

GLOSSARY

Academic Progression Models – Models for the delivery of nursing education programs that facilitate progression from one level of nursing education and/or practice to a higher level of nursing education and/or practice.

Academic Program Models – Models for the awarding of credits or hours for purposes of tracking program length, with implications for financial aid.

- **Competency-Based Education (CBE) Program** – A program structure where students are evaluated based on achievement of identified competencies and the program measures a student's progress using clock or credit hours.
- **Clock/Contact Hour Program** – A program structure where measurement of a student's progress is reported using the number of direct clock/contact hours of instruction completed.
- A clock/contact hour is a measure of scheduled instruction. A clock/contact hour is a period of time equivalent to 50 to 60 minutes of instruction, as required by the institution and/or regulatory agencies.
- **Credit Hour Program** – A program structure where measurement of a student's progress is reported using credit hours for each course completed. A credit hour quantifies the hours of learning (e.g., classroom, clinical, or direct faculty instruction) for each week of the academic term, as defined by the institution. For example, one credit hour in a semester-based program of study is equivalent to 15 total hours of instruction for the academic term.
- As defined by the institution, programs may establish a credit-to-contact hour ratio where students complete more than one hour to receive a credit hour. For example, clinical experiences may have a credit-to-contact hour ratio of 1:3, where students would complete 45 total hours to receive one credit hour in a semester-based program of study.
- **Direct Assessment Program** – A program structure where student's progress is measured only by the students' ability to demonstrate their command of the subject matter or skill. No credit, clock, or contact hours are awarded.

Accreditation – The voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved.

Advanced Practice Registered Nurse (APRN) – Licensure classification for nurses who have advanced education, knowledge, and skills in one of four advanced practice roles: clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, or certified nurse midwife.

Approval – The term generally referred to by most state regulatory agencies for nursing programs to describe authorization of nursing education programs meeting minimal standards as defined in the state nurse practice act and/or rules and regulations.

Assessment and Evaluation Methods

- **Direct Outcome Assessment Methods** – Student demonstrations and/or the actual products of student work used by faculty to determine achievement of course and/or end-of-program student learning outcomes (and for graduate programs, the role-specific nursing competencies). Examples include, but are not limited to, examinations (e.g., standardized or faculty-developed), portfolio, clinical performance tools, and assignment rubrics (e.g., papers, projects, presentations).
- **Indirect Outcome Assessment Methods** – Perspectives (e.g., reflections, opinions, or thoughts) about student's learning achievement regarding course and/or end-of-program student learning outcomes (and for graduate programs, the role-specific nursing competencies). Examples include, but are not limited to surveys, self-assessments, focus groups, interviews, and student peer review.
- **Formative and Summative Student Evaluation Methods** – The use of assessment methods to gauge students' comprehension and learning by comparing it against a standard or benchmark while learning is in progress (Formative) or at the completion of a learning experience, such as a unit or course (Summative).
 - **Formative** evaluation methods provide ongoing feedback to assist the students and faculty to identify the students' strengths/weaknesses regarding learning achievement and target areas that need work.
 - **Summative** evaluation usually involves students receiving a grade that indicates their level of performance on an assignment, examination, and/or course that reflects learning achievement.

Summative Nursing Program-Level Assessment – The aggregation of student performance data used by faculty to identify the extent to which a group of students achieved the identified end-of-program student learning outcomes (and for graduate programs, the role-specific nursing competencies) upon completion of the program of study. Data for program-level assessment must include at least two direct assessment methods of each end-of-program student learning outcome and may include indirect assessment and evaluation methods in courses at or near the end of the program. The plan for summative nursing program-level assessment is documented in the program's systematic plan for evaluation (SPE). The analysis and evaluation of aggregate program-level summative assessment data, according to program-established benchmarks, forms the basis for making changes to the program of study for program improvement in support of student learning and achievement.

Branch Campus – A location of a governing organization that is geographically separate and independent from the main campus of the governing organization. A location is independent of the main campus if the location:

- is permanent in nature;
- offers courses in educational nursing programs leading to a degree, certificate, or other recognized educational credential;
- has its own faculty and administrative or supervisory organization; and
- has its own budgetary and hiring authority.

Candidacy – The beginning process for a nursing program seeking accreditation with the ACEN.

Candidate Status – Candidate status is granted after a review of the potential of a nursing program to achieve ACEN accreditation. See the ACEN Accreditation Manual – Section I General Information for additional information regarding the Candidacy process. Pre-accreditation is not within the scope of recognition the ACEN has with the United States Department of Education (USDE). Any program/institution granted Candidacy may not use the ACEN Candidacy status to seek or gain Title IV eligibility or eligibility for any other federal funding.

Certification – The process by which an organization, association, voluntary agency, or state regulatory agency grants recognition that an individual possesses predetermined knowledge and/or skills specified for practice in an area of specialization.

Chief Accreditation Officer (CAO) – The official at the ACEN who has the primary responsibility of ensuring that ACEN accreditation practices and processes are consistent with Department of Education (ED) requirements as well as the Council for Higher Education Accreditation (CHEA) and that accreditation processes are completed as described in ACEN policies.

Chief Executive Officer (CEO) – The official who has the primary responsibility of carrying out the mission and purpose of the governing organization. In some circumstances, there may be an overall governing organization CEO and a local or campus CEO (e.g., a chancellor of the overall governing organization and a president of a campus).

Communities of Interest – A group of people, identified by the nursing education unit who formally or informally influence nursing program processes, decision-making of a nursing education unit, the end-of-program student learning outcomes, and the program outcomes of a nursing program. Examples include, but are not limited to, students, graduates, healthcare employer representatives, governing organization representatives, regulatory agency representatives, and members of the public.

Compliance – When the nursing program meets the intent of the ACEN Standards and Criteria as determined by peer evaluators after a review of the program's supporting evidence and the application of professional judgement.

Contractual Agreement – When a nursing program enters into an agreement for receipt of courses or portions of courses (e.g., general education courses) delivered by another college/university or service provider to educate the program's students.

Consortia Relationship – When two or more governing organizations/nursing education units share the responsibility of developing and delivering nursing courses or a nursing program, in whole or part. This does not include clinical agreements for student learning experiences required by a nursing program. See *ACEN Policy #3 Eligibility for Initial and Continuing Accreditation* and *Policy #30 Agreement for Education-Related Component from an External Source* for additional information and the procedures that must be followed.

Contemporary Professional Nursing Standards, Guidelines, and/or Competencies for Nursing Practice – A set of guidelines approved by a nationally recognized nursing organization for use in the development and evaluation of a nursing curriculum. The most recent version/edition of the standards/guidelines must be used. The standards/guidelines include, but are not limited to:

- Consensus Model for APRN Regulation (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Group)
- Core Competencies for Interprofessional Collaborative Practice© (Interprofessional Education Collaborative)
- Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education)
- Essentials of Entry-Level and Advanced Level Nursing (American Association of Colleges of Nursing)
- Health Professions Education: A Bridge to Quality© (Institute of Medicine)
- Interprofessional Education Collaborative (IPEC) Core Competencies
- NLN Competencies for Graduates of Nursing Education Programs© (National League for Nursing)
- National/International Patient Health and Safety Goals
- Nurse Leader Core Competencies (American Organization for Nursing Leadership™)
- Nurse Practice Standards for the Licensed Practical/Vocational Nurse (National Federation of Licensed Practical Nurses)
- Nursing: Scope and Standards of Practice© (American Nurses Association)
- Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs (National Association for Practical Nurse Education and Services)
- Statement on Clinical Nurse Specialist Practice and Education© (National Association of Clinical Nurse Specialists)
- Quality and Safety Education for Nurses (QSEN) Competencies

Course Student Learning Outcomes – Statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the course. Course student learning outcomes must be consistent with standards of contemporary nursing practice. Course student learning outcomes:

- must be aligned and linked to the end-of-program student learning outcomes;
- should have a single, measurable action;
- support students' achievement of the end-of-program student learning outcomes and program outcomes; and for graduate programs, role-specific nursing competencies;
- typically progress from “simple to complex” as students advance through the nursing program of study; and
- organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning environments and learning experiences, and student performance assessment methods, etc.

Criteria – Statements that identify the elements that need to be examined in evaluation of an ACEN Accreditation Standard.

Default Rate – The percentage of student borrowers at each governing organization who fail to remain current with repayment of their federal financial aid student loans during the reporting period specified by the United States Department of Education.

Disaggregate Data – The separation of aggregated data into subcomponents for meaningful analysis of student learning and program outcomes. Nursing faculty are expected to determine if data should be disaggregated; if data are not disaggregated a justification for not disaggregating should be developed. Faculty may consider disaggregation by program option, location, graduation cohort, or other student characteristic (e.g., gender, age) of significance or importance to the faculty to expose unseen trends and meaningfully compare student cohort performance.

Distance Education – See Methods of Delivery.

Diversity – The wide range of human characteristics that make one individual or a group of individuals different from another. Diversity characteristics include, but are not limited to, race, ethnicity, culture, gender identity and expression, age, national origin, religious beliefs, work sector, physical ability, sexual orientation, socioeconomic status, level of education, marital status, language, physical appearance, and neurocognitive differences.

DNP Specialist Certificate – A selected series of courses that are a subset of courses within a clinical doctorate program specific to one area of practice (e.g., certificates in nursing administration, certificates in nursing education, certificate as a family nurse practitioner), which are taken after an individual is already credentialed with a doctorate degree in nursing with a different specialty.

Due Process – A disciplined, analytical decision-making procedure in which relevant standards are applied by a properly constituted and authorized body, using a process that is based on published rules of procedure and is free of improper influence.

Evidence-based Nursing Practice – Professional nursing knowledge, skills, and behaviors that are based on current research and professional standards.

Evidence-based Teaching/Instructional Strategies – Instructional methods that are based on current research and professional standards and are used by faculty to enhance and relay course content to students for attainment of educational outcomes.

End-of-Program Student Learning Outcomes – Statements of learner-oriented, practice-ready expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the nursing program, regardless of the nursing program option.

End-of-program student learning outcomes provide the framework for all curricular matters, represent the point of transition from being a student to being an entry-level practitioner for the chosen level of nursing education, and must be different for each program type (e.g., the end-of-program student learning outcomes for an associate degree and a baccalaureate degree offered by the same governing organization should be unique to each program).

Equity – The use of intentional actions and efforts to ensure fair treatment, access, opportunity, and advancement for all individuals.

Expected Level of Achievement (ELA) – A measurable index identified by the faculty that reflects a desired outcome for aggregate student or graduate performance (e.g., EPSLOs, program completion rate). An ELA should be high enough as to be genuine and encourage continuous improvement, but not so high as to be idealistic and, thus, unachievable.

Program leaders and faculty are encouraged to set a realistic “stretch ELA” for student achievement outcome without fear of penalty. Whether or not the ELA is met, the program is expected to analyze all student achievement outcomes data (Criteria 5.1, 5.2, 5.4), to assist with making decisions related to student performance and program improvement. If the program does not meet its stated ELA for program completion (Criterion 5.2) or job placement (Criterion 5.4), OR the program’s licensure/certification pass rate does not meet at least one of the six benchmarks identified in Criterion 5.3, then the nurse administrator and faculty should review *ACEN Policy #14 Reporting Substantive Changes* to determine if a Substantive Change report is required.

Faculty, Non-Nursing – Non-nurses (e.g., dietician, pharmacologist, or physiologist) who are assigned to teach a nursing course and who teach and evaluate nursing students. Non-nursing faculty must be educationally and experientially qualified for their assigned teaching responsibilities. Non-nurse faculty are not faculty members who teach general education courses. Non-nurse faculty are not guest speakers/invited presenters who teach selected topics in a nursing course.

Faculty, Nursing – Nurses who teach and evaluate nursing students in didactic, clinical, and/or laboratory settings, and are educationally and experientially qualified for their assigned roles and responsibilities. **NOTE:** Governing organizations use a variety of terms to describe individuals who teach and evaluate nursing students in didactic, clinical, and/or laboratory settings. Such titles include, but are not limited to, full-time or part-time faculty, adjunct faculty, clinical faculty, a rank (e.g., professor, associate professor, assistant professor, instructor, lecturer), or staff.

- **Full-time Faculty** – Nurses who teach and/or evaluate nursing students and have a full-time employment status at the governing organization
- **Part-time Faculty** – Nurses who teach and/or evaluate nursing students and have an appointment that is less than a full-time status at the governing organization.

Faculty Development – Activities that facilitate faculty maintenance or enhancement of expertise in clinical and teaching/instructional responsibilities. Examples include, but are not limited to, certification, continuing education, formal advanced education, informal development (e.g., journal club), clinical practice, research, publications, and other scholarly activities. **NOTE:** Refer to Criteria 2.6 and 2.7 to review ACEN expectations for ongoing faculty development.

Formal Complaints and Grievances – An allegation against a nursing program consistent with the nursing program or governing organization’s definition of formal complaints and/or grievances, typically expressed as a written, signed statement. The governing organization/accredited nursing education program is expected to maintain a record of all formal complaints or grievances against the program since the last ACEN accreditation visit, including evidence of documentation of due process and timely resolution. **NOTE:** Programs seeking initial accreditation should maintain records of formal student complaints and/or grievances from the time Candidate status is achieved.

Geographic Region – In reference to the Substantive Change process, it is an area serving the same/similar population of students and communities as the original/main location of a nursing program, an off-campus instructional site/location, or a branch campus. See *ACEN Policy #14 Reporting Substantive Changes* for additional information and the procedures that must be followed.

Geographically Separate – An off-campus instructional site/location or branch campus that is located physically apart from the main campus of the governing organization.

Governance – The systems, policies, and processes by which the program operates and is controlled. May include but is not limited to allocation of resources, outcomes assessment and program evaluation, policy, and curriculum development.

Governing Organization – The institution with overall responsibility and authority for a nursing education unit and a nursing program (e.g., university, college, hospital/medical center, career center).

Governing Organization System – Multiple governing organizations operating jointly under the same corporation.

High-Stakes Testing – The use of a **single** test or examination (written, electronic, or demonstration) to determine an important outcome, such as a student passing a course or graduating. The use of high-stakes testing should be based on current evidence and best teaching/instructional practices; high-stakes testing is not a best educational practice and should not replace other faculty-developed evaluation methods specific to the program's curriculum (Refer to the ACEN position on high-stakes testing and addendum). **NOTE:** Third-party testing products should be used only for the purposes and within the guidelines recommended by the developer.

Inactivation of a Nursing Program – A period of time during which no new students are admitted into a nursing program; therefore, there will be no graduates from the nursing program for an intervening period of time. A nursing education unit may inactivate a nursing program for a limited period of time See *Policy #14 Reporting Substantive Changes*.

Inactivation of an Off-Campus Instructional Site – A period of time during which a nursing education unit does not offer **1)** a nursing program and the nursing courses for the nursing program or **2)** a nursing program option and the nursing courses for the nursing program option at an approved off-campus instructional site/location for five academic years. See *Policy #14 Reporting Substantive Changes* for additional information and the procedures that must be followed.

Inclusion - The intentional and continuing efforts in which all individuals respect, support, and value others. An inclusive environment provides equitable access to opportunities and resources and offers respect in words and actions for all.

Information Literacy – The ability to identify appropriate sources of information, evaluate the quality and applicability of the information obtained, and use the information in nursing practice to enhance patient care and outcomes.

Initial Accreditation – The first time that a program is accredited with the ACEN; the period of accreditation is for five years. See ACEN Policy #4.

Interprofessional Collaboration – Sharing of information among two or more healthcare professionals from different disciplines who are working together with a common purpose and mutual respect to improve patient outcomes.

Implemented as Published – When policies, procedures, curricula, or other aspects of the nursing program or program of study are enacted and implemented as written (e.g., admission criteria, credit-to-contact hour requirements, or course requirements/sequencing).

Job Placement Rate – Percentage of graduates, typically within one year of graduation who are employed in a position for which a nursing program prepared them. Faculty must demonstrate a good faith effort to contact all program graduates to determine job placement rates, irrespective of licensure/certification examination completion or enrollment in another program of study.

Justification – Providing a reasonable explanation for actions, policies, and/or processes as determined by faculty and employed by the nursing education program. Considerations for a reasonable explanation or justification for actions include, but are not limited to student demographics and enrollment, and best educational practices (e.g., assessment, instruction).

Learning Activities – Goal-directed activities assigned to students that are required for course completion and are designed to enhance or facilitate learning in alignment with the course student learning outcomes. Major categories of learning activities include **1)** activities where learners are doing or observing something (e.g., clinical practice, presentations); **2)** activities where learners are reflecting on the meaning of their learning (e.g., self-reflection, peer review); or **3)** combined active and reflective learning (e.g., case study, research paper, small group discussion).

Learning Environments and Experiences, Clinical/Practicum – Direct, nursing care specific to the level of licensure and/or education, including engagement in planned learning activities required of nursing students in all degree or certificate granting nursing education programs, regardless of the student's licensure status at the time of admission. Settings include, but are not limited to, acute-care and specialty hospitals, long-term care facilities, ambulatory care centers, physician offices, communities, and home health care. Clinical/practicum learning experiences should engage nursing students in the cognitive, affective, and psychomotor work of nursing appropriate for the level at which students are being prepared. Pre-licensure clinical/practicum experiences focus on direct engagement with patients and healthcare team members to impact health outcomes. Post-licensure clinical/practicum experiences include direct engagement with others who supervise, provide, or are preparing to provide direct patient care (e.g., staff nurses, nursing students, nurse managers).

Consistent with the level of academic study and the roles and responsibilities after graduation, clinical/practicum experiences should prepare graduates for practice in the care of patients/clients including a/an: individual, family, group, or populations, and should support students' attainment of the identified end-of-program student learning outcomes and/or role-specific nursing competencies. Clinical/practicum experiences are overseen by qualified nursing faculty and may include assistance from preceptors who provide feedback to students in support of their learning and professional development. **NOTE:** Refer to the ACEN position statement on clinical/practicum.

Clinical/practicum learning experiences are required for all nursing students enrolled in any undergraduate or graduate program, including all students enrolled in post-licensure undergraduate programs, graduate programs, all program options in any undergraduate and graduate programs, and/or certificate program options.

Learning Environments and Experiences, Skills and/or Simulation Laboratory –

Opportunities for students to learn about nursing care in settings designed to look, feel, and/or function as a real-world practice environment, offering real-world practice learning experiences, which may include the use of standardized patients, as well as low-fidelity, mid-fidelity, high-fidelity and/or virtual simulation equipment. These experiences facilitate students' application of knowledge, skills, and behaviors in the care of patients/clients including a/an: individual, family, group, or populations, and support the end-of-program student learning outcomes and and/or role-specific nursing competencies in a controlled and low-risk environment.

- **High-fidelity simulation:** Practice learning experiences that incorporate a full-body computerized patient simulator that mimics the patient's responses to the student's actions.
- **Mid-fidelity simulation:** Practice learning experiences that incorporate a computerized patient simulator with basic physiological functions, such as computer-based self-directed learning systems.
- **Low-fidelity simulation:** Practice learning experiences that utilize static mannequins or task-trainers for basic nursing skills.
- **Standardized patient:** Practice learning experiences where a person is trained to portray specific health conditions, and the student interacts with the standardized patient to demonstrate mastery of desired learning outcomes.
- **Virtual simulation:** Practice learning experiences that are computer-generated simulations with virtual (e.g., three-dimensional images) patients and/or care environments for the development of nursing knowledge and skills.

Licensure – The process by which a governmental agency gives affirmation to the public that the individuals engaged in an occupation or profession are legally authorized to practice in a specific jurisdiction.

Location – Sites where a nursing program is delivered, in whole or part, including the main location, off-campus instructional sites/locations, and branch campuses. **NOTE:** See *ACEN Policy #14 Reporting Substantive Changes* for additional information and the procedures that must be followed when adding or closing an additional location. See *Branch Campus/Off-Campus Instructional Site*.

Methods of Delivery – The teaching/instructional modalities used by faculty to deliver instruction of a nursing course. **NOTE:** See *ACEN Policy #14 Reporting Substantive Change* for additional information about the procedures that must be followed when a program changes its methods of delivery from the methods of delivery currently approved by the ACEN.

Traditional Education – A method for delivering nursing courses in which instruction occurs when a student and instructor are physically in the same place at the same time (e.g., face-to-face). This method of delivery may be web-enhanced/supported, where the instruction occurs through traditional face-to-face delivery, and students are expected to attend the in-person class. The learning management system (LMS), or other web-based system, is used to support the course such as posting syllabi and calendars for easy student access. In addition, students may also be expected to participate in web-based learning activities, such as discussion boards or learning activities posted online.

Distance Education – A method of delivery of nursing courses in which instruction occurs when a student and instructor are not physically in the same place. Instruction may be synchronous or asynchronous. Distance education uses one or more distance

technology (e.g., one-way, or two-way transmissions, audio, video, the Internet) to support **regular and substantive** interactions between the instructor and the students.

Substantive Interaction – Engaging students in teaching, learning, and assessment, consistent with the content under discussion and includes at least two of the following:

1. Providing direct instruction;
2. Assessing or providing feedback on a student's coursework;
3. Providing information or responding to questions about the content of a course or competency;
4. Facilitating a group discussion regarding the content of a course or competency; or
5. Providing other teaching/instructional activities considered common practice and/or best practice.

Regular Interaction

1. Providing the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course.
2. Monitoring the student's academic engagement, success, and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed based on such monitoring or upon request by the student.

Hybrid Education – A method of delivery for nursing courses in which instruction occurs using both distance and traditional education methods of delivery. Hybrid education, regardless of the percentage of the traditional education time it replaces, is considered a form of distance education by the ACEN.

Mentored – A formal or informal process through which a more experienced individual advises, guides, and/or coaches another individual who is less experienced or who is transitioning to a new position or employment setting.

Mission, Goals and /or Values – Description of the beliefs, philosophy, and underpinnings that describes the unique characteristics and/or purpose of a nursing program, nursing education unit, and/or governing organization.

Non-compliance – When the nursing program does not adequately meet the intent of the ACEN Standards and Criteria as determined by peer evaluators after a review of the program's supporting evidence and the application of professional judgement.

Non-Discriminatory – Policies, processes, and practices that are fair and equitable for students regardless of personal or social identifiers including but not limited to gender, race, ethnicity, and/or religion.

Nurse Administrator – The nurse with responsibility and authority for the administrative and teaching/instructional activities of a nursing program or a nursing education unit within a single governing organization (e.g., dean, chairperson, director). An individual may serve as the nurse administrator for only one separately accredited nursing program or nursing education unit with ACEN-accredited programs. See Single Nursing Program.

Nursing Program Administration Support Faculty/Staff – Designated nursing faculty and/or staff who are assigned administrative support responsibilities and who report directly to the nurse administrator. Administrative support responsibilities for the program include assignments such as program coordination, budget management, process management such as clinical coordination or simulation, and management/oversight of human resources. This does not include student support personnel who also assist programs/students outside of the nursing program.

Nursing Program Option – The program of study designed for a subset of students within a nursing program type. Examples include, but are not limited to, prelicensure/traditional program option, LPN-to-RN program option, RN-to-BSN program option, evening/weekend program option, full- and part-time program options, face-to-face, or online program options. **NOTE:** See *ACEN Policy #14 Reporting Substantive Change* for additional information and the procedures that must be followed when adding or closing a nursing program option.

Nursing Program Type – The educational level (practical, diploma, associate, baccalaureate, master's post-master's certificate, clinical doctorate, DNP specialist certificate program of study) offered by a governing organization that leads to the awarding of a certificate, diploma, or degree.

Off-Campus Instructional Site – Any location that is physically apart from the main campus of the governing organization where a nursing program is offered, in whole or part. See definition of Branch Campus, which is not an off-campus instructional site. **NOTE:** See *ACEN Policy #14 Reporting Substantive Change* for additional information and the procedures that must be followed when adding or closing an off-campus instructional site/location.

Pass Rates, Examinations

- **Certification Examination Pass Rates** – The number of graduates, shown as a percent, who were successful on a particular certification examination when required for practice.
- **Licensure Examination Pass Rates** – The number of graduates, shown as a percent, who were successful on a licensure examination required for practice in a particular nation/territory and at the level for which the program prepared the graduates.

Philosophy – A description of the values, beliefs, and underpinnings of the nursing faculty's practice and patient care ethics for the nursing program.

Policies, Admission – Nursing program or governing organization policies that describe non-discriminatory requirements for admission to a nursing program. Admission requirements may include, but are not limited to, transfer of credit, program prerequisites, GPA, pre-entry examination results, health status (e.g., vaccinations), criminal background checks, licensure status, and gap analysis process.

Policies, Progression – Nursing program and/or governing organization policies that describe non-discriminatory requirements for progression within a nursing program. Progression requirements may include, but are not limited to, GPA, minimum course grade requirements, minimum examination score or average requirements, academic honesty, and readmission processes. **NOTE:** High-stakes testing should not be used for program progression.

Policies, Graduation – Nursing program and/or governing organization policies that describe non-discriminatory requirements for graduation from a nursing program. Graduation requirements may include, but are not limited to, course completion requirements (major and general education) and other nursing program or governing organization requirements. **NOTE:** High-stakes testing should not be used as a graduation requirement.

Policies, Technology Requirements – Nursing program and/or governing organization policies that describe non-discriminatory requirements for student access to technology while enrolled in a nursing program. Technology requirements may include, but are not limited to, internet access, hardware, software or applications, browsers, virus protection, student identification verification technology and/or fees, and memory or storage capacity.

Policies, Transfer of Credit – Nursing program and/or governing organization policies that describe non-discriminatory specifications under which the governing organization/nursing program will accept courses/credits that were earned at another governing organization/nursing program. The credit(s) from the former governing organization/nursing program may or may not be accepted by the new governing organization/nursing program. Each governing organization/nursing program makes its own decisions about accepting transfer credit. **NOTE:** The ACEN does not have a policy about acceptance of transfer credits from non-accredited nursing education programs, this decision is up to the program as allowed by the governing organization.

Post-Master's Certificate (PMC) – A selected series of courses that are a subset of courses within a master's program specific to one area of practice (e.g., certificates in nursing administration, certificates in nursing education, certificate as a family nurse practitioner) that are taken after an individual is already credentialed with a master's degree in nursing in a different specialty.

Professional Identity – A sense of oneself, and in relationship with others, that's influenced by the characteristics, norms, and values of the nursing profession, resulting in an individual thinking, acting, and feeling like a nurse.¹

¹Godfrey N, Young E. Professional identity. In: Giddens JF, ed. *Concepts for Nursing Practice*. 3rd ed. New York, NY: Elsevier; 2020.

Program of Study – All nursing, general education, prerequisite, and/or core courses required for conferral of the certificate, diploma, or degree. Also includes the total number of credit/quarter/clock hours required to complete the defined certificate, diploma, or degree allocated over a specific number of academic terms (semester/trimester/quarter).

NOTE: For undergraduate nursing programs, if first aid certification, cardiopulmonary resuscitation (CPR) certification, being a *certified nursing assistant* (CNA), or being a medical assistant (MA) is/are required prerequisites for admission, these requirements/courses do not count toward the total number of credit/quarter/clock hours for the defined nursing program of study, whether these requirements/courses are credit or non-credit. All other credit courses that are required prerequisites and/or requirements for admission (e.g., general biology, medical terminology) do count toward the total number of credit/quarter/clock hours.

When first aid, CPR, and CNA certification are part of the defined nursing program of study or taken as elective courses that are part of the defined nursing program of study, these courses count toward the total number of credit/quarter/clock hours.

Program Outcomes – Measurable indicators that reflect the extent to which the purposes of the nursing program are achieved and by which nursing program effectiveness is documented. The ACEN specifies and requires the assessment of the following nursing program outcomes:

- **Undergraduate programs:**
 - licensure examination pass rate;
 - program completion rate; and
 - job placement rate.
- **Graduate programs:**
 - licensure examination pass rate and/or certification examination pass rate;
 - program completion rate; and
 - job placement rate.
 - Graduate programs with APRN options are also expected to adhere to any monitoring, such as alumni surveys, required by the current NTF Standards for Quality NP Education and other specialty organizations, as applicable.
- The assessment of additional program outcomes is the choice of the governing organization and nursing education unit. **NOTE:** See *ACEN Policy #29 Advertising and Recruitment of Students*.

Preceptor – An educationally and experientially qualified person who has received orientation to function as a clinical supervisor during a clinical/practicum experience in lieu of having a faculty member onsite with students. Preceptors serve over a specified period of time, and they are a resource and role model for nursing students; in addition, preceptors typically provide input into the evaluation of student performance. While a student can have input into identifying preceptors, it is the responsibility of the nursing program faculty/leaders to identify and arrange for preceptors and to ensure all students have preceptors. **NOTE:** Nursing programs use a variety of terms to describe individuals who act in a preceptor capacity. Such titles include, but are not limited to, mentors, coaches, and volunteers.

Prerequisite Course – A course that is required prior to enrolling in another course.

NOTE: All credit courses that are required prerequisites and/or requirements for admission to a nursing program must be included in the total number of credit/quarter/clock hours required for completion of the nursing program.

Program Completion Rate – Program completion rate is the calculation of the percentage of students who enter a program of study and complete the program of study in the advertised program length (i.e., on-time). Calculation of the program completion rate begins with a student's enrollment in the first nursing course and at the time when a student can no longer receive a 100% tuition refund for the first nursing course regardless of the source of funds used to pay the students' tuition. The moment in time may be referred to as the census date or something similar. The calculation ends with students' completion of all requirements for conferral of a certificate, diploma, or degree.

Public – Any individual or group with an interest in, but no direct responsibility for, the development or delivery of a nursing program (e.g., patients/clients, non-nursing students, non-nursing faculty, healthcare providers, and citizens).

Public Information – Information available to the public as required by ACEN policy or applicable regulatory agency. May include, but is not limited, to admission criteria, graduation criteria, program of study, and program outcomes data.

Published – All forms of information made available by a nursing program and/or governing organization, including easily accessible paper and/or electronic sources intended to inform the public about the program.

Qualified, Educationally – The required academic degree(s) that prepare individuals for their assigned roles and responsibilities as defined by the governing organization and state regulatory agencies.

Qualified, Experientially – Documented current or recent direct engagement in a significant manner in nursing experiences for those whose roles and responsibilities include teaching, administering, and/or precepting students. The experience-based activities and experiences that enhance one's knowledge, skills, and/or abilities to perform assigned roles and responsibilities.

Reactivation of a Nursing Program – After a period of inactivity, the process of admitting new students into a nursing program. If a nursing education unit does not reactivate a nursing program within the period of time specified by the ACEN, the nursing program is considered closed and is removed from the list of accredited nursing programs. For a deactivated nursing program to be reactivated, the nursing education unit must reapply for accreditation with the ACEN. **NOTE:** See *Policy #14 Reporting Substantive Change* for additional information and the procedures that must be followed to reactivate a nursing program.

Reactivation of an Off-Campus Instructional Site – After a period of inactivity, the process of offering **1)** a nursing program and the nursing courses for the nursing program or **2)** a nursing program option and the nursing courses for the nursing program option at an approved off-campus instructional site/location. If a nursing education unit does not reactivate the off-campus instructional site/location within five academic years of no students being enrolled and no nursing courses being offered at the off-campus instructional site/location, then the nursing program must follow the substantive change process to reinstate the off-campus instructional site/location. **NOTE:** See *ACEN Policy #14 Reporting Substantive Change* for additional information and the procedures that must be followed to reactivate an off-campus instructional site/location.

Regulatory Agencies – Governmental agencies that have jurisdictional/legal authority over a nursing program, such as a board of nursing or ministry of education. **NOTE:** The type of agency and/or the number of agencies may vary depending upon the state or regulatory agencies in another country.

Reports to the ACEN

Annual Report – An annual process where all ACEN-accredited programs are required to provide requested information to the ACEN. Examples of required information include program outcome performance and program enrollment. **NOTE:** See *Policy #24 Assessment of the Adequacy of Standards and Criteria, ACEN process, and Practices*.

Closing Report – A written plan developed by a governing organization/nursing education unit that provides for the equitable treatment of students should a governing organization/nursing education unit, or a nursing program location that provides 50% or more of a nursing program, cease to operate before all students have completed their nursing program of study. The Closing Report may include, if required by the governing organization's accrediting agency, a teach-out agreement between governing organizations/nursing education units. This applies to the closure of a governing

organization, an off-campus instructional site/location, a branch campus, or a nursing program. The Closing Report requires ACEN approval in advance of implementation. See *Policy #16 Program Closing* for additional information and the procedures that must be followed.

Focused Site Visit Report – A report that must be written by the program faculty prior to a scheduled Focused Visit (in-person or virtual). The Focused Site Visit Report must address selected Standards and Criteria as determined by the ACEN. Programs required to write a Focused Site Visit Report will be provided additional information about the Standards and Criteria to be addressed.

Follow-Up Report – A report that must be written by the program faculty as a follow-up to an accreditation decision of continuing accreditation with conditions. A Follow-Up Report must include all Criteria of the Standard(s) that were found non-compliant and resulted in the accreditation stipulations. Programs required to write a Follow-Up Report will be provided additional information about the timeline for submission and general expectations.

Follow-Up Visit Report – A report that must be written by the program faculty prior to a scheduled Follow-Up Visit required by the Board of Commissioners. All programs with a continuing accreditation status of warning or good cause will be required to have a Follow-Up Visit. Programs with a continuing accreditation status of conditions may be required to host a Follow-Up Visit.

Program Response – A report where the nursing program administrator and faculty provide to the ACEN a response about a Site Visit Report. The program response is the program's opportunity to identify errors of fact, clarify descriptions in the Site Visit Report, and/or provide additional information and/or supporting evidence that should be considered by the Board of Commissioners when an accreditation decision is made.

Self-Study Report – A report that must be written by the program faculty prior to an initial or continuing accreditation visit. All Criteria within all ACEN Standards must be included in a Self-Study Report.

Resources, Fiscal – The financial support required for securing and maintaining the human and physical resources (e.g., personnel, supplies, materials, equipment) and student support services necessary to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Fiscal resources include, but are not limited to, tuition, fees, grants, governmental appropriations, donations, and investment earnings.

Resources, Physical – The physical spaces needed to facilitate student learning and support student achievement of end-of-program student learning outcomes and program outcomes. Physical resources may include, but are not limited to, classrooms, laboratories, faculty and staff offices, and other common spaces used by nursing students and faculty and staff.

Resources, Learning and Technology – The equipment and/or materials needed to facilitate student learning and development of the necessary knowledge, skills, and behaviors to support achievement of the end-of-program student learning outcomes and program outcomes; additionally, the equipment needed by faculty and staff to fulfill their job responsibilities. Learning resources may include, but are not limited to, laboratory equipment and supplies, electronic or physical journals, databases, books, and physical or electronic media (e.g., videos). Technology resources include, but are not limited to, hardware (e.g., computers), general software or

applications (e.g., word processing, presentation software), healthcare specific technology, software or applications (e.g., VSim, medication management, electronic health records), learning management systems, internet access, browsers, virus protection, and memory or electronic storage capacity.

Role-Specific Nursing Competencies (Graduate Programs Only) – Expected, measurable levels of graduate level nursing performance that integrate knowledge, skills, and behaviors in the specialty area of study (e.g., nurse educator, nurse practitioner). Competencies may include, but are not limited to, specific knowledge areas, clinical judgments, and behaviors based upon the role and/or scope of practice consistent with the level of nursing education and applicable licensure/certification after graduation.

Single Nursing Education Unit – A unit within a governing organization that offers one or more nursing programs, where all nursing programs within the nursing education unit are administered by a single nurse administrator with the responsibility and authority for all nursing programs. If multiple programs within the nursing education unit are ACEN accredited, the overall fees for additional programs are decreased. (See the ACEN Fee Schedule). The ACEN will not recognize a single nursing education unit if the governing organization elects to have a different nurse administrator for one or more nursing programs. Each nursing program (with a different nurse administrator) is a separate nursing education unit for ACEN purposes. The ACEN retains the right to determine whether a nursing education unit is a single nursing education unit.

Single Nursing Program – A nursing program type that is administered within a single governing organization, regardless of the number of instructional sites used by the program. Determination of whether a nursing program is a single nursing program for ACEN purposes depends on several factors. The ACEN retains the right to determine whether a nursing program is a single nursing program. In order for students to graduate from an accredited program, each single nursing program must be individually accredited by the ACEN. Factors used by the ACEN to determine program status may include, but are not limited to:

Method of Delivery

When 51% or more of the nursing program is offered in a traditional method of delivery, the nursing program and all locations where the nursing program is offered must be in the same state and under the jurisdiction of the same state regulatory agency for nursing.

When 51% or more of the nursing program is offered through a distance education method of delivery, it is possible for the nursing program and all locations where the nursing program is offered to be in the same state or in different states, and under the same or different state regulatory agency. If two or more state regulatory agencies are involved, the nursing program must meet all the requirements set by each state regulatory agency for the nursing program.

- **Academic Control** – The nursing program is within a single governing organization that is accredited through an institutional accrediting agency recognized by the ACEN.
- The nursing program is located on a governing organization's main campus, off-campus instructional site(s)/location(s), and/or branch campus(es).
- A single certificate, diploma, or degree is awarded from the same governing organization to students who successfully complete the nursing program.

- The NCSBN program code or codes are specific to the accredited nursing program offered by the single governing organization.
- There is one nursing program of study for each nursing program option within the certificate, diploma, or degree conferred.
- There is one set of end-of program student learning outcomes and program outcomes utilized for by the nursing program.
- There is a systematic plan for evaluation that addresses the end-of program student learning outcomes and program outcomes for the nursing program.
- There is one nurse administrator for the nursing program. The nurse administrator must:
 - have continuous, active, responsibility and authority at all locations within the nursing program.
 - have, in conjunction with faculty, academic control of the nursing program.
 - have adequate time and resources to effectively administer the nursing program at all locations.
 - oversee the daily governing organization, nursing education unit (when applicable) and nursing program matters such as, but not limited to, personnel matters, student matters, curricular matters, and resources.
- All nursing program personnel at all locations must report to the nurse administrator.
- There is one group of faculty members for the nursing program who function as a faculty of the whole within a set of established faculty policies and decision-making processes and who have input into the curriculum development, delivery, and evaluation.
- There is a single set of policies governing all nursing students enrolled in the nursing program.

The ACEN retains the right to determine whether a nursing program is a single nursing program and whether a location at which a nursing program is offered must hold separate accreditation.

Staff – Non-faculty personnel who assist, support, and/or coordinate in nursing programs. Staff include, but are not limited to, clerical, laboratory, and administrative personnel (regardless of the individual's title or classification by the governing organization) that are part of the nursing program. **NOTE:** Governing organizations use a variety of terms to describe individuals who act in an assisting/supporting/coordinating capacity. Such titles include, but are not limited to, administrative assistants, advisors, program directors, clinical coordinator, skills laboratory coordinator, simulation coordinator, or associate nursing director, etc.

Standard – Agreed-upon expectations to measure quantity, extent, value, and educational quality.

Student Records – Student records, electronic or physical, that are maintained by the governing organization, nursing program, or third-party vendor on behalf of the nursing program, consistent with program and/or governing organization policies.

Any information alone or in combination that is linked or linkable to a specific student may be subject to state or federal privacy laws and, as applicable, measures must be taken to protect the student's privacy. Access to student records, electronic or physical, must be limited to authorized personnel to ensure the protection and confidentiality of students' records.

Student Support Services – Services available to nursing students designed to facilitate and support student success in the nursing program. May include, but is not limited to, advising, counseling, tutoring, library services, technology, and health services (mental and/or physical).

Sufficient – Enough or adequate for the purpose of achieving the end-of-program student learning outcomes and program outcomes.

Sufficient Faculty – Adequate number of full- and/or part-time faculty to support the values, mission, goals, and/or philosophy of the nursing program. Evidence of adequacy may include, but is not limited to:

- The ratio of faculty to the total number of nursing students enrolled in all the nursing courses required for a nursing program or programs;
- The faculty to student ratios for didactic, skills/simulation laboratories, and clinical/practicum experiences;
- The required workload for faculty; workload duties include, but are not limited to, teaching, advisement, administration, committee work, service, practice, research, and/or other scholarly activities.
- Required and voluntary non-teaching responsibilities required by the governing organization and/or nursing education unit;
- Adequate faculty time to implement a variety of teaching/instructional strategies and complete formative and summative student evaluation.
- Adequate faculty time to develop and review the curriculum, and assess and evaluate achievement of the end-of-program student learning outcomes and program outcomes;
- The number of faculty on required or voluntary overload and amount of required and voluntary overload for each faculty member; and
- Achievement of end-of-program student learning outcomes and program outcomes.

Sustainable Resources – The capacity of the governing organization to continuously replenish fiscal, physical, and/or human resources to meet current needs and the capacity of the governing organization to increase fiscal, physical, and/or human resources to meet future needs.

Systematic Plan for Evaluation (SPE) – A written document emphasizing the plan for ongoing, comprehensive assessment of the end-of-program student learning outcomes and program outcomes. The SPE must include assessment methods, frequency of data collection, and frequency of evaluation for each end-of-program student learning outcome and program outcome. May also include documentation of the plan's implementation (data, analysis, and actions) **or** indicate where that information is located.

Teaching/Instructional Strategies – Student-centered techniques and methods employed by faculty to deliver course content in support of student learning and knowledge development. Instructional strategies may be direct (e.g., mastery lecture, didactic questions, reading guides), indirect (e.g., problem-solving, concept mapping, case studies), experiential (e.g., simulations, clinical practice), interactive (e.g., role-playing, laboratory practice), and/or independent (e.g., research projects, learning modules).

Teach-Out Agreement – A written agreement between governing organizations/nursing education units that provides for the equitable treatment of students and a reasonable opportunity for students to complete their nursing program of study should a governing organization/nursing education unit, or a nursing program location that provides 50% or more of a nursing program offered, cease to operate before all enrolled students have completed their

nursing program of study. This applies to the closure of a governing organization, an off-campus instructional site/location, a branch campus, or a nursing program. A teach-out agreement requires ACEN approval in advance of implementation. **NOTE:** See *ACEN Policy #16 Closings* for additional information and the procedures that must be followed.

Title IV Gatekeeper – An accrediting agency recognized by the United States Department of Education as meeting the criteria established by law for that agency to fulfill one requirement for institutions and programs to participate in federal student aid programs (e.g., Direct Subsidized/Unsubsidized Loan, Direct Graduate PLUS Loan, Direct PLUS Loan, Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Federal Perkins Loan, and TEACH grants). The ACEN is a Title IV gatekeeper for a limited number of nursing programs (e.g., hospital-based diploma programs). For the majority of nursing programs, the institutional accreditor for the governing organization is the Title IV gatekeeper.