



Nurse Practitioner Education in Canada

National
Framework of
Guiding
Principles

&

Essential
Components

CASN
ACESI 



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Introduction

A CASN Task Force on Nurse Practitioner (NP) Education was struck in 2011 in response to a call from national nursing associations, educators, and nurse practitioners for national standards to guide NP education in Canada. Its mandate was to develop a national consensus-based framework of guiding principles and essential components for NP educational programs in this country.

The Task Force adopted an iterative process with three overlapping phases to carry out its mandate. Phases for this initiative included: 1) generating a preliminary framework of guiding principles and essential components; 2) building national consensus for the framework among NPs, NP educators, and representatives of relevant stakeholder groups; and, 3) refining the framework based on a broader consultation of stakeholders (i.e. nursing faculty, practicing NPs, nursing regulators, physicians, pharmacists, and employers).

As part of phase one of the project, Task Force members and other relevant stakeholders met at a Forum on September 20th, 2011 to generate a preliminary set of guiding principles and essential components based on contextual factors identified in a literature review, and on their own substantial experience. A working document, comprised of draft contextual factors, guiding principles, and essential components for NP education was examined in depth, discussed, and revised. Following this meeting, the Task Force met routinely by way of teleconference to develop a consensus-based framework. Nursing educators from across the country reviewed and provided feedback on the preliminary framework at the CASN *Graduate Studies Forum* in November 2011 as part of the next phase of consultation. Following this consultation, the Task Force reviewed and revised the guiding principles and essential components, and then sought further feedback from nursing regulators from across the country. A final round of consultations were conducted through regional, multidisciplinary focus group discussions with nursing faculty, practicing NPs, nursing regulators, physicians, pharmacists, and employers (throughout the western, central, and eastern regions and Québec). In the last step of the process, feedback from the regulators and focus group discussions was collated, and final decisions were made at a Task Force meeting in August 2012.

This document includes a background synthesis, which was carried out in preparation for the September 20th, 2011 in-person Task Force meeting, and the final framework resulting from the three phases of consultation. The framework begins with definitions, followed by contextual factors influencing NP education drawn from the literature synthesis, guiding principles, and finally, essential components. The essential components are divided into two categories. The first category includes components concerned with the educational unit, such as administration, faculty qualifications, and resources. The second category focuses on components of the educational program itself, including the curriculum as well as evaluation of the curriculum. The prescriptive role of regulatory body frameworks in Canadian jurisdictions is recognized and incorporated within this document.

Background Synthesis of Literature and Contextual Factors Related to the Education of Nurse Practitioners in Canada

Nurse Practitioners were first introduced in Canada four decades ago (DiCenso et al., 2010). It is only in the last ten years, however, that national consensus-based documents have articulated advanced practice nursing roles in this country and recognized NPs as Advanced Practice Nurses (APNs). Educational programs for NPs have also increased in the last decade, and national and provincial regulatory frameworks have been established to guide the certification, licensure, standards, and core competencies for practice of APNs as NPs. In addition, there has been a growing recognition of the need for interprofessional education to prepare NP students for collaborative practice. However, social, economic, and policy factors continue to influence the vulnerability of the NP role, and there is considerable variance in Canadian educational programs for NPs.

Advanced Nursing Practice

The NP role is identified internationally as Advanced Nursing Practice. In Canada, the Canadian Nurses Association (CNA) defined Advanced Nursing Practice in a national consensus-based document as “an umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations” (CNA, 2008, p. ii). The CNA document specifies core competencies for Advanced Nursing Practice that are common to all advanced practice nursing roles. They fall under the following four categories: clinical competencies, research competencies, leadership competencies, and consultation and collaboration competencies.

The Nature of the NP Role

The Canadian Nurse Practitioner Initiative (CNPI, 2004 – 2006) was a major watershed in the articulation of the NP/ advanced practice role in Canada. The initiative grew out of the Nurse Practitioner Planning Network, a pan-Canadian group representing individual nursing stakeholders, regulatory bodies, professional associations, and governments. A national consensus-based definition of the NP role emerged from CNPI: “Registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice” (CNPI, 2006, p. iii).

A significant deliverable of the CNPI was the introduction of a national core competency framework for NPs in 2005. More recently, regulatory bodies requested that CNA facilitate the update of this framework, and in 2010 it was revised through a consensus building approach (CNA, 2010). The core competencies are transferrable across NP settings and population foci. They reflect the competencies developed for Advanced Nursing Practice and build on the competencies for Registered Nurses. The core NP competencies are organized into four categories: 1) Professional Role, Responsibility and Accountability; 2) Health Assessment and Diagnosis; 3) Therapeutic Management; and, 4) Health Promotion and Prevention of Illness and Injury.

Regulation

All provinces and territories have developed legislation for the NP role (Government of Yukon, 2009; Haas, 2006). Provincial and territorial nursing regulatory bodies are mandated to set the entry-to-practice competencies, standards of practice, standards for approval of educational programs, and the licensure requirements for NPs. In most jurisdictions NPs are authorized to perform the following functions: 1) diagnose a disease, disorder, or condition; 2) order and interpret diagnostic tests; 3) prescribe medications; 4) perform advanced procedures; and, 5) make referrals to other health care providers as appropriate. However, the level of autonomy to perform these functions varies across jurisdictions (CNA, 2006; CNPI, 2006).

Nursing regulatory bodies established the *Canadian Nurse Practitioner Program Approval Framework* to guide the review and evaluation of NP education programs in Canada (Canadian Registered Nurse Regulators, 2010). The framework is divided into four categories:

- Curriculum – the curriculum provides the learning experiences necessary for students to meet the NP competencies and standards of practice.
- Resources – there are sufficient human, physical, and clinical resources to enable students to meet the NP competencies and standards of practice.
- Students – those enrolled in the program demonstrate progress toward the achievement of the NP competencies and standards of practice.
- Graduates – those who graduate from the program successfully achieve the NP competencies and standards of practice.

The following streams of NP registration exist in Canada: Adult, Paediatrics, and Family/All Ages (also referred to as Primary Health Care or First Line of Care). Some jurisdictions also register NPs in Neonatology, either as a distinct stream or as part of the Paediatrics group. Québec registers four categories of NPs: First Line of Care (Primary Care), Neonatology, Cardiology, and Nephrology.

In addition to NP core competencies, another important deliverable of the CNPI project was the development of a national registration examination for the Family/All Ages NP stream. It was made available in both English and French and the first writing occurred in November 2005. As of 2011, in most provinces, NPs who graduate from an approved Canadian School of Nursing may write one of the following exams to obtain licensure:

- CNA Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA)
- American Nurses Credentialing Center (ANCC): Pediatric Nurse Practitioner Exam
- ANCC: Adult Nurse Practitioner Exam

The Ordre des infirmières et infirmiers du Québec (OIIQ) has developed exams for the four registration streams recognized in this jurisdiction: First Line of Care (Primary Care), Neonatology, Cardiology, and Nephrology. Graduates of Neonatal NP education programs outside of Québec may also be eligible through their regulatory body to complete the OIIQ Neonatology NP Exam.

NP Classification

The classification of the types of NPs is in transition in Canada despite the progress made in articulating and regulating the role over the last decade. Issues revolve around the appropriate intersection of population-based health services, acute care, primary health care, and clinical specialization. A recent decision support synthesis notes that NPs in Canada were often categorized as either Primary Health Care or Acute Care Nurse Practitioners (DiCenso et al., 2010). As noted earlier, however, in most provinces the licensure exams support a population-based classification as NPs either write an adult, paediatric, or family/all ages exam. Neonatal NPs, however, have remained a specialized acute care program in provinces where this educational program is offered, or where the role is recognized (Kilpatrick et al., 2010). **Moreover, Québec also recognizes two additional specialized Acute Care NP roles in Cardiology and in Nephrology.** Additionally, in practice many NPs provide care to persons with chronic diseases and complex comorbidities, and are alternatively known as Specialty NPs (Di Censo, et al.).

In the United States there is greater agreement and elaboration of a classification typology for the NP role. A Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation, recently endorsed by 48 key American Nursing Associations specifies that an NP is educated and licensed for practice within one of six population foci: Family/ Individual Across Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related, or Psychiatric-Mental Health (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Education of Advanced Practice Nurses

Although national and international organizations have identified graduate education as entry-to-practice for APNs, there have been inconsistencies in the level of educational preparation required in Canada (Martin-Misener et al., 2010). Education for the Primary Health Care Nurse Practitioner in this country has ranged from a post-baccalaureate diploma in some jurisdictions, to a master's degree in others (Kaasalainen et al., 2010). Acute Care Nurse Practitioners, introduced in the eighties, required master's preparation in line with the Clinical Nurse Specialist (CNS) who have required a master's degree since the inception of the role in the seventies (Kaasalainen et al.).

Arguments for a graduate degree as the entry-to-practice requirement for all types of NPs have included the advantages of a graduate education to prepare NPs for the autonomy and broad-based responsibilities of the role, as well as the legitimacy and credibility that graduate education provides (Martin-Misener et al., 2010). However, access to master's education for nurses in rural, remote, and isolated regions in Canada has been a concern.

Some stakeholders in Canada have called for national curriculum standards and a consistent core curriculum for NP programs. Others, however, have been concerned with the rigidity of this approach (Martin-Misener et al., 2010). There are, nevertheless, course commonalities across Canadian NP programs including advanced level courses in health assessment, pathophysiology, and therapeutic management of actual or potential health problems (CNPI, 2006). There is less consistency in the core non-NP courses required in masters' programs. In addition, although NP education prepares students for roles in clinical practice, there is a lack of standardization in the number of clinical placement hours required, and in the qualifications clinical preceptors should possess.

As the role is relatively new and evolving in Canada, an additional issue has been the qualifications of faculty teaching in NP programs. The CNPI report indicates that faculty who are actively engaged in clinical practice are best able to teach NPs; they are also expected to have a PhD. Currently, there is a shortage of nursing faculty (and potential faculty) combining both practice experience and a doctorate-level education (Martin-Misener et al., 2010). Additionally, PhD-prepared NP faculty are challenged in maintaining a practice while meeting the teaching, research, and service criteria for tenure and promotion, which typically do not accord any credit to this practice.

Interprofessional Collaboration

An assumption underpinning the CNA *Canadian Nurse Practitioner Core Competency Framework* is that NPs work in collaboration with other health-care professionals to provide safe, high quality health-care services. One of the competencies states that the NP collaborates with members of the health-care team to provide and promote interprofessional client-centred care at the individual, organizational, and system levels (CNA, 2010). Recently, a national interprofessional competency framework was developed by a consortium of health professional associations defining interprofessional collaboration as "the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes" [Canadian Interprofessional Health Collaborative (CIHC), 2010a, p. 8].

Summary and Conclusion

Although NPs were first introduced in this country over forty years ago, both articulation and regulation of this role are recent in Canada. Contextual factors identified in this literature review were taken into account in developing the framework. These included the existence of current, consensus-based national competencies for the NP role, and the existence of regulatory frameworks in place in jurisdictions across the country. Challenges to developing a national framework were also evident. These included a lack of consensus on how educational streams for NPs should be articulated; recognition that diverse geographical regions (i.e. remote, rural, and urban) have different needs in relation to NP preparation; a mismatch between current NP education streams and subsequent graduate employment; variability in the level of education required in different jurisdictions across Canada; variation in non-NP courses required across programs; a shortage of qualified faculty for NP education; a growing recognition of the need for interprofessional education in NP programs; and finally, the continued vulnerability of the NP role to social, economic, and policy change.

National Framework of Guiding Principles & Essential Components for Nurse Practitioner Education in Canada

The NP Education Framework consists of the following: a) definitions of the terms used in the framework, b) contextual factors based on the literature synthesis, and c) guiding principles and essential components. The guiding principles are categorized into two groups: 1) those related to the educational program, and 2) those related to the educational unit.

Definitions

Contextual Factors

Elements in the current Canadian social, political, economic, and organizational environment that affect or influence educational programs for NPs.

Guiding Principle

Generalized value statement about NP education.

Essential Components

Best practices that are fundamental to quality education for NPs related to either an educational unit delivering an NP program or the educational program itself.

Educational Program

The curriculum plan, curriculum content, and curriculum evaluation (CASN, 2005).

Educational Unit

The administrative structures that support the delivery of nursing education programs (CASN, 2005).

Preceptor

“The preceptor is a health professional with ongoing responsibility for client care who can assist the learner in developing knowledge and skill because of his/her clinical expertise and proximity to clients.” [Council of Ontario University Programs in Nursing (COUPN), 2007, para. 1]

Intraprofessional Education

“Educational experiences that are uni-professional, and thus only involve students studying in the same profession.” (The Interprofessional Care Strategic Implementation Committee, 2009, p. 26)

Interprofessional Education

A process whereby practitioners interact and work together collaboratively in the practice setting, enabling and accepting shared skills and knowledge (CIHC, 2010b).

Patient/Client-Centred Care

The patient/client and family (if applicable) are at the centre of care, and engaged in health care decision-making with the health care team. There is a focus on patient/client health care goals and needs, and there is a balance of health care team expertise and personal knowledge of the patient/client/family (CIHC, 2010c).

Contextual Factors

Prior to the development of the guiding principles and essential components, the Task Force identified key contextual factors influencing NP programs in Canada drawn from the literature synthesis, and their own substantial expertise. The contextual factors were taken into consideration in generating the initial drafts of the framework. They included the following:

National consensus-based core competencies

National consensus-based core competencies have been developed for Advanced Nursing Practice and for NPs.

Regulatory frameworks established

Currently, all provinces and territories in Canada have legislation for the NP role.

Challenges in articulating streams

There has been a challenge in developing NP streams that intersect service setting (Acute/Primary Health Care), population foci (Family/All Ages, Adult, Paediatrics, and Neonatal), and degree of specialization in a way that meets the demand for NPs and the community.

Mismatch of NP education stream and employment

There can be a mismatch in the educational stream taken (i.e. Family/All Ages, Adult, Paediatrics, and Neonatal) and subsequent employment opportunities for graduates. Graduates, for example, of the Family/All Ages program may seek employment in specialized acute care setting roles, and conversely graduates in Adult and Paediatric streams may be employed in Primary Health Care.

Shortage of qualified faculty

There is a shortage of faculty and potential faculty with current NP clinical practice experience in combination with a PhD, the typical university requirement for full-time faculty.

Variability in preceptor qualifications

Qualifications and experiences of preceptors may vary; some preceptors may be NPs, while others may not (i.e. physicians), indicating a need to ensure that preceptors understand the NP role.

Variation in educational level requirements

NP education varies across jurisdictions from post-baccalaureate programs to a master's degree or a post-master's certificate.

Variation in non-NP course requirements

Although pathophysiology, pharmacology, and health assessment are common content in NP education programs, there is a great deal of variation in the clinical requirements and non-core courses within NP programs.

Lack of standardization of program clinical hour requirements

The number of required clinical hours is not standardized across programs or jurisdictions.

Increasing recognition of the need for interprofessional education

There is increasing recognition that collaborative practice is the norm for NPs.

Guiding Principles & Essential Components

Guiding Principle: 1

GUIDING PRINCIPLE:	NP education programs are at the graduate level and provide a broad-based education, which includes research and theory, to prepare graduates for the autonomy, clinical judgement, collaborative relationships, and level of accountability of the NP role.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• Successful completion of the education program leads to a graduate degree in nursing or post-graduate NP certificate/diploma.• NP education is based on, and expands on, nursing's professional body of knowledge.

Guiding Principle: 2

GUIDING PRINCIPLE:	NP education programs have clear admission prerequisites.
Essential Components Related to <i>Educational Unit</i>	Admission prerequisites include: <ul style="list-style-type: none">• A degree in nursing;• A minimum of two years of relevant full-time (or equivalent to full-time) registered nursing practice within the last five years;• Being a Registered Nurse in good standing¹ in a Canadian jurisdiction²;• Eligibility for RN registration/licensure in a province or territory where clinical practice will take place;• Meeting institutional requirements for admission to graduate studies; and,• Successful completion of the following undergraduate nursing courses:<ul style="list-style-type: none">• Pathophysiology• Pharmacology• Research• Statistics• Health Assessment

1 - Good Standing: The status of a person who is currently registered or eligible for registration in a jurisdiction, and more specifically, is not subject to a discipline finding or ongoing agreement.

2 - In instances where international students wish to enroll in the program and complete their clinical practice in an international setting, each university would assess this on a case by case basis, in conjunction with their regulatory body.

Guiding Principle: 3

GUIDING PRINCIPLE:	NP education programs encompass the: 1) Canadian Nurses Association (CNA) competencies for ANP ³ and 2) CNA Canadian Nurse Practitioner Core Competency Framework ⁴ .
Essential Components Related to Educational Program	<p><u><i>CNA Competencies for ANP</i></u></p> <p><u><i>Clinical Competencies</i></u></p> <p>The curriculum prepares students to integrate their advanced clinical experience with nursing theory, research and related knowledge, in collaboration with the client and health care team.</p> <p><u><i>Research Competencies</i></u></p> <p>The program prepares students in knowledge appraisal and synthesis, knowledge translation, knowledge development, collaborative research activities, and the implementation of evidence in practice.</p> <p><u><i>Leadership Competencies</i></u></p> <ul style="list-style-type: none">• The program prepares students to be agents of change who seek new, more effective ways to practice, and to deliver care.• The program provides learning opportunities for students to demonstrate leadership.• The program prepares students to advocate for policy change to improve health and health services.

3 - Canadian Nurses Association (CNA). (2008). *Advanced nursing practice: a national framework*. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf

4 - Canadian Nurses Association (CNA). (2010). *Canadian nurse practitioner: core competency framework*. Retrieved from http://rnantru.ca/Portals/0/Competency_Framework_2010_e.pdf

Essential Components
Related to
Educational Program
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Consultation and Collaboration Competencies

- The curriculum develops effective communication and collaboration skills to prepare students to work with other health professionals, people requiring care and their families, and with relevant community organizations.
- The curriculum prepares students to recognize the interplay between clients, systems of care, and outcomes.

CNA Canadian Nurse Practitioner Core Competency Framework

- The curriculum addresses the core CNA Competencies:
 1. Professional Role, Responsibility and Accountability;
 2. Health Assessment and Diagnosis;
 3. Therapeutic Management; and
 4. Health Promotion and Prevention of Illness and Injury
- The curriculum prepares students to delineate and respect the NP role, scope of practice, standards, and regulatory framework specific to the respective jurisdiction.
- The curriculum prepares students to address professional and patient/client-related ethical issues.

Essential Components
Related to
Educational unit

- Students have access to NP-prepared faculty and preceptors, and non-NP preceptors are oriented to the NP role/scope of practice.
- Students have access to doctorally-prepared⁵ faculty.

5 - In this framework, “doctorally-prepared” refers to faculty members teaching in NP programs who have a relevant Doctor of Philosophy (PhD) and/or Doctor of Nursing Practice (DNP) degree.

Guiding Principle: 4

GUIDING PRINCIPLE:

NP education programs meet the program approval / program recognition requirements of the nursing regulatory body in the province / territory where the program is offered.

Essential Components Related to *Educational Program*

- The program complies with requirements of the **jurisdiction's regulating body**.
- The program meets requirements set out in the *Canadian Nurse Practitioner Program Approval Framework*⁶.
- The curriculum provides the learning experiences **necessary for students to meet the jurisdiction's NP competencies and standards of practice**.
- The program provides sufficient financial, human, physical and clinical resources to enable students to meet **the jurisdiction's NP competencies and standards of practice**.
- The program provides a variety of objective measurement criteria to evaluate students.
- Students receive well-timed, formative, and summative feedback throughout the program.
- **The program evaluates students' progress towards the achievement of the jurisdiction's NP competencies and standards of practice.**
- The program evaluates whether graduates successfully **achieve the jurisdiction's NP competencies and standards of practice**.
- The program meets additional jurisdiction-specific requirements for program approval / program recognition that may be set by the regulatory body.

6 - Canadian Registered Nurse Regulators. (2010). *Canadian nurse practitioner program approval framework*. (Unpublished).

Guiding Principle: 5

GUIDING PRINCIPLE:	NP education programs provide intra- and interprofessional educational opportunities.
Essential Components Related to <i>Educational Program</i>	<ul style="list-style-type: none">• The curriculum addresses competencies related to the components of intra- and interprofessional practice and provides educational opportunities to enhance knowledge related to intra- and interprofessional teaching, scholarship, and practice.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• Partnerships are established within and across professional programs and clinical placement locations to support intra- and interprofessional education.

Guiding Principle: 6

GUIDING PRINCIPLE:	NP educational programs include clinical experiences to provide students with the depth and breadth of practice needed to develop entry-level competencies.
Essential Components Related to <i>Educational Program</i>	<ul style="list-style-type: none">• Preceptors have a solid understanding of the NP role and responsibilities, and work collaboratively with faculty to provide supervision, support, and feedback.• The curriculum includes a minimum of 700 hours (except in some specialty areas where justified by the program) of direct clinical practice that does not include lab time.• Clinical sites provide practice experience in the student's program stream.• The program plans logical and systematic sequencing of NP courses and clinical practice opportunities.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• There are formal partnerships between the school and clinical agencies for clinical placements, assignment of preceptors, and student evaluation.• Partnerships with clinical agencies are developed collaboratively based on mutual respect and good communication.• There is a process for engagement, recognition, and student evaluation of preceptors.• Preceptors are informed on an ongoing basis about the program components and preceptor responsibilities.• Preceptors have practice experience in the stream the student is enrolled in.• There is ongoing communication between faculty members in the educational program and preceptors, and when appropriate, the health care agency.• Preceptors are licensed/registered with their provincial/territorial professional regulatory body.

Guiding Principle: 7

GUIDING PRINCIPLE:	NP education programs maintain a sufficient number of qualified faculty members who have the knowledge and competence appropriate to the area of teaching responsibility.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• Students are taught by faculty engaged in scholarship activities, including research and/or practice.• Health professional faculty are licensed with their respective regulatory body.• Non-unit (contractual) faculty have access to full-time faculty for guidance as needed.

Guiding Principle: 8

GUIDING PRINCIPLE:	Population focus, practice, and specialization are articulated appropriately in the streams offered in NP education programs.
Essential Components Related to <i>Educational Program</i>	<ul style="list-style-type: none">• The curriculum incorporates the components related to the particular stream selected.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• Streams offered to prepare students may include a) Family/All Ages with a Primary Health Care focus, b) Adult with or without a specialization, c) Paediatric with or without a clinical area of specialization, d) Neonatal, and e) Anaesthesia.

Guiding Principle: 9

GUIDING PRINCIPLE:	NP education programs prepare NP graduates with the knowledge, skills, judgment, and attributes ⁷ to provide quality patient/client-centred care.
Essential Components Related to <i>Educational Program</i>	<ul style="list-style-type: none">• The curriculum prepares graduates who understand the concept of patient/client-centred care and key patient safety concepts.• The curriculum prepares graduates to be life-long learners.• The curriculum prepares graduates to be leaders in their practice settings.

⁷ - Attributes: "Characteristic qualities that include, but are not limited to, attitudes, values and beliefs." (CNA, 2010, p. 14).

Guiding Principle: 10

GUIDING PRINCIPLE:	NP education programs are regularly reviewed and evaluated, both formatively and summatively.
Essential Components Related to <i>Educational Program</i>	<ul style="list-style-type: none">• The curriculum, clinical sites, and preceptors are systematically monitored and evaluated to ensure currency and relevance.• A plan for regular comprehensive evaluation is in place, and is conducted by a team that includes an NP.• Evaluation data are collected from faculty, students, graduates, preceptors, and employers.
Essential Components Related to <i>Educational Unit</i>	<ul style="list-style-type: none">• The structure and functioning of the administrative unit is systematically evaluated.



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