NOVA SCOTIA
NURSING AND
MIDWIFERY
REGULATOR

# Nursing Education Program Approval Guide

## Non-Canadian Association School of Nursing (CASN) Approved Programs

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## Non-CASN Approved Programs

NOVA SCOTIA NURSING AND MIDWIFERY REGULATOR

*The Nova Scotia Nursing and Midwifery Regulator (NSNMR) is the regulatory body for licensed practical nurses (LPNs), registered psychiatric nurses, registered nurses (RNs), nurse practitioners (NPs) and midwives (RMs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate services by its registrants.*

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# Introduction

This guide outlines the Nova Scotia Nursing and Midwifery Regulator's (NSNMR) Nursing Education Program Approval (program approval) process and requirements for entry-level and re-entry nursing programs.

The Education Standards for Nova Scotia Nursing Programs and the program approval process has been standardized across all nursing designations and is based on the Program Approval Framework (framework) approved by the Board in September 2025 and in January 2026, the Board approved the new NSNMR Education Standards for Nova Scotia Nursing Programs.

This guide will help you understand the standards and the program approval process and how to prepare for your program reviews. Specifically, it explains the following:

- Standards and indicators used to evaluate programs
- Review process and documentation requirements
- Approval statuses

# Regulatory Approval of Programs

Our commitment to govern nursing in Nova Scotia in the public interest is the basis for NSNMR's program approval process. The *Regulated Health Professions Act* authorizes NSNMR's Board to approve entry-level and re-entry level nursing education programs in Nova Scotia. This supports our public protection mandate to ensure that individuals who enter the nursing profession have the knowledge, skill and judgment to practice safely, ethically and competently.

Entry-level and re-entry level nursing programs in Nova Scotia must receive program approval from NSNMR for graduates to be eligible to proceed with registration and licensure. While NSNMR is responsible for assessing programs against standard criteria, the Board has the final authority to grant a program's approval status.

# Objectives of Program Approval

These are the objectives of our program approval process:

- Promote the safe practice of nursing through a standardized nursing education approval process for all professional designations
- Grant jurisdictional recognition to nursing education programs

- Provide system partners with a transparent account of program approval
- Support continuous evaluation and improvement of nursing education programs

## NSNMR Education Standards for Nova Scotia Nursing Programs

There are three main standards against which entry-level and re-entry nursing education programs are reviewed and evaluated:

**Structure**: The program's strategy, policies, procedures and resources support the student's preparation to meet entry-level competencies expected for the nursing designation.

**Curriculum**: The program's curriculum prepares students to meet entry-level competencies expected for the nursing designation.

**Outcomes:** The program consistently demonstrates outcomes of preparing graduates to meet entry-level competencies expected for the nursing designation.

## Education Indicators

Each of the three standards uses indicators and associated evidence requirements to evaluate a program's performance for that standard. Each indicator has been validated and supports the principles and objectives for program approval. Visit the Nursing Education Program Approval webpage to learn more about the program approval development process.

Table 1 provides a high-level summary of the nine indicators (p. 6). Appendix B provides a more detailed description of each indicator and the evidence requirements.

## Program Approval Framework

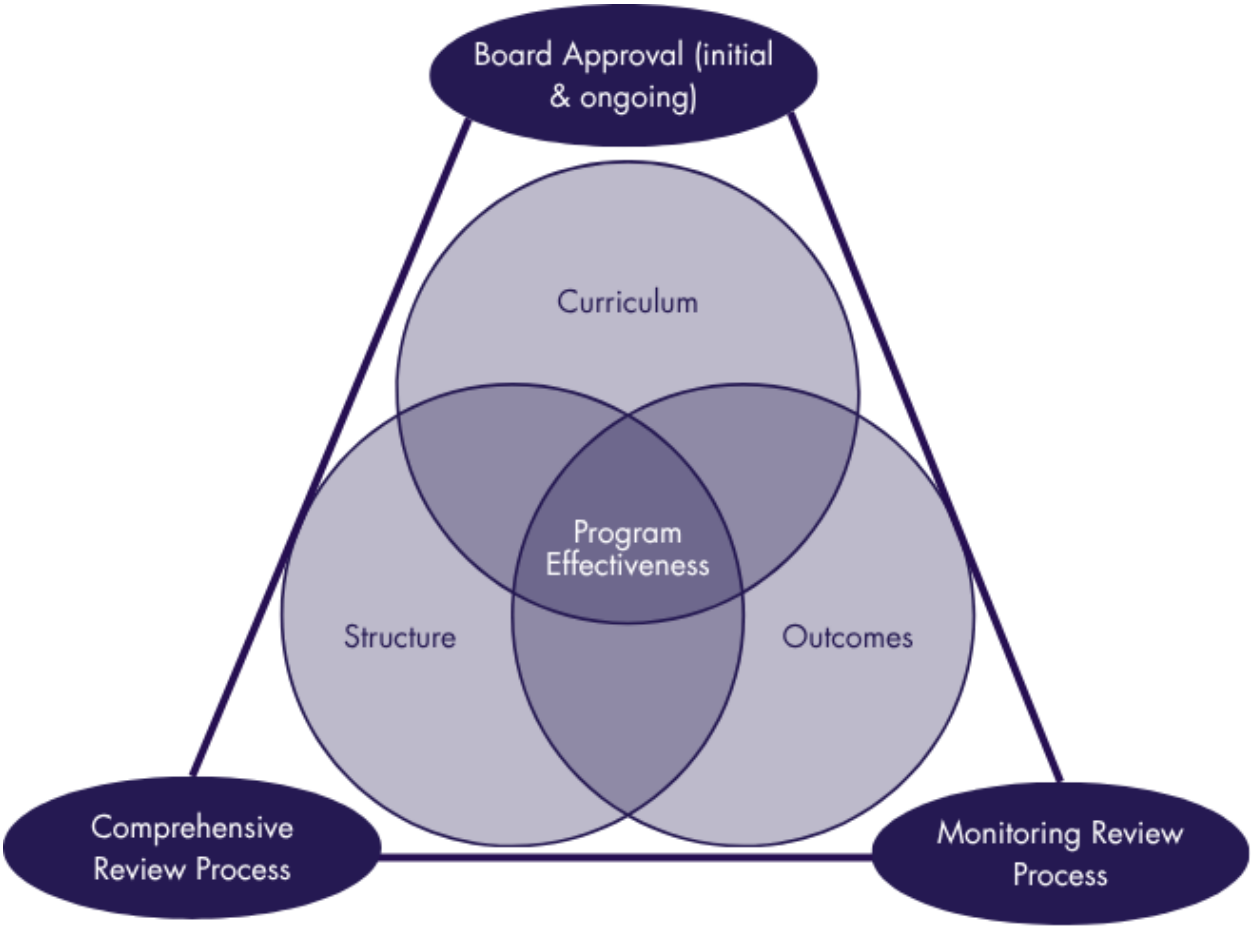
The program approval process is based on the Program Approval Framework approved by the Board (see Figure 1).

At the three points of the framework are the processes NSNMR will use to approve programs:

- A comprehensive review process
- An annual monitoring process
- NSNMR Board approval

At the centre of the framework is the program's effectiveness in preparing graduates to practice in a safe, competent and ethical manner.

*Figure 1: Program Approval Framework*




# Program Approval Notification and Review Process

The following outlines the notification requirements and review processes for new and established programs and for situations where programs may be changed or discontinued.

## New programs

1. A new entry-level or re-entry nursing education program planning to admit students requires a preliminary approval status from NSNMR prior to admitting students. For the

program to receive approval recognition, the school notifies NSNMR of its intent to offer a new program, in writing, at least one year prior to the commencement.

2. The program approval review minimally includes a review of the new program's curriculum.

## Established programs

1. NSNMR provides written notification to the schools, one year in advance of their program(s') comprehensive approval submission deadline. An overview of the key steps required to complete the comprehensive review process is illustrated in Figure 2.
2. Schools with established programs are also required to complete the annual monitoring review (outlined on p. 13).

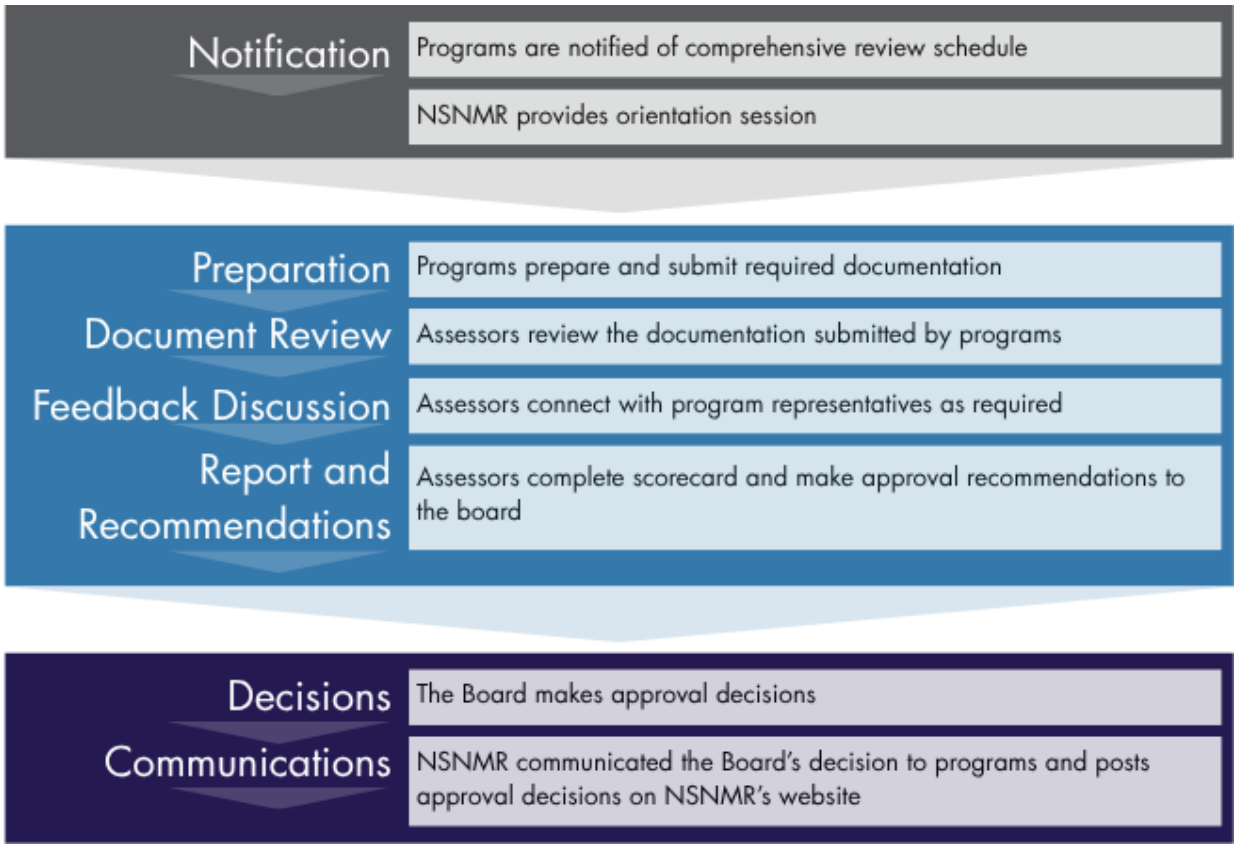
## Changes to programs

1. The school is responsible for notifying NSNMR in writing, of any proposed substantive changes to the program or the program's curriculum.
   Substantive changes may include but are not limited to the following:
   - Significant changes to the delivery method of the program
   - Significant changes made to the curriculum including how the curriculum addresses the competencies
   - Changes to the admission requirements or exemption criteria for students entering the entry-level nursing program
   - Changes to the delivery site of the program such as offering a program at a new site
   - New or changes to collaborative partners or other organizational governance changes that impact the delivery of the program
   - Significant changes in policies or procedures related to any of the program approval indicators.
2. It is the responsibility of NSNMR to determine if the changes trigger a program approval review and the scope of that review if required. NSNMR may consult with the schools, or request additional information, to assist in its determination.

## Discontinued programs

The schools provide written notification to NSNMR, regarding the discontinuation of any approved programs or sites and the expected date of discontinuation.

*Figure 2: Overview of Comprehensive Review Process*




# Document and Submission Requirements

The school granting the diploma or degree for the program being approved is responsible for coordinating the approval process and submission documents for that program. NSNMR requests a primary contact for the purposes of program approval and communications.

This section provides a high-level overview of key documents required for the comprehensive review.

## Indicator Evidence Form

Each indicator has a list of evidence required to substantiate that the indicator is met (see Appendix B). The Indicator Evidence Form (Evidence Form) is to be used by schools to document and submit the evidence for five of the program approval indicators (Indicators 1, 2, 3, 5 and 6). Indicator 4 (curriculum mapping) requires completion of a separate document (Curriculum

Mapping Tool). Additional templates developed by NSNMR may be required to support submission of specific indicators. NSNMR is responsible for providing the evidence for Indicator 7 (first time pass rates on registration exams) Indicator 8 (graduates assessment of readiness to practice) and Indicator 9 (preceptors assessment of graduate's readiness to practice).

## Curriculum Mapping

Curriculum mapping is foundational to all entry-level or re-entry nursing programs. Curriculum mapping is a mandatory indicator focused on the regulatory mandate of public safety and integrating and teaching entry level competencies.

During a curriculum review, schools engage in a self-assessment process of their curriculum and provide evidence of the teaching and learning experiences required to prepare graduates to be competent and safe practicing nurses. Curriculum mapping provides a systematic approach for schools to document their curriculum against foundational regulatory focus and entry level competencies for each program.

Each nursing education program is required to map its curriculum during the comprehensive review process, and prior to implementation of any new entry-level or re-entry nursing program, using the curriculum mapping tool. Refer to the Curriculum Mapping Guide document for detailed instructions on completing the curriculum mapping tool.

The entry-level competencies to which schools are required to map their curriculum can be found here.

## Indicators 7, 8 & 9

To meet the requirements for Indicators 9 schools must distribute the following survey:

- the Preceptor Assessment of Graduate Readiness to Practise survey (Indicator 9).

NSNMR is responsible for providing the evidence for:

- Distribute the Graduate Assessment of Readiness to Practise Survey (Indicator 8)
- First time pass rates on registration exams (Indicator 7)
- Graduates assessment of readiness to practice (Indicator 8)
- Preceptors assessment of graduate's readiness to practice (Indicator 9).

## Attestation Form

Schools must submit an Attestation Form with their final documentation submission packages. This form is to be signed by the Dean or Chair of the program(s) attesting that all:

- Submission requirements have been reviewed and are understood
- Submitted documents are complete
- Information provided is current, accurate and specific to the program under review.

## How to Complete the Forms for Each Program

Each nursing education program needs to complete one curriculum map. For example, if a school offers a direct entry, advanced standing, LPN-RN program or CCA to LPN the school must complete a curriculum map for each of these programs. However, only one Evidence Form is required regardless of the number of programs being reviewed.

If the program stream is offered across multiple sites, or is offered as a collaborative program, only one Evidence Form should be completed to reflect the entirety of the program. However, multiple sites or collaborative partners may wish to complete the Evidence Form together.

See Appendix A for further instructions on completing the Evidence Form.

## Documentation Submission Process

Titan File has been set up for each school to upload their program approval documents. The site securely manages file transfers between organizations or individuals. The system ensures that data confidentiality and integrity are preserved during transport and storage.

## Folders and Naming Conventions

Within TitanFile, a folder is labelled for each indicator. Within each of the indicator folders, schools will upload documents pertaining to each indicator. For instructions on how to upload documents please refer to the TitanFile File Sharing Platform Instructions. Consistent naming of documents is required. For example, if a school cites Clinical Preceptor Orientation Handbook as a source of evidence on their Evidence Form, the corresponding document submitted to TitanFile must be titled Clinical Preceptor Orientation Handbook.

# How Programs are Evaluated

To support the principle of using objective and evidence-informed practices to inform decision-making, a scoring tool and rubrics are used to evaluate the evidence for each of the indicators. This section describes how the indicators are evaluated to score each program.

The score for each indicator is calculated on two factors, as shown in the following equation:

**Indicator score** = score for the evidence submitted (2, 1 or 0) x indicator weight (%).

**Evidence score:** Based on the program's submitted evidence, each indicator is evaluated against a rubric that determines whether the indicator has been met (score = 2), partially met (score = 1) or not met (score = 0).

**Indicator weight:** Each indicator has a "weight" that contributes a relative percentage to the program's total score based on its regulatory importance. The indicator weights, shown in Table 1, total to a standard weight (Program Structure 25%; Program Curriculum 40%; and Program Outcomes 35%) and an overall weight (Total 100%).

A subset of indicators, defined as "mandatory" from a regulatory perspective, must be "met" (score = 2) for the program to receive an Approved status. The following are mandatory indicators:

- Client and student safety (Indicator 2a-d)
- Curriculum incorporates entry-level competencies (ELCs) and foundational practice standards & practice guidelines.

Nursing program approval statuses are based on whether the program exceeds the cut score of 75% and meets the mandatory indicators described below.

**Table 1: NSNMR nursing education program approval scorecard**

Structure standard (total weight 25%)

| Indicator (sub-indicator) | | Weight % |
|---|---|---|
| 1. | Nursing program governance | 6 |
| 1a | Nursing program governance structure | 2 |
| 1b | Curriculum review structure | 2 |
| 1c | Annual review of program outcomes | 2 |
| 2. | Client and student safety | 13 |
| 2a | Orientation of student and faculty to clinical setting | 2 |

| | | |
|---|---|---|
| 2b | Student supervision in all clinical placements | 3 |
| 2c | Regular evaluation of student performance in clinical setting | 3 |
| 2d | Processes are in place to manage and learn from safety incidents | 5 |
| 3. | Qualified faculty | 6 |
| 3a | Faculty who are nurses have a current practising licence | 2 |
| 3b | Regular process to evaluate teaching | 4 |
| Sub-total - Structure Indicators | | 25% |

Curriculum standard (total weight 40%)

| | |
|---|---|
| 4. Curriculum incorporates entry-level competencies and foundational regulatory focus | 25 |
| 5. Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives | 10 |
| 6. Processes in place to communicate expectations for the student placement to Preceptor | 5 |
| Sub-total - Curriculum Indicators | 40% |

Outcome standard (total weight 35%)

| | |
|---|---|
| 7. Registration exam scores-1st time pass rates (3-year cumulative total) | 17 |
| 8. Recent graduates' assessment of their readiness to practice competently, and ethically | 8 |
| 9. Preceptor assessment of student's readiness to practice | 10 |
| Sub-total - Outcome Indicators | 35% |
| Total of Standards 1, 2, 3 weight | 100% |

## Feedback sessions and re-submission process (as necessary)

In the event any indicators or competencies are scored as unmet during the initial evidence review, NSNMR conducts feedback sessions with the schools to review gaps in evidence and provide recommendations for resubmission of unmet indicators/competencies.

If after re-submission the program still does not meet the cut score of 75% OR either of the two mandatory requirements, the program receives conditional approval and must develop an action plan to address gaps based on recommendations and a schedule provided by NSNMR.

# Confidentiality and Conflicts of Interest

All information, documents and correspondence about program reviews is kept confidential and not disclosed to persons outside NSNMR, other than official representatives of the education program or agents conducting the program approval assessment on behalf of NSNMR.

We aim to address and prevent any conflicts of interest, real or perceived, in all aspects of the approval process. All individuals involved in any aspect of NSNMR's approval activities are expected to identify potential conflicts of interest, and to remove themselves from activities or deliberations concerning institutions or programs when such conflicts exist. Programs under review may also bring to NSNMR's attention real or perceived conflicts of interest of any individual involved in program approval activities.

# Approval Status

Programs receive one of the following four approval statuses with a written rationale and summary of their program approval scores:

## 1. Preliminary approval

A preliminary approval status is given to a new program that meets the criteria for preliminary approval but has not yet graduated students from the program. Graduates from programs with this status are considered graduates of an approved nursing program and are eligible for registration in Nova Scotia. For an approved status, programs receiving preliminary approval must undergo a comprehensive review in the academic year following the first class of graduates.

## 2. Approved

A program receives an approved status when it meets the cut score of 75% and the mandatory indicators for program approval. Graduates from a program with this status are considered graduates of an approved nursing program and are eligible for registration in Nova Scotia.

## 3. Approved with conditions

A program receives an approved with conditions status when it does not meet the cut score of 75% OR does not meet the mandatory indicators. Graduates from a program with this status are considered graduates of an approved nursing program and are eligible for registration in Nova Scotia.

### 4. Not approved

A program is not approved when it fails to meet the cut score of 75% OR does not meet the mandatory indicators over a consecutive number of years and does not demonstrate improvement in meeting the requirements. Graduates from a program with this status are not eligible for registration in Nova Scotia.

## Approval Terms and Conditions

Programs receiving conditional approval for not meeting the cut-score but meeting all mandatory indicators, have up to **three years** to implement their action plan and meet the requirements.

Programs receiving a conditional approval for not meeting the **mandatory requirements** have **one year** to implement their action plan and meet the mandatory requirements.

NSNMR communicates program approval results and decisions to the schools through a written report of their results and their scorecard. Program approval status is updated on the NSNMR website.

## Frequency of Reviews

Program approval status is determined annually based on comprehensive or annual review results, as applicable:

**Comprehensive review**: Every established entry-level nursing education program completes a comprehensive review every seven years. The review is based on all nine indicators.

**Annual monitoring review:** A subset of the program approval indicators (the outcome indicators) are reviewed annually for each program, including all programs not scheduled for a comprehensive review.

## Program Approval Contact Information

For general inquiries contact, program.approval@nsnmr.ca.

# Appendix A: Indicator Evidence Form Instructions

## Overview

The Indicator Evidence Form (Evidence Form) is to be submitted by the school granting the diploma or degree for the program being approved. There are two versions of the Evidence Form available: one for schools with one program undergoing program approval and one for schools with multiple programs undergoing program approval.

For schools offering more than one entry-level or re-entry level nursing education program, only one Evidence Form is to be completed. The Evidence Form is designed to capture the information for all your programs into one document.

If a program is offered as a collaborative program with a University and College, the information submitted for that program should reflect the entirety of the program and is to be submitted by the University conferring the degree. However, completing the Evidence Form may be a collaborative process involving the multiple campuses or collaborative partner(s).

Appendix B of this Guide provides detailed descriptions for Indicators 1-9. The description includes a definition and rationale for each indicator, a list of the required evidence to substantiate the indicator and examples of data sources.

## How to Complete the Indicator Evidence Form

The Indicator Evidence Form is a spreadsheet. All six sheets of it must be completed:

- Sheet 1: Program information and brief instructions for completing the Evidence Form
- Sheet 2: Submission table for Indicator 1: Nursing Program Governance Indicator
- Sheet 3: Submission table for Indicator 2: Client and Student Safety Indicator
- Sheet 4: Submission table for Indicator 3: Qualified Faculty Indicator
- Sheet 5: Submission table for Indicator 5: Clinical Experience Indicator
- Sheet 6: Submission table for Indicator 6: Integrated Practicum Indicator.

Indicator 4 (Curriculum Mapping) has a separate document to be completed and submitted for each program. It is not included in the Evidence Form.

Please ensure that Sheet 1 is fully completed, including the name of your school, program(s) under review, sites if applicable, and the name of the person(s) completing the form.

The name of your school should also be included at the top of sheets 2-6 in the applicable text box provided.

## Describe and Demonstrate

For each evidence requirement, you will be asked to describe and demonstrate how your school achieves the requirement.

**Describe:** to describe, provide an explanation of your policy, procedure, standards or approach as pertains to the requested evidence requirement. Each evidence requirement will identify items to be specifically included in your description. For example, Indicator 2a (orientation to the clinical setting) requires the following four items to be included in the description:

1. The orientation process for students including timing of the orientation
2. The content of the student orientation
3. The orientation process for clinical faculty including timing of the orientation
4. The content of the clinical faculty orientation.

The description is kept to the minimum information required to satisfy the requirements.

The overall description needs no more than 1-2 pages. You may enter your description directly into the appropriate column of the Evidence Form or write the description on a separate Word document and reference the name of the word document in the appropriate column. The Word document must be submitted as part of your program approval submission package.

**Demonstrate**: to demonstrate, provide documentation substantiating your description. Using the example above (2a: orientation to the clinical setting), provide documentation to substantiate your description for each of the four required items.

Each evidence requirement provides a list of possible sources of documentation to demonstrate the requirement. For Indicator 2a, documentation could include but is not limited to: orientation schedule and attendance lists; orientation policy, procedure or guideline; orientation manuals or other orientation materials; and student and clinical instructor handbooks. Keep your submitted documentation to the minimum information required to substantiate your description.

For some indicators, you must submit specific documentation. For example, Indicator 2c (regular evaluation of student performance in clinical settings) requires an example of a student evaluation during a clinical placement (anonymized). Other indicators require you to demonstrate integration of the described process by providing a case study or example. These documents may already exist, such as an incident management report and recommendations, or you may need to create the document describing the example and the integration. The number of required examples is specified. Only provide the number of examples requested.

List the documentation you are submitting for each evidence requirement in the document list column of the Evidence Form. See p. 9, for instructions on how to name your documents.

## Scoring the Indicator Evidence Form

Rubrics have been developed for each evidence requirement and indicator. Points are assigned for each item in the description, and for the substantiating documentation, including case studies or examples. Each indicator is scored as met, partially met or not met based on the scoring rubrics.

# Appendix B: Indicator and Evidence Descriptions

## Standard 1: Program Structure

**Structure:** The program's strategy, policies, procedures and resources support the student's preparation to meet nursing competencies expected for the category and/or class of registration.

### Indicator 1: Nursing Program Governance

#### 1a. Nursing Program Governance Structure

**Description:** There are documented governance structures and processes for the coordinated delivery of safe nursing education programs including programs delivered with

- collaborative partners,
- as part of a consortium and/or
- across multiple delivery sites.

**Rationale:** Clear program accountability for consistently preparing students to practice safely, competently and ethically based on the entry-level competencies (ELC) is required, including clear governance and decision-making processes for the delivery of nursing education.

#### Evidence Requirement 1

Describe (A) and demonstrate (B) the governance structure for the delivery of your program(s) including:

- with collaborative partners;
- as part of a consortium; or
- across multiple delivery sites as applicable.

**Describe:** For programs delivered with collaborative partners, as part of a consortium, and/or across multiple delivery sites, ensure your description for each item addresses these delivery models. Include each of the following three items in your description:

1. The governance structure and accountabilities for program delivery and decision making with the names of partners to any agreement(s), if applicable
    a. For PN programs admission criteria which must include completion of Grade XII, including credits in English, mathematics, and any 2 of the following; chemistry, biology and/or physics.

2. How program delivery decisions are made
3. How decisions and information are communicated to faculty.

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

- Organizational charts
- Policy or procedure documents
- Minutes or other sources of communication
- Current executed agreements, memoranda of understanding or other contracts.

### Evidence Requirement 2

Describe and demonstrate how the program ensures there is a coordinated approach to safe clinical placements that meets program objectives.

**Describe:** For programs delivered with collaborative partners, as part of a consortium, and/or across multiple delivery sites, ensure your description for each item addresses these delivery models. Include each of the following five items in your description:

- Who has responsibility for coordinating clinical placements (role or committee)
- What your process and infrastructure is to secure clinical placements
- How you manage when clinical placements are not available
- How you assess the quality of the learning environment in clinical placements to ensure it is safe for student learning
- What your process is for managing an unsafe clinical placement

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

- Case studies or examples (anonymized) that demonstrate how you managed an unsafe clinical placement
- Policy or procedure documents
- Committee terms of reference or meeting minutes (e.g. program curriculum committee, steering committee)
- Job or role descriptions

## 1b. Curriculum Review Structure

**Description:** There are documented accountabilities and processes for curriculum development and regular review.

**Rationale:** The foundation of program approval is a curriculum that prepares students to practice safely, competently and ethically based on the entry level competencies. An effective governance structure includes clear accountabilities and processes that ensure the curriculum is kept current, is standardized across sites where applicable and faculty across all sites are informed about the curriculum and any changes.

### Evidence Requirement

Describe and demonstrate your curriculum review process.

**Describe:** For programs delivered with collaborative partners, as part of a consortium and/or across multiple delivery sites, ensure your description for each item addresses these delivery models. Include each of the following four items in your description:

- Who is accountable, or what committees have responsibility for this function
- Who is involved in the review, including committee composition if applicable; how collaborative partners, consortium members or faculty from different sites are involved (as applicable)
- How curriculum is reviewed and how often; what processes are in place to ensure the curriculum is standardized across sites (as applicable)
- How decisions and changes to the curriculum are communicated to faculty.

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

- Terms of reference of curriculum (joint) committee or other committees with similar mandates, including objectives, accountabilities, composition and timing of review
- Documented procedures or guidelines for curriculum review
- Minutes from curriculum committee meetings or other committees with similar mandates that document agenda, attendees and any results and recommendations
- Communications and/or minutes from meetings with faculty regarding curriculum
- Agreements, memoranda of understanding and other contracts.

## 1c. Annual review of program outcomes

**Description**: There is an annual review of program outcomes that includes the review of nursing registration exam results.

**Rationale:** Programs should monitor and review outcomes to assess the program's effectiveness in preparing students to practice safely, competently and ethically. A key outcome evaluated by program approval is registration exam results. Programs should have a process to review

registration exam results, and factors that may impact exam results, to inform and enhance their programs. For example, but not limited to, admission criteria, attrition rates, and course grades.

#### Evidence Requirement

Describe and demonstrate your annual registration exam results review process.

**Describe:** For programs delivered with collaborative partners, as part of a consortium and/or across multiple delivery sites, ensure your description for each item addresses these delivery models. Include each of the following four items in your description:

- Who is accountable, or what committees have responsibility for this function
- Who is involved in the review, including committee composition if applicable
- How results are reviewed
- What multiple factors or program metrics are considered in your analysis (e.g. admission criteria, attrition rates, and grades).

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

- Committee terms of reference including objectives, composition, schedules and accountabilities
- Minutes from committee meetings that document agenda, attendees and any results and recommendations of the review
- Dashboards, metrics or other sources of data included in reviews.

## Indicator 2: Client and Student Safety

**Description:** Policies, procedures and practices are in place to mitigate risk to clients and students.

### 2a. Orientation of the student and faculty to the clinical setting

**Description:** There is orientation of the student and clinical faculty to the clinical setting prior to the student commencing direct patient care.

**Rationale:** Orientation of students and clinical faculty to the clinical setting, including institutional policies, procedures and health record systems, prior to the student commencing direct patient care, is essential for ensuring both client and student safety.

#### Evidence Requirement

Describe and demonstrate the orientation process to the clinical setting.

**Describe:** Include each of the following four items in your description:

- The orientation process for students with timing of the orientation
- The content of the student orientation
- The orientation process for clinical faculty with timing of the orientation
- The content of the clinical faculty orientation.

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of to demonstrate this requirement:

- Orientation schedules and attendance lists
- Orientation policies, procedures or guidelines
- Orientation manuals or other orientation materials
- Student and clinical instructor handbooks.

### 2b. Student supervision in clinical placements

**Description:** There is student supervision in all supervised clinical and preceptored placements.

**Rationale:** Student supervision in clinical placements is essential for the safety of the client and the student.

#### Evidence Requirement

**Describe:** Include each of the following four items in your description:

- How faculty are prepared to ensure safe and effective student supervision
- The role and responsibility of faculty in supervised clinical placements and preceptored placements
- How you ensure ongoing student supervision
- How faculty and preceptors can bring issues forward for resolution (through decision making bodies/ structures).

**Demonstrate:** Provide documentation to substantiate your description. Possible sources of documentation to demonstrate this requirement:

- Policies, procedures, standards or guidelines
- Clinical faculty and preceptor guidebooks
- Orientation manuals or other orientation materials.

### 2c. Regular evaluation of student performance in clinical settings

**Description:** There is regular evaluation of student performance in the clinical setting that includes documented assessments and mechanisms for remediation as required.

**Rationale**: Timely and regular student evaluation ensures students continuously learn and are provided feedback. In situations where student performance could adversely affect client safety, students are removed or reallocated.

#### Evidence Requirement

Describe and demonstrate the student evaluation process in the clinical setting.

**Describe:** Include each of the following two items in your description:

- An outline of your formal (documented) and informal evaluation processes and time frames throughout the duration of the clinical placement
- Your process for progressive remediation based on student evaluations.

**Demonstrate:** Provide documentation to substantiate your description.

You **must include** the following in your documentation:

- One example of a student evaluation during a clinical placement (anonymized)
- One example of a remediation plan that includes progression and follow-up (anonymized).

Other possible sources of documentation to demonstrate this requirement:

- Policies or procedures related to student evaluation in the clinical setting
- Progression and remediation policies or procedures.

### 2d. Processes are in place to manage and learn from safety incidents

**Description:** Processes are in place to manage and learn from safety incidents involving clients and students.

**Rationale:** Creating a safe environment for students and clients is multifactorial. This includes:

- Having processes in place for reporting, reviewing and mitigating incidents associated with students and faculty in both clinical and academic settings;
- Creating learning opportunities for students and faculty from incidents; and
- Collaborating with clinical placement settings to mitigate future incidents.

The importance of creating a "no blame," systems-focused environment is key in the process of identifying and mitigating student and client safety risks and needs to be integrated in all of the above approaches.

### Evidence Requirement 1

Describe and demonstrate the nursing program's processes that address client and student safety incidents.

**Describe:** Include each of the following three items in your description:

Your processes for safety incident management in clinical and academic settings.

- Reporting
- Reviewing
- Managing

**Demonstrate:** Provide documentation to substantiate your description.

You **must include** the following in your documentation:

- One **client safety** example with any recommendations and actions undertaken **(anonymized)** containing, but not limited to, medication errors, falls, privacy and confidentiality. This example must be from the clinical setting.
- One **student safety example** with any recommendations and actions undertaken **(anonymized)** containing, but not limited to, needle stick injuries, falls and physical or verbal violence from clients/ families. This example can be from the lab, class, simulation or clinical setting.

Note: Examples should be as recent as possible and up to a maximum of three years ago. Examples can include near misses, and don't need to be "critical" incidents. Examples for the academic setting can be from lab, class or simulation.

In the absence of a client or student safety incident, describe your processes to manage such an incident "if" it occurred, and/or how learning would be provided through client safety events described in the literature.

Other possible sources of documentation to demonstrate this requirement:

- School policy or procedure documents specific to the nursing education program
- Incident review committee terms of reference
- Minutes of committee meetings and outcomes
- Reference links to literature cited

- Incident management (safety) reports (anonymized).

### Evidence Requirement 2

Describe and demonstrate how safety incidents are incorporated and used as opportunities for students to learn about risk mitigation.

**Describe:** Include each of the following two items in your description:

- Your process for analysis and synthesis of safety incidents
- How the synthesis of your review is incorporated into the learning experience for students.

**Demonstrate:** Provide documentation to substantiate your description.

You **must include** the following in your documentation:

- One example (anonymized) of integrating learning from a safety incident or near miss into the setting (academic or clinical). Incidents can be individual or group-based from the lab, class, simulation or clinical placements.

Other possible sources of documentation to demonstrate this requirement:

- Incident management (safety) reports (anonymized)
- Self-reflection and critical incident analyses
- Information sharing with the broader student community
- Learning opportunities that address broader systems issues related to safety incidents
- Teaching notes (fact sheets, weekly instructor notes).

### Evidence Requirement 3

Describe and demonstrate the nursing program's collaboration with health care institutions and placement agencies for reporting and managing safety incidents.

**Describe:** Include each of the following two items in your description:

- Communication structures and processes you have in place with health care institutions for reporting and managing safety incidents
- Procedures you have in place with health care institutions for reporting and managing safety incidents.

**Demonstrate:** Provide documentation to substantiate your description.

You must include the following in your documentation:

- One client safety incident example (anonymized) that involved communication and follow-up between the school and service agency.

Examples should be as recent as possible and up to a maximum of three years ago. Examples can include near misses and don't need to be "critical" incidents. If there has not been a safety incident with the opportunity for the school to collaborate with a placement agency, describe your processes to manage such an incident "if" it were to occur. Specify any incorporated learning from an event that happened in the service area and affected client safety.

Other possible sources of documentation to demonstrate this requirement:

- Incident management reports (anonymized)
- Minutes of committee meetings and outcomes; other decision documentation (anonymized)
- Documentation of historical incidents (anonymized) and actions/recommendations undertaken.

## Indicator 3: Qualified Faculty

**Description:** Qualified faculty resources play an integral role in creating the structure, processes and safe environment for student learning and client safety. The following indicators provide a minimal foundation.

### 3a. Faculty who are nurses have a current practising licence

**Description:** Processes are in place to ensure faculty who are nurses have a current practising licence.

**Rationale:** An effective and safe learning environment for teaching the ELCs requires faculty who are nurses to have a current practising licence.

#### Evidence Requirement

Describe and demonstrate the process used to review nursing faculty for their current practising licence status, upon initial hire and on an annual basis.

**Describe:** Include each of the following three items in your description:

- The current practising licence review process upon initial hire, including who is responsible for this function
- The annual current practising licence review process, including who is responsible for this function

- How you assess and mitigate the potential impact of findings or practice restrictions on the safety of the teaching/learning environment.

**Demonstrate:** Provide documentation to substantiate your description.

You **must include** the following in your documentation:

- A list of the most recent annual review of full and part-time and sessional nursing faculty and/or instructor current practising licence status. The list includes the initials of the faculty, faculty position, current practising licence status and most current date that status was verified. (Do not provide the registration number).

Other possible sources of documentation to demonstrate this requirement:

- Departmental operational procedures that outline how and when annual faculty who are nurses current practising licence status is reviewed and recorded
- Documented processes for managing nursing faculty practice restrictions if/when they occur
- Committee minutes or other sources of communication

### 3b. Regular process to evaluate teaching

**Description:** There is a regular process to evaluate teaching to improve the learning environment.

**Rationale:** Regular evaluation of teaching in the clinical and theoretical course evaluations helps to identify potential issues and safety risks, for timely resolution and promotes a safe learning environment for clients and students.

#### Evidence Requirement

Describe and demonstrate how you evaluate teaching in the clinical and theoretical environments.

**Describe:** Include each of the following four items in your description:

- The methods you use to collect and review course and program evaluation feedback from stakeholders including from students, preceptors, unit staff, coordinators, service providers and administration.
- Who is accountable for, and who is involved in, reviewing the evaluation feedback?
- What the follow-up process is, if issues are identified
- How you use course evaluation to improve the learning environment.

**Demonstrate:** Provide documentation to substantiate your description.

You **must include** the following in your documentation:

- One example of a clinical course evaluation (anonymized)
- One example of a theoretical course evaluation (anonymized)
- One example of a completed course evaluation to improve the learning program and/or environment.

Other possible sources of documentation to demonstrate this requirement:

- Policies or procedures for course evaluations
- Documented accountabilities for course evaluations
- Student, preceptor or unit staff feedback (anonymized)
- Program coordinator documentation if relevant
- Incident or critical incident reports (anonymized) if relevant to the issue
- Meeting minutes

# Standard 2: Program Curriculum

**Curriculum:** The program's curriculum prepares students to meet nursing competencies expected for the nursing designation.

## Indicator 4: Curriculum Incorporates Entry-Level Competencies and Foundational Practice Standards

**Description:** The curriculum incorporates entry level competencies and foundational regulatory focus as demonstrated through curriculum mapping.

**Rationale:** Nursing education programs are accountable to prepare students to practice safely, competently and ethically, based on the entry level competencies.

### Evidence Requirement

Complete the Curriculum Mapping Tool for this indicator according to the instructions in the **Curriculum Mapping Guide.**

## Indicator 5: Clinical Placement Opportunities Support Learners to Attain and Demonstrate Acquisition of Program Objectives

**Description:** Clinical placements and clinical learning opportunities support learners in attaining and demonstrating acquisition of program objectives by providing learning experiences across diverse settings, in complex health and illness situations and across the lifespan.

**Rationale:** Programs are accountable to prepare students to practice safely, competently and ethically, based on the entry level competencies. Clinical placements are a foundational component of this learning.

### Evidence Requirement

Use the NSNMR template Clinical Practice Experiences Tool (or your own similar template) to describe and demonstrate how clinical placements and clinical learning opportunities prepare students to practice competently, safely and ethically across the lifespan and illness trajectories.

## Indicator 6: Processes in Place to Communicate Expectations for the Student Placement to the Preceptor for the Integrated Practicum

**Description:** Processes are in place to communicate the expectations for the student placement to the preceptor for the integrated practicum.

**Rationale:** Preceptors employed by the institution in which students are completing their integrated practicum need to understand the student learning objectives and the placement's evaluation expectations for the student to be successful and the clients to be safe.

### Evidence Requirement

**Describe:** Include each of the following three items in the description:

- How the expectations for student learning outcomes and the evaluation process are shared with the preceptor.
- What the communication processes (initial and ongoing) are between the nursing program and the preceptor during the placement, including communication of indicator 8 and 9 surveys.
- The accountabilities of the nursing program and the preceptor during the placement.

**Demonstrate:** Provide documentation to substantiate your description.

Your documentation must include the following:

- Evidence of how you communicate survey information and survey links for indicators 8 and 9 to students and preceptors.

Other possible sources of documentation to demonstrate this requirement:

- Procedures, process descriptions or guidelines, NSNMR indicator 8 and 9 Fact Sheets
- Guidebooks for preceptors

- Communication processes and procedures
- Documentation associated with preceptor orientation.

### Indicator 7: Registration Exam Scores 1st Time Pass Rates*

**Description:** NSNMR provides schools with their registration exam scores-1st time pass rates for each of the school's programs. The exam scores are provided on an annual basis. The program approval score is based on a rolling 3-years of aggregate data for each exam code the final exam data is based on a total score for all program sites.

Scoring criteria:

- Met (score = 2): pass rate >=80%;
- Partially met (score = 1): pass rate >=70% but <80%;
- Not met (score = 0): pass rate <70%.

**Rationale:** Individual site data will be provided on an annual basis so schools can assess their program's effectiveness in preparing students to practice safely, competently and ethically.

### Indicator 8: Recent Graduate's Assessment of Readiness to Practice Safely, Competently and Ethically

**Description:** Provides an objective measurement of aggregated graduate's assessment of their readiness to practice.

Scoring Criteria for Baccalaureate/Practical Nursing Graduates:

- Met (score = 2): average score of all survey items >=74%
- Partially met (score = 1): average score of all survey items >=63% but <74%;
- Not met (score = 0): average score of all survey items <63%.

Scoring Criteria for Nurse Practitioner Graduates:

- Met (score = 2): average score of all survey items >=89%
- Partially met (score = 1): average score of all survey items >=78% but <89%;
- Not met (score = 0): average score of all survey items <78%.

**Rationale:** This outcome measurement captures the assessment of new graduate's readiness to practice; their ability to integrate the entry-level competencies (ELC) and foundational standards and guidelines for safe, competent and ethical practice.

## Indicator 9: Preceptor's Assessment of Student's Readiness to Practice Safely, Competently and Ethically

**Description:** Provides an objective measurement of aggregated preceptor's assessment of student's readiness to practice.

Scoring Criteria for Preceptors of Baccalaureate/PN Graduates:

- Met (score = 2): average score of all survey items >=74%
- Partially met (score = 1): average score of all survey items >=63% but <74%;
- Not met (score = 0): average score of all survey items <63%.

Scoring Criteria for Preceptors of NP Graduates:

- Met (score = 2): average score of all survey items >=89%
- Partially met (score = 1): average score of all survey items >=78% but <89%;
- Not met (score = 0): average score of all survey items <78%.

**Rationale:** This outcome measurement provides preceptor assessment about the student's readiness for practice, based on observed performance of the student's ability to integrate the entry-level competencies (ELC) and foundational standards & guidelines during their final practice placement (integrative practicum).