2002

Criteria

For Evaluation

of Nurse

Practitioner

Programs

A REPORT OF THE
NATIONAL TASK
FORCE
ON QUALITY
NURSE PRACTITIONER
EDUCATION

Report of the

National Task Force on Quality Nurse Practitioner Education

Criteria for Evaluation

of

Nurse Practitioner Programs

2002

Second Edition

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Electronic and printed copies of the document are also available from many of the organizations represented on the National Task Force on Quality Nurse Practitioner Education and organizations endorsing the evaluation criteria.

National Task Force on
Quality Nurse Practitioner Education
2001-2002

Task Force Co-Facilitators

American Association of Colleges of Nursing
Mary Champagne, PhD, RN, FAAN

National Organization of Nurse Practitioner Faculties
Jean Johnson, PhD, NP, FAAN

American Academy of Nurse Practitioners
Jan Towers, PhD, NP-C, CRNP

American Association of Colleges of Nursing
Mary Champagne, PhD, RN, FAAN

American Nurses Credentialing Center
Joanne Hickey, PhD, RN, CS, ACNP, APRN,BC, FAAN, FCCM

Commission on Collegiate Nursing Education
Jennifer Butlin, MA

National Association of Neonatal Nurses
Frances Strodtbeck, DNS, RNC, NNP, FAAN

National Association of Nurse Practitioners in Reproductive Health
Peggy Keen, PhD, RNC

Association of Faculties of Pediatric Nurse Practitioners
Michelle Beauchesne, DNSc, RN, CPNP

National Certification Board for Pediatric Nurse Practitioners & Nurses
Jan Wyatt, PhD, CRNP

National Certification Corporation for Obstetric, Gynecologic, and Neonatal Nursing Specialties
Judith Collins, RNC, MS, WHNP, FAAN

National League for Nursing Accrediting Commision
Susan Abbe, PhD, RN

Staff to the National Task Force:

Joan Stanley, PhD, RN, CRNP; AACN
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
2002

The following organizations have endorsed the "Criteria for Evaluation of Nurse Practitioner Programs" found on page 11 of this document. Endorsement is defined as a general philosophical agreement with the evaluation criteria.

American Academy of Nurse Practitioners

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Nurse Anesthetists

American Association of Occupational Health Nurses

American College of Nurse Practitioners

American Nurses Credentialing Center

Association of Faculties of Pediatric Nurse Practitioners

Association of Women's Health, Obstetric and Neonatal Nurses

Commission on Collegiate Nursing Education

National Association of Neonatal Nurses

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

National Certification Board of Pediatric Nurse Practitioners/Nurses

National Certification Corporation for Obstetric, Gynecologic, and Neonatal Nursing Specialties

National Conference of Gerontological Nurse Practitioners

National Council of State Boards of Nursing

National Gerontological Nursing Association

National Organization of Nurse Practitioner Faculties

National League for Nursing Accrediting Commission

Oncology Nursing Society

Background

The first edition of the criteria has been revised and updated by the National Task Force on Quality Nurse Practitioner Education (NTF) to ensure the currency and relevance of these national, consensus-based evaluation standards. This second edition of the *Criteria for Evaluation of Quality Nurse Practitioner Programs* represents the collective work of organizations dedicated to maintaining the quality of nurse practitioner education and offers an important resource for those involved in the preparation, licensing, and credentialing of nurse practitioners. In combination with accreditation standards for graduate programs and for specialty areas, the criteria provide a basis for evaluating the quality of nurse practitioner programs.

First Edition

When the NTF released the first edition of the *Criteria for Evaluation of Nurse Practitioner Education* in 1997, this landmark document provided a standard framework for the review of all nurse practitioner educational programs by a broad spectrum of stakeholders (faculty, administrators, students, accrediting and certifying organizations, and consumers). The first NTF included representatives from nurse practitioner education and certification, as well as general nursing education and accreditation (see Appendix A). With broad input from the nursing community and national endorsements (see Appendices B-C), the criteria were designed to provide guidance in assessing six key components of nurse practitioner programs: organization and administration, students, faculty, curriculum, resources, and evaluation.

Appendix D provides a full description of the process undertaken to develop the evaluation criteria and their intended applications. The NTF, in national presentations and publications, facilitated wide dissemination and use of the criteria by educational institutions for new and existing nurse practitioner programs.

Impetus for 2002 Revision

During the period 1997-2001, the criteria were used extensively and inevitably there were questions about the meaning and intent of various criteria. The questions addressed many of the criteria but centered primarily on the clinical training of nurse practitioner students and the faculty resources needed for clinical oversight. Several organizations represented on the NTF sought to address these questions. For example, the National Organization of Nurse Practitioner Faculties (NONPF) developed interpretive statements to assist its members in understanding how to apply the criteria in educational institutions.

In 2001, the participating organizations decided to reconvene the NTF to address ongoing questions and further clarify the criteria. A secondary reason for reconvening the NTF was to establish a periodic cycle for review of the criteria to ensure their currency. Participating organizations felt that to preserve the national breadth of the evaluation criteria that such reviews should be the task of the NTF. NONPF and the American Association of Colleges of Nursing

(AACN) agreed to co-facilitate the work of the NTF in revising the criteria. Representatives of organizations that were directly linked to establishing educational, certification, and/or accreditation standards relevant to nurse practitioner preparation participated in the 2001-2002 revision by the National Task Force.

Revision Process

During its initial meeting in Washington, D.C, in June 2001, the NTF agreed that a full revision of the criteria was not warranted; rather, the NTF tasks should include reviewing the criteria for currency, ensuring the accuracy and clarity of wording of criteria, developing an elaboration for each criterion, and identifying the documents needed by schools to demonstrate adherence to the criteria. The NTF also addressed the need for research on the evaluation criteria and a timeline for periodic review of the criteria.

The NTF meeting in June 2001 laid the foundation for the revision, and then during the period June 2001 – February 2002, the NTF conducted its work through e-mail communication and conference calls. A project team consisting of the co-facilitators and staff from AACN and NONPF circulated drafts of revisions for feedback from NTF members; several iterations went back and forth as the NTF clarified wording and elaborated on the intent of the criteria.

In February 2002, the NTF held a conference call to address final consideration of the revisions and to discuss next steps in the process. The NTF reached consensus on the evaluation criteria but identified a need to revise and update the sample forms from the 1997 edition. The project team agreed to work on this and circulate the material for feedback. The NTF also discussed what research would be helpful in evaluating the effectiveness of the evaluation criteria. Finally, the group concluded that evaluation criteria should be reviewed on a preset schedule, or earlier if circumstances in accreditation or nurse practitioner education warranted earlier review for timeliness and accuracy.

During summer 2002, the project team worked on the sample forms and summary material to accompany the evaluation criteria in a final document. The forms are designed to give programs a guide for developing their own tools to track data relevant to the program. Thus, the forms included in the document are only *samples that programs can use, adapt or replace* as necessary. The NTF finalized the material in fall 2002 and proceeded with printing and Web-based dissemination.

Endorsements

To strengthen national support for the evaluation criteria, the NTF agreed to circulate the evaluation criteria for endorsement from the nursing community. In late April 2002, NONPF and AACN sent out the criteria for endorsements, defined as "a general philosophical agreement with the content and intent" of the evaluation criteria. A list of endorsing organizations is given on page 5.

Recommendations

<u>Use of the criteria</u>

The revised criteria serve the same purpose as the original criteria published in 1997. The intent is to use the criteria to evaluate nurse practitioner programs, in conjunction with other criteria for accreditation of graduate programs and for specialty nurse practitioner programs. Based on these considerations, the NTF recommends the following uses of the criteria:

- to evaluate nurse practitioner programs, in combination with a national accreditation review process;
- as a complement to criteria used to evaluate the specialty content of nurse practitioner programs;
- to assist in planning new nurse practitioner programs; and
- for self- evaluation of new and existing programs for continuous quality improvement.

<u>Review of the criteria</u>

Between 1997 and 2002 specialty NP programs grew substantially. [1] Given the dynamic nature of the provision of health care and the critical role played by nurse practitioners in meeting health care needs, the evaluation criteria should be reviewed periodically to ensure their currency. Therefore the NTF recommends that:

- The *Criteria for Evaluation of Nurse Practitioner Programs* be reviewed every 3 years, or earlier if circumstances in accreditation or nurse practitioner education warrant review to ensure timeliness and accuracy.

Research and Future Considerations

This revision of the *Criteria for Evaluation of Nurse Practitioner Programs* reflects ongoing emphasis on the quality of nurse practitioner education. However, dissemination of the criteria is only the first step in ensuring the quality of that education. Significant questions remain regarding the impact of the criteria on educational programs. For example, do the criteria actually improve the educational process?   What elements of the criteria are most important in creating change? Can we confidently move to more outcome-based criteria that would consume less faculty time in gathering and recording information? In addition, how can we best work with accrediting bodies to include the criteria in the accreditation process? The NTF is committed to ensuring that graduates of NP programs are qualified to provide safe and effective care to their patients. Nurse practitioner educators need to focus on these broad questions to be prepared for the challenges of the future.

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[1] Reported by AACN and NONPF in *Master's-Level Nurse Practitioner Educational Program. Findings from the 2000-2001 Collaborative Curriculum Survey* (Berlin, L.E., Harper, D., Werner, K.E, Stennett, J., 2002).

CRITERIA FOR EVALUATION
OF NURSE PRACTITIONER PROGRAMS

Introduction

The purpose of this document is to provide a framework for the review of all nurse practitioner educational programs. Nurse practitioner (NP) programs shall be at the graduate level. If eligible, the program must be accredited by a nationally recognized nursing accrediting body. If it is a new program, it is assumed that it will work to meet these criteria and apply for accreditation when eligible.

This document will focus on faculty, curriculum, evaluation, students, organization and administration, and clinical resources/experiences 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 & administration, student admission & progression, dismissal and grievance policies, and faculty recruitment, appointment, and organization.

The definitions of italicized terms can be found in the "Glossary" section of this document.

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.A   The Nurse Practitioner educational component or track is directly coordinated by a lead *NP faculty* member who is nationally certified in the same specialty area.

Elaboration:

Curriculum and program development should be carried out by faculty who understand the scope and direction of NP education. In programs where there are several tracks, the NP coordinator or director may be *certified* in a particular NP specialty but coordinate other NP tracks. Thus, in larger programs, lead faculty in a specialty track may have the NP specialty certification in that area while the overall Director/Coordinator may be *certified* in another NP specialty. If there is a diversion from this criterion (for example, an ANP who has spent all of his/her work career in gerontology and leads the GNP program) the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track.

Documentation:

Required
- Submit curricula vitae of lead *NP faculty* for each specialty track and for director/coordinator if different from lead *NP faculty*.
- Document *credentialing* as an NP in the state (or territory) of practice.

- Provide proof of certification as an NP in the specialty area.
- Provide a statement from the lead NP faculty member, describing his/her responsibilities to the program.

<u>Supporting</u>
- Provide NP faculty profile information.
- Provide examples of (1) published papers relevant to NP practice (curricular or practice models, research) in journals or book chapters in past 5 years, (2) leadership/membership on advisory boards related to NP practice, and/or (3) project leadership on NP training grants.

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

Elaboration:

NP faculty members must evaluate students, interface with preceptors, and serve as role models. Faculty members 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 as well as opportunities for faculty to maintain currency in practice through activities other than direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, occupational health programs).

Documentation:

<u>Required</u>
- (1) Submit a copy of institutional policies or guidelines that support or document NP faculty's ability to practice;
- **OR** (2) Provide a letter of support from the Dean or a copy of the policy that allows NP faculty to practice as part of the workload

<u>Supporting</u>
- Provide evidence of faculty practice plan or arrangements.
- Provide evidence of research and practice integration.
- Provide evidence as part of promotion criteria.

CRITERION II: STUDENTS

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

Elaboration:

NP programs/tracks may have unique admission criteria. *NP faculty* have the best perspective on specific admission criteria for the NP program/track and thus should have ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific admission criteria. In addition, admission criteria should, at a minimum, meet existing national standards.

Documentation:

Required
- Submit 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 master's degree program, submit program criteria.
- Provide examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track.

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

Elaboration:

NP programs may have unique progression and graduation criteria for full-time, part-time, and/or post-master's study. *Nurse practitioner faculty* have the best perspective on specific progression and graduation criteria for the NP program/track and thus should have an ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific progression and graduation criteria. In addition, progression and graduation criteria, at a minimum should meet existing national standards.

Documentation:

Required
- Submit student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not different from the overall criteria of the graduate program, submit program criteria. Submit the criteria for full-time, part-time, and post-master's study.
- Provide examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track.

- Submit 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.

CRITERION III: CURRICULUM

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

Elaboration:

NP faculty have the best perspective on what is required for effective nurse practitioner education. Development, evaluation, and revision of the NP program/track are directed by the lead NP faculty. There needs to be an ongoing opportunity for NP faculty to have meaningful input into *curriculum* development and revision.

Documentation:

Required
- Provide examples of curriculum committee minutes documenting that NP faculty are designing/evaluating/and revising the curriculum.

Supporting
- Provide documentation that NP faculty serve on committees of the School related to curriculum development, revision, and approval.

III.B   The *curriculum* is congruent with national standards for graduate level and advanced practice nursing education and is consistent with nationally recognized core and specialty NP competencies.

Elaboration:

A clear *curriculum* plan (both didactic and clinical) consistent with nationally recognized core and specialty competencies should be in place. Nurse practitioner *curriculum* must reflect the essential elements of a *graduate nursing* and *advanced practice nursing core curriculum*, in addition to the *nurse practitioner specialty component*. National, professionally recognized standards used in *curriculum* development should be identified.

Programs/tracks should identify methods used in the delivery of the *curriculum*, including guidelines for distance learning. NP programs/tracks delivered through

distance learning technologies 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 specialty area and prepares students who are eligible for certification in that specialty area.

Combined nurse practitioner/clinical nurse specialist and *dual track nurse practitioner* (two NP specialties) programs include content in both specialty areas and prepare students who are eligible for certification in two specialty areas. There is an expectation that the number of didactic hours will be higher than for a single specialty program and that the didactic experiences will be sufficient to gain the necessary proficiency in each specialty area. At graduation, students fulfill the criteria for sitting for national certification in each program/track..

Documentation:

Required
- Identify the national standards used for developing curriculum for graduate, APN, and specialty content.
- Submit the program of study for master's and post-master's (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.
- Submit a 2-3 page course overview including course description and objectives for each course, identifying where nationally recognized graduate core, APN core, and NP core and specialty competencies are included.

III.C   The curriculum plan evidences appropriate course sequencing.

Elaboration:

A student should complete the basic graduate and APN content (e.g., advanced pharmacology, advanced health assessment, and pathophysiology) prior to or concurrent with commencing clinical course work. The curriculum plan should document the course sequencing and prerequisites.

Documentation:

Required
- Submit a program of study for graduate degree and post-master's (full and part-time), including pre-requisites.

III.D **The NP program/track has a <u>minimum</u> of 500 supervised *clinical hours* overall. Specialty tracks that provide care to multiple age groups or prepare NPs to function in multiple care settings will require more than 500 *clinical hours*. *Clinical hours* must be distributed in a way that represents the populations or multiple care settings served by the specialty.**

Elaboration:

Clinical practice *hours* refer to hours in which direct clinical care is provided to individuals, families, and populations in specific areas of NP practice; *clinical hours* do not include skill lab hours, physical assessment practice sessions, or a community project. Clinical experiences and time spent in each should be varied and distributed in a way that prepares the student to provide care to the populations served by the specialty. For example, a FNP student should receive experiences with individuals/families across the life span. In addition, whereas 500 *clinical hours* is regarded as a minimum, it is expected that programs preparing NPs to provide *direct care* to multiple populations, e.g. FNP, or in multiple care settings, e.g. primary and tertiary care settings, will exceed this minimum requirement.

Combined nurse practitioner/clinical nurse specialist and *dual track nurse practitioner* (two NP specialties) programs include content in both specialty areas and prepare students who are eligible for certification in two specialty areas. Content and clinical experiences in both specialties must be addressed and clinical experiences in both areas must be completed. There is an expectation that the number of *clinical hours* will be higher than for a single specialty program and that the clinical experiences will be sufficient to gain the necessary proficiency in each specialty area.

Documentation:

- Document the process used to verify student learning experiences and clinical hours.
- Submit an overview of the curriculum, including the number of required clinical/preceptor hours.
- Submit a description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.

III.E **Post-master's students must successfully complete graduate didactic and clinical requirements of a _master's NP program_ through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-master's students are expected to master the same outcome criteria as master's NP students. Post-master's students who are not already NPs are required to complete a <u>minimum</u> of 500 supervised clinical hours.**

Elaboration:

Courses may be waived only if the individual's transcript indicates that the required NP course or its equivalent has already been successfully completed. Special consideration should be given to NPs expanding into other NP specialties by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies of the new area of NP practice. These students must complete a sufficient number of _clinical hours_ to establish competency in the new specialty.

Documentation:

<u>Required</u>
- Document the process used to evaluate and accept credit transfer for post-master's students.
- Identify a process for allowing NPs to challenge selected courses and experiences.
- Submit records for the process used to document student learning experiences and clinical hours.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

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

Elaboration:

In order to implement/maintain an effective NP program/track, there must be an adequate number of faculty, facilities, and services that support NP students.

Documentation:

<u>Required</u>
- Describe 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.

IV.A(1)   Faculty resources support the teaching of the didactic components of the NP program/track.

Elaboration:

There must be sufficient number of faculty with the necessary expertise to teach in the NP program/track.

Documentation:

Required
- Describe the faculty-student ratio in the didactic component of the program and provide the rationale of how the ratio meets the educational needs of students.

IV.A(2)   Facilities and physical resources support the implementation of the NP program/track.

Elaboration:

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 utilizing distance learning methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

Documentation:

Required
- Describe facilities and physical resources directly available to the NP program/track.

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 program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences. These contractual agreements are part of established policies that protect appropriately the clinical site, the educational program, and students while at sites. Contracts include maintenance of liability insurance.

Documentation:

<u>Required</u>
- Provide a list of clinical facilities utilized specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification). Include the name of the site, type of site (e.g., community health, private practice, rural clinic), & client characteristics.
- Provide a sample of a contractual agreement, including a statement on liability coverage
- Provide 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 ultimate responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. 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.

Schools should describe how faculty are assigned 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. 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 school/program should document 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 and the individual faculty member. The intent of the faculty/student ratio designation is based on the premise that preparing competent health care providers is a faculty intense process that requires considerable faculty role modeling and direct student evaluation to determine competence. The ratio should take into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

An NP program/track should have a mechanism in place to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

Documentation:

Required
- Document the school/program policy or process used for assigning faculty to ensure adequate teaching time for NP students.
- Document and explain the faculty/student ratio for the program.
- Specify the number of site visits, including face-to-face and televisits, made by *NP program faculty* to each student's clinical site in an academic term.

Supporting

- Submit evidence of faculty and student assessment of the clinical experience.

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.

Elaboration:

Clinical educational experiences for students should be approved by *NP faculty*/preceptors.   Sites should be 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 core and specialty competencies.

Documentation:

Required
- Submit records for the process used to document student learning experiences and clinical hours.
- Provide policies relevant to clinical placement.

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 will 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 interdisciplinary experience for the student. Over the course of the program the student must have a majority of clinical experiences with preceptors from the same specialty such as pediatrics, adult primary care, etc. In addition, over the course of the program the student must have clinical experiences with an APN preceptor.

Documentation:

Required
- Submit preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site, type of clinical supervision (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), and the number of students supervised concurrently

IV.B(3)(a)   A preceptor must have authorization by the appropriate state licensing entity to practice in his/her specialty area.

Elaboration:

Not all preceptors utilized may be nurse practitioners certified in the student's specialty area or even nurse practitioners. An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives. However, each preceptor used, both nurse practitioner and non-nurse practitioner preceptors, must be credentialed and licensed to practice in his/her specialty area of practice. In addition, this specialty area of practice should be clearly relevant to meeting the objectives of the NP program/track**.**

Documentation:

Required

- Have available a copy of each preceptor's current state authorization to practice and national certification, as appropriate.

OR
- Document 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 must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience .

Elaboration:

Each preceptor must have 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 should have at least one year of clinical experience in the specialty practice area and role prior to providing clinical supervision.

Documentation:

> Required

> - See documentation required for IV.B.3.

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

Elaboration:

> Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The *NP faculty* must interface closely with preceptors to assure appropriate clinical experiences for students.

Documentation:

> Required
> - Describe the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors.
> - Provide preceptor orientation information.

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A   NP programs/tracks have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:

> Recognizing that no individual faculty member can fill all roles, NP programs/tracks need to maintain a mix of faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program.

Documentation:

> Required
> - Submit faculty profiles including *credentials*, licensure/approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities.

V.A(1)   **Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.**

Elaboration:

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

Documentation:

Required
- See required documentation in V.A

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

Elaboration:

NP program faculty should include a mix of individuals with expertise and emphasis in research, teaching, and clinical practice. While all faculty are encouraged to maintain national certification, it may be difficult for faculty engaged in non-clinical research activities to balance research, practice, and teaching responsibilities. It is imperative, however, that all clinical faculty who teach in clinical courses maintain appropriate professional credentialing.

Documentation:

Required
- Maintain on file a copy of each faculty member's state license/approval/ recognition and national certification, as appropriate.

V.A(3)   *NP program 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 program 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 *NP faculty* have 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 educators. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Documentation:
- Submit a copy of the faculty development plan for the school/program.

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 must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Documentation:

Required
- Submit an overview of non-NP faculty detailing their *credentials*, position, specialty, area of content responsibility, and other teaching responsibilities.

CRITERION VI: EVALUATION

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

Documentation:

Required
- Submit the evaluation plan used for the NP program/track. Include evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

VI.A(1)   Evaluate courses annually.

Elaboration:

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

Documentation:

Required
- Document current course evaluation process

VI.A(2)   Evaluate *NP program faculty* competence annually.

Elaboration:
NP program faculty should be evaluated annually for competence in all role areas, including teaching and clinical competence.

Documentation:

Required
- Document mechanisms or processes used to evaluate *NP program faculty* (e.g., current list of certifications, student evaluations, peer review).

VI.A(3)   Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.

Elaboration:

Each student should be evaluated as he/she progresses through the NP program/track. Separate evaluations should be done in the didactic and clinical components of the curriculum.

Documentation:

Required
- Document methods used to evaluate students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used.

VI.A(4)   Evaluate students cumulatively based on *clinical observation* of student performance by *NP faculty* <u>and</u> the clinical preceptor's assessment.

Elaboration:

Student evaluation is the responsibility of the *NP faculty* with input from the preceptor. Direct *clinical observation* of student performance is essential. Direct observation can be supplemented by indirect evaluation methods such as student-faculty conferences, computer simulation, telephone, videotape sessions, written evaluations, and/or clinical simulations.

Documentation:

<u>Required</u>
- Submit the forms used for preceptor and NP faculty evaluation of the student's clinical performance.
- Document the availability of completed evaluations.
- Document the frequency and process used for evaluation of the student's clinical performance.

VI.A(5)   Evaluate clinical sites annually.

Elaboration:

Evaluation of clinical sites will provide the necessary information about the quality of student learning experiences. These should form the basis for NP faculty to make changes in student assignments.

Documentation:

<u>Required</u>
- Document how clinical sites are evaluated.

VI.A(6)   Evaluate preceptors annually.

Elaboration:

Preceptors provide a very important part of the educational experience for students. Evaluations should be used by NP faculty to define ongoing preceptor relationships and development programs. Evaluations should also provide the basis for making student assignments.

Documentation:

Required
- Document how preceptors are evaluated.

VI.B   Formal NP *curriculum evaluation* should occur every 5 years or sooner

Elaboration:

The overall NP curriculum and program of study should be formally evaluated in no more than 5 year cycles (3-5 recommended).

Documentation:

Required
- Document frequency of curriculum evaluation
- Document curricular decisions based upon evaluation.

VI.C   There is an evaluation plan to measure outcomes of graduates at 1 year and some systematic ongoing interval.

Elaboration:

Programs should develop an ongoing system of evaluation of graduates. The first interval should be set at one year post-graduation. Future evaluations may occur at 5 years, but should be at an established time or interval.

Documentation:

Required
- Document 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 support further the outcomes of the program.

GLOSSARY

APN (Advanced Practice Nursing) Core – essential curriculum content for all master's degree nursing students prepared to provide direct client/patient care at an advanced level. [This content is delineated by the American Association of Colleges of Nursing in *The Essentials of Master's Education for Advanced Practice Nursing* (1996).]

Clinical Hours – those hours in which direct clinical care is provided to individuals and families in the specific area of NP practice (e.g., pediatrics, etc.).

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

Combined Nurse Practitioner/Clinical Nurse Specialist: Graduate educational programs in which, by curricular design, the NP and CNS roles are merged in the curriculum. Graduates are eligible (upon meeting the practice requirements) to sit for one NP national certification exam and one CNS national certification exam (e.g., gerontological/geriatric nurse practitioner and CNS in gerontological nursing).

Credentials – titles or degrees held by an individual, indicating the level of education, certification, or licensure (e.g., MSN, CPNP, RN).

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, coaching, etc.).

Direct Patient Care – involves assessment, diagnosis, treatment, and evaluation of a real client/patient – not simulated situations.

Dual Track Nurse Practitioner Program: Graduate educational programs whose curricular design allows students to major in two NP clinical tracks. Graduates are eligible to sit for two national NP certification examinations (e.g., adult nurse practitioner and gerontological/geriatric nurse practitioner).

Evaluation of Curriculum – The review process that is used yearly to review and update courses based on student evaluations and changes in health care. The process serves to ensure accuracy and currency of learning experiences. 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 curriculum content deemed essential for all students who pursue a master's degree in nursing regardless of specialty or functional focus. [The American Association of Colleges of Nursing delineates this content in *The Essentials of Master's Education for Advanced Practice Nurses* (1996).]

Master's NP Program/Track – basic nurse practitioner program in nursing to prepare advanced practice nurses at the graduate level, including the graduate core, advanced practice nursing core, and nurse practitioner and specialty courses.

NP Faculty – faculty who teach in the NP program/track who are nurse practitioners

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

Single Track Nurse Practitioner Program: Graduate educational program whose curricular design allows students to major in one NP clinical track. Graduates are eligible to sit for the national NP certification examination in that specialty.

Specialty courses/curriculum – clinical and didactic learning experiences that prepare an individual in a specific nurse practitioner role.

National Task Force Criteria
DOCUMENTATION CHECKLIST

Criteria for Evaluation of Nurse Practitioner Programs

<u>Documentation Checklist</u>

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as <u>one</u> example of a tool for tracking whether 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 & Administration	Documentation	Documentation Present √ if yes
A. The NP educational component or track is directly coordinated by a lead NP faculty member who is nationally certified in the same specialty area.	**A.** <u>Required</u> • Curriculum vitae of lead NP faculty for each specialty track and for director/coordinator if different from lead NP faculty • Documentation of credentialing as an NP in the state (or territory) of practice. • Proof of certification as an NP in the specialty area. • Statement from the lead faculty member, describing his/her responsibilities to the program. <u>Supporting</u> • Faculty profile information. • Examples of (1) published papers relevant to NP practice (curricular, models, research) in journals or book chapters in past 5 years, (2) leadership/membership on advisory boards related to NP practice, and (3) project leadership on NP training grants.	❑ ❑ ❑ ❑ ❑ ❑
B. Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.	**B.** <u>Required</u> • Institutional policies or guidelines that support or document NP faculty's ability to practice; **OR** • Letter of support from the Dean or a copy of the policy that allows faculty to practice as part of the teaching load.	❑ ❑

	Supporting	
	• Evidence of faculty practice plan or arrange-ments.	❑
	• Evidence of research and practice integration.	❑
	• Evidence as part of promotion criteria.	❑

CRITERION II: Students	Documentation	Documentation Present √ if yes
A. Any admission criteria specific to the NP program reflect ongoing involvement by NP faculty.	**A.** <u>Required</u> • 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 master's degree program, submit program criteria. • Examples of documents that demonstrate NP faculty are providing input into the admission criteria specific to the NP program/track.	❑ ❑
B. Any progression criteria specific to the NP program/track reflect ongoing involvement by NP faculty.	**B.** <u>Required</u> • Copy of 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, submit program criteria. Criteria for full-time, part-time, and post-master's study. • Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/ track. <u>Supporting</u> • Program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students requiring remediation in order to progress.	❑ ❑ ❑

CRITERION III: Curriculum	Documentation	Documentation Present √ if yes
A. NP faculty members provide ongoing input into the development, evaluation, and revision of the NP curriculum.	**A.** <u>Required</u> • Examples of curriculum committee minutes documenting that NP faculty are designing/evaluating/and revising the curriculum <u>Supporting</u> ▪ Documentation that NP faculty serve on committees of the School related to curriculum development, revision, and approval.	❑ ❑
B. The curriculum is congruent with national standards for graduate level and advanced practice nursing education and is consistent with nationally recognized core and specialty NP competencies.	**B.** <u>Required</u> ▪ National standards used for developing curriculum for graduate, APN, and specialty content. ▪ Program of study for master's and post-master's (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate. ▪ 2-3 page course overview including course description and objectives for each course, identifying where nationally recognized graduate core, APN core, and NP core and specialty competencies are included.	❑ ❑ ❑
C. The curriculum plan evidences appropriate course sequencing.	**C.** <u>Required</u> • Program of study for graduate degree and post-master's (full/PT) including pre-requisites.	❑
D. The NP program/track has a <u>minimum</u> of 500 supervised clinical hours overall. Specialty tracks that provide care to multiple age groups or prepare NPs to function in multiple care settings will require more than 500 clinical hours. Clinical hours distributed in a way that represents the populations or	**D.** <u>Requirement</u> • Process used to verify student learning experiences and clinical hours. • Overview of the curriculum, including the number of required clinical/preceptor hours **(not including laboratory hours).** • Description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.	❑ ❑ ❑

multiple care settings served by the specialty.		
E. Post-Master's (PM) students complete requirements of a master's NP program through formal graduate-level certificate or master's level NP program in the desired area of practice. PM students are expected to master the same outcome criteria as master's NP students. PM students who are not already NPs are required to complete a **minimum** of 500 supervised clinical hours.	**E.** <u>Required</u> • Process used to evaluate and accept credit transfer for post-master's students. • Process for allowing NPs to challenge selected courses and experiences. • Process used to document student learning experiences and clinical hours.	❑ ❑ ❑

CRITERION IV: **Resources, Facilities, &** **Services**	**Documentation**	**Documentation Present** **√ if yes**
A. Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/ track.	**A.** <u>Required</u> • Student and faculty numbers and the resources, facilities, and services of the institution that relate to the specific needs of the NP program/track.	❑
(1) Faculty resources support the teaching of the didactic components of the NP program/track.	**(1)** <u>Required</u> • Faculty-student ratio in the didactic component and rationale of how the ratio meets the educational needs of students.	❑
(2) Facilities and physical resources support the implementation of the NP program/track.	**(2)** <u>Required</u> • Facilities and physical resources directly available to the NP program/track..	❑
B. Clinical resources support NP educational experiences.	**B.** <u>Required</u> • List of clinical facilities utilized specifically for the NP program/track and site-based clinical preceptors (type, degree, & certification). Include name of site, type of site (e.g., community health, private practice, rural clinic) & client characteristics.	❑

	characteristics. • Sample contractual agreement, including a statement on liability coverage.	❏
(1) A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have ultimate responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.	**(1)** <u>Required</u> • School/program policy or process used for assigning faculty to ensure adequate teaching time for NP students. • Document and explain the faculty/student ratio for the program. • Number of site visits, including face-to-face and tele-visits, made by NP program faculty to each student's clinical site in an academic term. <u>Supporting</u> • Evidence of faculty and student assessment of the clinical experience.	❏ ❏ ❏
(2) Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.	**(2)** <u>Required</u> ▪ Records for the process used to document student learning experiences and clinical hours. ▪ Policies relevant to clinical placement.	❏ ❏
(3) NP faculty may share the clinical training of students with qualified preceptors.	**(3)** <u>Required</u> ▪ Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site, type of clinical supervision (e.g., pediatrics, family, adults, women's health), types of patients (acute, chronic, in-hospital, etc.) and the number of students concurrently.	❏
(a) A preceptor must have authorization by the appropriate state licensing entity to practice in his/her specialty area.	**(a)** <u>Required</u> ▪ Copy of each preceptor's current state authorization to practice and national certification, as appropriate; **OR** ▪ Method for verifying preceptor licenses are current and available at the clinical facility if not directly submitted to the program.	❏ ❏

		Documentation Present √ if yes
(b) A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.	**(b)** <u>Required</u> ▪ Same as for IV.B.3	❑
(c) Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.	**(c)** <u>Required</u> ▪ Preceptor orientation and methods used for maintaining ongoing contact between NP programs and preceptors. ▪ Preceptor orientation information.	❑ ❑

CRITERION V: **Faculty & Faculty** **Organization**	**Documentation**	**Documentation Present** **√ if yes**
A. NP programs have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.	**A.** <u>Required</u> ▪ Faculty profiles including credentials, licensure/approval/recognition, clinical and didactic teaching responsibilities and other faculty responsibilities.	❑
(1) Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.	**(1)** <u>Required</u> ▪ Same as for V.A	❑
(2) NP program faculty who teach the clinical components of the program/track maintain current licensure and certification.	**(2)** <u>Required</u> ▪ Copy on file of each faculty member's state licensure/approval/recognition and national certification, as appropriate.	❑
(3) NP program 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.	**(3)** <u>Required</u> ▪ Copy of the faculty development plan for the school/program.	❑

		Documentation Present √ if yes
B. Non-NP faculty have expertise in the area in which they are teaching.	**B.** <u>Required</u> ▪ Overview of non-NP faculty detailing their credentials, position, area of specialty, area of content responsibility, and other teaching responsibilities.	❑

CRITERION VI: **Evaluation**	**Documentation**	**Documentation Present √ if yes**
A. There is an evaluation plan for the NP program/track.	**A.** <u>Required</u> ▪ Evaluation plan used for the NP program/track. Include evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.	❑
(1) Evaluate courses annually.	**(1)** <u>Required</u> ▪ Current course evaluation process.	❑
(2) Evaluate NP program faculty competence annually.	**(2)** <u>Required</u> ▪ Mechanisms or processes used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, peer review).	❑
(3) Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.	**(3)** <u>Required</u> ▪ Methods used to evaluate the students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used.	❑
(4) Evaluate students cumulatively based on clinical observation of student performance by NP faculty and the clinical preceptor's assessment.	**(4)** <u>Required</u> ▪ Forms used for preceptor and NP faculty evaluation of the student's clinical performance. ▪ Availability of completed evaluations. ▪ Frequency and process used for evaluation of the student's clinical performance.	❑ ❑ ❑
(5) Evaluate clinical sites annually.	**(5)** <u>Required</u> ▪ Process for clinical site evaluation.	❑
(6) Evaluate preceptors annually.	**(6)** <u>Required</u> ▪ Process for preceptor evaluation.	❑

B. Formal NP curriculum evaluation should occur every 5 years or sooner.	**B.** <u>Required</u> ▪ Frequency of curriculum evaluation. ▪ Curricular decisions based upon evaluation.	❑ ❑
C. There is an evaluation plan to measure outcomes of graduates at 1 year & some systematic ongoing interval.	**C.** <u>Required</u> ▪ 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 support further 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 I.A and Criteria V.A. Sample Form D is an example of how to record the documentation for Criterion V.B. The intent is for the sample forms to provide a guide to programs in documenting evidence of how they meet the various criteria, and programs may wish to develop other forms or adapt the samples to meet their needs.

CLINICAL SITES

NAME OF SITE	TYPE OF SITE (e.g., rural clinic, private practice, public health)	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	Practice Specialty	Certification* *Specify Type & Certifying body (as appro- priate)*	Years of Practice in Specialty Area	# Students Precepted Concurrently	State Licensure/ Approval/ Recognition*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

* Copy on file, as appropriate, or program/track has method of verifying documentation.

Nurse Practitioner Faculty Profile

All NP Faculty Complete This Form
Attach CV of lead NP faculty for the program/track. CVs or resumés for other faculty available on request

Name: _____ Credentials: _____State License/Approval/Recognition # RN: _____

APN: _____

<u>Certification (List certification body & exp. date):</u> _____

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

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

<u>Faculty Appointment:</u> % 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.)

_____

_____

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 1 year of clinical practice experience as a graduate NP, who is your faculty mentor?

_____

NON-NP Faculty*

Complete form

Name/Credentials	Title/Position	Area of Specialty	Course Content 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.

APPENDICES

Appendix A – 1997 National Task Force

Appendix B – 1997 Acknowledgements

Appendix C – 1997 Endorsements

Appendix D – Background to 1997 Evaluation Criteria

National Task Force on Quality Nurse Practitioner Education
1997

National Organization of Nurse Practitioner Faculties
(Task Force Co-facilitators)
Janet Allan, PhD, RN, CS, FAAN
Charlene Hanson, EdD, FNP-CS, FAAN

American Academy of Nurse Practitioners
Jan Towers, RNC, PhD

American Association of Colleges of Nursing
Kathleen Long, PhD, RN, CS, FAAN
Joan Stanley, PhD, RN, CRNP

American Nurses Credentialing Center
Roberta Gropper, PhD, RN
Carolyn Lewis, PhD, RN

National Association of Neonatal Nurses
Susan McCabe, PhD, RN

National Association of Nurse Practitioners in Reproductive Health
Susan Wysocki, RNC

National Association of Pediatric Nurse Associates and Practitioners
Ardys Dunn, RN, PhD, PNP
Linda Hestvik Zuckerman, MS, RN, CPNP

National Certification Board for Pediatric Nurse Practitioners & Nurses
Margaret Brady, PhD, RN, CPNP
Mary Jean Schumann, MSN, MBA, CPNP

National Certification Corporation
Judith Collins, RNC, MSN, FAAN

National League for Nursing
Patricia Moccia, PhD, RN, FAAN

National League for Nursing Accrediting Commission (joined 3/97)
Geraldene Felton, EdD, RN, FAAN

Friends of the Task Force:

American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthetists
Kathleen Hanna, CRNA, MS
Betty Horton, CRNA, MA, MSN

American Nurses Association
Windy Carson, Esq, JD

Division of Nursing, Bureau of Health Professions, Health Resources Services Administration, Health & Human Services (BHPr, HRSA, HHS)
Audrey Koertvelyessy, MSN, RN, FNP

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.

Acknowledgements

Funding Support

External Review Panel

Other major contributors to the development of the document were the individuals who served as reviewers of a first draft of the evaluation criteria. The Task Force thanks the external review panel for the additional insight and useful recommendations for improvement to the document.

Carole Anderson, PhD, RN, FAAN	Ruth Mullins, MN, RN, CPNP
Polly Bednash, PhD, RN, FAAN	Joyce Pulcini, PhD, RN, C, PNP
Christine Boodley, PhD, RN, ARNP	Kathy Redwood, DSN, RN, CPNP
Michael J. Booth, CRNA, MA	Beth Richardson, DNS, RN, CPNP
Catherine Burns, RN, PhD, PNP	Carol Scott, CRNA, MN
Patricia Clinton, PhD, RN, CPNP	Carole Stone, MSN, RN, CPNP
Regina Cusson, RNC, PhD, NNP	Frances Strodtbeck, DNS, RNC, NNP
Pam Hellings, PhD, RN, CPNP	Connie Uphold, ARNP, PhD
Jane Marie Kirschling, RN, DNS	Elizabeth Hawkins-Walsh, RN, MSN, CPNP
Lucy Marion, PhD, RN, CS, FAAN	Sandra Worthington, RNC, MSN, CNM

Pilot Study Participants

The Task Force recognizes the significant contribution of the participants in the pilot study. These programs expended considerable time to complete the self-study using the evaluation criteria, and the results of the pilot study helped to shape the final document.

> Catholic University
> Oregon Health Sciences University
> Rush University
> University of Pittsburgh

Other

This document was also made possible through the assistance provided by Kitty Werner, Administrative Director of the National Organization of Nurse Practitioner Faculties.

Endorsements
1997

The following organizations have endorsed the "Criteria for Evaluation of Nurse Practitioner Programs."

American Academy of Nurse Practitioners

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Nurse Anesthetists

American Association of Occupational Health Nurses

American College Health Association

American College of Nurse Practitioners

American Nurses Association Congress of Nursing Practice

American Nurses Credentialing Center

American Psychiatric Nurses Association

Association of Women's Health, Obstetric and Neonatal Nurses

National Alliance of Nurse Practitioners

National Association of Neonatal Nurses

National Association of Nurse Practitioners in Reproductive Health

National Association of Pediatric Nurse Associates and Practitioners

National Conference of Gerontological Nurse Practitioners

National Council of State Boards of Nursing

National Certification Corporation

National Gerontological Nursing Association

National Organization of Nurse Practitioner Faculties

National League for Nursing

National League for Nursing Accrediting Commission

Oncology Nursing Society

1997
Criteria for Evaluation of
Nurse Practitioner Programs

Background

For over 30 years, since the initiation of the first nurse practitioner (NP) program, nurse practitioner educators have been dedicated and vigilant in their efforts to maintain the quality of educational programs. Ensuring that graduates met established competency levels for designated specialty practice areas fostered quality control. Specialty associations, such the Association of Faculties of Pediatric Nurse Practitioner and Associate Programs (1996) and the National Association of Nurse Practitioners in Reproductive Health, in cooperation with the Association of Women's Health, Obstetric & Neonatal Nurses (1996), defined the distinctive nature of their own specialties by establishing content, standards, and competencies for graduates. More generically, the National Organization of Nurse Practitioner Faculties (NONPF) delineated the fundamental knowledge, skills, and behaviors expected of new graduates (NONPF, 1995). During the initial development of NP programs, nurse educators were successful in maintaining the quality of programs through such strategies as limited number of students, low student-to-faculty ratios, and selective admission (Harper, 1996).

In recent years, many forces have created a need to reexamine nurse practitioner educational standards. External forces such as the shift from fee-for-service to managed care, critical policy reports (O'Neil, 1993; Pew Health Professions Commission, 1995; Shugars, O'Neil, & Badger, 1991), and increased scrutiny from state regulatory agencies created educational challenges for the preparation of nurse practitioners. Internal forces such as the rapid growth of nurse practitioner programs, a growing concern regarding NP program quality, the delineation of essential components of master's education for advanced practice nurses (American Association of Colleges of Nursing [AACN], 1996), and a critical study of 176 National League for Nursing (NLN) accredited master's programs (Burns et al., 1993) have stimulated efforts among professional organizations to develop consensus on criteria for evaluation of nurse practitioner programs.

The immediate impetus for the National Task Force on Quality Nurse Practitioner Education was the National Council of State Boards of Nursing's (NCSBN) concern about variance among educational programs, including differences in the length of programs, curricula for nurse practitioner specialty areas of practice, number of required clinical hours, and faculty qualifications. In 1995, the NCSBN asserted that member state boards of nursing were reporting major difficulties licensing NPs due to these variances. A related issue for the NCSBN was the perception of certifying

examinations (e.g., criteria to sit for examinations, legal defensibility, and psychometric soundness). The certifying organizations worked cooperatively and resolved these issues in an independent process. Three meetings were held prior to the formation of the National Task Force on Quality Nurse Practitioner Education:

- In June 1995, representatives of nursing organizations met in Chicago to discuss a proposal by the NCSBN to implement an entry-level core competency exam for all nurse practitioners. The consensus of the group was that another certifying exam was neither necessary nor appropriate but that there was a need to address NCSBN concerns and to determine the extent of variability among certification groups and NP educational programs.

- In July 1995, a second meeting was held in Keystone, Colorado, co-chaired by Janet Allan and Charlene Hanson from NONPF. The meeting brought together leaders from NCSBN, the four NP certifying groups (American Academy of Nurse Practitioners [AANP], American Nurses Credentialing Center [ANCC], National Certification Board of Pediatric Nurse Practitioners & Nurses [NCBPNP/N], and National Certification Corporation [NCC]), AACN, American Nurses Association (ANA), NLN, and other interested groups. The Keystone meeting generated two agreements: 1) the four NP certifying groups would work together to describe their processes, both similarities and differences, and prepare a written response for the August NCSBN meeting; and 2) NONPF, NLN, AACN, and specialty NP organizations would develop a model for program approval which could help to determine eligibility to sit for certifying exams.

- In November 1995, NONPF and NLN co-hosted a third meeting in Washington, DC, attended by representatives of NCSBN, the four certifying bodies, specialty groups,* AACN, ANA, NLN, and the Division of Nursing, BHPr, HRSA, HHS. This meeting resulted in the creation of a task force charged with developing standardized criteria for evaluation of NP programs.

Methodology

Using funding provided by the Division of Nursing, BHPr, HRSA, HHS and facilitated by NONPF, the Task Force conducted its work between November 1995 and July 1997 (see listing of Task Force members). The Task Force established goals to 1) develop standardized criteria for evaluation of NP programs, 2) pilot test the criteria as a self-study document, 3) develop an implementation/ dissemination plan for the criteria,

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* American College of Nurse Practitioners (ACNP), Certification Council of Nurse Anesthetists (CCNA), National Alliance of Nurse Practitioners (NANP), National Association of Neonatal Nurses (NANN), National Association of Nurse Practitioners in Reproductive Health (NANPRH), National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

and 4) seek endorsement of the criteria from participating organizations and other selected nursing organizations.

Task Force members met face-to-face, reviewed and edited draft documents through fax and mail, and held several conference calls. The group based its work on several documents, including *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996); *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* (NONPF, 1995); *Philosophy, Conceptual Model, Terminal Competencies for the Education of Pediatric Nurse Practitioners* (Association of Faculties of PNP/A Programs, 1996); the accreditation materials of the National League for Nursing; "NANN Accreditation Task Force Draft Documents for the Council of Neonatal Nurse Practitioner Program Accreditation" (NANN, 1995); and program criteria and evaluation materials from specialty and certifying organizations. Through a process of dialogue, writing, review, and revision, the Task Force came to consensus initially on a draft document in July 1996. Task Force members recommended individuals for an external review panel who reviewed the first draft in August 1996. (See "Acknowledgements" page for external review panel members.) The Task Force considered comments received from the review panel before completing a final draft document in November 1996.

Pilot Study

From late 1996 through early 1997, the Task Force implemented a pilot study to test the Criteria document and to obtain critical feedback about the program review process: specifically, how relevant the criteria were to NP education and how workable the review process and documents were for programs to utilize. Task Force members nominated institutions to participate in the pilot. Nominated programs met one or more of the following criteria: 1) new, 2) long-standing, 3) representing a newer specialty, 4) having multiple tracks, 5) having a single track, and/or 6) having other distinctive features. From these nominations, five institutions agreed to serve as test sites. Program directors and faculty from four of the five institutions completed the self-study. (See "Acknowledgements" page for participants.)

A subcommittee, appointed by the Task Force, reviewed the pilot study material, analyzed programs' evaluative comments about the content and process, and made recommendations to the Task Force for changes in the document. At the final meeting in March 1997, the Task Force made changes to strengthen the criteria based on the subcommittee's analysis.

Implementation

At the March 1997 meeting, the Task Force agreed to publicly present the document as a report of the National Task Force on Quality Nurse Practitioner Education entitled "Criteria for Evaluation of Nurse Practitioner Programs." Remaining Division of Nursing funds would be used to publish and initially disseminate the document to major groups and national stakeholders without cost to these groups. Additional copies will be made available to consumers at a cost that will cover printing, handling, and mailing. NONPF agreed to facilitate the publication and distribution of the document on behalf of the Task Force.

The work of the Task Force represents substantial progress toward the development of a model for evaluating the quality of nurse practitioner programs. As such, it becomes an important resource for several vital entities that play a role in the preparation, credentialing, and licensing of nurse practitioners, including:

- universities, institutions, and consultants who strive to build new nurse practitioner programs and maintain standards for current programs

- national accrediting bodies that accredit graduate programs

- state boards of nursing that license/certify nurse practitioners and monitor nurse practitioner programs

- certifying bodies that screen candidates for national certification exams

- specialty nurse practitioner organizations that approve, accredit, and/or monitor specialty nurse practitioner programs

- Division of Nursing, BHPr, HRSA, HHS and others that fund and monitor nurse practitioner programs and work force projects

- students who plan to attend nurse practitioner programs

Endorsement

At the final March 1997 meeting, the Task Force agreed to seek endorsement of the document from a broad list of nursing organizations (see list of organizations that have endorsed the document to date). Endorsement was defined as a general philosophical

agreement with the intent and content of the document. The Task Force believes the document gains strength as it is endorsed by the nursing community.

Recommendations

These evaluation criteria are intended to be applicable to basic nurse practitioner programs. The Task Force agreed that these criteria would be used in conjunction with existing criteria for accreditation of graduate programs and criteria to evaluate specialty nurse practitioner programs. With these considerations, the Task Force recommends that the criteria should be used as follows:

- to evaluate nurse practitioner programs. The intent of this Task Force is that this evaluation be combined with other accreditation/review processes.

- as a complement to specialty criteria used to evaluate specialty content of nurse practitioner programs

- to evaluate new programs being developed

- to assist in planning new nurse practitioner programs

- for self-study by existing nurse practitioner programs.

Further, the Task Force makes these recommendations:

- Nurse practitioners prepared in the specialty area of the program under review should be members of the evaluation/accreditation team(s).

- When an institution/university has multiple-track NP programs, separate evaluation of each track should be done.

- Evaluation should be conducted more frequently than the existing formal accreditation processes (e.g., every 3-5 years) to ensure program quality.

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