

Determining criteria for excellence in nurse practitioner education: Use of the Delphi Technique

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Standards and guidelines are available to help nurse practitioner (NP) educators maintain quality in their programs. NP education is now at a juncture to develop criteria that extend beyond the basic standards to measurement of exemplary educational endeavors. In 2000, the National Organization of Nurse Practitioner Faculties Task Force for Programs of Excellence was formed and given the charge of developing criteria for recognizing exemplary nurse practitioner programs. This article reports on results and recommendations that evolved from a Delphi study to identify a set of criteria for excellence in NP programs. Thirteen expert panelists from across the United States participated in three rounds of iterations to evaluate the relevance, specificity, and comprehensiveness of 14 initial criteria and reached consensus on nine final criteria. Finally, the paper discusses ways that these criteria may be used to improve NP education through the development of a program to recognize excellence in NP education.

The development of the nurse practitioner (NP) and other advanced nursing practice (ANP) roles has transformed graduate nursing education over the past three decades. NP/APN educators have been at the

forefront in developing educational and curriculum standards, specialty competencies, and mentoring guidelines. These educators have influenced the shape of the current and future health care system by creating innovative practice roles. Today, more than 60% of all Master's degree students are enrolled in NP or other APN programs.¹ The numerous standards and guidelines developed by NP educators, primarily through their work in the National Organization of Nurse Practitioner Faculties (NONPF), are now considered the standard for NP education. As a result of this successful work, national and international programs are following these guidelines. We are now at the point in NP education where we need to acknowledge not only those programs that maintain quality standards but also those that are on the vanguard of new curricular development and opening new territory for the future. The time is now to begin dialogue to create a process to recognize exemplary APN/NP programs.

BACKGROUND AND SIGNIFICANCE

In 2000, the National Organization of Nurse Practitioner Faculties Task Force for Programs of Excellence (NONPF Task Force) was formed by the NONPF board of directors and given the charge of conceptualizing and developing criteria for recognizing high-quality or exemplary NP programs. A Delphi technique was used to develop and identify the relevance, specificity, and comprehensiveness of a set of initial criteria for excellence in NP/APN programs. This article reports the results of that study.

LITERATURE REVIEW

The criteria for existing standards for program excellence, both inside and outside of nursing, as well as certification and accreditation standards for nursing education provided the conceptual starting point for developing criteria for excellence in NP/APN programs.

Programs of Excellence

The Magnet Nursing Services Recognition Program is one of the most well recognized programs of excel-

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lence in nursing. The concept of the magnet hospital was derived from a 1983 study by McClure, Poulin, Sovie, and Wandelt,² and was commissioned by the American Academy of Nursing (AAN) to examine characteristics of systems impeding and/or facilitating professional nursing practice in hospitals. The study was intended to identify those organizational characteristics that served as “magnets” for professional nurses, leading to high retention and satisfaction. Using a “reputation” approach, AAN Fellows nominated 165 hospitals, 155 of which participated in the descriptive qualitative study. The study identified key characteristics of magnet hospitals in three areas: administration, professional practice, and professional development.

Magnet criteria are indicators that distinguish a facility as functioning at a level of excellence that is significantly higher than baseline or minimum standards. Currently, 14 general criteria are included under the title of Magnet Nursing Services Recognition Program. These criteria use quality improvement measures, focus on outcomes evaluation, and have a strong emphasis on professional development, high-quality care, and professional practice models.³ The original magnet hospitals and others that have achieved magnet status over the past two decades provide exemplars for practice, policy, and administration.^{4–6}

Current research supports the link between the criteria for magnet status and patient outcomes. Magnet hospitals or hospitals that met magnet characteristics demonstrated significantly lower mortality rates, shorter lengths of stay, and lower disease-specific mortality rates.^{7–11} Although initially viewed with some concern and suspicion by nursing administrators, magnet status is now coveted by nursing departments across the nation. Currently more than 100 health care organizations representing more than 35 states and Australia have Magnet Designated Nursing Services.¹²

Another model of excellence is the Beacon Award, which has been used to recognize excellence, predominantly in the business community. By definition, a beacon is a lighthouse, a signal for guidance, or a source of light or inspiration. Innovative approaches, leadership, vision, and community service are hallmarks of Beacon Awards. In 2003, the American Association of Critical Care Nurses launched the Beacon Award to recognize critical care nursing units that exemplify high standards for quality; exceptional patient care; and healthy, humane, and healing work environments.¹³ The criteria include innovation in recruitment and retention, education, training and mentoring, evidence-based practice and research, patient outcomes, creating and promoting healing environments, and leadership and organizational ethics.

A final example of a measure of excellence in nursing education is the American Association of Colleges of Nursing/Hartford Institute Award for Baccalaureate Education in Geriatric Nursing. This award is

for schools of nursing that lead to a baccalaureate degree and who offer a strong commitment to geriatric nursing.¹⁴

Currently, the only broad national initiative that focuses on educational excellence for nursing programs is one sponsored by the National League for Nursing (NLN). The NLN Centers of Excellence in Nursing Education Programs developed standards to recognize the characteristics of excellent educational programs in nursing.¹⁵ The evaluation focuses on the entire school of nursing; thus, schools with more than one program must demonstrate evidence of excellence in all programs, and the school identifies the area in which it excels. Criteria are provided for creating excellent and innovative environments that: (1) enhance student learning and professional development, (2) promote ongoing faculty development, and (3) advance education research.

Certification and Accreditation

No comparable “Magnet” or “Beacon” designation process or program of excellence exists for NP/APN education; however, nursing does have many ways to identify whether basic standards are maintained, such as national certification and accreditation. Nursing certification is the process attesting that an individual, licensed to practice, has met certain predetermined standards specified by the profession. When national certification began in the 1970s, it recognized excellence in practice.¹⁶ Currently, most certification is for entry into practice and thus is geared to assure minimal standards for safe practice.

Accreditation—the process by which an educational institution and/or specific program is evaluated by an independent body to determine how well it meets broad, predetermined standards—is essentially a quality assessment of a school or program.¹⁷ Accreditation designates that the school or program meets specified minimal acceptable standards and, as with certification, does not award a designation for excellence. Both the National League for Nursing Accreditation Council (NLNAC) and the Collegiate Commission on Nursing Education (CCNE) accredit nursing educational programs. Before 2003, the criteria used by national accreditation bodies were general standards for a Baccalaureate or Master’s program as a whole. Various specialty organizations, however, such as the Council on Accreditation of Nurse Anesthesia Educational Programs, have accredited advanced practice specialties for many years.

In the mid-1990s, NP/APN educators and other stakeholders identified a need for specific criteria to evaluate the quality of NP/APN programs.¹⁸ A national task force was created to develop criteria to evaluate NP/APN programs, and they published in 1997 the *Criteria for the Evaluation of Nurse Practitioner Programs*.¹⁹ The second edition, published in 2002 by the National Task Force on Quality Nurse Practitioner

Education, reflected a successful effort to develop specific criteria to evaluate NP/APN programs. In 2003 these specialty criteria for nurse practitioner programs, the *Criteria for Evaluation of Nurse Practitioner Programs*,²⁰ were adopted by CCNE and endorsed by the NLNAC. Once again, these criteria were designated as baseline standards and not criteria for determining excellence in NP/APN programs. As a result of these actions by national accreditation bodies, the National Certification Commission, which certifies women's health and neonatal nurse practitioners, has recently decided to cease its program review process, which was intended to evaluate the quality of NP programs.²¹

In summary, known criteria for excellence in nursing exist through the magnet hospital program, the Beacon Award, and the NLN criteria for excellence. They recognize excellence in nursing service, a hospital unit's nursing practice, and general nursing education. On the other hand, certification and accreditation processes focus on meeting minimal standards rather than excellence. Currently, no program addresses excellence in educational programs for NP/APN programs.

METHOD

The Delphi method was used to develop the criteria for evaluating excellence in NP/APN programs. It is a multiple iteration survey technique that enables anonymous, systematic refinement of expert opinion in order to arrive at a combined or consensual position.^{22,23} This method was chosen for several reasons. The technique is excellent for obtaining opinions from experts who live and work in different geographic regions and settings. It encourages open and honest dialogue among experts. Responses from panel members are always kept anonymous, allowing experts to provide their best recommendations without feeling intimidated or inhibited from powerful or persuasive members, as may occur in settings such as focus groups.^{24,25}

Measure

The first step in conducting the Delphi method was to develop a validation measure of indicators to distinguish excellent nurse practitioner programs from other programs. The task force convened twice to review the existing criteria for excellence, certification, and accreditation. Based on the National Task Force on Quality Nurse Practitioner Education recommendations, six broad domains of nursing education were identified: (1) recognition for innovation in teaching, (2) faculty practice, (3) faculty research, (4) demonstration of high faculty satisfaction, (5) maintenance of reputation for excellent graduates in clinical practice, and (6) evidence of a comprehensive quality improvement program. These domains served as the basis for the development of 14 criteria of excellence for NP education.

The relevance, specificity, and comprehensiveness criteria used by a national validation panel to develop consensus-based competencies for NP/APN specialties were modified for use in this study, to build consensus for the 14 criteria of excellence.²⁶ *Relevance* was defined as the degree to which the criterion is necessary for every nurse practitioner program to meet to distinguish itself as a Program of Excellence. It was measured on a four-point Likert scale from 1 = "not relevant" to 4 = "highly relevant." Respondents who scored the criterion as 1 or 2, or deemed it unclear, vague, or open to multiple interpretations, were asked to write in suggestions to reword the statement in a box provided on the survey form. *Specificity* was defined as the clarity of meaning of the particular criterion and was measured by a dichotomous yes/no response choice (ie, specific, not specific). The respondents were asked to recommend rewording for those items judged as not specific. *Comprehensiveness* was defined as the degree to which the criteria were complete; that is, they included all of the necessary components of a Program of Excellence. At the end of the valuation measure, an open-ended question was provided to allow the respondents to write additional comments for deleting, modifying, or adding criteria to address the comprehensiveness of the validation tool.

Selection of the Expert Panel

The goal of the task force was to obtain the opinions of a diverse group of expert nurses from various settings (types of NP/APN programs, service institutions, certification boards, and government agencies) and regions of the country on the relevance, specificity, and comprehensiveness of the criteria. A list of potential panel members was developed by soliciting names from key leaders in NONPF and from the NONPF Task Force on Programs of Excellence. After careful consideration, the task force members invited 16 potential panel members and contacted them via email or by phone to explain the study process. One person declined to participate, and two did not respond to the request. The final 13 panel members included six members who were faculty and/or directors of nurse practitioner programs, three members who worked in service institutions, three members who served on certification boards, and one individual from a governmental agency. The panel members represent 11 states located in the west, south, middle, and eastern parts of the United States.

Procedure and Analyses

This study received approval by the Boston College Institutional Review Board. After verbal or email agreement was obtained, a permission form was emailed to the participants, which was signed and returned via

email. Once the experts agreed to participate in the study, directions and the instrument containing the criteria were emailed to the participants. They were given the option to mail the questionnaire back or send it via email attachment. All responses were given an identification number for tracking purposes.

For this study, three rounds or iterations were conducted between December 2002 and March 2003. Although there are no strict guidelines as to the optimal number of rounds of iterations, the use of three rounds is a commonly accepted approach.²⁷ The experts' ratings were tabulated, and the task force reviewed the responses after each round. This was an iterative process of examining items and rewording in the early rounds to arrive at the clearest and most appropriate wording of each item. After attaining consensus, the new refined criteria were returned to the experts along with criteria from the prior round and the respondent's own ratings. This allowed each expert to consider divergent opinions and to alter their ratings as needed on subsequent rounds. In the final round, participants were asked to determine the criteria's relevance using a forced yes or no answer.

The goal of a Delphi method is to achieve consensus. However, the best approach for determining when consensus is achieved is controversial.^{28,29} In some studies, researchers decide that consensus was obtained when there was 100% agreement among experts, whereas in other studies consensus was deemed as reached when the majority of experts agreed on items.³⁰ The task force decided to use a statistical method for determining consensus, which is another well-accepted approach.²⁵ At the end of the process, criteria that received a mean score for relevance of 3.0 or above after round 1 were judged as receiving acceptable consensus.

RESULTS

The 13 experts each responded to all three rounds of data collection. There were 6 weeks between each round of data collection. The relevance scores for the criteria at round 1 ranged from 2.23 to 3.85, with 7 criteria having scores below 3 (moderate or low relevance) (Table 1). Of the 14 criteria, only two (Criteria IV and VIII) were judged to be specific by ≥ 7 (or more than half) of the experts. Based on the experts' written responses, two sets of round 1 criteria (I & II and III & IV) were judged to be similar, so they were each combined into one criterion for round 2. In addition, several of the experts suggested that two criteria be added to make the criteria more comprehensive. The new criteria were: (1) students have the appropriate number and types of high-quality clinical experiences with preceptors who are sound clinicians and appropriate role models (XV); and (2) the curriculum is built upon nationally recognized standards and guidelines

and utilizes nationally recognized competencies to measure student outcomes (XVI).

The relevance scores for the 14 modified criteria at round 2 ranged from 2.92 to 3.85, with only 3 criteria (combined I & II, XII, XIII) having a score below 3. Eleven of the 14 criteria were judged to be specific by ≥ 7 of the experts.

The same 14 criteria used in round 2 (with modifications suggested by the expert panel) were included at round 3. Of the 14 criteria, only three (combined I & II, XII, XIII) were judged to be relevant by fewer than 9 of the 13 experts. These three criteria received mean scores for relevance < 3.0 in round 2 as well, so they were eliminated. Of the remaining 11 criteria, only 1 criterion (V) was judged to be specific by ≤ 7 of the experts. Although the scores for relevance and specificity were high overall for criteria XV and XVI, these criteria were ultimately deemed to be too basic for a program of excellence, so they were eliminated. The final nine criteria for excellence are shown in Table 2.

LIMITATIONS

The study has the same limitations as other investigations that have used the Delphi method. Determining when consensus is reached is controversial. We did not attain 100% agreement among experts on the criteria. Rather, another acceptable approach was used: a mean of 3.0 or above as the level for retaining items. We made several modifications to the Delphi procedure. For example, in the last round the panelists answered "yes" or "no" with regard to the relevance of the criteria. Strategies to determine the reliability and validity of the criteria are also recommended. To determine stability of the criteria, the measure could be given at a later time to the same group of experts. Another recommendation is to determine if the same results would be obtained if the same criteria were given to a different group of experts. To assess construct validity, the contrasted groups approach could be conducted.³¹ For instance, the criteria could be used to compare newly developed NP/APN programs with those that have reputations for excellence. If the criteria were valid, the ratings between the two groups of programs would significantly differ.

Another limitation was that as the criteria were refined, with each iteration of the study, few new concepts were added and in some ways the criteria seemed to regress to the mean rather than reach higher levels. This is a natural outcome of the Delphi process as more input from experts takes shape and criteria are refined and adapted and must be considered in the interpretation of the criteria themselves.

DISCUSSION

This Delphi study has laid the groundwork for further work on developing a recognition program for exemplary nurse practitioner education programs. The goal is

Table 1. Criteria for Round 1, 2 and 3 by Relevance and Specificity

Round 1 Criteria	Round 2 Criteria	Round 3 Criteria
<p>I. Achieves recognition as an excellent program at local and state levels</p> <p>Relevance mean = 3.15 (n = 12) Specificity (N yes = 3)</p> <p>II. Achieves recognition as an excellent program at regional and national levels</p> <p>Relevance mean = 2.23 (n = 11) Specificity (N yes = 2)</p> <p>III. Demonstrates improvement or maintenance of quality program over time</p> <p>Relevance mean = 2.46 (n = 9) Specificity (N yes = 2)</p> <p>IV. Has a comprehensive continued quality improvement program and evaluation plan</p> <p>Relevance mean = 3.54 (n = 12) Specificity (N yes = 7)</p> <p>V. Recognized for innovation in curriculum and teaching</p> <p>Relevance mean = 2.92 (n = 11) Specificity (N yes = 6)</p> <p>VI. Recognized for innovation in faculty practice models, and community service</p> <p>Relevance mean = 2.92 (n = 12) Specificity (N yes = 6)</p> <p>VII. Recognized for innovation in nursing research</p> <p>Relevance mean = 2.77 (n = 12) Specificity (N yes = 3)</p> <p>VIII. Demonstrates evidence of high faculty satisfaction including evidence that junior faculty are mentored and developed in their professional career (eg., high faculty retention rates, positive work environment)</p> <p>Relevance mean = 3.54 (n = 13) Specificity (N yes = 9)</p> <p>IX. Demonstrates positive outcomes through certification rates, employer satisfaction, student rankings and satisfaction, and strong ongoing applicant pool</p> <p>Relevance mean = 3.85 (n = 13) Specificity (N yes = 5)</p>	<p>I. & II. Achieves recognition as an excellent program at local, state, and regional levels</p> <p>Relevance mean = 2.92 Specificity (N yes = 7)</p> <p>III & IV. Consistently uses comprehensive quality improvement measures and evaluation data to maintain and improve quality of the program over time</p> <p>Relevance mean = 3.85 Specificity (N Yes = 10)</p> <p>V. Demonstrates effective innovations in curriculum and instruction</p> <p>Relevance mean = 3.15 Specificity (N yes = 9)</p> <p>VI. Demonstrates the use of effective faculty practice models and evidence of significant community service</p> <p>Relevance mean = 3.00 Specificity (N yes = 8)</p> <p>VII. Program curriculum demonstrates strong orientation to a nursing research utilization and evidence-based practice</p> <p>Relevance mean = 3.54 Specificity (N yes = 9)</p> <p>VIII. Demonstrates evidence of high faculty satisfaction including evidence that junior faculty are mentored and developed in their professional career</p> <p>Relevance mean = 3.85 Specificity (N yes = 10)</p> <p>IX. Demonstrates excellence in and maintains a tracking system for student outcomes such as certification rates, student rankings and student satisfaction</p> <p>Relevance mean = 3.08 Specificity (N yes = 6)</p>	<p>I. & II. Achieves recognition as an excellent program at local, state, and/or regional levels</p> <p>Relevance (N yes = 4) Specificity (N yes = 6)</p> <p>III & IV. Demonstrates consistent use of comprehensive quality improvement measures and evaluation data to maintain and improve quality of the program over time</p> <p>Relevance (N yes = 12) Specificity (N yes = 12)</p> <p>V. Demonstrates effectiveness of innovations in curriculum and instruction</p> <p>Relevance (N yes = 9) Specificity (N yes = 6)</p> <p>VI. Demonstrates the use of effective faculty practice models and/or evidence of significant community service through faculty practice</p> <p>Relevance (N yes = 9) Specificity (N yes = 10)</p> <p>VII. Program curriculum demonstrates a strong emphasis on nursing research utilization and evidence-based practice</p> <p>Relevance (N yes = 12) Specificity (N yes = 10)</p> <p>VIII. Demonstrates evidence of high faculty satisfaction including evidence that junior faculty are mentored and developed in their professional career</p> <p>Relevance (N yes = 12) Specificity (N yes = 11)</p> <p>IX. Demonstrates excellence in and maintains a tracking system for student outcomes such as certification rates, student retention, and student satisfaction</p> <p>Relevance (N yes = 9) Specificity (N yes = 8)</p>

Table 1. Continued

Round 1 Criteria	Round 2 Criteria	Round 3 Criteria
<p>X. Maintains reputation for excellent graduates in community leadership</p> <p>Relevance mean = 2.62 (n = 11) Specificity (N yes = 4)</p> <p>XI. Maintains reputation for excellent graduates in clinical practice</p> <p>Relevance mean = 3.85 (n = 13) Specificity (N yes = 4)</p> <p>XII. Maintains reputation for excellent graduates in research expertise</p> <p>Relevance mean = 2.62 (n = 13) Specificity (N yes = 4)</p> <p>XIII. NP program administrators demonstrate visionary leadership, promoting creativity and innovation in their programs</p> <p>Relevance mean = 3.08 (n = 12) Specificity (N yes = 7)</p> <p>XIV. Maintains cadre of distinguished faculty (eg, reputation of faculty in research, practice, scholarly publications, and/or policy. Faculty demonstrate leadership in professional organizations)</p> <p>Relevance mean = 3.23 (n = 12) Specificity (N yes = 9)</p>	<p>X. Maintains reputation for producing high quality NP graduates for community leadership, interdisciplinary practice, and service at local, state and national levels</p> <p>Relevance mean = 3.31 Specificity (N yes = 7)</p> <p>XI. Graduates of program have been recognized by their peers, or by health care/ professional organizations for excellence in clinical practice</p> <p>Relevance mean = 3.62 Specificity (N yes = 7)</p> <p>XII. Graduates of program demonstrate excellence in scholarship, nursing research utilization and implementation of evidence-based practice (mean = 2)</p> <p>Relevance mean = 2.96 Specificity (N yes = 7)</p> <p>XIII. NP program administrators/lead faculty are recognized at state, regional and/or national levels for their leadership and ability to promote sustained creativity and contributions by faculty and students (mean = 2.96)</p> <p>Relevance mean = 2.96 Specificity (N yes = 6)</p> <p>XIV. Maintains a cadre of high quality faculty, who possess strong teaching skills, maintain active evidence-based practices and demonstrate leadership in professional organizations</p> <p>Relevance mean = 3.85 Specificity (N yes = 9)</p> <p>XV. Students have appropriate number and types of high quality clinical experiences with preceptors who are sound clinicians and appropriate role models</p> <p>Relevance mean = 3.38 Specificity (N yes = 6)</p> <p>XVI. Curriculum is built upon nationally recognized standards and guidelines and utilizes nationally recognized competencies to measure student outcomes</p> <p>Relevance mean = 3.46 Specificity (N yes = 7)</p>	<p>X. Provides evidence of producing high quality NP graduates for community leadership, interdisciplinary practice, and/or service at local, state and national levels</p> <p>Relevance (N yes = 11) Specificity (N yes = 10)</p> <p>XI. Graduates of program have been recognized by other health care professionals or by health care/ professional organizations for excellence in clinical practice</p> <p>Relevance (N yes = 10) Specificity (N yes = 11)</p> <p>XII. Program outcome performance measures demonstrate the graduate's mastery of nursing research utilization and evidence-based practice</p> <p>Relevance (N yes = 3) Specificity (N yes = 7)</p> <p>XIII. NP program administrators/lead faculty are recognized at state, regional and/or national levels for their leadership</p> <p>Relevance (N yes = 6) Specificity (N yes = 10)</p> <p>XIV. Maintains a cadre of high quality faculty, who possess strong teaching skills, maintain active evidence-based practices and/or demonstrate leadership in professional organizations</p> <p>Relevance (N yes = 12) Specificity (N yes = 11)</p> <p>XV. Student preceptorships include sufficient number and types of high quality clinical experiences with preceptors who are sound clinicians and appropriate role models and with appropriate faculty oversight and clinical supervision</p> <p>Relevance (N yes = 11) Specificity (N yes = 9)</p> <p>XVI. Curriculum is built upon nationally recognized standards and guidelines and utilizes nationally recognized competencies to measure student outcomes</p> <p>Relevance (N yes = 10) Specificity (N yes = 11)</p>

Table 2. Final Criteria for Excellence in NP Education

III & IV	Demonstrates consistent use of comprehensive quality improvement measures and evaluation data to maintain and improve quality of the program over time.
V	Demonstrates effectiveness of innovations in curriculum and instruction.
VI	Demonstrates the use of effective faculty practice models and/or evidence of significant community service through faculty practice.
VII	Program curriculum demonstrates a strong emphasis on a nursing research utilization and evidence-based practice.
VIII	Demonstrates evidence of high faculty satisfaction including evidence that junior faculty are mentored and developed in their professional career.
IX	Demonstrates excellence in and maintains a tracking system for student outcomes such as certification rates, student retention, and student satisfaction.
X	Provides evidence of producing high quality NP graduates for community leadership, interdisciplinary practice, and/or service at local, state and national levels. Provides evidence of producing high quality NP graduates for community leadership, interdisciplinary practice, and/or service at local, state and national levels.
XI	Graduates of program have been recognized by other health care professionals or by health care/ professional organizations for excellence in clinical practice.
XIV	Maintains a cadre of high quality faculty, who possess strong teaching skills, maintain active evidence-based practices and/or demonstrate leadership in professional organizations.

to raise the bar as we progress to greater excellence in NP/APN education, which has been at the forefront of nursing for decades.

The final 9 criteria that have evolved provide NONPF and other interested stakeholders with key standards to continue the process to determine how to most effectively recognize excellence in nurse practitioner programs. The promotion of excellence in NP/APN education, will potentially lead to improvement in the quality of care delivered to patients by advanced practice nurses across the country. The *Magnet Nursing Services Recognition Program* initiative has provided a strong model for identification of nursing excellence in health care facilities. Other programs such as the Beacon Award or the Hallmarks of Excellence in Nursing Education can also serve as models. These programs may inform us on how to best use or improve upon the criteria that we have already developed.

Excellent feedback about the development of a recognition process was obtained when these criteria were presented at the 2004 annual meeting of NONPF in Philadelphia. The following suggestions were made by the meeting participants and may be considered in the development of a final recognition program:

1. Highlight NP/APN programs that reach the excellence status on the NONPF website, in the literature or in the media.
2. Highlight specific criteria at different times (ie, several criteria per year) or through parallel processes (ie, a smaller school could aim towards meeting one or two specific criteria and gain recognition).

3. More work on development of a model of continuous quality improvement (CQI) process for individual programs to use as they implement a plan for improvement.
4. A recognition program might allow programs to highlight how they reached these criteria within limited budgetary faculty or other constraints. Individual programs might have the opportunity to show how well they functioned in particularly challenging environments or diverse locations.
5. Another way to highlight program excellence would be a conference or publication where exemplars could be presented on how criteria were met. This format might also generate future criteria.

In addition, once criteria are established, many questions remain to be answered related to implementation. Are the criteria that have been so far identified exhaustive or would they need to be expanded upon? Further work would be warranted to reframe or further break down the criteria into measurable components before a program could be initiated. Such a program would be costly to develop and would need to be subscribed to by a significant number of programs to be cost effective. If these criteria were incorporated into a recognition program, fiscal constraints and differences among NP/APN programs and university settings would need to be fairly considered. Finally once implemented, provisions would need to be made to update or regularly revise the criteria governing such a program to recognize excellence.

NEXT STEPS

The NONPF leadership has identified a new task force charge of implementing the criteria into an independent, stand-alone recognition award. The award was initially conceptualized as level 4 of NONPF's consultation programs, Q-NONPF. The proposal was that NP programs could apply directly to level 4 to attain recognition for excellence or might complete one or more of the lower consultation levels for quality improvement before seeking recognition at the highest level. However, during the implementation of Q-NONPF and the ongoing discussions about the criteria for programs of excellence, it became apparent to the NONPF leadership and to the task force that consultation and recognition for excellence should be separate to preserve the distinction between meeting the minimum quality standards (*Criteria for Evaluation of Nurse Practitioner Programs*) versus demonstrating innovation and outcomes beyond the minimum (the criteria for excellence). The NONPF Board is expanding the task force to include individuals who will bring knowledge of the models discussed previously and a range of perspectives, including representation from programs of varying size and resources. This expanded task force will map out the steps and timeline for implementation.

CONCLUSION

In an increasingly competitive health care market, nurse practitioner programs must continue to promote innovation in education and practice to meet consumer and health care system demands. NONPF, which has always been at the forefront of NP educational change, is the appropriate organization to provide leadership and a direction for continued improvement in NP programs. The development of a program to recognize excellence in NP education will provide a beacon for current and future leading edge NP programs.

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