



College of  
Registered Nurses  
of Manitoba

# Standards for Nursing Education Programs (2018)

## Introduction

The College of Registered Nurses of Manitoba has the mandate to develop, establish and maintain standards of academic achievement and qualification required for registration as a member and to monitor compliance with and enforce those standards. The Standards for Nursing Education Programs (Standards) are the benchmark used by the College in the education program review for approval process.

## Purpose

The purpose of this document is to communicate to the public, operators of nursing education programs, students, and other health professionals the minimum requirements that must be met in order for nursing education programs to be approved by the Council. The Standards are also one means to assure the public that graduates from Manitoba's nursing education programs have achieved the competencies for practice in today's health system and in the future.

## How does this document work?

This document lists each standard, followed by a standards statement and lettered criterion. There are four standards for nursing education. Each standard statement provides a general description of the meaning of the standard. The criterion that follow illustrate how each standard is to be met.

The annual report and letter of intent requirements stated after the standards are ongoing expectations of education programs. However, they have been separated out in this document because they are not required during an education program review.

## Standard I: PLAN

**The nursing education program provides a comprehensive plan that demonstrates the feasibility of the program and ensures that students are able to meet the applicable standards and competencies.**

The plan will include detailed descriptions of the following components:

- a) The health needs of Manitobans, the support for and interest in the nursing education program and the need for nursing education graduates.

- b) Organizational structure, committees and roles of program personnel including identification of the groups to whom the nursing education program is accountable to and whose decisions may impact the program.
- c) Stakeholder consultation, including input from the Indigenous community, is captured and applied to inform the curriculum.
- d) Philosophical foundation of the program including beliefs about:
  - students
  - teaching and learning that reflect current and emerging trends in adult learning
  - professional nursing practice that is congruent with the applicable standards and competencies
- e) Criteria and methods for:
  - admission of students
  - academic progression
  - appeals
  - grievances
  - management of student professional conduct
  - assessment of English language proficiency
- f) Student fitness to practice, professional behaviour and public protection are considered in progression, failure and readmission decisions.
- g) Assurance that students have met the non-academic admission criteria.
- h) Any other applicable requirements as outlined in the College's regulation(s) and policies related to the approval of nursing education program.

## Standard II: CURRICULUM

**The nursing education program provides a curriculum through its content and method of delivery that ensures students receive the theoretical, laboratory and clinical practice experiences required to meet the applicable standards and competencies.**

- a) The curriculum is congruent with the program philosophy, curriculum framework, applicable standards of practice and competencies, and code of ethics.
- b) The program provides a curriculum that reflects current best practice in: health and health promotion, legal and ethical considerations, diversity in client populations, interprofessional collaboration, health needs of

- marginalized populations in Manitoba, evidence-informed nursing practice, education and research, health service delivery, technology, and client safety.
- c) The approaches for teaching, learning and evaluation of learners' performances articulated in the program framework facilitate achievement of the expected learner outcomes.
  - d) The curriculum demonstrates logical timing and sequencing of content and process.
  - e) The curriculum provides students with clinical learning activities in order to meet the designated program outcomes and each of the applicable standards and competencies.
  - f) Clinical hours meet the minimum requirements set out by the College.
    - Programs preparing a graduate for initial entry to practice as a registered nurse must include at minimum 1,000 clinical practice hours prior to the senior practicum. The program must also provide a consolidated experience at the conclusion of the program with a minimum of 450 clinical hours.
    - Programs preparing a graduate for initial entry to practice as a registered nurse, extended practice or registered nurse, nurse practitioner must include at minimum 300 clinical practice hours prior to the senior practicum. The program must also provide a consolidated experience at the conclusion of the program with a minimum of 400 clinical hours.
    - Programs preparing a graduate from a registered nurse authorized prescriber program must include a minimum of 160 hours of clinical practice.
    - Programs preparing a graduate from a re-entry program leading to reinstatement on the practicing register must include at minimum 150 clinical practice hours.
  - g) Nursing faculty who teach in clinical areas are involved in the planning and evaluation of the curriculum.
  - h) Simulation learning is guided by International Nursing Association for Clinical Simulation and Learning (INACSL) INACSL Standards of Best Practice: Simulation<sup>SM</sup> <http://www.inacsl.org/inacslstandards>
  - i) Simulation can be used to augment theory or to replace clinical hours using the following guidelines:
    - i. If replacing clinical practice hours, the following indicators must be met:
      1. Replace up to 50% of clinical practice hours per course not 50% of the entire program. Simulation hours cannot be used to replace senior/final practicum hours.
      2. Faculty who participate in simulation must be prepared with formal education
    - ii. Each hour of simulation will be equivalent to two hours of clinical practice. Programs who replace clinical practice hours with simulation must have ongoing monitoring of the following indicators:
      - Clinical competence
      - Readiness for practice
      - Critical thinking
      - Feedback from clinical site practitioners
      - Evidence of how simulation is connected to clinical practice
  - j) Policies are in place to ensure the safety of the clients and students during their learning experiences.
  - k) The program provides an opportunity to consolidate theory with nursing practice, through a practicum, allowing students to demonstrate the roles, functions and responsibilities of a new graduate about to enter practice.

### Standard III: RESOURCES

**The nursing education program demonstrates sufficient human, clinical, physical, fiscal, and support resources to implement and sustain the program. The program provides quality education to students in order to meet the applicable standards and competencies.**

- a) Financial and budgetary provisions are in place for the establishment and the continued operation of the nursing education program.
- b) The size and composition of the nursing faculty is sufficient to:
  - provide teaching and support to students throughout the nursing education program
  - provide the theoretical nursing knowledge and evidence of attaining current relevant nursing expertise to ensure their teaching responsibilities

- are met
  - facilitate a faculty to student ratio in the clinical settings sufficient to ensure optimum student learning and safe client care
- c) There is access to support services for students.
- d) The director of the nursing program and the nursing faculty responsible for teaching the nursing content and/or clinical portion of the nursing education program must be practising members in good standing with the College.
- e) The nursing program supports research and scholarship that contribute to the development of nursing knowledge and delivery of nursing education.

## Standard IV: EVALUATION AND PROGRAM EFFECTIVENESS

**Graduates of the program meet all of the applicable standards and competencies upon completion of their program of studies. The nursing education program has formal systems and processes in place to measure student and graduate performance as well as program effectiveness.**

- a) Graduate nurses are prepared to consistently practise safely, competently, and ethically along the continuum of health with diverse patient groups in a variety of settings.
- b) There is systematic and continuous evaluation of all curriculum components including content, learning activities, student evaluation methods and designated program outcomes.
- c) There is ongoing performance evaluation of nursing faculty that includes a process in place for students to evaluate courses and instruction.
- d) Students, graduates, nursing faculty and key stakeholders all participate in the evaluation of the curriculum and program.

## Annual Report Requirements

Submission of an annual report to the College by June 1 of each year outlining the following activities:

- program, school and nursing faculty achievements
- goals/strategic initiatives for the program's immediate future
- content and/or delivery changes which reflect current trends
- challenges in meeting program objectives
- admissions, attrition and graduation numbers, wait lists of students
- evaluation of graduate performance in meeting standards and competencies
- other information deemed important by the nursing program and/or requested by the College

## Letter of Intent Requirements

Prior to offering a new nursing education program or course instruction or implementing substantive changes to existing programs, a letter of intent must be submitted to the College at least six months prior to implementation. Substantive changes include changes in:

- program philosophy
- conceptual framework
- goals
- curriculum
- program implementation
- program length
- significant changes in resources (fiscal, clinical, etc.) that will have a direct impact on a school's ability to implement the program

## Glossary

### Attrition

The number of students who, either due to academic failure or decision to not continue in the nursing program, withdraw from the nursing education program.

### Clinical Practice Hours

Activities beyond the learning lab in a variety of settings, but may include clinical experiences of an observational nature (e.g. observation of a public health nurse conducting a post-partum home visit).

## Competencies

The knowledge, skill and judgment that is expected of the registered nurse in order to provide safe, competent, ethical nursing care. These have been approved by Council and are reflective of the appropriate register (i.e. Entry-Level Competencies for Registered Nurses in Manitoba, Competencies for Registered Nurse Authorized Prescribers and Competencies for Nurse Practitioners in Manitoba for the Nurse Practitioner).

## Course of Instruction

A nursing re-entry, remedial or preparatory course(s) or program, which is approved by Council.

## Director

The individual responsible for ensuring that the nursing program meets the applicable standards and competencies, and adheres to the Standards for Nursing Education Programs.

## Nursing Faculty

Full-time, part-time, sessional or casual clinical education facilitators, and clinical instructors who teach nursing content in the nursing education program. Faculty does not include inter-professional staff members who deliver content that augments or supplements the core nursing curriculum (e.g. teaching anatomy and physiology).

## Nursing Education Program

A program of studies offered through an educational institution that is approved by Council and that leads to entry onto one of the practicing registers (i.e. Registered Nurse, Nurse Practitioner).

## Standards

Nursing practice expectations that represent achievable levels of performance, which can be measured and are approved by the Council and are reflective of the appropriate register (Standards of Practice for Registered Nurses, Standards of Practice for Registered Nurse (Authorized Prescribers) and Standards of Practice for Registered Nurse (Extended Practice)).

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For more information please contact a  
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