ACCREDITATION REVIEW:
STRATEGIES, COSTS, AND BENEFITS

Elizabeth Kauffmann • Sharon Ogden Burke

Historic Overview

University schools of nursing in Ontario have been participating in a peer approval process since 1976. The Ontario Region of the Canadian Association University Schools of Nursing (ORCAUSN) formed an Accreditation Committee to develop and implement the approval process for Ontario in the belief that the profession should participate in the self-discipline of its members. This practice has implications for the educators of the profession, as well as for the practitioners.

CAUSN aspired to an accreditation program in 1972 by setting out a method to ensure quality in nursing education. Accreditation is viewed as the desirable and optimal attainment of standards (CAUSN, 1979). Approval has evolved to mean that the standards for measurement are at or near the minimum necessary to achieve an identified goal. Accreditation involves approval, but in most cases it includes standards for measurement which encompass a goal of excellence. Although Ontario has an Accreditation Committee, the title is anomalous since measurement and evaluation is actually limited to standards of approval.

The approval process provides some insurance to the public, the profession, the student body, the faculty of the school and the administration of the university that the nursing curriculum assessed is or is not meeting current minimum standards.

Prior to 1974 the College of Nurses of Ontario was responsible for approving all schools of nursing in Ontario. With the change to the Health Disciplines Act of 1974, the College no longer exercised this function, thus leaving nursing schools in the province without a systematic approval process.

Elizabeth Kauffmann, R.N., M.Ed., is assistant professor, and Sharon Ogden Burke, R.N., Ph.D., is associate professor, School of Nursing, Queen's University, Kingston, ON.

University schools of nursing in Ontario currently receive approval through ORCAUSN's review process. In turn, ORCAUSN, on a voluntary basis, informs the College of Nurses of the status of a university program.

There are eight university schools of nursing in Ontario. Initially, a schedule was prepared whereby two schools of nursing per year would be required to submit an "intensive" report for the assessment of their programs. The remaining schools were required to submit relatively brief annual reports. Guidelines were prepared by the ORCAUSN Accreditation Committee for both the intensive report and the other annual reports. For each school the intensive review and reassessment for approval of their respective programs takes place every five years. In 1981-82 the last of the eight schools of nursing were scheduled for the initial intensive review. Queen's University School of Nursing was one of those schools.

This article does not address the philosophical elements of approval or accreditation, nor does it develop the faculty's beliefs regarding either process; it addresses the process rather than the content of approval from the perspective of an academic and professional task that has to be done. The essence of the task is self-evaluation and the method to achieve this developed by Queen's School of Nursing for its initial indepth review by ORCAUSN proved to be successful.

Early Planning

In order to meet the requirements of the Accreditation Committee, a body of specific and complete information must be submitted. As a beginning to the preparation of a report, the school had to decide: (a) when to begin assembling the information; (b) what information would be needed; (c) how to present the material; and (d) who would be responsible for preparing the report.

A variety of management strategies may be used to accomplish this end. In some schools or faculties, the Dean or other senior faculty may prepare the entire report. At Queen's the following strategy was used. The Dean delegated the responsibility of assembling the report to a standing committee, the Curriculum Steering Committee, which has general responsibility for philosophy, policy, and long-term planning in regard to curriculum issues. This committee began 14 months in advance of the due date to organize a schedule of activities and inform the Faculty Board (all members of faculty, representatives of the student body, and class presidents) of the anticipated work schedule.

Three entities who would work both independently and collaboratively were identified by the committee; these were, the faculty course teams, the committee, and the Dean. For purposes of continuity, the report itself was to be drafted by a single person.

Based on the work of Hawken and Reed (1978), the committee prepared a flow chart (Figure 1) for the approval process at Queen's. We used a 12-month period to prepare ourselves, whereas Hawken and Reed thought that 18 months was needed. Initially, one year seemed sufficient and we were able to meet the earlier deadlines; however, the final preparation of the report was rushed. Perhaps this final rush would still have taken place had we given ourselves more time.

Proposed Approval Timetable

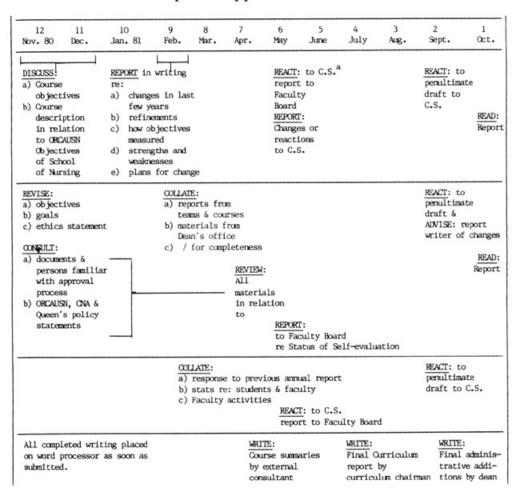| 12 Nov. 80	11 Dec.	10 Jan. 81	9 Feb.	8 Mar.	7 Apr.	6 May	5 June	4 July	3 Aug.	2 Sept.	1 Oct.
DISCUSS: a) Course objectives b) Course description in relation to ORCAUSN Objectives of School of Nursing		REPORT in writing re: a) changes in last few years b) refinements c) how objectives measured d) strengths and weaknesses e) plans for change				REACT: to C.S.[a] report to Faculty Board REPORT: Changes or reactions to C.S.				REACT: to penultimate draft to C.S.	READ: Report
REVISE: a) objectives b) goals c) ethics statement CONSULT: a) documents & persons familiar with approval process b) ORCAUSN, CNA & Queen's policy statements		COLLATE: a) reports from teams & courses b) materials from Dean's office c) / for completeness REVIEW: All materials in relation to REPORT: to Faculty Board re Status of Self-evaluation								REACT: to penultimate draft & ADVISE: report writer of changes READ: Report	
		COLLATE: a) response to previous annual report b) stats re: students & faculty c) Faculty activities REACT: to C.S. report to Faculty Board								REACT: to penultimate draft to C.S.	
All completed writing placed on word processor as soon as submitted.					WRITE: Course summaries by external consultant			WRITE: Final Curriculum report by curriculum chairman		WRITE: Final administrative additions by dean	

Figure 1. Flow chart used to direct and co-ordinate work on approval.
a Curriculum Steering Committee.

The flow chart was discussed at length at our Faculty Board meetings and approved with some modifications. This was an early step in involving everyone and soliciting cooperation from all participants in what we viewed as a self-evaluation process.

The flow chart presented here represents the actual timing of the events. A number of factors modified our initial timetable. For example, the time allocated for the activities from May to August was too brief, that is, it took longer to have the teaching teams review the material than was initially anticipated. Other factors which affected this schedule were summer holidays, availability of faculty time relative to other departmental responsibilities, and secretarial resources.

Approval Review in Ontario

The ORCAUSN guidelines for the approval process provided the overall direction for the content of the report. Queen's had submitted annual reports from 1977 to 1981, when the intensive review was scheduled to take place. However, although the ORCAUSN Accreditation Committee had favourably received our annual reports, the committee decided not to use them as the background information in support of our intensive review. The report for review would have to stand on its own.

Development of Report Content

With ORCAUSN statements and guidelines as a framework and our flow chart as a guide, faculty members began to collect information for our self-evaluation. While attention was primarily directed toward course objectives, learning experiences and evaluation methods, it was first necessary to present an overview of the entire curriculum and of each course. To compile all this information about each aspect of the curriculum would have resulted in a voluminous report and would have been an unwieldy task for the reviewers. The committee chose, therefore, to present all the main course objectives, with only samples of contributing objectives, related theory, clinical experience, and evaluation methods. For clarity, all supporting data were presented in table form, as illustrated in Figure 2.

Furthermore, the ORCAUSN directive that materials can be presented in any form considered most appropriate to the individual program, allowed us to create a format which we felt would reflect our curriculum most accurately. As a result, lengthy narrative was kept at a minimum, point form was used wherever possible and charts and grids were used extensively in the final report. This presentation

assisted the reviewers to gain a better understanding of the continuity as well as the increasing complexity of a program. Samples of our use of charts and grids are presented in Figures 2 and 3.

Maternal and Child Nursing: Examples of Course Objectives Related to Theory, Practice and Evaluation

| Central Objectives | Specific Objectives | Content | | Methods of Evaluation |
		Theory	Practice	
II The student will adapt and utilize the nursing process in giving family centered maternity and pediatric care.	2. Applies the nursing process satisfactorily during labour, and delivery to the family including: b) the monitoring of patient in labour, during delivery and in the immediate post-partum period.	Labour and delivery: normal and deviations from normal.	Participates in the care of patient (in labour, delivery and post-partum) and newborn (care, post-partum and discharge teaching.	– Anecdoted notes – Evaluation of clinical practice by means of a check list of behaviours. – written assignment Nursing Care Plans (2)
I The student will build on his/her knowledge of the physical, social and nursing sciences as they relate to obstetrics and pediatrics.	4. Will gain community visiting experience, with a young family. It is expected that the student: b) takes the responsibility of meeting the individual needs of their specific family by concentrating on: i) the adjustment of the family to crisis including a detailed assessment of parenting capabilities.	Developmental: Assessment of the newborn, infant. Nutrition.	3 home visits to families with a new baby or – preparing a child for in & out surgery	– Family folder – minimum of one supervised visit

Figure 2. Excerpt from a course summary table to illustrate format used.

Interface of ORCAUSN and Queen's Objectives

The program objectives had recently been reviewed, revised, and judged to be consistent with both the ORCAUSN statements on baccalaureate nursing and the individual nursing course objectives. These conclusions led to the generation of two grids. The first was the display of ORCAUSN's Statement on Baccalaureate Nursing on the side and Queen's program objectives on the top. The second grid showed the correlation between the Queen's program objectives and the supporting content in the nursing and required supporting course in our curriculum (Figure 3).

Initially, the ORCAUSN requirement of demonstrating increasing complexity in the curriculum was not readily apparent solely on the basis of our descriptive charts and summaries. The description of the curriculum and the rationale was clear, but a presentation of the manner in which we provided for increasing complexity throughout the

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KEY: The degree marks (o) imply that all passing students would have learning experience directly related to the particular program objective. They represent major foci of each course. The arrows (↓) signify comprehensive coverage of the program objectives.

PROGRAM OBJECTIVES (abbreviated form)	124	139	226	B I	322	327	328	339	413	416	419	420
I Applies the Nursing Process				O								
				L								
a) gathers data	o			O								
b) makes nursing diagnosis	o			G	o							
c) sets objectives				I								
d) establishes priorities				C								
e) designs a plan for inter-				A								
vention	o			L								
f) implements plan	o		&									
g) evaluates outcomes	o			P	o							
h) validates throughout		o		H	o							
i) organizes data in format		o	↓	Y	o	↓	↓	↓	↓			↓
II Develops a broad base of knowledge		o	o	S							o	
				I								
				C								
a) comprehends relevance to nursing	o		o	A	o	o	o		o		o	
L				L								
b) applies knowledge to practice	o		o	S	o	o	o					
c) uses knowledge to human beings in reaction to crisis			o	C	o	o	o					
				I								
d) implements findings after critical appraisal				E	o				o			
				N						↓		
				E								

Figure 3. Excerpt of chart used to present information on relationship of program objectives and course content.

program was not as apparent as we would have liked. Thus, one further type of grid was prepared to identify a thread throughout the four years of the program, illustrating the related objectives, kinds of learning experiences, and evaluation methods. This last format is not only useful for accreditation reports, but has been used for the continuing evaluation of various aspects of a program.

External Consultant

In order to examine our curriculum more objectively, it was decided to hire a researcher-writer who could provide an unbiased assessment and synthesis of the course materials. The person selected was Dr. Iola Smith, a nurse, educator and researcher. Her role evolved into more like that of an external reviewer.

Dr. Smith attended a one-day committee meeting where members presented their synthesis of course materials submitted by the course teachers, along with our interpretation of their fit with our program objectives. Playing the role of devil's advocate, Dr. Smith was able to point out gaps and lack of clarity in our materials.

From the course materials, Dr. Smith synthesized the key elements into a descriptive format which eventually came to be called the course summaries. See Figure 2 for an excerpt from one course summary. Each course summary contained: the course description, client focus, evaluation methods, key readings, a statement of how the course interfaced with other nursing courses; charts illustrating examples of course objectives and relationship to theory, practice and evaluation, strengths and weaknesses of the course, and plans for change. This objective review stimulated teaching teams to engage in an evaluation of their written material. Unexpectedly, this turned out to be one of the most positive outcomes of the review process. Dr. Smith's review and synthesis of our materials helped to identify weaknesses in describing the content of our courses. Thus, teaching teams were able to revise Dr. Smith's summaries to make them a succinct and accurate reflection of course content. These summaries can be useful for a presentation of our curriculum to a wider audience, for example, to students or the community.

Refining the Content

A major concern throughout the preparation of the report was to present a consise representation of our curriculum as it provides for attaining the program objectives, the university goals, and the ORCAUSN objectives. The committee received information from the teaching teams, professors, and Dr. Smith and then prepared selected materials for course summaries, charts, and grids. These were then sent back to the teachers and teams for critical appraisal in relation to accuracy and detail. The teaching teams then returned the drafts to the committee with suggestions for revisions. Revisions were made and again reviewed by the teaching teams. In the case of the course summaries, the review and revision was often done by the team leader and the cycle repeated two or three times before consensus was reached regarding the material to be placed in the final report. The Dean had the formidable task of writing the sections of the report that dealt with the introduction, history and resources of the university, follow-up of graduates and statistics.

Based on informal consultation with faculty members experienced with reviewing curricula, it was decided to select only a few exemplary student handouts, bibliographies, etc., for inclusion in the appendices. The body of the report was reserved for the presentation of the overall curriculum, while the appendices contained the supporting evidence. This approach was chosen to avoid a frequent problem observed by reviewers of reports containing either too much uncoordinated data or not enough supporting data on which to base an evaluation.

Word Processing

Extensive use was made of a word processing micro-computer system at the Queen's School of Nursing in preparing the report. The text was entered, revised, formatted, and the original copy produced on the hardware. We use the Q-TEXT word processing software programs, but many other systems, such as WORDSTAR, on an Apple, Pet or TRS-80 would work as well.

The word processor is particularly useful in the preparation of a report that goes through many drafts. Another advantage is that much of the information for the report was already on file within the computer and could be easily integrated into the report without the usual "cut, paste and retype." Examples of stored information we used are lists of faculty research projects and the School's five year plan.

The bulk of the report was typed into the processor by our support staff. However, minor corrections could have been easily made by anyone after the brief introduction to the system, using a self training manual (Q-TEXT, 1980).

Costs

We found the preparation of the 38-page report, plus 132 pages of appendices, very costly. The major costs were faculty time, support staff time, and printing. A conservative estimate of the cost of preparing the report is $7,772, 1981 dollars. The breakdown can be seen in Figure 4. This works out to about $45 per page!

		# people	Estimated Total # hours	Estimated[a] $
1.	Individual Faculty members time including Dean	22	142	3,026
2.	Committee time			
	2.1 Curriculum Steering	4	14[b]	938
	2.2 Teams, all courses	27	1-2[b]	527
	2.3 Faculty Board	20	1[b]	260
	2.4 Executive	6	1[b]	105
3.	Support Staff time	2	175	1,397
4.	Report writer	1	26	392
5.	External reviewer[c]	1	5days	897
6.	Printing	-	-	230
	Total			7,772[d]

[a] At 1980–81 rates, includes fringe benefits
[b] Total hours in committees
[c] Includes some travel, accommodations, etc.
[d] Excludes all stationery, and supplies used in the many drafts.

Figure 4. Estimated costs of accreditation report production.

Conclusion

Based on our report, the school has been approved by ORCAUSN with their Committee's thanks for a "well organized and complete report." There were no requests for additional information. The reviewer stated that "The consise and well organized format of the report submitted by Queen's facilitated the review process" (ORCAUSN Accreditation Committee, 1982).

The primary benefit to the school and faculty was that the program had to be reviewed in a way that demanded careful scrutiny and justification of the curriculum by those who were involved with implementing it. The faculty members' understanding of how the curriculum provided for continuity, increasing complexity and congruency with ORCAUSN beliefs about baccalaureate nursing education was strengthened.

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RÉSUMÉ

L'agrément: stratégies, coûts et avantages

Pour obtenir l'approbation de l'Association canadienne des écoles universitaires de nursing (Ontario), les écoles de baccalauréat en sciences infirmières de l'Ontario doivent, tous les cinq ans, faire l'auto-évaluation de leur programme et en présenter le rapport au Comité d'agrément de l'association provinciale (ORCAUSN). Le présent article fait état des stratégies utilisées par les professeurs dans l'auto-évaluation de leur programme: plans de cours, consultant, traitement de textes; on y aborde également les coûts et les avantages de l'auto-évaluation.