

## Cover Page

**Title: Standards for Quality Nurse Practitioner Education, 6th Edition**

***A Report of the National Task Force on Quality Nurse Practitioner Education (2021)***

### Page 1: Table of Contents

- National Task Force for Quality Nurse Practitioner Education 2019-2021 Member list including Task Force Co-Facilitators
- Introduction
- Endorsements
- Standard Chapters
  - I: Mission and Governance
  - II: Resources
  - III: Curriculum
  - IV: Evaluation
- Glossary
- References
- Appendices
  - Appendix A - Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist (to be developed when final document approved)
  - Appendix B - Common Advanced Practice Registered Nurse Doctoral-Level Competencies, Domain 1, Patient, Time 1 Competencies. This is in support of Criteria III.F.
  - Appendix C - Gap Analysis, are examples of how to document meeting Criteria III.L.
  - Appendix D - Sample Forms: The intent is for the sample forms to provide a guide to programs in documenting evidence of how they meet the various criteria; programs may adapt these forms or develop other processes to meet their needs.
    - Sample Form A
      - *Clinical Site* is an example of how to document required evidence for Criteria II.F., and IV.B.
    - Sample Form B
      - *Preceptors* is an example of how to document the required information for Criterion II.B.
    - Sample Form C
      - *NP Faculty Profile* is an example of how a program can document that it meets Criterion I.E. and II.B
    - Sample Form D
      - *Workload Unit* (WLU) is an example of formulas for documenting workload
    - Sample Form E
      - *Faculty/Preceptor Checklists* can be used for tracking communication between faculty and preceptors. Criterion II.B.

### Suggested citation:

Electronic document will be available from many of the organizations represented on the National Task Force on Quality Nurse Practitioner Education and organizations endorsing the evaluation criteria.

**To download the document,** (Insert instructions. To be completed prior to release)

## **National Organization of Nurse Practitioner Faculties**

1200 18th Street, NW, Ste. 700  
Washington, DC 20036  
[Nonpf@Nonpf.org](mailto:Nonpf@Nonpf.org) and [www.nonpf.org](http://www.nonpf.org) .

## **American Association of Colleges of Nursing**

655 K Street NW, Suite 750  
Washington, DC 2001  
[www.aacnursing.org](http://www.aacnursing.org)

## **Page 2: National Task Force Organizational Members**

1. Accreditation Commission for Education in Nursing
2. American Academy of Nurse Practitioners Certification Board
3. American Association of Colleges of Nursing
4. American Association of Critical-Care Nurse, Certification Corporation
5. American Association of Nurse Practitioners
6. American Nurses Credentialing Center
7. American Psychiatric Nurses Association
8. Association of Faculties of Pediatric Nurse Practitioners
9. Commission on Collegiate Nursing Education
10. Gerontological Advanced Practice Nurses Association
11. International Society of Psychiatric-Mental Health Nurses
12. National Association of Neonatal Nurse Practitioners
13. National Association of Nurse Practitioners in Women's Health
14. National Association of Pediatric Nurse Practitioners
15. National Certification Corporation
16. National Council of State Boards of Nursing
17. National Organization of Nurse Practitioner Faculties
18. National League for Nursing Commission for Nursing Education Accreditation
19. Pediatric Nursing Certification Board

## **Standards for Quality Nurse Practitioner Education, 6th Edition**

### ***A Report of the National Task Force on Quality Nurse Practitioner Education (DRAFT 2021)***

#### **Preamble:**

The National Task Force (NTF) for Quality Nurse Practitioner Education, a multi-organizational collaboration, has been committed to the maintenance of the high quality of nurse practitioner (NP) education through sustained efforts of periodic review and modifications in standards and criteria. **Standards for Quality Nurse Practitioner Education, 6th Edition.** The work reflects the current review process undertaken by the NTF to ensure that these national consensus-based standards are relevant to ensuring quality in NP programs.

**Standards for Quality Nurse Practitioner Education, 6th Edition** sets new standards and revised criteria to facilitate program improvement through planning, quality assessment, and program improvement. The document provides a basis for the assessment of a NP program's fulfillment of national professional education standards.

The National Task Force Standards (NTFS) report focuses on the program level rather than the individual student level. Within the four chapters, this NTFS 6<sup>th</sup> edition provides a framework for the application of standards and criteria. Within each chapter, the standard is clearly defined. The criteria further elaborate on the components and specificity of the standard and requirements needed to meet the standard.

Standard One focuses on the institutional support for the NP program with alignment of the mission/philosophy/values, faculty involvement in governance, appropriate policies to enhance program quality and improvement, and to advance diversity equity and inclusion. Standard Two focuses on the resources required for a quality program addressing the fiscal, human, student services, learning, and physical support necessary for quality programing. Standard Three focuses on the curriculum necessary to prepare students for the NP role, mandating the necessity of meeting national standards and outlining the depth and breadth of requisite knowledge and skills for student success as demonstrated through NP student learning experiences, testing, and overall evaluation. Standard Four focuses on the systematic evaluation process for ongoing quality improvement through assessment of program outcomes, resources, curriculum, faculty, and students. These standards and criteria apply to all NP education programs and the document remains degree neutral.

As of (month tbd) 2021 this edition has been endorsed by the national organizations listed on page XX.

#### **Review and Revision Process:**

The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) reconvened the NTF in December 2019. Nineteen (19) organizations, whose activities are related to NP education, program accreditation certification, licensure, or practice, were represented on the NTF. The NTF members (organizational representatives) met through a combination of face-to-face and virtual meetings, using web-based technology and email communications to advance its work. By December 2020, the NTF had completed an initial review and revision of the 6<sup>th</sup> Edition of the NTFS. The NTF representatives then shared the draft document with their respective organizational leadership for comment. The NTF addressed organizational comments in further revisions to the document and incorporated changes before releasing the document for public review and comments in August 2021. After further revision, the final document was released in (Month tbd) 2021. The NTF remains committed to upholding the timeliness of this document and will continue the cycle of review and revisions every 3-5 years unless rapid changes in NP education warrant more frequent review.

## **Major Changes:**

The APRN Consensus Model (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008) continues to serve as a foundation for the standards and criteria. A standard was added to each of four chapters to establish clear expectations for quality. For ease of use, six chapters were reduced to four chapters. This 6<sup>th</sup> edition merges existing and new criteria as appropriate under the applicable standard. The previous editions contained an elaboration section for each criterion. The elaboration sections were eliminated and required evidence was strengthened to clearly outline expected documentation. Moreover, the glossary definitions and appendices were revised to reflect the document intent.

As part of its initial work, the NTF explored emerging trends in health profession and higher education. One of these trends is the transition to time-variable, competency-based education (CBE). The NTF engaged in robust study and discussion regarding this transition and supports the transition to CBE. However, the consensus was that NP education has not developed CBE and assessment processes sufficiently to support the elimination of a minimum number of direct care clinical hours for quality education.

The second trend addressed by the NTF was the inclusion of interprofessional education (IPE) in NP education programs. The NTF agreed that IPE experiences are essential for preparing NPs for IP practice.

The third trend addressed by the NTF was advancement of simulation for health professions education. The NTF agreed that simulation has a role in learning and assessment of NP students. However, additional evaluation of its appropriate, reliable uses for NP learning and assessment is needed. The NTFS address the use of simulation to support the learning and assessment particularly for the development of competencies prior to engaging in precepted direct care experiences.

Finally, the fourth trend addressed was the need for increased emphasis on diversity, equity, inclusion (DEI) in health professions education. The NTF addresses institution and program policies and practices related to (DEI). In addition, NP programs are strongly encouraged to view its program, policies, curriculum, faculty, and student experiences through a lens of DEI as well as social determinants of education.

## **Endorsements**

In an ongoing effort to strengthen national support for the evaluation criteria, the NTF seeks endorsement of the final evaluation, standards, and criteria from organizations. Endorsement is defined as “a general philosophical agreement with the content and intent” of the evaluation criteria. Endorsing organizations are listed in the front of the document.

## I. Mission and Governance

**Standard:** The institution's mission/philosophy/values and governance achieve educational excellence, through a structure that addresses quality assurance, quality improvement, and diversity, equity and inclusion. Effective, ongoing formal processes are in place for self-assessment and planning for the purpose of program improvement. Through faculty governance, institutional policies commit to supporting quality within the nurse practitioner (NP) program.

**Criterion I.A.** The mission/philosophy/values of the institution promote academic excellence and support NP education at the graduate level.

Required Evidence:

- The mission/philosophy/values statements of the governing institution and nursing education unit.
- The mission/philosophy/values statements of the institution and nursing education unit are reflected across the NP curriculum, delivery modality, and program outcomes.
- The mission/philosophy/values statements of the institution are accessible to the public.

**Criterion I.B.** The governance structure within the institution facilitates ongoing quality improvement through participation of a community of interest, including administrators, faculty, students and practice partners in the development, implementation, maintenance, and evaluation of the NP program.

Required Evidence:

- NP program defines the community of interest and shows a clear pathway of inclusion and opportunity to provide input regarding the governance of the NP program.
- Minutes of meetings held with the community of interest.
- Minutes of meetings documenting development, implementation, maintenance, and evaluation of the NP program, which depict how input from community of interest has been utilized.
- Minutes reflecting ongoing input and documentation of actions based on data collected from community of interest.

**Criterion I.C.** The NP program maintains accessible, updated written policies and procedures that reflect equitable and non-discriminatory practices.

Required Evidence:

- Transparent processes for review of policies and procedures to ensure policies and implementation are equitable, and non-discriminatory.
- Policies and procedures, including date reviewed, that establish:
  - published materials for student recruitment, including program length, tuition, and fees,
  - admission, progression, and graduation requirements,
  - selection of clinical sites and minimum preceptor qualifications,
  - selection and use of simulation for learning and the alignment with the national best practices and/or standards as identified by the NP program, if simulation is used by the NP program,
  - on-going faculty input into curriculum development and revision,
  - faculty, preceptor, clinical site, and student evaluation, and
  - timelines for review of policies, procedures, and handbooks.
- Relevant handbooks or program materials that inform and support
  - Faculty
  - Student and
  - Preceptor

**Criterion I.D.** The institution engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission appropriate diversity among its students, faculty, administrative staff, and other relevant members of the academic and clinical community.

Required Evidence:

- Policy goals and outcomes for achieving mission appropriate diversity, equity, and inclusion
- Processes and actions for recruitment and retention of faculty, administrative staff, and students
- Retention plan with measurable diversity, equity, and inclusion outcomes.
- Policies and actions for recruitment of preceptors and other members of the academic and clinical community.

**Criterion I.E.** For each NP population-focused track, the institution employs a NP faculty member who holds an institutional appointment to provide direct oversight, and who is doctorally prepared, currently licensed or authorized to practice and nationally board certified as an NP in the population focus, including either primary or acute care.

Required Evidence:

- Dedicated time to provide administrative, resources, curriculum and evaluation oversight for the population focused track.
- Knowledge of population focused track standards and a faculty position to provide input and make decisions on curriculum and program outcomes.
- Curriculum vitae of the NP faculty member who provides oversight for the population-focused track.
- Current unencumbered licensure or authorization to practice as an NP as required by the state or territory.
- Doctoral degree from an institution of higher education that is accredited by an agency officially recognized by the US Secretary of Education at the time the degree was conferred.
- If not doctorally prepared, documentation of:
  - Enrollment in a doctoral education program, with anticipated completion date specified within 5 years of enrollment, and
  - Letter of appointment prior to date of implementation of these criteria.
- National board certification(s) as an NP in the population-focused area of the track, specifying primary and/or acute care if certified in adult/gerontology or pediatrics.
  - If the faculty member is not nationally board certified as an NP in the population-focus area of the NP track, to include primary or acute care distinctions, documentation must be provided of the qualifications and experiences of the individual overseeing the track to cover the full scope of the population focus or document that the NP faculty members are certificated and have expertise to cover the full scope of the population focus.
  - A Clinical Nurse Specialist (CNS) may provide oversight of a Psychiatric Mental Health (PMH) NP program with documentation of degree(s) and national certification(s) as a PMH CNS.
- Specific position responsibilities of the faculty member who provides direct oversight to the NP population-focused track.

**Criterion I.F.** The institution's policies and expectations for NP faculty are consistent with other faculty in the institution with the same academic rank and role regarding allocated time for teaching, service, scholarship, and faculty development within the context of the institution's mission.

Required Evidence:

- Institutional policies or guidelines clearly articulated for academic rank and role.
- Institutional policies or guidelines supportive of the faculty workload for successful teaching, scholarship, service, and professional development.
- Faculty workload formulas delineated for the academic unit to determine assignments.

**Criterion I.G.** The institutional policies support NP faculty teaching in diagnosis and management and/or clinical courses to maintain clinical expertise by engaging in clinical practice.

Required Evidence:

- Institutional guidelines, and/or policies support clinical practice for those teaching in diagnosis, management, and clinical courses.

**Criterion I.H.** The institution has a policy that supports the completion of an NP workforce needs assessment and capacity assessment prior to initiating a new NP program or new population focus.

Required Evidence:

- Policy or statement detailing the process for conducting a needs assessment for new NP programs or a new population focus.
- Completed needs assessment completed prior to starting a new program or a new population focus.
- Needs assessment with input from community of interest.
- Capacity assessment to implement new program or population focus based on the NTF Standards and Criteria.

**Criterion I.I.** The institution has a comprehensive written policy/plan to address anticipated needs for clinical placement sites needed for all matriculated students to meet the learning expectations of the program and for their timely progression until completion of the program.

Required Evidence:

- Policy and plan on record for attainment of clinical sites; including identification of individuals responsible for identifying, evaluating, and contracting.
- Program policies that delineate processes for selection and evaluation of NP clinical sites.
- Program policies that delineate processes for NP student clinical placements to provide students experiences to meet role and population-focused learning objectives.
- Plan delineating faculty responsibilities for clinical placements if not described in the bullets above.
- Plan for identifying new clinical sites if new population foci are developed and/or enrollment increases in existing program(s).

**Criterion I.J.** The NP program has policies for recruiting, selecting, orienting, and evaluating preceptors to enable students to meet learning outcomes and timely program completion.

Required Evidence:

- Program policies that delineate processes for selecting, orienting, and evaluating preceptors.
- Preceptor orientation materials/program.

## Chapter II: Resources

**Standard:** Institutional resources are sufficient for the NP program's matriculated students and reflect ongoing commitment to quality education leading to safe and competent graduates. Resources necessary to sustain the NP program are inclusive of fiscal, human, student support services, learning, and physical.

**Criterion II.A.** The institution has sufficient fiscal resources to support the NP program inclusive of human, student support, physical, and learning requirements.

Required Evidence:

- Budget allocations/expenditures for the NP program
- Process for NP program faculty to provide input regarding the budgetary and other resource needs.

**Criterion II.B.** The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to gain and maintain quality education by supporting achievement of program outcomes and timely student completion of the NP program.

Required Evidence for Faculty:

- Overall faculty workload and method for determining faculty workload for all clinical and non-clinical learning.
- Formula used to demonstrate 1 Full Time Equivalent (FTE) NP Program faculty to a range of not to exceed 12 to 24 matriculating NP students. NP Program faculty is defined as all faculty who teach didactic or clinical courses in the NP program or track. (*Formula Example, Sample Form E*)
- The method used to determine NP faculty to student ratios is sufficient to provide adequate clinical oversight, supervision and evaluation of students, preceptors, and the clinical learning experiences.
  - NP faculty to student ratio range of not to exceed 1:6 to 1:8 ratio for oversight of clinical learning within faculty workload formula.
- Description of the specific responsibilities of the faculty members who teach in the NP program.
- All NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program curriculum.
  - Curricula vitae of faculty.
  - Degree(s), national certification(s), and licenses or authorization to practice as an NP in the state or territory of practice.
  - Documentation that all NP faculty who graduated from an NP program after 2015, the implementation date of the APRN Consensus Model, hold a current license or authorization to practice as a NP (in the state in which they reside or where the school is located at a minimum) and national NP certification(s).
- Documentation of clinical practice for faculty teaching in diagnosis and management or clinical courses.
- All non-NP faculty teaching in the NP program have the preparation, credentialing, and current expertise to support the NP program.
  - Curricula vitae of faculty who teach in the NP program.
  - Degree(s), authorization to practice by the state, and national certification(s) as applicable.
- Development opportunities to support faculty' in the role such as assessment, evaluation, learning and teaching modalities, and advances in health care.
- Formal orientation and mentoring of all newly hired NP faculty and those new to teaching.



Required Evidence for Clinical Preceptors:

- Number and qualifications of preceptors to facilitate students' clinical learning experiences in the population foci of the program.
- Formal orientation for new preceptors.
- Communication between faculty and preceptors regarding course materials and demonstrated understanding of the course objectives, estimated clinical hours, evaluation forms and competencies the student is expected to achieve.
- A statement describing the specific responsibilities of the preceptor.
- Current contractual agreements between institutions/nursing program and preceptors and/or clinical sites where preceptors practice and/or are employed.
- Preceptor's preparation and current expertise to support the student's development of NP professional role and student achievement of expected program clinical outcomes.
  - Relevant biography/curriculum vitae of preceptors that addresses current qualifications.
  - Documentation of degree(s), unencumbered RN and NP licensure, and national certification(s) of preceptors, as applicable.

Required Evidence for Staff:

- Documentation of sufficient numbers of appropriately prepared staff in the following areas to support students and faculty for successful achievement of program outcomes:
  - Administrative
  - Clinical placement
  - Instructional design
  - Technology

**Criterion II.C.** The NP program has access, to comprehensive institutional student support services that facilitate quality education by supporting achievement of program outcomes and timely completion of the NP program, regardless of delivery modality.

Required Evidence:

- Services available to NP students including but not limited to:
  - Financial aid
  - Counseling
  - Writing instruction and support
  - Health and wellness
  - Academic advisement

**Criterion II.D.** The NP program has sufficient learning resources to facilitate quality educational and clinical experiences for NP students to achieve program outcomes, attain national NP competencies for the role and population, and ensure timely completion of the NP program regardless of delivery modality.

Required Evidence:

- Access to sufficient library and/or resources to support students and faculty to achieve the program outcomes.
- Simulation resources and services are used in alignment with national best practices and/or standards as identified by the NP program and to include:
  - Preparation of faculty/staff to facilitate simulation, and
  - Physical and fiscal resources to support the use of simulation such as standardized patients, technology, equipment.

- Documentation of learning resource technology and support for its use, including electronic clinical logs/encounters and e-portfolios.

**Criterion II. E.** The NP program has access to sufficient institutional physical resources that support quality educational experiences for NP students to achieve program outcomes and timely completion of the NP program regardless of delivery modality.

Required Evidence:

- Facilities, equipment and supplies available and accessible to faculty, students, and staff to support quality education experiences.
- Facilities, equipment and supplies available and accessible to faculty, students, and staff regardless of program delivery modality.

**Criterion II.F.:** The program has clinical sites and preceptors to ensure students enrolled in clinical courses have experiences to meet learning objectives and demonstrate expected course competencies with timely completion of the NP program. The NP students' clinical placements are aligned with the program role and population focus. Faculty are the decision makers for determining appropriate clinical placements.

Required Evidence:

- Sufficient number of appropriate clinical placement sites to support enrolled students' direct care clinical experiences and learning outcomes for the population foci and timely completion of the NP program.
- The faculty role in ensuring clinical placement of students and oversight to ensure appropriateness of clinical sites, preceptors, and experiences.
- The faculty communications/meetings with preceptor(s) regarding the expectations for the student experience and assessing student progression.

### **III Curriculum**

**Standard:** The nurse practitioner (NP) program curriculum is designed, reviewed, revised, and evaluated by the NP faculty to maintain currency and meet national standards. The curriculum addresses competencies as delineated by specialty nursing organizations, NP organizations and nursing education organizations and promotes student achievement of learning and program outcomes. The curriculum establishes the depth and breadth of requisite knowledge and skills for student success in the NP program as demonstrated through NP student learning experiences, testing, and overall evaluation.

**Criterion III.A.** The NP faculty have input into specific admission criteria for each NP population focused track and degree/certificate program.

Required Evidence:

- Documentation demonstrating that NP faculty are providing input to admission criteria specific to the NP program and/or tracks.

- Admission criteria for the NP program and/or individual population focused tracks differing from the overall school of nursing graduate degree program are clearly defined, explained, and accessible to the public.

**Criterion III.B.** The NP faculty provide input for any progression and completion criteria specific to the NP population focused track.

Required Evidence:

- Documents affirming that NP faculty provide input into progression and completion criteria specific to the NP program and/or tracks.
- Student progression and completion criteria including the overall graduate degree program and programmatic differences unique to the NP Program or the population focused tracks.
- Criteria for full-time, part-time, and postgraduate study as pertinent.
- Faculty designed plans for students to address content mastery deficiencies which adversely affect student progression.

**Criterion III.C.** NP faculty provide input to the development, implementation, evaluation, and revision of the entire curriculum, including the graduate nursing core courses, APRN core courses, and NP population-focused courses.

Required Evidence:

- Formal committee minutes documenting that NP faculty are developing, evaluating, and revising the curriculum.
- Resources used, including professional standards, competencies, and guidelines.

**Criterion III.D.** The NP curriculum provides the student broad-based, comprehensive graduate educational preparation in the role and at least one population focus area of study. The curriculum is consistent with and meets national standards/competencies for graduate-level nursing education, APRN education, NP specific role, and population focused education.

Required Evidence:

- Description of NP curriculum that provides the student broad educational preparation and follows current nationally recognized standards and competencies for advanced level nursing education, NP role preparation and population focus preparation.
- The national recognized NP education standards and competency documents used for the development of the curriculum components including,
  - Advanced-level nursing education competencies,
  - APRN graduate core courses in advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology,
  - NP core competencies for the role, and
  - NP population-focused competencies.

**Criterion III.E.** The NP curriculum includes interprofessional educational experiences (IPE).

Required Evidence:

- Curriculum plan that demonstrates how the program prepares graduates with nationally recognized interprofessional education competencies.
- Curriculum plan with NP students didactic and clinical experiences with other health professional students.
- Student logs, reflections, and evaluation of learning experiences that demonstrate integration of interprofessional experiences and/or documentation of IP scholarly work.

**Criterion III.F.** The NP program identifies specific patient care competencies that each student must attain and demonstrate, through simulation/labs or other faculty facilitated learning experiences, prior to beginning precepted clinical experiences that focus on diagnosis and management of health problems.

Required Evidence:

- Competencies required for the student prior to precepted clinical experiences, as outlined in Domain 1, Time 1 Patient Care of the Common Advanced Practice Registered Nurse Doctoral-Level Competencies (AACN, 2017). (Appendix B)
- Documentation that illustrates how curricular content implements the expected Common Advanced Practice Registered Nurse Doctoral-Level Competencies (AACN, 2017), Domain 1, Time 1 competencies and any additional competencies added by the program.

**Criterion III.G.** The NP curriculum reflects appropriate course sequencing and the integration of population-focused didactic and clinical courses with continuous progression that occurs throughout the program.

Required Evidence:

- The full and part-time program of study, including didactic and clinical courses designed with a logical course sequencing, and prerequisites to promote achievement of competencies across the curriculum.
- Program of study with advanced level nursing core courses preceding or simultaneous with the direct care NP and population-focused courses and clinical experiences as evidenced in the program of study.
- APRN core coursework (advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology courses) precede NP population focused coursework.
- Clinical placements aligned with the student's program of study to provide learning opportunities for meeting course and program objectives.
- Curriculum map of overall program and specific tracks.
- Plan for student progression and timely completion following a break in the program of study.

### **Criterion III.H**

The NP population focused track has a minimum of 1,000 direct patient care clinical hours with a focus on management and diagnosis of health problems, of which up to 250 hours may be simulation experiences that focus on diagnosis and management of health problems.

Clinical hours are distributed to support competency development of the population focus. Faculty are responsible for evaluating the breadth, depth, and types of experiences to ensure that students have

experiences across the role and population focus. Time spent attaining the competencies addressed in Criterion III. J are not included in the 1,000 direct patient care clinical hours. Direct patient care clinical hours may include telehealth and global health experiences. The minimum direct patient care hours may not exceed 250 hours of simulation experiences.

The 1,000 direct patient care clinical hours is a minimum number of hours. Programs must ensure that graduates attain and demonstrate the NP role and population focus competencies prior to graduation.

Required Evidence:

- Description of courses that include direct patient care clinical hours including the number of hours to be achieved during each course and the area(s) of practice or population(s) being addressed in each course.
- Faculty review of student clinical encounters for population and role coverage.

**Criterion III.I.** The last year of study includes a concentrated clinical practice experience that prepares graduates for full scope of practice focusing on all aspects of the NP role and demonstrating integration of program competencies into practice. Direct patient care clinical hours included in the concentrated clinical practice experience may be included in the minimum 1,000 direct patient care clinical hours described in Criterion III.H.

Required Evidence:

- Curriculum plan that demonstrates the course sequencing of the last year of study that includes concentrated clinical practice experience.
- Process for making, tracking and evaluation of the concentrated clinical placements.

**Criterion III.J.** The NP program use of simulation supports student learning, competency development, evaluation and follows national best practices and/or standards as identified by the NP program.

Required Evidence:

- Examples of simulation activities to support competency development and evaluation. Methods used for briefing and debriefing student learning that meet national best practices.
- National standards used.

**Criterion III.K.** The NP program is supported by academic practice partnerships to provide a strong foundation for curriculum development and to inform clinical experiences.

Required Evidence:

- Formal partnership agreements,
- Description of NP program and practice partners engagement in delivery of service, research and/or education,
- Minutes and/or reports of collaboration by academic and practice partners to design, implement, and evaluate the curriculum and student experiences.

**Criterion III.L.** Post-graduate certificate students are expected to meet the same outcome criteria as graduate degree granting program NP students. These requirements also apply to students who are returning for an academic degree which includes preparation in an additional or new population focus.

- III.L.a. Post-graduate certificate NP students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate.
- III.L.b. Post-graduate certificate NP students who are not already NPs are required to complete a minimum of 1,000 supervised direct patient care clinical hours specific to the chosen population focus as described in Criterion III.H.
- III.L.c. All post-graduate certificate NP students who are already NPs have a faculty conducted formal gap analysis of past graduate education (didactic and clinical hours) to determine the didactic and the direct patient care clinical hours needed to obtain a post-graduate certificate that meets the institution's requirements and prepares for national certification education requirements.

Required Evidence:

- A completed gap analysis for each post-graduate candidate. (*Appendix C*)
- The policies or procedures used for student evaluation to demonstrate national competencies necessary to grant credit for prior academic didactic and faculty supervised clinical hours as well as the process to determine additional academic didactic and faculty clinical hours needed to meet expected outcomes.
- Sample certificate of completion or a transcript for a post-graduate student showing educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult and pediatric programs, and to include completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

**Criterion III.M.** The NP program prepares graduates to meet education requirements and a national NP certification examination that corresponds with the role and population focus of the NP program.

Required Evidence:

- The specific NP certifications for which graduates are eligible to apply are published at a minimum, in the university or college catalog and website.
- Written statement provided to matriculating students identifying the role and population-focused certification examination(s) for which they will meet education requirements to sit for national NP certification examinations upon successful completion of the program.
- Documentation from the certifying entity demonstrating that the program prepares graduates to meet education eligibility requirements for the national certification examination(s) for each NP population focus offered by the institution.

**Criterion III.N.** Official documentation of successful completion of the NP program clearly states the NP role and population focus of educational preparation.

Required Evidence:

- A sample transcript for a NP graduate showing educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult gerontology and pediatric programs or,
- A sample official letter used to specify the educational preparation for the NP role and at least one population focus, to include primary or acute care or both for adult/gerontology and pediatric programs.

## **Chapter IV: Evaluation**

**Standard:** The NP program has a formal comprehensive and systematic program evaluation plan that determines program quality and the ongoing quality improvement process. The process includes the assessment of the program policies, resources including faculty and students, curriculum, and evaluation plan.

**Criterion IV.A.** The NP program uses a systematic process to assess program outcomes.

Required Evidence:

- Plan for evaluating program outcomes.
  - Evaluation plan with methods, metrics, measures, and specified interval not to exceed 5 years.
  - Aggregate program data including first-time certification pass rates; progression, attrition, and completion rates; employment data; and alumni surveys.
- Program outcome results.
- Continuous quality improvement plan and uses to address deficits in program outcomes

**Criterion IV.B.** The NP program evaluation plan determines if resources are sufficient to achieve program outcomes.

Required Evidence:

- Periodic review of NP program resources.
- Annual evaluation of faculty, clinical sites, and preceptors to determine sufficiency of number and types of learning experiences to meet program outcomes.
- Implementation of quality improvement processes.

**Criterion IV.C** The NP program, with input from the community of interest, evaluates the currency of the NP curriculum every five years or earlier and revises to reflect current knowledge and practice.

Required Evidence:

- Plan for curriculum review including intervals.
- Results of curriculum review of each track or population focused program.
- Most recent curriculum modifications that reflect current NP practice and trends in healthcare.

- Evidence of input from its community of interest.

**Criterion IV.D.** The NP program faculty who are responsible for course design and implementation evaluate the individual courses based on the overall program evaluation plan.

Required Evidence:

- Course coordination and sequencing review.
- Faculty review at the completion of teaching the course, including student success and currency of course.
- Course syllabi that reflect the changes made based on review.

**Criterion IV.E.** The NP program faculty are evaluated annually for competence in all role areas and responsibilities including teaching, service, scholarship, and practice in accordance with institutional policy and faculty workload expectations.

Required Evidence:

- The evaluation plan, schedule, and results for individual NP program faculty competency.
- Evaluation of faculty by students, preceptors, and others as appropriate to role expectations.
- Individual faculty development plans in alignment with the evaluation.

**Criterion IV.F.** The NP program faculty perform ongoing formative and summative evaluations of student progress inclusive of attainment of expected competencies in both didactic and clinical courses.

Required Evidence:

- Faculty evaluation of student clinical competencies including frequency and methods for direct student clinical site observation, recorded encounters, simulation, and remote observation using communication technologies.
- Minutes of faculty, preceptor, and student meetings.
- Use of electronic logs and/or e-portfolios to document clinical encounters to show student progress and competency attainment.
- Plan to address identified deficiencies in student progression and competency attainment.
- Communication methods used to share individual formative and summative evaluations to the student.

**Criterion IV.G.** The NP faculty evaluate student clinical experience(s) in each clinical course.

Required Evidence:

- Method, metrics, and/or measures for NP faculty evaluation of student clinical experiences, including the preceptor's feedback of the student, completed evaluations of the preceptor and site by the students, and the number, type, and quality of experiences.
- Documentation of preceptors and faculty interactions to determine needs, information, and support to improve experiences for preceptor and/or student.



**Criterion IV.H.** The NP faculty evaluate all clinical sites and preceptors new to the NP program prior to NP student placement including preceptor qualifications and types of services/experiences available. All clinical sites and preceptors are evaluated collaboratively by faculty, students, and preceptors early in the placement/rotation.

Required Evidence:

- Plan and process for clinical site evaluation with input from clinical NP faculty, preceptors, and students
- Site evaluation documents.
- Plans for clinical site reevaluation and process for improving clinical site experiences for students and/or preceptors.

**Criterion IV.I.** The NP program faculty evaluate the use of simulation across the program.

Required Evidence:

- Plan and methods for the evaluation of simulation in the curriculum including assessment of participants (teachers/learners/support team), delivery process/methods, and facility.
- Use of simulation for student evaluation and learning experiences.
- Simulation program metrics alignment with national guidelines and standards.
- Plan for ongoing improvement as indicated.

## Glossary

**This glossary contains a list of terms with definitions and explanations as to how the term relates to *Standards for Evaluation of Nurse Practitioner Programs, 6th Edition: A Report of the National Task Force on Quality Nurse Practitioner Education (2021)***

Academic Practice Partnerships: Mechanism for advancing nursing practice to improve the health of the public. Such intentional and formalized relationships are based on mutual goals, respect, and shared knowledge. An academic-practice partnership is developed between a nursing education program and a care setting. Such relationships are defined broadly and may include partnerships within nursing, and other professions, corporations, government entities, and foundations (AACN-AONE, 2012).

Academic Rank: Rank/position of a faculty member in a college or university, as professor, associate professor, assistant professor, or instructor.

Advanced Nursing Education Competencies: Foundational core competencies deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus (AACN, 2021).

Advanced Practice Registered Nursing (APRN) Core: Essential broad-based curriculum content for all APRN students in the areas of advanced physiology/ pathophysiology, advanced health assessment, and advanced pharmacology. This content must be presented as three separate, comprehensive graduate-level courses in the APRN curriculum. Descriptions of each course and content area are provided in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008).

Certification: A psychometrically sound and legally defensible method that meets nationally recognized accreditation standards for certification programs. When used for regulatory purposes, the certification method demonstrates acquisition of the APRN core and role competencies across at least one population focus of practice. An individual's educational preparation (role/population focus) must be congruent with the certification examination/process.

Clinical: Health care delivered by NPs to individuals, families, and groups.

Clinical Hour: Those hours in which direct clinical care is provided to individuals and families in one of the six population-focused areas of NP practice and in primary care or acute care as appropriate. (See definition of population focus.)

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, other healthcare providers, clients, employers, the community/public). The community of interest may also encompass individuals and populations of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program (CCNE, 2018).

Competence: Array of abilities (knowledge, skills, and attitudes, or KSA) across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting (Frank JR, Snell LS, Cate OT, et al. 2010).

Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition (Frank, 2010).

Continuous Quality Improvement: An evaluation plan and process for review of all aspects of the NP education unit including the NP program and each population-focused track. The plan includes evaluation elements that are regularly recurring and those that require continuous quality surveillance and revision. The faculty assess and analyze actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Contractual Agreement: Formal agreement between the education program/institution and clinical agency that protects, as appropriate, the clinical site, the education program, and students during educational experiences.

Credentials: Titles or degrees held by an individual indicating the level of education, certification, or licensure.

Criterion: A measure or test with which to judge NP program quality in accordance with the Standards and Criteria for Evaluation of Nurse Practitioner Programs.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Curriculum Evaluation: The review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in health care. The process serves to ensure accuracy and currency of learning experiences.

Curriculum Mapping: Review process for the identification and correction of redundancies and omissions of content and activities throughout the curriculum. The mapping process includes review of courses, activities, exams before and after degree completion, relationships among curricular components, and flow of courses and content within.

Direct Patient Care Clinical Hours: Hours/time in which direct clinical care is provided to individuals, families, and groups in one (1) of the six (6) population-focused areas of NP practice and in primary care or acute care as appropriate. (See definition of population focus.)

Direct Oversight of an NP track: NP faculty leadership and management role for advancing educational excellence through continuous quality improvement of the NP population-focused track. In addition to providing and advocating for faculty supports as indicated, the individual is accountable for communication with all faculty teaching in the track, organizational and agency partners, other individuals leading tracks, and administrators. Direct oversight includes, but is not limited to, process and outcomes surveillance of NP student admission, progression, and graduation data, faculty workload and satisfaction, faculty-student ratios, clinical placements and preceptors, and leadership of track revisions.

Faculty Development: A set of processes provided to refresh continuing competencies, gain new competencies, and maintain overall competence of a faculty member as a clinician, educator, and NP scholar. Examples of faculty development include, but are not limited to, faculty practice, online and face to face lectures and discussion, simulated scenarios for practice and assessment, workshops, and peer group learning communities.

Gap Analysis: A gap analysis is a thorough analysis of the student's previously completed post licensure, graduate courses and clinical experiences compared to requirements for your institution and NP program requirements and national NP competencies to complete the program of study.

Governance: Set of structures and processes to gain accountability, transparency, responsiveness, rules, stability, equity and inclusiveness, empowerment, and broad-based participation of NP faculty, staff, and students within a program and track. Altogether, governance attributes form a culture for governance, and the administrative and management leadership with faculty participation maintain and adapt that culture as the environment and health care change. Documents that reflect governance include organizational charts, committee rosters and their minutes, attendance records, and by laws.

Interprofessional Education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Licensure: The process by which boards of nursing grant permission to an individual to engage in nursing practice after determining that the applicant has attained the competency necessary to perform a unique scope of practice.

Matriculated NP Students: Matriculation refers to when an NP student enrolls or registers as a student at a university or college in a degree or post graduate certificate awarding program.

Nursing Education Unit: Administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

NP Faculty: Faculty who teach in the NP program or track who are NPs and have an academic appointment.

NP Program Faculty: All faculty who teach didactic or clinical courses in the NP program or track.

NP Program: NP courses leading to a degree or certificate, to include the graduate (advance nursing education) core, APRN core, and NP role and population-focused courses.

NP Track: NP courses leading to a degree or certificate for a specific population focus as defined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008). The six current population foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women's health/gender related, and psychiatric-mental health across the lifespan.

NP Program Outcomes: Measurable student outcomes, faculty outcomes, and other outcomes identified by the program, generating data on program effectiveness used to foster ongoing continuous quality program improvement (CCNE, 2018).

Population Focus (Foci is plural): One of the six broad areas of practice delineated in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008) for which national competencies exist and build on the NP role competencies. The NP educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. When the term population focus is used in this document, it refers to providing care to individuals within the population. The six population-foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women's health/gender related, and psychiatric-mental health across the lifespan.

Preceptor: A qualified clinician [health care professional] who collaborates with faculty to facilitate and supervise NP student clinical learning experiences in a faculty approved clinical setting. The preceptor meets eligibility criteria set by the faculty.

Program Outcomes: Measurable outcomes that include student outcomes, faculty outcomes, and other outcomes identified by the program, and generate data on program effectiveness used to foster ongoing program continuous quality improvement.

Service also referred to as Academic Service: A professional contribution to the NP Program, school/college/program of nursing, the institution, to the profession, or to the community which advances the academic mission. If service is required, the program must allow a reasonable portion of the workload effort for these duties.

Simulation: A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (Lioce, 2020).

Simulation National Best Practices and/or Standards: Recommendations incorporating what is currently known, based on research and/or expert opinion. Simulation best practices provides learners with a curriculum and learning objectives that scaffolds learning and expectation to support the attainment of NP competencies. Best practices include faculty development and faculty oversight with briefing and debriefing.

Staff Development: Set of processes provided to refresh continuing competencies, gain new competencies, and maintain overall competence of an NP program staff, based on assigned function and expectations. Associate development includes, but is not limited, to online and face to face lectures and discussion, simulated scenarios for practice and assessment, workshops, and peer group learning communities.

Timely Completion: The shortest time to complete a program according to the published layout of the NP program of study. It may include an extension of up to 30% more-time for the full-time program or an extension of 20% for part-time program of study. Extensions may be due to student issues only and not deficits in the program. Student progression to graduation should not be subjected to delays due to lack of sufficient and appropriate clinical placement opportunities.

DRAFT

## References

American Association of Colleges of Nursing. (2017), Common Advanced Practice Registered Nurse Doctoral-Level Competencies. Washington, DC. Accessible online at <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Common-APRN-Doctoral-Competencies.pdf>.

American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education. Washington, DC. Accessible online at <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>.

American Association of Colleges of Nursing and American Organization of Nursing Leadership, (2012). Guiding Principles to Academic-Practice Partnerships, AACN-AONE Task Force on Academic-Practice Partnerships. Accessible online at <https://www.aacnnursing.org/Academic-Practice-Partnerships/The-Guiding-Principles>.

APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008). Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. Washington, DC: Accessible online at <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/APRNReport.pdf>.

Commission on Collegiate Nursing Education. (2018) Standards for Accreditation of Baccalaureate and Graduate Nursing Program. Washington, DC. Accessible online at <https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final2018.pdf>.

Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. *Med Teach*. 2010;32:638-645. DOI: [10.3109/0142159X.2010.501190](https://doi.org/10.3109/0142159X.2010.501190).

Lioce L. (Ed.), Lopreiato J. (Founding Ed.), Downing D., Chang T.P., Robertson J.M., Anderson M., Diaz D.A., and Spain A.E. (Assoc. Eds.) and the Terminology and Concepts Working Group (2020), *Healthcare Simulation Dictionary –Second Edition*. Rockville, MD: Agency for Healthcare Research and Quality; September 2020. AHRQ Publication No. 20-0019. DOI: <https://doi.org/10.23970/simulationv2>

## Appendices

### Appendix A:

#### Criteria for Evaluation of Nurse Practitioner Programs, Document Checklist

To be developed when the NTFS is completed.

### Appendix B:

Common Advanced Practice Registered Nurse Doctoral-Level Competencies October 2017

In support of Criterion III.F.

Domain 1: Patient Care

Domain Descriptor: Designs, delivers, manages and evaluates comprehensive patient care.

Competency	Time 1
1) Perform a comprehensive, evidence-based assessment.	Performs a focused assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.
2) Use advanced clinical judgment to diagnose	Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems.
3) Synthesize relevant data to develop a patient-centered, evidence-based plan of care.	Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient
4) Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.	Identifies and evaluates the appropriate therapeutic interventions (pharmacologic and nonpharmacologic) for the management of common problems
5) Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.	Provides education to patients, families, and/or communities regarding their health condition and potential health risks

## Appendix C:

### General Information and Guidelines to Conduct and Document a Gap Analysis

Post-graduate certificate NP students are required to master the same national NP competencies and program outcomes as students in the same NP track (master's or DNP) by completing graduate-level didactic courses and faculty supervised clinical hours in the desired population focused area.

Conducting a gap analysis is a critical step to determine the additional graduate courses and faculty supervised clinical hours the student must complete to meet the institution's and program's requirements to issue the post-graduate certificate and to prepare the student to meet the educational eligibility requirements for national NP board certification.

To conduct the gap analysis, the NP post-graduate program faculty must evaluate the course(s) and clinical hours completed in the student's previous graduate program(s). The analysis should consist of a thorough review of the source documents, including but not limited to, transcript(s), course descriptions, course objectives, and/or syllabi, to determine the additional course(s) and/or faculty supervised clinical hours required for the student to meet the post-graduate NP program outcomes as well as the national NP population competencies to grant the post-graduate certificate and to prepare NP students to meet educational requirements for national certification.

Courses accepted must be graduate level and post-licensure. Courses accepted for the APRN Core Courses (commonly referred to as the 3 P's) with titles that are not clearly delineated or contain a different population or role focus should be explained. When the post-graduate program population is across the lifespan, courses and clinical hours accepted must address across the lifespan.

If accept transfer credits are accepted, check your institutional transfer credit policies.

You should be familiar with your institution's requirements to issue the post-graduate certificate e.g., minimum number of credits.

Confirm the accreditation status of your post-graduate certificate program. This is important if your post-graduate certificate program does not align with an accredited NP tract with the same role and population.

It is important to note that the education requirements for NP programs and national NP certification eligibility requirements have changed over time, therefore, using a student's national certification as the sole evidence of meeting NP core courses and/or faculty supervised hours is **not** a reliable tool.



**Sample Form:**

**Gap Analysis Documentation Form for NP Post-Graduate Certificate**

Use the form below to document the results of your evaluation and provide any additional explanation for the course(s) accepted in lieu of an APRN core course and/or as equivalent to a similar course in your program.

**Student Name** \_\_\_\_\_

**Previously Completed Graduate Program Institution Name:** \_\_\_\_\_

**Year of graduation** \_\_\_\_\_

**Post-Graduate NP Program Institution** \_\_\_\_\_

**Post-Graduate NP Population** \_\_\_\_\_

<b>List all required courses (didactic and clinical) from your Institution for the identified post-graduate certificate population. List each course separately.</b>	<b>List the courses and/or clinical hours, accepted from student's prior graduate program that aligns with the course in the 1<sup>st</sup> column. Add an explanatory note when the course title does not fully describe the expected content.</b>	<b>List all courses and clinical hours the student completed to fulfill the NP post-graduate program requirements for your institution.</b>

\_\_\_\_\_  
Program Director Printed Name  
Date

\_\_\_\_\_  
Program Director Signature

*For Illustrative Purposes Only*

Student Name: Martha Smith

Previously Completed Graduate Program Institution Name: DEF University

Year of graduation: 1999

Post-Graduate NP Program Institution: PQR University

Post-Graduate NP Population: Psychiatric-Mental Health NP

List all required courses (didactic and clinical) from PQR for the identified post-graduate NP population. List each course separately.	List the courses and/or clinical hours, accepted from prior graduate program fulling the requirements your program's course in 1 <sup>st</sup> column. Make a note when a course title does not fully describe the expected content or addresses a different role or population.	List all courses and clinical hours the student completed to fulfill the NP post-graduate program requirements for your institution.
<i>Example: NURS 694 Clinical Inquiry for Evidenced Based Practice</i>	<i>None</i>	NURS 694 Clinical Inquiry for Evidenced Based Practice
<i>Example: NURS 601 Advanced Pathophysiology</i>	<i>NRSG 500 – Advanced Physiology for the Adult (DEF University) Note: Per the course syllabi and/or course description the course content covered the life span.</i>	None
<i>Example: NURS 695 Role of the APRN</i>	<i>None</i>	<i>NURS 695 Role of the APRN</i>
<i>Example: NURS 701 PMHNP Clinical I</i>	<i>NRSG 638 – PMH Concepts of the Adult (150 hours)</i>	<i>NURS 701 – PMHNP Clinical I (150 hours)</i>
<i>Example: NURS 702 PMHNP Clinical II</i>		<i>NURS 702 PMHNP Clinical II (300 hours) (To support preparation for the educational certification eligibility requirements, a minimum total of 500 faculty supervised clinical hours – between the prior graduate program and the post-graduate program must be demonstrated.)</i>
<i>Example: NURS 705 Leadership</i>	<i>None</i>	<i>NURS 705 Leadership</i>
<i>Example: PHARM 740 Advanced Pharmacology</i>	<i>None</i>	<i>PHARM 740 Advanced Pharmacology</i>

**Appendix D: Other Sample Forms**

**Sample Form A:**

**Clinical Sites**

<b>Name of Site</b>	<b>Type of Site (e.g. community health, private practice, rural clinic)</b>	<b>Characteristics of Patients</b>	<b>Experience Offered (e.g. Primary care, acute care, chronic, long term care, rehabilitation)</b>

DRAFT

**Sample Form B:**

**Preceptor Information**

<b>Name and Credentials of Preceptor(s) at each site</b>	<b>Population-focused (and/or Specialty, if applicable) Area of Practice</b>	<b>Certification(s)</b>	<b>Years of Practice in the Population-focused or Specialty Area of Practice</b>	<b># Students Precepted Concurrently</b>	<b>State Licensure/ Approval/ Recognition*</b>

DRAFT

**Sample Form C:**

**Nurse Practitioner Program Faculty Profile for all Faculty**

This form can be used to provide evidence for Criterium II.B. Not applicable for non-NP faculty where it applies.

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Academic Rank:** \_\_\_\_\_ **Academic Title:** \_\_\_\_\_

**State License/Approval/Recognition Number:** RN APRN

**List Certification with national certification board and expiration dates:**

\_\_\_\_\_

**Are copies of all certification and state license/approval/recognition on file:** Yes No

**Academic NP Program(s) Completed:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_ **NP Population Foci:** \_\_\_\_\_

**Are all the programs accredited by the US Secretary of Education:** Yes No

**Faculty Appointment:** % of FTE to NP Program % of time to NP Population

**Teaching Responsibilities:**

<u>Clinical and Didactic Courses</u>	<u># Students</u>	<u>Dates</u>
--------------------------------------	-------------------	--------------

\_\_\_\_\_

**Workload assigned to teaching courses:** \_\_\_\_\_

**List of other faculty responsibilities with workload assigned:**

\_\_\_\_\_

**Current Practice Site:** \_\_\_\_\_ **# of Hours per Week/month:** \_\_\_\_\_

**Sample Form D:**

**Workload Unit (WLU) Formulas Example**

Full time equivalent (FTE):

The equivalent of one full-time faculty. For example, two 50% faculty would equal one full-time faculty (or one FTE), 1 80% faculty/1 20% faculty, or 1 100% faculty) per year.

Workload Unit (WLU) per FTE:

The total amount of teaching WLU required of one FTE. For example, a school may require a 100% full-time faculty member to teach 8 workload units. The WLU per FTE for the school is 8 per year.

FTE per course:

The number of full-time equivalents teaching at WLU required to run a course.

Clinical ratio: National Task Force recommendation for clinical group size for clinical supervision, 6 students per faculty

Didactic ratio: School determined number of students per didactic class (can vary from online to in-person)

Clinical Course calculations- Total WLU for clinical course:

$$\frac{\text{\# of students in course}}{\text{Clinical ratio}} \times \text{WLU assigned per faculty for a clinical course (Should be consistent with other program clinical course WL)}$$

Didactic Course calculations- Total WLU for didactic course:

$$\frac{\text{\# of students in course}}{\text{didactic ratio}} \times \text{WLU assigned per faculty for didactic course (Should be consistent with other didactic course WL)}$$

Examples:

Clinical Ex:

$$\frac{42 \text{ students in course}}{6} \times 1 \text{ WLU per faculty} = 7 \text{ WLU for one course}$$

Didactic Ex:

$$\frac{42 \text{ students in course}}{24} \times 1 \text{ WLU per faculty} = 2 \text{ WLU for one course}$$

Total FTE needed to run above courses:

$$\frac{9 \text{ WLUs}}{\text{WLU per FTE}}$$

If faculty at this school have a WLU per FTE of 10, the courses above would require 0.9 FTEs to cover.

Example program #1:

If a program has 24 students in an 81-credit program (24 credits of clinical and 57 credits of didactic) and WLU are assigned as 1 WLU per 2 clinical credits and 1 WLU per 3 didactic credits, following the NTF recommendation for clinic supervision of 1:6 ratio and a school determined 1:24 didactic course ratio, the following estimate will apply.

- 18 students/6 ratio x 12 WLU (1 WLU per 2 credits for the 24 credits of clinical): 36 WLU for clinical
- 24 student /24 ratio x 19 WLU (1 WLU per 3 credits for the 57 credits of didactic): 19 WLU for didactic
- Total program WLU: 55 WLU need to run the program.
- If faculty all teach 10 WLU, 5.5 FTEs would be needed or 1 FTE per 4.3 students.

Example program #2:

If a program has 100 students in an 81-credit program (24 credits of clinical and 57 credits of didactic) and WLU are assigned as 1 WLU per 3 clinical credits and 1 WLU per 3 didactic credits, following the NTF recommendation for clinic supervision of 1:6 ratio and a school determined 1:50 didactic course ratio, the following estimate would apply.

- 100 students/6 ratio x 8 WLU (1 WLU per 3 credits for the 24 credits of clinical): 133.3 WLU for clinical
- 100 student /50 ratio x 19 WLU (1 WLU per 3 credits for the 57 credits of didactic): 38 WLU for didactic
- Total program WLU: 171.3 WLU need to run the program.
- If faculty all teach 8 WLU, 21.4 FTEs would be needed or 1 faculty per 4.7 students.

Example program #3:

If a program has 150 students in a 51 credit program (21 credits of clinical and 30 credits of didactic) and WLU are assigned as 1 WLU per 3 clinical credits and 1 WLU per 3 didactic credits and followed a the NTF recommendation for clinic supervision of 1:6 ratio, 1:25 for online didactic courses and a 1: 150 in person didactic course ratio, the following estimate will apply.

- 150 students/6 ratio x 7 WLU (1 WLU per 3 credits for the 21 credits of clinical): 175 WLU for clinical
- 150 student /25 ratio x 7 WLU (1 WLU per 3 credits for the 21 credits of online didactic): 42 WLU for didactic
- 150 student /150 ratio x 3 WLU (1 WLU per 3 credits for the 9 credits of in person didactic): 3 WLU for didactic
- Total program WLU: 220 WLU need to run the program.
- If faculty all teach 8 WLU, 27.5 FTEs would be needed or 1 faculty per 5.5 students

**Sample Form E:**

**A Checklist for Faculty & Preceptor to Enhance the Nurse Practitioner Student Clinical Experience**

In early 2018, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Nurse Practitioners (AANP) collaborated to develop a tool that addressed the inconsistent relationships between NP faculty and clinical preceptors. This tool resulted in the development of guidance checklists that outlined expectations when establishing clinical rotations for NP students. The **Preceptor Expectation Checklist** and the **Faculty Expectation Checklist** include evidence-based suggestions to promote a healthy, ongoing relationship and reduce barriers experienced by the clinical preceptor, NP faculty, or NP student.

<b>Faculty Expectations of Preceptors</b>	
<b>Establishing Clinical Rotation</b>	<b>Completed</b>
Review NP Program policies regarding student placement guidelines.	
Communicate start date and time with student.	
Review documents related to the clinical course (welcome letter, clinical hours requirement, syllabus, course objectives, etc.) and seek clarification, if needed.	
Review Family Educational Rights and Privacy Act (FERPA).	
<b>Orientation</b>	
Orient student to clinical site, clinical site policies, EHR, and clinical team prior to student's patient experiences.	
Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the student.	
Discuss with student his/her experience/background.	
Outline appropriate tasks, patient cases, and caseload for each clinical day.	
Establish plan for student progression from observing to conducting visits with minimal intervention.	
<b>Clinical Experience</b>	
Model clinical skills and professional/ethical behaviors for student learning.	
Be present to observe all student clinical activities	



Include student as a pertinent part of the healthcare team and encourage interprofessional collaboration between student and other team members.	
Encourage learning using direct questioning methods and allowing reflection on feedback.	
Verify student clinical hours.	
<b>Communication</b>	
Guide, counsel, and encourage active student learning through clinical experiences.	
Communicate to faculty pertinent feedback regarding student performance and learning progression related to course expectations and requirements.	
Be available for virtual or face-to-face site visits.	
<b>Evaluation</b>	
Complete appropriate evaluation forms at intervals as outlined in course requirements.	
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and a plan for improvement.	
Participate in faculty-initiated plans of remediation, if necessary.	
<b>Completion of Clinical Rotation</b>	
Submission of all documents as outlined in the course.	

<b>Preceptor Expectations of Faculty</b>	
<b>Establishing Clinical Rotation</b>	<b>Documented</b>
Communicate start date and time with preceptor/clinical site point of contact.	
Identify preceptor's preferred method of communication.	
Send documents related to the clinical course (welcome letter, preceptor handbook, clinical hours requirement, syllabus, course objectives, etc.) to preceptor/clinical site point of contact via mail or email.	
Provide preceptor/clinical site point of contact with student's credentials and clinical clearance paperwork.	
Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the preceptor.	
<b>Orientation</b>	
Provide the contact number/information to the clinical faculty responsible for the student.	
Discuss the purpose, frequency, length, and number of site visits with the preceptor.	
Offer face-to-face or online orientation opportunities addressing adult learning/teaching strategies and how to serve as an effective preceptor.	
<b>Clinical Experience</b>	
Assume primary responsibility of the student throughout the clinical experience.	
Assess student's clinical skills, knowledge and competencies throughout clinical experience and assess for appropriate progression as it relates to course and clinical	
Support students in connecting knowledge obtained in academic setting with their clinical experiences.	
Review and confirm student clinical hours.	

<b>Communication</b>	
Engage in open communication with preceptor regarding student performance and learning progression related to course expectations and requirements.	
Schedule virtual or face-to-face site visits.	
<b>Evaluation</b>	
Collect and review evaluation forms completed by the preceptor at intervals, as outlined in course requirements.	
Collect and review preceptor evaluation forms completed by the student.	
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and a plan for improvement.	
Initiate plans of remediation based on evaluations, if necessary.	
<b>Completion of Clinical Rotation</b>	
Review final evaluation submitted by preceptor, as outlined in the course.	
Send preceptor and/or clinical site a thank you letter and/or token of appreciation, per program and/or university policy. <i>Including but not limited to continuing education credits, monetary compensation, adjunct faculty positions, access to school library resources.</i>	
Provide preceptor with documentation of preceptorship for national certification renewal or dossier.	
Provide preceptor with feedback about preceptorship performance based on student evaluation(s).	