

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH)



HANDBOOK FOR ASSESSORS

**NURSING EDUCATION
ACCREDITATION PROGRAM**

FOREWORD

Thanks to the God's help, the writers finished writing a handbook for Assessor entitled: "Nursing Education Program Accreditation - Handbook for Assessors". The main reason for writing this handbook is to support the evaluator team in perceiving the real condition of nursing programs that are willing to be 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 assessor who reviews a nursing school will have the same perception as his/her colleague assessors in understanding and interpreting the education condition for each criterion and to what extent he/she perceives the level of compliance of nursing school to each standard/criterion. It is believed that the handbook is not perfect yet, but at least it will provide the evaluator team with stronger self-confidence in describing his/her expert judgment. The same perception of the evaluator team will create the accreditation process to be more objective and accurate on how to treat the findings.

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 am pretty sure the expectation of the writers is that after understanding the handbook, the assessors will have high motivation to review the education process the of nursing school to facilitate a continuous quality improvement.

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

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

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

Key Questions	Criteria for Compliance
1.1 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 does 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 can the academic staff, students, and administration staff participate in activities to determine the vision, mission, goals, and values of the organization and school of nursing?
	1.1.7 How could the interested external community 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?

Guidance for Assessor

The school has formulated its mission statement based on the identification of health problems in its catchment areas using a sound and scientific methodological approach. The school has also considered the vision and mission of the university.

The school has a mechanism for identifying its interest groups – both internally and externally – and has procedures on how to engage them – particularly in mission formulation. The determination of each interest group is based on an objective and fair judgment of their contribution and reciprocal benefits.

The mission statement gives a mandate to the school to be involved in improving the health status of the community. The nursing school has a collaboration with the healthcare services, local governments, hospitals, and communities to execute the nursing school's role.

The mission statement is consistently translated into the school's program and activities during the planning process. The planned program and activities are congruently implemented. An appropriate organisational structure is set up in line with the functions of its components. An internal quality assurance system is set up to monitor and evaluate the progress of achieving the mission, as well as to ensure the follow-up action is completed. The mission is regularly evaluated and updated.

The school translates the relevant national regulations and standards into school standards and regulations concordantly. The school considers the local circumstances and uniqueness in implementing the national regulations and standards. The school's standards are aligned with the mission of the school.

The school has selected media for the publication of its mission and programs based on available resources and capacity. The school has organised several events to disseminate its missions and program involving relevant stakeholders.

Supporting documents:

- Minutes of meetings when formulating the vision and mission of the school derived from the faculties and university's vision and mission. 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) including documentation such as photograph/video recording during the meeting.
- Media use for publication of vision, mission, aims and strategies.

Criteria 2. Curriculum

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

Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor. Consider whether the defined outcomes align with the nursing school's mission. Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements. Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgment (assessment). Consider how the outcomes can be used as the basis for the design and the delivery of content, as well as the assessment of learning and evaluation of the course.

Key Questions	Criteria for Compliance
2.1.1 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 are the role-specific professional nursing standards and professional guidelines that are used to develop the curriculum?
	2.1.1.3 How does the program ensure continued updating of the curriculum?
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 does the school formulate the intended outcomes that are 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 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?

Guidance for Assessor

The school formulates intended graduate outcomes based on the school's mission and priority health problems. The course outcomes are consistently derived from the intended graduate outcomes. The school has proper procedures in curriculum development, consisting of planning and design, implementation, and evaluation guided by the school's mission. In all stages, there are clear procedures for how to involve internal and external stakeholders. Views of different stakeholders are properly managed and considered.

The intended graduate outcomes are concordant with the intended career roles of graduates in society which are derived from the vision and mission of the institutions, the education philosophy, and need analysis. The school develops proper tracer study to track its graduates.

The intended graduate outcomes are formulated based on the priority health problems in the school's catchment areas and the results of consultation with external stakeholders and internal stakeholders. The school selects appropriate methods of needs analysis in line with available resources and support from the stakeholders. The graduate outcomes are aligned with the school's mission.

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

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

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 does 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 of current and emerging trends; and include appropriate learning processes (pedagogy) of curriculum anchored in nursing knowledge? 2.2.2.2 How do the principles appropriate 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 does 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 does the curriculum provide 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 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 does the curriculum design aligned with the school's vision and mission?

Guidance for Assessor

The school has consciously selected principles that are used for curriculum design (i.e., Student Centre Learning (SCL), Outcome Based Education (OBE), etc.) that are appropriate to the school's mission, intended graduate outcomes, resources, and context of the school.

The school identifies criteria consisting of relevance, importance, and priority of the content of the curriculum. The school determines the scope of the content consisting of the amount and depth of

coverage and concentration. The school also decides the sequence, i.e., hierarchy and progression of complexity or difficulty. The criteria and sequence demonstrate the relationship between the disciplines of study.

The school consciously chooses a particular model of curriculum based on sound and scientific judgment. The school takes into consideration the local resources and the existing regulatory framework.

The curriculum design is carefully selected based on a sound and appropriate approach. The curriculum design is aligned to achieve the school's mission.

2.3 Curriculum Content: a) The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training. b) Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences

Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included: Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science; Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation; Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics. Content of other types may also be included: Health systems science which includes population health and local healthcare delivery systems; Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

Key Questions	Criteria for Compliance
2.3.1 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 does the school 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 options?
	2.3.1.4 What are references at the international, national, and local level that is used to determine the curriculum content?
	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?

Key Questions	Criteria for Compliance
	<p>2.3.1.6 How does the school measure the program's minimum credit/ /clock hours required by a state or national (for international programs) the 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 does the school identify the basic health sciences, social sciences, humanities, ethics, and promote interprofessional team-based collaborative practice and education that are relevant to the graduate learning outcomes?</p> <p>2.3.2.2 How does the school 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 does the school describe all clinical disciplines that are compulsory for students to gain practical experience?</p> <p>2.3.3.2 How do the clinical/practicum or practice learning experiences and practice learning environments support the 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 is 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 of individuals, families, and communities/populations?</p> <p>2.3.3.5 What are the methods used to teach students to make the clinical judgement in line with the best available evidence?</p> <p>2.3.3.6 How does the school's time management allocate for different clinical practice settings?</p>
2.3.4 Is the student's familiarity with fields receiving little or no coverage?	2.3.4.1 What are the school's development-based programs and how does the school 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 in knowledge?	<p>2.3.5.1 How does the school evaluate the curriculum content?</p> <p>2.3.5.2 How does the school involve the internal and external stakeholders in curriculum evaluation?</p> <p>2.3.5.3 How does the school use the result of the</p>

Key Questions	Criteria for Compliance
	evaluation to modify the curriculum content in relation 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 does the school address the nursing research and evidence-based practice integrated throughout the curriculum?
2.3.7 How can the school assure the student's learning in disciplines that they do not get specific experience?	2.3.7.1 How does the school identify the disciplines that the students do not get specific experiences? 2.3.7.2 How does the school ensure the students can learn those disciplines?

Guidance for Assessor

The school establishes a structure responsible for curriculum development. This structure coordinates representatives of departments through various recognised means to formulate the curriculum content. The structure involves internal and external stakeholders that are relevant to the school.

Curriculum content is identified based on course learning outcomes related to particular disciplines and multidiscipline. Standards of content that are formulated by professional associations or education associations at the national level should be used as the main reference. If there are no such standards, the school may develop their own standards of content using clear benchmarks. Standards of content at the international level formulated by the international professional association might be used.

The curriculum content might be determined using the following criteria:

1. **Self-Sufficiency:** This criterion means that students should be given a chance to experiment, observe, and do a field study. This system allows them to learn independently.
2. **Significance:** The subject matter or content is significant if it is selected and organised to develop learning activities, skills, processes, and attitudes.
3. **Validity:** Validity refers to the authenticity of the subject matter or content selected. The contents are not easily obsolete.
4. **Interest:** Students learn best if the subject matter is interesting, thus making it meaningful to them.
5. **Utility:** This is the usefulness of the content or subject matter. This relates to what extent the contents are needed in the future job/career and life.
6. **Learnability:** The subject matter or content must be within the schema of the learners. Teachers should apply theories in the psychology of learning to know how subjects are presented, sequenced, and organised to maximise students' learning capacity.
7. **Feasibility:** Feasibility means the full implementation of the subject matter. Students must learn within the allowable time and the use of resources available.

The school identifies the basic nursing sciences that are relevant to the graduate learning outcomes. For the sake of coherence and consistency, learning materials, such as textbooks, should be developed in line with the broader curriculum perspective that is usually defined in a curriculum framework. This is achieved by counting the 'hours of work' involved in studying for the various modules offered by a teaching establishment. To calculate the number of student hours which will be involved in successfully completing a new module is by being very precise, during its planning stage, in identifying and enumerating the Learning Outcomes and Competences.

The schools have identified clinical disciplines in line with the graduate learning outcomes. This process involves internal and external stakeholders, including data from health care delivery. There is a list of clinical disciplines during the clinical phase or clinical rotation where the students gain practical experiences. The school establishes a planning team for the clinical phase to decide on choices of clinical placements based on the graduate learning outcomes, the availability of clinical resources and clinical supervisors. Various theories have been proposed relating to how a clinician reasons through a clinical consultation and how 'expert' clinicians' reason differently to novice learners. Novice learners, such as nursing students, have limited clinical experience and therefore need to approach most consultations in a more analytical ('hypothetico-deductive') way. The clinical rotation planning team considers the importance and urgency of the list of diseases and the list of clinical skills of each clinical department, as well as the availability of mix cases in the relevant hospital. The school decides the allocation of student time in different clinical practice settings based on the availability of inpatient and outpatient in each teaching hospital, as well as the availability of clinical teachers, which is considered sufficient to achieve the learning outcome at the clinical phase.

The school explains the behavioural and social sciences that are included in the curriculum which are in line with the graduate learning outcome, as well as the reasons for selection. The school establishes a curriculum team that will decide the time allotted for these contents and the arguments that are applied.

The school explains the content of health system science that is included in the curriculum based on the graduate learning outcome, as well as the reason for selection. The school has demonstrated that consultations with relevant external stakeholders are conducted. The school provides arguments on how the allocation of time for the health system is conducted.

The school explains the curricular content related to humanities and arts. The curriculum team determines the time allocation for this content after conducting a need analysis.

The school develops community-based programs in collaboration with local health offices to place students in remote areas. The school ensures that students' health and safety are insured during their placement in remote areas.

The school has an internal quality assurance system in place where a regular review of the curriculum is conducted based on certain procedures embracing input, process, output, outcome, and impact. Appropriate numbers and representativeness of internal and external stakeholders are involved in curriculum review.

The curriculum includes principles of scientific methods and nursing research which are accommodated in modules/blocks/subjects. Time is allocated proportionally to address this content. A specific team or unit is assigned to be responsible for modules/blocks/subjects' development and implementation.

The school explains the elective modules included in the curriculum. The school could explain the reasons for deciding which topics are needed for electives.

The school appoints a Coordinating Team in each module/block/course who is responsible for planning, developing, and implementing the curriculum to achieve the graduate learning outcome. Where students are not exposed to specific experiences, the coordinators must produce alternative experiences to compensate.

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

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

Key Questions	Criteria for Compliance
2.4.1 How is distance education congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit when utilized?	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 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 for 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 be 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 methods of evaluation are used to evaluate student's performance throughout the program?
	2.4.5.2 What are the methods of evaluation of student performance developed or selected?
	2.4.5.3 How does the school ensure established professional competencies that are incorporated in the various evaluation methodologies of

Key Questions	Criteria for Compliance
	students' performance that are used throughout the curriculum?
2.4.5.4	How does the school 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 of 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?

Guidance for Assessor

The school has decided on principles that are used in selecting educational methods and experiences based on the educational philosophy. The principles are formulated in consultation with internal and external stakeholders, as well as experts in educational psychology.

The school explains the sound and scientific principles that are applied in deciding the educational methods and experiences throughout the curriculum.

The school demonstrates thorough analysis regarding the local context, resources, and culture in deciding which educational methods and experiences are most appropriate.

Supporting documents:

- 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 organisation: 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. b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes. c) The policy is shared with all stakeholders.

3.1. Assessment Policy and System

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

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, implement actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement?
	3.1.2.3 How to ensure that all the staff and students are well-informed regularly?
3.1.3 How can assessments be integrated and coordinated across the range of educational outcomes and the curriculum?	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?
	3.1.3.2 How does the faculty share the analysis of the end-of-program student learning outcome data with communities of interest?
	3.1.3.3 How does 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?

Guidance for Assessor

The school uses appropriate assessment methods for each of the specified educational outcomes. The assessment methods that are used meet the validity, reliability, and educational impact criteria. The following are examples of assessment methods: The school uses various assessment types, multiple summative and formative assessments on the knowledge, skills, and behaviour for each of the educational outcomes. The school anticipates any limitation that may occur related to the suitable assessment of students' clinical skills. Policy and system should be centralised and related to the school mission, resources available, and context.

The decisions about the number and type of assessments are based on the graduate educational outcomes as well as the course learning outcomes. Both formative and summative assessments are planned in line with the stages of achievement of the learning outcomes. The timing of formative and summative assessment is decided based on the progress of learning outcome achievements. The

decisions are made by the Assessment Committee and approved by the School's Authority. The policies should be shared with all students and other stakeholders.

The assessment committee develops an assessment blueprint at the program level to demonstrate the integration and coordination across the range of educational outcomes and curriculum content. The Assessment blueprint at the program level is evaluated regularly. The module team develops an assessment blueprint for each module to integrate and coordinate learning outcomes and content for each module.

3.2 Assessment in Support of Learning:

- a) **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.**
- b) **These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.**

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

Key Questions	Criteria for Compliance
3.2.1 Can students be assessed to support their learning?	3.2.1.1 How does the faculty ensure with clear statements about assessment, progression rules, and requirements are provided to students at the start of each subject? 3.2.1.2 How do methods of evaluation are used to evaluate students' performance throughout the program?
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 for those students with identified needs?

Guidance for Assessor

The school provides feedback for formative and summative assessments. A narrative assessment such as a portfolio or logbook could be included where there is direct feedback from the teacher to the student in a timely manner. During the clinical rotation, the school designs a system to guarantee that all nursing students have the opportunity to obtain learning experiences and direct feedback from the clinical educators.

Every student has an academic counsellor who evaluates and monitors students' learning progress using a centralised system (learning management system) such as students' achievement on each module, GPA, portfolio and progresses test result. Data across all levels of education is used to identify students who need support. The school provides a student support system that is assigned to fulfil students' needs in academic issues.

3.3 Assessment in Support of Decision-Making:

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

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

Key Questions	Criteria for Compliance
3.3.1 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) enhance individual and collective learning, as well as inform student progression, and is consistent with determining the achievement of the stated learning outcomes? 3.3.2.2 How does the school 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 does 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 What is the policy/system regarding the appeal mechanism for the assessment results? 3.3.4.2 How does the school 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 does the faculty collaborate with students, health service providers (where relevant), and academics in selecting and implementing assessment methods? 3.3.5.2 How does the 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 does the 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 does the faculty use assessment results to guide and determine student progression across the program? 3.3.6.3 How does the faculty provide feedback to students regarding their progression across the program?

Guidance for Assessor

Assessment blueprints are developed by making a cross-tabulation of test content, educational outcomes, and the appropriate type of assessment. The assessment blueprint is included in the curriculum and set by the Assessment Committee.

The assessment committee applies standards-setting procedures to establish passing marks on formative and summative assessments. The school ensures that every student who passes the formative and summative examinations meets the expected standard. The assessment system should include decisions on progression and graduation in all educational levels across all expected learning outcomes. The standards and procedures of assessment should be clearly stated, shared with students, and applied consistently.

The school has developed a policy/system regarding assessment appeal, which is clear, distributed to all students, and implemented continuously. The system includes the course organiser and faculty members who are responsible for reviewing and solving these issues. If an agreement is not reached among all the parties involved, it will be reported to a higher authority.

The school provides a system to ensure the validity and reliability of the assessment program. The school has procedures to develop and review items for each assessment program. This information is shared with the students and other stakeholders.

The course coordinators regularly evaluate and monitor students' learning progress after the formative and summative examinations. The student's progress is then informed to the students via a system that can also be monitored by their academic counsellors. Feedback should be provided by staff to improve students' achievement.

3.4 Quality control:

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

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

Key Questions:	Criteria for Compliance
3.4.1 What are the comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	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 does the faculty develop a plan and implement the quality assurance system for your assessments system?
3.4.2 How are assessments analysed to ensure the quality of teaching and the curriculum in practice?	3.4.2.1 How does the completion rate demonstrate the education program's effectiveness in achieving its societal mandate?
	3.4.2.2 How does the faculty develop the procedure for the analysis of individual assessments to ensure their quality?
	3.4.2.3 How does the faculty involve students and academic staff in developing and implementing these procedures?
	3.4.2.4 How does the faculty develop the assessment results to evaluate the teaching and the curriculum in practice?

Key Questions:	Criteria for Compliance
3.4.3 Are the assessment system and individual assessments regularly reviewed and revised?	3.4.3.1 How does the faculty explain the procedure for regularly reviewing and revising your assessment system in individual assessment?

Guidance for Assessor

The school assigns a quality assurance and quality team who is responsible for assuring the quality of individuals as well as the program assessment. The team includes experts in assessment who plan and implement quality assurance consistently.

The quality assurance steps are planned and implemented regularly (e.g., at the end of each semester). The school develops a system to collect information regarding assessment from the students, teachers, and other stakeholders (e.g., distributing a questionnaire or google form, focus group discussion). Data obtained is then distributed to improve the performance of staff, course organisers, and institutions.

The quality assurance team collects, reviews and analysis data from course organisers for each assessment regularly. Data collected included the assessment instruments, item analysis (discrimination index, difficulty index), standard setting, portfolio or logbook based on predetermined standards of competencies, alignment on writing assignments, essay questions and discussions process with rubrics.

Data from assessments are shared with staff and other stakeholders to be considered as a basis to improve the teaching and learning process as well as curriculum reform.

The school designates a quality assurance team, nursing education unit, or assessment centre to review and revise the assessment system and individual assessments regularly.

Supporting document:

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

Criteria 4. Students

4.1 Students as the main stakeholders are **recruited** and **selected** by considering input quality policies, and equitable access to both regional and economic capabilities through a recruitment mechanism that is supported by the values of accountability, transparency, equal opportunity, and appreciation for social and cultural diversity in accordance with quality characteristics. and study program objectives. Access to **student services** and **development of interests and talents** sought by study programs in the form of access to student activity centre facilities, dormitories, health services, scholarships, and extra-curricular activities that support the achievement of student learning outcomes.

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

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

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

Key Questions	Criteria for Compliance
4.1.1 Do the selection, admission policies, processes guide, student admission, and student progression clearly defined, appropriate and transparent?	<p>4.1.1.1 How do the selection and admission policies fit with regulatory (accreditation) or government requirements?</p> <p>4.1.1.2 How do the criteria and processes for student admissions to the nursing education program and for student progression be outlined briefly?</p>
4.1.2 Is the alignment determined between the selection and admission policies 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 is 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 the right of entry to health services for workplace experience (including fitness for practice, immunization, and criminal history). • Students are selected for the program based on clear, justifiable, and published admission criteria. • Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic and workplace experience requirements throughout the program.

Key Questions	Criteria for Compliance
4.1.3 Are the publicly accessible?	4.1.3.1 How does the school disseminate selection and admission policy to internal and external stakeholders?
4.1.4 Are the policies non-discriminatory, and consistently applied?	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) 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? 4.1.4.3 How does the nursing program ensure that all students have equal opportunity to attain the current Competency Standards for the Registered Nurse?
4.1.5 Are the student educational records following the policies of the governing organization?	4.1.5.1 What 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)? 4.1.5.2 How do the guidelines manage for the maintenance and to protect the security/access of student education records at multiple locations?
4.1.6 Has the selection and admission system been regularly reviewed and revised?	4.1.6.1 What are the procedures for regularly reviewing and revising the selection and admission system? Who is involved in these procedures? 4.1.6.2 How are students notified of changes in the program, policies, and/or procedures?

Guidance for Assessor

The school develops student admission and selection policies in accordance with its vision and mission. An admission and selection team/committee is established to develop guidelines for implementing/ determining student admissions and selection. The committee has autonomous authority and is free from intervention.

The school considers government regulations, national accreditation standards, and university policies in developing admission policies. Based on this admission policy, the school establishes criteria for student selection and develops procedures, such as decisions making on admission, selection, student applications, compliance with national regulations.

The operationalisation of government/ university policies is adjusted to the school, based on; capacity, number of teaching staff, infrastructure, school's vision and mission, and equality of student background.

The school develops and publishes technical standards for the admission, retention, and graduation of applicants for nursing students in accordance with the requirements. Central and local government policies regarding the need for a healthy workforce. Selection and acceptance policies are tailored to the needs of health workers.

Fair and equitable selection and admissions policies according to the local context are developed based on acceptable principles. Affirmative policies are accommodated to recruit students from economically and socially disadvantaged communities.

Admission information should be publicised through information technologies with adequate capacities, such as widely accessible websites, sufficient IT support, and social media engagement.

There is a clear procedure to review and improve the selection and admission system on a regular basis.

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

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

Key Questions	Criteria for Compliance
4.2.1 What kind of services are provided based on student needs, including academic and personal support and counselling services?	<p>4.2.1.1 How does 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?</p> <p>4.2.1.2 How do the students access services offered, and have the same access as non-nursing students?</p> <p>4.2.1.3 How do distributed/ distance education students access student services?</p>
4.2.2 What system and/or processes related to student loans, student loan installments, and student responsibilities to their institution must be described for the 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 installment program addressing student loan information, counselling, monitoring, and cooperation with lenders?	<p>4.2.3.1 How do students access student loan repayment program information?</p> <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	<p>4.2.4.1 How are students informed of their ethical responsibilities regarding financial assistance?</p> <ul style="list-style-type: none"> • What are the governing organization's policies and procedures for the

Key Questions	Criteria for Compliance
policies of the governing organization guidelines?	<p>maintenance of financial aid records?</p> <ul style="list-style-type: none"> • 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 international programs) guidelines <p>4.2.4.2 How are student financial aid records maintained? Is this in compliance with the governing organization's policies and procedures?</p>
4.2.5 Are both the procedural and cultural aspects of these services recommended and communicated to students and staff?	<p>4.2.5.1 How do you ensure that students and staff are aware of the availability of these student support services?</p> <p>4.2.5.2 How is the school involved in the provision of student services that are culturally sensitive?</p> <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?	<p>4.2.7.1 What are the complaints and grievances policy of governing organization and the nursing education unit?</p> <p>4.2.7.2 How many complaints and grievances has the program received since the last program review? What types of grievances were received?</p> <p>4.2.7.3 Was the policy followed for each complaint and grievance and does each location have the same grievance policy?</p>
4.2.8 Is orientation to technology provided, and technological support available to students?	<p>4.2.8.1 How the student-centred technology is used during the Program of Study for all program options and locations. How do the students access them?</p> <p>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?</p>

Guidance for Assessor

The school provides effective student services to all nursing students to assist them in achieving program learning outcomes. All nursing students have equal rights and receive comparable services, such as academic and career advisors, financial assistance/education financial management

counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, student interest, and talent development, etc.

The school has student service guidelines that are disseminated to students and staff which can be accessed easily.

The school has clear implementation procedures for the involvement of student organisations to carry out these services.

There are a variety of complete and appropriate service instructions/guidelines for students and staff to use according to local culture. Counselling procedures are in accordance with counselling principles (mechanism of handling) and tailored to the local cultures.

The school regularly conducts a user satisfaction survey to evaluate the student services in terms of human, financial and physical resources. The feasibility of the services is judged based on the results of the survey and complaints.

The school conducted regular reviews together with student representatives to ensure the relevance, access, and confidentiality of counselling services. Procedures for these are available.

Supporting documents

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

Criteria 5. Academic Staff

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

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

Key Questions	Criteria for Compliance
5.1.1 Who administers the nursing education unit and what are the qualifications of the administrator?	5.1.1.1 How does the administrator of the nursing education unit have a strong nursing background?
	5.1.1.2 What is the educational background of the head school of nursing?
5.1.2 What are the characteristics of a qualified and capable academic staff, and how are sufficient academic staff?	5.1.2.1 Are the number and qualifications of academic and administrative staff within all locations of the nursing education unit sufficient to support the nursing program?
	5.1.2.2 What are the school's 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?
	5.1.2.3 What are the job duties of the academic and administrative staff at all locations assigned to

Key Questions	Criteria for Compliance
	<p>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 appropriate 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 does the school decide the required number and characteristics of the 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 does the school ensure that the process of 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 does the school 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>

Guidance for Assessor

The school has procedures on how to analyse the required number and qualification of the academic staff based on the number of the student body, the designed curriculum, the burden of research activities, community services, training programs, alignment of discipline mix as well as managerial responsibilities. The school analyses and decides the optimal academic staff to student ratio and evaluates it regularly. The workload of the academic staff is monitored and reviewed systematically. The methods to monitor and review the workload are known to all academic staff. The school has a manpower plan for academic staff and supporting staff based on those analyses, implementing the plan, evaluating the progress, and reviewing it regularly.

The school has a human resources policy covering the characteristics of the academic staff to be aligned with the design, delivery, and quality assurance of the curriculum. The manpower plan is adequate to implement the curriculum, including its development of education programs and the missions of the school, staff development, and continuing education and regeneration plan of the existing academic staff.

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

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

Key Questions	Criteria for Compliance
5.2.1. What information does the school provide for new and existing academic staff and how is this provided?	5.2.1.1 How does the school disseminate information on the responsibilities of academic staff for teaching, research, and services for the new and exciting academic staff?
	5.2.1.2 How does the school disseminate the expectations of performance and codes of conduct to the new and existing academic staff?
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?	5.2.2.1 What are the policies for nursing faculty and staff to sustain their welfare at each location?
	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?
5.2.3 Does the school provide support for the nursing program and induction training for academic staff?	5.2.3.1 How does the school conduct the induction training for their new academic staff?
	5.2.3.2 How does the school arrange induction programs for academic staff?
	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?
	5.2.3.4 How does the school evaluate and review its training programs?
5.2.4 Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	5.2.4.1 What are the policy and procedures for academic staff performance appraisal?
	5.2.4.2 Who is responsible for carrying out these procedures?
	5.2.4.3 What are the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff?
	5.2.4.4 How could the staff get regular and sufficient information related to policies, responsibilities, benefits, and remuneration?
	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?
5.2.5 How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum?	5.2.5.1 How does the school ensure faculty teaching is adhere to the integrity of the curriculum, and clinical instructors have the academic professional and experiential qualifications for the clinical setting in which they instruct?
	5.2.5.2 How does the school ensure staff, facilities, equipment, and other teaching resources are sufficient in quality and quantity for the anticipated student population and any

Key Questions	Criteria for Compliance
	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?	<p>5.2.6.1 How does the school ensure the institutional infrastructure and workloads support the development and maintenance of faculty scholarship?</p> <p>5.2.6.2 How does the school ensure a scholarly climate in the nursing education program(s) strengthens faculty scholarship and the use of evidence among students?</p> <p>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?</p>

Guidance for Assessor

The school provides information on the school's policies regarding human resource policy and other related policies. For the existing academic staff, the school provides (for example) scholarships, travel grants, research grants, and publication grants, intellectual Property Rights as required.

The school organizes induction programs on a regular basis. The contents of the induction program are government policies in teaching, research, and community services. The training and development plan reflects the university and study program's mission and objectives. The training programs are evaluated and reviewed regularly.

The school organises faculty development programs, which are operated by the nursing education unit. Academic staff, and clinical educator who are responsible for delivering curriculum in the clinical phase are obliged to attend the training in the clinical curriculum. The nursing education unit designs the training in accordance with the needs and the roles.

The school has procedures for staff performance appraisal. The school has the authority and structure to carry out these procedures. The roles and relationships of academic staff members are well defined and clearly understood by all academic staff. The policy and procedure are clearly understood by all the relevant parties. A system for the responsible unit (e.g., Head of Department towards the members of the department) to carry out the evaluation is set and well known by all the staff. Each staff must prepare an annual plan including the key performance indicators which are monitored, evaluated, and reviewed systematically.

The school also has clear policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal. The policies and procedures are clearly understood by all academic staff. The school ensures that all the staff will get regular and sufficient information related to their responsibilities, benefits, and remuneration. The school has 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.

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

Key Questions	Criteria for Compliance
5.3.1. 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 redesign 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?

Guidance for Assessor

The school has a professional development program and career pathway for the academic staff. The program and pathway are socialised with the newly recruited and the existing academic staff. The development program and career pathway are based on the merit system and performance evaluation. Each tenure academic staff has a developed program and career pathway. The development program involves senior academic staff in mentoring and/or training the junior/new academic staff. The program is regularly evaluated and reviewed. The development program is designed by taking the curriculum development and its institutional roadmap, research, and community services into account.

The school accommodates and supports the continuing professional development of the academic staff, including pursuing additional or higher academic degrees deemed suitable. The school monitors, evaluates and reviews the continuing professional development program of the academic staff. The school has a system of appraisal and rewards for academic staff related to their continuing professional development.

The school has policies to support its academic staff in their continuing professional development. The school provides funds and permits for continuing professional development. The policy and procedure of the support are clearly understood by the academic staff.

Supporting documents

- 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 the development of manpower plan
- Mapping of discipline of the curriculum

- Form for monitoring and evaluation of academic staff performance, sampled a filled in form from several academic staffs, result of performance appraisal each semester
- Induction training program report
- Reports of the training programs for new and existing academic staff members.
- Summary of the professional development of the academic staff

Criteria 6. Educational Resources

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

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

Key Questions	Criteria for Compliance
6.1.1 How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	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 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 is 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?

Guidance for Assessor

The classroom is shown to be sufficient, in good condition and up to date in terms of all types of classrooms and meeting space. The number of faculty offices is sufficient, in good condition and up to date. The number of laboratories and equipment are adequate and shown to be up to date, in good condition, readily available, and effectively deployed. The school provides digital and physical library resources that are sufficient, up to date, well-maintained and readily accessible. Library services are supervised by professional staff. There is a policy and facility for access for people with special needs. The physical, social, and psychological environment supports education, research, and community involvement programs. The number and competencies of the support staff are shown to be sufficient. There are excellent quality facilities (library, laboratory, IT, and student services).

When students are required to participate in late-night or overnight learning experiences, they have good access to a call room. There are adequate facilities used for teaching and assessment of students' clinical and procedural skills with an adequate scheduling program. There are significant changes in facilities for education and/or research anticipated by the nursing school over the next three years, especially if there will be an increase in class size soon. There are adequate security systems in place at all locations to ensure student safety and address emergency and disaster preparedness. Student support services are subjected to monitoring, evaluation, and enhancement. The budget is sufficiently provided for facilities and infrastructure development, maintenance, and enhancement.

Distance or distributed learning methods to replace or supplement classroom teaching are limited to lectures and implemented during certain conditions only (pandemic, disaster, etc.). Lectures are delivered by members of the faculty, on average lectures last two hours. PowerPoint presentations and lecture materials are available to all students participating in distance learning teaching. When needed, lectures are followed by an online discussion group. Lectures are recorded and uploaded into the system to be available as podcasts. IT support is available via the online IT help desk. Examination and assessment of distance or distributed learning process is part of the student development assessment. The online platform is designed to be user-friendly, enjoyable to use, very accessible, and includes all the familiar online functions and capabilities including tutorials and seminars, study forums, libraries, journals, course content, videos, etc.

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

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

Key Questions	Criteria for Compliance
6.2.1 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 does 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 does the school ensure other teaching resources are adequate in quality and quantity</p>

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

Guidance for Assessor

The school's affiliated clinical teaching facilities and information resources are of sufficient size, quality, and accessibility to serve the needs of the school to fulfil its mission. The clinical affiliation agreement at least should describe responsibility of the institution, responsibility of the facility, application of the rules and procedures of the facility, student and faculty status, student removal, term and termination, non-discrimination and anti-harassment, liability, and governing law. The

nursing school and clinical teaching facilities affiliates ensure that all nursing students have access to needed facilities such as classrooms, study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late-night or overnight clinical learning experiences. All clinical teaching sites (both inpatient and ambulatory) that will be used for core clinical clerkships for the first cohort of nursing students have been identified. The nursing school will ensure that the volume and mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

The school has adequate numbers and types of clinical skill nursing laboratories dedicated to the teaching of clinical skills. These skills in nursing laboratories should help to ensure that all students acquire the necessary nursing techniques and are properly assessed before practicing on real patients. The school has a monitoring and evaluation program which shows that the skill laboratories support the acquisition, maintenance, and enhancement of the clinical skills of students. The term 'clinical skills' involves history-taking, physical examination, nursing clinical investigations, using diagnostic reasoning, procedural perfection, effective communication, teamwork, and professionalism.

The basis of the policy on the use of simulated patients is patient safety and the enhancement of student self-learning. Simulation is an important component of the clinical and communication skill centres and clinical nursing skills laboratories and encourages self-learning. Clinical nursing skills laboratories have been designed to support the intended learning outcome and to form an integral part of the overall curriculum. The school has developed various types of simulators which include part-time trainers, simulated patients and environments, computer-based systems (multimedia programs, interactive systems, virtual reality) and integrated simulators. The use of clinical nursing skill laboratories does not replace but rather complements bedside teaching in health care facilities. Prioritise patient safety in appointing simulated patients in the clinical skills training.

The school has identified all clinical teaching sites (both inpatient and ambulatory) that will be used for clinical clerkships. There is a written agreement between the institution and all clinical affiliates that are used regularly for required clinical clerkship. The school has a comprehensive plan of clerkship program for students in all clinical teaching sites which supports the intended learning outcome. The clerkship program has been designed and developed in cooperation with teaching hospitals and other clinical teaching sites which cover both general and specialist services. If there are any students from other health professions programs or residents that also use these facilities the nursing school has a policy as to how scheduling conflicts are resolved. The nursing school has mandatory requirements and documents to access hospital wards for students participating in clinical clerkship. The school has information for inpatient and outpatient services used for all required clinical clerkships at each hospital. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. The nursing school has data and information on the mix of inpatient and ambulatory settings used for required clinical clerkships shown to be adequate in the numbers and types of patients in each discipline. The school has a policy and implements a monitoring and evaluation program for clerkship programs, students, faculty, hospitals, and other clinical teaching site staff feedback is available.

The nursing school has a community - based education and services program to expose nursing students early in their training and throughout their education to the public health and primary health care needs of communities. The program has been designed and developed to support the intended learning outcome in public health and community health. The program also aims to create awareness among students of the importance of developing community partnerships to implement sustainable healthcare initiatives. The school considered community-based training placements to be important to provide situated or contextual learning. The faculty shows a strong commitment to community-based training by providing sufficient resources for the program.

The school has a policy that helps improve high quality staff recruitment, retaining and performance by providing clear mission, feedback and career development support and well-defined staff role and expectation. The school encourages staff participation in decision- making related to nursing

education programs including but not limited to policy making discussion. All nursing school faculty members work closely together in teaching, research, and health care delivery. The nursing school is part of a university offering other graduate and professional degree programs that contribute to the academic environment of the nursing school. The nursing school has an effective curriculum committee that oversees the planning, implementation, monitoring, and evaluation of educational programs. The academic staff is responsible for the planning and implementation of the components of the curriculum. There is evidence of effective curriculum management. The educational program for all nursing students remains under the control of the nursing school's faculty. Written affiliation agreements provide assurance of nursing student and faculty access to appropriate resources for nursing student education.

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

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

Key Questions	Criteria for Compliance
6.3.1 How do academic staff, students, and administration staff obtain technology and information resources in all locations?	<p>6.3.1.1 How does the school identify technological needs and sources of information for academic staff, students, and administration staff?</p> <p>6.3.1.1 How does the school ensure that technology and information resources are up-to-date and well-maintained?</p>
6.3.2 How can academic staff and students access library resources (i.e., on-site, online) in all locations?	<p>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?</p> <p>6.3.2.2 How does the school ensure that information resources and library services support the needs of academic staff and students?</p>
6.3.3 How do the information technology systems and technical support meet the operational and educational requirements of nursing?	6.3.3.1 How do 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 does the school ensure that policies, procedures, and program information are clearly communicated to academic staff, students, and administration staff?

Guidance for Assessor

Students, academics, and researchers require paper-based and electronic-based or computer-based information resources. The information technology systems are up to-date and well maintained to meet the needs of staff and students.

A digital library is shown to be set up, in keeping with progress in information and communication technology. The school provides ready access to well-maintained library resources sufficient in the numbers and variety of textbooks, journals and other sources and technology to support its educational and other missions. The university is shown to provide a highly accessible computer and

network infrastructure. Students, faculty, and administration have access to sufficient information technology resources, including access to Wi-Fi, to support learning outcomes and the achievement of the school's goals.

The institution implements a program of regular monitoring, evaluation, and feedback regarding information resources from students, academic staff, and administration. The library and information centres have built up collection, management, and dissemination of information resources to meet the needs of the academic, research and administrative users. A policy and plan are in place for continuous improvement, updating and renewal of adaptive information resources.

The quality of the facilities is shown to be subjected to evaluation and enhancement. Library services are supervised by a professional staff that is responsive to the needs of the nursing students, faculty members, and others associated with the institution. The library has a sufficient number and quality of textbooks and journals. It has opening hours sufficient for students to have ready access to its resources. Information technology staff with appropriate expertise are available to assist students, academic staff, and administration. Off-campus access to electronic resources should be seamless from any nursing school networked computer. It is eligible for all students, faculty, and staff members with valid IDs

Supporting documents

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

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 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?
6.4.3 How do organizations and/or schools ensure adequate funding	6.4.3.1 What are the efforts of the regulatory organizations and/or schools to ensure adequate funding for the sustainability of educational programs?

Key Questions	Criteria for Compliance
for the sustainability of education programs?	
6.4.4 How does the school allocate budget for nursing programs and unit management?	6.4.4.1 How sufficient is the total budget for nursing programs and unit management?

Guidance for Assessor

The school has sufficient and sustainable financial resources to support the program at all locations and for all delivery methods. The sources and/or amounts of school funding change from time to time. There are regulatory organizations and/or schools to ensure adequate funding for the sustainability of educational programs. The school has sufficient of 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 networks and teaching clinics
- List of facilities in the academic hospitals and Teaching Clinics (discussion rooms, room for night shift, library, etc.)
- List of mannequins available for clinical skill training of the students
- List of standardized patients, report of the training of the standardized patients
- List of training and its reports of the clinical teachers and preceptors
- List of databases of available journals
- Forms for evaluation and feedback from students and academic staff and administration for available information resources
- Facilities to access information resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

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

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

Key Questions	Criteria for Compliance
7.1.1 How are the objectives and methods of quality assurance and subsequent action in schools defined and explained?	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 the faculty ensure that the quality assurance steps are planned and implemented?
7.1.3 How can the responsibility and control of program development, monitoring, review, evaluation and quality improvement be delegated to the school of nursing with oversight by the academic board or equivalent?	7.1.3.1 How should the 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 the 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 does the top Management ensure that the integrity of the quality management system is planned and implemented?
7.1.4 How is the responsibility for the implementation of the quality assurance system clearly allocated?	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 the faculty develop a plan and implement the quality assurance system for your assessments system? 7.1.4.5 How does the faculty involve students, and lecturers in the planning and implementation of the quality insurance system for the assessments?
7.1.5 Does the evaluation plan that includes an environmental scan guides the assessment of the	7.1.5.1 How does the program demonstrate evidence of students' achievement in completing the nursing program?

Key Questions	Criteria for Compliance
curriculum, program delivery, and program outcomes?	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 does the school 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 experience for students by using data to make program improvements?	7.1.7.1 How do you explain, the professional and academic development of staff to improve knowledge and competence in teaching effectiveness and assessment.?
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 institutions? 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?

Guidance for Assessor

It is advisable for the institution to explain the method used which includes the PDCA cycle:

- a. the organisation explains whether it understands the needs and expectations of interested parties.
- b. the organisation should explain the scope of the quality management system.
- c. the organisation should explain that it has established, implemented, maintains, and continuously improves a quality management system, including the necessary processes and their interactions, in accordance with the requirements of the Standard.
- d. the organisation should describe the processes required for the quality management system and their application throughout the organisation,
 - determine the required inputs and expected outputs from the process.
 - determine the sequence and interaction of these processes.
 - determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes.
 - determine the resources required for this process and ensure their availability.
 - assign responsibilities and authorities for this process.
 - address risks and opportunities evaluate this process and implement any necessary changes to ensure that this process achieves the desired result.

Top management should assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards. Top management should ensure that reporting on the performance of the quality management system and opportunities for improvement for top management have been established. Top management should ensure that the integrity of the quality management system is maintained. When changes occur to the quality management system is planned and implemented. Top management should explain how to determine and provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes.

The school explains how the implementation, maintenance and continuous improvement of resources is carried out. The school determines the external stakeholders relevant to the quality management system.

The school identifies, reviews and controls of changes made during, or after, the design and development of educational programs. The school evaluates the performance and effectiveness of the quality management system. The school retains appropriate documented information as evidence of results. The school identifies and selects opportunities for improvement and implements any necessary actions to meet customer needs and increase customer satisfaction.

Supporting Documents

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

Criteria 8. Governance and Administration

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

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

Key Questions	Criteria for Compliance
8.1.1 How 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 What governance structures are responsible for managing teaching-learning and research activities?
8.1.2 How do the management organization and nursing education units ensure the representation of nurse education administrators and academic staff	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 described?

Key Questions	Criteria for Compliance
in governance activities; How are opportunities obtained for student representation in governance activities?	8.1.2.2 How do the interested communities could provide input into decision-making processes?

Guidance for Assessor

The school has an appropriate organisational structure of governing board, school administrator and faculty members that describe their function related to teaching, learning, research, and resource allocation. This structure is transparent and can be accessed by all stakeholders and aligns with the university's vision and mission. The school governance also aligns with the teaching hospitals' function as a resource for clinical teaching. The school provides policies, procedures, and regulations to prevent conflict of interest at the level of governing administration and faculty members.

Teaching, learning, and research are governed by a body and its committee structures. All members of the committee have responsibilities for planning, implementing, monitoring-evaluating, and reporting all activities regarding teaching, learning, and research from team members-committee chairman-the Dean.

The budget allocation is developed based on the mission of the school related to teaching, learning, and research activities; accessible and transparent.

There is a body (under the university) that is assigned to review the performance of the school periodically e.g., Internal Quality Assurance Body.

The school develops a risk management system including risks in clinical settings outside the school to identify and mitigate all risks which may occur regarding the activities of teaching, learning, research, and resource allocation.

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

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

Key Questions	Criteria for Compliance
8.2.1 How are academic staff and students provided with opportunities to participate in governance activities for regulatory organization and nursing programs?	8.2.1.1 How do the governing organizations and nursing education units provide opportunities for academic staff and students as representatives 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?
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Guidance for Assessor

The school involves students and staff in nursing education programs (e.g., curriculum revision, student assessment) and institution management (governance: school decision-making and functioning) to improve the quality of the school.

There is no obstacle to socio-cultural aspects of student involvement in school governance. Students are given the opportunity to freely sound their thinking and argumentation

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

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

Key Questions	Criteria for Compliance
8.3.1 How does the administrative structure support the functioning of the institution?	8.3.1.1 How does the school design the roles of the administrative structure? 8.3.1.2 How does 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 fulfill 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 /those of other individuals in similar positions within the governing organization? 8.3.2.3 How does the nurse education administrator have the authority to prepare and administer the budget? 8.3.2.4 How is 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 experience, meet the 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 the 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 does 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 administrators and/or academic staff assist program administration with academic qualifications and experience?	8.3.4.1 What is the qualification of the 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 Is the measurement of the proportion of administrative (i.e., non-teaching) time/workload for these individuals assigned acceptable?
8.3.5 How can existing partnerships promote excellence in nursing education, enhance the profession, and benefit society?	8.3.5.1 Does 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?

Guidance for Assessor

The administrative structure is designed by the institution based on its need and function in supporting the school. Schools provide appropriate administration staffing to be able to plan and develop programs including developing policy and review processes to warrant adequate and efficient administrative matters.

The school conducts regular meetings involving all governing boards, academic staff, students, and other stakeholders to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution can function appropriately.

The reporting structure for administration in relation to teaching, learning, and research includes administrative, staff, budget, outcomes, and obstacles (plan and realisation).

The administrative structure is designed by the institution based on its need and function in supporting the school. The school provides appropriate administrative staffing to be able to plan and develop programs.

The school conducts regular meetings to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution can function appropriately.

Supporting Documents

- Organisation chart of the management and administrative of the school
- Standard operating procedure for budget allocation
- Report on the school performance review
- Document on risk identification and mitigation

- Reports on students and academic staff in decision making and functioning. Minutes of meeting of the discussion
- Standard operating procedure for decision making process.
- Standard operating procedure for reporting of teaching, learning and research.

Chapter 2. Guidance for Self-Evaluation Report

This chapter describes how to conduct self-evaluation, write a self-evaluation report, and identify 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 the 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, opportunities, 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, implementing, evaluating, 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 to 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 the 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 the 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.

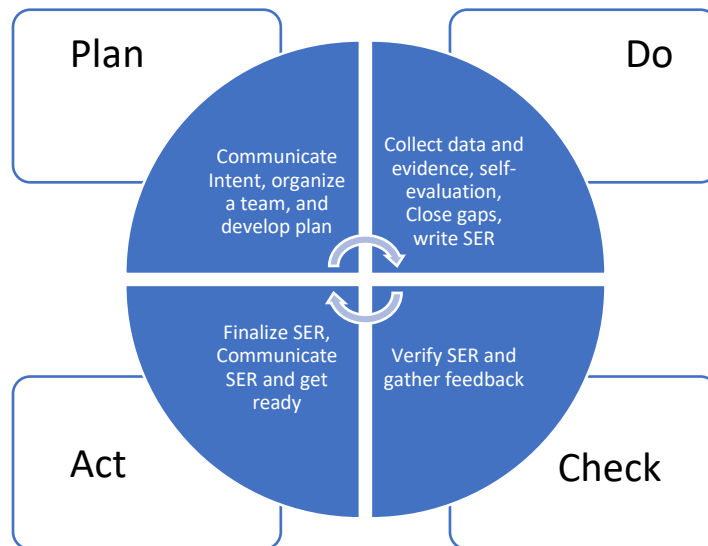


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

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 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 the 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. Tables, charts, graphs, and 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.

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, followed by 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 the structure of the SER, the used format, the dissemination of SER to stakeholders and the 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 to, attached, and linked in the designated google drive.

Table 1. The structure of Self-Evaluation Report

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 Financial resources
- 6.5 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

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

Table 2. 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 on 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 3 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 Desk Evaluation Report

IAAHEH assigns an Assessor Team consisting of 5 (five) people after nurturing process is complete. This team consist of a chairperson, a secretary, and 3 (three) members. After receiving the Self Evaluation Report as described in Chapter 2, the assessor reviews the SER and conducts a desk evaluation independently for two weeks (online) by filling in the assessment form 1 (Appendix 1) through SIMAk-Int.

The assessors make the summary of findings from the Self Evaluation Report by extracting important data and information that is entered into the Summary of Findings from Self Evaluation Reports columns. Based on the summary of findings, the assessors decide whether each element of the sub criteria is full compliance, partial compliance, or non-compliance that is entered into the Performance in Accreditation Element columns. Each assessor of the Assessor Team then meets online to consolidate the results of the desk evaluation within two weeks before conducting the survey visit and entering the consolidated results into SIMAK-Int.

3.2 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interviews and observation of all criteria based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include buildings, 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 visits, and survey visit reports.

Principles of the survey visit

The survey visit should focus on:

- 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

3.3 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially the schedule for interviews with faculty, students, and alumni; the progress report session, the closing session, and other activities such as post accreditation meeting with the dean

or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.

- The date of the 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 the 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 the curriculum (curriculum map, module, syllabus, samples of student work, samples of examinations, practical guidance, clinical rotation/clerkship guidance.
- The school prepares documents related to the internal quality assurance system (school academic policy, academic regulations, other manuals 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 a working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.4 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.

The typical schedule in appendix 2 could be rearranged to suit the situation. However, all the agenda should be conducted.

3.5 Guidance for Introductory Meeting

The introductory meeting is aimed to inform both the assessors and the study program during the four-day visit concerning each responsibility.

- The leader collaborates with the nursing school in determining the fixed schedule of introductory meetings.
- Assessors introduce themselves as well as their roles on the survey visit.
- The leader gives a summary of the whole survey visit activities including the deliverables that should be completed by the assessors. He or she informs the study program that the team will end up with a recommendation based on the survey visit results and deliver the recommendation to the council.
- The leader informs the study program that the aim of the accreditation is mainly to improve the quality of the study program.
- The assessors and the study program should work collaboratively and support each other according to their responsibilities.
- The leader reminds the team and the study program to encourage open and honest discussions.
- Assessors should report their initial findings based on the self-survey visit report according to his/her responsibility.
- The team and the study program achieve an agreement on the schedule during the survey visit, especially the schedule for interviews with faculty, students, and alumni; the progress report session, the closing session, and other activities such as post accreditation meeting with the dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.
- The leader reminds the secretariat of IAAHEH to provide a form to be fulfilled by the team.
- The leader reminds the procedure of the survey visit, including each member's assignment.
- The leader reminds assessors to take notes during the survey visit and report it by the end of the visit.
- Leader reminds of the prohibition of using laptops or mobile phones during the meeting, interviews and observations, or doing other unrelated activities with the study program except activities required for the accreditation process.
- The leader reminds the team to always consider private data information and confidential matters of the accreditation process.

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.

3.6 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 represents 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 achievements, 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, the waiting period to get the first job, involvement in the academic, research, and 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, and companies). Preferably the employer is not an alumnus. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover the hard skills and soft skills of the alumni employed, and employers' feedback to the school.

3.7 Guidance for Observation

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

- The school prepares the 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, classrooms, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, and student lockers.
- The visit to the hospital may include the 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, sports facilities, dormitory, and classroom size.
- Observation of some activities, such as teaching and learning, small group discussion, and laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.8 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display them 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.

3.9 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 the 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 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, and re-describe the commendation and the recommendation accordingly.
- The head of the team concludes the summary findings, re-describes 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 for the Study Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

3.10 Guidance for Survey Visit Report

1. The Assessment Team meets online to prepare the survey visit report (including conclusions of the survey visit and recommendations) in Assessment Form 3 (Appendix 4).

Format Report:

- a. Written in A4 format, with 1 inch for left and right margins, 1.2 inch for top and bottom margins. Using Times New Roman black font, 12 pt. 1.15 space between each line. The heading and subheading could use a different font size.
- b. The report should be written in British English.
- c. The report consists of:
 - Cover of the report
 - List of pages
 - Identification of the school under survey visit
 - The date of receiving of the self-evaluation report, desk evaluation of the SER, and date of survey visit.
 - The assessors' member
- d. Summary of the findings
 - Brief profile of the school
 - Strength of the school
 - Area of concern
 - Area that needs further evidence
- e. Findings of each standard and its sub criteria. This should be written in the following sequence:
 - Findings of sub criteria of the standard
 - Area of strength of the school in the described standard and its sub criteria
 - Area of concern

- Area that needs further evidence
- Recommendation for the standards and their sub criteria

f. List of appendices

Appendices are arranged in sequential order as its appearance in the narrative.

2. The assessor completes Assessment Form 4 Summary of Compliance (Appendix 5) based on the conclusions of the Self Evaluation Report and Survey Visit Report.

Summary of Accreditation Report

Criteria 1. Mission and Values

Key Questions	Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
1.1. Is the mission and philosophy of the nursing education unit congruent with the core values, mission, and goals of the governing organization?				

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				
2.1.2 What are the intended outcomes for the course as a whole and for each part of the				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
course that has been designed and developed?				
2.1.3 Are stakeholders involved in their development?				
2.1.4 What outcomes were chosen in relation to the social context of the school?				

2.2 Curriculum organisation and structure

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.2.1 What are the principles behind the school's curriculum design?				
2.2.2 Is the program of study congruent with contemporary and 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?				
2.2.4 What is the school's consideration of the sequence, i.e., hierarchy, and				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
progression of complexity or difficulty?				
2.2.5 What is the curriculum design that supports the mission of the school?				

2.3 Curriculum Content

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.3.1 What is the process for determining the curriculum content?				
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?				
2.3.3 What clinical disciplines are required to gain practical experience?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.3.4 Is the student's familiarity with fields receiving little or no coverage?				
2.3.5 Does the school's curriculum nursing content relate to advances in knowledge?				
2.3.6 What does the curriculum address regarding the principles of scientific method and nursing research?				
2.3.7 How can the school fix the student's learning assured in disciplines in which they do not get specific experience?				

2.4 Educational methods and experiences

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				
2.4.2 Which principles inform the selection of educational methods and experiences employed in the school's curriculum and their derived?				
2.4.3 What are the principles that are chosen for educational methods and experiences distributed throughout the curriculum that are chosen principles?				
2.4.4 How can the educational methods and experiences be made appropriate to the local context, resources, and culture for students?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				

Criteria 3. Assessment

3.1. Assessment Policy and System

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.1.1 What educational outcomes does the faculty use the assessment methods for?				
3.1.2 How does the school determine the optional number of assessments and their timing for a given situation?				
3.1.3 How can assessments be integrated and coordinated across the range of educational outcomes and the curriculum?				

3.2. Assessment in Support of Learning

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.2.1 Can students be assessed to support their learning?				
3.2.2 Which students need to be assessed to determine those who need additional help?				
3.2.3 What kinds of systems of support are offered to those students with identified needs?				

3.3. Assessment in support of decision-making

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.3.1 Have blueprints (plans for content) developed for examinations?				
3.3.2 What are the standards (pass marks) set on formative and summative assessments?				
3.3.3 Are there mechanisms in place for assessing students' results?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.3.4 What appeal mechanisms regarding assessment results are in place for students?				
3.3.5 What kind of Information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?				
3.3.6 What are the assessments used to guide and determine student progression between successive stages of the course?				

3.4. Quality Control

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.4.1 What are the comments and experiences about the assessments gathered from students, teachers, and other stakeholders?				
3.4.2 How are assessments analysed to ensure the quality				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
of teaching and the curriculum in practice?				
3.4.3 Is the assessment system and individual assessments regularly reviewed and revised?				

Criteria 4. Students

4.1 Selection and Admission Policy

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.1.1 Do the selection, admission policies, processes guide, student admission, and student progression clearly defined, appropriate and transparent?				
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)?				
4.1.3 Are the publicly accessible?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.1.4 Are the policies non-discriminatory, and consistently applied?				
4.1.5 Are the student educational records following the policies of the governing organization?				
4.1.6 Has the selection and admission system been regularly reviewed and revised?				

4.2 Student Counselling and Support

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.2.1 What kind of services are provided based on student needs, including academic and personal support and counselling services?				
4.2.2 What system and/or processes related to student loans, student loan installments, and student responsibilities to their				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
institution must be described for international program?				
4.2.3 Is a written, comprehensive student loan installment program addressing student loan information, 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?				
4.2.5 Are both the procedural and cultural aspects of these services recommended and communicated to students and staff?				
4.2.6 How do the student organizations collaborate with the nursing school management to develop and implement these services?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.2.7 Do program complaints and grievances receive due process and include evidence of resolution, as per record?				
4.2.8 Is orientation to technology provided, and technological support available to students?				

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.1.1 Who administers the nursing education unit and what are the qualifications of the administrator?				
5.1.2 What are the characteristics of a qualified and capable academic staff, and how are sufficient academic staff?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				

5.2 Academic Staff Performance and Conduct

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.2.1 What information does the school provide for new and existing academic staff and how is this provided?				
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?				
5.2.3 Does the school provide support for the nursing				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
program and induction training for academic staff?				
5.2.4 Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?				
5.2.5 How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum?				
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?				

5.3 Continuing Professional Development for Academic Staff

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.3.1 What information does the school give to new and existing academic staff				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
members on its facilitation or provision of continuing professional development?				
5.3.2 How does the school take administrative responsibility for the implementation of the staff's continuing professional development policy?				
5.3.3 What protected funds and time does the school provide to support its academic staff in their continuing professional development?				

Criteria 6. Educational Resources

6.1. Physical Facilities for Teaching and Learning

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.1.2 What does the right balance of facilities and learning resources fulfill commitments to teaching, research, community service, and governance?				

6.2. Clinical training resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				
6.2.2 What range of opportunities are required and provided for students to learn clinical skills?				
6.2.3 What is the basis of the policy on the use of simulated and actual patients?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.2.4 Does the school ensure that students have adequate access to clinical facilities?				
6.2.5 What is the basis for the school's mix of community-based and hospital-based training placements?				
6.2.6 How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?				
6.2.7 How does the school ensure consistent delivery of clinical guidelines to clinical settings?				

6.3 Information Resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.3.1 How do academic staff, students, and administration staff obtain technology and information resources in all locations?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.3.2 How can academic staff and students access library resources (i.e., on-site, online) in all locations?				
6.3.3 How does the information technology systems and technical support meet the operational and educational requirements of nursing?				
6.3.4 How are program policies, procedures, and information clearly communicated to academic staff, students, and administration staff?				

6.4 Financial Resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.4.1 How to support funding sources for schools (e.g., tuition fees, fees, and grants)?				
6.4.2 How has the source and/or amount of funding changed over time?				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.4.3 How do organizations and/or schools ensure adequate funding for the sustainability of education programs?				
6.4.4 How the school allocate budget for nursing programs and unit management?				

Criteria 7. Quality Assurance

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
7.1.1 How are the objectives and methods of quality assurance and subsequent action in schools defined and explained?				
7.1.2 How are quality assurance measures 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				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
nursing with oversight by the academic board or equivalent?				
7.1.4 How is the responsibility for the implementation of the quality assurance system clearly allocated?				
7.1.5 Does the evaluation plan that includes an environmental scan guides the assessment of the curriculum, program delivery, and program outcomes?				
7.1.6 How does the program show evidence of students' achievement from each end-of-program student learning outcome/professional competence for a particular role?				
7.1.7 How is feedback obtained from the quality cycle incorporated into the study program to enhance the theoretical and practical learning experience for students by using data to				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				

Criteria 8. Governance And Administration

8.1. Governance

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.1.1 How are decisions made about the functioning of the institution?				
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?				

8.2 Student and academic staff representation

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.2.1 How are academic staff and students provided with opportunities to participate in governance activities for regulatory organization and nursing programs?				
8.2.2 What, if any, social or cultural limitations are there on student involvement in school governance?				

8.3. Administration

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.3.1 How does the administrative structure support the functioning of the institution?				
8.3.2 How does the nursing education administrator have authority and responsibility for program development and administration and have sufficient time and resources				

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
to fulfil the role responsibilities?				
8.3.3 How can the nursing education administrator be qualified by experience, meet the requirements of countries, and is oriented and mentored for the role?				
8.3.4 How do nurse education administrators and/or academic staff assist program administration with academic qualifications and experience?				
8.3.5 How can existing partnerships promote excellence in nursing education, enhance the profession, and benefit society?				

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 rooms, 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 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

Executive Summary

Glossary

Criteria 1. Missions and Values

Narrative response:

- The use of vision and mission for planning, quality assurance, and management in the study program.
- Alignment with regulatory standards of the local agency and with the relevant governmental requirements
- Alignment of vision, mission, aim and strategy; developed during study programs' activities and program planning process.

Criteria 2. Curriculum

Narrative response:

- The graduate's outcomes in line with teacher's teaching and learning planning strategy
- Narrative of curriculum development process (planning, implementation, evaluation): note's meeting, list of attendance, other supporting documents
- Alignment of intended graduate outcome with graduate career role in society derived from institution vision and missions, the education philosophy and need analysis.

Criteria 3. Assessment

Narrative response:

Brief description on assessment policy (centralised system), alignment with its curriculum outcomes, management (frequencies, timing), Standard assessment, criteria, and decision

Criteria 4. Students

Narrative response:

- Description of the students support system (relevance, accessibility, confidentiality)
- Students support systems: academic and non-academic, communication with students

Criteria 5. Staffing

Narrative response:

- Description on academic staff planning (manpower plan) including the number, discipline mix, academic and professional development plan of the academic staff.
- Initial training for academic staff should there is any.
- Performance evaluation and reports of the academic staff.
- Feedback provided to the academic staff.

Criteria 6. Educational Resources, Settings, and Scholarship

Narrative response:

- Judgement for the study program to provide certain physical infrastructures (buildings, classrooms, etc.) based on the curriculum designed and the national or university standard (e.g., room per students in class, in laboratory, internet bandwidth per students, academic staffs, etc.).
- policies for students to learn clinical skills, in a simulated setting, but also in the real setting, with mannequins, simulated patients or real patients.

- Policies on students' clinical education, either in the hospital, clinic, or community-based setting
- Policies on study resources provision, library (incl. Books, journals, electronic or hard copies), internet bandwidth, etc.

Criteria 7. Monitoring and Evaluation of the Educational Process

Narrative response:

- Policies on quality assurance, its purposes and methods and subsequent action.
- Quality assurance system is embedded in the structure of the organisation, with its allocated resources.
- Involvement of external stakeholders in quality assurance

Criteria 8. Governance and Administration

Narrative response:

- The organisation chart of the institution and its function and responsibilities
- Budget decision making in the organisation
- Involvement of students and academic staff in decision making and functioning
- Reporting structure for administration in relation to teaching.

Criteria 1: Mission and Values
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 2: Curriculum
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 3: Assessment
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 4: Students
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 5: Staffing
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 6: Educational Resources, Settings, and Scholarship

<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 7: Monitoring and Evaluation of the Educational Process
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 8: Governance and Administration
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria

Appendix 5 Summary of Compliance (Assessment Form 4)

Standard	Summary of Self Evaluation Report Conclusion	Summary of Survey Visit Report Conclusion
1. MISSION AND VALUES		
1.1 Stating the mission		
2. CURRICULUM		
2.1 Intended Curriculum Outcomes		
2.2 Curriculum Organisation and Structure		
2.3 Curriculum Content		
2.4 Educational methods and experiences		
3. ASSESSMENT		
3.1 Assessment Policy and System		
3.2 Assessment in Support of Learning		
3.3 Assessment in Support of Decision-Making		
3.4 Quality control		
4. STUDENTS		
4.1 Selection and Admission Policy		
4.2 Student Counselling and Support		
5. ACADEMIC STAFF		
5.1 Academic Staff Establishment Policy		
5.2 Academic Staff Performance and Conduct		
5.3 Continuing Professional Development for Academic Staff		

6. EDUCATIONAL RESOURCES		
6.1 Physical Facilities for Education and Training		
6.2 Clinical Training Resources		
6.3 Information Resources		
7. QUALITY ASSURANCE		
7.1 The Quality Assurance System		
8. GOVERNANCE AND ADMINISTRATION		
8.1 Governance		
8.2 Student and academic staff representation		
8.3 Administration		