College of Registered Nurses of Manitoba

Standards for Nursing Education Programs

Introduction

The College of Registered Nurses of Manitoba (College) has the mandate to develop, establish and maintain standards of academic achievement and qualification required for registration 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 process.

Purpose

The purpose of this document is to communicate to the public, operators of nursing education programs, students, and other health professionals the requirements for nursing education programs. 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 criteria. Each standard statement provides a description of the meaning of the standard. The criteria illustrate how each standard is to be met. The annual report and letter of intent requirements stated are ongoing expectations of education programs. They have been separated out in this document because they are not required during an education program review.

Terms in blue text are defined in the glossary.

Standard I: PLAN

The nursing education program provides a comprehensive plan that demonstrates the feasibility of the program and ensures that students can meet the applicable standards of practice and competencies.

The plan will include 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 and whose decisions may impact the program.

c) How stakeholder consultation, including representation from the Indigenous community and other groups representing the public, 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 evidence in adult educational theory,
   - professional nursing practice that is congruent with the applicable standards of practice and competencies,
   - interprofessional education,
   - equity, diversity, and inclusion in the learning environment, and
   - commitment to implementing relevant calls from the Truth and Reconciliation Commission Calls to Action.
e) Criteria and methods for:
   - admission of students (both academic and nonacademic),
   - academic progression,
   - appeals,
   - grievances,
   - management of student professional conduct,
   - assessment of English language proficiency, and
   - consideration of public protection, the student's fitness to practice, and the student's professional behaviour in decisions about student progression, failure and readmission.
f) Any other applicable requirements as outlined in the College's regulation(s) and policies and as communicated to the 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 of practice 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 mode of delivery is informed by current and emerging evidence in adult educational theory to facilitate the achievement of expected learner outcomes.

c) The curriculum's content is informed by current and emerging evidence in nursing practice, policy and research.

d) The program provides a curriculum to achieve entry-level competencies, according to the program's goal (entry to registered nursing practice, re-entry to practice, authorized prescriber, nurse practitioner).

e) The curriculum demonstrates logical timing/sequencing of content and process so that theory and practice learning are built upon throughout the program.

f) The curriculum provides students with clinical practice and learning activities to meet the designated program outcomes and each of the applicable standards of practice and competencies.

g) The program provides a practicum to consolidate theory with nursing practice, allowing students to demonstrate the roles, functions, and responsibilities of a new graduate about to enter practice:
   - programs preparing a student for initial entry to practice as a registered nurse include a minimum of 450 clinical hours of consolidated experience at program conclusion,
   - programs preparing a student for initial entry to practice as a nurse practitioner include a minimum of 400 clinical hours of consolidated experience at program conclusion,
   - programs preparing a student for entry to practice as an authorized nurse prescriber include a minimum of 160 hours of clinical practice experience,
   - programs preparing a student for re-entry to registered nursing practice include a minimum of 150 hours of clinical practice experience.

h) Any use of simulation learning is guided by International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM.

i) If replacing clinical practice hours:
   - faculty participating in simulation must have the requisite preparation in simulation,
   - replace up to 50% of clinical practice hours per course but not 50% of the entire program,
   - do not use simulation hours to replace senior/final practicum hours, and
   - each hour of simulation will be equivalent to two hours of clinical practice.

j) 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, and
   - evidence of how simulation is connected to clinical practice.

k) Policies are in place to ensure the safety of the clients and students during their learning experiences.

l) Processes are in place to manage and learn from safety incidents.

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 to meet the applicable standards of practice 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 faculty is sufficient to:
   - provide teaching and support to students throughout the nursing education program,
   - provide evidence that each faculty has the current, relevant expertise relevant to the program's goal (entry to practice, re-entry to practice, authorized prescriber, nurse practitioner), and
   - facilitate a faculty to student ratio in clinical settings that is sufficient for student learning and safe client care.

c) There is access to support services for students.

d) The nursing education program's director is a registrant in good standing with the College.

e) Nursing faculty responsible for curriculum development and teaching nursing content are registrants in good standing with the College.

f) Faculty responsible for clinical education demonstrate current clinical competence in the area they are teaching.

g) To support interprofessional education, any other staff who teach within the program must have requisite knowledge in the area they teach along with requisite competence in education delivery.

h) The nursing program supports research and scholarships that contribute to the development of nursing knowledge and delivery of nursing education.

Standard IV: EVALUATION AND PROGRAM EFFECTIVENESS

The program has formal systems and processes in place to measure program effectiveness, student performance, and graduates' performance to demonstrate that graduates of the program meet all the applicable standards of practice and competencies upon completion of their program of studies.

a) The approaches for evaluation of learners' performance articulated in the program plan facilitate achievement of the expected learner outcomes.
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 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,
- student admissions, attrition, graduation numbers, and wait lists,
- evaluation of graduate performance in meeting standards of practice and competencies, and
- other information deemed important by the nursing program and/or requested by the College, including requirements resulting from the latest program approval.

Letter of Intent Requirements

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

- program philosophy
- conceptual framework
- goals
- curriculum
- program implementation
- program length
- significant resource changes that directly impact a nursing education 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

Observable abilities of a RN, RN(AP), or RN(NP), at entry-level to their practice in that role, which integrates the knowledge, skills, abilities, and judgment required to practise nursing safely and ethically. Competencies are Council approved according to the concomitant register and notation (i.e., Entry-level Competencies for RNs, Competencies for RN(AP)s and Entry-level Competencies for RN(NP)s). Note: RN entry-level competencies are organized in roles-based format including clinician, professional, communicator, collaborator, coordinator, leader, advocate, educator, and scholar. RN(NP) entry-level competencies are organized in roles-based format including clinician, leader, advocate, educator, and scholar.

Course of Instruction

A nursing re-entry, remedial or preparatory course(s) or program, as defined by College of Registered Nurses of Manitoba General Regulation.

Director

The individual responsible for ensuring that the nursing program adheres to the Standards for Nursing Education Programs.

Diversity

The existence of differences between individuals or across groups. In the context of health equity, diversity refers to differences in race, ethnicity, and gender - characteristics that often come to mind when the term "diversity" is used — but also age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance. It is the opposite of homogeneity, where everyone has the same traits, characteristics, life experiences, and so on.

Equity

The state, quality or ideal of being just, impartial and fair. Individuals or groups are given what they need in their specific circumstances to access the resources required for happy and healthy lives. Equity-oriented practice aims for fairness in the delivery of health services to all clients by recognizing, respecting, and valuing differences within groups of individuals and within individuals themselves, treating them with dignity and respect in the therapeutic relationship and adjusting one's behaviour accordingly.

Faculty

The teaching and administrative staff and those members of the administration having academic rank in an educational institution.

Inclusion

Inclusion is the action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

Interprofessional education

When students from various professions learn from and about each other to improve collaboration and the quality of care. Their interactions are characterized by integration and modification reflecting participants understanding of the core principles and concepts of each contributing discipline and familiarity with the basic language and mind sets of the various disciplines.

Nursing faculty

Full-time, part-time, sessional, or casual instructors, including clinical education facilitators, who teach nursing content that is either theoretical or clinical. Nursing 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 or notations (i.e., Registered Nurse, Nurse Practitioner).

Simulation

A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions.

Standards of practice

Nursing practice expectations that are approved by Council, representing achievable, measurable levels of performance for the register in which the student is seeking education including both standards of practice outlined in the CRNM general regulations and Council-approved nursing practice expectations.

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