

Standard I: Program Integrity – Mission, Governance, and Resources

The mission, goals, core values, and expected outcomes of the nursing program are consistent with and contribute to the mission, goals, and core values of the parent institution. Institutional and program governance reflect faculty and student participation and support the attainment of the program's expected outcomes. Communities of interest are engaged in providing input into program operations. There is a demonstrated institutional commitment to providing resources critical to maintaining the operational integrity of the nursing unit and supporting continuous quality improvement efforts designed to meet the program's expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is made visible through the achievement of the associated quality indicators.

Quality Indicators

I-A. The mission, goals, core values, and expected outcomes of the nursing program demonstrate consistency with the mission, goals, and core values of the parent institution.

Interpretive Guidelines: The mission, goals, core values, and expected outcomes of the nursing program are clearly delineated and communicated to all communities of interest. There is evidence of consistency between the parent institution's stated mission, goals, and core values, and the nursing program's stated mission, goals, and core values. Expected program outcomes are appropriate to the program level, and institutional and program mission, goals, and core values. Evidence of regularly scheduled, periodic review of the mission, goals, core values, and expected program outcomes by faculty exist.

I-B. Faculty and students demonstrate participation in the governance of the institution and the nursing program to enable the achievement of expected program outcomes.

Interpretive Guidelines: Organizational support for faculty and students, including those enrolled in distance education programs, to participate in the governance of the institution and the nursing program is evident. Documented evidence exists demonstrating that faculty and students are engaged in governance activities, and related outcomes associated with faculty and student success in achieving outcomes can be cited.

I-C. Communities of interest provide feedback which is used to inform program decision-making about the educational preparation of students.

Interpretive Guidelines: The nursing program seeks and utilizes feedback from communities of interest to inform program decision-making about the educational preparation of students. Partnerships among communities of interest and the nursing program promote a sense of cohesiveness and intra- and interprofessional collaboration, leading to contemporary experiential learning experiences for students with a goal of preparing a diverse, competent workforce.

I-D. Program publications, documents, and policies are up-to-date, accurately reflect program practices, and are accessible to all communities of interest.

Interpretive Guidelines: There is evidence of periodic review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest. All program publications are up-to-date and accurately reflect program practices. Accreditation status is to be stated accurately, including contact information for NLN CNEA. A process is developed and implemented to notify all communities of interest of changes in publications and documents in a timely fashion.

I-E. The chief nurse administrator of the nursing program is academically and experientially qualified and has the administrative responsibility to provide the leadership needed to achieve the program's mission, goals, core values, and expected outcomes.

Interpretive Guidelines: The curriculum vitae of the chief nurse administrator of the nursing program provides evidence of academic and experiential qualifications for leadership of the program. The chief nurse administrator holds a graduate degree in nursing, appropriate for the program level. If the chief nurse administrator does not hold the requisite graduate nursing degree, a plan is in place for attaining the degree in a timely manner and achieving compliance with this quality indicator. There is evidence that the chief nurse administrator is perceived by the community of interest to be effective as a leader in upholding the mission, goals, core values, and expected outcomes. The chief nurse administrator has the administrative responsibility and autonomy to manage the procurement and allocation of the program's resources with a demonstrated outcome of facilitating the achievement of program mission, goals, core values, and expected outcomes.

I-F. The nursing program's fiscal, physical, technology, and human resources are sufficient for achieving the mission, goals, expected program outcomes, and student learning outcomes.

Interpretive Guidelines: There is evidence of the nursing program's fiscal, physical, technological, and human resources being sufficient for the achievement of mission, goals, expected program outcomes, and student learning outcomes. Fiscal resources are sufficient to support the recruitment and retention of qualified faculty and staff, and the implementation of student services designed to assist students in achieving learning outcomes. Physical resources include up-to-date and adequate classroom and laboratory settings. Technology, instructional equipment and supplies are sufficient to support achievement of student learning outcomes.

I-G. Nursing program resources are periodically reviewed and revised as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and student learning outcomes.

Interpretive Guidelines: There is documentation of the review of nursing program resources by faculty, staff, and students with data used to improve resources as appropriate to sustain an environment of continuous quality improvement and to meet expected program outcomes.

Standard I – Supporting Evidence Exemplars

- Documentation that consistency between institution and program mission, goals, and core values supports the achievement of expected program outcomes
- Documentation of regularly scheduled reviews of the mission, goals, core values, expected program outcomes, and student learning outcomes for continued relevance and resulting actions
- Evidence of faculty and student participation in governance activities that contribute to achievement of expected program outcomes
- Evidence of means by which communities of interest provide feedback and how such feedback is used to inform program decision-making
- Evidence of communities of interest notification of policy changes
- Publication providing evidence of accreditation status and CNEA contact information
- Copies of program publications, documents, and policies, with documentation of regular reviews and resulting actions
- Copy of chief nurse administrator's current curriculum vitae
- Position description of chief nurse administrator
- Documentation reflecting the review of the sufficiency of fiscal, physical, technological, and human resources and resulting actions
- Copies of nursing program (unit) budget, for past three years