

Adapting the CAUSN Accreditation Process for Emerging Models of Nursing Education in Canada

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Les nouveaux modèles de formation infirmière au Canada ainsi que les changements dans leur modes de livraison soulèvent certaines questions en lien avec l'agrément de ces programmes. Cet article suggère des moyens qui permettraient de tenir compte, au moment de l'agrément, de ces changements. Actuellement, diverses modalités de formation infirmière existent dans les universités canadiennes; une formation peut être offerte, soit simultanément à plusieurs sites, soit en collaboration avec une ou plusieurs institutions pour la livraison d'un programme à plusieurs sites ou encore par l'enseignement à distance. Le programme d'agrément de la formation infirmière universitaire développé par l'Association canadienne des écoles universitaires de nursing (l'ACEUN) permet d'évaluer la qualité de ces programmes et de promouvoir leur développement. La décision de se soumettre au processus d'agrément exige un engagement important de la part de l'école. Il est essentiel que ce processus soit juste, équitable et crédible tout en tenant compte à la fois des changements dans les programmes de formation et dans les modes de livraison de ceux-ci.

This paper highlights the accreditation issues raised by new and emerging models of baccalaureate nursing education and program delivery in Canada. It suggests ways of adapting the accreditation process to address recent changes. Nursing degree programs now offered by universities include programs at several sites, collaborative programs with partner institutions at multiple sites, and programs offered primarily through distance education. The accreditation program developed by the Canadian Association of University Schools of Nursing (CAUSN) provides a mechanism for monitoring the

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quality of a nursing education program and promoting the growth of the school that offers the program. Since the decision to undergo accreditation signifies a major commitment on the part of a nursing program, it is essential that the accreditation process be adaptable to meet the needs of evolving nursing education and program delivery models, and that it be fair, equitable, and credible.

Nursing education is constantly evolving in order to accommodate the needs of society. Two recent developments are: the requirement of a baccalaureate degree for practice entry in certain regions; and the emergence of new models of nursing education and program delivery.

Adoption of the nursing baccalaureate as the standard for entry-level practice is based on the "nature and range of knowledge and skills required to practice nursing and the right of the health-care consumer to receive care from a well-prepared professional nurse" (Kerr, 1996b, p. 332). This standard has now been adopted in five provinces: Newfoundland, Nova Scotia, Prince Edward Island, New Brunswick, and Manitoba. The College of Nurses of Ontario (CNO) recently approved the nursing baccalaureate as the educational requirement for practice entry in that province. All nursing students in Ontario are expected to be enrolled in a baccalaureate nursing program by the year 2002, in order to graduate by 2005 when the requirement comes into effect. The entry-to-practice position has many ramifications for the nursing profession. For instance, provisions must be made for nurses who are qualified at the diploma level and those who live in remote areas (Kerr, 1996a). In short, accessibility must remain central to decision-making. Accessibility should be facilitated by creative collaboration between universities and colleges, as well as distance-education programs (Bajnok, 1992; Kerr, 1996a). The CNO has declared that collaborative programs between universities and colleges are essential to its reform (Council of the College of Nurses of Ontario, 1998).

Collaborative efforts at the generic baccalaureate level have been made in British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario (Goldenberg, Gerhard, McFadden, & Johnston, 1995; Grenier & Dewis, 1995; Gushuliak et al., 1994; Hills et al., 1994). Also, there has been a change in the structure of nursing education programs in Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick, where only baccalaureate programs are now offered ("Le baccalaureat," 1995; Canadian Association of University Schools of Nursing [CAUSN], 1992; Kerr, 1996b). Distance-education courses are available in most regions of Canada (Attridge & Clark, 1992; Kerr, 1996a).

The purpose of this paper is to highlight the issues raised, for the accreditation process of the Canadian Association of University Schools of Nursing (CAUSN), by new and emerging models of baccalaureate nursing education and program delivery. We will address three areas: historical evolution, rationale, and adaptation of the accreditation process. We will suggest ways in which the accreditation process might retain its integrity and increase its adaptability when addressing current shifts in nursing education and program delivery. In addition to the more traditional programs, universities now offer: (1) nursing degree programs at several sites, (2) collaborative and articulated nursing degree programs at multiple sites, and (3) nursing degree programs via distance education. All of these models have raised questions about the types of reports that are required for accreditation, management of site visits, composition of review teams, choice of sampling activities, and cost.

Evolution of Accreditation Process

In 1957, acting on behalf of university schools of nursing, CAUSN issued *Desirable Standards for Canadian University Schools of Nursing* (CAUSN, 1984). These standards, revised in 1962, served as a guide for program development within the increasingly numerous schools. In 1971, prompted by developments in education and by government interest in accreditation, CAUSN established an ad hoc committee on evaluation. The committee introduced the criteria of relevance, accountability, relatedness, and uniqueness in evaluating nursing schools (CAUSN, 1984). In 1972 CAUSN was designated the accrediting agency for baccalaureate nursing programs in Canada, and in 1984 its Council approved the establishment of a Board of Accreditation to oversee programs and develop review teams. In 1986 CAUSN accredited its first baccalaureate nursing program, and in 1987 it published the monograph *Accreditation Program*, outlining its philosophy, criteria, and accreditation process (Thomas & Arseneault, 1993). The monograph was revised in 1995.

While the context of nursing education is evolving, the four criteria that frame the accreditation program and related performance indicators continue to be applicable. The administration, faculty, and students of the school that is under review demonstrate in the written report how the program meets the criteria by responding to the specific indicators. The criteria also reflect the growth and development of the

program and thus ensure that the assessment is dynamic in its approach (Thomas & Arseneault, 1993).

Rationale and Requisites for Evaluation/Accreditation

In accordance with the movement towards accountability in higher education, academic programs are being reviewed for their strengths and their effectiveness (Barak & Breier, 1990). In the academic specialty of nursing, accreditation is one way of ensuring educational quality; and while it serves to enhance the quality of programs, accreditation also promotes their growth.

The accreditation process as developed by CAUSN identifies those qualities that should be common to all baccalaureate programs. However, schools are also encouraged to develop in ways that are responsive to their own particular social, professional, and institutional context and that reflect the unique characteristics of their region. A uniform model of organizational structure or design is not required. However, while CAUSN subscribes to a principle of flexibility regarding both academic autonomy and governance issues, it does hold that nursing programs should adhere to the philosophy of nursing education espoused by CAUSN and expressed in its 1994 Statement on Baccalaureate Education (CAUSN, 1995, p. 5).

Adaptation of Accreditation to New Models of Nursing Education

Accreditation is costly in terms of time, resources, and money. It is essential that guidelines be developed to address these issues and to ensure that the accreditation process is fair and equitable in assessing programs of varying size, complexity, and locations. All programs should be treated with a similar level of diligence and should feel confident that they are receiving the best value for their accreditation expenditure. Small or less complex programs must not be overly scrutinized, while large or intricately designed ones must not be under-evaluated. Assessment of multisite programs should be equitable and consistent in process and degree of scrutiny between sites. Finally, the workload of the review team must be reasonable.

The Board of Accreditation has recommended that decisions concerning the accreditation process be based on the standard that has always applied — that is, accreditation of a baccalaureate program is specific to the degree being granted. For example, if a university offers

both generic and post-diploma programs, the accreditation process should review both, since graduates receive the same degree. The documentation prepared by the school, the site visit, the report of the reviewers, and the Board's final decision must cover all aspects of the baccalaureate program(s) offered by the school.

Similarly, for programs that make extensive use of distance education, the approaches that are used in assessing the more traditional on-site programs can be adapted. For instance, meetings with university administrators, clinical supervisors/preceptors, and graduates may be held on the premises of the institution. Students should be interviewed on site, whether in a group or individually. Students who live at a distance might be reached by teleconference or videoconference — thus the technology that is used for the courses will be employed. Sessions that involve tutors may also be evaluated either physically or virtually, depending on the technology that is normally used.

An examination of university nursing education in Canada revealed many definitions and types of collaborative and articulated programs offered at multiple sites. Contemporary programs vary considerably in their partnership arrangements. While one program has 10 partners, most have three or fewer. The concept of sampling sites for accreditation purposes was considered, but this may present some concerns related to fairness, consistency, and credibility. The self-study report and site visit for highly collaborative programs that share curriculum, faculty, and resources might differ slightly in construction from those for programs that are less integrated.

One way of dealing with these complexities is or was to develop a checklist for schools to complete and submit to the CAUSN Board of Accreditation either when they apply for accreditation or before the dates and selection of reviewers are finalized. Thus the onus will be on school personnel to describe their program and the exact nature of their collaboration. Based on this information, the CAUSN Board of Accreditation would advise the school on how the Accreditation Program might be adapted to meet its particular needs while maintaining the integrity of the process. In November 1998 the CAUSN Council approved the Board of Accreditation's Discussion Paper that included many of these issues (CAUSN, 1998). The Collaborative Nursing Program of British Columbia is currently using this checklist in preparing for its accreditation. Table 1 offers an example of the checklist Questions. Table 2 illustrates how accreditation might be adapted.

Table 1 *Suggested Checklist Items*

Item	Questions for Program to Address
Sites	How many sites are there? Which years of the program are offered at each site?
Special Features	Is the program offered at more than one site? Is the program collaborative or articulated? Describe model. Is the program offered via distance education?
Students	How many students are enrolled at each site? How are students evaluated?
Curriculum	Is the curriculum common to all sites? How is the curriculum differentiated at each site?
Faculty	Are faculty members common to more than one site? What are the faculty's qualifications? Include nursing and non-nursing faculty. What is the process for appointment/promotion across sites?
Teaching Standards	How are consistency and quality maintained between sites, while allowing for academic freedom and uniqueness?
Learning Resources	Should resources such as the library and computers be assessed separately or by site?
Administrative Issues	Is the budget for each site adequate? How is the budget administered?
Academic Decision-Making	How are decisions concerning admission, appeals, advancement in program made individually at each site?
Clinical Settings	How are consistency and quality maintained between settings, while allowing for academic freedom and uniqueness?

Table 2 *Possible Adaptation of the Accreditation Process*

Issue	Responses That Board of Accreditation Can Provide
Self-Study Reports	Which sections of the Nursing Education Database and Self-Evaluation Questionnaire can be centralized and which sections need to be addressed at each site?
Review Team	Are more than three reviewers needed?
Sites	How many sites are to be visited? How many days are to be spent at each site?
Reports from Reviewers	How many reports are needed? Which sections of the report (including responses to the Self-Evaluation Questionnaire) could be centralized in the overall report and which sections need to be addressed specifically at each site?
Accreditation Fee	Adjustable according to CAUSN guidelines
Decision	Accredit for seven years (all sites), or accredit for three years (concerns at one or more sites/ specific recommendations), or deny accreditation

Conclusion

In the current state of change and restructuring in education and in health care, the nursing profession is faced with the need to evolve in order to serve society in the best way possible while also maintaining its standards, credibility, and flexibility. Accreditation is one way of meeting this obligation, as it ensures that nursing education programs will continue to grow and develop while retaining their diversity and uniqueness. As the baccalaureate degree requirement for practice entry is being implemented throughout most of Canada, it is appropriate that issues relevant to the accreditation of university schools of nursing be resolved. The process of accrediting new and emerging models of nursing education and program delivery needs to be adapted in order to ensure that these models have the opportunity to grow and develop. Potential issues, such as the addition of new sites or changes in degree-granting status, may have to be addressed in the future.

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