

Purpose

These **STANDARDS** ensure that registered nurse (RN) and nurse practitioner (NP) program graduates are **COMPETENT, safe, and prepared to provide high-quality PATIENT care**. These standards:

- Ensure quality education by setting minimum requirements for nursing program **CURRICULUM**.
- Promote evidence-based education and best practices in nursing.
- Protect the public's interest by ensuring programs provide graduates with the necessary knowledge, skills, and competencies to practice safely.
- Carry out the CRNAs legislative responsibility under the *Health Professions Act* to approve RN and NP nursing education programs.
- Promote accountability and continuous improvement of programs by requiring regular evaluation aimed at strengthening the program and student outcomes.

Standards

Standard 1: Program Structure and Sustainability

The nursing education **PROGRAM** has the structure and resources for program sustainability and supports **NURSING STUDENTS** in the nursing education program leading to:

- Initial entry to practice, or re-entry to practice, as a registered nurse (RN);
- Initial entry to practice as a nurse practitioner (NP);

¹ Words and phrases displayed in **BOLD CAPITALS** upon first mention are defined in the Glossary.

The nursing education program has:

- 1.1** approval for the program from the Minister of Advanced Education;
- 1.2** processes to continually monitor the availability of resources to optimize nursing student achievement of the **COURSE OBJECTIVES, PROGRAM OUTCOMES, and ENTRY-LEVEL COMPETENCIES**, and adjust for factors such as attrition and enrollment numbers;

- 1.3** established minimum admission requirements:
 - 1.3.1** for the nursing education program leading to initial entry-to practice as an RN: English, one mathematics, two science, and one other course, each at a 30 level (or equivalent), and a minimum entrance grade point average;
 - 1.3.2** in the nursing education program leading to initial entry-to-practice as an NP: a baccalaureate degree in nursing, a minimum of 4,500 hours of RN practice in the practice focus and being a **REGISTRANT** in good standing and holding an active RN practice permit in a Canadian jurisdiction;
- 1.4** an established process for annual verification that faculty members, who are under the *Health Professions Act (HPA)*, are registrants in good standing with their respective regulatory college;
- 1.5** in the nursing education program leading to initial entry and re-entry-to-practice as an RN, or initial entry to practice as an NP, the nursing **FACULTY** members who teach **NURSING PRACTICE** are registrants in good standing and hold an active practice permit with the CRNA.

Standard 2: Curriculum

The curriculum has educational opportunities for nursing students to successfully achieve the entry level competencies in the nursing education program leading to initial entry to practice as an RN or NP, or re-entry to practice as an RN. The current version of the *Entry Level Competencies for the Practice of Registered Nurses* is used in the curriculum for measurement of success.

The nursing education program has:

- 2.1** a **CONCEPTUAL FRAMEWORK** that guides the development, implementation, and evaluation of the curriculum;
- 2.2** course objectives and program outcomes that align with the entry-level competencies;
- 2.3** course objectives that indicate the progression of complexity, unpredictability, and acuity of the patients' health-care needs, the context of care, and accountability of care as nursing students progress through the nursing education program;
- 2.4** an evidence-informed curriculum that incorporates emerging trends and their effect on the health care system and patient outcomes;
- 2.5** a curriculum with a logical organizing framework that includes theoretical and application processes to enable nursing students to achieve the entry-level competencies;
- 2.6** in the nursing education program leading to initial entry-to-practice as an RN, the nursing courses comprise a minimum of 60 per cent of the curriculum as measured by course credits.

Standard 3: Clinical, Laboratory, and Simulation

The nursing education program provides experiences for nursing students to achieve course objectives, program outcomes and entry level competencies that include clinical, **LABORATORY** and **SIMULATION BASED EXPERIENCE(S)**.

The nursing education program has:

- 3.1 CLINICAL PLACEMENTS** and **CLINICAL RESOURCES** that provide educational opportunities for nursing students to achieve the entry-level competencies;
- 3.2** in the nursing education program leading to initial entry-to-practice as an RN the nursing students have clinical experiences in a variety of settings, with diverse patients across the lifespan who present with a range of acuity, complexity, social **DETERMINANTS OF HEALTH** and healthcare needs;
- 3.3** in the nursing education program leading to initial entry-to-practice as an NP, the nursing students have clinical experiences appropriate for their practice focus;
- 3.4** the provincial average of clinical placement hours guides the total number of clinical placement hours in the nursing education program and per course;
- 3.5** a final clinical **PRECEPTORSHIP** at the end of the nursing education program where nursing students apply theoretical concepts and consolidate their learning and there is no new foundational content introduced;
- 3.6** in the nursing education program leading to initial entry-to-practice as an RN, the final clinical preceptorship is a minimum of ten weeks and 350 hours of direct patient care;
- 3.7** in the nursing education program leading to initial entry-to-practice as an NP, the final clinical preceptorship requires direct patient care in their practice focus;
- 3.8 PRECEPTORS** who are registrants in good standing and hold an active practice permit with their respective Canadian jurisdictional regulatory college where the preceptorship occurs, who are experientially qualified, well-oriented to the course and preceptor role, and monitored by nursing faculty members;
- 3.9** in the nursing education program leading to initial entry-to-practice as an RN, the preceptor is on the RN register;
- 3.10** in the nursing education program leading to initial entry-to-practice as an NP, the preceptor is on the NP register. A physician may be the preceptor, only if an NP is not available;
- 3.11** in accordance with the CRNA's current supervision standards, ensures the **SUPERVISION** of nursing students by nursing faculty members;
- 3.12** nursing faculty member to nursing student ratios in the clinical, laboratory, and simulation environments that provide optimum nursing student learning and safe patient care determined using factors such as course objectives, student knowledge level, clinical placement and available supports, patient needs, professional role model presence;

- 3.13** experiences for nursing students in the laboratory and **SIMULATION** environments that integrate theoretical learning;
- 3.14** guidelines that assure quality and consistency of simulation-based experiences for nursing students, including the development of simulations and a standardized method of facilitating and debriefing simulation experiences;
- 3.15** established guidelines to ensure that no more than 50% clinical placement hours will be replaced by high-quality simulation experiences. This substitution does not extend to the final clinical preceptorship.

Standard 4: Program Evaluation

The nursing education program has a formalized process to evaluate nursing student achievement, course content, course delivery modes and program outcomes.

The nursing education program has:

- 4.1** robust and comprehensive processes and strategies in place to evaluate nursing student progress;
- 4.2** formative and summative evaluations of nursing student achievement of specific course objectives;
- 4.3** nursing students who have achieved the entry-level competencies upon completion of their nursing education program;
- 4.4** processes to collect and analyze performance on the entry-to-practice exam, including a comparison with the national average;
- 4.5** systematic processes in place to evaluate curriculum and course components, and this evaluation data is reviewed and utilized for quality improvement;
- 4.6** opportunities for faculty members, nursing students and external partners to provide feedback on the nursing education program curriculum and course components.

Glossary

CLINICAL PLACEMENTS – The direct patient care in settings where nursing students apply knowledge and skills.

CLINICAL RESOURCES – The facilities, agencies, and settings where nursing students engage in nursing practice.

COMPETENT – The collection and application of measurable knowledge, skills, abilities, judgment, and attitudes to practise safely and ethically (Canadian Council of Registered Nurse Regulators, 2018).

CONCEPTUAL FRAMEWORK – A set of logically related concepts that provide the structure for the nursing education program and the development of the curriculum.

COURSE OBJECTIVES – The statements that describe what the nursing student is expected to achieve as a result of instruction.

CURRICULUM – The essential values, beliefs, and concepts as well as the program/course outcomes, goals, objectives within the overall framework, including the sequential and progressive design of learning experiences. This structure ensures that nursing students acquire the necessary knowledge and skills to meet entry-level competencies and standards of practice.

DETERMINANTS OF HEALTH – The broad range of factors that impact and determine individual and population health such as a person's individual characteristics and behaviours, the social and economic environment, and the physical environment (Government of Canada, 2024).

ENTRY-LEVEL COMPETENCIES (NP) – The specific knowledge, skills, abilities, and judgment required for a newly-graduated NP to meet the minimum requirements for entry-to-practice

ENTRY-LEVEL COMPETENCIES (RN) – The observable abilities of an RN at entry-level that integrates the knowledge, skills, abilities, and judgment required to practise nursing safely and ethically

FACULTY – The teaching and administrative staff and those members of the administration having academic rank in an educational institution in Alberta. Nursing faculty members are those who teach nursing practice in the nursing education program, are regulated members in good standing, and hold an active practice permit with the CRNA. Non-nursing faculty members are those who teach the non-nursing content in the nursing education program.

LABORATORY – An educational setting that is not a clinical placement, but where nursing students practise nursing skills and competencies in a simulated setting.

NURSING PRACTICE – Refers to the activities listed in the legislated scope of practice statement in Schedule 24, Section 3 of the HPA (2000):

“3 In their practice, registered nurses do one or more of the following:

- a.** based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
 - i. assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being,
 - ii. assess, diagnose and provide treatment and interventions and make referrals,
 - iii. prevent or treat injury and illness,
 - iv. teach, counsel and advocate to enhance health and well-being,
 - v. coordinate, supervise, monitor and evaluate the provision of health services,
 - vi. teach nursing theory and practice,
 - vii. manage, administer and allocate resources related to health services, and
 - viii. engage in research related to health and the practice of nursing, and
- b.** provide restricted activities authorized by the regulations.”

NURSING STUDENT(S) – A person enrolled in an approved nursing education program leading to initial entry-to-practice as an RN, re-entry-to-practice as an RN, or initial entry-to-practice as an NP.

PATIENT(S) - The term patients can refer to clients, residents, families, groups, communities and populations.

PRECEPTOR(S) – An experienced registrant who functions as a role model for a nursing student and provides transitional role support via a collaborative, collegial relationship. In conjunction with a nursing faculty member, the preceptor is responsible for mentoring, supervising, and evaluating the nursing interventions of a nursing student during the final clinical preceptorship.

PRECEPTORSHIP – The clinical placement that occurs at the end of the nursing education program where nursing students fully integrate concepts from the curriculum. This placement has a preceptor to student ratio of 1:1 (may have more than one preceptor). Simulation, workshops, conferences, or other similar professional development opportunities cannot take the place of any preceptorship hours.

PROGRAM – A planned, coordinated group of activities, including the system of resources and structures to deliver the curriculum to ensure the achievement of the course objectives, program outcomes, and entry-level competencies.

PROGRAM OUTCOMES – The expected end results of a curriculum that describes the specific knowledge, skills, or attitudes that the nursing students are required to achieve by the completion of the nursing education program.

REGISTRANT(S) – A regulated member of a health profession who is registered on the regulated members register, is authorized to perform certain restricted activities and governed by the standards of their college.

SIMULATION – An educational strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life (International Nursing Association for Clinical & Learning [INASCL], 2016).

SIMULATION-BASED EXPERIENCE(S) – A broad array of structured activities that represent actual or potential situations in education, practice, and research. These activities allow nursing students to develop or enhance knowledge, skills, and/or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment (INASCL, 2016).

STANDARDS – A set of authoritative statements that describe the minimum requirements for approving a nursing education program. The nursing education program approval standards are the basis by which the actual performance of a nursing education program is measured for approval.

SUPERVISION – The consultation, guidance, and oversight by a registrant in the practice setting. Supervision may be direct, indirect, or indirect remote.

References

Canadian Council of Registered Nurse Regulators. (2018). *Entry-Level Competencies (ELCs) for the Practice of Registered Nurses*. <https://static1.squarespace.com/static/671142bd58709c1e559e8c2a/t/675719651828df4bc6280906/1733761381376/ccrn-rn-entry-level-competencies---2019.pdf>

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