources and opportunities to acquire and demonstrate professional competency requirements and professional accountability.

Criteria:	**Met**	**Partially Met**	**Not Met**
1. Faculty 1.3 Nursing faculty possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities: d) Nursing faculty must be involved as educators in nursing content in the program.			

Discussion:

Recommendation:

Criteria:	**Met**	**Partially Met**	**Not Met**
2. Clinical resources 2.1 The nursing education program has current written agreements with clinical agencies that specify expectations for all parties and ensure protection of the students and faculty.			

Discussion:

Recommendation:

Appendix D
Nursing Education Program Annual Update

Date: _____

Program: _____

Person completing the annual update: _____

Information to be included in the annual update is as follows:

1. Any significant changes, revisions, or other updates, including strategic initiatives for the program (in the immediate future) since the previous submission. This may include program and faculty achievements.

2. Description of the progress and ongoing development in meeting identified recommendations from the Approval Report.

3. Description of the analysis of program evaluation data (course evaluations, student and faculty feedback) as well as an identified plan regarding how the program intends to integrate this data into the future program development.

4. Description of challenges and opportunities for improvement in the content and/or ongoing delivery of the nursing education program that reflect current trends.

5. Description of challenges in meeting program objectives.

6. Impact of change on ability of graduates to meet SRNA standards and foundation competencies.

7. Any other information deemed relevant by the school of nursing.

All annual updates are to be submitted to the Nursing Education Program Approval Committee and are due **June 1** of each year.

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