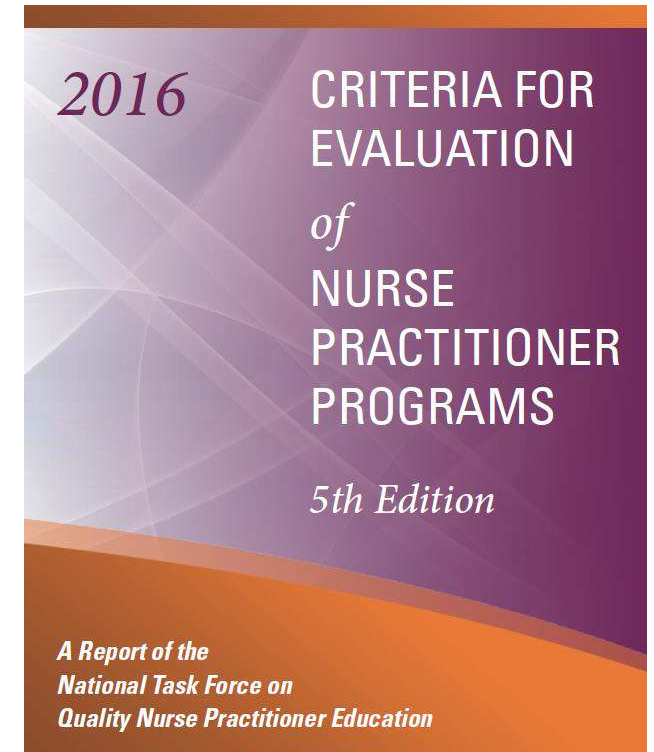
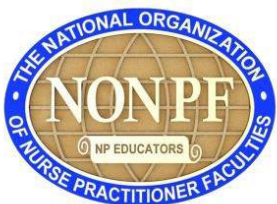


CRITERIA FOR EVALUATION of NURSE PRACTITIONER PROGRAMS, 5th Edition 2016

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2016

CRITERIA FOR
EVALUATION
of
NURSE
PRACTITIONER
PROGRAMS

5th Edition

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

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Purpose of NTF Criteria

- Provides a framework for the review of NP educational programs
 - Planning new programs
 - Self-evaluation of new or existing programs
 - Evaluation of NP programs in combination with a national accreditation process
- Delineates national criteria for the organization and administration, students, curriculum, resources, facilities and services, faculty, and evaluation for all NP educational programs



Revision Process

- Last edition was finalized in 2012
- NTF committed to review the document every 3-4 years
- Review process began January of 2015
- 14 organizations representing education, certification & accreditation participated
- First time this review, went out for public comment with >480 responses
- Endorsements from national organizations of the NTF 5th edition is in process; currently 14 organizations

Highlighted Areas of Revision

- Are 6 Criteria or major areas of focus
- Only Criterion II and V did not have changes
- Sub criteria under each criterion (2 deleted since redundant)
- Elaboration under each sub category
- Many of the edits are editorial in nature and examples are provided for clarification
- Other changes reflect ongoing changes in higher education and health care, (e.g. simulation, competency-based education, telehealth)
- Glossary – several new terms added including competence, competency (IP recognized definitions)
- One new sample form added – document simulation experiences

CRITERION I: ORGANIZATION & 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.
 - **Change/Addition:** Sentence added at the end of the elaboration further clarifies the credentials of the director/coordinator in a single-track program.

If the program has only 1 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.

CRITERION I: ORGANIZATION & ADMINISTRATION

- **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.

Additional language and examples in the elaboration offer guidance to programs if there is a diversion **during the ongoing transition** to align with the Consensus Model for APRN Regulation (2008).

Change: Examples are given in the elaboration to provide guidance to programs



Elaboration Examples to Criterion IB

- If there is a diversion from this criterion as programs transition to align with the APRN Consensus Model, 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 clinical nurse specialist (CNS) who provides direct oversight of the psychiatric-mental health NP track. This example of a CNS providing oversight of a NP track only applies to a psychiatric-mental health NP track.

Criterion II: Students

- **NO CHANGES WERE MADE**



Criterion III: Curriculum

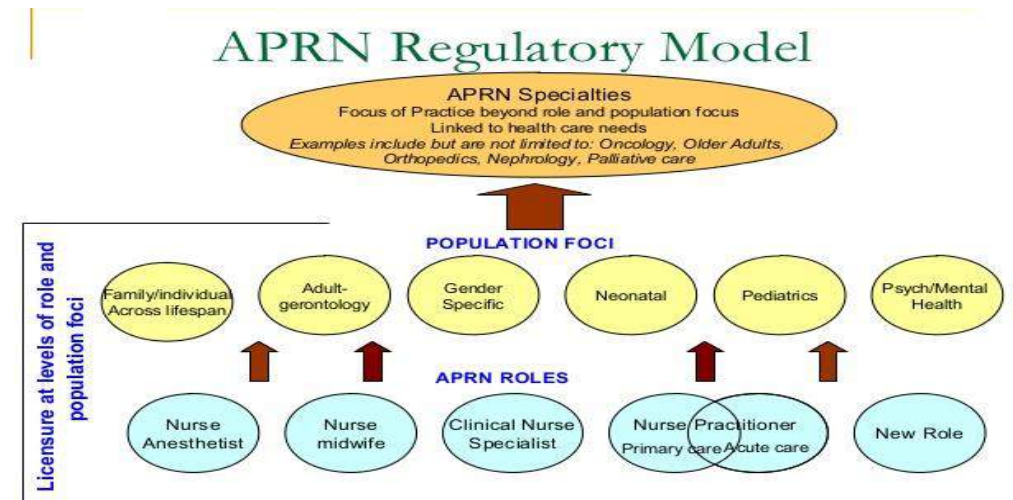
- **Criterion III.B:** The *curriculum* is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP educational standards and competencies.
 - **Change:** New language in the criterion and the elaboration specifies that **national educational standards** also must be considered for curriculum development.

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 (Essentials)*, *APRN core (3 P's)*, and the NP role (NONPF Core Competencies) within a *population-focused* area of practice encompassing national educational standards and core competencies.

Criterion III: Curriculum

- **Criterion III.C.1:** The NP educational 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.
- **Change:** Edits to the language in the criterion itself 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: Focuses on Curriculum

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

Change: 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: Curriculum

- **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.

Change: Modification to the language at the end of the criterion makes it clear that the distribution of clinical hours supports competency development. The elaboration (which is too long to put on a slide) 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.

Recognition of the Increased Use of Simulation

- Acknowledged as change/trend in NP education
- Application of simulation augments NP student preparation, particularly high risk, low frequency experiences
- Simulation experiences cannot replace any of the required minimum 500 direct patient care hours



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2016

APPENDICES

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.

Appendix: Simulation Experiences – programs are asked to document type, frequency, how used to support future decisions regarding criteria

Type of Simulation <i>e.g., high fidelity, low fidelity, standardized patients & description of simulation experience</i>	Specific Course in which simulation is used and what course objective is the experience meeting	# of Hours Used for Clinical &/or Non-clinical Experience (Specify both)	Use <i>e.g., formative assessment, summative assessment, education</i>

Criterion III: Curriculum

- **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*.

Change: 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: Resources, Facilities & Services

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

Change: 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.

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: Resources, Facilities & Services

- **Criterion IV.B.1:** A sufficient number of faculty members 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.

Change: 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: Resources, Facilities & Services

- **Criterion 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.

Change: The elaboration provides additional guidance about student clinical experiences when they occur at the student's site of employment. It states, "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."



CRITERION IV: Resources, Facilities & Services

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

Changes: 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 V: FACULTY

NO CHANGES

CRITERION VI: EVALUATION

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

Change: The elaboration now provides more detail about the evaluation of preceptors by faculty and students.



Additional Considerations

- 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
- Issue of competency-based education vs. ongoing stipulation of minimum numbers of hours for direct care clinical experiences.



Additional Considerations

- How to advance integration of **interprofessional education (IPE)** experiences into the NP curriculum (elaboration of Criterion IV.B.1 includes a recommendation for the inclusion of IPE). The possibility of new clinical education models also recognized.



Implications for NP Programs

- Ensure NP faculty are aware of updated NTF criteria
- NTF criteria can be used for:
 - Program assessment/evaluation for continuous quality improvement
 - Faculty orientation/ongoing education
 - Preceptor orientation/ongoing education
 - To assist in planning new NP programs
 - To evaluate NP programs, in combination with national accreditation review process



Organizations Represented on NTF

NONPF & AACN co-Facilitated the Process

- Accreditation Commission for Education in Nursing (ACEN)
- American Academy of Nurse Practitioners National Certification Board, Inc. (AANPCP)
- American Association of Colleges of Nursing (AACN)
- American Association of Critical-Care Nurses (AACN)
- 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-Mental Health Nurses (ISPN)
- National Association of Neonatal Nurse Practitioners (NANNP)
- National Association of Nurse Practitioners in Women's Health (NPWH)
- National Certification Corporation (NCC)
- National Organization of Nurse Practitioner Faculties (NONPF)
- Pediatric Nursing Certification Board (PNCB)

Acknowledgement

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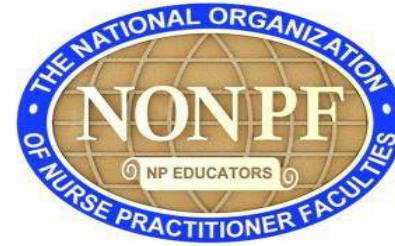


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