الدليل الإرشادي

لمعايير الاعتماد الخاص لبرامج التمريض

المملكة الأردنية الهاشمية

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Accreditation Standards for Bachelor Nursing Education Programs in Jordan (Application Manual)

1. Introduction

1.1. Purpose

This manual is designed to translate the national accreditation standards issued by the Accreditation and Quality Assurance Commission for Higher Education Institutions (AQAC) and the Jordanian Nursing Council (JNC) into clear operational steps, evidence requirements, and standardized templates for use by Bachelor of Science in Nursing (BSc Nursing) programs in Jordan. It provides a structured framework to help program leaders and quality assurance teams understand each standard, plan, implement, and document compliance with the six national standards. and maintain accreditation for their Bachelor of Nursing programs.

Each standard in this manual includes:

- Application (what to do) including: Key Elements, Responsibilities, and KPIs (Measurement)
- Supporting Documentation (what to collect)
- Templates/checklists (how to document)

1.2. Legal and Regulatory Basis

Issued under AQAC Board Decision No. (284/13/2021), dated 7 April 2021.

Based on Article (7) of the Quality Assurance and Accreditation Commission for Higher Education Institutions Law and amendments.

Must be read in conjunction with:

- Jordanian Nursing Council (JNC) Standards and Competencies of Registered Nurses (2015).
- JNC regulations for training facilities.

1.3. Scope

This manual applies to all Bachelor of Nursing programs operating in the Hashemite Kingdom of Jordan, both public and private institutions, that are seeking either initial accreditation or renewal/re-accreditation. The manual covers all aspects of program review, including Standard 1: Governance, Standard 2: Institutional Support and Resources, Standard 3: Faculty Qualifications and Scholarship,

Standard 4: Curriculum Design, Assessment and Evaluation, Standard 5: Student Support and Progression, and Standard 6: Program Effectiveness and Continuous Improvement. It also outlines procedures to prepare for external site visits and to implement post-visit action plans.
The 6 standards and specific criteria are presented in Table 1.

Table 1: Summary of Standards and Criteria

Standard	Criteria
Standard 1: Governance	Criterion 1.1: The program's mission, goals, and expected program outcomes Criterion 1.2: The governance structure has a defined role for faculty, students, and community stakeholders in decision-making. Criterion 1.3: The faculty, the students are representative in the institution and the nursing program committees
Standard 2: Institutional Support and Resources	Criterion 2.1: Physical Facilities and Clinical Resources Facilities are adequate to support teaching, simulation, and practical training Criterion 2.2: Financial Resources Criterion 2.3: Library and Learning Resources Criterion 2.4: Technology and E-Learning Infrastructure Criterion 2.5: Evaluation of Resources
Standard 3: Faculty Qualifications and Scholarship	Criterion 3.1: Faculty Educational and experiential qualifications. Criterion 3.2: The program provides opportunities for the faculty members in teaching, clinical practice, and scholarly engagement. Criterion 3.3: Faculty Development Criterion 3.4: Clinical Educator Criterion 3.5: Student–Faculty Ratio in Clinical Training
Standard 4: Curriculum Design, Assessment and Evaluation	Criteria 4.1. The Curriculum aligns with Regulations of Higher Education, the National Accreditation Frameworks, and guidelines Criterion 4.2. Course Learning Outcomes and Progression Criterion 4.3 Teaching and Learning strategies Criterion 4.4. Curriculum Development and Continuous Review Criterion 4.5. Program Structure, Credit Hours, and Contact Time Criterion 4.6. Simulation-Based Learning Environments Criterion 4.7. Clinical and Practicum Experiences

	Criterion 4.8. Student Evaluation Methods
Standard 5: Student Support and Progression	Criterion 5.1: Student Support Services Criterion 5.2: Student admissions and progression
Standard 6: Program Effectiveness and Continuous Improvement	Criterion 6.1: Program Learning Outcomes Assessment Criterion 6.2: Program Completion Rate Criterion 6.3: Licensure/Certification Exam Pass Rate Criterion 6.4: Job Placement Rate

1.4. Reference Documents and Standards

This manual draws upon and is aligned with the following key documents and standards:

- Jordanian Nursing Council (JNC) / National Nursing Education and Competency Standards.
- Accreditation and Quality Assurance Commission (AQAC) / Accreditation Standards and Quality Assurance Manual for Nursing and Midwifery Programs.
- Ministry of Higher Education and Scientific Research (MoHE)/ Higher Education Policies, Licensing and Program Approval Regulations.
- Health Care Accreditation Council (HCAC)/ Clinical education and patient safety standards applicable to clinical training sites.
- All relevant international or external accreditation frameworks used as benchmarks (Commission on Collegiate Nursing Education (CCNE), Quality and Safety Education for Nurses (QSEN) competencies, or World Health Organization (WHO) nursing education guidelines).

2. General Accreditation Process

2.1. Pre-Application

Table 2 presents the core accreditation areas, key requirements, and evidence of compliance that Bachelor of Nursing programs in Jordan must address when preparing for accreditation.

Table 2: The core accreditation areas

Area	Requirements
Accreditation Status	The university/program must have a valid institutional license and no outstanding infringements or fines (Article 5).
Program Planning	Documented program philosophy, End program learning outcomes (EPLOs), curriculum Matrix, faculty, and clinical resources.
Compliance Evidence	All standards of the AQACHEI Guidelines were met and documented.

2.2. Submission Process

Table 3 summarizes the core steps involved in preparing and applying for accreditation of Bachelor Nursing Education Programs in Jordan. It is designed as a roadmap to guide nursing programs from the initial self-assessment stage through to the site visit preparation. Each step highlights the main activity to be carried out and the unit responsible for implementing it, ensuring clear accountability and efficient coordination throughout the accreditation process.

Table 3: The core steps of preparing and applying for accreditation

Step	Description	Responsible Unit in the program
Step 1: Self-Assessment	Review each criterion, collect evidence, and identify gaps.	Accreditation Committee
Step 2: Action Planning	Develop an action plan with clear timelines to meet the specified criteria.	Dean + Program Committees
Step 3: Evidence Compilation	Gather all documents listed under each criterion.	Quality/Accreditation Committee/ Officers
Step 4: Stakeholder Engagement	Involve students, faculty, and community stakeholders in the review and feedback process.	Dean + Committees
Step 5: Submission	Submit the self-study report, action plans, and evidence to AQAC.	Dean
Step 6: Site Visit Preparation	Prepare brief presentation, facility tours, and evidence binders. Prepare faculty, students, and clinical partners for interviews.	Accreditation Team
Step 7: Post Site Visit	Respond to AQACHEI recommendations or deficiencies, and provide an action plan and evidence of correction	Dean + Committees

3. Structure of the Self-Study Report (SSR)

3.1. General format

Table 4 presents the SSR format. This guideline ensures consistency, clarity, and completeness of the SSR required for accreditation of Bachelor Nursing Education Programs in Jordan. It also standardizes the use of hyperlinks for electronic evidence submission.

Table 4: The SSR format

Section	Content	Notes
Cover Page	Title of the report, program name, institution, date.	Include institution logo.
Table of Contents	Automatically generated.	Update after finalizing.
Executive Summary	1–2 pages overview of the program, purpose of the SSR, key highlights.	
Introduction	Program history, context, objectives, and how accreditation benefits the program.	
Methodology	Describe how self-study was conducted (data sources, stakeholders, committees).	
Compliance Narrative	Address each Standard and Criterion individually.	
Supporting Evidence Index	Table listing all evidence documents with hyperlinks.	
Appendices	Additional data, charts, or required documents.	

3.2. Writing the Narrative for Each Standard

1. **State the Standard & Criterion** (use the same numbering as AQAC standards).
2. **For each criterion:**
   A. **Describe Current Practice**: explain how the program meets the criterion.
   B. **Present Data/Evidence**: include tables or charts.
   C. **Attach Supporting Documents**: insert a hyperlink to evidence.
   D. **Analysis & Continuous Improvement**: discuss strengths, challenges, and planned actions.

- **Example format for a criterion:**

Criterion 2.1 Physical Facilities and Clinical Resources

Narrative: Describe the adequacy of classrooms, labs, simulation centers, and clinical placements……etc

Evidence: Facility Floor Plan (PDF) | Clinical Affiliation Agreement (PDF)

Analysis & Actions: Outline any planned improvements.

3.3. Formatting Standards

Table 5 introduces the formatting standards that should be followed to ensure consistency, clarity, and unity throughout the SSR.

Table 5: The formatting standards

Element	Recommendation
Language	English
Font	Times New Roman or Arial, 12 pt.
Line Spacing	1.5
Margins	2.5 cm on all sides
Headings	Use consistent heading styles (Heading 1 for Standards, Heading 2 for Criteria).
Tables	Label and number sequentially; provide descriptive titles.
Figures/Charts	Caption below each figure.
Page Numbers	Bottom right corner.

3.4. Hyperlinking Evidence Documents

- **Step 1: Store evidence documents electronically** (PDF or DOCX) in a well-organized folder structure, e.g.:
    - /Evidence/Standard1
    - /Evidence/Standard2
- **Step 2: Name files clearly** (e.g., "Faculty_List_2025.pdf" instead of "doc1.pdf").
- **Step 3: Insert hyperlinks** in the SSR:
    - In Word: highlight the text (e.g., "Faculty List"), right-click → *Link* → *Insert Link* → browse to the file or paste URL if stored in the cloud.
- **Step 4: Test all hyperlinks** before submission to ensure they open correctly.
- **Step 5:** Provide an **Evidence Index Table** at the end of the SSR listing all evidence and hyperlinks.

Example:
Table 6: Evidence Index Example Table

No.	Evidence Title	Hyperlink	Standard/Criterion
1	Organizational Chart	Open Document	Standard 1, Criterion 1.2
2	Faculty Licenses	Open Document	Standard 3, Criterion 3.1
3	Simulation Lab Photos	Open Document	Standard 4, Criterion 4.6

3.5. File Submission

- Submit the **final SSR** in Word or PDF format.

- Compress all evidence documents in a single zipped folder or provide a secure cloud folder link.
- Ensure file naming and hyperlinking remain intact after uploading to the cloud.
- Include a **ReadMe file** explaining folder structure.

3.6. Quality Checks Before Submission

- Run a spell and grammar check.
- Ensure consistency of Standard and Criterion numbering.
- Confirm every claim in the narrative has corresponding evidence.
- Validate hyperlinks.
- Review and approval internally by the Accreditation Committee before submission to AQAC.

(Application Framework)

Core Standards and How to Apply Them

Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates/Checklists *
Standard 1. Governance					
1.1 The program's mission, goals, and expected program outcomes are written and accessible to students, faculty, and other institutions	The mission, goals, and values of the program align with those of the organization and relevant professional standards and are reviewed regularly to ensure continued relevance and consistency.	Dean/ Program Administrator Faculty Council Students & Stakeholders	- % alignment between program mission and institutional mission - Frequency of mission and goal review (at least once every 3 years) - Documentation of stakeholder involvement in review	-Mission, goals, and expected outcomes for the institution and the nursing program. -Copies of all professional nursing standards and guidelines used by the program. -Periodic review of the mission, goals, and expected program outcomes. -Documents show publicity of mission, goals, and expected outcomes in students'/faculty handbooks,	- Template 1.1A: Program Mission, Goals & Values Statement - Template 1.1B: Alignment Matrix between Institutional and Program Mission and how to measure % of alignment (KPI) - Template 1.1C: Mission Review Meeting Minutes
	Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.	Dean/ Program Administrator Curriculum Committee	- Published list of End Program Learning Outcomes (EPLOs) - Mapping of EPLOs to institutional graduate attributes - % of courses aligned with defined EPLOs		Template 1.1D: End Program Learning Outcomes (EPLO) / Course Mapping Matrix

	Community interest is defined by the nursing program and community needs and expectations are considered in the periodic review of the mission, goals, and expected program outcomes.	Dean/ Program Administrator Community Advisory Board Quality Assurance Committee	- Frequency of community and stakeholder consultation (≥ once every 3 years) (if there is any change or if needed) - % of recommendations integrated into program goals (Percentage integrated= (Total number of relevant recommendations/Number of recommendations integrated into program goals) ×100 - Existence of a documented community feedback mechanism	Catalogs, or other sources, including the website or advertisement materials. -Evidence that the needs of the program's identified with the community needs. -Current faculty strategic and action plans.	- Template 1.1E: Community Consultation Report - Template 1.1F: Stakeholder Feedback Summary Form - Template 1.1G: Action Plan Based on Community Input
1.2 The governance structure has a defined role for faculty, students, and community stakeholders in decision-making.	The organizational structure of the nursing program clearly delineates lines of authority and accountability within the institution and the faculty, ensuring effective governance and administrative oversight.	Dean / Program Administrator Institutional Governance Office Quality Assurance Committee Human Resources Department	- Existence of approved organizational chart - Frequency of governance structure review (at least every 3 years) - % of faculty and staff aware of reporting and accountability lines	Organizational structure of the institution and the program -Detailed CV of the nurse administrator/dean with clear qualifications. -Experiences and leadership	Template 1.2 A: Nursing Program Organizational Chart

	Stakeholders and community representatives are represented in the governing structure and have opportunities to participate in decision-making regarding program improvement.	Dean/ Program Administrator Community Advisory Board Faculty Council	- # of stakeholder representatives on advisory or governance committees - Frequency of stakeholder engagement meetings - % of action items from stakeholder input implemented	abilities, and appointment decision -Job descriptions of the faculty administrative positions	- Template 1.2B: Advisory Committee Membership List - Template 1.2C: Advisory Participation Meeting Minutes - Template 1.2D: Advisory Feedback Action Plan
	The program dean/administrator) has the qualifications, the authority, and the ability to lead the nursing program. Holds a nursing degree that is required by the academic and regulatory institutions, Licensed and has the academic and administrative experience to fulfil the assigned roles and responsibilities.	Human Resources Department Dean / Program Administrator Institutional Accreditation Office	- Documentation of dean's academic and professional qualifications - Dean holds valid nursing license (Yes/No) - Evidence of administrative experience (Years and positions held) - Regular performance evaluation conducted (annual)		-Any available template, Reports, and records (if needed) according to the institution's policies and procedures of master file including Curriculum Vitae (CV), valid nursing license, academic license. - Template 1.2E: Dean's Annual Performance Evaluation Report
1.3 The faculty, the students, and community stakeholders are represented in the institution and nursing program committees and	- Students have opportunities to participate in governance activities for the governing organization and the nursing program.	- Ensure that students are selected or elected to participate in major governance committees (curriculum,	- % of institutional/program committees with student representation - Number of governance activities involving students per academic year	- Evidence of formal representation of the nurse administrator, faculty, students, and stakeholders in institutional	- Template 1.3 A: Student Committee Membership List Any available template, Reports, and records (if needed) according to the

share decisions toward improvement.		quality assurance, student affairs). - Maintain clear mechanisms for student feedback and representation. - Provide orientation and support for student committee members. - Communicate committee decisions back to the student body.	- %Student satisfaction with involvement in decision-making - Documented evidence of student input influencing decisions	and nursing program committees. -Evidence of shared governance and decision making (minutes, reports, policies, curriculum revision, strategic plan, present and future market needs).	institution's policies and procedures Meeting Minutes, action plan, performance report of each committee.
	- Faculty members are involved in the governing structure at the institution and within the nursing program.	- Ensure faculty participation in all levels of decision-making (department, faculty, and institutional). - Facilitate faculty input into curriculum development, policy review, and quality improvement. - Assign faculty to	- % of faculty serving on institutional and program committees - Number of governance committees chaired by nursing faculty - Frequency of faculty participation in policy, curriculum, and quality assurance meetings - %Faculty satisfaction with governance engagement		- Template 1.3 B: Faculty Governance Feedback Survey -Any available template, Reports, and records (if needed) according to the institution's policies and procedures -List official assignments of Faculty Committee Membership, Meeting Minutes, action plan, performance report of each committee.

		relevant committees based on expertise. - Document faculty contributions and outcomes of meetings.			

***Any available template, Reports, and records (if needed) according to the institution's policies and procedures**

Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates/Checklists*
Standard 2: Institutional Support and Resources					
-2.1: **Physical Facilities and Clinical Resources**	-Clinical training sites are appropriate, varied, and aligned with CLO and achieve EPLO. -	-Dean/Program Administrator - -Head of Clinical Training - -Clinical Coordinator - -	-- % of clinical sites mapped to Course Learning Outcomes (CLOs) and End Program Learning Outcomes (EPLOs). -- Number and diversity of clinical training sites (hospital, community, mental health, maternal, pediatric, etc.). -- % Student satisfaction with clinical site relevance	-- Facility floor plans, including labs/photos -- Equipment inventory (simulation and lab) -- Clinical affiliation agreements -- Site evaluation reports -	-- Template 2.1A: Clinical Site Mapping Form - -- Template 2.1B: Clinical Site Evaluation Checklist
	-Classrooms, labs, and simulation labs/centers are appropriately equipped.	-Laboratory Supervisor - -Facilities Manager -	-- % of labs/classrooms meeting equipment and safety standards. - Ratio of simulation manikins/equipment to students. - -- Frequency of equipment maintenance ≥ twice annually.		-- Template 2.1C: Laboratory Equipment Inventory Form -

	-Agreements with clinical sites are available and current.	-Dean/Program Administrator - -Clinical Coordinator - -Administrative Office	-- % of Memoranda of Understanding (MOUs) valid and updated. - - - Review and renewal of agreements every 2–3 years. - -- Number of new partnerships established annually.		--Template 2.1D: Clinical Site Agreement Template -
	-Clinical placements are well-supervised and evaluated.	-Dean/Program Administrator - -Clinical Instructors - - Clinical Coordinator - -	-- Clinical instructor-to-student ratio (1:8 or better). - -- % of students receiving mid-term and final evaluations - -- %Student satisfaction with supervision		-- Template 2.1E: Clinical Course Coordinator Evaluation Form -
	-Teaching and simulation facilities are appropriate, safe, and accessible.	-Facilities Manager - -Safety Officer - -Simulation Lab Supervisor	-- % compliance with safety and accessibility standards. - -- Number of reported safety incidents per year. -		--Template 2.1F: Facility Safety Inspection /Accessibility Checklist

			-- %Facility accessibility rating (student/faculty survey).		
	-Clinical placements are varied, sufficient, well-supervised and evaluated	-Dean/Program Administrator - -Clinical Coordinator - -Clinical Instructors -	-- % of students completing all required clinical hours in diverse settings. - -- Number of distinct clinical areas per student exposure. - -- %Faculty and student evaluation of placement adequacy		-- Template 2.1G: Clinical Rotation Schedule Template - -- Template 2.1H: Clinical Placement Evaluation Report
-**Criterion 2.2: Financial Resources** -**There is a stable and transparent budget that ensures the sustainability of the program for teaching, research, clinical training, and administrative support.**	-The budget supports essential needs: staffing, equipment, teaching materials, and faculty development. -	-Dean/Program Administrator - -Financial Officer - -Department Heads	-- % of budget allocated to essential needs (staffing, materials, equipment, faculty development). - - Annual review of budget adequacy vs. program requirements. - - % of faculty who participated in funded training/development	-Annual program -Budget -Financial reports -Budget planning and allocation policy -Records of external funding (if applicable) -	-- Template 2.2A: Annual Budget Summary Form -- Any available form for budget request - -

	-Program input is considered in budgeting decisions.	-Dean/Program Administrator - -Financial Officer - -Department Heads -	-- Evidence of program representation in institutional budget committee. - - Number of consultation meetings held annually with faculty/staff on budget priorities. - - % of program recommendations adopted in final budget		-Any available template, Reports, and records (if needed) according to the institution's policies and procedures of Budget Planning Committee Minutes -
	-External grants or funding sources are sought where relevant.	-Dean/Program Administrator - -Research Committee - -Faculty Members	-- Number of external grant proposals submitted per year. - - Total amount of external funding secured annually. - - % of research or training projects funded externally		--Any available template, Reports, and records (if needed) according to the institution's policies and procedures of "External Funding." - -List of Active Grants / Funding Sources
	-The budget allows for program development and innovation, and improvements.	-Dean/Program Administrator - -Financial Officer	-- % of budget allocated to innovation and quality improvement -		-- Any available template, Reports, and records (if needed) according to the

		- -Quality Assurance Committee	-- Number of new initiatives implemented annually. - - Documented evidence of sustained financial support for program enhancement.		institution's policies and procedures of -Program Development Proposal - -Any available template, Reports, and records (if needed) according to the institution's policies and procedures of Annual Improvement Plan and Budget Allocation Report
-**Criterion 2.3: Library and Learning Resources** - -**Students and faculty have access to current and relevant nursing and health sciences resources, both physical and digital, to support evidence-**	-Access to nursing journals, textbooks, and databases -	-Dean/Program Administrator - -Library Director - -Faculty Librarian	-- Number of current nursing and health sciences journals and e-databases subscribed annually. - -- % of core nursing courses with required textbooks available in library or e-format. - --% Annual update rate of library nursing collection	-- Library resource lists -- Subscriptions/licenses to academic databases -- Library usage statistics -- User satisfaction surveys -	-- Template 2.3A: Library Resource Inventory Form - -- Template 2.3B: Course Resource Availability Checklist
	-Library support services are available	-Dean/Program Administrator -	-- Library operating hours meet or exceed institutional standards.		-- Template 2.3C: Library Service Schedule -

based learning and teaching. -		-Library Director - -Library Staff	- -- Number of library orientation and training sessions per semester. - -- %Student satisfaction with library support services		-- Template 2.3D: Library User Training Attendance Sheet - -- Template 2.3E: Student Satisfaction Survey Summary
	-E-resources are accessible remotely.	-IT Department - -Library Systems Administrator - -Library Director	-- % of e-resources accessible off-campus 24/7 - -- Frequency of downtime or access issues reported (target = minimal). - -- % of students/faculty use remote access per semester.		-- Template 2.3F: E-Resources Access Log - -
	-Students and faculty have access to updated and relevant academic resources.	-Library Director - -Faculty Members	-- % of resources updated within the last five years. - -- Number of newly added resources annually. - -- %|Faculty and student satisfaction		-- Template 2.3G: Faculty Resource Recommendation Form

			with adequacy and relevance of resources		
-**Criterion 2.4: Technology and E-Learning Infrastructure** - -**Technology infrastructure supports modern teaching, learning methods, and student engagement, including e-learning platforms, online assessments, and clinical documentation systems.**	-Access to computers, the internet, and digital tools is provided. - -	-Dean/Program Administrator - -IT Department - - -	-- Student-to-computer ratio meets institutional standards (e.g., 1:5). - -- % of classrooms and labs with stable internet connectivity - -- % of students/faculty with access to required digital tools	-- List of available technology tools -- IT support policies -- Inventory of digital simulation tools -	-- Template 2.4A: Computer Lab Inventory/ Internet & Network Connectivity/ Digital Tools Access Log Form -
	-Simulation and virtual learning tools are available for learning and assessment (including high and low-fidelity simulations used to achieve specific, defined clinical competencies).	-Dean/Program Administrator - -Simulation Lab Supervisor - -Clinical Instructors	-- % of courses using simulation or virtual learning tools for competency achievement - -- Number of high- and low-fidelity simulation sessions conducted per semester. - -- %Student and faculty satisfaction with simulation/virtual learning resources		-- Template 2.4B: Simulation Session Schedule and Evaluation Form - -- Template 2.4C: Virtual Learning Platform Access Report

-**Criterion 2.5: Evaluation of Resources** - -**Resources are routinely evaluated for effectiveness, sufficiency, and alignment with educational goals, with input from faculty, students, and stakeholders.** - -	-Regular surveys from students, faculty, and clinical partners.	-Dean/Program Administrator - -Quality Assurance Committee - -Survey Coordinator	-- % of students, faculty, and clinical partners participating in annual resource evaluation surveys - -- Frequency of surveys conducted (at least once per academic year). - -- Analysis report completed within 2 months of survey completion.	-- Resource evaluation tools/surveys -- Program review reports -- Action plans for resource enhancement -	--Any available template, Reports, and records (if needed) according to the institution's policies and procedures of Student/ Faculty/ Clinical Partner Resource Evaluation Survey
	-Documented improvements based on feedback.	-Dean/Program Administrator - -Quality Assurance Committee - -Department Heads	-- % of feedback recommendations implemented within the academic year - -- Number of improvements documented and communicated to stakeholders. - -- Follow-up evaluation showing effectiveness of improvements (% satisfaction).		-- Template 2.5A: Resource Improvement Action Plan/ Implementation Tracking Log - -

-*Any available template, Reports, and records (if needed) according to the institution's policies and procedures

Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates / Checklists*
Standard 3: Faculty Qualifications and Scholarship					
3.1 Faculty Educational and Experiential Qualifications	- Hold the educational qualifications as required by the institution and the regulatory organizations. - Hold current nursing licensure and certification as applicable, consistent with their assigned roles and responsibilities.	- Dean & Departments' heads → Ensure all faculty meet academic and experiential criteria.	- % of faculty holding required qualifications (Academic Faculty Practice Certificate). - % of faculty with valid licenses.	- Authenticated copies of faculty academic degrees and transcripts (e.g., BSN, MSN, PhD). - Institutional hiring policies that define the minimum academic	Template 3.1A: Faculty Degrees and Transcripts Template 3.1B: Faculty

	The faculty have diverse specializations in nursing and basic sciences to meet the program. domains outcomes with various academic ranks based on academic institutional requirements. Experientially qualified for their assigned roles and responsibilities Faculty-to-student ratio is consistent with institutional requirements and regulatory organizations.	Maintain valid nursing licenses. Allocate faculty according to specialization and rank. - QA/Accreditation Committee → Monitor and comply with faculty-student ratio policies.	- Ratio of faculty to students per Instructions for Initial Special Accreditation for Humanities and Sciences for bachelor's Degrees at Universities and University Colleges By "HEAC": (Ratio of 1:25) - Compliance audit results.	qualifications for various teaching roles as required by the governing organization and regulatory agencies - List of faculty members and their ranks allocated per program requirement - Valid and current nursing licenses for each faculty member from the national regulatory bodies (MOH) - For non-Jordanian faculty members (temporary licensure should be acquired from the MOH) - Job descriptions matching required credentials to the roles assigned - Performance evaluations or peer review reports that support effective fulfillment of assigned roles. - Faculty workload and teaching assignment sheets.	List & Academic Rank Template 3.1D: Faculty Workload & Teaching Assignment Sheet

3.2: The program provides opportunities for the faculty members in teaching, clinical practice, and scholarly engagement.	- The program provides opportunities for the faculty members for teaching, research, clinical practice, and scholarly engagement. -Evidence-based teaching/instructional strategies that are relevant for all methods of delivery. ✓ Standards of clinical practice. ✓ Assessment and evaluation methods ✓ Research publications and scholarly engagement/collaboration in the field of nursing reflecting diversity of specialized areas, serving national research priorities and linked to SDGs.	- Dean, departments' heads→ Provide training and support for teaching and scholarly activities. Departments' heads, research committee→ Encourage participation in research and clinical engagement. - Departments' heads→ Integrate evidence-based teaching methods.	- % of faculty engaged in research/publications per year - % of faculty attend teaching/clinical workshops. - % of Student and peer evaluations of teaching. - Number of collaborative research projects.	-Course syllabi showing evidence-based methods (e.g., flipped classroom, simulation, case-based learning). -Faculty development/training progressing records and plan on academic/teaching methods. -Evaluation reports of teaching effectiveness (student feedback, peer review). -Policies or guidelines promoting evidence-based pedagogy. -Curriculum committee meeting minutes discussing teaching strategies. -Records of scholarly involvement showing research contribution and collaborations (e.g., publication, rate of publication per faculty member, etc…)	Template 3.2 A: Faculty Development / Training Progress Records Template 3.2 B: Faculty Development Plan (Academic & Teaching Methods) Template 3.2 C: Scholarly Involvement and Research Contribution Records
3.3 Faculty Development	**Teaching** -The availability of continuous professional development opportunities -The integration of evidence-based instructional strategies into the	-Dean, QA/Accreditation Committee → Develop and implement CPD plans. Support teaching innovation.	- Percentage of faculty participating in CPD activities annually (Target: ≥80% of faculty) - Average number of CPD hours completed	-Plan and records of faculty training: showing a focus on pedagogy, technology in education, assessment methods, and curriculum development.	Template 3.3 A: Faculty Development / Training Progress Records

	curriculum reflects the program's commitment to teaching excellence. - Maintaining a balanced faculty workload to ensure that instructors have adequate time for lesson preparation, student engagement, and curriculum planning. **Scholarship** -The presence of institutional support mechanisms for scholarly work and innovation.	Encourage participation in curriculum design and research. -Departments' heads→ Monitor workload balance. -Deanship of Scientific Research→ sets up funding, grants, mentorship, and infrastructure for scholarly activities.	per faculty member per year (Target: ≥20–30 hours/year) - Percentage of faculty reporting improved teaching competence after CPD (via post-CPD surveys) (Target: ≥85% positive responses) - Increase in faculty certifications or advanced credentials obtained annually (Target: Year-on-year increase of 5–10%) - Impact of CPD on teaching performance (Measured by improvement in peer evaluation or teaching observation scores pre/post CPD) - Number of internal research grants or funds provided per year - Number of workshops, training sessions, or	-CPD policy documents or faculty development plans that describe institutional expectations and support mechanisms for ongoing learning. -Annual report showing feedback, course syllabi and teaching portfolios -Teaching observation or peer review reports that highlight the use of active learning and evidence-based methods in the classroom. -Faculty development records indicating training in evidence-based or student-centered pedagogy, faculty satisfaction, working load records. -Official policies or guidelines outlining research funding opportunities, seed grants, or protected research time.	Template 3.3 B: Faculty Workload Records Any available template, Reports, and records (if needed) according to the

	-Faculty involvement in nursing-related or interdisciplinary/collaborative research projects -Clinical Practice -The program encourages faculty to maintain their clinical competence. -Collaborative agreements with clinical institutions that facilitate faculty involvement in practice settings. **Clinical Practice** - The program encourages faculty to maintain their clinical competence. Collaborative agreements with clinical institutions that facilitate faculty involvement in practice settings.	Ensures policies and resources support research and innovation. May support faculty development programs related to scholarship. -Faculty Members themselves→ Expected to actively participate in research projects and collaborations. -Department heads→ Facilitate research opportunities and mentorship -Faculty Members→ Responsible for actively maintaining and updating their clinical skills. -Department's Head → Facilitates opportunities for continuing education, workshops, and clinical skill refreshers.	seminars on research skills annually - Availability of research infrastructure (labs, databases, software, funding for conferences) - Policies or procedures supporting interdisciplinary and innovative research initiatives - % of faculty who participate in continuing education or professional development annually - Number of workshops or training sessions attended per faculty member - Number of faculty maintaining current licensure or clinical certifications - % of faculty involved in clinical practice placements per academic year - Number of joint initiatives (training, research, or practice projects) between the university and clinical partners	-Records of internal and external funding calls and awarded grants (including names of faculty recipients). -Strategic plans or annual reports that prioritize or allocate resources for research development. -Documentation showing active research participation, such as copies of published journal articles, Institutional repository links, book chapters, or conference proceedings. -Documentation of public lectures, webinars, or community dissemination activities related to research. - showing that faculty are supported in maintaining their clinical skills that including records of clinical hours, rotations, or part-time practice engagement by faculty -- licensure/registration renewal certificates based on CPD national guidelines.	institution's policies and procedures Any available template, Reports, and records (if needed) according to the institution's policies and procedures

		-University Dean of Nursing, Office of Academic Affairs→ Negotiates and establishes formal agreements with hospitals, clinics, or community health settings. -Clinical Placement Coordinators → Manages logistics, MOUs, and scheduling for faculty involvement.		-Training or continuing professional development certificates related to clinical skills. -Faculty schedules or contracts that allocate time for clinical practice. -Institutional policies requiring clinical engagement of the teaching staff. -Signed Memoranda of Understanding (MOUs) or affiliation agreements between the program or the representing entity and providers of clinical training facilities. -Joint appointment letters or documents outlining faculty roles within partner institutions. -Clinical teaching agreements or schedules listing faculty assignments in hospital or community settings.	
3.4 Clinical Educators (Faculty, Clinical Instructors, and Preceptors)	✓ **Clinical Instructors** ✓ -Clinical instructors refer to those who are appointed to conduct/supervise clinical teaching of students and teach when needed. They should have:	-Dean, departments' heads→ - Recruit qualified clinical instructors and preceptors	- % of clinical instructors meeting minimum qualifications. -% maintaining valid licensure. - % completing CE on teaching/learning.	-Curriculum Vitae (CV) for each clinical instructor. -Copies of academic degree certificates -Copy of JNC certification Employment/appointment letter stating start date and	-Template 3.4 A: Clinical Instructor File

	✓ -A minimum of a master's degree with a major in nursing and certified as an advanced specialist by JNC, or a bachelor's degree with a higher or professional diploma in nursing and certified by JNC as "specialist" according to specialization by-law ✓ -A minimum of 2 years of clinical experience before appointment ✓ -Currently licensed and have current registration ✓ -complete a continuing education on teaching and learning and clinical evaluation.	- Ensure ongoing professional development. -Maintain documentation of credentials and training.		role Evidence of at **least two years' clinical experience** prior to appointment (employment history, reference letters, or service record). -Current valid nursing license continuing education records **for at least 10 hours of educational preparation in teaching, learning, and clinical evaluation.** -Role and responsibility descriptions (job description) -Institutional policy for recruitment and appointment of clinical instructors.	
	Preceptors The program uses preceptors who are part-time clinical instructors when needed in clinical teaching and supervision of students ✓ -Hold the nursing educational qualifications as stated by the nursing program and JNC.		-Preceptor-student ratios.	-List of preceptors' CVs for per semester, including those part-timers -List of educational, experiential, qualifications, and current licensure	-Template 3.4 B: Preceptors (per Semester)

	✓ -Hold a current valid licensure are experientially qualified for their assigned roles and ✓ responsibilities ✓ -Have documented roles and responsibilities, which may include input into student evaluation			-Documents for their identified roles and responsibilities -Policies for selection, training, and evaluation - Copies of contracts of needed	
3.5 Student–Faculty Ratio in Clinical Training	-The faculty/clinical instructor -student ratio shall not be more than 1:8 for any clinical experiences. -When clinical preceptors are utilized in a clinical setting, the ratio shall be 1:3 for the hospital settings (if they are supervising students during their work shifts) and 1:8 if they are totally free and not working that day. -The ratio for PHC and community settings is 1:12	-Dean, departments' heads→ Monitor and maintain approved ratios. Schedule faculty accordingly. Ensure supervision adequacy in all clinical settings.	-Ratio compliance reports -Clinical placement audit results.	-Policy documents specifying faculty-student ratios for classroom and clinical settings. -Clinical placement agreements or contracts -Clinical schedules show the number of students assigned per clinical educator per semester. -Minutes from program or clinical site for approving ratio standards. -Feedback or evaluation reports from students or clinical educators relating to supervision adequacy and ratio effectiveness.	-Template 3.5 A: Clinical Schedule - Students per Clinical Educator (per Semester)

Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates / Checklists
Standard 4: Curriculum Design, Assessment, and Evaluation					
Criteria 4.1. The Curriculum aligns with regulations of higher education, the national accreditation Frameworks, standards, and guidelines	--Program EPLOS Consistent with the National nursing regulations bodies (JNC, ACACH, National Qualifications Framework (NQF) --Nursing program is structured around a clearly defined set of End-of-Program Learning Outcomes (EPLOs). --EPLOs based on national and international competency framework and contextualized within six nursing practice areas: adult, maternal health, child health, psychiatric and mental health, community health, & leadership and management.	-- Program Director/ Quality Assurance Unit /committee /Head Department ensures alignment with JNC, AQAC, NQF- --Curriculum Committee annually reviews curriculum mapping- - -Course coordinators update syllabi to reflect changes in regulations --Faculty map to EPLOs and Competencies	-- % of courses mapped to JNC, AQACHEI, NQF- -- Evidence of PLO–Course Learning Outcome alignment ≥ 90%- - -Annual curriculum review report completed before start of academic year- - -Benchmark comparison with national/international nursing programs -	--EPLO aligns with JNC and AQAC, NFQ. --PLO Master List-Curriculum Mapping Report --Policy documents showing the regulatory Alignment and the curriculum's compliance -	-Regulatory Alignment and Curriculum Compliance Policy (Template 4.1 example) - -Methodology for Developing the EPLO Competency Indicators Framework (Template 4.2) -List of References and Benchmarking competency frameworks indicators -EPLO and Competency Mapping Table (see table 2) and review the JNC framework of competencies and indicators RN. (Template 4.3) - -AI and Technology competencies mapping

	--Program competencies emphasize healthcare technology, simulation, data literacy, and AI -				table (at least in 9 credit courses) (Template 4.4) - --Course Syllabus Standard Template -
Criterion 4.2. Course Learning Outcomes and Progression The nursing courses are designed with specific Course Learning Outcomes (CLOs) that are directly mapped to EPLOs.	-Courses are designed with clearly stated CLOs that are mapped to PLOs -CLOs support progressive acquisition of competencies from basic to advanced practice readiness -Each course includes a competency-aligned blueprint (CLOs, domains, teaching strategies, assessment methods) -Curriculum integrates contemporary concepts such as evidence-based practice, social determinants of health, inter-professional collaboration, global health, and any emerging issues. -	-- Course Coordinators develop course CLOs aligned with PLOs and NQF -- Department Head and QA Unit/committee verify mapping accuracy -- Curriculum Committee conducts periodic review -- Faculty design CLOS based on (e.g, competencies indicators defined by ACACHEA, JNC RN framework, and other competency frameworks	-- 100% of courses mapped to PLOs -- CLO–PLO mapping matrix updated annually -- Evidence of progression from foundational to advanced learning levels -- Progression visible across curriculum mapping- ≥ 90% of courses demonstrate competency advancement -- % of course, blueprints approved before semester start -- Benchmark comparison reports with national/international programs -- Contemporary concepts reflected in ≥ 70% of courses	-- Course syllabi with CLOs included- CLO–PLO mapping matrix -- Curriculum blueprint showing mapping PLOS-Competencies - Indicators progression levels -- Course blueprints attached to syllabi -- Sample blueprints from selected courses -- Course syllabi showing integration -- Matrix showing embedding of concepts across courses	-PLO –CLO Mapping Matrix Template -(Template 4.5) - -Course Syllabus Standard Template - -Program courses EPLOs-Competencies (learning outcomes)- indicators Progression Mapping Template - -Blueprint Template (EPLOs-Competencies - CLOs–Teaching–Assessment) -Teaching and Assessment Methods Benchmarking and Gap Identification Matrix -Matrix for Embedding Contemporary Concepts Across Courses -syllabus Examples

		indicators), showing appropriate progression to achieve program competencies and learning outcomes - - Curriculum Committee validates learning progression -- Faculty prepare course blueprints each semester -- curriculum, QA committee verifies internal consistency and progression of teaching and assessment methods with national and international benchmark alignment -- Faculty embed concepts in course content -- Curriculum Committee	-- Annual matrix demonstrating concept integration -		

		tracks distribution and updates based on new trends			
Criterion 4.3 Teaching and Learning Strategies The program employs a varied appropriate, evidence-based, student-centered teaching and learning approach. These strategies are purposefully selected to support diverse learning styles incorporating learning and technology resources to facilitate the achievement of course learning	-The program uses varied, evidence-based, student-centered teaching and learning strategies -Strategies support diverse learning styles and incorporate technology and learning resources -Use of problem-solving and case-based approaches -Inter-professional and collaborative learning opportunities -Blended learning and flexible modalities implemented	-- Faculty select appropriate evidence-based teaching methods -- Department Head / QA /Curriculum committee ensures implementation consistency -- e-Learning units support integration of technology -- Faculty incorporate active learning, technology, and digital platforms -- Learning resources updated regularly by e-Learning unit and library services	-- % of courses include student-centered teaching strategies -- Teaching strategies fully aligned with CLOs % of courses -- Student satisfaction ≥ benchmark in course evaluations related to teaching effectiveness -- Technology-enhanced teaching documented in % of courses -- Platform usage reports show engagement levels -- Student performance in tech-enhanced activities ≥ benchmark -- simulation hours achieved per academic year- ≥ % - clinical courses include case/problem-based learning	-- Course syllabus showing CLOs and teaching strategies -- CLO-EPLO and Teaching Strategy Mapping Matrix -- List of platforms used with sample online modules -- LMS usage reports-Asynchronous content samples (recorded lectures, digital assignments) -- List of simulation scenarios with mapped CLOs and competencies -- Sample case studies and problem-solving exercises -- OSCE evaluation tools -- Reports on inter-professional activities -- Attendance lists, student reflections	-Course Syllabus Standard Template - -Teaching Strategy Mapping Template -(Template 4.5) - -Digital Learning Resource plan per course Checklist -(Template 4.6) - -Simulation -CLO-Competency Checklist -(Template 4.7) -Inter-Professional Education Activity Report Template -(Template 4.8) - -Hybrid Course Checklist - -Online Activity Attendance/Engagement Log

outcomes competencies		-- Faculty integrate case-based learning in theory and clinical courses -- Faculty coordinate inter-professional sessions with other health programs -- QA Unit monitors documentation and outcomes -- e-Learning team supports hybrid delivery -- Faculty deliver online and classroom activities aligned with CLOs	-- Student competency scores in OSCE/simulation ≥ benchmark --Annual inter-professional activities conducted -- Student/reflection reports analyzed annually -- Feedback scores ≥ benchmark -- Course schedules show hybrid delivery -- Student participation in asynchronous sessions ≥ set standard -	-- Policies on hybrid learning models -- Course schedules showing blended formats -- Examples of online modules/recorded lectures	
Criterion 4.4. Curriculum Development and Continuous Review Curriculum design and revision are the responsibility	--Curriculum design and review led by nursing faculty with stakeholder input. --Regular updates reflecting national health priorities and community needs. --Adaptation to technological	-Establish a standing curriculum committee including faculty and stakeholders. -QA Use student performance and stakeholder	-Program assessment results reviewed annually -Graduate/employer feedback -Improvement actions tracked - -	-Curriculum committee meeting minutes and review reports. - -Stakeholder involvement documentation in curriculum review. -	-Curriculum Review Checklist -(Template 4.9) - -Student Performance Analysis Template -Graduate/Employer Feedback Summary Sheet -

of the nursing faculty in consultation with academic and clinical stakeholders.	advancements and best practices. --Revisions guided by QA processes, student performance, and graduate feedback. -	feedback to guide revisions -QA conduct regular review cycle (annual or every 3 years		-Institutional policy on curriculum development and revision -	-Updated syllabi, and comparison tables before/after changes - - -Graduate and employer surveys & improvement actions - -Any available template, Reports, and records (if needed) according to the institution's policies and procedures
Criterion 4.5. Program structure, credit hours, and contact time are consistent with governing and professional organizations' standards and guidelines	-Minimum total credit hours (≥132) -Supportive courses in general, social & biological sciences -Competency-based Framework: learning outcomes, percentage required in each area, domains, and integrated processes -Clinical credit hour allocation (40–45% of total) -Minimum 1800 direct clinical contact hours -Clinical credit translation (1 credit = 4 contact hours)	-Faculty allocate courses based on required competency % per domain - -Faculty and clinical educators and preceptors supervise and evaluate student performance	--Total credit hours ≥ 132 --Verified in approved curriculum plan --Coverage of required domains: – Chemistry, biochemistry, biology, anatomy, physiology, microbiology, psychology, sociology --Distribution aligns with 25–35% Safe & Effective Care 10–15% Health Promotion 25–35% Physiological Integrity 5–10%	-Official Program Plan showing 132 credit hours -Credit hour distribution table showing theoretical vs clinical balance -Competency distribution table -Course-to-competency mapping --Program plan & course list showing supportive sciences -Summary table confirming minimum 1800 hours	-Any available template according to the institution's policies and procedures - -Clinical credit and contact hour allocation sheet (Template 4.10) - -Competency distribution percentages guidance (Template 4.11) - - Supportive course mapping template

	-Competency-based evaluation, supervision & documentation -		Psychosocial Integrity 5–10% Global health/tech/economics --% of clinical credit hours within 40–45% range --Total clinical hours ≥ 1800 • Achieved across primary, secondary & tertiary settings --Every clinical course follows 1:4 credit-to-hour rule --Rotation completion in multiple sectors --Evidence of supervised clinical practice --Competency evaluation completed for every student -	-Course syllabi and clinical course descriptors -	
- **Criterion 4.6. Simulation-Based Learning Environments** - **Simulation is integrated as a core component of the clinical**	-The simulation labs/environment available and support evidence-based nursing practice - -Simulation shall not account for less than 15 and more than 25% of the total required clinical hours.	-Simulation Coordinator - -Clinical courses coordinators - -Dean - -QA committee	-% Simulation hours maintained between 15–25% of total clinical hours. -% of clinical courses include mapped simulation activities. -% of simulation scenarios aligned with course SLOs.	-Table showing percentage of total clinical hours allocated to simulation between 15-25% of total clinical hours - -Curriculum map identifying where simulation is	-Any available template, Reports, and records (if needed) according to the institution's policies and procedures -Simulation Integration and Guidelines - -Template/ Percentage of Total Clinical Hours

training strategy, offering safe, experiential learning opportunities that replicate real-world clinical scenarios to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.	-		-% of faculty facilitating simulation are trained. -% compliance with safety and operational guidelines. -	embedded across courses - -Simulation and Skills Lab Guidelines -	Allocated to Simulation (Template 4.12) - -Curriculum Map: Simulation Embedded Across Courses -(Template 4.12) - -Evidence of year-to-year improvement in simulation performance. - -Student and faculty Satisfaction -
Criterion 4.7. Clinical and Practicum Experiences Clinical placements are designed to provide comprehensive exposure to various patient populations	-Clinical learning environments promote evidence-based practice and align with the competencies expected at each level of the curriculum. - -Clinical/practicum sites meet all applicable JNC standards and regulatory requirements.	-Clinical courses coordinators - -Dean - -QA committee	-Rotation schedules include exposure to ≥ 3 patient populations (adult, pediatric, maternal). - -Students rotate through ≥ 3 care settings (primary, secondary, tertiary). -	-Clinical rotation schedules demonstrate student exposure to diverse patient populations and a range of health conditions across primary, secondary, and tertiary care settings. - -Clinical documents specify the expected	-Any available template, Reports, and records according to the institution's policies and procedures - -Curriculum Blueprint (Distribution of Competencies Across Nursing Practice Areas) -

and health conditions.	- -Environments reflect the appropriate educational level to support - -achievement of course SLOs and end-of-program SLOs. - -All clinical sites have current written agreements that specify expectations for all parties and ensure student protection.		-% of clinical courses have documented competencies for each academic level. - -Competency documents updated - -% of courses use standardized clinical evaluation tools. - -% of students achieve expected competencies each semester. - -Evaluation tools reviewed once per year - -% of students receive orientation on clinical guidelines and ethical conduct before placement. - -ethical violations reported without investigation. -	competencies for each course and academic level. - -Clinical evaluation tools assess student competency attainment at each stage of the curriculum. -Clinical guidelines and codes of conduct ensure ethical and professional behavior during clinical placements. - -Agreements with clinical training sites define the roles and responsibilities of all parties, including supervision requirements and student safety protocols. -	

			-% of clinical training sites have written agreements.		
Criterion 4.8. Student Evaluation Methods The program implements robust, formative and summative, competency-based assessment methods throughout the curriculum in all learning environments to evaluate student learning and clinical performance.	-Defined clinical evaluation criteria mapped to EPLOS -Competency checklists based on established attributes and performance indicators -Course blueprints linking assessments to CLOs and EPLOs -Formative and summative assessment tools used across the program duration -Effectiveness indices calculated to evaluate teaching and learning outcomes each semester -Minimum of two progression points (typically at the end of Years 2 and 3) to ensure readiness for progressive practice levels -	-Clinical coordinator - -Dean - -QA committee - -Head departments	-% of clinical evaluation tools mapped to EPLOs and competency domains. - -Annual review of EPLO–assessment mapping completed - -Competency checklists available and used in clinical courses. - -% of students meet expected competency indicators per level. - -All clinical courses use at least 1 formative and 1 summative assessment - -% student success rate on summative assessments. -	-Clinical evaluation tools mapped to End Program Learning Outcomes (EPLOs) and competency domains. -Sample competency checklists with performance indicators used during clinical training -Examples of formative and summative assessments -Sample of achievement levels for each EPLO. -Documentation of formal progression points results and improvements methods -	-Clinical Evaluation Tool–EPLO Mapping -(Template 4.13) - -Competency Checklist with Performance Indicators Template - -Formative & Summative Assessment Matrix Template - -EPLO Achievement Levels Summary -(Template 4.14) - -Progression Points Results & Improvement Plan (Template 4.15 Guidance) -

			- Achievement data documented for EPLOs annually. - - % reporting of progression points results after second third and fourth year. - - Improvement actions implemented of identifying gaps.		

***Any available template, Reports, and records (if needed) according to the institution's policies and procedures**

Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates / Checklists
Standard 5 Student Support and Progression					

5.1 Student Support Services	- Academic advising is timely and effective. - Mental health and counseling services are available. - Career support and alumni tracking are in place.	- Academic advisors → guide course selection and learning plans. Counseling center → provides mental health and well-being services. - Career services team in Students affaires deanship→ provides employment guidance and tracks alumni outcomes.	- Percentage of students receiving academic advice within the scheduled timeframe - - Student satisfaction with academic advising services - - Improvement in student academic performance - (Measured by GPA progression or reduction in academic probation rates) - - Student retention rate year-to-year - - Percentage of at-risk students with documented advising action plans - Alumni employment rate within 6–12 months post-graduation.	- Advising policy and tracking system - List of student support services - Counseling service reports - Alumni feedback and employment data	- Any available template, Reports, and records (if needed) according to the institution's policies and procedures. - Template 5.1 A: List of Student Support Services

-5.2 Student admissions and progression	-Student admission -Approved and publicized policies, procedures, conditions, and bases for admission and transfer to the qualification. -A grievance policy and procedures for applicants who are not enrolled in the qualification.	-Admissions office → implements admission policies. -Registrar handles transfer requests. -Student affairs → handles grievances and inquiries.	-% of applicants processed within standard timelines -Number of grievances resolved satisfactorily. -brochures and admission forms.	-Admission instructions and approved samples of admission forms. -Grievance policy or instructions. -Qualification brochures.	-Any available template, Reports, and records (if needed) according to the institution's policies and procedures.
-	-Student Progression -An approved and publicized policy and forms to track the progress of students in the qualification. -An approved and publicized mechanism to follow up with students in the achievement of learning outcomes and the level of student progress in knowledge, skills and competencies. -Instructions and policies for awarding the degree to graduate from the qualification -Clear and publicized criteria indicating the conditions and requirements for	-Academic advisors → monitor student performance -Program coordinators→ track competency attainment. -Registrar → confirms fulfillment of graduation requirements.	-% of students meeting progression milestones. -% of students achieving expected learning outcomes. -Graduation rate is within standard program duration.	-Student Progression Policy. -Evidence that the standards of graduation requirements are consistent with national and international standards and requirements. -Approved and publicized instructions for awarding and graduating from the qualification. -Brochures to inform learners of the graduation requirements of the qualification.	-Any available template, Reports, and records (if needed) according to the institution's policies and procedures. -

	graduation from the qualification - Mechanisms and procedures to ensure that students fulfill the requirements and conditions for graduation			- forms to ensure that students meet the graduation requirements.	

-*Any available template, Reports, and records (if needed) according to the institution's policies and procedures

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Criterion	Key Elements	Responsibilities	KPIs (Measurement)	Supporting Documentation	Templates / Checklists
Standard 6: Program Effectiveness and Continuous Improvement					
6.1. Program Learning Outcomes Assessment	-- The program maintains a clear written evaluation plan that outlines how end program learning outcomes are assessed. Multiple direct assessment tools (e.g., standardized exams, capstone projects, OSCEs) are used to measure each end-of-program learning outcome. -- Measurable performance targets are	-- Clinical courses coordinators - -- Dean of school - --QA committee - --Faculty council committee - --Head departments	-- % of EPLOs assessed using at least one direct assessment tool. -- Annual validation of assessment tools completed -- Data collected for all EPLOs and EPLOs -- % of students achieved expected performance levels on EPLO assessments. -- Achievement gaps reduced by 0% each review cycle. -- %of identified improvement actions implemented within one semester. -- Annual analysis of EPLO results -- Evaluation findings shared with all major	-Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan). -Rubrics for evaluation forms, Table of expected level of achievement for each EPLO, -Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents). -Summary of aggregate student outcomes with comparison of actual levels of student achievement to	- End-of-Program Learning Outcome (EPLO) Evaluation Matrix Template ٦.1 & 6.2 - Annual EPLO Achievement Report Template ٦,١ - Data Collection & Evaluation Schedule Template - Stakeholder Feedback & Reporting Log Template

	defined for each outcome to guide evaluation. -- Outcome data are collected regularly, either each semester or annually, following the evaluation schedule. -- The program systematically evaluates the achievement of End Program Learning Outcomes (EPLOs) using defined performance indicators. -- Results are analyzed to identify strengths, gaps, and trends, and actions are taken to sustain or enhance student achievement.		stakeholders at least once annually. -- feedback from stakeholders on program effectiveness. -	expected levels of student achievement -Policy document or meeting minutes where ELAs were approved -	

	-- Evaluation findings are shared with key stakeholders, including faculty, advisory board members, and clinical or academic partners, to support continuous improvement.				
6.2 Program Completion Rate The plan includes annual monitoring of student completion rates.	-Record the percentage of students who complete the program on time -Collect and analyze completion rate annually (e.g., by gender, type (completion and regular) -Use strategies to improve retention and completion rate based on findings. -Share findings with	-courses coordinators - -Dean of school - -QA committee -School council committee - -Head departments - -Advisory board	-% Annual program completion rate - -% On-time completion rate recorded and analyzed - -% Completion and retention rates disaggregated by gender and student type - -% dropout/attrition rate per cohort. - -Annual completion-rate analysis report -improvement strategies implemented each year	-Annual student completion rate reports (3–5 years trend). - -Data disaggregated by gender, pathway/type (regular vs. completion), and cohort. - -Retention and attrition statistics. - -Meeting minutes showing review of findings by faculty and advisory board. -Copies of improvement strategies implemented	-Annual Completion & Retention Report Template ٦،٢ - -Completion Rate Data Tracking Sheet - -Improvement Strategy Action Plan Template - -Stakeholder Reporting Summary Template - -Completion Rate Template -

	stakeholders (e.g., advisory board, faculty, and partners)		to enhance retention and completion. - -Findings shared with faculty, advisory board, and partners at least once per year. - -stakeholder satisfaction/approval regarding actions taken. -	(e.g., advising plans, support services). - -Documentation of communication with stakeholders (emails, reports, presentations). - -Student support and retention policies. - -Graduation records from Registrar.	
6.3 Licensure/Certification Exam Pass Rate **The program evaluates licensure/certification pass rates annually.**	-Ensure pass rate for first-time test-takers at 75% and above, or at above the national average. -Report data by program option, Gender, program type etc. -Analyze pass rates annually and implement actions to maintain or improve performance.	-courses coordinators -Dean of school -QA committee -School council committee -Head departments -Advisory board	-First-time licensure exam pass rate ≥ 75% or above national average. -Pass rate data analyzed annually. -Disaggregated data (gender, program type, option) reported each cycle. -improvement actions implemented yearly when performance falls below target. -Findings shared with stakeholders at least once per year.	-Annual licensure exam passes rate reports (first-time test-takers). -Pass rate data disaggregated by program option, gender, and program type. -National average comparison report. -Year-over-year trend analysis of exam performance. -Records of improvement actions	-Licensure Exam Pass Rate Annual Report Template -Disaggregated Pass Rate Data Sheet (Gender / Program option) -Exam Performance Trend Analysis Template -Benchmark comparisons with national/international data -Action Plan for Performance Improvement Template

	-Share findings with stakeholders (e.g., advisory board, faculty, and partners).		-stakeholder satisfaction /feedback with exam-preparation and improvement -Year-to-year performance trend shows improvement.	implemented (e.g., remediation programs). -Faculty meeting minutes discussing exam results. -Advisory board meeting minutes reviewing performance. -Student support/remediation policies. -Graduate exit surveys or exam-preparation feedback surveys	-Stakeholder Reporting Summary Template
6.4 Job Placement Rate **The program tracks job placement for graduates annually.**	-Use tools (e.g., graduate surveys, employer feedback) to collect job placement data -Set measurable job placement targets (e.g., 90% of graduates employed in	-courses coordinators - -Dean of school - -Students' Affairs Dean - -QA committee - -School council committee -	-Job placement rate: % of graduates employed in nursing within 6 months - -Employment data collected annually - -Data disaggregated by gender, track, program type - -Employer satisfaction with program graduates	-Graduate employment surveys (6-month and 12-month follow-up). - -Employer feedback surveys or interview summaries. - -Job placement database or tracking spreadsheet. -	-Graduate Employment Tracking Template - -Employer Feedback Survey Template - -Graduate Follow-Up Survey Template (6-month/12-month) - -Annual Job Placement Report Template -

	nursing within 6 months) with rationale. -Collect data each year by relevant factors (e.g., gender, track), with justification -Analyze job placement data annually to identify trends -Share findings with stakeholders (e.g., advisory board, faculty, and partners). -	-Head departments - -Advisory board -	- -improvement actions implemented yearly based on data findings. - -Annual employment trends show improvement. - -Findings shared with stakeholders at least once per year. -	-Annual job placement reports (trend data over 3–5 years). - -Disaggregated job placement data (gender, track/program option). - -Records of improvement actions based on analysis - -Faculty and advisory board meeting minutes discussing employment outcomes. - -Alumni tracking system records. - -Partnerships agreements with clinical employers (if applicable).	-Disaggregated Data Sheet (Gender / Track / Program Option) - -Job Placement Target Setting & Rationale Template - -Benchmark comparisons with national/international data - -Improvement Action Plan Based on Employment Data - -Stakeholder Reporting Summary Template -

***Any available template, Reports, and records (if needed) according to the institution's policies and procedures**

Appendices

Templates and Checklists
Sample Forms
Supporting Policies and Guidelines

This document contains all templates mentioned in the Accreditation Manual. Each template is provided in a blank format ready for use.
Any available template, Reports, and records (if needed) according to your institution's policies and procedures are accepted.
Note: All templates and guiding frameworks are proposed to facilitate and organize the work and are not mandatory, provided that the program has its own templates, guidelines, and instructions which are aligned with the university's policies and meet the requirements of criterions in all standards

Standard 1: Governance

Template 1.1A: Program Mission, Goals & Values Statement

- **Institution:** _____
- **Faculty/College:** _____
- **Department / Nursing Program:** _____
- **Academic Year:** _____
- **Prepared by:** _____
- **Approved by:** _____
- **Date of Approval:** _____

1. Program Mission Statement

(Provide a clear and concise description of the nursing program's mission. It should align with the institution's overall mission and reflect the program's commitment to education, practice, research, and community service.)

Arabic (if bilingual version desired):

2. Program Goals

(List measurable goals that support the mission and guide program operations and outcomes.)

Goal No.	Program Goal	Linked to Institutional Goal / Objective
1		Goal 1:
2		Goal 2:
3		Goal 3:
4		Goal 4:
5		Goal 5:

3. Program Core Values

(List the fundamental beliefs and guiding principles of the nursing program.)

Core Value	Description

4. Alignment Table

Program Component	Institutional Alignment	Professional / Regulatory Alignment (e.g., JNC, WHO, ICN)
Mission		
Goals		

Program Component	Institutional Alignment	Professional / Regulatory Alignment (e.g., JNC, WHO, ICN)
Values		

5. Review and Evaluation Record

Date of Review	Participants (Committee / Faculty)	Changes / Recommendations	Approval Authority	Next Review Date

6. Signatures

Program Director / Dean: _____	**Date: _____**
Quality Assurance Committee Chair: _____	**Date: _____**
Institutional Approval: _____	**Date: _____**

Template 1.1B: Alignment Matrix between Institutional and Program Mission

Alignment Matrix

Institutional Mission Component	Related Program Mission Element	Evidence of Alignment / Integration	Comments / Notes

Guideline for % of alignment (KPI)

Step 1: Break the Institutional Mission into Measurable Components

First, decompose the institutional mission statement into distinct, assessable components (themes or commitments).

Example: Institutional Mission Components

- Academic excellence
- Student-centered learning
- Research and innovation
- Community engagement
- Ethical and professional values

✔ Each component should be clear, non-overlapping, and observable.

Step 2: Map Program Mission Statements to These Components

Binary Scoring (Recommended for clarity)

1 = Aligned

0 = Not aligned

Institutional Mission Component	Program Alignment (1/0)
Academic excellence	1
Student-centered learning	1
Research and innovation	1
Community engagement	0
Ethical and professional values	1

Calculate the Alignment Percentage

Analysis Summary

Alignment Dimension	Degree of Alignment (1/0)	Strengths	Areas for Enhancement

Alignment Dimension	Degree of Alignment (1/0)	Strengths	Areas for Enhancement
Alignment percentage**	%		

****Use the formula: Alignment Percentage = (Total Institutional Mission Components/Number of Aligned Components) ×100**

Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Summary of Findings / Recommendations	Approved by	Next Review Date

7. Signatures

Program Director / Dean: _____	**Date: _____**
Quality Assurance Committee Chair: _____	**Date: _____**
Institutional Representative: _____	**Date: _____**

Template 1.1C: Mission Review Meeting Minutes

This Template is used as *documented evidence* that the nursing program regularly reviews its **mission, goals, and values**, with input from faculty, students, and stakeholders.

Institution: _____
Faculty/College: _____
Department / Nursing Program: _____
Meeting Date: _____

Time: _____ **Venue:** _____
Prepared by: _____ **Approved by:** _____

1. Meeting Details

Item	Information
Meeting Title	Nursing Program Mission, Goals, and Values Review
Type of Meeting	☐ Regular ☐ Extraordinary ☐ Annual Review
Chairperson	_____
Recorder / Secretary	_____
Attendees	(List names, titles, and affiliations)
Absentees (with apologies)	_____
Observers / Stakeholders	_____

2. Meeting Agenda

Agenda No.	Agenda Item / Discussion Topic	Lead Person	Time Allocated
1	Review of current program mission and alignment with institutional mission	Dean / Program Director	15 min
2	Discussion on program goals and measurable outcomes	Faculty Representatives	20 min
3	Review of program core values and relevance to nursing standards	QA Committee	15 min
4	Stakeholder feedback and recommendations	Community / Student Reps	15 min
5	Action plan and approval process	Committee Chair	10 min

3. Summary of Discussion

Agenda Item	Summary of Discussion Points	Decisions / Agreements	Responsible Person(s)	Timeline / Deadline
1				
2				
3				
4				
5				

4. Feedback and Comments

Record key suggestions or reflections from faculty, students, community partners, or other stakeholders.

5. Actions and Follow-up Plan

Action Item	Person Responsible	Resources Required	Target Completion Date	Status / Remarks

6. Summary of Key Decisions

Decision / Resolution	Approved by	Date

7. Next Review Schedule

- **Next Mission Review Date:** _____
- **Frequency of Review:** ☐ Annual ☐ Biennial ☐ As Needed

8. Signatures

Name	Position	Signature	Date
	Chairperson		
	QA Coordinator		
	Program Director		
	Dean / Institutional Representative		

**** Any available templates will be considered; however, when the program wants to start with accreditation, they should utilize these templates**

Template 1.1D: End Program Learning Outcomes (EPLO) / Course Mapping Matrix

This Template provides **evidence that each course in the program contributes to achieving the program's overall learning outcomes**.

1. Purpose

To demonstrate how **End Program Learning Outcomes (EPLOs)** are addressed across all courses in the curriculum. This matrix ensures that every EPLO and competency is adequately covered, assessed, and aligned with each course.

2. Instructions for Use

1. List all **End Program Learning Outcomes (EPLOs)** in the first row.
2. List all **courses** in the first column.
3. Indicate the level of contribution of each course to each EPLO, showing the level of achievement, and provide the name and description of each level (Please see Table 4)

2. EPLO–Course Mapping Table

Course Code / Title	EPLO 1	PELO 2	EPLO 3	EPLO 4	EPLO 5	EPLO 6	EPLO 7	Remarks / Notes
Fundamentals of Nursing								
Anatomy & Physiology								
Adult Health Nursing								
Mental Health Nursing								
Community Health Nursing								
Nursing Research & Evidence-Based Practice								
Leadership & Management								

4. Course Syllabi Alignment Table

Course Code / Title	End Program Learning Outcomes (EPLOs) Addressed	Competencies Addressed	Competency level	Assessment Methods	Syllabus Reference / Evidence	Notes / Remarks
Fundamentals of Nursing	EPLO1, EPLO4			OSCE, Practical exams, Quizzes	Syllabus approved 01/2025, Attachment A	Introductory course; strong clinical lab component
Anatomy & Physiology	EPLO2			Midterm, Final exam, Lab exercises	Syllabus approved 02/2025, Attachment B	Reinforces foundational sciences
Adult Health Nursing	EPLO1, EPLO3, EPLO4			Clinical evaluation, Case studies	Syllabus approved 03/2025, Attachment C	Major clinical course
Mental Health Nursing	EPLO3, EPLO4			Clinical evaluation, Simulation	Syllabus approved 03/2025, Attachment D	Simulation focuses for behavioral health
Nursing Research & EBP	EPLO3, EPLO6			Research projects, Assignments	Syllabus approved 04/2025, Attachment E	Capstone research integration
Leadership & Management	EPLO5, EPLO7			Leadership project, Clinical evaluation	Syllabus approved 05/2025, Attachment F	Integrates management and ethics

Competency Categories

- Safe & Effective Care Environment
- Health Promotion/prevention and Maintenance
- Physiological Integrity
- Psychosocial Integrity

- Global health, health technology and economics

*EXAMPLE OF ASSESSMENT METHOD(S)

- OSCE
- Practical exams, Quizzes
- Reflection journals
- Faculty evaluation
- Practical exams
- Clinical logs
- Peer evaluation
- Research assignments
- Case studies
- Leadership assessment
- Clinical evaluation
- Reflective journals
- Self-assessment
- Community project evaluation

**EXAMPLE OF EVIDENCE

- Clinical simulation
- Hospital rotations
- Supported by ethics modules
- Skills lab and clinical practice
- Team-based simulation scenarios
- Capstone research projects
- Management rotation in the hospital
- Portfolio review
- Community health practicum

5. Competency Levels Definition

Level	Description
Beginner/ Introduced	The learning outcome is explicitly introduced in this course; teaching and learning activities focus on basic concepts and skills with entry-level complexity.
Intermediate/ Reinforced	The learning outcome is explicitly developed or reinforced in this course; teaching and learning activities focus on enhancing and strengthening existing knowledge and skills, as well as expanding complexity.
Advanced/ Proficient	Students explicitly demonstrate graduation-level proficiency or mastery of the learning outcome in this course; teaching and learning activities focus on the use of content or skills at multiple levels of complexity.

4. Analysis / Summary

EPLO No.	Description EPLO	Courses Covering EPLO	Level of Coverage	Comments / Action Needed
EPLO 1	Demonstrate safe patient-centered care			Covered adequately; reinforce in clinical labs
EPLO 2	Apply knowledge of basic sciences			May need more integrated exercises
EPLO 3	Utilize evidence-based practice			Covered in research & clinical courses
EPLO 4	Communicate effectively with patients & team			Emphasis in simulation and clinical practice
EPLO 5	Promote ethical, legal, and professional practice			Reinforce in leadership courses

EPLO No.	Description EPLO	Courses Covering EPLO	Level of Coverage	Comments / Action Needed
EPLO 6	Engage in lifelong learning & professional development			Include more reflective assignments
EPLO 7	Lead and manage nursing teams			Adequate coverage

5. Signatures / Approval

Name	Position	Signature	Date
	Program Director / Dean		
	Curriculum Committee Chair		
	QA Coordinator		

6. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Recommendations	Approved by	Next Review Date

6. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	Curriculum Committee Chair		
	QA Coordinator		
	Institutional Representative		

Template 1.1E: Community Consultation Report

1. Purpose

To record **feedback, input, and recommendations from community stakeholders** (e.g., healthcare providers, NGOs, patients, alumni, and professional associations) regarding the nursing program, ensuring alignment with **program goals, EPLOs, and competencies**.

2. Consultation Details

Item	Information
Consultation Title / Event	_____
Date	_____
Time	_____
Venue / Platform	_____
Facilitator / Chairperson	_____
Attendees / Stakeholders	(List names, titles, affiliations)
Absentees (with apologies)	_____
Mode of Consultation	☐ Meeting ☐ Focus Group ☐ Survey ☐ Other: _____

3. Objectives of Consultation

1. Gather feedback on program mission, goals, and EPLOs.
2. Assess relevance of program competencies to current community and healthcare needs.
3. Identify gaps or areas for program improvement.
4. Strengthening partnerships between the program and community stakeholders.

4. Summary of Feedback

Stakeholder / Organization	Feedback / Comments	Recommendations	Follow-up / Action Taken

5. Analysis of Findings

Theme / Area	Summary of Feedback	Program Response / Action Plan	Responsible Person / Unit	Timeline / Deadline
Relevance of Curriculum				
Clinical Training				
Community Engagement				
Professional Competencies				
Resources & Facilities				

6. Recommendations and Action Plan

Recommendation	Action to be Taken	Responsible Person / Committee	Target Completion Date	Evidence / Output

7. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

8. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	QA Coordinator		
	Community Liaison / Representative		

Template 1.1F: Stakeholder Feedback Summary Form

1. Stakeholder Information

Stakeholder Category	Name / Organization	Role / Position	Contact Info
☐ Student			
☐ Faculty			
☐ Alumni			
☐ Employer			
☐ Clinical Partner			
☐ Community Representative			
☐ Other: _____			

2. Feedback Collection Method

Method	Details / Date	Responsible Person
☐ Survey		
☐ Focus Group		
☐ Interview		
☐ Meeting / Workshop		
☐ Other: _____		

3. Feedback Summary Table

Domain / Area	Feedback / Comments	Program Strengths Identified	Areas for Improvement	Proposed Action / Follow-Up	Responsible Person / Unit	Timeline
Program Mission & Goals						
Curriculum & Course Content						
Teaching & Learning Methods						

Domain / Area	Feedback / Comments	Program Strengths Identified	Areas for Improvement	Proposed Action / Follow-Up	Responsible Person / Unit	Timeline
Clinical Training & Supervision						
Resources & Facilities						
Student Support & Advising						
Professional Competencies						
Community Engagement						

4. Overall Summary / Key Recommendations

(Provide a brief summary of recurring feedback themes and priority recommendations for program improvement.)

5. Review and Approval

Reviewed by (Committee / Faculty)	Position	Signature	Date

Template 1.1 G: Action Plan Based on Community Input

1. Purpose

To document **actions planned and implemented** in response to feedback from **community stakeholders, clinical partners, and other relevant parties** in order to improve program quality, relevance, and alignment with professional standards. This report should be developed at least one time every 3 years or if needed (if the faculty will make any changes minor or major for the program plan, mission, vision or courses this template should be applied)

2. Summary of Community Input

Source of Input	Date	Feedback / Recommendation	Stakeholder Category

1. **Action Plan Table**

Community Feedback / Recommendation	Proposed Action / Intervention	Responsible Person / Unit	Resources Required	Timeline / Deadline	Expected Outcome / Indicator	Status

3. Monitoring and Evaluation

Action Item	Monitoring Method	Responsible Person / Committee	Frequency	Outcome / Evidence

4. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

5. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	QA Coordinator		
	Community Liaison / Representative		

Template 1.2 A: Nursing Program Organizational Chart

1. Organizational Chart Diagram
(Insert visual chart here)

2. Roles and Responsibilities Matrix

Role / Position	Main Responsibilities	Reporting Line	Decision-Making Authority	Appendix / Evidence Reference
Example: Program Director / Head of Nursing Program	Overall program management, curriculum oversight, faculty supervision, resource allocation	Dean / Faculty	Approves curriculum changes, faculty recruitment, and budgeting	Example of evidence: job description
QA / Accreditation Coordinator	Monitor program quality, prepare accreditation reports, ensure compliance	Program Director	Reports on QA outcomes and recommendations	Example: workflow evidence of applying the role and responsibilities
Clinical Coordinators	Supervise clinical placements, ensure alignment with learning outcomes, liaise with clinical sites	Program Director	Approve clinical assignments and evaluations	
Faculty Members / Course Coordinators	Deliver courses, assess student performance, develop course materials	Program Director / Committees	Course content decisions, grading within policy	
Student Representatives	Participate in governance activities, provide feedback	Program Director / Committees	Advisory only	

Role / Position	Main Responsibilities	Reporting Line	Decision-Making Authority	Appendix / Evidence Reference
Community / Clinical Advisory Stakeholders	Provide input on program relevance, competencies, and community needs	Program Director / QA Committee	Advisory only	
Administrative Staff	Support program operations, documentation, and communication	Program Director	Operational decisions	

2. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

3. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	QA Coordinator		
	Institutional Representative		

Template 1.2B: Advisory Committee Membership List

1. Advisory Committee Members

Name	Role / Position on Committee	Affiliation / Organization	Category	Email / Contact Info	Term Start	Term End
	Chairperson / Program Director	Nursing Program / Institution	Faculty / Administration			
	Member	Local Hospital / Clinical Partner	Clinical Stakeholder			
	Member	Professional Nursing Association	Community Stakeholder			
	Member	Alumni Representative	Alumni			
	Member	Student Representative	Student			
	Member	NGO / Public Health Agency	Community Stakeholder			

Name	Role / Position on Committee	Affiliation / Organization	Category	Email / Contact Info	Term Start	Term End
	Member	Faculty Representative	Faculty			

- ***The faculty can follow their policy in forming the committee, including the above suggestions.***

2. Committee Objectives / Functions

1. Provide input on **program mission, goals, EPLOs, and competencies**.
2. Advice on **curriculum development, clinical training, and student outcomes**.
3. Support **community engagement and alignment with healthcare needs**.
4. Assist in **program quality improvement and accreditation preparations**.

3. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

4. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	QA Coordinator		
	Committee Chairperson		

Template 1.2 C: Advisory Participation Meeting Minutes

Institution: _____
Faculty / College: _____
Department / Nursing Program: _____
Academic Year: _____
Prepared by: _____
Approved by: _____
Date of Meeting: _____
Location / Platform: _____
Meeting Chairperson / Facilitator: _____

1. Attendance

Name	Role / Position	Affiliation / Organization	Category	Signature
	Chairperson / Program Director	Nursing Program / Institution	Faculty / Administration	

Name	Role / Position	Affiliation / Organization	Category	Signature
	Member	Clinical Partner / Hospital	Clinical Stakeholder	
	Member	Professional Association	Community Stakeholder	
	Member	Alumni Representative	Alumni	
	Member	Student Representative	Student	
	Member	NGO / Public Health Agency	Community Stakeholder	

2. Agenda Items

Item No.	Agenda Topic	Presenter / Lead	Discussion Summary	Decisions / Action Points
1	Review of Program Mission, Goals & EPLOs	Program Director		
2	Curriculum Updates & Course Alignment	Curriculum Committee Chair		
3	Clinical Training & Placement Feedback	Clinical Coordinator		
4	Resources & Infrastructure	QA / Admin Staff		
5	Stakeholder Feedback & Recommendations	Stakeholders		
6	Action Plan Follow-Up	QA Committee		
7	Other Business	Chairperson		

3. Key Decisions / Action Points

Action Item	Responsible Person / Committee	Deadline / Timeline	Follow-Up / Evidence

4. Meeting Summary / Observations
(Provide a brief narrative of meeting outcomes, agreements, and next steps.)

5. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

6. Signatures

Name	Position	Signature	Date
	Program Director / Dean		
	QA Coordinator		
	Committee Chairperson		

- Attach **supporting materials** such as agenda, presentation slides, attendance sheets, and handouts.

Template 1.2 D: Advisory Feedback Action Plan

1. Purpose

To record **planned and implemented actions** in response to **advisory feedback**, ensuring that the nursing program meets community needs, aligns with professional standards, and continuously improves program quality. This Template documents how **feedback from the advisory council** is translated into **specific actions and improvements** within the nursing program.

1. Summary of Community Feedback

Source / Advisory council	Date of Feedback	Feedback / Recommendation	Category

2. Action Plan Table

Community Feedback / Recommendation	Proposed Action / Intervention	Responsible Person / Unit	Resources Required	Timeline / Deadline	Expected Outcome / Indicator	Status

3. Monitoring and Evaluation

Action Item	Monitoring Method	Responsible Person / Committee	Frequency	Evidence / Outcome

4. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

٥. Signatures

Name	Position	Signature	Date
	Program Director / Dean		

Name	Position	Signature	Date
	QA Coordinator		
	Community Liaison / Representative		

- Attach **supporting evidence** such as consultation reports, survey results, and meeting minutes.

Template 1.2E: Dean's Annual Performance Evaluation Report

1. Purpose

To evaluate the **annual performance of the nursing program dean** in alignment with the institution's objectives, regulatory requirements, and program accreditation standards.

2. Evaluation Criteria and Key Performance Indicators (KPIs)

Evaluation Area	Performance Indicators (KPIs)	Rating Scale (1–5)	Comments / Evidence
Leadership & Governance	Effective leadership, decision-making, committee oversight, communication	1=Poor, 5=Excellent	
Curriculum & Academic Oversight	Program curriculum development, EPLO achievement, course alignment	1=Poor, 5=Excellent	

Evaluation Area	Performance Indicators (KPIs)	Rating Scale (1–5)	Comments / Evidence
Faculty Management	Faculty recruitment, development, mentoring, evaluation	1=Poor, 5=Excellent	
Clinical & Community Partnerships	Clinical site agreements, supervision quality, stakeholder engagement	1=Poor, 5=Excellent	
Quality Assurance & Accreditation	Compliance with standards, annual QA reports, accreditation readiness	1=Poor, 5=Excellent	
Resource Management	Budget planning, allocation, and sustainability	1=Poor, 5=Excellent	
Research & Professional Development	Research output, participation in conferences, continuous professional development	1=Poor, 5=Excellent	
Student Support & Satisfaction	Student advisement, problem-solving, program responsiveness	1=Poor, 5=Excellent	

Overall Performance Rating: _____ / 5

3. Summary of Achievements

(Provide a brief narrative of the dean's key accomplishments, improvements, and contributions during the evaluation period.)

4. Areas for Improvement / Recommendations

(Provide recommendations for professional growth, program improvement, and leadership development.)

5. Evaluation Committee / Reviewers

Name	Position / Role	Signature	Date
	Dean / Program Director		
	QA / Accreditation Coordinator		
	Faculty / Institutional Reviewer		

- **Faculty can use any available survey results according to their policies and utilize the above-suggested template**

Template 1.3 A: Student Committee Membership List.

1. Purpose

To document **student representation in program committees**, showing active participation in governance, decision-making, and program improvement.

2. Student Committee Members

Name	Student ID / Year	Committee / Role	Term Start	Term End	Email / Contact Info
		Chairperson / Representative			

Name	Student ID / Year	Committee / Role	Term Start	Term End	Email / Contact Info
		Member			
		Member			
		Member			
		Member			
		Member			

3. Committee Objectives / Functions

1. Represent student interests in **curriculum development and evaluation**.
2. Provide **feedback on academic and clinical experiences**.
3. Participate in **quality improvement initiatives**.
4. Serve as a **liaison between students and faculty/administration**.

4. Review and Approval Record

Date of Review	Reviewed by (Committee / Faculty)	Findings / Notes	Approved by	Next Review Date

5. Signatures

Name	Position	Signature	Date
	Program Director / Dean		

Name	Position	Signature	Date
	QA Coordinator		
	Committee Chairperson		

- Attach **committee meeting minutes and attendance records** as supporting evidence

Template 1.3 B: Faculty Governance Feedback Survey

1. Purpose

To gather **faculty perspectives on their involvement in governance**, participation in committees, decision-making, and the effectiveness of faculty representation in program management and quality assurance.

2. Respondent Information

Item	Details
Name (Optional)	
Position / Title	
Department / Program	
Committee(s) Participated In	

3. Faculty Governance Participation Survey
Please rate the following statements on a scale of 1–5:
(1 = Strongly Disagree, 5 = Strongly Agree)

Statement	Rating (1–5)	Comments / Suggestions
I am aware of the governance structures within the nursing program.		
I have had the opportunity to participate in program committees or decision-making processes.		
My opinions and feedback are valued and considered in decisions.		
Participation in governance has enhanced my professional development and understanding of the program.		
Communication regarding meetings and decisions is clear and timely.		
Overall, I am satisfied with my involvement in faculty governance.		

4. Open Feedback
Please provide any additional comments, suggestions, or recommendations regarding faculty participation in governance:

5. Survey Review and Follow-Up

Reviewed by	Position / Committee	Date	Action / Notes
	QA Coordinator / Program Director		
	Committee Chairperson		

- Collect and analyze **survey results annually** to guide program improvement.
- Attach **summary reports** and **action plans** resulting from survey findings from any template in the faculty or utilize above survey.

Standard 2: Institutional Support and Resources

Template 2.1A: Clinical Site Mapping Form

1. Purpose

To document and map each clinical training site to the relevant **courses, clinical learning objectives, and End program learning outcomes (EPLOs)** supports, ensuring that students receive diverse, appropriate, and outcome-aligned clinical experiences.

2. Clinical Site Information

Clinical Site Name	Type of Facility *(Hospital, PHC, .., etc.)*	Specialty Area(s)	Location / Governorate	Affiliation Agreement Valid Until

5. Course–Site Mapping

Course Code & Title	Course Type *(Adult, Maternal, Pediatric, etc.)*	Clinical Site(s) Used	Expected Hours / Week

6. Site Learning Opportunities and Population Served

Clinical Site Name	Learning Opportunities Provided	Patient Population Served	Average Student–Preceptor Ratio	Supervision Provided by *(Title/Role)*

7. Site Evaluation Summary

Criteria	Meets Requirement (Yes/No)	Comments / Evidence
Sites align with CLOs and EPLOs		
Provides sufficient case variety and exposure		
Provides adequate supervision and safety measures		
Facilities and resources are appropriate for student learning		
Feedback from students and preceptors is positive		

6. Summary of Findings

Overall Assessment of Clinical Site Suitability:
☐ Excellent ☐ Satisfactory ☐ Needs Improvement ☐ Unsuitable

Reviewer Name & Title: _____
Date of Review: _____
Signature: _____

7. Recommendations and Follow-Up Actions

Identified Gap / Issue	Proposed Action	Responsible Person	Timeline	Follow-up Status

---

Documentation Notes

- Attach supporting documents:
  - Clinical site affiliation agreements
  - Site evaluation reports
  - Clinical rotation schedule
- Update **annually or per semester** to reflect site or curriculum changes.

Template 2.1B: Clinical Site Evaluation Checklist

1. Purpose

To systematically assess the adequacy and quality of the clinical site in supporting nursing students' clinical learning experiences, ensuring compliance with End program learning outcomes (EPLOs) and safety standards. This evaluation should be surveyed by students and clinical instructors, Preceptors, and clinical coordinators

2. Evaluation Criteria

Evaluation Domain	Criteria	Yes	No	Comments / Evidence
A. Affiliation & Administration	Valid and current memorandum of understanding (MOU) with the institution	☐	☐	
	Clinical site provides access to required units/specialties	☐	☐	
	Site administration supports student learning	☐	☐	
B. Learning Environment	Adequate space for student activities (nursing stations, meeting rooms)	☐	☐	
	Sufficient patient flow to meet learning objectives	☐	☐	
	A variety of cases supports course outcomes	☐	☐	
	Appropriate student–preceptor ratio	☐	☐	
C. Equipment and Resources	Availability of essential nursing equipment and supplies	☐	☐	
	Access to electronic health records or documentation systems	☐	☐	
	Availability of teaching aids (manuals, charts, instruments)	☐	☐	
D. Supervision and Staff Support	Qualified clinical preceptors are assigned	☐	☐	
	Preceptors receive orientation/training	☐	☐	
	Nursing staff are cooperative and supportive of students	☐	☐	
E. Safety and Accessibility	Site meets occupational safety and infection control standards	☐	☐	
	Emergency and safety procedures are clearly communicated	☐	☐	
	Facility is physically accessible to students	☐	☐	
F. Feedback and Evaluation	Regular feedback mechanisms exist between site and faculty	☐	☐	
	Student evaluations of site are reviewed each term	☐	☐	
	Site improvements are documented and followed up	☐	☐	

Scoring Method: Each criterion is scored as follows: Response Yes/ Score1 point, Response No/ Score 0 point
Number of Criteria= 19, Maximum Score=19 points.

3. Overall Site Rating Scale

Total Score	Percentage	Rating	Decision
17–19	90–100%	Excellent	Approved without conditions
14–16	75–89%	Very Good	Approved with minor recommendations
11–13	60–74%	Satisfactory	Conditional approval with improvement plan
≤10	<60%	Unsatisfactory	Not approved

4. Summary of Findings

Overall Evaluation of Site:

☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Unsatisfactory

Key Strengths:

Areas for Improvement:

5. Recommendations & Action Plan

Identified Issue	Recommended Action	Responsible Person	Deadline	Follow-up Status

6. Approval & Review

Evaluator Name / Signature	Date	Program Director Approval	Date

Documentation Notes

- **The faculty can utilize any surveys and reports available according to their policies**
- To be completed **annually** or **before renewing affiliation**.
- Attach photos, MOU copies, and feedback summaries as evidence

Template 2.1C: Laboratory Equipment Inventory Form
Institution: _____
Nursing Program: _____
Lab Type: ☐ Skills Lab ☐ Simulation Lab ☐ Maternity Lab ☐ Pediatric Lab ☐ Other _____
Prepared by: _____
Position / Title: _____

Date: _____
Academic Year: _____

1. Purpose

To document and monitor the list, quantity, condition, and adequacy of laboratory and simulation equipment supporting nursing education and to ensure continuous improvement of lab resources. This form is used to **track and verify the availability, condition, and adequacy of equipment** in nursing skills and simulation laboratories — ensuring they meet the learning objectives and accreditation requirements

2. Equipment Inventory Table

Equipment / Model Name	Category / Type	Quantity Available	Required Quantity	Condition *(Good / Needs Repair / Replace)*	Location / Lab Room	Last Maintenance Date	Remarks

3. Safety and Maintenance

Safety / Maintenance Item	Yes / No	Comments / Notes
Fire extinguisher and first-aid kit available	☐	
Equipment maintenance log updated regularly	☐	
Electrical and simulation equipment checked for safety	☐	

Safety / Maintenance Item	Yes / No	Comments / Notes
Storage and waste disposal areas meet safety standards	☐	
Lab technician / supervisor assigned	☐	

5. Summary of Findings

Overall Condition of Laboratory Equipment:

☐ Excellent ☐ Satisfactory ☐ Needs Maintenance ☐ Needs Replacement

Key Issues Identified:

Immediate Actions Required:

6. Recommendations & Action Plan

Identified Gap / Issue	Recommended Action	Responsible Person	Timeline	Follow-up Status

7. Review and Approval

Lab Supervisor Name / Signature	Date	Program Director / QA Officer Approval	Date

Documentation Notes

- **Provide any evidence of maintenance and equipment requests**
- Review and update **each semester** or **before accreditation visits**.
- Attach supporting documents:
  - Photos of lab setup
  - Maintenance certificates

- Calibration or safety check records

Template 2.1D: Clinical Site Agreement Template

1. Purpose

This agreement establishes a formal affiliation to provide **clinical training and educational experiences** for nursing students, ensuring:

- Safe and structured learning environment
- Alignment with Course Learning Outcomes (CLOs) and End Program Learning Outcomes (EPLOs)
- Adequate supervision and evaluation of students

2. Clinical Site Agreement

Organization names	Agreement details	Dates and duration	Responsibilities & compliance

3. Signatures

Party	Name / Title	Signature	Date
Nursing Program			
Clinical Site			

Documentation Notes

- Review and renew **every 1–3 years** or as required by accreditation.
- Attach copies of **site evaluations and student feedback** to maintain compliance evidence.

Template 2.1E: Clinical Course Coordinator Evaluation Form

1. Purpose

To systematically evaluate the **effectiveness, guidance, and support** provided by clinical course coordinator, ensuring students achieve their clinical learning objectives and gain competency in professional practice.

2. Evaluation Criteria

Please rate the following aspects of the Clinical course coordinator using the scale:

(1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent)

Domain	Criteria	Rating (1–5)	Comments / Evidence
A. Professional Competence	Supervisor demonstrates expertise and up-to-date knowledge in clinical practice		
	Demonstrate clinical reasoning and guide the student appropriately		
B. Communication and Guidance	Provides clear instructions and expectations		
	Encourages questions and discussion		
	Offers constructive feedback on time		
C. Supervision & Support	Provides adequate supervision throughout the clinical experience		
	Ensures student safety and adherence to protocols		
	Supports the development of clinical skills and professional behavior		
D. Assessment & Evaluation	Conducts fair and objective evaluation of student performance		
	Aligns feedback with course objectives and EPLOs		
E. Professionalism	Demonstrates respect, ethical behavior, and role modeling		
	Promotes a positive learning environment		

3. Overall Evaluation

Overall Effectiveness of Clinical Course Coordinator:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Strengths:

Areas for Improvement:

4. Recommendations / Action Plan

Issue / Gap Identified	Recommended Action	Responsible Person	Timeline / Follow-Up

5. Signatures

Evaluator Name / Signature	Date	Clinical Site Supervisor / Signature	Date

Documentation Notes

- **The faculty can utilize this form or provide any available surveys and results according to their policies**
- To be completed **for each student during each clinical rotation**.
- Collect and summarize **at the end of the semester** for program evaluation and accreditation purposes.
- Attach **supporting documentation**: student logs, clinical rotation reports, and preceptor feedback.

Template 2.1F: Facility Safety Inspection /Accessibility Checklist

Institution: _____
Nursing Program: _____

Facility Name / Type: ☐ Skills Lab ☐ Simulation Lab ☐ Classroom ☐ Clinical Site ☐ Other: _____
Location: _____
Inspection Date: _____
Inspector Name & Title: _____
Academic Year: _____

1. **Safety Inspection Checklist:** to systematically evaluate the **safety, accessibility, and compliance** of nursing program facilities, ensuring a secure learning environment for students, faculty, and staff.

Domain	Criteria	Yes	No	Comments / Action Required
A. General Facility Safety	Emergency exits clearly marked and accessible	☐	☐	
	Fire extinguishers are available and inspected	☐	☐	
	First aid kits available and stocked	☐	☐	
	Facility is clean, organized, and clutter-free	☐	☐	
B. Electrical & Equipment Safety	Electrical outlets and cords are in good condition	☐	☐	
	Simulation and lab equipment inspected regularly	☐	☐	
	Equipment manuals and safety instructions available	☐	☐	
C. Infection Control & Hygiene	Handwashing stations / sanitizers available	☐	☐	
	Waste disposal (biohazard, sharps) properly managed	☐	☐	
	Cleaning schedule and logs maintained	☐	☐	
D. Accessibility & Ergonomics	Facility accessible to students with disabilities	☐	☐	
	Furniture and workstations are safe and ergonomic	☐	☐	
	Adequate lighting and ventilation	☐	☐	
E. Emergency Preparedness	Evacuation plan posted and known by staff/students	☐	☐	
	Emergency contact numbers displayed	☐	☐	
	Safety drills conducted periodically	☐	☐	

Overall Facility Safety Status Evaluation:

☐ Excellent ☐ Satisfactory ☐ Needs Improvement ☐ Unsuitable

Key Safety Issues Identified:

Recommended Actions / Follow-Up:

2. **Accessibility Assessment Checklist:** to systematically evaluate the **physical and functional accessibility** of facilities, ensuring that all students, including those with disabilities, can safely and effectively participate in learning activities.

Domain	Criteria	Yes	No	Comments / Action Required
A. Physical Access	Entrances and exits accessible to individuals with disabilities	☐	☐	
	Doorways and hallways wide enough for wheelchair access	☐	☐	
	Ramps and elevators available and functional	☐	☐	
	Restrooms are accessible to all users	☐	☐	
B. Learning Environment	Workstations, desks, and lab stations adjustable for accessibility	☐	☐	
	Clear signage for navigation and emergency exits	☐	☐	
	Lighting and acoustics suitable for students with sensory needs	☐	☐	
C. Technology & Equipment	Computers and e-learning tools are accessible to all students	☐	☐	
	Assistive devices available (if required)	☐	☐	
	Adaptive lab/simulation equipment provided	☐	☐	
D. Emergency Preparedness	Emergency exits and procedures are accessible for all	☐	☐	
	Staff trained to assist students with disabilities during emergencies	☐	☐	

Overall Facility Accessibility Evaluation:

☐ Excellent ☐ Satisfactory ☐ Needs Improvement ☐ Unsuitable

Key Accessibility Strengths:

Areas Needing Improvement:

3. Action Plan / Recommendations

Identified Issue	Recommended Action	Responsible Person	Timeline / Follow-Up

4. Signatures

Inspector Name / Signature	Date	Facility Manager / Supervisor Signature	Date

Documentation Notes

- To be completed **annually or before each semester**.
- Attach **supporting evidence**: photos, maintenance reports, inspection certificates.

Template 2.1G: Clinical Rotation Schedule Template

Institution: _____

Nursing Program: _____

Academic Year / Semester: _____

Coordinator / Contact Person: _____

Date Prepared: _____

1. Purpose

To provide a structured schedule for **clinical placements**, ensuring that all students gain required experience, supervision, and exposure to diverse patient populations.

2. Clinical Rotation Schedule Table

Student Name	Student ID	Clinical Site / Department	Preceptor Name	Rotation Start Date	Rotation End Date	Week/ Hours	Notes / Special Requirements

3. Summary of Rotation Coverage

Clinical Site	Number of Students Assigned	Departments / Specialties Covered	Preceptor Assigned	Comments / Notes

4. Supervisor / Faculty Assignment

Preceptor / Faculty Name	Assigned Students	Contact Info	Special Instructions

5. Approval and Signatures

Prepared by (Clinical Coordinator)	Signature	Date

Program Director / Dean Approval	Signature	Date

Documentation Notes

- Update **before each semester or clinical term**.
- Attach **student assignments, site confirmations, preceptor agreements**, and **special accommodations** if applicable.
- Ensure rotation schedule aligns with **accreditation requirements for hours, exposure, and diversity of clinical experiences**.

Template 2.1H: Clinical Placement Evaluation Report

Institution: _____
Nursing Program: _____
Clinical Site Name: _____
Department / Specialty Area: _____

Academic Year / Semester: _____
Evaluator Name & Title: _____
Date of Evaluation: _____

1. Purpose

To systematically evaluate the **quality, effectiveness, and alignment of clinical placements** with course and program objectives, ensuring continuous improvement in student learning and safety.

2. Clinical Placement Evaluation Criteria

Please rate the following aspects using the scale:
1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Domain	Criteria	Rating (1–5)	Comments / Evidence
A. Site Suitability	Adequate patient population for student learning		
	Facilities, equipment, and resources sufficient		
	Safety and accessibility of site		
B. Supervision & Guidance	Qualified preceptors available		
	Students receive regular feedback and support		
	Supervision aligns with learning objectives		
C. Learning Experience	Clinical experiences aligned with course objectives		
	Students exposed to a variety of cases		
	Opportunities to apply theory to practice		
D. Communication & Collaboration	Site staff cooperate with program faculty		
	Open communication between site, preceptors, and program		
E. Overall Satisfaction	Site meets expectations for quality clinical learning		

3. Summary of Findings

Overall Placement Effectiveness:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Strengths Identified:

Areas for Improvement:

4. Action / Recommendations

Identified Issue / Gap	Recommended Action	Responsible Person	Timeline / Follow-Up

5. Signatures

Evaluator Name / Signature	Date	Clinical Site Supervisor / Signature	Date

Documentation Notes

- To be completed **after each clinical rotation for every site**.
- Attach supporting documents:
  - Student feedback forms
  - Preceptor evaluations
  - Clinical rotation logs
- Summarize findings **at the end of the semester** to guide program improvements and accreditation reporting.

Template 2.2A: Annual Budget Summary Form

1. Purpose

To provide a **clear summary of allocated and spent resources** for teaching, research, clinical training, and administrative support, enabling effective financial planning, accountability, and program sustainability.

2. Budget Summary Table

Category	Allocated Budget (JD)	Amount Spent (JD)	Variance (Allocated – Spent)	Percentage Used (%)	Comments / Notes
Staffing / Salaries					
Faculty Development / Training					
Teaching Materials / Resources					
Laboratory & Simulation Equipment					
Clinical Training Support					
Research / Grants					
Administrative / Office Supplies					
IT / E-Learning / Technology					
Other (Specify)					
Total					

3. Summary Analysis
Key Observations:

Budget Adequacy & Gaps:

Recommendations for Next Fiscal Year:

4. Approval & Signatures

Prepared by (Finance / Program Officer)	Signature	Date

Program Director / Dean Approval	Signature	Date

Documentation Notes

- File under:
- Review and update **annually**, ideally before fiscal year-end.
- Attach supporting documents:
  - Invoices
  - Faculty funding requests
  - Purchase orders
  - Grant agreements
  - Payroll summaries
- Use for **budget audits, accreditation submissions, and financial planning**.
- The faculty can utilize any available forms or templates according to their policies

Template 2.3A: Library Resource Inventory Form

1. Purpose

To maintain a complete and current record of **nursing and health sciences library resources**, ensuring access to **relevant, updated, and evidence-based materials** for students and faculty.

2. Library Resources Inventory

Resource Category	Title / Name	Author / Publisher	Edition / Year	Format (Print / eBook / Database)	Quantity / Access	Location / Access Link	Status (Available / Outdated / Missing)
Textbook							
Reference Book							
Journal							
Database							
Multimedia / Video							
Other (Specify)							

3. Summary of Holdings

Category	Total Number of Items	% Updated (within last 5 years)	Remarks / Comments
Nursing Textbooks			
Journals / Periodicals			
Databases			
Reference Materials			
E-Resources			
Total Library Resources			

4. Subscription Inventory and Renewal Tracking

#		Resource Name / Title	Type (Journal / Database / eBook / Platform)	Provider / Vendor	Subscription ID / Account #	Start Date	Expiry Date	Annual Fee (USD / JD)	Renewal Status	Date Renewed	Responsible Person	Remarks
1									☐ Pending			

#		Resource Name / Title	Type (Journal / Database / eBook / Platform)	Provider / Vendor	Subscription ID / Account #	Start Date	Expiry Date	Annual Fee (USD / JD)	Renewal Status	Date Renewed	Responsible Person	Remarks
									☐ Renewed ☐ Cancelled			
2									☐ Pending ☐ Renewed ☐ Cancelled			
3									☐ Pending ☐ Renewed ☐ Cancelled			
4									☐ Pending ☐ Renewed ☐ Cancelled			

5. Resource Evaluation

Evaluation Criteria	Yes / No	Comments / Notes
Resources are current and evidence-based		
Nursing databases are accessible remotely		
Library resources align with course learning outcomes (CLOs)		
Faculty and students have adequate access to e-resources		
Annual review of holdings conducted		

6. Recommendations for Update or Purchase

Resource Title / Type	Reason for Update / Purchase	Estimated Cost (USD / JD)	Priority (High / Medium / Low)	Responsible Person

7. Verification / Approval

Librarian / Resource Coordinator	Signature	Date

Program Director / Dean	Signature	Date

8. Documentation Notes

- Update **annually or as new resources are added**.
- Attach supporting documents: acquisition lists, vendor receipts, and online database subscriptions.
- Use for **library audits, accreditation, and curriculum resource mapping**.

Template 2.3B: Course Resource Availability Checklist

Institution: _____
Nursing Program: _____
Course Title: _____
Course Code: _____
Academic Year / Semester: _____

Course Coordinator: _____
Date Completed: _____

1. Purpose

To verify that **adequate and updated learning resources** (textbooks, e-books, databases, audiovisuals, simulation materials, and equipment) are available and accessible to support course delivery and student learning outcomes.

2. Resource Availability Checklist

#	Resource Category	Specific Item / Title	Required (Yes/No)	Available (Yes/No)	Access Type (Library / Online / Lab / Other)	Condition / Version	Remarks / Action Needed
1	Core Textbooks		☐ Yes ☐ No	☐ Yes ☐ No			
2	Reference Books		☐ Yes ☐ No	☐ Yes ☐ No			
3	E-Books / Online Texts		☐ Yes ☐ No	☐ Yes ☐ No			
4	Peer-Reviewed Journals		☐ Yes ☐ No	☐ Yes ☐ No			
5	Databases (e.g., CINAHL, PubMed)		☐ Yes ☐ No	☐ Yes ☐ No			
6	Simulation Lab Equipment		☐ Yes ☐ No	☐ Yes ☐ No			
7	Clinical Guidelines / Protocols		☐ Yes ☐ No	☐ Yes ☐ No			
8	Multimedia (Videos, Models, Charts)		☐ Yes ☐ No	☐ Yes ☐ No			
9	Software / Online Tools		☐ Yes ☐ No	☐ Yes ☐ No			
10	Other (Specify)		☐ Yes ☐ No	☐ Yes ☐ No			

3. Summary of Resource Adequacy

Resource Category	Adequate (✓)	Needs Update (✗)	Action Plan / Timeline	Responsible Person
Textbooks				

Resource Category	Adequate (✓)	Needs Update (✗)	Action Plan / Timeline	Responsible Person
Journals & Databases				
Clinical / Simulation Materials				
Digital / Multimedia				
Other				

4. Verification and Approval

Prepared by (Course Coordinator)	Signature	Date

Reviewed by (Head of Department / Library Representative)	Signature	Date

Approved by (Dean / Program Director)	Signature	Date

6. Documentation Notes

- Update **before each semester** or during curriculum revision cycles.
- Attach copies of **purchase requests, library listings, or vendor confirmations** as evidence.
- Use data for **budget planning and accreditation reporting**.

Template 2.3C: Library Service Schedule

Institution: _____
Nursing Program: _____

Academic Year: _____
Library Name / Location: _____
Library Coordinator: _____
Date Prepared: _____

1. Purpose

This form outlines the **weekly and semester-based schedule** of library operations and services to ensure accessibility and equitable resource utilization for nursing students and faculty.

2. Library Hours of Operation

Day	Opening Time	Closing Time	Staff on Duty	Notes / Remarks
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

3. Available Library Services

Service Category	Description of Service	Availability (Days/Hours)	Responsible Staff	Remarks / Notes
Book Borrowing / Lending	Circulation of textbooks and reference materials			
Reference Assistance	Research help, citation support, and resource guidance			
Database Access Support	Guidance on CINAHL, PubMed, EBSCO, and other resources			
Printing / Photocopying	Printing and document reproduction services			

Service Category	Description of Service	Availability (Days/Hours)	Responsible Staff	Remarks / Notes
Group Study Rooms	Spaces for collaborative learning and discussions			
Individual Study Spaces	Quiet study zones			
E-Resources Access	Remote access to online journals, databases, and e-books			
Orientation / Workshops	Library skills and information literacy sessions			
Interlibrary Loan	Resource sharing with partner institutions			
Technical Support	IT helpdesk and login assistance			

4. Service Evaluation Summary

Service Area	Student / Faculty Feedback Summary	Action Taken / Planned	Date	Responsible Person

5. Verification and Approval

Prepared by (Library Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

6. Documentation Notes

- To be **reviewed and updated each semester** or upon changes in library operations.
- Attach any **library policy, staff schedule, or event calendar** as supporting documents.

Template 2.3D: Library User Training Attendance Sheet

Institution: _____
Nursing Program: _____
Academic Year: _____
Library Name / Location: _____
Training Session Title: _____
Date of Training: _____
Facilitator / Trainer: _____
Duration: _____ Hours

1. Purpose

This form records attendance for **library orientation and user training sessions**, including workshops on database searching, referencing, and using e-learning or evidence-based resources.

2. Session Details

Session Topic / Objective	Target Group	Mode of Delivery	Learning Outcomes
		(☐ In-person ☐ Online ☐ Blended)	

3. Attendance Record

No.	Participant Name	Student/Faculty ID	Program / Department	Email / Phone	Signature
1					
2					
3					
4					

No.	Participant Name	Student/Faculty ID	Program / Department	Email / Phone	Signature
5					
6					
7					
8					

(Attach additional pages as needed.)

4. Trainer / Facilitator Information

Name	Position / Title	Department	Contact Email	Signature

5. Feedback Summary (Optional)

Feedback Question	Summary of Responses	Action Taken / Planned
Were the training objectives clear and relevant?		
Did the session improve your ability to use library resources?		
Were the materials and tools easy to access?		
Suggestions for improvement:		

6. Verification and Filing

Prepared by (Library Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

7. Documentation Notes

- Retain for **a minimum of three academic years** as evidence of training and resource support activities.
- Attach: session agenda, training materials, and feedback forms.
- The faculty can utilize any available templates, surveys, and reports, or utilize above template

Template 2.3E: Student Satisfaction Survey Summary

Institution: _____
Nursing Program: _____
Academic Year / Semester: _____
Survey Period: _____ to _____
Prepared by: _____
Position / Department: _____
Date Prepared: _____

1. Purpose

This form summarizes the **results of the Student Satisfaction Survey** regarding library and learning resource services, to support continuous improvement and evidence-based decision-making.

2. Survey Overview

Survey Title	Distribution Method	Target Population	Response Rate (%)
Student Satisfaction with Library & Learning Resources	(☐ Online ☐ Paper ☐ Mixed)	Nursing Students (All Levels)	

3. Survey Components

Category	Items Included	Measurement Scale
Availability of Resources	Textbooks, Journals, Databases	5-point Likert Scale (Strongly Disagree → Strongly Agree)
Accessibility & Operating Hours	Opening times, Remote access	5-point Likert Scale
Quality of Services	Staff support, orientation, response time	5-point Likert Scale
Learning Environment	Space, lighting, safety, comfort	5-point Likert Scale
Overall Satisfaction	Overall experience with library resources	5-point Likert Scale

4. Summary of Results

Survey Dimension	Mean Score (out of 5)	Target KPI (≥ 4.0)	% of Positive Responses (Agree/Strongly Agree)	Comments / Remarks
Availability of Resources				
Accessibility & Hours				
Quality of Services				
Learning Environment				
Overall Satisfaction				

5. Qualitative Feedback (Open-Ended Responses)

Theme / Topic	Student Comments (Summarized)	Action Proposed	Responsible Person / Unit
Resource Availability			

Theme / Topic	Student Comments (Summarized)	Action Proposed	Responsible Person / Unit
Accessibility			
Service Quality			
Study Space			
Technology / E-Resources			

6. Action Plan Based on Results

Area for Improvement	Planned Action	Timeline	Responsible Person / Department	Status / Follow-Up

7. Summary & Conclusion

Overall Satisfaction Score: _____ / 5

Trend Compared to Previous Year: ☐ Improved ☐ Stable ☐ Declined

General Findings:

Recommendations:

8. Verification and Approval

Prepared by (Quality Assurance Officer / Library Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

9. Documentation Notes

- Attach: Full survey instrument, raw data summary, and graphs.
- Maintain record for **at least three academic years**.

Template 2.3F: E-Resources Access Log

Institution: _____
Nursing Program: _____
Academic Year / Semester: _____
Library / IT Department: _____
Prepared by: _____
Date Prepared: _____

1. Purpose

This form documents **student and faculty access to electronic library resources** (databases, e-books, journals, etc.) to ensure usage monitoring, accessibility evaluation, and continuous resource improvement.

2. E-Resources Overview

Database / Platform Name	Provider / Vendor	Type of Resource	Access Method (On-Campus / Remote)	Subscription Validity Period
		(☐ Database ☐ E-Book ☐ E-Journal ☐ Other)		

3. Access Log Summary

Date	User Group	Number of Users Logged In	Total Sessions	Average Session Duration (min)	Remarks / Notes
	☐ Students ☐ Faculty				

4. Monthly Usage Statistics

Month	Total Users (Students)	Total Users (Faculty)	Total Downloads / Searches	Most Accessed Database	Remarks / Observations
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

5. Access Issues & Resolutions

Date	Issue Description	Reported By	Action Taken	Resolved (Yes/No)	Responsible Person

6. User Feedback Summary

Feedback Source	Main Comments / Issues Reported	Action Taken / Planned	Follow-Up Date
Student Survey			
Faculty Feedback			
IT Support Logs			

7. Annual Analysis

Indicator	Current Year	Previous Year	% Change	Interpretation / Remarks
Total Logins				
Average Session Duration				
Number of Databases Accessed				
Remote Access Usage (%)				
User Satisfaction (%)				

8. Summary & Recommendations
Overall Access Performance:
☐ Excellent ☐ Satisfactory ☐ Needs Improvement
Summary of Key Findings:

Recommended Actions:

Remote (off campus) access activity

1. Purpose

This form summarizes **remote (off-campus) access activity** to library and e-learning resources. It supports monitoring of accessibility, effectiveness, and technical reliability of online resource systems for both students and faculty.

2. Remote Access Systems Overview

System / Platform Name	Type of Resource	Provider / Vendor	Access Link / Portal	Access Method (VPN / Proxy / SSO / Other)	Subscription Validity Period
	(☐ Database ☐ LMS ☐ E-Book ☐ E-Journal ☐ Simulation)				

3. Monthly Remote Access Statistics

Month	Total Users (Students)	Total Users (Faculty)	Total Sessions	Average Session Duration (min)	Peak Usage Hours	Remarks
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

4. Access Trends Analysis

Indicator	Current Year	Previous Year	% Change	Remarks / Interpretation
Total Remote Users				

Indicator	Current Year	Previous Year	% Change	Remarks / Interpretation
Total Sessions				
Average Session Duration				
Remote Access Success Rate (%)				
System Downtime (Hours)				

5. Reported Access Issues

Date	Issue Description	Affected System	Reported By	Resolution Action	Resolved (Yes/No)	Responsible Person

6. User Feedback Summary

Feedback Source	Main Comments / Issues	Action Taken / Planned	Follow-Up Date	Responsible Person
Student Survey				
Faculty Feedback				
IT Helpdesk Logs				

7. Performance Indicators (KPIs)

KPI	Target	Actual Performance	Status (Met/Not Met)	Action Required
% of students able to access remotely	≥ 90%			
% of faculty able to access remotely	≥ 95%			
% of uptime for remote access systems	≥ 98%			
% of issues resolved within 48 hours	≥ 85%			
Overall user satisfaction rate	≥ 80%			

8. Recommendations & Improvement Plan

Area for Improvement	Planned Action	Timeline	Responsible Unit	Status / Notes

9. Summary

Overall System Reliability: ☐ Excellent ☐ Satisfactory ☐ Needs Improvement

General Observations:

Next Steps:

10. Verification and Approval

Prepared by (Library / IT Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

11. Documentation Notes

- Update **monthly or quarterly** depending on system tracking capability.
- Attach: System-generated access logs, user reports, and any relevant screenshots or technical reports.

Template 2.3G: Faculty Resource Recommendation Form

Institution: _____
Nursing Program: _____
Academic Year / Semester: _____
Prepared by (Faculty Member): _____
Date Submitted: _____

1. Purpose

This form allows faculty to **recommend libraries or learning resources** (books, e-resources, journals, multimedia, simulation tools, etc.) to support course delivery, research, and End program learning outcomes (EPLOs). Recommendations are used for acquisition planning and budgeting.

2. Faculty Information

Name	Position / Title	Department / Program	Email	Phone

3. Recommended Resource Details

#	Resource Type	Title / Description	Author / Editor	Edition / Year	ISBN / ISSN	Relevant Course(s)	Reason for Recommendation	Priority (High / Medium / Low)
1	☐ Book ☐ Journal ☐ E-Book ☐ Database ☐ Multimedia ☐ Simulation							
2	☐ Book ☐ Journal ☐ E-Book ☐ Database ☐ Multimedia ☐ Simulation							
3	☐ Book ☐ Journal ☐ E-Book ☐ Database ☐ Multimedia ☐ Simulation							
4	☐ Book ☐ Journal ☐ E-Book ☐ Database ☐ Multimedia ☐ Simulation							

4. Justification / Evidence of Need

Instruction / Learning Outcome	Gap in Current Library / Resource Collection	Impact on Student Learning

5. Approval Workflow

Reviewed by (Department Head / Program Director)	Signature	Date	Comments

Approved by (Library Coordinator / Resource Officer)	Signature	Date	Remarks

Final Approval (Dean / Program Director)	Signature	Date	Notes

6. Documentation Notes

- Attach supporting evidence such as course syllabi, EPLO mapping, and usage reports.
- Submit recommendations **before budget planning cycles** to ensure timely acquisition.

Template 2.4A: Computer Lab Inventory Form

Institution: _____
Nursing Program: _____

Lab Name / Location: _____
Academic Year / Semester: _____
Prepared by (Lab Coordinator / IT Officer): _____
Date Prepared: _____

1. Purpose

This form documents the **inventory of computer lab equipment and peripherals**, ensuring that technology resources support teaching, learning, and clinical documentation systems as required by the nursing program.

2. Lab Equipment Inventory

#	Item Description	Brand / Model	Serial Number	Quantity	Year Purchased	Condition (New / Good / Fair / Poor)	Location / Lab Station	Remarks
1	Desktop Computer							
2	Laptop							
3	Projector							
4	Printer / Scanner							
5	Network Switch / Router							
6	Simulation Software / High-Fidelity Simulation Equipment							
7	Interactive Whiteboard / Smart Board							
8	Other Peripherals (Keyboard, Mouse, Headset, etc.)							

3. Maintenance & Upgrade Schedule

Item	Last Maintenance Date	Next Scheduled Maintenance	Responsible Person / IT Staff	Remarks / Issues

4. Software Inventory

Software Name	Version	License Type (Perpetual / Subscription)	Number of Licenses	Expiry Date	Installed On (Lab Station / Computer)	Remarks

6. Notes

- Update **annually or after major equipment changes**.
- Attach supporting documents: purchase invoices, warranty certificates, and maintenance logs.

Internet & Network Connectivity Report

1. Purpose

This report documents the **status, performance, and reliability** of the internet and network infrastructure supporting the nursing program. It ensures that e-learning platforms, online assessments, and clinical documentation systems function effectively.

2. Network Overview

Component	Description / Model	Quantity	Location	Installed / Operational Since	Current Status	Remarks
Router						
Switch						
Wireless Access Point						
Firewall / Security Appliance						
Server / Database Host						
VPN / Remote Access System						
Other Network Equipment						

3. Internet Connectivity Status

Metric	Target / Standard	Current Measurement	Observation / Remarks
Bandwidth (Download / Upload)	Minimum required per student/faculty		
Latency / Ping	≤ 50 MS		
Uptime (%)	≥ 98%		
Downtime (hours)	≤ 10 per year		
Connection Speed Consistency	± 10% variation		

4. User Access Statistics

User Group	Number of Users	Peak Usage Hours	Average Session Duration	Reported Connectivity Issues	Remarks
Students					
Faculty					
Administrative Staff					

5. Reported Connectivity Issues & Resolutions

Date	Issue Description	Reported By	Action Taken	Resolved (Yes / No)	Responsible Person / IT Staff

6. Network Performance Improvements / Upgrades

Proposed Upgrade / Improvement	Justification	Estimated Cost	Timeline	Responsible Unit	Status

7. Notes

- Update **quarterly or after major network upgrades**.
- Attach supporting documents: speed tests, network diagrams, incident logs, and maintenance reports.

Digital Tools Access Log

1. Purpose

This form records **faculty and student access to digital tools**, including learning management systems (LMS), simulation software, online assessment platforms, and clinical documentation systems, to monitor usage, accessibility, and effectiveness.

2. Digital Tools Overview

Tool / Software Name	Type (LMS / Simulation / Assessment / Other)	Platform / Vendor	Access Method (On-Campus / Remote)	Number of Licenses / Seats	Subscription Validity / License Expiry	Remarks

3. Access Log

Date	User Group	Number of Users Logged In	Total Sessions	Average Session Duration (min)	Tool Used	Remarks / Issues
	☐ Students ☐ Faculty					
	☐ Students ☐ Faculty					
	☐ Students ☐ Faculty					

4. Monthly Usage Summary

Month	Total Users (Students)	Total Users (Faculty)	Total Sessions	Average Session Duration (min)	Most Used Tool	Remarks / Observations
January						
February						
March						
April						
May						
June						

Month	Total Users (Students)	Total Users (Faculty)	Total Sessions	Average Session Duration (min)	Most Used Tool	Remarks / Observations
July						
August						
September						
October						
November						
December						

5. Access Issues & Resolutions

Date	Issue Description	Reported By	Action Taken	Resolved (Yes / No)	Responsible Person / Unit

6. User Feedback Summary

Feedback Source	Main Comments / Issues	Action Taken / Planned	Follow-Up Date	Responsible Person / Unit
Student Survey				
Faculty Feedback				
IT Support Logs				

7. Performance Indicators (KPIs)

KPI	Target	Actual Performance	Status (Met / Not Met)	Action Required
% of students able to access tools	≥ 90%			
% of faculty able to access tools	≥ 95%			
% of uptime for digital tools	≥ 98%			
Average session duration aligns with intended use	≥ 30 min			
% of issues resolved within 48 hours	≥ 85%			

8. Recommendations & Improvement Plan

Area for Improvement	Planned Action	Timeline	Responsible Unit	Status / Notes

9. Notes

- Update monthly or quarterly depending on usage monitoring capability.
- Attach supporting reports from LMS, simulation software, or assessment platforms.

10. Verification and Approval

Prepared by (IT Officer / Lab Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

Template 2.4B: Simulation Session Schedule and Evaluation Form
Institution: _____
Nursing Program: _____
Simulation Lab / Location: _____
Academic Year / Semester: _____

Prepared by (Simulation Lab Coordinator / Faculty): _____
Date Prepared: _____

1. Purpose
This form schedules **simulation sessions** and provides a structured **evaluation of simulation effectiveness**, ensuring alignment with course learning outcomes (CLOs) and End program learning outcomes (EPLOs).

2. Simulation Session Schedule

Date	Time	Course / Module	Instructor / Facilitator	Simulation Equipment / Tool	Learning Objectives / Competencies Addressed	Student Group / Number	Lab / Room	Remarks

3. Student Evaluation of Simulation

Student Name / ID	Participation (Yes / No)	Pre-Briefing Preparedness (1–5)	Clinical Skills Performance (1–5)	Decision-Making & Critical Thinking (1–5)	Communication & Teamwork (1–5)	Overall Satisfaction (1–5)	Instructor Comments

Rating Scale: 1 = Poor, 2 = Fair, 3 = Satisfactory, 4 = Good, 5 = Excellent

4. Faculty / Facilitator Evaluation of Session

Instructor / Facilitator	Session Objectives Met (Yes / No)	Student Engagement (1–5)	Equipment Functionality (1–5)	Time Management (1–5)	Challenges / Issues	Recommendations for Improvement

Rating Scale: 1 = Poor, 2 = Fair, 3 = Satisfactory, 4 = Good, 5 = Excellent

5. Key Performance Indicators (KPIs)

KPI	Target / Standard	Actual Performance	Status (Met / Not Met)	Action Required
% of scheduled simulation sessions conducted	100%			
% of students completing evaluations	≥ 90%			
% of sessions meeting learning objectives	≥ 95%			
Equipment functionality	≥ 98%			
Overall student satisfaction	≥ 80%			

6. Verification and Approval

Prepared by (Simulation Lab Coordinator / Faculty)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

7. Documentation Notes

- Attach supporting documents: session sign-in sheets, simulation recordings, instructor feedback notes.
- Review **after each simulation session** and summarize **quarterly or annually** for accreditation purposes.

Template 2.4C: Virtual Learning Platform Access Report

Institution: _____
Nursing Program: _____
Platform / LMS Name: _____
Academic Year / Semester: _____
Prepared by (IT Officer / LMS Coordinator): _____
Date Prepared: _____

1. Purpose

This report monitors **faculty and student access, usage, and performance** on virtual learning platforms (e.g., LMS, online assessment systems, e-learning modules) to ensure effective support for teaching, learning, and assessment aligned with End program learning outcomes (EPLOs).

2. Platform Overview

Platform / Tool Name	Type (LMS / Assessment / Simulation / Other)	Vendor / Provider	Access Method (On-Campus / Remote)	Number of Licensed Users	License / Subscription Validity	Remarks

3. User Access Log

Date	User Group	Number of Users Logged In	Total Sessions	Average Session Duration (min)	Module / Course Accessed	Issues / Remarks
	☐ Students ☐ Faculty					
	☐ Students ☐ Faculty					
	☐ Students ☐ Faculty					

4. Reported Issues & Resolutions

Date	Issue Description	Reported By	Action Taken	Resolved (Yes / No)	Responsible Person / Unit

5. Key Performance Indicators (KPIs)

KPI	Target / Standard	Actual Performance	Status (Met / Not Met)	Action Required
% of students able to access platform	≥ 90%			
% of faculty able to access platform	≥ 95%			
Platform uptime	≥ 98%			
Average session duration aligns with intended use	≥ 30 min			
% of reported issues resolved within 48 hours	≥ 85%			

6. Recommendations & Improvement Plan

Area for Improvement	Planned Action	Timeline	Responsible Unit	Status / Notes

7. Verification and Approval

Prepared by (IT Officer / LMS Coordinator)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

9. Documentation Notes

- Update **monthly or quarterly**.
- Attach supporting documents: system access logs, LMS reports, screenshots, and IT issue reports.

Template 2.5A: Resource Improvement Action Plan
Institution: _____
Nursing Program: _____
Academic Year / Semester: _____
Prepared by: _____
Date Prepared: _____

1. Purpose

This form documents **planned improvements for library, laboratory, simulation, technology, and other educational resources** based on faculty, student, and clinical partner feedback. The plan ensures resources remain sufficient, effective, and aligned with End program learning outcomes (EPLOs).

2. Instructions

- Complete all sections for each resource area.
- Identify responsible units and timelines for implementation.
- Track progress and outcomes for continuous quality improvement.

3. Resource Improvement Plan

Resource Area	Identified Issue / Feedback	Proposed Improvement / Action	Responsible Person / Unit	Timeline / Target Date	Required Budget / Resources	Status / Notes
Library / E-resources						
Laboratory / Equipment						

Resource Area	Identified Issue / Feedback	Proposed Improvement / Action	Responsible Person / Unit	Timeline / Target Date	Required Budget / Resources	Status / Notes
Simulation / Clinical Tools						
Technology / LMS / E-learning						
Clinical Sites / Placements						
Faculty Development / Training						
Other						

4. Key Performance Indicators (KPIs)

KPI	Target / Standard	Baseline	Expected Outcome	Monitoring Method
% of students satisfied with resources	≥ 85%			Student survey
% of faculty satisfied with resources	≥ 90%			Faculty survey
Number of resource improvements completed on time	100%			Action Plan Tracking
Resource accessibility (library, LMS, labs)	≥ 95%			IT and lab reports
Equipment functionality and availability	≥ 98%			Maintenance logs

5. Implementation Tracking Table

Action / Improvement Item	Responsible Person / Unit	Planned Start Date	Planned Completion Date	Actual Completion Date	Progress Status (Not Started / In Progress / Completed / Delayed)	Notes / Challenges

Action / Improvement Item	Responsible Person / Unit	Planned Start Date	Planned Completion Date	Actual Completion Date	Progress Status (Not Started / In Progress / Completed / Delayed)	Notes / Challenges

6. Key Performance Indicators (KPIs)

KPI	Target / Standard	Actual Performance	Status (Met / Not Met)	Action Required
% of planned actions implemented on time	100%			
% of actions fully completed	100%			
% of actions delayed beyond planned date	≤ 5%			
Resource utilization efficiency	≥ 90%			
Stakeholder satisfaction with improvements	≥ 85%			

7. Progress Monitoring & Review

Review Date	Completed Actions	Pending Actions	Responsible Unit	Comments / Observations

8. Verification and Approval

Prepared by (Resource Coordinator / Program Staff)	Signature	Date

Reviewed by (Program Director / Dean)	Signature	Date

9. Documentation Notes

- Update **annually or after major feedback cycles**.
- Attach supporting documentation: survey results, maintenance logs, IT reports, and action completion evidence.

Standard 3: Faculty Qualifications and Scholarship

Template 3.1A: Faculty Degrees and Transcripts

Faculty Name	Degree (BSN/MSN/PhD)	Institution & Country	Year Awarded	Transcript Authenticated (Y/N)	Academic Faculty Practice Certificate	Copy File/Hyperlink	Notes
Dr. A. Khaled	PhD in Nursing	University of Jordan	2019	Y		[link]	—

(Keep PDF copies hyperlinked to each entry.)

Template 3.1 B: Faculty List & Academic Rank

No.	Faculty Name	Academic Rank	Full-Time/Part-Time	Specialty Area	Courses Taught	Meets Program Requirement (Y/N)	Hyperlink to CV/License
1	Prof. R. Ahmad	Associate Professor	Full-Time	Adult Nursing	NURS 301, NURS 401	Y	[link]

Template 3.1 C: Faculty Workload & Teaching Assignment Sheet

Faculty Name	Semester	Course(s) Taught (Theory/Clinical)	Credit Hours	Clinical Contact Hours	Research/Service Hours	Total Load	Compliance with Workload Policy (Y/N)
Prof. R. Ahmad	Fall 2025	NURS 301 (Theory), NURS 401 (Clinical)	6	180	2	8 CH + 180 hrs	Y

(Attach course timetables or schedules to verify contact hours.)

Template 3.1 D: Faculty Development / Training Progress Records

(Focus on pedagogy, technology in education, assessment methods, curriculum development)

Faculty Name	Position	Training Topic (Pedagogy / Technology / Assessment / Curriculum/ evidence based/ student centered	Provider / Organizer	Date(s)	Duration (Hours)	Key Learning Outcomes	Status (Planned / Completed)	Follow-up Actions	Certificate Attached (Y/N)	Remarks
Example: Dr. Ahmad Ali	Assistant Professor	Integrating Technology in Classroom	Jordan Nursing Council	5–6 May 2025	8 hrs	Enhanced LMS use, flipped classroom	Completed	Apply in Fall 2025 courses	Y	Excellent feedback

Template 3.1 E: Faculty Development Plan (Academic & Teaching Methods)

Steps	Plan
Objectives	e.g., Enhance active learning in clinical teaching
Planned Activities	e.g. Workshops, conferences, online courses
Timeline	Specify semester/year
Responsible Office/Unit	e.g. Faculty Affairs, HRD, etc
Evaluation of Impact	e.g. Course evaluations, peer reviews

Template 3.1 F: Scholarly Involvement and Research Contribution Records

Faculty Name	Academic Rank	Area of Expertise	Research Project Title	Type (Individual /Collaborative)	Partner Institution(s)	Publications (Title / / Journal Date)	Publication Rate (per year)	Conference Presentations (Title / / Venue Date)	Grants / Funding (Amount / Source)	Remarks
Example: Dr. Maryam Omar	Associate Professor	Public Health Nursing	"Sustainability in Nursing Practice"	Collaborative	University of Jordan	"Sustainability Consciousness in Nursing," *J. of Nursing Research*, Jan 2025	2/year	"Teaching Sustainability," WHO Regional Conf., 2025	$15,000 from MOH	Active mentor to junior faculty

Metrics that may be added:

- ✓ Total publications by department/faculty
- ✓ Average publication rate per faculty member
- ✓ Number of collaborative projects with external institutions
- ✓ Number of conference presentations

✓ Number of faculty involved in grant-funded research

Template 3.1 G: Faculty Workload Records

Faculty Name	Academic Rank	Teaching Load (Credits / Contact Hours)	Research Load	Administrative Duties	Community/Service Roles	Total Weekly Hours	Comments
Example: Dr. Hanan Khaled	Assistant Professor	12 credits / 9 contact hrs	20% of time	Department Committee Chair	Clinical Training Coordinator	42 hrs/week	Manageable load

Template 3.1 H: Clinical Instructor File

Instructor Name	Position / Title	Department / Program	Document Type****	Link to Document / Folder (SharePoint, Google Drive, etc.)	Date Verified	Verified By (Name / Signature)	Remarks
Ahmad	e.g., Clinical Instructor	Nursing Skills Lab	CV/licensure/appointment letter/	[Insert Link] for all documents	DD/MM/YYYY	HR / Dean	Current

Document types (should be hyperlinked):

- ✓ Curriculum Vitae (CV)
- ✓ Academic Degree Certificates
- ✓ JNC Certification
- ✓ Employment / Appointment Letter
- ✓ Evidence of ≥2 Years' Clinical Experience
- ✓ Current Valid Nursing License
- ✓ Continuing Education Records (≥10 hours)
- ✓ Role & Responsibility Descriptions (Job Description)

Template 3.1 I: Preceptors (per Semester)

Preceptor Name	Employment Type (Full-time / Part-time)	Semester / Year	CV on File (Yes/No + Link)	Educational & Experiential Qualifications (Summary)	Current Licensure (Number / Expiry)	Role & Responsibilities Document (Yes/No + Link)	Contract Copy on File (Yes/No + Link)	Date Verified	Verified By (Name / Signature)	Remarks / Status
Example: Dr. Ahmad Ali	Part-time	Fall 2025	[Link to CV]	MSN, 10 yrs clinical experience	JNC #123456 Exp. 12/2026	[Link to Role Doc]	[Contract Link]	10/09/2025	HR / Clinical Coordinator	Active

Template 3.1 J: Clinical Schedule - Students per Clinical Educator (per Semester)

Semester / Year	Program / Course	Training Setting (Hospital / Community / Lab)	Clinical Site / Unit Name	Clinical Educator Name	Educator Role (Full-Time / Part-Time / Preceptor)	Days & Hours of Clinical Rotation	Total Students Assigned	Ratio (Students : Educator)	Remarks / Notes
Example: Fall 2025	BSN – Adult Nursing	Hospital – Medical Ward	King Abdullah Hospital, Med Ward A	Dr. Maryam Omar	Full-Time Faculty	Sun & Tue 08:00–14:00	8	8:1	Meets standard
Example: Fall 2025	BSN – Pediatrics	Community Clinic	Queen Rania Community Health Center	Mr. Ahmad Ali	Part-Time Preceptor	Mon & Wed 08:00–13:00	6	6:1	—
		Lab							

Note: the following ratios are mandatory and should be clarified in the table:

- The faculty/clinical instructor: student ratio shall not be more than 1:8 for any clinical experiences.
- When clinical preceptors are utilized in a clinical setting, the ratio shall be 1:3 for the hospital settings (if they are supervising students during their work shifts) and 1:8 if they are totally free and not working that day,
- The ratio for PHC and community settings is 1:12
- The ratio in Labs is 1:20

Standard 4: Curriculum Design, Assessment, and Evaluation

The Templates that are mentioned in this standard are guiding examples, and each school can use any available Templates, Guidelines, policies, frameworks that suffices the requirement of the standards .

Template 4.3 Example: EPLO–Competency Mapping Framework

EPLO	Core Competency Domain	Key Competencies (End-of-Program)
EPLO 1 – Apply the Nursing Process for Safe and Effective Care	Safe & Effective Care	Perform comprehensive assessments Develop and implement safe care plans Evaluate outcomes to reduce risk and enhance safety
EPLO 2 – Integrate Evidence-Based Practice and Clinical Reasoning	Clinical Reasoning & Evidence-Based Practice	Integrate scientific evidence Apply critical thinking in clinical decisions Use data to improve quality of care
EPLO 3 – Promote Physiological and Psychosocial Integrity	Physiological & Psychosocial Integrity	Deliver holistic care Address psychological and cultural needs Respond to changes in patient condition
EPLO4		
EPLO5		
EPLO6		

Template 4.4. Matrix for Embedding Contemporary Concepts, AI, and Technology Across Courses

Contemporary Concept *	Adult Nursing	Maternal Health Nursing	Child Health Nursing	Psychiatric & Mental Health Nursing	Community Health Nursing	Leadership & Management	Other Courses (e.g., Research, Informatics)	Evidence / Document Link
Artificial Intelligence	Nursing AI Ethics Application	AI-Driven Fetal Monitoring Simulation:				AI Tool Evaluation in Practice (medication dispensing system		
social determinants	nursing plan that addresses both clinical and social needs.	Action plan to improve equity in prenatal care access				advocacy-based nursing intervention plan.		
Technology & Digital Health	(Simulation, EHR use)		Telehealth pediatrics)		(Community outreach)	(E-Health management)	Informatics in Nursing	[Simulation lab records, syllabi]
Global Health & Sustainability		Maternal mortality context			(SDGs, PHC)			[Course outline, projects]

Template 4.5. Blueprint Template (EPLOS-Competencies -CLOs–Teaching–Assessment)

Year / Level	Course Name	EPLO	Competency Domain	CLO (Level-Specific)	Teaching & Learning Strategies	Assessment Methods
Year 1 – Introductory	Fundamentals of Nursing/Clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	Perform basic assessments and document safely	Lectures, skills labs	clinical skills checklist, short written quizzes
Year 2 – Intermediate	Adult Health Nursing I/Clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	Apply nursing process for adult cases, plan & implement care	Case-based learning, Task Trainer simulation, clinical rotations	care plan assignment, Bed side discussion
Year 3 – Advanced	Maternity and Neonatal health nursing /clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	manage women and neonate care using nursing process	High fidelity simulation, clinical rotations	portfolio, comprehensive clinical evaluation, reflective assignments

Template 4.6. Digital Learning Resources Used

Clinical Course	Digital Learning Resources Used	Evidence of Use (Reports/Links)
Fundamentals of Nursing	**Learning Management System (LMS)** **Examples:** Moodle, Blackboard, Canvas **Skills Videos** **Lippincott Procedures**	
Adult Health Nursing I	**LMS, EHR Training**	
Maternal & Child Health		
Pediatric Nursing		
Mental Health Nursing		
Community Health Nursing		
Leadership & Management		

Template 4.7. Simulation -CLO-Competency Checklist

Course Name	Simulation Scenario	Brief Description	Mapped CLOs	Mapped Competencies	Evidence of Use (Reports/Links)
Adult health Nursing	Acute Chest Pain (MI)	Assessment and immediate nursing management of patient with chest pain	CLO 1: Perform a comprehensive assessment CLO 3: Apply nursing process	Clinical reasoning Patient safety Emergency response	
	Post-operative Care	Monitoring and early detection of complications	CLO 2: Implement safe nursing interventions	Patient safety, Infection control, Monitoring & evaluation	
	Fluid & Electrolyte Imbalance	IV fluids management and assessment	CLO 3: Interpret clinical data	Critical thinking Medication safety	

Template 4.8. Inter-Professional Education (IPE) Activity Report Template

1. General Information

Activity Title:
Date(s):
Location / Platform:
Duration:
Type of Activity:

2. Participating Programs / Disciplines

Nursing:
Medicine:
Pharmacy:
Other:
Number of participants per discipline:

3. Activity Rationale

Brief description of the need for this IPE activity:

4. Learning Objectives (IPE Outcomes)

5. Mapping to Course Learning Outcomes (CLOs)

Program | Course | Related CLOs

6. Mapping to Inter-Professional Competencies
Roles & Responsibilities
Communication
7. Description of the IPE Activity

8. Teaching and Learning Strategies
Case-based learning
Simulation
Group discussion
Problem-based learning
Reflection

9. Assessment and Evaluation Methods
Formative:
Summative:
Self / Peer Assessment:

10. Technology Used
LMS
Simulation platform
Video conferencing
EHR system

11. Patient Safety and Professional Practice
Safety, ethics, confidentiality, communication:

12. Student Feedback Summary

Summary of student feedback:

Template 4.1. Regulatory Alignment and Curriculum Compliance Policy (Nursing Program)

1. Purpose

This policy establishes mandatory requirements to ensure that the Nursing Program curriculum, End Program Learning Outcomes (EPLOs), teaching and learning strategies, and assessment systems are fully aligned with national nursing regulatory and accreditation bodies, including the Jordanian Nursing Council (JNC), the Accreditation and Quality Assurance Commission for Higher Education Institutions (ACACH), and the National Qualifications Framework (NQF). This policy ensures regulatory compliance, academic quality, and professional competence of Nursing Program graduates.

2. Scope

This policy applies to all academic, clinical, and administrative components of the Nursing Program, including:

- End Program Learning Outcomes (EPLOs)
- Curriculum design, development, and revision
- Course Learning Outcomes (CLOs) and course syllabi
- Teaching, learning, and assessment practices
- Clinical education and training requirements
- Faculty roles and responsibilities
- Quality assurance, monitoring, and review processes

3. Regulatory Framework

The Nursing Program shall comply with all applicable national and institutional regulatory frameworks, including but not limited to:

- Jordanian Nursing Council (JNC): National nursing competency standards, scope of practice, and ethical guidelines
- ACACH: Accreditation and quality assurance standards for higher education programs
- National Qualifications Framework (NQF): Level descriptors for knowledge, skills, and competence

- Relevant national laws, bylaws, and healthcare regulations

4. Policy Statements

4.1 Regulatory Alignment

4.1.1 The Nursing Program shall maintain documented alignment between the program mission, End Program Learning Outcomes (EPLOs), and national nursing regulatory requirements.

4.1.2 All EPLOs shall be explicitly mapped to JNC competency domains, ACACH accreditation standards, and NQF level descriptors.

4.1.3 Alignment documentation and mapping matrices shall be formally approved, maintained, and periodically reviewed.

4.2 **Curriculum Design and Approval**

4.2.1 Curriculum design, development, and revision shall follow approved institutional policies and procedures.

4.2.2 All new, revised, or amended courses shall demonstrate compliance with approved EPLOs and regulatory requirements prior to implementation.

4.2.3 Curriculum modifications shall not be implemented without formal approval through institutional governance structures and, where applicable, external regulatory authorities.

4.3 Course and Assessment Compliance

4.3.1 Course Learning Outcomes (CLOs) shall be aligned with approved EPLOs and articulated using measurable and assessable learning verbs.

4.3.2 Assessment methods shall be valid, reliable, and sufficient to measure achievement of CLOs and EPLOs.

4.3.3 Clinical and practical assessments shall utilize standardized tools aligned with national nursing competency and scope of practice requirements.

4.4 Clinical Practice Alignment

4.4.1 Clinical education and training shall comply with JNC and ACACH requirements related to clinical hours, learning environments, supervision, and student–preceptor ratios.

4.4.2 Clinical training sites shall be formally approved and evaluated on a periodic basis.

4.4.3 Clinical performance evaluation tools shall reflect nationally recognized nursing competency indicators.

4.5 Faculty Responsibilities

4.5.1 Faculty members shall ensure that course content, instructional strategies, and assessment methods comply with this policy and applicable regulatory requirements.

4.5.2 Faculty participation in curriculum mapping, review, and quality assurance activities is mandatory.

4.5.3 The institution shall provide ongoing professional development to support faculty compliance with regulatory and accreditation standards.

4.6 Monitoring and Continuous Review

4.6.1 The Nursing Program shall conduct periodic reviews to monitor curriculum compliance and regulatory alignment in accordance with institutional quality assurance procedures.

4.6.2 Feedback from students, graduates, employers, and clinical partners shall be systematically reviewed and used to inform curriculum improvement.

4.6.3 Any changes to national regulatory or accreditation requirements shall trigger immediate curriculum review and alignment actions.

5. Documentation and Evidence

The Nursing Program shall maintain complete and auditable documentation, including:

- EPLO–JNC–ACACH–NQF alignment matrices
- Approved curriculum plans and course syllabi
- Clinical affiliation agreements and evaluation reports
- Assessment tools, rubrics, and evaluation records
- Records and minutes of curriculum and compliance review meetings

6. Roles and Responsibilities

Role	Responsibility
Program Coordinator	Oversight of regulatory alignment and policy implementation
Curriculum Committee	Curriculum alignment, review, and approval

Quality Assurance Unit	Monitoring, auditing, and compliance documentation
Faculty Members	Course-level compliance and delivery
Clinical Coordinator	Oversight of clinical education compliance

7. Policy Review Cycle

This policy should be reviewed at least once every three (3) years, or earlier if required due to changes in regulatory or accreditation standards.

8. Approval and Implementation

This policy shall become effective upon formal approval by the appropriate institutional authority and shall be implemented across all components of the Nursing Program.

- Approved by: _____
- Effective Date: _____
- Next Review Date: _____

Template 4.2. Methodology for Developing the EPLO Competency Indicators Framework

(Alignment with National and Regulatory Standards)
The development of the End Program Learning Outcomes (EPLOs) and their associated competency indicators was guided by alignment with national nursing regulatory and accreditation requirements. Key reference frameworks included national nursing regulatory bodies (e.g., JNC, ACACH) and the National Qualifications Framework (NQF). These standards ensured that the EPLOs reflect required level descriptors, professional expectations, and scope of nursing practice.

(Benchmarking with International Competency Frameworks)
International nursing competency frameworks were reviewed to ensure global relevance and comparability. This benchmarking supported the integration of best practices related to patient safety, ethics, evidence-based practice, and lifelong learning.

(Definition of End Program Learning Outcomes (EPLOs)
A clearly defined set of End Program Learning Outcomes (EPLOs) was formulated to describe the expected graduate knowledge, skills, and professional attributes. Each EPLO was mapped to NQF learning domains and appropriately leveled.

(Structuring EPLOs Across Six Nursing Practice Areas)
The EPLOs were contextualized within six nursing practice areas: Adult Health, Maternal Health, Child Health, Psychiatric and Mental Health, Community Health, and Leadership and Management in Nursing.

(Development of Competency Indicators)
Specific, measurable competency indicators were developed for each EPLO to describe observable and assessable graduate performance, integrating knowledge, skills, critical thinking, and professional behavior. can use the dictionary of competencies attached in the Templates and JNC framework of competencies and indicators for RN.

(Stakeholder Engagement and Expert Review)

The framework development involved consultation with academic faculty, clinical experts, and regulatory stakeholders to ensure relevance and feasibility.

(Mapping and Validation)
EPLOs and competency indicators were mapped to regulatory requirements, NQF level descriptors, and course learning outcomes to ensure coherence and alignment.

(Continuous Quality Improvement)
The framework is reviewed regularly through quality assurance processes using feedback from students, graduates, employers, and accreditation outcomes.

Template 4.3. EPLO–Competency Mapping Framework Example

EPLO	Core Competency Domain	Key Competencies (End-of-Program)
EPLO 1 – Apply the Nursing Process for Safe and Effective Care	Safe & Effective Care	Perform comprehensive assessments Develop and implement safe care plans Evaluate outcomes to reduce risk and enhance safety
EPLO 2 – Integrate Evidence-Based Practice and Clinical Reasoning	Clinical Reasoning & Evidence-Based Practice	Integrate scientific evidence Apply critical thinking in clinical decisions Use data to improve quality of care
EPLO 3 – Promote Physiological and Psychosocial Integrity	Physiological & Psychosocial Integrity	Deliver holistic care Address psychological and cultural needs Respond to changes in patient condition
EPLO4		
EPLO5		
EPLO6		

EPLO 1 – Apply the Nursing Process for Safe and Effective Care
Demonstrate competence in assessment, diagnosis, planning, implementation, and evaluation of holistic, patient-centered nursing care that promotes safety, infection prevention, and risk reduction across the lifespan.
EPLO 2 – Integrate Evidence-Based Practice and Clinical Reasoning
Apply scientific knowledge, critical thinking, and current evidence to make sound clinical judgments, deliver high-quality interventions, and continuously improve patient outcomes.
EPLO 3 – Promote Physiological and Psychosocial Integrity
Provide comprehensive care addressing physical, psychological, emotional, and cultural needs while supporting adaptation, comfort, and overall well-being in diverse healthcare settings.
EPLO 4 – Foster Health Promotion and Disease Prevention
Design, implement, and evaluate health education and promotion strategies that empower individuals, families, and communities to achieve and sustain wellness across the lifespan.
EPLO 5 – Demonstrate Professionalism, Ethics, and Advocacy

Exhibit ethical, legal, and professional accountability in all aspects of practice, advocate for patient rights, social justice, and equitable access to quality care.

Template 4.4. Matrix for Embedding Contemporary Concepts, AI, and Technology Across Courses

Contemporary Concept *	Adult Nursing	Maternal Health Nursing	Child Health Nursing	Psychiatric & Mental Health	Community Health Nursing	Leadership & Management	Other Courses (e.g., Research, Informatics)	Evidence / Document Link
Artificial Intelligence	Nursing AI Ethics Application	AI-Driven Fetal Monitoring Simulation:				AI Tool Evaluation in Practice(medication dispensing system		
social determinants	A nursing plan that addresses both clinical and social needs.	Action plan to improve equity in prenatal care access				advocacy-based nursing intervention plan.		
Technology & Digital Health	(Simulation, EHR use)		Telehealth pediatrics)		(Community outreach)	(E-Health management)	Informatics in Nursing	[Simulation lab records, syllabi]
Global Health & Sustainability		Maternal mortality context			(SDGs, PHC)			[Course outline, projects]

Template 4.5. Blueprint Template Example (EPLOS-Competencies -CLOs–Teaching–Assessment)

Year / Level	Course Name	PLO	Competency Domain	CLO (Level-Specific)	Teaching & Learning Strategies	Assessment Methods
Year 1 – Introductory	Fundamentals of Nursing/Clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	Perform basic assessments and document safely	Lectures, skills labs	clinical skills checklist, short written quizzes
Year 2 – Intermediate	Adult Health Nursing I/Clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	Apply nursing process for adult cases, plan & implement care	Case-based learning, Task Trainer simulation, clinical rotations	care plan assignment, Bed side discussion
Year 3 – Advanced	Maternity and Neonatal health nursing /clinical	EPLO 1 – Apply Nursing Process	Safe & Effective Care	manage women and neonate care using nursing process	High fidelity simulation, clinical rotations	portfolio, comprehensive clinical evaluation, reflective assignments

Template 4.6. Digital checklist

Clinical Course	Digital Learning Resources Used
Fundamentals of Nursing	Learning Management System (LMS) Examples: Moodle, Blackboard, Canvas Skills Videos Lippincott Procedures
Adult Health Nursing I	LMS, EHR Training
Maternal & Child Health	
Pediatric Nursing	

Mental Health Nursing	
Community Health Nursing	
Leadership & Management	

Template 4.7. Simulation-CLO-Competency

Course Name	Simulation Scenario	Brief Description	Mapped CLOs	Mapped Competencies
Adult health Nursing	Acute Chest Pain (MI)	Assessment and immediate nursing management of patient with chest pain	CLO 1: Perform comprehensive assessment CLO 3: Apply nursing process	Clinical reasoning Patient safety Emergency response
	Post-operative Care	Monitoring and early detection of complications	CLO 2: Implement safe nursing interventions	Patient safety Infection control Monitoring & evaluation
	Fluid & Electrolyte Imbalance	IV fluids management and assessment	CLO 3: Interpret clinical data	Critical thinking Medication safety

Template 4.8. Inter-Professional Education (IPE) Activity Report Template

1. **General Information**

Activity Title:
Date(s):
Location / Platform:
Duration:
Type of Activity:

2**. Participating Programs / Disciplines**

Nursing:
Medicine:
Pharmacy:
Other:
Number of participants per discipline:

3. **Activity Rationale**

Brief description of the need for this IPE activity:

4**. Learning Objectives (IPE Outcomes)**

1.
2.
3.

5. **Mapping to Course Learning Outcomes (CLOs)**

Program | Course | Related CLOs

6. **Mapping to Inter-Professional Competencies**

Roles & Responsibilities
Communication
Teamwork
Ethical Practice
Patient-Centered Care
Safety & Quality

7**. Description of the IPE Activity**

Activity format and brief description:

8**. Teaching and Learning Strategies**

Case-based learning
Simulation
Group discussion
Problem-based learning
Reflection

9**. Assessment and Evaluation Methods**

Formative:
Summative:
Self / Peer Assessment:

10. **Technology Used**

LMS
Simulation platform
Video conferencing
EHR system

11. **Patient Safety and Professional Practice**

Safety, ethics, confidentiality, communication:

12. **Student Feedback Summary**

Summary of student feedback:

13. **Faculty Reflection and Outcomes**

Strengths:
Areas for improvement:

14. **Evidence and Documentation Attached**

Attendance list
Agenda
Case scenario
Assessment tools
Reflections

15. **Recommendations and Follow-Up Actions**

Future actions and improvements:

Approval and Review

Activity Coordinator:
Department / Committee:
Date:

Template 4.9. Curriculum Review Checklist – Nursing Program

1. Program Information

Program Name:
Degree Level:
Review Date:
Reviewed By:

2. Curriculum Alignment

☐ End Program Learning Outcomes (EPLOs) clearly stated
☐ Alignment with national and international standards
☐ Alignment with institutional mission and vision
☐ Competency-based framework applied

3. Curriculum Structure & Design

☐ Logical progression from basic to advanced levels
☐ Balance between theory, lab, and clinical components
☐ Credit hours appropriately distributed
☐ Clinical hours meet regulatory requirements

4. Course Learning Outcomes (CLOs)

☐ CLOs aligned with EPLOs
☐ CLOs measurable and level-appropriate
☐ CLOs cover knowledge, skills, and professionalism
☐ CLOs reviewed and updated

5. Teaching & Learning Strategies

☐ Variety of teaching methods used
☐ Active and student-centered learning strategies
☐ Simulation and skills labs integrated
☐ Inter-professional education included

6. Assessment & Evaluation

☐ Assessments aligned with CLOs
☐ Variety of assessment methods used
☐ Clinical and OSCE assessments included
☐ Clear rubrics available

7. Clinical Education

☐ Clinical placements aligned with learning outcomes
☐ Adequate supervision provided
☐ Patient safety emphasized
☐ Clinical evaluation tools standardized

8. Technology & Digital Learning

☐ LMS effectively used across courses
☐ Digital learning resources integrated
☐ Simulation and other Technology learning methods included

9. Faculty Resources & Development

☐ Qualified faculty available
☐ Faculty workload appropriate
☐ Faculty development programs available
☐ Clinical instructors trained

10. Student Support & Resources

☐ Academic advising available
☐ Clinical support services provided
☐ Learning resources accessible
☐ Student feedback reflected in the curriculum

11. Quality Assurance & Continuous Improvement

☐ Curriculum review conducted regularly
☐ Stakeholder feedback collected
☐ Data used for curriculum improvement
☐ Action plans documented

12. Regulatory & Accreditation Compliance

☐ Compliance with national accreditation and regulatory standards
☐ Documentation available
☐ Previous recommendations addressed

13. Approval

Committee Chair:
Dean :
Date:

Template 4.10. Clinical hours distribution

Course Title	Year / Level	Credit Hours	Contact Hours	Hours per Week	Number of Weeks*	Total Contact Hours**
Fundamentals of Nursing – Clinical	Year 1	3	12	12	16	192
Adult Health Nursing I – Clinical	Year 2	4	16	16	16	
Adult Health Nursing II – Clinical	Year 2	4	16	16	16	
Maternal & Newborn Nursing – Clinical	Year 3	3	12	12	16	
Pediatric Nursing – Clinical	Year 3	3	12	12	16	
Mental Health Nursing – Clinical	Year 3	3	12	12	16	
Community Health Nursing – Clinical	Year 4	3	12	12	16	
Leadership & Management – Clinical	Year 4	3	12	12	16	
Clinical Practicum	Year 4	3	12	12	16	
Simulation / Skills Lab (Clinical Equivalent)	All Levels	Simulation 15-25%=360				
TOTAL						1800

*Academic semester: 16 weeks

** ** Minimum Clinical hours =1800

*** Any extra indirect clinical hours more than 1800 hours can be documented and attach evidence.

Optional guide for clinical extra hours achievement:

1. Elective clinical courses (e.g. neonate, geriatric, critical care, oncology,…)
2. Zero credit hours of clinical training as graduate requirement calculated as contact hours

3. Micro-credential for certain courses (BLS, ACLS, PALS, NRP…)
4. Extra-curriculum capstone projects or assignments
5. High fidelity simulation
6. Inter-professional education courses

Policy on Documentation and Calculation of Additional Indirect Clinical Hours

1. Purpose

This policy establishes a standardized framework for documenting, calculating, and accrediting additional indirect clinical hours completed by nursing students beyond the minimum required 1,800 clinical hours, in accordance with national and international nursing accreditation standards.

2. Scope

This policy applies to undergraduate nursing students, faculty members supervising clinical learning, program administrators, and accreditation committees.

3. Policy Statement

The nursing program ensures that all graduates meet or exceed the minimum clinical practice hour requirement mandated by accreditation authorities. Additional indirect clinical hours may be formally recognized provided the activities are structured, supervised, competency-based, and supported by verifiable documentation.

4. Definition of Indirect Clinical Hours

Indirect clinical hours are supervised, practice-related learning activities that enhance clinical competence and occur outside traditional clinical placements.

5. Eligible Categories

• Elective clinical courses (e.g., neonatal, geriatric, critical care, oncology)
• Zero-credit clinical training requirements
• Micro-credentials and certified clinical courses (BLS, ACLS, PALS, NRP)
• Extra-curricular capstone projects and clinical assignments
• Simulation-based clinical training
• Clinical volunteering and service learning
• Interprofessional clinical education activities

6. Translation to Contact Hours

• Supervised clinical practice: 1 hour = 1 contact hour
• High-fidelity simulation: 1 hour = 1 contact hour
• Certified courses: as stated in certificates
• Capstone projects: supervised clinical time only
• Zero-credit training: actual attendance hours

7. Documentation Requirements

Acceptable evidence includes attendance logs, certificates, supervisor verification, syllabi, and approved reports.

8. Governance and Quality Assurance

Activities are reviewed by the Program Clinical Committee and monitored by the Quality Assurance Unit.

9. Accreditation Alignment

This policy aligns with national accreditation standards and international frameworks including ICN, WHO, NLN, ACEN.

Template 4.11. Percentage of Competencies Guidance

Step-by-step guidance on how to calculate competency percentages per Program when all courses are out of 100 marks.

Step 1: Decide Competency Domains:

1. Safe & Effective Care (25–35%)
2. Physiological Integrity (25–35%)
3. Health Promotion (10–15%)
4. Psychosocial Integrity (5–10%)
5. Global Health / Technology / Economics (5–10%)

Step 2: Align competency domains percentages with program EPLOs

Competency Domain Percentage Alignment with EPLOS

Competency Domain	Primary EPLO Contributors	Achieved Program Distribution
Safe & Effective Care	EPLO 1, EPLO 6	25–35%
Physiological Integrity	EPLO 2, EPLO 3	25–35%
Health Promotion	EPLO 4	10–15%

Psychosocial Integrity	EPLO 3, EPLO 5	5–10%
Global Health / Technology / Economics	EPLO 2, EPLO 5, EPLO 6	5–10%

Step 3: Integrate competencies percentages across the six nursing practice areas (Theory and clinical)

Each nursing course is delivered through a paired theory and clinical component. Competency percentages are divided between theory and clinical courses using a standardized master distribution.

The following example illustrates how competency domain percentages can be distributed across core nursing courses to collectively achieve the required program-level weighting.

All course scores are out of 100, you can simplify the calculation even more as No need to multiply by credit hours. Each course (Theory and clinical) contributes its domain percentages directly, and the program-level percentage is just the average across courses

Allocate Percentages Per Course

Decide how much of the courses (Theory and clinical) focus on each competency domain.

Each core nursing competency is intentionally divided between theory and clinical components across all courses.
Aggregation of course-level distributions demonstrate achievement of program-level competency targets while preserving assessment space for other End program learning outcomes.

For Example:

Example: Adult Health Nursing

- Safe & Effective Care = 35% total

-15% assessed in theory (MCQs, SAQs, case analysis….)

-20% assessed in clinical (OSCE, skills, safety clinical evaluation….)

A. Course-Level Distribution Matrix (Including Clinical Courses)

Course	Safe & Effective (%)	Physiological Integrity (%)	Health Promotion (%)	Psychosocial Integrity (%)	Global / Tech / Econ (%)	Total
Adult Health Nursing – Theory	15	12	8	3	2	40
Adult Health Nursing – Clinical	20	18	7	7	8	60
Maternal Health Nursing – Theory	15	12	8	3	2	40
Maternal Health Nursing – Clinical	20	18	7	7	8	60
Child Health Nursing – Theory	15	12	8	3	2	40
Child Health Nursing – Clinical	20	18	7	7	8	60
Mental Health Nursing – Theory	15	12	8	3	2	40
Mental Health Nursing – Clinical	20	18	7	7	8	60
Community Health Nursing – Theory	15	12	8	3	2	40
Community Health Nursing – Clinical	20	18	7	7	8	60

Leadership & Management – Theory	15	12	8	3	2	40
Leadership & Management – Clinical	20	18	7	7	8	60

B. Aggregation Across All Courses

Program-level competency achievement is calculated by aggregating domain percentages across all theory and clinical courses and dividing by the total number of courses.

Number of courses = 12
(6 theory + 6 clinical)

Sum of Domain Percentages

Competency Domain	Sum Across Courses
Safe & Effective Care	(15+20) × 6 = 210
Physiological Integrity	(12+18) × 6 = 180
Health Promotion	(8+7) × 6 = 90
Psychosocial Integrity	(3+7) × 6 = 60
Global / Tech / Econ	(2+8) × 6 = 60

C. Program-Level Calculation Method

(Divide by Number of Courses)

Program-Level % = Sum of Domain Percentages/Number of Courses

Number of Courses = 6

D. Program-Level Competency Distribution

Competency Domain	Calculation	Program-Level %
Safe & Effective Care	210 ÷ 6	35%
Physiological Integrity	180 ÷ 6	30%
Health Promotion	90 ÷ 6	15%
Psychosocial Integrity	60 ÷ 6	10%
Global / Tech / Econ	60 ÷ 6	10%
TOTAL		100%

when aggregated across all core courses (Theory and Clinical), the overall program distribution achieved based only on total marks for (Theory and clinical) courses, no credit hours needed.

Can Adjust Based on Course Emphasis for example

- Clinical courses (Adult, Maternal, Child) emphasize Safe & Effective Care and Physiological Integrity.
- Psychiatric and Community Health courses strengthen Psychosocial Integrity and Health Promotion.
- Leadership and Management courses contribute primarily to Global Health, Technology, Economics .

Note: Individual course distributions may exceed domain limits; compliance is ensured at the program level, consistent with accreditation requirements.

Template 4.12. Simulation hours and courses integration

Simulation Integration and Guidelines Template/ Percentage of Total Clinical Hours Allocated to Simulation

(Requirement: 15–25% of total clinical hours)

Category	Credit hours	Total Clinical Hours*	Simulation Hours**	% of Total Clinical Hours Allocated to Simulation	Compliance with Standard (15–25%)	Evidence / Document Link
Program Total clinical		1,800 hrs	360 hrs	20%	✓ Within Range	[Simulation log / records]
Adult Nursing	3	192 hrs*	48 hrs**	25%	✓	[Course syllabi]
Maternal Health		400 hrs	80 hrs	20%	✓	[Rotation schedule]
Child Health		300 hrs	60 hrs	20%	✓	[Lab manual]
Mental Health		200 hrs	40 hrs	20%	✓	[Case-based scenarios]
Community Health		200 hrs	40 hrs	20%	✓	[Simulation reports]
Leadership/Management		100 hrs	20 hrs	20%	✓	[Capstone simulation]

3 credit hours x 4=12- in 16 weeks /term (12x16=192 hours) including training in clinical setting, labs, and simulation

***** 192 total clinical hours x25% simulation= 48Hours simulation***

Curriculum Map: Simulation Embedded Across Courses

Course Code / Title	Year/Semester	Simulation Component	Competencies Addressed	Teaching/Learning Strategies	Assessment Methods	Evidence (Links)
NURS 210 – Fundamentals of Nursing	1/2	Basic clinical skills, patient safety scenarios	Safe practice, documentation	Skills lab, high-fidelity manikins	OSCE, skills checklist	[Course syllabus]
NURS 320 – Adult Nursing I	4	Case-based acute care simulation	Critical thinking, teamwork	Simulation scenarios, debriefing	Performance rubric	[Scenario manual]
NURS 330 – Maternal & Newborn Nursing	5	Obstetric emergency simulation	Decision-making, teamwork	Role-play, scenario-based	OSCE, peer assessment	[Lab guide]
NURS 410 – Community Health Nursing	7	Disaster & public health drills	Leadership, interprofessional collaboration	Simulation exercises	Project reports, reflection logs	[Community drills report]
NURS 420 – Leadership & Management	8	Management & delegation scenarios	Leadership, resource management	Simulation + case study	Reflective journal, rubric	[Capstone evaluation]

Template 4.13. EPLO-Competency-Clinical Evaluation

Clinical Evaluation Tool – EPLO Mapping Template

This clinical evaluation tool maps each assessment criterion to the relevant End Program Learning Outcomes and competency domains.
Aggregated clinical course data contributes to overall program achievement of competency distribution targets while ensuring balanced assessment of all EPLOs.

Item	Details
Program	Bachelor of Nursing
Course Name	_____
Clinical Area	☐ Adult ☐ Maternal ☐ Child ☐ Mental Health ☐ Community ☐ Leadership
Clinical Level	☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4
Total Clinical Marks	100

Clinical Performance Criteria – EPLO Mapping Example

Clinical Performance Criterion	Related EPLO	Competency Domain	Assessment Method	Marks (%)
Performs patient assessment safely and accurately	EPLO 1	Safe & Effective Care	Direct observation / checklist	___
Maintains infection control and patient safety standards	EPLO 1	Safe & Effective Care	Observation	___
Provides psychosocial support to patients and families	EPLO 3	Psychosocial Integrity	Clinical evaluation	___
Applies health education during patient care	EPLO 4	Health Promotion	Patient teaching evaluation	___

TOTAL				100

Clinical Marks Distribution by Competency Domain

(Aligned with the Master Program Framework) see Template 4.12

Competency Domain	Clinical Marks (%)
Safe & Effective Care	20
Physiological Integrity	18
Health Promotion	7
Psychosocial Integrity	7
Global Health / Technology / Economics	8
Other EPLOs	
TOTAL	100

Template 4.14. EPLO Achievement Levels Summary Template Example

Item	Details
Program	Bachelor of Nursing
Course Name	_____
Academic Year	_____
Level	☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4
Semester	_____

End Program Learning Outcome (EPLO)	Related Competency Domain(s)	Assessment Evidence	*Achievement Level	Comments / Action Needed
EPLO 1 – Apply the nursing process for safe and effective care	Safe & Effective Care	Theory exam, OSCE, clinical evaluation	☐ Not Achieved ☐ Partially Achieved ☐ Achieved ☐ Exceeded	_____
EPLO 2 – Promote physiological and psychosocial integrity	Physiological & Psychosocial Integrity	Clinical checklist, OSCE	☐ Not Achieved ☐ Partially Achieved ☐ Achieved ☐ Exceeded	_____

EPLO 3 – Foster health promotion and disease prevention	Health Promotion	Project, community activity	☐ Not Achieved ☐ Partially Achieved ☐ Achieved ☐ Exceeded	_____

**Achievement levels for End Program Learning Outcomes (EPLOs) and competencies are defined, approved, and standardized by the School of Nursing in accordance with institutional assessment policies. These levels are applied uniformly using approved scoring rubrics, assessment tools, and clinical evaluation instruments.*

Quantitative Program Summary

EPLO	% Not Achieved	% Partially Achieved	% Achieved	% Exceeded
EPLO 1				
EPLO 2				
EPLO 3				
EPLO 4				
EPLO 5				
EPLO 6				

Program Quality Improvement Plan

Identified Gap	Action Plan	Responsibility	Timeline

Template 4.15. Guidance for Conducting Progression Points to Assess Student EPLO Achievement

Progression Points Assessments are conducted at the end of Years 2 and 3 to monitor and document student achievement of End Program Learning Outcomes.
Assessment results inform student remediation, curriculum enhancement, and ensure that all graduates meet national and international nursing competency standards.

These assessments do not replace course-level grading but provide an aggregate program-level measure of EPLO achievement.

- Purpose of Progression Points Assessments

- Monitor student progression toward achieving all End Program Learning Outcomes (EPLOs) across the curriculum.
- Identify strengths and gaps in student learning at mid-program (end of Year 2) and late program (end of Year 3).
- Inform remediation plans, curriculum adjustments, and teaching strategies to ensure all students meet EPLO expectations by program completion.

-Incentivize Participation Without Grade Penalties

Students are more motivated when they see direct value:

- Formative Feedback: Explain that the exam shows what they know and what gaps remain before final years.
- Personal Benchmarking: Provides insight into their strengths and weaknesses relative to program expectations.
- Preparation for Licensing Exams: Highlight that the exam aligns with national and international competency frameworks, helping them prepare for JNC licensing exams and international exams like NCLEX
- Remediation Opportunities: Students can use results to access targeted workshops, or mentorship.

Timing of Assessments

Assessment Point	Year / Semester	Purpose
Progression Assessment 1	End of Year 2	Evaluate early achievement of foundational EPLOs
Progression Assessment 2	End of Year 3	Evaluate advanced EPLOs and overall readiness for final-year

Components of Progression Points Assessment

Progression Points Assessment can be multi-modal, combining theory and clinical evaluations:

1. Theory Examination

-Cumulative MCQs, SAQs, and case-based questions covering EPLOs achieved in Years 1–2 (for Year 2 assessment) or Years 1–3 (for Year 3 assessment).

-Weighted according to competency domain distribution (e.g., Safe & Effective Care 35%, Physiological Integrity 30%, etc.).

2. Clinical Evaluation

-OSCEs evaluations reflecting application of competencies in realistic practice scenarios.

3. Capstone or Integrative Assessment (Year 3)

-Comprehensive project or simulation integrating multiple EPLOs.

-Evaluates synthesis, critical thinking, and decision-making across practice areas.

Assessment Design Principles

- Aligned to EPLOs: All exam questions and clinical tasks must be explicitly mapped to the relevant EPLOs.
- Standardized Scoring: Use rubrics and achievement levels defined by the faculty to ensure consistency across students and evaluators.
- Balanced Weighting: Maintain proportional contribution of each competency domain (Safe & Effective Care, Physiological Integrity, etc.) as defined in the program framework.
- Transparent Communication: Students are informed about which EPLOs and competencies are assessed.

Data Collection and Analysis

Collecting Scores

-Aggregate student scores from theory / clinical assessments linked to each EPLO.

-Record achievement levels (Not Achieved / Partially Achieved / Achieved / Exceeded).

Progression Report

- Summarize EPLO achievement and highlight EPLOs requiring remediation.
- Design targeted remediation sessions, or additional clinical practice.

Follow-Up

- Progression assessments inform Year 3 and final-year curriculum adjustments.
- Students below benchmark receive personalized learning plans.

Results feed into program review, accreditation reporting, and continuous quality improvement

Standard 5 Student Support and Progression

Template 5.1 A: List of Student Support Services

Category	Service Name	Description / Purpose	Responsible Office	Mode of Access *	Evidence of Use (Reports/Links)
Academic Support	Academic Advising				Advising reports
	Tutoring / Remedial Classes				Attendance logs
Psychological Support	Counseling Services				Counseling report
Career Services	Career Guidance				Career event reports
Health Services	Student Clinic				Health service statistics
Social Support	Student Clubs / Activities				Activity reports
Technology Support	IT Helpdesk				IT service log

Mode of access: face to face, online, blended

Standard 6: Program Effectiveness and Continuous Improvement

Template 6.1. End-of-Program Learning Outcome (EPLO) Evaluation Matrix

Item	**Details**
Total Credit Hours	_____
Academic Year	_____
EPLO Assessment Period	**End of Program / Final Year**

EPLO Evaluation Matrix

EPLO	Competency Domain	Related Courses (Theory & Clinical)	Assessment Methods	Achievement Level (Avg.)	Comments / Action Plan
EPLO 1: Apply the nursing process for safe and effective care	Safe & Effective Care	Fundamentals, Adult Health I & II, Maternal, Child, Mental Health	OSCE, Clinical Evaluation, Case Study, Exam	☐ Not Achieved ☐ Partially ☐ Achieved ☐ Exceeded	_____
EPLO 2: Integrate evidence-based practice and clinical reasoning	Evidence-Based Practice / Critical Thinking	Fundamentals, Adult Health I & II, Community Health	Assignments, Case Study, Theory Exam	☐ Not Achieved ☐ Partially ☐ Achieved ☐ Exceeded	_____
EPLO 3: Promote physiological and psychosocial integrity	Physiological & Psychosocial Integrity	All Nursing Courses	Clinical Evaluation, OSCE, Simulation	☐ Not Achieved ☐ Partially ☐ Achieved ☐ Exceeded	_____

Template 6.2. Systematic Evaluation plan

Evaluation Component	Data Collected	Frequency	Tool / Method Used	Level of Achievement	Action Based on Results
EPLO Achievement	Exams, Assignments	Annually	Rubrics, Standardized Tests	≥ 80	Revise curriculum as needed
Completion Rate					
Licensure Pass Rate					
Employment Rate					

Glossary

Accreditation
A formal process by which an authorized national body evaluates and recognizes that an educational program meets established quality standards.

Accreditation and Quality Assurance Commission (AQAC)
The national authority in Jordan is responsible for licensing, accreditation, and quality assurance of higher education institutions and academic programs.

Action Plan
A documented set of corrective or improvement measures with defined responsibilities, timelines, and indicators has been developed to address identified gaps.

Advisory Board / Community Advisory Board
A group of external stakeholders, including healthcare providers and community representatives, that provides input and feedback to support program improvement.

Assessment
Systematic processes used to evaluate student learning, program outcomes, or institutional effectiveness using qualitative and quantitative measures.

Bachelor of Science in Nursing (BSc Nursing)
An undergraduate academic degree that prepares students for professional nursing practice and licensure.

Benchmarking
The process of comparing program performance, curriculum, or outcomes with national or international standards or peer institutions to identify best practices.

Clinical Educator
A qualified nursing professionals responsible for supervising, teaching, and evaluating students during clinical practice, including faculty, instructors, and preceptors.

Clinical Learning Environment
Healthcare settings such as hospitals, clinics, or community facilities where students acquire practical nursing skills under supervision.

Clinical Placement
The structured assignment of students to approved healthcare settings to achieve clinical learning outcomes and competencies.

Competency
An observable and measurable combination of knowledge, skills, values, and professional behaviors required for safe and effective nursing practice.

Continuous Professional Development (CPD)
Ongoing educational activities undertaken by faculty or clinicians to maintain and enhance professional competence.

Continuous Quality Improvement (CQI)
A systematic, data-driven approach to improving program effectiveness through regular evaluation and enhancement.

Course Learning Outcomes (CLOs)
Specific statements describing what students are expected to know and be able to do upon completion of a course.

Curriculum Mapping
A structured process that aligns course learning outcomes, teaching strategies, and assessment methods with End program learning outcomes.

End-of-Program Learning Outcomes (EPLOs)
Competencies and abilities that students are expected to demonstrate upon graduation from the nursing program.

Evidence
Documented information used to demonstrate compliance with accreditation standards, including policies, reports, data, and records.

Faculty-to-Student Ratio
The numerical relationship between faculty members or clinical instructors and students, particularly during clinical training.

Governance
The framework of leadership, decision-making structures, roles, and responsibilities that guide program management and accountability.

Jordanian Nursing Council (JNC)
The national regulatory body responsible for nursing education standards, licensure, and professional practice in Jordan.

Key Performance Indicators (KPIs)
Measurable values used to evaluate the effectiveness, efficiency, and quality of program processes and outcomes.

Licensure Examination
A national examination that nursing graduates must pass to obtain legal authorization to practice as registered nurses.

Memorandum of Understanding (MOU)
A formal agreement between the nursing program and clinical training institutions outlining roles, responsibilities, and expectations.

National Qualifications Framework (NQF)
A national system that defines levels of academic qualifications and learning outcomes to ensure consistency and comparability.

Outcome-Based Education (OBE)
An educational approach that focuses on clearly defined learning outcomes and the achievement of competencies.

Program Goals
Broad, general intentions of the program, describe what the program aims to achieve, focus on the program, not directly on students, and usually not measurable. Program goals guide the development of end-of-program learning outcomes.

Program Effectiveness
The extent to which a nursing program achieves its stated goals, learning outcomes, and accreditation standards.

Quality Assurance (QA)
Planned and systematic activities are implemented to ensure that educational standards and learning outcomes are consistently met.

Self-Study Report (SSR)
A comprehensive internal evaluation document prepared by the program that demonstrates compliance with accreditation standards.

Simulation-Based Learning
An instructional method using simulated clinical scenarios to enhance experiential learning and clinical competence in a safe environment.

Stakeholders
Individuals or groups with an interest in the nursing program, including students, faculty, employers, alumni, regulatory bodies, and the community.

Student Progression
The systematic monitoring of students' academic and clinical advancement throughout the program until graduation.

Student Support Services
Academic, psychological, career, and administrative services are provided to promote student success and well-being.

Teaching and Learning Strategies

Instructional methods and approaches used to facilitate student learning, including lectures, simulations, case-based learning, and e-learning.