



NURSING AND MIDWIFERY COUNCIL OF NIGERIA

Established by Nursing and Midwifery (Registration etc.) Act. Cap. N143, Laws of the Federation of Nigeria, 2004

ACCREDITATION REPORT SUMMARY FOR DEPARTMENT OF NURSING (DECEMBER, 2016)

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

TELEPHONE AND E-MAIL: _____

PROPRIETOR: _____

DATE OF PRESENT ACCREDITATION VISIT: _____

DATE OF LAST ACCREDITATION VISIT: _____

PRESENT ACCREDITATION STATUS AND DATE: _____

PURPOSE OF VISIT: _____

1. To assess existing facilities available in the Department of Nursing Sciences for the B.NSc programme.
2. To ascertain the human resources available for teaching of B.NSc students.
3. To assess existing facilities in the clinical/community areas of practice for the training of B.NSc students.
4. To make recommendations to the Council.

STUDENT POPULATION:

Level - 500 =

Level - 400 =

Level - 300 =

Level - 200 =

SUMMARY SHEET

1.0 ENABLING LAW

2.0 ACADEMIC MATTERS (CURRICULLUM)

2.1 Philosophy and Objectives:

2.2 Content:

2.3 Admission Regulations:

2.4 Academic Regulations:

2.5 Standard of Tests, Examinations and Marking Schemes:

2.6 Operational Manuals:

2.7 Academic Records:

2.8 Use of Teaching Aids:

2.9 Departmental Committees:

3.0 STAFFING

3.1a Academic Staff (*Academic staff mix by rank, Qualification of Academic staff, Academic Nursing staff number and Academic staff specialties*):

3.1b Academic Staff Student ratio:

3.1c Qualification of Head of Department:

3.2 Non-Academic Staff:

3.3 Staff Development Programme:

3.4 Departmental Administration and Organogram:

4.0 PHYSICAL FACILITIES

4.1 Classrooms/Seminar/Tutorial rooms:

4.2 Departmental Conference Room:

4.3 Office Accommodation:

4.4 Library:

4.5 Nursing Laboratories (Nursing, Midwifery, Public Health, etc.):

4.6 Basic Medical Science Laboratories:

**4.6 Municipal Services (*Safety Devices, Aesthetics,
Transportation, Water and Electricity
supply and recreational facilities*):**

4.8 Students Residential Accommodation:

5.0 FUNDING:

6.0 HOSPITAL AND COMMUNITY BASED CLINICAL
EXPERIENCE AREAS

SUMMARY OF SCORES

| | MAXIMUM SCORE | ACTUAL SCORE |
|--|---------------|--------------|
| 1.0 ENABLING LAW | <u>1</u> | |
| 2.0 ACADEMIC MATTERS (CURRICULLUM) | | |
| 2.1 Philosophy and Objectives | 4 | |
| 2.2 Contents | 5 | |
| 2.3 Admission Regulations | 2 | |
| 2.4 Academic regulations | 2 | |
| 2.5 Standard of tests, examination and Marking Schemes | 4 | |
| 2.6 Operational manuals | 2 | |
| 2.7 Academic records | 1 | |
| 2.8 Use of Teaching Aids | 1 | |
| 2.9 Departmental Committees | <u>1</u> | |
| | <u>22</u> | |
| 3.0 STAFFING | | |
| 3.1 Academic Staff | 15 | |
| <i>(Academic staff mix by rank, Qualification of Academic staff; Academic Nursing staff number and Academic staff specialties)</i> | | |
| 3.1.1 Academic Staff/Student ratio | 4 | |
| 3.1.2 Qualification of Head of Department | 3 | |
| 3.2 Non-Academic Staff | 3 | |
| 3.3 Staff Development Programme | 4 | |
| 3.4 Departmental Administration and Organogram | <u>1</u> | |
| | <u>30</u> | |
| 4.0 PHYSICAL FACILITIES | | |
| 4.1 Classrooms/Seminar/Tutorial rooms | 5 | |
| 4.2 Departmental Conference room | 1 | |

| | | |
|-----|------------------------------------|-------|
| 4.3 | Office Accommodation | 5 |
| 4.4 | Library | 12 |
| 4.5 | Nursing laboratories | 10 |
| 4.6 | Basic Medical Science laboratories | 3 |
| 4.7 | Municipal services | 7 |
| 4.8 | Students Residential accommodation | 2 |
| | | <hr/> |
| | | 45 |
| | | <hr/> |

5.0 FUNDING

2

TOTAL SCORE OBTAINABLE 100

SUMMARY OF SCORES (Hospital)

| | MAXIMUM SCORE | ACTUAL SCORE |
|--|---------------|--------------|
| 1.0 ENABLING LAW | 1 | |
| 2.0 AESTHETICS | 3 | |
| 3.0 <u>ADMINISTRATIVE STRUCTURE</u> | | |
| 3.1 Organogram (Hospital) | 1 | |
| 3.2 Organogram (Nursing) | 1 | |
| Supp | 2 | |
| 4.0 <u>PERSONNEL/STAFFING</u> | | |
| 4.1a Nursing Personnel | 5 | |
| 4.1b Staff Mix by Cadre | 3 | |
| 4.1c Clinical Nurse Specialists | 3 | |
| 4.1d Nurses/Midwives with current practicing license | 3 | |
| 4.2 Medical Personnel | 4 | |
| 4.3 Support Staff | 2 | |
| 4.4 Qualification of Head of Nursing | 4 | |
| 5.0 PHYSICAL FACILITIES: | | |
| 5.1a Head of Nursing Office | 3 | |
| 5.2 Wards/Units/Departments | 5 | |

| | | |
|------|---|-----|
| 6.0 | TOTAL BED COMPLEMENT (6.1 & 6.2) | 5 |
| 7.0 | APPROACH TO CARE | |
| 7.1 | Nursing Process | 2 |
| 7.1 | Nursing Audit and Quality Assurance | 2 |
| 7.3 | Ward Report | 2 |
| 7.4 | Universal Precautionary Measures/ Personal Protective Equipment (PPE) | 2 |
| 8.0 | INSTRUMENTS AND EQUIPMENT | 3.5 |
| 9.0 | HOSPITAL STATISTICS (9.1, 9.2, 9.3 & 9.4) | 6 |
| 10.0 | COMMUNICATION | 0.5 |
| 11.0 | TRANSPORTATION | 2 |
| 12.0 | SAFETY DEVICES (12.1, 12.2 & 12.3) | 2 |
| 13.0 | OTHERS (13.1 & 13.2) | 1 |
| 14.0 | STAFF DEVELOPMENT PROGRAMMES | 2 |
| 15.0 | FUNDING | 2 |

TOTAL SCORE OBTAINABLE 70

SUMMARY OF SCORES [Community Experience Area]

| | MAXIMUM SCORE | ACTUAL SCORE |
|--|----------------------|---------------------|
| 1. General layout | 0.5 | |
| 2. Number of Wards - maximum 5 wards | 2.5 | |
| 3. Average Daily bed Occupancy - Average | 2 | |
| 4. Number and Types of Functional clinics: | 5 | |
| 5. Number of Personnel: | 5 | |
| 6. Support Staff | 1 | |
| 7. Basic drugs carried by midwives | 1 | |
| 8. Statistics (A) | 3 | |
| 9. Accommodation for Students | 2 | |
| 10. Conveniences for Patients | 0.5 | |
| 11. Conveniences for Staff | 0.5 | |
| 12. Power Supply | 0.5 | |
| 13. Water Supply | 0.5 | |
| 14. Waste Disposal system | 0.5 | |
| 15. Statistics (B) | 2 | |
| 16. Communication | 1 | |
| 17. Transportation | 0.5 | |
| 18. Safety Devices | 1.5 | |
| 19. Funding | 0.5 | |

TOTAL SCORE OBTAINABLE 30

Grand Total (Hospital and Community) = 100%

The Accreditation panel hereby recommends that the school be awarded:

a. Full Accreditation

Score required for this status is 70% and above if the scores for Academic matters, staffing and physical facilities are not up to 60%, full accreditation cannot be given

b. Provisional/Interim Accreditation

Score required for this status is 50 – 69%

c. Withdrawn /Denied Accreditation

Score below 50%

Identity of the Assessors

Name: _____

Address: _____

Signature: _____

Date: _____

Name: _____

Address: _____

Signature: _____

Date: _____

Name: _____

Address: _____

Signature: _____

Date: _____

Name: _____

Address: _____

Signature: _____

Date: _____

Name: _____

Address: _____

Signature: _____

Date: _____

COUNCIL'S DECISION

COMMENTS

DECISION

SECRETARY GENERAL / REGISTRAR

CHAIRMAN OF BOARD