



# National League for Nursing Commission for Nursing Education Accreditation

## Standards of Accreditation ~~Standards~~ ~~for Nursing Education~~ ~~Programs~~

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NLN Commission for Nursing Education Accreditation (CNEA)

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

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

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

According to the U.S. Department of Education (~~2021~~2025), accreditation is “the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency’s standards and requirements” (Subpart A 602.3). The Council ~~effor~~ Higher Education Accreditation (CHEA) expands upon this definition by describing accreditation as an external quality review ~~... ..~~ for quality assurance and commitment to quality improvement (~~Eaton, 2015~~). ~~Self~~CHEA, 2021). Program self-assessment ~~by the institution and program~~ is an important component of the process. Engaging in systematic self-assessment provides ~~the institution and program with~~ a collective opportunity to reflect upon and identify strengths and areas for improvement ~~for the purpose of pursuing to support~~ continuous quality improvement in their educational mission.

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

## NLN CNEA Mission

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

## NLN CNEA Accreditation Process and NLN Core Values

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

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

A **culture of diversity and inclusion** is evidenced by a commitment to accredit all types of nursing programs ~~from, including~~ practical/vocational ~~education through clinical, diploma, associate degree, bachelor's, master's, post-graduate certificate, and practice~~ doctoral education. The NLN CNEA accredits all delivery formats for programs (e.g., face-to-face, blended/hybrid, fully online). NLN CNEA's accreditation standards reflect a respect for the diversity of ~~nursing~~ programs' mission, curricula, faculty, and students that can be found to exist in nursing education nationally and internationally.

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

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

## NLN CNEA's Standards of Accreditation

There are five standards, which when considered together, comprehensively address the foundational ~~institution and program~~ elements ~~that are~~ essential to ensuring quality academic programs. These five standards are: 1) Culture of Excellence – Program Outcomes; 2) Culture of Integrity and Accountability – Mission, Governance, and Resources; 3) Culture of Excellence and Caring – Faculty; 4) Culture of Excellence and Caring – Students; and 5) Culture of Learning and Diversity – Curriculum and Evaluation Processes. The standards are explicated through ~~3225~~ quality indicators and accompanying interpretive guidelines for each quality indicator. ~~The~~

~~foundation of the CNEA. Each program under review must meet all quality indicators to achieve and maintain accreditation standards is built upon the extensive contributions that the National League for Nursing has made to quality nursing education over the years.~~

Drawing upon a national survey, the NLN released an updated version of the seminal *Hallmarks of Excellence in Nursing Education* (NLN, 2020). Survey findings confirmed that the hallmarks continue to provide a tool for excellence in nursing education ~~excellence~~ for all programs and institutions and they serve as a framework that schools and faculty could use to continuously improve in their pursuit of excellence in nursing education (NLN, 2020). The *Hallmarks of Excellence in Nursing Education-Model* (2020) addresses quality indicators in the following components of nursing education:

- 1) engaged students,
- 2) diverse, well-prepared faculty,
- 3) culture of continuous quality improvement,
- 4) innovative, evidence-based curriculum,
- 5) innovative, evidence-based approaches to facilitate and evaluate learning,
- 6) resources to support program goal attainment,
- 7) commitment to pedagogical scholarship, and
- 8) effective institutional and professional leadership.

The *Hallmarks of Excellence in Nursing Education* (2020) continue to define outstanding performance of high-quality programs and ~~are~~remain relevant for all ~~types~~types of institutions and programs. They provide a comprehensive framework for the CNEA Standards of Accreditation, thus ensuring quality in nursing education programs across the academic spectrum.

The following paragraphs briefly address – from an organizational, professional, and philosophical perspective – the significance of the standards’ elements in fostering quality in higher education, and nursing education, in particular. The NLN CNEA Standards of Accreditation are unique in that, taken in their totality together, they create a culture ~~and~~symphony of excellence committed to the formation of nursing professionals rather than a listing of impersonal rules and data. These perspectives are integrated throughout the NLN CNEA standards and quality indicators.

***The National League for Nursing CNEA Standards of Accreditation ~~are applied~~apply to all types of nursing programs, ~~including distance education programs regardless of delivery format.~~***

### **Standard I: Culture of Excellence – Program Outcomes**

Establishing clear program outcomes is an essential first step in benchmarking and evaluating a ~~nursing~~ program’s success in achieving and sustaining a quality educational environment for faculty and students. Program outcomes can be defined as the results achieved in response to

goals set by the program. For example, program goals and related outcomes may be developed associated with faculty achievement; curriculum ~~(end-of-program, level, or course outcomes)~~; student learning and achievement; and any other indicator of program quality that faculty determine to be important to the overall success of the program. Collectively engaging in the identification and development of expected program outcomes and determining the benchmarks to measure success, ensures that the program administrators, faculty, staff, and students are working collaboratively to achieve and maintain program excellence.

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

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

The governance structures within the institution and ~~nursing units~~program are designed to work collaboratively to support implementation of the institution and program mission. ~~Nursing faculty~~Faculty participate in and provide leadership at varying levels of governance within the educational environment, considering the goals of the institution and ~~nursing~~ program. Student input and participation in institution and program governance is actively encouraged and sought out by faculty and administration. ~~This is accomplished in an environment that promotes collegial dialogue, ethical behavior, and values development.~~ Decisions regarding institution and program resource allocation are made from a mission-focused perspective and with the intent to ensure adequate resources for the pursuit of quality and excellence within the ~~nursing~~ program (Adams et al., 2022).

### **Standard III: Culture of Excellence and Caring – Faculty**

Well-prepared faculty are essential to ensuring excellence and achieving distinction in nursing education as the faculty's expertise determine the program's potential for creating excellence in the learning environment (McMillian-Bohler, 2022). Defining the appropriate faculty complement (~~i.e.g.~~, teachers, clinicians, and researchers) for a ~~nursing~~ program is dependent upon the institution's mission and thus will vary amongst institutions and programs. To maintain competence as a nurse educator, faculty pursue systematic self-evaluation and improvement in the role and commit to lifelong learning (Christensen & Simmons, ~~2019~~2027). Faculty are provided with opportunities and resources by the institution and program to engage in professional development and ~~life-long~~lifelong learning to maintain role effectiveness.

### **Standard IV: Culture of Excellence and Caring – Students**

A student-centered learning environment is cultivated within the program and ~~student diversity is students are~~ recognized and ~~embraced~~supported within a ~~supportive~~caring environment. ~~Qualified students are admitted to the program and retained, and a record of students successfully achieving the learning outcomes of the nursing program is apparent.~~ A system of student support exists within the institution and ~~nursing unit~~program with a goal of meeting individualized learning needs and fostering student success. The learning environment is created to facilitate the professional development of students and socialize them to the nursing role for which they are being prepared (Christensen & Simmons, ~~2019~~2027).

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

Faculty hold the responsibility for ensuring that the program curricula is logically organized, internally consistent, yet flexible. ~~The curriculum should also help students strengthen their knowledge, support skill development, and challenge their thinking (Valiga, 2022).~~ Built upon a foundation of professional standards, the curricula must be kept up to date to reflect societal and health care trends (Christensen & Simmons, ~~2019~~2027). The input of communities of interest is solicited regularly to inform curricular decision-making and revisions, and maintain the relevance of the curricula.

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

The teaching, learning, and evaluation processes that are implemented within the curricula are ~~innovative,~~ varied, and evidence-based. These approaches facilitate interaction between faculty, students, and others involved in the teaching-learning process (NLN, 2020).

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

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## Standard I: Culture of Excellence – Program Outcomes

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>I-A. Faculty and staff <del>assess and evaluate achievement of identified program outcomes by engaging</del> <u>engage</u> in an ongoing, systematic, evidence-based process <del>to evaluate achievement of program outcomes</del>.</p>	<ul style="list-style-type: none"> <li>➤ Faculty and staff <del>have implemented</del> <u>implement and engage in</u> an ongoing systematic, evidence-based process <del>designed to demonstrate program effectiveness in achieving to evaluate achievement of</del> program outcomes <del>with a commitment to continuous quality improvement</del>.</li> <li>➤ The evidence-based process <del>minimally</del> consists of elements related to identified program outcomes; <del>internal</del> benchmarks; multiple strategies for data collection <u>from communities of interest</u>; established timelines; <del>person(s)</del> <u>persons</u> responsible for recording and analyzing data; <del>plan for</del> <u>findings</u>; dissemination of <u>findings</u>; <u>actions taken in response to</u> findings; and analysis of the effectiveness of the actions taken.</li> <li>➤ Program outcomes include, but are not limited to, <u>program completion rates</u>,</li> </ul>	<ul style="list-style-type: none"> <li>➤ <u>Systematic evaluation plan with required elements</u>.</li> <li>➤ Examples of faculty and staff engaging in regularly scheduled review of identified program <del>outcomes with documentation of review outcomes and outcome data</del>, resulting decisions, and evaluation plans.</li> <li>➤ <del>Examples of faculty and staff engaging in regularly scheduled review of evaluation plans with documentation of reviewed outcomes and resulting decisions</del>.</li> <li>➤ Examples of data-driven decisions based on the review and analysis of achievement of <del>identified</del> program outcomes.</li> <li>➤ <u>Plans of action in place for program outcomes not meeting established benchmarks</u>.</li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p>licensure <del>and/or</del> certification pass rates, and <u>graduate employment rates</u> <del>of graduates</del>.</p> <ul style="list-style-type: none"> <li>➤ <u>The systematic process used to gather and analyze data is reviewed at regular intervals for continued relevance and revised as needed</u> <del>for continuous quality improvement</del>.</li> <li>➤ <u>Demonstration of actions implemented in response to feedback received from the process are documented, along with the outcomes achieved by the actions taken.</u></li> <li>➤ <u>Programs <i>not</i> meeting any established benchmarks have completed an analysis of the situation, developed a plan of action to address identified factors impacting each compliance concern, and included actions and timelines for achieving each benchmark.</u></li> </ul>	
<p><del>I-B. Faculty and staff decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.</del> <u>I-B. Communities of</u></p>	<ul style="list-style-type: none"> <li>➤ <del>There is documented evidence of decision-making regarding</del> <u>Regular quantitative and/or qualitative data collection processes are in place to gather faculty, student, alumni, and employer satisfaction data on program effectiveness</u> <del>and using a regular schedule.</del></li> <li>➤ <u>Data analysis reports program effectiveness.</u></li> <li>➤ <del>A record of</del> <u>continuous quality improvement efforts based</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Evidence of communities of interest providing input into program planning and decision-making about the quality of the program, with documented examples (i.e., meeting minutes, program reports, etc.).</del></li> <li>➤ <u>Examples</u> <u>Data collection tools, methods, and analysis procedures.</u></li> <li>➤ <u>Documentation of faculty, student, alumni, and staff</u> <u>employer satisfaction with program effectiveness.</u></li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><u>interest report program effectiveness.</u></p>	<p><del>upon data analysis and feedback.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Communities of interest are provided opportunities to provide input into the program planning and decision-making processes.</del></li> <li>➤ <del>A record of efforts related to continuous quality improvement documents faculty and staff responses to data analysis, affirms the achievement of the set benchmarks, and identifies and areas needing indicating a need for improvement, and the deletion and/or developments as appropriate, in response to communities of new benchmark indicators interest feedback.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Program actions based upon taken in response to program effectiveness data-analysis and resulting outcomes of those actions.</del></li> <li>➤ <del>Examples of attainment of set benchmarks and areas identified for improvement to enhance program satisfaction.</del></li> </ul>
<p>I-C. The program achieves expected <u>program outcomes related to program completion rates.</u></p>	<ul style="list-style-type: none"> <li>➤ <del>The program sets benchmarks and monitors data regarding program completion rates for each individual program in the nursing unit.</del></li> <li>➤ <del>Faculty set the benchmark for the program completion rate based on consideration of factors like student demographics, providing and program type and level.</del></li> <li>➤ <del>Program provides rationale for their identified program completion rate benchmark.</del></li> <li>➤ <del>Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Three academic years of trended data on program completion rates.</del></li> <li>➤ <del>Data collection tools, methods, and analysis procedures.</del></li> <li>➤ <del>Documentation of completion rate formula set by the institution, implementation, and evaluation plans to achieve set benchmarks about program completion rates, benchmark, and a plan rationale.</del></li> <li>➤ <del>Completion rate data for intervention three years. Program will report overall completion rate per</del></li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ <u>Program achieves established benchmarks.</u></li> <li>➤ <del>New programs that have not yet produced graduates have set a benchmark for expected program completion rates and faculty and have developed and implemented a plan to ensure successful attainment of the identified outcome.</del></li> <li>➤ <del>For existing programs, three academic years of averaged program completion rate data demonstrate achievement of the program's targeted benchmark.</del></li> <li>➤ <del>Programs not meeting their established benchmark, have completed an analysis of contributing factors, developed a plan to address identified factors impacting program completion rates that includes timelines for achieving the expected program completion rate.</del></li> </ul>	<p><u>program, but completion rates specific to tracks or locations should be available if <del>needed</del> they are requested.</u></p>
<p>I-D. The program achieves expected <del>program outcomes related to graduates' performance on licensure and/or certification examinations</del> <u>pass rates.</u></p>	<ul style="list-style-type: none"> <li>➤ <del>The program achieves a minimum graduate licensure or certification pass rate of 80 percent% among first-time takers, either a) averaged over the most recent three-year calendar time period, OR b) single-year for each pre-licensure program (practical/vocational, diploma, associate, and bachelor's) producing graduates eligible to seek licensure. Pre-licensure programs the most recent year.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Three calendar years of trended data on</del> <u>Data collection tools, methods, and analysis procedures.</u></li> <li>➤ <u>Data averaged over the most recent three-year period OR single-year for the most recent year.</u></li> <li>➤ <u>Program will report overall licensure and/or certification pass rate per program, but licensure or certification pass rates specific to tracks or locations should be available if they are requested.</u></li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ <u>First-time takers must have taken the examination within two years of degree conferral.</u></li> <li>➤ <u>Programs must also <del>be in</del> <b>compliance</b> <del>comply</del> with their state regulatory agencies <del>in</del> <b>regard to</b> <del>regarding</del> minimum licensure <u>or certification</u> pass rates.</u></li> <li><del>➤ The program may also provide evidence of the graduate licensure pass rate of second-time takers who retake the licensure examination within three months of initial attempt to achieve licensure.</del></li> <li><del>➤ Graduates writing certification examinations achieve a minimum certification pass rate of 80 percent, first-time takers <b>averaged</b> over the most recent three-year calendar time period for each program (master's, post master's, clinical doctorate) producing graduates eligible to seek certification.</del></li> <li><del>➤ Programs <b>not</b> meeting the established benchmark for licensure and certification pass rates have completed an analysis of the situation, developed a plan to address identified factors impacting licensure and certification pass rates, and included actions and timelines for achieving the expected program pass rates.</del></li> <li>➤ New programs that have not yet produced graduates have set a benchmark <b>for expected</b></li> </ul>	<ul style="list-style-type: none"> <li><del>➤ Data regarding licensure or certification pass rates as documented by the issuing regulatory body.</del></li> <li>➤ <del>Documentation of implementation and evaluation plans to achieve set benchmarks related to licensure and certification examinations and a plan for intervention if needed.</del></li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>program licensure and certification pass rates and faculty</del> and have developed and implemented a plan to ensure successful attainment of the identified <del>outcomes</del> <u>outcome</u>.</p>	
<p>I-E. The program achieves expected <del>program outcomes related to</del> graduate employment rates in the area of <del>nursing</del> program preparation.</p>	<ul style="list-style-type: none"> <li>➤ <del>The program achieves expected program outcomes related to</del> <u>Faculty set the benchmark for the graduate employment rates in the area of nursing program preparation for each program offered in the nursing unit (practical/vocational, diploma, associate, bachelor's, master's, post-master's, or clinical doctorate). Internal benchmarks are set rate</u> based upon workforce data <del>analysis and data monitored</del> <u>analyses</u> regarding graduate employment rates within <del>the first 6 to 12</del> <u>12</u> months of <del>graduation from degree conferral</del>.</li> <li>➤ <del>Programs not meeting established benchmarks for graduate employment rates in nursing complete an analysis of contributing factors (including regional workforce analysis with input from the community of interest), develop and implement a plan to address identified factors impacting graduate employment rates, and set a timeline for achieving the</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Three academic years of trended data of employment rates.</del></li> <li>➤ <u>Data collection tools, methods, and analysis procedures.</u></li> <li>➤ <u>Documentation of implementation and evaluation plans to achieve set benchmarks about graduate employment rate formula, benchmark, and rationale.</u></li> <li>➤ <del>Graduate employment rates and plans rate data for intervention</del> <u>three years. Program will report overall employment rate per program, but employment rates specific to tracks or locations should be available if needed.</u></li> <li>➤ <u>they are requested.</u></li> </ul>

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>expected graduate employment rates.</del></p> <ul style="list-style-type: none"> <li>➤ <u>Programs should provide a rationale for their established benchmark, including how they ensure graduates are employed in the area of program preparation.</u></li> <li>➤ <u>Programs are given the option for tracking and excluding graduates who have continued formal education within 12 months of degree conferral.</u></li> <li>➤ <u>Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark.</u></li> <li>➤ <u>Program achieves established benchmarks.</u></li> <li>➤ <u>New programs that have not yet produced graduates establish a benchmark for expected graduate employment rates (including regional workforce analysis) with input from the communities of interest, have set a benchmark and have developed and faculty design and implement implemented a plan to ensure successful attainment of the set goal identified outcome.</u></li> </ul>	

## Standard I: Culture of Excellence – Program Outcomes

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>I-F. Faculty, students, alumni, and employers express satisfaction with program effectiveness.</p>	<ul style="list-style-type: none"> <li>➤ Quantitative and/or qualitative data gathering processes are in place to gather faculty, student, alumni, and employer satisfaction data on program effectiveness on an ongoing and regular schedule.</li> <li>➤ Data analysis demonstrates overall program effectiveness in achieving expected outcomes.</li> <li>➤ A record of continuous quality improvement efforts documents faculty responses to data analysis and areas indicating a need for improvement, as appropriate, in response to communities of interest feedback.</li> </ul>	<p>➤ Documentation of faculty, student, alumni, and employer satisfaction with program effectiveness and resulting program actions related to continuous quality improvement.</p>

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

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>II-A. Faculty and staff define the core values, mission, and goals for the <del>nursing</del> program, ensuring they are aligned with <del>institutional mission and goals; expected program outcomes are derived from the established mission and goals</del> <u>institution</u>.</p>	<ul style="list-style-type: none"> <li>➤ <del>Faculty</del> <u>The faculty</u> and staff express a clear and unified vision <del>regarding</del> <u>of</u> the <u>program's core values, mission, and goals of the nursing program, which,</u></li> <li>➤ <del>The program's core values, mission, and goals</del> are publicly shared with communities of interest.</li> <li>➤ <del>Faculty and staff, as appropriate, can articulate the program's core values and expected program outcomes.</del></li> <li>➤ <del>There is evidence that the</del> <u>The</u> missions of the institution and <del>nursing academic unit</del> <u>program</u> are aligned with each other.</li> <li>➤ <del>Expected program outcomes are evident and appropriate for the program mission and</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Documents describing core values, mission, and goals of the program.</del></li> <li>➤ <del>Evidence of public dissemination of core values, mission, and goals to communities of interest.</del></li> <li>➤ Documents demonstrating alignment between institution and program mission.</li> <li>➤ <del>Documents describing program goals, expected program outcomes, and core values.</del></li> <li>➤ Committee minutes document the review process and decision-making related to maintaining relevant <u>core value, mission, and goal statements,</u> <del>core values and expected program outcomes.</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p>type <del>(e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate).</del> Evidence exists that faculty.</p> <ul style="list-style-type: none"> <li>➤ <u>Faculty</u> and staff conduct regularly scheduled reviews of <u>the core value,</u> mission, and goal statements and expected program outcomes to ensure continued relevance <del>to contemporary nursing practice.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ Documents describe regularly scheduled reviews of the <u>core values,</u> mission, <u>goals, core values, and expected program outcomes and goals</u> for continued relevance and resulting actions.</li> <li>➤ <del>Evidence of public dissemination of mission statements and program goals, to communities of interest.</del></li> </ul>
<p>II-B. The <del>organizational</del> structure of the <del>parent</del> institution and <del>the nursing</del> program <del>provide opportunities</del> <u>provides the opportunity</u> for faculty and students to <del>demonstrate involvement</del> <u>be involved</u> in <del>institutional and program</del> governance, <del>enabling achievement of expected program outcomes.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>There is evidence of organizational</del> <u>Organizational</u> support for faculty and students to participate in the governance of the institution and the <del>nursing academic unit</del> <u>program.</u></li> <li>➤ <del>Documented evidence exists demonstrating that faculty</del> <u>Faculty</u> and students <del>are engaged</del> <u>have opportunities to engage</u> in governance activities, <u>including those at a distance.</u></li> <li>➤ Faculty and students articulate examples of how their engagement in governance activities <del>has facilitated achievement of impacts</del> <u>program outcomes.</u></li> <li>➤ <del>Governance structures facilitate the inclusion of students enrolled in distance</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ Evidence of <u>opportunities for</u> faculty and student participation in institutional and program governance activities in meeting minutes, committee membership rosters, <u>invitations to provide input,</u> and student governance activities.</li> <li>➤ <u>Evidence of feedback provided by students and faculty and documentation of program improvement changes made as a result of that input.</u></li> <li>➤ Copies of the organizational structure of the institution and <del>programs</del> <u>program.</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>II-C. Communities of interest provide feedback which is used to inform <del>program</del> decision-making about the educational preparation of students.</p>	<p style="text-align: center;"><del>education programs</del><u>improvement.</u></p> <ul style="list-style-type: none"> <li>➤ The <del>nursing</del> program seeks and utilizes feedback from communities of interest to inform program development and decision-making about the educational preparation of students.</li> <li>➤ Partnerships among communities of interest and the <del>nursing</del> program promote a sense of cohesiveness and <del>intra and interprofessional collaboration, leading to contemporary experiential learning experiences for students with a goal of preparing a diverse, competent workforce.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ Evidence of <del>means by which</del><u>how</u> communities of interest provide feedback and how such feedback is used to inform program development and decision-making <u>including data collection tools and methods.</u></li> <li>➤ <u>Evidence of communities of interest providing input into program planning and decision-making about the quality of the program, with documented examples (e.g., meeting minutes, program reports, evaluation materials, such as surveys and course reports).</u></li> <li>➤ Evidence of outcomes related to partnership collaboration between program and communities of interest.</li> <li>➤</li> </ul>
<p>II-D. Program publications, documents, and policies are clear, current, <del>accurately reflect program practices</del><u>accurate</u>, and <del>are accessible to communities of interest.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>There is evidence of periodic</del><u>Regular</u> review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest.</li> <li>➤ All program publications are clear, current, and accurately reflect program practices.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Evidence of notification of policy changes to communities of interest.</li> <li>➤ <del>Copies of publications and websites providing accurate information regarding accreditation status and NLN CNEA contact information.</del></li> <li>➤ Copies of program publications, documents, and policies, with</li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ Accreditation status is communicated accurately to the public, including contact information for NLN CNEA.</li> <li>➤ A process is developed and implemented to notify communities of interest of changes in publications <del>and</del>, documents, <u>and policies</u> in a timely fashion.</li> </ul>	<p>documentation of regular reviews and resulting actions.</p> <ul style="list-style-type: none"> <li>➤ <u>Documentation of how communities of interest gain access to program publications, documents, and policies.</u></li> <li>➤ <u>Copies of publications (e.g., websites) providing accurate information regarding accreditation status and NLN CNEA contact information.</u></li> <li>➤</li> </ul>
<p>II-E. The <u>academic nursing unit program</u> is led by a chief academic nurse administrator who is <u>educationally and experientially qualified for and has the role and administratively entrusted with authority to help the responsibility and authorization to provide the leadership needed to procure and allocate resources to achieve the program's program meet its</u> expected outcomes.</p>	<ul style="list-style-type: none"> <li>➤ The curriculum vitae of the chief academic nurse administrator of the <u>nursing academic unit program</u> provides evidence of <u>the appropriate academic credentials practice, leadership, and relevant experience academic expertise</u> which qualifies them to lead the <u>nursing academic unit program</u>.</li> <li>➤ The chief academic nurse administrator holds an active and unencumbered nursing license <u>and has a graduate degree in nursing, appropriate for the type of program(s) they lead (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate).</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ Copy of chief academic nurse administrator's <u>current</u> curriculum vitae.</li> <li>➤ Position description of chief academic nurse administrator.</li> <li>➤ Examples of chief academic nurse administrator's outcomes <u>and</u> accomplishments in the role.</li> <li>➤ <u>Documentation of compliance with regulatory (e.g., state board of nursing) and professional nursing organization requirements for chief academic nurse administrator qualifications.</u></li> <li>➤ Evidence of the chief academic nurse administrator's financial management of the program, including budgetary responsibilities.</li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li data-bbox="526 323 958 1398">➤ <del>Programs that employ a chief academic nurse administrator, who does not hold the requisite graduate nursing degree for the program(s) they lead design and implement an organizational development plan with a goal of requiring the chief academic nurse administrator to actively pursue a graduate nursing degree with a timeline in place for degree attainment. Documentation is provided that shows active and steady progression toward graduate nursing degree attainment by the chief academic nurse administrator. The chief academic nurse administrator holds appropriate academic credentials appropriate for the program type and level and meets regulatory (e.g., state board of nursing) and professional nursing requirements.</del></li> <li data-bbox="526 1407 958 1814">➤ The program has written policies that describe the administrative role and responsibilities of the chief academic nurse administrator, including the responsibility to manage the procurement and allocation of the program’s resources and budget <del>for the purpose of facilitating achievement of</del></li> </ul>	

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p style="text-align: center;"><del>the nursing academic unit's mission, goals, core values, and expected outcomes.</del></p>	
<p>II-F. The <del>nursing</del> program has the necessary budgetary, <del>human, instructional, physical, and technological</del> resources <u>that are regularly reviewed and allocated</u> to demonstrate achievement of the mission, goals, and <u>meet</u> expected program outcomes.</p>	<p>➤ <u>Budgetary</u> <del>Adequate</del> <u>budgetary</u> resources are available <del>for supporting the implementation of academic, including personnel, instructional, and student services designed to assist students in achieving learning outcomes; recruit, develop and retain the human administrative</del> resources <u>needed to achieve the program's mission and goals; and acquire the instructional and professional development.</u></p> <p>➤ <u>There is documentation of the systematic review of program resources needed to facilitate faculty and students in meeting with data used to allocate resources as appropriate to sustain an environment of continuous quality improvement and to meet</u> expected program outcomes.</p> <p>➤ <u>Physical facility infrastructure includes access to safe, current, and adequate space in classroom, simulation, and laboratory settings.</u></p> <p>➤ <u>Library, instructional equipment, and supplies are adequate for supporting</u></p>	<p>➤ Copies of <del>academic nursing unit (the program)</del> budget, for <u>the</u> past three years.</p> <p>➤ <u>Examples of adequate and/or expanded budgetary, human resources including personnel,</u> instructional, physical, and technological resources <u>designed to meet learning needs of students.</u></p> <p>➤ <u>Examples of adequate and/or expanded budgetary, human, instructional, physical, and technological and administrative resources designed to meet faculty teaching, scholarship, and service responsibilities.</u></p> <p>➤ <u>Documentation reflecting the regular review of the adequacy of resources and evidence of actions taken.</u></p>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p style="text-align: center;"><del>achievement of expected student learning outcomes.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Technological infrastructure is adequate to support student learning and support faculty to meet teaching, scholarship, and service responsibilities in distance education and on-campus learning environments.</del></li> </ul>	
<p><del>II-G. Nursing program resources are periodically reviewed and allocated as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and expected student learning outcomes.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>There is documentation of the systematic review of nursing program budgetary, human, instructional, physical, and technological resources by the chief academic nurse administrator, faculty, staff, and students with data used to seek and allocate resources as appropriate to sustain an environment of continuous quality improvement and to meet expected program outcomes.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Documentation reflecting the periodic review of the adequacy of budgetary, human, instructional, physical, and technological resources and resulting actions.</del></li> <li>➤ <del>Evidence of actions taken to seek and allocate resources as a result of the review.</del></li> </ul>

## Standard III: Culture of Excellence and Caring – Faculty

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
III-A. <del>The program's</del> Faculty are qualified, <del>diverse,</del> and adequate in number to meet program goals.	<ul style="list-style-type: none"> <li>➤ <del>There is an adequate number of faculty to meet the program's goals and support students in accomplishing learning outcomes.</del></li> <li>➤ <del>The nursing program exhibits an inclusive organizational environment and resources supportive of recruitment, retention, and flourishing of diverse faculty.</del></li> <li>➤ <del>Adequate number of faculty with expertise in social determinants of health, population health, health equity, and technological competence to meet the program goals.</del></li> <li>➤ <del>All nursing programs (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ List of all full- and part-time faculty by name, including credentials, degrees and granting institutions, <del>dates of awards,</del> certifications, honorary designations, and other pertinent <del>academic/practice</del> <u>credentials/qualifications.</u></li> <li>➤ <u>Evidence of faculty content and pedagogical expertise in individual and aggregate form.</u></li> <li>➤ <u>Definitions of faculty role and copies of job descriptions.</u></li> <li>➤ Documentation of compliance with <u>regulatory (e.g., state board of nursing rules and regulations regarding-) and professional nursing organization requirements for</u> faculty qualifications <del>for the program in which they teach.</del></li> </ul>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>doctorate) employ full- and part-time nursing program faculty, including non-nursing faculty, who are qualified by education, professional credentials, and experience for their assigned teaching responsibilities and, at a minimum, meet qualifications set forth by state and other relevant regulatory agencies and professional nursing organizations.</del></p> <p><del>➤ Advanced practice nursing programs (e.g., master's, post-master's, and clinical doctorates) employ faculty who possess the relevant content knowledge, practice expertise, and the required national professional certification credentials for their assigned teaching responsibilities as established by statute and regulatory agencies and professional nursing organizations.</del></p> <p><del>➤ Nursing programs clearly define the faculty role within their institution and develop and implement policies regarding the academic degree qualifications of faculty, including non-nursing faculty, which are adhered to and aligned with the</del></p>	<p><del>➤ <u>Advanced practice programs provide evidence of current faculty practice experience that aligns with the role and population focus of the program.</u></del></p> <p><del>➤ <u>For advanced practice programs, documentation of compliance with professional nursing organizations (e.g., NTF, LACE) requirements.</u></del></p> <p><del>➤ Descriptions of faculty/student ratios in classroom, laboratory, simulation, and clinical settings <u>and rationale for ratios.</u></del></p> <p><del>➤ <u>NumberDescription of full-time equivalent (FTE) calculation and number of faculty and staff FTEs committed to the program.</u></del></p> <p><del>➤ <u>Descriptions of institution and program methods used to calculate faculty FTEs.</u></del></p> <p><del>➤ <u>Examples of institutional and program policies related to faculty workload and program compliance with the policies.</u></del></p> <p><del>➤ <u>Evidence of continuing professional development of faculty in the individual and aggregate form.</u></del></p> <p><del>➤ <u>Examples of institutional and program actions related to the recruitment and retention of a diverse faculty.</u></del></p> <p><del>➤ <u>Provide evidence for institutional definitions of</u></del></p>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>program’s mission and goals, and type of program in which the faculty teach (e.g., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s certificate, and clinical doctorate). All program types are expected to continually strive to employ full and part-time faculty who hold a graduate degree in nursing, or a field related to their teaching responsibilities.</del></p> <ul style="list-style-type: none"> <li><del>➤ Programs that employ faculty without the graduate degree credential design and implement organizational development plans with a goal of demonstrating trending progression toward achieving a full complement of faculty who are prepared at the graduate level.</del></li> <li><del>➤ The majority of faculty who do not hold a graduate degree document evidence of active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline.</del></li> <li><del>➤ Nurse faculty hold active and unencumbered licensure as registered nurses and maintain the</del></li> </ul>	<p><del>faculty role and copies of job descriptions.</del></p>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>professional practice knowledge base required for their assigned teaching responsibilities through current engagement in the nursing profession and relevant direct or non-direct practice. Non-nurse faculty who are licensed health care professionals are likewise held to similar expectations relevant to their professional expertise.</del></p> <p>➤ <del>The program's established faculty/student ratios in classroom, clinical, simulation, and laboratory settings, including all distance education environments, meet the standards set forth by professional organizations and regulatory agencies. Faculty/student ratios are designed to support the implementation of a variety of teaching/learning methodologies, and the assessment and evaluation of student learning outcomes, as appropriate for program type (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate). Faculty qualifications pertaining to content and pedagogical</del></p>	

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><u>expertise are defined by the program.</u></p> <ul style="list-style-type: none"> <li>➤ <u>Faculty demonstrate content expertise related to their area of teaching responsibility.</u></li> <li>➤ <u>Faculty demonstrate pedagogical expertise related to best practices in teaching, learning, and evaluation processes.</u></li> <li>➤ <u>Faculty meet regulatory (e.g., state board of nursing) and professional organization requirements for teaching.</u></li> <li>➤ <u>Faculty have relevant licensures or certifications as applicable to the program they teach.</u></li> <li>➤ <u>Advanced practice programs employ an adequate number of faculty who possess the practice expertise and hold national professional certification credentials in the role and population focus of the program.</u></li> <li>➤ <u>There is an adequate number of faculty to meet program goals, including faculty/student ratios which support teaching, learning, and evaluation processes.</u></li> </ul>	

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>III-B. Preceptors, <del>and other alternative clinical supervisory personnel,</del> are <del>adequate in number,</del> qualified, and prepared <del>for their assigned role,</del> and <del>responsibilities</del> <u>adequate</u> in <del>facilitating</del> <u>number to facilitate</u> student learning.</p>	<ul style="list-style-type: none"> <li>➤ The <del>nursing</del> program provides rationale for the use of preceptors <del>and other alternative clinical supervisory models</del> appropriate for the program type in which they are utilized. Programs which do not use preceptors or other alternative clinical supervisory models do not need to address this quality indicator.</li> <li>➤ <del>The nursing program ensures students have access to an adequate number of qualified preceptors to support achievement of program outcomes and meet expectations of students' assigned learning experiences.</del></li> <li>➤ <del>The nursing program defines the academic and experience required</del> <u>preceptor</u> qualifications of preceptors that are used within the program, ensuring they are in alignment with applicable regulatory agency rules and professional standards.</li> <li>➤ <u>The preceptor's role, qualifications, roles, and responsibilities in the learning environment are, and documents compliance with regulatory and professional guidelines.</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ Examples of selection criteria, orientation materials, <u>support,</u> and evaluation criteria for preceptors.</li> <li>➤ <u>Documentation of compliance with state board of nursing rules and others who supervise students in practice settings regulations regarding preceptor qualifications.</u></li> <li>➤ Description of expected preceptor qualifications, roles, and responsibilities, <del>aligned with assigned teaching responsibilities.</del></li> <li>➤ <u>Statement about preceptor versus faculty roles and responsibilities.</u></li> <li>➤ Examples of preceptor evaluation processes <del>and</del> criteria.</li> <li>➤ <del>Evidence of preceptors' awareness of how they are evaluated in the role.</del></li> <li>➤ <u>Demonstrate Documentation of</u> adequate number of preceptors <del>and/or collaborative partnerships to ensure clinical experiences meet program outcomes.</del></li> <li>➤ <del>Identify the resources provided to preceptors to enable them to fulfill their roles and responsibilities.</del></li> </ul>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ <u>The preceptor’s qualifications, roles, and responsibilities are</u> clearly described and shared with all members of the learning community <del>(i.e., students, faculty, and other care providers).</del></li> <li>➤ Preceptor <del>role</del><u>roles</u> and responsibilities are differentiated from the faculty role. <u>Faculty are responsible for evaluating students.</u></li> <li>➤ <u>Preceptors are oriented and supported.</u></li> <li>➤ The <del>nursing</del> program has established <u>evaluation processes, criteria, and evaluation measures for the preceptor role to evaluate preceptors.</u></li> <li>➤ <del>Preceptors are oriented to their role and coached in the role by faculty to best facilitate their effectiveness in supporting students’ well-being and achievement of expected student learning outcomes.</del></li> <li>➤ <del>Preceptors are provided the resources needed to perform the responsibilities of their assigned role.</del></li> <li>➤ <u>Preceptors are supportive of diverse students and their learning needs. The program ensures students have access to an adequate number of qualified preceptors.</u></li> </ul>	

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>III-C. Faculty are supported in providing unique and innovative contributions to the faculty role as defined by the missions of the parent institution and nursing program. III-C. Faculty achieve <u>individual and collective outcomes.</u></p>	<ul style="list-style-type: none"> <li>➤ <del>The unique Program establishes individual and innovative contributions of each collective faculty member are valued and recognized by the parent institution and program.</del></li> <li>➤ <del>Clearly established expectations of faculty outcomes in the areas of such as teaching, practice, research, scholarship, and service with the mission and goals of the institution and program are in place, as appropriate for program type, and faculty are oriented to the expectations. Program may choose to define different outcomes for full- and part-time faculty.</del></li> <li>➤ <del>The parent Faculty outcomes are aligned with the mission of the institution and nursing program provide.</del></li> <li>➤ <del>Faculty are provided support such as orientation, mentoring, professional development opportunities, and resources to create a healthy workplace environment for faculty that cultivates a culture of caring, diversity, integrity, and excellence, and empowers like technology assistance, enabling</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of faculty development resources Individual and opportunities with related collective faculty outcomes for the full- and part-time faculty role are defined in areas such as appropriate teaching, practice, research, scholarship, and service which are aligned to the mission of the institution and program type.</del></li> <li>➤ <del>Appointment. Program may choose to rank, promotion, tenure guidelines, as applicable define different outcomes for institutional mission. full- and part-time faculty.</del></li> <li>➤ <del>Examples of faculty support related to faculty expectations.</del></li> <li>➤ <del>Evidence that a faculty evaluation process is in place.</del></li> <li>➤ <del>Documentation of individual faculty outcomes related to expectations. This involves what each individual faculty member must accomplish.</del></li> <li>➤ <del>Documentation of collective faculty outcomes related to expectations. This involves what the faculty must accomplish as a whole.</del></li> <li>➤ <del>Evidence of faculty participation in ongoing professional development.</del></li> </ul>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><u>attainment of faculty outcomes.</u></p> <ul style="list-style-type: none"> <li>➤ <u>A faculty evaluation process is in place to measure individual and collective outcomes.</u></li> <li>➤ <u>Data describing individual faculty outcomes are gathered and analyzed at designated intervals and used to meet expected measure individual faculty competencies and outcomes achievements.</u></li> <li>➤ <u>Resources that are available to support faculty development include but are not limited to travel funds, research/scholarship support, professional development programs, internal grant funds, faculty practice plans, degree attainment, etc.</u></li> <li>➤ <u>Evidence exists that faculty have the opportunity to engage in continuous quality improvement for ongoing development as educators, practitioners, and/or scholars/researchers and that they participate in those opportunities.</u></li> <li>➤ <u>Part-time and adjunct faculty are oriented, mentored, guided, and supported in their teaching roles. Data describing collective faculty outcomes</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ <u>Definitions of expectations of faculty contributions to the teaching, practice, research/scholarship, and service missions of the parent institution and nursing program.</u></li> <li>➤ <u>Evidence of faculty development in emerging trends and issues in healthcare and nursing education. Examples of changes made in response to faculty outcomes data.</u></li> </ul>

## Standard III: Culture of Excellence and Caring – Faculty

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><u>gathered and analyzed at designated intervals and used to measure aggregate faculty achievements.</u></p> <ul style="list-style-type: none"> <li>➤ <u>Faculty outcome data are used to make ongoing program improvements.</u></li> </ul>	
<p><del>III-D. Faculty demonstrate individual and collective achievement of the program's expected faculty outcomes.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>Data describing actual individual and collective faculty outcomes are gathered and analyzed at designated intervals and used to measure the faculty's ability to meet expected faculty outcomes appropriate to the program type and within an organizational environment supportive of continuous quality improvement.</del></li> <li>➤ <del>A system for evaluation of individual faculty performance is in place for full-time and part-time faculty and is used to recognize accomplishments as well as define plans for future development and contributions to the program.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Documentation of individual faculty accomplishments and contributions related to expected faculty outcomes.</del></li> <li>➤ <del>Documentation of collective faculty outcomes (from past three years) meet expected faculty outcomes.</del></li> <li>➤ <del>Evidence of faculty evaluation criteria and support for meeting identified performance goals related to teaching, practice, scholarship/research, and service, as appropriate for the program type.</del></li> </ul>

# Standard IV: Culture of Excellence and Caring – Students

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>IV-A. The institution and program provide student services that are student centered; culturally responsive; inclusive, and readily accessible to all students, including those enrolled in distance education; and guide students through the processes associated with admission, recruitment, retention, progression, graduation, and career planning. Student services are evaluated for effectiveness and ability to</del></p>	<ul style="list-style-type: none"> <li>➤ Students enrolled in <del>on-campus</del><u>face-to-face</u> and distance education programs have <del>sufficient</del> access to student services to facilitate their achievement of learning outcomes and academic success.</li> <li>➤ Student support services <u>are available which</u> include, but are not limited to, academic advising; tutoring; financial aid; guidance; personal counseling; <del>and</del> <u>career guidance; and technology support.</u></li> <li>➤ <del>There is evidence of ongoing</del><u>Ongoing</u> review and revision of the effectiveness of student support services with attention to meeting <del>the needs of diverse learners, supporting inclusivity and empowering students to achieve academic success and professional identity</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ Copies of student handbooks, bulletins, catalogs, describing policies related to recruitment, admission, retention, progression, graduation, and career preparation.</li> <li>➤ <del>Copies of institutional definition of diversity and inclusivity.</del></li> <li>➤ Descriptions of program and institutional support services that are available to students.</li> <li>➤ Evidence that students have knowledge of and access the support services available to them.</li> <li>➤ <u>Examples of data collection tools, methods, and data analysis procedures.</u></li> <li>➤ <del>Examples of evaluation plans for student services and documentation of actions taken in response to the review.</del></li> <li>➤ <u>Examples of strategies that foster a culturally responsive learning environment that demonstrates inclusivity of diverse learners.</u></li> </ul>

## Standard IV: Culture of Excellence and Caring – Students

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>satisfactorily meet diverse student needs through a process of continuous quality improvement.</del> <u>IV-A. Student-centered services are available and regularly reviewed to meet student needs.</u></p>	<p><del>formation in their nursing role.</del> <u>student needs.</u></p>	
<p>IV-B. The program's student policies conform with institutional student policies and are <del>readily available</del> <u>regularly reviewed to the public</u> <del>meet expected program outcomes.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>There is evidence that student</del> <u>Student</u> policies conform with the <del>parent</del> institution's policies. There is an explanation with accompanying rationale related to any existing differences between institutional and programmatic student policies and expected program outcomes.</li> <li>➤ <del>Documents outlining recruiting and admission practices, program marketing, academic calendars, catalogs, and grading policies and practices are accurate and accessible to students and the public.</del></li> <li>➤ <u>Student policies are implemented in a consistent and uniform manner.</u></li> <li>➤ There is <del>evidence of</del> a plan for regularly scheduled review and revision of policies and documentation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Examples of <del>nursing</del> program policies' alignment with the <del>parent</del> institution's policies, and the program's <del>mission, goals, core values, mission, and expected program outcomes</del> <u>goals.</u></li> <li>➤ <del>Copies of student handbooks, bulletins, and catalogs describing policies related to recruitment and admission; retention and progression; graduation and career preparation.</del></li> <li>➤ <u>Examples of consistent and equitable application of student policies.</u></li> <li>➤ Evidence of regularly scheduled review of student policies and resulting actions.</li> <li>➤ Examples of <del>consistent and equitable application</del> <u>adequate notice of student policies</u> <del>policy changes to all learners</del> <u>students.</u></li> </ul>

## Standard IV: Culture of Excellence and Caring – Students

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p>of outcomes resulting from decision-making in response to the <del>periodic</del><u>regular</u> reviews.</p> <ul style="list-style-type: none"> <li>➤ <del>Evidence exists that student policies</del><u>Students</u> are <del>implemented</del><u>notified of policy changes</u> in a <del>consistent and uniform</del><u>timely</u> manner <del>and meet the evolving needs of students.</del></li> </ul>	
<p><del>IV-C. Student policies are clearly delineated and accessible with students being advised of policy changes with adequate notice.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>All information regarding student policies is clear, documented, and readily accessible in various media formats for on-campus and distance education students.</del></li> <li>➤ <del>There is evidence that students are provided timely notice of policy changes.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of the accessibility of student policies (websites, handbooks, etc.) and communication of changes in policies to on-campus and distance education students.</del></li> <li>➤ <del>Examples of adequate notice of policy changes to students.</del></li> </ul>
<p><del>IV-DC. Faculty and staff process the formal program</del><u>student</u> complaints <del>of students</del> using policies and procedures that are clearly delineated.</p>	<ul style="list-style-type: none"> <li>➤ The program provides <del>students with</del> a process for addressing formal <u>student</u> complaints in accordance with <del>parent</del> institution and program policies.</li> <li>➤ The institutional and program definition, policies, and procedures associated with filing a formal complaint are accessible <del>to students.</del></li> <li>➤ <del>Evidence exists that information</del><u>Information</u> regarding formal complaints is maintained by the program and addresses due</li> </ul>	<ul style="list-style-type: none"> <li>➤ <u>Copy of formal complaint process.</u></li> <li>➤ Records of formal <u>student</u> complaints <del>against the program</del> <u>and their outcomes</u> from <del>date covering</del> the most recent <del>accreditation period (or previous three years, if program not currently accredited) and resolution outcomes.</del></li> <li>➤ <del>Copy of student appeals process.</del></li> <li>➤ <u>Examples of changes made in response to complaint data.</u></li> </ul>

## Standard IV: Culture of Excellence and Caring – Students

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p>process and actions taken to resolve the complaint.</p> <ul style="list-style-type: none"> <li>➤ The program <del>makes available to on-site program evaluators</del><u>provides</u> records of student complaints accrued from the <del>date covering the</del><u>most recent accreditation period</u><u>three years</u>.</li> </ul>	
<p>IV-<del>ED</del>. Student records are maintained in a secure, confidential manner in accordance with the policies of the <del>parent</del> institution, <del>nursing</del> program, and regulatory guidelines.</p>	<ul style="list-style-type: none"> <li>➤ Established <del>program</del><u>written</u> policies and processes <del>on document security and retention are in place in written form</del> to ensure security and confidentiality of student records. <del>Evidence exists that</del></li> <li>➤ <u>Student record policies adhere to policies of the processes are followed by all institution, program, and regulatory guidelines.</u></li> <li>➤ <u>All faculty and staff follow student record processes to ensure confidentiality and security of student information.</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ Copies of policies and procedures regarding document security and <del>retention</del><u>confidentiality</u>.</li> <li>➤ <u>Evidence student record policies adhere to institution, program, and regulatory guidelines.</u></li> <li>➤ Copies of policies and procedures followed by faculty and staff to maintain confidentiality of student records and examples of compliance with policies and processes.</li> </ul>

## Standard V: Culture of Learning ~~and Diversity~~— Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that ~~fosters the human flourishing and professional identity formation of diverse learners through professional and personal growth and~~ supports the progressive achievement of expected program and student learning outcomes. ~~Professional nursing. The program clearly integrates professional standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, competencies, and guidelines and uses teaching, learning, and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Learners are taught about health equity, social determinants of health, and population health in class, laboratory, and clinical settings. strategies that are evidence-based, current, and appropriate for the program type.~~ Distance learning programs are held to the same ~~curricular, teaching/learning, and evaluation~~ standards as ~~campus-based~~ face-to-face programs. ~~The program's culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.~~

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-A. The curriculum is designed to foster achievement of <u>clearly delineated student learning outcomes</u> that are <u>specific to the program mission and type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate)</u> and aligned with <u>expected curricular</u> <u>the</u> program <u>outcomes</u>.</p>	<ul style="list-style-type: none"> <li>➤ <u>Program learning outcomes are clearly delineated and appropriate for the program.</u></li> <li>➤ Student learning outcomes are clearly delineated <del>for each program type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate)</del> and are appropriate for the <u>expected practice (employment) role students will assume upon graduation from the program.</u></li> <li>➤ The curriculum design includes <u>competencies, course objectives, unit/module objectives, learning activities, and evaluation strategies</u> <u>learning outcomes</u> that are student-centered, <u>and</u> support</li> </ul>	<ul style="list-style-type: none"> <li>➤ Copies of program <u>learning outcomes, competencies, course outcomes/objectives</u> for each program type <u>offered.</u></li> <li>➤ Course syllabi with examples of <u>student learning outcomes</u>, learning activities, and evaluation strategies.</li> <li>➤ <del>Examples of learning activities appropriate for program type.</del></li> <li>➤ Faculty <del>and students</del> articulate examples of <u>student learning outcomes</u> in <u>relationship/relation</u> to program <u>learning outcomes</u> and how the curriculum fosters <del>their</del> <u>the</u> attainment of expected <u>student outcomes.</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>student</del> progression <del>toward</del> <del>achievement of identified</del> <del>student learning outcomes</del> <del>and curricular program</del> <del>outcomes.</del></p> <ul style="list-style-type: none"> <li>➤ Faculty <del>and students of the</del> <del>program are able to</del> describe <del>course</del> student learning outcomes, their relationship to program <u>learning</u> outcomes, and <u>can</u> provide examples of how the curriculum facilitates <del>student</del> <u>achievement/attainment</u> of the outcomes.</li> </ul>	
<p>V-B. The curriculum incorporates professional <del>nursing</del> standards <del>and other</del> <del>professional</del> <del>standards,</del> <u>competencies,</u> and guidelines, <del>associated with PN/VN and RN licensure, APRN certification and/or other graduate level practice competencies aligned with practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate types.</del></p>	<ul style="list-style-type: none"> <li>➤ Faculty identify and adopt <del>the</del> appropriate professional <del>and,</del> regulatory <del>nursing standards,</del> <u>, and</u> other professional standards, <u>competencies,</u> and guidelines.</li> <li>➤ <u>Adopted standards, competencies, and competencies in accordance with expected program and student learning outcomes, according guidelines have been systematically integrated throughout the curriculum.</u></li> <li>➤ <u>The curriculum has been designed to program type (practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate address current licensure or certification criteria.</u></li> </ul>	<ul style="list-style-type: none"> <li>➤ Examples of <del>teaching, learning, and evaluation processes</del> <u>evidence</u> that <del>demonstrated</del> <u>demonstrates</u> the integration of professional and regulatory nursing <del>standards,</del> <u>and</u> other professional standards, <u>competencies,</u> and guidelines <del>and</del> <u>competencies</u> into the curriculum (<u>i.e.g.,</u> tables, crosswalks, syllabi, etc.).</li> <li>➤ Copies of course syllabi.</li> <li>➤ Evidence of graduate APRN curricular elements addressing alignment with APRN populations (<u>i.e.g.,</u> LACE <del>document, NTF</del>), including degree transcript designations and attainment of minimum</li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ <u>Faculty can articulate which professional and regulatory standards, competencies, and clinical <del>doctorate, guidelines</del> have been integrated into the curriculum and <del>the intended practice roles associated with those program types. cite examples of how they are applied.</del></u></li> <li>➤ Graduate programs preparing advanced practice nurses incorporate established <del>APRN</del> professional standards, <u>competencies, and guidelines (e.g., LACE, NTF)</u> into the curriculum to ensure student eligibility to achieve national certification for intended practice roles, including minimum number of supervised clinical hours. <b>NOTE:</b> When specialty accreditation options are available, each <del>APRN</del> degree/ <u>or</u> certificate program is required to seek accreditation by an agency recognized by the <u>U.S.</u> Department of Education for the specific nursing practice role.</li> <li>➤ <del>Evidence exists that the adopted standards and competencies have been systematically integrated throughout the curriculum and the curriculum has been designed to address current</del></li> </ul>	<p>number of supervised clinical hours.</p> <ul style="list-style-type: none"> <li>➤ Copies of professional standards, regulatory <del>statutes, guidelines, standards,</del> competencies, <del>etc., and guidelines,</del> and evidence of how they are integrated <del>into the respective curricula.</del></li> <li>➤ <b>NOTE:</b> <del>See Appendix B for examples of lists example</del> professional standards, <del>etc. competencies, and guidelines</del> that faculty <del>may consider, as should</del> <u>integrate into curricula.</u> Faculty should select <u>professional standards, competencies, and guidelines</u> appropriate, <del>for integration into</del> <u>to</u> program <del>curricula. type and level, as well as role, population, and specialty for which graduates are prepared.</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>licensure and certification criteria.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Students and faculty can articulate which professional and regulatory standards, guidelines and competencies have been integrated into the curriculum and cite examples of how they are applied to the curricula.</del></li> </ul>	
<p>V-C. The <del>program's</del> curriculum is <del>sequenced, designed, and implemented to progressively support student supports</del> <u>progressive</u> achievement of <u>student</u> learning outcomes <del>and the acquisition of competencies appropriate for the intended practice role.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>The PN/VN and RN prePre-licensure and undergraduate curriculum is built upon and incorporates</del> <u>programs incorporate</u> a foundation of nursing arts and sciences <del>into</del> :</li> <li>➤ <u>Post-licensure programs build upon the previous nursing program of study.</u></li> <li>➤ Faculty <del>and students</del> can describe how <del>any</del> courses taken to fulfill the general education, basic sciences, social sciences, and <del>or</del> human sciences curricular requirements <del>of the program</del> support <del>the development of the professional identity of nurses and respects diversity, equity, and inclusion</del> <u>student achievement of learning outcomes.</u></li> <li>➤ The curriculum is sequenced and designed to promote student progression through the program without</li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Program designs depict curriculum program of study for each program type offered.</del></li> <li>➤ <del>Examples of how articulation (i.e., bridging programs) support student acquisition of and progression through previous educational levels and allow for student achievement of learning outcomes at the intended program outcome level.</del></li> <li>➤ <u>Rationale Curriculum plan offered with rationale for sequencing.</u></li> <li>➤ <u>Pre-licensure programs provide rationale</u> for selection of general education, basic sciences, social sciences, and <del>or</del> human sciences courses chosen to support <del>and complement</del> <u>student achievement of learning outcomes.</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>unnecessary duplication of learning experiences.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Rationale is provided to support faculty decisions related to credit hour requirements, curriculum sequencing and progression design.</del></li> <li>➤ <del>Baccalaureate nursing competencies and outcomes are the underpinning for the graduate nursing programs at the master’s level (MSN) as evidenced by program-specific outcomes and student learning activities that demonstrate student progression from undergraduate level competencies to graduate level competencies for the intended practice role.</del></li> <li>➤ <del>Graduate nursing programs at the clinical doctorate level clearly build upon previous program level competencies as evidenced by program-specific outcomes and student learning activities that demonstrate student progression through master’s level competencies to direct and indirect graduate level practice competencies for the intended practice role.</del></li> <li>➤ <del>Academic progression model programs that bridge students from prelicensure to post-licensure (e.g., second</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <u>Post-licensure programs provide rationale for selection of courses that build upon the previous nursing courses program.</u></li> <li>➤ <del>Rationale for sequencing of nursing courses.</del></li> <li>➤ <del>Faculty and students articulate provide examples of competencies needed for the intended practice role following graduation.</del></li> <li>➤ <del>Course syllabi demonstrate competencies and learning expectations relevant to the program type and intended practice role.</del></li> <li>➤ <u>student achievement of learning outcomes.</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>degree program, entry-level master's, etc.); practice/vocational nursing to registered nursing programs; RN-BSN programs; and post-licensure programs to graduate programs (e.g., ASN-MSN, BSN-DNP, etc.), demonstrate how learners acquire the requisite knowledge, skills, and professional behaviors of the bridged program. Evidence exists that students successfully transition the bridged curriculum and achieve the expected learning outcomes of the subsequent program.</del></p>	
<p>V-D. The curriculum is <del>up-to-date, dynamic,</del> evidence-based, and reflects current and emerging <del>societal and health care</del> trends and issues, <del>research findings, and contemporary educational and</del> practices.</p>	<ul style="list-style-type: none"> <li>➤ <del>There is evidence that faculty</del> Faculty design, review, and revise <del>curricula</del> the curriculum based on consideration of current and emerging <del>evidence-based findings, societal needs, and health care issues and trends, practice regulation, and feedback from communities of interest.</del> issues, research findings, and educational practices.</li> <li>➤ <del>The curriculum demonstrates evidence of education based on health care quality, social determinants of health, health equity, population health, and ethical practice.</del></li> <li>➤ <del>The curriculum demonstrates evidence of education of</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Documentation</del> Examples of syllabi or teaching/learning activities that demonstrate integration of contemporary practices.</li> <li>➤ Faculty articulate identified trends, issues, and practices and provide examples of integration into the curriculum.</li> <li>➤ <del>Examples</del> of data-driven curriculum review <del>and</del> revisions in minutes, reports, etc., and resulting actions.</li> <li>➤ <del>Learning examples specify contemporary and innovative practices as appropriate.</del></li> <li>➤ <del>Students and faculty articulate</del> Identified trends,</li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<p><del>nurse well-being, resilience, and self-care.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Contemporary and innovative practices in nursing education and curriculum design are considered by faculty and integrated as appropriate into the curriculum.</del></li> <li>➤ <del>Relevant local, regional, national, and international social and health care trends and issues, and workforce needs are addressed as appropriate within the curriculum and in congruence with the program’s mission, goals, values, and expected program outcomes.</del> <u>undergoes a regular review.</u></li> </ul>	<p><del>emerging issues, and workforce needs.</del></p> <ul style="list-style-type: none"> <li>➤ <u>are documented in minutes or reports.</u></li> </ul>
<p>V-E. The curriculum provides students with experiential learning <del>that supports evidence-based practice, intra- and interprofessional education and collaborative practice, student opportunities that support achievement of clinical competence, and as appropriate to the program’s mission and expected curricular learning outcomes, developing</del></p>	<ul style="list-style-type: none"> <li>➤ <del>Faculty</del><u>The faculty</u> design and <del>incorporate a variety of</del><u>implement</u> experiential learning <del>experiences into opportunities throughout the curriculum, including distance education programs, as appropriate for that foster the expected practice role of acquisition of competencies specific to the program’s graduates</del><u>nursing role for which they are being prepared.</u></li> <li>➤ Partnerships and agency <del>contracts</del><u>agreements</u> with health care and community <del>facilities and other</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ Examples of <del>student</del><u>experiential</u> learning activities in <u>settings like</u> classroom, clinical, laboratory, and <del>simulated</del><u>simulation-based</u> environments and accompanying examples of <del>student’s achievement of learning outcomes that foster competency development</del></li> <li>➤ Copies of agency <del>contracts</del><u>agreements (i.e., contracts, memorandum of understanding, affiliation agreements).</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>competence in a specific role or specialty.</del></p>	<p><del>organizations are comprehensive and diverse in scope and designed to foster student acquisition of evidence-based practice competencies relevant to the workforce practice role for which the learner is being prepared.</del></p> <p><u>support acquisition of learning outcomes.</u></p> <ul style="list-style-type: none"> <li>➤ <del>Intra- and interprofessional education in collaborative practice learning opportunities are provided to facilitate professional role development in the health care setting. If used, simulation-based experiences support achievement of learning outcomes.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Copies of student/faculty evaluation of agencies used to support course syllabi and other course documents exhibiting experiential learning activities.</del></li> <li>➤ <del>Course syllabi that demonstrate the integration of concepts and learning assignments related to evidence-based practice, intra- and interprofessional education and collaborative education and collaborative practice, and achievement of clinical competence throughout the curriculum.</del></li> <li>➤ <del>Examples of experiential teaching/learning strategies that intentionally incorporate interprofessional education and collaborative practice foster the acquisition of competencies within the curriculum (e.g., clinical experiences, lab/simulation experiences, case discussions, case studies, online experiences, etc.) specific to the nursing role for which they are being prepared.</del></li> </ul>
<p><del>V-F. The curriculum provides experiential learning that enhances student ability to demonstrate</del></p>	<ul style="list-style-type: none"> <li>➤ <del>The faculty design and implement experiential learning experiences throughout the curriculum, including distance education</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of student learning activities in classroom, clinical, laboratory and simulated environments and</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>leadership, ethical practice, clinical reasoning and judgment, reflect thoughtfully, on one’s practice, provide culturally responsive care to diverse and vulnerable populations, and integrate concepts, including, but not limited to context and environment of care delivery, knowledge and science, personal and professional development, quality and safety, patient-centered care, and teamwork into their practice.</del></p>	<p><del>programs, that foster the acquisition of professional nursing values, encompassing, but not limited to, leadership skills, clinical reasoning and judgment, reflective thought, and ethically responsive care to diverse populations.</del></p> <ul style="list-style-type: none"> <li>➤ <del>The curriculum integrates the concepts, including, but not limited to, context and environment of care delivery, knowledge and science applied to implementation and evaluation of evidenced-base care, personal and professional development, quality and safety, patient-centered care, and teamwork to enable students to develop role specific competencies.</del></li> <li>➤ <del>The curriculum is designed to provide students with opportunities to deliver care in a variety of health care settings appropriate for the practice role for which they are being prepared.</del></li> </ul>	<p><del>accompanying examples of student’s achievement of learning outcomes.</del></p> <ul style="list-style-type: none"> <li>➤ <del>Course syllabi that provide evidence that the following concepts are integrated throughout the curriculum: leadership, clinical reasoning and judgment, thoughtful reflection on practice, culturally responsive care to diverse and vulnerable populations, personal and professional development, quality and safety, patient-centered care, and teamwork.</del></li> </ul>
<p><del>V-GF. The faculty use a variety of teaching, and learning, and evaluation strategies within the curriculum, including distance education programs, that are innovative, evidence-based,</del></p>	<ul style="list-style-type: none"> <li>➤ <del>Teaching, and learning, and evaluation strategies in all settings, including distance education programs, are selected and planned by faculty delivery formats are implemented based upon evidence related to best practices in education.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student’s achievement of learning outcomes.</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>student-centered, and designed to create a culture of learning as demonstrated by support student achievement of expected course and curricular program learning outcomes appropriate for the program type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate).</del></p>	<ul style="list-style-type: none"> <li>➤ <u>Faculty facilitate learning activities that support achievement of learning outcomes and role-specific competencies.</u></li> <li>➤ <del>Teaching/ and learning strategies are designed to foster active student learning and evaluation strategies are chosen to measure student attainment of expected learning outcomes.</del></li> <li>➤ <del>An environment exists within the program that facilitates student-centered teaching/learning practices and supports faculty in adopting and integrating new teaching/learning strategies as appropriate.</del></li> <li>➤ <del>Evaluation strategies are appropriate for measuring the student achievement of expected course and program outcomes.</del></li> <li>➤ <del>The learning environment is inclusive of classroom, experiential, laboratory, and simulated settings undergo a regular review.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of teaching, and learning and evaluation strategies that are used in all settings like classroom (face-to-face or distance learning programs to promote achievement of learning outcomes.</del></li> <li>➤ <del>Examples of support provided for all faculty, including those who are distance), clinical, laboratory, and simulation-based, to support integration of varied and innovative teaching/learning strategies environments.</del></li> <li>➤ <del>Examples of support provided for all faculty, including those who are distance-based, to develop evaluation strategies to measure student achievement of learning outcomes.</del></li> <li>➤ <del>Course syllabi and other documents which outline teaching and learning strategies.</del></li> <li>➤ <del>Evidence of the regular review of teaching and learning strategies.</del></li> <li>➤ <del>Tools and data that demonstrate review of teaching and learning activities.</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p>V-HG. The faculty <del>design and implement</del> use evaluation strategies <del>to that</del> measure individual student achievement, <del>ensuring the evaluation strategies are explicitly communicated in course materials and program policies and related to expected course and curricular program of learning outcomes, including appropriate use, if any, of standardized tests.</del></p>	<ul style="list-style-type: none"> <li>➤ Evaluation strategies in all <del>programs, including distance education programs, are appropriate to the learning activities being evaluated,</del> settings and <del>delivery formats</del> are focused on <del>each student's</del> student achievement of <del>course and curricular program learning</del> outcomes.</li> <li>➤ Faculty retain the responsibility for evaluation <del>of each student's performance, including precepted learning experiences.</del></li> <li>➤ Grading policies, scales, and criteria are clearly defined <del>at the course level</del> and communicated to all students <del>at the beginning of each course.</del></li> <li>➤ <del>There is evidence that grading</del> Grading policies, including those used in <del>distance education programs, scales, and criteria</del> are consistently applied by faculty.</li> <li>➤ If <del>the program uses</del> standardized testing, <del>there is evidence that the use of such testing is used,</del> it is consistent with a student-centered approach designed to support <del>student</del> achievement of <del>expected</del> learning outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ <u>Examples of evaluation strategies that measure student achievement of learning outcomes.</u></li> <li>➤ Examples of grading policies, scales, <del>rubrics and criteria as well as how they are communicated to students.</del></li> <li>➤ <u>Provide description</u> Examples of <u>assignments with student feedback that demonstrates use of evaluation strategies.</u></li> <li>➤ <u>Description</u> of the use of standardized testing, if any, and provide examples of <del>faculty evaluation strategies that promote</del> <u>how testing is used to support</u> student <del>success and</del> achievement of <del>end of program</del> outcomes.</li> <li>➤ <u>Evidence of the regular review of evaluation strategies like displaying course evaluation tools and data.</u></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
	<ul style="list-style-type: none"> <li>➤ <del>If used, describe how standardized testing is used to facilitate student learning and progression. <u>Evaluation strategies undergo a regular review.</u></del></li> </ul>	
<p><del>V-I. Technology, including the use of distance education technology as applicable, is used effectively to support the teaching, learning, and evaluation process.</del></p>	<ul style="list-style-type: none"> <li>➤ <del>Faculty and students receive adequate support and development in the use of technology to support the teaching, learning, and evaluation process.</del></li> <li>➤ <del>Technology-supported learning materials are accessible to all students enrolled in the nursing program.</del></li> <li>➤ <del>Students are oriented to any technology required to participate in the teaching/learning process.</del></li> <li>➤ <del>Faculty are oriented to and receive development and support in the use of instructional technology.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Examples of technology orientation programs.</del></li> <li>➤ <del>Evidence of technology staff support for faculty and students.</del></li> <li>➤ <del>Examples of professional development opportunities for faculty.</del></li> <li>➤ <del>Faculty and students articulate examples of technology supporting attainment of learning.</del></li> </ul>
<p><del>V-J. There is systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of</del></p>	<ul style="list-style-type: none"> <li>➤ <del>The curriculum and the teaching, learning, and evaluation process undergo scheduled, periodic review.</del></li> <li>➤ <del>Data are regularly obtained from faculty, students, alumni, and practice partners to determine outcomes achieved and satisfaction with curriculum and teaching/learning/evaluation strategies.</del></li> </ul>	<ul style="list-style-type: none"> <li>➤ <del>Evidence of means by which student feedback on curriculum and teaching/learning/evaluation processes is solicited and how feedback is used to inform program decision-making.</del></li> <li>➤ <del>Documentation of preceptor roles and responsibilities in student evaluation process.</del></li> </ul>

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

Quality Indicators	Interpretive Guidelines	Supporting Evidence Exemplars
<p><del>the program's expected student outcomes.</del></p>	<ul style="list-style-type: none"> <li><del>➤ Data are analyzed and shared with communities of interest.</del></li> <li><del>➤ Resulting data feedback is used by faculty to inform continuous quality improvement efforts and make evidence-based decisions about curricular revisions.</del></li> </ul>	<ul style="list-style-type: none"> <li><del>➤ Copies of course evaluations.</del></li> <li><del>➤ Examples of evaluation tools.</del></li> </ul>

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## Appendix A – Glossary of Terms

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**Administrative resources** – Operational support for the program including items like utilities, accreditation and licensing fees, marketing, recruitment, and support services.

**Advanced practice nurse** – A nurse practitioner, clinical nurse specialist, nurse anesthetist, or nurse midwife who holds a master’s degree in nursing or higher, in addition to the initial nursing education and licensing requirements of an entry-level nurse (American Nurses Association, 2026). Requirements for certification and scope of practice vary depending on the type of advanced practice nurse and the state in which they practice.

**Caring** – “A culture of caring, as a fundamental part of the nursing profession, characterizes our concern and consideration for the whole person, our commitment to the common good, and our outreach to those who are vulnerable. All organizational activities are managed in a participative and person-centered way, ~~demonstrating an ability to understand the needs of others and a commitment to act always in the best interests of all stakeholders~~” (National League for Nursing, 2021, Caring2025, para. 3).

**Clinical judgment** – ~~Clinical judgment refers to the thought process (clinical reasoning) that allows nurses to arrive at a conclusion (clinical decision-making) based on objective and subjective information about a patient.~~

**Collective faculty** – ~~All full-time and part-time faculty who hold academic faculty appointments, inclusive of all faculty ranks, categories, and titles as defined by the institution.~~

**Chief academic nurse administrator or CANA** – Individual who is authorized to act on behalf of the nursing program and is the point of contact for communications with the NLN CNEA. Many alternate terms can be used by programs to describe the CANA including titles like dean, director, and chair. The CANA should be a licensed nurse with appropriate academic credentials and have practice, leadership, and academic expertise. The CANA should also hold fiscal responsibility.

**Collective faculty outcomes** – Expectations of the faculty as a whole, including full- and part-time faculty. Expectations can be in areas such as teaching, practice, research, scholarship, and service, depending on the institution and program. Program can choose to define different outcomes for full- and part-time faculty. An example collective faculty outcome could include that ‘all faculty will attend at least one professional conference each year.’

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

## Appendix A – Glossary of Terms

**Competency** – “A principle of professional practice that identifies the expectations required for safe and effective performance of a task or implementation of a role” (National League for Nursing, 2020, [Glossary para. 6](#)).

**Completion rate** – The completion rate is the percentage of students in a given cohort who complete degree requirements within a specific timeframe, usually expressed as a specific percentage of the usual time to program completion (i.e.g., 100%, 150%, etc.).% The ~~student cohort is defined as full-time, first-time, degree-seeking students and~~ **completion rate** may be adjusted for acceptable exclusions [like dropping out of a program due to personal reasons](#).

~~**Context and environment** – “In relation to organizations, context and environment refer to the conditions or social system within which the organization’s members act to achieve specific goals. Context and environment are a product of the organization’s human resources, and also the policies, procedures, rewards, leadership, supervision, and other attributes that influence interpersonal interactions” (National League for Nursing, 2010, p. 65).~~

**Continuous quality improvement (CQI)** – “A comprehensive, sustained, and integrative approach to system assessment and evaluation that aims toward continual improvement and renewal of the total system” (National League for Nursing, 2020, [Glossary para. 6](#)).

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

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

**Curriculum** – “The interaction among learners, teachers, and knowledge – occurring in an academic environment – that is designed to accomplish goals identified by the learners, the teachers, and the profession the learners expect to enter” (National League for Nursing, 2020, [Glossary para. 6](#)).

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

## Appendix A – Glossary of Terms

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

~~**Distance education** – NLN CNEA adheres to the U.S. Department of Education definition of distance education (34 CFR Part 602.3): “Distance education means education that uses one or more of the technologies listed...to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include: 1) the internet; 600.2) one-way or two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; 3) audioconferencing; or 4) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, and CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3)” (U.S. Department of Education, 2021, 34 CFR Part 602.3 2025).~~

~~**Diversity and Inclusion** – “A culture of inclusive excellence encompasses many identities, influenced by the intersection of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious and political beliefs, or other ideologies” (National League for Nursing, 2021, Diversity 2025, para. 5).~~

~~**Evidence-based practice**— “A paradigm and lifelong problem solving approach to clinical decision making that involves the conscientious use of the best available evidence (including a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question) with one’s own clinical expertise and patient values and preferences to improve outcomes for individuals, groups, communities, and systems” (Melnyk & Fineout-Overholt, 2019, p. 753).~~

~~**Evidence-based teaching**— “Practice using systematically developed and appropriately integrated research as the foundation for curriculum design, selection of teaching/learning strategies, selection of evaluation methods, advisement practices, and other elements of the educational enterprise” (Adams & Valiga, 2022, p. 182).~~

~~**Evidence-based practice** – The “best available science is combined with the healthcare professional's clinical experience and the patient's values” to deliver quality care (Tenny & Varacallo, 2024, para. 1).~~

~~**Excellence** – “A culture of excellence reflects a commitment to continuous growth, improvement, and understanding. It is a culture where transformation is embraced, and the status quo and mediocrity are not tolerated” (National League for Nursing, 2021, Excellence 2025, para. 6).~~

## Appendix A – Glossary of Terms

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

~~**Experiential learning**—“... is a hands-on form of learning that begins with a concrete experience. After solving a problem, learners reflect on the process and are able to apply lessons more broadly” (Association for Experiential Education, 2021, Infographic).~~

**Experiential learning** – An educational approach that provides students with authentic, real-world experiences that promote active engagement, reflection, and analysis to enhance learning and support the achievement of role-specific competencies. Experiential learning can occur in a variety of settings, such as classrooms, clinical environments, laboratories, virtual settings, and simulation-based environments.

~~**Faculty outcomes**—Output (results) of faculty work related to faculty role expectations in— Educators who are responsible for program activities like teaching, research, scholarship/research, practice, and service, as defined by the program and aligned with institution. This includes individuals employed full- and program mission. Faculty outcomes are measured individually part-time and in aggregate individuals who may have different job titles such as one means by which to demonstrate program effectiveness. clinical instructor, clinical professor, instructor, faculty, lecturer, and professor.~~

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

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

~~**Inclusivity**—The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those having physical or mental disabilities or belonging to other minority groups.~~

~~**Innovation**—Using knowledge by which to create “new (or perceived as new)” ways to transform systems, (National League for Nursing, 2005, p. 61) including educational systems.~~

**Individual faculty outcomes** – Expectations of each faculty individually, including full- and part-time faculty. Expectations can be in areas such as teaching, practice, research, scholarship, and service, depending on the institution and program. Program can choose to define different outcomes for full- and part-time faculty. An example individual faculty outcome could include that ‘the full-time faculty member will submit one article for publication each year.’

## Appendix A – Glossary of Terms

**Integrity** – “A culture of integrity is evident when organizational principles of open communication, ethical decision-making, and humility are encouraged, expected, and demonstrated consistently” (National League for Nursing, ~~2021, Integrity~~2025, para. 4). Organizational integrity involves staying aligned to the stated core values, mission, and goals, ~~and core values~~ espoused by the institution and program and creating an organizational environment that fosters faculty, student, and staff success.

**Instructional resources** – Learning materials ~~in a variety of media that are used~~ to facilitate the teaching/learning process including items like supplies, equipment, simulation labs, classroom space, course materials, technology and software, and technology infrastructure.

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

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

~~**Interprofessional education** – “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010, p. 7).~~

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

~~**Learner (student) centered environment** – Educational environment that is focused on assessing student learning needs and supporting the design of learning activities that foster student inquiry, promote interaction and collaboration, and allow for student input into choice of learning experiences (Scheckel, 2020).~~

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

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

## Appendix A – Glossary of Terms

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

**Nursing program** – An educational offering, contained within an institution which is approved to offer post-secondary education, designed to prepare students for their intended nursing role including theoretical and experiential learning opportunities. The nursing program has an organized plan of study that enables students to meet professional practice standards and licensure or certification requirements as applicable. The program results in a degree or a diploma. The program can have multiple pathways or specializations that lead to the attainment of the nursing degree or diploma.

**Personal and professional development** – “Lifelong process of learning, refining, and integrating values and behaviors that a) are consistent with the profession’s history, goals, and codes of ethics; b) serve to distinguish the practice of nurses from that of other health care providers; and c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession’s ongoing viability” (National League for Nursing, 2010, p. 68).

**Personnel resources** – Support for faculty and staff, including items like salaries, benefits, and professional development funds.

**Preceptor** – ~~A health care nursing professional who holds the requisite academic credentials and has the professional expertise to facilitate is not a program faculty member but who facilitates,~~ in collaboration with program faculty, student achievement of learning outcomes ~~in~~. Many alternate terms can be used by programs to describe preceptors including clinical coach, mentor, and other supervisory personnel.

**Program effectiveness** – Extent to which the program achieves its intended goals.

**Program learning outcomes** – Statement that describes what a student should be able to do, know, or value after the completion of a program. Multiple student learning outcomes contribute to meeting program learning outcomes, which are the clinical setting end result of the program.

**Professional identity** – ~~“...the internalization of core values and perspectives recognized as integral to the art and science of nursing” (National League for Nursing, 2010, p. 68) and manifested in the practice of nursing.~~

**Program outcomes** – Results achieved in response to goals set by the program. For example, ~~program goals and related~~ outcomes may be ~~developed~~ associated with ~~the accomplishments of faculty; adequacy of~~ support services and resources; ~~student learning and achievement; (for example, completion rates, retention rates, licensure pass rates, or certification pass rates),~~ and any other measure of program quality that ~~faculty and staff, as appropriate, determine to be is~~ important to the ~~overall~~ success of the program.

## Appendix A – Glossary of Terms

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

~~**Social determinants of health** – “Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (U. S. Department of Health and Human Services, Office of Disease Prevention and Promotion, 2021, para. 1).~~

~~**Spirit of inquiry** – “...is a persistent sense of curiosity~~  
**Simulation-based experiences** – Structured learning activities where participants are guided through realistic, interactive scenarios in a controlled learning environment. These experiences integrate prebriefing, active participation, and guided debriefing, which enables learners to safely develop in their roles and obtain needed competencies.

**Staff** – Individuals who are responsible for operational, technical, administrative, and support services for the program but who do not have faculty responsibilities. This includes individuals employed full- and part-time. For example, staff may be administrative assistants, simulation technicians, or other staff who support the educational needs of students but do not hold a faculty title.

**Standardized testing** – A test which is administered, scored, and interpreted in a consistent manner. In nursing education, standardized tests are often used as one element of program admission criteria, or to help prepare students for licensure or certification examinations. These tests are frequently offered by nursing education companies help to assess or evaluate student knowledge and guide student learning support

**Student-centered environment** – A pedagogical approach that focuses on the learner and their needs, keeping them actively engaged in learning. This approach shifts the educational emphasis away from the teacher and to the learner.

~~**Student learning outcomes** – Statement that informs both learning and practice. [Those] infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problem [solving]” (Adams & Valiga, 2022, p. 184).~~

~~**Student learning outcomes** – The achievement of expected knowledge, skills, and attributes demonstrated by students at~~  
describes what a student should be able to do, know, or value after the completion of a course and program levels. Student learning outcomes are measured in classroom and experiential many settings, and are reported in individual and aggregate formats. Examples of aggregate student learning outcomes at the program level include retention and graduation rates, performance on licensure and certification examinations, and employment rates (Ellis, 2020).

## Appendix A – Glossary of Terms

**Student support services** – “Services that promote the comprehensive development of the student and help strengthen learning outcomes by reinforcing and extending the educational institution’s influence beyond the classroom. Such services include but are not limited to admissions, financial aid, registration, orientation, advisement, tutoring, counseling, discipline, health, housing, placement, student organizations and activities, cultural programming, ~~child care~~childcare, security and athletics” (National League for Nursing, 2020, Glossary para. 6).

~~**Teamwork**—“to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect and shared decision making to achieve quality patient care” (National League for Nursing, 2010, p. 69).~~

**Track** – Educational pathway or specialization within a nursing program.

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# References

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

The following list provides examples of professional nursing standards, ~~guidelines, and~~ competencies, and guidelines that ~~nursing~~ faculty ~~may elect to can~~ integrate into their program curricula. This is not meant to be an all-inclusive listing; programs may elect to incorporate other professional standards ~~depending upon program mission, focus, and intended outcomes,~~ competencies, and guidelines. Faculty should select professional standards, competencies, and guidelines appropriate to program type and level, as well as role, population, and specialty for which graduates are prepared.

- ~~Adult Gerontology Acute Care AONL Nurse Practitioner Leader Core Competencies (AACN/NONPF, 2016)~~
- ~~Adult Gerontology Primary Care Nurse Practitioner Competencies (AACN/NONPF, 2016 AONL, 2022)~~
- CNS Statement for Clinical Nurse Specialist Practice and Education (NACNS, 2019)
- Code of Ethics for Nurses (ANA, ~~2015~~2025)
- Competencies for the Women’s Health and Perinatal Clinical Nurse Specialist (2023)
- Competency Framework for Pediatric Nurse Practitioners (2020)
- ~~Core Competencies for Interprofessional Collaborative Practice (IPEC, 2016)~~
- ~~Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016~~2023)
- Hallmarks of Excellence (NLN, 2020)
- ~~Nurse Executive Competencies (AONL, 2015)~~
- Healthcare Simulation Standards of Best Practice® (INACSL, 2025)
- Nurse Practitioner Core Competencies (NONPF, ~~2017~~2022)
- Nursing: Scope and Standards of Practice (ANA, 2021)
- Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master’s, Practice Doctorate and Research Doctorate Programs in Nursing (NLN, 2010)
- ~~Population Focused NP Competencies (NONPF, 2013)~~
- Program Outcomes and Competencies for Graduate Academic Nurse Educator Preparation (NLN, 2017)
- Quad Council Competencies for Community/Public Health Nurses Nursing (Quad Council Coalition, 2018)
- Quality and Safety Education for Nurses (QSEN, 2020)
- Standards for Quality Nurse Practitioner Education (National Task Force (NTF) for Quality Nurse Practitioner Education, 2022)
- The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)
- ~~The Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators (NLN, 2019)~~
- ~~Women’s Health Clinical Nurse Specialist Competencies (AWHONN/NACNS, 2014)~~2027)