

National Nursing Accreditation Information to support accreditation process

*The MDCH Task Force on Nursing Education (2009) recommended that all nursing education programs in Michigan be required to have National Nursing Accreditation. The Michigan Nursing Education Council, Committee on Accreditation, developed the attached documents to assist Associate Degree Programs seeking to obtain National Nursing Accreditation. The Michigan Nursing Education Council will support the changes in the Public Health Code that are needed to make National Nursing Accreditation a requirement.
(The following documents were approved by MNEC at the February 9, 2011 meeting.)*

- A. History and Background for National Nursing Accreditation pp. 2-4
- B. Accreditation Overview for Schools Considering Accreditation pp. 5-8

National Nursing Accreditation History and Background

Why is accreditation necessary?

The following information is taken from the MDCH Task Force on Nursing Education (TFNE) Final Report¹. Pages 11-13 are specifically directed to the TFNE number one recommendation for national nursing accreditation.

Nursing Education Observations

The members of the TFNE made many observations concerning nursing education for which national accreditation is an appropriate response. These observations include the following:

- History of the Issue:
The Michigan Board of Nursing (MBON) is the only board of the the 23 Michigan health boards that requires a volunteer membership to review curricula. Currently, all other professional boards (22) require national accreditation as a requirement for approval....the Michigan Board of Nursing is the only health board without this criterion.
- Currently, Michigan has 36 MBON-approved ADN programs and 33 MBON-approved practical nursing (PN) programs. In 2007, the approved ADN programs varied from 60 to 105 college academic credits. The variability of academic requirements for obtaining an ADN degree is costly in time and money for students, delays entry into the workforce, and creates barriers for those seeking higher nursing degrees.
- The national Institute of Medicine (IOM) has identified Core Competencies necessary in the education of healthcare professionals. These core competencies have been articulated for nursing by the *Quality & Safety Education for Nurses* project (QSEN). They also are reflected in: a) *The Essentials of Baccalaureate Education for Professional Nursing Practice* from the American Association of Colleges of Nursing (AACN, 2008); b) *2008 Standards and Criteria for Associate Degree Nursing Education* from the National League for Nursing Accrediting Commission; and c) *2008 Standards and Criteria for Practical Nursing Education* from the National League for Nursing Accrediting Commission.² An emphasis on core competencies and essentials in nursing education is an integral part of national accreditation standards.
- As of January 1, 2008, Michigan had 125,402 Registered Nurses and 27,524 Licensed Practical Nurses, for a total of 152,926 licensed nurses. Michigan's "active"³ RN workforce (105,588 in January 2008) includes 22% with an RN diploma, 46% with an ADN degree, and 39% with a BSN degree⁴. Higher percentages of BSN-RNs are supported by national policy recommendations, research⁵, and the requirements of "Magnet"⁶ hospital status. BSN degrees also are required by nursing education programs seeking nurses eligible to serve as clinical faculty, and nurses seeking graduate degrees.

TFNE Final Report 12MDCH – Task Force on Nursing Education July 2009 graduate study and/or career mobility and longevity. Alignment between nursing education programs at different levels is essential to support advancement to the BSN degree.

- Employers, such as hospitals and community-based healthcare providers, report that education costs are shifted to them due to variability in nursing education programs, which may impact the readiness-for-practice and quality of new nurses that they hire.
- Nursing education in Michigan is challenged by the historically low priority of national accreditation for pre-licensure nursing education programs in this state. As a profession, nursing ranks the alignment of the MBON with the other 22 health professions' Boards as a major priority⁷. When the MBON licenses only graduates of nationally accredited nursing education programs, nursing as a profession will benefit. With this foundation in place, nursing educators, professional nurses, and the public will advocate for appropriate resources to support nursing education.

TFNE Recommended Solution and Rationale for the Solution

It is recommended that the Michigan Department of Community Health (MDCH) require national accreditation for all nursing education programs preparing students for the required licensure examinations. A phase-in period is recommended for the national accreditation requirement. A bill (HB 6387) was introduced in the Fall of 2010, but did not progress due to the end of the legislative session; policy work will continue to achieve this goal. See [http://www.legislature.mi.gov/\(S\(s02r5kuzemypaq45gon4mi45\)\)/mileg.aspx?page=getObject&objectName=2010-HB-6387](http://www.legislature.mi.gov/(S(s02r5kuzemypaq45gon4mi45))/mileg.aspx?page=getObject&objectName=2010-HB-6387)

Benefits Related to National Accreditation

The national accreditation requirement will benefit:

- Employers of Michigan nursing graduates, who will no longer report educational cost shifting due to the variability of nursing graduates. The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's nursing workforce graduate from nationally accredited education programs, and whose confidence in nursing services will be improved through public accountability and transparent reporting of the accreditation status of nursing education programs.
- Students and their families, who will gain clarity in their knowledge of nursing education program quality, increased predictability of courses and credits, and increased opportunities for graduate employment.
- Nursing faculty, who will have a more supportive teaching environment with national networks and resources for professional development.
- The Michigan nursing education system, its administrators, and nurse-employers, all of whom will be able to rely on national accreditation, decreased variability and enhanced quality of graduates.
- National Accreditation has many benefits; most important is the external review, which includes a comprehensive self-study and onsite review. National accreditation requires continuous quality improvement demonstrated through a systematic program review process.

What is the “real” cost?

Colleges need to budget for the accreditation process and those costs will be listed on the Accreditation organization’s website. There are also costs related to professional development of faculty and administrators (travel dollars), resources for national certification (if the college wishes to pay for CNE), and support to collect and analyze data. These recommendations are not outside of continuous quality improvement that is part of any educational program.

The following members of the MNEC Committee on Nursing Accreditation prepared these documents. We wish to acknowledge their work and contributions:

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¹ <http://www.michigancenterfornursing.org/mimages/TFNEFnIRpt09.pdf>

² www.nlnac.org/manuals.

³ Michigan Center for Nursing, *Survey of Nurses 2008*, p4. “The term ‘active’ is used to refer to nurses who are working in nursing or a related area on a full-time or part-time basis.”

⁴ Since nurses may hold more than one degree, the percentages add to more than 100 percent.

⁵ L. Aiken, AONE, NN Advisory Council.

⁶ The American Nurses Credentialing Center (www.NurseCredentialing.org) awards Magnet status to hospitals that satisfy criteria designed to measure the strength and quality of their nursing. The Magnet application and appraisal process includes self-assessment and organizational education. Magnet status aides in attracting and retaining professional nurses

⁷ The National Council of State Boards of Nursing (NCSBN) surveyed 54 state boards of nursing in 2003 and found that 18 boards of nursing require national accreditation [of these, eight boards accept national accreditation, and an additional 10 boards accept national accreditation plus other qualifications] (<https://www.ncsbn.org/149.htm>). This is an opportunity for Michigan to lead.

National Nursing Accreditation Overview For Schools Considering Accreditation

Compiled by Michigan Nursing Education Council – Committee on Accreditation

Q: What are the real benefits of national nursing program accreditation?

A: A Program of National Excellence!

It is obvious that there are many “tangible” benefits for accredited nursing programs such as recognition as a program of excellence as evidenced by meeting established national standards and the positive impact on the recruitment of students. These benefits are listed in more detail in Accreditation Manuals. However, there are also many intangible benefits as well. Many of these benefits actually become most apparent during the actual process of preparing for accreditation:

- **Benefit # 1: The collaboration among all faculty members to achieve a common goal.** The accreditation process requires faculty to leave their course “silos” to look at the program as a whole and to think of program outcomes that reflect the greater good. Even faculty who have not been the most exemplary “teams” find that the process often results in a much more cohesive and united faculty team by the end. This is always a benefit for the program.
- **Benefit # 2: The recognition that decisions based on “evidence” are more valid than those decisions that are based on subjective intuition.** Let’s face it, most programs either don’t have a “real” systematic plan for evaluation in place, or if they do, it is rarely used effectively to make programmatic decisions. Although nurses have traditionally prided themselves on their intuitive sense, educational outcomes are not the forum to rely on a less than scientific approach to change.
- **Benefit # 3: The process of writing the self-study report is in itself a very enlightening experience, especially if the entire faculty and staff are integrally involved and committed to the process.** As standard are addressed, nursing program faculty and administrators are required to re-examine their assumptions, beliefs and values about nursing education. This reflective process results in intellectual growth and insight that can only benefit the quality of the program and ultimately the education of students.
- **Benefit # 4: The celebration of a significant accomplishment is both affirming and energizing for everyone involved.** The attainment of initial accreditation is described by any program or institution as one of the most significant events in the history of the nursing program. The exhilaration that follows a successful self-study and site visit is indescribable by all accounts. This process involves not only program faculty and administrators, but the students as program consumers, the larger institution where this accomplishment is added to the list of institutional strengths as well as the general public in the form of clinical affiliates or advisory board members. The program will never be the same once this milestone has been achieved.

Q: How do we actually demonstrate “curriculum integrity” for the accreditation process?

A: Program has a definable Framework that guides the curriculum!

One of the common attributes of nursing programs that are not accredited is that those curricula are designed and implemented based on traditional assumptions about what constitutes a quality program. Assessment and evaluation processes are not clearly defined and there may be no definable “framework” that guides the curriculum.

- For a program to become accredited, it is critical for the curriculum to clearly reflect a deliberate alignment with established professional standards and competencies. This is non-negotiable, but may be a foreign concept to programs that have not been compelled to design a program using these parameters. In many instances, the criteria for the self-study report provide an opportunity of enlightenment for faculty who has been struggling to make sense of a program that just seems to exist without focus or logical organization of concepts. A review of the curriculum often consists of subjective and often territorial perceptions about how students are doing in individual courses, often without any attention to the attainment of overall program outcomes. Changes are made without the benefit of valid evidence or careful analysis.
- Accreditation removes the subjective dimension of curriculum development and evaluation, since programs must be able to demonstrate that every program outcome is reflected in the developmental learning outcomes for students moving through the program. Concepts of evaluation methods, instructional processes, learning environments and the use of technology are commonly examined in the accreditation process. These guidelines provide the “glue” that should hold the curriculum together, while still allowing for individual program innovation and flexibility.

Q: What is involved in hosting a site visit?

A: Careful Logistics and Detailed Preparation

Once a site visit team has been identified, the director of the nursing program or his or her delegate should make contact with the Site Visit Team Leader to work on the logistics of the site visit. These logistics include:

- **Finalization of the itinerary for the visit:** Typically the program director will draft an itinerary for the visit to include the opportunities for the visitors to validate everything that they will read in the report. This can be the most complicated process because it obviously requires a great deal of coordination with multiple schedules on campus, but must also meet with the approval of the site visit team leader. This should be decided in enough time to make adjustments to meet everyone’s needs. The itinerary should be fairly detailed, to include not only who will be involved in each meeting, but who will accompany the visitor(s) to each meeting or event.
- **Arrangements for hotel and meal accommodations as well as transportation for the site visit team to and from the airport and from the hotel to campus or other sites during the visit:** This will be the responsibility of the program to coordinate prior to the visit so that the visit proceeds smoothly and without interruptions or delays. Generally visitors will make their own airline or other travel arrangements to arrive at the visit site, but the program does make the arrangements for the accommodations. Things to keep in mind are comfort and accessibility to dining facilities.
- **Arranging a room for the site visitor team to view exhibits and prepare their report.** This is also a consideration for the itinerary, as the site visitors, especially the leader, will need segments of time

dedicated to the review of documents that will support the information found in the self-study report. Some of the documentation will be provided electronically, but there will be materials that will be specified for review in a display room. In addition, computers and printers are to be provided for the team to use during the visit. It is important to also try to make arrangements so that the site visitors have access to the program director to request additional information or seek clarification as necessary.

- **Finally, enjoy the visit!** Although this always feels a bit stressful as it is the culmination of all the hard work that it takes to prepare for the visit, it is important to remember the goal is to demonstrate that the program meets national standards. The site visitors approach is one of collegiality and collaboration to assure that the nursing program is afforded a fair and objective review. If there are areas of concern, they work with the program to gain understanding of those areas and will actually provide assistance in actions to be taken to meet the criterion. The visit is not intended to be a social event and is very much all business, but at the same time site visitors are our professional colleagues and provide an excellent opportunity for some quality professional networking.

Q: How can we get faculty to “buy-in” to the Accreditation process?

A: Full Engagement plus Leadership

With the intention for national accreditation to become a requirement for all Michigan nursing programs that prepare graduates for initial licensure, faculty may no longer view the accreditation process as “voluntary” and may feel resentment regarding the need to become an accredited program. This presents a challenge because typically programs that elect to seek accreditation voluntarily have already demonstrated buy-in, whereas for programs that may not agree with this mandate, the buy-in will not be an automatic response. Gaining faculty support will be the primary role of the director of the program and presents a significant leadership challenge. Some suggestions to achieve faculty buy-in if these conditions reflect your program include:

- **Provide a nonthreatening education of the faculty regarding the benefits of accreditation.** Although accreditation may become a mandate in Michigan, it does not negate the fact that national accreditation still reflects program excellence in the alignment with established national standards. Faculty need to understand how national accreditation will strengthen their program and ultimately contribute to their feelings of success as nurse educators.
- **Engage the faculty in an examination of the current program against the standards.** This can accomplish two goals. It is important to identify the gaps or deficits in the current program, but also to see where strengths might already exist that will support the process. This process should result in the realization that accreditation is an attainable goal, thus increasing faculty confidence in their ability to be successful.
- **Data Collection provides a means for continuous quality improvements and outcome measurements for programs.** Having the data and outcome measurements assists schools and faculty when they are seeking external dollars such as grants, appropriations and partnerships.

- **Gain the support of the institution for accreditation and convey that support to the faculty.** Many faculty members feel that a directive from the profession may be overruled by the goals of the institution. Validation that accreditation is supported by the parent institution would provide another strong argument for faculty to buy-in to the process.
- **Finally, make a plan that will assure that all members of the faculty have a valued responsibility in the process.** If all faculty members feel that their contribution is valued, they are more likely to own the process. This can be a challenge, but if the leader knows the skill set of each faculty member it is possible to develop a plan where each member can contribute in their own unique way. For instance, some faculty may be better writers and may take on the writing of the self-study, whereas other faculty may wish to be more involved with the preparation of the display room or the management of the logistics of the site visit.

Q. What credentials are necessary for the Director, the full-time faculty and the part-time faculty for an Associate’s degree program in Nursing?

A. Review the Standards and Definitions

Refer to the accreditation standards for this information. Read carefully, as instructional faculty is specifically defined. There are also full time and part time faculty requirements. These are not necessarily the same as the Michigan Board of Nursing requirements.

Q. How does one recruit adequate numbers of MSN – prepared faculty for one’s program?

A. Networking and Outreach

Advertising and recruitment are key to finding faculty. Also “word of mouth” is useful. Network with MSN programs in your area and let them know that you are interested. Speak to MSN students in those programs. On-line faculty recruitment through the Michigan Center for Nursing is another way programs can let their needs be known.

Q. How does one document faculty scholarship / faculty development?

A. Templates and Tracking

Adopt a curriculum vitae template that every faculty member is required to use. There is also a faculty profile that needs to be maintained. Have faculty keep track of any courses, CE, conferences, etc that they attend that relate to teaching or nursing – including activities held on your campus. Also, faculty should document any nursing practice that they engage in – including part-time summer employment or during the school year, volunteer health screenings, etc. Also, take advantage of regional and statewide meetings that facilitate faculty development (e.g. MCNEA, nursing organization conferences).