



Nursing Accreditation in the United States

CCNE Perspectives

Commemorative Lecture Meeting
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Tokyo, Japan



Presenter

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Expected Outcomes for Lecture

- To become familiar with the Commission on Collegiate Nursing Education's (CCNE) governance, purpose, values & scope
- To become knowledgeable about the accreditation process for nursing education programs in the United States
- To understand the benefits of accreditation
- To become familiar with the CCNE accreditation standards and how they are applied to nursing education programs in the United States
- To be informed about trends and issues in specialized accreditation



CCNE Governance, Purpose, Values & Scope

CELEBRATING 20 YEARS

- ❑ CCNE was established by a vote of the American Association of Colleges of Nursing (AACN) membership in 1996
- ❑ CCNE began by accrediting only baccalaureate and master's degree nursing programs
- ❑ CCNE now additionally accredits Doctor of Nursing Practice (DNP) programs, certificate programs, and nurse residency programs
- ❑ On October 27, 2018, CCNE celebrated a milestone - its 20th anniversary of accrediting nursing programs

CCNE GOVERNANCE

CCNE is the autonomous accrediting arm of AACN.

CCNE:

- is governed by its own Board of Commissioners
- is financially independent
- controls its own bylaws
- establishes and approves accreditation standards, policies, and procedures

CCNE GOVERNANCE

- ❑ Board of Commissioners
 - ❑ is responsible for all accreditation decisions
 - ❑ appoints committee and task force members
- ❑ Committees
 - ❑ Accreditation Review Committee (ARC)
 - ❑ Report Review Committee (RRC)
 - ❑ Budget Committee
 - ❑ Nominating Committee*
 - ❑ Standards Committee
 - ❑ Residency Accreditation Committee (RAC)
 - ❑ Substantive Change Review Committee (SCRC)

*Members of this committee are elected, not appointed.

PURPOSE OF CCNE ACCREDITATION

Accreditation by CCNE is intended to:

- hold nursing programs accountable
- evaluate the success of nursing programs
- assess the extent to which nursing programs meet standards
- inform the public
- foster improvement in nursing programs

A VALUES-BASED INITIATIVE

- trust
- continuous quality improvement
- inclusion
- review and oversight by peers
- integrity
- innovation
- self-assessment
- life-long learning
- accountability
- cost effective, cost accountable
- effective professionals
- autonomy and procedural fairness

SCOPE OF OPERATION

CCNE currently accredits 1,754 nursing programs at 830 institutions.

Education programs

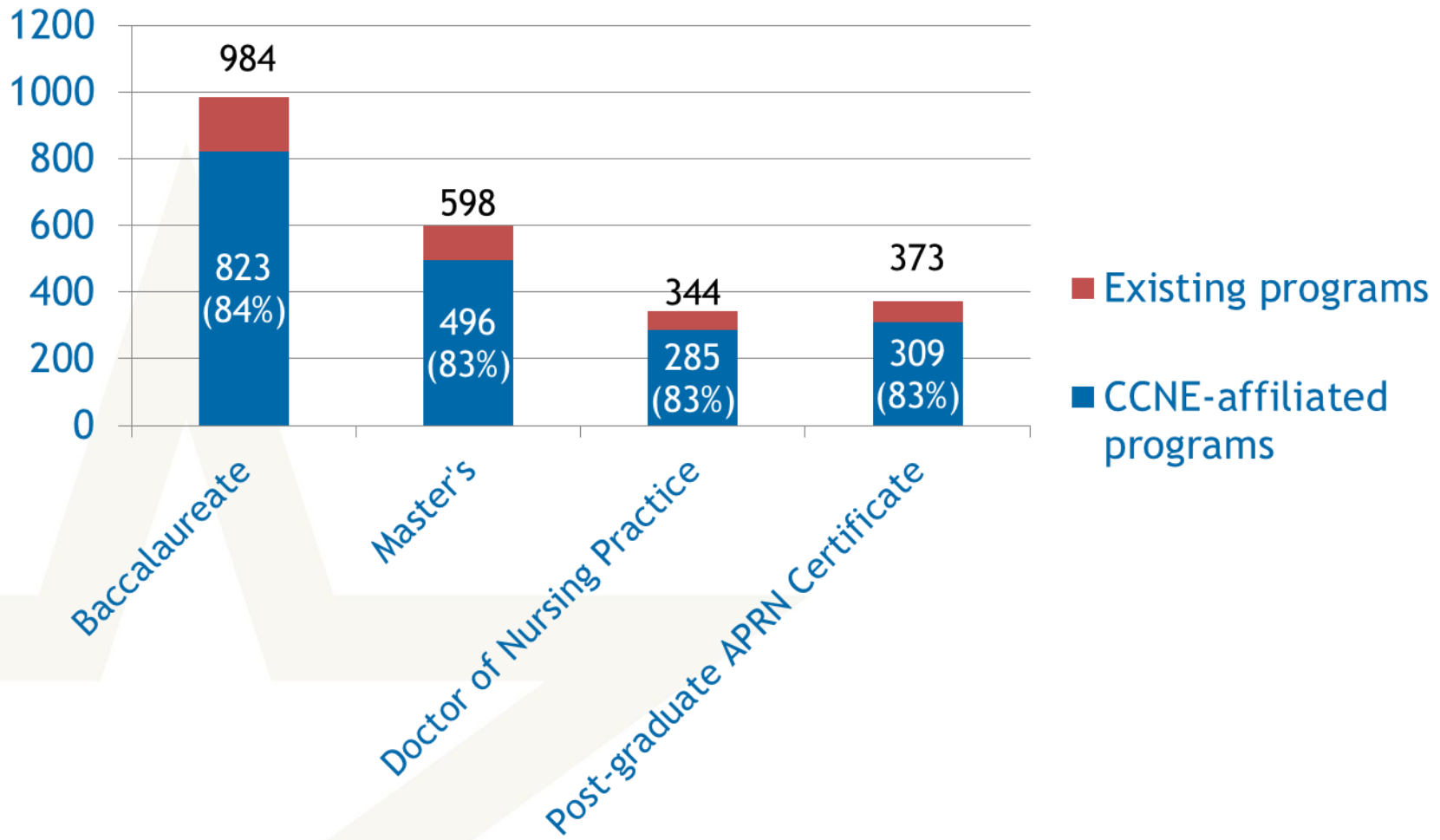
- 769 baccalaureate degree nursing programs
- 490 master's degree nursing programs
- 277 Doctor of Nursing Practice (DNP) programs
- 180 post-graduate APRN certificate programs

Residency programs

- 26 employee-based nurse residency programs
- 12 federally funded traineeship

CCNE BY THE NUMBERS

Nursing Education Programs Affiliated with CCNE



NEW APPLICANTS & EVALUATIONS

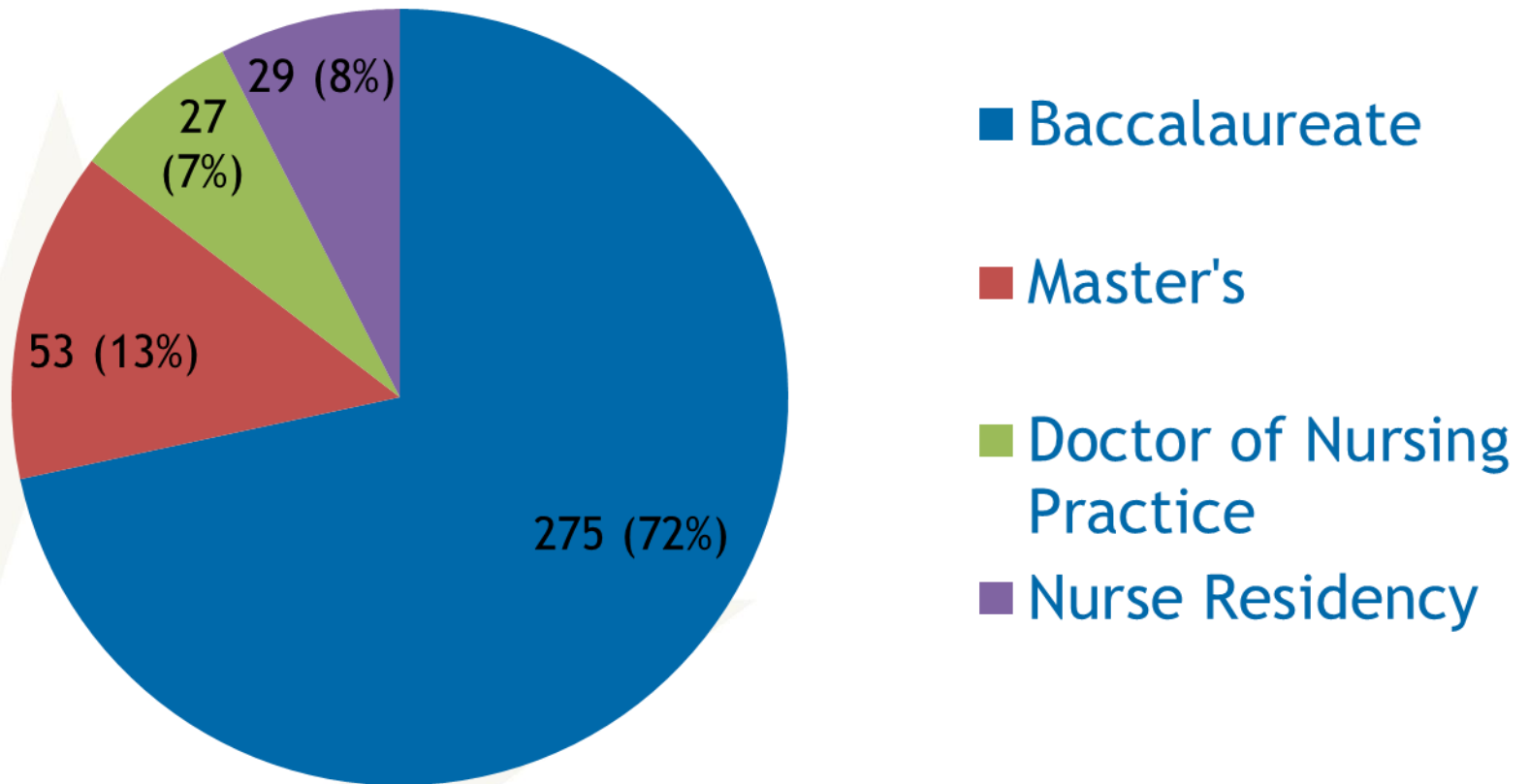
New applicant status is currently held by 71 nursing education programs (54 baccalaureate, 6 master's, 8 DNP, and 3 post-graduate APRN certificate programs)

CCNE will conduct

- 95 on-site evaluations in Fall 2018
- 80 on-site evaluations in Spring 2019
- 83 on-site evaluations in Fall 2019

CCNE BY THE NUMBERS

CCNE New Applicant Programs Since 2010





Benefits of Accreditation

BENEFITS OF ACCREDITATION

- Rigorous review by an outside organization involving expert peers in the nursing profession
- Demonstrates that nationally accepted standards for the nursing profession are met
- Promotes continuous quality improvement
- Benefits to program constituents, e.g., students, graduates, faculty, employers
- Benefits to other stakeholders, e.g., consumers of nursing and regulatory bodies (federal government, state boards of nursing, certification bodies)

Evaluation, Monitoring & Decision-Making Processes

CRITICAL COMPONENTS IN ACCREDITATION

Self-Study

- The program prepares a self-study document based on a self-assessment to facilitate the accreditation review process.
 - It allows for meaningful participation in clarifying and solving problems when the program addresses its compliance with the accreditation standards.
 - It is a process to initiate change and bring about improvement.
 - It emphasizes analysis of strengths and areas for improvement, action plans/strategies.

CRITICAL COMPONENTS IN ACCREDITATION

On-Site Evaluation

- The program hosts an on-site evaluation for CCNE accreditation.
 - CCNE sends a team of 3-5 on-site evaluators to conduct the evaluation. The on-site evaluators are prepared for their roles and responsibilities through formal CCNE training in advance.
 - The evaluation lasts 3 days, and provides the team opportunity to validate the self-study document and meet with key constituents (university and program administrators, faculty, students, alumni, employers, etc.)

ACCREDITATION DECISION-MAKING PROCESS

- CCNE evaluation team prepares team report based on the on-site evaluation
- Program provides written response to the team report
- CCNE Accreditation Review Committee (ARC) meets, formulates confidential recommendation to the Board
- CCNE Board meets, takes action
- Report Review Committee (RRC) and Substantive Change Review Committee reviews reports to monitor compliance throughout the term of accreditation

BOARD ACTIONS

- Initial Accreditation (up to 5 years)
- Continuing Accreditation (up to 10 years)
- Deny
- Withdraw
- Show Cause
- Focused On-Site Evaluation

WHAT HAPPENS AFTER ACCREDITATION IS ACHIEVED?

CCNE monitors programs throughout the term of accreditation. Types of reporting include:

- Annual Report
- Continuous Improvement Progress Report
- Compliance Report
- Special Report
- Substantive Change Notification



Standards for Accreditation of Baccalaureate and Graduate Nursing Programs

Amended 2018
Effective January 1, 2019

ORGANIZATION OF THE STANDARDS

Standards (4)

Key Elements (34) with Elaboration Statements

Supporting Documentation

Glossary

STANDARD I. PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

KEY ELEMENT I-A

The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

KEY ELEMENT I-B

The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].*

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

KEY ELEMENT I-C

The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

KEY ELEMENT I-D

Expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

KEY ELEMENT I-E

Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

KEY ELEMENT I-F

Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

KEY ELEMENT I-G

The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

KEY ELEMENT I-H

Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

¹ Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

² Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2016).

KEY ELEMENT I-H (CONT)

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

“The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).”

“The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENT II-A

Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

KEY ELEMENT II-B

Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

KEY ELEMENT II-C

Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

KEY ELEMENT II-D

The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

KEY ELEMENT II-E

Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

KEY ELEMENT II-E (CONT)

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

KEY ELEMENT II-F

Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

KEY ELEMENT II-G

The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

STANDARD III. PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

KEY ELEMENT III-A

The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

KEY ELEMENT III-B

Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

KEY ELEMENT III-C

Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

KEY ELEMENT III-C (CONT)

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

KEY ELEMENT III-D

DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

KEY ELEMENT III-D (CONT)

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

KEY ELEMENT III-E

Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

KEY ELEMENT III-E (CONT)

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

KEY ELEMENT III-F

The curriculum is logically structured to achieve expected student outcomes.

- Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
- Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

KEY ELEMENT III-F (CONT)

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

KEY ELEMENT III-G

Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

KEY ELEMENT III-H

The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

CLINICAL PRACTICE EXPERIENCES: BACCALAUREATE

What types of direct care clinical practice experiences might be appropriate for an RN-BSN (post-licensure/completion) program?

Direct care examples:

- Work with patients regarding pain management
- Procure input from patients and families on a policy with plan/implementation for revisions
- Participate in public health activities such as blood pressure and/or diabetes screenings, flu vaccine clinics, health fairs, etc.
- Windshield survey with data analysis and plan/implementation of activities to improve population health
- Assessment in community setting (e.g., shelter, school) designing and implementing education to improve health outcomes
- Poster presentation based on assessment of community health needs and designed to improve health outcomes

CLINICAL PRACTICE EXPERIENCES: BACCALAUREATE

Examples that are not direct care:

- Poster presentation in a public library without prior community or population health assessment or follow-up evaluation
- Skills lab-practicing clinical skills
- Assessment of virtual, simulated, and/or standardized patients
- Windshield survey without follow-up assessment and use of data to improve population health

These may be valuable activities for students but are not considered to be direct care.

KEY ELEMENT III-I

Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

KEY ELEMENT III-J

The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

STANDARD IV. PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENT IV-A

A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

KEY ELEMENT IV-B

Program completion rates demonstrate program effectiveness.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- the completion rate is 70% or higher over the three most recent calendar years;*
- the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

KEY ELEMENT IV-C

Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

KEY ELEMENT IV-D

Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

KEY ELEMENT IV-D (CONT)

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

KEY ELEMENT IV-E

Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

KEY ELEMENT IV-F

Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

KEY ELEMENT IV-G

Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

KEY ELEMENT IV-H

Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

KEY ELEMENT IV-I

Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

KEY ELEMENT IV-J

Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

CCNE RESOURCES

- *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (2017)*
- *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018)*
- *Overview of the CCNE Accreditation Process*
- *General Advice for Hosting a CCNE On-Site Evaluation*
- Template for programs when writing the self-study document to prepare for accreditation
- Template for CCNE on-site evaluators (peer reviewers) when writing the team report

<http://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/CCNE-Standards-Professional-Nursing-Guidelines>




Issues & Trends in Specialized Accreditation

ISSUES & TRENDS

- Autonomy of accrediting agencies (independence from other organizations)
- Competency-based education
- Distance/online and hybrid programs
- Use of simulation
- Clinical practice experiences and sites
- Interprofessional education (IPE)

ISSUES & TRENDS

- Program accountability
- Student achievement
- Disclosure
- Transparency
- Conflicts of interest
- Procedural fairness/due process



Thank you to the Japan Association
of Nursing Programs in Universities &
congratulations on the establishment
of the Japan Accreditation Board for
Nursing Education!

Questions & Answers



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