2016

CRITERIA FOR EVALUATION

of

NURSE PRACTITIONER PROGRAMS

5th Edition

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

Table of Contents

To obtain a printed copy or to download the document, contact:

National Task Force on
Quality Nurse Practitioner Education
2015–2016

Task Force Co-Facilitators

American Association of Colleges of Nursing
Ruth M. Kleinpell, PhD, RN, FAAN, FCCM, FAANP

National Organization of Nurse Practitioner Faculties
Joanne M. Pohl, PhD, ANP-BC, FAAN, FAANP

Accreditation Commission for Education in Nursing
Abigail Gerding, PhD, RN
Marsal P. Stoll, EdD, MSN

American Academy of Nurse Practitioners Certification Program
Richard F. (Rick) Meadows, RN, MS, NP-C, FAANP

American Association of Colleges of Nursing
Joan Stanley, PhD, CRNP, FAAN, FAANP

American Association of Critical-Care Nurses Certification Corporation
Carol Hartigan, MA, RN

American Nurses Credentialing Center
Diane Thompkins, MS, RN
Erika Borlie, MS. BSN, WHNP-BC, RN-C

American Psychiatric Nurses Association
Susie Adams, PhD, RN, PMHNP, FAANP
Sattaria S. Dilks, DNP, APRN, PMHNP-BC

Association of Faculties of Pediatric Nurse Practitioners
Judy Verger, PhD, CRNP, CCRN

Commission on Collegiate Nursing Education
Jennifer Butlin, EdD
Susan Ruppert, PhD, APRN, FNP-C, ANP-BC, FNAP, FCCM, FAANP, FAAN

International Society of Psychiatric-Mental Health Nurses
Evelyn Parrish, PhD, APRN

National Association of Neonatal Nurse Practitioners
Suzanne Staebler, APRN, DNP, NNP-BC

National Association of Nurse Practitioners in Women's Health
Susan Kendig, JD, MSN, WHNP-BC, FAANP

The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
Robin L. Bissinger, PhD, APRN, NNP-BC, FAAN

National Organization of Nurse Practitioner Faculties
Shirlee Drayton-Brooks, PhD, FNP-BC, FAANP

Pediatric Nursing Certification Board
Peg Harrison, MS, CPNP-PC, CAE

Staff Support to the National Task Force:
Kathryn Werner, MPA; NONPF

Task Force members are committed to ensuring excellence and stability in nurse practitioner education. We have worked in a collegial manner and have sought to build consensus in our process. Our major strength has been the desire to prepare highly qualified, competent nurse practitioner graduates. We believe that this document advances that purpose.

Endorsements

The National Task Force on Quality Nurse Practitioner Education (NTF) is presently seeking organizational endorsement of the "Criteria for Evaluation of Nurse Practitioner Programs." Endorsement is defined as a general philosophical agreement with the evaluation criteria. The following organizations have endorsed the 5th edition of the "Criteria for Evaluation of Nurse Practitioner Programs:"

Accreditation Commission for Education in Nursing (ACEN)

American Academy of Nurse Practitioners Certification Program (AANPCP)

American Association of Colleges of Nursing (AACN)

American Association of Critical-Care Nurses (AACN) Certification Corporation

American Nurses Credentialing Center (ANCC)

American Psychiatric Nurses Association (APNA)

Association of Faculties of Pediatric Nurse Practitioners (AFPNP)

Commission on Collegiate Nursing Education (CCNE)

International Society of Psychiatric Nurses (ISPN)

National Association of Neonatal Nurse Practitioners (NANNP)

National Association of Nurse Practitioners in Women's Health (NPWH)

National Certification Corporation for Obstetric, Gynecologic, and Neonatal Specialties (NCC)

National Organization of Nurse Practitioner Faculties (NONPF)

Pediatric Nursing Certification Board (PNCB)

2016 Criteria for Evaluation of
Nurse Practitioner Programs, 5th Edition

Introduction

The Criteria for Evaluation of Nurse Practitioner Programs offers an important resource for those involved in the educational preparation, credentialing, and licensing of nurse practitioners (NPs). The evaluation criteria, combined with accreditation standards for graduate programs in advanced practice nursing, provide a basis for evaluating all NP programs. The National Task Force on Quality Nurse Practitioner Education (NTF), a multi-organizational collaboration, has a commitment to maintaining the high quality of NP education through sustained efforts of review and updates to the Criteria for Evaluation of Nurse Practitioner Programs. This 5th edition of the document reflects the periodic review process undertaken by the NTF to ensure that these national consensus-based evaluation standards remain relevant.

Revision Process

The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) reconvened the NTF beginning in early 2015. Fourteen organizations, whose activities are related to NP education, certification, or accreditation, have representation on the NTF. The NTF met through a combination of face-to-face and virtual meetings and used web-based technology and email communications to advance its work.

By Summer 2015, the NTF had completed an initial review and revision of the document. The NTF representatives then shared the draft document with organizational leadership for comment to ensure that the organizations had sufficient opportunity for comment on the evaluation criteria. The NTF addressed organizational comments in further revisions to the document.

For the first time in the development and review process, the NTF made the revised document publicly available for review and comment for four weeks in late 2015. The NTF reviewed the feedback from more than 480 respondents (program administrators, faculty, preceptors, NP clinicians, and others) and incorporated changes before releasing the final document in Spring 2016.

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 necessitate an earlier review.

Use of the Evaluation Criteria

The NTF reaffirms that the revised criteria serve the same purposes as the criteria of each preceding edition. Starting with the first edition released in 1997, the overarching intent was to establish nationally recognized criteria to evaluate NP programs, in combination with other criteria for accreditation of graduate programs. Based on these considerations, the NTF recommends the following uses of the criteria:

- to assist in planning new NP programs;
- as a complement to role, population foci, and specialty NP competencies for program development;
- for self-evaluation of new and existing programs for continuous quality improvement; and
- to evaluate NP programs, in combination with a national accreditation review process.

Highlighted Areas of Revision

Many of the edits in the new edition are editorial in nature, incorporated with the intent of providing added clarity or further elaboration while not being overly prescriptive or onerous for programs. In the new edition, two criteria were deleted because of their redundancy with the preceding criterion and a sample form was added. The NTF also worked to provide clarity to the wording in the criteria and elaborations. As in other reviews of the document, the NTF gave particular consideration to the use of the evaluation criteria in the accreditation of programs. The revisions in the criteria and their elaboration also reflect ongoing changes and trends in learning formats in NP education, such as the use of simulation and competency-based education.

To facilitate use of the document, the following list highlights major areas of revision in the document:

Criterion I.A: Sentence added at the end of the elaboration further clarifies the credentials of the director/coordinator in a single-track program.

Criterion I.B: Additional language and examples in the elaboration offer guidance to programs during the ongoing transition to align with the Consensus Model for APRN Regulation (2008).

Criterion III.B: New language in the criterion and the elaboration specifies that national educational standards also must be considered for curriculum development.

Criterion III.C.1: Edits to the language in the criterion and the elaboration clarify that programs prepare students for educational eligibility for certification. Previous language did not take into account that full eligibility to sit for certification is determined by the certification organizations.

Criterion III.C.2: The elaboration now clarifies that official documentation (e.g., transcripts or official letters with institutional seal) must state the NP role and *population-focused* area of educational preparation to include primary care or acute care or both, as applicable.

Criterion III.E: Modification to the language at the end of the criterion makes it clear that the distribution of clinical hours supports competency development. The elaboration clarifies that clinical experiences can include telehealth and international direct care experiences. In addition, an added paragraph in the elaboration highlights the important role of simulation to augment the clinical learning experiences over and above the minimum 500 hour requirement. A new sample form in the Appendix is available for documenting the use of simulation.

Criterion III.F: Changes within different sections of the elaboration stress the need for programs to document a process for evaluating and granting credit for prior experiences for post-master's students. Also the term "precepted" was added to modify direct care clinical experiences.

Criterion IV.A: Added language clarifies that evidence of an evaluation process is in place, which includes input from students and faculty regarding the number of faculty and the ability of students to achieve the expected *competencies* or learning outcomes. The NTF removed IV.A.1 and IV.A.2 because of redundancy.

Criterion IV.B.1: The required documentation added faculty oversight of clinical learning experiences. In addition, the revisions to the elaboration offer more guidance about the faculty/student ratio. This guidance allows variation in the faculty/student ratio, taking into consideration more interprofessional education and team-based models of care as well as the use of innovative teaching models.

Criterion IV.B.2: The elaboration provides additional guidance about student clinical experiences when they occur at the student's site of employment.

Criterion IV.B.3a: The revision in the elaboration stresses that the students' precepted clinical experiences need to prepare them with the *competencies* for the appropriate scope of practice and specific role and population focus. Programs should consider this in preceptor selection and student assignments.

Criterion VI.A.7: The elaboration now provides more detail about the evaluation of preceptors by faculty and students.

Additional Considerations

The evaluation criteria provide the optimal standards, recognizing that programs may have justifiable reasons for deviating from some while still providing quality education. The intent is that all programs will strive to meet the criteria as written; however, the NTF recognizes that there may be unique issues and considerations that necessitate an interim variation or deviation from the standard. The document provides guidance for programs that deviate from certain criteria.

The robust discussions of the NTF in this revision process often weighed optimal versus practical application. This was particularly true in the discussions of competency-based education (CBE) and the ongoing stipulation of minimum numbers of hours for direct care clinical experiences (Criterion III.E).   Despite full support of the NTF for CBE and standards that incorporate CBE, the NTF agreed that the nursing profession is not currently at the point in the development of CBE processes in graduate nursing education to support the move away from a minimum number of clinical practice hours. Similarly, the NTF considered how to advance integration of interprofessional education (IPE) experiences into the NP curriculum. The NTF agreed that IPE experiences are important to preparing NP students for interprofessional practice, yet the NTF had to balance this with the challenges that still exist for incorporating IPE into the curriculum. The elaboration of Criterion IV.B.1 includes a recommendation for the inclusion of IPE.

The NTF also considered changes and trends in NP education, notably the advancements in simulation and its increased use. The NTF agreed that it was important to include more elaboration regarding the role of simulation in the clinical education of NP students. While strongly endorsing the use of simulation, the NTF agreed that simulation cannot replace any of the required minimum 500 direct patient care hours. The elaboration of Criterion III.E provides detail of the NTF perspective on the valuable application of simulation in augmenting NP student preparation. The new sample form in the Appendix is intended to assist programs in documenting how they use simulation.

Endorsements

In an ongoing effort to strengthen national support for the evaluation criteria, the NTF seeks endorsement of the final evaluation 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.

Criteria for Evaluation of
Nurse Practitioner Programs, 5th Edition

The purpose of this document is to provide a framework for the review of all nurse practitioner (NP) educational programs. NP programs shall be at the graduate level, and the program must be accredited by a Department of Education-recognized nursing accrediting body. New programs will work to meet these criteria and must be preapproved by the nursing accrediting body prior to admitting students.

This document focuses on organization and administration, students, curriculum, resources, facilities and services, faculty, and evaluation for all NP educational programs. Although not addressed in this document, the program shall meet nationally recognized accreditation standards basic to a graduate program, e.g., philosophy, mission, program outcomes, organization and administration, student admission and progression, dismissal and grievance policies, and faculty recruitment, appointment, and organization.

Definitions of italicized terms can be found in the "Glossary" (see page 19).

I: ORGANIZATION AND ADMINISTRATION

Criterion I.A: The director/coordinator of the NP program is nationally *certified* as an NP and has the responsibility of overall leadership for the NP program.

Elaboration:
The individual who provides overall leadership (who may hold the title of director, coordinator, or other title recognizing the leadership role) of the NP program is nationally *certified* in a particular NP *population-focused* area of practice. In programs with multiple tracks, this individual may be *certified* in only one NP *population-focused* area of practice but have responsibility of leadership for all of the NP tracks. Therefore, in larger multi-track programs, the faculty member who provides direct oversight for a *population-focused* track has the NP *certification* in that *population-focused* area whereas the overall program director may be *certified* in another NP *population-focused* area of practice. It is preferred that the director/coordinator of the NP program has doctoral-level preparation to support the responsibilities of leadership for the program. If the program has only one NP track and the director/coordinator is the same individual as the faculty member who provides direct oversight for the NP educational component or track, that individual is *certified* in that *population-focused* area or otherwise qualified as described in Criterion I.B.

Required Evidence of Meeting Criterion:
- Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator).
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in at least one population-focused area.
- A statement describing the program director/coordinator's responsibilities to the program.

Criterion I.B: The faculty member who provides direct oversight for the NP educational component or track is nationally *certified* in the same *population-focused* area of practice.

Elaboration:
Curriculum and program development are carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each *population-focused* track must identify a faculty member who has *certification* in the same *population-focused* area of practice (primary or acute care, as appropriate).

If there is a diversion from this criterion as programs transition to align with the Consensus Model on APRN Regulation, the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track. Examples may include:

- A family nurse practitioner (FNP) who has spent all of his/her work career in caring for the adult population and provides direct oversight for the adult-gerontology primary care NP track.
- An adult acute care NP who provides direct oversight for the adult-gerontology acute care NP track.
- A gerontological NP or an adult NP who provides direct oversight for the adult-gerontology primary care NP track.
- A nationally certified psychiatric-mental health (PMH) clinical nurse specialist (CNS) who provides direct oversight for the PMH NP track. This example of a CNS providing oversight of an NP track only applies to a PMH NP track.

In these examples, as in all NP programs, faculty with diverse perspectives should be in place to provide the expertise to cover the full breadth of the *population-focused* area of practice of a track.

Required Evidence of Meeting Criterion:
- Curricula vitae of NP faculty who provide oversight for each population-focused track.
- Documentation of credentialing as an NP in the state (or territory) of practice.
- Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate.
- A statement describing the lead NP faculty member's responsibilities to the program.

Criterion I.C: Institutional support ensures that *NP faculty* teaching in clinical courses maintain currency in clinical practice.

Elaboration:
NP faculty evaluate students, interface with preceptors, and serve as role models. Faculty who teach clinical components of the *NP program/track* must maintain currency in practice. It is intended that institutions provide administrative support

for faculty to practice the required clinical hours to obtain and maintain national *certification*. This support might include faculty practice models, a reduced teaching or service load, and/or opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, or occupational health programs).

Required Evidence of Meeting Criterion:
- (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice;
or
 (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload.
- Documentation of faculty practice plan or arrangements, if applicable.

II: STUDENTS

Criterion II.A: Any admission criteria specific to the *NP program/track* reflect input by *NP faculty*.

Elaborat
NP programs/tracks may have unique admission criteria. *NP faculty* have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. *NP faculty* have ongoing opportunity to provide input into the establishment, *evaluation*, and revision of any admission criteria specific to the NP program.

Required Evidence of Meeting Criterion:
- A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria.
- Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track.

Criterion II.B: Any progression and completion criteria specific to the *NP program/track* reflect input by *NP faculty*.

Elaboration:
NP programs/tracks may have unique progression and completion criteria for full-time, part-time, and/or post-graduate study. *NP faculty* have the best perspective on specific progression and completion criteria for the *NP program/track* and thus will have opportunity to provide input into the establishment, *evaluation*, and revision of specific progression and completion criteria.

Required Evidence of Meeting Criterion:
- Student progression and completion criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study.
- Examples of documents that demonstrate NP faculty are providing input into progression and completion criteria specific to the NP program/track.
- A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress.

III: CURRICULUM

Criterion III.A: *NP faculty* provide input into the development, *evaluation*, and revision of the NP *curriculum*.

Elaboration:
NP faculty have a comprehensive perspective on what is required for effective NP education. Development, *evaluation*, and revision of the *NP program/track* are directed by the lead *NP faculty*. There is opportunity for *NP faculty* to provide input into *curriculum* development, evaluation, and revision.

Required Evidence of Meeting Criterion:
Examples of *curriculum* committee meeting minutes documenting that *NP faculty* are developing, evaluating, and revising the *curriculum*.

Criterion III.B: The *curriculum* is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP educational standards and *competencies*.

Elaboration:
A clear *curriculum* plan (both didactic and clinical), consistent with nationally recognized core role and *population-focused competencies* and educational standards, is in place. NP *curriculum* reflects the essential elements of a graduate nursing and *advanced practice registered nursing (APRN) core curriculum*, in addition to the NP role and *population-focused* component. The NP *curriculum* provides broad educational preparation of the individual, including the *graduate core*, APRN core, and the NP role within a *population-focused* area of practice encompassing national educational standards and core *competencies*.

NP programs/tracks identify methods used in the delivery of the *curriculum*, including guidelines for distance learning. *NP programs/tracks* delivered through alternative delivery methods, such as web-based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A *single track nurse practitioner program* includes content in one *population-focused* area and prepares graduates to meet educational eligibility requirements for national *certification* in that *population-focused* area of practice.

Dual track nurse practitioner programs (e.g., family/across the lifespan NP and PMH NP, pediatric primary care NP, and pediatric acute care NP) include content and clinical experiences in the role and both *population-focused* areas or in both primary care and acute care. *Dual track NP programs* prepare graduates to meet educational eligibility requirements for *certification* in two *population-focused* areas. There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the

didactic and clinical experiences will be sufficient to gain the necessary proficiency in each *population-focused* area of practice. At graduation/ completion, students fulfill the educational criteria for sitting for national *certification* in each *NP program/track*.

In addition to preparation for national *certification* in the role and at least one *population-focused* area of practice, programs may prepare students to practice in a specialty or more limited area of practice. Preparation in a specialty must have additional didactic and clinical hours beyond those required for preparing graduates in the NP role and one *population-focused* area.

Required Evidence of Meeting Criterion:
- The nationally recognized educational standards and competencies used for developing curriculum for graduate, APRN, and NP role/population-focused content.
- The national standards used for developing curriculum for specialty content (if applicable).
- The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, and number of clinical hours per course, as appropriate.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/population-focused educational standards and core competencies are included.
- A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.

Criterion III.C.1: The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP *certification* examination that corresponds with the role and population focus of the NP program.

Elaboration:
NP programs prepare graduates to meet educational eligibility requirements to sit for at least one nationally recognized *certification* examination that corresponds to the NP role and population focus. This national *certification* examination assesses the broad educational preparation of the individual which includes *graduate core*, APRN core, NP role/core *competencies*, and the *competencies* specific to the *population-focused* area of practice.

Required Evidence of Meeting Criterion:
- Written statement provided to students identifying the role and population-focused certification examination(s) for which they are prepared to meet educational eligibility

requirements to apply upon successful completion of the program.

- Documentation demonstrating that a program prepares graduates to meet educational eligibility requirements for the national certification examination(s) for each NP track.

Criterion III.C.2: Official documentation states the NP role and population focus of educational preparation.

Elaboration:
Official documentation (e.g., transcripts or official letters with institutional seal) states the NP role and *population-focused* area of educational preparation to include primary care or acute care or both, as applicable. The official transcript is preferred as it is the permanent documentation of the student's coursework and graduation from an educational program.

Required Evidence of Meeting Criterion:
- A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) population focus
 and/or
- A sample official letter with institutional seal used to specify the educational preparation for the NP role and at least one (1) population focus.

Criterion III.D: The *curriculum* plan demonstrates appropriate course sequencing.

Elaboration:
The *curriculum* plan documents the course sequencing and prerequisites designed to promote development of *competencies*. Clinical experiences are supported by preceding or concurrent didactic content. A student completes the basic graduate coursework and APRN core coursework (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology) prior to or concurrent with commencing clinical coursework.

Required Evidence of Meeting Criterion:
- The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.

Criterion III.E: The *NP program/track* has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.

Elaboration:
Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals and families in one of the six *population-focused* areas of NP practice; these hours do not include skill lab hours, physical assessment

practice sessions, or a community project if it does not include provision of direct patient care. Clinical experiences and time spent in each experience are varied and distributed in a way that prepares the student to provide care to the populations served, which may include telehealth and international direct care experiences. For example, an FNP student receives experiences with individuals/families across the life span, and the adult-gerontology NP student receives experiences with adults across the adult age spectrum from adolescent to older adult, including the frail older adult. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g., FNP (or lifespan), will exceed this minimum requirement. The distribution of hours is based on the program's *population-focused* area of practice.

Simulation is recommended to augment the clinical learning experiences, particularly to address the high-risk low-frequency incidents; however, *simulation* experiences may only be counted as clinical hours over and above the minimum 500 direct patient care clinical hours. Programs are encouraged to track the use of *simulation* to enhance the clinical experience. (See Sample Form H to record *simulation* experiences used for *evaluation* and/or teaching above the minimum required 500 clinical hours for the *population-focused* area of practice and role.)

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and *population-focused* areas of practice and prepare graduates to meet educational eligibility requirements for *certification* in an NP *population-focused* area of practice. Content and clinical experiences in the CNS and NP areas of practice are addressed and clinical experiences in both role areas are completed. There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP *competencies* in the preparation of the NP role and *population-focused* area of practice. An overlap of direct patient care clinical hours may occur across NP and CNS preparation; however, faculty must document the overlap of these hours. It is recommended that programs retain this documentation as well as provide it to students in the event future verification is needed for credentialing and other purposes.

Dual track NP programs include content in two NP *population-focused* areas or in both primary care and acute care NP practice and prepare graduates to meet educational eligibility requirements for *certification* in these NP *population-focused* areas of practice or for both primary care and acute care NP practice. Content and clinical experiences in both *population-focused* areas are addressed and clinical experiences in both areas are completed. While a minimum of 500 clinical hours is needed in each single *population-focused* area of practice to meet the NP *competencies*, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP *population-focused* areas. However, NP programs must

document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

NP programs preparing graduates to practice in a specialty area of practice in addition to the population-focus will document how content and clinical experiences in both the population-focus and the specialty areas of practice are addressed within the *curriculum*. Clinical experiences in both the *population-focused* area of practice and specialty are to be completed.   There is an expectation that the number of didactic hours will be greater than for a single *population-focused* program and that the didactic and clinical experiences will be sufficient to gain the necessary competence in the population-focus and specialty area of practice.

Required Evidence of Meeting Criterion:
- Documentation of the process used to verify student learning experiences and clinical hours.
- An overview of the curriculum.
- An overview of the number of required precepted/clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.)
- A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies.

Criterion III.F: Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.

Elaboration:
Post-graduate certificate students through a formal graduate-level certificate program successfully attain the same didactic objectives and clinical *competencies* of a graduate degree-granting NP program. A "formal graduate-level certificate program" is defined by the ability of the program or institution to issue a certificate or formal letter of completion and document successful completion of the necessary coursework on the final transcript. Courses may be waived only if the individual's transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate-level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. Programs must document the process for assigning credit granted for prior didactic and precepted clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or an academic degree in a population-focused area in which they currently practice but are not nationally certified
Special consideration may be given to NPs who are currently practicing in a *population-focused* area of practice who are seeking national *certification* in that population by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the students to master the *competencies* and meet the educational criteria for national *certification* in the *population-focused* area of practice. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the role and *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

PMH CNSs returning for a post-graduate certificate or an academic degree as a PMH NP
To address a period of transition and consistency with the Consensus Model on APRN Regulation, special consideration for challenging selected courses and experiences may be given to PMH CNSs who are seeking national *certification* as a PMH NP. However, didactic and clinical experiences are sufficient to enable the students to master the NP *competencies* and meet the educational criteria for national *certification* as a PMH NP. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the role and *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or academic degree in an NP population-focused area in which they are not currently practicing or certified
Special consideration may be given to NPs who are expanding into another NP *population-focused* area of practice by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the students to master the *competencies* and meet the educational criteria for national *certification* in the new *population-focused* area of practice. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the new *population-focused* area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-master's Doctor of Nursing Practice (DNP)
Separate courses in the APRN core (advanced physiology/pathophysiology, advanced health assessment, and

advanced pharmacology) are not required for students enrolled in a post-master's DNP program who are nationally *certified*, currently practicing as an NP, and do not wish to add a separate practice focus. However, post-master's DNP students who are NPs and who are seeking *certification* in a *population-focused* area of practice in which they are not currently practicing or certified must meet the educational and *certification* criteria for the additional practice area as well as the educational criteria for the DNP.

Required Evidence of Meeting Criterion:
• A completed gap analysis for each post-graduate certificate

candidate who was granted waivers or exceptions. (See Sample Form F.)
• Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience.
• Sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).

IV: RESOURCES, FACILITIES, and SERVICES

Criterion IV.A: Institutional resources, facilities, and services support the development, management, and *evaluation* of the *NP program/track*.

Elaboration:
To implement/maintain an effective *NP program/track*, there are adequate numbers of faculty, facilities, and services that support NP students regardless of mode of delivery.

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When using alternative delivery methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

Required Evidence of Meeting Criterion:
• Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.
• Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.

Criterion IV.B: Clinical resources support NP educational experiences.

Elaboration:
Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The *NP program/track* provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences.

Required Evidence of Meeting Criterion:
• A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, rural clinic), and client characteristics. (See Sample Forms A and B.)

• A sample of a contractual agreement, including a statement on liability coverage.
• A copy of the policy covering student rotations at clinical sites.

Criterion IV.B.1: A sufficient number of faculty is available to ensure quality clinical experiences for NP students. *NP faculty* have academic responsibility for the supervision and *evaluation* of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and *evaluation*.

Elaboration:
Faculty supervision may be direct or indirect. Direct supervision occurs when NP program faculty function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty are responsible for all NP students in the clinical area.

Institutions should describe the assignment of faculty to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients. In moving toward IPE and team-based models of care, variation in faculty/student ratios for direct supervision may exist and should be structured to ensure safety and quality care while maintaining integrity of educational experiences. Variations in this ratio might occur with use of innovative teaching models, such as a master teacher with student clinical groups, front-loading course content followed by concentrated clinical time, use of a clinical immersion experience as the final part of the NP program, and interprofessional team-based clinical experiences.

The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting

with the preceptor, and evaluating the student, is 1:6; however, each institution/program documents how they assign faculty based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas, the individual faculty member, use of technology, *curriculum* design, innovative clinical education models, and institutional policy. The intent of the faculty/student ratio designation is based on the premise that preparing competent healthcare providers is a faculty intense process that requires considerable faculty role modeling and direct student *evaluation* to determine competence.   The ratio takes into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

NP program/track faculty for both distance and traditional program options provide oversight of the planning, implementation, and *evaluation* of the clinical learning experience, which may include, but is not limited to, clinical site evaluations, email, and phone consultations with the preceptor and agency administrators, and the student's appraisal of the clinical learning environment. A mechanism is in place to ensure the clinical setting affords the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience are conducted regularly and documented.

Required Evidence of Meeting Criterion:
- Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.
- Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision of the program.
- Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term.
- Evidence of faculty and student assessment of the clinical experience to meet learning objectives.
- Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation.

Criterion IV.B.2: Clinical settings are diverse and sufficient in number to ensure that the student will meet core *curriculum* guidelines and program/track goals.

Elaboration:
Clinical educational experiences for students are approved by *NP faculty* and preceptors. Sites are evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the NP role and *population-focused competencies*. Student clinical experiences at the student's site of employment need to be faculty-guided learning experiences and outside of the student's employment

expectations/responsibilities.

Required Evidence of Meeting Criterion:
- Records for the process used to document student learning experiences and clinical hours.
- Copies of policies relevant to clinical placement.

Criterion IV.B.3: *NP faculty* may share the clinical teaching of students with qualified preceptors.

Elaboration:
The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student has a majority of clinical experiences with preceptors from the same *population-focused* area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student has clinical experiences with an APRN preceptor and preferably an NP with expertise in the *population-focused* area of practice in primary care and/or acute care, as appropriate.

Required Evidence of Meeting Criterion:
- Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

Criterion IV.B.3.a: A preceptor has authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or specialty area.

Elaboration:
An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives and prepare the student for the NP role, population, and full scope of practice. Each preceptor used, to include NPs, other nurses, and individuals from other disciplines, is credentialed and licensed to practice in his/her area of practice. In addition, this area of practice is clearly relevant to meeting the objectives of the *NP program/track*.

Required Evidence of Meeting Criterion:
- (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate;
or
   (2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

Criterion IV.B.3.b: A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

Elaboration:
Each preceptor has educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician has at least one year of clinical experience in the *population-focused* area of practice and role prior to providing clinical supervision.

Required Evidence of Meeting Criterion:
• Preceptor profiles, including title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

Criterion IV.B.3.c: Preceptors are oriented to program/track requirements and expectations for oversight and *evaluation* of NP students.

Elaboration:
Clinical preceptors are oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The *NP faculty* interfaces closely with preceptors to assure appropriate clinical experiences for students.

Required Evidence of Meeting Criterion:
• Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
• A copy of preceptor orientation information.

V: FACULTY

Criterion V.A.1: *NP programs/tracks* have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:
For successful implementation of the *curriculum*, faculty have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Recognizing that no individual faculty member can fill all roles, *NP programs/tracks* maintain a sufficient number of qualified faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program and individual *population-focused* tracks.

Interrelated indicators that may demonstrate sufficiency of faculty may include the following:

• Student performance on certification examinations.
• Whether overall faculty workload allows time for responsibilities, such as clinical placements, curriculum development, student advising, interviewing, teaching, and program outcome assessment.
• Whether faculty evaluations reflect ability to manage all assignments.
• Whether student evaluations reflect ability to obtain faculty assistance/guidance.

Required Evidence of Meeting Criterion:
• Copies of faculty profiles including credentials, licensure/approval/recognition, clinical and didactic teaching

responsibilities, and other faculty responsibilities. (See Sample Form C.)
• An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of:
• Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses;
• Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments;
• Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or
• Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment affecting NP practice.

Criterion V.A.2: NP program faculty who teach the clinical components of the program/track maintain current licensure and national *certification*.

Elaboration:
NP program faculty include individuals with diverse expertise and emphasis in research, teaching, and/or clinical practice. While it may be difficult for some faculty to balance research, practice, and teaching responsibilities, all faculty are encouraged to maintain national *certification*. However, it is imperative that faculty who teach clinical components

maintain appropriate professional credentialing.

Required Evidence of Meeting Criterion:
- Evidence of or documentation that copies of each faculty member's state license/approval/ recognition and national certification are maintained in a file, as appropriate.

Criterion V.A.3: *NP faculty* demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.

Elaboration:
NP faculty may participate in or undertake various types of practice in addition to direct patient care to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.

In the event that an *NP faculty* member has less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into the role of *NP faculty* educator. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Required Evidence of Meeting Criterion:
- A copy of the faculty development plan for the school/ program.

Criterion V.B: Non-*NP faculty* have expertise in the area in which they are teaching..

Elaboration:
Similar to *NP faculty*, other faculty in the NP program have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Required Evidence of Meeting Criterion:
- An overview of non-NP faculty detailing their credentials, position, population-focus or specialty, area of content responsibility, and teaching responsibilities. (See Sample Form D.)

VI: EVALUATION

Criterion VI.A: There is an *evaluation* plan for the *NP program/ track*.

Elaboration:
If the *evaluation* plan from the institution is used for the *NP program/track*, apply the plan for implementation in the *NP program/track*.

Required Evidence of Meeting Criterion:
- A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

Criterion VI.A.1: Evaluate courses at regularly scheduled intervals.

Elaboration:
To ensure that students can achieve successful program outcomes, programs should establish a process for scheduled review of courses in the *NP program/track*.

Required Evidence of Meeting Criterion:
- Documentation of the current course evaluation process and review schedule.

Criterion VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.

Elaboration:
NP program faculty are evaluated at scheduled intervals for competence in all role areas, including teaching, research, and clinical competence, as applicable.

Required Evidence of Meeting Criterion:
- Documentation of mechanisms or processes and the schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, or peer review).

Criterion VI.A.3: Evaluate student progress through didactic and clinical components of *NP program/track* each semester/ quarter/term.

Elaboration:
Each student is evaluated as he/she progresses through the *NP program/track*. Separate evaluations are done in the didactic and clinical components of the *curriculum*. *Evaluation* of the progression of students through the program is important to ensure that sufficient and adequate resources are provided to support timely student progression through the program.

Required Evidence of Meeting Criterion:
- Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program.
- Copies of evaluation forms used.

Criterion VI.A.4: Evaluate students' attainment of *competencies* throughout the program.

Elaboration:
Evaluation of students' attainment of *competencies* is the responsibility of the *NP faculty* member throughout the didactic and clinical components of the program.

Required Evidence of Meeting Criterion:
• Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.)

Criterion VI.A.5: Evaluate students cumulatively based on clinical observation of student competence and performance by *NP faculty* and/or preceptor assessment.

Elaboration:
Student *evaluation* is the responsibility of the *NP faculty* with input from the preceptor. Direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor. Clinical observation may be accomplished using direct and/or indirect *evaluation* methods such as student-faculty conferences, computer *simulation*, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies.

Required Evidence of Meeting Criterion:
• Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance.
• Documentation of the availability of completed evaluations.
• Documentation of the frequency and process used for evaluation of the student's clinical performance.

Criterion VI.A.6: Evaluate clinical sites at regularly scheduled intervals.

Elaboration:
Evaluation of clinical sites at scheduled intervals provides the necessary information about the quality of student learning experiences. This should form the basis for *NP faculty* to make changes in student assignments.

Required Evidence of Meeting Criterion:
• Documentation of how clinical sites are evaluated.

Criterion VI.A.7: Evaluate preceptors at regularly scheduled intervals.

Elaboration:
Preceptors provide an important part of the educational experience for students. Faculty and student evaluations of preceptors conducted at scheduled intervals or more frequently if needed are used by *NP faculty* to define ongoing preceptor relationships and development programs. Evaluations also provide the basis for making student assignments. An *evaluation* process may include the use of technology, surveys, student and preceptor feedback, and follow-up to be determined by the program.

Required Evidence of Meeting Criterion:
• Documentation of how preceptors are evaluated to include faculty and student evaluations.

Criterion VI.B: Formal NP *curriculum evaluation* occurs every five (5) years or sooner.

Elaboration:
The overall NP *curriculum* and program of study are formally evaluated every five years or sooner.

Required Evidence of Meeting Criterion:
• Documentation of frequency of curriculum evaluation.
• Documentation of curricular decisions based upon evaluation.

Criterion VI.C: There is an *evaluation* plan to measure outcomes of graduates.

Elaboration:
Programs develop an ongoing system of *evaluation* of graduates. It is recommended that the first interval should be set at one (1) year, or no later than two (2) years, post-graduation.

Required Evidence of Meeting Criterion:
• Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to further support the outcomes of the program.

GLOSSARY

Terms italicized within the evaluation criteria

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). [The specific outcome competencies in each of these three areas are delineated in American Association of Colleges of Nursing (AACN) (1996) *The Essentials of Master's Education for Advanced Practice Nursing*, pp. 12-14, or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*, pp.23-24.]

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 Hours – those hours in which direct clinical care is provided to individuals and families 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*.)

Clinical Observation – observation of the student interacting face-to-face with a real patient in a clinical setting.

Combined Nurse Practitioner/Clinical Nurse Specialist Program – graduate educational programs in which, by curricular design, graduates are prepared with the core role competencies for both the NP and CNS roles. The program prepares graduates to meet educational eligibility requirements to sit for one NP national certification exam and one CNS national certification exam, (e.g. adult-gerontology acute care NP and adult-gerontology CNS).

Competence – the 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. Competency-based medical education: Theory to practice. Med Teach. 2010;32:638-645.)

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 JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. Med Teach. 2010;32:638-645.)

Contractual Agreement – a formal agreement between the educational program/institution and clinical agency that protects, as appropriate, the clinical site, the educational program, and students during clinical experiences.

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

Curriculum – the overall didactic and clinical components that make up courses for the programs of study.

Direct Clinical Teaching – teaching that occurs face-to-face with the student in one-on-one direct client/patient care situations (e.g., demonstration, example, role modeling, or coaching).

Direct Patient Care – care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients–not simulations or lab exercises with trained client/patient actors.

Dual Track Nurse Practitioner Program – graduate educational programs whose curricular design allows students to major in two NP *population-focused* clinical tracks or in primary care and acute care NP tracks in the same *population-focused* area of practice. The program prepares graduates to meet educational eligibility requirements to sit for two national NP certification examinations (e.g., adult-gerontology

NP and family/lifespan NP or pediatric primary care and pediatric acute care.)

Evaluation of Curriculum/Curriculum Evaluation – the review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in healthcare. The process serves to ensure accuracy and currency of learning experiences. Revision of curriculum takes place every 3-5 years and is a more in-depth review, leading to substantive curricular changes as deemed necessary.

Graduate Core – foundational core outcomes deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus. These outcomes are delineated in the American Association of Colleges of Nursing (AACN) (2011) *The Essentials of Master's Education in Nursing* or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice.*

NP Program/Track – basic NP program in nursing to prepare advanced practice registered nurses at the graduate level, including the graduate core, APRN core, and NP role and population-focused courses.

Intensives – concentrated simulated or designed experiences used for evaluation in which an NP student demonstrates knowledge, skill, and competencies in practice. These opportunities enable faculty to evaluate the NP student on a variety of aspects of care, including critical thinking skills on cases the student may not have encountered in a clinical setting.

NP Faculty – faculty who teach in the NP program/track who are NPs.

NP Program Faculty – all faculty who teach didactic or clinical courses in the graduate NP program/track.

Population Focus – the broad area of practice for which national competencies exist to build on the core role population. 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 the 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/across the lifespan, neonatal, women's health/gender specific, and PMH.

Simulation – an activity or event designed to replicate essential aspects of a clinical situation with the goal of understanding and managing the situation better when it occurs in actual clinical practice. A technique that uses a situation or environment created 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 (National League of Nursing, (2014). Simulation Innovation Resource Center: An Interactive Global Simulation Community. (sirc.nln.org)

Single Track Nurse Practitioner Program – a graduate educational program whose curricular design allows students to major in one NP clinical track. Program prepares graduates to meet educational eligibility requirements to sit for the national NP certification examination in that population-focused practice area.

Specialty – the more narrow focus of practice that may be an added emphasis of educational preparation in addition to the role and population focus (e.g., oncology or palliative care).

Specialty Courses/Curriculum – clinical and didactic learning experiences that prepare an individual in a specialty area of practice. These courses are in addition to the APRN core, NP role core, and population-focused clinical and didactic learning experiences.

2016

APPENDICES

Criteria for Evaluation of Nurse Practitioner Programs

Documentation Checklist

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as one example of a tool for tracking whether or not criteria are met. If using the checklist, additional materials and narrative must accompany the form in order to provide full documentation. The location of required and/or supporting documentation should be indicated within the accompanying narrative. Programs/ tracks may wish to use this checklist as presented or adapt it to meet their specific needs.

CRITERION I: Organization and Administration	Documentation	Documentation Present - √ if yes
I.A The director/coordinator of the NP program is nationally *certified* as an NP and has the responsibility of overall leadership for the NP program.	**Required Evidence of Meeting Criterion:** • Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator). • Documentation of credentialing as an NP in the state (or territory) of practice. • Proof of national certification as an NP in at least one population-focused area. • A statement describing the program director/ coordinator's responsibilities to the program.	☐ ☐ ☐ ☐
I.B The faculty member who provides direct oversight for the NP educational component or track is nationally *certified* in the same population-focused area of practice.	**Required Evidence of Meeting Criterion:** • Curricula vitae of NP faculty who provide oversight for each population-focused track. • Documentation of credentialing as an NP in the state (or territory) of practice. • Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate. • A statement describing the lead NP faculty member's responsibilities to the program.	☐ ☐ ☐ ☐
I.C Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.	**Required Evidence of Meeting Criterion:** • (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice; or (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload. • Documentation of faculty practice plan or arrangements, if applicable.	☐ ☐

Documentation Checklist

CRITERION II:
Students

Documentation

Documentation Present - √ if yes

II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

Required Evidence of Meeting Criterion:
- A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria. ☐
- Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track. ☐

II.B Any progression and completion criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

Required Evidence of Meeting Criterion:
- Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study. ☐
- Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track. ☐
- A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress. ☐

Documentation Checklist

Documentation Checklist

CRITERION III:

Curriculum	Documentation	Documentation Present - √ if yes
III.D The curriculum plan demonstrates appropriate course sequencing.	**Required Evidence of Meeting Criterion:** • The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites.	☐
III.E The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.	**Required Evidence of Meeting Criterion:** • Documentation of the process used to verify student learning experiences and clinical hours. • An overview of the curriculum. • An overview of the number of required precepted clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.) • A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies.	☐ ☐ ☐ ☐
III.F Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.	**Required Evidence of Meeting Criterion:** • A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. (See Sample Form F.) • Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience. • A sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology).	☐ ☐ ☐

Documentation Checklist

CRITERION IV:
Resources, Facilities, and Services   **Documentation**   **Documentation Present - √ if yes**

IV.A Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

Required Evidence of Meeting Criterion:
- Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.   ☐
- Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.   ☐

IV.B Clinical resources support NP educational experiences.

Required Evidence of Meeting Criterion:
- A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, or rural clinic), and client characteristics. (See Sample Forms A and B.)   ☐
- A sample of a contractual agreement, including a statement on liability coverage   ☐
- A copy of the policy covering student rotations at clinical sites.   ☐

IV.B.1 A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

Required Evidence of Meeting Criterion:
- Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.   ☐
- Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision for the program.   ☐
- Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term.   ☐
- Evidence of faculty and student assessment of the clinical experience to meet learning objectives.   ☐
- Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation.   ☐

IV.B.2 Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

Required Evidence of Meeting Criterion:
- Records for the process used to document student learning experiences and clinical hours.   ☐
- Copies of policies relevant to clinical placement.   ☐

IV.B.3 NP faculty may share the clinical teaching of students with qualified preceptors

Required Evidence of Meeting Criterion:
- Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)   ☐

Documentation Checklist

CRITERION IV:
Resources, Facilities, and Services   **Documentation**   **Documentation Present - √ if yes**

IV.B.3.a A preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.

Required Evidence of Meeting Criterion:
- (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate;

or

(2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program.

☐

IV.B.3.b A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience

Required Evidence of Meeting Criterion:
- Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.)

☐

IV.B.3.c Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

Required Evidence of Meeting Criterion:
- Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.

☐

- A copy of preceptor orientation information.

☐

Documentation Checklist

CRITERION V: **Faculty and Faculty Organization**	**Documentation**	**Documentation Present - √ if yes**
V.A.1 NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.	**Required Evidence of Meeting Criterion:** • Copies of faculty profiles including credentials, licensure/ approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. (See Sample Form C.) • An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of: –Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses; –Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments; –Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or –Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment impacting NP practice.	☐ ☐
V.A.2 NP program faculty who teach the clinical components of the program/ track maintain current licensure and national certification.	**Required Evidence of Meeting Criterion:** • Evidence or documentation that a copy of each faculty member's state license/approval/ recognition and national certification, are maintained in a file, as appropriate.	☐
V.A.3 NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.	**Required Evidence of Meeting Criterion:** • A copy of the faculty development plan for the institution/ program.	☐
V.B Non-NP faculty have expertise in the area in which they are teaching.	**Required Evidence of Meeting Criterion:** • An overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities. (See Sample Form D.)	☐

Documentation Checklist

CRITERION VI:

Evaluation	Documentation	Documentation Present - √ if yes
VI.A There is an evaluation plan for the NP program/track.	**Required Evidence of Meeting Criterion:** • A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.	☐
VI.A.1 Evaluate courses at regularly scheduled intervals.	**Required Evidence of Meeting Criterion:** • Documentation of current course evaluation process and review schedule.	☐
VI.A.2 Evaluate NP program faculty competence at regularly scheduled intervals.	**Required Evidence of Meeting Criterion:** • Documentation of mechanisms or processes and schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, or peer review).	☐
VI.A.3 Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.	**Required Evidence of Meeting Criterion:** • Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program. • Copies of evaluation forms used.	☐ ☐
VI.A.4 Evaluate students' attainment of competencies throughout the program.	**Required Evidence of Meeting Criterion:** • Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.)	☐
VI.A.5 Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.	**Required Evidence of Meeting Criterion:** • Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance. • Documentation of the availability of completed evaluations. • Documentation of the frequency and process used for evaluation of the student's clinical performance.	☐ ☐ ☐
VI.A.6 Evaluate clinical sites at regularly scheduled intervals.	**Required Evidence of Meeting Criterion:** • Documentation of how clinical sites are evaluated.	☐
VI.A.7 Evaluate preceptors at regularly scheduled intervals.	**Required Evidence of Meeting Criterion:** • Documentation of how preceptors are evaluated, to include faculty and student evaluations.	☐
VI.B Formal NP curriculum evaluation occurs every five (5) years or sooner.	**Required Evidence of Meeting Criterion:** • Documentation of frequency of curriculum evaluation. • Documentation of curricular decisions based upon evaluation.	☐ ☐
VI.C There is an evaluation plan to measure outcomes of graduates.	**Required Evidence of Meeting Criterion:** • Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to further support the outcomes of the program.	☐

Sample Forms

The forms found in the following pages are examples of how programs can document that various criteria are met.

- Sample Forms A and B are examples of how to document the required information for Criterion IV.B.

- Sample Form C is an example of how a program can document that it meets Criterion V.A.1.

- Sample Form D is an example of how to record the documentation for Criterion V.B.

- Sample Forms E and F are examples of how to document meeting Criteria III.E and III.F, respectively.

- Sample Form G can be useful for documentation needed in Criterion III.B. Maintaining documentation on simulation experiences relative to Criterion III.E is recommended.

- Sample Form H can be useful for programs to keep track of their uses of simulation experiences for assessment and teaching.

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.

CLINICAL SITES

NAME OF SITE	TYPE OF SITE (e.g., community health, private practice, rural clinic)	CHARACTERISTICS OF PATIENTS (e.g., gender, age, ethnicity)	EXPERIENCES AVAILABLE (e.g., acute, chronic, in-hospital)

PRECEPTORS

Name and Credentials of Preceptor(s) at each site	Population-focused (and/or Specialty, if applicable) Area of Practice	Certification* *(specify type and certifying Body as appropriate)*	Years of Practice in the Population-Focused or Specialty Area of Practice	# Students Precepted Concurrently*	State Licensure/ Approval/ Recognition**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

*use * to indicate IPE students
**Copy on file, as appropriate, or program/track has method of verifying documentation.

SAMPLE FORM C

For documentation relative to Criterion V.A.1

Nurse Practitioner Faculty Profile

All NP Faculty Complete this Form

NP faculty defined in glossary as "faculty who teaching in the NP program/track who are nurse practitioners."
Attach CV of lead NP faculty for the NP program/track
CVs or resumés for other faculty available on request.

Name: _____ Credentials: _____ State License/Approval/Recognition # RN: _____ APRN: _____

Certification (List certification body and exp. date)
_____

_____

Copy of current national certification and state license/approval/recognition available on file: ◯ Yes ◯ No

Academic NP Program Completed: _____ Graduation Date: _____ NP Track/Major: _____

Faculty Appointment: ___ % of FTE in NP track: _____ % of Time in School of Nursing: _____

Clinical Teaching Responsibilities: (Include past academic year and current responsibilities)

<u>Clinical Course</u>   <u># Students</u>   <u>Clinical Sites</u>   <u>Dates</u>

_____

_____

_____

_____

Didactic Teaching Responsibilities: (Include past academic year and current responsibilities)

<u>Didactic Course</u>   <u># Students</u>   <u>Dates</u>

_____

_____

_____

List Other Faculty Responsibilities: (e.g. other teaching, committee work, thesis/dissertation supervision, research, etc.)

_____

SAMPLE FORM C

For documentation relative to Criterion V.A.1

NP Practice Experience: (List last 5 years with current practice first)

_____

_____

_____

_____

_____

_____

Are you practicing now? _____ Yes _____ No

    If yes, describe the following: Setting _____

                                       Patient Population _____

                                       Practice _____

    Approximate current # of hours per week/month: _____ or hours per year: _____

    Approximate # hours last year per week/month: _____

If you have less than one (1) year of clinical practice experience as a graduate NP, who is your faculty mentor?

_____

For documentation relative to Criterion V.B

NP Program Faculty (not NP certified)*

Complete form

Name/Credentials	Title/Position	Population Focus, Area of Specialty Practice or Educational Preparation	Course Content/Teaching Responsibility

*Faculty having teaching responsibility for any courses required for graduation from a graduate level NP program. This includes full-time or part-time faculty from nursing and other disciplines and major guest lecturers only.

CLINICAL EXPERIENCES FOR DUAL NP-NP OR COMBINED NP-CNS PREPARATION

Use this form to document the areas of overlap in clinical curricula if the program offers the opportunity for preparation in dual areas of NP *population-focused* preparation, dual NP primary care and acute care preparation in the same *population-focused* area of practice, or combined clinical nurse specialist and nurse practitioner preparation.

NP Population-Focus Area 1: _____

NP Population -Focus Area 2: _____

CNS Population- Focus Area: _____

CLINICAL EXPERIENCE (description of sites, patient characteristics, type of experiences)	# HOURS UNIQUE TO NP *Population-Focused* AREA 1	# HOURS UNIQUE TO NP *Population-Focused* AREA 2	# HOURS UNIQUE to CNS Population Focus	# HOURS RELEVANT TO BOTH NP FOCI OR CNS and NP FOCI

Signature of Program Director: _____

37

For documentation relative to Criterion III.F

GAP ANALYSIS FOR POST-GRADUATE NP CERTIFICATE OR POST-MASTER'S DNP STUDENT

Name of Candidate: _____

New National NP Certification Sought: _____

NP National Certification Previously Completed: _____   **Institution:** _____   **Yr:** _____

Instructions:

Use this form for a student who is a nationally certified NP seeking partial credit or waiver of coursework toward completion of a post-master's certificate or post-master's DNP program in another NP practice area (e.g., a pediatric NP seeking certification as a family NP, or adult PMH NP seeking across the lifespan PMH NP certification). The form should be completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national NP competencies necessary for certification in the second NP population-focused area of practice.

- In column 1, list the courses for the standard required program of study required for preparation in the <u>DESIRED</u> NP area of practice.

- In column 2, list courses from the student's transcript that will be used to waive courses from column 1. List the course on the same or equivalent line as the course in column 1.

- In column 3, identify and describe clinical hours and experiences needed to meet the required competencies for the new or desired area of NP practice. The student must meet the clinical course requirements of the program of study using both clinical courses previously taken and indicated on the transcript and courses to be completed.

- List all coursework to be completed for the certificate/degree (all courses from column 1 not waived). This column, in combination with column 3, will constitute the student's individualized program of study.

See Next Page

38

SAMPLE FORM F

For documentation relative to Criterion III.F

GAP ANALYSIS FOR POST-GRADUATE NP CERTIFICATE OR POST-MASTER'S DNP STUDENT

List Required Courses for the DESIRED NP Area of Practice	List Courses from Transcript that Satisfy Required Courses listed in Column 1	Type and Number of Clinical Experiences Needed by Student	Coursework to be Completed by the Student for the Certificate/Degree

Signature of Program Director: _____

NURSE PRACTITIONER PROGRAM CURRICULUM

Use this form to document the nationally recognized educational standards and competencies used for developing curriculum for graduate/APRN, NP role, population-focused, and specialty (if applicable) content in the NP curriculum.

Content Area	Competencies and Educational Standards Used (if available from professional organization)	Source of Competencies/Educational Standards and Date
Graduate/APRN	*Sample: The Essentials of Doctoral Education for Advanced Nursing Practice*	*AACN, 2006*
NP Role	*Sample: Nurse Practitioner Core Competencies Content*	*NONPF, 2014*
NP Population Focus	*Sample: (1) Population-Focused Nurse Practitioner Competencies: Neonatal NP Competencies; (2) Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs*	*(1) Population-Focused Competencies Task Force, 2013; (2) National Association of Neonatal Nurse Practitioners, 2014*
NP Population Focus 2 (if dual program)		
Specialty (if applicable)	*Sample: Oncology Nurse Practitioner Competencies*	*Oncology Nursing Society, 2007*

Signature of Program Director:

_____

SIMULATION EXPERIENCES

NP programs may wish to use this form to document the types of simulation clinical experiences that NP students may have beyond the required 500 direct patient care clinical hours.

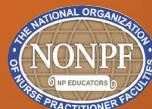| Type of Simulation *e.g., high-fidelity simulation, low-fidelity simulation, standardized patients and description of simulation experience*	Specific Course in which simulation is used and Course Objective the experience is meeting	# of Hours Used for Clinical andNon-clinical Experience *(specify both)*	Use *e.g., formative assessment, summative assessment, education*