

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH)



HANDBOOK FOR NURSING SCHOOLS

**NURSING EDUCATION
PROGRAM ACCREDITATION**

FOREWORD

Thanks to the God who has given the strength, so the writers were able to finish the handbook for Study Program, entitled: “IAAHEH Accreditation Handbook for Nursing Program”. The purpose of writing this handbook is to assist nursing 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 school will easily to understand and follow. It is believed that the handbook is not perfect yet, but at least it will provide management component of nursing school 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 schools 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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Chapter 1. Accreditation Criteria

Criteria 1. Mission and Values

The vision and mission of the nursing education unit are the statement to direct the management of Nursing Education Unit. They reflect the vision and mission of the governing organization.

Key Questions	Criteria for Compliance
1.1 Is the mission and philosophy of the nursing education unit congruent with the core values, mission, and goals of the governing organization?	1.1.1 How do the nursing education unit formulate the mission and philosophy which is in line with the governing institution's vision and mission?
	1.1.2 How do the core values, mission, and goals of the governing organization are described and published?
	1.1.3 How can the mission statement and objectives be understood consistently by its stakeholders?
	1.1.4 How can the nursing education unit's vision, mission, and philosophy support the governing organization to fulfil its core values, mission, and goals?
	1.1.5 How do the governing organization's core values, mission, and goals support the nursing education unit to fulfil its mission and philosophy?
	1.1.6 How do academic staff, students, and administration staff could participate in activities to determine the vision, mission, goals, and values of the organization and school of nursing?
	1.1.7 How do the interested external community could provide input into the nursing program and/or decision-making process in determining the vision, mission, goals, and values of the organization and the school of nursing?
	1.1.8 How does the mission statement address the role of the nursing school in the community?
	1.1.9 How is it used for planning, quality assurance, and management in the school?

Supporting documents may include, but not limited, to the following:

- Minutes of meeting notes when formulating the vision and mission of the school derived from the faculty and university. The vision and mission include the role of the school in improving the community's health status.
- List of attendance: students, faculty members, academic and administrative staff, alumni, stakeholders (employee)
- Media use for publication of vision, mission, aim and strategy.

Criteria 2. Curriculum

- 2.1. Intended Curriculum Outcomes: The school has explained the targeted learning outcomes that should have been achieved by students in the end of their study and in each component of the course.

Key Questions	Criteria for Compliance
2.1.1 Does the nursing curriculum have one set of end-of-program student learning outcomes based on contemporary professional nursing standards, guidelines, and/or competencies?	2.1.1.1 How to describe the end-of-program student learning outcomes and the advanced practice or role-specific professional competencies for all program options consistent with contemporary practice?
	2.1.1.2 What is the role-specific professional nursing standards and professional guidelines that are used to develop the curriculum?
	2.1.1.3 How do the program ensure continued currently?
2.1.2 What are the intended outcomes for the course as a whole and for each part of the course that has been designed and developed?	2.1.2.1 How do the school formulate the intended outcomes that congruent with the program's mission, goals, current problem, and future needs?
	2.1.2.2 How do the course outcomes consistently derive from the intended graduate outcomes?
2.1.3 Are stakeholders involved in their development?	2.1.3.1 How do the internal and external stakeholders get involved in the curriculum development?
	2.1.3.2 How do the school trace their graduates?
2.1.4 What outcomes were chosen in relation to the social context of the school?	2.1.4.1 How do the intended graduate outcomes associate with the priority health problems and the intended career roles in the school's catchment areas?

- 2.2. Curriculum Organization and Structure: The school has documented the overall curriculum structure, including the conceptual framework underpinning the curriculum model and the linkages among the component disciplines.

Key Questions	Criteria for Compliance
2.2.1 What are the principles behind the school's curriculum design?	2.2.1.1 How can educational learning theories and professional nursing philosophies underpin curriculum development?
	2.2.1.2 How do the school selection of the educational learning theories and professional nursing philosophies that are used for curriculum design (I.e., Student Center Learning (SCL), Outcome Based Education (OBE), etc.)?
2.2.2 Is the program of study congruent with contemporary and evidence-based approaches to professional nursing practice and education?	2.2.2.1 What are the relevancies current and emerging trends; and include appropriate learning processes (pedagogy) of curriculum anchored in nursing knowledge?

Key Questions	Criteria for Compliance
	2.2.2.2 How do the principles appropriate with evidence-based approaches to professional nursing practice and education?
2.2.3 What is the relationship between the different disciplines of study that the curriculum encompasses?	2.2.3.1 How can the criteria identified by the school for the content be interactive learning which is collaborative, collegial, experimental, and reflective activities? 2.2.3.2 How do the school determination in the scope of the curriculum content in terms of the breadth depth and sequencing in relation to the achievement learning outcome of the student at each stage of the program?
2.2.4 What is the school's consideration of the sequence, i.e., hierarchy, and progression of complexity or difficulty?	2.2.4.1 How do the curriculum that provides a sequence of learning opportunities and a logical flow for students as they move through the program to achieve the program outcomes? 2.2.4.2 How do the course sequence, selection, and implementation consistent with learning outcomes (e.g., simple-to-complex) throughout the program of study for all program options? 2.2.4.3 How do the course sequence, selection, and implementation which prepare graduates to address complex health issues that affect clients in a variety of settings?
2.2.5 What is the curriculum design that supports the mission of the school?	2.2.5.1 How do the curriculum design that aligned with the school's vision and mission?

2.3. Curriculum Content: The school could justify the essential content in the curriculum design in preparing the students to be a competent nurse and also for their further education.

Key Questions	Criteria for Compliance
2.3.1 What is the process for determining the curriculum content?	2.3.1.1 What are the principles or methodologies used to identify the curriculum content? 2.3.1.2 How does the curriculum content support the development and application of knowledge and skills in a) critical thinking, analysis, and problem-solving? b) quality improvement methodologies? c) research appreciation and translation? d) legal and ethical issues in health care and research? and e) health informatics and health technology? 2.3.1.3 How to make sure that the instructional materials are consistent with the end-of-program student learning outcomes and appropriate for each delivery format in all program option? 2.3.1.4 What are references at international, national, and local level that is used to determine the curriculum content?

Key Questions	Criteria for Compliance
	<p>2.3.1.5 What are the governing organization's accrediting agency's requirements for program length and the program's compliance with these requirements?</p> <p>2.3.1.6 How to measure the program's minimum credit/ /clock hours required by a state or national (for international programs) regulatory agency for the various learning environments, as applicable?</p> <p>2.3.1.7 What are the governing organization's policies regarding the awarding of credit/clock hours for didactic, laboratory, and clinical/practicum and the nursing courses consistent with these policies?</p>
2.3.2 What are the elements included in the curriculum that promote interprofessional team-based project collaborative practice and education, and encompass health sciences, social sciences, humanities, ethics, clinical sciences and skills?	<p>2.3.2.1 How to identify the basic health sciences, social sciences, humanities, ethics and promoting interprofessional team-based collaborative practice and education that are relevant with the graduate learningoutcomes?</p> <p>2.3.2.2 How to choose the content of clinical disciplines and skills that are included in the curriculum that are in line with graduate learning outcomes?</p>
2.3.3 What clinical disciplines are required to gain practical experience?	<p>2.3.3.1 How to describe all clinical disciplines that are compulsory for students to gain practical experiences?</p> <p>2.3.3.2 How do the clinical/practicum or practice learning experiences and practice learning environments support achievement of the end-of-program student learning outcomes in each program option?</p> <p>2.3.3.3 How do the process for securing clinical/practicum practice agency/clinical educator agreements, including when students are expected to contribute to finding a clinical educator?</p> <p>2.3.3.4 How are the curriculum including 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 individual, families, and communities/populations?</p> <p>2.3.3.5 How do the methods that are used to teach students to make clinical judgement in line with the best available evidence?</p> <p>2.3.3.6 How do the school's time management allocate for different clinical practice settings?</p>
2.3.4 Is student's familiarity with fields receiving little or no coverage?	2.3.4.1 How do the school's development-based programs and to ensure the students' health and safety during their placement in the field?
2.3.5 Does the school's curriculum nursing content relate to advances inknowledge?	<p>2.3.5.1 How to evaluate the curriculum content.</p> <p>2.3.5.2 How to involve the internal and external stakeholders in curriculum evaluation?</p> <p>2.3.5.3 How to use the result of your evaluation to</p>

Key Questions	Criteria for Compliance
	modify your curriculum content in relations to the advancements in knowledge?
2.3.6 What does the curriculum address regarding the principles of scientific method and nursing research?	2.3.6.1 How to address the nursing research and evidence-based practice integrated throughout the curriculum?
2.3.7 How can the school fix the student's learning assured in disciplines in which they do not get specific experience?	2.3.7.1 Explain which disciplines that the students do not get specific experiences? 2.3.7.2 How to ensure the students can learn those disciplines?

2.4. Educational methods and experiences: The school design various educational method and learning experience to support students achieving the expected learning outcomes.

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?	2.4.1.1 How does the program delivery support the achievement of governing organization mission? 2.4.1.2 How does the program use any form of distance education for nursing courses? 2.4.1.3 How do the distance education is used by the nursing program, and congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit? 2.4.1.4 How are The Policies related to credit transfer or the recognition of prior learning that are consistent with national quality framework principles and the graduate's ability to meet the National Competency Standards for professional registration?
2.4.2 Which principles inform the selection of educational methods and experiences employed in the school's curriculum and their derived?	2.4.2.1 What are the principles that are used in selecting educational methods and experiences? 2.4.2.2 How are these principles formulated?
2.4.3 What are the principles that are chosen educational methods and experiences distributed throughout the curriculum that are chosen principles?	2.4.3.1 How to distribute the chosen educational methods and experiences distributed throughout the curriculum and adopted for these purposes?
2.4.4 How can the educational methods and experiences be made appropriate to the local context, resources, and culture for students?	2.4.4.1 How do the local context, resources, Culture and ethnically diverse concepts are incorporated in the educational methods and experiences provided for students and suitable?
2.4.5 What evaluation methods are consistent with the end-of-program student learning outcomes and appropriate for each delivery format in all program options?	2.4.5.1 What are methods of evaluation are used to evaluate students' performance throughout the program? 2.4.5.2 What are Methods of evaluation of students' performance developed or selected? 2.4.5.3 How to ensure established professional competencies that are incorporated in the various evaluation methodologies of students'

Key Questions	Criteria for Compliance
	performance that are used throughout the curriculum?
2.4.5.4	How to ensure the various evaluation methodologies of students' performance are linked to the measurement of the achievement of course and/or the end-of- program student learning outcomes?
2.4.5.5	How does student progress evaluate thought the didactic and clinical components each academic term?
2.4.5.6	How does student attainment of competencies evaluate throughout the program of study?
2.4.5.7	How do culturally diverse concepts that are incorporated throughout the curriculum and their incorporation?

Supporting documents may include, but not limited, to the following:

- Minutes of curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviours) based on school's vision and missions, and the priority health problems. The outcomes can be measured using appropriate assessment.
- Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.
- List of clinical departments for student's placement
- List of teaching hospitals
- Minutes of curriculum committee's meeting on educational methods

Criteria 3. Assessment

The school has a policy that describes its assessment practices that suit the nature of the learning experience and robustly measure achievement of required curriculum learning outcomes, meet the needs of society, the health care system, and its graduates, using a systematic plan for evaluation (SPE), against the current National Competency Standards for the Registered Nurse. The policy is shared with all stakeholders.

3.1 Assessment Policy and System:

Key Questions	Criteria for Compliance
3.1.1 What educational outcomes does the faculty use the assessment methods for?	3.1.1.1 How does the assessment method describe the process to evaluate each specified educational outcome from a specific level assessment of student learning outcome achievement? 3.1.1.2 How do the student assessment across teaching sites and modalities that are periodically reviewed and updated?
3.1.2 How does the school determine the optional number of assessments and their timing for a given situation?	3.1.2.1 How do 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? 3.1.2.2 How the nursing school analyzes assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and when necessary, implements actions based on

Key Questions	Criteria for Compliance
	<p>the analysis to maintain and/or improve end-of-program student learning outcome achievement?</p> <p>3.1.2.3 How to ensure that all the staff and students are well-informed regularly?</p>
3.1.3 How can assessments be integrated and coordinated across the range of educational outcomes and the curriculum?	<p>3.1.3.1 How do faculty maintain 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?</p> <p>3.1.3.2 How do faculty share the analysis of the end-of-program student learning outcome data with communities of interest?</p> <p>3.1.3.3 How do 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?</p>

3.2 Assessment in Support of Learning:

- The school 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.
- These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Key Questions	Criteria for Compliance
3.2.1 Can students be assessed to support their learning?	<p>3.2.1.1 How the faculty ensure with clear statements about assessment, progression rules, and requirements provided to students at the start of each subject?</p> <p>3.2.1.2 How do methods of evaluation are used to evaluate students' performance throughout the program?</p>
3.2.2 Which students need to be assessed to determine those who need additional help?	3.2.2.1 How do the validated instruments are used in workplace experience assessment to evaluate student knowledge, skills, behaviours, and competence?
3.2.3 What kinds of systems of support are offered to those students with identified needs?	3.2.3.1 How do faculty have a comprehensive assessment system to those students with identified needs?

3.3 Assessment in Support of Decision-Making:

- The school has in place a system of assessment that informs decisions on progression and graduation.
- These summative assessments are appropriate to measuring course outcomes.
- Assessments are well-designed, producing reliable and valid scores.

Key Questions	Criteria for Compliance
3.3.1 Have blueprints (plans for content) developed for examinations?	3.3.1.1 How are blueprints (plans for content) developed for examinations to achieve learning outcomes?
3.3.2 What are the standards (pass marks) set on formative and summative assessments?	3.3.2.1 How do the assessment types and tasks that exist across the program (levels, numbers, and contexts) to enhance individual and collective learning, as well as inform student progression, are consistent with determining the achievement of the stated learning outcomes? 3.3.2.2 How you make decisions on progression and graduation in all educational levels across all expected learning outcomes?
3.3.3 Are there mechanisms in place for assessing students' results?	3.3.3.1 How does the evidence of procedural controls, fairness, reliability, validity, and transparency assess students? 3.3.3.2 How do the faculty communicate the content, style, and quality of assessments to the student and other stakeholders regularly?
3.3.4 What appeal mechanisms regarding assessment results are in place for students?	3.3.4.1 How is the policy/system regarding appeal mechanism for the assessment results? 3.3.4.2 How do you ensure that the students are well informed about the appeal mechanisms? 3.3.4.3 How to solve if there are disputes between the students and the school?
3.3.5 What kind of Information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?	3.3.5.1 How do faculty collaborate with students, health service providers (where relevant), and academics in selecting and implementing assessment methods? 3.3.5.2 How do faculty maintain the validity and reliability of the assessment program, using monitoring and evaluation proses?
3.3.6 What are the assessments used to guide and determine student progression between successive stages of the course?	3.3.6.1 How do faculty use a variety of appropriate direct outcome assessment methods to ensure comprehensive summative assessment for each end-of-program student learning outcome? 3.3.6.2 How do faculty use assessment results to guide and determine student progression across the program? 3.3.6.3 How do faculty provide feedback to students regarding their progression across the program?

3.4 Quality control:

- The school has mechanisms in place to ensure the quality of its assessments.
- Assessment data are used to improve the performance of academic staff, courses, and the school.

Key Questions:	Criteria for Compliance
3.4.1 What are the comments and experiences about the assessments	3.4.1.1 How does the program demonstrate evidence of students' achievement of each end-of-program learning outcome? 3.4.1.2 How do faculty develop a plan and implement

Key Questions:	Criteria for Compliance
gathered from students, teachers, and other stakeholders?	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?	3.4.2.1 How do completion rates demonstrate the education program's effectiveness in achieving its societal mandate? 3.4.2.2 How do the faculty develop the procedure for the analysis of individual assessments to ensure their quality? 3.4.2.3 How do the faculty involve students and academic staff in developing and implementing these procedures? 3.4.2.4 How do the faculty develop the assessment results to evaluate the teaching and the curriculum in practice?
3.4.3 Is the assessment system and individual assessments regularly reviewed and revised?	3.4.3.1 How do the faculty explain the procedure for regularly reviewing and revising your assessment system in individual assessment?

Supporting documents may include, but not limited, to the following:

- Standard operational procedure on 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

Students as the main stakeholders are **recruited** and **selected** by considering input quality policies, equitable access to both regional and economic capabilities through a recruitment mechanism.

The recruitment and selection are 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.

The 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.

- 4.1 Selection and Admission Policy: The nursing school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Key Questions	Criteria for Compliance
4.1.1 Do the selection, admission policies, processes guide, student admission, and student	4.1.1.1 How do the selection and admission policy fit with regulatory (accreditation) or government requirements? 4.1.1.2 How do the criteria and processes for student

Key Questions	Criteria for Compliance
progression clearly defined, appropriate and transparent?	admissions to the nursing education program and for student progression be outlined briefly?
4.1.2 Is the alignment determined between the selection and admission policy, and the mission of the school, and congruent with those of the governing organization (when applicable)?	<p>4.1.2.1 How do you align your selection and admission policy to the mission of your school? Including information about:</p> <ul style="list-style-type: none"> • Who are involved in developing the selection and admission policy? • To ensure that the implementation of the selection and admission policy is free from direct intervention from unauthorized parties. <p>4.1.2.2 How does the nursing program ensure that all applicants are informed of the following before accepting an offer of enrolment? Including information related to:</p> <ul style="list-style-type: none"> • specific requirements for entry to the program of study including English language proficiency. • specific requirements for 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 Are the publicly accessible?	4.1.3.1 How do you disseminate selection and admission policy to internal and external stakeholders?
4.1.4 Are the policies non-discriminatory, and consistently applied?	<p>4.1.4.1 Do policies for nursing students at each location differ from the policies for non-nursing students? If so, how? (e.g., admissions, background checks)</p> <p>4.1.4.2 Are any policy differences for nursing students directly related to the end-of-program student learning outcomes and program outcomes? If so, how?</p> <p>4.1.4.3 How do the nursing program ensure that all students have equal opportunity to attain the current Competency Standards for the Registered Nurse?</p>
4.1.5 Are the student educational records following the policies of the governing organization?	<p>4.1.5.1 How are the governing organization policies for the maintenance of student records (e.g., admission records, registrar records, nursing records such as health records, drug testing, and criminal background)?</p> <p>4.1.5.2 How are the guidelines managed for the maintenance and to protect the security/access of student education records at multiple locations?</p>

Key Questions	Criteria for Compliance
4.1.6 Has the selection and admission system been regularly reviewed and revised?	4.1.6.1 How are the procedures for regularly reviewing and revising the selection and admission system? Who are involved in these procedures?
	4.1.6.2 How are students 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.

Key Questions	Criteria for Compliance
4.2.1 What kind of services are provided based on student needs, including academic and personal support and counselling services?	4.2.1.1 How do the school provide an appropriate package of support that meets the academic and pastoral needs of students, such as academic and career advisor, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, a student interest, and talent development, etc?
	4.2.1.2 How do students access services offer, and have the same access as non-nursing students?
	4.2.1.3 How do distributed/ distance education students access student services?
4.2.2 What system and/or processes related to student loans, student loan instalments, and student responsibilities to their institution must be described for international program?	4.2.2.1 Does the governing organization participate in financial aid programs (e.g., loans, grants)? If so, what types? For international programs, does the governing organization participate in any national financial aid programs? Please describe.
4.2.3 Is a written, comprehensive student loan instalment program addressing student loan information, counselling, monitoring, and cooperation with lenders?	4.2.3.1 How do students access student loan repayment program information? <ul style="list-style-type: none"> • Is there a written, comprehensive student loan repayment program? • Does the student loan repayment program information include counselling, monitoring, and cooperation with lenders?
4.2.4 Are students informed of their ethical responsibilities regarding financial assistance with the policies of the governing organization guidelines?	4.2.4.1 How are students informed of their ethical responsibilities regarding financial assistance? <ul style="list-style-type: none"> • What are the governing organization's policies and procedures for the maintenance of financial aid records? • What measures are taken to protect the security/access of financial aid records? • What are the national (for international programs) requirements for financial aid record maintenance? • Is this in compliance with national (for

Key Questions	Criteria for Compliance
	international programs) guidelines? 4.2.4.2 How are student financial aid records maintained? Is this in compliance with the governing organization's policies and procedures?
4.2.5 Are both the procedural and cultural aspects of these services recommended and communicated to students and staff?	4.2.5.1 How do you ensure that students and staff are aware of the availability of these student support services? 4.2.5.2 How are the school 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
4.2.6 How do the student organizations collaborate with the nursing school management to develop and implement these services?	4.2.6.1 How do you ensure that students and management of student organizations are involved in developing and implementing these services?
4.2.7 Do program complaints and grievances receive due process and include evidence of resolution, as per record?	4.2.7.1 How are complaints and grievances policy of governing organization and the nursing education unit? 4.2.7.2 How many complaints and grievances has the program received since the last program review? What types of grievances were received? 4.2.7.3 Was the policy followed for each complaint and grievance and does each location have the same grievance policy?
4.2.8 Is orientation to technology provided, and technological support available to students?	4.2.8.1 How do student-centred technology is used during the Program of Study for all program options and locations. How do students' access? 4.2.8.2 How are students at each location oriented to 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 may include, but not limited, to the following:

- Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revise
- Policy, regulation, and procedures on student supports.
- 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.
- Policy and guidelines for maintenance of student records
- Evidence that service procedures and culture have been recommended and communicated to students and staff.

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.

Key Questions	Criteria for Compliance
5.1.1 Who administers the nursing education unit and what are the qualifications of the administrator?	<p>5.1.1.1 How does the administrator of the nursing education unit have a strong nursing background?</p> <p>5.1.1.2 What is the educational background of the head school of nursing.</p>
5.1.2 What are the characteristics of a qualified and capable academic staff, and how are sufficient academic staff?	<p>5.1.2.1 How are the number and qualifications of academic and administrative staff within all locations of the nursing education unit sufficient to support the nursing program?</p> <p>5.1.2.2 What are your 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: How many staff are assigned to the nursing education unit?</p> <p>5.1.2.3 What are the job duties of the academic and administrative staff at all locations assigned to the nursing education unit? And how do you monitor and review the workload of your academic staff?</p> <p>5.1.2.4 How is a balance of academic, clinical, technical, and administrative staff appropriating to meeting teaching, research, and governance commitments?</p>
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?	<p>5.1.3.1 How do you decide the required number and characteristics of your academic staff to ensure human resource planning in meeting staffing adequacy in line with the development of your school?</p> <p>5.1.3.2 How the process contractual faculty teaching in the baccalaureate nursing education program(s) are well oriented, monitored, and evaluated?</p> <p>5.1.3.3 How does the faculty teaching in the baccalaureate nursing education program(s) integrate the program philosophy?</p> <p>5.1.3.4 How to implement 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?</p>

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

Key Questions	Criteria for Compliance
5.2.1. What information does the school provide for new and existing academic staff and how is this provided?	<p>5.2.1.1 How do you disseminate information on responsibilities of academic staff for teaching, research, and services for the new and existing academic staff?</p> <p>5.2.1.2 How do you disseminate the expectations of performance and codes of conduct to the new and existing academic staff?</p>
5.2.2 Are the policies for nursing faculty and staff comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization?	<p>5.2.2.1 How do the policies for nursing faculty and staff can sustain their welfare at each location?</p> <p>5.2.2.2 How do the policies for nursing faculty and staff the same at each location as the policies for non-nurse faculty and staff within the governing organization?</p>
5.2.3 Does the school provide support for the nursing program and induction training for academic staff?	<p>5.2.3.1 How do you conduct the induction training for your new academic staff?</p> <p>5.2.3.2 How does the school arrange induction programs for academic staff?</p> <p>5.2.3.3 What are the contents of the induction programs? Does the training and development plan reflect the university and study program's mission and objective?</p> <p>5.2.3.4 How does the school evaluate and review its training programs?</p>
5.2.4 Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	<p>5.2.4.1 How are the policy and procedures for academic staff performance appraisal?</p> <p>5.2.4.2 Who is responsible for carrying out these procedures?</p> <p>5.2.4.3 What are the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff?</p> <p>5.2.4.4 How could the staff get regular and sufficient information related to policies, their responsibilities, benefits, and remuneration?</p> <p>5.2.4.5 What are the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure?</p>
5.2.5 How does school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum?	<p>5.2.5.1 How do you ensure faculty teaching adhere to the integrity of the curriculum, and clinical instructor have the academic professional and experiential qualifications for the clinical setting in which they instruct?</p> <p>5.2.5.2 How do you ensure staff, facilities, equipment, and other teaching resources are sufficient in quality and quantity for the</p>

Key Questions	Criteria for Compliance
	anticipated student population and any planned increase?
5.2.6 What is the role of academic staff in maintaining scholarship and evidence-based teaching and clinical practices, and how does their performance reflect this responsibility?	5.2.6.1 How do you ensure the institutional infrastructure and workloads support the development and maintenance of faculty scholarship? 5.2.6.2 How do you ensure a scholarly climate in the nursing education program(s) strengthens faculty scholarship and the use of evidence among students? 5.2.6.3 What are the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting 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.

Key Questions	Criteria for Compliance
5.3.1. What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?	5.3.1.1 What is the school plan and consideration for a professional development program and career pathway for the academic staff? How is the plan socialized to the academic staff? 5.3.1.2 What is the development program for the tenure and the junior/new academic staff? 5.3.1.3 How does the school review, evaluate, and consider in the development program? 5.3.1.4 How does the school support and accommodate the professional development of the academic staff?
5.3.2 How does the school take administrative responsibility for the implementation of the staff's continuing professional development policy?	5.3.2.1 How does the school monitor, evaluate and review the continuing professional development program of the academic staff? 5.3.2.2 How could the school appraise and reward the academic staff related to their continuing professional development?
5.3.3 What protected funds and time does the school provide to support its academic staff in their continuing professional development?	5.3.3.1 How could the school support its academic staff in their continuing professional development? What are the policies for this? 5.3.3.2 How could the academic staff understand the policy and procedure clearly?

Supporting documents may include, but not limited, to the following:

- 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 academic staff to carry out teaching, research, and community service processes and students to achieve learning outcomes and competencies.

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?	6.1.1.1 How do the Nursing schools ensure that facilities, equipment, and other teaching resources are adequate in quality and quantity for the anticipated population of academic staff, students, and education personnel and planned improvements? How sufficient are academic staff and students to access learning facilities and resources to support the learning process?
	6.1.1.2 Have nursing schools play a role in selecting facilities and learning resources for all nursing study programs in all locations?
6.1.2 What does the right balance of facilities and learning resources fulfill commitments to teaching, research, community service, and governance?	6.1.2.1 How do the nursing schools maintain the right balance of facilities and learning resources to meet teaching, research, community service, and governance commitments?
	6.1.2.2 How is the availability of classroom physical space being available in accordance with the student ratio, sufficient area, well maintained, complete with supporting facilities, and a layout that supports the implementation of the learning process?
	6.1.2.3 How are the availability of academic staff rooms in accordance with the number of academic staff, sufficient area, well maintained, complete with supporting facilities, and a layout that supports the implementation of education, research, and community service?
	6.1.2.4 How is the availability of laboratory and library space in accordance with the student ratio, has a sufficient area, is well maintained, complete with supporting facilities, and has a layout that supports the implementation of the learning process?
	6.1.2.5 How is the availability of public facilities according to the maintenance, complete with

Key Questions	Criteria for Compliance
	supporting facilities, and the layout supports the student interaction process?

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

Key Questions	Criteria for Compliance
6.2.1 Do the facilities, equipment, and other teaching resources have sufficient quality and quantity to anticipate the student population and any planned upgrades?	<p>6.2.1.1 How do the school ensure teaching facilities and equipment are adequate in quality and quantity for the anticipated student population and planned clinical learning?</p> <p>6.2.1.2 How do the school ensure other teaching resources are adequate in quality and quantity for the anticipated student population and planned clinical learning?</p>
6.2.2 What range of opportunities are required and provided for students to learn clinical skills?	<p>6.2.2.1 How do the school provide students to learn clinical skills opportunities on and off campus?</p> <p>6.2.2.2 How are facilities and infrastructure for learning clinical skills well-maintained and up to-date?</p>
6.2.3 What is the basis of the policy on the use of simulated and actual patients?	<p>6.2.3.1 How do the school describe the policies used as the basis for simulated and actual patients?</p> <p>6.2.3.2 How does the policy process develop?</p> <p>6.2.3.3 Who is involved in policy development?</p>
6.2.4 Does the school ensure that students have adequate access to clinical facilities?	<p>6.2.4.1 How can students use clinical facilities for clinical learning?</p> <p>6.2.4.2 How the schools regulate, ensure, and maintains student access to clinical facilities to support achieving desired learning outcomes?</p> <p>6.2.4.3 How the schools monitor and evaluate clinical facilities?</p>
6.2.5 What is the basis for the school's mix of community-based and hospital-based training placements?	<p>6.2.5.1 How does the school decide to place community-based and hospital-based students in the clinical phase?</p> <p>6.2.5.2 Who is involved in making this decision?</p>
6.2.6 How does the school engage clinical educators and supervisors in the required range of generalist and specialist practice settings?	<p>6.2.6.1 How does the school explain the recruitment process of clinical educators in the required clinical practice settings?</p> <p>6.2.6.2 How do the school ensure that clinical educators understand their roles and responsibilities regarding student learning in practice settings?</p> <p>6.2.6.3 How do the school maintain engagement with clinical educators?</p>

Key Questions	Criteria for Compliance
6.2.7 How does the school ensure consistent delivery of clinical guidelines to clinical settings?	6.2.7.1 How does the school ensure that all clinical educators understand the clinical learning guidelines?
	6.2.7.2 How does the school regulate the delivery of clinical learning guides in clinical settings to achieve consistency and competence?
	6.2.7.3 How do the schools ensure 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 academic staff, administration staff, and students to support the school's mission and curriculum.

Key Questions	Criteria for Compliance
6.3.1 How do academic staff, students, and administration staff obtain technology and information resources in all locations?	6.3.1.1 How do the schools identify technological needs and sources of information for academic staff, students, and administration staff?
	6.3.1.2 How does the school ensure 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?	6.3.2.1 How does the school ensure that library resources are up to date, maintained, and can be accessed by academic staff and students at all locations?
	6.3.2.2 How do the school ensure that information resources and library services support the needs of academic staff and students?
6.3.3 How does the information technology systems and technical support meet the operational and educational requirements of nursing?	6.3.3.1 How are the information technology systems and technical support meet operational requirements and nursing education programs?
6.3.4 How are program policies, procedures, and information clearly communicated to academic staff, students, and administration staff?	6.3.4.1 How do the school ensure that policies, procedures, and program information are clearly communicated to academic staff, students, and administration staff?

- 6.4 Financial Resources: Financial resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

Key Questions	Criteria for Compliance
6.4.1 How to support funding sources for schools (e.g., tuition fees, fees, and grants)?	6.4.1.1 How are the school having sufficient and sustainable financial resources to support the program at all locations and for all delivery methods?
6.4.2 How has the source and/or amount of funding changed over time	6.4.2.1 How do sources and/or amounts of school funding change from time to time?

Key Questions	Criteria for Compliance
6.4.3 How do organizations and/or schools ensure adequate funding for the sustainability of education programs?	6.4.3.1 How are efforts by regulatory organizations and/or schools to ensure adequate funding for the sustainability of educational programs?
6.4.4 How the school allocate budget for nursing programs and unit management?	6.4.4.1 How sufficient are the total budget for nursing programs and unit management?

Supporting documents may include, but not limited, to the following:

- List of physical infrastructure
- List of other learning supporting systems. Learning Management System, Internet speed
- List of academic hospital network 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 clinical educator
- 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 address 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.

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?	7.1.1.1 How has the internal quality assurance system been established, implemented, maintained, and continuously improved?
	7.1.1.2 What feedback is gained from the quality cycle incorporated into the program of study to improve the learning experience of theory and practice for students?
	7.1.1.3 What are the processes required for the quality management system and their application throughout the organisation and how are they determined?
7.1.2 How are quality assurance measures planned and implemented?	7.1.2.1 How do completion rates demonstrate the education program's effectiveness in achieving its societal mandate?
	7.1.2.2 How does faculty ensure that the quality

Key Questions	Criteria for Compliance
	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?	7.1.3.1 How should Top management assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards?
	7.1.3.2 How does top management ensure that reporting on the performance of the quality management system and opportunities for improvement for top management have been established?
	7.1.3.3 How Top Management should ensure that the integrity of the quality management system is planned and implemented?
7.1.4 How is the responsibility for implementation of the quality assurance system clearly allocated?	7.1.4.1 How are Faculty in all sites and all educational units of the program engaged in the assessment and evaluation of the program and in identifying changes to improve the program?
	7.1.4.2 How are students and staff adequately identified for relevant activities undertaken as part of program requirements?
	7.1.4.3 How does the program demonstrate evidence of students' achievement of each end-of-program learning outcome (describe it)?
	7.1.4.4 How does faculty develop a plan and implement the quality assurance system for your assessments system?
	7.1.4.5 How does Faculty involve students, lectures in the planning and implementation of quality insurance system for your assessments?
7.1.5 Does the evaluation plan that includes an environmental scan guides the assessment of the curriculum, program delivery, and program outcomes?	7.1.5.1 How does the program demonstrate evidence of students' achievement in completing the nursing program?
	7.1.5.2 How does the program demonstrate 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?	7.1.6.1 How does the regular evaluation of academic and clinical supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance?
	7.1.6.2 How would you monitor 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	7.1.7.1 How do you explain, professional and academic development of staff to improve knowledge and competence in teaching effectiveness and assessment.?

Key Questions	Criteria for Compliance
experience for students by using data to make program improvements?	
7.1.8 What is the current accreditation of nursing study programs by official state agencies, expiration dates, recommendations, conditions, and school-related progress reports?	7.1.8.1 How was the accreditation of nursing study programs currently carried out by official state institution? 7.1.8.2 How do the expiration dates, recommendations, conditions, and school-related progress reports? 7.1.8.3 How to be registered with an official institution for awarding a bachelor's degree?

Supporting documents may include, but not limited, to the following:

- Organization chart of the internal quality assurance system
- Documents of quality assurance of the nursing school and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance.
- Minutes of meeting and report 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 school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures stability of the school

Key Questions	Criteria for Compliance
8.1.1 How are decisions made about the functioning of the institution?	8.1.1.1 How do the school bodies make decisions on the functioning of the school? 8.1.1.2 How governance structures are responsible for managing teaching-learning and research activities?
8.1.2 How management organization and nursing education units ensure representative of nurse education administrator and academic staff in governance activities; How are opportunities obtained for student representation in governance activities?	8.1.2.1 What are the roles of the nurse education administrator and academic staff in the governance of the nursing education unit and the governing organization are described? 8.1.2.2 How do the interested communities could 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.

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?	8.2.1.1 How do the governing organizations and nursing education units provide opportunities for academic staff and students as representative in governance activities?
8.2.2 What, if any, social or cultural limitations are there on student involvement in school governance?	8.2.2.1 What are the limitations regarding socio-cultural aspects of student involvement in school governance?

- 8.3 Administration: The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

Key Questions	Criteria for Compliance
8.3.1 How does the administrative structure support the functioning of the institution?	8.3.1.1 How does the school design the roles of the administrative structure? 8.3.1.2 How do the reporting structure for administration in relation to teaching, learning, research, and community services?
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 fulfil the role responsibilities?	8.3.2.1 How does the nurse education administrator have authority and responsibility for the development and administration of the program? 8.3.2.2 What is the workload distribution/ assignments of the nurse education administrator like that/those of other individuals in similar positions within the governing organization? 8.3.2.3 How does the nurse education administrator have authority to prepare and administer the budget? 8.3.2.4 How was the budgetary authority and process for the nurse education administrator like that of other individuals in similar positions within the governing organization?
8.3.3 How can the nursing education administrator be qualified by experiences, meet requirements of countries, and is oriented and mentored for the role?	8.3.3.1 How are the experiential qualifications of the nurse administrator relevant to the job descriptions and the capacity of nurse education administrator to hold the role to improve the Nursing education unit? 8.3.3.2 How does the nurse education administrator meet the identified qualifications?

Key Questions	Criteria for Compliance
	8.3.3.3 How do the nurse education administrator be oriented to the role? 8.3.3.4 How does the nurse education administrator have able to mentor in the role?
8.3.4 How do nurse education administrator and/or academic staff assist program administration with academic qualifications and experience?	8.3.4.1 What is the qualification of nursing program coordinator? How do the academic and experiential qualifications of these individuals relevant to the position? 8.3.4.2 How do the program use program coordinators as define? 8.3.4.3 How do the required academic and experiential qualifications of these individuals in line with the governing organization guidelines? 8.3.4.4 How to measure the percentage 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?	8.3.5.1 How do the nursing education unit have active partnerships with relevant stakeholders? 8.3.5.2 How do partnerships promote and enhance excellence in nursing education and profession?

Supporting documents may include, but not limited, to the following:

- Organization 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 the status of the nursing school in complying with the IAAHEH standard on quality of education of a nursing school. The process of evaluation includes studying a 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 obtain data and information that will be used as tools to evaluate themselves. All findings will be 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 IAHEH standards.

The following steps are carried out by the team, as follows:

- To identify the people whom, they need to communicate with in exploring the information.
- To collect all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students (including recent tables), faculty members and their academic performance and the future expectation related to the vision achievement.
- To study the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the school in managing the education process which could be compared with the strategic plans of the school. A series of interventions to manage the issues is identified as well.
- To schedule 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 school.
- To identify and analyse the strengths, weaknesses, opportunity, and threats and how the team uses these data in developing a plan toward a better perceived 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 of the school. 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 a FIRST DRAFT of SER which is like the final SER. The report is liable to change based on the feedback of the trainers. The structure and content are the same as the final SER (*refer to information below as follows*).

2.2.1 Introduction

Self-evaluation is the process of an organisation 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 in a higher education school is a thoughtful analysis of all components of the study program, compared against agreed and accepted standards. 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 very 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:
 - If there are external standards set by accreditation bodies, you may want to know how well you are achieving them.
 - Or a self-evaluation might be part of the entire review process and required by the external body. In this case, though, you should aim to understand, evaluate, and improve, not simply to describe and defend.
 - To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help you to understand the context – for example, students might not be achieving their course objectives as well as expected, or teachers might have raised concerns about their programs.
 - Verifying those processes are in place, and whether these are operating effectively.
 - Providing evidence of quality processes in place
 - 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 you to look at your educational program and services.
 - You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your school.
 - Self-evaluation allows evidence-based educational planning and management.
 - You will experience the greatest benefit if the self-evaluation process becomes part of the school's regular planning cycle.
 - Determining whether existing policies and procedures are effective in meeting schoolable goals and identifying any gaps.
 - Enhancing understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes

- Disclosing weaknesses and forcing confrontation
- 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 assessment 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-assessment:

- Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the school.
- Gaining management support to carry out a self- assessment is not enough. The whole organisation must prepare itself for the self-assessment. 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-assessment.
- 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-assessment. 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-assessment, gathering and analysing data and drawing conclusions.
- As it is assumed that the self-assessment is supported by the school, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organise a workshop or seminar to discuss or communicate the SAR.

2.2.2 Conducting Self-Evaluation

The period to write a draft is four 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-assessment which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

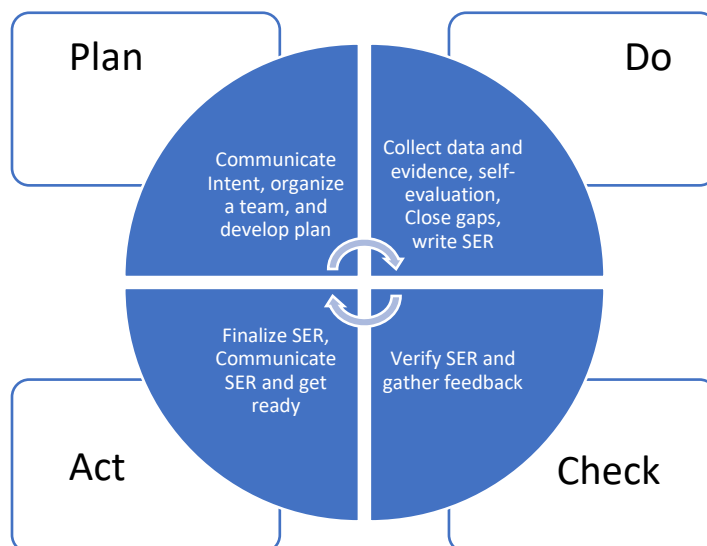


Figure 1 Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. Identifying persons who will be involved in the SER team and resource person to obtain information or data. Appoint 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-study, a nursing school brings together representatives of the administration, faculty, student body, and other constituencies to:

1. collect and review data about the nursing school and its educational program,
2. identify evidence that supports the achievement of accreditation standards.
3. identify gaps between the existing conditions and the accreditation standards.
4. define strategies to ensure that the gaps are closed, and any problems are addressed effectively.
5. write the draft according to the determined structure.
6. complete the draft with an executive summary and glossary (if required)
7. send the draft to the trainers to whom have trained the school staff in writing the preliminary SER.

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 standard. In case new data is required, data collection methods should be designed that can demonstrate achievement of the accreditation standards.

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 Standards needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the assessment 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 assess 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 external assessment.

2.3 Structure and Format 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 Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred, attached, and linked in the designated google drive.

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

In Chapter IV, the study program summarises the overall results for each sub criteria and determines whether it is compliance, partially compliance and non-compliance, as shown in the table below:

Table 1. Categories of Summary of the Overall Results

Accreditation Standards	Compliance	Partial Compliance	Non-Compliance
1.1. Stating the mission			
2.1. Intended curriculum outcomes			
2.2. Curriculum organisation and structure			
2.3. Curriculum content			
...etc.			

b. Format

The SER should be written in size 12 Times New Roman font in A4 paper with single space. The maximum page is 80 pages excluding Executive Summary, Glossary and Appendices.

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 2 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 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.
- 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 visits 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 3 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 educator 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 educator 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 utilized, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent the nursing departments/units, 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 site 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.

Executive Summary

Glossary

Chapter I Nursing School Context

Chapter II Self-Evaluation

1.1. The Need for Self-Evaluation

1.2. The Team

1.3. The Process of Self-Evaluation (who is involved and how)

1.4. Methods (sample, data collection and analysis)

Chapter III Accreditation Standards

1. MISSION AND VALUES

1.1 Starting the mission.

1.2. Recommendation

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. Recommendation

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

3.5. Recommendation

4. STUDENTS

4.1 Selection and admission policy

4.2 Student counselling and support

4.3. Recommendation

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. Recommendation

6. EDUCATIONAL RESOURCES

6.1 Physical facilities for teaching and learning

6.2 Clinical training resources

6.3 Information resources

6.4. Recommendation

7. QUALITY ASSURANCE

7.1 The quality assurance system

7.2. Recommendation

8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

- 8.2 Student and academic staff representation
- 8.3. Administration
- 8.4. Recommendation

Chapter IV Summary of the Overall Results

Chapter V Appendices