



**PHILIPPINE ACCREDITING ASSOCIATION OF SCHOOLS,
COLLEGES, AND UNIVERSITIES
(PAASCU)**

**NURSING
GRADUATE EDUCATION
SURVEY INSTRUMENT**

2021

Philippine Accrediting Association of Schools, Colleges, and Universities

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GUIDELINES TO ACCREDITATION

INTRODUCTION

The Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU) is one of the accrediting bodies in the Philippines. It is a private, voluntary, non-profit, non-stock self-governing corporation.

The primary purpose of PAASCU is to assist member institutions in ensuring that their resources, programs, and services support student learning and the achievement of learning outcomes. This purpose is realized through a developmental approach to accreditation of its member schools' academic programs. Evaluating educational programs involves assessing the core areas pertinent to a particular studies program, such as teaching, learning, research, service, and other areas that support them. These include governance, student services, physical facilities, learning resources, external engagements, etc.). PAASCU firmly believes in the interrelationship of these various areas in assuring the quality of the academic programs and ultimately achieving the vision-mission of the institution as a whole and that of the educational programs it offers. Driving these assessment activities is the institution's internal quality assurance system that reflects its commitment to continuous improvement and ensures the delivery of quality education.

ACKNOWLEDGEMENT

The PAASCU Board of Trustees acknowledges the diligent work done by the (1) Institutional Accreditation Working Group, (2) the PAASCU Standards Committee, and (3) the Graduate Education Commission working with selected seasoned accreditors and colleagues which formulated this standards-based accreditation instrument for graduate education programs.

1. ACCREDITATION FOR NURSING GRADUATE EDUCATION PROGRAM

1.1. Quality Assurance

PAASCU has adopted a four-fold definition of quality as:

1. Achievement of minimum standards based on learning outcomes
2. Achievement of evidenced excellence based on learning outcomes
3. Implementation of the vision, mission, and goals of the school
4. Responsiveness to stakeholders

1.2. Accreditation

Educational accreditation is a quality assurance process where an external body evaluates the operations of educational institutions or programs to determine if standards are met as the basis for granting an accreditation status. Accreditation is the formal and public statement by an external body, resulting from a quality assurance procedure that agreed standards of quality are met by an institution or program (Van Damme, UNESCO Higher Education in the Age of Globalization, 2001).

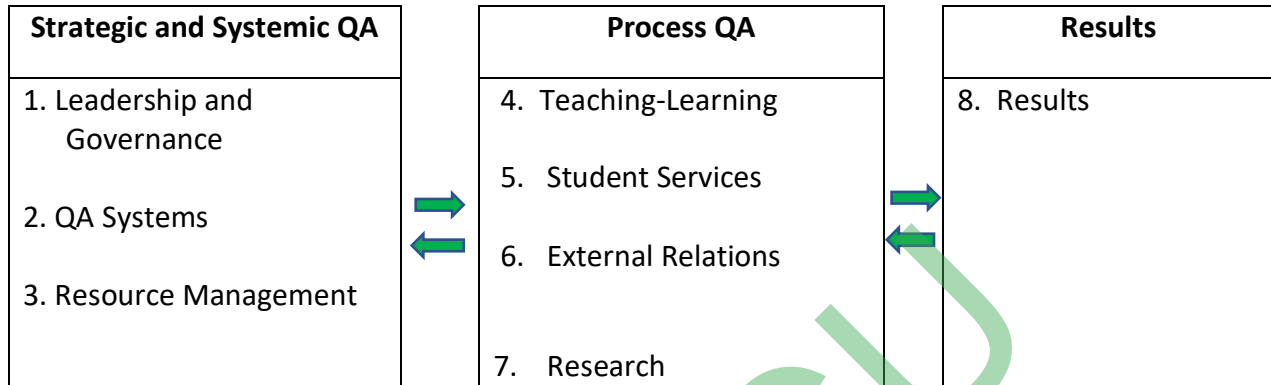
An accredited status from PAASCU indicates that an educational institution or program has met its defined standards. There is a sufficient basis for assuming that the educational institution or program will continue doing so in the future.

The PAASCU accreditation process does not prescribe any specific way of proceeding. It seeks to encourage institutions or programs to aspire for and work towards higher levels of excellence as defined in its quality standards. The focus is on the context and needs of the institution or program under survey; hence, the process allows these institutions and programs to be innovative in exploring solutions to the challenges they face.

2. ACCREDITATION FRAMEWORK

2.1. Accreditation Framework

In conducting institutional accreditation, the following framework is adopted:



The framework shows that there are eight areas to be assessed. These areas include three areas under Strategic and Systemic Quality Assurance, four areas under Process Quality Assurance, and the area covering the Results. The arrows denote the constant interplay among the different areas in continuously upgrading educational quality and services.

2.2. Alignment of PAASCU Framework with other QA Framework

The framework adopted by PAASCU is aligned with regional and international frameworks on quality assurance. The following were used as benchmarks in the preparation of the instrument:

1. ASEAN Quality Assurance Framework (AQAF) Internal Quality Assurance Principles
2. ASEAN University Network (AUN) Guide to Assessment at the Program Level
3. Commission on Higher Education (CHED) Institutional Sustainability Assessment Self-Evaluation Document (ISA-SED)
4. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) Standards and Guidelines for Internal Quality Assurance

2.3. Development of the 2021 Program Standards

The evolving and challenging higher education landscape globally and the continuing evolution of accreditation in form and substance served as an impetus in pivoting PAASCU's approach to program accreditation from functional to one that uses principle-based standards. The program accreditation standards are designed to ensure the provision of high-quality educational experiences. These standards reflect principles of good practice and are supported by a set of criteria that subscribes to the Plan-Do-Check-Act (PDCA) cycle. The standards are not

prescriptive as PAASCU understands that high-quality education can be achieved in various ways. However, the standards and how the program executes them should allow for consistency in the quality of program delivery. The program standards define the quality, effectiveness, and continuous improvement expected of accredited programs. They serve as indicators of a program's ability to fulfill its unique purpose, deliver quality education, and promote student achievement is comprehensively examined.

Each of the standards articulates a dimension of the quality of a program. In applying the Standards, PAASCU assesses and decides the effectiveness of the program as a whole. A program that meets the Standards indicates that:

- its purposes are clearly defined and appropriate to an institution of higher learning;
- defined learning outcomes are achieved;
- its practices are aligned with defined standards and criteria; and
- it is unceasingly striving for continuous improvement.

Therefore, it is essential to understand that a program must demonstrate substantial compliance with the standards regardless of location or delivery modalities to earn accreditation.

2.4. The Survey Instrument

The survey instrument consists of the following:

1. the main area for review and evaluation;
2. the standards under each area;
3. a set of criteria against which the achievement of the standard is measured;
4. a brief explanation of the standard;
5. a series of guide questions to assist the institution in assessing its compliance with the standards and criteria; and
6. a suggested the list of evidence.

The set of criteria will be rated using the guidelines provided below in the Self-Survey Report section of this guideline.

3. PROGRAM ACCREDITATION

Program accreditation applies to academic programs, departments, institutes, or schools that are parts of an institution. The accredited unit may be as large as a college, or school within a university, an academic program, or course within a discipline. The accredited status of one department or specific program/course does not extend to other programs within the same department or departments in the institution.

This survey instrument is for program accreditation.

4. THE SELF SURVEY REPORT

The first and critical component of the accreditation process is a rigorous and comprehensive self-evaluation of the institution's educational resources, methods, and results. Self-evaluation aims to understand, evaluate, and improve, and not merely to defend what already exists. A well-conducted self-evaluation should result in a renewed effort to reflect on quality assurance practices and outcomes towards ongoing school improvement. The self-evaluation is expected to be an inclusive process. It becomes optimally effective when completed by a diverse group of key stakeholders (i.e., administrators, faculty, students, staff, alumni, etc.) knowledgeable about the institution and its academic programs. Stakeholder engagement allows for a fair and objective assessment of how well the institution has achieved its vision, mission, and objectives for self-improvement. The self-survey report and the supporting evidence provide the institution the opportunity to demonstrate to the survey team that it has complied with the standards.

The **self-survey report (SSR)** is an account of the institution's QA practices. The institution here refers to the college, school, or department managing the programs under accreditation. The criteria checklist under each standard guides what to account for in the institution's quality system.

The SSR is written following the sequencing of the area and standards. The write-up mainly describes how the institution meets the criteria under each standard. Therefore, only the set of criteria under each standard will be rated.

The SSR should be submitted in softcopy to the PAASCU Secretariat two months before the site visit.

4.1. Contents of the Self Survey Report

The SSR has six parts: School Profile, Follow-up Action on the Recommendations of Previous Survey, Analysis of School/Program Practices Using the Survey Instrument, Conclusion, Appendices, and Summary of Ratings.

PART 1: School Profile

This section provides the following information about the school:

1. A brief history of the school
2. Vision, mission, goals, objectives, and core values of the school
3. Organizational structure
4. Governing Board and list of top executives
5. Educational programs, including student population for each program and accreditation level

6. Enrollment data per year level of the program under survey (3-year data for a preliminary visit, 2-year data for a formal visit, and 5-year for resurvey visit)
7. Description of the regulatory environment in which the institution operates
8. Identified strategic challenges, including planned and implemented strategies to address the same.

**PART 2: Follow-up Action on the Recommendations of Previous Survey
(only for formal and resurvey visits)**

PART 3: Analysis of the School/Program Practices Using the Standards and Criteria

A write-up describes the program quality practices using the criteria under each standard. The write-up should meet the following requirements:

1. It should provide information that focuses on how the school meets the criteria under each standard. An explanation should be provided if the school partially or did not comply with the criteria.
2. The information should be presented based on the sequencing of the criteria. They should be written in whole sentences but should be straightforward, concise, and factual. More importantly, the information should be based on evidence that is presented immediately after such information. The evidence should be clickable to ensure immediate access. Each standard provides a checklist of suggested evidence. The institution may present other additional evidence to support its claim.
3. In the presentation of evidence, the following guidelines should be considered:
 - a. Where statistical data, graphs, tables, or matrices are used, label the same and present them within the narrative or attach them to the SSR with appropriate reference. Where a policy statement is used, summarize the policy or attach the same to the SSR with proper reference.
 - b. The documents and any other evidence used to support the information provided should be listed per standard and attached to the SSR. If the same evidence supports multiple standards, attach the evidence once and list it under each relevant standard.
4. The write-up should be descriptive and analytical, citing both the strengths and weaknesses of the practice related to the criteria. The guide questions and the explanations can assist in analyzing the quality practices of the institution. When analyzing the institution's quality practices, it is also important to benchmark with the practices of other reputable institutions or with those that are considered 'good' practices.

5. The school should provide a rating for each criterion under each standard based on the following scale:

RATING	MEANING	REMARKS
5	Excellent	The practice is exemplary and serves as a model to others. The implementation of the criterion has led to excellent results.
4	Very Good	The criterion has been effectively implemented, and this has led to very good results.
3	Good	The criterion has been implemented adequately and has led to good results.
2	Needs Minor Improvement	The criterion has been implemented but needs minor improvement. In addition, the implementation has led to inconsistent or limited results.
1	Needs Major Improvement	The criterion has been inadequately implemented and needs significant improvement. The implementation has led to insignificant or unsatisfactory results.
0	Not Implemented	The criterion has not been implemented. Furthermore, no evidence is presented to show that initiatives have been carried out to implement it.

PART 4: Conclusion

This section provides the following:

1. An overall assessment of the program's compliance with the standards
2. Summary of the strengths per area
3. Summary of planned initiatives to address weaknesses identified per area

PART 5: Appendices

This section contains the evidence that is identified in the self-survey report. This section consists of the following:

1. List of the supporting evidence
2. The actual evidence

For virtual visits, these supporting documents are accessed using the digital storage facility of the school. Therefore, when evidence is cited in the narrative, reference to that evidence is clickable, so the actual evidence can immediately be viewed.

PART 6: Summary of Ratings

5. THE SURVEY VISIT

The **site visit** will be scheduled in advance and not earlier than two months after submitting the SSR to the PAASCU Secretariat. External accreditors assigned by PAASCU will undertake the two-day visit.

The typical PAASCU Survey Team will be composed of accreditors who will be assigned to handle the following areas:

Accreditor 1a	Leadership and Governance Results: Financial and Competitiveness
Accreditor 1b	QA Systems Resource Management
Accreditor 2a	Teaching-Learning Results: Education
Accreditor 2b	Student Services
Accreditor 3a	External Relations Results: Community Engagement and Service
Accreditor 3b	Research Results: Research

The number of accreditors may change depending on the number of programs being accredited.

The visit usually includes the following activities:

1. Accrediting Team meetings
2. Interviews and meetings with various stakeholders groups
3. Observations
4. Review of exhibits
5. Writing of report
6. Wrap-up session
7. Debriefing to Management and Self Survey Team

6. PAASCU SURVEY REPORT

The site visit will result in a survey report that represents the institution's assessment against the checklist. The report is used as the basis for granting program accreditation status.

The Chair will be responsible for collating the inputs from each accreditor to come up with a consolidated, coherent, and concise report that corresponds to the team's judgment.

The Team Survey Report should contain the following:

1. Chairperson's report includes the following:
 - a. Introduction
 - b. Summary of Area Reports
 - c. Preparation of the Program Self-Survey Report
 - d. Recommendation of the Team
 - e. Conclusion
2. Summary of Ratings
3. Write-up per area containing the following:
 - a. Evidence – a short description of the evidence gathered
 - b. Analysis – a consideration of the extent of alignment of practice with the standards
 - c. Commendations, if any
 - d. Recommendations, if any

The ratings of the criteria in a sub-area are averaged to arrive at the **sub-area average rating**.

The sub-area average ratings in an area are averaged to arrive at the **average area rating**.

The eight area average ratings are averaged to arrive at the **overall average rating**.

7. COMMISSION REVIEW AND BOARD APPROVAL OF ACCREDITING TEAM'S DECISION

Additional Requirements to Pass a Formal Survey or Resurvey Visit:

The following criteria need to be complied with to pass a survey or resurvey visit:

- I. **Recognition of the graduate degree program by the Commission on Higher Education (CHED)**
- II. **Compliance to the Commission on Higher Education (CHED) degree requirements indicated in the most recent program Policies, Standards and Guidelines (PSGs), particularly those related to qualifications of administrators and faculty staff**

III. Teaching Assignments

Full-time faculty members must teach 50% of all courses, and master's degree holders must teach 40% of all General Education courses in their field of specialization.

IV. Performance in the Licensure Examination

For programs with a licensure examination, the performance of graduates must consistently be above the national passing average or at par with the national average. The yearly performance will be calculated based on the simple average of results for programs with two or more examinations in a year.

The team's report is submitted to the Commission and the Board for review and final approval.

8. FAAP CERTIFICATION OF THE ACCREDITATION LEVEL

The Board of Trustees' decision will be forwarded to the Federation of Accrediting Agencies of the Philippines (FAAP), certifying the level of accreditation.

9. RELEASE OF ACCREDITATION DECISION TO THE INSTITUTION WITH THE SURVEY TEAM REPORT

The PAASCU Secretariat will inform the school of the accreditation decision and provide the accreditation report after the Board's approval and the FAAP certification.

SURVEY INSTRUMENT FOR NURSING GRADUATE EDUCATION

AREA 1. LEADERSHIP AND GOVERNANCE

Sub-area 1.1. Vision-Mission

STANDARD 1.

The institution has clearly articulated and disseminated the vision and mission statements that reflect its educational philosophy, core values, and goals to key stakeholders.

Criteria	Rating
1. All sectors of the institution and concerned stakeholders were involved in formulating and articulating its vision-mission statements.	
2. The program vision-mission statements and goals are consistent with the institution's vision and mission and within the context of graduate education.	
3. The vision and mission statements are communicated periodically to its stakeholders.	
2. All stakeholders of the institution can identify with and own the vision-mission statements of the institution and program.	
3. The vision-mission statements, goals, and objectives are outcomes-focused with clear and measurable indicators of achieving them.	
4. With stakeholder participation, the vision-mission statements, goals, objectives, and core values are periodically revisited, evaluated, and revised as appropriate.	
5. Evaluation results are utilized to ensure that the vision-mission statements, goals, objectives, and core values remain attuned to changing internal and external needs.	
Average Rating	

Explanation:

Central to the institution's life and at the heart of all the areas is its vision-mission, goals, and objectives. An academic institution should explicitly state its aspirations and goals. These should be embedded and reflected in how the institution is governed and managed. All community sectors have direct responsibility for operationalizing and actualizing the cognitive, behavioral, and physical indicators of the institution's unique identity and culture. The institution's success and academic offerings are seen in the degree to which its mission, goals, and objectives are met in actual practice. Thus, there is a conscious effort to have everyone own the institution's vision-mission, its philosophy, and core values. Systematic and periodic review, evaluation, and revision, as appropriate, of said mission, goals, and objectives are done with stakeholder engagement to ensure the institution's effectiveness in furthering its educational purpose.

Guide Questions:

- How do the vision and mission statements, goals, and objectives reflect the institution's educational philosophy and culture?
- What process is undertaken to articulate the vision, mission, and goals, and who participates in the process?
- How are the institution's vision-mission and goals embedded or reflected in program offerings, activities, and services? What are concrete steps taken to do this?
- What mechanisms are in place to ensure that the vision, mission, goals, and objectives are communicated, understood, and accepted by all sectors of the institution and the public at large?
- How do leadership and academic community members show personal commitment to and model the institution's philosophy and core values?
- How periodic are the vision-mission statements reviewed, how is the review done, and who participates in the review?
- How does the institution promote initiatives that specifically advance its vision and mission?
- What is the institution doing exceptionally well to live up to its vision-mission and goals?
- What else can it do to realize more fully its vision-mission and goals?

Supporting Evidence:

- Vision and mission statements (institutional and program levels)
- Statements of the institution's philosophy and core values
- Orientation programs for the various sectors (particularly at the program level) and other stakeholders
- Documented processes in developing, approving, disseminating, articulating, evaluating, and improving, as appropriate, the vision and mission, goals, and objectives
- Evidence of activities and initiatives that document the mission in action, etc.
- Reports that show the integration and realization of the vision-mission in various programs, services, activities, etc.
- Sample minutes of sessions/meetings showing discussions on the formulation, revisit, evaluation, and revision of the vision-mission statements, goals, and objectives
- Institutional and program manuals, handbooks, brochures showing the vision and mission statements

Sub-area 1.2. Leadership and Management

STANDARD 2.

The institution practices responsible management and models leadership that results in effective and efficient operations.

Criteria	Rating
1. The institution is managed efficiently and ethically by the governing board members and other highly qualified and professionally experienced administrators.	
2. Leadership is open to suggestions and uses a consultative and participative approach.	
3. Administrators model responsibility, accountability, integrity, and professionalism.	
4. Leadership is proactive and creative in managing internal and external changes that may affect the institution’s programs and operations.	
5. Leadership development and succession planning programs are in place.	
6. Information and communication exchanges between and among administration and school community members are regularly done and on time.	
7. The effectiveness of the governance structure and management system is periodically and systematically monitored, reviewed, and evaluated with stakeholder engagement.	
8. Evaluation results are used to continuously improve the effectiveness of program leadership and management systems and processes.	
Average Rating	

Explanation:

Leadership and governance are critical factors for the smooth operations of the institution and its program offerings. A governance structure that exhibits transparency, inclusiveness, and autonomy with leadership responsibilities and authority assigned, delegated, and shared is in place. Leadership roles are clear and designed to facilitate decisions that support teaching and learning and efficient operations. Good governance is promoted, and leadership is proactive to respond to environmental changes. All sectors are clear on the substantive roles they play and the influence they have in program governance. A review and evaluation of the governance structure are periodically conducted with stakeholder participation and collected feedback used for improvement. Management development and succession planning are in place.

Guide Questions:

- How qualified are the governing board members (i.e., Board of Trustees) and the key school administrators?
- How do administrators demonstrate a transparent, consultative, ethical leadership responsibility with accountability?
- What mechanisms or processes are in place to gather feedback from different stakeholders on the effectiveness and efficiency of programs, services, and activities?
- How is the governance structure and system of leadership reviewed, evaluated, and improved? How often is this done, and who is involved in the evaluation?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Current institutional and program (graduate school) organizational charts
- Qualifications of the governing board, key administrative officials, and mid-level supervisors (i.e., chairs, coordinators, etc.) at the institutional and program levels
- Samples of appointment papers of administrative personnel (especially at the program level)
- List of Committees, Councils, and the like where stakeholders are represented
- Development programs for administrators
- Succession Plan
- Formal and documented evaluation surveys/studies (i.e., student satisfaction surveys, etc.)
- Relevant minutes of meetings of the Board of Trustees, other governance bodies, committees, faculty association (if any), student government (if any), and the like
- Sectoral consultation dialogues with administration

Sub-area 1.3. Strategic Management

STANDARD 3.

A strategic planning activity participated in by key stakeholders is periodically conducted to formulate, implement and evaluate plans and programs toward achieving the institution's vision, mission, and goals.

Criteria	Rating
1. A systematic planning process is regularly conducted at the institution and program levels with the participation of key stakeholders.	
2. The plans at the institution and program levels are aligned to the institution's vision-mission, goals, and objectives.	
3. Relevant external and internal factor conditions are identified and used in the formulation of the plans.	
4. Ethics, social responsibility, technology, innovation, and internationalization are considered in formulating the strategic plan.	
5. The executed plans include clear implementation goals, performance indicators, measurable targets, and timelines.	
6. Adequate resources are committed to the planning exercise and the implementation and evaluation of the strategic plan.	
7. Plans, execution, and targets are periodically monitored, collaboratively evaluated, and adjusted as needed.	
8. Monitoring and evaluation results are widely disseminated and systematically used for future planning and continuous quality improvement.	
Average Rating	

Explanation:

Highly respected academic institutions undertake a periodic, collaborative, and systematic strategic planning exercise to formulate long-term plans, programs, and activities to help achieve their vision, mission, and goals and keep pace with the constantly changing environment. The plans reflect the institution's vision and mission, are realistic with well-defined quality goals, key performance metrics, strategies for their attainment, time-bound, and adequate budget and resources to support their implementation. The implementation of the plans is evaluated periodically and adjusted as appropriate. Participation of stakeholders in plan development, implementation, monitoring, and evaluation is well-documented. The plan and evaluation results are disseminated to them, with evaluation results serving as bases for determining the achievement of desired outcomes, future planning, and continuous quality enhancement.

Guide Questions:

- How is the planning activity conducted, and who is involved?
- What factors are considered in the formulation of the plan (i.e., environmental trends/conditions, institutional competencies, strengths, and weaknesses, stakeholder feedback, etc.)?
- How is the alignment of institutional and program (Graduate School) plans assured?
- What office is in charge of the planning activities at the level of the institution and the program?
- How are the plans, strategies, and activities formulated, implemented, monitored, evaluated, and improved, and who is involved in the process?
- What resources are provided so that plans and strategies are well-executed, evaluated, and improved?
- How often are the plans reviewed and evaluated? What process is followed, and who is involved?
- What are the types of performance measures/targets used to track progress in implementing the plans?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Analysis framework data (e.g., SWOT, SOAR [Strengths, Opportunities, Aspirations, Results], etc.)
- Documented strategic planning sessions
- Three-year or five-year strategic plans (at the institutional and program levels)
- Short-term and operational/yearly plans (at the program level)
- The organizational chart of the office/unit in charge of planning
- List of committees, if any, involved in planning activities
- Documented office or committee minutes of planning and quality improvement meetings
- Performance measures implemented to assess and track progress in realizing the plans
- Progress reports on the implementation of the plan if any
- Documented review and evaluation reports of planning activities
- Copy of a quality improvement plan, if any
- Stakeholder surveys, tracer studies, and the like
- The budget allotted for planning and evaluation activities

Sub-area 1.4. Policy Formulation and Implementation

STANDARD 4.

The institution has a system for formulating and implementing policies that reflect institutional values, promote its unique culture, make operations efficient, and conform to government regulations and standards.

Criteria	Rating
1. Policies and procedures reflect the institution's vision and mission and focus on stakeholder needs.	
2. Policies and procedures promote institutional values and the unique culture of the institution.	
3. The policy structure and implementation guidelines are in place and reflect good practice.	
4. Policies and procedures conform to government and professional regulations and standards.	
5. A participatory approach to policy formulation is established and fully functioning.	
6. Administrative, academic, non-academic policies and relevant guidelines are documented, clear, well-communicated, and consistently applied.	
7. Policies are strictly enforced to ensure operational efficiency and transparent, ethical, and fair decision-making.	
8. The policy-making process, policies, procedures, and guidelines are reviewed, evaluated with stakeholder involvement, and improved.	
Average Rating	

Explanation:

Policies serve as the backbone of an institution's operations. If properly articulated, communicated, and implemented, it will guarantee success in achieving the institution's goals and objectives and promote institutional values and its unique culture. Well-articulated, published, and consistently administered policies and procedures also ensure the broad participation of administrators, faculty, staff, and students in decision-making. These sectors are given opportunities to improve programs, services, practices, and activities in which they are involved. There should be a system of formulating, implementing, and evaluating the policymaking process, including formulated policies by key stakeholders for their inputs to be given reasonable consideration. Conformance with government regulations and standards should also be ensured in its policy formulation and implementation.

Guide Questions:

- What is the process followed in the development or formulation of policies?
- How is stakeholder engagement/participation in policy formulation evident?
- How do the policies reflect the institution's culture, and how are they aligned to its core values?
- What are the practices to ensure that the policies and procedures are communicated to stakeholders?
- How does the school ensure transparency, consistency, and fairness in implementing policies and decisions arrived at?
- What mechanisms are in place to ensure that policies conform to government, regulatory, and professional standards?
- How is the policy-making process evaluated and improved? Who is involved, and how is feedback welcomed, listened to, and utilized for policy improvement?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- List of administrative, faculty, and student committees/bodies involved in policy development/formulation
- Feedback of stakeholders on policy implementation and policies that affect them
- Samples of policy dissemination documents (e.g., memos, circulars, etc.)
- Sample of documented review and evaluation activities pertinent to policy-making implemented policies, procedures, etc. including results and involvement of participant groups
- Sample minutes of meetings of policy-making administrative/management bodies, committees, and the like
- Sample Manual of Operations

Sub-area 1.5. Risk Management

STANDARD 5.

A risk management system is in place to ensure that the institution is aware of and manages present and future risks.

Criteria	Rating
1. The institution has a risk management system with clear and well-documented programs and strategies to prevent, manage, and mitigate present and future unforeseen events/disruptions.	
2. Risk management policies and protocols are documented and communicated to stakeholders.	
3. Stakeholders participate in implementing the risk management plans, policies, and protocols guided by leaders who assume primary responsibility for identifying, managing, and mitigating risks.	
4. Safeguards are in place to ensure that the institution's resources are protected, effectively utilized, and insured to attenuate the impact of unforeseen events.	
5. Risk management plans, policies, and protocols are regularly revisited and evaluated to assess their effectiveness and improvement with stakeholder participation.	
Average Rating	

Explanation:

Institutions need to be aware of the present and future disruptions. Disruptions can result in risks to any undertaking if not identified, evaluated, and addressed. It is the responsibility of top management and the Board to manage risks, and they should involve the participation of key stakeholders in risk management. Risk management requires risk assessment, communication of such risks, and implementation of initiatives that will monitor, mitigate and control the impact of risks. It also involves the effective use and safeguarding of institutional assets. A risk management program should be in place, with supporting policies, structures, resources, and monitoring systems.

Guide Questions:

- What are the risk management programs that identify, communicate, and mitigate current and potential risks?
- What are the policies and established protocols to forestall any identified risks?
- Who takes primary responsibility for risk management?
- Which office takes the lead in addressing risks?
- How are the various sectors of the community, including key stakeholders, made aware of identified risks?
- What provisions are in place to effectively safeguard the assets and resources of the institution against present and potential risks?

- How is the implementation of the risk management program monitored and improved?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Risk management plan and program
- Risk management policies and protocols
- Institution/Business continuity plan
- Incident response plan
- Internal control system
- Policies on safety, maintenance, and insurance

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AREA 2. QUALITY ASSURANCE

Sub-area 2.1. Internal Quality Assurance System

STANDARD 6.

The institution has an established internal quality assurance system, with clearly defined policies, procedures, and activities, that implements, evaluates, enhances, and ensures the quality of its educational programs and processes.

Criteria	Rating
1. An established internal quality assurance plan aims to continuously enhance the quality of academic and non-academic programs, activities, and services.	
2. Members of the school community and other stakeholders are engaged in formulating, executing, monitoring, and evaluating the internal quality assurance plan, processes, and strategies.	
3. Roles, responsibilities, and accountabilities for internal quality assurance implementation are spelled out among concerned stakeholders across all school levels and accepted by them.	
4. Adequate resources are provided to support implementing the internal quality assurance plan, programs, and activities.	
5. Measurable targets and indicators are employed in assessing the institution's performance against established internal quality goals/targets.	
6. Performance results from internal assessments are communicated to members of the school community and other concerned stakeholders.	
7. Implementing internal quality assurance processes and strategies are periodically evaluated with results utilized and benchmarked for continuous improvement.	
Average Rating	

Explanation:

The responsibility for quality assurance primarily rests on the institution itself. A higher education institution keeps itself engaged in evidence-based and participatory self-reflection about how effectively it accomplishes its vision-mission and its educational objectives and outcomes. It can guarantee with confidence and certainty that its educational provisions' quality goals and standards are being enhanced through quality assurance. Thus, the institution should undergo a deliberate, collective, and ongoing self-assessment to determine how robust its internal processes are to achieve academic quality. Mechanisms are in place to implement, monitor progress, evaluate, and improve the school's IQA system and processes. In this way, a quality culture is promoted in which all internal stakeholders assume responsibility for quality and engage in quality assurance activities.

Guide Questions:

- What IQA system is in place? How is it organized and structured?
- How does administration at the institution and program levels show support for and involvement in the QA processes?
- How are stakeholders enlisted to support and commit to IQA?
- What is the extent of involvement of stakeholders in IQA processes (development, implementation, monitoring, evaluating, and improving) across the institution and its academic programs?
- How does the QA unit monitor the IQA process and its attendant provisions at the institution, especially at the program level?
- What quality assessment measures or indicators are used to ensure the quality of educational programs, services, and processes?
- What resources are provided (financial, human, etc.) to ensure the development, implementation, and evaluation of the IQA process?
- How is the IQA process monitored and evaluated? How often is the evaluation done?
- How are IQA assessment results utilized?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- IQA management system, policy, process, and procedures
- IQA plan
- IQA structure includes an organizational chart of the QA unit
- IQA indicators and quality targets
- IQA orientation and training documents, if any
- Action plans related to IQA assessment results
- Quality performance, accreditation (i.e., PAASCU, etc.), and assessment reports (i.e., those from government agencies such as CHED, etc.), if any
- Results of stakeholder satisfaction surveys, tracer studies, exit interviews, etc.
- Minutes of meetings on IQA programs and activities (administrative, faculty, students/student government, staff, committees, etc.)
- Budget report and budget performance report of the QA unit pertinent to IQA activities
- QA Manual

Sub-area 2.2. External Quality Assurance

STANDARD 7.

The institution subjects itself to periodic external assessment designed to be fit for purpose and to validate the effectiveness of its IQA system in terms of regulatory requirements and quality standards.

Criteria	Rating
1. The institution has an established external quality assurance assessment plan to comply with institutional and regulatory requirements.	
2. The assessment is evidence-based and done by credible and independent external agencies.	
3. Adequate resources are provided, and stakeholder engagement is ensured in external quality assurance assessment processes and activities.	
4. The results of the assessment are communicated to both internal and external stakeholders.	
5. The assessment results are analyzed and used for improvement.	
6. The plans and activities for external quality assurance assessments are regularly improved.	
Average Rating	

Explanation:

At the core of all the quality activities are the twin purposes of continuous improvement, driven by the institutional IQA system and public accountability, strengthened by the institution's EQA initiatives. The institution recognizes the need to be responsible and accountable for its quality assurance initiatives by subjecting itself to an evidenced-based assessment by an independent external body. This EQA activity supports the institution's responsibility for quality assurance, reinforces its internal quality assurance process's effectiveness, and demonstrates its accountability to its stakeholders in delivering quality education. The assessment results improve to ensure that the institution meets its goals and complies with regulatory requirements.

Guide Questions:

- What is the institution's EQA policy?
- What are EQA activities undertaken?
- How credible, independent, and evidence-based is the body or agency responsible for doing the assessment?
- How are the EQA assessment results communicated to stakeholders?
- How are EQA assessment results used in improving the IQA system of the institution?
- What monitoring review and evaluation policies are in place to keep EQA assessment activities on track?

- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Institutional policy on EQA
- EQA plans and budgets
- Quality assurance agency reports
- Certification issued by QA agencies
- Action plans showing the utilization of the QA agency report
- Monitoring reports on action plans related to EQA
- Sample minutes of meetings on EQA activities

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AREA 3. RESOURCE MANAGEMENT

Sub-area 3.1. Human Resources

STANDARD 8.

The institution has adequate and qualified human resources, both teaching and non-teaching, that enable it to perform its teaching, research, and community service functions. It has programs in place for the recruitment, selection, hiring, deployment, training, and retirement of personnel.

Criteria	Rating
1. Human resource plans, policies, and programs are in place and implemented to enable the institution to achieve its teaching, research, and community service functions.	
2. Teaching and non-teaching personnel are adequate, possess the needed qualifications, are experienced, and are skilled.	
3. Many graduate faculty with diverse specialties carry out a significant share of the program’s teaching, research, and service activities.	
4. Policies and procedures for recruitment, hiring, selection, ranking, and promotion are documented, widely disseminated, and consistently applied.	
5. Training and development programs are needs-based and are provided to employees.	
6. Deployment, promotion, and career-pathing programs are in place.	
7. The institution implements a performance management system that includes a regular multi-source performance evaluation, mentoring and coaching, and recognition for deserving personnel.	
6. Performance evaluation results are communicated to the ones being assessed and used as a basis for personnel decisions (i.e., retention, merit, promotion, etc.).	
7. A rationalized and competitive compensation, incentives, and benefits package is implemented, regularly reviewed, and improved if needed to attract and retain qualified and deserving personnel.	
8. Retirement, resignation, and termination from employment policies and procedures are in place, published, and applied fairly.	
9. Human resource policies and procedures comply with regulatory requirements and are implemented to ensure a safe and risk-free work environment.	
10. Human resource plans, processes, policies, and procedures are periodically reviewed and evaluated with the participation of concerned stakeholders for improvement.	
11. Clinical preceptors/mentors/instructors teaching in the specialized clinical areas are academically and clinically qualified.	
Average Rating	

Explanation:

The institution sees a good mix and a sufficient number of human resources that effectively perform and support the core functions of teaching, research, and service. Personnel, both full-time and part-time, teaching and non-teaching, possess the required educational background, field experience, and skills to match institutional and program requirements. Clear policies and criteria for hiring, retention, promotion, recognition, evaluation, resignation, and termination are established, disseminated, and implemented. A performance management system ensures the systematic assessment of personnel performance and nurtures personnel development through coaching and mentoring. Adequate and equitably administered incentives, compensation and fringe benefits, and relevant training, capacity building, and career-pathing programs can attract and retain qualified and needed personnel. Human resources policies, processes, and procedures are periodically evaluated with the participation of stakeholders and evaluation results used for their improvement and future planning.

Guide Questions:

- How are the HR plans, policies, and programs defined, communicated, and supportive of the institution's vision-mission, goals, and program?
- What are the processes and the criteria in recruiting, selecting, deploying, and promoting personnel (e.g., administrators, faculty, and staff)? Who is involved in these processes?
- How are recruitment, hiring, selection, deployment, promotion, resignation, retirement policies, and provisions formulated, disseminated, and applied?
- To what extent do stakeholders develop, monitor, review, and evaluate human resources/personnel plans, processes, policies, and strategies?
- How does the institution ensure that teaching and work assignments match personnel qualifications and capabilities?
- How are the development, growth, career path, career-life balance, and other personnel needs determined and met?
- What performance management system is in place, and what are the components (i.e., performance evaluation, coaching and mentoring, rewards and recognition, etc.)?
- How often are personnel evaluated, and how are performance results fed back to them?
- How often are the compensation and benefits package, incentives, and rewards revisited and evaluated?
- What are the provisions for orientation of new and regular personnel and discussion of personnel-related issues and concerns?
- How are the plans, programs, and policies regularly evaluated for improvement?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Human resources plan/s, programs, and policies
- Employee profiles (administrative, teaching, and non-teaching. (for teaching staff, use the PAASCU Faculty Profile Template **Appendix A**)
- Organizational charts (institutional and program levels)
- Various Manuals (Administrative, Faculty, Non-Academic, Human Resource, if any)
- Samples of employment contracts
- Turnover ratios across program levels (administrators, faculty, staff)
- Training Needs Analysis
- Training Development Plans and budget
- Personnel orientation program and budget
- Career path, leadership/management development, succession plan, and program
- Tools/instruments for hiring, regularization, ranking, promotion, and recognition
- Samples of 201 files (as allowed by the Data Privacy Policy of the institution)
- Personnel awards, recognition
- Salary scales/Plantilla (institutional and program levels)
- Performance management system and appraisal/evaluation tools (administrators, faculty, staff)
- Sample evaluation results and relevant evaluation reports
- Stakeholder surveys (needs assessment, satisfaction surveys, employer surveys, exit interviews, and the like)
- Sample faculty portfolio to show evidence of teaching competencies, clinical expertise, and professional development initiatives

Sub-area 3.2. Financial Resources

STANDARD 9.

A system is in place to manage the institution's financial resources, including efficient sourcing, allocation, use, safeguarding, and accounting.

Criteria	Rating
1. The financial management system and plan are designed to provide sufficient resources for realizing the institution’s vision-mission and goals, mainly its core functions of teaching, research, and service.	
2. Adequate financial support is made available, and fund sourcing strategies are in place to ensure viability and continuity of operations.	
3. Accountabilities and responsibilities for the care, use, and control of assets and other resources are clearly articulated and communicated.	
4. The budgeting process is participative and includes the regular release of analyzed budget performance reports to key administrators.	
5. Accounting internal controls are in place to ensure the integrity of assets, sustain successful and cost-effective delivery of programs, and show compliance with regulatory requirements.	
6. Internal and external audits are regularly conducted to ensure the completeness and reliability of financial reports' accounting information.	
7. Unused funds are wisely invested.	
8. The financial plan, policies, protocols, and practices are monitored, regularly evaluated with stakeholder participation, and improved.	
Average Rating	

Explanation:

Financial resources are vital to any institution to realize its vision-mission, goals, and objectives and ensure the viability and sustainability of its program offerings, activities, and operations. Its financial resources must be sufficient to support its operations and its strategic and operational plans. Financial controls require developing a system that includes a financial budget, identifying financing sources, the proper use and management of assets, and the reliable recording and reporting of financial results. Financial policies, procedures, strategies, and utilization of funds are regularly evaluated by stakeholders and improved.

Guide Questions:

- How does the institution promote the efficient and effective use of financial resources to support its goals and programs?
- How adequate are the institution’s financial resources to sustain its operations and programs?

- How defined are lines of authority for the management of financial resources?
- What systems are in place to ensure that financial resources are being utilized efficiently and that all financial reporting requirements are met?
- What financial contingency plans are in place based on the program's risk assessment to mitigate identified and possible future risks?
- What is/are the processes/es followed in budgeting, program funding, funds disbursement?
- How regular are internal and external audits done to ensure that recording and reporting standards are in order?
- How is the effectiveness of financial procedures, policies, strategies assessed?
- How are assessment results communicated to key managers? For what purpose/s are assessment results utilized?
- How are unused funds/savings treated and idle funds invested?
- How are critical assets protected?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Audited financial reports (the last three years)
- Internal and external audit reports
- Annual budget and budget performance analysis reports (the last three years)
- Policies on fiscal authority and responsibility and other financial policies, procedures, and guidelines (institutional and program, where applicable)
- Financial plans (institutional and program where applicable)
- Conflict of interest policies
- Finance Manual and Operations Manual of the Business Office
- Risk assessment reports (institutional and program levels) including contingency plans, if any
- Sample minutes of meetings (Institutional and program levels) related to budget preparation and hearings
- Evaluation/assessment data of financial procedures, policies, strategies, etc.

Sub-area 3.3. Learning, Physical and IT Facilities

STANDARD 10.

The institution has adequate, conducive, up-to-date, well-maintained, and safe facilities to support the functions of teaching-learning, research, and community service.

Criteria	Rating
1. Physical, learning, and IT resource development plans with sufficient budgets are documented, implemented, regularly updated, and include provisions for those with special needs.	
2. An office tasked to develop, maintain, and improve the facilities and ensure the institution's compliance with government regulations as far as physical facilities are concerned.	
3. There is an emergency preparedness plan to ensure readiness to respond to disasters and reduce potential future risks.	
4. Classrooms, lecture, seminar, audio-visual rooms, and laboratories are adequate, kept clean, free from disruptions, ICT equipped, accessible, and regularly inspected to ensure compliance with health and safety requirements.	
5. The library's print, non-print, and online resources are sufficient in quality, diversity, currency, are readily available, utilized, and regularly updated.	
6. Laboratories are accessible and safe with sufficient and up-to-date equipment, apparatus, and tools.	
7. Resource sharing initiatives and networks are established to enhance user access to learning resources.	
8. The institution has a secure and robust IT infrastructure and up-to-date hardware and licensed software to address teaching-learning, research, and assessment activities regardless of instructional modality.	
9. The institution's internet speed and bandwidth capacity are sufficient to respond to its academic needs and improve operational efficiency.	
10. A Learning Management System (LMS) is available, efficiently managed, and regularly upgraded to support users' e-learning needs and requirements.	
11. Services from these resources are readily available, delivered by knowledgeable staff, and support traditional, blended, and flexible modes of teaching and learning.	
12. The adequacy, availability, quality, currency, and effective utilization of the facilities, learning, and IT resources are regularly evaluated by users for improvement and greater user satisfaction.	
Average Rating	

Explanation:

Planning for needed physical facilities, learning, and IT resources is vital in providing the educational experiences and opportunities required to fulfill the institution's needs and programs. With adequate budget commitment, the institution sees that these resources are accessible to all, sufficient in quality and quantity, updated and upgraded over time to support the institution's traditional and flexible teaching-learning activities effectively, research, and community service requirements. Maintenance and disaster/emergency preparedness plans are developed to, respectively, ensure the reliability, performance, and lifecycle of buildings, facilities and equipment, and ensure a healthy, safe, and secure environment for all. A systematic monitoring and review cycle is regularly implemented to assess the adequacy, appropriateness, quality, security, and efficient utilization of these resources. Stakeholders participate in evaluation activities with results used to continuously improve these resources to meet the needs of its diverse users better.

Guide Questions:

- How periodically updated is the campus development plan?
- How are physical, learning, and IT resource needs identified?
- What policies and procedures are in place for physical facilities, learning, and IT resources, and how are they documented and subscribed?
- How adequate is the budget to ensure that physical facilities, learning, and IT resources address users' needs or requirements?
- How sufficient are the IT support, hardware, software, and internet bandwidth to respond to teaching, learning, research, innovation, and service requirements?
- How good, qualified, and trained are the library, IT, and laboratory personnel?
- How accessible are the library and laboratories, and how up-to-date or current are their collections and equipment/tools?
- How do the learning and technology resources support the e-learning strategy of the program?
- How regular are safety, cleanliness, and maintenance inspections of facilities (buildings, classrooms, canteen/cafeteria, etc.)?
- How conducive are work spaces/offices for the needs of academic and non-academic staff?
- What kind of training and development is provided regarding online instructional technology for traditional (on the ground) and flexible (online) instruction?
- How and how often are these resources evaluated for effectiveness?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Campus Development, physical, learning, and IT resources development plans
- Emergency Preparedness Plan and orientation documents
- Library, IT, and laboratory budget and budget performance analysis reports
- Policies and Procedures Manual/SOPs for these resources
- Staff and user orientation, training, and continuing education documents, including who participated
- Inventory of the acquisitions from the last survey visit (library, laboratories, IT hardware, software, etc.) as evidence for improvements made
- List of library and audio-visual collections
- List of Laboratory equipment
- List of software and hardware
- Number of classrooms and special rooms dedicated for the use of graduate students
- Qualifications of the library, IT, and laboratory staff
- Safety, health, environmental and maintenance policies and procedures
- Maintenance, inspection, and calibration schedules
- Reports (e.g., inspection, maintenance, safety and security, health, and the like)
- Stakeholders' feedback/satisfaction survey results
- Certificates of compliance with regulatory agencies
- Utilization data of these resources
- Sample minutes of meetings of offices that supervise and oversee these resources
- Insurance coverage for the physical plant

AREA 4. TEACHING-LEARNING

Sub-area 4-1. Curricular Programs

STANDARD 11.

A system to design, develop, and review the program offerings is established, ensuring alignment with the institutional vision-mission and goals, with program objectives and learning outcomes, and relevant to meeting stakeholders' needs.

Criteria	Rating
1. Program development and design are innovative, creative, and forward-thinking to ensure that the program proactively responds to emerging developments and trends in the discipline and society.	
2. Academic officials ensure that program objectives and learning outcomes are aligned to the school's vision-mission and stakeholders' needs with admission standards and requirements appropriately set.	
3. Faculty, students, and key stakeholders participate in designing, developing, and evaluating program offerings.	
4. The program objectives and learning outcomes are clearly articulated, cascaded, translated into course learning outcomes, and integrated into instruction and course requirements.	
5. Program objectives and learning outcomes are periodically assessed with stakeholder participation to ensure the realization of the institution and program vision-mission and goals.	
6. The program of studies delineates the basic, specialization, and cognate courses and equips graduate students with professional, technical, and life-long learning skills and competencies.	
7. Courses are logically structured and sequenced, progressing from foundation to advanced studies appropriate for graduate education.	
8. The contribution of each course in achieving program learning outcomes is clear and communicated to students.	
9. Program delivery plans are developed, course syllabi are prepared following a standard format, and are approved to ensure learning outcomes, and these are communicated to stakeholders.	
10. The system for program development and the program objectives and learning outcomes are revised, as appropriate, and improved.	
11. The program of studies and program delivery are regularly evaluated with the participation of stakeholders and improved.	
12. The curriculum reflects direct application and utilization of nursing and other relevant educational theories that promote the interprofessional and multidisciplinary practice.	

Criteria	Rating
13. The courses are designed to prepare graduates to perform advanced practice roles and become culturally and globally competent practitioners.	
Average Rating	

Explanation:

A system is in place to ensure that program offerings align with the institution’s vision-mission and goals and are designed and developed, considering stakeholders’ needs and expectations. Studies must show the interdependence among the foundation, specialization, and cognate courses as a blueprint for instruction and contribute to realizing the program learning outcomes. Overall, the courses offered exhibit range, depth, coherence, content, and rigor characteristic of graduate education and the level of skills needed for life-long learning. Developing the program includes determining its structure and content and defining the expected learning outcomes. Reviewing the curriculum design, process, courses, and learning outcomes are carried out regularly in collaboration with concerned stakeholders for improvement and updating.

Guide Questions:

- What process is followed in the design, development, review, and evaluation of the program of studies? Who is involved, and what is the extent of their involvement?
- Who has the primary responsibility for implementing the curriculum?
- How are the institution and program vision-mission and goals reflected in the various curricula/course offerings?
- How are the learning/expected program outcomes established and communicated?
- How does the sequencing of courses show the progression from acquiring foundation skills to more complex competencies and integration of these courses?
- What are the considerations in the selection and offering of cognate courses?
- What have recent improvements been made to the program of studies, and what were the reasons for the changes?
- What benchmarking activities does the institution or program engage in to ensure its curricula are at par with comparable institutions?
- How does the development and review cycle ensure a curriculum that is relevant, attractive, and updated?
- How are evaluation data and feedback from stakeholders utilized?
- What are the institution’s significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Curricular design, development, review, and evaluation process
- Curriculum committee composition and functions, if any
- Curricular offerings of the program under survey
- Bulletin of Information
- List of most recent approved curricula of the program/s under survey
- Curriculum implementation or delivery plan
- Sample course syllabi
- Reports of external examiners or accrediting agencies
- Faculty, student, alumni, industry partners, etc. feedback on the curriculum and course offerings
- Curricular evaluation reports
- Sample minutes of meetings (i.e., Dean's, Academic Council, Curriculum Committee, etc.) where curriculum matters are discussed

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Sub-area 4.2. Teaching and Learning Methods

STANDARD 12.

A system to select, develop, and evaluate the appropriate teaching and learning methods and activities is established to achieve the desired learning outcomes.

Criteria	Rating
1. There is a system to select, develop, use, and evaluate appropriate teaching and learning methods and activities.	
2. The institution’s educational philosophy and program mission and purpose are well articulated and guide the teaching-learning process.	
3. Teaching methods and strategies are adapted to graduate level, outcomes-focused, appropriate to the course content and delivery modality, and afford the students a broad conceptual mastery of the field of professional practice.	
4. Stakeholders’ feedback is considered in selecting, developing, and using teaching and learning methods and activities.	
5. The teaching-learning modalities, strategies, and activities promote expected learning outcomes and life-long learning.	
6. Teaching-learning activities include social involvement and independent study opportunities, academic consultation to address difficulties, and mentoring to encourage advanced or specialized studies.	
7. Monitoring and evaluating implemented teaching-learning modalities, methods, strategies, and activities are conducted to improve the teaching-learning process.	
8. Student-related clinical learning experiences are evidence-based, aligned with contemporary practice, and internationally established patient safety goals.	
Average Rating	

Explanation:

The teaching and learning approach, methods, and activities are at the core of implementing the program. Thus, guided by the institution’s educational philosophy and program mission and purpose, their appropriate selection is of particular importance in ensuring alignment with program objectives and outcomes. A system should be established to ensure that proper teaching and learning methods and approaches, including those used for non-traditional or alternative modalities (e.g., flexible, hybrid, blended, etc.), are selected, deployed, and regularly evaluated by relevant stakeholders. Feedback from stakeholders, especially the students, is regularly gathered, analyzed, and used to improve further the teaching-learning approach, delivery methods, and activities.

Guide Questions:

- What is the educational philosophy of the institution?
- What is the process undertaken to select, develop, deploy, and evaluate teaching and learning modalities, approaches, strategies, and activities? Who is involved in the process?
- What are the different delivery methods (classroom, independent study, flexible learning, etc.) used for instruction and student learning?
- What is the LMS platform being used by the institution? How are users trained in its use?
- What are the teaching and learning modalities, strategies, and activities employed? How are they aligned with the expected learning outcomes?
- How does IT facilitate teaching and learning?
- How are teaching and learning modalities, strategies, and activities evaluated and improved?
- What measures are taken to ensure that students' related learning experiences reflect the requirements of the nursing profession and enhance their nursing competencies?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- The educational philosophy of the institution
- Sample course syllabi showing evidence of teaching strategies and instructional methods used
- Samples of e-learning course design, synchronous, and asynchronous tasks
- Faculty and student feedback on teaching and learning modalities, procedures, and activities employed
- Training sessions with faculty, students, and other users of the digital platform being used for teaching and learning
- Monitoring and evaluation reports/stakeholder satisfaction feedback on the effectiveness of teaching and learning modalities, strategies, and activities
- Documentation of independent study, problem-solving, and research activities of students

Sub-area 4.3. Assessment Methods

STANDARD 13.

A system is in place to plan and select the most appropriate assessment types to achieve the expected learning outcomes.

Criteria	Rating
1. There is an established system to track students' progress from admission to graduation, including provisions for retention in the program.	
2. The student assessment scheme is constructively aligned to the achievement of expected learning outcomes.	
3. The assessment scheme communicated to students includes clear timelines, methods, regulations, weight distribution, rubrics, and grading.	
4. Provisions are in place to ensure the integrity and fairness of student assessment, including procedures for appeal.	
5. Feedback on student assessment is timely and helps to improve learning.	
6. Exit interviews of graduating students are regularly conducted to serve as inputs for assessment methods and course improvements.	
7. Assessment results are analyzed and utilized to improve the assessment scheme and its constructive alignment with expected learning outcomes.	
8. The students' classroom and non-classroom-based (online) assessment scheme highlights clinical practice competencies relevant to nursing specializations and is constructively aligned with the expected learning outcomes.	
Average Rating	

Explanation:

The assessment of learning outcomes logically follows from the teaching-learning approach, methods, and activities to deliver the program of studies. While assessment types and practices vary, the objective and fair evaluation of student achievement of learning outcomes are critical in designing, selecting, and utilizing a combination of student assessments (traditional and e-assessment). Utilizing planned and selected assessment tools from admission, progression from one level to the next level, and up to the time the student graduates documents and validates students' meaningful learning. The assessment methods must be constantly reviewed by those concerned and evaluated to ensure their integrity, validity, reliability, and fairness.

Guide Question:

- What is the process used in designing assessment methods/tools?
- What are the types and methods of assessment used?
- How are the assessment methods differentiated considering the variation in students' abilities, the learning outcomes across the courses in the program of studies, and the modality used (e.g., independent learning, blended learning, flexible learning)?

- How is assessment during admissions done on new students?
- How is exit assessment done on graduating students?
- Who conducts the assessment, and what controls are instituted to ensure its validity, reliability, and fairness?
- How satisfied are the students and key stakeholders with the assessment methods used?
- What provisions are in place to address appeals on assessment results?
- How often are the assessment methods reviewed, analyzed, and improved?
- What is the process of getting feedback from students related to assessing their achievement of learning outcomes?
- How is the achievement of required competencies by all students assessed and assured on completion of the program
- How often are the types and methods of assessment evaluated? Who is involved in the evaluation process?
- How are evaluation results utilized?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- List of assessments used from student admission, progression up to exit before graduation (e.g., classroom-based, e-assessment, formative, summative, etc.)
- Assessment plan, if any, which details program assessment guidelines, resources, coordination, and support for assessment as well as assessment activities and initiatives that are presently underway
- Program and course specifications, including learning outcomes
- Guidelines/Policies on the use of e-assessment/e-testing
- Progression, attrition, and completion rates
- Rubrics and grading system
- Exit interview data
- The official report on board examination results (the last 3 – 5 years where applicable)
- Tracer Studies
- Studies on employer's satisfaction on graduate performance
- Results of evaluation done to assess the effectiveness of assessment methods used
- Relevant minutes of department/faculty meetings, etc. on matters related to assessment of learning outcomes

AREA 5. STUDENT SERVICES

Sub-area 5.1. Student Recruitment, Admission, and Placement

STANDARD 14.

The institution has effective recruitment, admission, and placement of students with defined criteria that are valid and reliable.

Criteria	Rating
1. A well-formulated and published plan is supported by policies and procedures for effective student recruitment, selection, and admission implementation.	
2. Selection and admission criteria are well defined to ensure proper matching of students' qualifications, skills, aptitude, and interests to their programs.	
3. Retention and graduation policies and criteria are delineated, widely disseminated, consistently applied, and comply with regulatory requirements.	
4. Student admission, drop-out, and completion rates are regularly monitored, documented, analyzed, and disseminated to academic officers for appropriate action.	
5. Key stakeholders appraise the effectiveness of recruitment, selection, admission, retention, and graduation policies, criteria, and procedures periodically.	
6. Evaluation results improve such policies and procedures for greater student satisfaction and future planning.	
Average Rating	

Explanation:

The quality of graduates is significantly affected by the quality of students that an institution recruits and admits. It sees to it that students are appropriately selected and placed where their academic, technical, and professional requirements are matched with their programs so that they can complete and earn their degrees. Recruitment, admission, retention, promotion, and graduation policies, criteria, and requirements reflect the institution's objectives and different programs. Likewise, these are transparent, inclusive, disseminated to all concerned stakeholders, consistently applied, and comply with regulatory requirements. Provisions are in place to monitor student attrition and completion rates. Stakeholders evaluate these policy criteria and conditions, and results are utilized for their improvement.

Guide Questions:

- How were the recruitment and admission plan formulated and involved in the process (e.g., Dean's Office, Admissions Office, Admission Committee, etc.)?
- Who defines the selection criteria for incoming and regular students and those in special groups?
- How are students selected?
- How are new students oriented, and how are they helped assimilate the institution and program vision-mission, goals, and objectives?
- What offices/persons are in charge of student recruitment, selection, admission, retention, and graduation?
- What process is followed in formulating and evaluating the recruitment, selection, admission, retention, promotion, and graduation policies, procedures, and criteria?
- How are these policies and criteria disseminated to stakeholders?
- What monitoring system is implemented to determine student attrition and completion rates?
- To whom are monitoring reports given, and how are these reports utilized?
- How often are recruitment, admission, selection, retention, promotion, graduation process/es, policies, and criteria evaluated for their effectiveness?
- What is done with evaluation results?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Student Handbook, Catalogue, and Bulletin of Information
- Screenshot of admission, retention, and graduation requirements as published in the institution website, if any
- Recruitment Plan or program including marketing collaterals
- Enrollment data within the last five years per degree program
- Record of number of applicants who were accepted vis-à-vis number of those who enrolled (within the previous five years)
- Policies, procedures, and criteria pertinent to student recruitment, admission, selection, retention, and graduation
- Office and committee reports on student recruitment, admission, selection, retention, and graduation
- Records of attrition and completion rates within the last five years
- Evaluation results of the effectiveness of the recruitment, access, retention, and graduation process/es, policies, criteria, etc.

Sub-area 5.2. Student Services Programs and Support

STANDARD 15.

The institution ensures that student services and support are adequate and readily accessible to support students in their academic and non-academic pursuits and promote personal well-being.

Criteria	Rating
1. There is a comprehensive plan with monitoring mechanisms implemented to meet students' academic and non-academic needs.	
2. Academic and non-academic needs are met through an array of well-crafted and needs-based support services, programs, and activities.	
3. There are adequate financial and physical resources and qualified personnel to deliver support services, programs, and activities effectively.	
4. Key stakeholders periodically review and evaluate the plan's coverage, quality, effectiveness, monitoring system, and student services and support programs.	
5. Evaluation results are analyzed, disseminated, and utilized to improve student support programs and services for greater student satisfaction.	
Average Rating	

Explanation:

The institution emphasizes supporting its educational mission and remains committed to enhancing student learning and development. Provisions for student services programs and support should be designed to complement the academic program and assist the students in achieving their learning goals. These programs are adequate, accessible to diverse students with varying needs, and supported by sufficient resources. A monitoring system that tracks the students' academic performance and well-being allow the institution to institute timely interventions to respond to their needs. Periodic monitoring and review of these support programs and services should be undertaken and results to raise student satisfaction and the standards in student support programs and services.

Guide Questions:

- How adequate are the financial and physical resources to support the management of student services programs?
- Who administers the student development and support services programs?
- What types and range of development and support programs are accessible and made available to students (i.e., guidance, campus ministry, placement, leadership development, scholarship and grants, health, food services, etc.)
- What are the co-curricular programs and activities that may provide leadership training?

- What types of academic-related support are provided to students (i.e., academic advising, assistance to complete students' internships, thesis and dissertation-writing, capstone or special projects, etc.)?
- What mechanisms are implemented to ensure the effective delivery of these development programs and support services?
- What indicators are used to monitor student progress and performance?
- How are monitoring data utilized?
- How are learners given feedback on their progress and performance? Are they assisted in how to improve their performance?
- What provisions are in place to address student grievances?
- How often are the review and evaluation of the effectiveness of student development, support programs, and services?
- Who participates in the review and evaluation process?
- How are evaluation results, especially student satisfaction data on these services, utilized?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- List and description of support programs and services specific to graduate students
- Budget for support programs and services
- The organizational chart of the unit overseeing student support and services
- Graduate Student Handbook and Student Publication of the Graduate School, if any
- Scholarship and financial aid program including policies, guidelines, and procedures
- Master list of graduate student scholars and financial aid grantees
- List and description of co-curricular activities, community service, industry collaboration activities, and the like specific to graduate students
- Crisis and Disaster Management Manual
- Clearance certificate of canteen personnel
- Evaluation reports on the effectiveness of support programs and services
- Analyzed results of stakeholder satisfaction surveys, tracer studies, exit interviews, etc.
- Photos/videos of student support activities, fire and shake drills
- Sample minutes of meetings of relevant offices and committees that oversee student development and support services (e.g., Student Affairs/Support Services Office, Guidance, Clinic, etc.)

AREA 6. EXTERNAL RELATIONS

Sub-area 6.1. Networks, Linkages, and Partnerships

STANDARD 16.

The institution establishes networks, linkages, and partnerships with local, national, regional, and international agencies and groups to pursue its vision, mission, and goals.

Criteria	Rating
1. There is a well-articulated and planned strategic approach to network, link, and partner with a range of reputable local, national, regional, and international groups and agencies to pursue the institution’s goals and objectives.	
2. Appropriate mechanisms, procedures, and formal agreements are in place to support and execute such engagements at the program level.	
3. Well-coordinated opportunities are provided to faculty, students, a staff.	
4. The institution and its partners jointly evaluate network, linkage, and partnership activities to assess how they help achieve the school’s vision-mission, goals, and objectives.	
5. Evaluation results are disseminated and utilized to update and improve the network, linkage, and partnership activities.	
Average Rating	

Explanation:

The institution recognizes that establishing linkages, networks, and partnerships are critical in achieving its vision, mission, and goals. Guiding the school in this effort is a well-thought-out approach to identifying and selecting viable academic networks/partnerships and linkages produced, especially in teaching, learning, and research. Faculty, students, and staff are given the encouragement, opportunities, and support to participate in and benefit from a broad range of activities these engagements provide (i.e., fellowships, academic exchanges, research collaboration, twinning arrangements, resource sharing, international internships, fund sourcing, benchmarking, among others). Through these activities, the institution is assisted in improving its deliverables, and at the same time, making it sustainable and relevant. Appropriate mechanisms should support these activities to ensure their effectiveness and relevance to intended purposes.

Guide Questions:

- What strategic approach or steps are taken to select the institution, association, agencies the school would like to network, link, and partner with?
- What priority areas did the school consider in forging linkages or fostering networks with their selected partners?
- What benefits so far has both the school and its partners derived from collaboration, partnerships, and linkages?
- What kind of support (i.e., financial, staff, technological, etc.) is given to those participating in collaboration activities, networks, and linkages?
- What office or who takes care of the institution's network, partnership, and linkage activities?
- How often are the MOUs/MOAs, and who participates in the review?
- How functional are these MOUs/MOAs?
- How are the partnership/engagement/collaboration activities monitored and evaluated?
- How have evaluation results been used for improving networking, partnership, and linkage agreements?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Policy documents relating to external engagements (at the institutional and program level)
- Budget allocations for partnerships and linkages
- Other support provided for external relations activities
- List of the program's partners (indicate nature of the relationship, who have availed of the partnership, extent of participation, and the mutual benefits derived by both parties)
- Notarized and official Memorandum of Agreement or Understanding (MOA/MOU)
- Membership in networks and associations (local and international)
- Contracts of those who have availed of these partnerships
- Surveys measuring the effectiveness and benefits of the partnerships/linkages/networks
- Evaluation and assessment data on linkages, networks, and similar activities
- Sources of financial grants and other financial gains generated by the partnerships?
- Sample minutes of meetings of office/s in charge of external relations
- Awards, citations, recognition granted to the institution as a valued partner

Sub-area 6.2. Community Engagement and Service

STANDARD 17.

The institution commits to conduct community engagements and service activities as part of its social responsibility and corporate citizenship.

Criteria	Rating
1. A well-formulated, institution-wide, and strategic community engagement plan reflects the institution’s vision-mission, goals, and objectives.	
2. Appropriate structures and sufficient resources are provided for the effective implementation and sustainability of community engagement and service activities and programs.	
3. Community engagement and service activities provide mutual benefits and promote the development of partner clients and beneficiaries.	
4. Community engagement and service activities enhance and utilize the competencies and skills of the institution’s academic programs and various sectors.	
5. The faculty and student experiences in community engagement activities are processed and integrated into instruction and student learning.	
6. Community engagement and service activities are assessed against established indicators to determine their effectiveness, quality, and impact.	
Average Rating	

Explanation:

Teaching, learning, and research can be strengthened by how the institution commits to serve the community and society. This commitment entails engaging with a wide range of stakeholders (i.e., other educational institutions, alumni, industry partners, employers, professional bodies, etc.) and the community to establish and sustain productive collaboration with them. Such cooperation brings about a mutually beneficial exchange of knowledge and resources within the spirit of partnership and reciprocity. Community engagement and service cover community outreach, consultancy, and other kinds of professional services. Community engagement and services activities are regularly assessed, with assessment results used to provide information on how these activities can be improved for purposes of relevance, responsiveness, and impact.

Guide Questions:

- What mechanisms exist for partnering with community partners/stakeholders?
- What criteria are used in the selection of the institution’s partners?
- How are community engagement and service activities aligned with the institution's vision, mission, and goals ensured?

- What kind of community engagement and service programs, projects, and activities are implemented?
- Who participates in the institution's community engagement and service activities?
- What mechanisms and guidelines are in place to monitor and evaluate community engagement and service plans, activities, and performance results?
- Who is involved in monitoring and evaluation?
- How does the institution gather feedback regarding the effectiveness of its community engagement and service activities?
- How are feedback results disseminated and utilized in the areas of planning, QA, and quality enhancement?
- What benefits are derived from community service and engagement activities?
- What support is available to effectively implement community service and engagement plans, projects, and activities (i.e., human, financial, physical, etc.)?
- What office manages the community engagement and service activities of the institution?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Community service and engagement plans, policies, guidelines, programs, projects, etc.
- Information about the partner community or communities
- The budget allotted for community extension/outreach and other support resources
- Summary of significant involvement of faculty, students, and staff in community outreach/involvement activities (especially at the graduate level)
- Kinds/Range of community extension/service activities including relevant details (i.e., participants, accomplishments, impact, etc.)
- Evidence of utilization of community engagement and service researches, including faculty and student experiences in enhancing teaching and learning
- Assessment/stakeholder feedback data for the different external engagement and service activities
- Sample minutes of meetings of office and committees in charge of community engagement and service
- Memorandum of Understanding (MOU)/Agreement (MOA) with partners
- Photos, videos, and publications showing evidence of participation of the different school sectors in community engagement and service activities

AREA 7: RESEARCH

Sub-area 7.1. Research Management and Collaboration

STANDARD 18.

The institution implements a research program aligned with its mission and vision, supports its teaching-learning and community engagement functions, and addresses local and national development needs.

Criteria	Rating
1. A well-crafted research agenda with defined plans, goals, and activities at the institutional and program levels have been defined.	
2. Administrative officials ensure that the program’s research, creative work, scholarship, and innovation thrusts and plans are aligned with its and the institution’s research agenda.	
3. Stakeholders participate in the planning and developing the program’s research, creative work, scholarship, innovation thrusts, plans, and activities.	
4. The institutional policies, quality framework, standards, and procedures for research, creative works, and innovation are adapted, disseminated, and consistently applied in the program.	
5. A structure with qualified staff is in place.	
6. A needs-based research capacity-building program with adequate support resources is in place and periodically evaluated for effectiveness.	
7. Resources and incentives are adequately provided to innervate faculty, students, and staff to undertake research, publish, and disseminate their researches.	
8. Research, creative works, and scholarship are used to re-rank, promote, award, and recognize.	
9. Linkages and partnerships are established to facilitate research collaboration, access to resources and strengthen research activities, publication, dissemination, and output utilization.	
10. The research, creative works, scholarship, and innovation agenda, thrusts, plans, activities, among others, are regularly assessed with stakeholder engagement using measurable quality indicators.	
11. Assessment results are used to continuously improve such research and research-related programs and activities and ensure relevance to stakeholder needs.	

12. A clearly stated nursing research and creative work plan that responds to national and professional nursing and healthcare goals promote nursing practice quality.	
13. Content and method specialists are available for specific nursing research when needed.	
Average Rating	

Explanation:

The institutional agenda or strategic directions for research, creative work, scholarship, and innovations are adapted for the program considering the program goals and learning outcomes and further fleshed out in program thrusts and plans for such scholarly pursuits. Like teaching expertise, the capacity to undertake research and other scholarly pursuits must be developed, continually nurtured, and supported through provisions that address stakeholders' needs. For the Nursing Programs, research requires rigor and high-level investigation of nursing and healthcare issues that contribute to or advance new knowledge in the field of Nursing Science. These issues reflected in the program agenda are meant to entice faculty and students to research that will enrich them personally and professionally. The research initiatives and activities of the program are accomplished by having a robust structure with qualified staff, adequate resources, and policies and guidelines. Local and international linkages and partnerships among educational institutions and agencies encourage more faculty, students, and staff to research and publish their works. Incentives, awards, and benefits are provided for meritorious research and scholarly achievements. To ensure that a climate of research is achieved, all research and research-related plans, programs, activities, incentives, among others, are assessed with stakeholder engagement for improvement and to sustain a research culture.

Guide Questions:

- What process is followed and factors considered in developing and adopting its research agenda and various academic programs?
- How is alignment between the institutional and program agenda ensured?
- How is alignment among the program research agenda, program thrusts, and learning outcomes ensured?
- What structure is in place, or which office takes care of research and publication activities of the school and program?
- What is the process followed, and who evaluates the research, creative work, and innovation thrusts and plans?

- How adequate are the budget and support resources for research and publication activities?
- What incentives and benefits are provided to recognize meritorious achievements in research and publication?
- What linkages or partnerships have the school and program established to support their research plans, programs, and activities?
- How are the research activities monitored and evaluated? Who is involved in the process?
- How are the review and evaluation results utilized for improvement?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Research, creative works, and innovation agenda (institutional and program levels)
- Research, creative work, and innovation thrusts and plans (institutional and program levels)
- Research Manual, if any
- Research budget
- The organizational chart of the office/s tasked to oversee research activities (institution and program levels)
- List of researches (ongoing and completed) within the last 3-5 years (use the PAASCU Research Template for needed information – Appendix B)
- Policies and guidelines on the development, review, and evaluation of program research and creative work thrusts and plans
- List of relevant institutions and organizations with established research partnership and collaboration
- Composition of committees tasked to evaluate research and publication thrusts, activities, plans, outputs, etc. including minutes of meetings of these committees
- Evaluation results on research plans, programs, thrusts, activities, etc.

Sub-area 7.2. Intellectual Property Rights and Ethics in Research

STANDARD 19.

The institution has a policy on intellectual property rights and adherence to ethical norms in research.

Criteria	Rating
1. There are established intellectual property policies to protect the interest of faculty, students, and staff concerning ownership and administration of intellectual property.	
2. Policies and guidelines on the ethical conduct of research and publication are established.	
3. Assistance for copyright/patents application is provided and completed on time, with results officially and promptly communicated to concerned proponents.	
4. An independent body (e.g., Research Ethics Board, Intellectual Property Office) ensures the consistent and strict implementation of ethical and intellectual property standards and compliance with applicable regulatory requirements.	
5. The management of intellectual property, including the policies and guidelines on research's ethical conduct, is periodically assessed and improved.	
Average Rating	

Explanation:

Intellectual property rights allow the creators or owners to benefit from their work. Intellectual property can include research data and results, copyrighted works, patents, trademarks, inventions, and designs. Innovators and researchers are provided timely assistance in their applications for patents or copyrights for their outputs, and adequate provisions are necessary to recognize the parties' intellectual property rights. The institution should establish an effective system to manage intellectual property rights, including documentation, storage, and retrieval.

An independent body guided by established policies, guidelines, or processes is compliant with ethical standards in research. Adherence to ethical norms facilitates the achievement of research goals and promotes values in collaborative research works. It also holds the researcher accountable to the public and helps build public support for the research work.

Guide Questions:

- What policies, guidelines, and procedures are in place regarding intellectual property rights?
- How are the intellectual property policies and guidelines disseminated to stakeholders?
- Which office oversees the management of the intellectual property?
- What was the process followed in establishing the code of ethics for research and dissemination of research outputs? Who was involved in the process?
- How were such ethics rules disseminated?
- How is the timely release of ethical review results to proponents assured?
- How functional is the Ethics Review Board or Committee?
- How are the management of intellectual property and the policies and guidelines pertinent to ethics in research assessed?
- How are assessment results utilized?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Policies, guidelines, and procedures on ethics and intellectual property in research and other scholarly pursuits
- MOA/MOU of Research Ethics Board consortia, if any
- Research publications
- Copyrights, patents, and trademarks
- Code of Ethics on Research
- Activities of the Ethics Committee in recent years
- Composition and function of the Research Ethics Board/Committee (REB/C), Intellectual Property Office (IPO), if any
- Budget and documentation of other resources provided for the operations of the REB and IPO
- Documentation of ethical reviews conducted and application for copyright, patents
- Sample minutes of meetings of REB/C and IPO, if any

AREA: RESULTS

Sub-area 8.1. Educational Results

STANDARD 20.

The educational process results include the achievement of the expected learning outcomes, pass rates, dropout rates, the average time to graduate, employability of graduates, pass rates of graduates in board examinations of board-related program offerings, and the satisfaction levels of graduates, among others.

Criteria	Rating
1. The expected institutional and expected program and course learning outcomes are defined, monitored, and assessed for improvement.	
2. All programs and courses' pass and dropout rates are identified, monitored, and assessed for improvement.	
3. The average time to graduate for all programs is identified, monitored, and assessed for improvement.	
4. The employability of graduates of all programs is established, monitored, and assessed for improvement.	
5. Graduates' pass and failure rates in board examinations of board-related programs are identified, monitored, and assessed for improvement.	
6. The satisfaction levels of key stakeholders on the quality of graduates are established, monitored, and assessed for improvements.	
Average Rating	

Explanation:

Educational results are the indicators of the quality of education the institution provides. Results are the outputs of the transformation process the students underwent. In assessing the quality system, it is essential to establish, monitor, and evaluate indicators of the quality of graduates. These include the achievement of learning outcomes, pass and dropout rates, the average time to graduate, the employability of graduates, the pass and failure rates in board examinations, and the satisfaction levels of key stakeholders on graduates. The information is gathered, analyzed, and used to improve the programs.

Guide Questions:

- What are the indicators and the methods used in determining, monitoring, and assessing the quality of graduates?
- What measures are utilized to determine whether learning outcomes set on the institutional and programmatic levels are achieved when students graduate?
- If the results of the pass and dropout rates are unsatisfactory, what measures have been undertaken to improve the same?

- How satisfactory are the graduation rates per course offerings? What measures have been undertaken when graduation rates are low?
- What studies have been made regarding dropouts, and how was this used?
- What measures have been undertaken to improve the performance of graduates in board examinations?
- What is the average time for graduates to find employment, and what are the reasons why graduates are not immediately employed?
- How does the institution track the faculty, students, alumni, and employers' satisfaction with the program of studies, teaching-learning process, resources provided, competencies acquired, strengths of graduates, etc.?

Supporting Evidence:

- Performance reports – attrition/drop-out rates, graduation rates
- Official board examination results (the last-3 – 5 years)
- Stakeholders' satisfaction results
- Tracer studies of graduates
- Employment surveys and statistics
- Graduates, alumni, and employer surveys

PAAASCU

Sub-area 8.2. Community Engagement and Service Results

STANDARD 21.

The institution's community engagement and service programs produce results that impact the institution, its stakeholders, and society.

Criteria	Rating
1. The nature, scope, volume, and type of community engagement and service programs and activities and their selection and renewal process are monitored, reviewed, and assessed for improvement.	
2. The achievements and impact of these community engagement and services programs and activities on society are identified, tracked over time, and assessed for improvement.	
3. The benefits and impact of the community engagement and services programs and activities on the different sectors of the institution are identified, monitored, and assessed for improvement.	
4. The benefits and impact of the community engagement and services programs and activities on the beneficiaries and other stakeholders of the institution are identified, monitored, and assessed for improvement.	
Average Rating	

Explanation:

The outcomes of community engagement and service activities should produce results that make them more mutually constructive, productive, and impactful. The institution, faculty, staff, students, the partners and beneficiaries of these activities, and other stakeholders should experience these activities' positive impact. Efforts are taken by all involved stakeholders to jointly monitor and assess the quality, effectiveness, and relevancy of these engagements and their effects and benefits. Stakeholder assessment and feedback on these activities and initiatives are collected, analyzed, and utilized for improvement.

Guide Questions:

- What is the nature of the community engagement and service activities carried out by the institution, faculty, staff, students, and other concerned stakeholders?
- What criteria and standards were and continue to be used in selecting these types of activities?
- How are the alignment of these activities with the institution and program vision and mission ensured?
- How are community engagement and service activities assessed for improvement and matched with best practices? Who is involved in the process?
- How are assessment results utilized for the improvement of these engagement activities?

- What impact have these activities had on society, the institution, its partners, faculty, staff, students, the target beneficiaries, and other stakeholders?
- How are assessment results utilized for the improvement of these engagement activities?
- How are the community engagement and services activities sustained and improved?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Strategic plans and goals on community engagement and service, including action plans for improvement
- Performance and evaluation or assessment reports of community engagement and service activities
- Impact reports including a description of the mutual benefits stakeholders already derived from these activities
- Studies and researches conducted related to the community engagement and service activities
- Status reports on these engagement and service activities
- Faculty and staff feedback
- Students' reports and feedback
- Community reports and feedback of beneficiaries
- Partners' and other stakeholders' feedback

Sub-area 8.3. Research Results

STANDARD 22.

The institution has produced research outputs as seen through new knowledge embodied in publications, citations, journals, research-informed teaching, technology transfers, innovations, inventions, creative works, etc.

Criteria	Rating
1. The nature, quality, and quantity of research outputs of program faculty, staff, and students and their dissemination are documented, monitored, and assessed for improvement.	
2. The nature, quality, and quantity of research outputs of research teams and students and their dissemination are documented, monitored, and assessed for improvement.	
3. The nature, quality, and quantity of research publications are documented, monitored, and assessed for improvement.	
4. The nature, quality, and quantity of creative work and intellectual properties are documented, monitored, and assessed for improvement.	
5. The impact of research outputs and their publications are identified, monitored, and assessed for improvement.	
6. The stakeholder satisfaction in research and publication activities is determined and utilized to further develop these activities in the institution.	
Average Rating	

Explanation:

Research is one of the core functions of any educational institution. Thus, it becomes imperative to drive quality research activities to establish and maintain its good reputation. Results in research may be measured based on widely accepted indicators such as the creation of new knowledge, invention, or innovation. The indicators may also include the variety, quality, and quantity of research outputs or other target outcomes established or adopted by the institution or program. Results after that are identified, monitored, and assessed for improvement and impact.

Guide Questions:

- What is the nature of the institution's research activities?
- What criteria were used in selecting these types of research activities?
- What steps are taken to ensure that research activities are aligned with the institution's research agenda and the program?

- What indicators have the institution and program selected to assess the impact of research activities?
- What impact have these activities had on society, the target beneficiary of the research, the institution, and the research proponents?
- How are research outputs, publications, and intellectual properties monitored and assessed for improvement?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Performance/Accomplishment reports on research and scholarly activities of the institution, in particular, the program under survey
- Research Agenda
- Research funds and related resources
- Inventory and report on the utilization of intellectual property developed by faculty, staff, and students in the program.
- List of faculty, research teams, student researchers, creative works, and other scholarly outputs that have been published in reputable journals, exhibited or presented in conferences, and the like
- Registration of copyrights, trademarks, and patents

Sub-area 8.4. Financial and Competitiveness Results

STANDARD 23.

The institution's financial performance and competitiveness are measured, monitored, and assessed for improvement and sustainability.

Criteria	Rating
1. Investment activities regarding the acquisition, placement, retention and disposal of assets are monitored and assessed for improvement.	
2. Financing items in debt, equity, grants, or endowments are monitored and assessed for improvement.	
3. Education, research, and service activities are measured in income and expenditure streams and monitored for improvement.	
4. The revenue-expenditure relationships (cash flows) are established, monitored, and assessed for improvement.	
5. Reserves/Unused funds and savings are identified, monitored, and assessed for improvement.	
6. Financial controls are monitored and assessed for improvement.	
7. Indicators of a reputation for quality program offerings, research, and extension activities are identified, monitored, and assessed for improvement.	
8. The best financial practices of the institution are identified, monitored, and assessed for improvement.	
Average Rating	

Explanation:

The institution's financial health is such that it can sustain its operations and delivery of quality academic and non-academic services and meet unexpected events. The institution's financial performance is measured by its assets' size, nature and activities, debt, equity, grants or endowments, revenue and expense items, cash flows, reserves, and savings. The institution's risk management and internal control strategies must also be in place to secure its assets. All these should be measured, monitored, and assessed with stakeholder participation. Using assessment data, these are improved to ensure the viability and sustainability of the institution continuously.

Guide Questions:

- What positive financial outcomes are anticipated over a reasonable number of years regarding the financial position, operating results, and cash flows?
- How are current and future needs determined to ensure that the institution is financially ready to address these needs?
- What are the usual sources of financing of these assets?
- How do the revenue streams versus cost streams look like (i.e., are the revenue streams greater than the cost streams)?
- How are operational needs sustained (i.e., are there positive cash flows to maintain critical school operations)?
- What strategies or mechanisms are in place and implemented to ensure that cash flows, reserves, and savings are on track and adequate to finance future projects and expansion?
- What control mechanisms (direction, allocation, and usage) are in place and implemented to ensure a financially healthy institution?
- How satisfied are the various stakeholders with these financial and competitiveness results?
- What are the indicators that the institution has an established and impressive reputation?
- What are its best financial practices?
- What are the institution's significant strengths as they relate to this standard?
- What concerns prevent the institution from realizing more than satisfactory compliance with this standard?
- What significant changes or improvements are needed to ensure quality improvement vis-à-vis this standard?

Supporting Evidence:

- Strategic plan (at the institution and program levels)
- The financial plan, if any
- Financial policies and provisions
- Income and expenditure reports for education, research, community engagement and service activities, and learning resources (the last three years)
- Audited financial statements (the last three years)
- Annual budgets and annual analyzed budget performance reports (previous three years)
- National and international rankings
- National and international citations and awards
- Student enrollment data (the last 3-5 years depending on the survey type and a per-program basis)
- Analyzed results of stakeholders' satisfaction surveys, employer surveys, exit interviews, and the like

APPENDICES

APPENDIX A - FACULTY PROFILE TEMPLATE
Arts/Sciences, Business and Education/Nursing

GRADUATE PROGRAM FACULTY PROFILE¹

___Semester/Term, Academic Year ___

Department of

Name of Faculty (Please list faculty alphabetically by the last name)	Years of Service	Area of Specialization	Educational Qualifications / Credentials (Please indicate the school where the degree was earned)			License, if any (Please indicate latest renewal date)	Specialized Training and Certification Received, if any (Please indicate date of completion)	Current Membership in Professional Association/s (Please indicate the name of association or organization, position, and membership number, when applicable)	Teaching Load and Other Responsibilities/Assignments [Please indicate course code and name/s of subject/s, and other responsibilities/ assignments, if any (e.g., Administrator, Counselor, Senior HS Faculty)]									
			Earned Master's Degree	Earned Doctoral Degree	On-going Doctoral Studies				Graduate Program Subjects	Units	Undergraduate Program Subjects, if any	Units	Number of Preparations	Other Responsibilities / Assignments ²	Equivalent Units, if any	Total No. of Units		
FULL-TIME																		
PART-TIME																		

NOTES:
¹Please, prepare a separate table for each program under survey (for example, one table each for MAEd, McMath, MBA, etc.).
²For administrators with teaching loads, please indicate position and unit equivalent for the position, if any.
 Data found in this table will be used for accreditation purposes only. Confidentiality of data will be respected at all times.

Prepared by: GED Commission

Appendix B - RESEARCH, SCHOLARLY AND CREATIVE WORKS TEMPLATE

RESEARCH, SCHOLARLY AND CREATIVE WORKS

Name of Institution: _____

_____**Semester/Term, Academic Year** _____

Department _____

Faculty Member (Please list faculty alphabetically by last name)	Status (FT/PT)	Portfolio of Research/Scholarly Contributions					Types of Scholarly Contributions							
		Basic/Discovery Research (Scholarship of Discovery)	Applied or Action Research (Scholarship of Application)	Academic Research (Scholarship of Teaching)	Interdisciplinary Research (Scholarship of Integration)	Total	Paper/s Presented		Unpublished Articles, Monographs, Manuscripts, Books, etc.	Peer-Reviewed Studies/Articles	Conference Publications	Published Monographs, Manuscripts, Books, Novel, Essays, etc.	Creative Works and Other Contributions (Exhibits, Inventions, Theater Play, etc.)	Total
							International	Local						

NOTES:

- (1) The research and scholarly contributions summary is from the most recent completed accreditation survey.
- (2) Please prepare the table on a per-program basis.
- (3) Please include details of paper presentations (when and where presented); titles of published and unpublished works, including the journal's name where published.
- (4) Creative works in the arts and humanities should be included as appropriate and details provided.
- (5) Scholarship of discovery involves engaging in research activities that expand knowledge.
- (6) Scholarship of application involves discovering ways that new knowledge can solve real-world problems.
- (7) Scholarship of teaching involves searching for innovative approaches and best practices to develop teaching and learning skills.
- (8) Scholarship of integration involves bringing findings from different disciplines together to discover convergence.

Prepared by: GED Commission

Appendix C. Statistical Summary of Ratings

Statistical Summary of Ratings	Ratings (in two decimal places)
Area 1. Leadership and Governance	
Sub-area 1.1 Vision-Mission	
Sub-area 1.2 Leadership and Management	
Sub-area 1.3 Strategic Management	
Sub-area 1.4 Policy Formulation and Implementation	
Sub-area 1.5 Risk Management	
Area 1 Average Rating	
Area 2. Quality Assurance	
Sub-area 2.1 Internal Quality Assurance System	
Sub-area 2.2 External Quality Assurance	
Area 2 Average Rating	
Area 3. Resource Management	
Sub-area 3.1 Human Resources	
Sub-area 3.2 Financial Resources	
Sub-area 3.3 Learning, Physical and IT Resources	
Area 3 Average Rating	
Area 4. Teaching-Learning	
Sub-area 4.1 Curricular Programs	
Sub-area 4.2 Teaching and Learning Methods	
Sub-area 4.3 Assessment Methods	
Area 4 Average Rating	
Area 5. Student Services	
Sub-area 5.1 Student Recruitment, Admission, and Placement	
Sub-area 5.2 Student Services Programs and Support	
Area 5 Average Rating	
Area 6. External Relations	
Sub-area 6.1 Networks, Linkages, and Partnerships	
Sub-area 6.2 Community Engagement and Service	
Area 6 Average Rating	
Area 7. Research	
Sub-area 7.1 Research Management and Collaboration	
Sub-area 7.2 Intellectual Property Rights and Ethics in Research	
Area 7 Average Rating	
Area 8. Results	
Sub-area 8.1 Educational Results	
Sub-area 8.2 Community Engagement and Service Results	
Sub-area 8.3 Research Results	
Sub-area 8.4 Financial and Competitiveness Results	
Area 8 Average Rating	
Overall Average Rating	