



PROGRAM APPROVAL

Nursing Education Program Approval Guide



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE



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INTRODUCTION

This guide outlines the College of Licensed Practical Nurses of Newfoundland and Labrador's (CLPNNL) Nursing Education Program Approval process and requirements for entry-level¹ Practical Nursing Programs.

The program approval process is based on the Program Approval Framework approved by the Board in February 2021.

This guide will help you understand the program approval process and how to prepare for your program review. 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 practical nursing in Newfoundland and Labrador in the public interest is the basis for a program approval process. *The Licensed Practical Nurses Act (2005)* authorizes CLPNNL to approve practical nursing education programs in NL. The regulation supports our public protection mandate to ensure that individuals who enter the practical nursing profession have the knowledge, skill and judgment to practice safely, ethically and competently.

Entry-level practical nursing programs in NL must receive program approval from CLPNNL for graduates to be eligible to proceed with registration. CLPNNL is responsible for assessing programs against standard criteria and the Board has the final authority to grant a program's approval status.

THE OBJECTIVES OF PROGRAM APPROVAL

These are the objectives of the program approval process:

- fulfil CLPNNL's legislative duty to approve practical nursing education programs
- promote the safe practice of practical nursing through a standardized approval process for practical nursing education
- grant jurisdictional recognition to practical nursing education programs
- provide stakeholders with a transparent account of program approval
- support continuous evaluation and improvement of practical nursing education in NL.

¹ An entry-level program is a practical nursing program that integrates the entry-level competencies into its curriculum and whose graduates are eligible to write the practical nursing registration exam.

PROGRAM APPROVAL FRAMEWORK

FRAMEWORK

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

There are three main standards against which practical nursing education programs are reviewed and evaluated:

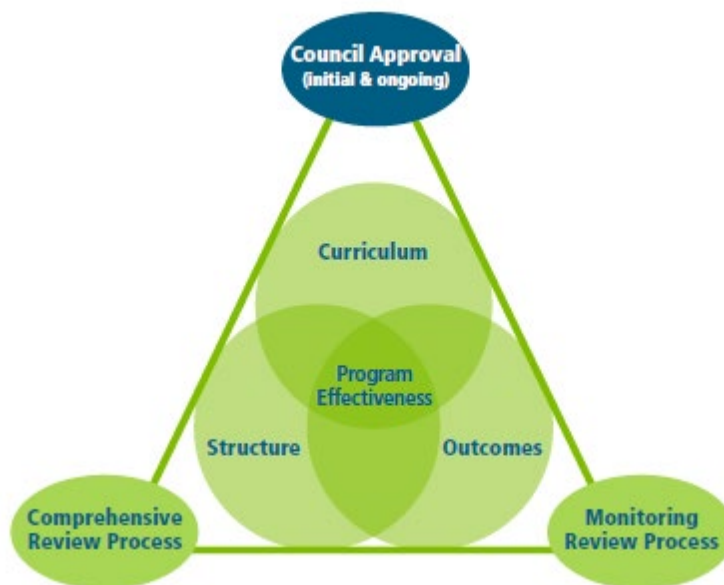
- **Structure** – The program’s strategy, policies, procedures, and resources support the student’s preparation to meet the competencies required for licensure as a Licensed Practical Nurse.
- **Curriculum** – The program’s curriculum prepares students to meet the competencies required for licensure as a Licensed Practical Nurse.
- **Outcomes** – The program consistently demonstrates outcomes of preparing graduates to meet the competencies required for licensure as a Licensed Practical Nurse.

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

- a comprehensive review process
- an annual monitoring process
- CLPNNL Board approval.

At the center 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



GUIDING PRINCIPLES

The following five principles helped guide the development of the evaluation process and continue to guide the program approval process and decisions:

- **Regulatory-focused** – The program approval standards and process are centered on CLPNNL’s public-protection mandate
- **Transparent** – The program approval standards, policies and decisions are available to schools, the public and other stakeholders
- **Evidence-informed** – The program approval framework and process are based on evidence and best-practice
- **Objective** – The evaluation and decision-making are based on standardized criteria
- **Sustainable** – The program approval process can be maintained by all stakeholders

PROGRAM APPROVAL 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 *PN Program Approval* under the *Education* tab on the CLPNNL web site to learn more about the program approval development process.

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

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 the education 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 (ELC) and foundational practice standards.

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



Table 1 – CLPNNL 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 RN and LPN must have current certificate of registration in Newfoundland and Labrador	2
3b	Faculty must have the teaching qualifications as prescribed by the CLPNNL	2
3c	Regular process to evaluate teaching	2
Sub-Total - Structure Indicators		25%
Curriculum standard (total weight 40%)		
4	Curriculum incorporates entry-level competencies and foundational practice standards	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 – 1 st time pass rates (3-year cumulative total)	17
8	Recent graduates' assessment of their preparation to practice safely, 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%



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 licensure in NL. 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 licensure in NL.

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 licensure in NL.

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 licensure in NL.



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

- a) Only an education institution designated as a parent institution by the CLPNNL is authorized to develop and implement a program of education for practical nursing in the province (LPN Regulations, 2011).
- b) Only an education institution designated as a satellite institution by the CLPNNL is authorized to implement an offering of PN education from the parent institution.
- c) A new practical nursing education program requires preliminary approval from CLPNNL prior to admitting students and beginning program delivery. The school must request the preliminary approval evaluation to CLPNNL, in writing, at least one year prior to anticipated commencement.
- d) The program approval review minimally includes a review of the new program's curriculum.

Established programs

- a) Practical nursing education programs that have graduated students and have received an approved or conditional approval status from CLPNNL.
- b) CLPNNL provides written notification to the schools, one year in advance of the comprehensive approval submission deadline. An overview of the key steps required to complete the comprehensive review process is illustrated in Figure 2.
- c) Schools with established programs are required to complete the annual monitoring review.
- d) Schools with established programs are also required to submit an annual report to CLPNNL following the guidelines established by CLPNNL.

Changes to programs

- a) The school is responsible for notifying CLPNNL, in writing, of any proposed substantive changes to the program or the program's curriculum.
- b) It is the responsibility of the CLPNNL Board to determine if the changes are substantive, whether a program approval review is required and the scope of the program approval review. The Board may consult with the schools, or request additional information, to assist in its determination.
- c) 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 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.

Discontinued programs

The school provides written notification to CLPNNL, regarding the discontinuation of any approved programs or sites and the expected date of discontinuation.





Figure 2 – Overview of comprehensive review process

ROLES AND RESPONSIBILITIES

Schools have the following responsibilities:

- Submitting required documents for their program as per the approval process and according to the schedule of due dates
- Ensuring their submission demonstrates the requirements, are accurate and complete as per the attestation form
- Notifying CLPNNL of any changes or new programs that may be subject to program approval

CLPNNL is responsible for these actions:

- Ensuring schools have the information and orientation they need to understand the program approval requirements and to complete their submission
- Administering the program approval process, which includes coordinating the process with the schools for scheduling, document submission, reviewing evidence and completing the scorecard and assessment report
- Submitting reports for each school's programs to the CLPNNL Board
- Communicating decisions and working with schools that need an action plan.

CLPNNL Board

- The Board has the final authority to grant a program's approval status.

FREQUENCY OF REVIEWS

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

Comprehensive review – Every established practical 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.

Feedback sessions and re-submission process (as necessary) – In the event any indicators or competencies are scored as unmet during the initial evidence review, CLPNNL will conduct feedback sessions with the school to review gaps in evidence and provide recommendations for re-submission 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 CLPNNL.



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.

CLPNNL communicates program approval results and decisions to the schools through a written report of their results and their scorecard.

DOCUMENT AND SUBMISSION REQUIREMENTS

The school granting the diploma for the program being approved is responsible for coordinating the approval process and submission documents for that program. CLPNNL 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 CLPNNL may be required to support submission of specific indicators. CLPNNL is responsible for providing the evidence for Indicator 7 (first time pass rates on registration exams). The collection of data for Indicator 8 (graduates' assessment of readiness to practice) and Indicator 9 (preceptors assessment of graduate's readiness to practice) will be a collaborative process between the institution and the CLPNNL.

CURRICULUM MAPPING

Curriculum mapping is foundational to all entry-level nursing programs. It is one indicator used by CLPNNL to evaluate and approve practical nursing programs. Curriculum mapping is a mandatory indicator focused on the regulatory mandate of public safety as well as 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 practice standards and entry-level competencies.

Each practical nursing education program is required to map its curriculum during the comprehensive review process, and prior to the implementation of any new 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 at:

<https://www.clpnnl.ca/entry-level-competencies-for-LPNs-in-Canada.pdf>



ATTESTATION FORM

Schools must submit an Attestation Form with their final documentation submission packages. This form is to be signed by the Dean or Director 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

The curriculum map should be completed by each institution offering the practical nursing program. If the program is offered across multiple sites within an institution, only one Evidence Form should be completed to reflect all sites within that institution.

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

DOCUMENTATION SUBMISSION PROCESS

A secure portal (enhanced file transfer system or EFT) will be set up for each school to upload their program approval documents. Each school has a secure separate folder that can be accessed by multiple users to manage their program approval documents. Separate instructions with password and log-in information are provided for using the portal.

FOLDERS AND NAMING CONVENTIONS

Within the portal, a folder is labelled for each indicator. Within each of the indicator folders, schools create a file structure supporting the type and number of documents being submitted. 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 the portal must be titled Clinical Preceptor Orientation Handbook.

CONFIDENTIALITY AND CONFLICTS OF INTEREST

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

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 CLPNNL'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 CLPNNL's attention real or perceived conflicts of interest of any individual involved in program approval activities.

PROGRAM APPROVAL CONTACT INFORMATION

For general inquiries contact wwadman@clpnnl.ca



APPENDIX A: INDICATOR EVIDENCE FORM INSTRUCTIONS

OVERVIEW

The Indicator Evidence Form (Evidence Form) is to be submitted by both the Parent Institution and the institution operating the Satellite Sites. For an institution operating Satellite sites, only one Evidence Form is to be completed. The Evidence Form is designed to capture the information for all of your sites into one document.

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. This is not included in the Evidence Form. Separate Curriculum Mapping documents are submitted from the Parent Institution and the institution operating the Satellite Sites.

Please ensure that Sheet 1 is fully completed, including the name of your school, program 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 it 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.

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.

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 (a) collaborative partners (brokered), and/or (b) across multiple delivery sites.

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

EVIDENCE REQUIREMENT 1

Describe (A) and demonstrate (B) the governance structure for the delivery of your program(s) including programs delivered (a) with collaborative partners (or brokered); and/or (b) across multiple delivery sites as applicable.

A. Describe: For programs delivered with collaborative partners 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:

1. The governance structure and accountabilities for program delivery and decision making with the names of partners to any agreement(s), if applicable
2. The roles and responsibilities of the parent and satellite institution(s) in the governance, development, implementation and evaluation of the program
3. How program delivery decisions are made
4. How decisions and information are communicated to faculty and across sites.

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

1. Organizational charts
2. Policy or procedure documents
3. Minutes or other sources of communication
4. Current executed agreements, memoranda of understanding or other contracts.



EVIDENCE REQUIREMENT 2

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

A. Describe: For programs delivered with collaborative partners (brokered), 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:

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

B. Demonstrate: Provide documentation to substantiate your description.

Possible sources of documentation to demonstrate this requirement:

1. Case studies or examples (anonymized) that demonstrate how you managed an unsafe clinical placement
2. Policy or procedure documents
3. Committee terms of reference or meeting minutes (e.g. program curriculum committee, steering committee)
4. 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 (A) and demonstrate (B) your curriculum review process.

A. Describe: For programs delivered with collaborative partners 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:

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

B. Demonstrate: Provide documentation to substantiate your description.

Possible sources of documentation to demonstrate this requirement:

1. Terms of reference of curriculum (joint) committee or other committees with similar mandates, including objectives, accountabilities, composition and timing of review
2. Documented procedures or guidelines for curriculum review
3. Minutes from curriculum committee meetings or other committees with similar mandates that document agenda, attendees and any results and recommendations
4. Communications and/or minutes from meetings with faculty regarding curriculum
5. 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 registration exam results.

Rationale: Programs should monitor and review outcomes to assess the program's effectiveness in preparing students to practise 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, testing methodologies, and course grades.

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) your annual registration exam results review process.

A. Describe: For programs delivered with collaborative partners 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:

1. Who is accountable, or what committees have responsibility for this function
2. Who is involved in the review, including committee composition if applicable
3. How results are reviewed
4. What multiple factors or program metrics are considered in your analysis (e.g. admission criteria, attrition rates, and grades)
5. Assessment of evaluation methodologies that demonstrate at least two different evaluation methods to assess achievement of learning/leveled objectives for theory courses; and at least three different evaluative components to assess achievement of program outcomes to determine the final grade.

B. Demonstrate: Provide documentation to substantiate your description.

Possible sources of documentation to demonstrate this requirement:

1. Summary of attrition rates and comparisons (required)
2. Committee terms of reference including objectives, composition, schedules and accountabilities
3. Minutes from committee meetings that document agenda, attendees and any results and recommendations of the review
4. Dashboards, metrics or other sources of data included in reviews
5. Sample of Course Syllabi.



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 (A) and demonstrate (B) the orientation process to the clinical setting.

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

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

B. Demonstrate: Provide documentation to substantiate your description.

Possible sources of to demonstrate this requirement:

1. Orientation schedules and attendance lists
2. Orientation policies, procedures or guidelines
3. Orientation manuals or other orientation materials
4. 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 (A) and demonstrate (B) faculty accountabilities and understanding of student supervision requirements in all supervised clinical and preceptored placements.

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

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

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

1. Policies, procedures, standards or guidelines
2. Clinical faculty and preceptor guidebooks
3. 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 (A) and demonstrate (B) the student evaluation process in the clinical setting.

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

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

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

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

b) Other possible sources of documentation to demonstrate this requirement:

1. Policies or procedures related to student evaluation in the clinical setting
2. 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:

- 1) having processes in place for reporting, reviewing and mitigating incidents associated with students and faculty in both clinical and academic settings;
- 2) creating learning opportunities for students and faculty from incidents; and
- 3) 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 (A) and demonstrate (B) the nursing program’s processes that address client and student safety incidents.

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

1. Your processes for reporting and communicating safety incidents in clinical and academic settings
2. Your processes for reviewing safety incidents in clinical and academic settings
3. Your processes for managing safety incidents in clinical and academic settings.

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

1. 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.
2. 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.

b) Other possible sources of documentation to demonstrate this requirement:

1. School policy or procedure documents specific to the nursing education program
2. Incident review committee terms of reference
3. Minutes of committee meetings and outcomes
4. Reference links to literature cited
5. Incident management (safety) reports (anonymized).



EVIDENCE REQUIREMENT 2

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

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

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

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

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

b) Other possible sources of documentation to demonstrate this requirement:

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

EVIDENCE REQUIREMENT 3

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

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

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

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

1. 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. In the event that 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.

b) Other possible sources of documentation to demonstrate this requirement:

1. Incident management reports (anonymized)
2. Minutes of committee meetings and outcomes; other decision documentation (anonymized)
3. 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 LPNs and RNs must have a current certificate of registration

Description: Processes are in place to ensure Faculty who are LPNs and RNs have a current certificate of registration in NL.

Rationale: An effective and safe learning environment for teaching the ETP competencies requires faculty to be a registered member of the nursing profession.

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) the process used to review faculty Certificate of Registration, upon initial hire and on an annual basis.

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

1. The registration review process upon initial hire, including who is responsible for this function
2. The annual registration review process, including who is responsible for this function
3. How you assess and mitigate the potential impact of findings or practice restrictions on the safety of the teaching/learning environment.

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

1. A list that demonstrates the results of the most recent annual review of full- and part-time faculty registration status. The list includes the initials of the faculty, faculty position, registration status and most current date registration status was verified. (Do not provide the registration number).

b) Other possible sources of documentation to demonstrate this requirement:

1. Departmental operational procedures that outline how and when annual faculty registration is reviewed and recorded
2. Documented processes for managing faculty practice restrictions if/when they occur
3. Committee minutes or other sources of communication.



3b. Faculty are qualified to develop, implement and evaluate the PN Program and ensure achievement of program outcomes.

Description: Faculty qualifications are consistent with the CLPNNL guidelines.

Rationale: An effective and safe learning environment for teaching the ETP competencies requires faculty to have appropriate qualifications consistent with the teaching environment.

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) assurance that faculty are qualified as described by CLPNNL guidelines.

A. Describe: Include the following:

1. Process used to ensure that faculty qualifications are consistent with the CLPNNL guidelines.

B. Demonstrate: Provide the following documentation:

1. A course list (theory, clinical and lab) naming the faculty teaching in the most recent offering of that course.
2. A list of faculty teaching in the PN Program including qualifications (education and experience) and course responsibility. Individual resumes and a listing of research involvement are not required.

Guideline on Faculty Qualifications

- A. Nursing faculty members with responsibility for program coordination and delivery hold an undergraduate and graduate degree, have a record of progressive experience in nursing education, demonstrate performance that reflects expertise in their area of responsibility, or an equivalent experience.
- B. Nursing faculty members teaching theory – a Registered Nurse with a baccalaureate degree in nursing or above.
- C. Nursing faculty members teaching clinical and laboratory – a Licensed Practical Nurse, Diploma-prepared Registered Nurse (see requirements below), or a Baccalaureate-prepared Registered Nurse with expertise in their area of teaching responsibility.
 1. Licensed Practical Nurses teaching in clinical and laboratory have 5 years clinical experience with at least 2 years in the area in which the LPN will be teaching and enrolled or completed a teaching-learning certificate program.
 2. Diploma-Prepared Registered Nurses teaching in clinical and laboratory have 5 years clinical experience with at least 3 years working with LPNs and 2 years in the area in which the RN will be teaching and enrolled or completed a teaching-learning certificate program.



3c. Regular process to evaluate teaching

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

Rationale: Faculty contribute toward creating a safe and effective learning environment. Regular evaluation of teaching in the clinical and theoretical environments helps identify potential issues and safety risks, for timely resolution and promotes a safe learning environment for clients and students.

EVIDENCE REQUIREMENT

Describe (A) and demonstrate (B) how you evaluate teaching in the clinical and theoretical environments.

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

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

B. Demonstrate: Provide documentation to substantiate your description.

a) You must include the following in your documentation:

1. One example of a clinical course evaluation (anonymized)
2. One example of a theoretical course evaluation (anonymized)
3. One example of the evaluation of teaching used, to improve the learning environment.

b) Other possible sources of documentation to demonstrate this requirement:

1. Policies or procedures for course evaluations
2. Documented accountabilities for course evaluations
3. Student, preceptor or unit staff feedback (anonymized)
4. Program coordinator documentation if relevant
5. Incident or critical incident reports (anonymized) if relevant to the issue
6. Meeting minutes.



Standard 2 — Program Curriculum

Curriculum: The program's curriculum prepares students to meet nursing competencies expected for the category and/or class of registration.

Indicator 4 — Curriculum incorporates Entry-Level competencies and foundational practice standards

Description: The curriculum incorporates entry-level competencies and foundational practice standards as demonstrated through curriculum mapping.

Rationale: Practical 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, and with individuals across the lifespan, families, groups and communities along the continuum of care and in situations of health and illness.

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

EVIDENCE REQUIREMENT

Use the CLPNNL template Clinical Practice Experiences Tool (or your own similar template) to describe (A) and demonstrate (B) how clinical placements and clinical learning opportunities prepare students to practise 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 (preceptorship).

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 (A) and demonstrate (B) that student learning outcomes and evaluation processes are provided to the preceptor for the integrated practicum.

A. Describe: Include each of the following three items in the description:

1. How the expectations for student learning outcomes and the evaluation process are shared with the preceptor.
2. 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.
3. The accountabilities of the nursing program and the preceptor during the placement.

B. Demonstrate: Provide documentation to substantiate your description.

a) Your documentation must include the following:

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

b) Other possible sources of documentation to demonstrate this requirement:

1. Procedures, process descriptions or guidelines
2. Guidebooks for preceptors
3. Communication processes and procedures
4. Documentation associated with preceptor orientation.



Indicator 7 — Registration exam scores 1st time pass rates*

Description: CLPNNL provides schools with their registration exam scores - 1st time pass rates. The program approval score is based on a rolling 3-years of aggregate data. The final exam data is based on a total score.

Scoring criteria:

- Met (score = 2): pass rate $\geq 80\%$;
- Partially met (score = 1): pass rate $\geq 70\%$ 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 practise 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 PN Graduates:

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

Rationale: This outcome measurement captures the assessment of new graduate's readiness to practice; their ability to integrate the entry-level competencies and foundational standards 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 PN Graduates:

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

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 and foundational standards during their final preceptorship.



* CLPNNL collects data for indicator 7.

** Processes for the collection of data for indicators 8 and 9 are currently being determined and is anticipated to be a collaborative process between the schools and CLPNNL.

APPENDIX C: GLOSSARY

Annual monitoring review: One component of the program approval framework used to approve entry-level nursing education programs. A subset of the program approval indicators (the outcome indicators) are examined yearly for each program and the program's approval score is calculated. Programs are approved annually based on the annual monitoring review results or the comprehensive review as required.

Approval: This term designates an education program has met the prescribed standards set out in the College of Licensed Practical Nurses of NL's (CLPNNL) program approval process. Program approval is a mandatory process based on the entry-level competencies for practical nursing in Canada.

Comprehensive review: One component of the program approval framework used to approve practical nursing education programs. For the comprehensive review, all program approval indicators are reviewed every seven years, unless annual review results are unsatisfactory, and the program's approval score is calculated.

Curriculum: The planned process for achieving an education program's intended outcomes. For purposes of program approval, nursing curricula includes theoretical foundations, learning activities to foster theory application by students and evaluation of student learning.

Curriculum mapping: A process for collecting and documenting curriculum related information against specific criteria or standards. This process ensures an alignment between the standards of nursing practice, entry-level competencies and the educational content being taught. It also identifies and addresses academic gaps, redundancies and misalignments between courses and entry-level competencies.

Curriculum mapping tool: Each site delivering an entry-level practical nursing program is required to map its curriculum to the entry-level competencies, for both preliminary approval (new programs) and the comprehensive review process (established programs), using the curriculum mapping tool. Programs use the tool to provide evidence that the entry-level competencies, required to prepare graduates to be competent and safe practicing nurses, are embedded in the teaching and learning experiences.

Entry-level practical nursing program (program): Practical nursing education programs that prepare individuals entering the profession of practical nursing with the competencies expected upon initial registration with the CLPNNL.

Established program: A practical nursing education program that has graduated students and has received an approved or conditional approval status from CLPNNL.

Entry-level competencies: The entry-level competencies outline the proficiencies required for entry-level (newly licensed) practical nurses to provide safe, competent, compassionate, and ethical nursing care in a variety of practice settings, upon initial and ongoing registration with CLPNNL. The competencies also serve as a guide for curriculum development for schools, and for public and employer awareness of practice expectations for entry-level practical nurses.

Foundational practice standards: For the purposes of program approval, foundational practice standards are the more commonly cited CLPNNL measures related to performance issues in practical nursing.

Indicator: For the purposes of program approval, an indicator is an objective measure used to assess whether a practical nursing education program has achieved the program approval standards. An indicator is specific, measurable, attainable, realistic and time limited.

Indicator Evidence Form: A form completed by programs for the comprehensive review process. The form provides information and documentation to CLPNNL demonstrating that the program achieves all evidence requirements for each program approval indicator and standard.



Learner: A person studying practical nursing; a nurse new to the profession; an experienced nurse entering a new practice setting; a nurse new to practice in NL; or an experienced nurse entering a new health discipline.

Mandatory indicator: An indicator that must be fully met to receive an approved status.

New program: A practical nursing education program intended for admitting students and requiring preliminary approval status from CLPNNL prior to enrolling students.

Preliminary approval status: The standing given to a new program that meets preset criteria but requires a comprehensive review in the academic year following the first class of graduates before receiving full approval. Graduate(s) from programs with preliminary approval are considered graduates of an approved practical nursing program and are eligible for registration in NL.

Program: A set of courses constituting the entire practical nursing education process at a college or school.

Program approval status: Refers to the four approval categories conferred by the Board to a practical nursing education program. The categories are based on the program's results and score following their program approval review. The four categories are preliminary approval, approved, approved with conditions and not approved.

Safety: The reduction and mitigation of unsafe acts within the health care system. This refers to staff, student and client safety. Staff or student safety includes, but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour and infection control. Client safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Client, staff or student safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blames individuals. The health and well-being of all clients, staff and student is a priority in a culture of safety environment.

School: An institution that educates practical nurses in NL.

Site: The physical location where the practical nursing education program is delivered.

Standard: There are three program approval standards based on a logic model: structure, curriculum and outcomes. The standards are the bases for measuring and approving the performance of a practical nursing education program.





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