COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

Diploma Practical Nurse Education Standards Guide

Department: Education Standards Advisory Committee (ESAC)

Approved: November 14, 2019
Revised: March 30, 2020

COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
www.clpna.com

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St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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1. EDUCATION STANDARDS ADVISORY COMMITTEE (ESAC)

The College of Licensed Practical Nurses of Alberta (CLPNA) is mandated by the Health Professions Act to assure that graduates of Diploma Practical Nurse Programs, Advanced Education Programs and Refresher Programs have the necessary knowledge, skills, behaviors, attitudes and judgment to competently engage in professional nursing practice in accordance with current legislation, standards of practice and scope of practice documents.

The responsibility for reviewing programs is delegated to the Education Standards Advisory Committee (ESAC). ESAC reviews current and proposed Practical Nurse Diploma Programs in Alberta, as well as Advanced Education outlined in the Health Professions Act and Refresher Programs, and reports to the CLPNA's Council with its recommendations. The CLPNA Council determines the acceptance of ESAC's report and recommendations and is responsible for granting approval status.

1.1 The Purpose of PN Education Program Review

- Fulfill CLPNA's legislative duty to approve Diploma PN education programs
- Promote the safe practice of nursing through a standardized nursing education approval process and the use of comprehensive education standards
- Provide stakeholders with a transparent account of program approval, and
- Support continuous evaluation and improvement of nursing education programs

1.2 Other Benefits

- Program review allows the ESAC to applaud the exceptional work being done by faculty members in the programs, and
- Encourage and support innovative instructional methods and creative approaches to curriculum design

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13163 -146 Street
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Toll Free 1.800.661.5877
Fax 780.484.9069
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2. USING THE GUIDE

This guide is a resource for PN Diploma Education Programs and the ESAC members.

It is intended to outline expectations for, and provide support during:

- Completion of the mandatory self-study data collection;
- The onsite review;
- Annual reviews; and
- Generally to maintain ongoing compliance with program approval requirements.

It is <u>not</u> intended to replace the ESAC Operational Guidelines and Procedures. Programs are encouraged to refer to that document for further clarification on Program Approval Requirements.

2.1 Key Program Review Documents

Other resources related to PN Program Review are available on the Website. They include, but are not limited to the following:

- Videos:
  - Introduction to Program Review
  - Program Review Process

- PowerPoint Presentations:
  - Preparing for PN Diploma Program Review (tutorial)
  - PN Diploma Program Annual Report Process (tutorial)

- Documents
  - ESAC Operational Guidelines and Procedures (2019)
  - ESAC Standards for Approval of Diploma Practical Nurse Programs (2019)
  - ESAC Self-Study Data Collection Guidelines Template
  - Templates for use with the Self-Study Data Collection Template
  - ESAC Required Notice of Change Form

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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3. INTRODUCTION TO PROGRAM REVIEW FOR PN DIPLOMA EDUCATION PROGRAMS

Any new Practical Nurse Diploma Programs, including, but not limited to a program offered by an institution that has previously brokered an ESAC approved practical nurse program, a new program offered by an institution not previously offering a Practical Nurse program in Alberta, a new brokering arrangement, or a new partnership arrangement must be approved by the CLPNA Council prior to program implementation.

Existing Practical Nurse programs must undergo a complete evaluation at least every four years. The approval process is guided by the Standards and Indicators for Program Approval outlined in the *Standards for Approval of Diploma Practical Nurse Programs (2019)*[1], and includes an in-depth review of the curriculum and program delivery models, all relevant College policies and procedures, a site visit to the College and selected clinical placement sites as well as meetings with students, faculty, clinical placement partners and College and program administrators.

Each year following, approved programs must submit an annual review. The purpose of this review is to:

- Provide updates on progress toward standards/indicators that were not met or needed more information at the time of the initial site visit
- Track compliance with ESAC Education Standards – as per Indic*ator 1.5: (C) Maintenance of Program Standards Requirements*
- Share new information & initiatives

[1] College of Licensed Practical Nurses of Alberta. (2019). *Standards for Approval of Diploma Practical Nurse Programs.* Edmonton, AB: Author.

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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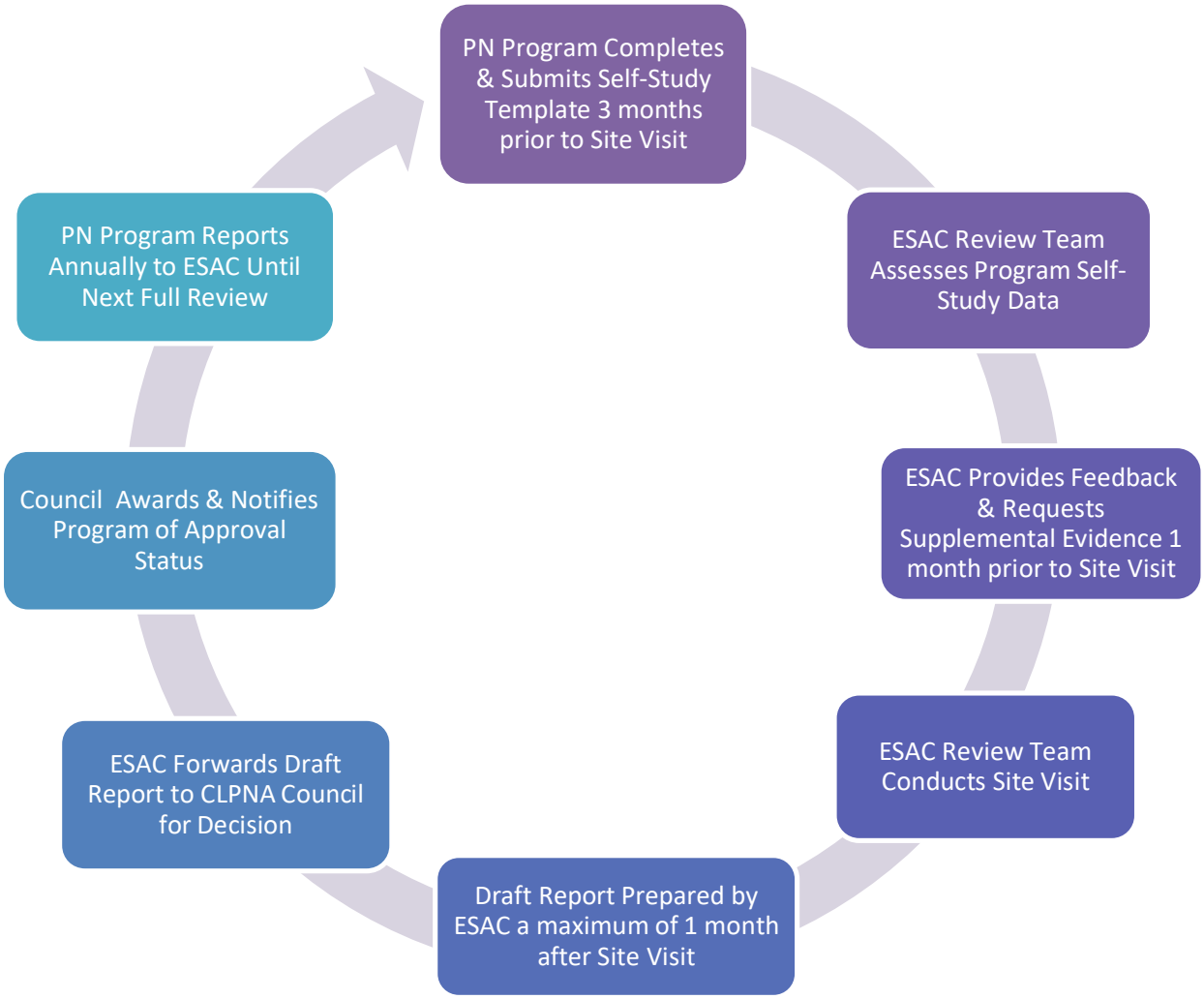
4. THE REVIEW CYCLE



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13163 -146 Street
Edmonton, AB T5L 4S8

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Toll Free 1.800.661.5877
Fax 780.484.9069
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5. COMPLETING THE SELF-STUDY DATA COLLECTION GUIDELINES TEMPLATE

The first step of the program review is completion and submission of the program self-study. The template has detailed information under each section about what evidence is required.

5.1 Definitions of Terms for Required Evidence

Describe

This term intends the organization will in written form describe a process, situation, or event.
Example: Indicator 4.3.3 states "Describe the method to archive documents (course syllabi, course outlines and other program/course documents)." The intention is the organization will succinctly in writing describe how the organization archives course documents.

Evaluate

This term intends the organization will present a written opinion regarding a subject.
Example: Indicator 6.1.2 states "The adequacy of the program to collect student feedback on courses and clinical placements, from faculty that teach, assess and/or supervise students." The intention is the organization will provide a written evaluation of how well it perceives the program's ability to collect student feedback on courses and clinical placements.

Explain

This term intends the organization will present more in depth information to clarify, demonstrate the development of a process or describe relationships and roles of persons involved in the development processes.
Example: Indicator 2.2 states, "Briefly the Lead's ability and/or process to gain access to the institutional authorities". The intention is the organization will provide a written example of the process the Program Lead would utilize for communicating with higher administration for the purposes of achieving the mission and mandate of the education program.

Provide

This term intends that the organization will attach as supplementary information copies of the information requested or list the name and role of the person responsible and accountable for a specific area.

St. Albert Trail Place
13163 -146 Street
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Example: Indicator 1.1 states "Provide the most recent PN Education program mission/vision, immediate and long term goals and objectives." The intention is that the organization will attach the goals and objectives of the PN program in the appropriate electronic folder.

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6. TEMPLATE DEFINITIONS

Met and met with follow-up are considered in compliance with an indicator, as follows:

- **Met:** The required policy, process, resource or system is in place and if required by the standard, there is evidence to indicate that it is effective.
- **Met with follow-up:**
    1) The practical nurse program has the required policy, process, resource, or system in place, but there is INSUFFICIENT evidence to indicate that it is effective. Therefore, a need for further follow-up is required to ensure that the desired outcome has been achieved.
    2) The practical nurse program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance.

All unmet indicators are considered non-compliance.

- **Unmet:** The practical nurse program has not met one or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

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13163 -146 Street
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Phone 780.484.8886
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7. TEMPLATES USED WITH THE SELF-STUDY DATA COLLECTION

7.1 Mandatory Template A: Student and Faculty Numbers

- For use with Indicator 1.1 Strategic/organizational Planning

7.2 Optional Template B: Clinical Courses and Sites

- May be used as evidence for Indicators 1.2, 3.4, & 4.5

7.3 Mandatory Template C: Classroom Facilities and Services

- For use with Indicator 3.3 Sufficient facilities, IT & equipment resources

7.4 Optional Template D: PN Course Sequencing Map or Program Configuration

- May be used as evidence for Indicator 4.2: Curriculum design of the program

7.5 Optional Template E: Student Lifespan and Clinical Experience Tracking

- May be used as evidence for 4.5.4 (C) Method of tracking & scheduling clinical hours and placements for each student

7.6 Mandatory Template F: PN Program Personnel

- For use with Indicators/Sub-Indicators 9.1.2, 9.1.3, 9.1.4, 9.2, & 9.5: Faculty effectiveness & professional development

7.7 Optional Template G: Program Review Plan

- May be used as evidence for Sub-Indicator 6.1.1: Methodology for program review.

7.8 Optional Template H: Program Performance Data and Actions

- May be used as evidence for Sub-Indicator 6.1.2 & Indicator 6.3: Program review data & curriculum enhancements.

7.9 Mandatory Template I: Student Data

- For use with Sub-Indicator 8.1.1 (C) Student enrollment, attrition, and completion data

7.10 Mandatory Template J: Results on the CPNRE

- For use with Sub-Indicator 10.1.2 (C) Program success rates of first time writers on the CPNRE

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13163 -146 Street
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Toll Free 1.800.661.5877
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7.11 Program Declaration re Nursing Registration

- Used as evidence for Sub-Indicator 9.1.5: Initial & ongoing registration of faculty
- Programs are still required to describe the process for vetting registrations

7.12 Components of the Self-Study Document Submission

Component	Number
No of critical indicators/sub-indicators	10
No of non-critical indicators/sub-indicators	78
Length of self-study document	78 pages
No of Templates	5 mandatory 6 optional

7.13 Final Program Checklist

Programs should ask themselves the following questions as a final check to ensure the submission is complete:

1. Is there an answer to each section under required evidence (Describe, Evaluate, and Explain)?
2. Are the supporting documents included as required (Provide)?
3. Are all mandatory templates complete?
4. If not using optional templates, are there program templates with similar information included?
5. Has the program provided an assessment under met/met with follow-up/unmet?
6. Has the program organized the electronic submission as described in Appendix A?

7.14 Electronic File Submission

See Appendix A for directions and more information regarding the file format for submission

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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8. SITE VISITS

Following review of the program's self-study documents, ESAC may request supplemental evidence prior to attending a site visit. This gives the PN Program an opportunity to provide additional information to demonstrate compliance with standards, indicators, and/or sub-indicators.

The purpose of the site visit is to augment and/or verify the evidence in the self-study document. This is achieved by reviewing confidential documents on site and meeting with administrators, faculty, students, graduates, employers (clinical sites) and various other stakeholders.

The ESAC team requires reliable internet access and meeting spaces to accommodate interviews with stakeholders and other onsite activities as determined and listed in the schedule.

The site visit schedule is developed in collaboration with the PN Program and incorporates visits at program delivery site(s) as well as clinical sites. An ESAC team comprised of the ESAC Chair and up to two committee members visits the program site(s). For orientation purposes, a fourth ESAC team member may be involved in the assessment of the self-study and supporting documents, at no cost to the program. See Appendix B: Sample Site Visit Schedule.

The site visit is typically 3 days, however, if a program has a branch campus an additional day may be required by the Site Visit Team. The final day of the site visit will be used by the ESAC team, to consolidate information, to expedite preparation of the draft report and provide a debriefing with the program.

Once the site visit is concluded, the draft report is prepared and submitted to the ESAC. Once reviewed by ESAC, the draft report is submitted to the CLPNA Council for an approval decision. All reports are prepared using the current approved ESAC Report template. See the ESAC Diploma Program Operational Guidelines and Procedures for a full explanation of these processes.

See the ESAC Operational Guidelines and Procedures document for a full explanation of costs associated with the site visit.

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

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Toll Free 1.800.661.5877
Fax 780.484.9069
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9. APPROVAL DECISIONS

Following receipt of the draft report, the Council of CLPNA submits an approval status decision at the next regularly scheduled Council meeting, or within 40 business days, holds a special meeting to finalize this important decision. Programs are notified in writing of the approval decision by CLPNA Executive.

9.1 Categories for approval of an Established PN Diploma Program

Full Approval

The Diploma Practical Nurse program approval process is generally on a four year cycle. If the Program has met the minimum standard of 8 of 10 critical indicators and 80% of the remaining indicators, ESAC will recommend to Council a full approval. The program is expected to continue to work towards meeting all indicators.

Full approval may be impacted if non-attainment of any indicator may have detrimental effects on students or compromises delivery of the Practical Nurse Education Program. Full approval may not be granted despite percentages of compliance.

Approval with Conditions

This rating indicates that the program met less than 8 of the 10 critical indicators and/or less than 80% of the remaining indicators. An Approval with Conditions will specify the length of approval and timelines for compliance. A program may reverse their Approval with Conditions status to Full approval provided that they meet all conditions stipulated in their Program Review with supporting evidence within the timeline specified after the site visit. Note: The program is expected to alert current and future students of their change in Approval status.

Approval Withdrawn

When approval is withdrawn, a program that was operating with Approval with Conditions was unable to take corrective action within the specified timeline or to achieve compliance.

When the CLPNA Council withdraws program approval status, the date on which the approval ceases is stipulated in the letter sent to the Lead of the Practical Nurse Education Program and the President of the institution. The school must make alternate arrangements to enable the students to complete the program.

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13163 -146 Street
Edmonton, AB T5L 4S8

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9.2 Categories for ESAC Approval of a New Diploma Program

Approved to Implement Program

This rating authorizes the implementation of a new program. The program has complied with those Program Approval Indicators, which ESAC considers are critical for successful implementation of a Practical Nurse program. A review by ESAC will be carried out during the implementation of the first year of the program. This review is intended to allow for interaction with the first learner group and to provide additional evaluative data to support the ongoing approval of the program.

Interim Approval

This rating recognizes that new programs evolve and require time to stabilize. The ESAC team will return to review the program after the first cohorts of students have completed the program. Approval will be for a maximum of two years. At the end of the Interim Approval term ESAC will conduct a full program review and at this time, the program rating may change to Approval with Conditions or Full Approval in accordance with program performance requirements for established practical nurse programs.

Approval to Implement Program Denied

This rating indicates that the submission for a new program approval did not meet the critical Program Approval Indicators.

Failure to Implement an Approved Program

When a new program is approved by the College of Licensed Practical Nurses of Alberta, the practical nursing program must be implemented within 12 months of the approved start date. Approval to implement a new practical nursing program will be considered null and void if the institution fails to meet this requirement.

Should the institution wish to proceed with a practical nursing program at a later date, a totally new submission, including a letter of intent, Step 1 and Step 2 submissions as outlined in the new program approval process, and corresponding fees will be required.

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13163 -146 Street
Edmonton, AB T5L 4S8

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10. OTHER APPROVAL CONSIDERATIONS

Warning

A "Warning" action may be designated to specific Standard indicators where noncompliance may have detrimental effects on the ability to deliver the Practical Nurse Education Program (e.g., legal contracts, insufficient qualified faculty, safety concerns). The program will be expected to be in compliance within the term specified. Although the program is not required to notify the student or public about a warning action, the ESAC Chair must inform the President of the Institution of the pending warning.

Failure of the institution to comply to the "Warning" to the satisfaction of the CLPNA Council could result in the decision by the Council to put the program on interim approval or approval with conditions or approval-withdrawn status.

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11. ANNUAL REPORTS

Each year, every program is required to submit an annual report with the exception of a complete review year. The process is as follows:

- Programs will be notified of the timing of annual reports following their full review
- An Excel spreadsheet will be provided to the program at the time of their full report with approval status from the CLPNA Council
- Information from the original report will be listed by ESAC for the first annual report
- The PN Program forwards their electronic annual report for review by ESAC
- In addition, the program may present a verbal report to the ESAC in person or by teleconference
- ESAC will provide feedback to the program using the same Excel Spreadsheet
- Only outstanding information from the report or new reporting requirements will be listed for the next annual report

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12. REQUIRED NOTICE OF CHANGE

Programs are required to notify ESAC of the following changes:

- Change in governance or organizational structure
- Expansion of existing sites or inclusion of a branch campus
- Modification or introduction of new educational initiatives at the program level
- Major modification to program curriculum (not at individual course level)
- In the planned number of enrolled Practical Nurse students (decreases or increases of 10% in any one academic year or in a 3 year average)
- Major planned reduction in available resources for the program (infrastructure, finances, faculty support)
- Intention to implement simulation in place of clinical experiences
- Anticipated changes in the affiliation status of the program's clinical facilities.

The Required Notice of Change Form (2019) is to be completed for every change. In addition there may be specific information required depending on the type of change.

For more details on specific information required see **Appendix C: Required Notice of Change**.

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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13. APPENDIX A: SUBMITTING THE SELF-STUDY DOCUMENTS

Electronic files are to be submitted according to instructions from the CLPNA Executive Assistant . Contact information for the CLPNA is below:

Email	info@clpna.com
Phone	780-484-4886 or 1-800-661-5877
Mailing address	CLPNA St. Albert Trail Place, 13163-146 Street Edmonton, Alberta T5L 4S8 CANADA

13.1 Format for Electronic Submission

Organize your files using the following format, including all evidence relating to the indicators and sub-indicators in that particular section
:

Primary Folder: Program Self-Study Data Collection Template

Secondary Folders: A folder for each standard named as follows

- Evidence Standard 1
- Evidence Standard 2
- Evidence Standard 3
- Evidence Standard 4
- Evidence Standard 5
- Etc.

Each standard folder should contain additional sub-folders with reference to indicators. For instance, under Standard 1:

- Indicator 1.1
- Indicator 1.2
- Indicator 1.3
- Indicator 1.4
- Indicator 1.5
- Etc.

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14. APPENDIX B: SAMPLE SITE VISIT SCHEDULE

This schedule includes the elements of the site visit. The actual schedule may be changed to best fit the availability of the Institutional and program staff and students.

Day 1

0830 – 1030	Review Team Meeting. (This is a meeting of review team ONLY).
1030 – 1230	Conference with Practical Nurse Program Administration
1230 - 1330	Lunch with College President, PN Program Administration, and key administrative personnel who work with the program. This should include support departments such as Registrar, Library, Student Services, etc. The purpose of this meeting is to provide information about role of ESAC in terms of program review and approval. Fairly informal with lots of opportunity to discuss, raise questions, etc.
1330 – 1430	Conference with PN Faculty
1430 – 1515	Conference with first year PN Students
1515 – 1600	Conference with second year PN Students
1600 – 1630	Review of Records
1630 – 1800	Review Team Debriefing

Day 2

0900 – 1200	Clinical Visits in an Acute Care Facility Clinical Visits in a Long Term Care Facility
1300 - 1330	Observation in a Classroom
1330 - 1430	Observation in a Lab, Simulation and/or other Learning Space (2 team members)
1430 - 1530	Tour of Facility (classrooms, laboratory, faculty office areas, library, etc.)
1530- 1630	Conference with PNP Administration (if required)

Day 3

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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0830 - 1100 Review Team Meeting

1100 - 1130 Short Debriefing with PN Program Administration

St. Albert Trail Place
13163 -146 Street
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Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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15. APPENDIX C: REQUIRED NOTICE OF CHANGE SPECIFIC REQUIREMENTS

CHANGE IN GOVERNANCE OR ORGANIZATIONAL STRUCTURE

A separation of the Practical Nursing Education Program from its current supporting institution, or transfer to the governance of another institution, or merger with another institution.

- Provide a general description of the change in governance or organization structure that includes both historical context and future implications.
- Provide a detail description of the actual or potential changes that will result from the new governance or organization structure.
    - Outline changes to the governing body and the process for selecting board/committee members and how this will change the governance of the education program.
    - Explain how the changes influence the reporting structure between the Lead of the education program and the processes used to select and the Lead and other senior administrator positions.
    - Describe any changes to faculty personnel policies that include but are not limited to hiring, recruiting, professional development, performance expectations, and criteria for promotion/tenure.
    - Outline changes that influence the mission/goals of the education program that include decision processes used for curriculum or educational planning, and budget restrictions or allocations.
    - Describe anticipated changes to the programs' or the supporting institution's ability to provide student support services and other related resources.
    - Describe how students, staff and faculty will be notified and informed of the changes.
- Note any additional relevant data that the ESAC should take into consideration.

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EXPANSION OF EXISTING SITES OR INCLUSION OF A BRANCH CAMPUS

The expansion of an existing campus site or inclusion of a new branch campus, regardless of an increase in overall class size or not at the expanded or new campus site.

- Provide the current enrolment numbers of students for the existing campus site and estimated increases for the expansion and/or new branch campus.

Curriculum Structure

- If the curriculum expectations are different than the main education program provided (e.g. team-based learning), describe all major changes.

Instructional Delivery

- If the instructional methods used to deliver courses (e.g., distributed learning) or assignment of clinical placements is different, describe all major changes.

Assessment Strategies

- If the assessment strategies used to evaluate student achievement and performance is different (e.g., written and skills testing) describe all major changes.

Governance/Faculty

- Explain how the governance structure will be modified to ensure that students will have comparable academic opportunities and educational experiences.

- Describe how faculty will be integrated into the teaching (e.g., credentials, professional development) and governance structure (committees) of the education program.

Educational Resources

- Describe how infrastructure (e.g., classrooms, administration offices, study halls) and educational resources (e.g., library services, IT support, and clinical training resources) will be allotted to ensure students will have comparable resources.

Student Services

- Describe how student services will be provided to ensure comparability with existing education program: 1) health/dental, 2) academic /tutoring services, 3) financial assistance, and 4) career counseling.

Other:

St. Albert Trail Place
13163 -146 Street
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- Provide ESAC with any other relevant information that supports the expansion of an existing campus site or inclusion of a new branch campus.

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- **MODIFICATION OR INTRODUCTION OF NEW EDUCATIONAL INITIATIVES**

Major educational initiatives to one or more years of the Practical Nursing Education Program. Notification is not required for changes or a new initiative at the individual course level.

- In summary, describe the anticipated goals and outcomes of the educational initiative and how it will be incorporated into the academic program.

- In the Table below, indicate the number of anticipated students in the first two years of the planned educational initiative:

Education Initiative Year	Academic Year: 20XX	Academic Year: 20XX
Year One		
Year Two		

- Describe the methods of instruction and the expected learning outcomes.

- Describe how students will be evaluated and the impact of the assessment in relation to previous performance methods.

- Summarize the specific resources that will be needed for the educational initiative, including faculty, facilities, IT resources, clinical placement time, and/or funding.

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13163 -146 Street
Edmonton, AB T5L 4S8

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MAJOR MODIFICATIONS TO PROGRAM CURRICULUM

Major curriculum changes to one or more years of the Practical Nursing Education Program. Notification is not required for revisions to individual courses or introduction of a new course.

- In summary, describe the anticipated goals and outcomes of the change to the curriculum and how it will be incorporated into the academic program.
- In the Table below, indicate the number of anticipated students in the first two years of the planned curriculum change:

Change to Curriculum Year	Academic Year: 20XX	Academic Year: 20XX
Year One		
Year Two		

- Describe the differences in curriculum in comparison to the "traditional" curriculum approach.

- How will students in the modified curriculum be expected to meet all of the program objectives and graduation requirements in comparison with the "traditional" curriculum?

- Describe how students will be evaluated and the impact of the assessment in relation to previous performance methods.

- Summarize the specific resources that will be needed for the curriculum program, including faculty, facilities, IT resources, clinical placement time, and/or funding.

St. Albert Trail Place
13163 -146 Street
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Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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INCREASE IN CLASS SIZE

An increase or decrease of class size by 10 students or 10% (whichever is higher) in any one academic year or by 20% in three years.

Overview	Year One	Year Two
Current Enrollment		
Proposed Increase*		

Educational Facilities

- Describe how space requirements for classrooms or clinical placements space will be accommodated for the increase in class size.
- Summarize the specific resources that will be needed for the educational initiative, including faculty, facilities, IT resources, clinical placement time, and/or funding.
- Describe how the adequacy of other infrastructure resources would accommodate the increase in class size (i.e., library, IT resources, study space, etc.).

Instructional Staff

- Explain how additional of faculty and staff will be identified or recruited to meet the needs of the increase in class size.

Clinical Placements

- Explain how additional of clinical placement sites will be identified to meet the needs of the increase in class size.

Student Services

- Describe how student services will be modified to meet the needs of the increase in class size (e.g., academic and career counseling, financial aid, etc.).

Other:

- Provide ESAC with any other relevant information that supports the proposed increase in class size.

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****Provide ESAC with six (6) months' notice before implementation of change.**

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Toll Free 1.800.661.5877
Fax 780.484.9069
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16. APPENDIX D: DEFINITIONS OF KEY TERMS

16.1 Terms Related to Education and Program Approval

Clinical Scenario

A framework for an expected and potential course of events for a simulated clinical experience which provides context for the simulation. It can vary in complexity and length, based on expected outcomes or objectives.

Collaboration

A partnership between a team of health providers and a client where the client retains control over his/her care and is provided access to the knowledge and skill of team members to arrive at a realistic team-shared plan of care and access to the resources to achieve the plan.

Competence Assessment

Standardized equipment and approach to assess knowledge, skills and attitudes that are essential for patient safety and quality patient care.

Curriculum Modification

Modification of curriculum components that include, but are not limited to, design, philosophy, framework (structure), content or learning outcomes. Other examples might include changes to the number of theory, lab, clinical placement hours, or program length.

Debriefing

Facilitated activity following the simulation that encourages critical self-reflection with a purpose of transferring learning to future situations.

Educational Initiative

The introduction of unique methods of providing knowledge, instruction or assessments to address specific academic needs and with the goal of promoting successful student outcomes (or more broadly, improvement of teaching and learning). An example might be a change in the modality of program delivery or significant increase in simulation within the program.

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eHealth

An overarching term used today to describe the application of information and communications technologies in the health sector. It encompasses a whole range of purposes from purely administrative through to health care delivery. For example:

- within the hospital care setting, eHealth refers to electronic patient administration systems; laboratory and radiology information systems; electronic messaging systems; and, telemedicine -- teleconsults, telepathology, and teledermatology, to name a few
- within the home care setting, examples include teleconsults and remote vital signs monitoring systems used for diabetes medicine, asthma monitoring and home dialysis systems
- within the primary care setting, eHealth can refer to the use of computer systems by general practitioners and pharmacists for patient management, medical records and electronic prescribing.

eHealth (cont'd)

A fundamental building block of all these applications is the Electronic Health Record, which allows the sharing of necessary information between care providers across medical disciplines and institutions. Other important uses of eHealth are found in the areas of continuous medical education and public health awareness and education.

Entry-level competency

The education, knowledge, skill judgment and attitudes required of beginning practitioners to provide safe, competent, ethical nursing care in a variety of settings for clients of all age groups.

Environmental Fidelity

How much does the simulated environment (manikin, room, tools, equipment, moulage, and sensory props) come close to reality? Moulage supports the sensory perceptions and increases the fidelity of the simulation.

Evidence Informed Practice

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13163 -146 Street
Edmonton, AB T5L 4S8
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Toll Free 1.800.661.5877
Fax 780.484.9069
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The identification, evaluation and application of nursing experience and current research to guide practice decisions.
The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients.

Fidelity

How much does the simulated experience come close to reality? The level of fidelity can involve many factors such as: physical environment, equipment, tools, emotions, beliefs, self-awareness, instructor motivation, group culture, openness, trust and students' modes of thinking.

Fitness to Practice

"The qualities and capabilities of licensed practical nurses relevant to their capacity to practise. This includes, but is not limited to, freedom from any cognitive, physical, psychological or emotional conditions, or a dependence on alcohol or drugs that impairs their ability to practise nursing." (CCPNR, 2013)

Formative Assessment

Assessment that takes place during instruction in order to provide direction for improvement for individual students. The information gathered is used for the specific purpose of helping students improve while they are still gathering knowledge and practicing skills.

Guided Reflection

Process used by the facilitator during the debriefing. It encourages critical self-reflection and bridges the gap between theory and practice to enhance future actions.

High Fidelity

"Experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner" (NLN-SIRC, 2013).

Interprofessional Team

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13163 -146 Street
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Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
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Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. Advanced or mature interprofessional teams include the client and family as key team members.

Learning Outcome

A measurable, observable, and specific statement that clearly indicates what a student should know and be able to do by the end of a course, as a result of learning (Mohawk College, 2019).

Low Fidelity

"Experiences such as case studies, role-playing, using partial task trainers or static mannequins to immerse students or professionals in a clinical situation or practice of a specific skill" (NLN-SIRC, 2013).

Moderate or Midlevel Fidelity

"Experiences that are more technologically sophisticated such as computer-based self-directed learning systems simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill and make decisions or the use of mannequins more realistic than static low fidelity ones having breath sounds, heart sounds and/or pulses" (NLN-SIRC, 2013).

Objectives

Describe the purpose, goals and intentions of a course, process or guideline.

Performance Data

Data specifically collected from all relevant educational program stakeholder groups for the purpose of program review, analysis, and evidence-informed quality improvement.

Person-Centred Care

Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring *care* to make sure it meets their needs (Health Innovation Network, 2016).

Program Outcome

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Toll Free 1.800.661.5877
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Statements that describe what students should be able to achieve by the end of the program; often used to demonstrate eligibility for graduation.

Simulation is "something that is made to look, feel, or behave like something else especially so that it can be studied or used to train people" (Merriam-Webster, 2019).

Simulated-Based Learning Experience

Various structured activities that represent actual or potential situations where students have the opportunity to enhance knowledge, skills and attitudes and/or develop analytical skills as scenarios or case studies unfold and they respond to realistic situations.

Standardized Patient

This term is used for a person who is trained to realistically and consistently portray a patient in a scripted scenario. Standardized patients can be during instruction, practice (application of theory) and assessments.

Summative Assessment

Evaluation that occurs at the end of key segments of student learning. It is used to summarize and communicate what students know and can do with respect to curriculum expectations.

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17. REFERENCES FOR KEY TERMS

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