

## Guidelines for Bachelor Programmes of Nursing Accreditation at Higher Education Institutions Operating in Jordan

These guidelines shall be entitled the " **Guidelines for Bachelor Programmes of Nursing Accreditation at Higher Education Institutions Operating in Jordan**", issued by virtue of AQACHEI Board Decision No. (284/13/2021), dated on 7<sup>TH</sup>. April 2021, according to Article No. (7) from Quality Assurance and Accreditation Commission for Higher Education Institutions and its amendments.

### Section 1: Introduction

#### Background

The document provides a set of educational standards based on competency based education framework for nursing programs in Jordan. The framework emphasizes that nursing students should acquire the competencies needed to meet the criteria for registration with the Nursing and Midwifery Council (JNMC) and pass the licensing exam conducted by the JNC to be able to practice as a general nurse. This document should be read in conjunction with the *JNC Standards and Competencies of Registered Nurses for 2015*. The standards and competency framework came as a recommendation of the national study on the assessment of nursing programs outcomes in Jordan conducted by the HEAC 2019 and in response to global and national needs to transform nursing education to be more responsive to current changes in health and technology.

The purpose of this document is to assist educational programs at Jordanian universities and their partner organizations understand the competency based education framework and the educational standards and how to meet them for the purpose of obtaining national accreditation.

#### Definition of Terms

- **Competency- Based Education:** Is an “outcomes-based approach to the assessment, design, implementation, and evaluation of education programs” (Frank et al., 2010, p. 641). It refers to systems of instruction, assessment, grading, and academic reporting that are based on students demonstrating

that they have learned the knowledge and skills they are expected to learn as they progress through their education. The essence of competency-based education is to ensure that graduates have the essential knowledge, skills, and attitudes to enter the workforce. (Anema, 2009)

- **Standard:** minimum requirements by which program providers determine program content, learning outcomes and assessment criteria, which is underpinned by **requirements**; a standard will be fully met only when all the requirements have been demonstrated.
- **Competency.** An ability of applying particular knowledge, skills, clinical judgment attributes and values to perform contextual tasks independently, safely, timely, and confidently. Throughout a competency-based curriculum, this might be referred to either specific or transferable (generic) abilities.
- **Competence.** Competence is a requirement for entry to practice. It is a holistic concept that may be defined as “the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions”.

### Guiding Principles

Since the Jordanian Nursing Council (JNC) is the regulator for nurses and midwives, the framework and the education standards are formulated around the *JNC Standards and Competencies of Registered Nurses for 2015*. With this, we ensure that graduate nursing programs maintain standards of education, training, achieve registration and licensing, keep their skills and knowledge up to date, and uphold the standards of their professional code. In addition, these standards provide mandatory guidance and advice to people designing and developing nursing programs to adhere and implement within the national standards.

## Section 2: Standards of Competence: A Competency-Based Framework

### The Development of the Competency-Based Framework is critical to

- Ensure that graduates/nurses can meet job requirements.
- Improve productivity.
- Ensure compliance with mandatory regulations.
- Improve the quality of care outputs and outcomes.
- Reduce the risks of errors.

### The Competency-Based Framework

#### Description

The standards for competency identify the knowledge, skills and attitudes the student must acquire by the end of the program as set out in the degree-level competency framework.

- This framework comprises five sets of competencies that are covered in each field of nursing practice: adult, maternal, child, psychiatric and mental health, community health, leadership and management.
- Each set of competencies comprises both generic competencies and field-specific competencies that all nursing students must achieve in each specific field.
- The 5 sets of competencies are labeled as program outcome competencies. The 5 sets are:
  1. Safe and Effective Care environment
  2. Health Promotion/prevention and Maintenance
  3. Physiological Integrity
  4. Psychosocial Integrity
  5. Global health and health economics
- The domains of knowledge in nursing are:
  1. Adult nursing
  2. Maternity nursing
  3. Child health nursing
  4. Psychiatric and mental health
  5. Community health
  6. Leadership and management
- Outcome competencies (Intended Learning Outcomes (ILO)) in each area are given a percentage of the total curriculum (minimum and maximum). Each program can select the percentage depending on the program emphasis and philosophy knowing that they should comply with the percentage in the framework and should reach 100% for the total program.
- The nursing program must specify all the generic and field competencies and their requirements within the context of their field at a minimum of degree level and before graduation. Generic/general competencies are those related to professionalism and filed competencies are those related to each domain of nursing (practice competencies).

**Table 1: Competency-based Framework: learning outcomes, percentage required in each area, domains, and integrated processes**

| Domain specific competencies                               | General competencies         | Integrated processes  | Domains   | % of competencies in each area | Program outcome competencies (learning outcomes) | N O. |
|--|------------------------------|---|---|--------------------------------|--|------|
| Competencies related to practice in the domains of nursing | Professionalism Competencies | Nursing process<br>Communication and documentation<br>Caring<br>Teaching /learning<br>Culture /spirituality | Adult, maternity, child, community, mental health and leadership and management | 35-25                          | Safe & Effective Care environment                | 1    |
|  |                              |   |   | 10-15                          | Health Promotion/prevention and Maintenance      | 2    |
|  |                              |   |   | 25-35                          | Physiological Integrity                          | 3    |
|  |                              |   |   | 5-10                           | Psychosocial Integrity                           | 4    |
|  |                              |   |   | 5-10                           | Global health and health economics               | 5    |

- The program can select whatever % they wish as long as they adhere the minimum and maximum requirements and the total % should reach 100%

## Requirements

The framework can be implemented within the following requirements:

- The minimum number of credit hours required for program completion is 132 Credit Hours.
- The clinical courses comprise (45-50%) of the nursing credit hours.
- Of these mandatory clinical courses, practice learning (competency achievement) is required to be undertaken in direct care of clients and it should not be less than (1800 clinical contact hours) throughout the program.
- The program includes detailed curricular matrix component (competencies, levels and ILOs) and framed across Program Learning Outcomes (PLOs).
- Each competency has well defined content and measurement criteria
  - Each course master file contains blue-prints based on weighted competencies to meet' ILOs
- Integrated processes (Nursing process, Communication and documentation, Caring Teaching /learning and Culture /spirituality) described in this framework are fundamental processes to nursing profession and are integrated throughout the general and practice competencies over all nursing domains
  - Competencies are applied using many processes such as: problem solving, clinical judgment and critical thinking approaches.
  - The nursing program includes support courses in the following areas (inclusive and not exclusive).

- General sciences (chemistry, biochemistry)
- Social sciences (psychology and sociology courses)
- Biological sciences (Biology, anatomy, physiology, microbiology)

Table 2 specifies the content of each outcome competencies, content and the standards and competencies matching that of the JNC for the RN.

**Table 2: Content/description of outcome competency field and matching JNC standards and competencies**

| Professional competencies  |  |  |
|--|--|--|
| JNC competencies   | Content  | Outcome Competency area                    |
| Standard 1 (core competencies 1,2,3,4,5)<br>Standard 3 (core competencies 1,2,3,4)<br>Standard 4 (core competencies 1,2,3,4)<br>Standard 5 (core competencies 1,2)<br>Standard 6 (core competencies 1,2,3) | <b>Management of Care</b> <ul style="list-style-type: none"> <li>- Ethical and legal,</li> <li>- Advocacy,</li> <li>- Client rights,</li> <li>- Collaboration,</li> <li>- Continuity of care,</li> <li>- Referrals.</li> <li>- Concept of management</li> <li>- Case managers,</li> <li>- Performance and quality improvement</li> </ul> | <b>Safe and Effective Care Environment</b> |
| Standard 1 (core competency 6)   | <b>Safety and Infection Control</b> <ul style="list-style-type: none"> <li>- Injury prevention,</li> <li>- Use safety devices,</li> <li>- Handling hazardous and infection material,</li> <li>- Home safety,</li> <li>- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis,</li> </ul>                                 |  |
| Practice competencies  |  |  |
| Standard (7.1,7.2,7.3,7.4.7.5)   | <b>Health promotion &amp; maintenance</b><br>Techniques of Physical Assessment, Self-care Lifestyle Choices, High Risk Behaviors, Health Screening, Health Promotion/Disease Prevention, Developmental Stages and Transitions, Aging Process, Home Safety  | <b>Provision of Client- Centered Care</b>  |
|  | <b>Physiological Integrity</b><br>Basic Care and Comfort:<br>Pharmacological and Parenteral Therapies:<br>Reduction of Risk Potential:<br>Physiological Adaptation   |  |
|  | <b>Psychosocial Integrity</b><br>Abuse/Neglect<br>Behavioral Interventions   |  |

|  |  |  |
|--|--|--|
|  | <p>Coping Mechanisms<br/>Crisis Intervention<br/>Cultural Awareness/Cultural Influences on Health<br/>Sensory/Perceptual Alterations<br/>Stress Management<br/>Substance Use and Other Disorders and Dependencies<br/>Therapeutic Communication<br/>Therapeutic Environment<br/>High Risk Behaviors<br/>Grief and Loss</p> |  |
| <p>Implicitly covered through performance, knowledge, resource utilization and provision of client centered care</p> | <p><b>Global and Health Economics</b><br/>Health Care Policy<br/>Global Disease Burden<br/>Migration/Refugee Health<br/>Social Determinants of Health<br/>Value-based Care<br/>Health Reform<br/>Health Informatics<br/>Health Insurance<br/>Equity-Justice<br/>Health as Human Right</p>                                  |  |

### Approaches to Learning

The program offers students a range of learning experiences for both theoretical and clinical courses.

### Criteria

- The practice learning opportunities take place across a range of community, hospital and in diverse environments in different, widely spread locations, and in a range of settings in the public, independent and voluntary sectors and various primary, secondary and tertiary institutions (see JNC standards for training institutions).
- The program ensures that theory and practice learning outcomes are related to the generic and field-specific competencies throughout the program.
- The program has a clear defined competency; attributes, levels, clinical evaluation criteria, potency check lists, competency ratings.
- Learning may be undertaken through simulation, allowing the student to learn or practice skills in a safe situation that imitates reality and not more than 20% of the practice hours.
- Programs should offer a flexible, blended approach to learning, and draw on the full range of modern learning methods and modes of delivery in both academic and practice settings. There are learning opportunities wherever nurses practice.
- Learning should be shared with students from other disciplines to improve teamwork and service integration (foster interprofessional education).
- Students should become increasingly self-directed and independent, and able to make use of a variety of resources.

- If the program has a bridging program (RN completion program) and accept students into that program, the program should adhere to the competency framework in this document and competencies should be framed and evaluated.

### Assessment of Competency/Competency-based Assessment

- The program has a valid, reliable assessments tools to measure competencies. It is fundamental that competency-based education makes sure that graduates demonstrated their competency.
- Program must ensure that its assessment framework tests all program outcomes:
  - a. Operational definition of competency ratings.
  - b. Clear clinical evaluation criteria are set according to national standards.
  - c. Competencies' checklists are developed with elements based on competency attributes and national standards.
  - d. Curriculum matrix components (competencies, levels & ILOs) are framed across PLOs.
  - e. Courses' master files contain blue-prints as per courses' ILOs.
  - f. Available evidence showing that students can put the gained knowledge and skills into action in specified contexts.
  - g. Effectiveness Index is calculated/computed at the end of each semester/academic year.
  - h. A competency-based tracking system for the individual student is developed and utilized.
- The competency-based framework identifies minimum of two progression points (after completion of certain competencies; example after year 1 and year 2).
- Progress in acquiring the competencies is mapped through the use of minimum progression criteria, which the student must meet to progress from one part of the program to the next. To pass the second progression point, normally at the end of year two, the student will need to demonstrate that they can be more independent and take more responsibility for their own learning and practice.
- The purpose of the progression points is to make sure that students are proceeding with competency-based level needed for advancing; it is a diagnostic method for early interventions to facilitate confidence and not for grading purposes.

### Section 3: Educational Requirements and Criteria

#### Resources

Human, and physical resources are available and support the learning process and the faculty in achieving the goals of educational programs.

#### 1. Human Resources

##### - Faculty

The faculty has sufficient number of faculty members and clinical instructors to achieve program objectives

#### Criteria

- The faculty has enough professionally qualified full-time staff. (at least one specialized member for each main domain in especial cases can combine with two domains)
- The faculty has at minimum of four full time PhDs from different specialized nursing domains and one at least has associate prof degree
- The percentage of part time PhD in faculty must not exceed 10% form full time PhD and the percentage of Master degree should not exceed 20% from full time PhD.
- Faculty teaching non-clinical nursing courses, such as anatomy and physiology, shall have preparation appropriate to these areas of content.
- Faculty teaching general education courses shall have appropriate academic and professional preparation and experience in the assigned areas of teaching.
- The academic degrees of the faculty members have to be consecutive in the same specialization; otherwise cases should be approved by the University.
- Faculty members should be graduates of different countries to create diversity and strengths.
- At least 80% of the faculty members should hold the national citizenship.
- At least 50% of the contracts signed by the faculty members should be at least for three years.

##### - Clinical Instructors

Clinical instructors refer to those who are appointed to conduct/supervise clinical teaching of students and teach when needed

#### Criteria:

- Have a minimum of a master's degree with a major in nursing and certified as advanced specialist by JNC **or a Bachelor degree with a higher or professional diploma in nursing and certified by JNC as "specialist" according to specialization by-law**
- Have a minimum of 2- years clinical experience before appointment
- Currently licensed and have current registration
- Successfully complete at least ten hours of educational preparation in principles and methods of teaching, learning, and evaluation of performance outcomes (completed a continuing education on teaching and learning and clinical evaluation).

#### - **Preceptors**

Preceptors are academically qualified and experienced personnel who may be used to enhance clinical learning experiences. If the faculty wishes to use preceptors, they should have;

- Clear documented criteria for selection of clinical preceptors.
- Clinical preceptors shall be licensed at or above the level for which the student is being prepared for.
- There shall be written guidelines for clinical preceptors; describing roles and responsibilities, follow up and evaluation of performance.
- Received training to be a resource and role model for students

#### **Student/Faculty Ratio**

The faculty-student ratio in classes is the same as decided by the HEAC for all courses. However, the faculty/student ratio in clinical settings depends on the faculty's teaching experience, clinical site, level of students, number of beds, type of clinical experience, contractual agreement with the other sectors, and program and curricular objectives. It should be as follow:

- a. Faculty/student ratio shall not be more than **1:8** for any clinical experiences.
- b. When clinical preceptors are utilized in a clinical setting, the ratio shall be **1:3** for the hospital settings (if they are supervising students during their work shifts) and **1:8** if they are totally free and not working that day, the ratio for PHC and community settings is **1:7**.

#### - **Physical Resources**

Teaching facilities are furnished and equipped to:

- Suit the updated requirements of the theoretical and practical educational process
- Available in proportion to the numbers of students and the teaching staff
- Meet the needs of individuals with special needs
- IT system, computer labs, up to date teaching aids, means of communication, (internet, data bases) to facilitate independent and e-learning.
- Simulation labs are available and cover all domains of clinical courses (fundamentals of nursing, care of adults, pediatric, maternity nursing)
- Clinical training places are sufficient and appropriate to numbers, matches clinical objectives and meet the JNC standards/instructions for training facilities

## General Provisions

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Article (4):

In the case a major has not been individually accredited and teaching has not commenced after 2 years of licensing it, the commission shall recommend it suspension to the higher education council.

Article (5):

The application n for attaining the individual major accreditation or raisin the capacity for a major in the institution shall not be looked should the institution have committed infringements or have had fines due to the commission until the infringements are removed or the fines are set let.

Should these infringement secured, such applications shall not be looked into except only after at least one semester from the date of removal.

Article (6):

The board of the commission shall settle any matters on which no clause has been sited in these guidelines.

Article (7):

These Regulations shall abrogate any previous provisions or decisions which contradict them.