

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH)



HANDBOOK FOR NURSING SCHOOLS

**NURSING EDUCATION
PROGRAM ACCREDITATION**

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FOREWORD

We are grateful to have completed writing a handbook for Study Program, entitled: “IAAHEH Accreditation Handbook for Nursing Program”. The purpose of writing this handbook is to assist nursing study programs that willing to be are accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) located in Jakarta, Indonesia.

The handbook was arranged to be simple and easy to read, so every manager or faculty member of the nursing study program will easily understand and follow. It is believed that the handbook is not perfect yet, but at least it will provide management component of nursing study program with the information that leads to have a better accreditation experience.

Asia Pacific Quality Register (APQR) standards for quality improvement can be applied in basic nursing education and used as one of the main references for this book to maintain its international standard for nursing study program as the IAAHEH has been recognized by APQR since 2018 and is allowed to accredit nursing program outside its jurisdiction. It consists of steps of the accreditation process from registration to appeal.

This book is written by a team of nursing education experts who come from several best universities and practitioners. I thank them for their hardworking in writing and finishing the book. I believe the expectation of the writers that by reading this handbook will provide positive motivation for the nursing program to prepare a better accreditation process would be achieved.

Jakarta, July 4th, 2023.

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The Chairman of IAAHEH.

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Criteria 1. Mission and Values

1.1. Stating the mission: The nursing study program has a public statement that sets out its values, priorities, and goals.

Consider the role, audiences, and uses of the mission statement. Briefly and concisely describe the study program's purpose, values, educational goals, research functions, and relationships with the healthcare service and communities. Indicate the extent to which the statement has been developed in consultation with stakeholders. Describe how the mission statement guides the curriculum and quality assurance.

Key Questions	Criteria for Compliance
1.1 How are the mission and philosophy of the study program congruent with the core values, mission, and goals of the governing organization?	<ul style="list-style-type: none">• The nursing education unit formulates its mission and philosophy in alignment with the vision and mission of the governing institution.• The core values, mission, and goals of the governing organization are clearly described and publicly disseminated.• The mission statement and objectives are consistently understood by all stakeholders.• The vision, mission, and philosophy of the nursing education unit support the governing organization in fulfilling its core values, mission, and goals.• The core values, mission, and goals of the governing organization provide support for the nursing education unit in achieving its mission and philosophy.• The internal stakeholders (academic staff, students, and administrative personnel) actively participate in activities related to the formulation of the vision, mission, goals, and values of both the organization and the study program.• The external stakeholders with relevant interests contributes input to the nursing program and/or decision-making processes in determining the vision, mission, goals, and values of the organization and the study program.• The mission statement reflects the role of the study program within the community.• The mission statement is utilized as a foundation for planning, quality assurance, and management within the study program.

Supporting documents:

Supporting documents provided, but not limited to the following list:

- Minutes of the mission and value formulation meeting
- Attendance list of participants in the mission and value formulation meeting, including documentation such as photos/video recordings.
- Media use for publication of vision, mission, aims and strategies

Criteria 2. Curriculum

2.1. Intended Curriculum Outcomes: The study program has defined the graduate learning outcomes that student should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

Learning outcomes can be clearly formulated to describes what is meant by values, behaviours, skills, knowledge, and preparedness for being a nurse. Consider whether the defined learning outcomes align with the nursing study program's mission. Review and evaluate the extent to which the learning outcomes are in line with relevant national regulatory standards or government and employer requirements. Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that students are expected to achieve in each part of the study program. These curriculum outcomes can be expressed in various ways that allow for more comprehensive and adaptive assessment (evaluation) of educational needs and goals. Consider how learning outcomes can be used as the basis for the design and the delivery of content, as well as the assessment of learning and evaluation of the course.

Key Questions	Criteria for Compliance
2.1.1 How should the nursing curriculum include a series of student learning outcomes at the end of the program based on contemporary professional nursing standards, guidelines, and/or competencies?	<ul style="list-style-type: none">• The end-of-program student learning outcomes and the advanced practice or role-specific professional competencies for all program options are described in accordance with contemporary professional practice.• The curriculum is developed using role-specific professional nursing standards and professional guidelines.• The program ensures the curriculum is continuously updated to remain relevant and current.
2.1.2 How are the intended outcomes defined for the course as a whole and for each component that has been designed and developed?	<ul style="list-style-type: none">• The study program formulates intended outcomes that align with the program's mission, goals, current challenges, and future needs• The course outcomes are consistently derived from the intended graduate outcomes.
2.1.3 How are stakeholders involved in the development of these outcomes?	<ul style="list-style-type: none">• The Internal and external stakeholders are actively involved in the curriculum development process.• The study program maintains a system to trace its graduates.
2.1.4 How are the selected outcomes related to the social context of the study program?	<ul style="list-style-type: none">• The intended graduate outcomes are associated with priority health problems and the intended career roles within the study program's catchment areas.

2.2. Curriculum Organisation and Structure: The study program has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the study program.

Key Questions	Criteria for Compliance
2.2.1 How are the principles behind the study program's curriculum design defined?	<ul style="list-style-type: none"> • The educational learning theories and professional nursing philosophies underpin the development of the curriculum. • The study program selects educational learning theories and professional nursing philosophies, such as Student-Centered Learning (SCL) and Outcome-Based Education (OBE), to guide curriculum design
2.2.2 How is the program of study aligned with contemporary and evidence-based approaches to professional nursing practice and education?	<ul style="list-style-type: none"> • The curriculum incorporates relevant current and emerging trends and includes appropriate pedagogical approaches anchored in nursing knowledge. • The principles of evidence-based approaches are appropriately applied to professional nursing practice and education.
2.2.3 How is the relationship between the different disciplines of study within the curriculum structured??	<ul style="list-style-type: none"> • The study program identifies criteria for curriculum content that promote interactive learning through collaborative, collegial, experiential, and reflective activities. • The study program determines the scope of curriculum content in terms of breadth, depth, and sequencing to support student achievement of learning outcomes at each stage of the program.
2.2.4 How does the study program consider the sequence, hierarchy, and progression of complexity or difficulty in its curriculum?	<ul style="list-style-type: none"> • The curriculum provides a sequence of learning opportunities and a logical flow that enables students to achieve the program outcomes progressively. • The course sequence, selection, and implementation are consistent with learning outcomes, progressing from simple to complex across all program options. • The course sequence, selection, and implementation prepare graduates to address complex health issues affecting clients in diverse settings.
2.2.5 How is the curriculum design structured to support the mission of the study program?	<ul style="list-style-type: none"> • The curriculum design is aligned with the study program's vision and mission.

- 2.3. Curriculum Content:** a) The study program can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior nurses and for their subsequent further training. b) Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences
- Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to study program, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included: Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science; Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation; Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics. Content of other types may also be included: Health systems science which includes population health and local healthcare delivery systems; Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

Key Questions	Criteria for Compliance
2.3.1 How is the process for determining the curriculum content carried out?	<ul style="list-style-type: none"> • The principles and methodologies used to identify the curriculum content are clearly defined. • The curriculum content supports the development and application of knowledge and skills in critical thinking, analysis, problem-solving, quality improvement methodologies, research appreciation and translation, legal and ethical issues in health care and research, and health informatics and technology. • The study program ensures that instructional materials are consistent with the end-of-program student learning outcomes and appropriate for each delivery format across all program options. • The references at the international, national, and local levels are used to determine the curriculum content. • The governing organization's accrediting agency requirements for program length are met by the program • The study program measures the program's minimum credit or clock hours as required by state or national regulatory agencies for various learning environments. • The governing organization's policies regarding the awarding of credit or clock hours for didactic, laboratory, clinical/practicum, and nursing courses are followed.
2.3.2 How are the elements in the curriculum designed to promote interprofessional, team-based, collaborative practice and education, including health sciences, social sciences, humanities, ethics, clinical sciences, and skills?	<ul style="list-style-type: none"> • The study program identifies basic health sciences, social sciences, humanities, ethics, and promotes interprofessional team-based collaborative practice and education relevant to graduate learning outcomes.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The study program selects clinical disciplines and skills included in the curriculum that align with graduate learning outcomes.
2.3.3 How are the required clinical disciplines identified to ensure students gain practical experience?	<ul style="list-style-type: none"> The study program describes all clinical disciplines that are compulsory for students to gain practical experience The Clinical/practicum learning experiences and environments support the achievement of end-of-program student learning outcomes in each program option. The study program has a process for securing clinical/practicum practice agency and clinical educator agreements, including student involvement in finding a clinical educator. The curriculum includes practice experiences related to primary health care, health promotion, prevention, acute care, support and rehabilitation, long-term care, and palliative and end-of-life care in the context of individuals, families, and communities/populations. The methods are used to teach students to make clinical judgments based on the best available evidence. The study program allocates time appropriately for different clinical practice settings.
2.3.4 How is the student's familiarity with fields that receive little or no coverage addressed?	<ul style="list-style-type: none"> The study program has development-based programs and ensures student health and safety during field placements.
2.3.5 How is the nursing content in the study program curriculum related to advances in knowledge?	<ul style="list-style-type: none"> The study program evaluates the curriculum content regularly. The Internal and external stakeholders are involved in curriculum evaluation. The study program uses evaluation results to modify curriculum content in response to advancements in knowledge.
2.3.6 How does the curriculum address the principles of the scientific method and nursing research?	<ul style="list-style-type: none"> The nursing research and evidence-based practice are integrated throughout the curriculum.
2.3.7 How can the study program assure student learning in disciplines where they do not receive specific experience?	<ul style="list-style-type: none"> The study program identifies disciplines where students do not receive specific experiences. The study program ensures that students can learn those disciplines through alternative methods.

2.4. Educational methods and experiences: The study program employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the nursing study program, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources. Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

Key Questions	Criteria for Compliance
2.4.1 How is distance education congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit when utilized?	<ul style="list-style-type: none"> • The program delivery support the achievement of governing organization's mission • The program utilizes some form of distance education for nursing courses. • The distance education is used by the nursing program in a manner that aligns with the mission of the governing organization and the mission/philosophy of the nursing education unit • The policies related to credit transfer or recognition of prior learning are consistent with national quality framework principles and support graduates in meeting the National Competency Standards for professional registration.
2.4.2 How are the principles used to inform the selection of educational methods and experiences employed in the study program curriculum and their derivation?	<ul style="list-style-type: none"> • The Principles are used in selecting educational methods and experiences. • These principles are formulated through a defined process.
2.4.3 How are the chosen principles for educational methods and experiences distributed throughout the curriculum determined?	<ul style="list-style-type: none"> • The chosen educational methods and experiences are distributed throughout the curriculum and adopted for specific educational purposes.
2.4.4 How can the educational methods and experiences be made appropriate to the local context, resources, and culture for students?	<ul style="list-style-type: none"> • The local context, resources, culture, and ethnically diverse concepts are incorporated into the educational methods and experiences provided for students in a suitable manner.
2.4.5 How are evaluation methods made consistent with the end-of-program student learning outcomes and appropriate for	<ul style="list-style-type: none"> • The methods of evaluation are used to assess student performance throughout the program. • The methods of evaluation of student performance are developed or selected based on specific criteria.

Key Questions	Criteria for Compliance
each delivery format in all program options?	<ul style="list-style-type: none"> • The study program ensures that established professional competencies are incorporated into the various evaluation methodologies used throughout the curriculum. • The study program ensures that the various evaluation methodologies of student performance are linked to the measurement of course achievement and/or end-of-program student learning outcomes. • The Student progress is evaluated through both the didactic and clinical components of each academic term. • The Student attainment of competencies is evaluated throughout the program of study • The curriculum integrates culturally diverse concepts comprehensively, with assurance of their effective incorporation.

2.5. Patient Safety

The institution has implemented a quality improvement system that addresses student errors and patient safety issues in the professional education program environment

Key questions	Criteria for Compliance
2.5.1. How does the institution define and communicate student errors and patient safety to stakeholders?	<ul style="list-style-type: none"> • The institution implements patient safety policies as part on the learning processes, research, and community service. • The institution defines and communicates student errors and patient safety to relevant stakeholders. • The institution prepares students to take action to comply with Service Standards and Standard Operating Procedures for implementing Patient Safety strategies in accordance with applicable policies. • The institution handles losses or injuries experienced by people who receive services provided by students through coordination with relevant parties.
2.5.2. How do institutions designate groups or individuals responsible for monitoring student errors and patient safety at the program management level of professional education and health services?	<ul style="list-style-type: none"> • The institution has procedures for designating groups or individuals responsible for monitoring student errors and patient safety at the level of professional education program management and health services. • The institution has ethical and behavioural guidelines that students must adhere to in order to prepare students and graduates of professional education to practice safely and ethically. • The institution has guidelines and a code of conduct in accordance with the healthcare institution.

Key questions	Criteria for Compliance
	<ul style="list-style-type: none"> The institution has guidelines that supervisors in educational institutions collaborate with clinical supervisors to monitor student compliance with the code of ethics.
2.5.3. How are risks to patient safety reviewed, identified, recorded, and reported on a regular basis?	<ul style="list-style-type: none"> The institution provides an evaluation system to assess and monitor the implementation of patient safety. The institution handles clinical practice in the evaluation and monitoring of patient safety implementation. The institution follows up on the results of patient safety monitoring and evaluation. The institution openly disseminates the results of patient safety monitoring and evaluation to stakeholders.
2.5.4. How are risks addressed and mitigated in the implementation of professional practice learning?	<ul style="list-style-type: none"> Institution has a policy for handling risks and mitigation. Institution conducts Root Cause Analysis (RCA) to identify the main causes. The institution provides methods for receiving complaints and ways to resolve. Institution provides methods for receiving complaints about risks that occur. Institution follows up on complaints received. Institution conducts training or education on risk management for lecturers, educational staff, and students.
2.5.5. How are institutions and related agencies/bodies/organizations informed about patient safety issues and risks?	<ul style="list-style-type: none"> Institutions, together with health service agencies/bodies/organizations, contribute to raising awareness of patient safety issues by applying the principles of transparency, accountability, and continuous improvement in patient safety.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Minutes of the curriculum committee meeting to formulate the learning outcomes for each course (including knowledge, skills, and behaviour) based on the vision, mission, and strengths of the study program. The results can be measured using appropriate assessments.
- Curriculum book (curriculum: principles, content, sequence), competency map (curriculum study material matrix), Semester Learning Plan (SLP), learning outcomes, teaching and learning methods, and assessment.
- List of clinical departments for student placement.
- List of hospitals and educational facilities.
- Minutes of the curriculum committee meeting on educational methods, curriculum review, evaluation, and curriculum revision.
- Meeting minutes and reports on the involvement of external stakeholders in the quality management system and patient safety strategy.

- Guidelines for conducting Root Cause Analysis (RCA).
- Policies and procedures for mitigating of patient safety.

Criteria 3. Assessment

The study program has a policy that describes its assessment practices. b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes. c) The policy is shared with all stakeholders.

3.1. Assessment Policy and System

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to the acquisition of the knowledge, clinical skills, and behaviours needed to be a nurse. The policy and the system should be responsive to the mission of the study program, its specified educational outcomes, the resources available, and the context.

Key Questions	Criteria for Compliance
3.1.1 How does the faculty use the assessment methods to determine educational outcomes?	<ul style="list-style-type: none">• The assessment method describes the process to evaluate each specified educational outcome from a specific level assessment of student learning outcome achievement.• The Student assessments across teaching sites and modalities are periodically reviewed and updated.
3.1.2 How does the study program determine the optional number of assessments and their timing for a given situation?	<ul style="list-style-type: none">• The Faculty collect aggregate assessment data at regular intervals (determined by the faculty) to ensure the sufficiency of data to inform decision-making and disaggregate the data to promote meaningful analysis.• The nursing study program analyzes assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and, when necessary, implements actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement.• All staff and students are regularly well-informed.
3.1.3 How can assessments be integrated and coordinated across the range of educational outcomes and the curriculum?	<ul style="list-style-type: none">• The Faculty maintains documentation for the three most recent years of the assessment data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' end-of-program student learning outcome achievement.• The faculty shares the analysis of the end-of-program student learning outcome data with communities of interest.• The systematic plan for evaluation describes the process for regular summative nursing program-level assessment for role-specific nursing competencies for each program option, which may be aligned with the end-of-program student learning outcomes or assessed separately.

3.2 Assessment in Support of Learning:

- a) **The program has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.**
- b) **These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.**

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for the purpose of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

Key Questions	Criteria for Compliance
3.2.1 How can students be assessed to support their learning?	<ul style="list-style-type: none">• The faculty ensure that clear statements about assessment, progression rules, and requirements are provided to students at the start of each subject.• Methods of evaluation are used to evaluate students' performance throughout the program.
3.2.2 How are students assessed to determine which ones need additional help?	<ul style="list-style-type: none">• Validated instruments are used in workplace experience assessment to evaluate student knowledge, skills, behaviours, and competence.
3.2.3 How are systems of support offered to students with identified needs?	<ul style="list-style-type: none">• Faculty have a comprehensive assessment system for students with identified needs.

3.3 Assessment in Support of Decision-Making:

- a) **The study program has in place a system of assessment that informs decisions on progression and graduation.**
- b) **These summative assessments are appropriate for measuring course outcomes.**
- c) **Assessments are well-designed, producing reliable and valid scores.**

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

Key Questions	Criteria for Compliance
3.3.1 How are blueprints (plans for content) developed for examinations?	<ul style="list-style-type: none">• Blueprints (plans for content) area developed for examinations to achieve learning outcomes.
3.3.2 How are the standards (pass marks) set on formative and summative assessments?	<ul style="list-style-type: none">• The assessment types and tasks that exist across the program (levels, numbers, and contexts) enhance individual and collective learning, as well as inform student progression, and are consistent with determining the achievement of the stated learning outcomes.• The study program makes decisions on progression and graduation in all educational levels across all expected learning outcomes.
3.3.3 How are mechanisms implemented to assess students' results?	<ul style="list-style-type: none">• Evidence of procedural controls, fairness, reliability, validity, and transparency assess students.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The faculty communicate the content, style, and quality of assessments to the student and other stakeholders regularly.
3.3.4 How are appeal mechanisms regarding assessment results provided for students?	<ul style="list-style-type: none"> There is the policy/system regarding the appeal mechanism for the assessment results. The study program ensure that the students are well-informed about the appeal mechanisms. Disputes between students and the study program are resolved through established procedures.
3.3.5 How is Information is concerning the content, style, and quality of assessments provided to students and other stakeholders?	<ul style="list-style-type: none"> The faculty collaborate with students, health service providers (where relevant), and academics in selecting and implementing assessment methods. The faculty maintain the validity and reliability of the assessment program using monitoring and evaluation processes.
3.3.6 How are the assessments used to guide and determine student progression between successive stages of the course?	<ul style="list-style-type: none"> The faculty use a variety of appropriate direct outcome assessment methods to ensure comprehensive summative assessment for each end-of-program student learning outcome. The faculty use assessment results to guide and determine student progression across the program. The faculty provides feedback to students regarding their progression across the program.

3.4 Quality control:

a) The school has mechanisms in place to ensure the quality of its assessments.

b) Assessment data are used to improve the performance of academic staff, courses, and the school.

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course, and the institution.

Key Questions:	Criteria for Compliance
3.4.1 How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	<ul style="list-style-type: none"> The program demonstrates evidence of students' achievement of each end-of-program learning outcome. The faculty develops a plan and implement the quality assurance system for your assessments system.
3.4.2 How are assessments analysed to ensure the quality of teaching and the curriculum in practice?	<ul style="list-style-type: none"> The completion rate demonstrates the education program's effectiveness in achieving its societal mandate. The faculty develops procedures for the analysis of individual assessments to ensure their quality. <p>The faculty It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of</p>

Key Questions:	Criteria for Compliance
	<p>the assessments, the assessment system, the course, and the institution.</p> <ul style="list-style-type: none"> involve students and academic staff in developing and implementing these procedures. The faculty uses assessment results to evaluate the teaching and the curriculum in practice.
3.4.3 How are the assessment system and individual assessments regularly reviewed and revised?	<ul style="list-style-type: none"> The faculty explain the procedure for regularly reviewing and revising your assessment system in individual assessment.

Supporting document:

Supporting documents provided, but not limited to the following list:

- Standard operational procedure for assessment
- Student's logbook, document of revision on teaching strategies: assessment as student's (evaluation and monitoring student's progress) and teacher's feedback (teacher's teaching strategies)
- Procedures for remediation and counselling
- Support system algorithm
- Assessment blueprint
- Procedure of appeal mechanism
- Document of Quality Assurance system: planning and implementation
- Policy and procedure for workplace-based assessment

Criteria 4. Students

4.1 Selection and Admission Policy: The nursing study program has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students. Students as the main stakeholders are **recruited** and **selected** by considering input quality policies, and equitable access to both regional and economic capabilities through a recruitment mechanism that is supported by the values of accountability, transparency, equal opportunity, and appreciation for social and cultural diversity in accordance with quality characteristics. and study program objectives. Access to **student services** and **development of interests and talents** sought by study programs in the form of access to student activity centre facilities, dormitories, health services, scholarships, and extra-curricular activities that support the achievement of student learning outcomes.

The school of nursing has a publicly available approach and policy that sets out the aims, principles, criteria, and processes for the selection and admission of students that is underpinned by values of transparency, authenticity, equal opportunity, and appreciation of social and cultural diversity.

Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally. Where the school sets aspects of its own selection and admission policy and process and clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context. The following admissions issues are important in developing the policy: the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately; equality and diversity issues; policies for re-application, deferred entry, and transfer from other schools or courses.

Consider the following issues for the selection process: requirements for selection, stages in the process of selection; mechanisms for making offers; mechanisms for making and accepting complaints.

Key Questions	Criteria for Compliance
4.1.1 How are the selection and admission policies, student admission processes guide, and student progression clearly defined, appropriate and transparent?	<ul style="list-style-type: none">• The selection and admission policies fit with regulatory (accreditation) or government requirements.• The criteria and processes for student admissions to the nursing education program and for student progression are briefly outlined.
4.1.2 How is the alignment between the selection and admission policies and the mission of the school determined, and how is it made congruent with those of the governing organization (when applicable)?	<ul style="list-style-type: none">• The selection and admission policy is aligned with the mission of the school.• The selection and admission policy is developed with the involvement of relevant stakeholders.• The implementation of the selection and admission policy is ensured to be free from direct intervention by unauthorized parties• The nursing program ensures that all applicants are informed of the following before accepting an offer of enrolment:<ul style="list-style-type: none">- specific requirements for entry to the program of study including English language proficiency.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> - specific requirements for the right of entry to health services for workplace experience (including fitness for practice, immunization, and criminal history). • Students are selected for the program based on clear, justifiable, and published admission criteria. • Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic and workplace experience requirements throughout the program.
4.1.3 How are the selection and admission policies made publicly accessible?	<ul style="list-style-type: none"> • The school disseminates the selection and admission policy to internal and external stakeholders.
4.1.4 How are the policies ensured to be non-discriminatory and consistently applied?	<ul style="list-style-type: none"> • Policies for nursing students at each location may differ from those for non-nursing students (e.g., admissions, background checks). • Any policy differences for nursing students are directly related to the end-of-program student learning outcomes and program outcomes. • The nursing program ensures that all students have equal opportunity to attain the current Competency Standards for the Registered Nurse
4.1.5 How are student educational records maintained in accordance with the policies of the governing organization?	<ul style="list-style-type: none"> • The governing organization has policies for the maintenance of student records (e.g., admission records, registrar records, nursing records such as health records, drug testing, and criminal background). • Guidelines are in place to manage the maintenance and protect the security/access of student education records at multiple locations.
4.1.6 How is the selection and admission system regularly reviewed and revised?	<ul style="list-style-type: none"> • There are procedures for regularly reviewing and revising the selection and admission system, and specific individuals or groups are involved in these procedures. • Students are notified of changes in the program, policies, and/or procedures.

4.2 Student Counselling and Support: The nursing school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Students might require support in developing academic skills, managing disabilities, physical and mental health and personal welfare, managing finances, and in career planning. Consider what emergency support services are available in the event of personal trauma or crisis. Specify a process to identify students in need of academic or personal counselling and support. Consider how such services will be published, offered, and accessed in a confidential manner. Consider how to develop support services in consultation with students' representatives.

Key Questions	Criteria for Compliance
4.2.1 How are services provided based on student needs, including academic and personal support and counselling services?	<ul style="list-style-type: none"> • The school provides an appropriate package of support that meets the academic and pastoral needs of students, including academic and career advising, financial assistance or education financial management counselling, health and disability insurance, counselling or personal welfare programs, access to health care services, and student interest and talent development. • Students are able to access the services offered and have the same access as non-nursing students. • Distributed or distance education students are able to access student services.
4.2.2 How are systems and/or processes related to student loans, student loan installments, and student responsibilities to their institution described for the international program?	<ul style="list-style-type: none"> • The governing organization participates in financial aid programs such as loans and grants. For international programs, the organization also participates in national financial aid programs.
4.2.3 How is a written, comprehensive student loan installment program addressing student loan information, counselling, monitoring, and cooperation with lenders?	<ul style="list-style-type: none"> • Students are able to access information about student loan repayment programs. <ul style="list-style-type: none"> - A written, comprehensive student loan repayment program is available - The student loan repayment program information includes counselling, monitoring, and cooperation with lenders
4.2.4 How are students informed of their ethical responsibilities regarding financial assistance in accordance with the policies of the governing organization guidelines?	<ul style="list-style-type: none"> • Students are informed of their ethical responsibilities regarding financial assistance. <ul style="list-style-type: none"> - The governing organization has established policies and procedures for the maintenance of financial aid records. - Measures are taken to protect the security and access of financial aid records. - National requirements for financial aid record maintenance are followed for international programs - The maintenance of student financial aid records complies with national guidelines for international programs • Student financial aid records are maintained in accordance with the governing organization's policies and procedures.
4.2.5 How are both the procedural and cultural aspects of these services recommended and communicated to students and staff?	<ul style="list-style-type: none"> • Students and staff are made aware of the availability of student support services. • The school is involved in the provision of student services that are culturally sensitive <ul style="list-style-type: none"> - Ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture

Key Questions	Criteria for Compliance
4.2.6 How do the student organizations collaborate with the nursing school management to develop and implement these services?	<ul style="list-style-type: none"> Students and student organization management are involved in the development and implementation of these services
4.2.7 How do program complaints and grievances receive due process and include evidence of resolution, as per record?	<ul style="list-style-type: none"> The governing organization and the nursing education unit have established complaints and grievances policies. The program has received a number of complaints and grievances since the last program review, with various types of grievances reported. The policy was followed for each complaint and grievance, and each location adheres to the same grievance policy.
4.2.8 How is orientation to technology provided, and how is technological support made available to students?	<ul style="list-style-type: none"> Student-centered technology is used during the Program of Study for all program options and locations, and students are able to access these technologies. Students at each location are oriented to the technologies used in the didactic component (e.g., learning management system), laboratory/simulation laboratory component, and clinical/practicum component (e.g., electronic medical record) of the nursing courses.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revise.
- Policy, regulation, and procedures on student support.
- Policy, regulation, and procedures on student counselling.
- Supporting human resources, facilities and finances for the student support system.
- Monitoring and evaluation of student support system implementation.

4.3 Student Work and Learning Environment

Realizing that the main learning occurs through patient care, students have a clear and detailed program for the overall workload and hours of work. It is necessary to strike a balance between the responsibility and commitment of education and the provision of services, with adequate supervision of the student work and learning environment, safe, comfortable, appropriate, and learning time, including exam preparation and implementation. Educational institutions need to implement quality improvement systems to address the physical and psychological safety issues of students in the educational environment, by implementing a 'healthy campus' environment, including free from sexual violence, bullying, and intolerance.

Key Questions	Criteria for Compliance
4.3.1. How do educational institutions ensure that the healthcare institutions where students conduct clinical practice has meet quality and patient safety standards?	<ul style="list-style-type: none">• The study program has clinical supervisors who are prepared for supervisory roles and assess students in all clinical practice vehicles based on patient safety standards.
4.3.2. How does the study program calculate and determine the workload and working hours of clinical practice?	<ul style="list-style-type: none">• The study program calculates and determines the formulation of workloads and working hours for students.
4.3.3. How is the work plan of student activities, service provision, education, and safety programs to students decided, disseminated, and enforced?	<ul style="list-style-type: none">• The study program makes a work plan for student activities that are free from sexual violence, bullying and intolerance (the implementation of a 'healthy campus').• The study program socializes the work plan for the provision of services, education, and safety programs to students.
4.3.4. How does the study program determine the minimum and maximum number of working hours required, as well as the arrangement of holidays for professional education students?	<ul style="list-style-type: none">• The institution sets the standard of maximum and minimum working hours, as well as the arrangement of holidays in accordance with applicable regulations.
4.3.5. How does the study program manage the implementation of workload and clinical responsibilities for professional education students?	<ul style="list-style-type: none">• The study program manages the clinical workload and responsibilities of professional education students in accordance with applicable regulations.
4.3.6. How do institutions organize for the preparation and implementation of exams while maintaining the safety of students and patients?	<ul style="list-style-type: none">• The study program prepares a schedule and carries out an evaluation process to take the professional exam.

4.4 Student Safety

Educational institutions must clarify the legal status of students in relation to patient care and have implemented a quality improvement system that addresses the physical and psychological safety issues of students in the educational environment.

Key Questions	Criteria for Compliance
4.4.1. How does the study program provide a student's legal/regulatory status with respect to patient care responsibilities?	<ul style="list-style-type: none">• The institution has a legal protection policy for students in carrying out their responsibilities of caring for patients and their implementation.
4.4.2. How does the study program ensure the physical and psychological safety of students by the institution?	<ul style="list-style-type: none">• The institution implements mechanisms to ensure potential risks to student safety physically and psychologically.
4.4.3. How do the study programs prepare groups or individuals who have responsibility for student safety at the program management level and within the educational location and environment?	<ul style="list-style-type: none">• The institutions have units that are assigned to ensure the safety of students both within the institution, in clinics, and in other environments.
4.4.4. How do study programs prevent risks that endanger student safety with mechanisms to identify, mitigate, record, and report?	<ul style="list-style-type: none">• The study program implements a risk prevention mechanism that endangers student safety in clinical practice by identifying, mitigating, recording, and reporting them
4.4.5. How are measures recorded to ensure student safety and measures taken when risks are identified?	<ul style="list-style-type: none">• The study program establishes the requirements for documents/records that must be provided to ensure the safety of students and patients.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revise.
- Policy, regulation, and procedures on student support.
- Policy, regulation, and procedures on student counselling.
- Supporting human resources, facilities and financial for student supports system.
- Monitoring and evaluation of student support system implementation.

Criteria 5. Academic Staff

5.1. Academic Staff Establishment Policy: The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Determining academic staff establishment policy involves considering: the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students; the distribution of academic staff by grade and experience.

Key Questions	Criteria for Compliance
5.1.1 How is the nursing education unit administered, and how are the qualifications of the administrator defined?	<ul style="list-style-type: none">• The administrator of the nursing education unit has a strong nursing background.• The head of the school of nursing possesses a relevant educational background.
5.1.2 How are the characteristics of qualified and capable academic staff defined, and how does the institution ensure the sufficiency of academic staff?	<ul style="list-style-type: none">• The number and qualifications of academic and administrative staff across all locations of the nursing education unit are sufficient to support the nursing program.• The school has policies and processes in place to verify and monitor the academic and professional credentials of current and incoming staff, as well as to evaluate their performance and development needs. A specific number of staff are assigned to the nursing education unit.• The academic and administrative staff at all locations assigned to the nursing education unit have defined job duties, and the school monitors and reviews the workload of academic staff.• A balance of academic, clinical, technical, and administrative staff is maintained to appropriately meet teaching, research, and governance commitments.
5.1.3 How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum, learning outcomes and program outcomes are achieved?	<ul style="list-style-type: none">• The school determines the required number and characteristics of academic staff to ensure human resource planning aligns with the development of the school.• The school ensures that contractual faculty teaching in the baccalaureate nursing education program(s) are well oriented, monitored, and evaluated.• Faculty teaching in the baccalaureate nursing education program(s) integrate the program philosophy into their teaching.• The school implements policies and processes to verify and monitor the academic and professional credentials of current and incoming staff and to evaluate their performance and development needs.
5.1.4 How does the Institution support the safety of lecturer and support staff?	<ul style="list-style-type: none">• The Institution/Study Program has policies in place to prevent violence against lecturers and supporting staff.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The Institution/Study Program has mechanisms that ensure violence does not occur and that these mechanisms are communicated to all stakeholders. The Institution/Study Program has programs to support lecturers and education staff who may experience bullying.

5.2. Academic Staff Performance and Conduct: The school has specified and communicated its expectations for the performance and conduct of academic staff.

Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service. Develop a code of academic conduct in relation to these responsibilities.

Key Questions	Criteria for Compliance
5.2.1. How does the school provide information to new and existing academic staff, and how is the content of that information determined?	<ul style="list-style-type: none"> The school disseminates information on the responsibilities of academic staff for teaching, research, and services to both new and existing academic staff. The school communicates expectations of performance and codes of conduct to new and existing academic staff.
5.2.2. How are the policies for nursing faculty and staff designed to be comprehensive, ensure their welfare, and align with those of the governing organization?	<ul style="list-style-type: none"> Policies are in place to sustain the welfare of nursing faculty and staff at each location. The policies for nursing faculty and staff are consistent across all locations and align with those for non-nurse faculty and staff within the governing organization.
5.2.3. How does the school provide support for the nursing program and induction training for academic staff?	<ul style="list-style-type: none"> The school conducts induction training for new academic staff. Induction programs for academic staff are arranged by the school. The contents of the induction programs reflect the university and study program's mission and objectives and are included in the training and development plan. The school evaluates and reviews its training programs regularly.
5.2.4. How is responsibility for academic staff performance and conduct assigned, and how are these responsibilities carried out?	<ul style="list-style-type: none"> Policies and procedures for academic staff performance appraisal are established. Specific individuals or roles are responsible for carrying out performance appraisal procedures. Policies and procedures are in place for staff retention, promotion, granting rewards, retraction, demotion, and dismissal. Staff receive regular and sufficient information related to policies, responsibilities, benefits, and remuneration. Policies and procedures for providing feedback on academic staff performance and progress toward

Key Questions	Criteria for Compliance
	retention, promotion, rewards, and tenure are implemented.
5.2.5. How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum?	<ul style="list-style-type: none"> • Faculty teaching adheres to the integrity of the curriculum, and clinical instructors possess the academic, professional, and experiential qualifications required for the clinical settings in which they instruct. • Staff, facilities, equipment, and other teaching resources are sufficient in quality and quantity to support the anticipated student population and any planned increase.
5.2.6. How do academic staff contribute to maintaining scholarship and evidence-based teaching and clinical practices, and how is their performance evaluated in relation to this responsibility?	<ul style="list-style-type: none"> • The institutional infrastructure and workloads support the development and maintenance of faculty scholarship. • A scholarly climate in the nursing education program(s) strengthens faculty scholarship and promotes the use of evidence among students. • Feedback policies and procedures support academic staff performance and progress toward retention, promotion, rewards, and tenure.

5.3. Continuing Professional Development for Academic Staff: The school implements a stated policy on the continuing professional development of its academic staff.

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key Questions	Criteria for Compliance
5.3.1. How does the school provide information to new and existing academic staff members regarding its facilitation or provision of continuing professional development?	<ul style="list-style-type: none"> • The school has a plan and considerations for a professional development program and career pathway for academic staff, and this plan is socialized to the academic staff. • A development program is available for tenure-track and junior or new academic staff. • The school reviews, evaluates, and redesigns the development program as needed. • The school supports and accommodates the professional development of academic staff.
5.3.2. How does the school take administrative responsibility for the implementation of the staff's continuing professional development policy?	<ul style="list-style-type: none"> • The school monitors, evaluates, and reviews the continuing professional development program of academic staff. • The school appraises and rewards academic staff based on their continuing professional development.
5.3.3 How does the school provide protected funds and time to support its academic staff in their continuing professional development?	<ul style="list-style-type: none"> • The school supports its academic staff in their continuing professional development through established policies. • Academic staff are able to clearly understand the policies and procedures related to their professional development.

5.4. Support Staff

Support staff (laboratories/operators/technicians/analysts, librarians, administration, IT operators) support the activities of three higher education primary functions (teaching learning, research, community services). Institution provides professional education Support staff which are adequate in numbers and qualifications. Institution guarantees the development of Support staff.

Key questions	Criteria for Compliance
5.4.1 How does Institution determine the number and qualifications of Support staff needed?	<ul style="list-style-type: none">• Institution has guidelines for calculating the number and qualifications of the required Support staff.• Institution monitors and reviews the performance of Support staff.
5.4.2 How to determine the number and qualifications of Support staff to be in harmony with the services for the implementation of the education, research and community services?	<ul style="list-style-type: none">• Institution ensures that the number and qualifications of Support staff are adequate to support the governance and implementation of the three core functions of higher education (education, research, and community service).• Institution conducts human resource planning to ensure the adequacy of Support staff.
5.4.3 How to develop the ability of Support staff in service for the implementation of the education, research and community services and in career?	<ul style="list-style-type: none">• Institution develops the capabilities/skills of Support staff in the service.• Institution facilitates the career path of Support staff.
5.4.4 How to monitor and evaluate Support staff performance to improve service quality?	<ul style="list-style-type: none">• Institution has a monitoring and evaluation system for Support staff performance.• Institution carries out monitoring and evaluation of the performance of Support staff in providing services.• Institution conducts an analysis of the results of the monitoring and carries out relevant follow-ups.

5.5. Research Relevance in accordance with the Vision and Excellence of the Study Program.

The institution has a research roadmap that serves as a reference for lecturer and student research activities to ensure relevance and suitability with the vision and excellence of the study program. The research results of lecturers and students are integrated into learning activities and receive awards or recognition for research results in the form of research grants, IPR, and patents.

Key questions	Criteria for Compliance
5.5.1. How does the study program ensure the relevance of lecturers' research in Support the achievement of the vision, mission and excellence of the study program as well as its monitoring and evaluation?	<ul style="list-style-type: none">• Institution has a policy of implementing research and student involvement in lecturer research and is socialized.• The availability and suitability of the research roadmap with the vision, mission and excellence of the study program.• The institution has a monitoring and evaluation system for research up to its follow-up in the study program

Key questions	Criteria for Compliance
5.5.2. How does the study program implement lecturer research activities in institutions?	<ul style="list-style-type: none"> • Institutions have procedures and mechanisms for funding research • The institution has a policy to process lecturers' scientific publications in reputable journals. • The institution has procedures, mechanisms, and facilitates study programs in applying for research grants. • The institution has a policy to involve students in lecturer research. • Institutions have policies to support lecturer collaborative research with other parties
5.5.3. How does the study program integrate of research results in learning activities?	<ul style="list-style-type: none"> • The institution has a policy to integrate the results of lecturers' research into learning activities
5.5.4. How does the study program provide award and recognition of lecturers' research results?	<ul style="list-style-type: none"> • The Institutions have policy in granting award and the recognition of research results

5.6. The Relevance of Community Service in accordance with the Vision and Excellence of the Study Program.

The institution has roadmap which serves as a reference for community service activities by lecturer and students to ensure the relevance and conformity with the vision and excellence of the study program. The results of community service for lecturers and students are integrated into learning activities and receive awards or recognition in the form of community service Grants, Intellectual Property, and Patents. The results of community service contribute to the welfare of society and science.

Key questions	Criteria for Compliance
5.6.1. How does the study program ensure the relevance of lecturers' community service in supporting the achievement of the vision, mission, and excellence of the study program as well as its monitoring and evaluation?	<ul style="list-style-type: none"> • The institution has a policy on the implementation of Community Service and student involvement in lecturer Community Service and is socialized. • The institution has a Community Service roadmap and evaluates its suitability with the vision, mission and flagship stud program • The institution has a monitoring and evaluation system for Community Service until its follow-up in the study program. • Monitoring and evaluation system for the implementation of Community Service to follow-up in the study program. • Institutions evaluate the suitability of Community Service with the roadmap and follow up.
5.6.2. How does the study program implement community service activities in institutions?	<ul style="list-style-type: none"> • The institution has a policy to process lecturers' Community Service scientific publications in reputable journals. • Institutions have procedures, mechanisms, and facilitate study programs in applying for Community Service grants.

Key questions	Criteria for Compliance
	<ul style="list-style-type: none"> The institution has a policy to involve students in Community Service. Institutions have policies in supporting Community Service collaboration with other parties
5.6.3. How does the study program integrate the results of community services in learning programs?	<ul style="list-style-type: none"> The institution has a policy to integrate Community Service Activities into learning activities.
5.6.4. How does the study program grant the award and scientific recognition of lecturers' community service activities results?	<ul style="list-style-type: none"> Institution has policies in awarding or acknowledging Community Services results (including Community Services, Grants, Copy Rights, and Patent.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Manpower plan according to the needs of each discipline and scientific development.
- Policy and procedures for staff's development.
- Minutes of meetings and list of attendance during development of manpower plan.
- Mapping of discipline of the curriculum.
- Form for monitoring and evaluation of academic staff performance, sampled a filled in form from several academic staffs, result of performance appraisal each semester.
- Induction training program report.
- Reports of the training programs for new and existing academic staff members.
- Summary of the professional development of the academic staff.

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training: Nursing Schools have sufficient facilities, equipment, and teaching resources in enough numbers to enable lecturers to carry out teaching, research, and community service processes and students to achieve learning outcomes and competencies.

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

Key Questions	Criteria for Compliance
6.1.1 How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	<ul style="list-style-type: none">• Nursing schools ensure that the facilities, equipment, and other teaching resources for both theoretical and practical learning are adequate in both quality and quantity to meet the needs of the anticipated number of academic staff, students, and education personnel, as well as to support planned improvements. Academic staff and students, including those with special needs have sufficient access to learning facilities and resources to effectively support the learning process.• Nursing schools play a role in selecting facilities and learning resources for all nursing study programs across all locations.
6.1.2 How does the right balance of facilities and learning resources fulfill commitments to teaching, research, community service, and governance?	<ul style="list-style-type: none">• Nursing schools maintain an appropriate balance of facilities and learning resources to fulfill their commitments in teaching, research, community service, and governance.• The availability of classroom physical space aligns with the student ratio, provides sufficient area, is well maintained, equipped with supporting facilities, and has a layout that supports the implementation of the learning process.• The availability of academic staff rooms corresponds to the number of academic staff, offers sufficient area, is well maintained, equipped with supporting facilities, and has a layout that supports the implementation of education, research, and community service.• The availability of laboratory and library space is in accordance with the student ratio, provides sufficient area, is well maintained, equipped with supporting facilities, and has a layout that supports the implementation of the learning process.• The availability of public facilities is well maintained, equipped with supporting facilities, and has a layout that supports student interaction.

6.2 Clinical Training Resources: Nursing schools have sufficient facilities, equipment, and teaching resources to enable lecturers to carry out teaching and learning processes, research, and community service and students to achieve learning outcomes and competencies in clinical learning.

Consider the facilities that are required to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

Key Questions	Criteria for Compliance
6.2.1 How do the facilities, equipment, and other teaching resources ensure sufficient quality and quantity to anticipate the student population and any planned upgrades?	<ul style="list-style-type: none"> The school ensures that teaching facilities and equipment are adequate in both quality and quantity to support the anticipated student population and planned clinical learning. The school ensures that other teaching resources are sufficient in quality and quantity to meet the needs of the anticipated student population and planned clinical learning.
6.2.2 How are the required and provided opportunities for students to learn clinical skills identified and ensured?	<ul style="list-style-type: none"> The school provides students with opportunities to learn clinical skills both on and off campus. Facilities and infrastructure for learning clinical skills are well maintained and kept up to date.
6.2.3 How is the policy on the use of simulated and actual patients developed and justified?	<ul style="list-style-type: none"> The school describes the policies that serve as the basis for using simulated and actual patients. The policy development process is clearly defined. Relevant stakeholders are involved in the development of policies.
6.2.4 How does the school ensure that students have adequate access to clinical facilities?	<ul style="list-style-type: none"> Students are able to use clinical facilities for clinical learning. The school regulates, ensures, and maintains student access to clinical facilities to support the achievement of desired learning outcomes. The school monitors and evaluates the clinical facilities regularly.
6.2.5 How is the school's mix of community-based and hospital-based training placements determined and justified?	<ul style="list-style-type: none"> The school determines the placement of students in community-based and hospital-based settings during the clinical phase. Relevant parties are involved in making decisions regarding student placement in clinical settings.
6.2.6 How does the school engage clinical educators and supervisors in the required range of generalist and specialist practice settings?	<ul style="list-style-type: none"> The school explains the recruitment process for clinical educators in the required clinical practice settings. The school ensures that clinical educators understand their roles and responsibilities in supporting student learning in practice settings. The school maintains active engagement with clinical educators.

Key Questions	Criteria for Compliance
6.2.7 How does the school ensure consistent delivery of clinical guidelines to clinical settings?	<ul style="list-style-type: none"> The school ensures that all clinical educators understand the clinical learning guidelines. The school regulates the delivery of clinical learning guides in clinical settings to ensure consistency and competence. The school ensures the effective delivery of clinical learning guides in clinical settings.

6.3 Information Resources: Comprehensive and up-to-date learning resources and technology that can be accessed by lecturers, academic staff, and students to support the school's mission and curriculum.

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching, and research.

Key Questions	Criteria for Compliance
6.3.1 How do academic staff, students, and administration staff obtain technology and information resources in all locations?	<ul style="list-style-type: none"> The school identifies technological needs and sources of information for academic staff, students, and administration staff. The school ensures that technology and information resources are up-to-date and well-maintained.
6.3.2 How can academic staff and students access library resources (i.e., on-site, online) in all locations?	<ul style="list-style-type: none"> The school ensures that library resources are current, well-maintained, and accessible to academic staff and students at all locations. The school ensures that information resources and library services support the academic needs of both staff and students.
6.3.3 How do the information technology systems and technical support meet the operational and educational requirements of nursing?	<ul style="list-style-type: none"> Information technology systems and technical support meet the operational requirements and the needs of nursing education programs.
6.3.4 How are program policies, procedures, and information clearly communicated to academic staff, students, and administration staff?	<ul style="list-style-type: none"> The school ensures that policies, procedures, and program information are clearly communicated to academic staff, students, and administration staff.

6.4 Financial Resources

The Institution has a sustainable financial resource, sufficient to ensure the achievement of graduate learning outcomes at the end of the program, and commensurate with the resources of the managing organization.

Key Questions	Criteria for Compliance
6.4.1. How does the institution implement policies and allocate budgets to support the achievement of vision and mission?	<ul style="list-style-type: none"> Institution implements policies and allocate budgets to support the achievement of vision and mission.

Key Questions	Criteria for Compliance
6.4.2. How does the institution ensure the availability of sufficient and sustainable financial resources to support programs in all locations?	<ul style="list-style-type: none"> The institution has sufficient and sustainable financial resources to support the program in all locations
6.4.3. How does the institution carry out a budget plan for changes both in source and or amount that is adjusted to the activities of the priority program over time?	<ul style="list-style-type: none"> The institution carries out a budget plan for changes in both sources and/or amounts that are adjusted to priority program activities from time to time.
6.4.4. How does the institution monitor and evaluate the management of financial resources through internal and external audits and follow up on the results of these audits for improvement and development?	<ul style="list-style-type: none"> The institution monitors and evaluates the management of financial resources through internal and external audits and follows up on the results of the audit for improvement and development.

Supporting documents

Supporting documents provided, but not limited to the following list:

- List of physical infrastructure
- List of other learning supporting systems. Learning Management System, Internet speed
- List of academic hospital networks and teaching clinics
- List of facilities in the academic hospitals and Teaching Clinics (discussion rooms, room for night shift, library, etc.)
- List of mannequins available for clinical skill training of the students
- List of standardized patients, report of the training of the standardized patients
- List of training and its reports of the clinical teachers and preceptors
- List of databases of available journals
- Forms for evaluation and feedback from students and academic staff and administration for available information resources
- Facilities to access information resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

7.1 The Quality Assurance System: The school has implemented a quality assurance system by Continuous comprehensive assessment evaluation of the education program also addresses risks to the program, its outcomes, and students, and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of graduates.

Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices. Design and apply a decision-making and change management structure and process, as part of quality assurance. Prepare a written document that sets out the quality assurance system.

Key Questions	Criteria for Compliance
7.1.1 How are the objectives and methods of quality assurance and subsequent action in schools defined and explained?	<ul style="list-style-type: none">• The internal quality assurance system has been established, implemented, maintained, and continuously improved.• Feedback gained from the quality cycle is incorporated into the program of study to improve the learning experience of theory and practice for students.• The processes required for the quality management system and their application throughout the organisation have been determined.
7.1.2 How are quality assurance measures planned and implemented?	<ul style="list-style-type: none">• Completion rates demonstrate the education program's effectiveness in achieving its societal mandate.• The faculty ensures that the quality assurance steps are planned and implemented.
7.1.3 How can the responsibility and control of program development, monitoring, review, evaluation and quality improvement be delegated to the school of nursing with oversight by the academic board or equivalent?	<ul style="list-style-type: none">• Top management assigns responsibility and authority to ensure that the quality management system complies with the requirements of international standards.• Top management ensures that reporting on the performance of the quality management system and opportunities for improvement has been established.• Top management ensures that the integrity of the quality management system is planned and implemented.
7.1.4 How is the responsibility for the implementation of the quality assurance system clearly allocated?	<ul style="list-style-type: none">• Faculty in all sites and educational units of the program are engaged in the assessment and evaluation of the program and in identifying changes to improve it.• Students and staff are adequately identified for relevant activities undertaken as part of program requirements.• The program demonstrates evidence of students' achievement of each end-of-program learning outcome.• The faculty develops and implements a plan for the quality assurance system of the assessment system.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The faculty involves students and lecturers in the planning and implementation of the quality assurance system for assessments.
7.1.5 How does the evaluation plan, which includes an environmental scan, guide the assessment of the curriculum, program delivery, and program outcomes?	<ul style="list-style-type: none"> The program demonstrates evidence of students' achievement in completing the nursing program. The program demonstrates evidence of graduates' achievement on each certification examination.
7.1.6 How does the program show evidence of students' achievement from each end-of-program student learning outcome/professional competence for a particular role?	<ul style="list-style-type: none"> Regular evaluation of academic and clinical supervisor effectiveness is conducted using feedback from students and other sources, with systems in place to monitor and improve staff performance where necessary. The school monitors the evaluation system of students' and graduates' ability to provide safe, ethical nursing care and to meet entry-to-practice competencies and standards of practice.
7.1.7 How is feedback obtained from the quality cycle incorporated into the study program to enhance the theoretical and practical learning experience for students by using data to make program improvements?	<ul style="list-style-type: none"> The professional and academic development of staff is explained to improve knowledge and competence in teaching effectiveness and assessment.
7.1.8 How is the current accreditation status of nursing study programs by official state agencies, including expiration dates, recommendations, conditions, and school-related progress reports, identified and documented?	<ul style="list-style-type: none"> Accreditation of nursing study programs is currently carried out by official state institutions. Expiration dates, recommendations, conditions, and school-related progress reports are monitored and addressed. Registration with an official institution is required for awarding a bachelor's degree.

Supporting Documents

Supporting documents provided, but not limited to the following list:

- Organisation chart of the internal quality assurance system
- Policy and procedures of quality assurance of the nursing school and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance
- Minutes of meetings and reports of the involvement of the external stakeholders in the quality management system.
- Follow-up documents on the quality assurance feedback for continuous quality improvement.

Criteria 8. Governance and Administration

8.1. Governance: The nursing school's vision, mission and/or philosophy reflects the governing organization's mission, goals, and/or values. The governing organization and nursing program have administrative capacity and resources that support the effective delivery of the program and facilitate the achievement of the end-of-program student learning outcomes and program outcomes for each nursing program type, and additionally for graduate programs the role-specific nursing competencies.

Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines. Ensure that the school has a risk management procedure.

Key Questions	Criteria for Compliance
8.1.1 How and by which bodies are decisions made about the functioning of the institution?	<ul style="list-style-type: none">• The relevant schools' bodies are responsible for decisions made related to the functioning of the school.• The school describes how the school's bodies make decisions on the functioning of the school.• Governance structures are responsible for managing teaching-learning and research activities
8.1.2 How do the management organization and nursing education units ensure the representation of nurse education administrators and academic staff in governance activities; How are opportunities obtained for student representation in governance activities?	<ul style="list-style-type: none">• The roles of the nurse education administrator and academic staff in the governance of the nursing education unit and the governing organization described.• Interested communities are able to provide input into decision-making processes.

8.2. Student and academic staff representation: The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comments on them. Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

Key Questions	Criteria for Compliance
8.2.1 How are academic staff and students provided with opportunities to participate in governance activities for regulatory organization and nursing programs?	<ul style="list-style-type: none">• The governing organizations and nursing education units provide opportunities for academic staff and students to participate as representatives in governance activities.
8.2.2 How are social or cultural constraints that affect student participation in school	<ul style="list-style-type: none">• Limitations regarding socio-cultural aspects of student involvement in school governance are clearly identified.

governance identified and addressed?	
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8.3. Administration: The education provider has established governance arrangements for the nursing program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the National Competency Standards.

Develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

Key Questions	Criteria for Compliance
8.3.1 How does the administrative structure support the functioning of the institution?	<ul style="list-style-type: none"> The school design the roles of the administrative structure. The reporting structure for administration in relation to teaching, learning, research, and community services is clearly defined.
8.3.2 How does the nursing education administrator have authority and responsibility for program development and administration and have sufficient time and resources to fulfill the role responsibilities?	<ul style="list-style-type: none"> The nurse education administrator has authority and responsibility for the development and administration of the program. The workload distribution and assignments of the nurse education administrator are comparable to those of other individuals in similar positions within the governing organization. The nurse education administrator has the authority to prepare and administer the budget. The budgetary authority and process for the nurse education administrator are similar to those of other individuals in similar positions within the governing organization.
8.3.3 How can the nursing education administrator be qualified by experience, meet the requirements of countries, and is oriented and mentored for the role?	<ul style="list-style-type: none"> The experiential qualifications of the nurse administrator are relevant to the job descriptions and support the capacity of the nurse education administrator to improve the Nursing education unit. The nurse education administrator meets the identified qualifications. The nurse education administrator is oriented to the role. The nurse education administrator is able to mentor in the role.
8.3.4 How do nurse education administrators and/or academic staff assist program administration with academic qualifications and experience?	<ul style="list-style-type: none"> The qualification of the nursing program coordinator is clearly defined, and the academic and experiential qualifications of these individuals are relevant to the position. The program uses program coordinators as defined. The required academic and experiential qualifications of these individuals are in line with the governing organization guidelines.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The measurement of the proportion of administrative (i.e., non-teaching) time/workload for these individuals assigned is acceptable.
8.3.5 How can existing partnerships promote excellence in nursing education, enhance the profession, and benefit society?	<ul style="list-style-type: none"> The nursing education unit has active partnerships with relevant stakeholders. These partnerships promote and enhance excellence in nursing education and the profession.

Supporting Documents

Supporting documents provided, but not limited to the following list:

- Organisation chart of the management and administrative of the school
- Standard operating procedure for budget allocation
- Report on the school performance review
- Document on risk identification and mitigation
- Reports on students and academic staff in decision making and functioning. Minutes of meeting of the discussion
- Standard operating procedure for decision making process.
- Standard operating procedure for reporting of teaching, learning and research.

Chapter 2. Guidance for Self-Evaluation Report

This chapter describes how to conduct self-evaluation, writing a self-evaluation report, and identifying supporting documents. The school needs to read them thoroughly to produce a readable Self-Evaluation report and a well-prepared survey visit.

2.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine to what extent the master program complies with the IAAHEH quality criteria for nursing school. The process of evaluation includes studying written self-evaluation report of the school.

To conduct an objective and accurate self-evaluation, a series of activities need to be carried out by the school and coordinated by the accreditation team. The school will collect data and information that will be used as tools to evaluate themselves. All findings will be analysed and written as a self-evaluation report.

A self-evaluation report needs to represent the real condition of the school, specifically in the education process and to what extent the school may maintain compliance with the IAAHEH quality criteria. Therefore, a series of steps need to be conducted.

The following steps are carried out:

- Identifying the people whom, they need to communicate with in exploring and gathering the information.
- Collecting all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students, faculty members and their academic performances, and the future expectation related to the vision achievement.
- Studying the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the graduate school in managing the education process which could be compared with the strategic plans of the graduate school. A series of interventions to manage the issues is identified as well.
- Scheduling several meetings with internal and external stakeholders to gain accurate information by exploring their perception of how far they perceive on the quality of education offered by the graduate school.
- Identifying and analysing the strengths, weaknesses, opportunities, and threats and how the team uses these data in developing a plan toward a better quality of education. A process of planning/determining, implementation, evaluation, controlling and improvement of the education program needs to be reflected in the process of self-evaluation activities and be presented as a Self-Evaluation Report.

2.2 Guidance of Writing a Self-Evaluation Report (Preliminary and Final)

Following the activities of self-evaluation, a written report needs to be designed by the accreditation team. There are two steps of writing a Self-Evaluation Report (SER), namely: writing a preliminary self-evaluation report and a final Self-Evaluation Report. The preliminary SER is THE FIRST DRAFT of SER. The Preliminary SER is subject to change based on the feedback of the trainers. The following is the structure of SER.

2.2.1 Introduction

Self-evaluation is the process of an organisation in collecting comprehensive data about its own activities and achievements without any external assistance or pressure. Self-evaluation

is undertaken within the given time-limits and for a specific purpose. Self-evaluation is a thoughtful analysis of all components of the study program, compared against agreed and accepted criteria. The analysis should draw on the expertise of the school and its local environment. It represents the opportunity to appreciate the strengths of the school and to identify areas for improvement. This needs to be a formal part of quality assurance that provides the opportunity to record and document changes and improvements in a school.

The purpose of self-evaluation is to elicit the school's description and analysis of itself, and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognised as an important planning instrument to enable the school to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its program.

An effective self-evaluation is time-consuming as it requires effort and time. However, the gains from a good self-evaluation are invaluable. It gives information and facts about the quality assurance system and provides a platform for stakeholders to discuss issues on the quality of education.

There are many reasons for undertaking a self-evaluation as follows (Banda, et al., 2016):

- a. For improvement:
 - Identifies and specifies problems.
 - Identifies and specifies possible causes and means to change.
 - Identifies avenues for change and improvement.
 - Providing information that may not normally be evident (such as localised innovative practices in teaching and learning)
- b. For accountability:
 - a. If there are external criteria set by accreditation bodies, it is important to know how well the criteria are achieved.
 - b. Or a self-evaluation might be part of the entire review process and required by the external body. In this case, the objectives are to understand, to evaluate, and to improve.
 - c. To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help to understand the context – for example, students cannot be achieve the education outcomes as expected, or teachers might have raised concerns about programs.
 - d. Verifying those processes are in place, and whether these are operating effectively.
 - e. Providing evidence of quality processes in place.
 - f. Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.
- c. As part of the school's managerial process:
 - Self-evaluation allows the study program to look at their educational program and services.
 - The study program should pay attention to the student's experience, particularly to their learning and performance. The study program will be able to assess how well they meet the educational goals and any external criteria which apply to the school.
 - Self-evaluation allows evidence-based educational planning and management.
 - The study program will experience the greatest benefit if the self-evaluation process becomes part of their regular planning cycle.
 - Determining whether existing policies and procedures are effective in meeting goals and identifying any gaps.
 - Enhancing the understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes.

- Disclosing weaknesses and gaps.
- Promoting honest communication.
- Encouraging benchmarking, internally and/or externally.
- Identifying activities that are misaligned with organisational goals/objectives.
- Promoting an evidence-based culture.

Two principles that relate to the self-evaluation process are:

- Independence as the basis for the impartiality and objectivity of the assessment conclusions.
- Evidence as the rational basis for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Evidence is based on records and statements of fact or information which are relevant to the assessment criteria and are verifiable.

Adherence to these fundamental principles is a prerequisite for providing a reliable and relevant assessment process and outcome. The following considerations should be made before carrying out a self-evaluation:

- Management must fully support the self-evaluation and provide access to relevant information that is needed for an effective quality assurance system. The self-evaluation serves to acquire structural insight into the operation and performance of the school.
- Gaining management support to carry out a self-evaluation is not enough. The whole organisation must prepare itself for the self-evaluation. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-evaluation.
- Writing a critical self-evaluation of the quality assurance system demands good organisation and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the school including key management staff, faculty, and support staff; have access to obtain the required information at all levels; and have the authority to make appointments with stakeholders.
- It is desirable to install a working group in charge of the self-evaluation. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-evaluation, gathering and analysing data and drawing conclusions.
- As it is assumed that the self-evaluation is supported by the school, it is important that all staff members should be acquainted with the contents of the SER. The working group might organise a workshop or seminar to discuss or communicate the SER.

2.2.2 Conducting Self-Evaluation

The period of conducting self-evaluation is ten weeks. The accreditation team of the school needs to revise the draft of SER according to the input and feedback from the trainers.

Figure 1 illustrates the approach for preparing a self-evaluation which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

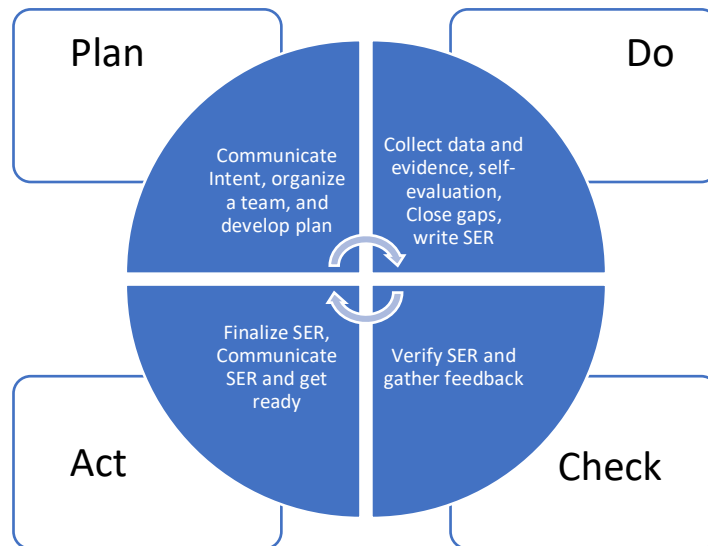


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for self-evaluation. The study program appoints a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or university. This group should have financial, and staff support from the school management. The group could then be divided into subgroups in which each subgroup is assigned to address one or several standards. As part of the change management process, early engagement with stakeholders is crucial to get their buy-in and commitment before the start of the project. A clear timetable should be set up to develop the SER. Each member in the group should be made responsible for collecting and analysing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 2 is an example of a timetable that could be developed.

Activity/Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Deadline	Assigned to	Status
P L A N	Communicate Intent																			
	Organizing Team																			
	Development Plan																			
	Understanding IAAHEH Criteria and Process																			
D O	Self-assessment																			
	Collect Data & Evidence																			
	Close Gaps																			
	Write SER																			
	Review SER																			
C H E C K	Verify SER																			
	Gather Feedback																			
A C T	Improve QA																			
	Finalise SER																			
	Communicate SER																			
	Get Ready																			
Change Management																				

Figure 2. Example of a timetable to develop the SER

Note: The plan in this table is conducted during the nurturing and writing preliminary SER.

In summary, the following are steps that need to be taken during the planning stage, namely (1) to appoint a group/committee with representation of relevant stakeholders, (2) to ensure sufficient financial support, (3) to ensure staffing support, (4) to clarify the task, including the standards to be addressed, (5) to plan timetable (Banda, 2016).

IAAHEH provides training and assistance in conducting self-evaluation reports during the application phase.

b. Do

The “Do” phase involves identifying the gaps in meeting the accreditation criteria. Data collection is a critical step in this phase as it helps to quantify the existing quality assurance practices as well as to identify what the school needs to do to meet the accreditation criteria. Solutions to close the gaps should be implemented before proceeding to write and review the SER. In the process of conducting its self-evaluation, a nursing school brings together representatives of the administration, faculty, student body, and other constituencies to:

1. Collecting and reviewing data about the nursing school and its educational program,
2. Identifying evidence that supports the achievement of accreditation criteria.
3. Identifying gaps between the existing conditions and the accreditation criteria.
4. Defining strategies to ensure that the gaps are closed, and any problems are addressed effectively.
5. Writing the draft according to the determined structure.
6. Completing the draft with an executive summary and glossary (if required)
7. Sending the draft to the reviewers.

As data collection is an important step, it is crucial that data collection is done according to sound methodology. Wherever possible, it is suggested to use the existing data. The same set of data could be used for more than one criterion. In case new data is required, data collection methods should be designed that can demonstrate achievement of the accreditation criteria.

There might be some barriers during the data collection, such as lack of access to the required documentation, low response rates, scattered information, missing information, or limited access to data. These barriers need to be overcome. All data that has been collected needs to be analysed and presented in simple and understandable formats to answer each key question. Table, charts, graphs, narratives might be used.

Once the data collection is completed, the writing of the SER could be started. Each key question in the Accreditation Criteria needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the SER team must verify the evidence gathered. The “Check” phase involves verifying the SER as well as the quality assurance practices and giving feedback to improve them. An independent team should be appointed to review the SER and the existing quality assurance practices against the accreditation criteria. The draft of SER will be reviewed by the team of trainers for two weeks. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made. The accreditation team of the school prepares to conduct Self-Evaluation Activities to improve and make the report more complete to be a final SER.

d. Act

The “Act” phase involves implementing the recommendations raised in the “Check” phase. The SER is finalised before communicating it to relevant stakeholders and getting ready for the subsequent accreditation procedures.

2.3 Structure and Content of Self-Evaluation Report

An executive summary is required to provide an overall picture of the program, follows with a glossary to clarify the specific terminologies. A brief description of the study program is written at the beginning of a Self-Evaluation Report. Further, the self-evaluation report is developed through a specific design consisting of structure of the SER, the used format, the dissemination of SER to stakeholders and content, as described below.

a. Structure

In writing the Self-Evaluation Report (SER), each key question in the Accreditation Criteria needs to be addressed. The evidence that supports the achievement of each subcriteria needs to be referred, attached, and linked in the designated online storage.

The structure of Self-Evaluation Report can be seen in **Appendix 1**.

b. Format

The SER should be written in size 12 Times New Roman font in A4 paper with single space. The maximum page is 150 pages excluding Proposer’s Identity, Identity of The Team Preparing the Self Evaluation Report, Foreword, Chapter I Introduction, Chapter III Closing, Reference, and Attachment Supporting Data.

c. Dissemination

The school needs to identify who will receive the full reports and the executive summary, for both internal and external stakeholders. Many have been involved in completing the Self-Evaluation and would need to be informed of the results. A communication strategy needs to be planned. The main point of this entire process should be to facilitate change where change is required. Therefore, the last element that must be addressed is the issue of securing the commitment to act on the findings of the SER.

Table 1. Description of the Term Self-Evaluation Result

Compliance	Almost all components in each sub criterion can be fulfilled
Partial Compliance	Some components in each sub criterion can be fulfilled. But there are components in some sub criteria which cannot be fulfilled. These unfilled components of sub criteria are not systemic and will not affect the education process, will not disrupt the achievement of vision, mission, objectives, and targets of the institutions, and will not hinder the achievement of learning outcomes and competencies.
Non-Compliance	All components in each sub criterion cannot be fulfilled

d. Content

IAAHEH has developed 8 (eight) criteria consisting of mission and values, curriculum, assessment, student, academic staff, resources, quality assurance, governance and administration as described in Chapter 1.

Chapter 3. Guidance for Survey Visit

3.1 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interview and observation of all criteria in WFME standards based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include building, infrastructure, and facilities to deliver the study program. This guidance aims to provide key points for the study program in preparing the survey visit. It consists of an explanation of the assessors, survey visit, and survey visit report.

Principles of the survey visit

The survey visit should focus on:

- The continuous quality improvement, such as PDCA (*plan, do, check, and action*).
- Achievements in education, research, and public services, competition, and internationalisation.
- Compliance with WFME Standards.
- Academic and non-academic achievement, including assessment of input, process, and output.
- Availability of evidence and traceability.
- Management of the study program.
- Effectiveness of internal quality assurance system.

3.2 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially schedule for interview with faculty, students, and alumni; progress report session, the closing session, and other activities such as post accreditation meeting with dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.

- The date of survey visit is organised by the secretariat of IAAHEH.
- Invitation letter for the Assessor
- Booking accommodation for the Assessor
- Dietary requirements such as vegetarian, halal food, etc.
- Health protocol
- The interviewee cannot be replaced.
- The school provides local transport, airport transfer.
- The school invites school board, senate, academic staff, students, alumni, user, supporting staff, and translator.
- The school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- The school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- The school prepares documents related to internal quality assurance system (school academic policy, academic regulations, other manual and procedures as required).
- The school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- The school provides translator if English is not native language and documents are primarily not in English.
- The school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.3 The survey visit procedure

The activities of the survey visit would include:

- An introductory meeting with the management of the study program and the faculty.
- Interview sessions with:
 - Management of the study program
 - Internal quality assurance team
 - Faculty members from various departments (10-12 faculty members)
 - Students represented from each academic year (10-12 students)
 - Supporting staff (8-10 staff, including laboratory technicians/analysts, IT, administration, librarians, etc.)
 - Alumni who graduated in the last 3 years. (8-10 alumni)
 - Employers of the graduates (6-8 employers preferably non-alumni)
 - Management of the teaching hospitals and teaching clinics
- Observation and assessment of the teaching and learning processes (in the classroom, practical/ skill laboratory, and the teaching hospitals).
- Visitation and assessment of physical facilities: library, laboratories, simulation centre, teaching hospitals, teaching clinics, student services, and other facilities for students.
- Clarification and validation of documents.
- Closing meeting with the school management.

If needed, an interpreter from a non-related party should be provided to bridge communication between the assessor team and the local staff.

Table 2. The Typical Schedule for the Survey Visit

Day -1		
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the supporting staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation centre, and other facilities in the study program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors
Day-2		
08.30-09.00	:	Introductory meeting with the management of academic hospitals.
09.00-11.00	:	Visitation of the academic hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.

11.00-12.00	:	Interview and discussion with the clinical preceptors of the academic hospitals
12.00-13.00	:	Lunch break
13.00-14.30	:	Interview and discussion with the students
14.30-16.00	:	Document verification
16.00-17.00	:	Internal discussion of the assessors
Day-3		
08.30-09.00	:	Introductory meeting with the management of teaching clinics or teaching facilities in the community
09.00-11.00	:	Visitation to the teaching clinics or teaching facilities in the community.
11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussion with the alumni of the study program
14.30-16.00	:	Discussion with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4		
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification
10.30-12.00	:	Clarification and verification with the management of the study program
12.00-13.00	:	Lunch break
13.00-16.00	:	Internal discussion of the assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

The typical schedule above could be rearranged to suit the situation. However, all the agenda should be conducted.

3.4 Guidance for Introductory Meeting

a. Preparation for the Venue

The school must provide the venue with equipment (LCD, Screen, microphone) that can accommodate all the invitees.

b. Preparation for the invitee

The following are the person or the parties to be invited:

- The Dean
- Vice Dean
- Head of Study Program
- Accreditation Team
- Head of Quality Assurance Unit
- Directors of Teaching Hospitals
- Education Unit
- Research Unit
- Community Service Unit
- Heads of Departments
- Heads of Administrations
- etc.

c. Preparation for the Presentation

The profile of the nursing school will be presented during the first session of the visit.

- The Dean/ Vice Dean will prepare a presentation on the highlight of the school's profile and the school's strategic planning and management, resources available to run the nursing program, human resources and other physical and non-physical resources required for the nursing program, counselling, and student supports.
- The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- Head of the quality assurance unit to prepare a presentation on internal quality assurance system.

It is advised that the presentations will stress the important points and updated information. It is strongly suggested that the presentations will not repeat all the information that is already in the SER. In total the presentation lasts 30 minutes and Q&A session should last about 30 minutes.

3.5 Guidance for Interviews

The interview session will be held without the presence of the school management and accreditation team. The interview will be:

- Interview with the management of the nursing school about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilised, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent the clinical and non-clinical departments/units (basic nursing sciences, public health, bioethical and nursing education), as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilised, research rewards and incentives.
- The school invites support staff representing different functions, such as technicians (Mechanical and Electrical (ME) and laboratories), librarians, administrative, IT support, and finance.
- The interview will cover leadership, supporting staff, development program, working atmosphere, relationship with management and colleague, workloads, staff qualification relevant to the assignment, job security and satisfaction, relevant issues, information

technology support system, library acquisition and collection development plan and profile of library staff.

- The school invites students that will be interviewed, which represents different academic years and achievement, and student organisation.
- The interview will cover academic atmosphere, learning, teaching and research facilities, student learning and teaching satisfaction, student support system, academic advising and referral system, non-academic development program, job, and career information.
- The school invites alumni that graduated in the last five years. The interview will cover learning experiences, job preparedness, the relevance of the acquired competencies with the current job, alumni feedback and contribution, waiting period to get the first job, involvement in the academic, research, community services of the school, and internship program.
- The school invites employers of the alumni, representing various kinds of workplaces (such as hospitals, health offices, universities, clinics, other health services, companies). Preferably the employer is not an alumnus. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover hard skills and soft skills of the alumni employed, employer feedback to the school.

3.6 Guidance for Observation

Observation is a way of gathering data by watching behaviour, events, process, activities, and physical setting.

- The school prepares physical facilities of the university, hospital, and health centre to be visited by assessors.
- The physical facilities of the university observed include equipment and instruments. The observation may include office, bio-medical laboratories, classroom, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, student lockers.
- The visit to the hospital may include emergency department, Out-Patient Department, In-Patient Department, Intensive Care Unit, Cardiac Care Unit, surgery theatre, student room for the night shift, and some nursing departments.
- Physical facilities for student support, such as clinics, sport facilities, dormitory, and classroom size.
- Observation of some activities, such as teaching and learning, small group discussion, laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.7 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display during the visit of assessors, otherwise the assessors will not require any additional document. The purposes of the document checking are:

- To verify that the evidence is genuine, valid, and current.
- Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list of thesis advisers/supervisors and number of advisees per adviser/supervisor, performance in the licensure examinations. List of co-curricular activities, and a sample of minutes of curricular review and evaluation.
- Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student research and publications, research budget and performance report, research contracts with government and private agency and institutions, ethics review board composition and functions
- Tuition fee schedule, admission and retention policies, enrolment figures per program and year level, statistical data on dropouts, graduation/completion rates, scholarships and grants, support and auxiliary services student satisfaction survey visit results, health clearance certificate of canteen personnel, safety and sanitation inspection reports/documents of the canteen/cafeteria, Memorandum of Agreement (MoA) with

accredited dormitories, sample minutes of meetings of student services offices, list of graduate student organisations, tracer and employer satisfaction surveys and exit interviews, list of student activities and collaborations.

- Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services and off-campus, monitoring of online campus, the sample of minutes of faculty meetings.
- Library staff development program, library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilisation report.
- Organisational chart, the profile of Board of Trustees and key institutional and program administrators, latest institutional and program strategic plans and program operational plan, contingency plan or emergency and business continuity plan, audited financial statements for the last three years, graduate school budget, data privacy policy, MoA/MoU with local and/or international academic, professional, research, private and/or government institutions/organisations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- Description of outreach activities/service-learning program, classroom utilisation statistics, list of classrooms and/or special rooms dedicated for graduate school activities, facilities and laboratory maintenance, sanitation and/or inspection schedule and report, documentation of the following (videos and/or photos): faculty room, consultation rooms including those used for counselling, student lounges and student organisation rooms, classrooms and laboratories used by the graduate school, co-curricular, extra-curricular, and community service activities.

3.8 Guidance for Closing Meeting

A closing meeting needs to be prepared by the Study Program to allow the assessor team to present their finding in front of the Study Program. The study program needs to invite relevant invitees specifically their accreditation team. It is usually attended by the management of the Study Program. The Study program also prepares all the needed equipment for the presentation.

The following is the procedure for the Closing Meeting.

- The draft of summary findings will be given to the study program to be read thoroughly.
- The accreditation team of the study program discusses each sub-criterion.
- The accreditation team will write comments or criticise the findings if there is any irrelevant description of the real condition.
- In the following morning, the study program prepares a representative room for discussion with the assessors, required equipment such as audio-visuals, LCD, white screen, a printer with sufficient ink, etc.
- The study program invites all relevant invitees from the study program, especially the accreditation team.
- The representative of the Study program will open the meeting and ask the team of the assessors to lead the meeting.
- The head of the assessor team assigns one of the team members to present the summary of findings.
- Each sub criteria will be read and discussed.
- All invitees will listen carefully and respond to a relevant sub-criterion.
- The Study program will show related evidence/s to support their assumption on related sub-criteria.
- Each sub-criteria will have a new description based on an agreed statement from the study program.
- The study program representatives will listen to the recommendation for each sub-criteria after being adjusted with the recent changes.
- After discussing all sub-criteria, and both sides agree with the findings, the accreditation team of the Study program will listen to the summary findings, re-describe the commendation and the recommendation accordingly.

- The head of the team concludes the summary findings, re-describe the commendation and the recommendation, then prints a copy of the document to be signed by both representatives of the study program and the assessor team.
- While the assessor team prints the documentation, the study program will wait for the next session.
- The head of the assessor returns the session to the Study Program.
- The responsible person of the Study Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

PROPOSER'S IDENTITY

IDENTITY OF THE TEAM PREPARING THE SELF EVALUATION REPORT

FOREWORD

CHAPTER I INTRODUCTION

Executive Summary

Composition of the Drafting Team and Description of Their Duties

CHAPTER II STUDY PROGRAM SELF-EVALUATION

Profile of the Study Program and Faculty

CRITERIA

1. MISSION AND VALUES

1.1 Stating the mission.

2. CURRICULUM

2.1 Intended curriculum outcomes

2.2 Curriculum organisation and structure

2.3 Curriculum content

2.4 Educational methods and experiences

2.5 Patient Safety

3. ASSESSMENT

3.1. Assessment Policy and System

3.2. Assessment in support of learning

3.3. Assessment in support of decision-making

3.4. Quality control

4. STUDENTS

4.1. Selection and admission policy

4.2. Student counselling and support

4.3. Student work and learning environment

4.4. Student safety

5. ACADEMIC STAFF

5.1. Academic staff establishment policy

5.2. Academic staff performance and conduct

5.3. Continuing professional development for academic staff.

5.4. Support Staff

5.5. Research Relevance in accordance with the Vision and Excellence of the Study Program.

5.6. The Relevance of Community Service in accordance with the Vision and Excellence of the Study Program.

6. EDUCATIONAL RESOURCES

6.1. Physical facilities for teaching and learning

6.2. Clinical training resources

6.3. Information resource

6.4. Financial Resources

7. QUALITY ASSURANCE

7.1. The quality assurance system

8. GOVERNANCE AND ADMINISTRATION

8.1. Governance

8.2. Student and academic staff representation
8.3. Administration

CHAPTER III CLOSING

REFERENCE

ATTACHMENT SUPPORTING DATA